Peculiar Nature: Slavery, Environment, and Nationalism in the Antebellum South

by

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L.E.L

La Honda, California
PROLOGUE

In October 1865, when Robert E. Lee accepted the presidency of tiny Washington College, nestled in the Great Valley of Virginia between the Blue Ridge and the Alleghany mountain chains, he did so—according to traditional historical narratives—reluctantly. Lee feared his name, forever associated with the Confederate cause, would sentence the school to embarrassment, if not total failure. But he also believed that in educating young citizens, he could begin to mend the rift that had deepened between the two sections of the country during four years of a terrible war. Thus, after taking on the position, he actively recruited students from the North, hoping in this way to reunite the nation. He also acquired funding from prominent individuals in both North and South, such as Cyrus McCormick, the inventor of the reaper; Henry Ward Beecher, the famous preacher and abolitionist; George Peabody, a Massachusetts philanthropist; Thomas P. Scott, a former Secretary of War under Lincoln; Warren Newcomb, a New Orleans businessman; and Samuel Tilden, a former Free Soiler and Democratic politician.

Of course, what this version of the story leaves out are the other factors leading to Lee’s decision to become president of such a small institution in such an out-of-the-way place: namely, his wife Mary Custis Lee and her crippling rheumatism. In the years before the Civil War, Mary Lee had visited the different watering places of Virginia, seeking temporary relief from and a permanent cure for her ailment, but the rheumatism eventually rendered her an invalid. Washington College might have been isolated from the bustle and
politics of city life, but it was also very close to the Rockbridge Alum Springs—not to mention the Hot, Warm, Bath Alum, and Dibrell’s Springs—which might have offered Mrs. Lee some relief.

I begin with this anecdote because it illustrates the fundamental tension between the local, everyday experiences of southern nature and its national, ideological constructions and representations. While General Lee used the space of south-central Virginia to initiate collective national healing, his wife used that space for individual bodily healing. The healing capacities of Virginian nature thus translated both to individual southern bodies and to the body politic of the restored nation.

This dissertation traces the process by which this translation occurred: that is, it explains how experiences in local southern environments contributed (or in some cases, did not contribute) to the imagination of the southern states as an independent nation. It begins in the years before Robert and Mary Lee’s moment of individual and national healing, with the turbulence, dis-ease, and anger that characterized the years between the founding of the republic in 1789 and its great sectional rift in the 1860s. This manuscript constructs a cultural history within these temporal bookends: it explores how attitudes toward race and enslavement gradually—and sometimes suddenly—merged with attitudes toward peculiar southern nature. In doing so, it uses nature as a category of analysis to make three major claims regarding race, embodiment, and nationhood in the pre-Civil War period.

First, it argues that white southerners imagined their environments as regionally distinct from Caribbean, European, and especially U.S. northern environments. Because of early modern and nineteenth-century ideas about the porousness of bodies relative to their environments, this distinctiveness in turn led to the imagination of their bodies, white and black, as peculiar—as different from those of other regions and nations. Thus, conceiving
of the southern environment as distinct led to the idea that the southern people were themselves distinct, which in some instances caused them to claim that the South was destined for independence from the North. Taken together, this constellation of beliefs about bodies, environments, and nationhood demonstrates that in the antebellum South, ideas about nature possessed profound ideological and material power: control of the natural world meant that you could exert bodily control and that eventually, through that control of nature and bodies, you could also control the destiny of your own nation. In the southern states in the years before the Civil War, such control generally manifested itself as white slaveholding southerners controlling the bodies of enslaved and Native American people with the aim of creating a nation-state founded upon the idea of white superiority.

Second, this dissertation uncovers a tension between types of epistemological exchange: between the oral, local, and everyday transmission of knowledge about nature and health, and the print-based, regional, and long-term ideologies about nature, health, and nation. While these twin mechanisms of the local and the regional often worked in concert with one another, they at times also functioned oppositionally. For example, the hierarchy and paternalism that characterized white (generally male) southern thinking about the rising nation-state of “the South” did not have a corollary in everyday experiences of Southland by white women and people of color. Thus, one of the contributions of this project is to make visible the ideological production of “the South” against the everyday experience of “many Souths.” It does so by considering both unpublished manuscript sources (such as letters, diaries, and account books) alongside published texts from diverse sources (such as medical and agricultural journals, the narratives of enslaved people, and nonfictional accounts of southern regions), thereby approaching from multiple points of view the question of how knowledge about southern nature was exchanged, distributed, and transformed.
Finally, *Peculiar Nature* argues that a south-side view of attitudes toward the natural world changes the way we imagine nature in the eighteenth- and nineteenth-century United States in our teaching and scholarship: that is, antebellum southern natures, whether imagined by blacks, whites, or Native Americans, were far different from the natures imagined by the (white) Romanticists and Transcendentalists of the northern states. As the purported agricultural center of the nation—constructed as such partly in response to the increasing northern industrialization, to which many (northern) Romanticist writers themselves were responding—the South would seem of necessity to have created a different relationship with the natural world, one that was more utilitarian and less idealized than that created in the North. Indeed, white and black southerners writing about the natural world mainly did so from a materialist perspective, emphasizing the valuable natural resources located there. This emphasis on the physical reality and material usefulness of nature had harmful consequences for enslaved southerners, who lived in a system that counted their bodies simultaneously as elements of the natural world and as the physical “property” of others. For enslaved people, the rural lands of the South thus had varied and often contradictory meanings: labor, subjugation to white oppression, freedom, fear, empowerment, displacement, home. Meanwhile, white southerners viewed their natural resources as implicitly connected with their national health: if their resources were useful enough to enable them not to depend on the northern states, then those same resources enabled, in white southerners’ views, their very independence. In de-centering our notions of the representational symbolism of early American nature, this dissertation revises our current literary and cultural histories of human encounters with American land by rendering this story more nationally complete so that we might not, in Jay Fliegelman’s words,
“embarrassingly reproduce[] a cultural history of winners” by ignoring the sometimes repugnant voices of southern slaveholders (335).

To avoid this misstep, I have encountered those voices, but I have also encountered many others previously unheard or unrecognized by either the pro- or antislavery forces of their day. As Arthur Greene, a formerly enslaved man from Petersburg, Virginia, told a WPA interviewer, “Lord, Lord, chile, what make you folks wait so long ’fo’ you git dis stuff ’bout way bac’ yonder? All of us fellers ’most done gone to tother world. Well, God done spared a few o’ us to tell de tale” (Perdue Weevils xlv). This project emerged out of a desire to give those voices a public forum so that the tales we tell—about nature, “the South,” and nineteenth century literature and culture—are rendered more complete.
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INTRODUCTION

The arguments laid out in the Prologue roughly correspond to this dissertation’s interventions in three fields of inquiry: the “New Southern Studies,” ecological literary criticism (or “ecocriticism”), and the social and cultural history of medicine. My argument that southerners thought about their region as “peculiar” or “distinct” challenges the dominant discourses in the “New Southern Studies,” which tend to break down that distinctiveness in favor of a vision of the South as nationally and transnationally metonymic. My claim that southern understandings of nature embraced utility and expedience expands our literary conversations about the representation of “nature” in the early national and antebellum periods, particularly those put forth by ecocritics focusing on the genre of nineteenth-century nature writing. Meanwhile, my interrogation of the categories of the “local,” “regional,” and “national” in the context of the transmission of nature-knowledge revises the ecocritical tendency to celebrate the local experience of place by my showing how, in the case of the antebellum South, the rhetorical and social work of local knowledge-making and exchange sometimes undergirded or inaugurated egregious social beliefs. Finally, throughout each of the chapters of this dissertation, an attention to the bodily dimensions of southerners’ attitudes toward their environment enables me to revise a set of discourses relating to the social and cultural history of medicine at the same time I open up this rich history to a new audience of literary scholars interested in the mirrored horizons of “southern” and “environmental” writing. Implicit to this incorporation of the social and
cultural history of medicine is my belief that scholars of antebellum nature or antebellum southern literature must have some knowledge of medical history in order to interpret the texts that comprise the bodies of their scholarly works, since this medical history informs the underlying philosophies of many of these types of texts, even those that are explicitly non-medical. This tripartite intervention—in the New Southern Studies, ecocriticism, and the social and cultural history of medicine—informs the methods, content, and scope of this dissertation project, as I will explain in the pages that follow.

“Look Away”? Locating *Peculiar Nature* in the “New Southern Studies”¹

In looking to the environments of the South to show us how nature shaped human cultures—how in imagining a constellation of local places as an independent region, and later, as an independent nation, white southerners developed an insular positionality—my work merges (at times uncomfortably) with the concerns of what is called the “New Southern Studies,” a movement urging us to “look away” from the South in order to situate the region as both a metonym for the larger United States and as a global participant in transnational, hemispheric contexts (McKee and Trefzer 677). In identifying the South as a kind of microcosm of the nation, or, in the words of one critic, as “the nation’s region,” the New Southern Studies denies southern exceptionalism at the same time it posits the South as a “porous space through which other places have always circulated” (McKee and Trefzer 679). “The South,” that is, is neither exceptional nor bounded, and it should not be studied as if it were an exceptional, bounded entity.

¹ My title here refers simultaneously to the traditional song “Dixie” (“Oh, I wish I was in the land of cotton / Cinnamon seed and sandy bottom / Look away! Look away! Look away, Dixieland!”) and Jon Smith and Deborah Cohn’s own referencing of this song in their 2004 collection, *Look Away! The U.S. South in New World Studies*, wherein they encourage (command?) New Southernists to place studies of “the South” in more global contexts.
The “New Southern Studies” typically takes June 2001 as its originating moment, when Houston A. Baker, Jr. and Dana D. Nelson co-edited a special issue of *American Literature* on the topic. In their introductory essay to the volume, titled “Violence, the Body, and ‘The South,’” Baker and Nelson made the case for a “new” southern studies, one that would reconfigure “our familiar notions of Good (or desperately bad) Old Southern White Men telling stories on the porch, protecting white women, and being friends to the Negro” (232). Baker and Nelson argued that the South could stand in for the nation, that the land and history below Mason and Dixon’s line are, in fact, not “Other” but instead “American and America to the core” (236). Of course, Baker and Nelson’s call for a new kind of criticism on the South was preceded, and indeed, shored up, by the literary, cultural, and historical work of an array of scholars, including Patricia Yaeger, Susan V. Donaldson, Drew Gilpin Faust, Michael Kreyling, and Bertram Wyatt-Brown, who articulated many of the concerns of the “New” Southern Studies before it was defined as such.

As the “New” Southern Studies began to take on a horizon larger than Baker and Nelson’s focus on race, violence, and the body, southernist scholars criticized their argument that scholarship pivoting on race relations constituted anything “new” (Kreyling 9). The New(er) Southern Studies (with capital “N,” “S,” and “S”) instead pushed the field toward a focus on memory and trauma, on the one hand, and globalization and transnationalism, on the other. The latter concern has since thrust itself to the forefront of the New Southern Studies (and to American Studies scholarship in general), which asks: “What happens when we unmoor the South from its national harbor, when it becomes a floating signifier in a sea of globalism? How does the South participate in the global networks of culture and economy? How have the South’s culture and history always already been global?” (McKee
and Trefzer 678). Thus, five years later in the same journal, Kathryn McKee and Annette Trefzer succinctly articulated the (new) concerns of New Southern Studies by repositioning the field along a hemispheric axis.

I focus on Baker and Nelson’s and McKee and Trefzer’s editorial articulations of this burgeoning field in order to place my own work somewhere between the two conceptualizations. I sympathize with the boundary-breaking imperatives of the New Southern Studies, with the desire to explode the binaries of black/white, urban/rural, ante-/post-bellum that defined previous incarnations of southern literary, cultural, and historical studies. I certainly agree that “territories, boundaries, and sovereignty” are not fixed entities but are always-already in flux (McKee and Trefzer 680), a point that holds up especially well when we consider Native conceptualizations of southern places and enslaved black experiences of southern environments. And yet my work emphasizes the antebellum South’s very conscious shaping of its distinctiveness, its ever-increasing insularity as the region advanced toward war, a point that is seemingly directly at odds with both forms of the New Southern Studies indeed. Its focus on southerners’ viewpoints—looking inward from the South, or outward toward the North—in uncovering how their understanding of the environment enabled them to understand that region as an independent nation, seems lodged squarely in the “old” southern studies that these scholars wish to dispense with.

Recent scholarship in New Southern Studies certainly responds to these transnational questions: see, for example Mississippi Quarterly’s Fall-Winter 2003-04 special issue “Postcolonial Theory, the U.S. South, and New World Studies”; Southern Quarterly’s Fall 2003 special issue, “Souths: Global and Local”; Jon Smith and Deborah Cohn’s Look Away! (2004); James L. Peacock, Harry L. Watson, and Carrie R. Matthews’s The American South in a Global World (2005); the American Literature December 2006 special issue, “Global Contexts, Local Literatures”; and Peacock’s Grounded Globalism (2007). Further cementing the field’s rise to prominence, the University of Georgia Press has recently launched a “New Southern Studies” series.
My argument that southerners thought about their region as “peculiar” challenges the (current) dominant discourses in the “New Southern Studies,” which tend to break down that distinctiveness in favor of a vision of the South as nationally and transnationally metonymic. During the years between the closing of the Atlantic slave trade in 1808 and the onset of the Civil War in 1861, the southern states, I argue, were decidedly not representative of the nation but rather a reminder—to the northern and western non-slaveholding states—of the nation’s disunity. During this time, it was apparent to those in North, South, and West that the promise of the Constitution, of a unified federation of states, would break down unless the states could work together to solve the “slavery problem.” Thus, this dissertation challenges New Southern scholars by asking whether the assertion of the South’s metonymity holds up when we consider this period of regional insularity and national division.

In fact, recent discussions among practitioners of the New Southern Studies have highlighted the myopic nature of most of the field’s textual productions. The theoretical work of these scholars does hold up in literary studies of the twentieth- and twenty-first centuries, and even in studies of the colonial period, but it seems less useful to those working in the period in between. As a scholar recently posed to the “H-Southern-Lit” listserv, “So much of recent southern studies (or “new southern studies,” if you want) is marked by its almost absolute focus on the twentieth century and contemporary writing and culture. [. . .] Is “New Southern Studies” at risk of becoming limited, even trapped, by a tenacious presentism?” (Bibler). Respondents to this query have hypothesized that the dearth of work in “the early South” is perhaps due to the repugnance of the proslavery sources, or to a fear that contending with such sources might mark one as apologetic for slavery. In addressing my work as a rejoinder to or a revision of New Southern Studies
scholarship that privileges other periods, I do not mean to set up a “straw man” argument whereby I critique a point of view that does not exist. As Michael Bibler’s query suggests, the field has not only not come to terms with this time period; it has overwhelmingly ignored it. In this project, I aim to show how the defining theorizations of the New Southern Studies themselves break down in the antebellum South.

To do so, it argues that an understanding of what constituted the local will help us contemplate what constituted the national and the global. Thus, just as we must conceive of the South as part of global transnational networks, we must also understand how the people in the region imagined themselves as part of local or regional communities. The concept of the “bioregion,” a biotic community that transcends political borders, thus becomes important to my project, as it helps explain the physical basis for southerners’ ideological constructions of race, gender, and the body, which in turn informed their attitudes toward distinctiveness and, eventually, independence. Some New Southern Studies scholarship seeks to de-naturalize or de-regionalize the South, but in positioning the region metonymically, its distinctive nature—its climate, topography, geology, biology—gets left out. In the context of the early national and antebellum South, such a decoupling of place from nature would preclude an understanding of the development of a distinctive southern regional consciousness, a consciousness that evolved from southern nature to southern bodies to the southern body politic.

I do not mean to suggest that the southern states were so insular and distinctive that they had no traffic in national or transnational networks: the institution of slavery was a global and hemispheric enterprise, and any study of slavery in the American South will engage in conversation with prevailing nationalist and internationalist discourses. Moreover,

climatic factors such as agricultural productions, disease epidemics, and meteorological patterns certainly connect the United States “South” with other “Souths,” positioning the U.S. South on the northern edge of the Caribbean and Latin America. The biotic community of the swamp, for example, links the American South with its hemispheric neighbors. As Chapter Four points out, the specter of slave revolt, originating in white fears after the successful revolution in Saint-Domingue in 1791, remained ever-present in the wild wetland spaces on the borderlands of southern farms and settlements. These revolutions informed actual slave uprisings in North America as well as imaginative literature about them (as in Harriet Beecher Stowe’s *Dred* and Martin Delany’s *Blake*); they also sparked state legislation that restricted everything from teaching enslaved people to read to the importation of any enslaved person who had resided in the West Indies (Donaldson 714-15).

Thus, I want to emphasize southern distinctiveness at the same time I want to view that distinctiveness as relational.

While this dissertation primarily concerns itself with southern difference, and thus, would hardly be embraced by all New Southernists, its emphasis on the non-human and bioregional aspects of the U.S. South offers a new way of thinking about the development of southern insularity and independence. In its focus on the climate, plants, mineral waters, and wetlands unique to the region, this project shows how the environments of the American South shaped human cultures and how those cultures in turn shaped our experiences and perceptions of the environments. This dissertation challenges the New Southern Studies to consider environmental and bioregional factors in its postmodern theorizations of place, territory, and sovereignty. Located at the intersection of New Southern Studies and ecocriticism, this project asserts the importance—even the exceptionality—of the southern bioregional experience, using the physical category of place
to explain how residents of the southern states conceived of their bodies, their land, and ultimately, their nation.

“These Stories Have Trees in Them”: *Peculiar Nature* and Ecocriticism

Like the New Southern Studies, ecocriticism is a relatively young field. Now considered the standard term for what others have called “literature and environment studies,” “green cultural studies,” “literary environmentalism,” or “environmental criticism” (Buell *Future*, Heise “Hitchhiker’s Guide” 506), ecocriticism, broadly considered, takes as its subject the study of the human relationship with the nonhuman world. The story of ecocriticism’s beginnings has now been told elsewhere, but bears a brief repeating. The environmentalist movements of the 1960s and ’70s had led to the creation of fields like environmental history and environmental science, but literature departments seemed unmoved even as they engaged in other politically engaged fields such as feminism and critical race studies, and, later, postcolonial and queer theories. The field of literary studies thus seemed prime to adopt an environmentally oriented criticism, and at the annual meeting of the Western Literature Association in 1992, a group of young, upstart scholars, some of them graduate students at the time, formed the Association for the Study of Literature and Environment (ASLE) to meet this aim. At the time, these founding ASLE members

4 M. Cohen 19-27, Glotfelty xvi-xviii, Branch and Slovic xiv-xv.
5 Ursula Heise argues convincingly that an environmentally informed literary criticism did not emerge with feminism and race studies, even though their associated political movements occurred around the same time, because of the concomitant development—and rise to prominence—of poststructuralist theory, which de-emphasized “real” nature. From Roland Barthes in 1957 to Graeme Turner in 1990, she argues, “the bulk of cultural criticism was premised on an overarching project of denaturalization. This perspective obviously did not encourage connections with a social movement aiming to reground human cultures in natural systems and whose primary pragmatic goal was to rescue a sense of the reality of environmental degradation from the obfuscations of political discourse” (“Hitchhiker’s Guide” 505).
recognized the presence of environmentally informed literary practices, but they also saw the absence of an organized, professional forum for communicating and debating that work. In order to collect that disparate work under the umbrella of a new “ecocriticism,” ASLE would become the professional home and a public forum for those scholars employing environmental approaches to literature.

Early ecocriticism did a number of things well, most notably the recovery of many “nature writing” texts for the American literature canon and the promotion of new nature writing by contemporary nonfiction authors through the critical apparatus of ISLE (Interdisciplinary Studies in Literature and Environment), the field’s first journal, and the commissioning of several anthologies of twentieth-century environmental writing. Thanks to the work of scores of early ecocritical (and feminist) scholars, the narratives of Caroline Kirkland, Lydia Maria Child, Susan Fenimore Cooper, and Mary Austin, and others have all been added to the bookshelves of literary critics interested in investigating these women’s experience of nature and place. Additionally, The Journals of Lewis & Clark are now issued in a Penguin Classics edition; Thomas Hariot’s A Briefe and True Report of the New-Found Land of Virginia (1588) William Byrd’s History of the Dividing Line Betwixt Virginia and North Carolina and The Secret History (1728) are published inexpensively by Dover; John James Audubon and John Muir are published in authoritative Library of America volumes, which also recently published an anthology of American environmental writing edited by activist Bill McKibben and including a foreword by former Vice President Al Gore. Instructors wishing to design a course solely on American nature writing have several course readers to choose from, as do

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6 The 1990s were by far the most productive decade for this type of work, as the new ecocriticism gained traction and brought nature writing into the classroom, but others have been published more recently. Some of the more popular “nature writing” readers include Thomas Lyon’s This Incomparable Lande (1989, reissued 2001), John Elder and Robert Finch’s Norton Book of Nature Writing (1990), Lorraine Anderson’s Sisters of the Earth (1991, 2003),
those teaching “ecocomposition.” These are additions of the past fifteen or so years, and they reflect the very recent nature of the surge of interest in environmental- and place-based writing.

Yet these massive recovery and anthologizing projects inadvertently contributed to the misperception within the wider academy that current ecocriticism is only invested in the study of nature writing and natural history. Current ecocritics must take some responsibility for this misperception as well: in their recovery of “lost” or under-appreciated nature writing texts, ostensibly to revise the canon of American literature and reassert the importance of this genre for American literary history, they have somewhat paradoxically created a canon of their own. The average attendee at an ASLE conference thus has certainly read—or is expected to have read—the works of the major “environmental” writers of the nineteenth and twentieth centuries, including John Burroughs, Mary Austin, Henry Thoreau, John Muir, Wendell Berry, Edward Abbey, Rachel Carson, Aldo Leopold, Barry Lopez, and Leslie Marmon Silko, to name only a few of the most popular. Ecocriticism has created a canon for itself—of thematically oriented, place-based “nature writing”—at the same time it wishes to revise the dominant canon, thereby paradoxically ghettoizing, or at the very least, isolating, itself in the process.

In recovering “environmental” texts such as exploration narratives, natural histories, and nature writing, early ecocritics wanted to emphasize their importance and relevance to literary studies in general. But in the process, they created the misperception that

“ecocriticism” is equivalent to “writing about nature writing.” And as I point out above, ecocritics at the same time reinforced their own canon (talking about John Muir and Aldo Leopold, for example) so that they did not work at significantly revising the dominant one. The creation of this internal canon thereby led to the (mis-)perception by academic outsiders to the field that all ecocritics “do” is talk about nature writing.

It is easy to see why early ecocritics might have been hesitant to consider less nature-centric work (such as the novels of Edith Wharton or William Dean Howells, for example) as relevant to their approach: such texts, and the larger literary culture to which they belong, privilege the human world over the nonhuman, precisely the dialectic ecocriticism hoped to reverse. Norman Maclean’s rejection letter for A River Runs Through It and Other Stories (1976)—“These stories have trees in them” has now become famous (infamous?) as an illustration of this paradigm. The presence of “trees” was seen as antithetical, or at the very least irrelevant, to the project of story-telling, a situation that the majority of ecocritics view as unfortunate, if not problematic. This desire among ecocritics to reverse the direction of literary scholarship away from representations of things and toward “real” things has its origins in the early field’s resistance to deconstructionist theory. As Ursula Heise argues (“Hitchhiker’s Guide” 505), the strong influence of French poststructuralism upon literary studies in the 1980s may have retarded the emergence of ecocriticism, so that among its earliest practitioners, an antipathy toward this type of literary theory remained popular. These ecocritics fought the notion that “nature” was a social or linguistic construct; they wanted to emphasize its “real” qualities and show why those mattered in “the actual world.” ASLE emblematized this ecocritical struggle for reading the “real” when in 2003 it chose as
its conference theme a line from Thoreau’s “Ktaadn”: “the solid earth! the actual world!” (51).

_Peculiar Nature_ stands at the crossroads of these methodological and theoretical challenges facing the field of ecocriticism. First, it attempts to revise our literary history not by recovering a southern tradition of “nature writing,” but by reshaping the ways in which we imagine the idea of “nature” in the early national and antebellum periods. Literary studies of the idea of “nature” in the late eighteenth- and nineteenth-century United States have long focused on the northern or western states, overlooking the same subject and its implications for residents of the South. Unlike literary scholars, whose hegemonic focus on “nature” in the North is understandable when we consider the philosophical attentions paid to its representational and restorative properties through the Romantic and Transcendental movements, historians do not tend to focus on the northern states when they investigate ideas about nature in the eighteenth and nineteenth centuries. Recent ethno-, environmental, and cultural historical work such as Judith Carney’s _Black Rice: The African Origins of Rice Cultivation in the Americas_ (2001), Lynn Nelson’s _Pharsalia: An Environmental Biography of a Southern Plantation_ (2007), Jack Temple Kirby’s _Mockingbird Song: Ecological Landscapes of the South_ (2008), and Shepard Krech III’s _Spirits of the Air: Birds and American Indians in the South_ (2009) underscores the breadth and depth of historical scholarship that engages the idea of “nature” in the early South. Yet work by ecocritics and other literary scholars still highlights natural history, Romanticism and Transcendentalism, and the “wide open spaces” of the West, generally avoiding the knotty understories of the South. As the agricultural center of the nation, the site of forced removal of American

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7 The complete passage reads, “Think of our life in nature, —daily to be shown matter, to come into contact with it, —rocks, trees, wind on our cheeks! the solid earth! the actual world! the common sense! Contact! Contact! Who are we? Where are we?” (51).
Indians, and the place of systematic enslavement of four million black people, the antebellum South harbored residents with very different symbolic and actual associations with its natural world. In shifting our regional point of view, *Peculiar Nature* thus claims that any discussion of Romantic aestheticization of nature, Transcendentalist spiritualization of nature, or western constructions of “wild” nature must also be accompanied by discussions of southerners’ local, materialist experiences of nature. It does so not to recover a new southern tradition of nature writing or of a southern-inflected American Romanticism, but rather to explain how and why such a tradition did not develop in the antebellum South.

Second, this dissertation challenges prevailing discourses within ecocriticism and environmentalism by de-stabilizing the centrality of “the local” in our disciplinary conversations. The category of the “local” has achieved primacy among ecocritics because many environmentalists of the 1960s and ’70s came to see “deterritorialization” and alienation from nature as the root problem of our global ecological crises. Attention to one’s home place therefore became the way to combat larger issues by “thinking globally” and “acting locally.” While much laudable creative ecocritical work celebrates local attachment to place as a means of restoring a human connection to the natural world, this work is myopic in origin and vision. It assumes, first of all, that the subject is able to connect to “nature,” that her financial resources, her employment situation, her own physical abilities enable her to take up bee-keeping, or plant an organic garden, or simply walk in the woods behind her house. Its goal is a closer individual connection to “home place” in the name of restoring humanity’s collective relationship with the natural world. These celebrations of the local have environmentalist value insofar as they encourage readers to become better stewards of local places, and they have literary value in their often poetically lyrical meditations on place and home, but they seem often to be historically limited and racially
circumscribed. Not only do celebrations of the local rely on the assumption of a nomadic presentism, where local attachment to place is a new or potentially desired outcome, but they also privilege societal or national “winners”: Can American Indians write about their home place without trauma? Can German Jews? The list could go on. In the antebellum South, localism motivated harmful “scientific” research, forged destructive approaches to individuals and nations, and lay underneath a whole host of egregious social beliefs and practices. *Peculiar Nature* thus turns to the category of the local in order to uncover its potential danger, thereby historicizing and complicating the ecocritical celebration of home places.⁸

Finally, this project historicizes contemporary environmental justice criticism, a movement within the larger field of environmental studies that focuses on the uneven distribution of resources and the peculiar toxicity and precariousness of lands inhabited by nonwhite people on the local, national, and global levels. The literature of environmental justice criticism and the organization of activism around environmental justice issues continue to grow, as both academic and public communities—sometimes in partnerships—expose the issues to their constituents. In the United States, activists such as Beverly Wright (New Orleans) and Van Jones (Oakland, California), along with the spate of academic and public work⁹ following the wake of Hurricanes Katrina and Rita along the United States Gulf Coast, called into question U.S. environmental and social policies that adversely affect

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⁸ Ursula Heise complicates the category of the local in her recent *Sense of Place and Sense of Planet* (2008) for an “eco-cosmopolitanism” that interrogates instead the “environmental imagination of the global”: “The challenge that deterritorialization poses for the environmental imagination [. . .] is to envision how ecologically based advocacy on behalf of the nonhuman world as well as on behalf of greater socioenvironmental justice might be formulated in terms that are premised no longer primarily on ties to local places but on ties to territories and systems that are understood to encompass the planet as a whole” (10).

⁹ Its activist impulses have aided the field of environmental justice in successfully merging these two categories (“public” and “academic”), particularly in its own scholarly pieces, which often merge personal and collective narratives with theoretical and critical work.
African American neighborhoods and regions, and they interrogated the “natural”-ness of these particular “natural disasters.” Within the scholarly community of ecocriticism, practitioners no longer argue about whether or not activism on the local or global levels is a desirable pedagogical goal; instead, they devise and engage in service learning projects and other community outreach initiatives with the goal of integrating social and environmental problems into the literature and writing classroom. Meanwhile, Vandana Shiva’s *Earth Democracy: Justice, Sustainability, and Peace* (2005); Ramachandra Guha and J. Martinez-Alier’s *Varieties of Environmentalism: Essays North and South* (1997); and Joni Adamson, Mei Mei Evans, and Rachel Stein’s *The Environmental Justice Reader: Politics, Poetics, and Pedagogy* (2002) bring into stark relief the global nature of the environmental justice movement, illustrating how inter- and transnational policies of the World Trade Organization (and others) and agribusinesses like Monsanto (and others) participate in the oppression of poor, indigenous, and Third World people. This work ever reminds us that “some live more downstream than others” (Tarter 213), thereby effectively undercutting the American construction of itself as a place of equality and justice.

Environmental justice criticism has affected ecocritical work in one additional important way: namely, the greater attention it focuses on urban environments. Of course, environmental justice issues do not always take place in cities—mountaintop-removal coal mining in Appalachia and pesticide poisonings in California’s Central Valley are notable examples—but they tend to be focused there because urban spaces harbor large, diverse populations and large, industrial corporations. Yet ecocritical work of the creative and critical variety has instead focused on the rural, perhaps because of its origination at the Western Literature Association conference (and subsequent focus on the wide open spaces of the West) or because of its reactionary stance toward the theoretical scholarship that
tends to be produced in and espoused by urban academic centers (Lioi “Swamp Dragons” 20). The field’s increasing attention to urban environments, such as Michael Bennett and David Teague’s The Nature of Cities (1999) and the initiatives of organizations such as Boston College’s Urban Ecology Institute, recognize the importance of theorizing and attending to “city wilds.” While this dissertation itself does not directly take up urban environments, it does benefit from the related work on “toxic discourse,” such as Lawrence Buell’s article of that name (1998) and its later book-length incarnation, Writing for an Endangered World (2001). Alongside the bio-cultural personal narratives of human toxicity offered by writers like Sandra Steingraber (Living Downstream, Having Faith) and Terry Tempest Williams (Refuge), this critical work focuses attention on un-Romantic, unavoidable, and detrimental human-nature dialectics.\(^\text{10}\) Peter Thorsheim’s Inventing Pollution (2006), William Cohen and Ryan Johnson’s Filth (2004), and Anthony Lioi’s “Of Swamp Dragons” (2007) all turn away from the pristine, isolated mountain peak or still, church-like forest to take us to the filth and noise of the urban metropolis or the muck and mud of the low-lying wetland.

The ideas explored in this new scholarship—on toxicity, environmental racism, and the body—are not new or unique to the twentieth or twenty-first centuries, or even to the eighteenth and nineteenth centuries I explore in Peculiar Nature, yet most of the critical work on these subjects focuses on the contemporary period. My project thus aims to historicize this work by focusing on a period and a region where these issues folded together, with significant and sometimes tragic ramifications for the real lives and real landscapes present there. By bringing black history and environmental history into the same conversation, Peculiar Nature thus historicizes contemporary issues of environmental justice criticism by

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\(^\text{10}\) Of course, this creative and critical work builds upon foundational texts such as Rachel Carson’s Silent Spring (1962) and Ishimure Michiko’s Paradise in the Sea of Sorrows: Our Minamata Disease (1972).
explaining how undesirable land came to be associated with people of color in the eighteenth
and nineteenth centuries, and by demonstrating how science, particularly medicine, came to
create notions of evolutionary, bodily, and gender difference that in turn sustained
perceptions and structures of inequality from that time to the present day.

Social and Cultural History of (Peculiar) Medicine

Both the New Southern Studies and ecocriticism are sub-fields within literary studies, the umbrella under which this dissertation was written. However, along the journey from kernel-of-idea to completed manuscript, I realized that I was also in conversation with a field of history in its own right, that of the social and cultural history of medicine. This field is vast and far-reaching, and I shall not attempt to trace its history here. Instead, I want to articulate *Peculiar Nature’s* contributions to medical history in the United States, particularly the medical history of the South: first, it asserts the importance of botanical medicine to southern medical practice in the pre-Civil War period by focusing on the Thomsonian movement and on the domestic healing practices of white women and enslaved people, not as “quacks” but as equal participants in antebellum health care practices; second, it uncovers a significant effort by the Confederate government to enlist civilian help with the procurement of botanical resources for the domestic production of medical substitutions, not on the battlefield but in the smaller towns and communities throughout the southern states; third, it revises our historiographical narrative of the “water cure” by showing the evolution of its southern incarnation, where the culture of “taking the waters” was widely practiced; and fourth, it synthesizes contemporaneous beliefs about environmental determinism and bodily porousness, American ethnography, and the sources of disease and health in order to show how those beliefs shaped southern attitudes about distinctiveness,
racism, and, eventually, the founding of a southern nation. In particular, it highlights the ways in which southerners imagined their environment as a site of both healing and harming: the external world might cause peculiarly southern diseases, but it would also provide the means for healing those diseases. White and black southerners thereby divested moral elements from disease contraction by attributing the natural world, not individuals’ actions, to bodily illness.  

Allopathic physicians—those attending traditional medical schools or apprenticing with an experienced physician to earn an M.D. degree—did not enjoy hegemonic acceptance by the lay public in the nineteenth century, in the southern or the northern states. Nor did they enjoy the respect that Americans generally accord medical doctors today. Instead, a wide variety of medical “sects” competed with allopathic doctors for both clientele and prestige throughout the period, including homeopaths, Thomsonians, hydropaths, and others. Meanwhile, the practice of domestic medicine continued unabated, with individuals, family members, and neighbors sharing knowledge about cures, treatments, and spiritual practices designed to effect healing. In the southern states, where populations were often spread across wide distances, or large plantation economies were self-sustaining, domestic healing practices garnered great strength, not as “quacks” competing with allopathic physicians but as respected healers in their own right. Most of their healing practices relied on the use of local plants that could be gathered in the area near the home or grown for medical purposes in a kitchen garden. Botanical knowledge and medical knowledge thereby became nearly synonymous. As we will see in Chapter Two, the practice of botanical

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11 Of course, this construction is somewhat reductive. White southerners believed that individuals bore some responsibility if they treated their interactions with the environment imprudently, as when they stayed out late on dewy nights or spent the summer months in low-lying areas. And black southerners who practiced conjure would certainly attribute individual behaviors as the causes of bodily illnesses.
domestic medicine yielded power to those who were traditionally disenfranchised, such as white women and enslaved people. With knowledge of plants that could both heal and harm, medical care-givers worked simultaneously (and paradoxically) to uphold and destroy southern slave society.

Southern botanical medicine was distinct in another way: namely, in the influence and importance of Thomsonism, a homegrown medical practice begun in New Hampshire by a self-taught healer. Thomsonism experienced some limited popularity in the northern states, but it seemed custom-made for southern slaveholders, and consequently spread throughout the southern states. In rewarding self-reliance and rejecting formal educational institutions, Thomsonism appealed to farmers who espoused those same values; in focusing on the importance of American plants to cure distinctively American diseases, the movement appealed to southerners’ conceptions of medical topography and merged comfortably with domestic botanical medicine already practiced by women and enslaved people. The movement flourished for more practical reasons as well: namely, that no orthodox medical schools existed in the region until the 1830s, and these lacked the prestige of the institutions in places like Philadelphia and New York. Furthermore, a “right” to practice Thomsonian medicine generally cost around $20, far less than the cost of attending a far-flung medical school, while the time devoted to and the education required for learning Thomsonian methods were minimal. Finally, slave-owning southerners resented the high fees and harsh mineral medicines of allopathic doctors; Thomsonism thus also appealed to planters’ desire for control over the care of enslaved people and for thrift while doing so. Together with domestic medicine practiced by white women and enslaved people, Thomsonism’s popularity demonstrates the acceptance, if not dominance, of botanical medical practices in the southern states.
That dominance was secured during the Civil War years, when Union blockade of southern ports prevented the importation of mineral medicines and supplies for the compounding of mineral medicines from the northern states and South America. In uncovering an archive of Confederate and southern writing about plants and medicine, I show how the central government of the C.S.A. foregrounded the problem of medical shortages through creating local networks of civilian procurement, collection, and preparation, and regional botanical-chemical laboratories for the systematized experimentation and production of southern plant-based medicines. In focusing on how the Confederacy mobilized its citizenry for the development of new botanic medicines, I stake a claim for local and regional knowledge-making on the Confederate homefront, thereby providing a counterpoint to the studies of surgery and medical care on the Civil War battlefield.

Chapter Three similarly provides a counterpoint to historiographical treatments of the water cure, which have until now not considered the role of southern watering places in constructing, promoting, and developing this medical phenomenon. By shifting our regional point of view to the Virginia springs, this chapter enriches our understandings of nineteenth-century hydropathic culture by uncovering its southern inflections. While northern water cure practitioners focused on the individual as the source of disease—through physical constitution, emotional weakness, or intemperate habits—southern adherents instead attributed disease causation to the external environment. As a result, northern water cures required long-term lifestyle changes, while southern water cures could be undertaken seasonally or intermittently, as curatives or preventatives. Furthermore, southerners came to believe that their mineral waters were peculiarly suited to treating the diseases incident to a southern climate, while northerners attributed no such distinctiveness to their waters or
diseases. In laying out the differences between the two cures, I show that our previous medical-historical understandings of what constitutes hydropathy in American culture have been skewed toward the urban North, and I make a claim for revising those understandings to incorporate the highly differentiated rural southern practices.

Finally, throughout this dissertation, I trace conflicting attitudes about climatic effects on white and black southern bodies and the interactions between those bodies and their environments, which in turn demonstrate the infiltration of southern proslavery ideologies into scientific knowledge-making and domestic and professional medical practices. In doing so, I attempt to synthesize eighteenth- and nineteenth-century ideas about bodies, environments, and race in order to show how the merging of these ideas contributed to the development of the ideology of southern distinctiveness and promoted a scientific racism that upheld slavery. Of course, such a belief in the South’s “peculiarity” eventually informed the founding of an independent southern nation firmly rooted in the environmental racism of the past.

**Explanation of Methods**

Juxtaposing and integrating unpublished evidence drawn from medical, cartographical, and botanical archives with readings of more familiar published texts, including novels, short stories, and nonfiction sketches, *Peculiar Nature* makes a methodological argument about the way we conduct literary and cultural histories. Rather than solely considering published “literary” works, this project looks to unpublished manuscript sources, such as journals and letters, and nonfiction essays, such as medical and agricultural articles, in order to reconstruct the lived experience of antebellum southerners. I have chosen to do so for several reasons.
First, I want to trouble the notion that print culture and literary culture were synonymous in this particular time and place. In fact, whether the South’s own literary culture in the pre-Reconstruction years was primarily an oral or manuscript rather than a print one remains a pressing question among scholars of the period, who recently took up this issue in a conversation on the “H-Southern-Lit” listserv, ultimately coming to the conclusion that more work must be done in order to determine the situation with any certainty. Furthermore, because the southern states did not house “major” publishing outlets such as those in Boston, New York, and Philadelphia, much of its explicitly literary work—such as that of Edgar Allan Poe, Caroline Lee Hentz, or William Gilmore Simms—was itself published outside of the South, with the exception of the short fiction and nonfictional essays appearing in periodicals such as the *Southern Literary Messenger* and the *Southern Quarterly Review* (McCardell 155-58). The publication of southern work in northern houses meant that the proslavery views of white southern authors were sometimes cause for censorship—both authors censoring themselves before submission and publishing houses censoring completed manuscripts before publication—if not outright rejection. Southern-based print periodicals were able to avoid such censorship. But both the printed books of antebellum southern literature and the nonfictional periodicals generally offer us only one window into southern culture of the time. Because of the singular viewpoint of those sources commonly deemed “literary,” this dissertation also implicitly argues for the inclusion of the narratives of enslaved people—whether published as books in their own time or recorded as oral interviews in the post-Reconstruction years—in the category of “southern literature.”

Second, as I began this project I immediately realized that the questions I was interested in answering—how ordinary southerners experienced their natural world, and how
the system of slavery influenced or did not influence that experience—would not find answers solely in the published “literary” work, which was primarily written by white slave-owning men and women. In order to reconstruct the cultural and environmental world of antebellum southerners, I had to turn to the archive.

As a result, this project both responds and is subject to the problems inherent in any scholarly project that involves the archival record. These texts and materials are subject to the ravages of time, the selectivity and dispersal of the archive, and the consequences of historical policies that denied access to literacy for enslaved people. Even if an enslaved person could read or write—if she had somehow managed to teach herself, or found someone to teach her—if laws forbade reading and writing, she would have many incentives to keep that knowledge a secret, and thus, to keep that record from the eyes of those in power. Needless to say, archival evidence from enslaved people is, therefore, scant. Formerly, this also meant that the experiences of enslaved people, as passed down in oral histories, recorded in late-nineteenth and early-twentieth century interviews, or published in newspapers or slave narratives, were also denied the kind of scholarly authority that the written records of whites were granted. Thanks to the work of scholars like John Blassingame, Sharla Fett, Frances Smith Foster, Henry Louis Gates, Jr., Walter Johnson, Carla Peterson, Reginald Pitts, and others, these records are now given the full recognition they deserve, and in turn, they have given us a more complete picture of southern life before the Civil War.12

12 See especially Peterson’s “Subject to Speculation,” Blassingame’s “Using the Testimony of Ex-Slaves,” and Paul Escott’s “The Art and Science of Reading WPA Slave Narratives” for excellent methodological meditations on using the black archival record. This same problem faces students of Native American cultures and histories. Tiya Miles and Theda Perdue and Michael D. Green reflect on this problem as it relates to Cherokee sources in particular in Ties that Bind and The Cherokee Removal, respectively.
After considering the problem of the archive, I recognized a second major problem of any study that purports to consider human representations and experiences of the natural world: namely, how to talk about nature as both a culturally constructed and defined “object” and as a real, live, physical “subject.” On one end of the continuum, the social constructionists argue that we cannot experience nature as a subject, that nature is always mediated through cultural, historical, and ideological lenses; on the other, the realists argue that cultural constructions can be stripped away and that we can have “authentic” experiences in “real” nature, or more often, in “wilderness.” This project does not attempt to “speak a word for nature,” to divest itself of its own anthropocentrism. Instead, it posits the use of nature as a category of analysis in order to examine (human) cultures, to show how environments, and perceptions of environments, shape cultures. In the same way feminist, queer, or critical race scholars use gender, sexuality, and race, respectively, as categories for analyzing texts, this project engages southern nature as a category we must employ in order to reconstruct antebellum southern cultures. In doing so, it aligns itself with those environmental and cultural historians such as William Cronon and Linda Nash, who argue that nonhuman nature and human culture have always influenced one another.

Overview of the Chapters

In order to illustrate the correlations between attitudes toward race and attitudes toward environment in the antebellum South, *Peculiar Nature* engages four examples of human constructions of and interactions with the natural world: first, the perceptions and theorizations of southern climates, which reinforced notions of racial, sexual, and regional difference and ultimately led to the regional identification of the southern states as “peculiar”; second, the use of botanical remedies and cures by different groups, such as
enslaved healers, white women, Thomsonian doctors, and the Confederate government, which relied upon local and national networks of epistemological exchange operating simultaneously to uphold and destroy slavery; third, the use of Virginia’s mineral waters as a cure for peculiarly southern diseases and the construction of the springs as a haven for slave-owning elite whites, which on a local level led white southerners to uphold the notion of southern difference and on a national level to argue for the continuation of slavery; and fourth, the representations of swamps and wetlands as lawless spaces associated with black freedom and rebellion, which correlated with white southern fears about societal unrest, uncontrollable wilderness, and eventually, racial mixing and degradation. Taken together, these four chapters demonstrate how the construction of southern nature evolved alongside—sometimes fueling, sometimes reacting to—attitudes toward race and southern nationalism.

Chapter One, “‘A Clime More Congenial’: Southern Climates and the Embodiment of Slavery,” reveals how southern ideas about environmental suitability were also rooted in racialized corporeal epistemologies. Perceiving bodily effects from their southern climate, white southerners argued for the physical impact of the environment upon both black and white bodies, which in turn enabled them to claim an environmentally determined “suitability” for the presence of enslaved people (and their labor) in the South. White southerners’ local and regional beliefs about climate and environment thus informed both the construction of their (individual) corporeal and (collective) political identities. Thus, as southerners came to understand their region as climatically distinct from the North, their attitudes about southern bodies and the (southern) body politic subsequently encoded and reinforced notions of racial and regional difference.
Chapters Two and Three work in tandem with one another to articulate the specific ways in which southern natural resources—in these cases, plants and mineral waters—were used by white southerners in the service of southern nationalism. The distribution of the southern population, the lagging industrialization within southern cities, and the dominance of agricultural production throughout the region meant that most southerners lived in rural areas; on farms or plantations; or close to a swamp, forest, or other “wild” space. This proximity to the natural world—whether cultivated or wild—alongside the presence of four million enslaved people (rendered part of nature by the dominant ethnological discourses of the day) and large numbers of Cherokees, Creeks, and Choctaws (among other groups) before Removal, influenced the ways nature was perceived, represented, and experienced by southerners. Whereas northerners at this time tended to represent nature as a refuge or an escape from the pressures of modern life or as a worthy model of “civilized” society’s “natural laws,” southerners tended to view nature as a valuable resource or a burden to be overcome. To white southern minds, control over “nature,” which included enslaved bodies, was essential to the health and independence of localities, and, eventually, of the southern nation. Thus, clearing land for agriculture, creating a mill pond on the edge of a swamp, or more gruesomely, expelling Indians and beating or raping enslaved people, all became necessary interventions for white southern men desirous of social and national control.

Consequently, in Chapter Two, “The Curative South: Botanical Modes of Healing and Knowledge Transferal,” I explain how different constituencies of botanic medicine practitioners and patients used plants simultaneously to uphold and to destroy slavery. White women and Thomsonians used medicinal plants to cure illnesses in families, neighbors, and enslaved populations; enslaved people sometimes cured white people but
often chose to practice medicine on their own bodies and the bodies of their family members and friends. In the latter case, botanical medicine could be used to poison or conjure white owners or other enslaved people, to abort or kill babies so as not to bring them into slavery and enrich white masters, or to undermine slavery’s reach by providing the enslaved healer with increased mobility or personal freedoms, community respect, or even, in some cases, financial remuneration for her services. By the time of the Civil War’s onset, botanical knowledge was so valued that the Confederacy recruited citizens, botanists, and chemists to share that knowledge with one another for the benefit of the new nation: on the home front, women were encouraged to grow poppies for domestic opium production, while those who could recognize roots and herbs could sell specimens to the government for a sometimes hefty fee. Meanwhile, the C.S.A. organized medical laboratories for the systematic experimentation and development of new botanical medicines that could adequately treat southern diseases in the absence of mineral medicines from the northern states, Europe, and South America. The bountiful “fields and forests” of the southland came not only to signify the healthfulness of southern land and southern bodies, but also to indicate the future health of the new southern nation.

“Taking the Waters: Nature, Science, and Southernness at the Virginia Springs” expands upon Chapter Two’s focus on botanic resources to show how similar logics were applied to southern mineral waters. Just as southerners saw the abundance of medicinal plants in their region as an indication of individual and collective health, so too did they see the Virginia springs as a pharmacopeia capable of curing the ailments incident to southern climates. In their painstaking explanations of the “peculiar” adaptations and suitabilities of the various mineral springs, southerners saw a national medicinal resource whose presence in Virginia, the “mother of states” reified their independent destiny (Burke Mineral Springs 1851,
Nature thus had a utilitarian purpose that eventually served proslavery southern ideologies.

Both Chapters Two and Three highlight modes of epistemological exchange around southern natural resources, how information about specific plants, waters, and their curative powers was distributed across gender and racial lines, across short and long distances. Networks of southerners at the springs, for example, passed information to one another through word of mouth, letters, and printed testimonials about which spring was suited to which specific ailment or particular constitution. Orthodox physicians and springs proprietors similarly promoted different springs for the curing of different diseases, particularly the diseases “peculiar” to the South, through small-scale print outlets such as broadsides, pamphlets, and short booklets. Meanwhile, the experience at the springs created a resort culture that favored white southern slave-owning guests: the architectural and social structures mirrored those of the plantation ideal, labor was performed by enslaved and free black “servants,” and the mass political events were staged there to promote proslavery (or at least non-antislavery) candidates. While on the local level knowledge exchanges about the springs were used instrumentally—to aid lay people in choosing the correct spring for their particular ailment—over time, and considered altogether with springs culture, these exchanges contributed to the collective belief in the “peculiarity” of the South’s waters, and, ultimately, in the peculiarity of the South’s destiny as a slaveholding nation in its own right.

The final chapter turns from pristine water to black water, to the muck and mud of the southern swamp, to show how this same epistemological leap—from local exchange of information to national ideology of independence—transpired in and around the South’s wetland spaces. In “Black Bodies, Black Waters: Swampland and the Taxonomies of Racial Difference,” I trace the development of a mutually constitutive relationship between the
“peculiar institution” and the prevailing societal and scientific conceptions of wetlands as “peculiar” places. I show how the construction of swamps as undesirable waste spaces evolved alongside white southern discourses about racial degeneration and the potential extermination of civilization. As swampland became associated with lawlessness, black freedom, and violent rebellion against white power, southern whites saw these spaces as fearful indications of the potential unraveling of societal order on the local, national, and even global levels. With its “disorderly” vegetation; its unstable, ephemeral quality as watery land and earthy water; and its status as a seemingly peculiarly southern landscape simultaneously close to home and far away, the swamp was both a resonant symbol and dangerous physical reality to white southerners, who saw in its dark fastnesses the specters of racial miscegenation and violent rebellion—to their minds, the unraveling of social order and the regression of the white “race” to a state of barbarism.

In its narration of the rhetorical, intellectual, and environmental stories of a region imagining itself as distinct, *Peculiar Nature* uncovers the cultural history of southern interactions with the natural world during the pre-Civil War period. At the same time, it makes a case for including that history in the other stories we tell about antebellum America, for expanding our horizon of inquiry to include southern voices and experiences when we talk about the constitution of early American ideas about nature. Its four nodes of inquiry—climate, plants, mineral waters, swampy waters—not only provide examples of how local encounters with the natural world came to align, sometimes gradually and sometimes suddenly, with national ideological arguments for southern independence, but also how those encounters shaped a relationship toward nature that differed profoundly from the prevailing rhetorical discourses in the northern and even western states. Its consideration of a wide range of types of text, from novels to natural history sketches to narratives of
enslaved people to nonfiction medical and agricultural essays, makes a methodological argument about how we can use cultural artifacts to gain greater insight into the lived experiences of our subjects beyond the representations in texts that are more self-consciously “literary.” Taken together, these four chapters speak to a wide audience that ranges from African American Studies scholars to ecocritical scholars to medical, cultural, and environmental historians. I hope each of these constituencies finds something of interest in the following pages.
A NOTE ON WORD AND EDITORIAL CHOICES

Spelling and grammar in the eighteenth and nineteenth centuries did not necessarily follow the same rules we follow in American English today, while at the same time many writers did not follow any standardization of the language at all. For these reasons, quoting from manuscript and printed sources presents authors with a host of editorial choices. Whenever quoting from a manuscript where spelling, punctuation, capitalization, or other errors render meaning unclear, I have inserted a correction in brackets to indicate my change. Anything not in brackets represents the text as it was written or printed. And to avoid weighting the text with too many editorial additions, I have eliminated the term *sic* whenever it was possible to do so.

Eighteenth- and nineteenth-century white Americans also employed a number of terms to refer to people of other races, some more harsh to our ears than others. Quotations from original sources include these sometimes disturbing terms and references. When I refer to subjects, I use the terms “black” and “white” to denote racial identity. The term “black” is, first of all, more inclusive than our contemporary usages, such as “African American.” “African American” implies African ancestry or African birth but does not distinguish between the two, and so using this term to apply to all enslaved people in the United States does not enable us to distinguish between those who were born in Africa and those who were born into slavery in the United States or elsewhere in the Americas. Furthermore, enslaved and free black people were denied citizenship until the passage of the
Fourteenth Amendment in 1868; since the term “American” is used both to denote nationality and as an adjective to indicate anything on the American continents, this term also loses its precision when applied to black subjects in the period.

While white slave owners in the eighteenth and nineteenth centuries would have euphemistically referred to enslaved people as “servants”—the term “slave” was rarely, if ever, used by southerners and was instead reserved for antislavery activists and enslaved people themselves—our current criticism and scholarship about the period rightly denies the blind acceptance of such “servitude” by slaveholding southerners and instead uses the word “slave.” Throughout this dissertation, I have attempted, whenever possible, to instead use “enslaved person” rather than “slave”; this choice implicitly reinforces the subject’s humanity rather than her status as an object of another person in power. I also frequently use the term “southerner,” which I try as often as possible to modify in order to best reflect my meaning in context: thus, “enslaved black southerners” means just that, while “black southerners” includes both free and enslaved people,” and “white southerners” includes slave owners and non-slave owners. Meanwhile, “southerner” on its own indicates any person residing in the southern states. These particular writing choices often render my sentences unwieldy; however, I hope that my readers will overlook occasional stylistic awkwardness in the name of more precise textual descriptors.

I use the term “antebellum” roughly to indicate the years between 1820 and 1861. Most historians place this later, between 1830 and 1860, although some place the onset of the “antebellum” period as early as 1812 and as late as the 1840s. By including the 1820s, I am implicitly recognizing the important legislative, historical, and cultural events of that decade, which significantly impacted southerners’ attitudes toward slavery, nature, and nation
in the later antebellum years. I use the term “early national” to refer to the period following
the conclusion of the Revolutionary War in 1783 and up to the 1820s.

Medical doctors trained in professional medical schools or by apprenticeship with
another medical doctor—that is, those holding the M.D.—are deemed alternately
“allopathic” and “orthodox” in this text. As I explain in Chapters Two and Three, “M.D.”
physicians did not hold unqualified control over the medical practices and therapeutics of
the early national and antebellum periods. Midwives, herbalists, conjure doctors,
hydropaths, Thomsonians, and people who “knew roots” prescribed and cared for patients
as often or more often than did allopaths. “Orthodox” implies “correctness,” and thus I
have tried to avoid it whenever possible, but it is the phrase adopted by most historians of
the period to refer to allopathic physicians, and for stylistic reasons I have occasionally
alternated its use with “allopathic,” a term I prefer for its absence of value judgment.

Finally, the term I struggled most with in writing this manuscript is “the South.” I
am not unaware of the problematic nature of writing the region as if it were a monolithic,
unchanging entity. “The South” was of course not a single place but many places, just as it is
now, each defined by its immigrant groups, its enslaved and free black cultures, its
bioregional entities, its agricultural productions, its textual creations and representations, its
religions, and scores of other factors. In this dissertation, I have chosen not to delimit my
horizon of inquiry to the “Upper” or “Lower” Souths, the Gulf States, or the “Southwest”
but have included in my umbrella term all of the states that seceded from the Union or
whose legislatures provided inconclusive guidelines for secession or loyalty. These are, in
order of their secession, South Carolina, Mississippi, Florida, Alabama, Georgia, Louisiana,
Texas, Virginia (including what is today West Virginia), Arkansas, North Carolina, and
Tennessee. Missouri and Kentucky were slave states with rival Confederate/Union
governments during the Civil War, and I include them as “southern” because of their Confederate elements. Maryland and Delaware, on the other hand, were slave states but did not secede from the Union, and I do not include them when I say “the South.” Despite my attempt at geographical comprehensiveness, readers will notice a privileging of the Upper South states of Virginia and North Carolina because I conducted most of my archival research at libraries in these two states; eventual expansion of this manuscript will necessitate additional research at institutions in other southern regions.
CHAPTER ONE
“A Clime More Congenial”: Southern Climates and the Embodiment of Slavery

“I love to think of your sunny clime [. . .], of your magnolia bowers and flowery plains. I have heard a great deal of your chivalry and liberality, and love to listen to their praises; but I do not love to think of the dark spot in your social system, that is gradually spreading and deepening, and destroying all its beauty and happiness. I do shudder when I think of this.”
Eulalia Hastings, in The Planter’s Northern Bride (1854), by Caroline Lee Hentz

“[. . .] there is no climate uncongenial to slavery.”
Sen. William H. Seward

During the antebellum period, writers of both fiction and nonfiction alike identified a connection between the land of slavery and the climate and geography of that land. Whether they framed climate as a blight on the South that worked to destroy the land from within, or as the reason “necessitating” the very existence of slavery, abolitionist and proslavery supporters used the southern sun to justify and bolster their opposing arguments. Yet while the climate remained quite variable and differentiated throughout the slaveholding states—a region encompassing temperate northern and western Virginia; the swampy low country of Louisiana and South Carolina; the hills of Arkansas, Tennessee, and North Carolina; and the sultry heat of Georgia and Florida—both sides of the slavery argument formed relatively unified yet dichotomous visions of the South. For the supporters of slavery, the South was figured as tropical or semi-tropical, aligned with Edenic paradise; luxuriant with plant and animal life, particularly beautiful flowers and flowering trees; and “congenial” to a healthy constitution. For the detractors of the system, the South’s “tropical
“Eden” was instead a dangerously hot Babylon; its flora and fauna were out-of-control and poisonous; and its landscape festered with contagious disease. While the construction of these two views renders them mutually exclusive by means of their alliance with a pro- or anti-slavery stance, the actual view on the ground reveals their coexistence: the South was semi-tropical, which meant that parasitic insects and malaria-carrying mosquitoes never experienced fatal winter blasts; it was luxuriant with plant and animal life, which meant that many of those plants and animals also carried poisons; its gentle warmth benefited some people, while its late summer “sickly season” contributed to the deaths of thousands. The coexistence of such antithetical and contradictory views of southern climate reveals the extent to which that climate was used as a malleable trope in fictional and nonfictional texts alike.

Serving political uses on both sides of the slavery question, southern climate carried unique significance in the minds of white Americans in the antebellum period: the weather was not simply a topic of conversation—though it was sometimes just that—it was also a powerful indicator of social, political, and economic leanings. Like their colonial forebears, nineteenth-century whites believed that diseases varied by region, that certain topographies and locations were “salubrious” while others were “sickly,” and that climate had the potential to alter both physical character and emotional temperament. Furthermore, they believed that place-based diseases also varied by race, so that blacks and whites in North America experienced differing susceptibilities and immunities. The convergence of these beliefs in a political system that included race-based enslavement meant that antebellum whites in both North and South believed that blacks could inhabit only certain regions of the U.S., and thus, that slavery itself was “suited” for some regions and not for others.

Nineteenth-century theories about climate and its relationship to black and white bodies
thereby contributed to the belief that the South must rely on slave-based agricultural labor, while the North should remain free of slavery, even free of black bodies in general. Slavery was impossible in the cooler North, the argument went, because the African was not “suited” to the climate there and would eventually perish.

Instead, antebellum whites believed that slavery would flourish in the South, where the semi-tropical climate more closely mimicked enslaved blacks’ African home, and where Anglo-American whites would languish if forced to do hard labor. While the South’s mild breezes, especially in winter and spring, would warm the constitutions of fragile white women suffering from “northern” diseases like consumption (what we now call tuberculosis), its noon-day sun would shrivel the brains of their white husbands. Only strong black men and stout black women could stand—indeed enjoy—the intense southern heat. Further cementing the belief among white northerners and southerners that slavery belonged in the South, enslaved blacks in the South indeed appeared to be immune to many of the fevers that plagued whites there. This mysterious fact—corroborated by everyday observers writing to agricultural papers and by professional men in established medical journals alike—confounded both anti-slavery groups, who sought to dispel theories regarding the connections between race and region, and pro-slavery advocates, who sought to explain precisely why blacks possessed this immunity and how whites could best exploit it for their own benefit. These racialist ideas about climate, health, and labor were not exceptional: they were widely accepted by whites and blacks in both regions and across social classes.

Examination of these nineteenth-century attitudes toward climate, race, and health led early social and cultural historians of the South to develop what is now called “the environmental thesis”: the idea that the South’s unique climate, geography, and topography
caused the region’s broad adoption of an agrarian economy and subsequent continuation of
slavery. Ulrich B. Phillips, whose 1928 study *Life and Labor in the Old South* began with the
sentence, “Let us begin by discussing the weather, for that has been the chief agency in
making the South distinctive” (3), is often considered the starting point for this school of the
“plantation legend,” whose members include Avery O. Craven, Francis B. Simkins, John R.
Alden, and Clarence Casson. In their focus on the plantation ideal, these historians
overlooked the more typical small farms and homesteads that overwhelmingly characterized
the region and thus presented a skewed, often rose-colored view of pre-Civil War society
that justified slavery and continued racism in their own time (Breden “Disease” 4-6). Their
association with the plantation and their tone of genteel acceptance of white racial
supremacy led later historians to turn away from approaches to understanding antebellum
culture that had any hints of this environmentalist impulse. This avoidance continued until
around the 1980s, when “environmentalist” took on a new meaning and was thereby able to
(largely) shed its associations with a racist past. Feminism, critical race studies, and
environmental history all supplied new categories of analysis and lenses of inquiry, yielding
more nuanced portraits of antebellum southern culture that included the contributions of
enslaved and free blacks, women of both races, and Native American populations.1

This chapter contributes to these revisionist environmental histories of the South by
examining the impact of climate theories upon antebellum southerners’ conceptions of their
own corporeal (individual) and regional (collective) distinctiveness. By returning to the
proslavery science informing environmentalist rhetoric, particularly the now lost field of
medical topography, this chapter revises our historiographical reading of the “plantation

Land, This South*; Donald E. Davis, *Southern United States*; Jack Temple Kirby, *Mockingbird Song*;
Lynn A. Nelson, *Pharsalia*; Mart A. Stewart, “What Nature Suffers to Groe”; Lorena S. Walsh,
*From Calabar to Carter’s Grove*. 
legend” school by parsing out the intellectual and rhetorical contortions of those scientists who allowed politics to direct their realm of inquiry. In recovering an archive of antebellum thinking about climate and its relationship to corporeal and political identity, this chapter brings together many disparate critical positions—political, medical, environmental, cultural—to create a more unified picture of antebellum southerners’ relationship to their physical world. The act of bringing these disparate critical strands together in turn mirrors the lived experience of this chapter’s subjects: while historians of medicine, culture, and environment have considered some of these chapter’s individual components, none recognizes the way in which white southerners in the antebellum period synthesized this information. These subjects would have thought about acclimation, “healthy” land, environmental determinism, the porousness of their bodies, and the evolution of racial bodies all in relation to one another, but most historians think about one or another of these topics in isolation. This chapter synthesizes what until now has been spread across academic disciplinary confines, creating a more unified picture of the relationships among climate, disease, and corporeal and political identities in the antebellum South.

Our investigation of southerners’ climatic understandings and their ramifications begins by historicizing southerners’ understanding of acclimation and the porousness of their bodies relative to external environments. Next, I explain how southerners conceived of certain landscapes as “diseased” and others as “healthy.” Together with the influence of the external environment upon their bodies, this conception of land as inherently salubrious or sickly meant that southerners understood certain diseases as unique to their environment. Outsiders thereby came to view the South as a “sickly” region, while white southerners in turn developed a defensive stance toward their region. Within the medical profession, this defensiveness regarding southern health or sickliness led to calls by allopathic doctors and
medical students for medical education and professional development in the South; the establishment of a number of southern medical schools and journals followed suit. The southern argument for regional and corporeal distinctiveness grew more forceful as northern attacks on slavery grew more insistent, and white southerners claimed that only southern-born men trained at southern medical schools could treat the place-based diseases affecting southern bodies, white or black. The resultant “states-rights medicine” produced a cadre of nationalist doctors who, eager to advance their own professional standing and their region’s independence, used enslaved bodies to perform medical experiments that justified their climate- and race-based theories of disease. In these ways, the chapter demonstrates how seemingly benign depictions of southern environments in both fictional and nonfictional texts metamorphosed into race- and region-based “scientific” theories that were used in the service of political nationalism and continued racial oppression. Taken together, all of the elements of antebellum southern thinking about the environment—the heat and its corporeal effects, the salubrity of landforms, the acquired resistances or continued susceptibilities to place-based diseases—contributed to the development of a peculiar conception of southern bodily identity: both individual and physical, regional and political, the peculiar southern body encompassed race, region, and nation.

Environmental Determinism and Theories of Acclimation

“As plants may be modified by heat, so, too, may men.”
J.W. Draper, “Influence of Climate Upon National Character,” 1865

Antebellum Americans (like their contemporaries in other nations and the North American colonials before them) believed that climate—especially temperature and relative humidity—could modify both physical characteristics and emotional temperaments. Such
beliefs in “environmental determinism” date from Hippocrates (ca. fifth century, B.C.E.), whose *Airs, Places, Waters* posited a direct causal effect of the environment on one’s physiological and psychological constitution. Aligned with early modern humoral theory, the belief in environmental determinism, especially as it relates to disease, persisted until well into the nineteenth century; it survives even today in some non-allopathic medical traditions and, to some extent, in the popular imagination. On the North American continent, such ideas have a long and storied past. Early colonials harbored many fears about the hot climate they presumed they would find in the New World; they believed that the heat and moisture there would lead to physical and mental degradation, to the gradual unmaking of their very Englishness. They firmly maintained that their English culture was the inevitable result of England’s temperate climate, and that the increased heat and humidity in the New World would cause a degradation of their culture, character, and even their physical bodies. Their greatest fears, of course, lay in becoming more like the Spaniards, whose culture and character they viewed as suited to such volatile tropical heat, or what was still worse, “degenerating” into a “savage” state like the one they perceived to afflict North American aboriginals (Kupperman “Puzzle” 1266, Parrish 82-83). For English colonists and American creoles, external ecology created internal ecology.

And because the humors themselves had corresponding geographical and climatic regions, a change in location would change one’s external humors, thereby creating in turn a

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2 The best explication and analysis of this early American history of engagement with New World environments is Susan Scott Parrish, “English Bodies in America,” *American Curiosity*, pp. 77-102. My work here is influenced by this book and by conversations with her on these topics.

3 Karen Ordahl Kupperman explains that sixteenth- and seventeenth-century colonists believed climate to be determined by latitudinal bands; indeed, the word “climate” comes from “climata,” the name for these bands of latitude. Thus, the New World climate was thought to parallel the Mediterranean region, which it matches latitudinally, and colonists imagined lemon and olive trees growing in Virginia. See her “Puzzle of the American Climate” for more on this topic.
change in the body’s internal humors. The English colonists believed that their “native”
balance of humors would be upset when they moved from the environment of their birth:
one’s humoral balance was best maintained—and thus, one’s health was best—in one’s
native climate. Further, when people emigrated to and subsequently remained in a new
place, they could effect a permanent change in their individual and collective characters and
physiologies. The settling of the New World, then, required a leap of faith resting on more
than simply unknown topography, potential hostile or friendly indigenous cultures, and
scarcity or abundance of natural resources: colonists’ very personalities and bodies—who
they were—could become inextricably altered by the new climate, presumably for the worse.

By the late eighteenth century, American creoles further stratified this topographic
logic by emphasizing the differences between and among New World regions. In the years
before the Louisiana Purchase and the subsequent expedition of Lewis and Clark
inaugurated a period of white migration into the mountains west of the Alleghenies, the
most striking regional differences could be found between North and South. In a 1785 letter
to the Marquis de Chatellux, Thomas Jefferson outlined these stark differences by tracing the
virtues and vices of American characters to the respective regions they occupy:
In the North they are
cool
sober
laborious
persevering
independant [sic]
jealous of their own liberties, and
just to those of others
interested
chicaning
superstitious and hypocritical in
their religion

In the South they are
fiery
Voluptuary
indolent
unsteady
independant [sic]
zealous for their own
liberties, but
trampling on
those of others
generous
candid
without attachment or
pretentions to
any religion
but that of the
heart

Jefferson’s side-by-side presentation offers a visual comparison that mirrors the gradual coming together and divergence of the extremes of each section in their respective emotional isothermal lines. In his formulation, the geographical-emotional correspondence is so precise that wandering foreigners could determine their location by noting the behavior of the people surrounding them: “These characteristics,” he told the French dignitary, “grow weaker and weaker by gradation from North to South and South to North, insomuch that an observing traveller, without the aid of the quadrant may always know his latitude by the character of the people among whom he finds himself” (388). Thus attributed to fixed geographical causes, the southern constitution itself was here articulated as warm, emotional, quick-tempered, and even lazy, a reputation that white southerners would fight to deconstruct both in their own time and in later historical reconstructions of them.

In *Letters from an American Farmer* (1782), J. Hector St. John de Crévecoeur predicted a similar but even more exacting differentiation than did Jefferson; he argued that differing biotic communities, such as the forest, the inland country, and the coastal lowlands, would
create different types of Americans and give rise to different types of political and economic systems. As he sought in the chapter “What is an American?” to define a specifically American identity, Crèvecoeur concluded that American physical, political, and corporeal identities were alike only in their difference; that is, an “American” was not one homogenous type but many types in many places, united only by “religion and language” (73). Those residing near the sea, for example, “feed more on fish than on flesh” which “renders them more bold and enterprising”; they “converse with a variety of people” at seaports, where the sea itself “inspires them with a love of traffic, a desire of transporting produce from one place to another” (71). Meanwhile, farmers of the “middle settlements” become “purifie[d]” by cultivating the earth, but also develop “pride and obstinacy”; “they will be careful and anxious to get as much as they can, because what they get is their own” (71). While Crèvecoeur admits the modifying effects of religion, government, and “peculiarity of circumstances” in shaping the character of the new Americans, he roots these social institutions in the environment itself, particularly in the climate. And because the American climate was so variable, and contained a richness of these biotic communities, Americans would express character distinctions on finer and finer levels: “Whoever traverses the continent must easily observe those strong differences, which will grow more evident in time. The inhabitants of Canada, Massachusetts, the middle provinces, the southern ones, will be as different as their climates; their only points of unity will be those of religion and language” (73). Taken together, Crèvecoeur and Jefferson reveal that early Americans conceived of their corporeal, emotional, and even vocational realities in relation to the air, soil, and water around them: they believed their bodies more porous, more receptive to external environmental influences, so that “native” and “acclimated” residents alike

4 Susan Scott Parrish and Gail Kern Paster both note the body’s perceived porousness
demonstrated—within a single generation—physical and psychological characteristics endemic to a particular region. Moreover, these were not homogenizing forces: even though in Crèvecoeur’s case he purported to answer “What is an American?”, both he and Jefferson emphasized regional and climatic difference rather than the creation of a totalizing national “American” character. Like their colonial forbears, Jefferson and Crèvecoeur recognized regional peculiarities as inherent to New World geographies. The peculiarities, however, were what united Americans.

Whereas regional difference in the colonial and early national periods was seen as a natural outgrowth of geography, topography, or climate, sectional difference in the antebellum period emphasized the political and social effects of these natural distinctions. Thus, where one stood on the question of North American homogeneity or regional difference often depended upon one’s position on the slavery question. Writing in Harper’s shortly after the conclusion of the Civil War, John William Draper echoes Jefferson in his side-by-side comparison of North and South, but his extrapolation upon climatic differences reveals not only differences in temperament or vocation, but also differences in moral and intellectual development that predict regional victory or defeat in the war:

In the North the alternation of winter and summer allots for the life of man distinct and different duties. Summer is the season of outdoor labor, winter is spent in the dwelling. In the South labor may be continuous, though it may vary. The Northern man must do to-day what the Southern man may put off till to-morrow. For this reason the Northern man must be industrious; the Southern may be indolent, having less foresight and a less tendency to regulated habits. The cold, bringing with it a partial cessation from labor, affords also an opportunity for forethought and reflection; and hence the Northern man acquires a habit of not acting without consideration, and is slower in the initiation of his movements. The Southern man is prone to act without reflection; he does not fairly weigh the last consequences of what he is about to do. The one is cautious, the other impulsive. Winter, with its cheerlessness and discomforts, gives to the Northern man his richest

during this time; Paster’s evocative term is “porous and fragile envelope” (*Body Embarrassed* 12, qtd. in Parrish 77).
blessing; it teaches him to cling to his hearth-stone and his family. [. . .] The Southern man cares nothing for that. Cut off from the prompting of external Nature for so large a portion of the year, the mind in the North becomes self-occupied; it contents itself with but few ideas, which it considers from many points of view. [. . .] A Southern nation, which is continually under the influence of the sky, which is continually prompted to varying thoughts, will indulge in a superfluity of ideas, and deal with them all superficially; more volatile than reflective, it can never have a constant love for a fixed constitution. Once resolved to act, the intention of the North, sustained by reason alone, will outlast the enthusiasm of the South. In physical courage the two are equal; but the North will prevail, through its habits of labor, of method, and its inexorable perseverance. Long ago, writers who have paid attention to these subjects have affirmed that the South will fight for the benefit of its leaders, but the North will conquer for the benefit of all. To convince the man who lives under a roof, an appeal must be made to his understanding; to convince him who lives under the sky, the appeal must be to his feelings. (392)

For Draper, time spent outdoors, under the “influence of the sky,” relative to the time spent indoors, under the influence of hearth-stone and family, is the linchpin of regional difference. The North’s seasonal variations incur temporal restrictions that force northerners to indoor dwelling places for long periods of time, and these spatial limitations encourage more careful consideration of intellectual problems and a valuation of domestic life. The absence of that “natural” interplay of the seasons and the lack of temperature extremes in the South enable its residents to live more of their lives outdoors, under the constant “influence of the sky,” which renders them more impulsive in their actions and more superficial in their thoughts. Unlike the northerner, who values his home and hearth, southerners “care nothing for that” and instead lead more “volatile,” undirected lives. According to this logic, the South “fails” in both the “masculine” domain of reason and the “feminine” domain of domesticity. Unable to think for itself or to value civilized home life, the South requires northern vanquishment, while the stability of the Union depends on that vanquishment. In Draper’s framing, the South persists in a state of colonial vassalage to the North, a position that, as we will later see, the South fought against in the antebellum period
by renewing its emphasis on climatic and regional distinctiveness. Moreover, in this construction, the South’s “otherness” exists in relationship to the North’s “normality”: the “unnaturalness” of its very nature has detrimental results for the South’s residents, so that southern nature itself must be conquered or absorbed into the national body politic, just as the Confederacy needed to be reincorporated into the Union. And with the reincorporation of the South into the national body, the Union gains more overall climatic variety, which in turn ensures “progress” and “order” for “successive generations” of Americans (392-93).

Writing for a national audience in Harper's just a few months after the end of the Civil War, Draper uses regional difference to argue against slavery, but before the War, regional difference was more often used to uphold slavery. The notion that external environments influence intellectual development had supporters and detractors in the politically charged decades preceding the Civil War, and those who believed in the effects of climate or other environmental factors on the body usually did so in order to uphold slavery and race-based oppression in general. Frederick Douglass brings the political motivations of these “scientific” investigations into climatic and environmental effects to the fore in his 1854 speech, “The Claims of the Negro Ethnologically Considered,” in the process criticizing the infusion of politics into science and refuting the proslavery ethnography of the period espoused by Josiah Nott, George Gliddon, Samuel Morton, and Louis Agassiz. In doing so, Douglass also adds his voice to the ongoing debate in the scientific community between the “polygenist” and “monogenist” theories on the origin of humankind. The polygenists believed that people of different races had different species origins (some more “civilized” than others), while the monogenists argued that all current human races originated from a single “civilized” species (and then “degenerated” into a “savage” state over time). Of course, both arguments could be used to justify the existence of U.S. slavery,
but it was overwhelmingly the polygenists who did so because they could claim originary,
species-level differences between the races.\footnote{For more information on the polygenist and monogenist schools of American ethnography, see Chapter Four, pp. 328-331.}

In “Claims of the Negro,” Douglass simultaneously argues for the homogenizing
effects of the American climate, which universally made white Americans more “swarthy”
than their English ancestors, and for the differentiating effects of individual circumstances,
like occupation and education. In doing so, he takes aim at environmentalist theories of
difference by explaining how they cannot be used to justify black enslavement. If climate
has the potential to make one an “American,” to erase those “distinctive national
peculiarities,” then by extension, he argues, blacks and whites born in America—under the
same climatic influences—are not only equally human, but equally American. At the same
time, if other environmental circumstances (such as food, shelter, labor, and education)
affect physical and intellectual development, then race-based enslavement is not justified,
because racial differences are really only environmental, and thus, socially constructed and
not determined by a different racial origin. Taken together, Douglass’s dual argumentative
strands ultimately deconstruct the polygenist argument of proslavery scientists in favor of
(what he saw as) a Biblically ordained monogenism that upheld the equality of the races.

In the first part of his argument, Douglass uses the well-known faces of American
presidents in order to illustrate the homogenizing and democratizing effects of the American
climate over the course of the nation’s first few generations:

One may trace the progress of this difference [in appearance] in the common
portraits of the American Presidents. Just study those faces, beginning with
WASHINGTON; and as you come thro’ the JEFFERSONS, the
ADAMSES, and the MADISONS, you will find an increasing bony and wiry
appearance about those portraits, & a greater remove from that serene
amplitude which characterizes the countenances of the earlier Presidents. I
may be mistaken, but I think this is a correct index of the change going on in
the nation at large,—converting Englishmen, Germans, Irishmen, and
Frenchmen into Americans, and causing them to lose, in a common
American character, all traces of their former distinctive national peculiarities.  
(514-15)

In the second part of his speech, he argues for the differentiating effects of individual
circumstances, which enables him to say that the conditions of enslavement alone—not
some kind of racial inferiority—led to the debasement of black Americans:

The form of the negro—(I use the term negro, precisely in the sense that you
use the term Anglo-Saxon; and I believe, too, that the former will one day be
as illustrious as the latter)—has often been the subject of remark.  His flat
feet, long arms, high cheek bones and retreating forehead are especially dwelt
upon, to his disparagement, and just as if there were no white people with
precisely the same peculiarities.  I think it will ever be found, that the well or
ill condition of any part of mankind, will leave its mark on the physical as
well as on the intellectual part of man.  A hundred instances might be cited,
of whole families who have degenerated, and others who have improved in
personal appearance, by a change of circumstances.  A man is worked upon
by what he works on.  He may carve out his circumstances, but his
circumstances will carve him out as well.  [...]  I am stating facts.  If you go
into Southern Indiana, you will see what climate and habit can do, even in
one generation.  The man may have come from New England, but his hard
features, sallow complexion, have left little of New Engl
and on his brow.
The right arm is said to be larger and stronger than his left.  The ship
carpenter is at forty round-shouldered.  [...]  But what does all this prove?
Why, nothing positively, as to the main point; still, it raises the inquiry—May
not the condition of men explain their various appearances?  Need we go
behind the vicissitudes of barbarism for an explanation of the gaunt, wiry,
appearing some of the genuine negroes?  Need we look higher
than a vertical sun, or lower than the damp, black soil of the Niger, the
Gambia, the Senegal, with their heavy and enervating miasma, rising ever
from the rank growing and decaying vegetation, for an explanation of the
negro's color?  (520-21)

Together these seemingly paradoxical strands—one for homogenization and one for
differentiation, both based on environmental circumstances—argue against the enslavement
of black Americans.  Douglass simultaneously engages the proponents of regional
distinctiveness and of American national unity and shows how each can be used in the
service of slavery or abolition depending on the political stance of the speaker or writer.
Ultimately, his juxtaposition of the two strands serves to undermine those proslavery
ethnographers who sought to deny Douglass his own humanity and illustrates the extent to which ideas about the body’s porosity were themselves adapted to different ends in the politically charged climate of the antebellum years.

In their arguments about the relationship between the environmental effects on the body and on the body politic, Douglass and Draper, and Jefferson and Crèvecoeur, focus on regional and national distinctions that develop over time spent in one place. In this way, their environmental determinism echoes a coeval idea in medical discourses, which held that time in one place allowed residents to become “acclimated” or “seasoned” to its specific diseases and to bodily disturbances believed related to climatic fluctuations. While the concept of “seasoning” was not new to antebellum Americans—it had been discussed in early colonial texts and well understood long before the nineteenth century—it garnered new force at this time, when conflicts over slavery created a heightened emphasis on the relationship between a region’s physical environment and the political, social, or moral systems of its inhabitants. White southerners defending their region’s presumed “sickliness” argued not only against its negative portrayal but, by extension, against the infusion of outsiders not “acclimated” to their social institutions. At the same time, the construction of their region as “sickly” or “poisonous” by those outsiders encouraged white southerners to develop a defensive stance that in turn evolved into a curious pride of place: white southerners recognized the distinctiveness of their regional illnesses and celebrated the acquired resistance of long-standing inhabitants.

As a topic lectured upon in medical schools, discussed in the popular press, and accepted widely among nineteenth-century Americans throughout the young republic, “acclimation” indeed carried grave importance, especially to anyone considering relocation from one climatic or topographic zone to another, and it was even more important for those
moving from a region deemed “healthy” to one deemed “sickly”—such as from North to South, or from a cool, dry, moderate climate to one of constant heat and excessive humidity. Physicians and lay people in both regions fostered the idea that those “native” to a sickly place—or those who sustained residence there for a long period of time—experienced increased immunity because of their constant exposure to the diseases of that place and because of their carrying of ever-present low-grade infections (Carrigan 63, Savitt Medicine 24). Because of their lack of immunity, short-term visitors and new residents alike needed to take precautions when they first arrived in the South, paying great attention to matters of diet, clothing, and daily habits. For new residents, the greatest danger came during the first and second summers, when the most extreme “seasoning” was said to take place. Professor E.H. Barton argued in an introductory lecture on this topic to students at the Medical College of Louisiana that attention to acclimation was far from trivial, as hundreds of newcomers to New Orleans—the infamous “graveyard of the Southwest” (Breeden “Disease” 9)—had died from receiving incorrect advice or from behaving incautiously during their acclimation period. In addition to avoiding stimulating medicines, which Barton argued had contributed to the deaths of “millions” (152), he also advised a loosely vegetarian diet for the first summer, strict elimination of all alcoholic drinks, early rising “to enjoy the delightful freshness of the morning breeze,” evening exercise, and daily bathing (152-54).

The months from August through November were deemed particularly dangerous for white people, whether they were new or long-time residents, and those who could afford to do so left their homes for temporary residences located in “safe” places. What constituted a safe place changed over time: in the eighteenth century, cities were believed havens from country diseases, but by the 1790s, urban epidemics had refuted that hypothesis. By the nineteenth century, most generally agreed that southern whites would be
safest in mountainous regions, where the air was fresh and “bracing,” thereby deterring miasmatic diseases. By the 1840s and ’50s, southern towns and even entire cities emptied in the summer months. As a cultural expectation of white elites, this mass migration to rural spots “up country” soothed white southerners’ anxieties about regional epidemics, but it actually decreased their abilities to resist disease by not allowing their bodies to build up immunity (Savitt Medicine 25). Moreover, upon their return, these white southerners actually increased the likelihood of local outbreaks by increasing the number of “unseasoned” residents in their respective “sickly” locales.

Constant vigilance regarding disease contraction led southerners to observe racial variations in the acclimation and susceptibility. Though “outsiders” in the broadest sense due to their forced migration and separation from family members, black residents of the South curiously exhibited increased immunity to most of the endemic diseases present there, such as malaria, yellow fever, and other forms of seasonal or “intermittent” fevers. In a series of Harper's articles published from 1853-57, white writers noted blacks’ broad immunity to yellow fever in particular as a self-evident metric that proved the severity or mildness of attacks for white populations. During the 1817 epidemic in Charleston, for

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6 See Valencius, Healthy Land; Brewster, “Summer Migrations”; Carrigan, “Yellow Fever”; Duffy, “Malaria”; Patterson, “Disease Environments”; Merrens and Terry, “Dying in Paradise,” and Chapter Three of this dissertation for more on attitudes toward “safe” places for summer residence in the South.

7 At the same time, they demonstrated increased susceptibility to other diseases, particularly those common to northern climates, such as respiratory infections like tuberculosis or pneumonia. This reinforced the environmental justifications for slavery, which argued that black bodies were “suited” for warm climates (where they would not contract the prevailing diseases) and less suited for cold ones (where they were more susceptible to the prevailing diseases).

8 As modern scientists and medical historians have shown, blacks did, in fact, possess greater immunity to yellow fever than whites, yet the mechanism for this immunity remains unknown. As some nineteenth-century scientists speculated, yellow fever was endemic to Africa, so that blacks had been exposed to the disease for hundreds of years and those born there may have even lived through weaker bouts as children (Savitt Medicine 241).
example, the writer notes that the disease “attack[ed] persons usually exempt” such as “negroes, young children, natives, and old residents,” and that in 1819, “blacks, who escape ordinary epidemics, suffered very severely” (“Yellow Fever” 61, 63); these statements thereby offer white readers a calibration by which to measure the harshness of the attack. Similarly, the author signals the absolute severity of the 1854 Charleston yellow fever epidemic by noting that the “black vomit” took as one of its victims a woman who seemingly possessed immunity across three separate domains—her age, race, and long-time residence: “It was noticed with astonishment and alarm that even negroes, who had been born in Charleston, died of this disease. One case is recorded of an old negress, eighty-four years of age, who had never left the city, and who had passed unharmed through three epidemics, and yet perished of black vomit” (67, my emphasis). Indeed, the literature surrounding yellow fever epidemics repeatedly emphasizes their severity by indicating the fate of the resident black population (c.f. “Great Epidemics” 788, Savitt Medicine 241-42). This was not the first and would not be the last time that white southerners would look upon black bodies as “canaries in the coal mine,” or indicators of impending environmental danger, but southern whites in the antebellum period observed their relative immunity or susceptibility to diseases common to both races in order to gather information about white treatments and to support their arguments for the necessity of black slave labor in the South. Tellingly, antebellum physicians deemed black immunity to yellow fever and other “southern” diseases as “inferior susceptibility” (Carrigan 59), thereby coding blacks’ presumed resistance to disease.

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9 Of course, yellow fever was not a disease specific to the southern states; indeed, a famous epidemic occurred in Philadelphia in 1793 and was subsequently chronicled by Charles Brockden Brown in Arthur Mervyn; or, Memoirs of the Year 1793. However, by 1820 yellow fever was almost entirely eradicated from latitudes north of Baltimore and became known as a uniquely “southern scourge.” The disease retained its specifically southern identity until 1905, the year of its last recorded outbreak in the United States (Carrigan 59, 68; Patterson 162).
as another marker of their inferiority to whites, even at the same time whites strongly desired such immunity.

Tracing the ways in which white southerners imagined the physical environment impacting their own bodies—and the ways in which white northerners and southerners used that information to draw conclusions about the political, social, and cultural institutions of the South—uncovers the rhetorical contortions and intellectual contradictions white southerners enacted in order to make their science fit their politics. They wanted to draw regional distinctions, to show how the South was different from the North, and, in doing so, they showed how their distinctive environment yielded distinctive (white) bodies. Yet what did they make of the black bodies in their region? Even though whites and blacks inhabited the same southern places, and even though the environment theoretically impacted all of the bodies in those places, white southerners did not privilege the regional body over the racial one—that is, they did not claim the distinctiveness and unity of white and black southerners in opposition to northerners, just that of white southerners. Blacks, whether born in the South or in residence there for a long period of time, were nevertheless seen as outsiders or even as a “toxic ‘enemy within ourselves’” (Parrish 279). White southerners were thus able to maintain the signifying difference of race by ignoring the southern environment’s effects on black bodies in the South and by claiming that blacks’ “natural” immunity to “southern” diseases marked them not only as suitable for residence in a southern climate but also as necessary for southern labor. Thus, white southerners managed to hold contradictory beliefs that simultaneously reinforced their support of slavery without undermining their faith in environmental determinism.
“To seek some healthy spot”: The Health of Southern Land

“Wer bald verlangt zu sterben, gehe nur nach Carolina.”

“Whoever desires to die soon need only go to Carolina.”

_Eighteenth-Century German Proverb_

Yet while antebellum Americans understood the powerful importance of acclimation to individual survival in new locations, they also embraced the concept of land’s inherent “salubriousness” irrespective of individual or collective disease susceptibility or resistance. Certain land masses or regions were seen as implicitly “healthy,” while others were seen as irreparably “dangerous”: with few exceptions, fresh air from upcountry was generally considered healthful, while swampy air was generally considered pernicious; the southern warmth and green vegetation was considered beneficial, while the damp night air or areas of decaying vegetation were considered detrimental. Most healthful, of course, was high-country land such as the mountainous regions of western Virginia and North Carolina, where numerous mineral water resorts came to be located. In fact, the University of Virginia’s Charlottesville location was chosen in part due to its “healthful” location in the Blue Ridge Mountains; the two other locations considered—Lexington and Staunton—were located in the Great Valley of Virginia, in lower land thought to be less healthy (Newby Diary 50). To systematically address the healthfulness of land masses thus required a knowledge beyond medicine alone, and doctors in both North and South were thus profoundly interdisciplinary in their practice, applying knowledge and methodologies from fields we would now call “geology, geography, meteorology, and demography” in addition to “sociology, anthropology, biology, and political economy” (Cassedy 166).

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10 See Chapter Three, “Taking the Waters.”
Called “medical geography” or “medical topography,” this type of medical practice studied the relationship between land and health, and a variety of published and unpublished work attests to its prevalence in antebellum southern medical thought. Daniel Drake’s hefty tome on the Mississippi River Valley, *Systematic Treatise [. . .] on the Principal Diseases of the Interior Valley of North America* (1850), and Edward Fenner’s *Southern Medical Reports* (1849-50), demonstrate the sustained attention paid to the relationship of particular micro-climates or topographic regions and the health of that region’s inhabitants. Articles in medical and agricultural journals dealing with malaria, yellow fever, or cholera epidemics almost universally began by discussing the climate in the two or three seasons immediately preceding the outbreak, in addition to the weather in the days before. And everyday southern physicians keeping logs or journals of their daily activities treating patients, along with planters discussing the health of their families and their crops, frequently began entries by noting the weather of the day or season, often including specific data on temperature, wind speed and direction, precipitation, air pressure, and relative humidity. Timothy O’Dwyer, a physician in North Carolina in the 1820s, habitually began each entry in his logbook by noting the weather conditions in his own shorthand, such as this entry for February 25th, 1825: “A white frost & fine morning ~ W_S.W._Th: 43,” which notes a southwesterly wind and a temperature of 43º Fahrenheit. O’Dwyer’s entries thus indicate an implicit association of health with the actions of the natural world. John Walker, a

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11 Drake’s book received glowing reviews for its massive collection of useful medical-geographical information: “[. . .] we have no hesitation in pronouncing this the greatest Work that has ever been executed by any single American physician,” the editors of *Southern Medical Reports* (1851) extolled, “and that, when completed, it will embody a larger amount of reliable information respecting the topography, climate and diseases within its sphere, than can be found anywhere else. We sincerely wish the venerable author may reap a golden harvest from his labors, in addition to the undying fame that awaits him in the future” (494). Then-medical student Charles Hentz, the son of novelist Caroline Lee Hentz, worked as a research assistant for this project while he was Drake’s student at the Medical College of Ohio (which Drake founded) in Cincinnati.
Thomsonian doctor and small planter in Virginia, began his entries by noting alternately the weather and the health of his “family white and black.” By beginning his casual daily jottings with information either about the climate or the health of his “people,” Walker illustrates the extent to which weather conditions and disease were inextricably and interchangeably linked in the minds of ordinary white southerners unaffiliated with allopathic medical practice.

White southerners in the nineteenth century thus implicitly connected the climate of their region with their health, but the actual “salubrity” of the southern states was a matter of contention from the colonial period through the Civil War and beyond. While the earliest encounters with southern land painted pictures of a tropical paradise abounding with natural health and the potential for great agricultural productivity, by the eighteenth century, most accounts portrayed the intense southern heat as debilitating and the presence of so many swamps as the source of fatal fevers (Merrens and Terry 535-42, Kupperman “Hot Climates” 215-19 and “Puzzle” 1269-72, 1284-86). Because malaria, yellow fever, and various other fevers of (then-) unknown origin seemed disproportionately to affect the South—and to be more severe in their manifestations there—the southern states acquired a reputation for sickness. Compounding these “natural” problems incident to the climate, nineteenth-century Americans also believed that settlement itself made the land unhealthful, as the upturning of soil required to build housing and grow food released harmful miasmatic matter into the air. Eventually, the “civilizing” influence of agriculture was thought to make the land healthy again, but the first few years of settlement always made new farms dangerous (Cassedy 168). Moreover, the Euro-American importation of enslaved people from Africa and the West Indies brought new pathogens to the region—such as the *Aedes aegypti* mosquito responsible for breeding yellow fever—further contributing to the growing stereotype of the South as “unsalubrious.” Thus, the clearing of land for new settlement, the
arrival of unacclimated strangers, and the hot temperatures themselves caused most antebellum Americans—particularly non-southerners—to view the South as a poisonous place (Merrens and Terry 542, Cassedy 170). So strong were these perceptions that northern life insurance companies charged their southern clients higher premiums, especially if they remained in the South during the “sickly season” (Breeden “Disease” 9, Carrigan 69, Young 162).

Several historians argue that the regional health history of the South contributed to the creation in the antebellum period of a “distinctive national subculture,” one that even contributed to white southerners’ feelings of “backwardness” or inferiority in relation to the North. Such insecurity, these historians argue, in turn motivated groups of people—especially doctors and scientists—to unite “in defending their region, both against outside (northern) criticism of their medical and social institutions and against allegations that the southern climate was less salubrious than the northern” (Cassedy 177, Breeden “Disease” 8, Carrigan 68-70). Indeed, the movement toward promoting southern medical education described later in this chapter developed partly in response to allegations of the South’s pestilence (J.H. Warner “Reform” 213). The presence of slavery contributed to outsiders’ construction of the South as poisonous: writers in the colonial and antebellum periods positioned slavery as a toxin to the national body politic (Parrish 279, 293-94). Seen in this light, the construction of the South as always-already “diseased” helped white southerners generate feelings of nationalism as a defensive response. As a result, the construction of the South as “sickly” or as “healthy” increasingly became predictive of one’s position on slavery and the sovereignty of the southern states.

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In order to combat the public notions of their region’s poisonousness—and by extension, the notion of slavery’s poisonousness—white southerners began actively promoting the healthy aspects of southern land. In the *Southern Medical Reports*, writers from individual southern states submitted dispatches attesting to the healthiness of this or that location, while letters exchanged between ordinary white southerners revealed their attention to the relative health or sickness of their individual regions. While most southerners in the antebellum period agreed that swampy lowlands remained unfit for white habitation, the rest of the South—particularly the mountainous regions of Virginia and North Carolina—comprised a healthful landscape. For example, one allopathic physician wrote in the second volume of *Southern Medical Reports* (1850) that Raleigh, North Carolina comprised a “safe” region both for its situation in the Piedmont region east of the Allegheny Mountains and for its distance from those “infectious” coastal towns that he believed carried contagious diseases:

As to the epidemics which have prevailed throughout the country for the last six years, I can say with truth, and without fear of contradiction, that if there is any section of the United States more highly favored than another, it is this portion of North Carolina. While many portions of the country are visited with pestilential diseases, we neither feel nor apprehend any danger from them. I have never known an epidemic of any character to appear here, but what it was of a modified nature, and but very seldom, if ever, proved of an aggravated form. This is attributed entirely to our location, being exempt from all contact with those infectious and contagious diseases that infest seaboard towns; and, by the time they reach here, they have undergone that modifying influence by the climate, so as to destroy, in a great measure, their virulence. (McKee 409-10)

This logic of inland health and coastal infection persisted in the popular imagination as well, though some coastal towns were considered safe, even beneficial. In the spring of 1857, Cornelia Christian Lenoir’s North Carolina physicians recommended that she and her husband Walter move to the coast when their home’s mountainous climate could not heal her malady (4, 5. April 1857). And Tristrim Skinner wrote to his wife, Eliza, that he hoped
her mother would get well in the seaside town of Hampton: “I hope she has entirely recovered, and attributing the attack to the sudden change from hot, Musquito breeding, Norfolk, to the pure sea air of Hampton, [I hope she] will remain with you till her system becomes entirely accustomed to the latter” (15. August 1850). Other letters exchanged during the period reveal that the designation of “sickly” or “healthy” changed with the seasons: prior to the summer of 1850, Tristrim referred to Norfolk more favorably, reminding Eliza of “your good health when in N.[orfolk] last summer” (10. May 1841).

Novelist Caroline Lee Hentz took advantage of the malleability of the trope of southern climate to promote the region as healthful and abundant. Writing in response to Harriet Beecher Stowe’s wildly popular abolitionist novel *Uncle Tom’s Cabin* (1852), Hentz’s *The Planter’s Northern Bride* (1854) adopts a proslavery stance that sought to “correct” some of the damage done to the South’s reputation by Stowe’s book. In Hentz’s novel, the southern climate becomes one of its greatest attributes: healthful, even healing, it represents the ideal place for serious invalids and the “frail and delicate” alike. At the same time, Hentz uses the southern climate and southern nature to promote the region’s politics, which she sees as inevitably tied up in the large-scale agricultural systems that are in turn dependent upon the southern climate. The consumptive protagonist’s miraculous acquisition of blooming health after relocating to a plantation in Georgia thus reveals more than the South’s curative powers: this plot event underscores Hentz’s claim that the same healthful climate that restores Eulalia also necessitates the system of black slavery and creates the North’s economic prosperity.

Accordingly, climate plays a large role in the novel from the outset and continues to be present in all aspects of the plot throughout. The novel opens with Russell Moreland, a wealthy southern planter, visiting New England on unspecified business. Moreland
immediately notes the influence of the northern climate on his disposition: “[…] there was something in the deep green fields and clear blue waters of New England that gave a freshness, and brightness, and elasticity to his spirits, wanting in his milder, sunnier latitude” (13). Although this statement initially seems to promote the northern rather than the southern climate, it in fact reveals the extent to which climate modifies temperament within the narrative logic of the novel. As *Northern Bride* progresses, it becomes clear that the North—while it gives “brightness,” “freshness,” and “elasticity” to Moreland—is not the ideal climate for Eulalia Hastings, the novel’s protagonist, or for Albert, the enslaved mulatto man who acts as Moreland’s personal attendant. In this way, the novel presents the South as the ideal location for fragile women and for those with black blood, while white men like Moreland may make their home in either North or South without consequence.13

The traditional humoral economy—adapted via nineteenth-century medical science—supports this logic. As Gail Kern Paster points out, early modern epistemologies ranked species according to the warmth of their blood; and among warm-blooded species, humans were ranked according to the “temperature, consistency, purity, or turbidity” of their blood (“Coldness” 420-21). Since women were universally acknowledged as “colder” and “wetter” than men, it follows that a warm, dry climate would be beneficial to their “unbalanced” constitutions while it would be detrimental or neutral to white men. Similarly, nineteenth-century scientists believed that enslaved blacks’ African origins granted them a lesser quantity of blood, and that that blood moved “sluggishly” within their bodies.

13 The converse is also true: for white men who are sick, the climate of either North or South proves irrelevant. When Moreland falls ill in the North, he insists it is from an ailment that has long plagued him in the South; when his northern-born brother-in-law lies ill in Georgia with consumption (a disease, the novel tells us, he contracted while in the North and brought South), he dies while in Ohio, a free state, seeking expert care.
According to this logic, white women and black people of either sex would experience greater “congeniality” with a southern climate than with a northern.

Indeed, this “congeniality” serves as the geographical hinge of the novel—with characters living or dying based on their respective location—and it enables the proslavery rhetoric to emerge by placing readers into a setting reminiscent of Uncle Tom’s Cabin and thereby refuting its abolitionist message. Eula, the “northern bride” and “Flower of [her] village” falls quite in love with the southern planter Moreland, but her father, an outspoken intellectual who makes his living giving abolitionist speeches, forbids the match outright. When Eula’s consumptive temperament and increasingly poor health put her life in danger, Moreland argues that a move South with him will save her: he tells Eula’s father that “the frail and delicate of other regions are safe when they breathe our genial atmosphere” (146-47), claiming that her consumptive temperament would be cured by “a clime more congenial to the delicacy of her constitution” (105). Although Eula’s mother looks favorably upon the match because she believes it will restore her daughter’s health—Dora, Eula’s five-year-old sister, tells Moreland: “mamma said, if Eula was only in the South, there wouldn’t be any danger”—her father and suitor remain in an oppositional stalemate regarding her fate (144). Only when Eula appears on the brink of death does her father concede to the marriage and the move South that it requires. Of course, Eula not only gets well but thrives at Moreland’s Georgia plantation. The southern climate in Hentz’s novel thereby becomes a luxuriant, healing bower that miraculously restores a fragile consumptive woman to blooming health and (shortly thereafter) young motherhood, the ideal of antebellum domesticity.

Hentz highlights this beneficial influence of southern climate on Eula’s health by pairing her with a less fortunate foil, Nancy Brown. About the same age as Eula, Nancy works as a domestic servant for the innkeepers who house Moreland during his stay in New
England, but she is fired when her poor health no longer enables her to perform her job. As Nancy lies on her deathbed alongside her frail, elderly mother, Moreland chivalrously offers money and assistance to her—even going so far as to offer her a place on his plantation: “I wish you were able to travel so far,” said Moreland, looking compassionately at Nancy’s hectic cheeks, “and occupy a cabin in one of my plantations, where the balmy air would restore you to health. One day passed in the midst of the negroes would be worth a thousand arguments in our favour” (52). The parallel Hentz draws here is not a new one in proslavery argumentative logic—that white servants in the North are worse off than black slaves in the South because they do not have the social safety net that slavery’s paternalism provides—but here it is complicated by the direct comparison between Nancy and Eula’s respective states. Both women are young, attractive, and sick with the same disease, yet Eula prevails because a white man “rescues” her by bringing her southward to the healing “balmy air,” while Nancy perishes alone in cold New England. The comparison between the two women thus heightens the significance of the move for Eula: for a fragile white woman, remaining in the North is tantamount to a death sentence.

The enslaved black characters who make their way northward in Hentz’s novel fall victim to a similar logic regarding health and climate, yet in these cases the reason for their ill health—whether physical or mental—stems from their state of relative freedom in the North rather than from their absorption of cold northern air. Crissy, the favorite servant of Moreland’s sister Ildegerte, travels to Ohio with her mistress and her (northern-born) husband, Richard, as they seek a cure for his advanced consumption, which he acquired when he lived in the North. Crissy expects northern nature to be altered by the freedom of its inhabitants; she anticipates that the very air in Ohio will be different from that of her southern home, and, consequently, that the physical appearances of northerners would be
altered: “She had heard so much talk about the free States, she expected to see an entirely
different aspect of nature. She expected to breathe a different atmosphere, and to see a set
of people looking very different from any she had seen before” (250). Instead, Crissy finds a
pair of abolitionists who “seduce” her away from Ildegerte, but while en route to freedom
Crissy contracts a serious illness and must rely upon northern strangers to nurse her back to
health. Alone in a house where she has been working as a domestic servant, Crissy dreams
of the communal healing culture of her southern home:

Old Dicey would have her brought to her room, and see that all kinds of
warm possets were made for her relief. Jim always fusses and pottered about
her, bringing the supreme remedy, red pepper tea; and if it chanced to be
Sunday, he would stand by her bedside all day, smothering her with blankets
when the process of congelation was going on, or fanning her when the fever
fit was on her. Ildegerte too—how kind and sympathizing she was in
sickness! How often her soft, white hand, had bathed the negro’s aching
brow, or swathed her head with cloths saturated with camphor and cologne!
Crissy remembered all these things in her lonely garret, with an acuteness of
anguish she had never felt before. (379-80)

Like Nancy Brown in New England, Crissy as a free woman in Ohio can expect no charity
from a system without a social safety net, and she nearly dies as a result of her “folly.” Here
the bodily sickness she experiences is only loosely related to the northern climate, but the
passage’s emphasis on the contrasting comfort she would receive in her southern home
reinforces the construction of the South as a site of healing. Further, it emphasizes that
Crissy’s proper, “healthy” state is in enslavement: in the 1850s, proslavery scientists such as
Samuel Cartwright and Josiah Nott believed that many “diseases peculiar to negroes”
resulted from the liberality of their owners or from their freedom from slavery (Haller
“Southern Physician” 248-50, Breeden Advice 172-74). Thus, southern readers might have
understood Crissy’s state of freedom, in addition to her unfamiliar climate, as a direct cause
of her illness.
Hentz’s imagination of the South as a location of healing did not exist in isolation; letters and diaries from the period point to the popular acceptance of its climate as curative for many disorders. The fate of Cornelia Christian Lenoir, of Lenoir, North Carolina, illustrates the extent to which southern places were believed capable of effecting miraculous cures. Suffering from a mysterious, lifelong condition that rendered her frequently nauseous, in pain, and troubled by a pervasive cough, Nealy (as she was called by her loved ones) eventually died after seeking the elusive curative air lying ever further southward.

While her husband Walter had long searched for a “healthy” location for their removal, they instead settled for frequent summer trips to the mineral springs of Virginia and North Carolina and, eventually, to a temporary relocation in Florida. Before their final departure from their North Carolina home to their new residence in Florida, Walter and Nealy’s friends and family over and again expressed their hope that the southern climate would bring Nealy renewed health. Nealy’s sister Sarah wrote:

Oh! it grieves me sorely to hear that you are not improving – the two or three last letters you have written me, seemed more cheerful, & I was so hopeful that as you were making every effort to regain your health, you would soon be really better. I doubt not the extreme cold the first of this week was felt in your section, & may have delayed your starting [for Florida] a few days [. . .] This morning the air is as balmy as Spring -- & reminds me of Florida. God grant the bracing, health-giving breezes of the South, may make you strong & well again. Leave every care behind you, & be hopeful.

(12. January 1859)

A friend of Walter’s from Jefferson, North Carolina similarly expressed his hope for Nealy’s southern cure:

I very much regret to hear that Mrs Lenoirs health is not better, remember me kindly to her, and tell her, that although I do not know her I am her friend for your sake, and ardently desire that she may find in the balmy winds of the West Indian sea health for herself and happiness for you both []

(Crumpler 15. January 1859)
Another invalid, North Carolinian Larkin Newby, sought revival at the mineral springs of western Virginia. In letters written to Newby before his journey, friends and family noted the curative influence of other climates further south: “Perhaps the mild climate of Georgia might be serviceable, & in a measure check your disease,” wrote Eliza G. Newby from Augusta, Georgia in 1824 (20. March 1824). Defying then, the outsiders’ conception of the South as “sickly,” these white southerners noted the beneficial aspects of their climates and viewed their southern home as curative.

“Nature alone is the sectionalist”: “Southern” Diseases and Treatments

“As surely as there is a distinction between foreign and American medicine, so surely is there a distinction between Northern and Southern medicine. Nature alone is the sectionalist, and we are but her humble interpreter.”
New Orleans Medical News and Hospital Gazette III (1856-57)

“If this be sectional medicine, I cannot help it.
It was not made so by me, but by Nature.”
*Erasmus Darwin Fenner, “Introductory Lecture, Delivered at the Opening of the New Orleans School of Medicine,” 17. November 1836*

The connection between climate and disease—or between specific region or location and disease—was not disputed in either North or South; this deep-rooted idea enjoyed virtually universal acceptance by the medical and lay communities alike. Yet in the South this medical theory combined with the perceived distinctiveness of southern environments to yield a pervasive regional belief in its own medical distinctiveness from the northern states, especially during the increasing sectionalism of the 1840s and ’50s. When medical theory links climate to disease, and when climate simultaneously serves as an identifying feature of a region, then that region’s treatment of climatic disease becomes an important

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14 Emphasis in original.
source of identity, pride, and local knowledge making and transmission. While both
northern and southern allopathic physicians in the antebellum period would have agreed that
the proper treatment of individual patients should consider location, “constitution,” gender,
and race (among other factors), southern physicians argued that the South presented unusual
modifying circumstances, ultimately claiming that common diseases manifested themselves
differently in southern bodies; that certain diseases occurred solely in southern states; that
southern doctors alone had the knowledge and familiarity to treat enslaved black people; and
that southern medical schools should equip southern doctors for these unique situations.
Eventually, these conditions led to racialized medical care wherein doctors treated blacks and
whites differently for the same conditions. At its most extreme, it also led to medical
experimentation on and abuse of black bodies.

University-trained physicians, real and fictional, supported the idea that some
diseases were “peculiar” to the South or that some were especially prevalent there. In
Hentz’s *Planter’s Northern Bride*, the skilled Ohioan doctor treating Ildegert’s husband
Richard—a native-born northerner—tells Moreland he is studying “the diseases indigenous
to the South”; he hopes his experiences practicing in the North, South, and West will enable
him to make useful comparative contributions to American medical science (395). During
the course of his study, he would be likely to notice that particularly pernicious in southern
climes was the class of illnesses known to nineteenth-century Americans as “bilious,”
diseases affected by the functioning of the liver. William Burke, a physician and proprietor
of mineral springs resorts in western Virginia, contended in the 1851 edition of his book
*Mineral Springs of Western Virginia* that “diseases of the liver” proliferate in warm climates:
“This important organ is the seat of numerous deviations from a healthy condition, and
seems especially to suffer from high atmospheric temperature. Accordingly we find that in
the Southern latitudes, and in locations subject to noxious exhalations, that class of diseases usually denominated bilious, is most frequent” (76). Burke’s focus on diseases plaguing white southern bodies accorded with a larger movement to chronicle the epidemiology of the larger region: motivated by observed connections between climate and disease, physician Erasmus Darwin Fenner commissioned an ambitious (though short-lived) journal, *Southern Medical Reports*, to gather information from his medical colleagues across the region regarding diseases exhibited in specific localities and their accompanying place-specific treatments.

Fenner’s *Southern Medical Reports*, which consisted of only two annual volumes, announced itself as a work of “medical topography, meteorology, and prevalent diseases” of the southern states, foregrounding on its title page the association between disease etiology and region. Its content further reinforced the notion that regions and sub-regions—and the changing seasons within these regions and sub-regions—necessitated differing treatments for diseases, even when the diseases themselves occur globally and without discrimination. In his “Introductory Address” to the first volume of the *Southern Medical Reports* in 1849, Fenner simultaneously argues for the very existence of diseases “peculiar” to the South and expresses a curious pride in that distinctive sickliness. Without expressing that defensiveness common to others writing of the South’s diseases, Fenner claims that the region’s epidemiological environment necessitates further professional study:

Accordingly, Burke notes that the mineral waters of Virginia are peculiarly adapted to treat this specifically southern disease. Of course, Burke’s proprietary interest in asserting these healing qualities to Virginia’s waters complicates readings of this type; see Chapter Three of this dissertation for more on southern waters and their promotion for the treatment of southern diseases.

For editor Erasmus Fenner’s purposes, the “southern states” of the *Southern Medical Reports* included Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, Texas, and, in the second and final volume, California. Arguing for the inclusion of California, Fenner claimed that “although [it lies] north of our prescribed boundary, isothermally considered, [it] is strictly a Southern State” (*SMR* II 7). The curious inclusion of California as a southern state illustrates the very real uncertainty about the future status of the new western territories.
It is very well known, though not universally admitted, that even ordinary diseases, such as are recognized all over the world, are often very much modified by the different climates and localities in which they appear. It is also known that some diseases are indigenous to certain localities and climates, and that they seldom or never prevail in any other—they have often been transplanted, but could not be propagated. [...] Bilious remittent and intermittent fever, diarrhea and dysentery are recognized all over the Union; yet how different are these diseases, and the treatment they require, in the various localities in which they prevail. Even in the same locality, endemic diseases are greatly modified by the difference of seasons, and demand corresponding modification of treatment. If this be so, why should we wonder that climates and localities, differing from each other toto cælo, should give rise to diseases altogether different, or that they should modify any that are brought within their influence? These facts are universally observed and ought to be expected.

It surely will not be denied that the immense region of country which we have marked out as the scope of our observations, differs sufficiently in its prominent features of soil and climate, from the region lying north of it to be justly entitled the Southern States, as distinguished from the Northern; and it is also true that the various sections of this great Southern region differ very materially from each other in respect to climate, locality, and geological formation. In like manner, a general distinction may be drawn between the prevalent diseases of the North and the South, as well as in the different sections of the South. Thus we may not only mark a difference in the general features of diseases in the various regions and sections, but they really call for a corresponding modification of treatment. Whoever expects to see the same remedies, administered in like doses, and in apparently similar conditions of the system, produce equally beneficial effects in these various regions and sections, will find himself egregiously mistaken. He must learn how to adopt his remedies and their doses to the peculiarities stamped upon disease by climate, locality, habit and mode of living, before he can ever become a successful practitioner. (10-11)

While Fenner’s introduction serves as a useful general outline of the major tenets of antebellum southern medical topography, it is more useful to our purposes for its articulation of a gap in the professional literature. We all know that the South is different, Fenner says, but we do not have a professional forum for compiling and discussing the corresponding therapeutic regional variations. His journal purports to fill this gap and to provide southern allopathic doctors with the medical information they need to practice in their specific localities.
Fenner’s journal thus recorded treatments not only for diseases specific to the South, but also for non-place-specific diseases that manifested themselves in “southern” ways when they took hold in southerners’ bodies, whether black or white. Physicians commonly maintained that the “malarial influence” that pervaded the region would alter the character of any disease that entered it; accordingly, they argued that the typical treatments of common diseases must be altered by doctors practicing in southern climates (J.H. Warner “Distinctiveness” 181). Similarly, the “bilious” diseases that Burke warned against occurred in both North and South, but southerners—taught so by medical professionals—maintained that these diseases took on a fiercer aspect in their region.

Yet despite the ferocity with which liver diseases took hold in the South, allopathic physicians did not recommend the bloodletting and other depleting remedies often used as treatments in the North. Relying on earlier science that marked white bodies in warm southern climates as languid, physicians in North and South believed that sedatives and bloodletting would destroy an already weak white southern system. For example, while bloodletting remained a common treatment for pneumonia in the North, in the South this practice was not advised (J.H. Warner “Distinctiveness” 182). Accordingly, allopathic doctors in the South argued that most white southern bodies generally required stimulating, tonic medicines and relatively large doses of calomel, laudanum, and opium, while Homeopaths, Thomsonians, and other non-allopathic botanical doctors prescribed stimulating remedies such as cayenne pepper tea.

Both allopathic and non-allopathic doctors in the South concurred that white southern bodies needed medicine that would stimulate the liver into action, as the heat from the southern sun was thought to continually activate that organ and eventually render it weak and unable to function on its own without external stimulation. To that end, many white
southerners self-prescribed—or, in the language of the day, “dosed” themselves—with calomel, a harsh mercurial purgative available from allopathic doctors and apothecaries. But the large doses of mercurial stimulants thought suitable for southern bodies appeared toxic to many northern medical school teachers and practitioners (and certainly carried what would be toxic loads of the heavy metal today). A Georgia medical student at the Medical College of South Carolina reported in his 1835 M.D. thesis that southern doctors “are compelled to resort to what would be considered by northern practitioners, enormous doses of calomel, without which, we would be continually foiled in our attempts to cure the biliary disorders of the south.” He reasoned further that “a larger dose of any medicine will be required in a southern climate to produce a given effect in a disease where the liver is deeply implicated than in a northern, in consequence of the continued excitement—to which this organ is subjected in southern latitudes” (qtd. in J.H. Warner “Distinctiveness” 182). By 1835, then, this southern medical school taught a place-based therapeutics, and at least one of its students perceived a gap in northern understandings of southern disease manifestations.

The letters and notes of North Carolinian medical student Nathaniel McClelland, who matriculated at Transylvania College in Lexington, Kentucky in early November 1829, further illustrate the pervasiveness of place-based therapeutics as a guiding pedagogical tool in antebellum allopathic medical education. McClelland’s North Carolinian friend James K. Nisbet studied medicine in Philadelphia at the same time McClelland studied in Kentucky, and the exchange between them illuminates the extent to which the two young men imbibed the cultural-medical principles of their time, particularly with respect to their different locations. Writing from Philadelphia, Nisbet applauded McClelland’s decision to transfer to the Medical College of South Carolina in part because he believed that its Charleston
topography would correlate better with that of their home ground: “I am told you have some idea of going to Charleston this winter which I am glad to hear. It stands much higher than the Kentucky institution and the practice there will correspond better with that of our country” (18. September 1830). While Nisbet’s remark is partially rooted in his appraisal of the South Carolinian medical school’s relative prestige, it also reveals the degree to which the students viewed their medical training in relationship to their future practice. Stating that “the practice there will correspond better with that of our country,” Nisbet indicated that the Charleston school’s teachings would prepare McClelland for work in his North Carolina home better than would the lectures in Kentucky, where the climate, topography, and diseases might differ.

The two young men revealed regional medical differences in at least one other exchange. In their discussion of the therapeutic use of mercury, Nisbet noted that his northern teachers had recently ceased using it in favor of other drugs with fewer side effects. McClelland’s (now lost) letter presumably indicated the necessity of using mercury in southern environments, because Nisbet’s reply emphasized his willingness to “unlearn” his northern teachings: “you seem to think I am an enemy to mercury and that I will have to change my notions before I return to the south,” he wrote McClelland in September 1830, “[. . .] There is no doubt there it is useful in many cases when properly used.” Taken together, the letters exchanged between McClelland and Nisbet reveal not only the extent to which medical education emphasized place-based therapeutics but also the conviction with which southerners believed in regional, collective bodily difference. Although the young men’s correspondence remained good-natured, McClelland apparently criticized Nisbet for his northern-acquired naïveté regarding mercury use, pointing out that such “notions” would “have to change” when Nisbet returned to North Carolina.
The M.D. thesis topics of McClelland and his classmates shed further light on the manifold ways in which one class of southern medical students understood their professional relationship to southern regions and climates. Of the 52 students, just over one-quarter (27%) chose to write theses on topics related specifically to southern practice or “black” diseases, such as “On the Bilious Intermittent Fever of the South,” “On Cachexia Africana,” or “On the Autumnal Bilious Fever of Southern Climates, with its Pathology and Therapeutics.” McClelland wrote on “Cholera Infantum,” a disease afflicting southern children under the age of two years; it was, he wrote, “one of the most formidable disease[s] with which the Infantile population of our country is afflicted” (1). McClelland found the etiology of this disease so apparent to students and professors alike that he breezes through the section on “Causes,” concluding:

I deem it almost unnecessary to say any thing about the cause of this disease at this enlightened period of our Medacle Science, because I believe it is conceded by all parties to arise from one common cause with all Southern diseases of hot weather. [. . .] as far as I have observed[,] this disease makes its appearance under the very circumstances most favourable to the production of our Summer Diseases[——]that is[,] Intermittant Remittant and Continued Bilious fevers with Cholera Morbus of Adults. in the Southern part of No. Carolina where I Live[,] this disease is always expected when the warm weather sets in very soon in the spring with much rain, the other diseases incident to Climate are expected shortly after the commencement of this disease. from these circumstances it appears very evident to me that this disease has for its origin the same cause as other diseases arising at the same time and under the same circumstances[,] it is marsh miasm or an affluvial arising from a decomposition of vegetable substance. [. . .] Professor Cooke in his Pathology and Therapeutics observes [. . .] that this disease appears in the country, in places favourable to the production of Autumnal disease; as about mill ponds, near water coarses, marshes, and Low grounds. the same Author says in an other place, that Cholera Infantium and Autumnal fever both appear in hot weather; if the weather be temperate they are both moderate and if hot they are both aggravated. (1-2)

McClelland’s belief in the miasmatic origins of cholera infantum seamlessly melted into his simultaneous belief in the disease’s birth in hot weather; indeed, according to contemporary theories, miasms could not exist in temperatures below freezing, thus confining to southern
latitudes in particular their most noxious effects. McClelland’s nine-page thesis went on to insist upon “the use of Mercury with a firm hand” (9) for controlling the disease’s hepatic symptoms, and ultimately reminded his readers that the southern disease lacked a medicinal cure. In the absence of such a cure, then, McClelland instructed the “little patient” to seek “the cool and salubrious air of the country especially” (9). In this short essay, McClelland presented the key tenets of southern medical distinctiveness: that cholera infantum, as a specifically southern disease, occurs in hot weather and is likely caused by marsh miasms or “effluvia”; that as a southern disease, cholera infantum requires a southern treatment of high doses of mercurial agents; and finally, that in the event of continued illness, patients should remove to the inherently salubrious land and air offered by the southern countryside.

Thus, by the 1830s, white southerners conceived of themselves, their land, and their diseases as distinct from corresponding features in the North. While colonial and early national white southerners had chronicled regional and climatic differences between the two regions, by the antebellum period these differences took on a political cast. White southerners acquired a defensive stance toward their region that seemed out of touch with the merely medical accusations. But the construction of the South as always-already “diseased” no longer applied solely to individual bodies; instead it reflected outsiders’ view of slavery as a poison within the body politic. White southerners responded to this double meaning of “diseased” by further nurturing their own difference. As sectional differences fostered ever-heightening tensions between North and South, medical students and physicians in both areas came to see even the place and content of their medical education as a political act.
The “Hyperborean” Influence: “States-Rights Medicine” and Southern Medical Education

“We know better, here, how to manage carolina [sic] constitutions than the Physicians of Philadelphia.”
*James Norcom to his son Benjamin Rush Norcom, 1832*

As the case for the distinctiveness of southern climate and thus, medical practice, gained in strength, so too did the calls for young southern men to renounce northern medical schools in favor of their southern counterparts. While institutions existed in large cities like Charleston and New Orleans, smaller towns lacked medical schools; those institutions founded during this period promised to focus on the peculiarities of southern practice, including the treatment of enslaved blacks and of distinctively “southern” diseases, such as bilious fever and cholera infantum. The physicians teaching at more established southern medical schools founded new professional journals in order to bring recognition, and, it was hoped, prestige, to their region and profession, which was dominated by northern and European institutions such as those at Philadelphia and Edinburgh. Southern-born men faced increasing pressure to attend school close to home, while those already at Philadelphia faced ridicule (or worse) from their classmates and professors. By the time of the Civil War’s outbreak in 1861, friction between northern and southern medical students had become so strong that southern medical students at northern medical schools even staged their own “secession,” departing en masse from the Philadelphia institutions little over a year before the political secession of their home states from the Union.

The flowering of interest by white southerners in medical education and professional journals at this period came to be called by its critics “states-rights medicine,” a derisive term coined by Philadelphia author and medical editor John Bell (Breeden “Disease” 10-11). But as John Harley Warner argues, this emphasis on southern peculiarity treded fine lines: in
order to claim equity in their southern medical education and practice, advocates of southern medical distinctiveness had to claim regional difference at the same time they had to emphasize the universality of medical science across location (“Distinctiveness” 184). They had to criticize the nationally acclaimed northern schools—where most southern physicians had themselves trained—and simultaneously claim the equality of training received at a new southern school, all the while using the same textbooks and clinical techniques as those used in the North. Southern medical advocates enacted this delicate dance by focusing once again on the distinctive nature of their climate, and of that climate’s effect on southern bodies white and black. A graduating medical student from the Medical College of the State of South Carolina in Charleston recognized these distinctions in his 1856 M.D. thesis, “The Place Where Southern Students Should Acquire Their Medical Knowledge,” by noting that

> The general principles of Medicine may be communicated by teachers that are competent without regard to locality [. . .] But the case is different in respect to particular ones, and their application to practice; those differing wherever the peculiarities of locality differ. And it is well known by the medical profession that diseases are modified by these places, and other circumstances; and [. . .] the adaptation of the treatment must be varied accordingly. [. . .] And as the northern diseases differ materially in their characters from the southern, the advantages therefore, southern students have by attending southern Colleges are no doubt considerable.

(qtd. in J.H. Warner “Distinctiveness” 184)

Thus arguing that general medical knowledge could be accessed anywhere at the same time he reinforced the notion that particular diseases vary by “peculiarities of locality,” this medical student parroted the equivocating rhetoric of the “states-rights medicine” practitioners. While northern institutions would do for teaching general information, they could not address the peculiarities of southern therapeutics.

Although the arguments in favor of southern medical education met criticism—and even, at times, ridicule—in the North, southern doctors maintained that because of their location and climate, their practice more closely mirrored the Hippocratic models upon
which the profession itself was based. Responding to Dr. Bell’s derisive “states-rights” moniker in the *New Orleans Medical and Surgical Journal* in 1846, Louisiana physician Samuel Cartwright noted that southern medicine more closely mirrored the Hippocratic ideal. Cartwright argued that the cumulative “translation” of Hippocrates’s work from his Greek island of Cos northward to Göttingen and onward to Edinburgh and then to Philadelphia caused the adaptation and subsequent alteration of the original Greek texts, resulting in the unfortunate rise of “hyperborean medicine,” which, in the end, bore little if any resemblance to the Hippocratic standard-bearer. The adaptation of southern medicine—whether southern European or southern American—to the standard of Edinburgh’s northern climate meant that “a science nearly perfect in the climate of Greece, [. . .] became a very imperfect science when transplanted into the cold latitudes of the north of Europe, and was there pruned and trimmed to suit the climate” (260). Less true to the original, the dominant northern translations thereby stripped medicine of its understanding of southern diseases and treatments; in the case of febrile diseases, for example, it meant that northern and southern doctors alike could no longer recognize certain types of southern fevers. Instead, they classified and treated such illnesses as some “variety” of a fever they did know, leading in the South to further (unnecessary) sickness and death.

In calling for physicians’ return to the original Greek texts, unmodified by “hyperborean” interventions, Cartwright claimed an affinity between Hippocrates’s native climate of southern Greece and that of the southern United States. In doing so, he staked an originary claim on medical knowledge itself. Inviting Dr. Bell to come see the southern environments for himself, Cartwright argued that the climate of Mississippi and Louisiana perfectly resembled that of southern Greece:

In southern Mississippi and Louisiana, as in southern Greece, he will find the olive, the orange, lemon and pomegranate; and all over the country, as
throughout Greece, he will find the fig tree, the wild cherry, the laurel, the vine, they cypress, the juniper, the locust, the willow, the alder, the poplar, the bay, the ash, the mulberry, the styrax and the family of the terebinthinæ, covering half the country. (270)

Cartwright’s botanic correlation between the Gulf South states and southern Greece directly connects the practice of medicine in the U.S. South to the “original” medical practice. His call for a return to Hippocratic medicine thus relies upon a climatic similarity between Greece and the southern states that not only emphasizes the region’s claims toward a recalibrated medical standard but also calls for a recasting of medical knowledge itself as a distinctly southern enterprise.

Yet Cartwright’s call for a return to the Hippocratic ideal rejected a medical hegemony rooted not only in the northern states—it also had broad ties to Europe, particularly Great Britain. In this way his argument echoes many of the sentiments connecting medicine and nationalism propounded in the colonial and early national periods by people like Benjamin Rush of Philadelphia, who claimed that the new American nation needed a new kind of medicine, a “heroic” medicine more suited to the strong bodies of the North American continent. Thus, Cartwright’s argument worked not only to advance U.S. southern medicine, but also to encourage northern physicians to break free of their “colonial vassalage to Europe in Medicine”:

It will ever be the case, so long as compilers of medical books and the professors in our schools, North, South, and West, continue to be blind to the original types of diseases in their own country, and regardless of the differences in the circumstances, the climate and people of America and Europe, continue to echo and re-echo every thing said and done in Great Britain, and France, and to keep all the improvements and discoveries of American physicians, which do not tally with European theories, in the back ground. Both Dr. Perrine and myself, twenty years ago, made known through the Medical Journals, the virtues of large doses of quinine in certain fevers. Although quinine, in large doses, had carried us [. . .] through a wide spread epidemic, disarming it of it mortality entirely, yet our medical writers, and teachers waited until somebody in Europe had used quinine in large doses, before they ventured to recommend it, or even to dignify a remedy,
which was curing thousands and tens of thousands in their own country, of formidable fevers, with any notice at all; and after it was brought into notice, they gave the credit to some European experimenter, who happened to give one or two large doses at an early period, instead of to their own countrymen, who had given ten thousand large doses ten times over, before it had been used in Europe in half a dozen cases. (267-68)

In outlining the scope of the problem as a widespread colonial obsequiousness practiced by all United States physicians, North and South, Cartwright creates a resonant parallel for his white southern readers. As Warner argues, “southern physicians saw themselves located on the periphery of creative activity and institutional power in medicine”; their push for southern medical education was largely rooted in a desire to shed their dependence on the North as the metropolitan center of knowledge distribution (“Distinctiveness” 203-04).17 The southern push for a Greek revival of sorts gave southern physicians a common narrative behind which to unite, and it offered them a number of professional models: Hippocrates, after all, did not follow established teachings but based his treatments on observations of what worked in his climate (J.H. Warner “Distinctiveness” 202-03). The story of Greek origins meant that southern medical practice could claim similarly ancient beginnings, but southern doctors like Cartwright saw those roots as corrupted by meddling outsiders from Britain and the North. Thus, a large aspect of the antebellum South’s struggle for recognition as a medical authority in its own right arose from this sense of unwitting and unwilling subordination to colonialist powers; in turn, this led to the development of a minority consciousness that further fueled notions of regional distinctiveness.

17 We should not overlook an obvious economic incentive to physicians in establishing medical schools and journals in the southern states, as such ventures would bring increased funding to these areas. An 1842 issue of the Southern Literary Messenger argued that medical schools were important for the “advancement and improvement of the community,” in intellectual, practical, and economic ways. And of course, the loss of southern medical students’ tuition, fees, room and board, books, and other spending would surely hurt fledgling schools and rural southern economies more broadly (Kilbride 706-07).
These factors combined to make medical education yet one more aspect fanning the flames of sectional strife. Southern medical students and doctors alike noted the importance of a southern medical education for those wishing to practice in the South after graduation. A writer in the *New Orleans Hospital Gazette* wrote in its 1857-58 volume that southern doctors must “unlearn” northern teachings: it is “universally admitted by Southern practitioners who have been educated at the North, that it requires at least three or four years for them to unlearn the practical precepts of their Teachers, and to strike the track that leads to successful practice.” Cartwright also noted the necessity of this practice: “Every northern physician, who comes South, has to modify the practice he there learned, in very important and essential particulars, or he is sure to fail in the treatment of diseases” (“Southern Medicine” 267). Indeed, writers often hedged the success or failure of a new northern-trained doctor on whether he could *forget* the therapeutic principles learned in school:

*[The northern-trained physician] returns home in high spirits and with bright anticipations, ’sticks out his shingle,’ ready and very willing to go to work. [. . .] Now his bright anticipations are clouded; disappointments discourage him; and a sad experience teaches him that the instructive lessons of a northern institution will not answer, in the treatment of southern diseases. He cannot now under the circumstances establish an extensive practice, the confidence of the people in him is shaken, he is neglected; despised, and soon forgotten.* (qtd. in J.H. Warner “Distinctiveness” 184)

In such rural southern hometowns, a new doctor’s initial failures would indeed signify professional death for him, as nineteenth-century allopathic medicine, with its lack of predictable success rates, led patients to rely on doctors’ reputations alone. When a physician failed, patients in the area might turn to another allopathic physician, but they might also employ a Thomsonian, Homeopath, or other non-allopathic doctor.

Northern-trained allopathic physicians from the South quickly learned to (re-)adapt to their southern climates, and, as they gained expertise in the treatment of “southern”
diseases, they also claimed expertise in the treatment of enslaved blacks. Articles in agricultural journals especially touted the skills of southern physicians for treating the “diseases peculiar to negroes.” Dr. John Wilson of Georgia wrote in the *American Cotton Planter and Soil of the South* in 1858 that “the peculiarities in the diseases of negroes are so distinctive that they can be safely and successfully treated, as a general rule, only by Southern physicians, with a *Southern education*” (qtd. in Breeden *Advice* 220, emphasis in original). As noted earlier, southern medical students such as those in Nathaniel McClelland’s graduating class often corroborated these views by choosing “southern” topics—including diseases thought typical to enslaved blacks—for their M.D. theses.

Increasingly, southern students who anticipated practicing in the South looked to southern schools for their educations. In the appendix to the first volume of the *Southern Medical Reports*, editor Erasmus D. Fenner included an annotated list of the “Medical Colleges of the South and South-West,” which publicized the existence of these schools and advertised their requirements and deadlines for admission. The inclusion of this list suggests not only that southern readers might not know about their existence, but also that southern readers should consider attendance at those schools before considering the schools at the North. Indeed, medical school sectionalism seems to have taken hold well before more extreme political sectionalism did: most northern-born students tended to stay in the North for their medical education, while southerners increasingly enrolled at the fledgling southern schools. Of the 52 medical students in McClelland’s 1831 class, for example, all but one hailed from southern states (and that outlier came from Ireland), with the greatest number of students coming from Kentucky, Tennessee, and South Carolina:
<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>10</td>
</tr>
<tr>
<td>Tennessee</td>
<td>10</td>
</tr>
<tr>
<td>S. Carolina</td>
<td>8</td>
</tr>
<tr>
<td>Alabama</td>
<td>7</td>
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<td>Virginia</td>
<td>7</td>
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<td>N. Carolina</td>
<td>4</td>
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<td>Georgia</td>
<td>3</td>
</tr>
<tr>
<td>Mississippi</td>
<td>2</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

Table 1.1.  
**M.D. Class of 1831, Transylvania University, Lexington, Kentucky, by state.**

These young doctors went off into the world likely believing, as they read in the leading southern medical journals and heard from their professors, that southern-trained physicians would be best prepared to treat southern bodies, white or black.

This educational pride of region increased in enthusiasm during the 1840s and '50s despite steady enrollments by southerners in northern schools. While southern medical schools overwhelmingly attracted southern students—who often specialized in regional topics—northern schools such as the famed Jefferson College of Medicine in Philadelphia attracted southern students in great numbers even up until the Civil War. In fact, in the 1860-61 academic year, 40% of the students attending either the University of Pennsylvania's medical school or the Jefferson Medical College (both in Philadelphia) hailed from southern states (Kilbride 705). Southern physicians of the planter class in particular sought a Philadelphia education: as Daniel Kilbride argues, these men saw themselves “first as American gentlemen—not southern doctors” and that the latter designation would be

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18 I compiled these numbers from the 1831 graduation program of Transylvania University medical school, McClelland Family Papers, Southern Historical Collection, Wilson Library, University of North Carolina, Chapel Hill.
considered “vulgar and unsophisticated” to these men, who saw Philadelphia “not as hostile [abolitionist] territory but as the center of their cosmopolitan community” (707-08).

Yet as sectional tensions between North and South grew in the decade preceding the Civil War, the Philadelphia environment proved less friendly to southern medical students, however gentlemanly, and in December 1859 large numbers of them “seceded” from both Philadelphia schools. The roughly 300 seceding students claimed that their exodus was motivated by the hostility they felt from Philadelphians following the execution of John Brown, and by the “arrest of several armed students at a lecture by George W. Curtis, a New York abolitionist” (J.H. Warner “Reform” 222, Kilbride 717). Fifty students from New York University quickly followed suit (J.H. Warner “Reform” 222). After their secession, the Philadelphia students sent telegrams to the Medical College of Virginia in Richmond and to the Medical College of the State of South Carolina in Charleston asking whether they might be accepted to those institutions mid-session and without fees: “We anxiously await your reply,” the final telegram read, “For God’s sake let it be favorable” (qtd. in Kilbride 717). Their reception was indeed positive, as the seceding students received funding to subsidize their train travel from Philadelphia (the Richmond Common Council alone gave $3500), and they arrived in Richmond to a “hero’s welcome” from Virginia Governor Henry Wise. Of the 300, 144 remained at the Medical College of Virginia while the rest went on to Charleston, other southern medical schools, or home to their families (Kilbride 718). Southern medical faculty remained receptive to the students, pointing out the moral and social advantages of southern study but saying nothing of the educational ones: “There is but one feeling in our Faculty,” wrote the dean of a Georgia medical school, “a profound paternal sympathy toward students who are subjected to the taunts of vile abolitionists in
Northern Cities. We therefore cordially extend an invitation to you & to all southern students who may desire to return south” (qtd. in J.H. Warner “Reform” 224).

Historians largely agree that this medical school secession was a political act—and that it was so regarded at the time—but they disagree regarding its fervor, impact, and significance to the large-scale secession that would follow. Nevertheless, its very occurrence—and the southern medical school response—reveals the extent to which medical education by 1860 had become enmeshed with the sociopolitical issues of the day, namely slavery. The seemingly innocuous assertions of both northern and southern doctors that climate and topography affect health, that diseases manifest themselves differently in different regions and among different races, and that certain diseases remained “peculiar” to blacks and to white southerners, all provided the impetus for southerners in turn to assert the importance of a southern medical education. Together with their growing sense of a regional minority consciousness, southern medical men created a defense of southern medical practice that contributed to the increasing enthusiasm of sectionalism during the pre-Civil War period.

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19 See, for example, Warner’s and Kilbride’s differing treatments of the event.
“Peculiar Diseases”: The Question of Race in Southern Medicine

“The vulgar error that there is no difference in the negro’s organization, physiology and psychology [sic], and that all the apparent difference arises from Southern slavery, is the cause of all of those political agitations which are threatening to dissolve our Union. The knowledge to correct this most mischievous error [. . .] is to be found by cultivating comparative anatomy, physiology, history and ethnography.”

Samuel Cartwright, M.D., “The Diseases and Peculiarities of the Negro Race,” Southern Medical Reports II (1850)

One of the strongholds of white southerners’ argument for medical education in the South was the presence of four million enslaved black people, whose bodies, they argued, required the skilled attention of physicians familiar with their peculiarities. Yet their own experiences in this domain fell far short of their projected knowledge. While southern medical men argued that their own lifelong association with enslaved people granted them a greater understanding of effective therapeutic modes and of black-white social mores than their northern counterparts would have, southern doctors primarily relied upon word-of-mouth from laypeople and other doctors and upon their own clinical experiences when treating enslaved and free blacks. No official medical textbook on black epidemiology existed, despite many calls for the writing of one. The editor of the Virginia Medical and Surgical Journal issued one such call in 1855, addressing young physicians in particular: “Has [the young medical student] been taught that the African constitution sinks before the heavy blows of the ‘heroic school’ and runs down under the action of purgatives; that when the books say blood letting and calomel, the black man needs nourishment and opium?” (qtd. in Savitt “Black Health” 337). The author’s implication, of course, is that the student has not been taught these treatment guidelines. The major print outlet for the sharing of information on “negro diseases” was not professionally sanctioned medical texts but rather the agricultural journals that proliferated in the southern states during the antebellum period:
from the publication of the first American agricultural journal in 1819 (*American Farmer*) until the start of the Civil War in 1861, southern states produced about two dozen such journals. Designed as “organs for agricultural progress,” the journals also evolved into defenders of slavery and proponents of southern nationalism during the 1840s and '50s (Breeden *Advice* xix). Submissions from planters and slave-owning doctors created a forum for the discussion of the management of enslaved people and for the propagation of medical-racial theories that upheld the southern system of race-based enslavement.

Articles and letters published in the journals thus both established and furthered common beliefs about black bodies in the American South. The most prevalent of these beliefs was that black men and women could not tolerate cold temperatures and moist air, and that they thrived in hot, dry climates that resembled their native Africa. Slave-owning planters and physicians considered themselves qualified to speak on behalf of these theories based on their own observations of enslaved people, and they argued that enslaved men and women’s thick “wooly” hair, their dark skin, and their tendency to sleep close to the fire with a blanket covering their heads all pointed to blacks’ “natural” bodily adaptations to tropical climates and inability to adjust to the more moderate seasons of North America. Regarding the latter example, many white southerners believed that blacks had smaller lungs and, therefore, a smaller breathing capacity: this seemed so self-evident to a Georgia physician writing in *American Cotton Planter and Soil of the South* in 1858 that he told his readers, “This being true, it needs no argument to convince those who have even an imperfect idea of the function of respiration, that this peculiarity must have great influence over those in whom it exists” (Breeden *Advice* 211). While a white person might suffocate by sleeping with a blanket covering her head, a black person could survive, these planters and physicians maintained, because his body required less air.
Similarly, black skin and “wooly” hair seemed to afford white physicians all the proof they needed to consider unequivocal the notion that black people were suited to hot climates and could not thrive in cold ones. Writing in the *Southern Agriculturalist* in 1853, Dr. A.P. Merrill corroborated this view:

> Nature and providence have adapted the negro to a warm climate. The color of his skin is favorable to the rapid radiation of heat, while his head is protected from the influence of the direct rays of the sun by the non-conducting character of its wooly covering. While these and other constitutional peculiarities serve to qualify him for bearing a high degree of heat, they unfit him proportionally for a cold climate, and for great and sudden transitions from heat to cold. These are truths so universally acknowledged as to require no argument in their support.—The large bulk of the slave population of our country occupy a region by many degrees too far north for the negro to enjoy health and long life without special protection from the influence of cold and sudden vicissitudes of weather. The winter season is particularly trying to him, and apt to be productive of the most common and most fatal class of diseases to which he is subject.  

*(Breeden *Advice* 183-84)*

Merrill’s advice, like that of many other proslavery physicians, relied upon a constellation of climatic, medical, and anthropological tenets that together implicitly reinforce the notion of black bodily difference, and thus, of a separate evolutionary origin. His emphasis on this kind of species-level bodily difference is typical of the “scientific” racism that white southerners employed in order to justify the continuation of chattel slavery in the face of ever-increasing humanitarian protests. The “universally acknowledged” “truth” of blacks’ cold intolerance was just one aspect supporting this pervasive ideology.  

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20 Todd Savitt shows that these pro-slavery men, while repugnant in their racist convictions, were coincidentally correct in some of their observations about the relative cold tolerance of people of color. Citing late-twentieth-century studies, Savitt notes that when exposed to cold temperatures, black “metabolic rates do not increase significantly until after whites’, and even then they do not rise as much; their first shivers (one of the body’s defensive responses to cold) occur at a lower skin temperature than for whites; and their incidence of frostbite is higher and their cases more severe than those of whites. Even after blacks have acclimated to cold (and they do so in a manner physiologically similar to whites), they are then only slightly less liable to sustain cold injury than they had been previously. Those antebellum
As the bearers of enslaved children—and thus, “valued” for their fertility—black women were especially subject to these types of bodily analyses by white male slave owners, and particularly by doctors. As Sharla Fett has shown, in the context of a slave sale both black men and women were subject to invasive examinations of their bodies for “soundness,” and white physicians were paid a hefty premium for their services in this arena (15-35). An enslaved woman of childbearing age could expect to undergo horrifying exposure while enduring such examinations, which generally sought evidence of the woman’s fertility and ability to bear multiple children (Johnson 113-15). To that end, an enslaved woman on the auction block might be examined publicly and then again privately—and more thoroughly—in a room adjacent to the auction (White 31-32). Doctors and slave owners conducting these examinations attached particular importance to black women’s breasts, pelvises, hips, and buttocks.

While scientists throughout the eighteenth and nineteenth centuries interested in the categorization of races depicted the shape, circumference, and sloping angles of the brains of observers who warned against overexposure of slaves to cold were essentially correct” (Medicine 38-39).

European travelers in Africa frequently remarked upon the size—particularly the length—of African women’s breasts: “so long and limp, it was reported, that these women flung them over their shoulder to nurse the infants they carried on their backs” (Schiebinger Nature’s Body 161). Some scientists believed that the tropical climate caused the sagging breasts, while American scientists in the nineteenth century came to identify this trait with class, associating it with “the laboring poor at home” (Schiebinger 163). The exhibition of a young enslaved woman as the “Hottentot Venus” also demonstrates the ways in which the gaze of the colonizer created attitudes about black women’s hypersexuality that later mapped onto nineteenth-century American constructions of enslaved women’s bodies. The woman, who was given the Dutch name Saartjie Baartman, had a condition known as steatopygia, which gave her enlarged buttocks. These along with her supposedly elongated labia were of great interest to the people paying a mere two shillings to see her naked body. Upon her death, the anatomists charged with her dissection extensively focused their attention on her sexuality, with over half of the report’s pages devoted to her breasts, pelvis, and buttocks (Schiebinger 169-172). See also Camp, Closer to Freedom (63), and Morgan, “Some Could Suckle Over their Shoulder” for more on European representations of African women’s bodies.
males in complicated charts that demonstrated a “progression” from “savage” to “civilized” (Schiebinger *Nature’s Body* 149-56), the same scientists also became interested in examining the pelvises, not the brains, of black and white women in order to demonstrate a similar “savage” progression (Schiebinger 156-60). After much debate about whether black female pelvises were, in fact, larger than white female pelvises—which would, they believed, imply the superiority of black women—white scientists in the 1830s eventually concluded that the black female pelvises were (of course) smaller. They were also said to be more oblong, which white scientists argued allowed for more frequent and less painful childbirth (Schiebinger 158). This conclusion allowed them to maintain the assumed superiority of white women, to reaffirm the similarity of black women’s pelvises to those of primates, and, most important to the slave-owning planters, to provide a “scientific” basis that justified the forced reproduction of black women and their speedy return to field or other work following childbirth. Indeed, many overseers and plantation owners sent enslaved women back to the fields to work only a mere handful of days after the women gave birth, heeding the advice of the leading scientists of the day who insisted that the “animalistic” experience of childbirth was not painful to the “Africans,” who were closer to the animals themselves (Schiebinger 156, 183). Southern physicians at the same time argued for a corresponding inferiority of development in the nervous system of black men and women, which contributed to the widely propagated belief among white slave owners that blacks of both

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22 White notions of black women’s assumed hypersexuality, compounded with desires to ensure that black and white domesticity and notions of Victorian motherhood remained separate, also led to the persistent belief in black women’s indifference to their progeny. Many proslavery writers supported this belief so as to soften or mute entirely the abolitionist pleas that relied upon exposing the separation of families, particularly mothers from children. The presumed absence of “motherly feeling” that black women exhibited toward their children was also used as “proof” of the women’s inhumanity or inferiority to white women. Some whites also propagated the belief that enslaved black women smothered their infants at higher rates than did white women, or that they possessed “secret” knowledge of botanical abortifacients.
sexes felt less pain than would whites under similar circumstances (Washington “Technologies”). Physician Philip Tidyman noted in 1826 that the black nervous system exhibited “less sensibility and irritability than is generally witnessed among whites” (314-15). It is thus easy to see how “scientific” theories of corporeal difference between the races led to abusive practices by slaveholders. In fact, virtually all white writers who delineated such differences provided an implicit defense of slavery (Savitt Medicine 10-11) because they aligned climatic evolutionary origins with race-based medical and social practices that upheld proslavery views. Antebellum beliefs about black bodily difference thus clearly related to southern apologies for slavery.

But these proslavery beliefs about bodily difference also led whites to develop corresponding theories about black resistance to disease, which supported white southerners’ ideology in more insidious ways. For example, blacks’ presumed resistance to “intermittent” and “bilious” fevers led whites to locate their labor and residences in undesirable miasmatic places, like swamps and marshes. When their relative malarial immunity protected them from that disease, white slave owners received reinforcement for their commitment to proslavery “science.” The absence or reduced frequency of malarial contraction among the enslaved population residing in “malarial” regions reinforced their belief that blacks’ resistance was due to their “fitness” for occupying those areas, and, moreover, that it indicated their “fitness” for laboring in the U.S. South in general.

The corollary to white southerners’ beliefs about black immunity to malaria and other febrile diseases was that they also believed that blacks experienced increased susceptibility to certain other diseases, usually those that posed little or no danger to whites. For example, because whites believed that blacks’ tropical origins caused their lungs to be smaller and less equipped to handle cold temperatures, they also believed that blacks would
be more susceptible to diseases afflicting the lungs and respiratory system, such as cold viruses and pneumonia. As a result, blacks were deemed unfit for residence in the northern (free) states, where respiratory illnesses prevailed. Proslavery whites could thereby explain why black labor was necessary in the South, and also why it had no counterpart in the North. Moreover, they were able to figure blacks’ bodily difference as negative, no matter the situation: resistance to malaria became “inferior susceptibility,” while susceptibility to other diseases was “inferior resistance.”

While whites believed that these same diseases could afflict both races, they maintained that black and white bodies faced differing periods of susceptibility and differing degrees of infection: for example, blacks faced increased susceptibility to disease in winter and spring while whites took ill more readily in summer and fall; malaria was less severe in black bodies but respiratory infections were less severe in white ones. These seasonal variations meant that southern slave owners counted on spending more time and money on therapeutic care for enslaved people in the winter and spring than in the summer and fall, a

Modern genetics research has demonstrated a grain of truth in these observation-based claims, with most studies conducted on malaria. Antebellum southerners agreed that blacks could contract malaria—most had seen cases firsthand—but they questioned the degrees of virulence and susceptibility, and whether black and white malaria were two different diseases. White doctors speculated that blacks inherited immunity evolutionarily, from an African past; that the disease manifested itself differently in black bodies; or that blacks acquired resistance through exposure by living in miasmatic swampy areas (Savitt Medicine 21-22). In fact, African Americans of West African ancestry who reside in the United States today frequently possess immunity to two of the three malarial strands found in this country (*falciparum*, the most deadly, and *vivax*): resistance to *falciparum* comes with the sickle-cell trait, while resistance to *vivax* lack a blood protein (Duffy antigen). Other genetic factors play a role in African American and West African resistance to malaria, including deficiency of glucose-6-phosphate dehydrogenase (G-6-PD). The science regarding black resistance to yellow fever is less clear; while most observe a reduced morbidity and mortality of the black population in yellow fever epidemics, scientists do not know whether the basis for the immunity is inherent (genetic) or acquired through exposure. For information on malaria, see Savitt Medicine 17-35; Kiple and King 6-7, 14-23, 50-57; Cassedy 172-76; M. Nelson *Earth* 15-16. For information on yellow fever, see Kiple and King 29-49, Savitt Medicine 240-46, Watts 955-67, and Kiple 969-74.
time when their own families were more likely to fall ill. Those slaveholders who worried about the health care of enslaved people would have been more likely to provide adequate winter clothing, shoes, and food to them during the period of decreased immune resistance; correspondingly, they would likely leave their farm or plantation in summer and fall, leaving enslaved black people to endure the heat and epidemics of those seasons. These seasonal variations in presumed disease resistance in turn led to far-reaching cultural changes in enslaved people’s everyday experiences, as they might experience increased freedoms during the summer and fall, when the master was absent, and decreased bodily autonomy in the winter and spring, when they might be subjected to a white doctor’s care.

Both whites and blacks shared these beliefs in differing susceptibilities by race, season, and sometimes gender, perhaps because of their widespread and diverse support. Understandings of disease susceptibilities were quantified empirically in medical journals, described vividly in printed histories of epidemics, and recorded narratively in oral histories of disease outbreaks in small and large communities alike. Charts and tables quantified diseases incidences by gender and race (as in Figure 1.1), even as they neglected information such as the year, period of data collection, and location of the sample population. In this example, taken from E.M. Pendleton’s “General Report on the Topography, Climate, and Diseases of Middle Georgia” (1849), the data corroborated the belief that blacks suffered more than whites from respiratory illnesses (here 28% compared with 13.8%) and that whites suffered more than blacks from “fevers” (here 14.5% compared with 10.4%). Such tables codified for a professional audience the accepted knowledge about varying disease susceptibility otherwise passed on orally by ordinary white southerners throughout the region.
Oral histories from enslaved people demonstrate the pervasiveness of such beliefs among blacks as well. In an interview conducted with Virginia Hayes Shepherd of Norfolk, Virginia for the WPA archives, she noted that blacks suffered less during the yellow fever epidemic of 1852 than did whites:

[. . .] when the yellow fever came it killed all the white folks. You almost never heard of a Negro dying from the disease. My mother said it killed most all her white folks. On a lot of the plantations every single white person died, but not one single slave. The colored people was just having a big time. Everywhere you went the slaves were sitting on the front porches just a rocking—white folks all dead. The Negroes said God had sent a sign to white folks warning [sic] them not to be cruel to the Negroes.

(Perdue Weevils 258)

For Shepherd, the resistance of enslaved people to yellow fever arose from different origins than those which whites assigned it. In her view, the resistance was not biological or even contingent in some way upon an African past, but instead was a sign from God: the afflictions brought upon the whites were a message warning them “not to be cruel to the
Negroes.” Meanwhile, the reversal of fortunes that the whites’ incapacitation enabled (the “colored people was just having a big time”) gave enslaved people a small measure of freedom until the epidemic passed—and perhaps even beyond that time, if the whites heeded the “warning” that their affliction signified. Shepherd reveals that enslaved black people did not necessarily interpret their own bodily resistance in the biologically contingent ways that whites did: in their justification of race-based slavery, those “scientific” explanations were likely unappealing to the black subjects of their oppression. In this case, one woman chose to interpret her community’s collective resistance to disease as part of a larger cosmology of healing and harming\textsuperscript{24} that in turn had spiritual, moral, and social ramifications for both groups.

In addition to black and white southerners’ bodily and cosmologic understandings of race-based disease susceptibilities, some white southern doctors believed that certain diseases could only affect black bodies. That is, by the 1830s, white southerners would claim that enslaved people played host to a whole constellation of diseases “peculiar to negroes” that posed little or no threat to whites. Nathaniel McClelland’s southern training prepared him to think about these peculiar diseases, as indicated by a short note from “C. Morrison” of Wilkesboro, North Carolina. Presumably an apothecary or herbalist, Morrison sent the following note to McClelland—who was still a student at the time—along with liverwort syrup and “Carpenter’s fluid” with sarsaparilla extract:

\begin{quote}
I send you according to order 4 Bottles of Syrup Liverwort – I have a large supply of the article +believe it to be the most effectual remedy in \[the\] consumption that is now extant[.] Carpenter’s Fluid Ext. Sarsaparilla is another of the patent or secret medicines which deserves well the popularity it has gained. I use it always in cachexia or Scrofulous taint – Syphilis +C.
\end{quote}

(20 December 1830[?])

\textsuperscript{24} This statement draws upon Theophus Smith’s formulation of the pharmacosm in \textit{Conjuring Culture}. 
Of the four diseases mentioned by Morrison—cachexia, scrofula, the “consumption that is now extant,” and syphilis—white southerners believed three of them to disproportionately or singularly affect black people. Scrofula, a form of tuberculosis then called “the king’s evil” because of a belief that a touch from a royal would cure the disease, caused a “massive tubercular swelling of lymph glands in the neck and then in other parts of the body, followed by a generalized slow wasting culminating in death”; it was believed to affect blacks disproportionately to whites (Savitt Medicine 44). And “consumption”—a severe respiratory infection of which scrofula was a form—was believed by antebellum southerners to comprise a greater risk for blacks than whites, as noted above. Finally, “cachexia” (used in shorthand here for “cachexia africana”) described what was commonly known as “dirt-eating” or “clay-eating.” Today called “geophagy” and classified as a type of eating disorder, “cachexia” in the antebellum period was seen as a disease “peculiar to negroes,” most likely because enslaved people practicing clay-eating did so to supplement their often meager diets.

25 The fourth, syphilis, affected both races. Victorian conventions inhibited the collection of data on syphilis contraction and deaths, but letters and diaries from antebellum southerners do mention the disease in connection with both blacks and whites. John Walker became outraged upon learning that the death of an enslaved woman, Eliza, was from “venereal taint” contracted from a white man. Three enslaved children who had been under Eliza’s care subsequently died after becoming infected with the disease, and a fourth became seriously ill but was cured by Walker’s Thomsonian methods (John Walker Diary, 6. July – 12. November 1834; 126-161).

26 While current mortality figures from antebellum cases of consumption do not seem to discriminate between white and black, Todd Savitt’s meticulous research in Medicine and Slavery (1978) reveals that these figures represent a flawed methodology and that the black mortality rate from consumption actually equaled if not exceeded that of whites in the antebellum period (42-45).

27 While nineteenth-century physicians recognized that dirt-eating was not historically unique to blacks—they acknowledged the ancient practice among early civilizations and saw some white women with geophagy during pregnancy—they claimed that it was primarily a “negro” disease. For a more thorough introduction to nineteenth-century attitudes regarding “cachexia,” see Haller “Southern Physician” 238-42, and Kiple and King 119-22.
Most physicians believed that “cachexia africana” resulted from a psychological disorder taking hold of enslaved people’s minds; they believed that the practice resulted from a kind of unconscious desire to commit suicide or from a bewitching by a local conjure man or woman (Haller “Southern Physician” 240). But a few doctors hypothesized its correlation with nutrient deficiencies after observing that it mainly afflicted pregnant women, women of childbearing age, and young children. One forward-thinking writer in Fenner’s Southern Medical Reports wrote in 1849 that “the habit of dirt-eating” resulted from “the diet of negroes on most plantations being salt pork, corn bread, and molasses—rarely [. . .] fresh fruit and vegetables” (Duncan 194-95). Comparing the disease to “the same propensity which white females resort to, to relieve a disordered acid condition of the stomach, by the eating of quantities of chalk, magnesia, &c,” Dr. James B. Duncan of Louisiana subsequently attempted to persuade his medical readers to get to the root of the problem by curing “the cause” (195, his emphasis):

[. . .] many resort to the cruel methods of preventing the indulgence of it by tin masks for the face, iron gags, chaining on plank floors, &c. [. . .] the disease cannot be cured so long as these depressing moral agents are used. Restore the healthy tone of the system, invigorate the subject, put rich blood into his veins, clothe him well, feed him well, and do not overtask him; arouse his feelings of pride, teach him to feel that he is a reasonable and rational being, and, in a majority of cases, success will attend our efforts, and we shall have the satisfaction of rescuing a valuable servant from the grave. (195)

While Duncan’s pecuniary motivation to “rescue a valuable servant from the grave” hardly advertises humanitarian concerns for enslaved people’s welfare, his article indirectly

28 Duncan’s theories were by no means illustrative of the range of attitudes about clay-eating. Thomas Affleck, a planter and editor of the Southern Rural Almanac maintained that even those “under the best care are liable to it” and claimed that the disease was contagious: “One dirt-eater upon a plantation, will infect the whole” (435). Also see Kiple and King 119-22.
promotes the good treatment of them by appealing to white slave owners’ economy and their desire to prevent or forestall disease.

Other doctors exhibited less charity. Proslavery ideologues such as Josiah Nott and Samuel Cartwright argued that the conditions of enslavement itself could act as a disease preventive if white owners exhibited “proper” behaviors. Of course, both Carwright and Nott believed that racial factors were at least as important in determining relative disease susceptibility as climatic and environmental factors, and that the supposed “debasement of mind” present in black people resulted not from the condition of enslavement (an environmental cause) but from “the hand of Nature” (an inherent originary cause) (Cartwright “Diseases” 429). But Cartwright went still further, claiming that the condition of enslavement instigated actual biological changes that were beneficial to black bodies. Writing in the *New Orleans Medical and Surgical Journal* in 1851, he argued that slavery moved “vital” red blood to black people’s brains, “liberating” them from “ignorance and barbarism” otherwise suffered in black freedom (Haller “Southern Physician” 248). The physical “deficiencies” that Cartwright perceived in black bodies—such as a lesser capacity for oxygen in the lungs, a greater requirement of “carbon” for the liver, and “defective hemaetosis”—led him to instruct planters to treat enslaved people like (white) children. Enslaved peoples’ physical state, he argued, created in them “an instinctive feeling of dependence on others, to direct them and to take care of them” (Haller “Southern Physician” 248-49). Thus, Cartwright argued that the very state of enslavement—compounded with blacks’ originary bodily differences—created physical and emotional dependencies that in turn necessitated (or at the very least, recommended) continued black enslavement.
Cartwright’s medical theories would likely have been known to proslavery novelist Caroline Lee Hentz, who founded a school in north Alabama with her French-born husband, a professor and scientist, and whose son Charles practiced medicine in the South during this time. As an educator, a successful writer, and a wife and mother of scientists, Hentz would not have shied away from scientific journals or arguments. In *The Planter’s Northern Bride*, Hentz situates the contraction of Crissy’s illness both physically and temporally in the realm of freedom—she falls ill while in the free state of Ohio and directly after she escapes from enslavement by running away from her owners. In a novel so concerned with location, illness, and, above all, the defense of slavery, this authorial choice not only suggests Hentz’s own support of Cartwright’s theories but also reveals the facility with which they could be incorporated into an imaginative southern cultural frame. At the same time, Hentz’s seamless inclusion of an ideology that suggests the “unnaturalness” of a state of freedom for black southerners also insidiously promotes Cartwright’s medical views to a wider (novel-reading) audience, who might otherwise not casually pick up the *New Orleans Medical and Surgical Journal* for a perusal of the latest medical news.

Because Cartwright believed that the “natural” condition of “the negro” was enslavement, certain diseases peculiar to blacks (such as “drapetomania” and “dysaesthesia aethiopica”) thus arose solely from improper “management” of enslaved people—either from treating them too harshly or too leniently. His argument was as follows: if black and white bodily difference is due to separate evolutionary origins, and if that bodily difference

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29 I am, of course, speculating here, as I have no direct evidence that Hentz ever read Cartwright, but as Laura Dassow Walls notes, during the 1840s and ’50s, the relationship between science and literature was less divisive than it is today: “Science was neither so monolithic nor so intimidating as it is now. Educated readers turned with ease to the primary works of scientists, and responded directly to the arguments advanced therein; scientific and technological advances were seen as signs of the times, part of the buzz and flux of the newspapers, parlors, and periodicals, right alongside—often the subject of—poems and stories and gossipy fillers” (5-6).
necessitated black enslavement in order to “liberate” black minds from a “barbarism” that would otherwise result, then the diseases peculiar to black people—while in the state of slavery—must result from a white master’s improper management of the levels of relative freedom and submission. He argued in the leading southern medical and agricultural journals that most diseases peculiar to blacks had psychological origins and that they could be “cured” by keeping enslaved people “in the position that we learn from the Scriptures [they were] intended to occupy, that is the position of submission” (Breeden Advice 173).

Masters who poorly managed their slaves could thus expect a number of cases of what Cartwright called “dрапетомания,” or “the disease causing negroes to run away” (Breeden Advice 172). But those masters who treated their slaves kindly, doing so without attempting to “raise [them] to a level with [the masters],” could expect slaves would be “spell-bound, and cannot run away” (Breeden Advice 173-74). Thus, Cartwright’s “cure” for drapetomania was “proper management,” which usually meant harsh physical abuse:

On Mason and Dixon’s line, two classes of persons were apt to lose their negroes: [1.] those who treated them cruelly, denied them the common necessaries of life, neglected to protect them against the abuses of others, or [2. those who] frightened them by a blustering manner of approach, when about to punish them for misdemeanors. Before negroes run away, unless they are frightened or panic-struck, they become sulky and dissatisfied. The cause of this sulkiness and dissatisfaction should be inquired into and removed [. . .]. When sulky and dissatisfied without cause, the experience of those on the line and elsewhere, was decidedly in favor of whipping them out of it, as a preventative measure against absconding, or other bad conduct. It was called whipping the devil out of them.

If treated kindly, well fed and clothed, with fuel enough to keep a small fire burning all night—separated into families, each family having its own house—not permitted to run about at night to visit their neighbors, to receive visits or to use intoxicating liquors, and not overworked or exposed too much to the weather, they are very easily governed—more so than any other people in the world. When all this is done, if any one ore more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good require that they should be punished until they fall into that submissive state which it was intended for them to occupy. [. . .] They have only to be kept in that state and treated like
children, with care, kindness, attention and humanity, to prevent and cure them from running away. (Breeden Advice 174)

For Cartwright, maintaining the “natural” state of submission was crucial to maintaining slave health, even though he persistently claimed that black bodily difference was inherited and not acquired through a state of enslavement. Preserving healthy slaves meant that masters must uphold the balance between too much and too little freedom: the key was to keep them from believing that they deserved equal status with the master while also preventing the development of “sulkiness” that resulted from confinement.

When this balance was upset, Cartwright claimed, “dysaesthesia aethiopica” might also result; this disease—sometimes called “hebetude of the mind” or, by overseers, “rascality”—caused lethargy and fatigue among enslaved people (Breeden Advice 172-74, Haller “Southern Physician” 249-50). Yet while white southern doctors argued for dysaesthesia’s presumably psychological origins, they simultaneously claimed that its very manifestation resulted from “African” biology. And in response to northern abolitionist claims that the disease resulted from the condition of enslavement, southern physicians further argued that it was present wherever blacks “have ever had uncontrolled possession over any length of time” (qtd. in Haller “Southern Physician” 249). In other words, proslavery doctors like Cartwright wants to claim a disease “peculiar to negroes” based on three differing and conflicting theories: differing bodily origins (“African” biology), differing environmental situations (enslavement or freedom), and differing psychological states (brought on by owners’ “management” styles). These inherently contradictory explanations reveal the extent to which proslavery ideologues manipulated nineteenth-century “science” to lend support to their justifications for black slavery.

Free blacks and enslaved people with “too much” freedom were thought more susceptible to diseases like “dysaesthesia aethiopica,” Cartwright argued, because they could
easily lapse into “idleness and sloth” without a white person’s guiding influence. As he outlined in the *New Orleans Medical and Surgical Journal* in 1851, such “idleness” in turn initiated a chain of other detrimental physical reactions

> When left to himself, the negro indulges in his natural disposition to idleness and sloth, and does not take exercise enough to expand his lungs and to vitalize his blood, but dozes out a miserable existence in the midst of filth and uncleanliness, being too indolent and having too little energy of mind to provide for himself proper food and comfortable lodging and clothing. The consequence is, that the blood becomes so highly carbonized and deprived of oxygen, that it not only becomes unfit to stimulate the brain to energy, but unfit to stimulate the nerves of sensations distributed to the body.

(qtd. in Haller “Southern Physician” 250)

Although white southern doctors believed that there were physical symptoms that could result from this state of relative freedom—such as dry skin and “an inactive liver”—they did not counter this “disease” through stimulation of the liver with calomel or other drugs given to whites for this purpose. Instead, Cartwright’s “cure” for dysaesthesia advised slave owners to “wash the patient with soap and water, anoint him with oil, and ‘slap the oil in with a broad leather strap,’ and then put the patient to work in the open air” (Breeden *Advice* 176, qtd. in Haller “Southern Physician” 250). Thus, a disease caused by psychology, bodily difference, and state of freedom was thought to manifest physical symptoms, which in turn were to be treated not with medications but with corporal punishment and hard labor.

Cartwright’s blatant use of racial pseudo-science to justify the institution of slavery and the physical control of enslaved people points to the clear influence of proslavery southern politics upon medical theory and practice. When the South acquired its regional identity—and when white southerners felt that identity under attack—its proslavery scientists began to expand upon climatic theories of corporeal difference and disease manifestation to include diseases “peculiar” to the black and white races. From that point, it was just one leap further to suggest that the state of enslavement itself had beneficial results for black bodies.
Southern allopathic medicine treated black bodies differently in one additional way: in devising alternative treatments for black and white patients. While individual southern doctors would have applied differing treatments for all individuals—adapting their remedies to an individual’s location, “constitution,” and overall health—most agreed that black patients required different treatment on the basis of their race alone. For example, southern allopathic physicians were taught (both in medical schools and in apprenticeships) that blacks could not withstand the “heroic” treatments applied to whites: “[T]he same medical treatment which would benefit or cure a white man, would often injure or kill a negro,” wrote Cartwright in *Southern Medical Reports* in 1850 (“Diseases” 421). As James Harvey Young argues, such medical opinions garnered strength from American medical and political history. In the colonial era, Benjamin Rush and his followers identified location-specific diseases and disease-specific treatments as evidence of American distinctiveness. Because American nature “made diseases more energetic than they were across the Atlantic,” they required a distinctively “American” medical practice separate from that devised in Europe. Generally, this meant that eighteenth-century white Americans believed their bodies to require “more heroic treatment[s],” such as bleeding, purging, and larger doses of harsh medicines (Young 157-59). Yet white southerners modified this concept to support their theories about the “languid” nature of black bodies, which could not—they argued— withstand the mercurials and bloodletting commonly used on white patients for the same ailments. Physicians believed the mercurial agents, such as calomel, to be especially pernicious to black bodies: “Calomel (an excellent remedy in the hands of one who knows its proper use) is in very many cases injurious to sick negroes, given as it is so indiscriminately,” wrote a Mississippi physician in 1858. “I am persuaded that many cases of fever can be cured without it” (Breeden *Advice* 210).
Following this logic, Thomas Jefferson famously instructed the overseer on his Virginia plantation, “Never bleed a negro” (qtd. in Savitt Medicine 12). Many years later, this philosophy persisted: writing in the popular agricultural journal DeBow’s Review in 1857, South Carolinian planter P.C. Weston warned fellow slave owners that “Bleeding is under all circumstances strictly prohibited” (Breeden Advice 191, emphasis in original). Weston also instructed his readers to avoid the medicines typically given to whites, claiming that “simple remedies such as flax-seed tea, mintwater, No. 6, magnesia, &c. are sufficient for most cases, and do less harm” than calomel or other harsh remedies (Breeden Advice 191). Indeed, most white southerners concurred with these viewpoints and avoided using “heroic” methods on enslaved people.

Instead, whites often treated enslaved black patients with domestic remedies consisting of mild herbs, roots, and botanic extracts, which were used both as preventives and in cases of acute illness. Virginia Hayes Shepherd of Norfolk, Virginia, recalled in a WPA interview that “every spring the masters gave their slaves molasses and sulfur and sassafras tea to purify their blood. Every slave and beast on the plantation got the same spring cleaning” (Perdue Weevils 256). A cure book from a farm in western North Carolina reveals how one white slave-owning family sometimes prepared differing treatments for white and black members of their household. An entry from 1806 recorded a remedy for respiratory infection in enslaved people specifically:

Pleurisy Root is a very safe and good purge and best for Negroes in Case of great Colds—
It is gentle in its Operation and my Negroes have never taken Cold or got any injured by the Use it—
for a Dose take Roots up to the Size of the Middle and for [sic] Fingers of the patient—

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30 “No. 6” refers to a Thomsonian remedy that could be purchased ready-made from Thomsonian agents or apothecaries. See Chapter Two, pp. 145-57, for more information on Thomsonism and its influence on southern medical practice.
split them into thin Slices and Make the Tea as strong as those Roots will make; and work of the purge by drinking water-Gruel like any other purge.

For Great Colds Horse Mint Tea is also a very safe and good Sweat.—
(Lenoir Family Cure Book 1806, 9)

As we will see in Chapter Two, the popularity of such home remedies and cures only increased in the decades before the Civil War, with medical sects like Thomsonism gaining in popularity. Thomsonians argued for a kind of do-it-yourself medicine that required little formal training, which appealed to slave owners who—in the face of expensive doctor visits and their accompanying harsh (and all too often ineffectual) remedies—sought increased control over the management of plantation health care.

These domestic cure books sometimes reinforced notions of black-white bodily difference—as in the Lenoir family’s race-specific cure for “great Colds”—but just as often they simply recorded cures for diseases without regard to race. In fact, many laypeople and trained physicians alike rejected outright the notion that black and white bodies required entirely different medical treatments due to innate physical differences. A number of “mainstream” southern physicians agreed with the tenor of Cartwright’s and Nott’s works but not with the extremity of their rhetorics, and some even forthrightly criticized them for mixing politics and science (Haller “Southern Physician” 250-51). Dr. A.P. Merrill of Tennessee, one such “moderate” scientist, believed—like most of his contemporaries—that blacks’ physical constitutions, with their preference for hot climates, were the main cause of their illnesses in the southern United States, but at the same time he readily conceded that this did not necessarily mean that blacks and whites required separate treatment programs.

Writing in the Southern Agriculturist in 1853, Merrill acknowledged that “the negro has some peculiarities” of constitution that distinguish him from whites, but that “there are important considerations also, relating to his peculiar position in this country in a state of slavery which must influence all our plans in this respect—many, indeed, that are peculiar to plantation
servitude” (Breeden Advice 178-79). In this statement, Merrill recognizes that many of the “diseases” common to enslaved people arose because of the adverse environmental conditions inherent to enslavement, not because of environmental conditions inherent to hot climates. His article outlines for slave-owning readers how they could minimize disease and discomfort among enslaved people by constructing hospitals, weather shelters, and safe and secure dwellings; distributing adequate clothing appropriate to the seasons; and providing a varied diet and opportunities for bathing. Of course, Merrill’s motivations (like Louisiana doctor James Duncan mentioned above), certainly were not devoid of pecuniary interests, but his recommendations nevertheless might have improved the lot of those enslaved people whose owners adhered to Merrill’s advice.

That advice, though decidedly not “anti-slavery” in tenor, also appealed to those southern doctors who felt uneasy about mixing medicine and politics. Although overtly proslavery physicians often tried to conceal their racist views under veils of scientific “objectivity,” others, such as Cartwright and Nott, foregrounded this aspect of their work, thereby inadvertently contributing to its rejection by moderates. In fact, the majority of southern physicians likely agreed with Cartwright and Nott that the South exhibited a regional medical distinctiveness—largely because of its peculiar climate and because of the presence of a large enslaved population—but many also physicians likely disagreed with their corresponding emphasis on justifying slavery through environmental means (J.H. Warner “Reform” 223). New endeavors like Fenner’s Southern Medical Reports attempted to grapple seriously—and scientifically—with the questions of climate-based regional and racial distinctiveness in order to settle the larger issues at stake: namely, whether blacks shared an evolutionary origin with whites (monogenism), or whether they could claim separate origins (polygenism). This was no mere point of semantics: the polygenist argument enabled
supporters of slavery to speak of corporeal differences between blacks and whites, while the monogenist argument enabled opponents of slavery to speak of equality between the races. In the case of climate-based medicine, this ongoing debate about racial origins enabled proslavery doctors to craft an argument for racial as well as regional distinction, oftentimes with deleterious effects.

The Doctor’s Object: Medical Experimentation on Black Bodies

“De only Ku Klux I ever bumped into was a passel o’ young Baltimore Doctors tryin’ to ketch me one night an’ take me to de medicine college to ‘periment on me. I seed dem a layin’ fer me an’ I run back into de house. Dey had a plaster all ready for to slap on my mouf.”

Cornelius Garner of Norfolk, Virginia, WPA archives

Southern scientists, doctors, and medical students viewed the “peculiar” nature of black bodies as a kind of “natural resource” endemic to their region: the bodies of enslaved people furnished this group with vast numbers of experimental subjects who could be coerced into or purchased explicitly for the testing of medical hypotheses, remedies, and treatments. Because knowledge about black bodies was seen as cultural capital in the battle against northern medical school’s hegemonic power over the profession, southern schools could claim a clinical advantage in their supply of black subjects for experimentation and practice. In turn, this might help the schools avoid losing many of their own students to northern institutions. In their promotional literature, then, southern medical schools flaunted the clinical aspects of their programs, and merely noting the presence of a large resident black population acted as a kind of code to white students that they would have many more opportunities at the southern schools to develop and refine their clinical techniques. Print advertisements almost always mentioned the liberal availability of
“patients” (often enslaved people brought to the clinic against their will because their owners desired to procure inexpensive or free care) for clinical instruction and of cadavers (often the stolen bodies of enslaved people) for anatomical dissection.

This information could alone determine the school’s reputation (Savitt “Experimentation” 333): in fact, Nathaniel McClelland’s alma mater, Transylvania University in Lexington, Kentucky, began to decline in eminence after his graduation in 1831, principally because it experienced difficulties procuring bodies for dissection and observation. Coincidentally, a new institute was founded just west of Transylvania in Louisville, where the “presence of a large black (as well as transient white) population” (Savitt 333) assured prospective students of ample clinical practice. Typically, the schools’ experienced physician-instructors carried out this clinical instruction in their affiliated infirmaries, which in turn recruited patients from the poorer classes, drawing heavily upon free black populations: for example, the Medical College of South Carolina in Charleston advertised that “[free] persons of color” suffering from illnesses should report to the hospital, as “The object of the Faculty is to collect as many interesting cases, as possible, for the benefit and instruction of their pupils” (qtd. in Washington Apartheid 101). Advertisements for the infirmaries also appealed to white slave owners’ sense of thrift because these small hospitals would provide lodging, meals, and medical care to sick slaves for a very low fee—and if their treatments failed, the faculty usually waived the medical fees entirely.

Of course, northern schools were not exempt from the exploitation of the poor and lower classes, and fear of “body-snatchers” and “night doctors” persisted among both the impoverished black and white communities there well into Reconstruction. However, southern blacks faced heightened dangers because of a constellation of factors: 1. the law did
not protect enslaved blacks from potentially harmful medical experimentation; 2. some physicians actually purchased slaves—either on the open market, or privately, from a slave owner who had a sick slave—for the sole purpose of medical experimentation, especially if the enslaved person was already old or was deemed too ill to ever work again; and 3. doctors operating within medical institutions or independently of them sometimes kidnapped free blacks, usually when they could not otherwise find such “specimens” (Washington *Apartheid* 54, 57). Moreover, some slave owners practically leased the bodies of enslaved people to doctors who wished to conduct “clinical trials” of medicines or treatments.

The owner of an enslaved man called “Fed” was one such “lessor.” Fed—who took the name “John Brown” in 1847 upon his escape from slavery—became the primary subject of sun-stroke experiments conducted by Doctor Thomas Hamilton at Brown’s plantation home in Georgia. A serious illness left Brown’s owner, Mr. Stevens, beholden to the doctor, and so Stevens “told the doctor to ask him any favour, and it should be granted” (Brown 40). That favor became the usage of Brown’s body for Hamilton’s sun-stroke project. To conduct his experiment, Hamilton constructed a makeshift outdoor oven whose temperature he monitored, and he had Brown stay in this oven until he lost consciousness:

He ordered a hole to be dug in the ground, three feet and a half deep by three feet long, and two feet and a half wide. Into this pit a quantity of dried red oak bark was cast, and fire set to it. It was allowed to burn until the pit became heated like an oven, when the embers were taken out. A plank was then put across the bottom of the pit, and on that a stool. Having tested, with a thermometer, the degree to which the pit was heated, the Doctor bade me strip, and get in; which I did, only my head being above the ground. He then gave me some medicine which he had prepared, and as soon as I was on the stool, a number of wet blankets were fastened over the hole, and scantlings laid across them. This was to keep in the heat. It soon began to tell upon me; but though I tried hard to keep up against its effects, in about half an hour I fainted. I was then lifted out and revived, the Doctor taking a note of the degree of heat when I left the pit. I used to be put in between daylight and dark, after I had done my day’s work; for Stevens was not a man to lose more of the labour of his slaves than he could help. [. . .]
Having completed his series of experiments upon me, in the heated pit, and allowed me some days’ rest, I was put on a diet, and then, during a period of about three weeks, he bled me every other day. At the end of that time he found I was failing, so he left off, and I got a month’s rest, to regain a little strength. At the expiration of that time, he set to work to ascertain how deep my black skin went. This he did by applying blisters to my hands, legs and feet, which bear the scars to this day. He continued until he drew up the dark skin from between the upper and the under one. [. . .] He also tried other experiments upon me, which I cannot dwell upon. Altogether, and from first to last, I was in his hands, under treatment, for about nine months, at the end of which period I had become so weak, that I was no longer able to work in the fields. (Brown 41-43)

Experiences like Brown’s not only demonstrate the degree to which some southerners viewed black bodies as expendable (at least to a point), but also the degree to which some doctors used science in the service of continued enslavement. In the first experiment, Hamilton desired to ascertain the hottest possible temperature a black person could withstand before losing consciousness; this knowledge would presumably be used by slave-holding southerners to determine how long enslaved people could remain at work during periods of high temperatures. His second experiment, probing the depth of black skin, was important to proslavery scientists who wanted to discount the abolitionist case for their monogenetic origins; proving that black skin permeated beyond the surface would simultaneously prove their innate “blackness” and thus, their fitness for enslavement.31

Many southerners also implicitly assumed the converse—that blacks’ fitness for enslavement justified the use of their bodies for experimentation. In the summer and fall of 1801, President Thomas Jefferson—safe in the high country at Monticello, away from the swampy city of Washington during its “sickly season”—tested a smallpox vaccine by injecting cowpox into the arms of about two hundred slaves (Savitt Medicine 294-95).32 When

31 The source of black skin color was a “scientific” question going back at least to the seventeenth century; see Parrish 85 for more on this issue.

32 As a Todd Savitt’s footnote in Medicine and Slavery indicates, there exists some ambiguity regarding whether any white members of the Jefferson household were vaccinated along
some of his colleagues remained unconvinced of the cowpox vaccine’s efficacy, Jefferson injected live smallpox into the arms of an already-vaccinated slave, who resisted the disease. The vaccine thus proven safe, Jefferson only then began using it on his white family and promoting it to other farmers in Virginia for their families.\textsuperscript{33}

Jefferson’s experiments with vaccination appear relatively benign when compared with the experiments performed upon enslaved women by Dr. James Marion Sims, a South Carolinian who practiced in Montgomery, Alabama. Sims is remembered today as the “father of American gynecology” and is honored with a statue near New York’s Academy of Medicine on the outskirts of Central Park, yet his experiments with enslaved black women are left out of the public story lauding his life’s work. After assisting with the difficult labor of a young enslaved woman named Anarcha in 1845, Sims observed a vesicovaginal fistula, a post-childbirth condition that was common to both white and black women who had experienced complicated deliveries. In vesicovaginal fistula, the vagina ruptures and creates connections to the bladder and rectum, resulting in intense pain, incurable incontinence, and frequent infections, as the urine comes into contact with the reproductive organs (Washington \textit{Apartheid} 63, Fisher 47-48, Savitt “Experimentation” 344-45).\textsuperscript{34}

Ironically, an enslaved African man named Onesimus originally instructed North American colonials in the technique of inoculation, which was similar to vaccination: in smallpox inoculation, infected matter from the pus of an open smallpox wound was transferred to the arm of a healthy person, who would then experience mild symptoms of the disease before achieving immunity. Onesimus belonged to Puritan minister Cotton Mather, who in turn instructed physicians and amateur scientists in the technique (Washington 72).

Harriet Washington notes an interesting caveat: vesicovaginal fistula is often caused by a combination of factors, including malnutrition and the size of a woman’s pelvis, which widens with age: “The vitamin D deficiency that was very common among malnourished slave women caused bone defects, including a small pelvis. This made birth difficult,
examination of Anarcha convinced him that he could devise a surgery that would repair this debilitating rupture, and he set out creating a “research hospital” of sorts by “ransack[ing] the country for [black] cases,” eventually purchasing 11 enslaved women suffering from vesicovaginal fistulae. Promising their owners that he would provide them food, lodging, and medical treatment, Sims also took care to ensure them that he would “perform no experiment or operation [. . .] to endanger their lives” (Sims 236, Savitt 345, Washington 64). But under Sims’s care these women endured excruciating experimental surgeries without the benefit of anesthesia, even though anaesthetizing agents such as ether had been widely used since the early 1840s (Washington 65). As medical historian Harriet Washington notes, the surgical experiments were so painful that the women’s cries became too much even for Sims’s white male medical assistants to endure: “within a year they could bear neither the bone-chilling shrieks of the women nor the lack of progress any longer. The doctors left, leaving the women to take turns restraining one another” (65). In May 1849, Sims announced the perfection of his surgical technique, and in 1852 published his results in the American Journal of the Medical Sciences, thereby catapulting himself to national fame (Washington 66). Then, and only then, was this surgery “ready” to be performed on white women.

especially in the underdeveloped pelvises of young women, and slave women became mothers approximately three years earlier than did white women” (64). Thus, the conditions of enslavement made pregnant women more likely to suffer from this condition. Other anesthetics may also have been available. Charles Hentz’s diary notes his class’s use of “nitrous oxyde, the Letheon & the chloroform gas—the latter something new” on January 14, 1848 (193). On May 16, 1847, he notes his first experience with Letheon, a brand name for the general anesthetic sulfuric [sic] ether (161).

Washington’s Medical Apartheid (especially Chapter Two, “Profitable Wonders”), Savitt’s “The Use of Blacks for Medical Experimentation and Demonstration in the Old South,” and Chapter Nine (“Blacks as Medical Specimens”) of his Medicine and Slavery are replete with additional examples of experiments performed by white male doctors upon enslaved people of both sexes. Space does not permit me to elaborate, but many such experiments were conducted in the South, including those by Dr. Ephraim McDowell (Danville, Kentucky),
Such experiments were not new to the antebellum period or unique to the South, yet southern doctors and slave owners once again distinguished themselves from northerners in the depth and frequency of these corporeal violations. Most ironic to the white usage of black bodies for medical experimentation—whose results were meant eventually to benefit whites—is the paradoxical insistence by the most vociferous of the “states-rights medicine” advocates that blacks were not only corporeally different from whites, but that that difference proved a polygenetic origin of the human species. While men such as Cartwright and Nott insisted upon the originary racial differences between blacks and whites—and upon the existence of diseases “peculiar to negroes”—they simultaneously presided over, attended, or lectured at medical schools that practiced anatomy, dissection, and basic therapeutics on black bodies as rehearsals for the future medical care of white bodies. This fundamental contradiction illustrates the extent to which the politics of slavery trumped the academics of medical instruction once again.

Nowhere was this contradiction more evident than the use of deceased black bodies for white medical students’ anatomical instruction. Believing that the southern climate caused real physical differences between the races—and that diseases manifested themselves differently in black and white bodies—southerners nevertheless used black bodies almost exclusively in their dissection rooms, as they were more easily obtained than white ones. Enslaved blacks had little or no protection from the law regarding their bodies after death; those who avoided autopsies were able to do so because their owners resisted the requests of physicians and medical schools (Savitt “Experimentation” 337). The theft of black bodies—particularly in the cooler seasons, when decomposition occurred more slowly—was so widespread in the South that a black woman walking by the medical college in Charleston

Dr. Nathan Bozeman (Louisville, Kentucky), and Dr. John Peter Mettauer (Prince Edward County, Virginia), among others described at length in these sources.
was overheard saying, “Please Gawd, when I dead, I hope I wi’ dead in de summer time” so that she would have greater chances at avoiding post-mortem dissection at the hands of white medical students (qtd. in Savitt “Experimentation” 340).

While boarding with the anatomy instructor and working part-time as curator of the museum at Louisville Medical Institute in 1848, medical student Charles Hentz (son of Caroline Lee Hentz) took part in several such thefts, seemingly as part of his duties to his landlord and to the museum (Ch. Hentz 467-70). Hentz’s landlord and teacher, Dr. Bayless, had made “arrangements with the sexton of the graveyard that lay between 14th & 15th, and Jefferson and Green streets—an Irishman, named Gardner, who was thus a traitor to his post—; he buried the bodies, & knew all about getting them up—$8.00 was paid [by the class that got the body] to this resurrectionist for every-body he furnished” (Ch. Hentz 467). So routine were these “resurrections” that Hentz clearly outlined in his autobiography over 40 years later the procedure that the men had used to steal the body without attracting the attention of the authorities:

[Gardner] used to come to the office very stealthily with slouched hat & cloak, concealing his features, & always giving a signal that it was he, by a cluck with his lips [. . .] My function generally was to take care of Cobb [a horse] [. . .]—bringing him up from time to time, till all was ready—; When I found Dr. B. & the resurrectionist ready with the body, the Dr. would get on the horse & have the body (all tied up in the sack in as small a compass as possible) balanced on the horses withers, with his cloak flaps laid over it—; he rode on slowly to the College buildings, across lots, with the man following within call, should anything happen—; at the College the body was put in the dead room, & the Dr. rode on home—[. . .] (468)

The first time Hentz took part in these proceedings, he helped retrieve the “body of a colored woman,” whose friends had “placed marks on the grave” in order to determine whether her resting place had been disturbed (468). Such precautionary measures on the part of the deceased woman’s enslaved friends, along with Hentz’s description of the
systematic nature of the process, indicates the commonality of grave-robbing by the white medical establishment.  

Hentz’s complicity in the theft of interred bodies was rewarded by the “resurrectionist” and quietly condoned by the medical establishment at Louisville—in return for Hentz’s services, Gardner presented him with the “body of a little dead negro baby—[. . .] shriveled like a mummy,” which Hentz called “a very appropriate present” for his efforts (470). After bringing the baby to his “workroom at the College,” Hentz “made some fine preparations of its heart and viscera” before placing the organs in the “College museum” (470). His reaction to this “gift” reveals that he and his associates had come to view black bodies as non-human; he considers the baby’s organs “specimens” ideally suited for a natural

37 Indeed, even in 1873 this practice had not abated. Mark Twain and Charles Dudley Warner describe the medical use of a black man’s stolen body in Chapter 15 of their co-authored novel, *The Gilded Age, a Tale of To-Day*. Now attributed to Warner’s authorship, this chapter describes the discovery of a stolen black body by two female medical students arriving in the lab by night: upon pulling back the sheet covering the man’s body, “Both the girls started. It was a negro. The black face seemed to defy the pallor of death, and asserted an ugly life-likeness that was frightful. [. . .] Perhaps it was the wavering light of the candles, perhaps it was only the agony from a death of pain, but the repulsive black face seemed to wear a scowl that said, ‘Haven’t you yet done with the outcast, persecuted black man, but you must now haul him from his grave, and send even your women to dismember his body?”’ (Twain 118). I am grateful to Susan Scott Parrish for pointing me to this reference.  

38 Hentz received another such gift a few years later while practicing medicine in Cincinnati. There, the landlord of a boarding house presented him with the dead baby of her cook, an unmarried German woman. It is unclear whether the baby was born dead or murdered shortly after its birth, yet Hentz gladly takes the baby off the landlord’s hands: “I was real glad to get the nice specimen—and although it was really not the right thing to do, to hush up a matter that strictly speaking ought to have undergone a legal investigation, we all thought that it was erring on the side of mercy—that the poor girl would probably not do so again—; so, I took charge of the little dead Dutchman, and, taking the diminutive trunk under my arm, walked [. . .] to my office—where, at my leisure, I made some very nice dissections and preparations with it—I very carefully injected the arteries with a fine injection—of white lead & Venice turpentine, and made some lovely preparations of the heart, & other Viscera—; I had a coal closet in my office, very convenient for secreting the little body, and the sink was very handy for disposing of the refuse—I have the skull of that baby yet with me—” (513-14).
history museum. Such an attitude belies the tragic and horrific consequences of the proslavery “science” promoted at southern medical institutions at this time.

Hentz’s “gift” is especially noteworthy when we consider it alongside the fictional portrayal by Henry Clay Lewis of a similar event. In his short story “Stealing a Baby,” Lewis’s fictional alter-ego, a young white doctor named Madison Tensas, enters the morgue associated with his medical school and, finding it unattended, steals the body of a black newborn infant, which he carries to his private room for dissection (134-35). Yet Lewis’s story has a grotesque ending: on his way home, with the baby’s tiny body hidden underneath his cloak, a dog startles the young man, who falls to the ground with open cloak, revealing his contraband parcel (137). This event occurs in the presence of his love interest—and her disapproving father—thereby ending their relationship and sealing the young doctor’s bachelorhood for the duration of the Odd Leaves.

I include these two vignettes—one fictional, one actual—in part because the two men’s experiences overlap in two locations. Lewis began studying at the Medical Institute in Louisville in 1844, while Hentz began in 1846; Lewis moved thereafter to Cincinnati, the same city to which Hentz relocated in 1849. Lewis published the short story collection Odd Leaves from the Life of a Louisiana “Swamp Doctor” in 1848 (which includes “Stealing a Baby”), the same year that Hentz received the curatorship at the school’s museum and in which he did much of his grave-robbing. While I could locate no concrete evidence of the two men’s acquaintance, they had the same teachers in Louisville and would have associated in the same literary circles in Cincinnati, given Hentz’s mother’s status as an important southern writer. The fictional portrayal—rendered “humorous” in Lewis’s story though macabre

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39 Lewis is today considered one of a group of authors known as the “Old South Humorists” or the “Old Southwest Humorists.” Other authors writing in this genre
and distasteful to modern readers—converges with Hentz’s actual experiences, suggesting
that such bodily thefts occurred frequently and perhaps even unremarkably.

The convergence of Hentz’s actual experience and Lewis’s fictional portrayal points
to the thin line between the nonfictional and the fictional in much of proslavery southern
literature from the antebellum period. Motivated by a politics that sought to justify a
racialized social order, proslavery novels like Hentz’s *Planter’s Northern Bride* and stories like
Lewis’s “Stealing a Baby” gestured to the scientific discourses that undergirded their social
system, whether actual or imagined. But the logic of these and other fictional stories and of
the proslavery science that flows just underneath their surfaces is contradictory: it relies on
theories of place-based therapeutics and disease, which credit human bodily difference to
external environments, at the same time it promotes a race-based theory of human
difference, which asserts that black and white bodies are not equal, inherently and
unchangingly so, from the time of human origins to the present. Moreover, in a time and
place where white southerners wanted to extrapolate the distinctiveness of peculiar southern
nature to the distinctiveness of their own bodies—thereby creating a peculiarly southern
(and white) body politic—this contradiction between place-based and race-based theories of
origins required them to overlook not only the physical presence of four million enslaved
black people in their region, but also the ways in which that presence, as a reified “other”
within the body politic, enabled whites’ very constructions of their own regional and
corporeal distinctiveness. Without a truly “peculiar” (black) southern body with which to
compare their own, white southerners would not be able to claim that distinctiveness for
themselves—that is, their white bodies could represent a distinctively southern body politic
only when they positioned the bodies of enslaved blacks as outside of that regional body. As
included Augustus Baldwin Longstreet, George Washington Harris, Thomas Bangs Thorpe,
and Johnson Jones Hooper (Arnold xi-xii).
I have shown in this chapter, white southerners worked to define that regional body as healthful, even in the midst of northern attacks on both its physical and metaphorical “sickliness.” Defending themselves against representations of the South as always-already diseased, white southerners promoted and came to believe in the beneficial influence of southern climates upon white bodily health just as they yoked that beneficial influence to a defense of slavery.

In the next chapter, I show how the print-based networks of knowledge exchange that I have been describing here did not always make their way to smaller southern communities, where on-the-ground networks of curative botanical knowledge motivated and informed domestic medical practices among white and black households. At the same time, however, these lateral networks of knowledge transfer similarly reinforced southern bodily and regional difference: through the domestic healing practices of white women, the root work and conjure of enslaved black men and women, and the botanical codifications of white and black southern Thomsonians, southerners came to view their bodies and their curative agents as regionally distinct from those of the North. The southern landscape might be peculiarly diseased, but the cures for its peculiar diseases could be found in its own fields and forests. The Southland itself became imbued with the twin cosmology of healing and harming that underlay black medical and magical practices.

Through the efforts of black and white domestic healers, botanical medicine became equally if not more trusted among southerners at the local level than was the allopathic medicine described above. As a result, both white and black southerners came to imagine their neighbors and family members, as well as their home places, as participants in a multivalent culture of healing. Ultimately, botanical healing practices worked paradoxically to uphold slavery (through local and regional laws) and to destroy it (through the efforts of
enslaved people’s acts of resistance). But when the conflict over slavery finally erupted into civil war, it was clear which side botanical medicine would work for. The Confederate government figured the southern states’ indigenous botanical resources as a kind of index to their future national health: if stores of botanical medicines could replace those mineral compounds usually imported from the North, then the new nation’s bountiful southern nature validated its bid for independence. The efforts of antebellum domestic botanical healers thereby enabled the Confederate imagination of a self-sufficient, healthful southern nation, one that elided the bodies of enslaved southerners just as it relied upon their labor and their knowledge.
CHAPTER TWO
The Curative South:
Botanical Modes of Healing and Knowledge Transferal

Have not some of the most important discoveries in science been made by those in the humblest walks of life? Who discovered the efficacy of the kine-pock [cowpox] matter which has staid the ravages of the most loathsome epidemic that spread terror, desolation and death over the land? Was it not the illiterate dairy-women of England and the half savage herdsmen of Chile? To whom are we indebted for our knowledge of the febrifuge-powder of cinchona? To the unlettered Indians of Peru. From whom have we derived our information as to the emetic properties of ipecac? From the cannibals of Brazil. And, sir, what has [Benjamin] Rush taught us on the subject of medicine?

Norborn B. Powell, Georgia state legislature, Talbot, Georgia, 1837

As Norborn Powell’s remarks suggest, allopathic medicine—the kind practiced by physicians trained in professional medical schools or through apprenticeship with a medical doctor—did not enjoy in the nineteenth century the cultural or epistemological hegemony that it does today. This was especially true in the southern states: with a geographically diverse population, an agricultural-based economy, and an entrenched class system that did not necessarily value intellectual achievement, professionally trained medical men attained little or none of the social elevation traditionally ascribed to the practice of their particular skill set, especially in the period prior to the Civil War. Without a culturally determined and sanctioned medical superiority, “orthodox” doctors\(^1\) throughout the early nineteenth century

\(^1\) I use the terms “orthodox” and “allopathic” interchangeably to refer to professionally trained medical doctors (“M.D.s”), those who attended a medical school or apprenticed with an allopathic doctor. “Unorthodox” or “non-allopathic” refers to those healers of other traditions; like historian Stephen Stowe I use these terms because they do not carry the
faced stiff competition from a number of “lay” healers, such as Thomsonians, homeopaths, root workers or conjure doctors, hydropaths, and midwives; by the latter decades of the period, this competition had expanded to include Christian Science, osteopathy, and chiropractic.

Yet both orthodox healers (such as those described in Chapter One) and unorthodox healers (such as those described in this chapter) relied upon similar rhetorics and philosophies about the health of white and black southerners: beliefs about the southern climate, bodily porousness, and balancing bodily fluids remained relatively consistent between the two groups. Both engaged with commonly held cultural and environmental understandings of nature in their medical practices: whether allopathic or non-allopathic, healers considered climate, bodily difference, and geographical location all relevant to corporeal health or illness. They differed mainly in the extent that they relied upon mineral or botanical medicines, with southern allopathic doctors mainly following in the tradition of Benjamin Rush’s “heroic” medicine, while non-allopathic doctors devised their own local botanical remedies. As we have seen in Chapter One, in the years leading up to the Civil War, allopathic doctors practicing “heroic” medicine (such as Samuel Cartwright and J. Marion Sims) reappropriated it for ideological purposes that supported slavery. But as we will see in this chapter, the local botanical knowledge of non-allopathic doctors provided the scaffolding for a similarly nationalistic argument, one that would eventually take hold after the onset of the Civil War in 1861.

pejorative connotations that some of the traditional terms used for “folk” practitioners do, such as “irregular” or “unlearned” (Doctoring 274, note 2). When speaking of both or either types of healers, I use the terms “doctors” or “healers,” reflecting the standard patterns of eighteenth- and nineteenth-century Americans, who used these words to apply to any practitioner of the healing arts.
To show how local modes of botanical healing ultimately came to support Confederate ideologies of independence, this chapter uncovers the peculiar types of environmental knowledge that non-allopathic healers employed. Their practices revolved around a thorough understanding of the local botanical materia medica, and, in the case of enslaved black conjure workers, a cosmologic worldview that considered both bodily and psychological health in exacting its cures. For Thomsonians, homeopaths, root workers, midwives, and other non-allopathic healers, a knowledge of the natural world around them was essential—even tantamount—to sound medical practice, as their very therapeutic systems often rested on the proper use of botanical remedies derived from local or regional sources. This chapter focuses on three groups of these botanical healers—white women, Thomsonians, and enslaved people—and one group (Confederate scientists) who came to rely upon their methods and knowledge.

For these “unorthodox” healers of the late-eighteenth and nineteenth centuries, medical knowledge and “nature knowledge” were equivalent epistemologies: those who were locally identified as community or domestic healers were those who knew things about herbs and roots. In contrast, orthodox M.D.s were those who mainly knew things about minerals and prepared pharmaceuticals, such as “blue mass pills,” a combination of mercury, glycerin, licorice, and other ingredients; or “Dover’s powders,” a mixture of opium and ipecac. Because the remedies of allopathic physicians were often harsh (at times even poisonous), because the population distribution of antebellum southern households meant that most people lived a great distance from the nearest orthodox physician, and because many white

2 I do not mean to imply that allopathic physicians did not know anything about botanical cures; in fact, many knew at least a handful of herbal preparations, such as raspberry or blackberry leaves, peppermint, slippery elm bark, and so on. However, their training emphasized distinction from the herbal practices of “old grannies,” and they tended to favor mineral over botanical medicines as a marker of professional expertise.
southerners did not believe the orthodox remedies effective for curing their complaints or the complaints of “their people,” most antebellum households, white and black, regarded domestic medicine as a necessary practice. Indeed, this “folk medicine” (as it is often called in historical literature, sometimes disparagingly so) was so widely practiced as to be nearly universal: many people in the early national and antebellum periods knew something about medicinal plants, and most kept a supply of homemade remedies stored in bottles or jars in a special place, such as in a carefully maintained medicine kit. Putting up medicines was a regular household chore, much like canning vegetables in the late summer or planting a garden in the spring. Those responsible for maintaining this knowledge were often those with less traditionally defined power, such as women or enslaved people.

Of course, domestic medicine manifested itself in different ways among the various demographical groups occupying the antebellum South. Enslaved people on large plantations could usually turn to one or more healers in the quarters; depending on their owner’s rules, they could be attended by this doctor or be forced to endure a “white doctor’s” (i.e., an allopathic physician’s) treatments. Most enslaved people preferred their own methods of healing to those prescribed by their white owners, mainly because it enabled them to exercise a form of control over their bodies and because their own remedies were less harsh and often more effective than the white (allopathic) doctor’s. Unfortunately, most owners denied enslaved people this privilege, while local and state laws often prohibited it outright. The largest plantations thus frequently maintained slave hospitals or “pesthouses,” where sick people would be attended by either a black nurse—usually an older enslaved woman who knew about healing—or the plantation’s white mistress. Yet most slave-owning households in the antebellum South contained fewer than 20 slaves, and enslaved people in these homes usually received the same care afforded to the white members of the household:
that is, initial treatment by a domestic healer such as the white woman of the house, followed by the treatment of a local Thomsonian or herbalist, followed by the care of an allopathic doctor.\(^3\) Sometimes the dyad of healing would follow an unexpected vector, and black healers might treat white bodies; this often occurred in the birthing room, where black midwives enjoyed some medical authority, or with exceptional black healers who had achieved such local renown that they would be permitted to treat white people for common or even serious ailments.

Unburdened by a status that would deny others control over their own bodies, whites meanwhile honed their palliative skills in a number of different ways. Most families in the antebellum South owned or had access to one of the region’s popular domestic manuals of the day, such as Tennessee doctor John C. Gunn’s guide to health, *Gunn’s Domestic Medicine; or Poor Man’s Friend, Shewing the Diseases of Men, Women, and Children* (1834) or Savannah physician James Ewell’s *The Planter’s and Mariner’s Medical Companion* (1807). Both books (along with others like them) enjoyed popularity in large part because they appealed to southerners’ widespread rejection of professional knowledge as more valuable than traditional knowledge. Southerners understood that knowing the scientific name for jimsonweed did not mean one knew how best to use it, and Gunn’s manual—which went through 100 printings by 1870—addressed its wide audience in democratizing language that appealed to its southern readers’ desires for the pragmatic and expedient delivery of information (Keeney 278, Rosenberg vii). In order to keep track of family, community, or other commonly used remedies, many households also maintained “cure books” of their own making, which took on as many forms as the creators of them. Sometimes planters

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pasted printed cures from newspapers or other periodicals into the back of their account books or plantation logs; other times women of the house recorded “receipts” from their grandmothers or neighbors in a neat hand; still others were a mix of the handwritten and pasted remedies. And those most interested in healing might even purchase a “right” to Samuel Thomson’s botanic system, which granted the holder a copy of Thomson’s *New Guide to Health*, membership in the local Friendly Botanic Society, and permission to use his system on patients. Thomsonism became so popular in the antebellum South that one historian called it “the greatest threat to the establishment of professional medicine in the antebellum period” (Burbick 16). Together, domestic manuals, cure books, and Thomsonian practice reinforced white southerners’ confidence in their own healing abilities: they valued their life’s knowledge, and they supplemented that knowledge with observations of what actually worked in the sick room—and with minimal side effects. These domestic medical practices were viewed by most black and white southerners as at least equivalent, if not superior, to the skills of professionally trained allopathic doctors.

Historians agree that health and medicine were among the most widely discussed topics among white and black southerners in the antebellum period: for white slave owners, the topic of maintaining the health of the enslaved population—with all its multivalent motivations—appeared more often in published agricultural journals and private diaries than any other; for enslaved black people, the topic of domestic remedies and “folk medicine” filled many post-Emancipation interviews and records. In this chapter, I want to uncover the practices and beliefs of non-allopathic healers and patients that made up the antebellum South’s multivalent cultures of healing. As northerners and other outsiders painted the South as “sickly,” these unorthodox healers defied such a characterization by using the local resources of their gardens and wild spaces to heal those “southern” diseases. Could a land
racked with intermittent fevers and bilious complaints be deemed “sickly” if its inhabitants knew how to cure those complaints, especially if those cures came from that same “sickly” land? This chapter reveals the processes by which white southerners eventually came to imagine the health of their regional/national space as a direct corollary to the health of their botanical resources.

“The Curative South” argues that the many cultures of healing present in the southern states relied upon local exchanges of domestic medical knowledge. As white women shared remedies with one another, as enslaved black healers worked roots on themselves and others, as Thomsonians adapted national practices to southern environments, they shared their knowledge and expertise with local communities. Over time, their experiences in using local environmental resources in the name of bodily healing created a regional culture that accepted and valued botanical medicine as equally—if not more—effective than orthodox mineral medicines. In turn, this wide cultural acceptance led the most nationalistic of white southerners to claim that the plants of the southern states were a valuable material resource, and that their diversity, abundance, and potency indicated the South’s richness and health and forecasted the region’s destiny as an independent nation. In the same way that ocean ports, fertile land, or timber resources might index a nation’s potential for economic or political power, white southerners in the late antebellum period viewed the region’s botanical resources as a metric of its potential for immediate and long-term independence. As the Confederate government rallied its civilians in the face of mounting shortages, it encouraged them to contribute to the war effort by gathering local

4 A major and regrettable absence in this chapter and throughout the dissertation more broadly is the role of Native Americans in the creation and continuation of antebellum southern cultures of healing. The contributions of Native Americans to these epistemological networks—particularly those of the Cherokee and Lumbee people—remain a fruitful topic for further study, one which I plan to include in the manuscript’s future incarnation.
plants for the benefit of the C.S.A. Army. Without the eighteenth- and early nineteenth-century domestic practices of enslaved black healers, white women, and Thomsonians, such national botanical identification, collection, and preparation would not have been possible, nor would the Confederacy have been able to emphasize the signifying power of botanical resources as an index of national health. In the context of Civil War, white southerners’ relationship with indigenous southern plants facilitated their imagination of the South as an independent, distinct southern nation, one that could provide for the needs of its people through the dual mechanisms of harnessing wild nature and expanding agricultural production. This chapter traces the progress of local and regional/national epistemologies about curative southern plants in order to show how their cumulative “cultures of healing” laid the groundwork for the ultimate construction of Confederate plants as symbolic indices of a Confederate future.

“I have been thus particular”: White Women and Domestic Botanical Medical Care

As many historians of eighteenth- and nineteenth-century medicine have noted,5 Anglo-American allopathic practitioners relied upon the “heroic” techniques espoused by Benjamin Rush and his followers, looking upon herbal and botanic practices as at least “old-fashioned” if not outright “quackery.” Their disdain was frequently gendered as well: many allopathic physicians looked upon these domestic remedies as belonging to “old ladies,” whom they saw as threats to their authority. Indeed, the increased medicalization of childbirth in the early- to mid-nineteenth century was a response, in part, to the contempt they developed for midwives or “grannies.” In the South, allopathic doctors refracted this

5 Duffy, From Humors to Medical Science; Moss, Southern Folk Medicine; Stowe, Doctoring the South; Savitt, Medicine and Slavery; J.H. Warner, “The Idea of Southern Medical Distinctiveness.”
disdain through an additional lens: the lack of competing medical institutions and professional journals in the early nineteenth century meant that allopathic physicians there were fighting simultaneously for the respect of both northern institutions and for that of their southern patients; at the same time, residents in many communities greatly needed—and often overwhelmingly preferred—local “untrained herbalists” and midwives, as the nearest allopathic physician might reside a great distance away and might charge exorbitant fees.

These twin problems of availability and cost were not insignificant to rural white southerners. The official ratio of allopathic physicians to the general population in the South lagged just short of the national average during the period 1790-1850, but the actual experience on the ground yielded a scarcity of physicians because they tended to congregate in cities, while most southerners lived in rural areas. Even by 1860, only seven percent of southerners lived in urban areas, where most physicians preferred to reside (Keeney 281). The more heavily populated areas could increase doctors’ livelihoods and diminish the time they spent traveling. The resultant scarcity of doctors in rural areas meant that families could wait hours or days for an allopathic doctor’s care, a situation that often proved deadly. Meanwhile, that doctor’s fees for treatment tacked on about one dollar per mile traveled—two dollars per mile if the traveling was at night, in difficult terrain, or in inclement weather—so that most rural white southerners found it more cost-effective to handle their own health concerns whenever possible, calling upon an allopathic physician only when their own methods failed or when an illness took on emergency status. Indeed, doctors’ daybooks and published journals are replete with complaints about delays in notification from rural white southerners, which they intoned, over and over, precluded any possibility of effecting a cure. Perhaps because they witnessed frequent failures from orthodox physicians called in
at the last minute, or perhaps because of an anti-intellectualism that pervaded rural regions in the Jacksonian period, white and black southerners did not necessarily place added value on medical education, and thus did not see an allopathic physician’s care as requisite or even beneficial.

This constellation of factors—the high cost and relative scarcity of rural medical care, the dispersed population of the South, the absence of southern medical schools before 1830 and the subsequent lack of an imperative for professional medical care—meant that the responsibility of caring for the health of white and black family members was part of a daily routine. Households “put up” dried herbs and self-compounded medications for use year-round, and they scoured local newspapers for printed receipts that might prove useful to their families. Neighbors and relatives shared effective remedies, and enslaved members of the household both gave and received medical care from whites and from their own communities. One family’s shared medical “receipts” would be diligently copied into letters, diaries, account books, daybooks, and journals, while local and regional newspapers and almanacs printed those cures proven most effective. A single white family’s collection might contain cures gathered from enslaved people, Native Americans, neighbors and relatives, newspapers, and other sources. Few, if any, antebellum southern families did not engage in some form of domestic medical practice.

The heterogeneity of its practices makes the moniker of “domestic medicine” a knotty category. As a kind of medicine practiced in the home by “lay” healers rather than trained allopathic doctors, domestic medicine in the antebellum South encompassed the healing practiced by a number of different demographic groups, sometimes upending traditional hierarchies of power in the name of individual or collective health: white women and men practiced on the members of their white and black household, black men and
women practiced on the members of their black and white household, and local Native American and free black healers practiced on enslaved and free people. Domestic medicine contained elements of science, religion, tradition, and superstition, and involved the harvesting of wild plants, those carefully tended in a medicine garden, and those sent for from distant cities. It consisted of cures passed down orally, of cures cut and then carefully pasted into designated recipe books, of cures transcribed from neighbors onto the end papers of diaries, of cures improvised in times of need. Relying solely on family cure books and letters, as I do in this section of the chapter, is thus necessarily problematic: not only do these documents have the potential to mislead modern readers, but they also elide the experiences of those who could not or did not write. In the first case, the keepers of cure books likely did not need to write down their most simple remedies, or those that were common knowledge, as those would have been memorized and administered automatically; as a result, the historical archive contains more individual or rarely used cures and fewer of the cures that circulated more broadly. As historian Kay Moss notes, “The simplest and most common remedies were undoubtedly shared by word of mouth. For example, [...] a blackberry preparation to cure diarrhea [was] too well known to be often recorded” (17). Similarly, potentially “dangerous” preparations, such as those herbs used as abortifacients, would not be recorded in a family’s medical book. And of course, the remedies of enslaved people who were either denied access to literacy or to the staples of pencil and paper would pass on their cures orally, leaving us with no written record of their practices.6

In this part of the chapter I wish to explore the actions of white women as domestic medical care-givers: in their collective sharing and inscribing of botanical medical knowledge,

6 Some of these cures survive in oral interviews with formerly enslaved people and their descendants, which I discuss later in the chapter in the section “Much employed on the plantations.”
they contributed on local levels to the shared belief in the value of plants as material medical resources; in their successful practicing of herbal medicine on members of their white and black households, they created local cultures of domestic healing that provided the basis for a national movement for botanical medicine during the Civil War period. In their local and everyday care-giving, southern women thus created an antebellum culture of healing that during the Civil War led to the ideological construction of “the South” as a constellation of local forces and local knowledge-making.

White women occupied a unique role in the antebellum southern household. Often isolated on farms or plantations, these women were responsible for most domestic tasks. Although the stereotypical image of the helpless southern belle survives in the popular imagination, most slave-holding white women—even those on large plantations—performed a wide variety of domestic tasks on their own or with minimal assistance, including making soap, dyes, ink, candles, and yeast; washing clothing; cooking and baking; sewing and knitting; maintaining garden plots; and, of course, bearing and raising children. As Sally McMillen and Emily Abel have shown, white women assumed primary responsibility for nursing infants and rearing their children, contrary to surviving stereotypes. Unless they were physically unable, most white women did not employ black wet nurses or engage enslaved women for primary childcare. While the reverse situation—that of white women who cared for enslaved children—was far more rare, some plantation mistresses did care for the enslaved children residing there when no elderly or disabled enslaved woman was available to do so, often doing so alongside her own white children (White 53). Meanwhile, the domestic medical guides, etiquette manuals, popular women’s magazines, and other texts circulating in the South elevated white women as “calmer, purer, more loving, and more sensitive than men,” characteristics deemed essential to medical care-giving. Thus, white
women’s “natural” characteristics defined southern womanhood at the same time they
defined domestic care as women’s work (Abel 43). White women, especially in smaller
households, thus took on most of the domestic medical care-giving in the antebellum
South.8

In articulating white women’s role in domestic care-giving I am not advancing the
notion that white men and women in the antebellum South occupied separate physical and
occupational spaces—that is, men in the public space and women in the private space—but
rather am identifying the ways in which the specific cultural and social issues of the southern
household made medical care-giving a province of women’s daily activities. Indeed,
women’s role in care-giving was far from “private”: their practices were informed by the
work of their male and female neighbors, by newspaper articles, and by published medical
guide books in addition to the information they received from their mothers and
grandmothers. And men, of course, also participated in domestic care-giving—indeed,
unpublished sources reveal the active participation by men in the health of their wives,
families, and slaves, while one of the only published “daybooks” of a southern (male) planter
includes lengthy chapters on the medical care of both the white and black members of his
household, while unpublished sources reveal.9 Virginia farmer John Walker trained as a
Thomsonian and assumed the primary care-giving responsibilities for what he called his
“family white and black,” and North Carolinian Walter Lenoir researched and remained

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7 Medical and sexual reformer Mary Gove Nichols would use these characteristics to claim
for women a “peculiar[ ] fit[ ]” for the “art of healing”: at the opening of her hydropathic
medical school in 1851, Nichols argued that women’s natural “tenderer love,” “sublimer
devotion,” and “never to be wearied patience and kindness” better suited them for the
practice of medicine (Cayleff “Water-Cure” 90).
8 Of course, enslaved people generally preferred to treat themselves when they could. In
this chapter, see the section “Much employed on the plantations’.”
9 The daybook is that of Alabaman Martin Marshall, reprinted in Weymouth T. Jordan’s
Herbs, Hoecakes, and Husbandry.
involved in much of his wife’s medical care. But most evidence indicates that southern white women were predominantly responsible for the care of their families and the enslaved population residing with them.

The unique cultural situation of southern white women positioned them to take on this role: first, Victorian codes of behavior forbade the examination of women’s bodies by men and particularly disapproved of men assisting in childbirth; second, the ideology of womanly care was propagated through a number of different textual sources, including medical guides, women’s magazines, and religious tracts; and third, the study of botany was deemed an appropriate occupation for women. Finally, the relatively late arrival of orthodox medical schools to the South, the lack of earned respect for professional doctors, and the cost and availability of orthodox care led to a widespread reluctance to use allopathic physicians, while the presence of a large enslaved population in the South meant that most white households desired to maintain local control over the medical care of enslaved people so as to minimize their perceived risks of poisoning, abortions, and violence.

With its practical emphasis on therapeutic effectiveness and local botanical resources, domestic medical practices relied upon regional and familial networks of epistemological exchange. Neighbors, friends, and family members depended upon one another for effective remedies, medical assistance, and support through extended illnesses. The experience of one western North Carolina family reveals the intricacy and extent of these alliances and dependencies. The letters exchanged between Cornelia (“Nealy”) Christian Lenoir and her husband Walter Lenoir, along with those to and from Walter’s mother, Selina Louisa Avery Lenoir, primarily document Nealy’s ill health. Long suffering from a mysterious illness that often left her weakened, frail, and feverish, Nealy worsened after the birth of her daughter Anna Tate. During her husband Walter’s absence (on business?),
Nealy corresponded with Selina, who offered her authoritative advice, reminding Nealy of the importance of getting “exercise of a different kind from nursing” and of lying “down awhile when fatigued” (February 1858). Furthermore, she sent Nealy a prescription equal in its precision to those written by allopathic doctors at the time: “I am going to send you some Black snake root,” she wrote, “and I think a little put in some wine with some Rhubarb and Peruvian bark would perhaps do you good” (February 1858, emphasis in original). Selina’s relationship to Nealy indeed seems to have been maternally authoritative on other occasions as well; in a letter written earlier in February, Nealy told her mother-in-law about her own illness and about her baby Anna’s colic, concluding: “I think I will commence on the blue pills tonight because I have so many symptoms of disordered liver—& then take a tonic—some of your bitters if you think proper (2. February 1858, my emphasis). Apparently Selina Lenoir acted as a medical elder to her young daughter-in-law, advising her on courses of treatment and remedies, and even compounding her own medications.

But Nealy’s mother-in-law resided some 11 miles away in Fort Defiance, and when Nealy needed more immediate assistance she consulted her neighbors and the resident enslaved population at her home in Tucker’s Barn, North Carolina. Thus when she woke suffering in the middle of the night from a pleurisy pain, she called upon enslaved woman “Louise” to prepare her a mustard plaster, which offered some relief (2. February 1858). And when her four-month-old baby Anna suffered from a bad cold (which would eventually morph into “dropsy of the brain” and cause her death in May 1858), Nealy consulted with several white neighbors before seeking an allopathic doctor’s advice. In a March 12, 1858 letter to her husband Walter, she described the assistance of numerous neighbors and the subsequent unhelpfulness of the allopathic doctor’s prescription:

I sent for Mrs. Rankin — she advised to give a small dose of Castor Oil, we did so but [Anna] threw up most of it with considerable phlegm—this
relieved her some. Mrs. R. and Aunt C. both came yesterday morning and
gave her a warm bath and onion juice and afterwards repeated the oil, but
she also threw up most of that. Aunt C. staid with me last night and the
baby rested well. She will seem very bright till she takes a fit of coughing
which frets and nauseates her. Mrs. Rankin came this evening and is sitting
till bed time with me. Sis L. came yesterday afternoon, but I think she only
thought Anna had a bad cold. [. . .] The old ladies say it is cold or perhaps
whooping-cough. I wrote Dr. Scott a note about her and he sent me Hive
syrup, which I was to give till it caused vomiting, and then oil, after which a
drop of Hive syrup every 2 hours. I followed this latter part of the
prescription, because I had already given oil and her bowels didn’t need it.
Dear precious, I have been thus particular about our darling for your
satisfaction but don’t allow yourself to suffer from uneasiness for she is not
much sick as yet and may be quite well ere your return.

Only after she consulted with Mrs. Rankin, “Aunt C,” and “Sis L” did Nealy mention the
doctor’s advice, half of which she disregarded entirely because she had implemented it
already under the advice of the various “old ladies.” Instead of seeking out and blindly
obeying the orthodox doctor, Nealy gathered therapeutic options for Anna from neighborly
sources, which offered the young mother some comfort in her distress. Indeed, her
methodical recounting of all they had done for Anna, along with her admonition (“don’t
allow yourself to suffer from uneasiness”) indicate that she felt as if she and the elder women
of the neighborhood had the situation well under control.

Nealy apparently continued to rely upon various neighbors (rather than on Dr. Scott)
when members of her household fell ill; in other letters from February and March 1858, she
identified several women who came to stay with her to assist in domestic medical duties,
including “Laura,” “Mary Harper,” Mame,” and again, Mrs. Rankin. The women usually
came one at a time and on different days, rotating “shifts” so that, with Nealy, there were at
least two who might watch over Anna, aid in caring for an enslaved woman named Betty
(who was also ill at the time), and assist Nealy with her own medical self-care. Thus, Nealy
assumed primary responsibilities for directing the medical care of herself, her child, and
Betty at least during the times when her husband was absent, and presumably at other times
as well. Together with these other women, she asserted her own medical authority, continuing to undercut the orthodox physician’s recommendations: in describing his March 16 recommendation for Anna, she indicated that she called for him “mainly to see Betty,” implying that she would not need him otherwise. Furthermore, she discounted his effectiveness for her child’s condition and emphasized her own knowledge of how to proceed in Anna’s care: “He said the baby had a light catarrh and recommended greasing breast and temples with sweet oil bathing her feet, etc. pretty much what I had been doing” (my emphasis). Nealy’s confidence in her own abilities is evident in these letters, as she expressed reluctance to send for the doctor for Betty as well, relying instead upon the assistance of a neighbor named “Mame.” Using the language orthodox physicians employed when seeing patients (“prescribed for her”) in her description of Mame’s healing work, Nealy reinforced the authority of their domestic medical practices:

[Mame] also examined Bety and prescribed some for her, sent home for a throat-wash of sage, alum and honey and made her a swab – her throat with me – Told me I ought to send for the Dr. if [she] had fever and headache. I questioned [Betty] frequently and she didn’t seem to have fever, perspired a good deal last night. Her tongue doesn’t look well—her throat looks better to me—says she gets giddy after sitting up long and talks like she was quite weak. I will think about it and perhaps send for the Dr. after breakfast— (? March 1858)

Nealy’s reluctance to call Dr. Scott does not seem rooted in financial concerns—she solicited his assistance on March 12 and March 16—but instead in her attribution of superior, or at least equal, medical knowledge to her neighbors and to herself. Mame’s “throat-wash” of sage, alum, and honey for Betty; Mrs. Rankin’s tonic of “onion juice” for Anna; and Selina Lenoir’s personally compounded “bitters” for Nealy all operated with equal effectiveness on their patients and indeed seemed by the care-givers and patients to be preferable to mineral medicines. Furthermore, these individualized remedies reflect both the local and personal development of domestic medical knowledge and the fluid way in which that knowledge was
passed between neighbors, family, and friends. Perhaps in a time of health Nealy would
distribute her mother-in-law’s bitters to a suffering neighbor, or the “old ladies” of the
community might give onion juice to the babies of other young mothers, or Mame might
concoct other throat-washes for other women, thereby passing on this botanical medical
knowledge within a single community. In fact, the ingredients in Betty’s throat-wash were
common and easily found in the wilds of western North Carolina, so that if the remedy
proved effective, Nealy or Betty themselves might replicate it for others suffering from
similar maladies. In Nealy’s family as in other antebellum white households, botanical
medical knowledge moved within and among female networks of exchange.

Augustus Baldwin Longstreet satirizes these female networks in “A Sage Conversation,”
collected in his Georgia Scenes (1835). In his “Preface” to the Scenes Longstreet
claims that they comprise “real incidents and characters” and that in their recording he
attempts to fill a “chasm” of history, that of the manners of southern society in the “first
half century of the republic” (Longstreet iv, Rachels xlviii). In “A Sage Conversation,”
the penultimate sketch in his book-length collection, Longstreet’s narrator “records” a circuitous
and fast-paced conversation between three old women, Mrs. Barney, Mrs. Reed, and Mrs.
Shad. Longstreet uses the format of a dramatic play to complement the speed of their
conversation or perhaps to emphasize its taking place in “real time,” and, indeed, it turns
from one topic to another in rapid succession. In this particular excerpt, the women discuss
the death of their neighbor from consumption, but the story breaks off at the end when the
mention of “old brother Smith” prompts the discussion of a new topic:

Mrs. R. What ailment did Lucy die of Mis’ Barney?
Mrs. B. Why, first she took the ager and fever, and took a ‘bundance o’
doctor’s means for that. And then she got a powerful bad cough and it kept
gettin’ worse and worse, till at last it turned into a consumption, and she jist
nat’ly wasted away, till she was nothing but skin and bone, and she died; but
poor creator, she died mighty happy; and I think in my heart, she made the prettiest corpse, considerin', of any body I most ever seed.

*Mrs. R.* and *Mrs. S.* Emph! (solemnly.)

*Mrs. R.* What did the doctors give her for the fever and ague?

*Mrs. B.* Oh, they gin' her a 'bundance o' truck—d—d—d—d—I dont know what all; and none of 'em holp her at all. But at last she got over it, some how or other. If they'd have just gin her a sweat o' bitter yerbs jist as the spell was comin' on, it would have cured her right away.

*Mrs. R.* Well I reckon sheep-saffron the onliest thing in nater for the ager.

*Mrs. B.* I've always hearn it was wonderful in hives, and meazly ailments.

*Mrs. R.* Well its jist as good for an ager—its a powerful sweat. Mrs. Clarkson told me, that her cousin Betsey's aunt Sally's Nancy was cured sound and well by it, of a hard shakin' ager.

*Mrs. S.* Why you dont tell me so!

*Mrs. R.* Oh bess your heart, honey, its every word true; for she told me so with her own mouth.

*Mrs. S.* “A hard, hard shakin’ ager!!”

*Mrs. R.* Oh yes, honey, its [sic] the truth.

*Mrs. S.* Well I'm told that if you'll wrap the inside skin of an egg round your little finger, and go three days reg'lar to a young persimmon, and tie a string round it, and every day, tie three knots in it, and then not go agin for three days, that the ager will leave you.

*Mrs. B.* I've often hearn o' that, but I don't know about it. Some people dont believe in it.

*Mrs. S.* Well, Davy Cooper's wife told me, and she didn't believe in it; but she tried it, and it cured her sound and well.

*Mrs. R.* I've hearn of many folks bein' cured in that way. And what did they do for Lucy's cough, Mis' Barney?

*Mrs. B.* Oh dear me, they gin her a powerful chance o’ truck. I reckon, first and last, she took at least a pint o’ lodimy.

*Mrs. S.* & Mrs. R. The law!

*Mrs. S.* Why that ought to have kill’d her, if nothing else. If they’d jist gin her a little cumfry and alecampane, stew’d in honey or sugar or molasses, with a little lump o’ mutton suet or butter in it: it would have cured her in two days, sound and well.

*Mrs. B.* I've always counted cumfry and alecampane the lead of all yerbs for colds.

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10 The provenance of the word “truck” is unclear. In context, it appears to indicate doctor's remedies, and it seems to have a pejorative connotation in the womens' usages. The word is also used in Henry Clay Lewis’s *Odd Leaves from a Louisiana Swamp Doctor* (1848) and in Joel Chandler Harris’s *Nights with Remus* (1883) in similar contexts, but the Oxford English Dictionary and the Dictionary of American Regional English have no medical association for this word. The closest definition I uncovered was “odds and ends,” “things of little value,” but the women appear to be using the word specifically to refer to extraneous or useless medicines given by her doctor, which is how Lewis and Harris use the word as well.

11 Sheep droppings boiled into a tea, used sometimes as a remedy for measles.

12 Laudanum.
Mrs. S. Horehound and sugar’s mazin’ good.
Mrs. B. Mighty good—mighty good.
Mrs. R. Powerful good. I take mightily to a sweat of sage-tea, in desperate bad colds.
Mrs. S. And so do I, Mis’ Reed. Indeed I have a great leanin’ to sweats of yerbs, in all ailments such as colds, and rheumy pains, and pleurisies, and sich—they’re wonderful good. Old brother Smith came to my house from Bethany meeting, in a mighty bad way, with a cold, and cough, and his throat and nose all stopt up; seemed like it would ‘most take his breath away, and it was dead o’ winter, and I had nothin’ but dried yerbs, such as camomile, sage, pennyryal, catmint, horehound, and sich; so I put a hot rock to his feet, and made him a large bowl o’ catmint tea, and I reckon he drank most two quarts of it through the night, and it put him in a mighty fine sweat, and loosened all the phleem, and opened all his head [. . .] (192-93, emphasis in original)

The occasion of discussing Lucy’s death also gives these women occasion to criticize her allopathic doctor’s methods: the women are shocked at the amount of laudanum given to her, agreeing that the laudanum dose “ought to have kill’d her, if nothing else.” Their discussion of remedies for fever and ague, colds, and coughs demonstrates their wide-ranging knowledge of botanic and domestic medical cures, and they agree that a “good sweat of bitter herbs” would have saved Lucy’s life, but none of these women were called upon in Lucy’s hour of need. While the instance of Cornelia Lenoir in western North Carolina reveals that she sent for a local allopathic doctor only reluctantly—instead relying on the sorts of “aged matrons” that Longstreet satirizes—the fictional recreation of such women by a white southern male author portrays them as comical (if knowledgeable) old ladies whose ultimate effects on the fate of local patients is minimal, at best. In his depiction of the women’s “sage” conversation, Longstreet undermines the impact of their knowledge by revealing its ineffectual consequences and by situating it within a larger conversation of trivial neighborhood gossip.

If we consider these two contrasting portrayals—a fictional situation where an allopathic doctor is called instead of knowledgeable local women, a non-fictional series of events where a white woman rejects professional medical authority in favor of this type of
woman—we can glean the range of interpretations and beliefs about white women’s roles as care-givers in genteel southern society. While some women were granted wide-ranging power and acceptance as healers, others were mocked as “old grannies”: Longstreet’s satire, albeit gentle, nevertheless reveals his valuation of professional forms of knowledge acquisition. Longstreet was a Yale-educated lawyer, judge, and minister who in 1839 became the president of Emory College, so his devaluing depiction of Mrs. B, Mrs. R., and Mrs. S becomes less surprising when we consider that some of his own friends, students, and colleagues might have resembled the physician prescribing the very laudanum that the women credit with Lucy’s death.

Different communities thus valued professional medical knowledge to differing degrees. Even members of Cornelia Lenoir’s family did not solely rely upon their own cures but also reappropriated orthodox doctors’ advice for domestic medical use. For example, a box of miscellaneous cures transcribed by various members of the extended Lenoir family includes several initially recommended by allopathic physicians. On a scrap of paper dated 1845, the transcriber records “Dr. Calloways Prescription for Hooping Cough,” and it is evident from the transcriber’s notes that the “prescription” was not copied from a newspaper or other text but instead written down after the doctor had treated a family member: the directions are flanked with statements like “[I] believe the Dr. said oftener if necessary,” and “Godfreys cordial may be given more freely than the others I think,” revealing that the transcriber was here recollecting the doctor’s instructions so that she might use them in future cases or share the information with family members. Indeed, other letters and papers included alongside this scrap in the archive reveal that the Lenoirs frequently passed along orthodox doctor’s prescriptions after transcribing them from memory. “Dr. Calloways Prescription for Hooping Cough” is folded in the manner of an envelope,
identified on the flap as “Hooping Cough,” and was presumably sent on its own or enclosed within a letter to be distributed to another family member. Other cures are copied with headers or citations that indicate their origins: “Dr. H[enderson] says,” “[from] Dr. Jones,” “Mrs. Polk says,” “Mr. Hoke’s recipe,” “Dr. J. Dickson’s recipe,” “[from] Dr. Lane,” “from P.M. Sumney,” and “Newnans recipe” (“Miscellaneous Medical Cures”). Transcribed from doctors’ orders and from neighbors or friends, these scraps of paper reveal the equity with which one family treated various forms of medical knowledge. The doctors’ receipts were no more authoritative than the lay healers, and all were meticulously recorded and passed on for future use.\textsuperscript{13}

The Lenoir family also maintained a number of cure books, bound journals wherein they transcribed their recipes and related medical and botanical notes for the use of their family and friends. One such book, transcribed over a period of at least 41 years (1797-1839),\textsuperscript{14} includes botanic formulae for over 50 human and a handful of equine ailments. Like most family cure books in the antebellum South, the 64-page Lenoir family book culls medical receipts from printed sources such as newspapers and almanacs, neighbors and friends, orthodox physicians, and of course, from the family’s own experience treating the

\textsuperscript{13}In my archival research, I found only one cure—a elaborate three-page “cure for cancer”—that did not circulate freely and was regarded as a family secret. The transcriber intoned that “this remedy is not to be discovered to any person not of the family of W. Avery under the penalty of £ 100” (“Miscellaneous Medical Cures,” Item 2).

\textsuperscript{14}The transcriber (William Lenoir?) dated virtually each recipe and noted sources when appropriate, and the book was almost certainly constructed piece-by-piece over time and not in retrospect. The earliest cited “receipt,” from 1797, records a “Cure a horse of the yellow water” (2) and the latest, from 1839, records a “Cure for a pain in the Stomack (such as afflicts me)” (62). The majority of the cures seem to be dated from the first two and a half decades of the 1800s, from roughly 1806 to 1830. The Lenoir Cure Book includes the enslaved man Caesar’s antidote for poison and for rattlesnake bite (28-29), including a note written in the margin of the entry “Negroe Cesar’s Cure of Poison”: “NB in Anno Domini 1780 was by the Genl Assembly set free & allowed £100 p.r annum during life for his discovery &c” (28). See pp. 160-61 of this chapter for more information on Caesar and his cure.
various illnesses. Oftentimes a single disease prompted the recording of many recipes, as was the case with “yellow water,” “flux,” and “cholick.” While the method of collection over such a long period of time is not overtly apparent, there is some chronology to the entries: those dates in the 1790s appear earlier in the book than those dated in the 1820s. This temporal organization does not remain constant, but rather jumps back and forth throughout. Despite this slightly haphazard organization, the family apparently attempted to make order out of the chaos, as demonstrated by their index, which lists diseases alphabetically and matches them with corresponding page numbers (Figure 2.1). This familial compilation of knowledge, with excerpts copied from external sources like newspapers and agricultural journals, demonstrates how local knowledge production in southern communities instilled confidence in botanical medical self-care. In the absence of a wide network of competent physicians, southern families developed and practiced a domestic medicine that not only relied upon the imagination of botanical resources as materially valuable, but also created multiple networks of local knowledge transmission that would in future years bolster the Confederacy’s campaign for “national” participation in the collection of botanical resources.

Advice from family, neighbors, doctors, and friends was, of course, not the only medical resource available to southern households. The early nineteenth century experienced a flowering of published medical manuals designed for both lay and professional audiences, and, because of the prevailing climate-based disease theories, most were tailored to specific geographical regions of the country. In the South, the two most popular medical guides were James Ewell’s *The Planter’s and Mariner’s Medical Companion*, which went through 13 editions after its publication in 1807, and John C. Gunn’s *Gunn’s Domestic Medicine; or, Poor Man’s Friend, Shewing the Diseases of Men, Women, and Children* (1834), which went through 100
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Figure 2.1
Index to Lenoir Family Cure Book, ca. 1839 [?]
Lenoir Family Papers, Southern Historical Collection, Wilson Library,
University of North Carolina, Chapel Hill
printings by 1870 (Keeney 278, McMillen 225). While these manuals were intended for domestic use and thus, for precluding an allopathic doctor’s care, they were not necessarily entirely hostile to the methods and mineral drugs employed by the orthodox physicians. Gunn’s manual in particular offered advice on bleeding, inserting catheters, and using enemas. And because domestic healers also had unbridled access to the same drugs as did allopathic physicians, namely opium, mercury (in the form of calomel or laudanum), and arsenic (Rosenberg xvi-xvii), they could use Gunn’s guide to “dose” their patients in the same way a medical professional would. An allopathic physician himself, Gunn did not necessarily wish to put his colleagues out of business so much as to capitalize on the South (and growing West)’s need for self-care in areas beyond an easy day’s ride from a doctor. Thus, he firmly denounced “quackery” and assumed that his readers would provide their own medical care using a combination of established botanical remedies and allopathic methods (Rosenberg xvii-xviii, McMillen 225).

Gunn’s Domestic Medicine articulated in print form what many held as folk wisdom: that environmentally induced diseases, such as the ague and fevers plaguing the South, could be cured using the disease-ridden region’s indigenous plants. More than 30 years before Francis Peyre Porcher and William Gilmore Simms would claim a nationalistic imperative for the scientific study of useful southern botanicals, Gunn similarly argued that knowledge of—and knowledgeable use of—the native plants of the South secured regional interests at the same time it fulfilled God’s plan. Southern plants could act as antidotes to southern diseases, for which the Creator ultimately designed them:

15 Other popular domestic medical guides by southern authors included Alfred M. Folger’s The Family Physician, Being a Domestic Medical Work (1845); J.E. Carter’s The Botanic Physician, or Family Medical Advisor (1837); Richard Carter’s Valuable Vegetable Medical Prescriptions for the Cure of All Nervous and Putrid Disorders (1815); and Thomas Ewell’s Letters to Ladies, Detailing Important Information, Concerning Themselves and Infants (1817).
[. . .] in the beneficence of his mercy, the great FATHER OF THE
UNIVERSE has clothed our soil with means, powerful means, of curing our
diseases, with which we are measurably unacquainted, and with the medical
properties of which it is our duty to become familiar. There is, in my opinion,
now as much folly and stupidity in importing costly drugs at enormous
expenses from foreign lands while we have their equals at home, as there
would be in importing bricks and, timber from Europe to construct our
habitations. Industry and science alone, can develop the immense resources
of this unrivalled country, and these we are personally, morally, and politically
bound to employ.    (365, emphasis in original)

His argument for the use of southern plants was thus simultaneously utilitarian (southern
plants are most useful for southern diseases), pious (southern plants should be used for
southern diseases because God arranged it that way), and nationalistic (southern plants
should be used for southern diseases because importing them from Europe exhibits “folly
and stupidity” when our own resources are “unrivalled” and “equals”). In 1834, Gunn
planted the seed for an argument that would grow stronger throughout the antebellum
period: that the South’s citizens had a duty not only to know the natural resources placed in
their region by the Creator, but also to use those resources in the service of healing its own
citizens’ bodies.

During the years leading up to the Civil War, white southerners would seize upon
this notion, connecting the bodily health of individual citizens and their use of “native”
southern resources to the health of the body politic and the future of the southern nation.
Thus primed to work as their own botanic collectors, pharmacists, and doctors, white
southerners proved an ideal audience for a system that propagated notions of decentralized
medical authority and emphasized the importance of local plants for the curing of local
diseases. At about the same time that they embraced Gunn’s Domestic Medicine, white
southerners also received Samuel Thomson’s botanic medical system with open arms,
granting it unprecedented support throughout most of the southern states.
“Student of the School of Nature”: Samuel Thomson and the Southern Movement for Botanic Medicines

Beneath the feet of learned men,
Who knew not how to use me then,
I’ve long been trodden to the ground,
But now am rising to renown,
My roots are set in every land,
My leaves are plucked by every hand
That owns a head of common sense,
And stands upright in life’s defence. [sic]

[. . .]

My enemies, I’m well aware
Are struck with panic far and near,
They fear that I will soon dispel
Their boasted hero Calomel;
But to my friends I still can say
Heed not the clamors of the day,
But use me just on wisdom’s plan,
And health will reign throughout your land.

From “Lobelia Speaks for Itself,” by Samuel Thomson (1835)

As the title of the poem indicates, the speaker of Samuel Thomson’s “Lobelia Speaks for Itself” is the plant *Lobelia inflata*, the primary and foundational botanical element of his medical system. And yet the poem’s speaker could just as easily be Thomson himself, as its defensive stance mirrors the tone and tenor of his published work and life story: lobelia’s “enemies,” of course, were Thomson’s enemies as well, and the plant’s “friends” were Thomson’s loyal followers. Like his favorite plant, Thomson had been “trodden to the ground,” by detractors (in the best cases) and by state laws prohibiting his medical practice (in the worst cases); but by the time of this poem’s publication, he had indeed set his “roots” far and wide and was gaining traction among America’s “common-sense” citizens, namely those Jacksonians residing in the southern and western states and territories.
Samuel Thomson (1769-1843) had little formal education and spent his childhood helping his parents on their rural New Hampshire farm, where he developed a distaste for farm life and a love of local plants. Motivated by the serious injuries and illnesses he witnessed on the farm, Thomson quickly became proficient in herbal medicine: he saved his own leg from amputation by applying a plaster of comfrey root, and he doctored his own consumption after witnessing the death of his mother from that disease while at the hands of what he called the “calomel doctors” (Whorton 27). Much of his knowledge was self-taught, but he also apprenticed with an older woman named Mrs. Benton, his village’s local healer. In shadowing Benton, he also learned the importance of maintaining internal bodily heat for the preservation of health, which, alongside his botanical preparations, became the foundation of his medical practice:

At that time there was no such thing as a Doctor known among us, there not being any within ten miles. The whole of [Benton’s] practice was with roots and herbs, applied to the patient, or given in hot drinks, to produce sweating; which always answered the purpose. When one thing did not produce the desired effect, she would try something else, till they were relieved. [. . .] [W]hen she used to go out to collect roots and herbs, she would take me with her, and learn me their names, with what they were good for; and I used to be very curious in my inquiries, and in tasting every thing that I found. The information I thus obtained at this early age [of four years], was afterwards of great use to me. (Thomson 16)

His work with Mrs. Benton earned him the epithet of “doctor” by the age of eight, as he assisted the adults of the community in locating the proper herbs required to make the medicines their doctors recommended (Thomson 18). His proficiency grew, and by 1805, he was being called upon by the members of his rural community so often that he could no longer attend to his farm chores (Thomson 39), and he began developing his system for distribution to others. Thomson devised a franchise structure whereby interested practitioners could buy a “right” to practice Thomsonian medicine (Figure 2.2); this “right” entitled the purchasers to a copy of his New Guide to Health—an amalgamated text that was
Figure 2.2.
“Thomson’s Patent.”
Sample of a “right” to practice Thomsonian medicine, 1842.
Joseph Lyon Miller Papers, Virginia Historical Society and Richmond Academy of Medicine
part autobiography and part medical guidebook—and, more importantly, it enabled them to distribute his medical preparations, to practice the cures on family and friends, and to join the local “Friendly Botanic Society” so that they might share their Thomsonian knowledge and expertise with other practitioners. While the concept of the “right” has a gimmicky, pyramid-scheme feel from our twenty-first century vantage point, Thomson envisioned this system as a way to empower individuals to “doctor” themselves and their families and friends. He saw it as a democratizing move that enabled ordinary individuals without medical education to treat illness and maintain health, just as he had done himself (Griggs 169-70).

With the help of local agents who peddled the “right” throughout the nation, the movement spread rapidly throughout the United States and its territories in the period prior to the Civil War. But despite its status as the only truly organized competitor with orthodox medicine at that time, it remains largely undocumented in recent American cultural historiography. While the early nineteenth century was replete with medical “sects” that challenged the hegemony of orthodox medical doctors, none threatened those orthodox practitioners more than Thomsonism.16

This was especially true in the southern states, where, as we have seen, the challenging of allopathic medicine was the only characteristic uniting the region’s variegated cultures of healing. A number of factors converged to make Thomsonism popular with southerners. First, the self-reliant and populist spirit that followed Andrew Jackson’s election to the presidency in 1828 pervaded the South, who had, with the exception of many

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16 I use the term “Thomsonism” rather than the “Thomsonianism” often used in the historiography of the subject because the former was the preferred term of practicing nineteenth-century Thomsonians. To these practitioners, “Thomsonianism” seemed inappropriate, if not pejorative. See Haller, *The People’s Doctors* (33) and the *Thomsonian Recorder* 3 (1835): 287.
South Carolinians, supported the backwoods Tennessean’s bid against the genteel John Quincy Adams. Spread across wide distances, southerners cultivated a valuation of independence and self-reliance, and they looked favorably upon those who could take care of their household’s needs without outside help. Thomson’s humble origins and “self-made” status appealed to southerners, who saw themselves as equally capable of healing their own sick; it also reinforced their tendencies to validate individual experiences over “book-learning.”

Second, as described in the first section of this chapter, the diffuse nature of the early nineteenth-century southern population and subsequent scarcity of allopathic physicians in the rural South meant that such medical care could be a day’s ride away or more. Without local allopathic doctors, neighborhood Thomsonians could provide treatment for common ailments. And—perhaps even more important—through their presence as healers whose capacities equaled or surpassed those of formally trained physicians, Thomsonian doctors could soothe the anxious minds keeping watch over sickbeds. As we have seen in Chapter One, the absence of professional medical institutions in the region until the 1830s meant that a local Thomsonian possessed the added benefit of not being “tainted” by northern education and training that did not understand the vicissitudes of the southern body. As a do-it-yourself practice that provided clear structure while at the same time allowing for regional variability in the plants used for cures, Thomsonism appealed to southerners’ tendencies to attach credibility to local practitioners and locally obtained—and thus, known and understood—botanical remedies.

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17 See Chapter One of this study for more information on southern medical schools. My hunch that Thomsonism rose to power in the South in part because of the absence of orthodox medical institutions there is supported by evidence that shows Thomsonism waning in influence in the 1850s—the precise time when those orthodox institutions had become more firmly established in the South.
Third, Thomsonism appealed to white slave owners, large and small, because of their desire for thrift and for complete control over the management of their human “property.” Allopathic physicians’ fees were notoriously high, and smaller farmers were reluctant to send for them when they suspected an enslaved person was “playing ’possum” or when they feared mineral medicines to be too harsh for black bodies. While Thomson’s botanical remedies could create harsh effects—lobelia was a powerful emetic that in large doses could poison a patient—white southerners tended to believe that botanical remedies, especially those consisting of plants from their locality that they could identify, were inherently more safe than those mineral remedies of the “calomel doctors.”

Finally, Thomsonism appealed to southerners’ valuation of local means for curing local diseases. As discussed in Chapter One, many southerners believed that diseases had environmental and/or place-based causes, which in turn led to the belief that cures for those diseases might be found near their source. While orthodox physicians rejected the Hippocratic notion of vis medicatrix naturae (“through the healing power of nature”), most Americans believed that “indigenous American plants” and “Indian herb remedies” provided superior preventatives and curatives than did “foreign” minerals (Berman “Thomsonian Movement” 412, J.H. Warner “Nature-Trusting” 291, Whorton 7). Thomson’s guiding principle thus aligned with the approach to healing that southerners embraced.

Historian James Breeden argues that Thomsonism became attractive to white southerners because of the movement’s own promotional advertising, its “exaggerated claims of success,” and the failures of orthodox medicine to effect harmless and long-lasting cures (“Thomsonianism” 157, 161), but his claim overlooks the significant factors regarding
Thomsonism’s rise, development, and influence in the region that I outline above.\textsuperscript{18}

Together with the ability to find, grow, or otherwise simply procure the elements of the Thomsonian medical kit, a number of elements contributed to southerners’ acceptance and promotion of Thomsonian botanical medicine, including the culture’s rewarding of self-reliance and its tendency toward anti-intellectualism, the geographical distribution of the population, the absence of orthodox medical schools from the region until the 1830s, the desire of slave owners for control and thrift, and, perhaps most important, the sense that indigenous plants were inherently safer and more effective than the mineral compounds distributed by orthodox doctors.

By 1839, more than 100,000 of Thomson’s “rights” had been sold in the United States, and supporters claimed that there were 2,000 registered practitioners and from three to six million followers (Berman “Thomsonian Movement” 416, Griggs 175, Haller \textit{Doctors} 184, Whorton 39). It became so popular that apothecaries began using the term “Thomsonian”—for better or worse—synonymously with “botanic” as a descriptor for compounded herbal medicines (Haller \textit{Doctors} 184). The Cherokee Nation officially adopted Thomsonism, a point of irony when we consider that \textit{Lobelia inflata} had been used by American Indians for hundreds, if not thousands, of years before Thomson “discovered” it. Thomson was sensitive to charges that he “stole” his remedies from the “aborigines,” and in his \textit{New Guide to Health} he claimed defensively that he had developed his methods independently of Native Americans:

\begin{quote}
\textsuperscript{18} Breeden offers other reasons for the movement’s \textit{national success}, including its simplicity, its relation to Native American cures, its government-backed guarantee, its appeal to “frontier” communities far from orthodox doctors, and its affiliation with medical reform (“Thomsonianism” 154). Savitt, \textit{Medicine and Slavery}, Keeney “‘Unless Powerful Sick’,” and J.H. Warner “Idea of Southern Medical Distinctiveness” all comment cursorily on Thomsonism’s apparent appeal to southerners.
\end{quote}
It is said [. . .] that [lobelia] was employed by the aborigines and by those who deal in Indian remedies; and others who are attempting to rob me of the discovery affect to believe the same thing; but this is founded altogether upon conjecture, for they cannot produce a single instance of its having been employed as a medicine till I made use of it. [. . .] It would be folly for me to undertake to say but that it may have been used by the natives of this country; but one thing I am certain of, that I never had any knowledge of their using it, nor ever received any information, concerning it from them, or any one else. (42)

We may never know whether Thomson's statements here are true (or whether he believed them to be true), nor can we know the extent of the contributions of American Indian people to Thomsonism in general. It is tempting to suggest that Thomson may have gathered or stolen his knowledge of native plants from collective Native American epistemologies, but unfortunately we have only his word on this story.

Although Thomson hailed from New England, his northern neighbors did not share his enthusiasm for lobelia and capsicum, for the same reasons why the movement did appeal to southerners: in the northern states there was an entrenched professional medical culture, particularly in New York, Boston, and Philadelphia; the population was concentrated in smaller areas, so that most regions did not suffer scarcities of orthodox physicians; and the domestic medical tradition had a weaker foothold, causing Thomson to appear as a backwoods “quack.” As I explain above, the system achieved greater popularity in the South and West, where it expanded rapidly and assumed an influence that far exceeded its northern adoption. In fact, a survey of the number of Thomsonian agents—those who led the local societies and distributed the “rights”—operating in the United States in 1833 revealed that 51.5% of them were located in the states of the Upper and Lower South and Southwest, 33.5% were in the West, and only 15% were in the northern states.19

19 In these calculations, “Upper South” indicates Maryland, Virginia, North Carolina and South Carolina; “Lower South” indicates Georgia, Alabama, Mississippi, and Louisiana; and “Southwest” indicates Kentucky, Missouri, Tennessee, and Arkansas. “North” indicates
Thomson well understood the need to adapt his compounds according to local climates, particularly to the fever-ridden South; in 1835 he wrote that he “sent to the southern states nearly twenty barrels” of Madagascar cayenne pepper, “which is a great help in the agues of that country” (186). His attention to local cures earned the attention of southerners: in Virginia in 1836, a Shenandoah County resident wrote that Thomsonism was “spread[ing] about like wild fire,” and an Orange County practitioner opined, “people are daily opening their eyes and throwing off the shackles of ignorance and incredulity, and declare that they will no longer be infatuated by men acting under the cover of a diploma obtained at a medical college” (qtd. in Breeden “Thomsonianism” 166). Implying that southerners had been virtually seduced, or “infatuated,” by the orthodox physician’s holding of a diploma, this Thomsonian doctor expresses both the anti-intellectualism and ascendant common sense philosophy typical to southern practitioners, who saw orthodox medicine’s degree-granting institutions as exclusionary. In North Carolina, Thomsonism became so popular that when Harriet Jacobs fell ill while in hiding, her brother John Jacobs consulted a Thomsonian, not an orthodox doctor, regarding remedies for her: “How to get medical advice was the question,” she writes in 1861, “William [John] finally went to a Thompsonian [sic] doctor, and described himself as having all my pains and aches. He returned with herbs, roots, and ointment. He was especially charged to rub on the ointment by a fire [to retain the internal heat]; but how could a fire be made in my little den?” (136-37).

In fact, there is some evidence that John Jacobs himself acted as a Thomsonian, or at least as a botanical doctor. In his own narrative, A True Tale of Slavery, Jacobs indicates that Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Pennsylvania, and New York. Of the 167 Thomsonian agents working in 1833, 18 were in the Upper South, 33 in the Lower South, and 35 in the Southwest; 56 were in the West, and 25 were in the North. I calculated these statistics from information outlined in Berman “Thomsonian Movement” 417 as printed in the Thomsonian Recorder 2.6 (1833). Whorton confirms that Thomsonism garnered more popularity in the southern and western states (39).
he worked with Dr. James Norcom before being sold to Samuel Tredwell Sawyer (the father of Harriet Jacobs’s two children), and that his medical work with Norcom led Sawyer to entrust him as the plantation’s resident care-giver:

Having been so long with Dr. N—, my master thought me quite capable of visiting the sick slaves on the plantation. This part of my work caused the overseer much unpleasantness; he would sometimes want to give them oil, or something of the kind, saying they were not sick [. . .] Knowing that he would not strike me for having my own way in what I was sent there for—to see if they were sick and give them what they needed—I took great pleasure in differing with him on all occasions when I thought my patient dangerously ill. My judgment in regard to such diseases as are most common on a plantation was considered very good for one of my age; so much so, that a young planter who was studying medicine at the time, offered my master one thousand five hundred dollars for me.  (242-43)

For John Jacobs, botanical medical knowledge afforded him a degree of power and subversiveness—the (white) overseer is annoyed with Jacobs’s mobility and apparently superior knowledge—at the same time it inflated his “value” as the property of his master. The desire of the “young medical student” to purchase Jacobs reveals that his knowledge was not equivalent to that taught in professional medical schools but rather complementary: the student presumably valued Jacobs’s botanical expertise because his own training was lacking in that area.

It is conceivable that John Jacobs or other enslaved people could have been Thomsonian doctors because Thomson himself had designed the system so that it did not depend on literacy or access to printed materials. The practice began with just one plant, Lobelia inflata, and contained just six simple remedies or formulations. Thomson and his followers created mnemonic poems to help practitioners remember the components of each numbered remedy. One such poem was 13 stanzas long and consisted of rhyming couplets, such as “Next steep the coffee, number THREE,/And keep as warm as you can be.” And the first two of Thomson’s six remedies—the two most frequently given, since each remedy
was initiated in chronological order until a cure was effected—contained only a few plants, namely lobelia and capsicum (Table 2.1). Eventually, Thomson would expand the pharmacopeia to include six “classes” of plants (numbering 70 separate species), but practitioners did not need to use or even know all of these.

Lobelia was widely available in most geographical regions of the United States, making it an ideal substitute for calomel, the mercurial emetic preferred by orthodox physicians. The other plants in Thomson’s pharmacopoeia could be exchanged within—but not between—the classes, so that in making “No. 3,” for example, an agent in Ohio could use white pond lily root, while one in New Hampshire could substitute that ingredient with marsh rosemary root, and one in Virginia could use wild red raspberry leaves. Southern Thomsonians appreciated the simplicity of a system that enabled them to gather in their own countryside the herbs necessary for curing their families and the ability to adapt the cures to what was in season. Simple enough for most farmers and planters to practice, most of them compounded their own Thomsonian remedies using the instructions in the New Guide, though some apparently relied upon the ready-made concoctions of Thomsonian agents in cities like Richmond. Despite his relative proximity to that city, John Walker, a Thomsonian doctor in King and Queen County, Virginia, noted his own gathering of plants and compounding of remedies for his practice: on September 10, 1836 he recorded, “I gathered a large parcel lobelia yesterday the 9th to get the seed” (Vol. 2, 266) and several times mentioned making “No. 5” or “No. 6,” such as this notation from August 15, 1834: “I made to day one pint of No. 6 1 pint rum 2 oz. gum myrah 1/8 oz. capsicum of cayenne pepper.”

20 Other notes of making “No. 5” or “No. 6” include February 2, 1835 (“made ½ gal. of No. 6 of apple brandy”), and April 27, 1835 (“To day made 3 pints syrip No. 5 for use put in bottles”).
<table>
<thead>
<tr>
<th>Remedy</th>
<th>Components</th>
<th>Functions</th>
<th>Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1</td>
<td>Lobelia (<em>Lobelia inflata</em>)</td>
<td>Emetic, to cleanse the system, enable free perspiration, and relax the muscles</td>
<td>Tincture (with alcohol); powder of leaves and pods (green lobelia); powder made from the seeds (brown lobelia); infusion of titrated powders, sugar, hot water</td>
</tr>
<tr>
<td>No. 2</td>
<td>Cayenne pepper (<em>Capsicum annuum</em>). In its absence: common red peppers, ginger, black pepper, prickly ash</td>
<td>To retain the body’s internal heat and enable free perspiration</td>
<td>Powder, poultices, chewing.</td>
</tr>
<tr>
<td>No. 3</td>
<td>Bayberry (“candleberry”) root bark and white pond lily root. In the latter’s absence: inner bark of hemlock, marsh rosemary root, witch hazel leaves, wild red raspberry leaves, roots and tops of squaw-weed, cocash, and sumac bark, leaves, and berries</td>
<td>Astringent, to cleanse the stomach and bowels (and internal system generally), purify the blood, to remove “canker.”</td>
<td>As Thomsonian “coffee,” injection, powder, snuff</td>
</tr>
<tr>
<td>No. 4</td>
<td>balmony (“turtle head”), poplar bark, barberry bark, bitter root (wandering milkweed), and goldenseal root (yellow gentian).</td>
<td>Bitters, to correct the bile and restore digestion, to encourage the natural secretion of fluids. Stimulates the appetite.</td>
<td>Tea</td>
</tr>
<tr>
<td>No. 5</td>
<td>Bayberry bark, poplar bark, and peach meats or cherry stones—mixed with sugar and brandy to make a syrup.</td>
<td>Restorative tonic, to strengthen the bowels and restore digestion.</td>
<td>Syrup, tea.</td>
</tr>
<tr>
<td>No. 6</td>
<td>Gum murrh and cayenne, with wine or brandy. For external application, with spirits of turpentine and/or gum camphor.</td>
<td>To remove pain and restore natural heat. Antiseptic to calm nerves.</td>
<td>“Compound Tincture of Myrrh and Capsicum,” or “Rheumatic Drops.” With turpentine and gum camphor, as application as salve or ointment.</td>
</tr>
<tr>
<td>“Nerve Powder”</td>
<td>American valerian (“lady’s slipper” or “umbil”)</td>
<td>To soothe the nerves, to alleviate spasms.</td>
<td>Powder, injection, or enema.</td>
</tr>
</tbody>
</table>

**Table 2.1. Thomson’s Six Remedies, and his Popular Nerve Powder**

White southerners like Walker—those who owned fewer than 20 slaves, who had little or no formal education, and who had access to the materials (whether gathered in the wild or purchased from an agent or merchant) required for compounding the herbal remedies—found in the Thomsonian system a solution to the problem of costly and often distant health care for their households, a validation of their own skills as healers and apothecaries, and increased control over the healing practices used upon their loved ones and their valued slaves. Whether the motivation for that control was economic or humanitarian remains in question—in all likelihood it was a mix of both concerns—but small-scale slave owners like Walker relied upon Thomsonism for treating everything from minor respiratory infections to scrofula to childbirth. Perhaps most significantly, Thomsonism’s simple pharmacopoeia and six remedies resembled the types of domestic concoctions rural white southerners had relied upon for years: gathering leaves, barks, roots, and seeds was already part of the rhythm of farm life, and Thomsonism also succeeded in the South because of the integration of this practice there. A culture wherein white women’s botanical medical practices—which emphasized the local and collective sharing of experiential curative knowledge—formed the first line of defense in antebellum southern households would have been primed to accept the kind of localized and easily applied botanical knowledge of Thomson’s system. With this structure of collective knowledge-making in place, the antebellum South proved a receptive location for a healing practice that was both less harmful and oftentimes more therapeutically successful than was mineral medicine, especially when that practice emphasized for white southerners the curative powers of their native plants and validated their long-standing and familiar domestic medical practices.
“Much employed on the plantations”: Botanical Medical Practices of Enslaved Southerners

“Papa was a kinda doctor too like his master, an’ papa knowed all de roots. [. . .] Dere’s a root for ev’ry disease and I can cure most anything, but you have got to talk wid God an’ ask him to help out.”

*George White of Lynchburg, Virginia, WPA interview*

“That in case any slave shall teach or instruct another slave in the knowledge of any poisonous root, plant, herb, or other poison whatever, he or she, so offending, shall, upon conviction thereof, suffer death as a felon.”

*South Carolina statute, 1751*

The dual capacities of black doctors to act as both healers and harmers led white and black southerners to simultaneously value and fear their botanical knowledge. (Of course, black southerners mainly valued this knowledge, but some feared the powers of conjurers as well.) On the local level, slave-holding whites frequently encouraged and solicited enslaved people’s botanical knowledge and medical practices, for it could help allay a cholera attack, bring down a fever, or lessen daily aches and pains. But on the state and national levels, whites in power feared this knowledge as subversive and potentially dangerous, and they sought to limit the freedoms of black people to practice medicine on one another and on white people. This divergence in local and national interpretations lays bare the ways in which race confounds the translation of local to national epistemologies that I have been trying to frame in this chapter: while the cultures of healing practiced by white women and Thomsonians helped lay the groundwork for the acceptance of botanical healing at the national level during the Civil War, the work of black healers in the antebellum period sometimes undercut these processes because it revealed the potential dangers of botanical medical practice. If whites were to include black botanical knowledge in their ideological construction of a fertile southern nation filled with valuable curative plants, they might have
to include them in the post-War imagination of that nation, which they were not prepared to do. Thus, even though local southern experiences seem to have supported the role of black healers within white and black communities, the emerging national ideologies looked to harness the potentially subversive power of black healers and recast it for proslavery purposes.

The ambivalence that slave-holding whites expressed toward black botanical healing practices hinged on the issue of bodily control. Because enslavement was, fundamentally, a control of the physical bodies of black people, enslaved people’s exercise of control over their bodies would threaten the master’s power, on the small scale, and the system of slavery, on the larger scale. This section of the chapter parses out the manifold ways in which enslaved people exercised control over their bodies through the practice of botanical medicine, documenting the divergent ways in which whites in their local social worlds responded to this control.

Most evidence suggests that on both small slave-holding farms and on larger plantations, enslaved people utilized their own healing practices as often as they could. Such practices relied upon botanic remedies prepared by themselves from roots, herbs, leaves, and barks gathered from local woods. These remedies were administered as preventatives, as therapeutic treatments, and in some cases, as magical or supernatural acts. In the eighteenth- and nineteenth-century South, many states passed laws restricting such practices at the same time the members of slave-owning households sometimes expressed preferences for black healers or granted such healers increased freedoms and privileges. Believing botanical remedies safer than the mineral-based ones found on apothecary shelves, southern whites frequently preferred the plant-based cures practiced by their enslaved neighbors even when an allopathic doctor resided in the neighborhood. Because whites in rural areas especially
had long relied upon herbal remedies like those used by enslaved people, they were in a position to receive such remedies with open minds, welcoming black healers as the bearers of respected botanical knowledge. For their part, eighteenth- and nineteenth-century black doctors in turn welcomed the opportunity to exercise their healing practices—whether on black or white bodies—as an expression of corporeal and epistemological control.

While this chapter considers the role of black healers during the early national and antebellum period, enslaved and free black practitioners have a long and documented history in North America since their forced migration here in the seventeenth century. Enslaved Africans brought to the Americas an extensive knowledge of plants, animals, and diseases similar to those found in the New World, soon proving themselves more knowledgeable than white colonials about effective botanical remedies. Together with Native American practices, black people in the New World gradually constructed their own materia medica and therapeutic techniques, which in turn provided enormous benefit to white settlers. For example, an enslaved Coromantee man belonging to Cotton Mather taught him how to inoculate against smallpox, a technique that provided the only protection from this disease until vaccination was developed in 1801 (Parrish 285-86; Savitt Medicine 220-21, 293-97).

Whites apparently valued this knowledge more than they did slave labor, as indicated by a number of documented cases of white manumission in exchange for botanical or other medical knowledge. In South Carolina in 1749, an enslaved man known only as Caesar (or Cesar) received his freedom and an annual stipend in exchange for his seemingly miraculous herbal antidote for poisons and rattlesnake bite (Parrish 287, Holloway 54, L. Levine 64, Moss 124-26); his cure was so well-regarded that it appears in the domestic cure books of

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22 Blacks are indirectly responsible for the later smallpox vaccination as well, since whites (including Thomas Jefferson) practiced early vaccine components and techniques on enslaved people. See Chapter One, pp. 109-110, for more information on Jefferson’s smallpox experiments.
white families even in the nineteenth century and in an agricultural journal as late as 1855 (Lenoir Family Cure Book ?1797-?1839, Fett 69, Moss 124-26, Parrish 287). In another eighteenth-century case, Virginia governor William Gooch freed a slave man belonging to him after the man developed a cure for syphilis and yaws (Holloway 53). And in 1755, an enslaved man named Sampson actually allowed himself to be bitten by a number of rattlesnakes while standing before the South Carolina House of Assembly, promising to return unscathed in three days. When he did so, the assemblymen granted him his freedom and a stipend for life (Fett 64, Holloway 54). These early cases reveal how whites in power rewarded black knowledge of New World nature, but only when it had a broad (white) societal benefit.

The networks of botanical epistemological exchange between blacks and whites did not break down after the American Revolution, and enslaved people continued to play a large role in the development and practice of botanical medicine throughout the antebellum period. Enslaved and free blacks in North America made innumerable contributions to the materia medica of orthodox physicians and to the compendium of domestic remedies practiced by white and black households throughout the pre-Civil War South.23 Francis Peyre Porcher’s Resources of the Southern Fields and Forests (1863), a landmark botanical tome commissioned by the Confederacy for the use of military doctors and civilians during the Civil War, contains frequent notes pointing to enslaved people as a source of his own knowledge of botanical usages, such as “according to the negroes” (50) or “much used for

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23 The subject of enslaved people’s contribution to American medical botany and the practice of both orthodox and botanical medicine has generated much scholarship. William Ed Grimé’s monograph Ethno-botany of the Black Americans (1979) offers a book-length study of African contributions to American botanical medicine, while Fett, Holloway, Mitchell, Parrish, B. Robinson, and Schiebinger provide additional information and other specific examples. Fontenot and Snow offer examples from contemporary practitioners, many of whom are descendants of enslaved people.
these purposes by the negroes on the plantations” (65). One historian concludes that Porcher cites the use of almost one-third of the plants in Resources as deriving from “the negroes” (Goodson 200). And oral histories collected from former slaves demonstrate the widespread use of botanicals in the quarters; at times, such remedies would be transferred to the white household as well. The Lenoir Family Cure Book (ca. 1839) includes the cures of Caesar, for example, while ex-slave George White of Lynchburg told a WPA interviewer that his father shared botanical knowledge with his master, an orthodox physician: “Papa was a kinda doctor too like his master, an’ papa knowed all de roots. I ’member once when Dr. White said a woman couldn’t live, papa went to see her an’ gave her some medicine an’ in a day’s time she was up eatin’ ev’rything she could get” (Perdue Weevils 310). While we do not know whether Dr. White sought to learn the enslaved doctor’s methods, the latter’s successful treatment of a white woman who was presumed beyond the pale of orthodox medicine demonstrates the permeability of white and black medical practices in this period. Further, this experience reveals how easily proslavery “science” that posited black and white bodily difference could be cast aside in the face of medical emergencies.

Tracing the role of black doctors and the networks of epistemological exchange surrounding botanical resources requires the kind of detective work, speculation, between-the-lines reading, and extrapolation from existing sources described in the methodological meditations of scholars such as Frances Smith Foster, Carla Peterson, and John Blassingame, among others. Scant one- or two-line references in letters, diaries, physicians’ logs, and cure books leave much information in question, and determining details about the healer is often

24 Goodson also claims that Porcher’s work was merely an expansion of his 1847 medical school thesis after spending “fifteen years [. . .] among the sons and daughters of Africa, practicing medicine on them and watching them practice as well” (202). Unfortunately she gives no source for this argument and Porcher’s botanical field work remains shrouded in mystery. The extent to which he relied upon enslaved informants, black doctoring, and experimentation upon black bodies requires further archival and textual research.
impossible. However, in piecing together this information along with records of oral interviews conducted under the auspices of the WPA, my study constructs a preliminary narrative of the healing practices of black Americans in the period before the Civil War. At the same time, it documents the multi-directionality of the epistemological exchanges between black and white healers and patients, showing how a knowledge of curative plants and how to use them could transcend ideological beliefs about the differences between black and white bodies. While the practitioners of “states-rights” medicine described in Chapter One exercised intellectual contortions in order to undermine black and white bodily similarities—which might in turn undermine the “scientific” arguments justifying slavery—on the local level ordinary white southerners seemed much more willing to engage with black healing practices even when those practices affirmed black and white bodily sameness.

The archival traces of black healers often emerge through the written records of their white owners. However limited these records are, they provide us with useful information regarding the valuation of enslaved doctors and the cures that they used on white bodies. One such elusive black healer appears between the lines of letters exchanged between Tristrim and Eliza Skinner of Edenton, North Carolina during the 1840s and ’50s. Their surviving correspondence documents the work of an enslaved woman, Annie, who was much-relied upon by the Skinner family as their primary doctor. Described by Eliza (along with another enslaved woman, Harriet) as one of “the two principal members of the household,” Annie cared competently for both the white Skinner family and their slave community. Often, she was called upon to “doctor” both whites and blacks on the plantation in lieu of a white allopathic doctor: for example, she rubbed a severe “pleurisy pain” out of her mistress’s side when Tristrim previously believed “that the lancet or cups would have to be used” (8. July 1849), and she cured both Eliza’s sore finger and Tristrim’s
father’s infected ankle so that an orthodox doctor would not be necessary (23. February
1849; 15. August 1850). And when Tristrim wrote to his father of epidemic cholera
sweeping the region, his fear of the sickness spreading among his slaves was greatly
alleviated by Annie’s presence:

> I heartily wish I could remain at home during the whole season, for I still
have some fear that the cholera will visit us (though if it does it cannot be
more than slightly) and I would like to be at home to see that all possible care
is taken of the negroes in case it does come. *I can have but little fear at this place
for if they will report in time Annie can almost surely cure them.*

(5. August 1849, my emphasis)

Tristrim’s confidence in Annie likely resulted from her consistent ability to effect cures; in a
letter written just two weeks earlier, Tristrim told his father that Annie had brought to health
a young enslaved child who had been on the brink of death: “Our little boy Nelson certainly
had an attack of cholera, and quite a severe one – Annie almost despaired of him at one
time, but he is now recovering though quite weak” (17. July 1849). Tristrim and Eliza’s
letters reveal that Annie’s skills far surpassed those of their local orthodox doctor, and that
they relied on her both for small tasks, like “doctoring” sore fingers, and for emergencies,
like cholera attacks.

While the Skinners sometimes did call an orthodox doctor to their home, the letters
overwhelmingly document Annie’s presence as the primary domestic healer. As such, she
offers a rare glimpse into the limited fluidity and power afforded to enslaved people
operating within southern cultures of healing. Armed with great knowledge of working
cures, Annie achieved a small degree of freedom within slavery’s bonds, as she accompanied
members of the household on trips and directed various domestic tasks, such as the feeding
of Eliza and Tristrim’s baby, the assemblage of care packages for absent family members,
and the preparation of special delicacies and medicines. When Eliza fell ill while visiting her
friends in Virginia, Annie inquired—via Tristrim—about her, peppering Tristrim with
“several questions which I could not answer. Among them – does Misses have a good appetite – has Joe cut another tooth – or grown any fatter. She is interested in your appetite because she hopes when she sees you again to find that your dresses do not hang around you as they did when you left home. Please answer them” (7. August 1850). Tristrim’s words imply not only that he was unable to answer Annie’s questions in part because he, too, was unaware of Eliza’s status, but also that Annie was asking specialized domestic- and health-related queries and concerns that went beyond the scope of his own medical and personal knowledge.

Fearing that Eliza has lost too much weight, Annie compiled an elaborate parcel for her care; her influence was such that this project enabled her to send word to her own mother—presumably located on another plantation—for the special iced cakes that Eliza apparently requested. Most important, Annie also included in the package botanic preparations of lavender, peppermint camphor, and rhubarb, which all possessed medicinal uses. For example, rhubarb was perhaps the most famous and widely used botanical purgative, valued because it could effectively, gently, and safely relieve a patient’s bowels without weakening her; it would have been dried and ground into a fine powder for Annie’s “vials,” or the powder could have been mixed with honey, molasses, alcohol, or sugar water to make a syrup. Peppermint camphor, what we call “menthol” today, would have been used to soothe skin or throat irritation or as an ointment to relieve muscle aches and rheumatic pains. Because Annie also sent Eliza lavender, we might surmise that the menthol was used in the latter capacity, as lavender, too, was used as an antirheumatic. The careful

25 See Erichsen-Brown, *Medicinal and Other Uses of North American Plants*; Estes, *Dictionary of Protopharmacology*; Gunn, *Gunn’s Domestic Medicine*; and Taylor, *Plants Used as Curatives* for more on the medicinal uses of these three plants.
inventory of Eliza’s care package thus reveals the ways in which Annie’s medical knowledge afforded her increased influence, movement, and small privileges within the Skinner household.

Like most enslaved doctors, Annie was able only to exercise her healing powers upon black and white members of the Skinner household, and could not travel about the surrounding area as an itinerant healer, as some black male doctors and white male Thomsonians could. Although she remained confined to the plantation, Annie and doctors like her had a limited—but significant—sphere of influence. On large plantations, enslaved women would frequently serve as nurses in plantation hospitals, where they would care for other enslaved people, sometimes under the direction of a white mistress or overseer, sometimes under the direction of an enslaved or white doctor with whom the nurses were training. On the more common small farms, which did not usually maintain separate hospitals or pesthouses, enslaved women would work alone or with the white mistress and share with her their knowledge of medicinal roots. Formerly enslaved woman Anna Lee told a WPA interviewer that both her master and her fellow slaves preferred the botanical work of the plantation’s “negro mama”—most likely an older woman who acted as the doctor—to that of the orthodox physician:

26 The relevant excerpt from Tristram reads: “[Annie] was very glad to be able to administer to your comfort, and felt complimented to think of your sending home for what you wanted. A messenger was sent off at once to her Mother to have some iced cakes ready for this morning – while she + Peggy set to work upon the crackers – ginger cakes, + Sausages. She says she sends the long crackers to Joe & would have sent six if she had heard in time that he had 6 instead of 5 teeth. I have this morning packed up the liquid portion of the order very carefully + hope neither the decanters nor the bottles will be broken before they reach you. I send the little green decanters with scuppernong wine (the stoppers are packed in the corners behind them). A bottle of Port wine + one of F. brandy, each labeled, and the vials of peppermint camphor Rhubarb, and lavender, all packed in the cotton between the bottles. [. . .] Your little son would not be admired by Father Matthew or in fact by any one of his sincere followers, if he or they could see the contents of the box. Annie however thinks Mistress will be proud of her present if the box arrives safely” (15. August 1850).
[Our master] first turned us over to our negro mama . . . [who] got her hoe and sack and to the woods she went gathering herbs to make our medicine out of. Well she gathered cami weed roots, peach tree leaves, red oak bark and privet roots; cooked or boiled them all down to a thick syrup and gave to us for chills, fever, malaria and so on. She used pine tree bark, onions and pure honey to make us a cough syrup out of for our cold and coughs and it was real good, son—better than anything these here doctors can give these days. (qtd. in Abel 63)

While Lee’s master could certainly have been motivated by monetary concerns to resort first to the “negro mama’s” botanical medicine, he might also have preferred this woman’s doctoring because it was more effective than that of orthodox physicians. In turn, the enslaved black doctor here experienced increased mobility (to get “her hoe and sack and to the woods she went gathering”), respect (her cures were clearly valued by the enslaved community), and, presumably, self-valuation.

As an apparently common aspect of antebellum southern cultures of healing, enslaved black care-giving—whether undertaken solely by an enslaved person or an enslaved person in partnership with a white owner—came to be represented in the fiction of the mid-nineteenth century as well, even when that fiction was written by northerners. Both northern and southern writers from across the political spectrum imagined the domestic lives of white southerners to include prominent black healers. For example, Sarah Josepha Hale—best known, perhaps, for her editorship of Godey’s Lady’s Book and her fierce political campaigning for a national Thanksgiving holiday—included two enslaved women who act as care-givers for blacks and whites alike in her novel Liberia; or Mr. Peyton’s Experiments (1853). Hale’s Clara and “aunt Abby” both care for the sick during an unnamed “fatal” and “contagious” epidemic, and they express desires for the skilled help of another, older enslaved woman, the matriarch Keziah, who was absent during the epidemic and sorely missed (73). In Caroline Lee Hentz’s proslavery novel The Planter’s Northern Bride (1854), the escaped slave woman Crissy falls ill while in the North, and subsequently longs for the care
of Old Dicey, an older enslaved woman on Moreland’s plantation, and for the larger communal cultures of healing that Dicey commands and represents (379-80). And in Harriet Beecher Stowe’s second antislavery novel *Dred; a Tale of the Great Dismal Swamp* (1856), the protagonist Nina Gordon works with Harry, her enslaved assistant (and half-brother), in directing many of the enslaved people on her plantation during a fatal cholera outbreak: “‘If you wish, all of you you, to die,’ Nina warns the panicking residents, “‘this is the way towards it, but, if you’ll keep quiet and calm, and do what ought to be done, your lives may be saved. *Harry and I have got medicines—we understand what to do. You must follow our directions exactly’” (365, my emphasis). Nina then instructs a number of other enslaved women (“Milly, Aunt Rose, and two or three of the elderly women”) to act as her nurses, while Harry “was associating to himself a band of the most reliable men on the place, and endeavoring in the same manner to organize them for action” (365). After two or three hours under Nina and Harry’s combined leadership, “the appalling scene of distress and confusion was reduced to the resolute and orderly condition of a well-managed hospital” (365). No matter the ideological position of these three authors regarding slavery’s existence in the United States, each represents enslaved black healers as valued members of their black and white communities for the knowledge and expertise they bring to epidemic crises.

In the cases I have discussed so far, the benefits accrued by enslaved black healers (respect, power, privileges) occurred within the confines of the plantation, farm, or household, yet some black doctors were granted increased freedoms that entitled them to practice on whites and blacks residing outside of these home boundaries. Enslaved women working as midwives, for example, most often experienced this privileged local movement, since white women were confined to their homes in the latter stages of their pregnancies. Avoiding instruments such as the forceps or speculum, enslaved midwives instead relied
upon knowledge about childbirth and medicinal herbs helpful to the parturient mother that had been passed down from their mothers and grandmothers or gathered from local sources. Midwives could alter the position of the child in the womb, could help the laboring mother expel the placenta, and could stretch the cervix manually; but they also administered a number of herbal remedies for pain and infection, including ergot, a derivative of rye that could hasten delivery, and blackberry root tea, which was often mixed with gunpowder to ease the pain of contractions (McMillen 93, 102-03). Formerly enslaved woman Mildred Graves recalled in a WPA interview her work as a midwife for many families in and around Hanover, a small town outside of Richmond:

Well I was always good when it come to de sick, so dat was mostly my job. I was also what you call a midwife too. Whenever any o’ de white folks ’roun’ Hanover was goin’ to have babies dey always got word to Mr. Tinsley dat dey want to hire me fer dat time. Sho he let me go—twas money for him, you know. He would give me only a few cents, but dat was kinda good o’ him to do dat. Plenty niggers was hired out an’ didn’t get nothin’. [. . .] One night Mrs. Leake sent for me. [H]er husban’ Judge Leake, come all out [of breath] a-askin’ fer me. He said to Mr. Tinsley dat his wife was might sick an’ dey was ’fraid she was goin’ to die an’ please let me come to see her. I went an’ when I got dare she had two doctors f’om Richmond, but dey won’t doin’ nothin’ fer her. Something was very wrong wid Mrs. Leake dey say, an’ dey want to call another doctor—min’ you, dere was two dere already. I tol’ dem I could bring her ’roun’, but dey laugh at me an’ say, “Get back darkie, we mean business an’ don’ won’t any witch doctors or hoodoo stuff.” Mrs. Leake heard dem an’ she said ’tween pains she want me; so dey say if you want her fer your doctor we would go. I stayed an’ wuked f’om about one o’clock to eight o’clock. I tell you dat was de toughes’ case I ever had. I did ev’rything I knewed an’ somethings I didn’ know. I don’ know how I done it, but anyway a son was born dat mornin’ an’ dat boy lived. He didn’ weigh five pounds I know, but I fix him up. Mrs. Leake got well too. Even de doctors dat had call me bad names said many praise fer me. De baby was named Andrew an’ he was my chile. [. . .] I have attend many births in Richmond an’ many o’ de’ important people o’ de city are “my babies.”

(Perdue Weevils 120-21)

At the time of Andrew’s birth, Graves was almost certainly already a respected midwife and doctor in her community—that she is called to the bedside of Mrs. Leake in the middle of the night when two orthodox physicians from the city were already present there reveals
how much the family valued her skills—but her success in treating Mrs. Leake solidified her status as the preferred midwife for the other women in the upper echelons of Richmond society. After this experience, Graves tells us, she attended the births of “many o’ de important people o’ de city.” While her work did not secure her financial independence or manumission from slavery, it nevertheless gave Graves a palpable pride, freedom of movement, and respect.

Of course, white women acted as midwives as well, and whether one used a black or a white midwife was often determined less by race than by proximity to the mother at the time of labor. Southern white women such as Mary Bethell illustrate this fact: for her children’s births, she utilized the services of three white midwives, one black midwife, one enslaved black woman (who may or may not have been a midwife), and two white male orthodox doctors (McMillen 72). While white midwives, too, gained from these experiences (both financially and in terms of their increased independence and community-wide respect), enslaved black midwives had still more to gain: in addition to the benefits afforded white women, the enslaved women also gained increased leniency when traveling from place to place and increased valuation from their master—and thus, a greater assurance of staying put and not being sold.

Movement between and among local farms was not confined to those enslaved women practicing as midwives, however. Enslaved men—who in nineteenth-century

27 Mildred Graves is just one of several midwives and medical practitioners whose work is recorded in oral interviews of the WPA archives and in other historical sources dating from the early 20th century and continuing today. Harry Hyatt’s monumental collection Hoodoo - Conjunction - Witchcraft - Rootwork (1970) compiles thousands of oral interviews with black medical practitioners and conjure workers, while Wonda L. Fontenot’s Secret Doctors (1994) includes a chapter “Secret Doctors Tell Their Stories,” where she records narratives gathered from nine different black healers living in present-day Acadia, Evangeline, and St. Landry Parishes in Louisiana. Hyatt’s work is a veritable treasure trove of information on conjure doctors, but its lack of organization (and limited availability) have prevented its widespread adoption and scholarly incorporation.
morality codes could not be in the birthing room, even though white orthodox doctors could—were also sometimes hired out to practice on sick neighbors. “Doctor Jack” of Tennessee was one such healer. With healing capacities apparently far greater than those of white physicians, Jack worked with both black and white patients, and in so doing he traveled great distances across six different Tennessee counties. So valued was he among the white community that when stricter slave codes were enacted in the wake of Nat Turner’s rebellion in 1831, a group of white citizens organized a state-wide petition to have Doctor Jack exempted from the laws preventing blacks from practicing medicine and from traveling freely. This petition was unsuccessful, but apparently Jack continued practicing throughout the 1830s with few legal challenges. In the 1840s, though, a few cases of slaves poisoning their owners caused white citizens to fear enslaved people’s mobility and possession of medications, and Jack’s practice was again threatened. White Tennesseans who appreciated Jack’s expertise then circulated two additional petitions to grant him exempted rights (Schweninger 36-41), one of which read:

To the Legislature of the State of Tennessee—

The undersigned, citizens of Tennessee, respectfully petition the Honorable Legislature of the State, to repeal, amend or so modify the Act of 1831, chap. 103, S3 which prohibits Slaves from practicing medicine, as to exempt from its operation a Slave named Jack, the property of William H. Macon, Esq. of Fayette County. The undersigned are acquainted with the Slave Jack and his medical attainments, (some of us have Known him for 20 years & some for a shorter period) and state, that in his disposition he is humble, unobtrusive, peaceable and quiet; and in his morals altogether irreproachable, possessing great medical skill, particularly in obstinate diseases of long standing, and capable of great usefulness to the community in which he may reside. Doctor Jack is about 60 years of age, and has been a public practitioner of medicine 16 years, giving offence to no one, creating no disturbance, and until recently, meeting no disturbance in the quiet pursuit of his business.

For these reasons the undersigned request that the Laws of the State may be so changed as to permit “Doctor Jack” to continue the practice of the healing art.

The undersigned would further petition the Hon. Legislature to remit any fine or penalty that may be imposed by the Circuit Court of Fayette County
upon the master of said slave for permitting said slave to practice medicine contrary to Law, for the people are as much in fault as the master—August 1843. [signed by 115 citizens] (qtd. in Schweninger 41)

The text of this petition—which resembles the other two submitted on his behalf—draws attention not only to Jack’s superior medical skill, but also to his “irreproachable” character, a point that in fact receives equal if not greater emphasis in these and other testimonials. The references to his “peaceable” and “quiet” nature were intended to reassure lawmakers that Jack was not an insurrectionist; the references to his “morals,” “unobtrusive[ness],” and humility were meant to reassure them that he presented no sexual or otherwise violent threat to white women. In fact, the official ruling against Jack’s mobile medical practice cited insurrectionary activity as the primary reason for upholding the ban: the ruling explained that the Tennessee legislature was “guarding against [. . .] insurrectionary movements on the part of slaves [. . .] A slave under pretence of practicing medicine, might convey intelligence from one plantation to another, of a contemplated insurrectionary movement; and thus enable the slaves to act in concert to a considerable extent, and perpetuate the most shocking masacres [sic]” (qtd. in Fett 165).

Although the state rejected the petitions, Jack continued to practice medicine, revealing that local lawmakers were perhaps willing to overlook the transgression because of his talents and his value to the white community. The surviving testimonials make clear that such abilities and talents were with botanic and not mineral medicines, and most of these documents also note that the sick person had first appealed (unsuccessfully) to such mineral medicines—through an allopathic physician’s treatment—before seeking out Jack’s care. Many use the same phrasing—that Jack would “commence[ ] to do[e]ctor [the patient] with indigenous roots”—which would invariably effect a cure. While the testimonial writers leave out mention of the specific roots Jack used, they position his practice in clear opposition to
orthodox medicine’s reliance on mineral-based cures, emphasizing instead his sole reliance
on native plants and roots found locally in Tennessee. In fact, when the petitioners sent
their protest materials to the state for consideration, they included along with the petition
and the testimonials a statement encapsulating Doctor Jack’s philosophy on using resources
found in nature to effect cures for bodily diseases:

I believe that nature has wisely (& graciously) formed roots, & herbs, to meet
every complaint incident to the human species, & that [if] men would study to
grow acquainted with them & their uses, & would drench less with drugs, the
world would be people’d a great deal sooner, & mankind would enjoy a great
deal more health & strength. (qtd. in Schweninger 36)

The author of this statement is unknown (it was signed simply “An old observer”), but it
aligns with the then-extant idea that plants and diseases were curative on a one-to-one
ratio—that is, that each disease had a corresponding curative plant. That it was included
with testimonials asserting Jack’s reliance on “indigenous roots,” in opposition to the
calomel and blood-letting of orthodox doctors, reveals one community’s reliance on and
belief in the power of botanic remedies for ailments striking whites and blacks alike, and,
furthermore, their belief that the indigenous plants of the region possessed the greatest healing
powers. The white Tennessee community’s reliance on Jack’s doctoring also indicates the
ways in which they were prepared to adapt their proslavery beliefs when the health of their
families and neighbors demanded it: even those slaveholders avowing the in- or sub-
humanity of their “property” respected and valued Jack’s abilities.

The last mention of Jack in the archival record appears in a small ad published in the
Nashville city directory in 1853, when Jack would have been about 70 years old, for “Jack,
Root Doctor, Office—20 N. Front st.” This ad indicates that Jack had attained his
freedom—whether because of his medical abilities or for other reasons remains unknown.
As his owner confiscated almost all of Jack’s wages earned from practicing medicine, it
seems unlikely that Jack would have been able to purchase his freedom. Perhaps he was manumittted when he reached an advanced age, or perhaps a grateful white patron purchased his freedom.

Testimonials from white authors indicate that the conditions Doctor Jack treated were physical and not spiritual in nature. That is, the white writers emphasize without stating outright that Jack is not a “conjure doctor” or a hoodoo practitioner, but that he is a botanic physician or “root worker.” Of course, these writers are interested in supporting Jack’s practice and his credibility in the white community, and mention of conjure might have been counterproductive to this aim. At the same time, however, they may have been completely unaware of such spiritual work, as it may have been practiced on black patients alone. Still other incidences of conjuration may have been simply left out of the records left in Tennessee state archives. It is difficult to say with any conviction whether Jack worked both as a root doctor and a conjure doctor, yet the surviving evidence indicates that Jack operated only in the former capacity.

While enslaved healers like Doctor Jack of Tennessee, Mildred Graves of Virginia, and Annie of North Carolina achieved greater freedom of movement, leniency from slave codes restricting their practice of medicine, and increased self-valuation, they were oftentimes seen by their owners as valuable commodities that simply added to the returns of their estates. This conception sometimes led to negative consequences for the enslaved doctor upon the owner’s death. For example, an unnamed enslaved doctor in Virginia became embroiled in a long-standing legal dispute between two separate families. Upon the death of the man’s owner, Colonel John Holcombe, the heirs found no record of legal ownership of the unnamed doctor who had lived with Holcombe’s family; a neighbor claimed that the doctor had instead always belonged to her family and was merely “on loan”
to the Holcombes. While the archives are silent on the results of this dispute, we can be sure it was taken to the courts, as the Holcombes did consult their lawyer on the matter, who recommended taking written testimony about the “slaves in controversy” as soon as possible. The unnamed enslaved doctor in this example was thus threatened with an uprooting from his/her home precisely because of his/her “value” as a healer (Wyllie Family Papers).

Indeed, in focusing on the “benefits” accrued by enslaved medical practitioners I do not mean to imply that most enslaved people with botanical knowledge would have received such privileges. Much evidence suggests that the pervasive white fear of black poisoning or conjuring resulted in increased limitations on enslaved people’s already limited freedoms. For most enslaved black southerners, then, medical practice in their communities was a mark of resistance to white power and a rebellious act that could be punished by the individual slave owner or the state. Covert medical resistance is difficult to uncover because it does not leave many historical traces, but we know, for example, that enslaved people would administer teas and poultices, or they might wear a charm or an amulet under their clothing (L. Levine 64-65). Enslaved women sprinkled crushed cinchona bark—the active ingredient in quinine, the malaria drug used by allopathic doctors—on the clothing of their children to keep fever away, and they fastened small bags of asafetida (a gum resin extracted from certain plant roots) around their children’s necks as a general preventative. In the evening, the children would stand over hot coals so that any ticks on their bodies would jump off and into the fire (S. Stowe Doctoring 133, L. Levine 64-65). Teething infants would receive a “string of coppers or hog’s teeth” around their necks, while rheumatic adults fastened tarred ropes around their waists. To stave off chills, some would dip a string in turpentine, tie it around their waists, and then tie a knot for every chill experienced; others would tie knots in
a cotton string (again equal to the number of chills experienced) and tie this string around a persimmon tree (Fox-Genovese 171, L. Levine 65). These medical practices were so discreet that most could be hidden from the master’s view during the workday or practiced in the quarters at night. In the context of the Slave South, medical self-care became a subversive act.

Of course, from the very first encounters between Europeans and Africans in the New World, whites cast the very possession of botanical knowledge by blacks as subversive (Parrish 259, Genovese 616). As Susan Scott Parrish explains, in the eighteenth century the enslaved blacks’ more nuanced knowledge of many parts of the southern landscape—especially those parts that seemed off-limits to whites, such as marshes and swamps—compounded with the increasing numbers of blacks in the population, (in South Carolina, for example, outnumbering whites by 1708) created the white view of the presence of black bodies as a “toxin in the colonial body politic” (273, Wood 144). As we will see in Chapter Four, by the nineteenth century, such geographical-symbolic associations were well entrenched. As the enslaved population reached four million in the years before the Civil War, outnumbering whites in most all of the southern states on the eastern seaboard and along the Gulf of Mexico, whites clamped down still tighter on those very limited freedoms, fearing themselves potential victims of slave poisoning: of their individual bodies and of the body politic of the South in general.

As a result, a number of states passed laws prohibiting not only the practice of medicine by enslaved people—as we have seen in the case of Doctor Jack—but also the very transferal of botanical knowledge itself. Even after the South Carolina legislature exchanged freedom with Caesar for his valuable cures, it passed a law forbidding outright any botanical communications between enslaved people:
That in case any slave shall teach or instruct another slave in the knowledge of any poisonous root, plant, herb, or other poison whatever, he or she, so offending, shall, upon conviction thereof, suffer death as a felon. [. . .] And to prevent, as much as may be, all slaves from attaining the knowledge of any mineral or vegetable poison, it shall not be lawful for any physician, apothecary or druggist, at any time hereafter, to employ any slave or slaves in the shops or place where they keep their medicines or drugs.

(qtd. in Parrish 275)

Although such laws were more strongly enforced in the eighteenth century, this and similar statutes (such as Virginia’s in 1748 and 1792) remained on the books until the Civil War, and, like most slave codes in the nineteenth century, experienced waves of enforcement and leniency corresponding to collective white fears about black rebellion (Fett 165, Parrish 285, Savitt *Medicine* 175, Schweninger 36-41). Indeed, the whites in power placed restrictions on the transferal of botanical knowledge in part because herbalists played roles in domestic and Caribbean slave insurrections: in the New York slave revolt of 1712, a conjurer ensured the insurrectionists’ immunity from white attacks by dusting a powder on their clothing, while “Gullah Jack” (Jack Pritchard) performed similar rituals before the planned Vesey rebellion of 1822, directing followers to eat only a mixture of ground nuts and corn and to hold crab claws in their mouth during the attacks (J. Anderson 87, Fett 164, Gaston 114, L. Levine 75, Parrish 276-78, Rucker 85-94). In the eighteenth century, Louisiana banned the importation of enslaved people from Martinique and Saint-Domingue because of their presumed association with voodoo practices and rebellion (J. Anderson 51). White fear of black botanical knowledge and of black insurrection thus became self-reinforcing.

Stories of black poisonings rankled southern slave owners like Mary Boykin Chestnut, who feared her own victuals to be tainted after two of her acquaintances had died as an alleged result of poisoning by house slaves. Chestnut’s mother-in-law “cried out at table not to eat the soup: it was bitter and she feared poison” (Genovese 363). In another instance, Chestnut told of an enslaved woman who was hanged for putting a poison in her
master’s daily cup of coffee (White 79). Several years after a mere threat of poisoning by one of his enslaved women, Sillah, Virginia farmer and Thomsonian John Walker believed her responsible for his white son’s ill health. After Walker punished Sillah (“but moderately,” in his words) for an unspecified offense, she apparently threatened to poison three members of Walker’s household. When one family member after another subsequently fell ill, Walker and his wife Peggy attributed the household epidemic to Sillah’s “poisoning,” since they could not find any physical cause for the illnesses:

[Saturday, April 30, 1836] Our children have been very sick this week and a [slave] girl Frances dispa red of Sunday last but is I am in hopes getting well[.] We believe it was from some poisonous stuff given in some way by a Negro wooman Sillar[, bough]t of John Mason's Estate[,] she has been doing very bad of late for which I corrected her[--]and but moderately[--]which gave her offence[,] after which she said in the hearing of some of the servants[,] Mellenda & one or more of the children[,] she would put 3 of us out of the way. Watson [Walker’s son] was first taken & Frances next[,] the simptoms very much alike[,] both of their lives were dispa red of[,] Juliet* [&] Coke [Walker’s other son] next[,] myself next[,] & Peggy [Walker’s wife] next[,] though I cannot think from the same cause[,] Peggy thinks it was from the same cause[.] * Juliett a molatto girl [daughter of Eliza, another enslaved woman, and a white neighbor] (Vol. 2, 248-49, my emphasis)

Although no one in the Walker household died from this incident—and Walker appears to have kept possession of Sillah after its occurrence—it nevertheless continued to plague his memory. In October 1837, a full year and a half after the incident, he cited it as the reason his son Watson had, since the time of Sillah’s alleged “poisoning,” never been well: “he has been a poor and afflicted little soul since the attempt made in April 1836 to poison him by that sinfull negro woman Sillar” (Vol. 3, 30). Although Walker lost many of his children to disease, and those that survived remained in ill health, he attributed Watson’s ailment directly to Sillah, even many months later.

28 Walker alternately spells her name “Silah,” “Sellah,” or “Sillar.”
Because botanical knowledge was often passed down along matrilineal lines, because women bore children and more often took on childcare roles, and because they were more likely to work inside the household as cooks and personal servants, enslaved women frequently experienced accusations of induced abortions, infanticide, and other forms of poisoning (Fett 65; Fox-Genovese 306-07, 315-16; White 84-86). While we will never know with certainty how many enslaved women used herbal abortifacients, or poisoned their infants to prevent them from being born into slavery or to stave off sale or punishment for bearing the child of the master, the evidence suggests that many women knew how to induce abortion and that many whites believed that they used that knowledge with alacrity. Others understood that the harsh labor conditions enslaved women were subjected to—difficult agricultural labor, long hours under a hot sun, insufficient nutrients in their diets—would produce infertility or miscarriage. And yet herbal abortifacients abounded in both the wild and domesticated southern landscape: even in the ordered and closely observed ground of the plantation, the roots and seeds of the cotton plant, for example, could be used to this end (Fett 65, Goodson 200, Mitchell 54, White 85). Widely available to enslaved women, cotton root presented such a threat to southern planters that they shared the knowledge with one another that witch hazel could combat a cotton root-induced abortion (Fett 65). Other widely available abortifacients included pennyroyal, tansy, rue, cedar berries, and gum camphor or spirits of camphor (Fett 65, White 85). Bloodroot was used as a contraceptive tea and decoction; along with dogwood tea, women would chew dog-fennel root to prevent conception and induce abortion (Mitchell 49, 58). Enslaved women had to know not only

29 How enslaved women acquired knowledge of New World abortifacients remains unknown, though they likely adapted African methods and botanicals and learned from Native Americans. Thomas Jefferson mentions Native American women’s propensity for inducing abortions in the *Notes on the State of Virginia*, noting that they “have learnt the practice of procuring abortion by the use of some vegetable” (65). Further research on the relationship between African and Native American botanical epistemologies is needed.
how to identify these plants, but also to determine the proper season of the year in which to collect them and to prepare the appropriate decoctions and safe doses. These women thus enabled control of their bodies—and moreover prevention of their owners from profiting through their reproduction—by learning and passing on to their daughters, granddaughters, and friends this intricate botanical knowledge. 30

But enacting botanical therapeutics enabled enslaved people not only to exercise control over their own bodies or withstand the evils of the slave system, it also enabled them to better align their lived experience with a worldview that recognized the correspondence of physical health and the natural environment. Indeed, many historians have argued that an African worldview informed enslaved people’s preference for botanical medicine and informed their relationship to nature more generally. 31 Of course, both Euro- and African Americans in the nineteenth-century United States espoused beliefs that the diseases of the body were inseparable from the mind: the popular Gunn’s Domestic Medicine, for example, included in its first chapters lengthy discourses on “The Passions” and the importance of maintaining moderate temperaments in order to prevent disease, as most people believed that peculiar temperaments were equally culpable in the contraction of fevers as were the rank miasms infecting the air. Yet enslaved people further viewed these mind-body connections as deeply spiritual, and black healers were therefore often imbued with religious or magical powers.

30 Londa Schiebinger’s excellent work on the use of herbal abortifacients in the Caribbean in Plants and Empire, especially pp. 128-49, provides additional information on this subject and the difficulties in unearthing archival evidence surrounding enslaved women’s use of these preparations.
31 Fox-Genovese, Inside the Plantation Household; L. Levine, Black Culture and Black Consciousness; B. Robinson, “Africanisms and the Study of Folklore”; T. Smith, Conjuring Culture; Stowe, Doctoring the South; Watson, Black Folk Medicine.
The possession of these powers of “conjuration” also added to the reasons for individual and collective white fear of black botanical healers. Thus, the term “poisoning” itself possessed ambiguity, indicating in white usage either “normal” botanical poisoning or magical poisoning via curses or charms. As Zora Neale Hurston explained in her landmark study *Mules and Men* (1935), most all of the conjure doctors could work with roots, but not all of the root workers could work conjure (288). Thus, the line between a conjure doctor and an enslaved doctor practicing botanical medicine was quite thin, and, to many southern whites, assumed to be nonexistent. John Walker’s reference to “some poisonous stuff given in some way” by Sillah reveals the equivocation of this term in white parlance: Walker could have believed that Sillah gave his family a poisonous substance, or he could have believed that she conjured them.

Walker was no stranger to black conjure, as he employed the services of a local conjure doctor when the illnesses of enslaved people proved resistant to his Thomsonian methods. According to Walker’s records, “Old Man Lewis” or “Doctor Lewis” worked in the adjacent Virginia counties of King William and King and Queen, on the eastern shore of the state near Walker’s farm. When an enslaved man named Jack contracted a serious—and enigmatic—pain in his eyes that left him nearly blind, Walker attempted healing him with Thomsonian and allopathic methods. But Jack’s ailment persisted, leading Walker to believe that the pain had spiritual and not physical origins, which not only explained why the white doctoring did not work but also necessitated the hiring of a conjure doctor in its stead:

[Saturday, June 1, 1833] We are all well to day enough to attend to business except Jack[,] he has been confined to the house for 6 or 8 weeks with pain in his eyes and has become almost blind[—]he thinks from being poisoned and it has been my opinion for some time[.] Indeed I have been empressed in that belief almost from his first laying by—

[Wednesday, June 5, 1833] My servant Jack has become almost blind its thought from being poisoned [;] he has been under Doer Moore [&] Fauntleroy for 4 or 5 weeks and has been growing worse till almost blind[.]
have this day sent him to [an] old negro man named Lewis belong[ing] to the
Estate of John White decesd[,] living at Whites Hill in King Wm Cty[,] who
says he can cure him[,] to see if he can make a cure[.]

[Friday, July 19] To day the Old Man Docr Lewis (a coloured man) [. . .]
came to my house and brought my man Jack home[,] he has been under him
to be cured of being poisoned and has to all appearances effected a cure[.]
Jack went over to him the 5th June[,] I believe almost blind[,] his sight seems
as good as ever[,] he is to continue taking decoction of herbs for some weeks
yet[. I paid the old man $6 to day and 2 when he first went over to him in all
$10.00[.]

(Walker Diary, Vol. 2, 40-41, 48)

The inefficacy of the white physicians’ remedies, along with the suddenness of the disease’s
onset, both point to conjure—or as Walker calls it, “poisoning”—as the likely cause of Jack’s
suffering.32 But we must also consider the possibility that Walker’s willingness to consult
with Doctor Lewis might have been known to the enslaved people in his household; indeed,
Walker’s medical open-mindedness seems to be one of his defining characteristics. A
practicing Thomsonian doctor, he also consulted other Thomsonians, local herbalists, and
(somewhat begrudgingly), allopathic doctors. Perhaps Jack and Sillah used their knowledge
of Walker’s medical flexibility to maneuver for privileges or power within the household.

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32 In the context of the entire diary, Jack’s case sheds some light on Walker’s beliefs about
black conjure in general. Five years after Jack was cured of his blindness by Doctor Lewis,
Walker detailed the similar sufferings of his niece, Fanny Temple Walker. Walker took
Fanny to an older white woman, “Sister William Watts,” who applied eye drops that did not
effect a cure (Vol. 3, 48). Just three pages after recording this account, he noted: “Jack has
been layed up the most of this week from soar eyes and partly blind as he was some years
back 5 or 6 when he was cured by an old negro Doct. named Lewis” (Vol. 3, 51). Both
Fanny and Jack acquired their blindness—neither was born blind—and both exhibited
resistance to white remedies, yet Walker implicitly attributed categorically different origins to
their afflictions. While there is no further mention in the diary of either’s eyes and the
treatment for them, Walker’s juxtaposition of their treatments lays bare his belief that Jack
was a victim of conjure, while Fanny had simply become physically ill. If Walker could not
even consider this white child a victim of conjure, we may also be able to surmise that he
attributed Sillah’s “poisoning” to physical plants and not spiritual conjuration. Not all whites
shared the view that black conjure would not affect them; in fact, most historians agree that
whites feared black conjure as much if not more than they did black poisoning.
The practice of conjuration (or “obeah,” “goofer,” “trick,” or “mojo”) that Walker believed Jack a victim and Sillah a perpetrator of relied upon local plants as well as human and animal hairs, reptile bones and blood, salt, pepper, pins, and other objects collected from their surroundings. While King and Queen County’s Doctor Lewis seemed solely to treat conjure cases, other conjure doctors might be called upon to treat both “natural” and “unnatural” illnesses—that is, those diseases thought to be caused naturally and those caused by spells or tricks. Of course, “natural” illnesses were frequently attributed to conjuration as well; even though a black fever victim would understand his fever to be caused by damp night air, he might still ask why he became afflicted with the fever and not someone else, coming to the conclusion that he had been conjured. Writing in Modern Culture in 1901, Charles Chestnutt noted that “To many old people in the South, [. . .] any unusual ache or pain is quite as likely to have been caused by some external evil influence as by natural causes” (372).

While definitive disease etiologies remained elusive in white cultures at this time as well, enslaved blacks throughout the Americas might have attributed conjure as the source of illness, pain, or other suffering. As Yvonne Chireau explains, for African Americans in the Slave South, the “body was the bridge that linked physical disorder and spiritual imbalance by its mediation of the two worlds. Affliction was much more than the physical symptoms that were so incisively described by victims as bodily states. It was viewed as a kind of attack by an invisible agent, motivated by human intent” (100, 102). One could

Jeffrey Anderson traces the regional influences on the words used for conjure or hoodoo in his important study, Conjure in African American Society. Anderson argues that in “the Latin zone” of New Orleans and environs, conjure terms with African origins, such as “voodoo,” “hoodoo,” “juju,” or “gris-gris” were employed. In southern Florida the Spanish influence informed the usage of terms like “Nañigo” for conjure, while in the Anglo-settled areas of the upper South and coastal regions, “conjure,” “root work,” “tricking,” “fixing,” and “goophering” were preferred terms. See especially his pp. 27-28, 57-58.
distinguish between a “natural” and “unnatural” illness by a number of factors: the conjured person did not respond to medical treatments, whether botanical or orthodox, and often worsened under such treatments; she often appeared to be “wasting away” or became paralyzed or blind; and the affliction came on suddenly and without warning, manifesting unusual symptoms (Herron and Bacon 364, Chestnutt 372, Chireau 102). That John Walker believed Jack “poisoned” can be attributed to such circumstances: he fell ill suddenly and without warning, and he did not respond to orthodox medical treatment.

Practitioners of conjuration acquired a combination status—part doctor, part preacher—that W.E.B. DuBois described in *The Souls of Black Folk* as “the interpreter of the Unknown, the comforter of the sorrowing, the supernatural avenger of wrong,” who combined “rituals, charms, herbs, concoctions, and religious means” with prayers (DuBois 104, B. Robinson 365-67, Rucker 85). Former enslaved woman Patsy Moses recalled the conjurer on her farm resembling a preacher: “De Conjure doctor, old Doctor Jones, walk 'bout in de black coat like a preacher [. . .] and uses roots and such for he medicine” (qtd. in Chireau 93-94). Thus it is not surprising that many enslaved blacks believed healers in their community anointed from a higher power, much like the American Indian shaman. Indeed, early Anglo colonials used the word “conjurer” for Native American magical healing practices.34

Conjurers were generally characterized as interested in plants from an early age, with a powerful memory for identifying and compounding the local materia medica into useful botanic preparations. When called upon, they might assist white doctors, midwives, or anyone seeking their help. Emma Dupree, a formerly enslaved doctor from Fountain, North

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Carolina, told a WPA interviewer that her birth was marked by signs that pointed to her calling as a healer, including a “glow” that stayed over the house until ten o’clock a.m.:

When I was born, I was the seventh one, the seventh sister, and they say the seventh one will be over-endowed in everything. [. . .] I was a different child. People talked and I listened and my heart was big enough to hold all that. [. . .] The woods gal, that’s what they called me. They’d say, here comes that little medicine thing. [. . .] I always did it. There wasn’t nobody sick nowhere around me, around Falkland, white or colored, but that I wouldn’t be there. [. . .] I’ve learned a lot though from the [orthodox] doctor, helping him out with his medicine, and keeping it all straight on the shelf and making his herbs, and then the doctor lady, I’d go with her in the night to get herbs. (qtd. in Mathews 74-75)

Emma Dupree’s experience encapsulates the multidimensionality of her experience as a healer: she was a “different child,” appointed by a higher power to become a healer, but she also apprenticed with a white allopathic doctor and a “doctor lady,” an herbalist or perhaps another conjurer. In presenting both the “scientific” and “magical” aspects of her training—“I learned a lot from the doctor” and “I’d go with her in the night to get herbs”—Dupree styles herself a healer endowed with both types of talents, perhaps to legitimate her expertise to or mitigate the fears of a white interlocutor recording her experience for a presumably white audience.

Indeed, such combinations of medical and religious powers in the conjure doctors in the Slave South made them both feared and respected on the plantation: Marrinda Jane Singleton told a WPA interviewer, “Many of us slaves feared de charm of witch craft more than de whippin’ dat de Marster gave” (Blassingame 110, Rucker 100, Perdue Weevils 268). A conjure doctor might be consulted to cure such mysterious illnesses or to cause other people to suffer from them. This dual role—healer and harmer—reflects what religious historian Theophus Smith has called the “pharmacopeic cosmos,” or the “pharmacosm,” which encapsulates an African-based worldview that imbued the natural world with the dual
properties of healing and harming (44). A clipping from an article entitled “Voudouism in Virginia” found in a nineteenth-century common-place book identified this problem of dual agency: “Many of them have knowledge of the properties of every tree and plant, leaf and root, found in their native fields and forests,” the author intoned, “From these they distill healing balms or deadly poisons” (qtd. in Fett 159-60).

The uniting of opposing elements like healing and harming in the body of a black conjure doctor mirrors the way in which white southerners came to imagine their local environments in the antebellum period. As both the instigator of an array of “agues and fevers” and the location of healing balms for those illnesses, the southern environment carried similarly ambivalent powers. As southern sectionalism and proslavery arguments grew ever more fervent, the connection of black bodies and southern environments as both healing and harming could have served to reinforce white southerners’ racist ideology of rendering black people a part of the nonhuman world. Just as white southerners needed to promote the healthful aspects of their southern climate in the face of antislavery critiques that linked that climate as a “natural” cause of the evils of slavery, so too did they need to exercise increased control over black botanical medical practice in order to reinforce their proslavery ideologies: in a world where bodily control determined slave status, a medical

35 While African and African American religious traditions remained central to many conceptions of black bodily healing in the antebellum South, an in-depth exploration of these relationships falls outside the scope of this study. For more information on the relationship between religion and health in African traditions, see Chireau, Black Magic; Jackson, “The Other Kind of Doctor”; Rucker, “Conjure, Magic, and Power”; and T. Smith, Conjuring Culture. For African foundations of and European influences on conjure, see J. Anderson, Conjure in African American Society and Fett, Working Cures. Anderson’s study in particular parses out the differing cultural origins of many conjure practices, including the influence of Native Americans and European Americans on African American conjuration, the importance black conjurers attributed to Native American blood or apprenticeship, and the European contributions to seemingly “African” herbalist traditions (see especially his Chapter Two, “Witches and Medicine Men: European and Native American Building Blocks of Hoodoo”).
practice that granted blacks increased control would threaten white supremacy. On the local level, slave-owning whites could maybe afford to allow black bodily control, particularly when it served their own interests, but on the national level, such a leniency would, in effect, disavow whites’ justifications for slavery—namely, that blacks were helpless without white care, that they would devolve into “savages” (and of course, bring whites with them through miscegenation) without white order and guidance. Therefore, white southerners believed that without bodily control on a national scale, they could not maintain their slave society.

Rebel Plants: Botanical Resources in the Confederate States of America

Now is the time when all the art and science we possess, and all the suggestions that we can make, should be put in requisition, to the great end of our sectional independence. Every citizen who thinks himself in possession of a truth or a fact which he deems to be not generally recognized, should make it public—put it to challenge—that it may be subjected to investigation. In this way, and this only, with our “Doubts and Queries,” shall we bring about that searching investigation which will develop our sectional resources.

*William Gilmore Simms, Charleston Mercury, September 1861*

No more quinine, let ’em shake
No more Spaldings pills—let their heads ache;
No morphine—let ’em lie awake:
No mercury for the rebels take
Though fever all their vitals bake; [. . .]
Till full apology they make.

*Union poem, 1862*

The gradual accumulation of botanical medical expertise among black and white southerners in the nineteenth century came to a climactic crossroads at the start of the Civil War years. The imagination of southern plants as materially valuable had now finally and overtly merged with the national imagination of the Confederacy: no longer could white and black southerners think solely about their region’s plants as useful medicinal resources for
local healing; now those same plants came to signify the potential wealth—and health—of the new nation. As William Gilmore Simms issued his call for southerners “in possession of a truth or a fact” to bring it forward, the Confederate government began mobilizing citizens to identify, gather, and prepare local plants for the benefit of the army, and, by extension, for the benefit of the future nation after war’s end. As we will see, these organized efforts finally merged the local botanical productions of “many souths” into the ideological production of “the South,” a South that looked to its natural resources as signifiers of its independent destiny.

While plant-based remedies remained the first line of defense against illness in most white and black households before the Civil War, these remedies garnered still more strength after the onset of the fighting, when Union blockades of southern ports prevented the importation of both non-native plants used medicinally and mineral medicines manufactured elsewhere. Blockade-runners and smugglers offered some succor to ailing southern bodies, as did capture of Union supplies (Massey 116, Hasegawa and Hambrecht 1221), but these subversive strategies did not provide doctors and patients with either a reliable or an affordable store of medications. Those running the blockades were assigned priorities for procuring certain supplies: arms and ammunition were of highest importance; these were followed by clothing, especially shoes, and, at the end of the list, medicines such as quinine

36 Derived from Peruvian cinchona bark and sometimes referred to as “Peruvian bark,” quinine was the preferred malaria drug of most all southern allopathic physicians, and it was arguably one of the most important medications in the antebellum period.

and morphine (Joseph Jacobs par. 12). Under these conditions, the shelves of apothecaries, physicians, and Army surgeons continually emptied with each day of the War.
Confederate food and supply shortages are well documented in Civil War historiography, yet less attention is devoted to the medical emergencies occasioned by the wholesale absence of basic remedies and to the resultant increasing reliance upon southern indigenous plants to treat diseases and injuries. This study begins to fill this research gap by documenting the tenor and substance of this serious shortage, but it is necessarily limited in scope. Further archival research is needed to fully uncover the Confederacy’s profound regional plant shortages and to investigate the botanical substitutions made by ordinary citizens at home, scientists in laboratories, and doctors in the field.

The bureaucratic structure of the newly formed Confederate States of America (C.S.A.) foregrounded the problem of medical shortages, as it supported a number of institutions whose unified goal was to find appropriate botanical substitutions for unavailable medicines. Throughout the Civil War, a central Surgeon General’s Office codified and distributed botanical knowledge to various military and civilian outposts by organizing systems of plant collection, offering advice and substitute medicines, and encouraging doctors to submit reports of impromptu clinical trials. Led by Surgeon General Samuel Preston Moore, the various medical officers enlisted aid from both professional and amateur botanists alike (Hasegawa 650), distributing flyers throughout the southern states that solicited the help of botanically savvy civilians in identifying, collecting, and preparing medicines for the use of the Confederate Army. At the same time, Moore’s office issued “General Directions for Collecting and Drying Medicinal Substances of the Vegetable

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37 For information on Confederate shortages, see Ash, *When the Yankees Came*, especially Chapters Two, Three, and Six; Berlin, “Did Confederate Women Lose the War?”; and Thomas, *The Confederate Nation*, especially Chapters Six and Nine. Mary Elizabeth Massey’s *Ersatz in the Confederacy* devotes one chapter to medicinal shortages, claiming that this shortage was the most dire of many shortages for the South (115). A full-length study of medicinal shortages—and subsequent botanical substitutions—is still needed.
Kingdom,” a 22-page pamphlet that listed the most prevalent and useful southern native plants and described the proper methods for each plant’s collection, encouraging ordinary white southerners and trained botanists alike to collect and submit botanical resources to the war effort. Meanwhile, Confederate officers furnished white southerners with poppy seeds, encouraging all men, women, and children to cultivate the flowers in an effort to initiate the domestic production of opium for medical use (Massey 121). Non-military print outlets such as newspapers and magazines aided these botanical collection efforts by distributing domestic wisdom regarding collection and preparation. The Southern Field and Forest, which began publication during the Civil War, frequently included on its final page a compendium of domestic recipes, focusing on how to stretch supplies during shortages (Rubin 26).

Similarly, pharmacist Joseph Jacobs reported in 1898 that Confederate women during the War “learned from experience” when to gather barks, roots, and seeds, and how to cut, dry, and grind them most effectively (Par. 56). Thus, both civilian and professional botanical collection remained central to the Confederate war effort throughout the four years of conflict, supported by the new government and the popular culture alike.

But these efforts proved insufficient to the growing needs of sick and injured soldiers and southern civilians. So in early 1862, shortly after the publication of the “General Directions,” Surgeon General Moore commissioned Francis Peyre Porcher to compile a complete survey of southern native plants that could be used medicinally for the benefit of sick or injured Confederate troops and the civilian population. An allopathic physician and professor of materia medica and therapeutics at the Medical College of the State of South Carolina in Charleston, Porcher worked quickly to identify over 400 species that might possess some medicinal, domestic, or industrial value to the blockaded nation,
finishing his massive work just one year later.\textsuperscript{38} The resultant hefty 600-page tome, \textit{Resources of the Southern Fields and Forests, Medical, Economical, and Agricultural; Being also a Medical Botany of the Confederate States; with Practical Information on the Useful Properties of the Trees, Plants, and Shrubs} (1863), comprised the first full-length study of native southern plants,\textsuperscript{39} but more importantly, it highlighted the practical uses of those plants for a government floundering under rapidly depleting stores of mineral medicines—such as quinine and calomel—and botanical medicines—such as ergot and asafetida—at the time available only from the northern states or Europe. Like many of his contemporaries, Porcher believed that regional or climate-based diseases would find their cures in the plants of the disease-inducing region; if malaria, for example, was rooted in the miasmatic “exhalations” of southern swamps, then the cure for malaria might be found near such swampland. Porcher thus intended to identify indigenous botanical substitutions that would operate not as “quick fixes,” but rather as the proper—even pre-ordained—treatments for southern diseases. Following this logic, Porcher and others maintained that cures for the manifold diseases deemed “peculiar to the South” would be found in the southern landscape.

Together with other C.S.A.-commissioned resources, such as the “Standard Supply Table of the Indigenous Remedies for Field Service and the Sick in General Hospitals” (1863), Porcher’s work supplied much-needed botanical knowledge to army officials, medical officers, and nurses working in the field. For domestic care-givers, it provided information on viable home-made substitutions for those remedies that relied upon imported plants, such as gum Arabic or valerian root. His text thereby became a resource not only for

\textsuperscript{38} During his year in the field, he enlisted the aid of both his mother, Isabella Peyre Porcher, who was a skilled botanist, and his wife, Virginia Leigh (Townsend 182), yet neither Isabella’s nor Virginia’s contributions are identified in the published text.

\textsuperscript{39} To date, Porcher’s research remains the most comprehensive account of southern botanical resources, although contemporary habitat destruction, climate changes, and pesticide use have rendered some of these resources no longer prevalent or even extant.
military doctors and scientists, but also for civilian planters and farmers. Indeed, Porcher’s book argued that both groups (ordinary civilians and professional medical men) would be essential to realizing southern independence, and, further, that such independence would be enabled through both groups’ mastery of southern botanical knowledge. In his Preface to Resources of the Southern Fields and Forests, Porcher emphasizes that the diversity and geographical scope of the South’s botanical resources demanded the attention of both amateurs and experts: he claims that while the 400 plants delineated in his catalogue “abound in the greatest munificence” from “Maryland to Florida, from Tennessee to Texas,” they nevertheless required “the arm of the authorities or the energy and enterprise of the private citizen to be made sources of utility, profit, or beauty” (vii–viii). Thus, Porcher’s rhetoric highlights the point of view that the natural bounty of the Confederate States is best enjoyed through utilization, and that the very “self-reliance” of the new nation—its independence from the North and from Europe—relied upon a speedy decoding of the book of southern nature. In this way, Porcher reappropriates for the new Confederate nation the idea of “self-reliance,” promoted by Emerson as a point of nationalizing differentiation between Europe and the United States, and aligns the Confederacy ideologically with the early national republic.

Indeed, he imagines the C.S.A. “starting forth upon their new and happier auspices,” and understands his text to be a starting point, or a kind of primer, for all southern citizens, even after the War’s end:

Treating specially of our medicinal plants and of the best substitutes for foreign articles of vegetable origin, my aim has been to spare no exertions, [. . .] to make it applicable as well to the requirements of the Surgeon as of the Planter and Farmer; and I trust that after the war shall have ceased there will still be no diminution in the desire of every one to possess a source from whence his curiosity may be satisfied on matters pertaining to our useful plants. (iii)
Porcher’s prefatory remarks thereby frame his text as a useful resource for times of both war and peace, and together with William Gilmore Simms he imagines the usefulness of a compendium of botanical resources “not merely as expedients during the pressure of war and blockade, but continuously, through all time, as affording profit, use, interest, and employment to our people” (vii). Just as promotional writers in the colonial period and proslavery writers in the antebellum years expounded upon the South’s bountiful natural resources, in his 1863 text Porcher emphasizes the relative productivity and fecundity of the South compared to other regions. In a time of war, however, he foregrounds the potential utility of those prolific resources: “In the state of New York, of 1450 species but 50 are of medical value, while in South Carolina, a much smaller area, of 3500 species 410 are of medical value,” he wrote in a letter to Anne Porcher, “further, an area in lower South Carolina, but ten miles in diameter furnished one and one-third more drugs than the whole of New York” (qtd. in Townsend 183). This potential medical harvest instilled confidence in Porcher, and, by extension, in the Confederate government, that the South could supply its own medical needs in the years beyond the War. Indeed, the very commissioning of the text by the Surgeon General’s Office implies the government’s projected longevity of the Confederate States as a sovereign nation after the chaos of war abated: the compilation of an enormous body of collective botanical knowledge would be useful not only in providing substitutions for necessary drugs not available behind the Union blockade, but also in nurturing indigenous southern productions in the post-War years.

_Resources of the Southern Fields and Forests_ thus armed the Confederate States with a comprehensive catalog of its botanical resources, which in turn provided the intellectual scaffolding for the development of a string of medical laboratories that would manufacture the botanical preparations outlined in Porcher’s text. Scattered throughout the Confederacy
from Richmond to Mobile, these medical laboratories responded to the urgent shortages of medicines by enlisting staff scientists (chemists, apothecaries, physicians, botanists, and naturalists) in researching and, ultimately, producing botanical preparations made from indigenous southern plants that could act as substitutes for blockaded materials. The laboratories also provided a central location for the collection of plants from both civilians and professionals: scientists received specimens there before compounding them and subsequently distributing them among C.S.A. army units. The laboratories’ disparate locations enabled them to simultaneously become factories generating supplies, centers organizing the distribution of those supplies, and strategic military outposts protecting them.

While physicians in the field and domestic care-givers at home experimented with new formulations and often reported the results of those experiments to print outlets (or at least to their neighbors), the staff of the medical laboratories were not encouraged to take on an exploratory role. Instead, they mainly worked at generating large quantities of already-proven botanicals rather than producing new ones: “It is not desirable that the list of [indigenous remedies] be multiplied,” instructed Surgeon General Moore, “It is more important that a moderate number of the more valuable should be selected and these prepared for use promptly and properly” (qtd. in Hasegawa and Hambrecht 1223). Indeed, in issuing the “Standard Supply Table” in 1863, Moore effectively codified formulations across laboratories, aiming thereby to ensure the standardization, safety, and effectiveness of C.S.A.-sponsored medications. But individual scientists and purveyors at the laboratories often did create their own formulations, particularly when available supply dictated that they do so.

That supply necessarily varied somewhat by location and season, and depended on the range of the plants in question and the climate influencing their growth. It also
depended upon the distribution of local collectors throughout the southern states. In
general, though, the medical laboratories supplied a wide range of botanical medicines,
including tinctures (cayenne pepper, dogwood, persimmon, American gentian, tulip poplar,
lobelia, bloodroot [puccoon], prickly ash), barks (Angelica tree, sassafras, sweet gum,
Georgia bark \([\text{Pinckneya pubens}]\), wild cherry, white oak, white willow), roots (Virginia, Seneca,
and black snakerooot;\(^{40}\) wild ginger; yellow jasmine; yellowroot; yellow dock; blackberry;
queen’s root), extracts (Jamestown [“Jimson”] weed, butternut, may apple, sarsaparilla,
pinkroot), and powders (ginseng, poke root, white oak, wild ginger, tulip poplar, Georgia
bark) (Hasegawa and Hambrecht 1225). When one laboratory ran short of a particularly
crucial plant, Moore or his Chief Purveyor Edward W. Johns would often order another
outpost to ship the necessary article. For example, early in the War, field doctors used a
compounded tincture of dogwood \((\text{Cornus florida})\), tulip poplar \((\text{Liriodendron tulipifera})\), and
white willow \((\text{Salix alba})\) as a popular substitute for quinine, but in some regions, civilians
collected overwhelmingly more poplar than dogwood and willow, leading to an imbalance in
the tincture’s composition. In response, Moore ordered Purveyor William Prioleau in
Macon to share supplies of Georgia bark \((\text{Pinckneya pubens})\) as a substitute for the compound
(Hasegawa 651, Hasegawa and Hambrecht 1226-27).

While the nationalistic public apparently collected indigenous plants for the medical
laboratories without any war-weary decline in enthusiasm, the staff of medical laboratories
repeatedly faced shortages of bottles and corks for the containment of the preparations.
Tupelo tree bark, black gum tree roots, and corn cobs acted as cork replacements, but the
shortage of glass remained a problem throughout the War (Massey 123), and handbills

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\(^{40}\) Kay Moss notes that most American Indian medicinal plants were termed “snakerooot” by
whites; some were used, according to their snake-like appearance, to treat snakebites (126).
See also J. Anderson 55-56.
soliciting the collection of botanical resources also asked civilians for their extra bottles and vials so as to alleviate this problem (Joseph Jacobs Par. 53, 57; “Wanted.”).

These efforts of the Surgeon General’s Office to codify botanical knowledge—through the authorized botanical texts such as Porcher’s and through the productions of the medical laboratories—often provided only superficial palliation to sick soldiers in the field. With the preferred drugs in short supply and running at exorbitant prices, allopathic doctors conducted a number of unplanned “experiments” and impromptu trials; some of these doctors recorded and reported their results to Moore and his agents, resulting in increased standardization. For example, the three-bark tincture used in place of quinine (containing dogwood, tulip poplar, and white willow) most likely emerged as a treatment for malaria after such spontaneous field tests. We know that by July of 1862, Moore gave instructions for the composition of “indigenous tonics” for patients in “malarious districts,” instructing field doctors to use a concoction of dogwood, tulip poplar, willow, boneset, and/or centaury, according to what was available (qtd. in Hasegawa 650). Meanwhile, army physicians in the field experimented with a variety of other native plants, including wild cherry and “Georgia bark” (Pinckneya pubens), using rudimentary methods to rule out the less effective plants and subsequently reporting their results to laboratories. By September 9 of that year, scientists at the medical laboratories had settled upon the three-bark combination tincture—dogwood, tulip poplar, and willow—as the most effective (and thus, the standard) malarial treatment. The efforts of C.S.A. field doctors thereby initiated the development and standardization of the three-bark tincture for malaria, and it is possible that such experimentation contributed to other government-sanctioned botanical substitutions as well.

41 “Tonic” in nineteenth-century medicine referred to a drug that would stimulate the patient.
But this compound tincture for malaria was a poor substitute for quinine, and experimental efforts continued with other native plants, including a corn-based tea (called “fodder tea”), American or Indian hemp (Apocynum androsaemifolium and cannabinum, respectively), turpentine oil, and boneset. Apparently following the Thomsonians, still others recommended application of heat to the sick patients’ bodies in order to increase their “vital force.” As Confederate soldiers living out of doors in close contact with the elements contracted malaria in ever-increasing numbers, quinine was sorely missed. Alongside these high rates of malarial contraction, its ever-declining stores led to soaring prices: after 1863, it could cost as much as $400 to $600 per ounce, and that only when it could be found (Massey 120).

The quinine shortage prompted Confederate soldiers to attempt smuggling the drug through the Union’s naval blockade, sometimes to deleterious effects. In April 1862, almost half a year before the codification of the three-bark tincture for malaria, a Confederate field doctor received a bundle of quinine from one of his soldiers; it had been “smuggled through to our lines,” wrote an anonymous correspondent in the New Orleans Picayune, “by persons who had purchased it from Yankee renders” (“Corinth”). Because the sample was slightly discolored, the field doctor prudently ran tests to determine its purity, ultimately concluding that the prized quinine was contaminated with strychnine and morphine. Such an act prompted a nationalistic response: in its condemnation of the poisoning, the Richmond Daily Dispatch characterized it as typical of the “uncivilized” North. “Such an act of villainy will strike the civilized world with horror and disgust,” the article read, “European powers may

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42 The heat application method was particularly popular in Richmond hospitals (Hasegawa 654). Because John Walker refers to at least two Thomsonian infirmaries in Richmond, and because Thomsonism maintained high levels of popularity in Virginia in general (Breeden “Thomsonianism”), we can infer that the Thomsonian reliance on maintaining the body’s internal heat perhaps explains the local popularity of this malarial treatment there.
now learn the character of our enemy, and what blends we have to deal with, who could thus outrage all principles of civilized warfare.” The “uncivilized” Yankees clearly must have known that to poison malarial medicine intended for Confederates would be tantamount to winning a military battle in its potential for widespread ruin.

Substitutions for quinine accounted for only one aspect—albeit a very important one—of botanical research and civilian interest during the Civil War, and we need much more research into other botanical shortages and their consequences for the Confederate states. The papers of Calvin Josiah Cowles, a root and seed merchant from northwestern North Carolina, offer a few additional clues regarding the valuation of certain plants and the role of civilians in the botanical procurement. As the operator of the family root and seed business—he first apprenticed with his father and later worked with his own son as well—Cowles possessed expert knowledge of indigenous southern plants long before the demands of War necessitated it. His hefty account books and shipping bills reveal that he traded in enormous quantities: it is not uncommon for an entry to read “500 pounds sassafras bark,” “200 pounds blue flag,” or “108 pounds Angelica root,” and these to repeat across hundreds of pages and scores of customers. Cowles maintained a client base across the eastern seaboard and into some western states (such as Ohio and Missouri) as well; even during the height of 1850s sectionalist fervor and the Civil War years, Cowles maintained a lively commerce with northern druggists and apothecaries seeking southern roots. (Indeed, research into northern botanical privations during the War years might also yield productive results.) At least half of his business—and perhaps even more—was conducted with northern merchants.

In July 1862, Moore’s agents were distributing handbills requesting a number of potentially valuable plants just as the medical laboratories were researching the most
effective and most widely available plants for treating malarial fevers. One of these flyers appears in Cowles’s account books for the War period, placed there seemingly randomly. “Wanted,” this simple notice proclaimed, “[. . .] the following articles for the use of the Army,” going on to list some 57 desired plants (Figure 2.3). Presumably typical of other flyers distributed throughout the Confederate States, this ad also lists prices per pound offered for the plants, some of which were common, some rare, to western North Carolina. The prices affixed, however, do not seem to correspond directly with rarity in all cases. For example, poke root (Veratrum viride) was apparently quite scarce in this locality, and yet the purveyors charged only 20 cents for it, while American ipecac root, “easily obtained” according to Porcher’s Resources (127), would be bought from the collector for $1.00 per pound. Further research is necessary to determine the Surgeon General’s Office’s method of valuation: the most expensive plants on this handbill—American ipecac root, sassafras pith, hops, and red pepper—do not appear in Porcher’s nearly contemporaneous text to be any more valuable or more rare than others, especially when we consider the Office’s high valuation of the most promising quinine substitutes (tulip poplar, dogwood, willow, and Georgia barks).

Indeed, many questions remain regarding the military’s valuation and use of the desired plants. In November 1862, just four months after the publication of the “Wanted” flyer, Cowles engaged in a private contract with the Charlotte Medical Purveyor’s Office for the delivery of one thousand pounds of poke root, at five times the price offered in July: “We hereby agree to deliver to the medical Purveying department Charlotte N.C.[,] as early in Spring 1863 as possible[,] One thousand pounds Varutrum Vide Root: to be thoroughly Clean + dry and free from mould[,] at One Dollar pr lb[,] The R.R. freight and Actual Cost of boxes to be paid by said Department” (Figure 2.4). According to Porcher’s Resources and
Figure 2.3.
“Wanted.”
Advertisement for Collection of Native Plants to Benefit the Army of the Confederate States of America
Calvin Josiah Cowles Papers, Southern Historical Collection, Wilson Library
University of North Carolina, Chapel Hill
Figure 2.4.
Cowles's copy of a letter sent to the Medical Purveyor's Office, Charlotte, North Carolina, 25. November 1862. Contracting for his delivery of 1,000 pounds *Veratrum viride* (poke root) by Spring 1863, for the use of the C.S.A. Army.
Calvin Josiah Cowles Papers, Southern Historical Collection, Wilson Library
University of North Carolina, Chapel Hill
other contemporary botanical medicine guides, *Veratrum viride* (poke root, or “false hellebore,” “swamp hellebore,” “white hellebore,” “Indian poke”) was used alternately as a cathartic, an emetic, and a sedative (Porcher 528, Estes 202); it was ideally collected in the autumn, because the roots would otherwise deteriorate. And yet the Confederate government here wanted to get its hands on a large quantity of the root in the spring, “as early [. . .] as possible.” What had happened between July and November 1862 that made poke root quintuple in price? Why did the Surgeon General’s Office desire the early, young spring root and not the mature root that Porcher would recommend? This deviation from the ideal collection time, along with the quintupled price of the root, suggests that Confederate doctors—whether in the field or in the Purveyor’s Office—came to understand a new and important use for *Veratrum* sometime between July 16 and November 25, 1862.

We know that in 1849 the plant was recognized as an effective treatment for rheumatism, but by the time of Cowles’s contract and of the publication of *Resources*, Confederate doctors were using it to treat yellow fever and typhoid. Perhaps an epidemic of either typhoid or yellow fever had erupted in the Carolinas, or perhaps the Medical Purveyor’s Office wanted to compound medications made from Carolina poke root for shipment elsewhere. Such tantalizing details about the Confederacy’s trade and interest in indigenous roots reveal the need for further archival research in this area, which would uncover the ways in which the “resources of the southern fields and forests” were used for the benefit of the new nation.

The governmental structures behind botanical medicine during this period—the commissioning of printed works, the solicitation of civilian and professional collection volunteers, the creation of medical laboratories for the compounding of medicines, and the encouragement of doctors’ impromptu medical substitution experiments—indicate both the enormity of this problem for the Confederacy and the resourcefulness with which they
attempted solutions. While these structures do not indicate a large-scale rejection of orthodox, mineral-based medicines in favor of plant-based cures, they do reveal a desire by southern medical professionals to substitute native plants for unavailable outside resources. These desires were not apolitical: embedded in much of the print material that called for volunteers, introduced substitution tables, and offered instructions for medicinal preparations was language appealing to the nationalist sensibilities of its audiences. The pressing need to somehow bypass the northern embargo blocking medicinal trade led to extensive research into the botanical resources of the southern states, which in turn fueled a desire for continued research that would enable the Confederacy to reduce its dependency on northern supplies—even in the post-War period. In these ways, amateur and professional research of local native botanical resources both fostered and supported the imagination of an independent southern nation.

Such a nationalistic attitude toward the South’s botanical resources was preceded and, indeed, fueled by local attitudes toward climate and plant-based cures that developed over the course of the pre-Civil War period. As we will see in Chapter Three, such local attitudes also fueled white southerners’ nationalistic valuation of Virginia’s mineral waters, which they imagined as unequivocally curative for the peculiar diseases affecting their bodies. When they congregated together in a physical place whose infrastructure, social systems, and cultural mores reinforced proslavery views, white southerners came to appropriate the Virginia mineral waters for the southern nation. Peculiar southern nature would once again not only cure the diseases of white southerners, but it would also come to signify the potential health of the new Confederate nation.
CHAPTER THREE
Taking the Waters: Nature, Science, and Southernness at the Virginia Springs

And to the people of the North, and to those of the South, the capillaries of the Union, I would say, flow on through your respective conduits, to the social heart of the mother of states—Old Virginia. If your streams have been rendered turbid by prejudice; if too much carbonic acid, or unwholesome bile has mingled in their currents; she will urge you on to the healthy lungs in her parental bosom; she will oxygenize your ill-blood in the pure atmosphere of her mountains; she will render it ruddy and healthy, and send it back bounding with impulse, inspiring fraternal affections and sympathies, and connecting the frame of our social and political Union by tissues that shall not decay, and ligaments that can never be loosened.

William Burke, The Mineral Springs of Virginia (1851)

Physician William Burke penned four separate editions of The Mineral Springs of Virginia, under slightly different titles, in 1842, 1846, 1851, and 1853. The passage above first appears in the 1851 edition and is reprinted in the 1853 version, but does not appear in either the 1842 or 1846 versions: between 1842 and 1851, Burke apparently began to think about Virginia, particularly the spaces of the Virginia springs, as a symbolic “ligament” between North and South, a “connecting frame of our social and political Union.” A number of events transpired between 1842 and 1851 that might have motivated Burke to state explicitly that the two sections needed a restoration of “fraternal affections and sympathies,” including the expansion of the territory of the United States through the Treaty of Guadalupe Hidalgo that ended the U.S.-Mexican War, the rush to California for the mining of gold, the election of two Whig presidents (Zachary Taylor and Millard Fillmore),
and perhaps most influential to Burke’s word, the passage of the Compromise of 1850. While the Compromise of 1850 managed to gall southerners as well as northerners, it precipitated a new era of heated sectionalism as Americans of all political stripes, in all states and territories, were required to abide by the Fugitive Slave Law. The 1850s would see further escalating conflicts before Abraham Lincoln’s election in 1860 precipitated the secession of the southern states.

Thus it is hardly surprising that such a passage should debut in Burke’s 1851 edition, but what is surprising is his imaginative construction of the Virginia springs as a site of national healing, as a location for the restoration of the severed ties between North and South. In his nostalgic reference to “Old Virginia” as the “mother of states,” Burke not only reminds his northern and southern readers of their common colonial and republican origins, but he also constructs Virginia as the healthful (female) body of the nation to which its children must return in order to (re)gain health. Here Virginia possesses “healthy lungs in her parental bosom” and a “pure atmosphere” in her mountains; both of these physical elements transform the “children,” the people of the North and South, from ill to blooming health. In turn, this restoration of healthfulness is all that the two sections need in order to reconcile their difficulties. That is, Burke suggests that the problems between the North and the South are a kind of short-term malady, a seasonal malaise, that requires but a short stay in a salutary climate—the genteel space of the springs, perhaps?—before all might be forgiven. In his construction, the violent troubles between the two “siblings” are not a systemic cancer, or even a fatal intermittent fever, but rather an imbalance of bile, an excess of carbonic acid, a dearth of oxygen. His solution to sectional strife thus assumes an environmental solution: just breathe Virginia’s pure mountain air, he says, and spend time remembering our common origins, and you will feel renewed affection and sympathy toward
us! Speaking as a southerner to an imagined (and embittered) national audience, he mobilizes both the historical antecedent of the Old Dominion legacy and a present geographical-medical exceptionality in order to urge his readers to visit the springs. In his anthropomorphic construction of Virginia as a healing mother to which both sections of the nation must return in order to get well, Burke suggests that the health of the nation is measured by the strength of its social and political bonds.  

While Burke optimistically urges residents of the North and South to reunite in the springs region of Virginia, most archival evidence suggests that the spaces of the springs did not attract visitors from the North in great droves, especially at the late date of 1851. Burke’s assertion of Virginia’s healing capacities would eventually be adopted by those white southerners at the springs not to promote reconciliation between the two sections, but rather to bolster southern unity and nationalism. As North and South migrated further apart, white southerners at the springs represented Virginia’s mineral waters as especially adapted for the “peculiar” diseases plaguing the South and for the “peculiar” constitution of the southern body. And just as Burke connected social and political health with national health, so too did white southerners at the Virginia springs—though to different ends: the social and political environment there linked the physical healing of white southern bodies with the future strength of an independent southern nation. Thus, as they did with botanical resources during the Civil War, white southerners in the antebellum period came to view Virginia’s mineral springs as a peculiarly southern natural resource, one that revealed not only the South’s distinctive “nature” but also its independent destiny.

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1 Burke’s use of the adjective “ruddy” to describe the healthfulness of blood also implies a white audience, since “ruddy” typically referred to a “fresh” or “healthy” “redness of complexion” (OED). Thus, the “children” of Virginia are implicitly and exclusively coded as white, not as American Indians or enslaved black people.
To show how the mineral waters of the South helped white southerners construct an ideology of independence, this chapter first recreates the extensive water-cure culture that existed in antebellum Virginia and puts that culture in a national context by showing how the southern and northern water-cure cultures differed. In doing so, I show how white southerners conceived of the springs region as a veritable pharmacopeia of watery resources designed to alleviate peculiarly southern diseases and restore peculiarly southern constitutions. At the same time, literary and visual representations of the springs did not always portray the Virginia springs instrumentally: writers like David Hunter Strother and painters like Edward Beyer instead depicted the region alternately as pastoral haven or as a sublimely wild adventure destination rather than as a mechanism for achieving health. These prominent artists’ two differing portrayals of the springs region illustrate the ways in which southern nature was molded for a national audience’s consumption. Finally, the chapter shows how the local spaces of the springs propped up southern proslavery ideologies through their architectural choices, social customs, and political staging. While visitors to the springs primarily viewed the resorts as salutary aids, exchanging information with one another via word of mouth, letters, and pamphlet testimonials about which spring was suited to which disease or constitution, their experiences at the springs with other southern white elites served to consolidate their proslavery ideologies at the same time they sought bodily health. As visitors from across the southern states came to identify “the springs” with “the South,” they came to identify themselves as adherents to a common ideology that was simultaneously local and national in scope. And because that shared experience took place at the healing fountain of “Old Virginia,” white southerners associated the health of their bodies with the future health of their burgeoning nation.
Hydropathic History: The Water Cure in North America

The geographical and physical landscapes of the antebellum springs resorts of Virginia have been virtually erased from our modern maps and from our collective memory of the period. While the culture of “taking the waters”—particularly among elite white residents of the Upper South states of Virginia and North Carolina and of the coastal lowlands of South Carolina and Georgia—was so pervasive, few of the old resorts even exist as historical artifacts today, let alone as health or leisure spots catering to visitors, save the Greenbrier (White Sulphur Springs) and the Homestead (Hot Springs), two of the nineteenth century’s most popular. But at the time that the first shots were fired at Fort Sumter in April 1861, southerners in search of health or leisure had no less than 32 different mineral water resorts to choose from in Virginia alone. Resorts in North Carolina, Georgia, Kentucky, Tennessee, and Arkansas added to that number, though none of these would come to equal the fame and perceived curative value of the Virginia springs. Encompassing an area of about 110 miles in parts of today’s West Virginia and Virginia, the chain of resorts dotting the Alleghany and Blue Ridge Mountains in the “springs region” included the Berkeley, Hot, Red Sulphur, Salt Sulphur, Sweet, Warm, and White Sulphur Springs, some of the oldest and most established health resorts in the nation (Figure 3.1). As taking the waters became a more popular form of treatment for various illnesses, other springs emerged, such as the All Healing, Alleghany, Bath Alum, Buffalo Lithia, Capon, Dibrell’s, Fauquier White Sulphur, Gray Sulphur, Montgomery White Sulphur, Orrick’s Sulphur, Rawley’s, Red Sweet, Roanoke Red Sulphur, Shannondale, Stribling’s, Warrenton, and Yellow Sulphur Springs. By the mid-nineteenth century, all of these springs would have been well known to physicians and lay people alike, not just as abstract geographical locations or as places for relaxation and recreation, but as specific medicinal springs adapted
Figure 3.1
“Map of Routes & Distances to the Mineral Springs of Virginia.”
William Burke, *The Virginia Mineral Springs, with Remarks on their Use [. . .],* 1853
Virginia Historical Society, Richmond, Virginia
to specific ailments. This section of the chapter tells the story of how such knowledge was developed and transmitted.

Using water to cure disease or alleviate pain was neither unique to the North American continent nor to nineteenth-century medical practice. The Greek physician Hippocrates prescribed water for illness, and the practice accorded well with Galenic humoral theory, which, like modern hydropathy, sought a balance of the body’s temperatures and secretions. And because early medical practice based its therapeutics on humoral concepts—the bleeding, purging, and general evacuating of offending substances remained the cornerstone of seventeenth- and eighteenth-century medicine in Europe and the American colonies—physicians and laypeople alike during this period encouraged the use of water for bathing. English physician John Floyer advocated cold water in 1702, Captain John Smith wrote in the 1720s on the use of “common water” in curing disease, and novelist Tobias Smollett encouraged the external use of water in 1752. Later in the eighteenth and into the nineteenth centuries, however, the use of water evolved into a more regulated and standardized practice, following the discovery and subsequent codification of the methods of hydropathy around 1829 by Vincenz Priessnitz of Gräfenberg, Austria. When as a young man he suffered a farm accident and broke his ribs, Priessnitz rehabilitated himself by applying cold water bandages, drinking cold water, and securing adequate rest. Like Samuel Thomson in the United States, Priessnitz used these successful methods of self-care to develop a system of medical practice. He soon evolved various other forms of bathing for the treatment of illness or injury, including the wet sheet, or Leintuch, which was wrapped around the body, cocoon-like, before encircling the patient in heavy blankets on the outside. This treatment would induce sweating and thus, rid the body of offending substances through evacuation. Other forms of Priessnitz’s nascent “water cure” included
the “plunge” bath, where patients immersed their entire bodies in water; the “sitz” bath, where patients immersed just the area around their sitz bones; the “douche” bath, where patients stood under a spout of water twenty or thirty feet overhead; and other baths particular to parts of the body, such as the eye, head, arm, and foot baths, among others.  

Early followers of Priessnitz recognized the relationship of his therapeutic practice to ancient humoral theory and to the then-en-vogue medical treatments of bleeding and purging, which were themselves based on humoral concepts. Writing about his mentor, Francis Graeter identified the essential philosophy of Priessnitz’s hydropathy and the methods used to enact its cures:

All diseases, such only excepted as are produced by external lesions from foreign bodies, originate in bad humors, from which result either a general distemper, or maladies of single parts. Hence his whole method has for its aim to remove the bad [humors] out of the body, and to replace them by good ones. The means . . . by which he employs for this purpose are, *Water, Air, Exercise and Diet.* (qtd. in Cayleff *Wash 21*)

This philosophy proved familiar to eighteenth- and nineteenth-century Americans, who by the 1840s had embraced and adapted his methods to their own cultures. While some contemporary historians (Legan, Moss, Warner, Whorton) position the nineteenth-century American water-cure as an element of “folk” medicine, or as a competitor with homeopathy or Thomsonism, most nineteenth-century Americans, including orthodox physicians, did not uniformly oppose the movement or view it as in any way antithetical to allopathic medical treatments. Instead, its guiding principles—on the expulsion of diseased substances, for example—actually accorded with eighteenth- and early nineteenth-century American allopathic medical practice, whose “heroic” techniques encouraged similar expulsions.

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2 For more on Priessnitz and the origins of the water cure, see Cayleff, *Wash and Be Healed*; Donegan, “*Hydropathic Highway to Health*”; and Legan, “Hydropathy.”
But before Priessnitz’s codification of hydropathy’s methods in the early nineteenth century, colonials and Native Americans in North America had looked to mineral and thermal springs for health. American Indians on the eastern seaboard—and, as white settlers would later learn, in the mountain West—used mineral and thermal springs in religious ceremonies and revered many springs as sacred (Shalinsky 40-41). In the late seventeenth century, Anglo-Americans in northeastern cities visited Lynn Red Springs (near Boston) and Yellow Springs (near Philadelphia), and in the decades before the Revolution their enthusiasm for “taking the waters” matched their counterparts in England (Chambers xvii, Bridenbaugh 180). According to an eighteenth-century German physician, this tradition of immersing the body in water to effect healing extended in at least one instance to enslaved Africans forcefully brought to the United States. Mary Gove Nichols cites this physician’s account in her 1846 book, where she reports that the captain of a ship carrying human “cargo” allowed the captive people to treat a smallpox outbreak on deck “according to their own mode”: “Being permitted, the other slaves tied ropes around the bodies of those that were sick, and dipped them frequently during the day into the sea, drying them afterward in the sun, and in this manner they were cured” (299). Meanwhile, early colonials were visiting some of the larger and more abundant springs in Virginia by the mid-eighteenth century, including Berkeley Springs, Warm Springs, and Hot Springs. George Washington visited Berkeley Springs³ in March 1748 and returned with his wife and daughter several times in the 1760s. In 1761 Washington noted the presence of 200 guests; by 1775 he reported that that number had doubled (Gill 76). Indeed, Washington seems to have been a strong proponent of hydropathic methods for the health of himself and his family members. In 1769, Washington’s stepdaughter Martha Parke Custis (“Patsy”) stayed at the Berkeley Springs at various points in its history was also known as “Warm Springs,” “Frederick Springs,” and “Bath.”
Frederick Springs for a month’s time, a salutary pursuit that Washington apparently funded, as a note from Patsy reveals: “To the Expences of a Journey to the Fred[eric]k Springs in Aug.t 1769,” it reads, “Undertaken solely on her acc.t to try (by the advice of her Physician) the effect of the Waters on her Complaint” (“Account” 1769). Nor was Patsy alone: by the 1770s, an estimated 2,000 visitors enjoyed the springs of Virginia in the high season of July and August alone, and this demand for access led colonial leaders in Williamsburg to collect £900 in order to construct a “good Coach-Road” over the mountains to the springs in Augusta County (Bridenbaugh 163-64). Virginians were not the only ones to recognize the value of their springs to bodily health: according to historian Lawrence Fay Brewster, by 1797 members of South Carolina’s Low Country planter class had come to view their own rural residences as “unsafe” in the summer months, which initiated an annual migration of white South Carolinians to the mountainous springs region beginning in May and ending in mid-autumn at the time of the first hard frost (7-8). Thus, by the time Thomas Jefferson catalogued the medicinal springs of Virginia in his Notes on the State of Virginia, including references to (Augusta) Warm Springs, Hot Springs, Sweet Springs, Berkeley Springs, and other unnamed springs in the state (36-38), the mineral waters of Virginia were fast gaining ground as a valuable “native” resource.

By the first decades of the nineteenth century, elite whites across the southern states came to view the annual summer trip to the springs as absolutely necessary to the maintenance of health and the prevention of disease at home, and by mid-century, such excursions dominated the culture of southern slave owners. Escaping the “sickly” season of urban port cities or the cholera sweeping rural farms, these elite whites flocked to the Virginia springs region from early May to late October and early November, when the
danger of contracting seasonal diseases had largely passed.\(^4\) As cultural historians of the
region have pointed out,\(^5\) both healthy white southerners and “invalids” sought health and
strength there, and both healthy and sick sojourners believed that the mineral and thermal
waters would provide strength and sustenance to all bodies that had been wakened by
residence in a warm southern climate, whether black or white, sick or healthy. The
experience of Virginian John Howell Briggs is typical: as a young man, the healthy Briggs
embarked on a two-month circuit of the region in 1804, visiting in turn the Warm, Hot,
White Sulphur, and Sweet Springs with the goal of strengthening his system and leaving it
less vulnerable to disease at home (Briggs Diary). As his journal reveals, “spring-hopping”
was made possible even in 1804 by an infrastructure that included stage roads, taverns, and
guesthouses catering to valetudinarians. By the time of the Virginia springs’ heyday in the
1840s and ’50s, that infrastructure had expanded to make carriage, stage coach, and railroad
travel even more comfortable and convenient.

Meanwhile, in the northern states Priessnitz-style hydropathy took hold of medical
and reform culture with astounding force. Between 1840 and 1890, over 200 water-cure
establishments and sanatoriums were constructed in the North, while adherents launched a
number of water-centered periodicals and publications, including The Water-Cure Journal, or
Herald of Reform, described as the “Bible of the hydropathic world” (Legan “Panacea” 276).

\(^4\) Which landscapes counted as “sickly” and which as “healthy” changed throughout the
eighteenth century. For example, in the early 1700s, many white southerners viewed the
coastal city of Charleston as a safe haven, but by the 1790s, they had come to view it as
dangerously pestilential. By the end of the century, urban—especially low-lying urban—
places were firmly situated in the category of the “sickly,” while cooler, mountainous places
were deemed “salubrious.”

\(^5\) Boyer Lewis, Ladies and Gentlemen on Display; Chambers, Drinking the Waters; Fishwick,
Springlore in Virginia; Gill, “Taking the Cure”; and E. Lee Shepard, “First Resorts: A Visit to
Virginia’s Springs.”
Journal by 1849 boasted a circulation of 10,000; in the next year that circulation had reached 50,000 and would eventually surpass the 100,000 mark. It survived under various titles until 1900, while several other journals—many of them short-lived—emerged in New York and New England during the 1840s: the Water-Cure Monthly, the Water-Cure World: A Journal of Health and Herald of Reform, the American Water-Cure Advocate, the Illustrated Hydropathic Quarterly Review, the New York Water-Cure Reporter, and the Green Mountain Spring, among several others (Green 63, Legan “Hydropathy” 82 and “Panacea” 276-77, Whorton 82).

Alongside these publications, the “big four” water-cure reformers—Shew, Trall, Mary Gove Nichols, and Thomas Low Nichols—opened a number of water-cure institutions in northern locales, where they operated both as health resorts and educational facilities for the training of new hydropaths. Joel Shew opened the first establishment in New York in 1844, and one year later Mary Gove opened another institution there, where, in a move radical for her times, she admitted both female and male hydropathic medical students. After marrying Thomas Low Nichols in 1847, Gove opened a new school with him, the American Hydropathic Institute, in 1851; the pair followed this venture with other jointly managed establishments in New York and Ohio (Nissenbaum 164-65, Green 63, Legan “Hydropathy” 81-82). The professionalization of the movement continued with Shew and Trall’s creation of the American Hydropathic Society in 1849, which they renamed the “American Hygienic and Hydropathic Society” the following year, under Trall’s influence. The broader title reflected the incorporation of hydropathy into a variety of other hygienic reforms. A proponent of vegetarianism and exercise and a staunch detractor of tobacco, Trall was largely responsible for these additions to the movement, and his lasting impact can be seen today in the proliferation of pools, saunas, steam rooms, and other water-centered
treatments at gyms and health clubs throughout the United States (Nissenbaum 149-50, Legan “Hydropathy” 81).

While Shew, Trall, and the Nicholses laid the foundations for a water-cure therapeutics in the northern United States, other entrepreneurs in Brattleboro, Vermont and Saratoga Springs, New York built and maintained the two most elite and most significant watering places in the region. The Beecher sisters—Catharine and Harriet Beecher Stowe—may be Brattleboro’s most well known visitors, but the institution also hosted Julia Ward Howe, Helen Hunt Jackson, Henry Longfellow, Richard Henry Dana, Francis Parkman, and the family of Martin Van Buren, among other elites (Sklar 247). Popular throughout the 1840s, Brattleboro experienced a veritable golden age upon completion in 1851 of a railroad line that served the area, which enabled the transport of hundreds of guests from points south. Meanwhile, at Saratoga, where a thriving resort culture had been in place since at least the 1820s, leading political figures made appearances, including the Marquis de Lafayette, Joseph Bonaparte (brother of the French leader), Martin Van Buren, Daniel Webster, James Buchanan, Millard Fillmore, John Tyler, Aaron Burr, Silas Wright, and John Calhoun (Sterngass 20-21). In both locations, visitors “took the waters” by drinking or bathing, and cold water was de rigeur.

The northern hydropathic movement was distinctive from the southern movement in two major ways: first, in its incorporation of other societal reforms, and second, in its relatively careless attitude toward the material nature—the water itself—that made up the resort environment. The adaptation of Priessnitz’s methods by the likes of Shew, Trall, and Mary Gove and Thomas Nichols meant that other reform movements played a role in the hydropathic movement from the start, foreshadowing the incorporation of hydropathy into the larger hygienic reform movements of the late nineteenth and early twentieth centuries:
vegetarian, anti-tobacco, temperance, dress reform, and anti-slavery movements all had places at water-cure resorts. Northern hydropathists maintained such broad interests in health reforms because of their widespread dis-ease with contemporary United States society: they believed that large-scale societal reform could be achieved through encouraging a healthy citizenry (Cayleff “Gender” 83, Green 17). Thus, for northern health-seekers and water-cure practitioners, a stay at the springs was a way of life rather than a crisis intervention (Cayleff “Gender” 84, 89)—that is, you took the waters not because you were dangerously ill, but because you desired a more healthy way of living.

This philosophy—that “right living” and good health went hand-in-hand—meant that northern hydropathists argued that disease was rooted in the individual, not in the environment. Ill health, that is, resulted from the actions of the individual, whether in eating, sleeping, drinking, or exercising, and not from the land, climate, or air-borne miasms. This belief stood in stark contrast to the primarily place-based theories of disease that prevailed in the southern states at this time (as described in Chapter One). Thus, at northern institutions, the presence of “nature”—whether in the external surroundings, the differing climate, or the water itself—was less central to the healing process than was the individual’s enactment of personal reforms. As a result, the rurality and setting of the resort was not necessarily valued as much as it was by white southerners, so that visitors to a northern resort like Saratoga, for example, encountered not an idyllic rural retreat but a metropolis in microcosm, albeit one “without muck or smells, [. . .] without ethnic, racial, or religious riots” (Sterngass 36). In direct contradiction to the approach to nature advocated by the Transcendentalists, water-cure enthusiasts in the North generally ignored or saw little value, healing or otherwise, in the nature around them.

6 This sentence also echoes the arguments of Joan Burbick, who in Healing the Republic claims that the health of the early republic could be indexed by the health of its citizenry.
Up until now, cultural historians of the water cure movement in the United States equated the national movement with its northern incarnations; with the societal reforms described above; with the work of Joel Shew, Russell Trall, and Mary Gove and Thomas Low Nichols; and with the large resort towns of Saratoga and Brattleboro. Yet as I will show in the remainder of the chapter, the southern water cure movement was alive and well at the same time as the northern one. Why does the story of the American water cure movement leave out the Virginia springs, an entire mountainous region of therapeutic spa-going that attracted tens of thousands of visitors during its mid-nineteenth-century heyday? I argue that elision of the southern cure from the historiography of the American water cure resulted from the two movements’ significant ideological differences: from their underlying philosophies to their methods of water use to their social and physical functions and impacts, the northern and southern water cures were so divergent that incorporating both under the same rubric would require us to revise our understanding of what that cure encompassed, what it represented for its practitioners and patients, and what effects it had on the two halves of an increasingly divided country. While the Virginia springs should in no way be considered part of the northern hydropathic movement, I argue that the American hydropathic movement should no longer be defined and characterized solely by its northern manifestations. Indeed, my use of the term “water cure” to describe the therapeutic practices at the Virginia springs in itself constitutes a novel—and perhaps controversial—argument. As we consider the role of therapeutic waters in the antebellum United States, we must consider the Virginia springs as more than a footnote to this history, as more than merely interesting caveats for the springs’ social and class history. Although the water cure in the South did not look anything like the water cure in the North, it engaged with hydropathy’s primary and fundamental aim: the therapeutic use of mineral and thermal
waters for healing the sick and injured. This historiographical recovery is valuable not only for restoring southern hydropathy to a national context, but also for our understanding of the relationships between southern regional embodiment, nineteenth-century medical science, and southern nationalism.

**Hydropathic History, Revisited: The Water Cure in the Nineteenth-Century South**

The South experienced the same flourishing of mineral and thermal water resorts in the early to mid-nineteenth century as did the North, but there the underlying philosophy, outward manifestation, and experiences of visitors differed starkly from those of the northern water-cure institutions. Perhaps most important, the southern “water cure” did not come with the associated reforms (such as temperance and vegetarianism) that ultimately caused northern hydropathy’s submersion into other societal movements. White southerners traveling to the springs sought health, pleasure, or both, but they did not go there to better themselves morally or to improve their imagined nation. Thus, while northern hydropathy viewed water cures as an episodic, if not life-long, commitment to “right living”—those practicing “the cure” had to commit to significant lifestyle alterations (Cayleff “Gender” 89)—southern hydropathy urged a more seasonal or reactive use. White southerners came to the springs when they were violently ill (as long as they were able to travel) as a means to an end: they were sick, and the waters might make them well. Or, like John Briggs, they came to the waters when they were healthy as a means to prevent pernicious southern disease by strengthening and guarding their vulnerable bodies. While those white southerners who could afford to remained at the springs for the duration of the season, they did so not out of a commitment to lifestyle changes, but to escape a very real epidemic danger.
The reality of southern epidemics, of a general malaise during the “sickly season,” meant that southerners, whether sick or well, early learned not to attribute the cause of illness to individuals, but rather to the environment around them. Of course, they understood that diet and “constitution” played a role in one’s susceptibility to illness, but most southerners rooted the cause of disease in the air, climate, or environment more broadly rather than in the moral or physical failings of themselves. According to Susan Cayleff, northern hydropathists followed Russell Trall in asserting that disease resulted primarily from “unphysiological voluntary habits,” such as undisciplined eating and drinking, over- or under-exertion, and loss of control over emotional passions (“Gender” 84). Southerners would concur that disease could result from those factors, but they were less likely to root serious disease in an individual’s imprudent behavior and more likely to blame the environment as the source of suffering. This tendency to attribute external causes to individual discomfort had the added benefit of removing from the self much of the moral pressure associated with the more holistic northern hydropathic reform.

Because they believed a malicious southern nature to be the primary source of their illness, southerners came to value the springs region precisely for its beneficent, healthful environment (particularly its climate, its pure mountain air, and its proximity to “wild” nature) and for its status as a medicinal natural resource, as a veritable pharmacopeia of mineral waters adapted to cure the diseases incident to the southern climate and constitution. Southern sojourners to the springs actively sought out the region’s healthy climate, and in doing so, they also looked for and enacted an active relationship with the nature surrounding them; they participated in walks, hikes, horseback rides, and other outdoor pursuits, and they
viewed the rural quality of life as essential to recovery. Thus, the southern environment was paradoxically both the source of healing and harming, both the site of infection and the location of the cure. Because of this paradoxical relationship, southerners did not view “the environment” uniformly: they viewed particular elements as potentially useful or harmful depending on a constellation of factors. This discrimination of vision meant that southerners looked to the waters themselves for direction in their therapeutic uses. Unlike the Nicholses, Trall, Shew, and other northern hydropathists, who followed Priessnitz’s methods and looked to the patients’ illnesses, lifestyles, or constitutions to direct their care, southern water cure practitioners looked to the water’s particular chemical and thermal characteristics to determine its proper use. In order to gainsay such usage, proprietors of the springs and other interested parties hired skilled scientists from southern universities to analyze the chemical and mineral content of the waters and to precisely measure their temperatures. Southern doctors would then “decipher” this information for the lay public, articulating reasons and directions for the use of one spring or another for a particular illness. Of course, many of these explanations contradicted one another, and still others were motivated by reasons other than the humanitarian or scientific—but at the southern watering places, the waters, and not the philosophy, directed the cure.

Thus, because southern mineral waters tended to emerge from the ground warm, or even hot, white southerners tended to argue that warm water facilitated greater bodily health. Southern medical practitioners and lay people alike came to believe that cold water was debilitating and that warm water was therapeutic and stimulating. This ran directly counter to the prevailing northern theories, which held the precise opposite viewpoint: that cold water

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While location remained important for northern retreats, they more closely resembled small villages rather than isolated rural outposts, and few emphasized the advantages of outdoor activities (Sterngass 36).
was strengthening and warm water debilitating. Northerners worried that warm water would lead to lassitude; they believed that the warmth would heat the torso while the body was in the water but that it would leave it more susceptible to cold once exposed to air, thereby weakening the system. Authors in the *Journal of Health* warned that the decline of the Roman empire resulted from the Romans’ excessive lifestyles, of which frequent warm-water bathing was a part (Green 56). Cold-water bathing, in contrast, enabled the blood to flow inward, back to the brain and to the organs in the torso, giving the body more energy and strength. Cold-water advocates carried this logic to other elements of the cure, forbidding all hot food of any kind for invalids, and only lukewarm food for those slightly sick. They also forbade warming substances such as brandy, claret, coffee, tea, and all spices, which hydropaths feared would lead the body into excessive stimulation or excitement, which could in turn lead to disease (Legan “Panacea” 275, Nissenbaum 76-77). Following the prevailing health reformers of the day, such as Sylvester Graham, northern hydropaths believed that the key to maintaining health was in the prevention of excessive bodily stimulation, whether from alcohol, food, medication, exercise, sex, or bathing. Cold-water baths promised to strengthen the body without exciting or debilitating it. And while uncomfortable, the cold-water bath was not nearly as destructive, nor as painful, northern hydropaths insisted, as the bleeding and purging of heroic medicine.

This penchant for painfully cold baths did not enjoy such unparalleled acceptance by white southerners at the Virginia springs, not when there was warm—even hot—water emanating freely from the ground. In stark contrast to the northern hydropaths, southerners unanimously agreed that cold waters were dangerous for white southern bodies,

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Kay Moss offers a slightly different explanation, arguing that eighteenth-century southerners believed cold-water bathing akin to an electric shock, and that the stimulation
especially for those of weak constitutions. Their reasoning, however, did not stem from the fear of too much stimulation; in fact, for southerners the idea of “stimulation” never acquired the negative stigma that it did in the North and was instead perceived as a desirable health outcome. In accordance with nineteenth-century climatic theories discussed in Chapter One, white southerners viewed their bodies as susceptible, particularly during the “sickly” season, to depletion and languidness. Suffering from the incessant heat of their summer clime, they traveled to the mountainous springs region to avoid the depleting warmth and to breathe cooler, “bracing” air. In direct opposition to their northern neighbors, white southerners thus viewed the “tonic” or the “stimulant” positively, for its capacity (whether in medication, bath, or drink) to prevent disease and to strengthen the body. Because warm waters were thought to provide this desirable stimulation, these were the baths recommended by southern physicians for white southern bodies. Moreover, the location of the particularly adapted southern cure (stimulating warm water) in the South reinforced white southerners’ beliefs in their own region’s exceptionalism: the God of nature may have given southerners horrific malaria epidemics, but He also gave them countless cures, each suitably adapted to heal the ailments of a southern climate, and each located within a single curative region. The sheer variety of types of springs—hot, warm, chalybeate, sulphurous, and gaseous—supported this notion. To white southerners, the springs represented a pharmacopeia of medicinal waters designed for their consumption and use: their diversity enabled the curing of the South’s many diseases, while their location in one resulting from it was desirable (41-43). However, both my and Moss’s research note the beneficial aspects of stimulation—whether from warm or cold water—to southern bodies. Stimulation and maintenance of internal bodily heat were the cornerstones of Samuel Thomson’s philosophy of health, which remained popular in the antebellum South. Warm water, which both stimulated and heated the body, would likely have been viewed positively by Thomsonian practitioners and followers. See Chapter Two, pp. 145-157, for more on Thomsonism in the South.
contiguous region meant that valetudinarians needed to make only one pilgrimage to try a variety of cures. Just as Confederates during the Civil War promoted local, indigenous substitutions for medicines made unavailable by the Union blockade, white southerners in the antebellum period promoted medicinal waters in part because of their local accessibility. That is, the location of the waters directed, in part, southern doctors’ theories about their effectiveness.

The springs’ variety and proximity to one another also contributed to igniting and sustaining the wild popularity of springs-going among elite whites in the nineteenth-century South. While their neighbors in the North had virtually eradicated epidemic outbreaks of fatal diseases like yellow fever and malaria, southerners from the 1830s onward still experienced frightening and drastic epidemics. At the same time, cities like Charleston, New Orleans, and Norfolk were deemed “sickly” and dangerous both for their topographical features and their propensity for disease epidemics. A retreat to the mountainous, rural, springs region thus made perfect sense to those white southerners who had the means to make such a trip. And an increasing number of southern planters had such wealth, as their crops experienced a bump in value during the 1830s that continued to rise in the decades before the Civil War: for example, tobacco increased from four to eight cents per pound from 1832 to 1835, while a single bale of cotton from Louisiana or Mississippi could pay for an entire season at the springs—in luxury (Fishwick 35-36). With disposable income available and the prospect of spending the summer in cities like Charleston or even Richmond seemingly life-threatening, white southerners with means looked to the Virginia springs as a safe haven, and their increased wealth enabled stays that lasted for the duration of the sickly season. Meanwhile, southern governments and individuals invested in improving infrastructure, building better stage roads, railroad lines, grand hotels, and
summer “cottages,” which in turn resulted in still more visitors as the springs became more accessible than ever.

The proximity and accessibility of the Virginia springs were highlighted in the narrative of Bostonian physician Henry Huntt, who traveled to the Red Sulphur Springs in 1837. In his description of the region, Huntt reflected that the proximity of the springs to one another, compounded with their variety, distinguished Virginia’s watery resources from all others in the world:

The variety of mineral waters in Upper Virginia, is probably greater, than is found within the same space in any portion of the globe. That there are waters of the same character in Europe, there is no doubt; but as far as I am informed, or have experienced, one must travel hundreds of miles to procure the waters suited to the variety of cases, to which the springs of Virginia are adapted. The Warm Spring, the Hot Spring, the Sweet Spring, the White Sulphur Spring, the Salt Sulphur Spring, the Red Sulphur, the Grey Sulphur, and the Blue Sulphur, can all be reached in travelling one hundred and ten miles; and the four, first named, are within a circle of fifty miles. (Huntt 3-4)

As an outsider with no vested interest in the success or failure of Virginia’s mineral water enterprises, Huntt’s statement offers a window into the valuation of the springs region by a non-southern visitor (albeit a medical professional): the prolific variety of springs in the region meant that any invalid or health-seeker could find a spring adapted to her case, and that she could do so within a circumscribed, and easily traveled, space. The stage was now set for the explosion in popularity that the Virginia springs would experience throughout the 1840s and ’50s and continuing until the onset of the Civil War.
Peculiar Adaptations: Science and Southernness at the Springs

“If one had time + money to visit all these Springs + partake of their waters he ought to expect to live forever if the accounts of their wonderful virtues are true—”

*Mary Custis Lee, letter to Robert E. Lee, 3. August 1857*

“Mineral waters are not a *panacea*; they act like all other medicines by producing certain *effects* upon the animal economy, and upon principles capable of being clearly defined. It follows, that there are various diseases and states of the system to which they are not only adapted, but in which they would be eminently injurious.”

*John Jennings Moorman, The Virginia Springs [. . .] (1847)*

Staying for the 1857 season at Berkeley, Hot, Warm, and Jordan’s Springs, Mary Custis Lee would certainly have seen printed testimonials and heard innumerable reports regarding the curative powers of the different types of waters in the Virginia springs region, and her tongue-in-cheek comment indeed implies she saw more than her share. But her own selection of watering places reveals that like Dr. John Moorman, she did not view the springs as a *panacea*: all of the waters she visited were renowned for their efficacy in treating rheumatic complaints such as those afflicting Lee. She would have gathered such specific knowledge from the sources mentioned above (testimonials and reports from fellow travelers), but she might have also seen promotional pamphlets, books, and broadsides, and she would have consulted with resident doctors at the springs regarding her condition, her water regimen, and whether to try a different watering place. Both medical lay people like Lee and professional physicians like Moorman would have agreed that the Virginia mineral waters were not a *panacea* for every ailment, but that certain waters—when appropriately matched to the individual and to the condition—had the seemingly miraculous powers to improve or cure long-standing diseases.
Southern hydropaths were unique in the extent to which they outlined the specificity of their waters, and this specificity grew out of their differing conceptions of the waters themselves: while their northern colleagues saw the waters as an *alternative* to medicine, southerners saw the waters *themselves* as the medicine. Because southerners viewed disease as rooted in the environment, not the body (as did most northern hydropaths), they also believed that disease could be removed by altering an environmental element, such as water or air. Further, different springs possessed different mineral contents, different gas contents, and different temperatures—not to mention that their locations offered slightly different micro-climates, elevations, and air—and thus, provided unique benefits and drawbacks to the treatment of diseases associated with those environmental qualities. For southern medical men, then, mineral waters were not “alternative medicine,” as they were in the North, but were important, individualized tools in the fighting of disease, particularly those diseases originating in southern climates.

Accordingly, southern water-cure experts sought to position the waters within the materia medica of orthodox medicine, and orthodox doctors presided over the springs as resident physicians or even proprietors themselves. In pamphlets and book-length works about the Virginia springs, these physicians reflect their imagination of the waters as medicine in their choice of language used to describe their methods and categorizations: they noted that certain waters were “contraindicated” in some diseases and not others; they categorized some as “diuretic,” while others were “emetic” or “sedating”; and they talked of “prescribing” the waters in order to effect positive health changes. In discussing individual springs, the experts frequently spoke of a spring being “peculiarly adapted” to a certain case, such as Dr. Thomas Dent Mütter’s assertion in 1840 that the Salt Sulphur Springs were “peculiarly adapted” to brain diseases (19), or Dr. John Jennings Moorman’s argument that
“the water [at the White Sulphur Springs] is peculiarly adapted” to a specific kind of rheumatism common to southerners (109). This evolutionary language implied both specificity of use (“peculiar”) and specificity of origin or purpose (“adaptation”), thereby according well with the experts’ contention that each spring could offer valetudinarians different benefits.

Parsing out the complex motivations behind such doctors’ statements can present difficulties for modern readers. Many doctors owned springs resorts or sought comfortable positions as “resident physicians” at them. At the same time, these doctors seem to have been fighting for medical relevance in a world that marginalized their professional knowledge. The archival traces recorded in the letters and diaries of patients at the springs provide scant reference to the presence of doctors there, but the printed materials left behind by doctors present multivalent arguments about why such a presence was necessary. Thus, arguing for the precise specificity of each mineral spring’s particular water would make knowledge about southern hydropathy increasingly specialized and increasingly professionalized. As allopathic physicians fought for patients with other kinds of self-taught healers (like Thomsonians and midwives), doctors like Mütter and Moorman would have wanted to claim specificity of southern hydropathic knowledge, since the more complex the system, the more “ordinary” people would require a physician’s assistance in decoding it.

Other arguments put forth by allopathic physicians about the springs’ specific compositions speak to this sense of professional marginalization, albeit in more veiled constructions. Dr. Thomas Goode, for example, argued that the specificity of each spring’s mineral composition and its associated ailments was proof that Virginia’s mineral waters were a gift from the God of Nature. Calling the waters of his Hot Springs resort,
“NATURE’S REMEDY,” Goode argued that “no human science” could reconstruct the precise chemical and thermal composition of the springs:

Their ingredients are compounded and diffused in [Nature’s] own laboratory, according to the rules of a chemistry so perfect, that no human science can ever rival it, and they rise pure, fresh and sparkling from the bosom of the earth, offering to myriads of its inhabitants sure, safe and speedy means of relief from maladies, which the medicines of the physician cannot cure, and the knife of the surgeon may not reach!

(16)

Goode’s reference to “human science” reveals a recognition of an audience other than simply patients or other hydropaths: that is, those apothecaries or other parties seeking to capitalize on the water cure’s popularity by compounding their own mineral waters in a laboratory for subsequent bottling and distribution. His tripartite emphasis—on the waters’ natural purity and perfection, on the inability of humans to create a synthetic version of this purity and perfection, and on the superior therapeutic effects of these pure and perfect waters—reinforces for his readers the necessity of a visit to his resort to experience the genuine article for themselves.

Similarly, Dr. William Burke, former proprietor at the Red Sulphur, argued just as subtly for the necessity of visiting the springs at their source, rather than accepting any substitutions. To do so, Burke attributed the efficacy of those waters as a gift from nature and from nature’s God:

[. . .] if he be a physician he will be pleased to find that nature in her bounty has provided an agent of so well established efficacy, and if a patient, he will look with hope to those healing waters and after that hope is realized, he will turn with thanksgiving to that Providence, that has caused them to flow from the bosom of the earth for the relief of suffering humanity. (Red Sulphur 11)

While an argument that the springs were a natural gift from God might seem to depose the physician of precisely the “prescribing” power he sought, instead this appeal aimed to consolidate patients at the resorts. Arguing that nature’s God gave Virginia these waters enabled doctors like Goode and Burke to respond to or affront such capitalist experiments
as bottling compounded waters by appealing to the public to experience the cure at its source. That is, by emphasizing the peculiar specificity of each spring, and that specificity’s God-given, “natural” properties, Goode and Burke reinforce the need for a physical residence at particular resorts; no generic or bottled water substitute would do. At the same time, they reconstruct themselves—the very proprietors of the resorts!—as disinterested parties: “Nature,” not chemicals in a laboratory, would provide the bounty, while “Providence,” not physicians, gave them to earth to relieve human suffering.10

In their attempt to situate the Virginia waters in the realm of professional allopathic medicine, southern doctors also used this idea of the waters’ naturally perfect chemistry to bolster their arguments in favor of the waters’ incorporation into the orthodox materia medica—a symbiotic marriage of (abstract) Nature with (empirical) Science. This move would have been anathema to most northern orthodox physicians, who during the Virginia springs heyday of the mid-nineteenth century continued to see the northern hydropathic movement as “alternative” medicine far removed from the mainstream of allopathic practice. But in Virginia, orthodox doctor John Moorman instead sought to give the practice of using mineral waters the same professional status as the practice of using mineral medicines. His 1847 publication Springs of Virginia underscored this goal as he called for additional research about the waters’ contents and their relationship to bodily effects:

> Our more potent mineral waters ought indeed to be regularly incorporated into our materia medica, their several qualities properly defined, and the medical mind thus instructed to regard them not only as valuable therapeutical agents, per se, but as agents capable of extensive and valuable modifications in their application to disease. A pathological practice should be established in relation to them, not less strict than that in relation to the ordinary remedies of the shops, and the best means of influencing their sanative operations on the system understood. (43)

10 Burke had formerly owned the Red Sulphur, but sold it in order to avoid counter-claims about his conflict of interest in promoting Virginia mineral waters for health.
Moorman’s call for further study of the waters by trained physicians—for a classification and categorization of the mineral springs to the same level of detail as with their apothecary medications—highlights the epistemological gaps in the scientific understanding of southern waters in 1840, but at the same time it reveals how antebellum southern physicians conceived of the waters as therapeutic tools akin to mineral medicines. Alongside the chemical analyses, lengthy discourses on diseases, and copious testimonials printed in pamphlets and texts about the southern springs, Moorman’s *Springs of Virginia* attempted to situate Virginia’s mineral waters within the realm of legitimate scientific inquiry.

Again, such an argument also seemed to serve the very physicians doing the arguing. If Virginia’s mineral springs resided, even partially, in the domain of professional medical men, then visitors to the springs required the attendance—or at least the attention—of orthodox doctors conversant with the various springs and their specific properties. Indeed, medical and promotional literature penned by doctors (and even some non-physician proprietors) railed against those springs-goers who were misinformed about the waters, due in large part, they argued, to irresponsible doctors who were usually based in the North, traveling from the North, or otherwise unfamiliar with Virginia mineral springs. According to southern physicians and proprietors, these unprepared doctors ordered their patients to the springs without knowing anything about the waters; their ill-advised patients thus arrived with a “carte blanche” to do as they pleased and yet expected, southern springs-experts intoned, that the waters would act as a panacea for their ailments, even when those they were taking might be contraindicated for their particular cases. Because of these situations, most southern physicians and springs experts rhetorically positioned themselves as battling a misconception that the waters of any individual spring might act as a miracle cure for any disease. They argued instead that, taken together, the Virginia springs did offer limitless
possibilities for cures, but that patients must go to the particular springs most suited to their particular cases. To select the right one, of course, they needed the advice of a trained physician who was also familiar with the properties of the different springs. And once there, they needed that physician to direct their therapeutic course and monitor its progress.

In fact, both medical and promotional literature about the springs offered up the problem of inadequate numbers of physicians and subsequently ill-informed patients as that which was most in need of reform. Health-seekers at the springs before 1850 lacked empirical, rigorous guidelines regarding where to go, how much water to drink, and when to drink it, resulting in what physicians like Thomas Mütter called an “abuse” of the mineral waters:

It is by no means an uncommon occurrence, (and those who have visited the springs of our country, will bear me out in the statement I am about to make,) for an invalid to arrive, furnished with a “carte blanche,” from a physician who has probably little or no knowledge of the active properties of the agent he recommends, to use the waters as he may see fit, or with merely a charge to use it with caution. Others are sent without any directions whatever, in the hope that the water may suit their condition, and come trusting in Providence alone. Others again arrive with written instructions, to drink so many glasses of water per diem, whether it agrees with them or not. Many patients do not take the advice of a physician at all, but relying on the representations of those who have derived benefit, imagine that they too will be cured, although in all probability, from the nature of their disease, this water may be the most prejudicial to which they could resort. (Mütter 8-9)

In addition to further study of the actions of the waters on different diseases, Mütter, Burke, and Moorman all argued that more regulation was needed at the springs: the solution, they claimed, lay in emulating the policies of European spas, where a physician “familiar with the character of the water” presided at every watering place and oversaw the health care of the patients (Mütter 9; Moorman 40-41; Burke 1842, 9).

Such an argument would clearly benefit the very writers calling for the reform—not to mention their colleagues and friends—and the doctors did, in part, capitalize on their own
status as experts and insiders to springs culture. Yet most physicians simultaneously expressed a professional, seemingly benevolent desire to contribute to a collective medical and scientific understanding of how the springs worked upon the body; which methods were best for which medical circumstance; and how to determine, as they had done with mineral medicines, which spring to use on which disease and upon which constitution. Their pamphlets and booklets are thus addressed simultaneously to both professional and lay audiences. Pamphlets, especially, included elements of the promotional about them—one-half of their volume usually consisted of testimonials from cured patients—indicating that their physician authors did not necessarily wish to hold a monopoly on professional medical knowledge or speak solely to other physicians. Meanwhile, books about the springs contained information on stage coach routes and guesthouses, comments on food and lodging at particular springs, and detailed instructions written in non-specialized language on how to use the waters, all indications of an intended lay audience.

In the absence of codified therapeutic information about the waters and a stable system of resident physicians at the springs, southern allopathic physicians did provide for their reading publics a number of generalized rules, points of advice, and other common adages about taking the Virginia waters. Although they were often reluctant to do so because they believed that offering up general rules might deter patients from seeking out professional advice tailored to individual watering places and personal constitutions, they also hoped that in offering up this information they might contribute to a growing body of scientific knowledge about the usage of the waters and also induce others to call for more research and medical expertise at the springs. These kernels of advice usually appeared in the opening sections of physicians’ texts, where they could lay down generalized rules for health-seekers at the springs irrespective of the individual spring’s properties. For example,
many advised healthy readers to adequately prepare their systems for the taking of waters by eating a light diet and using a light laxative before commencing the waters. They urged valetudinarians not to fast while at the springs, but they did recommend that they exercise particular caution in their first days of bathing or drinking, preferably doing so, of course, under the watchful eyes of a knowledgeable physician (Mütter 10; Burke 1842, 40-41).

Like the “seasoning” required for resisting disease in a southern climate, southern doctors argued that springs-goers, too, required “acclimation” before drinking too much mineral water or remaining in the warm water baths for too long; all sojourners to the springs, whether sick or well, were urged to take in only very small quantities of water over the first couple of days, and to take these in divided “doses”—once before breakfast and once before dinner (lunch). Burke reminded his readers, “we say to the patient, *festina lente.* Be not influenced by the go-aheadism so characteristic of our country; but go to work calmly and systematically” (1842, 41), while Mütter similarly cautioned visitors not to take “glass after glass in *quick succession*” (11). Southern doctors thus seemed to concur that health-seekers should begin with a very small quantity of water and see whether it “agreed” with them before increasing the dose—eventually—to as many as ten or twelve glasses at a time, ceasing or changing methods if negative effects developed from the waters (Moorman 44). They also suggested that invalid patients remain in bed at the morning hours, having their water brought to them—presumably by enslaved or free black servants—in jugs so that their fragile white bodies would not be exposed to the dangerous morning dews as they traipsed from their cabins to the spring source. Finally, the experts discounted commonly held notions regarding how long one should spend at a particular watering place: while many visitors believed two or three weeks to be the maximum time limit, doctors allowed for as many as eight weeks even at one of the most potent springs (the White Sulphur), and Burke
concluded that in fact “in almost every case, the whole season may be spent with advantage at any Spring that suits the patient’s case; and [. . .] in cases of long continued disease, it is folly to expect a radical cure in a few days or weeks” (1842, 42; Moorman 34-35).

Taken together, these generalized medical recommendations reveal that southern physicians viewed the waters themselves, not external factors such as diet or exercise, as the curative agent. While many southern doctors at the springs noted the importance of these external elements, they did not count them as requisite reforms associated with the watering place or with hydropathic medicine. Thus, while their counterparts in the North advocated dietetic, dress, and societal reforms at their hydropathic resorts, southern water-cure experts sought instead to codify the usage of the various waters on southern bodies and to disavow patients of commonly held misconceptions about them.

All of this attention to advice-giving may have fallen on deaf ears: although these medical authors seem to aim their works, at least in part, to lay audiences, the diaries and letters of the springs-goers themselves do not mention prominent springs doctors by name, nor do they reference particular theories or methods advocated by them in the printed texts. Mary Harrison’s 1827 report from the Salt Sulphur Springs to her mother in Cumberland, Virginia, is typical in its lack of reference to professional assistance at the springs:

This Water agrees with us all – I began by taking 2 glasses but it made me quite sick, & I have reduced the quantity to one which answers better – Lucy drinks it rapidly – that is she takes from seven to eight glasses in the day – at first it made her sick & she was desirous to stop with it; but I persuaded her to continue & she is now perfectly well – Willie has been well ever since she left you, better than I have seen her for some time; but this morning she came to me & complained a little – she says she had a fever & a slight head-ache during the night, & I think she has still a fever though she has been for some time asleep. – Mr. Harrison & I are of opinion that it is time for her to discontinue the Sulphur water – it having been a fortnight yesterday since she began to drink it – We do not think it necessary to do any thing for her, as she has been well operated on – perhaps too much so, which caused her indisposition; & I think by to-morrow she will be well again.

(27. August 1827)
Mary, her sister Lucy, and their friend Willie\textsuperscript{11} apparently had little guidance from physicians or proprietors, relying instead on their own knowledge and that of “Mr. Harrison,” Mary’s husband: when two glasses made Mary ill, she surmised that she must slow down and aclimate to the waters; when Lucy drank a large quantity “rapidly,” she urged her to continue this regimen, perhaps because of Lucy’s particular constitution or state of health, either of which most likely differed from Mary’s own. And together with her husband, Mary decides that a “fortnight” of sulphur water-drinking has been quite enough for the afflicted Willie.

This small excerpt is but one example of the diminished nature of professional medical authority at the springs, perhaps revealing why doctors such as Burke, Moorman, and Mütter might have insisted on their own relevance. Indeed, most springs-goers tended to follow the advice of the spring’s particular proprietor, resident doctor, or, more usually, their fellow travelers in deciding how to direct their courses of bathing and drinking. The absence of springs “experts’” names from the correspondence of ordinary white southerners at the springs implies that such advice and theories about the waters’ efficacy did not interest the majority of springs-goers, who instead sought simple (and local) guidance about how to use the waters and which spring to go to for which disease. Visitors to the springs did not seem to place a premium on information gleaned from these published sources and instead valued local and immediate knowledge, regardless of whether that knowledge came from an allopathic physician or a fellow health-seeker.

\textsuperscript{11} It is unclear from the archival evidence whether Mary Harrison wrote “Lucy” or “Luey.” “Lucy” could have been a nickname for “Lucia,” Harrison’s sister, while “Luey” could have been a nickname for “Louisa,” Harrison’s sister or cousin—the relationship is unclear. With only three remaining letters and little information on the extended family, we can only guess whether “Lucy” or “Luey” was Harrison’s sister or cousin, but I believe from this context and others that she was Harrison’s sister. Willie’s relationship to Lucy/Luey and Mary is also unclear; she was likely a distant relative or a friend.
As a result, springs-goers themselves participated in the process of codifying medical knowledge about the therapeutic uses of the mineral waters, often tailoring their information to individual diseases or particular constitutions. While they may not have read the physicians’ books on the subject, lay people nevertheless operated in tandem with this “official” knowledge-making by determining for themselves which spring was suited to which disease, or which method of taking the waters was best at a particular place. This democratic structure for the collection and distribution of knowledge is yet another marker of the distinction between the northern and southern versions of hydropathy: in the northern states, self-styled reformers dictated the use of the waters for a health-seeking public, while in the South, practitioners and valetudinarians alike participated in the creation of medical knowledge (even if such collective participation was deplored by professional medical men). And because white southerners at the springs did not view their experiential information as inferior to that of allopathic physicians, they also did not look solely to doctors for help with medical problems, as Mary Harrison’s letter attests. Their active, everyday construction of hydropathic knowledge led them to take similarly active roles in their own health care. Along with the domestic medicine, midwifery, Thomsonism, and other self-doctoring modes discussed in Chapter Two, traveling to watering places and sharing information about therapeutic experiences became a primary means for white southerners to engage with their own bodies and their own health care.

The de-centering of professional medical knowledge away from allopathic physicians enabled both white men and women at the springs to take charge of their own health care and that of their families, a charge that is represented in their correspondence. In letters to friends and family members at home, valetudinarians offered evaluations of their own health improvements and illuminated the experiences of their friends—and sometimes even those
of strangers—at particular watering places. The broad social network encircled by their commentary, from spouses to friends to acquaintances to unknowns, reveals that such conversations likely took place among the parties themselves, perhaps at the bathhouse, fountain, or dinner table. However, the collection of these nuggets of personal health information is more than mere social gossip: the writers were participating in the collective production of knowledge for the benefit of other health-seekers. As a family or group of traveling companions at one spring discussed with another group where they had just arrived from, and what method of taking the waters worked for which health problems and which constitutions, they participated in local networks of epistemological exchange that upheld the reputation of the springs resorts as wholesome locations for enfeebled white southern bodies.

While they may not have self-consciously referenced this collective knowledge-making, white southerners at the springs nevertheless imagined themselves as serious seekers of hydropathic information. They employed the same professional language that the allopathic physicians did, demonstrating their mastery of terms. Thus Mary Lee wrote her husband Robert E. Lee from Berkeley Springs in July 1857 that she “dosed” their eldest son Custis; en route to California with the Army, the twenty-five-year-old was “bilious” and she feared his traveling with his constitution in that weak state (25. July). Springs-goers like Lee also expressed confidence in their own abilities to direct and calibrate their methods of taking the waters according to personal preference and constitution, and did not seem to miss the presence of a professional doctor. “I am sorry to say Annie does not improve as rapidly as I could wish after we have been here 3 or 4 weeks,” Lee wrote from Berkeley, “if she is not much better I shall go over to Capon whose waters are equally famous for rheumatism + whose air is much celebrated for its bracing influence” (7. July 1857). Like
Cornelia Lenoir’s assertion of her own and her neighbors’ domestic healing capabilities in contrast with those of the local orthodox physician, Lee asserts her ability to direct her child’s health care by changing locations when one set of waters proves ineffective to Annie’s ailment.

Sometimes the resorts themselves offered particular inducements to individuals to direct their own care. At the Bath Alum Springs, for example, visitors could calibrate the potency of the waters to match their condition or personal preference: in a letter to her sister Charlotte (“Lottie”), Eleanor Beverley Meade Platt (“Nell”) recalled that at the five different pools at the Bath Alum Springs, “the water drips all different degrees of strength,” and that “%3 is about as strong as we can well drink” (20. August 1855). Other springs offered similar self-adjusting features: according to an anonymous pamphlet writer in 1860, the Hot Springs possessed a number of pools ranging from 99° to 106°F, offering valetudinarians “a choice between one of the mildest, one of a decidedly, or one of a very powerfully stimulating character, as his condition may require the one or the other” (Some Account 7).

And just over the mountains at the Rockbridge Alum, visitors had the option to drink either that resort’s waters or those of the Bath Alum, even as the Rockbridge Alum itself contained a number of different springs of varying chemical compositions. (The proprietors owned both resorts and provided the other springs’ waters daily at each place for the convenience of their guests.) Similarly, a proponent of Capon Springs informed readers that in addition to the mineral waters there, visitors had access to alum waters on the property, as well as chalybeate and sulphur waters within a mile’s drive (Waddle 7-8). Such an attention in both the private correspondence of the patrons and in these springs’ promotional works suggests that visitors valued the ability to direct and alter their regimen as they saw fit. Perhaps they actively compared the effects of one water with another, and eagerly shared that information
with those around them. When one spring did not produce the desired effect, they could simply try another.

It is difficult to say with any certainty whether sojourners to the springs envisioned their own sharing of knowledge about the springs as contributing to a collective body of information, but the effect for the cultural historian comparing their reports with those of the self-consciously styled “professional” reports found in books and pamphlets is to render them strong participants in this epistemological production. This is nowhere more evident than in letter-writers’ trading of information about which springs suited particular ailments, where they indicate that such sharing of knowledge likely took place in the social spaces of the springs. For example, Nell Meade Platt reveals that she tried the Rockbridge Alum for dyspepsia, intimating in her correspondence that she did so in deference to popular opinion: “I really thought it my duty to give this water a trial,” she wrote on 20. August 1855, implying that she would not have traveled there were it not for others’ recommendations for her particular case. Indeed, the medical and promotional texts regarded Rockbridge Alum as beneficial primarily for scrofula and other skin diseases, “female diseases,” diarrhea, and hemorrhage, saying little about its effects on dyspepsia. Platt’s condition apparently persisted unabated by the Rockbridge Alum, for she soon tried the Alleghany Springs, even though no professional text commented on its capacities in curing dyspeptic afflictions (3. September 1855). Other professional-vernacular gaps are similarly puzzling: the springs-

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12 In the 16 pages of testimonials regarding the efficacy of the Rockbridge Alum, only one writer, Robert Bolling of Petersburg, noted its curative powers in dyspepsia: “let me say to the public, and dyspeptics particularly, instead of visiting the Sulphur Springs come at once to the Alum, breathe the salubrious atmosphere, drink the healing waters, and be restored to better health” (Analysis and Description 36). It is unlikely that Platt would have had access to this notice, though certainly possible.

13 I found one other health-seeker who traveled to Alleghany Springs for dyspepsia, Levin Smith Joynes of Richmond. Joynes was a medical doctor who taught at the Medical College of Virginia at the time of his springs sojourn, but his familiar letters to his mother could
promoters (doctors and proprietors) are largely silent on the Red Sweet Springs (also known as the Sweet Chalybeate Springs), while the springs-goers themselves wax poetic in their letters: it is “the place of places,” “a most charming spot,” and a “glorious bath” (Platt 20. August 1855, Joynes 9. August 1856, Webb 15. September 1858). These patterns require further confirmation with additional archival sources, but my preliminary investigation reveals that local networks of exchange rivaled—if not entirely replaced—professional or promotional recommendations about the suitability of particular waters for particular diseases.

Such knowledge transferal could not all be beneficent, and at least one springs proprietor capitalized on this kind of localized, word-of-mouth knowledge to certify or give increased credibility to his spring’s health claims: Henry Huntt recorded that the people residing in the country near the Red Sulphur Springs knew of that water’s speedy efficacy in resolving symptoms of haemoptysis, a condition that caused the patient to expectorate blood from the lungs or bronchi. This information was “so well known to the surrounding country [. . .],” he wrote, “that we incur no risk in making the statement that we have” (32). Earlier in the pamphlet, Huntt also cited a local resident (and former proprietor), Mr. Harvey, in recommending an alternate time of year for visiting the Red Sulphur. According to Huntt, Harvey advised taking the waters in September and October, when “[he] think[s] it is strongest in its various virtues,” even though this period fell toward the end of the Red Sulphur’s official “season,” which ran from the first of May to the middle of November (21). In these ways, Huntt seized local knowledge in order to reinforce his own professional claims, a seeming reversal of the usual direction of information transfer. Clearly, local, hardly be termed professional; he does not mention his status as a physician nor does he seem to take a keen professional interest in his individual experiences vis-à-vis their application to patients.
experiential knowledge about the springs offered up equally if not more useful information about the proper uses and indications of the waters.

Yet the local knowledge production of springs-goers and the professional knowledge transmission of medical men differed in one significant way: springs-goers did not make specific references in their correspondence and diaries to the “diseases of the South,” while professional writers take on this topic at great length. However, the resorts deemed most helpful to “southern” diseases—the White Sulphur, Red Sulphur, Warm, Hot, and to some extent, the Sweet and Salt Sulphur—remained the most popular among springs-goers throughout the antebellum period (and in fact represent some of the only surviving resorts today). Thus, while the arguments of orthodox physicians did not make their way into the correspondence of elite white southerners at the springs, their geographical-medical logic did seem to make its way into the health-seekers’ traveling patterns. For example, the White Sulphur Springs—called “the clearing house of the South,” and the “Queen” of the Virginia springs—attracted enormous flocks of southerners on a daily basis, and most historical interpretations of this phenomenon assess the droves of elites clawing for admission as testaments to its status as the social center of the region. But if we shift our point of view to consider the underlying science—of how and why white southerners visited the springs that they did—we can posit alternative motivations for this mass convergence there. For instance, we know that southerners suffered chronically from low-grade fevers and minor

14 The White Sulphur Springs and the Hot Springs, today “The Greenbrier” and “The Homestead,” respectively, remain the largest and most lavish of the Virginia resorts still in operation; they boast guest rosters that include the names of most of the modern American presidents and many international heads of state. The Sweet Springs has recently been purchased and is being restored and updated as “The Old Sweet Springs Resort,” slated to open in the summer of 2009 (Clauson-Wicker). The Warm Springs operates a very small service at what is now called “Jefferson Pools,” and the Salt Sulphur property contains a very small bed-and-breakfast inn. Most of the Salt Sulphur and Warm Springs properties have been divided up and sold so that they are now in private hands. Nothing remains of the Red Sulphur save a roadside historical marker.
bilious complaints, and we know that the White Sulphur had a popular reputation for potency in such hepatic affections. The White was seen as the strongest of all the sulphur waters, inciting great degrees of excitement and stimulation to a chronically relaxed system. For this reason, the White Sulphur waters were best suited to cases where the liver was “torpid,” or inactive, so that the strong waters could then urge the organ to action.15 Perhaps the favor that white southerners seemed to accord the White Sulphur had to do not only with its social status but also with its medical reputation. Meanwhile, the Red Sulphur, lauded as equally beneficial to liver complaints, offered gentle waters that benefited an overactive liver. Perhaps most differentiated from the White as any of the sulphur waters, the Red Sulphur was so gentle as to be called sedating. It thus gained a reputation for healing cases of chronic hepatitis, “frequently to be met with as the sequel of Miasmatic disease, in warm climates” (Burke Red Sulphur 21). In such chronic complaints, the Red Sulphur would soothe the irritated liver into a less active state. Thus, while the Red and White Sulphur Springs clearly acted upon the body in opposing ways, their individualized properties suited them for healing the chronic hepatitis and functional liver aberrations most often found in the southern states. Consequently, white southerners themselves recognized these springs’ healing capacities for their most common ailments, but they did not necessarily make the leap that orthodox physicians did in classifying those complaints as “peculiar” to the South or to southern bodies more broadly: in their local worlds, bilious diseases, intermittent fevers, and languid systems were simply what they fell victim to as southerners living in an unsalubrious

15 The White was further distinguished for its reputation in curing a particularly “southern” form of rheumatism: “We often see at our watering places,” observed John Moorman in 1847, “and particularly in persons from warm miasmatic regions, a form of rheumatism intimately connected with and dependant [sic] upon derangement of the internal organs. For the cure of such cases, the water is peculiarly adapted” (109).
climate. Thus, while they would certainly have been familiar with the geographical-medical logic informing doctors’ conceptions of disease contraction and specificity, they did not necessarily imagine their own bodies as suffering from a pervasive regional affliction. Orthodox physicians, however, did imagine the bodies of southerners at the springs as collective victims of their environments: their hydropathic medical writings reveal that they believed certain of the Virginia springs especially suited to treating the South’s “peculiar” diseases.

This section of the chapter traces the medical logic informing the promotion of the White Sulphur, Red Sulphur, Warm, and Hot Springs, and to some extent, the Sweet and Salt Sulphur Springs, by professional medical men in order to uncover how that logic supported or motivated the long-standing popularity of these particular resorts. As we have seen in Chapter One, white southerners had very real concerns about the degenerative effects of the South’s relentlessly hot climate upon their bodies. Many believed their systems more permanently “relaxed” than those of their northern counterparts, and thus, that regular “stimulation” via mineral or thermal waters was required to excite the body into a more balanced state. Of course, the need for such bodily stimulation became greatest at the hottest times of the year—May through October—which in turn became the traditional springs “season.” Physicians and other springs experts courted this southern clientele by reminding white southerners that when combined with the salubrious climate of the mountainous springs resorts, the variety of waters in the Virginia springs region presented a panoply of remedies ideally suited to their regional complaints: “when the agency of the greatest variety of Mineral Springs in the world may be obtained in connexion with climate,” Burke argued in 1842, “our southern friends have inducements to visit us, which are not presented by any other region of the Union” (254). Each spring offered a unique
composition of minerals, temperatures, and gaseousness, so that bodies requiring more or less stimulation could travel to the springs accordingly, moving from spring to spring, if necessary, as their systems became more or less “excited” throughout the season. During the antebellum period, white southerners were drawn to those springs that had secured reputations for healing the diseases peculiar to the southern climate and for restoring their peculiar bodies to full health, not necessarily because they were reading Burke or other physicians on the subject, but because their social and correspondence networks directed them there.

No problem remained more pervasive for southerners than liver diseases, and it is to these afflictions that the sulphur waters seemed particularly adapted. All of the southern fevers, for example, negatively impacted the liver, and “bilious” complaints—believed to result from hot climates or from exposure to miasms—pepper the correspondence and journals of countless nineteenth-century white southerners. Doctors concurred that, more than any other organ, the liver suffered “in locations subject to noxious exhalations” or those with “high atmospheric temperature,” resulting in outbreaks of chronic hepatitis and other “functional aberrations” (Burke 1842, 253). Accordingly, patients could often relieve (but not cure) hepatic diseases simply by resorting to a cooler, more salubrious climate, and, as Burke argued, “no region of the United States” offered “a summer climate more favourable than the transmontane division of Virginia” for the healing of liver diseases (1842, 254). When combined with this ideal climate, the sulphurous waters of the Virginia springs, especially those of the White Sulphur and Red Sulphur Springs, offered unparalleled opportunities for healing the liver diseases that commonly plagued southerners. Together with the thermal waters of the Warm and Hot Springs, the White and Red Sulphur were
unanimously deemed by orthodox doctors the best remedies for hepatic complaints of southern origin.

Allopathic physicians recommended sulphur waters for liver diseases because they believed them capable of producing the same kind of beneficial effects on the liver as mercurial compounds like calomel. At the same time, they suspected that the two agents differed considerably in their modes of operation within the body. While mercury and other medicines in the orthodox materia medica “seem to act by sympathy and counter-irritation, and to cure one organ of the body by irritating another,” mineral waters instead did not irritate in the name of healing (Moorman 28-29). The sulphur waters targeted the liver individually (without irritating any other organs) by exerting “potent and controlling influences” over its “secretory functions”:

[The White Sulphur water’s] influence upon this gland, is gradually, but surely to unload it when engorged, and to stimulate it to a healthy exercise of its functions when torpid. The control which it may be made to exercise over the liver, in correcting and restoring its energies, is often as astonishing as it is gratifying,—establishing a copious flow of healthy bile and a consequent activity of the bowels,—imparting vigour to the whole digestive and assimilative functions, and consequently energy and strength to the body, and life and elasticity to the spirits. (Moorman 91-93)

Because of their comparatively gentle action, Moorman and other doctors preferred sulphur waters to mercurials in treating bilious cases. Indeed, Moorman reveals that his data from cases treated at the White Sulphur illustrate a larger number of cures and improvements effected by the sulphur waters than by the “usual resources [of] the medical shop” (92). “This we know is a high eulogy of sulphur water in such diseases,” he admits, but it “is not higher than their merits deserve” (92). Despite the White Sulphur water’s high merits, both Moorman and his rival Burke conceded that even those waters, by far the most potent for hepatic affections, could not act as a panacea for all liver diseases. In discussing his

Inactive, sluggish in action, dormant.
treatment of liver patients at the White Sulphur and Hot Springs, Burke reminded readers that “minute portions of blue mass\textsuperscript{17} should be used in connexion with the Sulphur waters and warm bathing in hepatic diseases” (1842, 255), while Moorman concurred that “in some cases, it will be found best to combine the operation of the two agents [sulphur waters and mercury] at the same time” (91-92). Once again, allopathic doctors like Moorman wanted to claim for sulphur waters an efficacy and thus, a status, on par with the compounded mineral medications of orthodox physicians. In claiming for sulphur waters identical—but more gentle—therapeutic effects than calomel, these doctors implicitly argued for acceptance of hydropathy into the realm of “orthodox” medicine; at the same time, Moorman and Burke’s tacit acceptance of some small amounts of mercury suggests that southern doctors could not at this time abandon all harsh medications for fear of getting themselves labeled as “quacks” by their peers or their public.

Thus, allopathic doctors at the springs developed complex schemas for determining the unique and beneficial qualities of each watering place. Those useful for peculiarly southern complaints received the most attention from physicians, proprietors, and patients. The Sweet, White Sulphur, and Salt Sulphur Springs, for example, possessed varying degrees of potency in treating the torpid, or inactive, liver, and a trained physician could direct patients to the spring most suited to their particular cases. Such advice was essential, as the “tonic” actions of these waters were believed too stimulating—and thus dangerous—for an already active or irritated liver. According to Dr. Thomas Mütter, the Salt Sulphur could also treat a type of neuralgia that resulted from “repeated attacks of miasmatic diseases” and it could offer comfort to those afflicted with the “thoracic viscera” that abound in “our country” (20). In such cases it would also be dangerous to bathe or drink at the White

\textsuperscript{17} “Blue mass” refers to a compounded mineral medication usually containing mercury, glycerin, licorice, and other ingredients.
Sulphur, argued Mütter, as those waters were to be resorted to mainly for liver diseases and would “hasten death” (20) in miasmatic and thoracic cases.

Thermal waters also presented unusual benefits to white southern bodies. Although the heat of a southern climate proved debilitating to southern bodies, the heat of southern waters carried no such effect: instead, white southerners viewed warm water as capable of positively stimulating their languid systems, and cold water, in contrast, as capable of dangerously depleting them. Thus, southern patients experienced the greatest benefits from these waters by bathing in rather than drinking them. Doctors like Burke attributed the need for bathing once again to the southern climate: “In our Southern country especially,” he argued, “there is an urgent necessity for frequent ablutions, owing to the relaxed state of the system, produced by the intense heat” (1842, 94). Indeed, a promotional writer for the Hot Springs boasted in 1860 that “In no class of human maladies have these waters been more eminently successful than in those which prevail in the Southern and South-western States” (Some Account 9).

The Hot Springs’ success in treating the various abdominal complaints of southerners, particularly liver complications, meant that physicians debated whether these or the sulphurous waters would best aid bilious patients, and in which order patients might visit the two types of watering places. Burke recommended an initial course of sulphur water followed by a course of thermal waters, while Dr. Thomas Goode, proprietor at the Hot Springs, instead recommended an unadulterated course of his waters for liver diseases, as he believed the sulphur waters to be injurious in some cases (Burke 1842, 255; Goode 78-80). Of course, both Burke and Goode had financial interests in their respective resorts that complicated these recommendations: Burke owned the Red Sulphur Springs from 1832-42,

18 Baths or washings.
while Goode presided over the Hot from 1832-1858. But most physicians agreed that the thermal waters aided or augmented the action of the sulphur waters, and that together they removed the source of affliction from the liver. An 1860 promotional pamphlet argued that the Hot Springs could not only stimulate the “torp[id]” liver to action, but could also restore the secretion of bile and reduce an enlarged or engorged organ as well (Some Account 9).

Patients and doctors alike testified to the power of the Hot Springs to act upon liver complaints particular to southerners: springs-goer R.N. Fox claimed in September 1845 that his “severe attack of Bilious Fever which confined me to bed near eight weeks” was relieved after three or four “spout” baths at the Hot Springs. Just 24 hours later, “a very large quantity of most unhealthy bile was discharged, and the following day I felt entirely freed from every symptom of disease” (Some Account 30-31). Cincinnati physician Daniel Drake recorded a similarly rapid recovery in 1838:

Another [patient at the Hot Springs] had derangements of the abdominal functions, [. . .] of two or three years’ standing; the consequence of cholera, bilious fever, and ague, in a southern climate. In a few hours after using the hot bath, he had a bilious dejection, which had not occurred before for eight months; in four days, [. . .] all his symptoms gave way.

(“Mineral Springs” 568-69)

This and other documents proved to Drake and doctors like him that the “Hot Springs of Virginia are really and rapidly curative” (570). With sulphur waters capable of healing similar liver complaints lying in close proximity to the Hot Springs, the two types of resorts seemed especially adapted for the healing of southern bodies.
“The Woody Wilds of the Mountains”\(^\text{19}\): Encountering Nature at the Virginia Springs

“In addition to the inducements presented [. . .] by the springs themselves, there are all the pleasures to be derived from the scenery of the most varied and picturesque character—natural objects without number, calculated, some to inspire with sentiments of the sublime at their size, grandeur and wild appearance, others to fill the breast with tranquil emotions at the sight of the softened beauties of the landscape spread out before them.”

*John Bell*, On Baths and Mineral Waters *(1831)*

There are about 2000 acres of Table land of the richest possible description facing the South on the Hill capable of raising any crops. [. . .] there will be vast sources of profit derivable directly the railway is completed, in lumber, from the noble Timber ; in Plank, Hoops, Staves, Shingles, Bark for Tanning, etc., all of which can be transported North and East at a very trifling expense, to high priced and Cash Markets.

*Broadside advertisement for land near the White Sulphur Springs, 1853*

As the previous section of this chapter demonstrates, white southerners at the springs thought about the waters in terms of how they could help cure disease. Whether they partook of sulphurous waters or thermal waters, whether they bathed multiple times per day or simply drank glassfuls, health-seekers at the springs used the water as medicine. In this sense, they viewed it as a material resource for making them well or for shoring up their bodies against future illnesses. This instrumentality persisted in certain representations of the springs, namely those written by local residents of the springs region. In these versions, the land in the springs region was described as profitable and useful, as an “investment” in natural resources that would be exploited for monetary gain. At the same time, however, representations like those of John Bell, above, expressed valuation of the springs region for its “picturesque” or “sublime” qualities—that is, as “landscape” and not as “land.” In doing so, they assigned an aesthetic value to the region that, in its aestheticized “tranquility,” also

\(^{19}\) Quotation from *A Trip to the Virginia Springs, or the Belles and Beaux of 1835. By a Lady* *(1843).*
carried healthful, restorative properties. These contrasting representations often depended, as one might guess, on the author’s own relationship to the springs region. Visitors to the springs tended to celebrate its picturesque and sublime qualities, while local residents looked to encourage capital investments—including the construction of stage roads, and, eventually, railroads—that would benefit them monetarily.

One of the aims of this dissertation is to show how “nature” in the southern states during the antebellum period was often thought about instrumentally and not aesthetically. But this section of my analysis shows the places where those instrumental representations have the capacity to break down: while some authors construct the region as profitable and utilitarian, many others Romanticize it and shore up its status as a “sublime” American landscape. In the latter example, such representations contributed to the broader movement in the early national and antebellum periods to bolster artistic and cultural productions in the United States by focusing on the nation’s natural resources. As we might expect, the romanticization and aestheticization of the springs region primarily stemmed from authors and artists residing outside of the springs region—though there were certainly local residents who prioritized their region’s beauty—while the tendency to see the area as a cache of financially valuable resources stemmed from those residing in the region itself—though there were certainly local residents who prioritized the region’s beauty and outsiders who sought to capitalize on it. The springs region was thus simultaneously a land that held a valuable, commodifiable natural resource, and a landscape that typified in varying locations and constructions the “picturesque,” the “sublime,” and the “wild.”

Material representations of the springs began with the waters themselves. While physicians at the springs generally agreed upon the methods patients should use while taking the waters, they were by no means united in their theorizations regarding how the waters
actually acted upon the body and its systems. These theories are elaborate and arcane, but what I would like to focus on here is the way in which those scientific disagreements mask commercial interests in the commodification of the waters. For example, William Burke and John Moorman, both native Virginians and self-styled experts on southern hydropathic methods, agreed that the waters were “alterative,” that they caused a physical alteration in the body’s fluids, organs, or systems. But the two men parted ways from there, with Moorman insisting that the waters worked by absorption of the minerals and Burke arguing that they worked by pervasion of the gases. In Moorman’s formulation, the minerals in solution would course through the blood, changing the consistency of bodily fluids throughout the entire system; as a result, the titrated minerals would be able to reach the diseased tissues, change their composition, and remove the disease (28-29). In Burke’s conceptualization, the gases—namely sulphuretted hydrogen—would enter the system and alter the fluids from which the diseases originated: “We know that sulphuretted hydrogen is possessed of such subtle power that it pervades the whole animal economy,” Burke argued in 1842, “and alters or modifies the fluids from which those diseases are propagated” (97-98, emphasis in original). Burke’s posturing of certainty had very real consequences in the nascent movement for exportation of the springs water for the mass market: if the waters “worked” because of their gas content, then bottling and shipping the waters would be a useless, or even a charlatan exercise, since most of the valuable gases would evaporate, rendering the water a mere placebo. If the waters instead operated by virtue of their mineral content, in Moorman’s formulation, then bottled water would retain its efficacy even when shipped across long distances, as the minerals would remain in solution. While Burke’s argument seems on the surface to be the least motivated by profit, we must remember that at the time he owned the Red Sulphur Springs and thus had a strong incentive to entice
patients to personally visit his resort. Bottling of the water would perhaps take away from his business. Meanwhile, Moorman used Burke’s status as a proprietor to undercut his credibility as a scientist. As the two men engaged in a genteel literary feud whereby they criticized one another in print both overtly and underhandedly for at least ten years, the bottled water industry floundered. A few springs did market and sell their waters, but for the most part, the southern water cure remained a resort-based enterprise. The Civil War eventually silenced Burke and Moorman’s debate, but the fierceness with which it had proceeded reveals that their science may have been influenced by the possibility of economic advancement.

Landowners and land speculators residing in and around the springs region revealed similar profit motives, but they did so shamelessly and without the scientific posturing taken up by Burke and Moorman. Courting the funds of investors, future springs proprietors, and farmers who might “develop” the springs region into a new agricultural center, newspaper articles and broadside advertisements presented the land around the springs as a potential source of prosperity, if not enormous profit. One broadside from 1853 advertised a “DESIRABLE INVESTMENT” in the White Sulphur Springs area, noting the two parcels for sale included proximity to the Covington and Ohio Railroad in addition to vast farming resources. Mentioned alongside the human “improvements” to the first farm (including an orchard, three fruit and vegetable gardens, two houses and multiple outbuildings, 60 acres of “meadow” crops, and a saw mill) are the farm’s natural resources: fertile “bottom land” for cultivation, “plenty of the best timber on hand,” and a “never failing spring of pure water near the dwellings, and a chalybeate spring a few paces off.” The second lot similarly advertised “improvements” to the land, such as a log house, barn, and stable, but these received less attention than the natural resources available to the new owner there. In
addition to the “2000 acres of Table land of the richest possible description [. . .] capable of raising any crops,” this tract contained “many never failing abundant Springs of the best water.”

Yet these features were underscored by the land’s greatest asset: its location abutting the property of the White Sulphur Springs resort. The broadside’s presentation of this farm’s locational asset illustrates the ways in which such valuable land was presented to the buying public. After noting the land’s agricultural potential, the broadside emphasizes the availability of “noble” forested land for exploitation at high profit, and, in much smaller print, the possibility of sub-dividing the 7,892-acre tract into smaller lots:

Besides the above [agricultural possibilities,] there will be vast sources of profit derivable directly the railway is completed [sic], in lumber, from the noble Timber; in Plank, Hoop, Staves, Shingles, Bark for Tanning, etc., all of which can be transported North and East at a very trifling expense, to high priced and Cash Markets.

There are also upon the tract various situations for locating compact Farms, and no doubt a demand for building lots near the White Sulphur Springs will increase, from the prosperity sure to accrue from the facilities the Railway will give people to visit and settle here, requiring Hotels, amusement, land, and all sorts of accommodation.

(“Desirable Investment”)

In this advertisement, the land adjoining the White Sulphur Springs was valued not only for its proximity to the celebrated waters, but also for its potential to serve the future guests traveling there. The anonymous author is not coy about the land’s value: the timber resources (and requisite accompanying saw mills) is highlighted, and transportation to the “high priced” markets is already in place. In this construction, wild nature is a healthful resource only insofar as it provides an economic boon to the forward-thinking investor.

Such views might be expected of landowners advertising property for sale, but even visitors to the springs sometimes took on this worldview as well. In a few cases, the observations of nature expressed in the letters and diaries of springs visitors show how the
viewers imagined the land as an economic resource. Eighteen-year-old Virginia native Mary Jane Boggs noted understatedly that the land possessed valuable potential for yielding timber or moss: “we saw a mahogany tree [Betula lenta] on the peak, & [. . .] we found gooseberries growing wild among the rocks, & also a quantity of mountain moss, such as I have often seen in boxes” (Buni 103) and “Father said the land [around Buffalo Gap] was good though stoney. We saw a good many scaly bark hickory trees” (Buni 105). Her observations sound more like catalogues in a natural history text than like real estate speculation—indeed, the young Boggs does not look to ascertain the commercial value of the land and its resources—but these small hints, such as the moss resembling that seen in collectors’ boxes at home or her father’s assessment of the land as “good though stoney,” reveal that Boggs’s observations of the Virginia landscape were subtly tied to a worldview that saw land and its resources acquisitively or as economic boons.

However, with the exception of Boggs’s private musings, these kinds of utilitarian constructions of the springs region seem to appear primarily in the writings of those at or near the springs themselves—that is, those most consumed with the reality of running a resort or making a living. Those writers and artists one step removed from this reality instead construct the region for their external audiences to varying effects: for Virginian David Hunter Strother, the mountainous springs region offers a backdrop to masculinist adventures in wild nature that serve to exoticize Virginia’s landscapes for a national and broad audience, while German painter Edward Beyer domesticates those same landscapes for a smaller audience of local Virginian elites who might be more likely to visit the springs resorts themselves. Taken together, Strother’s and Beyer’s representations of the springs demonstrate the varying ways in which this region was “packaged” for consumption by Americans in the southern states and beyond. While Beyer’s gauzy lithographs were
available only to a limited number of subscribers from in and around Richmond, Strother’s textual and visual sketches experienced a larger and wider circulation. In depicting the Virginia springs region alternatively as “wild” or as “picturesque,” Strother and Beyer were perhaps responding to the expectations and desires of their diverse audiences. Beyer’s subscribers would have appreciated his soft light; gentle, rolling hills; and graceful springs architecture as evidence of their domesticated and becalmed Virginia nature, while Strother exoticizes Virginia for a distant audience who might never visit the springs, perhaps in order to create a space in which his masculinist narrator can heroically respond to challenging wilderness trials.

Writing under the *nom de plume* “Porte Crayon,” whom he presented as the “country cousin” to Washington Irving’s Geoffrey Crayon, David Hunter Strother would go on to become one of the most famous writers and illustrators of nineteenth-century America. In the five “papers” of *Virginia Illustrated*, a series of five sketches of the region published serially in *Harper’s New Monthly Magazine* between December 1854 and August 1856, Strother launched his national career by inaugurating—and subsequently popularizing—his signature mode, a genre I call the “natural history sketch.” Although written in the third person, the natural history sketch exudes a “chummy” tone, inviting the reader into the personal lives of

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20 Current environmental literary criticism offers no moniker for this type of writing. While Thomas Lyon’s 1989 article “The Taxonomy of Nature Writing” attempts to map out the different generic forms of American writing about nature from contact to the present, his schema does not account for hybrid genres like Strother’s, where the personal, scientific, and travel narratives overlap. Of all of Lyon’s sub-genres, Strother’s Virginia sketches most closely approach his category of the “ramble,” which he describes as a “classic American form,” wherein the “author goes forth into nature, usually on a short excursion near home, and records the walk as an observer-participant. [. . .] The writer of rambles does not travel far, and seldom to wilderness; he or she is primarily interested in a loving study of the near, and often the pastoral” (277-79). In addition to the assumed identity (“Porte Crayon”), Strother’s sketches do not fulfill Lyon’s “ramble” categorization because they are not “a loving study of the near” or the pastoral, but rather a very distinct portrayal of travel into wilderness from an unidentified home-place. I thank John Miller for helping me think about these generic categories as they might apply to antebellum southern writing about nature.
the adventurers as they undertake their rambling journey, traveled with no particular goal other than to observe the curiosities and vistas of the natural world. In his natural history sketches, Strother actively deconstructs the notion of the springs region as a “picturesque” landscape by presenting stories of a touring party that encounters perilous adventure after perilous adventure—in the “wild,” backwoods springs region, dangerous and unpredictable events unfold. Alternating descriptions of the natural world with accounts of the travelers’ perils and pleasuries, Strother emphasizes the adventuresome quality of the journey to the springs and positions this journey as dangerous and even sensational. Written for a national audience—the majority of which might never visit the springs—Strother’s sketches thus sensationalize the landscape of the South as a wild space that was nevertheless tameable by the strong (white) southern backwoodsman. Unlike the genteel portraits of life at the springs found in the paintings and lithographs of Edward Beyer’s *Album of Virginia* (1857), to which we will soon return, Strother’s sketches portray in both word and image the messy and sometimes dangerous nature encountered by travelers to the Virginia springs region.

Accordingly, Strother’s *Virginia Illustrated* sketches devote most of their content to the perils of the journey to the springs and to narrative digressions about past adventures in the region than they do to time spent luxuriating at the resorts. His accompanying drawings further emphasize the dangerous and unpredictable quality of Virginia nature: they depict rivers jumping their banks, fragile maidens balancing perilously on rickety mountain precipices, and the ominous faces of strangers. In the August 1855 installment, for example, the party—which consists of Crayon, three women relatives, and an enslaved man who maintains responsibility for driving and caring for the horses and carriage—encounter peril after peril in their naïve “search [for] the picturesque” (299). Having just endured an untimely autumn snowstorm, the group expects their dangers to be past. But as they wend
their way through the mountains, they come upon high water that would prevent them from
traveling their desired route to the Rockbridge Alum Springs. A stranger warns them not to
cross, but Crayon is undaunted:

The crossing was just below a fall of some ten or twelve feet, while above
and below the frantic torrent rushed between precipitous banks,
unapproachable by horse or vehicle. A mass of foam and drift-logs, heaving
and plunging with the force of the current, covered the site of the ford. The
scene was wild and stirring, and as Porte surveyed it the blood mounted to
his head.

[. . .] “We’ll cross it,” [said] Porte.
[. . .] “It looks like tempting Providence,” said the young farmer [. . ].
“But if you’re bound to cross, I’m with you.”

He then showed them, a short distance below the ford, a rustic bridge, by
which they might gain the opposite bank without the risk of passing in the
carriage. To attain this bridge, the ladies were to be toted some distance
across shallow water, and then were expected to walk a pine log that spanned
the torrent, there about forty feet wide.

[. . .] “We can never walk it!” cried [the women], “with that wild torrent
below!” (297)

This dangerous scene does not alarm Strother’s Crayon; it excites him (“the blood mounted
to his head”), and he asserts masculinized authority in directing the situation (“We’ll cross
it”). As the sole white man of the party, Crayon speaks for the women and the enslaved
man, placing everyone in peril and unwittingly enjoining the young stranger to do so as well.
The events thereby create a hero narrative that transforms wild nature into the enemy, the
object to be tamed and conquered by the fearless (white male) leader.

Strother’s accompanying images support this reading. In the first (Figure 3.2), he
leads one woman across the rushing water; she clutches his waist while another woman
watches fearfully from the banks. In the second (Figure 3.3), Crayon and the young farmer
drive the carriage through the torrent while the three women—now safely across after
walking the plank bridge—watch from the banks with visible expressions of fear. The effect
of both text and image is to render Crayon a manly hero who can lead women, not to
mention a here-invisible enslaved man, through the dangers of wild Virginia nature. While
its publication in *Harper’s* emphasizes for a national audience the potentially perilous qualities of Virginia’s landscape, it also reveals that such perils could be mitigated by the manly control of “native” guides like Crayon.

Figure 3.2
“Crossing the Log”
Figure 3.3
“The Fording”
Yet when we look at all of the images that make up *Virginia Illustrated*, we see that Strother focuses at least as often on individual portraits of travelers and of the scenic landscapes he encounters along the way as he does on scenes depicting perilous mountain adventures such as those in Figures 3.2 and 3.3. These more bucolic images of the landscape and its figures do not seem, at least on the surface, to imagine nature as wild and out of control. However, if we look more closely, we see that Strother’s point of view serves to place the springs resorts as island oases nestled precariously in a vast region of potential alpine danger. His images of quiet valleys of the springs resorts—such as those at the White Sulphur, Bath Alum, Warm Hot, Rockbridge Alum, Fauquier White Sulphur, and Berkeley Springs—thus reinforce the construction of an imposing and potentially dangerous nature. In this way, they invite comparison with the paintings of the same springs by Edward Beyer, who sketched and painted the region at around the same time that Strother composed his natural history sketches.

A native of Germany, Beyer studied at the Düsseldorf Academy, where he developed a style of landscape painting that combined Claudian elements with almost photographic levels of detail. To that end, the paintings in Beyer’s *Album of Virginia* follow certain conventions of the Claudian style—such as warm, hazy light; framing elements and clear fore-, middle-, and backgrounds; an elevated point of view; and a combination of Romantic and classical elements—but they also incorporate an attention to detail perhaps informed by the new medium of photography. At the time of the work’s production, Beyer had been in the United States for about eight years, and his Romanticized depictions of the western Virginia mountains may have reflected his nostalgia for the Rhineland, his home region in Germany, which greatly resembles this area of Virginia. Indeed, the miniaturization of the springs as tiny towns set in the shelter of lush green mountains and meadows of grazing
sheep and cattle quite literally portrayed the region in a warm, Romantic glow. Such an appealing rendering of their home state’s natural beauty was very popular with Virginians, who after seeing the original paintings would have paid $5.00 to “subscribe” to a lithographic collection of the prints. Beyer returned to Germany to produce the lithographs, and distributed them in Richmond and its environs in 1857 and 1858. His audience was thus far different from Strother’s: the *Album’s* lithographic prints were bound and copied in Richmond for a more elite audience, and they were sold on a very small scale, mainly to Virginians who appreciated the Romantic beauty of the images. In fact, his prints were often used to illustrate the promotional pamphlets about the springs. Strother’s pen-and-ink sketches were distributed en masse through *Harper’s*, which at this point enjoyed a circulation of thousands across the United States. The result was that readers of *Harper’s* encountering Strother’s sketches might have come to view the springs region as wild and potentially dangerous, while Virginian subscribers to Beyer’s *Album* received reinforcement that the springs were tranquil, restorative, and harmonious places.

Attending to the differences between Strother’s and Beyer’s portrayals enables us to imagine how the springs were “packaged” for different audiences. Strother’s portraits remind his viewers of the rough terrain that lies just beyond the boundaries of the quiet resorts, but Beyer’s collection of prints in the *Album of Virginia* depict idealized “picturesque” landscapes where nature neatly frames the human scene. In Beyer’s *Album*, most of the portraits assume a viewpoint from above, perhaps from the peak of a neighboring mountain, which renders the resorts sheltered, even nestled, in peaceful valleys. The landscape in these portraits is tamed and manicured, consisting of trees dotting the lawn, horses pulling carriages, and deer quietly grazing the hillsides. The clear fore-, middle-, and backgrounds of his scenes imply neatness, order, and human control of the landscape. The mountains, trees,
and other landscape elements frame the scene so that the springs-goers appear in a controlled, aestheticized setting. Strother’s sketches also portray a neatness and a control, but they do so from the ground level: viewers of his scenes are placed in the foreground so that they are looking directly down a lane or lounging on a sloping hillside, always within the confines of the resort. As a result, the mountains surrounding the scene impose us—their massive size does not frame the image, as in Beyer’s images, but instead the peaks tower over the scene. Strother depicts less physical distance between the “civilized” human structures and the natural world around them, creating an ever-present wilderness barely demarcated from the resort’s controlled space. While Strother’s images of the springs are by no means sinister, they imagine Virginia nature as “overseeing” the springs-goers. In contrast to the tamed landscapes of the springs grounds, the nature outside the confines of the resort gates is uncontrolled by the hands of humans, and thus, harbors endless possibilities for adventures in the backcountry.

In his portrait of the Rockbridge Alum Springs (Figure 3.4), Beyer constructs a controlled nature that both frames and is framed by the scene. The gently sloping “mountain” centered in the background provides a soothing backdrop to the resort below, which he distances from the mountain by a large tract of grazing land filled with domestic animals, likely cattle. He frames this pastoral scene on all four sides: on the left foreground, with a dark tree; on the right foreground, with a large building and accompanying fence; and on the left and right backgrounds, with an orderly row of trees that marks the “onset” of the nonhuman world beyond the resort’s bounds. Strother’s portrayal of this same resort differs significantly. In his “Rockbridge Alum” (Figure 3.5), there are two mountains, each with distinct peaks that rise more sharply from base to summit than does Beyer’s gentle (and perfectly centered) mountain swell. Strother arranges the buildings in the same horseshoe
Figure 3.4
“Rockbridge Alum Spring.”
Edward Beyer, *Album of Virginia* (1857)
Virginia Museum of Fine Arts, Richmond, Virginia
Figure 3.5
“Rockbridge Alum.”
shape as does Beyer, but in his sketch the viewer is placed lower in the scene: we are not on a hillside overlooking the resort, but are instead invited to enter the scene, a small oasis from the wild nature that is literally just outside the resort’s buildings. With no clear framing of where the resort ends and where the wild nature begins, Strother’s sketch emphasizes the proximity of the two by including a dead snag tree in the right foreground. Often seen in depictions of swamps, the dead snag conjures for viewers a familiar symbol of wilderness desolation. Further, Strother includes no distance in the foreground or background between the resort and wild nature: there is no grazing area, no line of protective trees at the base of the mountains, and no gently sloping hillside in the foreground. In his portrayal, the Rockbridge Alum exists alongside the Virginia wilderness.

Similarly, in their respective portraits of the Hot Springs (Figures 3.6 and 3.7), Beyer and Strother replicate their differing presentations of Virginia nature. In Strother’s “Hot Springs,” the large hotel abuts the mountain’s base, while in the foreground a large bush intrudes upon the scene. Beyer places a large meadow behind the hotel, distancing the resort from the mountain’s untamed slope, while in the foreground he places a manicured lawn even outside the boundaries of the resort. In this way, Beyer creates a tamed version of Virginia nature that lies at a comfortable distance from the springs-goers. For Strother, that nature appears to be much closer and much less tameable.

These nearly simultaneous constructions of the very same places nevertheless diverge sharply because of their divergent audiences. Beyer’s picturesque miniaturizations imagine the springs as always-already existing in the golden age of human civilization’s harmonious co-existence with the natural world, an imagination that catered to the elite white southerners subsidizing his text’s very production. As the 1850s brought with them
increasing antislavery critiques, white southerners turned increasingly inward and looked
defensively outward: images like Beyer’s appealed to the proslavery desire for order and
control, a desire we will see echoed in white southerners’ attitudes toward wetland spaces
described in Chapter Four. Strother’s portrayal of the springs region as a kind of borderland
between human civilization and a potentially perilous external nature was instead intended
for national consumption. Strother does not idealize the South but rather sensationalizes its
adventurous qualities; in doing so, he implicitly crafts the region as an exotic “other” existing
within the nation’s borders. At the same time, Strother emphasizes that the wild,
“otherness” of the South can nevertheless be tamed by “civilized” (white) men, like his alter-
ego Porte Crayon. And as we will see in the final section of this chapter, the spaces of the
springs became ever more valuable to white slave owners for their reinforcement of the
plantation ideal—an orderly society in miniature, dependent on an enslaved labor force—as
the two halves of the nation marched slowly toward secession and disunion.
Figure 3.6
“Hot Springs.”
Edward Beyer, *Album of Virginia* (1857)
Virginia Museum of Fine Arts, Richmond, Virginia
Figure 3.7
“The Hot Springs.”
“By general consent the angry questions of the day being avoided”: Secession and Slavery at the Springs

“All sick persons are earnestly cautioned against coming to this place, without every needful attendant.”

_Thomas Goode_, The Invalid’s Guide to the Virginia Hot Springs (1854)

“They were in very pleasant rooms [at the Red Sweet Springs] and had a servant from Bolling Hall to wait on them, Jainie[,] Cousin Mary’s maid, [...] they will get the best attentions, I told Jainnie she must do all in her power, and I’m sure she will”

_Eleanor Meade Platt_, Rockbridge Alum Springs, 20. August 1855

As sectionalism took hold of a greater proportion of the nation’s people in both the North and South, elite white southerners came to see the springs as much more than a healthful natural resource: they also offered a place where white southerners from across the South could together defend southern identity, customs, and institutions. With similar histories, values, and ideas about the future of the newly defined “South,” elite white southerners at the springs became more united in their regional identity. Of course, slavery remained foremost among those topics uniting them. At the southern watering places, the peculiar institution maintained a strong presence through the bodies of enslaved people working to ensure the smooth operations of day-to-day activities and through the private conversations of springs-goers, the political conventions held at the resorts, and the letters written from the springs.

Surprisingly, recent historiography of nineteenth-century springs culture in the United States does not comprehensively address the ways in which sectionalism altered life at the springs, nor does it examine the ways in which white southerners at the Virginia watering places strengthened the institution of slavery or participated in the construction of
southern nationalism. This section of the chapter considers archival evidence, newspaper articles, and books and pamphlets about the springs in order to show how the spaces of southern watering places fostered southern nationalism and strengthened the system of slavery in four major ways: 1. through architectural choices that reinforced the plantation ideal and catered to white southerners’ pride of place; 2. through the presence of enslaved and free black servants at the springs, who reinforced white southerners’ stereotypes about the need for enslaved black labor; 3. through encouraging local travel and patronage of southern venues; and 4. through the use of springs resorts as venues for political speeches and conventions. Taken together, these four factors created a physical and psychological space where proslavery white southerners consolidated their values.

Dell Upton and John Michael Vlach have separately and convincingly argued that physical landscapes have the capacity to act as extensions of ideological processes (Upton 357; Vlach Big House xiv, 2, 8). The architectural and agricultural choices on southern properties conspired to reinforce not only the master’s primacy but also the hierarchical structures of power distribution that characterized the plantation economy more broadly. On large plantations, Upton argues, this hierarchical representation manifested itself as “sequences of social barriers: rows of trees, terraces, dependencies, the kitchen [. . .] [the] portico, doorway, grand stair hall, chambers for waiting, chambers for formal talking,

21 The exception is Thomas Chambers, who in Drinking the Waters explores sectionalism within the context of springs culture at Saratoga and the White Sulphur, arguing that sectional animosity did not alter northern or southern travel to either resort until the mid- to late-1850s. Others mention the presence of slaves or the impact of increasingly sectional feelings but do not foreground these topics in their discussions: Charlene M. Boyer Lewis in Ladies and Gentlemen on Display discusses the elaborate system of bribery used to curry favor with free blacks employed at the most prominent springs, and she mentions elite whites traveling with enslaved people; John Sterngass in First Resorts examines Newport’s conservative political culture to show how southerners remained welcome there for most of the antebellum period, and he offers hypotheses for their diminishing numbers at northern resorts in the 1840s and ’50s, including the Fugitive Slave Law and other antislavery measures.
chambers for formal dining. The whole was a carefully orchestrated exercise in the
definition of status; every barrier successfully passed was a mark of preference” (357). The
springs replicated this system of physico-social barriers to a tee, from their entry spaces to
their “big houses” and to their resort layouts. Even the journey to the springs itself
represented a kind of social barrier, as it could last for days on rough stage roads in rugged,
sparsely populated terrain. Once at the springs, travelers typically proceeded past trees,
gates, fountains, and outbuildings before reaching the central hotel, whose location and
relationship to the rest of the grounds created a resonant parallel with the plantation “big
house” in the minds of white slave owners. Some resorts literally maintained “gate-keeping”
operations: the exclusive White Sulphur, for example, hired the notoriously tyrannical Major
Baylis Anderson to fill this duty, and Anderson swiftly came to be known throughout elite
white southern culture as the “Metternich of the Mountains” for his totalitarian method of
accepting or rejecting entire traveling parties seemingly at a whim.22 These physical and
social “checkpoints” mirrored the hierarchical structures southerners were used to in their
home places.

Most white southerners at the springs stayed in “cabins”; Thomas Chambers argues
that this “cabin system” was the distinctive feature of the Virginia springs as compared to

22 Virtually every diarist I encountered who visited the White Sulphur Springs between 1830
and 1860 mentioned Anderson’s formidable powers, with many comparing him to
Metternich. Anderson decided who would be admitted to the fashionable resort and who
would have to find lodgings elsewhere, often doing so with an apparently arbitrary swiftness.
Klemens von Metternich was a German-born Austrian prince who dominated European
politics throughout the first half of the nineteenth century. Called the “coachman of
Europe” for his diplomatic manipulative skills following the Napoleonic wars, Metternich
was also suspicious of political liberalism and initiated repressive movements in the
Habsburg Empire that some have likened to a kind of police state. This reputation for
consolidated power might have provided Virginians at the springs an apt parallel for the
White Sulphur’s Baylis Anderson for any number of reasons, but most likely they jovially
compared the two men because Anderson controlled access to the “queen” of the Virginia
springs region as powerfully as Metternich did Europe when at the height of his power.
northern resorts like Saratoga (37). Sprinkled throughout the property, sometimes on orderly rows or “streets,” the “cabins” were frequently very large and well-constructed brick homes of six or more rooms. Others were simple one- or two-room wooden structures. A traveling party could expect to receive accommodations on par with its social standing, so that the most wealthy white southerners would enjoy the larger, better situated cabins, and those with the least status might have to share a cabin with another family. It is unclear whether parties traveling with enslaved people shared cabins with them or whether the resorts typically housed “quarters” as on large plantations. According to one account, the Salt Sulphur Springs opened in 1823 with slave quarters neighboring the two-story “big house” (Brewster 97-98), though no visual or archival descriptions of these quarters exists. The plan of the White Sulphur (Figure 3.8) does not include any representation of separate housing for enslaved people traveling with their owners or for free blacks hired to work for the season, though such facilities almost surely would have existed.

In their catering to southern tastes, proprietors went beyond the resonant and largely symbolic architectural reinforcement of the plantation ideal. In some instances, the “streets,” buildings, or cabins were given names that appealed to white southerners’ regional loyalties. At the White Sulphur, for example, James Calwell named rows for Alabama, Louisiana, Baltimore, Carolina, Georgia, and Virginia (c.f. Figure 3.8). Meanwhile, at the Salt Sulphur, a “Nullification Row” (Nicklin 208, Brewster 98) paid homage to South Carolinian guests and to white southerners’ burgeoning sense of states rights that the Nullification Crisis represented. While genteel white southerners would almost certainly never turn “Yankee” guests away from their watering places, such names suggest that the resorts did not receive very many northern patrons.
Figure 3.8
“White Sulphur Springs[,] Virginia[,] J. Calwell[,] Proprietor. 1847[.]”
Plan of the White Sulphur Springs
John Jennings Moorman, *The Virginia Springs* (1847)
Virginia Historical Society, Richmond, Virginia
Of course, the most obvious way in which the springs resorts resembled southern plantation systems was in the presence of enslaved people and free black servants. Promotional literature on the Virginia springs included inducements for white slave owners to bring their “servants”23 with them, offering reduced (often half-price) board and lodging for enslaved people. Proprietors offered the reduced fees for enslaved people because they assumed that they would not “take the waters,” that the reason for their presence was to provide service to their masters and not to receive treatment for disease. Moreover, the reduced fees acknowledged the subsequent reduction in labor that the proprietors themselves would otherwise have had to provide, though this aspect of the policy was never stated outright. If every slave-owning visitor brought a “servant,” then the resort did not have to provide certain services, such as bringing water to private cabins, “rubbing” and dressing patients after bathing, and providing equine and stage coach services. And because of the seasonal nature of work at the resorts, springs proprietors often faced labor shortages, so that guests bringing their own help proved desirable (Chambers 25). At the more fashionable resorts, such as the White Sulphur Springs, those white southerners who brought along enslaved people were more likely to receive better service: Isaac Gorham Peck wrote in 1833 that people traveling in private coaches with “servants” more frequently received the approving nod from that resort’s formidable gatekeeper, thereby gaining admission to the resort when its accommodations were at capacity; George Featherstonhaugh corroborated this statement in 1844 (50). We may never know with precise accuracy the number of enslaved people present at the springs resorts, whether through direct employment or through the accompaniment of travelers, but if only half or

23 The word “slave” was rarely, if ever, used by elite white slave owners and by those who catered to them, such as springs proprietors.
even a third of a resort’s visitors brought their “servants,” the number must have been very large indeed.

One nineteenth-century painting (Figure 3.9) reveals the presence of a vibrant culture among enslaved and/or free black people at the largest and most socially prominent of the Virginia springs, the White Sulphur. Christian Mayr’s *Kitchen Ball at the White Sulphur Springs, 1838* may very well be the only visual representation of black culture at the southern watering places, and it suggests the strength of that presence. While we see no fewer than 30 black faces, Mayr’s construction of the depth of the room suggests the presence of at least three times that number. This festive, behind-the-scenes party takes place in the kitchen, presumably after the day’s duties had been completed; Mayr’s title “Kitchen Ball” implies a contrast with some other ball, perhaps one being held at the same time by these subjects’ white owners or employers in a more elaborate space. The prominent figures in white in the foreground imply a wedding celebration, while celebrants dance to music produced on fiddle and flute. If the painting reveals an actual occurrence at the springs, we may extrapolate from the subjects’ elaborate dress that they were either free blacks or “house slaves,” both groups that might have been granted increased personal liberties by their employers or owners. Whether enslaved, free, or a combination of both, the subjects in Mayr’s painting likely experienced quite a bit more freedom at these resorts than they did at home. Congregating in a large group and granted permission to marry, this group here reflects the relaxation of restrictions that enslaved and free black people might have found at the springs.
Figure 3.9
*Kitchen Ball at White Sulphur Springs, Virginia, 1838*
Christian Friedrich Mayr (American, 1803-1851),
North Carolina Museum of Art, Raleigh, North Carolina
And yet the presence of enslaved people is elided from virtually all other visual and print culture of the period, and remarked upon only tangentially in letters and diaries. As mentioned above, the surviving architectural plans of the resorts do not depict slave quarters or separate springs for enslaved people, but we know from brief remarks in the primary literature that both sorts of facilities existed, at least at some of the larger and more popular resorts. For example, the plan of the White Sulphur depicted in Figure 3.8 includes the blacksmith, ballroom, neighboring tavern, ten pin alley, bathing houses, and stables, but it does not indicate the spring that enslaved people used here. In his 1837 account of the ironically dubbed “Black Sulphur Spring,” Philip Nicklin notes its proximity to the White Sulphur’s main spring and its comparatively humble springhouse:

About twenty yards from the principal White Sulphur Spring is another of similar water under a plain shed, which a witty friend and fellow-townsman was wont to call the Black Sulphur Spring, because it was exclusively used by the Melanthropes. (179-80)

This “throwaway” comment appears in a paragraph about a new species of snail; it seems less important to the author than describing the weather, the road away from the White Sulphur, or the tavern nearby. George Featherstonhaugh described this same segregated spring in 1844 in a similarly truncated manner:

A few paces from [the main spring] is another reservoir of the water, surrounded with a curb-stone, where the negro servants assemble and drink in imitation of their masters, and out of which water is dipped for the use of the horses in the contiguous stables. (55)

Such scant comments not only reveal the presence of enslaved people at the White Sulphur Springs, but they also demonstrate that the “negro servants” participated in the culture of drinking the waters alongside whites—even though they were relegated to drinking water

24 In the same paragraph, Nicklin reveals that the foundation of the shed housing the “Black Sulphur Spring” rests in swampy ground (180), demonstrating once again the tendency of whites to relegate undesirable wetlands to black people. See Chapter Four of this dissertation for more on the association between black bodies and swamplands.
reserved for animals. And because white sojourners generally moved from one springs resort to another throughout the season, we can extrapolate that enslaved people were present at many more resorts than the White Sulphur.

The question remains whether those enslaved people at the springs drank the waters because of their own ill health, because they wished to prevent disease, or for other reasons. The medical logic governing whites’ use of the mineral springs rested on the concept of stimulating a body made languid by a hot climate, but that same logic understood black bodies as already ideally suited to hot climates, and thus, in no need of therapeutic stimulation. Because they were not “native” to the South, white southerners argued, black bodies did not contract the same place-based diseases that whites did, and thus, could not be healed by those mineral waters peculiarly adapted to treat climatic and place-based diseases. Yet archival evidence reveals that at least some enslaved and free blacks at the springs did use the waters for various ailments, at times exchanging labor for hydropathic treatment. In a letter dated 16. September 1831, Susannah Harrison Blain told her father that her party “found Anthony on our return [to the White Sulphur] doing remarkably well, he says this water has worked miracles for him, that it works him same as physick: he finds employment in the neighbouring fields every day.” And at the Rockbridge Alum Springs, exchanging labor for treatment was an accepted—even a solicited—practice: the management there advertised that they would take in enslaved people suffering from scrofula and other skin diseases, granting them full access to the waters in exchange for their labor at the resort (Fishwick 212). Jerome Bonaparte, Jr.’s coachman convalesced for more than five weeks at the White Sulphur while his party waited for his recovery there; when they eventually left for the Warm Springs, the man required another fortnight before he fully recovered. “[D]uring
the whole time [. . .] he had been of no use at all to us,” Bonaparte recorded in 1846 (Hoyt 129).

Such complaints about the “usefulness” of enslaved and free black people often provided the occasion for white southerners at the springs to mention their presence—or as the case might be, their absence. Enslaved and free black servants at the springs provided music for the nightly dances, brought jugs of water to private cabins, and waited upon whites at meal times, among countless other activities. In the dining room, springs visitors and proprietors complained that the waiters did not work unless guests paid them bribes. William Burke noted that even though the kitchen at the White Sulphur seemed adequately supplied, visitors had trouble receiving full meals because of the prevalence of such bribery: “As soon as the dishes are placed on the table, the private servants and those of the establishment that are bribed, seize upon the best of the eatables and place them as private property before their employers. It is a shameful abuse, and [. . .] the greatest evil at the White Sulphur” (1842, 102-03). At other springs, there seemed to be a dearth of help when large crowds stuffed the resorts to capacity, and visitors reported that the servants were notoriously bad and “too few for the crowds that sometimes assembled” (Brewster 91). Any black person at the resort not seen as exercising a “useful” purpose was liable to be enjoined to help white valetudinarians there, regardless of age or infirmity. William Burke argued that bathers at the Red Sweet would benefit from the help of an additional servant to act as a “rubber,” the person who toweled off invalids after plunge baths. He claimed that even a small child could occupy this position: “Where there are so many young negroes doing nothing, it would be no additional expense, and would greatly benefit invalid bathers” (1846, 116). With laborers in high demand, enslaved and free blacks at the resorts might have been
able to bargain for increased liberties or other privileges, such as the “kitchen ball” depicted in Figure 3.9.

Many white visitors maintained that the poor service at the springs resulted from the status of resort-employed servants, who were typically free rather than enslaved. According to proslavery medico-social logic, free blacks presented a societal nuisance if not an outright danger, while enslavement represented their “proper” place. Even more “relaxed” masters could create behavioral problems that some proslavery physicians, like Samuel Cartwright, denoted medical.25 Susannah Harrison Blain reflected this logic when she wrote to her mother from the White Sulphur Springs that she “recognized John White among the waiters,” who is “an excellent servant under his present master who is very strict” (24. August 1831, my emphasis), implying that he would not be so “excellent” under a more lenient master. Reports of problems from free black servants at southern springs emphasized that their free status was the source of those problems: “there seems to be altogether free servants with a few exceptions,” Mary Brown wrote her husband from Buffalo Springs, “and of course much wrongdoing among them[,]” Mr Raine told me tonight he had the worst set he ever saw, but could not send them off – [. . .] told me that the servants in the dry room had broken [. . .] 35 dollars worth of crockery – + to-day 5 or 6 – a large salver +c – + he could not find out who did it –.” Despite the shortages of slave labor, reduced prices, and subsequent encouragement to bring one’s own servants to the springs, slave-owning southerners expressed some reluctance to do so precisely because of the presence of free blacks there. Fearing that this influence would “corrupt” and spoil enslaved people—that after their time at the springs they would not be content with plantation work—some

25 See Chapter One, pp. 97-101 for more information on Cartwright’s theories about black freedom and its associated “illnesses.”
cautious white slave owners opted to travel without their enslaved attendants (Boyer Lewis 41-43).

Meanwhile, those white southerners vacationing at northern springs found the presence of large numbers of free black servants there irksome if not alarming. At Saratoga Springs, free black servants sometimes mingled with whites, which proved “embarrassing” to southern guests (Sterngass 29). Upon her arrival at the United States Hotel in Saratoga, South Carolinian Jane Caroline North wrote in 1852 that the “airs of the blacks are truly disagreeable, the first sight I saw on arriving was, a ‘Nig’ on a sofa lounging at his ease in the entry and gentlemen moving about without noticing him—[. . .] No white waiter is permitted here, the blacks are supreme, we have found them very civil, but it is easy to see the least provocation would make them otherwise” (qtd. in Sterngass 29). Like Jane North, other slave-owning southerners at northern resorts perceived the independence and “unobsequiousness” as personal and collective threats: in Cape May, New Jersey, a riot erupted between free black waiters and white southerners; and at Saratoga Springs, a Georgia man “slit the nose of one of ‘Africa’s Sons’ who was an impertinent waiter a few evenings since” (qtd. in Chambers 175). As more hostile sectionalist feelings developed between northerners and southerners, these types of conflicts increased.

Of course, southerners had never constituted a large percentage of the guest lists at northern resorts like Saratoga or Cape May, but by the late 1840s, still fewer made the long journey to these places, which they perceived as inhospitable to their way of life. Federal statutes such as the Fugitive Slave Law and individual state legislation made travel with enslaved people “risky” for slave owners, while tales of slave escapes and abolitionist “kidnappings” heightened perceived risks. In 1852, a New York judge freed the slaves of a southerner traveling there, arguing that the state reserved the right to emancipate even those
enslaved people in transit who did not reside there (Sterngass 28). This action incensed slave-owning southerners, who in response organized informal boycotts of northern resorts. Southern literary journals and newspapers led the charge, with some springs proprietors following suit (Brewster 117). In 1850, the Camden, South Carolina Journal opined:

How long will our Southern people keep going North to the Springs to be insulted and pay a set of fanatics to vilify us? What inducement can there be? Is the young Lady proud to say she has just returned from the North? In the eyes of all the sensible portion of the South it would be anything else but a recommendation. Will the dandied beau—with the elevated idea of his own importance—say “I believe I will visit Saratoga, this season?”—he ought to be drummed from the community when he returned. (qtd. in Brewster 118)

These kinds of sentiments evolved into what Lawrence Brewster calls the “stay-at-home movement,” which, alongside concomitant emphases on the springs’ adaptability to particularly southern diseases, reinforced for the white southern leisure class the importance of southern travel and patronage. Like the Free Produce Movement in the North, which called upon consumers to avoid purchasing food and other items produced with slave labor, the stay-at-home movement encouraged white southerners to spend their travel dollars at southern resorts rather than at northern ones. Framed nationally, the movement capitalized upon white southerners’ pride of place, commitment to a slave-based labor system, and defensiveness about economic and intellectual inferiority in order to bolster support for independent southern resorts. Why go to northern resorts, proponents of the movement argued, when southern watering places have similar attractions without the social ostracizing? Both “restoration of health and the enjoyment of recreation” could be “fully accomplished by visiting our own watering places,” a citizen wrote in a letter to the Charleston Daily Courier in 1855, “which can be visited without incurring the risk of the insult so often offered to Southern men at the fashionable watering places of the North” (qtd. in Brewster 121). But like the Free Produce Movement, the smaller and less organized
stay-at-home movement never gained a strong enough foothold in the South to entirely prevent southerners from traveling to the North. While the total numbers of white southerners at these resorts declined in the 1840s and '50s, a few continued to travel there (Brewster 122, Sterngass 26-27).

Travel to the springs, then, could hardly be termed apolitical, at least in the 1840s and '50s. Recent historiography that continues to focus on the vapid social life of the springs, such as the balls, gossip, and courtships, reinforces the “moonlight and magnolias” stereotypes of elite white slave owners in the antebellum South. My research reveals that while the resorts indeed remained geographically isolated from most urban political activities, special public events and visits from political celebrities like Henry Clay engaged springs-goers in the issues of the day, just as private correspondence included references to current news and politics. Although a letter writer to the Richmond Examin er (Stokes) recorded in 1848 that “by general consent the angry questions of the day [were] avoided”—that social life at the springs steered clear of sensitive topics in favor of light-hearted gossip and flirting—springs-goers in fact eagerly discussed several “angry questions” throughout the nineteenth century. John Skinner’s 1847 diary contains numerous references to the ongoing Mexican War, recording that “The Southern men with whom I have conversed are dead against the Wilmot Proviso, and equally dead against the acquisition of any more territory” (Bishko 181). Susanna Harrison Blain wrote her mother from the White Sulphur Springs just seven days after the conclusion of Nat Turner’s rebellion, “Are you not rendered uneasy by the affair in South Hampton? some persons here are a good deal excited” (30. August 1831). In August 1835, prominent Whigs in Virginia held a public dinner at the Buffalo Lithia Springs to honor two party leaders from North Carolina and Virginia (Keanan et al). And ardent secessionist Edmund Ruffin wrote in 1856 that he “used every suitable occasion
to express my opinion, & the grounds thereof, that the slave-holding states should speedily separate from the others, & form a separate confederacy” (qtd. in Chambers 176). Indeed, Ruffin found the Virginia springs “the proper salon for all he had to say,” and did not refrain from discussing disunion with anyone at the springs who might listen, including the governor of South Carolina, when the two men were both guests at the White Sulphur Springs in August 1859 (Fishwick 35). In John Pendleton Kennedy’s *Swallow Barn*, one of the more popular works of antebellum southern fiction, the protagonist Frank Meriwether admits that his springs travel is solely motivated by the desire to share his opinions with the other guests congregated at the resorts: he notes that he travels—somewhat reluctantly—to the springs “every autumn,” even though the “upper country is not much to his taste, and would not be endured by him if it were not for [. . .] the opportunity this concourse [of people] affords him for discussion of opinions” (34). Far from anomalous, these examples instead illustrate the active engagement of springs-goers in the current events and “angry questions” of their day.

Such engagement only continued through the late 1840s—particularly during the election of 1848—and throughout the 1850s. The Nullification Crisis of 1832-33, where the state of South Carolina “nullified” federal tariff legislation, created a standoff between the state and the federal governments; this “states-rights” protest eventually led to the formation of the Whig party, which remained popular with white southerners, particularly with the former “nullifiers” and those opposing what they saw as an autocratic president in Andrew Jackson. Virginia Whigs arranged for a political debate to be held at Buffalo Springs in August 1848, inviting “the opposite party to a discussion of the political issues of the day” but with a view of promoting the Whig presidential ticket of Zachary Taylor and Millard Fillmore (Tazewell *et al*). Held at the height of the springs season in late August, this
political debate demonstrates the use of the springs venue, with its large numbers of guests, as a forum for the promotion of those political ideas favored by white southerners. Also in August 1848, the Fauquier White Sulphur Springs hosted a Democratic “mass meeting,” where a number of proslavery southerners gave speeches encouraging Virginians to preserve southern interests by voting for the Democratic ticket; the speakers feared that Taylor, the Whig candidate, could not win, and that southerners’ support for him would inadvertently lead to the election of Free Soil candidate Martin Van Buren (“Democratic”). The springs provided an ideal venue for these large political meetings, as the presence of hundreds of guests—most of them proslavery—ensured an extensive and receptive audience to Democratic and Whig principles. Thus, the Virginia springs provided not an escape from the “angry questions of the day” but rather a place that mitigated that “anger” through the relative homogeneity of the guests’ political views. With the numbers of northern visitors declining throughout the period, political activists could expect an audience at the springs composed primarily of fellow slave-owning southerners.

Through cultural apparatuses such as reduced fees for enslaved people, through cultural constructs such as the perceived “dangerousness” of free blacks, and through cultural performances such as political events, slave-owning southerners created a space at the springs where their medical, social, and natural philosophies came together to justify continued enslavement and to bolster support for the distinctiveness of the individual and

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26 Van Buren’s candidacy and possible win was such a lightning rod to proslavery southerners that author Nathaniel Beverley Tucker imagined his continued presidency as triggering the secession of southern states. In The Partisan Leader (1836), penned after Van Buren’s election as the eighth President of the United States, Tucker foresees a fictional world of 1856, where Van Buren is serving out his fourth term as an antislavery president. In a prescient imaginative move, Tucker has the slave-holding states secede immediately after Van Buren is elected President, foreshadowing the actions of the same states just twenty-four years later upon Abraham Lincoln’s election. I would like to thank John Miller for bringing this novel to my attention.
collective southern body. At the same time, the proliferation of the idea that the waters were “peculiarly adapted” to the treatment of particularly “southern” diseases, alongside the promotion of a racial logic that asserted the usefulness of warm southern waters for diseased white bodies, enabled southerners to claim distinctiveness by matching climate, disease, bodies, and cure in one broad region: while the southern environment might cause diseases, a beneficent southern nature would also provide the means to cure them. As slave-owning southerners traveled to the Virginia waters, mountains, and salubrious climate at the heart of this closed system, they recreated the physical and intellectual structures necessary for justifying slavery and for imagining an independent, “wholesome,” and healthful southern nation. And as we will see in the final chapter, the unsalubrious corners of the South—namely, the swamps and other wetlands pervading the Low Country, Floridian, and Gulf regions—presented a threat to that imagination. The land of the South harbored both pure and black waters bubbling up from its ground, and those black waters came to signify the potential undoing of racial and social orders that formed the foundation of proslavery white society.
“An Atmosphere Peculiar”

In Edgar Allan Poe’s 1839 story “The Fall of the House of Usher,” the narrator frames the tale of a family’s decline and the physical ruin of their ancestral home in bookend descriptions of the estate and the wetlands surrounding it. At the opening of the story, Poe’s narrator remarks on the instantaneous effect on his mood that the first sight of the mansion and its environs creates:

I know not how it was,—but, with the first glimpse of the building, a sense of insufferable gloom pervaded my spirit. [. . .] I looked upon the scene before me—upon the mere house, and the simple landscape features of the domain—upon the bleak walls—upon the vacant eye-like windows—upon a few rank sedges—and upon a few white trunks of decayed trees—with an utter depression of soul [. . .] There was an iciness, a sinking, a sickening of the heart—an unredeemed dreariness of thought [. . .]          (1)

He attempts to remedy this feeling of dread by altering his perspective, which leads him to consider the house’s image as reflected in the “black and lurid tarn\(^1\) that lay in unruffled lustre by the dwelling” (2), but the “inverted images of the gray sedge, and the ghastly tree-

\(^1\) While the OED describes a “tarn” in nineteenth-century usage to indicate a type of mountain lake, often formed by glaciers, the tarn in Poe’s story exhibits distinct markers of swamp-like lakes and estuary systems. *Home Ground: Language for an American Landscape*, a reference book of American geography and place names, compares the British “tarn” to the American “pond,” and notes that writers like Poe “found in the isolated depths of these glacial scours ‘dank’ or ‘dark’ qualities” (Lopez 357). Thus, Poe appears to be adapting the term for an American landscape, and equipping it with swamp-like characteristics. For example, he speaks of the tarn’s “exhalation” of miasms, which were directly associated with swampy, wet, and low ground.
stems, and the vacant and eye-like windows” only instill him with yet more terrible sorrow and gloom (2). Indeed, the immediate depression that the narrator feels does not lift when he enters the property of the Usher estate and its cavernous mansion; it only worsens as he continues to spend time in the house with its “nervous” and “agitated” inhabitants—his old friend Roderick Usher and Roderick’s twin sister Madeline. The companion description at the story’s end places the tarn in the more powerful role as consumer of both the house and the last two surviving members of the Usher family, thereby extinguishing in a single moment both family dwelling and family genealogy: “there was a long tumultuous shouting sound like the voice of a thousand waters—and the deep and dank tarn at my feet closed sullenly and silently over the fragments of the ‘HOUSE OF USHER’” (21). Between these two book-end descriptions, Poe creates an infectious space where the decaying matter and miasmatic water outside the mansion’s walls infiltrate not only the structure and the bodies of the current inhabitants of the house, but also the entire ancestral line of Ushers and the very fate and destiny of the family itself.

The tarn and its accompanying vegetation thus create a kind of “peculiar” island whereupon the house sits, with the very atmosphere of this island—the air the narrator and the Ushers breathe—responsible for both the physical and mental illnesses of the family and for the house’s eventual destruction. In fact, though couched repeatedly in the language of an overripe “imagination” or “fancy,” the narrator’s initial impression of the house and its environs paradoxically invites us to take on this reading of a “peculiar atmosphere” surrounding the House of Usher. When he first comes upon the house after his long journey through the countryside, he emphasizes his impression of the place’s “peculiarity”:

I had so worked upon my imagination as really to believe that about the whole mansion and domain there hung an atmosphere peculiar to themselves and their immediate vicinity—an atmosphere which had no affinity with the air of heaven, but which had reeked up from the decayed trees, and the gray
wall, and the silent tarn—a pestilent and mystic vapour, dull, sluggish, faintly
discernible, and leaden-hued. (3-4)

The “insufferable gloom” that the narrator feels in the story’s opening passage here finds its
origins—tangible, pestilential, and aligned not with the “air of heaven” but with a decaying
earth—in the “leaden-hued” atmosphere of the house and its external environment.

Later in the story, the narrator finds that he is not alone in his sensation of the
mansion’s peculiar atmosphere; Usher himself has long harbored a belief in “the sentience of
all vegetable things,” a belief that accords with the narrator’s impression of a visible, peculiar
vapor. But Usher attributes his stunted family tree and his own ill health alike to that
sentient nature surrounding the house and eventually encroaching upon its very stonework:

[His] opinion, in its general form, was that of the sentience of all vegetable
things. But, in his disordered fancy, the idea had assumed a more daring
character, and trespassed, under certain conditions, upon the kingdom of
inorganization. I lack words to express the full extent, or the earnest abandon
of his persuasion. The belief, however, was connected (as I have previously
hinted) with the gray stones of the home of his forefathers. The conditions
of the sentience had been here, he imagined, fulfilled in the method of
colocation of these stones—in the order of their arrangement, as well as in
that of the many fungi which overspread them, and of the decayed trees
which stood around—above all, in the long undisturbed endurance of this
arrangement, and in its reduplication in the still waters of the tarn. Its
evidence—the evidence of the sentience—was to be seen, he said (and I here
started as he spoke), in the gradual yet certain condensation of an
atmosphere of their own about the
waters and the walls. The result was
discernable, he added, in that silent yet importunate and terrible influence
which for centuries had moulded the destinies of his family, and which made
him what I now saw him—what he was. (12, emphasis in original)

In Usher’s construction, the uncontrollable, disordered, and “sentient” environment—
including the tarn, its “exhalations,” and the wet fungus and vegetation encroaching upon
the house—overtakes the orderliness of the house and the purity of the Usher bloodline.
Both Usher and the narrator witness the physical evidence of nature’s sentence: in Usher’s
case, the “gradual yet certain condensation,” and in the narrator’s, the visibility of an
“atmosphere peculiar to [the mansion and its vicinity].” And this physical evidence, Usher
argues, has a direct, tangible connection to his own sickliness and to the gradual extinction of his family. Furthermore, the mirrored reflection of the estate and its environs in the stagnant black water of the tarn “reduplicates” the sentience, thereby inverting and eventually destroying the ancient family of Ushers. Poe prefigures this destruction by emphasizing how the tarn and its accompanying atmosphere invoke profound fear in both men of mental, bodily, and, for Usher, “racial” degeneration. That the small pond and its neighboring vegetation could accomplish a feat rendered almost epic in the context of the story speaks to the extent to which such wetland spaces were imagined by early nineteenth-century Americans as peculiar environments: their vegetable and atmospheric disorder could enable large-scale physical destruction, carry traveling diseases of mind and body, and catalyze the extinction of a “race.”

This fear of wetland spaces by white Americans in particular has its expression in a long tradition of natural history, fiction, poetry, paintings, drawings, and agricultural practices, some even older than the nation itself. Although Poe figures the disease associated with Usher’s tarn as primarily psychological in nature, early Americans recognized swampland as an inherently “unhealthy” place that harbored malarial miasms and bred deadly diseases. Their sheltering fastnesses concealed a “poison” of another kind as well, at least in the minds of white slave owners, as wetland spaces often proved to be safe refuges for fugitive slaves and maroon communities. Finally, white settlers also feared wetlands because their liminality and ephemerality placed them outside their vernacular of landscape description: neither wholly land nor wholly water, the swamp foiled white settlers’ attempts to make it one or the other, defying any rigid categorization. Early natural history writing

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2 For more on whites’ perception of enslaved people in general as a “toxin” to the body politic, see Parrish 279, 293-94 and, in this dissertation, Chapter One, p. 58 and Chapter Two, p. 176-80.
about the swamp expressed discomfort with this peculiar in-betweenness by including almost invariably at least one description of the spongy soil, known as “peat,” which provided the opportunity for writers to note how this soil produced footprints that filled immediately with water as soon as one lifted the foot to step forward. The swamp’s ability to erase evidence of human occupation, to “swallow” the human footprint on the land as soon as it was made, made it a fearful space at a time when human control and subjugation of the wilderness was seen as necessary to the progress of the new nation and to securing the health of its inhabitants.

As such, the swamp became a site that disrupted the colonizing narrative upon which the nation was founded: the clear delineation of the “civilized” from the “savage,” and the conquering, ordering, surveying, and containing of wilderness space. Early and mid-nineteenth century maps of swamp borders and topography reflect whites’ uneasy relationship with these wetland spaces, as they pay increasing attention to the circumscribing of their borders, the precise measuring of their elevations, and the prominent marking of proximate human “improvements,” such as canals and roads. Meanwhile, the rigid categorization of human beings, whether black, white, red, or yellow, remained a critical component of the new nation’s social and economic structures, and white southerners and northerners alike began to insist upon racially based systems of human taxonomy. At the same time, scientists in both regions made the case for the separate evolutionary origins of blacks and whites, thereby offering a “scientific” justification for the subordination and enslavement of blacks. Meanwhile, fugitive slave communities, plantation architectures, and imaginative fiction combined to represent the nineteenth-century swamp as increasingly associated with black bodies, so that the swamp’s resistance to cartographical and physical containment and blacks’ resistance to white control developed alongside one another in the
minds of white southerners. In its capacity to inspire fears of unraveling social order, the swamp thus became a physical manifestation for white southerners of wilderness unbound, of chaotic disorder incapable of containment by human efforts. And because southern swampland existed simultaneously close to home (on the outskirts of cultivated land) and far away (spread throughout the entire southeastern and Gulf Coast regions), it also demonstrated in a geographical, material way the potential scope of disorder—carried out through racial violence—that could unravel the southern slave economy from Virginia to Louisiana.

This chapter reads fictional and nonfictional representations of swampland in antebellum literary culture to reveal its pervasive identification with disorder and with white fear of societal unrest. It argues that two competing discourses about race and environment converged around the popular imaginations of wetlands: as nineteenth-century white writers increasingly constructed the swamp as a center of disorder, chaos, and degenerating blackness, their scientific contemporaries worked to inscribe an environmentally based racism into orderly taxonomic discourses that would uphold and justify the institution of slavery. These corresponding enterprises meant that during the antebellum period, representations of swampland and representations of blackness became bound together. In bringing together the literary discourses of “natural” disorder with scientific discourses of racial order, this chapter claims that the physical and representational correlation of black bodies and black water aided both the development of “scientific” racism and the completion of infrastructural projects that sought to contain or otherwise “improve” southern swampland. Thus, the status of the swamp as a “peculiar” landscape simultaneously destabilized and upheld the “peculiar institution” of slavery: the swamp undermined white power by providing a space for black freedom, but the specter of that
freedom led whites to destroy swampland and to develop social, legal, and scientific structures that supported, upheld, and justified the continued enslavement of blacks.

Other scholars of antebellum literary and cultural history have produced large-scale explorations of the interactions between swamplands and human cultures to different ends. David Miller’s landmark study, *Dark Eden: The Swamp in Nineteenth-Century American Culture* (1989), was the first book to elucidate how representations of swamps (and indeed, of all landscapes) “can be a revealing index of both the culture’s inner life and its professed worldview” (2). His readings of both textual and pictorial representations of swamps argue that as the nation experienced increasing urbanization and industrialization in the 1850s and ’60s, citizens’ views toward swampland became increasingly positive and less fearful, that swamps’ potential for danger became superceded by the view that they could be places of “exhilarating and self-renewing experience” (3). But Miller’s argument differs from mine in that it is, above all, a psychoanalytic and Marxist one; he claims that the white northern men in power began to see in the swamp the “urge to control or suppress a ‘female’ nature as the source of heretical and potentially anarchic meaning” and to control or circumscribe the nature of blacks as “savage or precivilized” in order to subvert both groups to the “dominant industrial-capitalist order” (8-9). While Miller’s book at its core reinforces the fundamental argument I, too, am making—that representations of landscape project the cultural values, hopes, and fears of a given time period—his claims depart from mine in that they rely upon abstracting the swamp into the non-physical realm: it becomes a “symbol for Southern civilization” (8), the “underside of patriarchal culture, dominated by the body, materiality, corruption, infection, sexuality, and irrationality” (9), or a complex nexus of seemingly opposing forces (10), but is never an ephemeral body of wet land that occupies physical space on the southern map or that provides very real hiding places to enslaved
people escaping white power. Although I agree with Miller that representations always reflect parts of a culture’s “inner life and [. . .] worldview,” that the swamp often houses a collection of paradoxical concepts, that its association with infection led to its status as fearful, and that it was often used by northerners as a symbol of southern degeneracy, this chapter, and, I hope, its preceding companion chapters, looks not merely at representations but at the physical reality of swamps and the larger southern landscape to which they belong.

Like most literary and cultural critics of nineteenth-century America, Miller privileges a north-side view of nature representations, even when the subject of his study exists primarily in southern locations, as is the case with swamps. His argument for a direct correlation between increasing industrialization and positive attitudes toward swamplands does not hold up when we shift the standpoint from North to South: although the southern states were by no means the rural Arcadia that has survived in the popular historical imagination, the land below Mason and Dixon’s line did not experience the kind of widespread urbanization that the northern states did in the years preceding the Civil War. Instead, the southland served as the agricultural center of the nation; indeed the very founding of the southern colonies in the seventeenth and eighteenth centuries was based upon agricultural production and trade (A. Wilson xvii). Thus, when we take a south-side view of swampland, we see that for white southerners, this space could not be viewed with Romantic nostalgia, nor could it become a site for individual renewal or solitary reflection, since it represented “wasted” space unfit for profitable cultivation. And of course, this “unusable” space was also perceived as dangerous, both for its capacity to provide community to discontented slaves and for breeding miasmatic diseases.

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3 The Civil War and aftermath did usher in more southern industry, especially in iron works and naval stores, but in the antebellum period most manufacturing activity occurred in the northern states. See Richard Goff, *Confederate Supply* and Harold S. Wilson, *Confederate Industry* for histories of southern industrialization during the Civil War.
Miller’s 1989 study has become the foundational text of a veritable “swamp studies” movement, exemplified by the flowering of books on the topic of wetlands in recent years: Jack Temple Kirby’s Poquosin: A Study of Rural Landscape and Society (1995), Rod Giblett’s Postmodern Wetlands: Culture, History, Society (1996), Ann Vileisis’s Discovering the Unknown Landscape: A History of America’s Wetlands (1997), William Tynes Cowan’s The Slave in the Swamp: Disrupting the Plantation Narrative (2005), Megan Kate Nelson’s Trembling Earth: A Cultural History of the Okefenokee Swamp (2005), and Anthony Wilson’s Shadow and Shelter: The Swamp in Southern Culture (2006). Renewed literary critical attentions to Harriet Beecher Stowe’s novel Dred: A Tale of the Great Dismal Swamp (1856), which employs that enormous landscape as one of its primary settings, alongside an increasing number of environmental histories of southern regions, have resulted in a spate of recent articles and book-length studies on southern wetlands. These studies argue that the swamp is a liminal, borderland space, somewhere in between land and water that defies stable characterization or categorization over time (Cowan, Nelson, Vileisis), and thus, that it is responsible for a spectrum of possibilities for individual or national self-creation and representation (Karafilis, Miller); that it is a haven or a refuge for fugitives and a locus for slave insurrection (Cowan, Giblett, Kirby, Nelson, A. Wilson); and that it is the source of disease-laden, miasmatic “exhalations” (Nelson). In her Trembling Earth, historian Megan Kate Nelson crafts a cultural history of the Okefenokee Swamp that articulates the “ecolocal” ways in which spaces at the margins shape culture. Nelson’s concept of “ecolocalism” is useful to my study because it allows for the local development of culture to be shaped by a particular place: different from

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4 On Dred, see Crane, Hamilton, Karafilis, R. Levine, Rowe, G. Smith, and Whitney. Recent essays and book-length works from the fields of environmental history, cultural history, and literary criticism that also devote attention to swamps include Allewaert, “Swamp Sublime”; Branch, “Writing the Swamp”; Carney, Black Rice; Cowdrey, This Land, This South; Howarth, “Reading the Wetlands”; Lioi, “Of Swamp Dragons”; Parrish American Curiosity; Ray, Pinhook; and Stewart, “What Nature Suffers to Groe.”
regionalism, which she argues “emphasizes a unifying identity across generations and geographic boundaries,” ecolocalism instead “conceives of a cultural identity as rooted in a locale oriented to a specific ecosystem and as divisive and variable over time” (Earth 5). In this chapter, I expand upon Nelson’s conception of the “ecolocal” to reveal the intersections between the hyper-local (Nelson’s specific swamp ecosystem) and the larger scale nationalistic ideologies (Nelson’s “regional”) to uncover how the (eco-)local swamp gets mapped onto nationalist southern ideologies, and how, in turn, those nationalist ideologies get mapped onto the swamp.

The swamp’s association with black freedom led white southerners to see in its dark fastnesses a specter of chaos and disorder that prefigured not only the complete destruction of their orderly racial hierarchies but also the disintegration of “civilized” life in general. The draining of swamps and the execution of laws designed to limit the movements and actions of enslaved people, both have their roots, I argue, in the fear of a very natural “disorder” that the swamp exemplified so plainly and so materially to white southerners. In explicitly linking the swamp’s disorderly wildness with the racial discourses of proslavery ethnology, this chapter considers the swamp as a physical reality always-already mediated through cultural constructions, thereby combining the concerns of ecocriticism with those of cultural and literary history. Ultimately, this chapter argues that the South’s peculiar land and its peculiar institution were inextricably linked: if the black swampland could not be tamed, and if the black bodies were indeed of the same “natural order” as those of the white planters, then the Big House, like Poe’s House of Usher, might indeed fall down.

5 As a historian, Nelson may be using the term “regionalism” differently from the ways literary critics do. For an especially lucid literary-critical analysis of the complex categorization and definition of “regionalism” in the United States, see June M. Howard, “American Regionalism” and Judith Fetterley and Marjorie Pryse’s Writing Out of Place, pp. 1-65.
“It is Dangerous for Any but Negroes”

Colonials in the New World used various terms to distinguish wetlands from other types of land, including “bog” and “marsh,” which had been used in England, and “swamp” and “dismal,” which were new coinages for the American landscape. Of the latter two, “dismal” was peculiar to the southeastern states, its usage mostly confined to Virginia and the Carolinas. The most famous of these dismals in the eighteenth century was the Great Dismal Swamp, which straddled the Virginia-Carolina border that William Byrd surveyed and afterwards wrote about in his *History of the Dividing Line betwixt Virginia and North Carolina* (c. 1728). In that text, Byrd establishes wetlands as spaces to be feared and hated, alternately naming the Dismal Swamp “a filthy Bogg” (62), “that Inhospitable Place” (62), “this Dirty Place” (66), “very Rotten Ground” (82), and that “vast Body of mire and Nastiness” (84).

That swampland appeared dreary, dark, and even evil to white colonials like Byrd points to “dismal”’s etymological origins: used in noun form to mark the “dies mali,” or “the evil days”—two days per month of the medieval calendar that were said to bring misfortune, gloom, and depression to all—the word “dismal” also has origins in the “dies Aegyptiaci,” or “Egyptian days,” alternatively interpreted as referring to the Egyptian astrologers who computed the calendar of the “evil days” or to the Egyptian plague (OED).

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6 This categorization of types of wetlands would continue until the end of the nineteenth century, when Nathaniel Southgate Shaler’s *General Account of the Fresh-Water Morasses of the United States* (1890) formally outlined the different types of swampland for a scientific audience. The term “wetland” itself was not in use until 1955, when it indicated an area that is covered for water for extended periods of time, such as a swamp, marsh, or bog (OED). The definition of “wetland” in any given historical moment is important because it reveals the ways in which political strategizing for natural resource extraction, draining and filling (to make the land more “healthy” or profitable), and “development” for human use (roads, houses, canals) affect popular understandings of the term and influence policy decisions. My own definition of wetlands, areas where “the presence of water for extended periods exerts a controlling influence on the plant community, soil properties, and animals living in or using them” comes from ecologist Ralph Tiner (3). All subsequent etymologies in this section are taken from the OED.
Still others associate the term with “Egyptian darkness,” thereby connecting race with both the abstract conception of “evil” or “unluckiness” and the material reality of American swamplands. Used as an adjective, “dismal” of course denoted something dreary, gloomy, or cheerless, so that when the noun form came in the eighteenth- and nineteenth centuries simultaneously to indicate any “dreary tract[ ] of swampland on the eastern seaboard of the United States,” “dismal” had reached the apex of its compound reality. Like the “unredeemed dreariness of thought” that comes over Poe’s narrator while looking upon the tarn in “The Fall of the House of Usher,” the adjective and noun forms of “dismal” here collide to produce the new coinage, but they also mark that term with its host of historical meanings, so that “swampland” also inherently connotes dreariness, gloom, and, in some cases, “Egyptian blackness” and plague. When “dismal” and “swamp” become synonymous and interchangeable nouns, it is easy to see how wetland spaces—with the help of writers like Byrd and Poe—were fast earning the reputation of what Rod Giblett calls “the most despised and denigrated [aspect of the natural environment] in the western cultural tradition” (“Decolonizing” 285).

One of the reasons white settlers found southern swampland so dismal was its local correlation with (often fatal) disease. Byrd noted that the “Exhalations” from the Dismal Swamp “infect the Air for many Miles around, and render it very unwholesome for the Bordering Inhabitants. It makes them liable to Agues, Pleurisies, and many other Distempers, that kill abundance of People, and make the rest look no better than Ghosts” (84). Many eighteenth- and nineteenth-century white southerners believed pernicious diseases to be incident to environment and climate and transmitted to human hosts via “miasms” in the air. These miasms were thought to be products of animal and/or vegetable

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7 See also Giblett’s book-length study, Postmodern Wetlands.
decay that would incubate poisonous spores in the soil and travel by wind, mist, or fog to an unsuspecting human host, who would contract their diseases simply by breathing in an unhealthy place or at an unhealthy time. White southerners believed that swampy, low, and otherwise wet ground harbored the most miasmatic danger, particularly at night, in uncultivated areas, and in the summer months from July through September. The miasmatic theory enjoyed unparalleled acceptance among the medical and lay community for most of the antebellum period, but because the southern states had gained a reputation for “sickliness” in the colonial period, it received sustained attention in the South.\(^8\)

Indeed, southerners did seem to suffer in greater numbers from the “summer fevers” such as bilious and intermittent fever, while yellow fever also persisted there until the early twentieth century, almost 100 years after it had been eradicated in the North (Carrigan 59, 68). Yet these fevers did not seem to strike all southerners equally. Physicians and lay people alike noted that certain residents possessed resistance or even total immunity to these fevers: those white southerners who had been born in the southern states or who had spent most of their lives there, along with most enslaved black southerners, seemed more likely to escape the outbreaks entirely or to experience milder symptoms from pernicious diseases. Of course, northerners and other “foreigners” traveling to the South were especially at risk; in fact, yellow fever came to be known as “strangers’ fever” among white and black southerners. In his *Journey in the Seaboard Slave States* (1856), Frederick Law Olmsted warned northern readers that any “persons moving here from the North, will be very subject to bilious fever during the fall months; [. . .] the danger is a permanent one at that season”

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\(^8\) On the miasm and contagion theories, see Nelson, “Landscape of Disease.” On the “poisonous” reputation of the southern colonies in the colonial period, see Parrish, Chapter Two (“English Bodies in America”); Kupperman, “Fear of Hot Climates”; Merrens and Terry, “Dying in Paradise.” For a cultural history of human understandings of “salubrious” land, see Valencius, *Healthy Land.*
Called “seasoning” in the colonial period and “acclimation” in the nineteenth century, this local immunity was an acquired resistance to the diseases inherent to a particular place, generally achieved through repeated low-grade infection, childhood contraction, or survival of a serious incident. White and black southerners who had acquired their resistance cultivated a peculiar sort of local pride, as “only those inhabitants who truly ‘belonged’ to the landscape” could survive an outbreak (Nelson “Disease” 555).

But this pride of place among white southerners was tested by their concomitant observations that black southerners appeared to be even more resistant to deadly fevers than were acclimated whites. How could these “outsiders” contract fevers less often and, when they did contract them, experience milder symptoms? While antebellum whites did not understand blacks’ relative immunity, they hypothesized that white and black bodily difference had something to do with it. Proslavery scientists and physicians used these observations about relative immunities and susceptibilities to support their belief in the polygenetic origin of humankind, which bolstered support for slavery by insisting on white and black evolutionary and even species-level difference. Rather than identify what might have been perceived as an evolutionary advantage—black immunity to miasmatic diseases—proslavery scientists and slave owners instead framed that immunity negatively, as “inferior susceptibility,” which ultimately served to emphasize blacks’ otherness: if they were truly like whites, the argument went, then they would have the same level of susceptibility to disease.\(^9\)

Meanwhile, white slave owners used this information on relative immunity to situate the dwellings of enslaved people in less “healthy,” swampland, and to use exclusively black labor in areas they deemed too dangerous for white residence or work. The linking of black people with “unhealthy” land thereby enabled whites to move into preferred areas deemed

\(^9\) See Chapter One, “‘A Clime More Congenial,’” for more on theories of black and white corporeal difference and their relationship to proslavery medical science.
more healthy—such as hilltops and other high ground—and revealed their willingness to risk the lives of enslaved people in exchange for their own. At the same time, the linking in the white mind of black bodies with swampland also enabled white southerners to argue that—at least in certain parts of the southern landscape—black labor was not merely desirable; it was necessary. Olmsted documents these racial geographies in *Journey in the Seaboard Slave States* by noting that the danger of malaria is particularly pronounced for whites on the “rice coast” of Georgia, where “it is dangerous for any but negroes to remain during the night in the vicinity of the swamps or rice-fields” (418). While he counters this claim with an observation that their high infant mortality and general sickliness does, in fact, reveal that “the subtle poison of the miasma is not innocuous to them” (418), Olmsted nevertheless upholds the dominant white southern association between black bodies and swampy ground.

Indeed, Olmsted’s *Journey* in several places reinforces this association for white readers. Initially composed as a series of dispatches for *The New York Daily Times*, the *Journey* offers Olmsted’s observations on agricultural, infrastructural, and socio-cultural life in the antebellum South. Its initial publication in the *New York Daily Times* (the precursor to today’s *New York Times*) reveals its original audience, at least, to be a northern one, and Olmsted writes from the position of an informed outsider to the southern states. In the section “Life in the Swamp—Slaves Quasi Freemen,” Olmsted paints a relatively uncritical picture of natural resource extraction in the Great Dismal Swamp, the most famous of the southeastern “dismals,” perhaps appealing to this northern industrialist audience’s sympathies, as northern readers might be interested in using the swamp-born raw materials whose extraction he describes.\(^\text{10}\) Olmsted’s comments indicate his view of the swamp as a

\(^{10}\) The Great Dismal’s long history of cartographic, textual, and pictorial representations make it a fitting case study for examining human interactions with American swampland during the period under review, and throughout this chapter I will return to this particular
producer of commodities—in this case, shingles—for northern markets, and accordingly, immediately following this passage he includes a long list of the products shipped by the Dismal Swamp Canal, giving the annual freightage amounts for each. In the same moment, however, he also points to the enslaved men’s status as commodities themselves. Because the men are both hired out and working under the “task” system, they must make enough shingles both to “pay back” their employer the amount of money the employer paid his owner, and they must also pay for their own provisions:

[T]he slave lumberman [. . .] lives measurably as a free man; hunts, fishes, eats, drinks, smokes and sleeps, plays and works, each when and as much as he pleases. It is only required of him that he shall have made, after half a year has passed, such a quantity of shingles as shall be worth to his master so much money as is paid to his owner for his services, and shall refund the value of the clothing and provisions he has required. (154)

As Olmsted describes the men’s “quasi-free” status, however, he conflates the commodities of the swamp with the commodification of black labor. This conflation is highlighted by his positioning of the Dismal Swamp’s material commodities alongside his representation of the “quasi-free” men’s personal account system (Figure 4.1). In his juxtaposition of the two accounts, Olmsted highlights the importance of the Dismal Swamp to nineteenth-century national commerce and, by extension, the importance of slavery—however “quasi-free”—to that national economy. Olmsted thus represents black bodies in southern swamplands as both a vital element of the national economy, which depends on their labor, and as an antidote to white sickliness, as they render the miasmatic location less dangerous. His text thereby implicates the local space of the swamp with national systems of racial exchange and bodily commodification that rely upon proslavery ideologies.
From “The Dismal Swamp” (150):

“... Of the main products of the country, the annual freightage on the Dismal Swamp Canal is about as follows:

- Shingles . . . . . .24,000,000
- Staves . . . . . .6,000,000
- Plank and scantling, cubic feet . . . . .125,000
- Ship timber . . . .40,000
- Cotton bales . . . .4,500
- Shad and herring, barrels . . . . .50,000
- Naval stores, barrels . . . .30,000
- Spirits turpentine, barrels . . . . .700
- Bacon, cwt . . . .5,000
- Lard, kegs . . . .1,300
- Maize, bushels . .2,000,000
- Wheat, bushels . .30,000
- Peas, bushels . . . .25,000”

From “Life in the Swamp—Slaves Quasi Freemen” (154):

“... At the end of five months the gang [of slave lumbermen] returns to dry-land, and a statement of account from the overseer’s book is drawn up, something like the following:

**Sam Bo to John Doe, Dr.**

- Feb. 1. To clothing (outfit) . . . . $5.00
- Mar. 10. To clothing, as per overseer’s account, . .2.25
- Feb. 1. To bacon and meal (outfit) . . . 19.00
- July 1. To stores drawn in swamp, as per overseer’s account . .4.75
- July 1. To half-yearly hire, paid his owner . . . . . . .50.00
- .................................................. .81.00

**Per Contra, Cr.**

- July 1. By 10,000 shingles, as per overseer’s account, 10c . . 100.00
- Balance due Sambo . . . . . . . . . . . . . . . . . . . . . . . . $19.00”
'A Slave Territory That Defies All the Laws'

Olmsted’s conflation of the physical spaces of southern swamps with the bodies of enslaved black people emerged in 1856, when his contemporaries and predecessors forged similar textual and “scientific” linkages. Even the earliest colonial encounters with swamps note their tendency for sheltering fugitive slaves or cultivating lawless behavior that lay outside the realm of “civilized” white society. For example, William Byrd’s 1728 account of the Great Dismal records the presence of a mixed-race family whose “Freedom seem’d a little Doubtful”:

We had encampt so early, that we found time in the Evening to walk near half a Mile into the Woods. There we came upon a Family of Mulattoes, that call’d themselves free, tho’ by the Shyness of the Master of the House, who took care to keep least in Sight, their Freedom seem’d a little Doubtful. It is certain many Slaves Shelter themselves in this Obscure Part of the World, nor will any of their righteous Neighbors discover them. (56)

Although Byrd encounters and records a meeting with just this one (presumed) fugitive family, he uses the occasion to remark upon the “certain[ty]” that many other fugitives secreted themselves in the fastnesses of the Great Dismal. His brief account reveals the presence of free black communities in the southern colonies from the earliest days of slavery, so that by the nineteenth century, this particular swamp (along with others in the Southeast and the Americas) became a haven for fugitives and a locus for flourishing maroon communities. In the process, the swamp also became an unsettling and disturbing space to white slaveholders and residents of the southern states: in claiming a geographical space as their own, maroon communities challenged white power and social order by locating “disorder”—in a physical, material way—in ideological and geographical proximity to the cultivated spaces inhabited by whites. Together with the successful slave insurrection
and subsequent revolution of power in Saint-Domingue¹¹ in 1791, the specter of slave freedom cultivated in the swamp inspired acts of violence by both white and black communities throughout the late-eighteenth and early-nineteenth centuries, particularly in Virginia’s Tidewater region. For example, in 1793, insurrection plots were uncovered in Norfolk, Portsmouth, Richmond, and Petersburg; in 1794, whites in Hertford County “were convinced that their slaves were poisoning them”; in 1799, Virginia slaves chained in a coffle murdered the traders who were bringing them south to Georgia; in 1800 the Gabriel Plot was uncovered in Richmond; and in 1802, two Southampton slaves killed their overseer, and officials in Norfolk discovered a slave plan to burn the seaport, while other “serious disturbances” erupted in the Albemarle area (Kirby Poquosin 180).¹² At this time in eastern Virginia, where agricultural and inundated lands existed alongside one another, these frequent acts of rebellion were geographically linked by their connection to swampy Tidewater ground.¹³

Small uprisings and acts of individual rebellion continued throughout the first half of the nineteenth century, but in 1831, the successful rebellion of Nat Turner linked the swamp more concretely with slave violence—especially with localized slave violence—in the minds of southern whites throughout the region. Turner’s rebellion began at a place called “Cabin Pond,” an area of swampy woods not far from Flat Swamp in Southampton County,

¹¹ According to traditional stories, the Haitian Revolution began at a voodoo ceremony at Bois Caïman, which translates as “alligator woods.” The suggestion of alligators in the woods might also signify swampy ground, further adding to the perceived correlations between rebellion and swampland.

¹² Of course, these are only incidents in the vicinity of the Dismal Swamp; others occurred throughout the South. One of the most notable insurrections was that planned by Denmark Vesey in Charleston, South Carolina. Although his plan was uncovered before it could be carried out, it allegedly inspired the “Charleston fire scare” of 1825-26, during which suspected black arsonists set fire to one building every night for six months (Oates 43-44).

¹³ Many other literary and cultural historians have noted the connections between swampland and rebellion, including Allewaert, Aptheker, Cowan, Kirby, Miller, Nelson, Parrish, and A. Wilson.
Virginia, and approximately 20 miles west of the Great Dismal Swamp (Oates 66-73). An undated nineteenth-century painting depicts Turner leading his band of fugitives in a forest setting surrounded by gnarled trees festooned with Spanish moss (*Tillandsia usneoides*), tree trunks emerging from stagnant water, and mystical vapors hovering in the air, all popular visual signifiers of swampland (Figure 4.2).¹⁴

On the night of August 21-22, 1831, Turner’s small group killed—using knives and other hand tools so as to move silently—55 of the whites in their neighborhood, sparing neither woman, child, minister, nor “kind” master, before fleeing from the white militia that had been called up to stop them (Turner 22, Oates 69-104). News of Turner’s rebellion spread rapidly throughout the southern states, and is widely credited with the initiation and increased enforcement of local and state laws circumscribing enslaved people’s already-limited freedoms. Meanwhile, violent white backlash persisted for months, during which white rioters murdered at least 200 innocent blacks (Turner 22, Oates 69-104).¹⁵

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¹⁴ This painting is reproduced on the cover of the Penguin Classics edition (2000) of Harriet Beecher Stowe’s *Dred* (1856), whose title character shares many of Turner’s unique faculties.

¹⁵ In her chapter “Fear of Insurrection,” Harriet Jacobs records the scene in her hometown of Edenton, North Carolina that followed Turner’s rebellion. In one particularly brutal scene, she notes the violent beatings and violations of privacy that enslaved and free blacks endured: “Those who never witnessed such scenes can hardly believe what I know was inflicted at this time on innocent men, women, and children, against whom there was not the slightest ground for suspicion. Colored people and slaves who lived in remote parts of the town suffered in an especially manner. In some cases the searchers scattered powder and shot among their clothes, and then sent other parties to find them, and bring them forward as proof that they were plotting insurrection. Every where men, women, and children were whipped till the blood stood in puddles at their feet. Some received five hundred lashes; others were tied hands and feet, and tortured with a bucking paddle, which blisters the skin terribly. The dwellings of the colored people, unless they happened to be protected by some influential white person, who was nigh at hand, were robbed of clothing and every thing else the marauders thought worth carrying away. All day long these unfeeling wretches went round, like a troop of demons, terrifying and tormenting the helpless. At night, they formed themselves into patrol bands, and went wherever they chose among the colored people, acting out their brutal will. Many women hid themselves in woods and swamps, to keep out of their way. [. . .] No two people that had the slightest tinge of color in their faces dared to
Popular accounts of the rebellion presumed Turner to be “hiding out” in the Dismal Swamp before his eventual capture and execution, but Turner’s Confessions cites only “the woods” as his hiding place during this time. One report recalled: “it was [. . .] strongly suspected that he had secreted himself among the thick brush of Dismal Swamp, but although the whole swamp has been thoroughly scoured even to its darkest and deepest recesses [. . .] and a great many runaway slaves found therein, no discovery could be made of ‘Gen. Nat.”’ (S. Warner 296). Another historical account claims that Turner hid in an underground dugout near Cabin Pond, and fled to nearby swamps when whites learned of his whereabouts and began to pursue him in Southampton County (Oates 114-16). By 1831, the association between swampland and rebellion in Tidewater Virginia had become so strong that the popular press could imagine no other place where Turner might hide. Yet his association with the Great Dismal persisted in the popular imagination.

White fear of rebellion in the swamp manifested itself in a renewed focus on maintaining social order through legal means. Initially, whites in Southampton undermined the severity and significance of the Turner attacks, as they presumed them the work of maroons in the Great Dismal. But when they learned that the rebellion was carried out by local enslaved people from nearby farms and plantations—and that they used a local swamp as their meeting place and hideout—they responded with more repressive laws limiting slaves’ already-scarce freedoms, such as restricting or eliminating outright passage between and among plantations (Kirby Poquosin 178-80). White slaveholders’ fears increased, both...
Figure 4.2

NAT TURNER (1800-1831), American slave leader, with his confederates in conference.

within Southampton County and beyond, because Turner’s rebellion proved that the wooded, swampy lands bordering their farms and plantations could harbor more than vaguely threatening maroon communities or truant slaves: just on the outskirts of their own controlled landscape might lie the surreptitious seeds of another violent plot (Vlach Big House 13, Isaac 52-53). Hundreds of miles away in the mountainous springs region of Greenbrier County, Susannah Harrison Blain wrote to her mother that the news of Turner’s rebellion had upset many springs-goers: “Are you not rendered uneasy by the affair in South Hampton? some persons here are a good deal excited” (30. August 1831). So widespread were the fear and anger instigated by Turner’s rebellion that southern representatives in Congress forced the entire legislative body to table all discussions of slavery—abolitionist, colonizationalist, or emancipationist—in order to avoid the further spread of such ideas in the free states or among their own slaves (Oates 45). In the 1830s, then, swampland in Virginia became increasingly associated in the local consciousness with violence and lawlessness and in the national consciousness with the potential destruction of a racially determined social and political order.

This association between black bodies and black waters expanded beyond the borders of the nation with the ongoing unrest between members of the Seminole Nation and white settlers of French, British, and American descent occupying the swampland of northern and western Florida. During the eighteenth century, control of Florida shifted hands between Britain and Spain, which eventually held the territory until 1821, when it ceded the land to the United States. In the interim, Spain granted amnesty to fugitive slaves, and maroon and free black communities flourished in northern Florida as enslaved people
from neighboring Georgia and South Carolina made their way southward. Meanwhile, the United States engaged in ongoing territorial conflicts with the Seminole Nation, who used the swamp as an integral component of their warfare tactics. Their intimate knowledge of the land enabled them to “camouflage[] themselves with mud and plant dyes, cover[ ] their tracks, cut notches in trees to hold their guns, burn[ ] grass for better viewing and firing, and establish[ ] defensive posts behind bogs, deep streams, and quagmires” (Nelson *Earth* 56). Although the American troops were unprepared for the spongy terrain, they decimated the Seminoles—only 10% of their population remained in Florida after the close of the official conflicts in 1842.

As a place of Native American and black rebellion against white power, the swamp thus disrupted the colonizing narrative of conquering, ordering, and containing both nonwhite bodies and the wilderness space they were associated with. Difficult to survey because land mass and water depth changed seasonally and according to large-scale temperature and precipitation patterns, swamps embodied physical and representational disorder and disarray. Most troubling, however, were their resistance to categorization—they were at one time and in one place both a watery earth and an earthy water. This peculiarity of the swamp—along with its status as a “landscape of disease”—rendered it an object, “or more precisely abject, to be managed and transformed” by humans (Giblett “Decolonizing” 289). Drawing on Michel de Certeau’s contention in *The Practice of Everyday Life* that “the map colonizes space” (121), I would like to turn now to reading early American maps of the Dismal Swamp, whose cartographic representations can help us

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17 Herbert Aptheker’s “Maroons within the Present Limits of the United States” argues that the political instability in Florida enabled the flourishing of maroon communities and the subsequent banding together of blacks with Native Americans, who fought together against white settlers from the U.S. (155-56). Space does not permit me to elaborate on the broad history of slavery in Florida; for more information, see Larry Rivers, *Slavery in Florida.*
understand the ways in which humans managed and transformed one early American (wet)landscape. Although early maps of the period\textsuperscript{18} reveal an attention to the ephemeral nature of wetlands, with their changing water levels and thus, surface area, later examples tended either to ignore the presence of the swamp altogether or to establish firm boundary lines around its circumference (even when none existed), and they also tended to label only the human-made “improvements” (such as canals and roads) to the swamp area while eliding important aspects of the natural environment. By 1850, American mapmakers increasingly emphasized the human impact on and around the Great Dismal and de-emphasized its ephemerality and uncontainability.

This emphasis on documenting the human impact on the Great Dismal Swamp began to appear in maps as early as 1801, when they depicted the roads and other construction surrounding the Dismal Swamp Canal. First proposed by William Byrd and supported by George Washington, the Canal was finally begun in 1793 after the formation of the Dismal Swamp Canal Company in 1784 and subsequent years of planning.\textsuperscript{19} Enslaved people—who dug the Canal by hand—made up virtually the entire labor force, and by 1805, virtually all maps of the Dismal Swamp maps I consulted from the period 1749-1862 illustrate its mixed water/land character by using horizontal shading (≡) and small land-water icons (⊙), but only the maps published prior to 1831 do not attempt to establish a firm border around the swamp’s periphery. Instead, these earlier maps leave the outlining of the swamp’s overall surface area fluid and amorphous. Joshua Fry and Peter Jefferson’s “This is the plan of the line between Virginia and North Carolina” (1749) portrays the outlines of the swamp with a solid inner line but a stippled outer line; a ca. 1780 map of Princess Anne and Norfolk Counties in Virginia depicts the swamp’s borders with green watercolor or ink coloring, but does not give the coloring any defined outline. The imprecise rendering of the swamp’s borders may indicate a lack of precise geographical information regarding the surface area, but it may also indicate an awareness of and attention to the swamp’s seasonal fluctuations.

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\textsuperscript{19} For a complete history of the Dismal Swamp Canal project, see Royster, \textit{The Fabulous History of the Dismal Swamp Company}. 
the Canal could admit small boats.\textsuperscript{20} An 1801 pocket atlas of the United States showed the Canal on its map of North Carolina but left it unlabeled, remarking in a textual note on “Swamps” that “A canal is making, about a mile to the eastward of this lake, from the head of Pasquotank to the head of Elizabeth river” (Carey 1801, 93). By 1807, James Madison’s “Map of Virginia” included the finished Dismal Swamp Canal and marked two other (unnamed) canals in the northwest corner of the swamp, as well as a public road along the eastern borders. Indeed, after the admission of boats in 1805, few national and state maps appear without the Canal drawn on their surfaces. By 1853, maps of the period showed additional “improvements,” including not only the completed canal and a few public roads, but also the Seaboard & Roanoke Railroad and the Norfolk & Petersburg Railroad. Meanwhile, maps of the 1850s grew increasingly precise in articulating the outline of the swamp’s circumference and topography. By 1862, the swamp had been completely and thoroughly surveyed, and subsequent maps show all possible transportation outlets to Albemarle Sound and to overland roads and railroads to large towns and cities, such as Suffolk and Norfolk.

In their display of a legible, navigable infrastructure of roads, canals, and railroad lines, the maps of the 1850s and '60s at the same time virtually erased natural aspects of the swamp, including its seasonal variability and ephemerality. This elision of potential variability occurred at the same time the swamp became inhabited by more and more enslaved black men—hired by the Dismal Swamp Land Company to build the canals, ditches, and roads—and as white fear of black insurrection became more firmly linked to swampy ground, especially in the Tidewater region of Virginia where the Dismal Swamp is

\textsuperscript{20} The contributions of enslaved people to the construction of the Dismal Swamp Canal are today recognized by inclusion in the network of the National Parks Service’s “National Underground Railroad: Network to Freedom” sites. See <http://www.nps.gov/history/ugrr/index.htm> for more information.
located. These infrastructural “improvements” thus did more than cartographically represent human manipulation of seemingly uncontrollable wilderness: they also acted emblematically to inscribe an order upon a space that was, from the white point of view, completely out of order—in the Dismal Swamp, the enslaved and free black workers of the Land Company, like Olmsted’s “slaves quasi freemen,” acted in large part independently of white oversight, while insurrectionists and fugitives took refuge or planned rebellions against white control. The cartographic labeling of the space as ordered, as “conquered” by white power, worked against the simultaneous reinscribing of the rebellious connections between black bodies and black waters. And yet in order to exert emblematic, cartographic, and human infrastructural control over the swamp space, white southerners paradoxically relinquished control over it—through habitation and labor—to enslaved and free blacks. By the 1850s, then, the swamp had become, in Harriet Jacobs’s words, a “‘slave territory that defies all the laws’” (177).21

As the maps of the 1850s and ’60s increasingly depicted the “boundedness” of the swamp, black and white writers of the period persisted in constructing the swamp as a site of general lawlessness, and for whites particularly, as a place of entrapment and alterity. The sojourn of the narrator in William Gilmore Simms’s 1845 novel Helen Halsey; or the Swamp State of Conelachita: A Tale of the Borders demonstrates the extent to which the idea of swampland as a “realm of outlawry” pervaded antebellum literary culture (25). Perhaps the most famous—and most prolific—writer of the pre-Civil War South, Simms published 82 books, including novels, short story collections, biographies, and volumes of poetry; additionally, he edited literary magazines, including the Southern Literary Gazette, the Magnolia (Charleston literary magazine), the Southern Quarterly Review, and the Southern and Western

21 Here Jacobs paraphrases the words of the captain of the ship bringing her northward to freedom as they pass by the “Snaky Swamp,” or Cabarrus Pocosin, North Carolina.
(known as “Simms’s Magazine”), contributing literary criticism, reviews, poems, and essays to these and others. Published at the height of this astounding productivity, Helen Halsey documents the misadventures of the narrator Henry as he pursues a romantic attachment within the boundaries of a fictional Gulf State swamp, where the young woman’s uncle leads a band of rogue ne’er-do-wells who guard the territory from official state and federal laws.

The language of enslavement pervades Simms’s swamp novel: Helen, Henry’s love interest, tells Henry that her uncle Bud “rules in the swamp. [. . .] He is master here” (33); and Bud, the tyrannical leader, tells Henry that he desires not “men of honor” to perform the work of their wilderness community, but rather “bondsmen” who will do his bidding without resistance (35). Early in the novel, Henry describes the swamp three times as a “prison,” and calls Helen’s father Bush, who took refuge from the law in his brother Bud’s swamp territory after foreclosing on a debt, a slave: “once a slave, such a man always remains a slave. From the moment that he yielded to the suggestions of his brother, and fled from his creditors to the wilderness, from that moment, he yielded himself up to a bondage, from which he did not now hope to set himself free” (81).

But while Simms’s portrayal of a white community “enslaved” by a tyrannical leader includes disparaging comments about women and Native Americans sprinkled throughout, the presence of black slavery is all but ignored. Bush Halsey, the “good” brother, does have an African woman servant whose status is unclear, but the narrative makes no other mention of U.S.-sanctioned, legal slavery. In Simms’s construction of a white-inhabited swampland, this space ironically becomes both a refuge from the law for its renegade white residents at the same time it is a site of perpetual bondage for them. In fleeing societal laws, the men
(and sole woman\textsuperscript{22}) of Conelachita voluntarily enter a compact of servitude to Bud Halsey as their white master. While eliding black slavery from his story, Simms nevertheless imagines his swamp setting as “beyond the law” of the state.

The swamp as a site of lawlessness and white entrapment similarly pervades the nonfictional descriptions of the Dismal Swamp provided by “Porte Crayon” in his September 1856 \textit{Harper's} sketch of that name. A pseudonym for the West Virginia sketch artist and writer David Hunter Strother, “Porte Crayon” inaugurated his wide-reaching fame in a series of sketches concerning Virginia and North Carolina nature published in \textit{Harper's New Monthly Magazine} in the mid-1850s, of which the “Dismal Swamp” sketch was a part. While this sketch at times romantically renders the swamp as the keeper of vast secrets hidden in “impenetrable fastnesses” (451), its words and images both primarily serve to deepen in the minds of his white readers the association of swampland with enslaved fugitives and lawlessness.

Strother’s initial depiction of the swamp demonstrates his participation in the literary creation of the region as a place of entrapment, dread, and alterity, at least for white people. As he enters the swamp accompanied only by “negro workmen” who tow his small craft from the banks of the Dismal Swamp Canal, Strother advances the notion that entering swamp wilderness requires specialized black guides: the “workmen’s” knowledge connects them to the wilderness space—unknowable to the lone white man—and thus, marks both black men and swamp as “other.” In contrast to his other place descriptions, where nature

\textsuperscript{22} I do not mean to elide Bush’s servant woman here by counting Helen as the “sole” woman in Conelachita, but the unnamed woman clearly does not \textit{voluntarily} enter into servitude to Bud, as do the others in the swamp community. The voluntary nature of the compact is what I want to emphasize here.
acts as a signifier of what is universally known, the swamp in this passage embodies a kind of hostile, “othered” nature:

Before I was aware of it I was in the Swamp. Lofty trees threw their arching limbs over the canal, clothed to their tops with a gauze-like drapery of tangled vines; walls of matted reeds closed up the view on either side, while thickets of myrtle, green briar, bay, and juniper, hung over the black, narrow canal, until the boat could scarcely find a passage between. The sky was obscured with leaden colored clouds, and all nature was silent, monotonous, death-like. [. . .] The low whispering ripple of the water, and the sullen tramp, tramp, tramp of the bargemen, did not disturb the stillness, but made it seem all the more dreary, like the ticking of an old clock in a deserted house at midnight. I was alone, utterly alone. My men were voiceless as the mutes of an Eastern despot. With the eternal tramp, tramp, tramp, they might have been ghouls, or cunningly-devised machines, set in motion by some malignant sorcerer, to bear me away living into a region of stagnation and death. (443-44)

In this instance, all of nature—plants, sky, water, other people—conspires to create Strother’s Gothic scene of almost claustrophobic entrapment: the trees arch over the canal, covered to their canopies with “tangled vines” and scarcely allowing the boat to pass underneath; “walls of matted reeds close up” the sides; and even the sky is “obscured with leaden colored clouds.” Like Poe’s House of Usher on the edge of the forest tarn, Strother’s slave bodies become part of the dreary space of the swamp, a natural outgrowth of the scene. At the same time, the men are simultaneously controlled—at least metaphorically—by unseen masters: an “Eastern despot,” a “malignant sorcerer,” or even death itself. As the element of entrapment and the larger element to which the men belong, the swamp in this scene thereby becomes the despot, the sorcerer, and the ghoul. In this way, Strother constructs the swamp space as unknowable, even hostile, and as a site of potential

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23 He calls a mixed-race man, for example, a “turkey-egg mulatto” (446), thereby implying that all of his readers know the color of wild turkey eggs (light brown with spots of dark brown and black).
entrapment, where nature may “bear [one] away living into a region of stagnation and death.”

As a white narrator expressing his fears for a presumably white audience in *Harper’s*, Strother uses the large black population in the Dismal Swamp to support his construction of it as a place of entrapment and alterity. But at the same time, he also reveals how the “quasi-free” black community, like the white outlaws in Simms’s fictional Conelachita, uses its location in an inhospitable wilderness to resist nationally prescribed laws—that is, to resist the entrapment of slavery. Thus, Strother recognizes and presents for his audience the oppositional functions of swampland: depending on one’s subject position, he seems to say, the swamp is a place of entrapment or a place of liberation.

As one of only a few white men in the swamp, Strother soon learns that he must rely on the black men for their knowledge of the landscape and the whereabouts of its fugitive slaves—who might be violent to an unknown white intruder, particularly after the stricter incarnation of the Fugitive Slave Law in 1850—which contributes to his expression of irreversible entrapment or powerlessness. As he observes the men at work, Strother gains some access to the mores of this swamp community, which emphasize assistance of the fugitives through a united resistance against white power. Enslaved and employed by the Dismal Swamp Land Company24 to process the timber of the swamp, the men in Strother’s sketch also covertly supply fugitives with labor (at reduced wages) and provisions (from the Company’s store). In describing these transactions, Strother quietly notes—for a national audience in *Harper’s*—the Land Company’s complicity with the loose adherence to the rule

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24 The Dismal Swamp Land Company possessed its own slaves, but the majority were “hired out” from neighboring plantations. See Kirby, *Poquosin* 154-55; and Royster, 96-99, 147-48, 159-80, 198, 419-23.
of law that prevails in the swamp; in so doing, he demonstrates the easy subversion and irrelevancy of national laws in a wilderness inhabited by a black majority:

These people [fugitive slaves] live by woodcraft, external depredation, and more frequently, it is probable, by working for the task shingle-makers at reduced wages. These employés often return greater quantities of work than could by any possibility have been produced by their own labor, and draw for two or three times the amount of provisions necessary for their own subsistence. But the provisions are furnished, the work paid for, and no questions are asked, so that the matter always remains involved in mystery.

(451)

After noting in this passage the cooperation among the groups of enslaved, hired-out, and fugitive lumbermen in quietly subverting white power, Strother then records his own experience of powerlessness, at the hands of an armed fugitive. Acting on his desire to “see one of those sable outlaws who dwell in the fastnesses of the Swamp,” Strother seeks and eventually encounters “a gigantic negro, with a tattered blanket wrapped about his shoulders, and a gun in his hand” (453), which he clearly intends to use upon Strother. Although Strother escapes from this potentially fatal situation unharmed, the instance demonstrates both the rapid, easy reversal of national laws in the swamp and the extent to which the white narrator relies upon the knowledge of his enslaved guides to lead him through its “safe” regions. While Strother’s desire to see the man is clearly encoded as romantic and aesthetic in nature—he does not intend to find a fugitive in order to prosecute him under the Fugitive Slave Law or claim an associated reward; he only wishes to sketch him—Strother’s narrative also highlights for white readers the ways in which national laws have the capacity for subversion in the face of vigilante swamp justice.25

25 A similarly dicey fate befalls the white narrator of Henry Clay Lewis’s “A Struggle for Life,” the final tale from his collection Odd Leaves in the Life of a Louisiana “Swamp Doctor” (1848). In this sketch, the narrator, Madison Tensas—loosely based on Lewis himself—is brutally attacked by his enslaved companion as they travel through the swamp to see a patient. Like the enslaved laborers of the Land Company in Strother’s sketch, the narrator’s companion in Lewis’s story possesses power over him because of his knowledge of the
The tendency for legal slipperiness in the Dismal Swamp soon became one of its defining characteristics, especially after the construction of a hotel deep within its borders, straddling the Virginia-North Carolina state line. Built in 1800, the “Half-Way House” was the site of gambling events, elopements, and duels—the latter activity favored because the prevailing party could step over the state line and avoid the other state’s murder charges (H. Davis 65-66). An ideal place for “eluding the law,” the hotel advertised in a Norfolk newspaper in 1830 that it was “calculated to render facilities for matrimonial and dueling engagements. [. . .] Indeed it is a stand fully applicable for all purposes of life, as eating, drinking, sleeping, marrying, and dueling” (qtd. in H. Davis 66). The hotel’s notoriety for anarchic fun soared in the 1830s and ’40s, when a popular print of the building even appeared on the currency of several states (Pollin 248). With these visual mass reproductions, the Dismal Swamp’s association with borderland lawlessness became iconic.

But the swamp’s tendency toward “lawlessness” takes on a different cast when we consider the constructions of swamps in the writings of formerly enslaved people. In the slave narratives of Harriet Jacobs and Henry Bibb, fearful encounters with wild nature become more “natural” than fearful encounters with slavery: the lawlessness and disorder of the natural world, though frightening and even potentially fatal, is nevertheless preferable to the ordered unjust laws of slavery. For example, as Henry Bibb travels with his wife and child through the Red River Swamp of Louisiana in order to escape his cruel owner, Deacon...
Whitfield, he encounters a pack of snarling wolves eager to devour them as prey. With no weapon but a stolen bowie knife, Bibb rushes toward the predators, causing them to retreat; he saves his wife and child, who are shaken but not physically harmed. When shortly thereafter the family is hunted by bloodhounds and forcibly returned to the Deacon’s plantation, Bibb reflects that his fight with the wolves was more “natural” to the human condition than is continued suffering under slavery:

The reader may perhaps imagine what must have been my feelings when I found myself surrounded [...] with my little family, at midnight, by a gang of savage wolves. This was one of those trying emergencies in my life when there was apparently but one step between us and the grave. But I had no cords wrapped about my limbs to prevent my struggling against the impending danger to which I was then exposed. I was not denied the consolation of resisting in self defence, as was now the case. There was no Deacon standing before me, with a loaded rifle, swearing that I should submit to the torturing lash, or be shot down like a dumb beast.

I felt that my chance was by far better among the howling wolves in the Red river swamp, than before Deacon Whitfield, on the cotton plantation. (131-32)

In fighting off the predators of the wilderness, Bibb used every one of his human faculties, but in succumbing to the torturous beating of the Deacon, he is denied the usage of his own body and must be beaten or “shot down like a dumb beast.” Bibb’s implication here is clear: humans should be more comfortable with other humans than they are with potentially dangerous animals under the open sky, but slavery reverses this “natural” order. *The Narrative of the Life and Adventures of Henry Bibb* (1850) laments that there is no safe home for the slave: the wilderness is savage, but the plantation is even more so.

Bibb highlights the absence of a rightful home for enslaved people in another representative passage, which outlines the dangers to enslaved children who are left all day exposed to the elements and to potentially fatal predators:

This was a very warm climate, abounding with mosquitoes, galinippers and other insects which were exceedingly annoying to the poor slaves by night and day at their quarters and in the field. But more especially to their
helpless little children, which they had to carry with them to the cotton fields, where they had to set on the damp ground alone from morning till night, exposed to the scorching rays of the sun, liable to be bitten by poisonous rattlesnakes which are plenty in that section of the country, or to be devoured by large alligators, which are often seen creeping through the cotton fields going from swamp to swamp seeking their prey. 

Addressing directly the dominant view of white doctors and slave owners that black people could tolerate the heat and swampy ground of the southern states, Bibb here appeals to a sympathetic white audience by asserting instead his common humanity and desire for a safe domesticity: he reminds readers that black parents, too, worry about poisonous snakes, mosquitoes, and alligators. Ultimately, though, Bibb reasserts that these “natural” dangers are not the problem; rather, the problem lies with the “savage” nature of the plantation, which denies him the basic human (and masculine) right to protect his family.26 In his text, it is the plantation experience, not the wilderness, that is dangerous.

Harriet Jacobs’s *Incidents in the Life of a Slave Girl* (1861) makes a similar point. The bestial, hypersexualized nature of her master, who threatens her with rape daily before she eventually escapes, is more savage than the terrifying swamp where she spends two frightful days before secluding herself in her tiny garret. She writes that although the “Snaky Swamp” houses hundreds of mosquitoes that “poisoned [her] flesh,” as well as snakes of such number that she was “continually obliged to thrash them with sticks to keep them from crawling all over us,” “even those large, venomous snakes were less dreadful to my imagination than the white men in that community called civilized” (126, 267). For Jacobs, the Snaky Swamp is a place of great fear and physical revulsion, one that makes her physically ill with fever and nausea; but at the same time, it serves as a foil to the revolting

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26 Indeed, Bibb is remarkable in that he brings his wife and child on every escape attempt—most male fugitives traveled alone. His insistent inclusion of the family highlights his attempt at asserting his own humanity in the face of de-humanizing unnatural slavery. Unfortunately, though, all of his escape attempts fail until he leaves his wife and child behind.
treatment she receives from her master and other white men in the community. By framing the swamp this way I do not mean to imply that it functions simply as a symbol or a way merely to highlight the master’s cruelty. The swamp for Jacobs is a very real place, one that cuts her skin, gives her a fever, and instills her with primal terror. But her subsequent textual pairing of the swamp with the “white men in that community” highlights the very unnaturalness of her experiences: she should feel safer among the “civilized,” but instead she would rather dwell, however uncomfortably, in the “savage” swamp. The experiences of Jacobs and Bibb in swamp wildernesses are certainly far from positive—this is not a safe refuge for fugitives or a domesticated maroon community—but both use wild nature as a comparative tool to demonstrate the depth of savagery that the institution of slavery inculcates in white masters. In doing so, they also reveal the reversal of natural laws that occurs when the “howling wolves” become preferable to the “community called civilized.”

In contrast to the textual constructions of the swamp in Bibb, Jacobs, Strother, and Simms, which imagine it as a place that defies human and “natural” laws, Martin Delany views the wildness of swampland as the physical expression of a natural law that in turn mandates black freedom. In *Blake; or, the Huts of America* (1859; 1861-62), Delany’s protagonist Henry Blake sees in both wild and cultivated nature a plan for revolution writ large: the trees, birds, wind, leaves, lightning, thunder, “running streams,” and even domestic livestock and agricultural fields all keep the prospect of revolution and freedom “constantly before [his] eyes and in [his] memory” (39). As Eric Sundquist argues, this philosophy of “natural law” indeed lies at the heart of and informs Blake’s revolutionary impulses (193). But in *Blake* the swamp is much more than a physical manifestation of mandated freedom: as a bioregional and topological point of connection between the U.S. South and the Caribbean and South America, the swamp supplies Blake with physical and cognitive connections to
enslaved people across these many “Souths.” A veritable chain of swamps linking these transnational southern spaces thereby becomes the locus of communication for enacting a large-scale, hemispheric slave insurrection. To Blake, the very existence of this topological peculiarity across the many Souths signals the “natural,” or even divine, mandate for political upheaval and a transnational overthrowing of white power.

In representing the swamp as a point of bioregional connectivity—and thus, as the appropriate locus of communication for a multinational cadre of enslaved people poised throughout the hemispheric South—Delany nevertheless relies upon the cognitive association between rebellious black bodies and swampland already established in the minds of his readers by the forces outlined in the first part of this chapter. The swamp’s inaccessibility to and undesirability among whites gives Blake a physical space in which to plot his rebellion and establishes the transnational swamp as a “home” for enslaved blacks that crosses political, cultural, and linguistic boundaries. Accordingly, Delany’s protagonist embodies a near-mystical mandate as a black leader, one that situates him as the “next in line” after other insurrection leaders who started from the swamp, such as Nat Turner, Denmark Vesey, and “General Gabriel.”27 Indeed, as Blake approaches the “mystical, antiquated, and almost fabulous Dismal Swamp,” a number of the “old confederates of the noted Nat Turner” hail him as “a nudder Denmark ’mong us!” And as he enters the swamp, a group of High Conjurers greets him as a long-awaited prophet sent to fulfill the aims of these past insurrectionary leaders:

“I been lookin’ fah yeh dis many years,” said old Gamby Gholar, a noted high conjurer and compeer of Nat Turner, who for more than thirty years has been secluded in the Swamp, “an’ been tellin’ on ’em dat yeh ’ood come

27 “General Gabriel” is of course the man many historians name “Gabriel Prosser,” though no known document of the period gives him this surname (that of his owner). See Egerton, *Gabriel’s Rebellion.*
long, but da ’ooden’ heah dat I tole ’em! Now da see! Dis many years I been seein’ on yeh! Yes, ’ndeed, chile, dat I has!” (112)

Psychically connected to black rebellion through the collective memory of its fugitive inhabitants, the swamp environment thus supplies a proper home for Blake and his army of revolutionaries; it catalyzes his plans and elevates his leadership to that of one divinely appointed to follow in the footsteps of Turner, Vesey, and Gabriel. As the “natural” descendant of black revolutionaries, Blake identifies with the wildness of the swamp because it signifies both the “naturalness” of his appointment to lead the massive uprising and the “naturalness” of human freedom across political boundaries.

While each of the four types of text previously considered—fiction (Simms), natural history sketch (Strother), slave narrative (Bibb, Jacobs), and even the maps—all represent the swamp as “other,” as a dwelling-place of the “not-me,” in Delany’s novel Blake identifies with the swamp as a physical confirmation of his own appointed leadership and as a topological feature whose transnational connectivity represents revolution as an outgrowth of natural processes and laws. Delany’s construction thus provides us with a useful point of contrast to the predominant antebellum constructions of the swamp as “lawless”: in Blake the swamp’s very lawlessness, its wildness and freedom, somewhat paradoxically signify the “natural” law of revolution. Together with the fiction, nonfiction, and maps discussed earlier in this section, Blake reveals the pervasiveness of the trope of “natural” swamp lawlessness and disorder: within antebellum literary and cartographic texts, the swamp is a space resistant to human domination and human-made laws.
“The Distinctions of Nature, or the Boundaries Which Separate”

During a place and time where whites’ control over black bodies was essential to the maintenance of southern societal order, the presence of such a vast and pervasively uncontrollable area of swampland was unsettling to them indeed. As a site of black freedom and, as we have seen, lawlessness in general, the swamp incited white fears not only for their safety but also for their survival. The swamp’s relative proximity to the cultivated land of the farm or plantation meant that this specter of wildness always lurked at the outside edges of white slaveholders’ imaginations. Indeed, the fiction, nonfiction, and archival accounts of antebellum white southerners almost always mention some form of undesirable (or unusable) “woods” or “swamp” on the outskirts of their farms, places where enslaved people hid for a couple of days (“truancy”) or used as staging areas for permanent escapes. Thus, to enslaved people, the swamp was, in abolitionist author Harriet Beecher Stowe’s words, “a considerable check on the otherwise absolute power of the overseer” (Dred 210), while to slave-owning southerners it reminded them of the limitations of their control and of their proximity to wildness. At the edge of their cultivated and controlled property, the wild swamp threatened to overtake ordered agricultural land at the same time it might overtake the ordered culture of southern life itself.

Accordingly, metaphors of “degeneration”—usually from “culture” or “cultivation” to “barbarism” or “wilderness”—permeate the proslavery writings of the 1850s. In her novel The Planter’s Northern Bride (1854), southern apologist Caroline Lee Hentz employed such a metaphor in order to argue that the maintenance of plantation order was essential to the continuation not only of the United States’ agricultural system but also of American civilization as a whole:
That the African, *unguided by the white man’s influence*, would suffer the fairest portions of God’s earth to become uncultivated wildernesses, let St. Domingo, Jamaica, and the emancipated islands bear witness. Suppose the triumph of fanaticism, agriculture would inevitably languish and die; the negro, as well as the white man, would not only sink into an abyss of poverty and ruin, but the withered energies, the decaying commerce, and expiring manufactures of the North would show the interests of the two different sections of our common country to be connected by as vital a ligament as that which unites the twin-born brothers of Siam. Let the death-stroke pierce the bosom of one, the other must soon become a livid and putrefying corpse.

If it be God’s will that our country, so long the boast and glory of the age, should become its byword and reproach; if the Genius of America is to be driven from her mountain heights into the dens and caves of earth, weeping over her banner insulted, its stars extinguished, its stripes rent asunder, with none left to vindicate its rights; if the beauty, order, and moral discipline of society are to be resolved into the gloom and darkness of chaos, the silver chords of brotherhood snapped asunder, and the golden bowl of union for ever broken:—if it be God’s will, let man lay his hand upon his mouth, and his mouth in the dust, and say, “It is good!”

Hentz’s imagined disaster, with all its apocalyptic overtones, is a regression from agriculture to “uncultivated wildernesses,” from cultured nature to nature *as* nature. Slavery, then, is equated with maintaining order over nature: without this order, human civilization would “sink into an abyss of poverty and ruin.” In implicating both North and South in this impending disaster, Hentz expresses a fairly common proslavery argument: that even though white northerners wish to wash their hands of slavery, they nevertheless rely upon slave labor for their economic well-being. But her ominous prediction of the barbaric regression of both sections of the nation also accorded with a contemporary scientific argument about emancipation. When we consider her literary construction alongside the popularized proslavery science then available to her in southern literary and agricultural journals, her words take on even greater evocative force. Proslavery scientists contemporary with Hentz agreed that such a “triumph of fanaticism”—that is, the triumph of abolitionism—would

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28 Of course I am generalizing here. There were proslavery northerners and antislavery southerners, and neutrality and mixed views on all sides, but Hentz’s novel is a direct response to *Uncle Tom’s Cabin*, which she viewed as a northern attack on southern slavery.
indeed catalyze a regression to “barbarism” through miscegenation, majority hybridity, and eventually, white racial extinction.

The logic of this argument relied upon the theory of polygenesis, which argued for separate evolutionary origins of the races. As a response to the environmentalist explanations of racial origins popularized in the eighteenth century, polygenesis in the United States specifically countered the monogenist theories of Samuel Stanhope Smith, whose 1787 *Essay on the Causes of the Variety of Complexion and Figure in the Human Species* argued that the human species had a single evolutionary origin and that differences in race could be attributed to environmental factors (such as climate) or societal factors (such as enslavement). He believed that “radical” changes—such as being removed from Africa and brought to North America, or being suddenly emancipated from slavery—would actually eliminate racial difference among those people residing in the same area and subjected to the same environmental influences (Frederickson 72). But even though his theory of monogenesis upheld white supremacy—it posited a single, original superior race (Caucasians) from which all other races “degenerated” (Stanton 10-18)—it was still seen as dangerous by proslavery scientists who recognized in it a kernel of the “radical” abolitionist argument for human racial equality. Critics of Smith’s theory of monogenesis emerged as early as 1830, but the most famous (and most vociferous) was Samuel Morton, whose 1839 publication *Crania Americana* shook the foundations of environmentalist theories of racial origin and subsequently attracted a group of followers who came to be known as the new “American school” of ethnology. In *Crania Americana* Morton recorded years of research of comparative craniology, or the study of human skulls, and documented no differences between “modern” (that is, 1830s-era) Caucasian, Indian, and “Negro” skulls from their ancient archaeological counterparts. The steady maintenance of racial difference across
hundreds of years thus led Morton to assert a polygenist rather than monogenist origin of races: whites, Native Americans, and Africans did not descend from a single ancestor, he argued, but instead originated separately.

British Egyptologist George R. Gliddon and Alabama physician Josiah C. Nott strongly supported Morton’s research, and together the three ethnologists made up what historian George Frederickson calls “the scientific triumvirate” that “attempted to convince educated Americans that the Negro was not a blood brother to the whites” (75). Nott and Gliddon’s *Types of Mankind; or, Ethnological Researches, based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and Upon their Natural Geographical, Philological and Biblical History* (1854) compiled work from Morton, Louis Agassiz, and others; it exhaustively addressed religious, historical, linguistic, and artistic factors in supporting the polygenist argument. Although Nott and Gliddon intended their for a scientific audience, the ideas within were quickly popularized for the lay audience in periodicals such as the *Southern Quarterly Review* and *De Bow’s Review*. The popularized science meant that proslavery southerners from all walks of life could now justify the institution of slavery on the basis of blacks’ supposedly degraded racial origins.

To these ethnologists, and to others who supported their work, such as Harvard biologist Louis Agassiz and New York physician John Van Evrie, the consequences of polygenism for the South’s “impending crisis” were clear: white racial extinction and a nation-wide regression into barbarism. Van Evrie’s 1861 book, *Negroes and Negro “Slavery”: The First an Inferior Race: The Latter its Normal Condition*, an expansion upon his 1853 pamphlet of the same title, played on white southerners’ fears of black emancipation and eventual black equality by emphasizing the perceived dangers and moral taboos of miscegenation. Van Evrie told his readers that the abolition of slavery would cause the two races to
“amalgamate,” eventually leading to the sterility of fourth-generation “hybrids,” who in turn would become extinct. The remaining white blood would die out, and the increasing concentrations of black blood would cause a mass reversion to “savage” origins and a gradual extinction of the white race. As the “civilized” institutions of the United States—such as representative democracy and organized agriculture—broke down, the nation would become weak and vulnerable to attacks from foreign “pure blood” powers, like Britain and France. At the same time, the great natural resources of the “tropical regions” (that is, the American South), would lie fallow without labor for proper cultivation, gradually wasting away to barren wilderness. Eventually, the “great republic” of the United States would crumble, and the entire continent would house a nation of savages no different from the wilds of Africa.

Most of the logic of Van Evrie’s and others’ arguments regarding national “degeneration” followed from the polygenists’ belief in the sterility of mixed-race offspring. While earlier monogenists like Smith, and even Linnaeus, used the capacity for interracial coupling and the healthy reproduction of fertile offspring as evidence supporting their thesis for the unity of species across humankind, the polygenists denied such virility by claiming it to be both degenerative and short-lived. Blacks and whites (as well as “Malays,” “Indians,” and “Mongolians”) could certainly produce viable hybrid offspring in the first generation, they argued, but these offspring were weak and less fertile. By the fourth mixed-race generation, the “hybrid” progeny would ultimately languish and become extinct, unable to reproduce. Using other animals as the basis for their argument for the differing species of blacks and whites, the polygenists claimed that these animal species revealed humans’ destiny if they persisted in trans-species reproduction: horses and donkeys could produce sterile mules in one generation, but the more complex human mammals could carry out fertility
three more times before complete extermination of the line. In granting “scientific”
credence to white southerners’ anxiety about miscegenation—or, as they called it,
“mulattoism and mongrelism”—the polygenists also reinforced the ideals of racial and
familial purity espoused by southern “Cavaliers,” the ideals taken to the extreme by Poe’s
Usher family.

The polygenists’ insistence on the total, final, and unchangeable “laws of nature”
highlights the ways in which the discourse of science seamlessly blended with the anxieties
about racial mixing and the disruption of societal hierarchies that pervade the literature of
the antebellum South. As Van Evrie argued, “The distinctions of nature, or the boundaries
which separate even species from each other, are absolutely impassable; each has the hand of
the Eternal impressed upon it forever, which neither accident nor time can modify in the
slightest particular” (37). Fundamentally discarding earlier environmentalist hypotheses, the
polygenists reassured white southerners that their societal order would remain intact as long
as they prevented the abolition of slavery and interracial unions. The maintenance of slavery
and the upholding of race-based social hierarchies thus became essential to the presumed
survival of white southern “civilization.” Widespread white fear of wildness and its disorder
thus pervaded antebellum literary and scientific cultures,29 and the swamp’s physical
uncontainability and association with black lawlessness made it the object of white
southerners’ “civilizing” projects.

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29 These two “cultures” were not nearly as distinct in the nineteenth century as they are
today, and educated antebellum southerners would have felt comfortable reading the primary
works of scientists, while scientific topics often formed the basis for articles in literary
magazines. See Laura Dassow Walls, Seeing New Worlds.
That “Wildly Vegetating Swamp of Human Souls”

The conflict between “wildness” and “civilization” is the linchpin of Harriet Beecher Stowe’s novel *Dred; a Tale of the Great Dismal Swamp* (1856), perhaps the most famous fictional treatment of swampland in nineteenth-century literature. In her connection of “wildness” to freedom—whether that of a white southern belle to choose her own suitor, of a black revolutionary to plot insurrection, or of a vine to grow unchecked by human containment—Stowe expresses an ambivalence about the valuation (or devaluation) of wilderness as contrasted with “civilization.” The swamp is thus both a “region of hopeless disorder” and a domesticated space where certain characters feel perfectly at home. Her antislavery leanings would have “freedom” valued, yet she nevertheless connects the freedom in her novel to an uncontrollable swamp wilderness and to a violent revolutionary plotting mass murder, thereby complicating the easy dichotomies that code the wilderness as “bad” and the plantation as “good.” In corporeally connecting both Nina Gordon and Dred to wild southern nature, Stowe undermines the proslavery science that relied upon linking disorder with white degeneration: although the swamp is the site of black unrest, it is not an uncivilizing, barbarous place. Ultimately, though, Stowe’s physical correlation of the geography of slavery with the geography of southern swampland means that in her desire to eradicate slavery she must also drain, tame, or otherwise “civilize” the swamp. In figuring the South at novel’s end as “that wildly vegetating swamp of human souls,” Stowe equates southern land with enslaved bodies and argues for the “civilization” of both.

Published four years after *Uncle Tom’s Cabin*, Stowe’s second fictional account of southern slavery follows two concurrent plot lines—that of the coquettish (and orphaned) Nina Gordon, eventually sobered and “tamed” by her beau, Edward Clayton; and that of a community of marooned slaves in the swamp, led by the prophetic Dred, son of Denmark
Vesey. Stowe establishes Nina’s connections to wildness from the novel’s opening, when she returns to Canema, her North Carolina plantation, after a long stint at a New York boarding school. In one of the first scenes, Nina prepares for a jaunt “in the woods,” expressing a deep desire “to get some jessamines, and spring beauties, and wild honeysuckles, and all the rest of the flowers that I used to get before I went to school,” thereby drawing a parallel between the “cultivation” of female manners at school with the cultivation—or rather, the lack of cultivation—of her favorite plants (15). Describing herself as “a wild young girl” (167), Nina consistently views other people through natural metaphors: for example, she compares an old enslaved man Tiff, the sole servant of a poor white family that lives on the edge of the Dismal Swamp, to “those mistletoes that we see on the trees in the swamps. He don’t seem to have any root of his own; he seems to grow out of something else” (285). And when an ill-matched suitor gives Nina a cultivated “full-blown” rose, at the same time asking whether she “ever studied the language of flowers,” Nina takes the rose “with vexation” and hands him a half-dead one from an adjacent bush, asking if he “understand[s] the significance of this?” (120). Just a few lines later, this same suitor surmises that Nina “must find it very dull here—very barren country, shockingly so!” This time, Nina’s disaffected response is, “Will you take some of this gumbo?” (120).

While her anger in these instances results as much from irritation at the suitor’s advances as from his choice of flowers and lack of appreciation for her home place, Nina’s rejection of him and his “cultivated” life indicates her implicit valuation of wild nature.

Of course, Stowe draws a more evidently “wild” figure in her title character, Dred, the fugitive slave leader who makes his home in the Dismal Swamp. We first meet Dred almost two hundred pages into the novel, where he surprises Harry Gordon, a mixed-race slave who acts as director of Nina’s large plantation, after an altercation with Nina’s boorish
and violent brother, Tom. Unknown to both Tom and Nina, Harry is their half-brother, born of their father and Harry’s enslaved mulatta mother. While distracted with his rage toward Tom—who advances upon Harry’s wife Lisette and threatens to buy her and make her his mistress—Harry wanders to the border of the Swamp, where he encounters Dred. On the boundary between swampy and cultivated land, the meeting between Dred and Harry highlights the contrast between wildness and cultivation that serves as the novel’s driving metaphor, as the two men incarnate their respective home places. Mocking the young man’s inability to leave the Gordon plantation, Dred appeals to Harry’s masculinity by emphasizing his own freedom from the lash, his wife’s safety, and the conditions of his independent, wild, outdoor life:

“[..] Go! you are a slave! But, as for me, [..] I am a free man! Free by this,” holding out his rifle. “Free by the Lord of hosts, that numbereth the stars, and calleth them forth by their names. Go home—that’s all I have to say to you! You sleep in a curtained bed.—I sleep on the ground, in the swamps! You eat the fat of the land. I have what the ravens bring me! But no man whips me!—no man touches my wife!—no man says to me, ‘Why do ye so?’ Go! you are a slave!—I am free! (199-200, emphasis in original)

When Harry subsequently cries out for inclusion in Dred’s fugitive band, the leader laughs scornfully, and sings a song with tones and words thrice described as “wild,” forming the initial association of Dred with wildness, an association that only continues to strengthen throughout the novel. On the border between the plantation and the swamp, Harry’s ties to the “civilized” plantation and Dred’s roots in the swamp collide; as Dred’s wild words come to overtake Harry’s sense of order and propriety, they mirror the chaotic growth of swampland encroaching upon the ordered rows of the plantation’s agriculture.

Later in the novel, when Harry remains indecisive about whether to remain loyal to Nina or to join Dred in the swamps, Dred appears almost magically, “as if he had risen from the ground,” to command Harry to act like a wild animal:
“What does the wild horse do? Launch out our hoofs! rear up, and come down on them! What does the rattlesnake do? Lie in their path, and bite! Why did they make slaves of us? They tried the wild Indians first. Why didn’t they keep to them? They wouldn’t be slaves, and we will! They that will bear the yoke, may bear it!” (341, emphasis in original)

In this second interaction, Dred urges Harry to mimic the wild creatures in order to subvert white power, arguing that if enslaved blacks would only act wildly enough—as “the wild Indians” did—they would never have been enslaved in the first place. In their embodiment of these respective home spaces (swamp and plantation) and metaphorical positions (wild and cultivated) the two men complicate the proslavery binaries that associated wildness with chaos and degeneration and cultivation with purity and order. Like Delany’s Blake, Dred looks to the natural world for black freedom’s mandate. And like Blake, Dred is ominous to white characters but nevertheless an ennobled figure revered by most of the enslaved characters. Yet while Stowe equates Dred’s wildness with a prophetic call for violent rebellion against white power, she does not encode such wildness as barbarous, or even negative. Her ambivalence thus opens up the possibility of a wild nature that mandates black freedom at the same time it destabilizes that possibility by placing its support in the mouth of a revolutionary figure espousing large-scale violence to whites.

As the ultimate “wild” or “green” man, Dred maintains a strong resonance with the natural world that ultimately authorizes his presence and the presence of all black bodies in the South. His long association with swampland—Stowe’s narrator tells us that he flees to the swamps at the age of 14, four years after witnessing his father’s execution and immediately after violently killing a white overseer—serves to link him irrevocably with this space, so that his physical body is rendered “perfectly en rapport” with nature. Like the environmentalist theories of origins propounded by Samuel Stanhope Smith and others, Stowe attributes Dred’s adaptations to swamp nature to his long association with it:
In regard to his physical system there was also much that was peculiar. Our readers may imagine a human body of the largest and keenest vitality, to grow up so completely under the nursing influences of nature, that it may seem to be as perfectly en rapport with them as a tree; so that the rain, the wind, and the thunder, all those forces from which human beings generally seek shelter, seem to hold with it a kind of fellowship, and to be familiar companions of existence.

Such was the case with Dred. So completely had he come into sympathy and communion with nature, and with those forms of it which more particularly surrounded him in the swamps, that he moved about among them with as much ease as a lady treads her Turkey carpet. What would seem to us in recital to be incredible hardship, was to him but an ordinary condition of existence. To walk knee-deep in the spongy soil of the swamp, to force his way through thickets, to lie all night sinking in the porous soil, or to crouch, like the alligator, among reeds and rushes, were to him situations of as much comfort as well-curtained beds and pillows are to us. (273-74)

Stowe’s sentimentalized language here serves to unify her “civilized” readership (referred to inclusively as “us”) and to domesticate Dred’s swamp experience: the forces of nature are his “familiar companions,” the ground is as soft and easy to him as a lady’s “Turkish carpet,” and the swamp’s generally uncomfortable situations are to him “as much comfort as well-curtained beds and pillows.” His presence there is a perfectly “natural” outgrowth of his experiences, just as Stowe’s readers’ presence in “situations of [. . .] comfort” would be considered an “outgrowth” or their particular environment and upbringing. Dred’s identity thus so fully merges with the swamp that his presence in it becomes a natural element of the ecosystem, while the larger ecosystem is in turn domesticated by his human presence. In “civilizing” his swamp home, Stowe makes a case for the possibility of similarly “civilizing” enslaved blacks throughout the South, thereby assimilating them into the fabric of white American culture. Unlike Hentz’s predictions of national collapse—America as a “livid and putrefying corpse”—Stowe imagines an incorporation of black bodies into the body politic. Ultimately, though, Dred’s self-identification as “outcast” disavows this possibility of domestication. His swamp home is animalistic, not humanistic, and he occupies a place in the ecosystem as an oppositional predator to proslavery “dragons”: “I must go back [. . .] to
my den,” he tells Harry, “‘Foxes have holes, the birds of the air have nests,’” and in the 
habitation of dragons the Lord hath opened a way for his outcasts!” (270). In these ways, 
Stowe remains ambivalent about the implications of the corporeal identifications with 
wildness and civilization that she constructs in the swamp.

This kind of equivocation characterizes the metaphorical connections between 
wildness and freedom that Stowe draws in the first half of the novel, when the swamp itself 
is simultaneously a dangerous and a magnificent place. Although she praises its luxuriance, 
she also emphasizes its poisonousness:

The reader who consults the map will discover that the whole eastern shore 
of the Southern States, with slight interruptions, is belted by an immense 
chain of swamps, regions of hopeless disorder, where the abundant growth 
and vegetation of nature sucking up its forces from the humid soil, seems to 
rejoice in a savage exuberance, and bid defiance to all human efforts either to 
penetrate or subdue. These wild regions are the homes of the alligator, the 
moccasin, and the rattle-snake. Evergreen trees, mingling freely with the 
deciduous children of the forest, form here dense jungles verdant all the year 
round, and which afford shelter to numberless birds, with whose warbling 
the leafy desolation perpetually resounds. Climbing vines, and parasitic 
plants, of untold splendor and boundless exuberance of growth, twine and 
interlace, and hang from the heights of the highest tree pennons of gold and 
purple,—triumphant banners, which attest the solitary majesty of nature. A 
species of parasitic moss wreaths its abundant draperies from tree to tree, 
and hangs in pearly festoons, through which shine the scarlet berry and green 
leaves of the American holly. (209)

The abundant growth and rich biological diversity that Stowe praises here is at the same time 
qualified by both the absence of human hands to “subdue” or to render orderly a profound 
disarray, and by the presence of parasitic plants and undesirable predators such as alligators, 
rattlesnakes, and water-moccasins. Her sentences reflect this qualified praise: nature

“rejoice[s]” in its own exuberance, but that exuberance is described as “savage”; the “wild 
regions” can provide a “home,” but only to poisonous snakes and toothy reptiles; and the 
“numberless birds” warble for a nonhuman audience of “leafy desolation.” The mosses 
twining around the trees are “parasitic,” but they hang “pennons of gold and purple” and
exist in “untold splendor and boundless exuberance of growth.” In this “region of hopeless
disorder,” evergreens mix with deciduous trees, climbing vines mix with parasitic plants,
predators mix with warbling birds, and the swamp is both “leafy” and “verdant all the year
round” at the same time it is “desolate” and “solitary.” This construction of the swamp at
once praises it for its solitary beauty and fears its luxuriant disorder. Enjoining her readers
not to explore the swamp for themselves, but rather to “consult[ ] the map” and “discover
that the whole eastern shore of the Southern States [. . .] is belted by an immense chain of
swamps,” Stowe invites her readers to imagine southern wildness without placing themselves
in physical danger—whether through encounters with rattlesnakes or with revolutionaries
like Dred.

But later in the novel, the swamp’s disorder takes on a primarily dangerous and
uncontrollable role. At this point, Stowe claims a direct correlation between the presence of
wild swampland girding the southern shoreline and the presence of slavery in the South. In
this logic, the “unnatural growth” of the swamp’s vegetation is what leads to the presence of
thousands of “uncultivated” souls in bondage:

In those desolate regions which [Dred] made his habitation, it is said that trees often,
from the singularly unnatural and wildly stimulating properties of the slimy depths
from which they spring, assume a goblin growth entirely different from their normal
habit. All sorts of vegetable monsters stretch their weird, fantastic forms among its
shadows. There is no principle so awful through all nature as the principle of growth.
It is a mysterious and dread condition of existence, which, place it under what
impediment or disadvantage you will, is constantly forcing on; and when unnatural
pressure hinders it, develops in forms portentous and astonishing. The wild, dreary
belt of swamp-land which girds in those states scathed by the fires of despotism is an
apt emblem, in its rampant and we might say delirious exuberance of vegetation, of
that darkly struggling, wildly vegetating swamp of human souls, cut off, like it, from
the usages and improvements of cultivated life. (496, emphasis in original)

Stowe’s point at novel’s end is clear: the presence of both swamps and slaves “in those states
scathed by the fires of despotism” is not coincidental. The swamp’s “delirious exuberance
of vegetation” thus comes to signify the “wildly vegetating swamp of human souls”
languishing under the yoke of southern slavery. In applying a domesticating metaphor to southern geography and culture, Stowe argues that both the wildness of the swamp and the wildness of slave culture must be civilized by incorporation into the orderly body of the republic.

Yet Stowe’s correlation between the presence of slavery and the presence of disorderly swampland in the South also reveals the extent to which outsiders in the antebellum period viewed disorderly southern land as indicative of a disorderly or degraded southern society. Although such disorder itself might be “natural” to a swampy region, she argues that the conditions imposed upon it are “unnatural,” resulting in “vegetable monsters” and “goblin growth.” In figuring the growth of the swamp as out of control and unnatural, Stowe thus creates a type of “nature” that seems to rebel against its own nature, thereby enabling her to avoid having to condone the rebelliousness of the wild or even to view that rebelliousness itself as “natural.” This standpoint enables her to condemn southern slavery and call for its abolition without necessarily siding with her violent swamp revolutionary, a position that would have made her white readers uneasy, even the most “radical” of abolitionists.

Like the advocates of monogenesis, Stowe argues in *Dred* for a condition of existence modified by external circumstances. The “goblin growth” of the trees occurs only because they are being unnaturally “stimulat[ed]” by the “slimy depths from which they spring.” Place them in another environment—“bring sunlight into the swamp”—and their “normal habit” would return. That a northern abolitionist writer like Stowe would appropriate the scientific theory of environmental causation in order to make a domesticating argument about southern land and southern slavery illustrates the extent to which ideas about
degenerating wilderness permeated national conversations about slavery throughout the 1850s.

Originating from such “slimy depths,” the black waters of the swamp came to signify (at least in the constructions of white writers like Stowe and Simms) the South’s potential for racial degeneration and societal chaos, but it is through those same slimy origins that swampy land also came to contrast with white southerners’ simultaneous constructions of the mineral springs region as a place of racial purity and societal order. While the cypress trees Stowe references above experience grotesque and repulsive results from the “stimulation” of the black waters, the contrasting stimulation of southern mineral and thermal waters restored health and vitality to white southern bodies. That is, at the same time that nineteenth-century Americans—white and black, northern and southern—became preoccupied with the signifying power of southern swampland, white southerners became preoccupied with the reifying power of southern mineral springs. The southern swamps might threaten white society with disorder and chaos, but the southern mineral water resorts would present white southerners with a vision of an orderly future in the picture of the plantation ideal.

The simultaneous construction of two types of waters and two types of nations suggests that white southerners imagined their region, as they imagined their environment, as capable of both healing and harming. While the swampland might weaken the white southern body, the “bracing” up-country would restore it; while the black waters might fester disease, the pure waters would remove it. For the white southern body, then, the cumulatively negative effects that might result from residence in a swampy region could be overcome by a residence in a competing region of purity and healthfulness. Of course, this antithetical vision of the South as a place of both poisonousness and panacea, toxins and
curatives, could only be sustained when white southerners imagined their peculiar southern bodies as constituting a peculiar body politic, one that relied upon race-based enslavement. The healthful southern body, and the healthful southern body politic, rested on white southerners' systematic elision of the black bodies within.
EPILOGUE

In “The Village” chapter of *Walden* (1854), Henry David Thoreau describes his frequent trips to town for “homeopathic doses” of gossip and news (416). At times he would stay in Concord until late in the evening, and on those nights he would make his way home to the cabin at Walden Pond by feeling the way with his feet or by tracing remembered trees with his hands:

> It was very pleasant, when I stayed late in town, to launch myself into the night, especially if it was dark and tempestuous, and set sail from some bright village parlor or lecture room, with a bag of rye or Indian meal upon my shoulder, for my snug harbor in the woods [. . .] I was never cast away nor distressed in any weather, though I encountered some severe storms. It is darker in the woods, even in common nights, than most suppose. I frequently had to look up at the opening between the trees above the path in order to learn my route, and, where there was no cartpath, to feel with my feet the faint track which I had worn, or steer by the known relation of particular trees which I felt with my hands, passing between two pines for instance, not more than eighteen inches apart, in the midst of the woods, invariably in the darkest night. (419)

Although likened to smooth sailing on calm seas, Thoreau’s blind walk nevertheless calls up images of other midnight walks through the woods recounted in the narratives of enslaved people. In these contexts, the walkers looked up to the night sky for Polaris, the North Star, and they felt the barks of trees for moss, which (in the northern hemisphere) grows on their north-facing sides. Like Thoreau, enslaved people escaping slavery used cues from their environment to find the right paths, but the profound consequences—and emotional register—of their nighttime walks could not have been more different from his.
While I do not know whether Thoreau had in mind the harrowing walks of enslaved people running to freedom when he described his own “pleasant” jaunt home, he was certainly not naïve about the policies of the United States government, as his astute political writings and speeches, and his extensive antislavery activism, reveal. Thoreau was one of Concord’s most frequent conductors of fugitive slaves on the Underground Railroad; according to Ann Bigelow, a prominent abolitionist, he concealed fugitives in his cabin at Walden, brought them to the Fitchburg train station by wagon or another train, and escorted them to Fitchburg from Concord, sometimes at great personal risk (Myers 49, 156).

Meanwhile, the pages of *Walden*, a seemingly apolitical work of “nature writing,” contain subtle and not-so-subtle critiques—of slavery, of government, of capitalism—scattered throughout. In fact, on the very next page after the passage quoted above, Thoreau notes the interruption of one of his pleasant village walks, when he “was seized and put into jail, because, as I have elsewhere related, I did not pay a tax to, or recognize the authority of, the state which buys and sells men, women, and children, like cattle at the door of its senate-house” (420).

Thoreau’s short stint in jail, which he undertook in protest of the United States government’s imperialist war against Mexico and the subsequent expansion of slavery into western North America, is well known to most high school and college students, as “Resistance to Civil Government” has become a canonical text. Likewise, *Walden* remains one of the most-taught books in American literature classrooms. Yet at the same time, scholars tend to see Thoreau as either an “environmentalist prophet” or as a “social radical” and political reformer, but usually not both at the same time (Buell *Imagination* 359-69, Myers
Why do we rarely hear—at one moment—the words “Thoreau” and “nature” and “slavery”? Thoreau’s activism against slavery and his engagement with the natural world are almost never thought about in relation to one another, let alone presented in the same lesson plan, even though his vision of ecological wholeness, especially later in life, encompassed a free human society.

To take one example, the wildness the southern swamp (or northern bog) was not threatening to Henry David Thoreau, who instead saw in its unencumbered and liminal ecology an “absolute freedom” that provided a model for human societies. This extrapolation was informed by Thoreau’s conviction that the human connection to non-human nature was actual, not metaphorical: in the “Solitude” chapter of *Walden* he writes, “Shall I not have intelligence with the earth? Am I not partly leaves and vegetable mould myself?” (389). Differing from his mentor R. Waldo Emerson, Thoreau believed in the actual, physical, material connection of humans to the earth, not simply a communication or a metaphysical correspondence between the two. But it was Thoreau’s nature-study compounded with his antislavery activism that led him to see the human and nonhuman

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1 Jeffrey Myers and Lance Newman are notable exceptions. In *Converging Stories*, Myers convincingly argues that Thoreau’s “ecocentric vision [...] is his social justice vision,” and that his “nature writing and early conservationist ethic are, finally, of a piece with his abolitionism” (51, his emphasis). Newman’s *Our Common Dwelling* takes as its central thesis the influence of class division and social change on American Romanticist and Transcendentalist writers; accordingly, he reads *Walden* as a primarily social text. Laura Walls’s excellent analysis in *Seeing New Worlds* of Thoreau’s attempts at acquiring disciplinary and spiritual “wholeness” also seek to unify two disparate aspects of his legacy (his natural history with his literary contributions), though she is less concerned with the social implications of this unity. Sandra Petrulionis’s *To Set This World Right* historicizes Concord’s antislavery movement and frames Thoreau’s involvement in it as “a product of his community’s activism” (3). And David Robinson’s recovery of Thoreau’s concept of a “natural life” reveals how a life in nature became for him “the ethical standard of his personal behavior” (150); see especially his Chapter Seven, “Life with Principle”). Thoreau scholarship is changing, slowly, but only Myers and Newman argue for the merging of Thoreau’s social and natural worldviews in the way I am here. I would like to thank Rochelle Johnson for pointing me to the Newman, Petrulionis, and Robinson texts.
worlds as one and the same. So that when Thoreau begins his essay “Walking” with the line, “I wish to speak a word for Nature, for absolute freedom and wildness, as contrasted with a freedom and culture merely civil—to regard man as an inhabitant, or a part and parcel of Nature, rather than a member of society,” he is actually arguing for the unity of humans with the “absolute freedom and wildness” of the natural world (592). This is not a metaphorical but a physical unity. Free from the constraints of “civil” society, humans’ right place—and right model for existence—exists in a wild and free nature. In a “civil “society that condoned the “buy[ing] and sell[ing of] men, women, and children, like cattle at the door of its senate-house,” it is no wonder that Thoreau wished for a model of human culture that relied upon the “absolute freedom and wildness” present in the natural world.

I would like to end my thesis with these excerpts from Thoreau because they reveal how closely connected are the histories of race and environment in our long American story. While the environmental justice movement has gained momentum only in the past fifty or so years, its fundamental issues have been with us since before the nation’s founding. As we have seen, black bodies were associated with waste spaces since at least the early 1700s, while the tendency to allot the most “unsalubrious” land to black residences and sites of black labor persisted throughout the early national and antebellum periods. Today, we see the legacy of such associations in environmental refugees such as those of Hurricane Katrina, where the poorest neighborhood also happened to be the lowest-lying, and of climate change in the Arctic, where Inuit people—whose houses, churches, and schools were built under the Bureau of Indian Affairs to be more permanent and less able to adapt to changing sea ice conditions—are having to abandon and rebuild entire villages. This dissertation has historicized these legacies by tracing out the mechanisms, ideologies, and environmentalist beliefs that informed the systematic subjugation of a people.
One of the primary ways in which white southerners created and sustained their system of race-based enslavement was by emphasizing their collective bodily and regional “peculiarities.” White southerners imagined themselves as rooted to their home places because of the ways in which their bodily and intellectual identities were shaped and molded by their land, whether for good or ill. But at the same time, they argued that black bodies could not be shaped by those same environmental forces, that their fate as enslaved people and their “natural” inferiority were informed by their separate evolutionary origins. In short, white southerners believed that they had achieved distinctiveness through environmental means, but that black southerners were deemed distinctive through biological (and thereby irreversible) means. They wanted to adopt the environmentalist rhetorics of the monogenists (“we are all shaped by our environments”) at the same time they wanted to adopt the racialist theories of the polygenists (“we are all inherently different, and whites are the most different”). In future versions of this manuscript, I want to lean more on these rhetorical contradictions to see how white southerners were able to sustain their environmentalist constitutions of race against their conflicting ideas about inherent evolutionary origins.

Meanwhile, these environmentalist theories of embodiment circulated in both local and regional-national networks, moving laterally and sometimes in unpredictable directions between these two nodes. For example, the botanical medicine practiced by white and black southerners helped shore up local confidence in domestic and “home-grown” medical care, a movement that later enabled the Confederacy’s widespread adoption of botanic remedies for the treatment of soldiers and civilians during the Civil War. White southerners at the Virginia springs shared information about which water would be most helpful for which disease at the same time that allopathic physicians wrote about and promoted the waters in
similar ways. In the antebellum South, these vernacular ways of encountering and knowing the natural world became just as (if not more) valuable than the professional epistemologies circulating in print culture. As I look ahead, I would like to focus more attention on the movement of local and regional-national knowledge among white, black, and Native American southerners.

In doing so, I hope to more clearly parse out how the ideological production of “the South” emerged out of the “many Souths” of the early national and antebellum periods. My archival sources revealed that most white southerners lived a hyper-local existence, with references in letters and logbooks overwhelmingly tailored to their home spaces and their immediate vicinities. This hyper-local existence is at least partially traceable to their available technologies, including southern publishing houses and printing presses, local and long-distance stage roads, canals, steamboats, telegraphs, and, of course, railroads. But local ways of knowing gradually metamorphosed into regional imaginations of culture and community, which in turn developed into national imaginations of a unified and distinctive white southern republic. Future versions of the manuscript will press further on this issue in order to trace how face-to-face experiences of southern nature gradually shifted into abstracted notions of a southern body politic.

Finally, one of the aims of this dissertation was to uncover how the constructions of “nature” in the eighteenth- and nineteenth-century United States look different when we approach these constructions from a southern vantage point, where race, embodiment, and nation were always-already implicated in discussions, representations, and experiences of the natural world. While northerners certainly identified and appreciated the material value of natural commodities, their region’s increased urbanization and industrialization fostered an imagination of natural spaces as refuges or havens from the modern world. *Peculiar Nature*
uncovers a new archive of eighteenth- and nineteenth-century American writing about nature, one that reveals the multivalent materialist ways in which black and white southerners encountered, understood, and used nature. White slave owners producing agricultural commodities for domestic and global markets, enslaved black people forced to labor in service of the production of these commodities, proslavery scientists working to justify a racial order, domestic healers scouring the fields and forests for curative botanicals, springs proprietors looking to promote their mineral water resort, and fugitives seeking community or shelter in inhospitable places all placed different value and signifying power on southern nature. Attending to this locus of conflicting signifiers not only creates a more nationally complete and historically inclusive story about eighteenth- and nineteenth-century American nature and its representations, but it also encourages methodological experimentation by expanding the boundaries of what both historians and literary scholars include in our analyses and interpretations.
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Abbreviations

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DocSouth
Documenting the American South, University Library, University of North Carolina, Chapel Hill. (http://docsouth.unc.edu)

RAM
Richmond Academy of Medicine, Richmond, Virginia

RB-UNC
Rare Book Collection, Wilson Library, University of North Carolina, Chapel Hill

SHC
Southern Historical Collection, Wilson Library, University of North Carolina, Chapel Hill

VHS
Virginia Historical Society, Richmond, Virginia

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