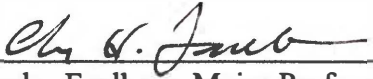
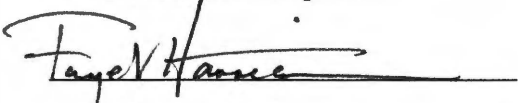


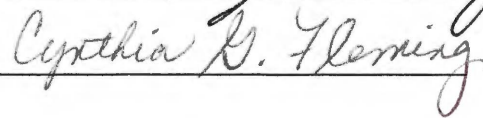
To the Graduate Council:

I am submitting herewith a dissertation written by Erin Brooke Hamby entitled "The Roots of Healing: Archaeological and Historical Investigations of African-American Herbal Medicine." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Anthropology.

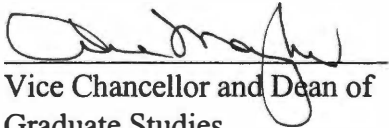

Charles Faulkner, Major Professor

We have read this dissertation and
recommend its acceptance:





Acceptance for the Council:


Vice Chancellor and Dean of
Graduate Studies

**The Roots of Healing:
Archaeological and Historical Investigations of African-American
Herbal Medicine**

A Dissertation
Presented for the
Doctor of Philosophy Degree
The University of Tennessee, Knoxville

Erin Brooke Hamby
May 2004

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Abbreviations

AA	African American
EA	EuroAmerican
EAB	Early Antebellum
CP	Coastal Plain
CT	Contemporary
LAB	Late Antebellum
NA	Native American
PB	Postbellum
US	Upland South

Chapter 1: Introduction

The archaeology of the African Diaspora holds promise for providing new information on a voiceless past. During the past 30 years, numerous African-American archaeological sites have yielded a wealth of information about lifeways among the enslaved. Studies have focused upon ethnicity, dominance/resistance, plantation social structure, and cultural identity (Singleton and Bograd 1995). Numerous requests from archaeologists for the implementation of innovative theoretical and methodological frameworks are promoting the cultivation of a dialogue between scholars and descendant African-American communities. Epperson (1998:116) argues that archaeologists of the Africa Diaspora should work to create “archaeologies that focus upon issues of cultural identity, preservation, and transformation.” Singleton (1999) contends that an informed African-American archaeology will center around several themes, including cultural identity. Many critical theorists argue that archaeology is relevant to descendant communities by focusing, among other things, upon the roots of African-American culture (Franklin 1997). A detailed study of African-American folk medicine¹ from enslavement to freedom and into contemporary African-American culture is an avenue through which archaeologists may examine an aspect of traditional African-American cultural identity, preservation, and transformation.

¹ The term folk or traditional medicine “refers to vernacular knowledge about the cause, prevention, and treatment of illness used by a particular social group” (Cavender 2003: 32). Because African Americans mainly employed plants for medicine, the terms folk medicine and herbal medicine will be used interchangeably throughout this dissertation.

A Brief History of Herbal Medicine²

In order to contextualize African-American herbal or plant medicine in time, it is necessary to provide a cursory and general history of the use of plants as medicine. The medicinal use of plants has a long history and prehistory. Herbal medicine³ is the oldest form of medicine known to humankind. There is little doubt that medicinal plants were used prehistorically. Botanical remains dating to 60,000 years ago discovered in Shanidar Cave revealed seven different species of medicinal plants buried with one individual Neandertal. While it is likely that the plants were buried because of their beauty, they may have been used medicinally as well. Plant varieties found such as yarrow, marsh mallow, and ephedra are all well-known herbs used today for a variety of ailments (Solecki 1975). It is likely that prehistoric humans relied upon instinct, intuition, and experimentation to gather wild plants for medicine (Van der Zee 1982).

Nonedible plant remains were discovered at Monte Verde, a Paleoamerican site in Chile dating to 14,000 years before present. These remains were associated with a wishbone shaped structure that was separated from the rest of the encampment. Chewed boldo plant, used medicinally by the local indigenous population, lay at the bottom of the structure. Thousands of *Lycopodium* spores also found may have been used to treat skin ailments. Tom Dillehay argues that the structure belonged to a person who was a specialized healer (Dillehay 1989)⁴.

² This history is by no means comprehensive. For more information on the history of herbal medicine see Griggs (1998).

³ Webster's Dictionary (1998) defines an herb as "a flowering plant whose stem above ground does not become woody and persistent/such a plant valued for its medicinal properties" p. 613. Other plants besides herbaceous species have been used as medicine. This dissertation will also include all other medicinal plants used in addition to herbs but refers to the medicinal use of plants as herbal medicine. Herbal medicine utilizes natural plant remedies and non-invasive treatments as opposed to biomedicine which often applies synthetic drugs and/or invasive treatments.

⁴ For other archaeological examples of early non-edible plant use see Merlin (1984).

Ethnographies of modern and historic hunter/gatherer societies reveal information regarding herbs and healing. Bands often relied upon a chosen individual to heal and administer medicine to the community. A shaman, medicine man, or wise woman tended to the community's physical and spiritual health. The community relied upon their relationship to, and knowledge of the environment to procure, produce, and distribute cures and treatments. However, little evidence exists of the rich herbal tradition of humans with no written language (Van der Zee 1982).

The earliest written evidence for medicinal plant use can be found in the *Pen Ts'ao* by Shen Nang dating to over 4700 years ago.⁵ This treatise demonstrates the use of 366 species of plants including ephedra, a plant still used today. Later accounts of healing plants were carved on stone in Hammurabi's kingdom of Babylon in 1800 BCE. By 1500 BCE, an extensive trade of medicinal plants allowed the cultures of India, Egypt, and Mesopotamia to share similar drug inventories. Stone carvings reveal the cross-cultural use of juniper, fennel, linseed, white poppy, saffron, and cannabis. A growing demand for herbs in Mesopotamia necessitated a specialized *rhizotomoki* or root-gatherer (Van der Zee 1982).

A well-known compendium of medicinal plants was compiled by Pedanius Dioscorides during his travels with the Roman armies. Dioscorides' *De Materia Medica*, or "About Medicinal Trees", penned in the first century CE, was the most comprehensive herbal to date. Soon after Dioscorides' work was published, trained physicians practiced medicine based upon the four humours and medicinal plant use. In the hundreds of years that followed, the educated medical specialist gradually replaced the village herbalist in many cultures, thus beginning their appropriation of herbal knowledge

⁵ The *Pen Ts-ao* is commonly attributed to 2700 B.C.E., however, the oldest known written record dates to 180 C.E. (Benskey and Gamble 1993)

and the separation between biomedicine and natural herbal medicine (Gunther 1959; Van der Zee 1982).

African herbal medicine is one of many rich traditions of medicinal plant use including Arabic, Ayurvedic, Native American, and Chinese medicine (see Vogel 1970; Ackernecht 1973; Majno 1975). Oral histories reveal the long tradition of African herbal medicine. Legend states that among the Yoruba, Orunmila was the first person given knowledge by God regarding the medicinal use of plants. Orunmila's younger brother Osanyin learned herbal remedies through assisting his brother. Intertribal wars separated the brothers only to be reunited when Osanyin became a slave in Orunmila's household. The slave's knowledge of medicinal plants caught Orunmila's attention, whereby he recognized the slave as his younger brother (Sofowora 1982).

The Yoruba orisha or deity of herbalistic medicine is Osanyin, not Orunmila:

“In Osanin's name the Yoruba undertook a vast study of the leaves and herbs and roots of the forests, classifying them to make the master medicines of initiation” (Thompson 1983: 42).

The majority of Africans brought to North America during the slave trade originated from West and Central Africa. While it is difficult to homogenize the vastness of African cultural traditions, they shared similar ideologies regarding healing and spirituality. One commonality was the link between illness and religion. Illness was caused by natural, human, or spiritual means. Humans brought harm to individuals through the use of magic while ghosts brought disease and death. An herbalist or healer had the power to harm, heal, or prevent illness. Healers were often religious leaders who affected remedies through the use of ritual, power objects and charms, and herbs. This inter-connectedness of religion and traditional medicine was reinterpreted in North America by enslaved

peoples (Raboteau 1978).

The use of herbal and home remedies in North America by African Americans was more than a means by which to cure and treat illnesses. African-American folk medicine was a multifaceted practice intertwined with religion and spirituality. Traditional medicine reflected a complex belief system that evolved from Africa into slavery and beyond. African-American folk medicine was frequently characterized as a complex system employing the use of medicinal plants, roots, and sacred objects (Raboteau 1978; Creel 1988).

Research Design

Each chapter of this study of past and contemporary herbal healing practices encompasses various thematic components and research questions: 1) socio-cultural history of the African Diaspora including rationale for the use of folk medicine as opposed to biomedicine, 2) species of medicinal plants employed and their reported diachronic and synchronic medicinal properties, 3) cultural origin of remedies, 4) archaeological correlates for folk medicine, and 5) regional variation of herbal remedies. In essence, this dissertation answers the fundamental questions of why, how, who, what, when, and where of African-American herbal medicine.

Singleton and Bograd (1995:31) argued that “African-American archaeology should attempt both to understand the social processes that affected and conditioned the lives of African Americans and to see how the archaeological record is a reflection of those processes.” This dissertation will contextualize the archaeological study of African-American folk medicine and also propose how this cultural tradition can be seen

archaeologically. This study focuses upon the African-American herbal folk medical tradition through time and across the landscape. The study of folk medicine from a diachronic perspective is necessary to examine cultural preservation and transformation. Diachronic analysis of medicinal plant use, based upon an extensive compilation of known literature, will also be a useful tool for archaeologists and historical scholars to study African-American sites and determine whether botanical remains may have been utilized medicinally on any particular site within a specific region and time period. The continuity and change of this cultural tradition may be exhibited through the delineation of specific periods within the ethnographic and archaeological record. Various socio-political factors may have influenced ethnomedical practices over time. Medicinal plants will be examined from four specific time periods: 1) Early Antebellum 1600-1820, 2) Late Antebellum 1821-1864, 3) Postbellum 1865-1969, and 4) Contemporary 1970-present.

Social, political, and economic factors influenced African-American culture. Undoubtedly, numerous factors also influenced their folk medicine traditions. Historic records document the forces that influenced African lives. Chapter 2 will detail the African Diasporic history in the United States, providing a contextualized framework for the diachronic study of African-American herbal medicine.

Chapter 2 also analyzes the complex factors influencing African Americans' decision to use herbal remedies, and rely upon the herbal healer for traditional knowledge despite biomedical availability. Archaeologists argue that folk medicine existed and persisted due to lack of access to mainstream medicine because of racist and economic barriers (Cabak, Groover, and Wagers 1995; Groover and Baumann 1996; Wilkie 1996). Although racist and economic barriers did exist, a strong cultural tradition of herbal medicine existed before Africans were brought to the Americas, therefore, it is overtly

simplistic to assume that this tradition continued solely due to inadequate access to other medicines. Contemporary studies show that many African Americans rely heavily upon herbal/home remedies despite the accessibility of free or low cost institutional medical care (Blake 1984; Watson 1984; Snow 1993). Researchers argue that a variety of factors may influence health care choices among African Americans. It is likely that a multitude of factors influenced the folk medicine of African Americans in the past as well. Although causal factors can change, an examination of current factors informing the African-American reliance upon plant use and home remedies offers insight into the past. Ethnohistorical documentation also reveals the complexities involved in past African-American health culture.

The continuity, reinterpretation, and transformation of any cultural tradition is dependent upon the method of diffusion. First, who were the keepers of herbal knowledge? Did only a specific person (an herbalist or healer) hold the information for the community in order to care for it? How was herbal knowledge passed to the next generation? Gender was many times a factor. Women were often the caretakers of the family and sometimes the community. Historically, women acted as doctors, midwives, and herbalists. An investigation of the healer will shed light on the often hidden importance of African-American women's roles. Chapter 2 utilizes ethnohistoric and contemporary ethnographic data to answer these questions. This chapter reveals the role of the community healer, knowledge transfer, and the future of the cultural tradition.

A comprehensive listing and discussion of the complete African-American *materia medica* through time is the focus of Chapter 3. Ethnohistorical data document on what herbs, shrubs, and trees that African Americans exploited for health care. Historical accounts and ex-slave narratives reveal the specialized use of specific plant species, their

medicinal properties, and the medicinally significant anatomical parts of plants. Both historical documentation and the archaeological record provide a diachronic and synchronic perspective of herb use. Contemporary studies were utilized to gather information from a synchronic perspective.

Many plants in the southeastern United States have similar medicinal properties as those in Africa. Enslaved African Americans may have learned the medicinal properties of local plants through trial and error or by the interaction and exchange of information with EuroAmericans and Native American groups. Native Americans and enslaved African Americans experienced varying degrees of contact with each other (Blassingame 1972). The analysis of Native American, EuroAmerican, and African American use of certain plants determines their origin within a medicinal repertoire. The origins of herbal remedies and medicinal uses can be illuminated through the examination of ethnohistorical data and historical investigations. The cross-cultural examination of several factors underscores the similarities and differences between the varying herbal traditions. For example, plant parts utilized for various remedies differ as well as what plants were used for particular ailments. The form of herbal remedies (whether tincture, infusion, or poultice) provides information on the transference or reinterpretation of knowledge. Although African Americans may have used indigenous Native American knowledge for the identification of the medicinal properties of plants, they perhaps incorporated this information into their own cultural tradition. It is also likely that African Americans used a variety of methods to gather information to continue the cultural tradition of herbal medicine. For example, Politzer (1999) found that several plant species were utilized by both Africans and the Gullah in the South Carolina Sea Islands. The same plants may have been exploited elsewhere in the South. Chapter 4

discusses the possible origins of African-American herbal remedies.

African-American folk medicine and the exploitation of specific medicinal plants may be evidenced archaeologically. Paleoethnobotany or archaeobotanical analysis⁶ involves the analysis of archaeologically recovered plant remains using a low power ten magnification microscope in order to reconstruct past environments and subsistence strategies. Plant materials, including seeds, nuts, and wood, rarely survive in the archaeologically record unless they are burned or waterlogged (Hastorf and Popper 1988). Numerous anthropological and historical studies focus on the rich African-American ethnomedical heritage (Hill 1973, 1992; Morton 1974; Grime 1976; Mitchell 1978; Sims 1981; Blake 1984; Watson 1984; Snow 1993; Crowder 2001) and archaeologists, employing archaeobotanical analysis, have discovered the presence of a variety of plant remains with medicinal properties within African-American cultural contexts. Archaeological research, such as Groover and Baumann's (1996) seminal research, establishes the relevant link between medicinal plant use and the archaeological record. Groover and Baumann compiled archaeobotanical analyses from Georgia and South Carolina and compared archaeologically recovered plant remains to ethnohistoric data to discover that plants with medicinal properties were commonly found on African-American sites. On average, six species examined from each site could have been utilized to treat a variety of illnesses and provide preventive treatment. Groover and Baumann laid the groundwork for future archaeological studies of the African-American herbal tradition.

Various parts of herbs, trees, and shrubs were gathered by African Americans, but only the more resilient materials survive decomposition (Baumann and Groover 1996). A compilation of archaeobotanical analyses from southeastern North America creates a

⁶ For a fuller discussion of paleoethnobotany and its applications see Hastorf and Popper (1988).

database of medicinal plants that could have been part of the African-American herbal tradition. Other archaeological correlates for folk medicine include hand-made ceramics, patent medicine bottles, crystals, beads, pierced coins, and animal bones. Chapter 5 will focus on “how the archaeological record is a reflection” of African-American folk medicine (Singleton and Bograd 1995: 31).

Wilkie (1996) argues that the wide-spread appeal of patent medicine in the late 19th century influenced African Americans to incorporate them into their health culture.⁷ Patent medicines with the same medicinal properties replaced or complimented traditional herbal remedies. The use of patent medicines or over-the-counter remedies can be seen in contemporary studies of African-American health culture (Watson 1984; Snow 1993). Therefore, plants and patent medicines were likely to have been diachronically added or dropped from treatments according to their availability or as an adaptation to changing needs and conditions. This dissertation examines the evolving African-American medicinal “tool kit” including the utilization of specific plant species and the addition of patent medicines.

Regional variation must exist in herbal remedies because plant species grow in differential ecotones according to temperature, precipitation, and sun exposure. Many herbs that grow in South Carolina may not prosper in Tennessee or Kentucky. The plant availability for medicinal use will vary. This regional study of the African-American utilization of herbs/plants in the Upland South and the Lowland South or southeastern coastal plain geographical regions will utilize ethnohistorical and archaeological data.

The continuity of regional African-American folk medicine is affected by a multitude of factors. A rural setting, with little interaction and access to mainstream

⁷ Health culture was a term coined by Weidman et al. (1978) to refer to all the factors associated with the maintenance of health and treatment of illness of a culture using traditional avenues within their own social and institutional networks.

medicine and culture, might cultivate and reinforce traditional medicine. Migration and immigration of people and ideas affect traditional remedies as well. It is difficult to measure the complex interactions that influenced the continuance of African-American herbal traditions. However, Herskovits (1946) argues that “Africanisms” - traditions with African origins - were more likely to occur in an isolated enslaved community where little contact existed between the enslaved population and the plantation owner or other whites. Urban settings often provided more freedom of movement and autonomy (Wade 1964). Plantations (as opposed to small farms and urban settings) may have offered a more open arena for the retention of traditional medicinal knowledge. A large African-American community (present on plantations) may have been more likely to have one or two herbalists or healers than a household with only a few African Americans. Ethnohistorical and archaeological data may yield information regarding medicinal plant use on plantations versus upland farm and urban settings. Chapter 6 discusses the regional variation inherent in African-American medicinal plant use.

Methodology

There is a paucity of ethnobotanical analysis conducted on African-American archaeological sites. Many excavations on these sites have been conducted by culture resource management companies that have little time and resources to publish and disseminate their findings. The results of African-American archaeological investigations are often lost in the “gray literature.” Archaeological data for the possible regional, diachronic, and synchronic use of herbs and the addition of patent medicines were compiled from available publications and culture resource management reports of sites in

the Southeast. Three sites in East Tennessee excavated by the University of Tennessee and a previously analyzed fourth site were available for analysis by the author with assistance from Dr. Gary Crites, an ethnobotanist with the University. These include Blount Mansion (Hamby 1999), an urban farmstead, and three rural plantations; the Mabry site (McKelway 2000), Marble Springs (Barber 2002; Faberson and Faulkner 2003), and the Lenoir site (Blankenship 2002). The Gowen farmstead, excavated by Garrow and Associates in Middle Tennessee, will also be utilized (Shea 1993). Archaeological reports from the Hermitage located in Nashville, Tennessee were also useful (Smith 1976; McKee 1992). Two archaeological sites in Upland South Virginia, Rich Neck (Mrozowski and Driscoll 1997) and Poplar Forest (Heath 1999), contributed to the study. Several studies were available from Coastal Plain plantations including the Yaughan and Curriboo Plantations (Gardner 1983), Lesesne and Fairbank Plantations (Gardner 1986), the Stoney-Baynard Plantation (Adams et al. 1995), Haig Point Plantation (Newsom 1988), Spiers Landing (Trinkley 1979), Archdale Hall (Trinkley 1985), and Cotton Hope Plantation (Trinkley 1990).

The examination of several of this dissertation's research design questions required historical documentation and research (Porcher 1849; Morgan 1860; Rawick 1972; Grime 1976; Clayton 1990). For example, Edward Grime's *Botany of the Black Americans* (1976) is a compilation of historical data from the late 18th to 19th centuries. Grime assembled known historical documentation on African-American plant medicine in the United States. This volume provided a reference for the early use of plants by African Americans. An abundance of research was conducted in the 1930s and 1940s through the compilation of volumes of ex-slave narratives (Rawick 1972; Clayton 1990). The informants' telling of their stories often drew from many decades. While it proved

difficult to pinpoint specific time periods, the ex-slave narratives were useful for the examination of medicinal plants in the Late Antebellum time period, their uses, regional variations, and helped to answer the fundamental question of why African Americans chose to use plant medicine. Francis Porcher's (1849) listing of plants was also utilized for the Late Antebellum Period.

Postbellum information regarding regional herbalism was gathered from Hyatt's monumental ethnographic work *Hoodoo-Conjuration-Witchcraft-Rootwork* (1970) conducted in the 1930s throughout the Southeast. Zora Neale Hurston's (1935) research in 1930s Louisiana also contributed information regarding regional synchronic herb use. Contemporary (1970s -present) studies of African-American folk medicine enrich the diachronic perspective of herb use, their medicinal properties, regional variation, method of diffusion, and reasons for relying on traditional medicine (Stewart 1971; Hill 1973, 1992; Morton 1974; Morson, Reuter and Vitanen 1976; Mitchell 1978; Hill and Matthews 1981; Sims 1981; Blake 1984; Watson 1984; Camino 1986; Roberson 1988; Bailey 1991; Snow 1993; Crowder 2001). However, the majority of these studies were conducted in the 1970s and 1980s when the traditional use of herbal remedies seems to have been declining.

Conclusion

An examination of African-American archaeological sites in the Southeast reveals how enslaved African Americans utilized their environment for health and healing. Through analysis of archaeologically recovered medicinal plant remains and historical research, information was gathered regarding the plants that were being harvested, the

medicinal properties of those remains, and the possible origins of herbal remedies. Historical records, including ex-slave narratives, also indicate the degree to which African Americans utilized medicinal plants.

The examination of African-American folk medicine through a diachronic perspective offers a holistic perspective on a cultural tradition. African-American cultural identity, preservation, and transformation can be highlighted through the study of their health culture. By examining humans in the past, this dissertation provides information regarding one aspect of the rich African-American cultural heritage.

The study of an African-American cultural tradition can no doubt be problematic. It bears mentioning that not all African Americans used herbal medicine. A cultural tradition is fluid and ever changing. Multiple factors such as the influence of the hegemonic culture affect this tradition. Education and access to resources play key roles in culture change. By no means can African-American culture be considered a bounded or homogeneous entity. African Americans do not exist within a vacuum but within a multi-cultural arena. Nor are they culturally and genetically solely of African descent. However, by focusing mainly on a particular aspect of a cultural tradition itself and placing it within a social context, this dissertation aspires to document one aspect of the rich African-American cultural heritage.

Chapter 2: Diachronic Sociopolitical Contexts

Throughout North American history, African Americans depended upon a dual healthcare system integrating both traditional medicine and EuroAmerican health care.⁸ Interestingly, some archaeologists and anthropologists interpret African-American's use of traditional herbal medicine as a cultural reflection of their socio-economic distance from Western biomedicine (Payne-Jackson and Lee 1993; Groover and Baumann 1995; Cabak, Groover, Wagers 1995). In other words, African Americans lacked access to EuroAmerican healthcare resources, which forced them to rely upon traditional medicinal knowledge. This perspective is limited because it neglects to account for the richness and complexity of traditional African and African-American cultures. Instead, it relegates African-American culture to a position of historical inferiority and concomitantly neglects African-American sociocultural sustainability. Access to EuroAmerican medicine may have influenced African-American decisions about health care, but alternative evidence suggests a multitude of socio-political other mitigating factors influenced African-American health and health care choices over time.

This chapter argues that contextualized human agency⁹ such as a historical trust of

⁸The choice not to use traditional medicine was impacted by postbellum perceptions of folk culture or slave culture as backward. Some African Americans sought to distance themselves from any traditions that were associated with slavery. Education and social status among African Americans also played a role in the use of folk medicine in the Postbellum era when perceptions of black progress were seen in congruence with the norms of mainstream white culture (Fleming personal communication).

⁹ Human agency is a social theory used by anthropologists to emphasize the choice of individuals rather than systems or cultures (Hegmon 2003). This theory views humans as active agents and creators of culture rather than just culture bearers (Dobres and Robb 2000). Archaeologists have begun to adopt the term to apply to past cultures. However, there are variable applications and definitions of agency. Giddens states agency "concerns events of which an individual is the perpetrator, in the sense that the individual could, at any phase in a given sequence of conduct, have acted differently" (1984: 9). For the purpose of this dissertation, Dobres and Robb's (2000) use of the term is more applicable where individual choice is not the only factor but also individuals, households, or small units. For Dobres and Robb, agency can be an expression of power through the use of material goods and, in turn, a form of resistance.

traditional health care, an obvious distrust of EuroAmerican medicine, and a respect for the African-American healer informed the diachronic retention of traditional medicine within many African-American social systems. An analysis of the history of the African Diaspora in North America, the factors that informed African-American health care decisions, and the role of the African-American healer through time provides an appropriate foundation from which to interpret African-American herbal medicine.

Historical Context

Antebellum Era. A brief history of the African Diaspora in North America is necessary to understand the many agents that influenced and affected a people.¹⁰ Africans arrived in North America as explorers, traders, servants, and slaves during the 16th century. Africans accompanied Hernando Cortes to Mexico planting the first New World wheat crop. Africans traveled on expeditions with Balboa, Velas, Almagro, and Valdivia. An African explorer, named Estvanico, opened up Arizona and New Mexico for Spanish invasion (Franklin and Moss 2000: 37). Furthermore, pioneering Africans accompanied the Spanish and the French in their colonial efforts in the 17th and 18th centuries.

Exploitation of natural resources in the New World led to the development of large scale agriculture in the form of plantations. European capitalist endeavors in the plantation system necessitated cheap labor. Native American labor was exploited initially, yet susceptibility to European diseases and the ease with which they could escape gradually eliminated the use of Native Americans for enslavement. Poor whites were also utilized for cheap labor as indentured servants. The first Africans were also

¹⁰ For more information on African-American history see Fogel and Engerman (1989) and Gutman (1976).

indentured servants. Those who did not volunteer for service in exchange for passage to the Americas were kidnapped and forced into servitude. Indentured servitude was problematic, however, due to incessant legal recourse for forced servitude and runaways. African labor slowly came to the forefront as an answer to European labor problems in the New World. The expanding African-American slave trade allowed European plantation owners to exploit the lifelong labor of the enslaved. This bondage system differed from indentured servitude which usually ran a term of seven years. In addition, black Africans stood out and could be easily caught if they ran away. Franklin and Moss (2000: 39) state that "African slavery, then, became a fixed institution, a solution to one of the most difficult New World problems." It is estimated that 875,500 Africans were enslaved and brought to the New World in the 16th century, 2,750,000 in the 17th century, 7,000,000 in the 18th century, and 3,250,000 million in the 19th century totaling close to 14 million enslaved Africans brought from West and Central Africa (Franklin and Moss 2000: 45).

There were many enslaved Africans who were able to gain their own or their children's freedom. Therefore, there were numerous "free" Africans and African Americans living in the New World independent of the institution of slavery. The first Africans in the colonies as indentured servants were freed after a specified number of years. Whites sometimes manumitted their slaves for a variety of reasons. Masters sometimes felt compelled to free their own offspring from slavery. Some left provisions in their wills for one or a few of their slaves' freedom. Meritorious service such as the discovery of a cure for kidney stones freed an enslaved person (Grime 1976). Enslaved men and women occasionally accumulated enough resources to buy their freedom outright. In the North, slavery was outlawed in many states by the end of the 18th

century. Running away was another way to escape the bonds of slavery. By 1790, there were 59,000 free blacks in North America. Seventy years later that number had increased to nearly 0.5 million with roughly half living in the South (Franklin and Moss 2000: 159). Many free Africans and African Americans were concentrated in cities such as Philadelphia, Baltimore, New Orleans, and Charleston. “Free” blacks, while not under the oppression of slavery, were also subject to much racial and economic discrimination. Laws were enacted to limit their economic and social activities as well as their right to vote (Franklin and Moss 2000). Since the majority of Africans and African Americans still remained enslaved at the end of the 18th century, it is paramount to discuss the conditions of that institution.

In the Caribbean¹¹, enslaved Africans were imported extensively for labor on indigo, cotton, and sugar plantations. Inhumane treatment caused high mortality rates and low birth rates. The combination of the two, as well as a reliance on male labor, caused a regular influx of Africans for labor. Many Africans were “seasoned” in the Caribbean before they were imported into North America (Franklin and Moss 2000). The conditions of slavery on North American plantations differed somewhat (Franklin and Moss 2000).

Enslaved people in the United States were subjected to varied living conditions. The majority of enslaved Africans and African Americans lived on cotton, tobacco, and rice plantations. Others lived in urban areas or on small farms. Enslaved Africans on plantations largely worked as house servants and field hands. House servants cooked meals, cleaned houses, cared for the children, and acted as personal servants. Field hands conducted the agricultural production on the plantation. On most plantations, the gang labor system was utilized where slaves worked from sunup to sundown. For those on

¹¹ See also Handler and Lange (1978).

rice plantations, in cities, or those who were house servants, a task system was established where a person was given a number of tasks or assignments each day. Once the tasks were completed, the work day was over. The task system is assumed to have allowed for more autonomy and personal time, perhaps conducive to such activities as growing or gathering herbs (Joseph 1987; Young 1997; Franklin and Moss 2000). However, John Brown, an escaped ex-slave from Georgia, recounts his own experience with the task system:

I have heard it said by some people who want to make out that this system of task-work is the best for the slave, that when his task is done he has the rest of the day to himself. And so he has; but then he never gets done till night-fall, and often cannot finish his task at all, and is then so fatigued he can scarcely crawl to his wretched cabin (Boney 1991: 160).

Another ex-slave remembered “my mother worked until ten o’clock almost every night because her part was to ‘spend so many cuts’ a day, and she couldn’t get through no sooner” (Rawick 1972; Volume 16: 14). Perhaps the task system did not allow as much free time as previously believed and the growing of gardens and the collecting of herbs was due as much to initial need as to “leisure time.”

According to historical documents, by the early 19th century, plantation owners throughout the South were concerned about the care and management of enslaved peoples (Breedon 1980). Although enslaved peoples were rationed weekly or daily with pork and meal, most had to supplement their diet with gardening, hunting, and fishing. Despite rations and their own efforts, enslaved Africans and African Americans were often malnourished (Franklin and Moss 2000).

Slave housing seemed an important topic in plantation management. Many

plantation owners advised that the houses be a one-story structure measuring 16 x 18 feet and elevated two to three feet off the ground. Slave houses would also need a brick chimney and windows for air and light. Many accounts agreed that houses should not be overcrowded, averaging 6-10 slaves per house. Each enslaved man, woman, and child would have 28.8-48 square feet of space (Breedon 1980). However, only in exceptional cases did enslaved communities appear to have adequate housing. Housing of the enslaved was often poor. Structures had few or no windows or wooden floors. Cabins were more often than not overcrowded with a small amount of living space (Franklin and Moss 2000).

The majority of enslaved African Americans bore the burdens of heavy labor and the daily stress of being enslaved. While African-American men were forced to use their bodies for work, women's bodies were used for work, reproduction, and sex. They were often raped and sexually harassed by the plantation owner and other white males. Childbirth also added physical and emotional stress to their bodies (White 1999). Women's health during enslavement would have particularly suffered.

Postbellum Era. African Americans were now agents of their own lives, yet external socio-political factors during post-emancipation continued to influence their choices regarding health problems. After emancipation, so called "Black Codes" were established into the constitutions of the Southern states. The codes were meant to limit African-Americans' civil and legal rights. These codes defined rights regarding property ownership, ability to sue in a court of law, and marriage. Freemen and women were restricted solely to agricultural labor, unskilled labor, or domestic servitude engaging in other employment only through special license granted by a local judge. Freed blacks were subject to the rules and regulations of labor contracts provided by a "master" to

“servants” (Litwack 1979: 400-402). While the codes were nullified a few years later, the attitude regarding servitude remained the same (Litwack 1979).

A few freed men and women broke out of the institutionalized oppression through education. Numerous schools such as Fisk University, Atlanta University, Howard University, and Storer College opened up during this era and a few historically white schools opened their doors for the education of African Americans. However, many were unable to leave the poverty created by legal and de facto segregation and institutionalized racism (Franklin and Moss 2000).

In rural areas, the economic institution of the plantation continued through tenant farming, sharecropping, and debt peonage. African Americans farmed “rented” land, buying supplies and equipment against future earnings. Because loans often exceeded crop revenues, many tenant farmers operated in a debt cycle. The socio-economic situation changed little in a post-emancipation South where legalized segregation or “Jim Crow” laws created lower quality public services and employment opportunities (Franklin and Moss 2000).

Segregation legislation was upheld by a Supreme Court decision in 1896. This legislation, motivated by socially constructed racism paramount to apartheid, affected all areas of life including health and health care (Payne-Jackson and Lee 1993; Franklin and Moss 2000). Many African Americans during this time were malnourished and lived in overcrowded conditions with poor sanitation that perpetuated disease and illness (Giddings 1984). In fact, at an 1899 conference at Atlanta University a woman remarked “go into the shanties and hovels in town and country....and you have all about you the generators of disease” (quote in Giddings 1984: 99).

It is evident that during their first 400 years in North America, external

environmental and social factors influenced exposure and causation of illness and disease among African Americans. The degree to which enslaved Africans and African Americans utilized forms of traditional medicine were influenced by many causal factors including health care needs. Health care needs were influenced by conditions of slavery and post-emancipation segregation laws such as inadequate nutrition, housing conditions, stress, heavy workloads, childbirth, and sexual exploitation. While “Jim Crow” laws were abolished during the 1960s, de facto segregation and legitimized racism still exists in many areas of American life affecting health and health care, and historical evidence suggests that there continued to be economic and social barriers affecting African Americans’ choice to use traditional medicine as in the past. However, an in-depth analysis of health and health care practices should go beyond a superficial treatment of African-American historical context to include individual and collective human agency.

The Freedom of Choice

Most African Americans were denied access to white health care during enslavement. White doctors were occasionally called in to care for a sick individual but the plantation “mistress” was usually the only source of medical care available. Enslaved African Americans often treated themselves with home remedies. Following emancipation, lack of economic resources often did not allow them to pay for professional medical visits or treatments. Rural populations were often isolated from medical establishments. Even in cities, African Americans were denied medical treatment because of prejudice and racial discrimination (Savitt 1978). In 1865 there were only six black physicians in the United States all of whom were in the North (Hepler 1991).

While economics were a mitigating factor in the reliance upon traditional medicine, lack of access was not the sole reason African Americans chose self-treatment over biomedicine.

One black physician stated that:

Some older Blacks would not use home remedies if they had more money. But some of them would stick to it, even if they had the money. It was because of their beliefs that it was the correct thing to do (Watson 1984: 57).

Many African Americans relied upon home remedies and folk medicine for over 400 years of their history in North America. Faith or trust in folk medicine or traditional herbal remedies accompanied a deeply entrenched health culture that included the mind, body, and spirit. The faith that many Africans and African Americans had in their health care system contributed to its historical continuity. Lack of faith and distrust in Westernized biomedicine led many to rely upon traditional methods. A distrust of physicians and biomedicine flowed from centuries of abuse, experimentation, inadequate health care, and racist ideologies.

Distrust. Distrust of the white medical establishment was a contributing factor for the reliance upon home remedies through time. An old theme of doctors hurting instead of healing found in African-American folklore highlights the abuse African Americans suffered (Snow 1993). Experimentation, racism, and mistreatment by white physicians was prevalent from the antebellum through to contemporary time periods. The idea that white medicine was unnatural and did not incorporate the “whole” person was also a factor leading to mistrust (Blake 1984). One Alabama midwife stated:

They was afraid, honey. Yes, they was really afraid. You know a long time ago black people were treated so dirty and so they was afraid of doctors giving em a dose of somethin just because they was black. They had that in their mind. And

from the way they were treated, they had a right to think of such. They use the old sayin, use that word, they may give me the black bottle. That's the word they used I think. Means poison. Somethin like that just to get rid of em. They was afraid of that (Logan 1989: 102).

The following discussion will focus upon the changing social climate of African Americans in regard to the medical establishment in an effort to demonstrate the distrust of biomedicine resulting in an aversion to white medicine.

The medical establishment during the 18th and 19th centuries often chose to practice their experimental procedures upon the enslaved populations. Numerous mutilations and deaths resulted in these atrocities to further "science." The majority of the time enslaved African Americans were operated upon unwittingly. Numerous instances were documented that would account for the seeds of distrust of white physicians to be planted in the African-American community (Savitt 1978).

J. Marion Sims operated upon 30 enslaved women in order to develop a technique to treat vesico-vaginal fistula, a condition that resulted in urine going into the vagina rather than the urethra. John Peter Mettauer also performed similar operations on enslaved women. John Brown, an enslaved man in Virginia, was exposed to high temperatures in an oven pit in order to find the best remedy for sunstroke (Savitt 1978).

Walter F. Jones of Virginia utilized the enslaved to test a remedy for typhoid pneumonia. The treatment consisted of the patient lying nude face down while scalding hot water was poured over the spinal column. The subject was wrapped in blankets and returned to bed where treatments were to resume every four hours (Savitt 1978).

President Thomas Jefferson, in an attempt to rid the nation of smallpox, began testing vaccines on 200 of his enslaved population in 1801. Although there were no

deaths resulting from Jefferson's experimentation, many became ill (Savitt 1978).

Free blacks were also solicited by medical universities. University hospitals served as training grounds for medical students. Usually only the poor would resort to going to medical training hospitals since many did not escape alive. A growing suspicion of the medical establishment in particular was noted in an 1854 newspaper, "Among them there prevails a superstition that when they enter the [medical college] Infirmary they never come out alive" (quoted in Savitt 1979). Granted, the hospital was often the last resort and oftentimes patients died because an ailment was beyond possibility of treatment.

The bodies of enslaved peoples were abused not only in life but in death as well. The poor, free blacks, and the enslaved often became the cadavers utilized by medical students for study purposes (Savitt 1978). For example, the infamous African Burial Ground in New York was often raided by medical students in the 18th century for autopsy material (Epperson 1996).

Experimentation on African Americans did not just exist during slavery but continued on through to the Postbellum and beyond. In 1932, African American men were unknowingly infected with syphilis through a study conducted by the U.S. Public Health Service in Alabama called the "Tuskegee Experiment." Over 400 black men were chosen as human participants. At least 100 men died, over 40 wives were infected, and 19 children contracted the disease during birth (Franklin and Moss 2000). Upon death, their bodies were autopsied to determine the affects of syphilis on the body. Despite known treatments of the disease, they were never provided with the cure (Snow 1993). The study was only discontinued in 1972 when it was exposed by the Associated Press (Franklin and Moss 2000).

Poor treatment of African Americans by the medical establishment continues today. Ethnographies attest that there is a general dissatisfaction with physicians. Informants of several ethnographies argue that racist ideologies persist, evidenced by long waits at physician offices and lack of communication and bed-side manners of doctors (Camino 1986).

Roberson (1983), in her rural Virginia ethnography, found similar opinions. Racism was rampant through unequal treatment in waiting rooms, separate waiting areas, and poor treatment of patients. Consultants stated that the doctors did not care about them and did not even bother to communicate with them. Africans Americans found that biomedicine could not resolve their health problems in one visit. They were forced to return and invest more money into the establishment. Many physicians were seen as incompetent because of their short examination time, lack of spiritual knowledge, and prescriptions that do more harm than good.

Snow (1993) found that many of her informants had a rather unfavorable view of biomedicine. They simply did not trust someone who was making money off of them. Distrust is not surprising since many of the subjects in her study were treated poorly in the doctors' offices. When some chose to go to a physician as a last resort, they utilized the diagnoses and treated their illness with home remedies rather than use prescription drugs. Others found that prescription treatments were not only costly but took too long to work, especially medicine for high blood pressure. Through trial and error, some found that prescription drugs did not adequately treat their illness. Olive Parsons chose to treat her family with home remedies and not be "poisoned" by a medical doctor stating that "doctors don't even know!" (Snow 1993: 71).

Blake (1984), in his study of health care of African Americans on the Sea Islands

of South Carolina and Georgia, found that many people felt biomedical practitioners interfered with the natural processes of the body. Where there is a strong tie to the natural environment through a subsistence economy based upon the ocean, birth, life and death are seen as part of that natural process. Physicians interfere with that cycle through their prevention of death and aggressive treatments. Health was not an absence of disease but an ability to function normally. Illness was a way of life. Traditional medicine was part of a natural process treating illnesses slowly and spiritually (Blake 1984).

Faith. An amount of faith was placed upon the healer and the plants. Because illness and health were part of an overall sphere of spiritual and natural processes, traditional medicine was relied upon as part of that doctrine. Many illnesses were seen as something white medicine could not treat. There was a certain religious identity associated with the healer, especially the spiritual healer (Watson 1984). Many herbal healers were called upon by God to their service (Kirkland et al. 1992). Trust was placed in the hands of the herbal healer, not in the biomedical doctor who had already proven his untrustworthiness through the centuries.

Traditional medicine including herbal remedies during enslavement also allowed a certain autonomy for the community. It enabled them to have control over their own health and treatment of illnesses allowing control over situations in a world where they had little authority. Herbal remedies could become a source of knowledge and power that could be passed down through the generations. The spiritual aspects of their folk medicine also acted as a method of community organization and social cohesion (Kirkland et al. 1992). Folk medicine was therefore an empowering force perhaps during enslavement and beyond. Snow (1993) notes that many of her informants felt that the

use of traditional ways allowed “individuals to have fuller control of decisions about their health” (p. 270), and for a “sense of mastery and control in contributing to [well-being]” (p. 32).

The Healer. Faith was placed in the hands of the healer and the traditional knowledge that had been passed down through the generations. As one woman stated “....many more [slaves] through the ministrations of the good old doctor were cured of their ills and enabled to return to their homes to sing the praises of this colored medicine woman” (Goodson 1987: 198). The knowledge of medicinal plant use was more often than not in the hands of an herbal doctor. The role of the herbalist within the African-American community has changed little over time. She or he was called midwife, nurse, herbalist, healer, and root doctor. Historically, there were two types of African American healers: the spiritual healer and the herbalist. Folk medicine practitioners dealt with two different causal factors that each integrated an African American view of spiritual, human, and natural causation of illness.

In the past, the spiritual healer, often called a conjurer, affected healing through the use of spiritual objects, herbs, and ritual. The conjurer could protect an individual against the evil eye, curses, and spells brought on by other human agents. His or her ability also extended to the treatment of ailments caused by other humans. Illnesses with spiritual causation were also treated by the spiritual healer.

The role of the conjurer of the 18th and 19th centuries had its origins in West African culture. Many West African cultures adhered to the multifaceted view of health and illness as caused by spiritual, human, and natural agents. Yoruban spiritual healers utilized sacred medicines, or *nkisi*, to affect healing and protection. A spiritual healer was in charge of spiritual and human caused sickness (Raboteau 1978).

Similarly, the spiritual healer of today deals with the spiritual and human nature of health and illness. Spiritual healers affect health using a variety of methods including medicinal plants to prevent and treat illness and to protect their patients. These folk practitioners also incorporate a variety of objects, ritual, and ceremony into their practice. Spiritual healers deal mainly with spiritual afflictions. They may treat sickness caused by “conjunction” by another person wishing to do them harm. The healer also acts as a spiritual counselor of sorts when a person has strayed from the path of God (Matthews 1987; Snow 1993).

The conjurer or spiritual leader was often revered and feared. He could not only heal but harm as well. The protection needed from human causation was created through the magic of the conjurer. Sacred medicines could also be made to hurt individuals if the price was right. The fear associated with the spiritual healer is seen even today (Snow 1993).

With a few exceptions, men were often the spiritual healers within African-American communities while the herbalist, or herbal healer, was most often a woman. The majority of conjurers in historical documentation of the conjurer are men. This cultural practice seems to have extended into the 20th century. However, a few female spiritual healers have been noted in contemporary ethnographies (Stewart 1971; Snow 1973; Sims 1981).

The herbalist was concerned with disease and sickness brought about by natural factors. The herbalist is sometimes called upon by God to become an herbal healer by incorporating medicinal plant use. Herbalists could treat a multitude of illnesses with the efficacious use of plants. Everyday ailments such as worms, colds, fevers, skin rashes, and high blood pressure were treated by the herbalist. More dire diseases such as malaria,

dysentery, and tuberculosis could also be cured using a wide variety of herbs from the *Materia medica*.

These two types of healers are by no means mutually exclusive. The lines are often blurred between the herbalist and spiritual healer. Mother D. of Arizona could cure illnesses that were both natural and spiritual in nature. She not only worked with the African-American community but also administered to whites, Native Americans, and Mexican Americans, “to cure illnesses that were beyond the scope of the M.D.” (Snow 1973: 275). She affected cures and treatments through the use of herbs and a variety of techniques incorporating Catholicism into her ritual. Mother D.’s gifts were passed along through her from her maternal grandmother who was a midwife (Snow 1973).

Watson (1984) found herbalists and spiritual healers in his study of the rural South but they could also fall into the categories of sincere or cynical healers. Sincere healers were concerned with health charging a fair price. Cynical healers, on the other hand, overcharged for their services and took advantage of their clientele. Watson found that many men owned small drug stores dispensing advice and offering a special section for folk remedies. Women often operated out of their houses administering to their kin and/or surrounding neighborhood.

The wise herbal healer is difficult to find historically. She is hardly mentioned in the narratives of white men and the historical documents of the time. Only when her role was seen as exemplary was she noted (Harrison 1976). Her medicine was often subtle and preventive. By caring for the enslaved community or a free black community she was almost invisible in the historical documentation. There are clues to her elusive historical nature, however.

The “granny” was often a term used for the wise women who tended to the

birthing of a child within the community. She knew the ways to ease labor and affect a healthy child. Midwives more often than not were the caretakers of an enslaved community. African-American midwives delivered babies for whites and blacks and oftentimes served numerous plantations (Postell 1951). The white medical care administered during slavery has been discussed on page 23; however, it is important to mention here that it was often left to the slave community to care for its' people.

The woman of the household was often expected to take care of the family's health needs (Harrison 1976; Wilkie 1996). She did this through her knowledge of herbal remedies. A white doctor did not need to be depended upon to treat everyday illnesses like worms or colds. Plants grown in gardens or gathered locally could treat these common ailments.

Evidence of the herbalists or midwife can be found in the Federal Writer's Project ex-slave narratives. One interviewer noted that "on the plantation, the doctor was not nearly as popular as the 'granny' or midwife, who brewed medicines for every ailment." (Rawick 1972: Volume 17: 175). Numerous interviewees were midwives and herbalists. Several remembered their mother's or their grandmother's healing specialization. Rebecca Hooks, Mom Hagar, Clara Walker, Cyntha Jones, Virginia Newman, Mary Woolridge, Nancy Boudry, Liddie Boechus, and Easter Sudie Campbell were all midwives during the Late Antebellum time period and into emancipation (Rawick 1972).

Aunt Easter, as Easter Sudie Campbell was called, practiced midwifery for 40 years in Kentucky and was still practicing in the 1930s. She administered herbal remedies to her patients, "Yes, sho, I make my own medicine, humph, dat aint no trouble" (Rawick 1972; Volume 16: 90). John Anderson remembers growing up with his mother making medicine for the family: "When I was growing up my mammy always believed in making

her own medicine, and doctored the whole family with the roots she dug herself” (Rawick 1972; Volume 16: 46).

An 1888 account describes a male healer within an African-American community in coastal Georgia after slavery. Daddy Jack, as he was called, performed dentistry but also tended to the sick. He had acquired “considerable knowledge in the treatment of ordinary disease incident to climate and exposure” often administering “snake-root tea to brace up the halting system” (Jones 1969: 138).

Contemporary ethnographic accounts of herbal healers demonstrate the spiritual nature of the practice. Herbalists are often called by God to the healing arts. They are often born the seventh daughter of the seventh daughter or after twins, both of which are traditions reminiscent of West African religious beliefs (Snow 1973; 1993). Healers of today are revered members of the community. Since they are called into service by God they are believed to have a closer relationship with divine power. The healer spends time with patients often acting as a sort of “folk psychotherapist.” She listens to the social factors that have contributed to the illness including stress related problems (Hill and Matthews 1981). Snow (1993) notes that the herbal healer is not limited to treating sickness, but is broadly concerned with overall well-being including mind, body, and soul.

While much of the literature on African-American religion discusses the syncretization of Catholicism and African religions (Candomble, Santeria, Vodun), the literature of the African Diaspora does not adequately address reinterpretations of Protestant-based religions with the exception of Pitts (1988). The underlying spiritual framework of folk medicine within Protestantism in the United States is a reflection of the syncretization of an African-based health culture incorporating magic, medicine, and religion. African Americans have reinterpreted their beliefs in the spiritual nature of

health and illness within the framework of the Christian church.

Mrs. Emma Dupree grows her own herbs in the gardens along side her house. From here she grows mullein, sweetflag, and a healing berry tree (perhaps chinaberry) to serve her small community. Mrs. Dupree grew up gathering herbs in the woods in Pitt County, North Carolina: "The woods gal, that's what they called me. They'd say, here come's that little medicine thing" (Baldwin 1984: 50). Mrs. Dupree felt she was born with the knowledge of the use of medicinal plants and attributes her healing power to God. Like many contemporary herbalists, she is interested in treating the whole person. She learns the social history of her patients to balance nutrition and medicine to provide preventive remedies.

The healer, midwife, or a granny mentioned in this study administered to her community using specialized knowledge gained from her ancestors. Herbal knowledge in the past as well as the present was usually held by a few individuals. Kirkland et al. (1992) note that the knowledge of herbal medicine within the African-American community was unevenly distributed. Often only one or two herbalists would live in a given community. In their study, she found that most of the herbalists had been "called" to the Lord's work through healing the community. Bernita Washington was not fond of sharing her herbal knowledge; not because of entitlement, but she felt it could cause more harm than good if administered by a novice (Snow 1993).

Knowledge was often passed down from mother to daughter or in some cases other female relatives or in an apprentice system (Hill and Matthews 1981; Watson 1984; Snow 1993). One Alabama woman who had been a midwife for 60 years followed the calling because her mother had been a midwife as well as her grandmother who had been a slave (Logan 1989). Specialized herbal knowledge was something that was usually held

by one or two members within a community, often within the same family. Others knew only a handful of herbal remedies while a few grew some of their own. Generally, medicinal plant knowledge was a privilege that was passed down intergenerationally with a few remedies shared with the community.

Because the majority of herbalists were African-American women, there are many implications to gender studies. First, there are very few studies of gender within historical archaeology, in general, and African-American archaeology, in particular (Wilkie 1996; 2003). This dissertation provides a beginning point for examining gender archaeologically but also in examining the empowerment of women of color through medicinal plant knowledge. Harrison (2003) argues that “women’s knowledge is characterized as a ‘science of survival’ that is informed by the integrative abilities and holistic approaches that women develop.” In this line of thought, African-American women as cultural creators and bearers have sustained a rich tradition of folk medicine for survival through innovation and creativity.

The knowledge and use of traditional medicine is also a reflection of a vital culture of resistance. Enslaved Africans and African Americans employed numerous overt and covert avenues of resistance (Blassingame 1979). Running away, murder, suicide, coercion, and manipulation are just a few of the ways in which enslaved peoples chose to rebel. The often secretive practices of religion and herbal medicine was also an avenue of resistance. African-American women’s knowledge of herbal abortifacients was a particularly useful tool for rebellion. Women also created and applied poisons from their pharmacopoeia of plant knowledge (Hine 1979; White 1999). These instances of the use of medicinal plant knowledge for resistance must have been a particularly empowering reason to continue to utilize folk medicine.

Conclusion

Multiple socio-political factors influenced African Americans' use of herbal medicine. Their health was affected by many external agents associated with enslavement, institutionalized racism, and economics. While some were able to escape economic poverty, others remained in insufficient living conditions affecting health. Economic considerations were not the only factor influencing health and health care choices. Many African Americans chose to treat illness through folk medicine supplemented by biomedicine only when needed. The herbalist and herbal medicine were important aspects of their health culture. Both a faith in traditional medicine and a mistrust of biomedicine led to the continuance and perhaps further perpetuation of herbal medicine.

Chapter 3: *The Materia Medica*

The medical botany of [South Carolina] is little understood, and the profession are [sic] in the possession of many facts, with regard to certain valuable medicinal plants, known as yet, only to some of our negro population.....

Francis Porcher, South Carolina Physician
(Quoted in Goodson 1987: 198)

EuroAmerican historical accounts extol African-American knowledge of medicinal plants. Dr. Francis Porcher (1849) based many of his own treatments upon the remedies he gathered from enslaved women. He published a comprehensive listing of South Carolina botanical remedies in the *Journal of Medicine* listing many remedies solicited from African Americans (Porcher 1849). The historical literature also points to two cases where herbal knowledge led to the manumission of a slave. A man was freed in Virginia based upon his remedy for kidney stones (red onion) which proved to be very effective (Grime 1976). Sampson's snakeroot is said to have been named after an enslaved man named Sampson that discovered the plant as a cure for a rattlesnake bite resulting in his freedom (Mitchell 1978). The 1860 *Nashville Journal of Medicine* recounts the widespread use by enslaved women of various herbs used to induce abortion (Morgan 1860).

Plantation owners often relied upon the knowledge of an African-American herbalist to treat the enslaved community. Many historical accounts mention women and men herbalists, midwives, and healers (Goodman 1987). There is an obvious discrepancy between the racist ideologies during enslavement and the numerous accounts of the exaltation of African-American medicine. It is evident that African Americans had a very effective folk medicine to garner such notoriety in the historical record despite the

fact that they were forced to create remedies in an environment that was foreign to them. The majority of plants that grew in Africa did not exist in North America. However, they were able to create a vast *materia medica* in a relatively short time.

Methodology

North America offered a rich diversity of flora for the creation of a new *Materia medica* for enslaved Africans and later generations of African Americans. The over 100 different species of plants used by African Americans is evidence of the richness of North American vegetation. Various plant species utilized in modern African-American folk medicine and in the past were found in historical documents, ethnographies, and ethnohistorical data. Ex-slave narratives, historical accounts, medical reports, and contemporary ethnographies were utilized to create the contents of the herbal tool kit presented in this dissertation. Table 1 is a comprehensive listing of medicinal plants used by African Americans based upon historical documents and ethnographies¹² in the Early/Late Antebellum, Postbellum, and Contemporary time periods.

Based upon this research, a total of 108 plant species was utilized during the past 400 years by Africans and African Americans. Each species is listed under its common name followed in parenthesis by the scientific nomenclature. Common names were utilized since these are most often found in the literature. However, the use of common names is problematic since there are multiple species with the same name. The author has attempted to delineate individual species with multiple common names as much as possible.

In the Appendix, each species utilized by African Americans based upon the

¹² For plant specific sources listed in the tables and text in this chapter see Appendix.

Table 1- African-American *materia medica*.

Plant	Use	Method of Extraction	Part(s) Used	Time Period(s)
Aloe/Rattlesnake's Master (<i>Agave virginica</i>)*	Colic; rattlesnake bite	Poultice; infus; tinct.; decoction	Leaves	LAB
Angelica Tree (<i>Aralia spinosa</i>)*	Rattlesnake bite; pain; emetic	Tincture	Root bark, root	LAB, CT
Artichoke, Jerusalem (<i>Helianthus tuberosus</i>)*	Dieretic; dropsy; jaundice	Tincture	Leaves	LAB
Asafetida (<i>Ferula asafoetida</i>)*	Asthma; indigestion; colic	Infusion	Gum resin	CT
Basil (<i>Ocimum basilicum</i>)	Colds	Raw	Leaves	CT
Bitter apple (<i>Cucumis colocynthis</i>)	Fever	Tincture; decoction	Fruit	CT
Bitterroot (<i>Apocynum cannabinum</i>)	Colds; fever; abortifacient	Infusion; raw	Leaves	CT
Black Cohosh (<i>Cimicifuga racemosa</i>)*	Chills; fever; vermifuge	Raw	Nut, green	CT
Black Walnut (<i>Juglans nigra</i>)*	Vermifuge	Decoction	Root	CT
Blackberry (<i>Rubus</i>)*	Diarrhea; dysentery	Decoction	Root	CT
Blackroot (<i>Pterocaulon pycnostachyum</i>)*	Colds; asthma; menstrual cramps	Decoction	Root	CT
Bloodroot (<i>Ceanothus ovatus</i>)*	Contraception; poor circulation	Infusion	Root bark; root	PB, CT
Boneset (<i>Eupatorium perfoliatum</i>)*	Fevers; colds; pneumonia	Infusion	Leaves	LAB
Burdock (<i>Arctium spp.</i>)	Tuberculosis.	Infusion	Root.	LAB
Butternut (<i>Juglans cinera</i>)	Skin problems	Poultice	Fruit, unripe	EAB
Buttonbush (<i>Cephalanthus occidentalis</i>)*	Chills; sore throat; coughs	Infus; tinct; syrup; decoction	Root	PB, CT
Castor Bean (<i>Ricinus communis</i>)	Fever; emetic	Infusion; poultice	Leaves, seeds	CT
Catnip (<i>Nepeta cataria</i>)*	Measles; hives; colic; diarrhea; fever	Infusion; poultice	Leaves	LAB, CT
Cedar, Red (<i>Juniperus silicicola</i>)*	Dysentery	Decoction	Bark, needles	PB, CT
Cedar, White (<i>Chamaecyparis thyoides</i>)	Asthma	Tincture	Berries, cones	PB, CT
Cherokee Root (<i>Erythrina herbacea</i>)	Skin problems	Infusion (external)	CT	CT
Cherry, Wild Black (<i>Prunus serotina</i>)*	Sore throat; colds; pain; stops menses	Infusion; syrup; decoction	Bark	PB, CT
Chinaberry (<i>Melia azedarach</i>)*	Vermifuge	Decoction	Root	LAB, CT
Comfrey (<i>Symphytum officinale</i>)*	Pain	Infusion	Leaves	CT
Corn (<i>Zea Mays</i>)*	Chills; malaria; fever; measles; smallpox	Infusion	Husks	LAB, CT
Cotton (<i>Gossypium herbaceum</i>)*	Abortifacient; syphilis	Infusion; raw	Root bark, seeds	LAB, PB, CT
Dogwood (<i>Cornus spp.</i>)*	Teethcleaning; fever; nerves; chills	Infusion; tincture; raw	Twigs, bark	EAB, PB, CT
Elderberry (<i>Sambucus canadensis</i>)*	Sores; fever	Poultice; decoction	Whole plant	LAB, PB, CT
Fennel, Dog (<i>Helenium amarum</i>)*	Chills; malaria; fever; abortifacient	Infusion; raw	Root; twigs	LAB, PB, CT
Fig (<i>Ficus carica</i>)*	Snakebite; vermifuge	Infusion; poultice	Bark, sap, leaves	PB, CT
Galax/Wild Leek (<i>Allium tricoccum</i>)	High blood pressure; shortness of breath	Infusion; tincture; salve	Bulb	CT
Gallberry/Snakeberry (<i>Ilex glabra</i>)	Colds	Infusion	Leaves	CT
Garlic (<i>Allium ampeloprasum</i>)	Sores; high blood pressure; spasms	Tincture; poultice; vinegar	Bulb	CT
Glasswort (<i>Salicornia virginica</i>)	Colds; whooping cough	Decoction	Whole plant	LAB, CT
Gourd (<i>Lagenaria siceraria</i>)	Rheumatism	Infusion	Seeds	CT
Ground Mole (<i>Modiola caroliniana</i>)	Bring on menses			LAB
Holly (<i>Ilex opaca</i>)	Chills; fever; measles; coughs	Infusion; decoction	Leaves, bark, root	LAB, PB, CT

*Mentioned in more than one source.

Table 1- Continued.

Plant	Use	Method of Extraction	Part(s) Used	Time Period(s)
Honeysuckle (<i>Lonicera japonica</i>)	Diarrhea; skin problems	Infusion	Root	CT
Horse Nettle (<i>Cnidoscolus stimulosus</i>)*	Aphrodisiac; syphilis	Raw; decoction	Root	LAB, PB, CT
Indian Shot (<i>Cypripedium acaule</i>)	Fever; pain	Poultice	Leaves	CT
Indian Turnip (<i>Arum triphyllum</i>)	Consumption	Infusion	Root	EAB
Indian Tobacco (<i>Lobelia inflata</i>)	Fever	Bath	Leaves	CT
Ironweed (<i>Sida rhombifolia</i>)	Fever; potency	Decoction	Root	CT
Ironweed, Common (<i>Vernonia augustifolia</i>)*	Snakebite; aphrodisiac	Infusion	Root	IAB
Jerusalem Oak (<i>Chenopodium ambrosioides</i>)*	Vermifuge; infant fever	Infusion; bath	Leaves	LAB, CT
Jimson Weed (<i>Datura stramonium</i>)*	Vermifuge; colds; swelling; respiratory	Infusion; poultice; smoke	Leaves	LAB, PB, CT
Kidneyweed (<i>Gerardia tenuifolia</i>)	Diuretic	Infusion	Whole plant	CT
Laurel (<i>Kalmia spp.</i>)	Itching	Poultice	Leaves	LAB, PB
Life Everlasting (<i>Gnaphalium obtusifolium</i>)*	Colds; pneumonia; pain; fever; decongest.	Infusion; poultice	Whole plant	LAB, PB, CT
Milkweed (<i>Polygala spp.</i>)	Diuretic	Infusion	Whole plant	CT
Maple (<i>Acer spp.</i>)	Cataracts	Infusion (external)	PB	
Marsh Rosemary (<i>Limonium carolinianum</i>)*	Colds; fevers; diarrhea	Decoction	Root	CT
Mayapple (<i>Podophyllum peltatum</i>)*	Colds; preventive	Infusion	Root	LAB, CT
Mint, Wild (<i>Mentha arvensis</i>)	Stomach pains	Infusion	Leaves	CT
Moss, Spanish (<i>Tillandsia usneoides</i>)*	High blood pressure; swelling; labor	Decoction; poultice	Whole plant	CT
Muckle, Brown/Murtle (<i>Myrica cerifera</i>)*	Colds; diarrhea; pain; kidneys	Infusion; decoction	Leaves	CT
Muckle, Marsh (<i>Borrichia frutescens</i>)*	Colds	Infusion	Leaves, root	CT
Muckle, Sea (<i>Baccharis halimifolia</i>)	Colds; stomach problems	Decoction	Leaves, root	PB, CT
Mullein (<i>Verbascum thapsus</i>)*	Colds; fistula; pain; swelling; fever	Infusion; poultice	Root	CT
Nightshade (<i>Solanum nigrum</i>)	Fever	Infusion	Bark	LAB, PB, CT
Oak, Red (<i>Quercus rubra</i>)*	Prolapsed uterus; pain; chills; fever; colds	Infusion; tincture; poultice	Leaves	CT
Oil Bush/Fever Bush (<i>Laurus benzoin</i>)	Fever	Poultice; bath	Flowers	CT
Okra (<i>Hibiscus esculentus</i>)*	Boils; sores	Poultice	Roots	CT
Okra, Wild (<i>Viola palmata</i>)	Emetic	Infusion	Bulb	EAB, LAB, PB, CT
Onion, Red (<i>Allium cepa</i>)*	Kidney stones; fever	Poultice; raw	Leaves	LAB, CT
Peach (<i>Prunus persica</i>)*	Vermifuge; fever; kidney; swelling; pain	Infusion; poultice; decoc	Bark, sap, tops	LAB, PB, CT
Pine (<i>Pinus</i>)*	Dysentery; colds; fevers; cough; stomach	Infusion	Leaves	LAB, CT
Pennyroyal (<i>Hedeoma pulegioides</i>)	Abortifacient	Raw	Fruit	LAB, CT
Persimmon (<i>Diospyros virginiana</i>)*	Vermifuge; thrush; teething	Infusion; poultice; decoc	Seeds, root, berry	PB, CT
Pokeroot (<i>Phytolacca americana</i>)*	Diuretic; pain; colds; sores; spring tonic	Infusion	Seeds, rind	LAB, CT
Pomegranate (<i>Punica granatum</i>)	Diarrhea; fever	Smoke; Infusion	Stem; guts	LAB, CT
Pumpkin (<i>Cucurbita pepo</i>)	Asthma; fever	Decoction	Root	CT
Queen's Delight (<i>Stilingia sylvatica</i>)	Boils; stomach ache	Infusion	LAB	
Richet Weed (?)	Diuretic			

*Mentioned in more than one source.

Table 1- Continued.

Plant	Use	Method of Extraction	Part(s) Used	Time Period(s)
Rignum (<i>Monarda punctata</i>)	Colds; fevers	Decoction	Root	CT
Rue (<i>Ruta graveolens</i>)	Vermifuge	Infusion	Root	LAB
St. Johns (<i>Hypericum spp.</i>)*	Sores; burns; swellings	Bath; decoction	Whole plant	CT
Sassafras (<i>Sassafras albidum</i>)*	Measles; blood cleanser; pain; health	Infusion	Root bark	LAB, PB, CT
Senna, American (<i>Cassia Marilandica</i>)*	Sores	Poultice	Leaves.	PB
Silvergrass (<i>Chrysopsis graminifolia</i>)	Kidneys; bladder; diuretic; dropsy	Infusion; decoction	Leaves	CT
Sinkfield/Manroot (<i>Ipomoea pandurata</i>)	Chills; fever	Infusion	Vine	CT
Smartweed (<i>Polygonum pennsylvanicum</i>)	Pain	Poultice	Whole plant	CT
Smilax/Wild Asparagus (<i>Smilax laurifolia</i>)	Aphrodisiac	Infusion	Root	CT
Snakeroot, Button (<i>Eryngium yuccifolium</i>)*	Consumption; colds; vermifuge	Infusion; tincture	Root	LAB, CT
Snakeroot, Sampson (<i>Psoralea psoraloides</i>)	Colds; vermifuge	Infusion	Leaves, root	CT
Snakeroot (<i>Eupatorium rugosum</i>)	Stomach ache; colds; fevers; vermifuge	Infusion	Root	LAB, CT
Horehound (<i>Eupatorium hyssopifolium</i>)*	Colds; fevers; worms; preventive	Decoction	Leaves, root	LAB, CT
Snakeroot (<i>Hexastylis arifolia</i>)	Colds; fevers; swelling	Infusion; decoction; tincture	Leaves, root	CT
Spurge Nettle (<i>Cnidoscolus Stimulosus</i>)	Potency	Tincture	Root	CT
Star Grass/Yellow Colic Root (<i>Aletris Aurea</i>)	Toothache	Raw; vinegar	Root	CT
Sumac (<i>Rhus glabra</i>)	Kidney problems; dysentery; VD	Infusion; decoction	Seed	LAB
Swampgrass (<i>Aristolochia serpentaria</i>)*	Pneumonia; fevers; sprains; vermifuge	Infusion; poultice	Leaves, root	LAB, CT
Sweetgum (<i>Liquidambar styraciflua</i>) *	Colds; sores; diarrhea; sore throat	Infusion; poultice; raw	Leaves, bark, fruit	PB, CT
Sweetflag/Calamus (<i>Acorus calamus</i>) *	Urinary problems	Infusion	Root	CT
Sweet Pepperbush (<i>Clethra alnifolia</i>)	Itch	Decoction	Root	CT
Tadawas (<i>Aster</i> ?)	Fever	Infusion	Leaves	CT
Tansy (<i>Tanacetum vulgare</i>)	Abortifacient; pain.	Infusion	Leaves	LAB, CT
Trumpetroot (<i>Sarracenia minor</i>)	Skin irritations	Poultice; decoction	Root	CT
Tulip poplar (<i>Liriodendron tulipifera</i>)	Vermifuge	Infusion	Root	EAB, LAB
Whiteroot (<i>Lyonia mariana</i>)	Colds; fevers	Infusion	Root	CT
Watermelon (<i>Citrullus vulgaris</i>)	Kidney stones	Infusion	Seeds	LAB
Waterlily (<i>Nymphaea odorata</i>)	Diarrhea	Infusion	Root	CT
Willow (<i>Salix caroliniana</i>)	Colds; fever; diarrhea	Decoction	Bark	CT
Whiteroot/Silkweed (<i>Asclepias tuberosa</i>)	Rheumatism; colds	Infusion	Root	CT
Witchhazel (<i>Hamamelis virginiana</i>)	Sinus problems; bleeding gums; swellings	Infusion; poultice; decoction	Leaves, bark	CT
Yard Lily (<i>Canna generalis</i>)	Pain; fever	Poultice	Leaves	CT
Yaupon (<i>Ilex vomitoria</i>)	Colds; fever	Infusion	Leaves	CT
Yellow root (<i>Hydrastis canadensis</i>)	Colds	Decoction	Root	CT

*Mentioned in more than one source.

referenced sources has a separate listing accompanied by its use through time, part utilized, method of extraction, natural habitat, region found, and Native American, African, and EuroAmerican use. Blank entries for each plant indicate that there is no mention in the literature or information available for that particular category. Also, historical sources are indicated in the Appendix.

A great variety of ailments was treated with plants. The prevention and treatment of illness will be discussed at the end of this chapter; however, a few applications need to be clarified. Several plant species were used as a vermifuge, that is to say, to expel and prevent worms. An abortifacient was administered to produce a spontaneous miscarriage. An emetic induces vomiting.

African Americans utilized all parts of the plant depending upon the individual recipe. Leaves, roots, flowers, berries, and sometimes the whole plant were incorporated into the medicine. The plant part utilized in each remedy is listed in Table 1 and the Appendix.

A variety of methods were and are employed to extract the medicinal properties of a plant¹³. These include poultices, infusions, decoctions, and tinctures. Other applications included vinegars, baths, inhalation, syrup, salves, juice, and plants consumed raw (without any preparation). A poultice consists of a portion of the plant ground into a moist clump and applied to the affected area. Roots or leaves can be used in a poultice. Poultices are used for external skin irritations including itches, sores, boils, rashes, and swelling. An infusion leaches medicine from the plant by submersing the plant material in hot or boiling water. Teas are a similar method of extraction; however, an infusion is steeped for hours instead of minutes gathering the most medicinal value. A

¹³ African-American medicinal remedies are usually simple remedies composed of one plant as opposed to complex remedies containing two or more plants.

decoction boils the plant in water rather than steeping. Vinegars are remedies made from the plant material soaked in vinegar for a number of weeks. A tincture consists of steeping plant material in alcohol to create the remedy. The plant material is soaked in the alcohol from four to six weeks (Kloss 1992). Infusions and tinctures are usually taken internally the majority of the time; there are a few exceptions, however, where an infusion or tincture is applied externally.

Medicinal plant properties can be maximized through the use of a variety of methods. African Americans used a variety of ways to extract the medicinal value from each plant. Infusion was the most popular method. An infusion methodology was used with approximately 60% of the plant species. Making infusions was probably the easiest way to create herbal medicines for internal use, while alcohol for tinctures may have been difficult to procure but vinegars should have been available. Poultices are fairly simple remedies as well; however, they are not applicable to internal problems. Poultices were created from 25% of the plants. Some plant species were efficacious in both the poultice and infusion form treating both internal and external symptoms.

Tinctures, on the other hand, were only used for 13 out of the 108 plants listed. Decoctions were applied with 30 of the plant species. Plants used raw were found in 11 of the remedies while four were used in bathing. Other remedies mentioned in less than 1% of the remedies included vinegars, syrups, salves, juice, and inhalation or smoking of burned plants. Syrups resulted from the boiling of plant material combined with water and sugar. Salves were created by soaking the plant material in oil for 2-6 weeks and then combining the oil with melted wax. Salves were rarely used. In essence, a variety of methods were utilized to create the most sound and useful herbal recipe.

The regional information and the EuroAmerican, Native American, and African use

of the same species are also listed in the Appendix for each species is discussed in a later chapter.

Discussion

A multitude of factors need to be discussed in regard to the African-American *materia medica* including the *materia medica* diachronically, the numerous ailments and treatments employed. It bears mentioning that a variety of medicinal plant remedies were used *on* Africans and African Americans during enslavement for the treatment of a variety of illnesses. This listing only contains plants used *by* people of the African Diaspora. This list is by no means complete, however. The method of extraction was listed only when it had been recorded. Some sources do not mention how a plant was processed. No doubt there are other discrepancies as well, resulting from a lack of historical data.

The sources for early information were gathered from travel accounts, medical journals, and ex-slave narratives (Porcher 1849; Morgan 1860; Rawick 1972; Grime 1977; Clayton 1990). The travel accounts and medical information only record what was witnessed by the EuroAmerican observer. It bears mentioning that much of the culture of enslaved populations was *purposively* hidden by the enslaved. A variety of causal factors necessitated secrecy in the enslaved community including fear of retribution but also protection of cultural practices. While narratives and other accounts extol African and African-American knowledge of medicine, an inherent distrust of whites may have contributed to omissions in the historical record.

There were 21 medicinal plants mentioned in the ex-slave narratives. The plants mentioned in the narratives include horehound, pine, pomegranate, garlic, burdock,

sassafras, asafetida, rue, corn, richet weed, holly, dog fern, boneset, catnip, tansy, chinaberries, watermelon, mayapple, snake root, sumac, and bloodroot. Watermelon, burdock, and richet weed as sources of medicine were mentioned only in the narratives. No other source mentions the use of these specific plants by African Americans.

The listing for contemporary herbal remedies is by far the most comprehensive, namely because contemporary ethnographies were conducted specifically to document the herbal remedies of the African Diaspora in North America (Stewart 1971; Hill 1973, 1987, 1992; Morton 1974; Morson, Reuter and Vitanen 1976; Mitchell 1978; Hill and Matthews 1981; Sims 1981; Blake 1984; Watson 1984; Camino 1986; Roberson 1988; Bailey 1992; Snow 1993; Crowder 2001). Ninety-five plant species are mentioned in the modern literature. Fifty-six of the 108 plants listed were only found in the Contemporary period. This does not mean, however, that all of these plants were only used during the present. As mentioned before, a lack of historical data may account for many of the discrepancies. For decades, archaeologists have been applying the direct historical approach¹⁴ in their interpretations of the past. The medicinal plants used in the present may have been used in the past as well. It is difficult to determine if certain plant species were used historically except through the archaeological record. This subject will be discussed in a later chapter. Of course, the large number of plant remedies used contemporaneously may be a result of a longer time span to accumulate a more comprehensive *materia medica*.

Diachronic Analysis. A diachronic perspective in the examination of the African-American herbal plant use is necessary in the determination how the *materia medica* changed over time as a result of a multitude of external factors influencing the

¹⁴ The direct historical approach utilizes known cultures within a region to compare to archaeological sites in order to demonstrate connections between the two. It is similar to ethnographic analogy except the direct historical approach infers a direct link from extant cultures to the past (Orser and Fagan 1995).

health culture. Many social, political, and economic forces influenced African-American culture over time. A variety of factors influenced the community including access to plant resources limited by geography and access to the knowledge within the community.

Increased availability to education and other resources in the Postbellum period may have transformed the *materia medica*. Health issues changed over time as well. Crowded conditions, poor nutrition, and sanitation are factors that influenced the spreading of disease and illness during enslavement. Certain ailments may have been more prevalent and a concern from the Antebellum period to the Contemporary. Various social, political, and economic factors influenced much of African-American lifeways; however, it is also necessary to examine the diachronic *materia medica* in regards to methodology, plant parts used, and illnesses treated.

In discussing the diachronic variation of the herbal tool kit, it is critical to note that 39 of 108 plant species had documented usage through at least two time periods. Tables 2 and 3 illustrate the specific species utilized over two time periods. Some are found in two successive time periods while others seem to skip a number of years which is more than likely a result of lack of data for that time period. The application of a number of plant species varied over time. Twenty-two of the 39 species used across time changed application from one time period to the next. It does not appear that this is a result of regional variation. The evolving remedy may be the result of adaptation to changing health and health care needs and/or the consequence of an altered landscape. The treatments shifted mainly from the Postbellum time period to the Contemporary while a few differed from the Antebellum to the Contemporary or Postbellum (see Table 2). For instance, dogwood was used during the early Antebellum to clean teeth but it later became a remedy for fever and chills. Life everlasting treated colds in the late Antebellum

Table 2- *Materia medica* diachronic change.

Plant	EAB	LAB	PB	CT
Black Cohosh		Fever	Vermifuge	
Bloodroot		Prevent	Contraception	Poor Circulation
Buttonbush		Chills	Coughs	
Catnip		Measles/hives		Colic;diarrhea
Cedar, Red		Dysentary	Colds	
Cherry, Wild Black		Sore throat	Colds	
Dogwood	Oral hygiene			Fevers;chills
Fig		Snakebite	Vermifuge;asthma	
Garlic		Spasms		Verm; high BP
Jimson Weed		Vermifuge	Colds	Vermifuge
Life Everlasting		Colds		Pain
Mayapple/Mandrake		Preventive		Colds
Oak, Red		Prolapsed uterus		Diarrhea; pain
Onion, Red	Kidney stones	Kidney stones		Colds
Pomegranate	Fever			Diarrhea
Pumpkin		Fever		Asthma
Snakeroot, Button		Consumption		Colds
Snakeroot		Stomachache		Colds; fevers
Sumac		Kidneys		Diarr; dysent
Swampgrass		Pneumonia		Verm; fever
Sweetgum		Colds	Sores; stomach; diarr	
Tansy	Pain	Abortifacient		Colds; dysent

Table 3- *Materia medica* diachronic continuity.

Plant	EAB	LAB	PB	CT
Angelica Tree		Rheumatism		Rheumatism
Cedar, White		Asthma	Asthma	
Chinaberry		Vermifuge		Vermifuge
Cotton	Abortifacient		Abortifacient	
Corn		Chills		Chills
Elderberry		Sores	Sores	
Fennel, Dog		Chills	Chills	
Holly		Chills; fever		Chills; fever
Horse Nettle		Aphrodisiac		Aphrodisiac
Jimson Weed		Vermifuge	Colds	Vermifuge
Laurel		Itching	Itching	
Mullein		Colds	Colds	
Pennyroyal		Abortifacient		Abortifacient
Pine		Colds		Colds
Sassafras		Blood Cleanser	Blood Cleanser	Blood Cleanser
Tansy		Abortifacient		Abortifacient
Tulip poplar		Vermifuge	Vermifuge	

but is used for pain in the Contemporary period.

Seventeen plant species were resilient in their usage for similar remedies (see Table 3). From the late Antebellum through to the Contemporary, there appears to be a core of utilized medicinal plants. Colds were cured with mullein while dog fennel and corn were good for chills, and holly treated a chill and a fever. Juniper eased the labored breathing of asthma. The pain of rheumatism was assisted with angelica. Pinetop tea treated colds during the Late Antebellum and Contemporary time periods. Sassafras was used as a blood cleanser. Chinaberry, jimson weed, and tulip poplar got rid of worms and laurel was good for itching. Elderberry worked wonders with sores. Horse nettle was reported to have been used as an aphrodisiac from the Antebellum to the present. Cotton, mentioned previously, was an affective abortifacient. These remedies were timeless despite the variety of socio-political factors.

The methodology for plant processing and parts of the plants used seems to have changed little over time (see Appendix). There are a few instances of the utilization of plant anatomy varying diachronically with red cedar, holly, pine, juniper, and fig. Red cedar bark was used during the Postbellum period while the needles are used contemporarily. Similarly, pine bark was applied during the Postbellum but only the sap and pine tops are used today. Holly bark treated fever in the Antebellum but the leaves and root were used during the Postbellum and contemporarily. Juniper berry infusion was an remedy for asthma in the Postbellum while the cones were applied for the same result contemporarily. Remedies using fig during the Postbellum included bark unlike the Contemporary medicines that utilize the sap and leaves.

The majority of the extraction methods remained the same but a few have diachronic differences. Tinctures, decoctions, infusions, and poultices were used from the

Antebellum through Contemporary times. Syrups were not utilized until the Postbellum. The dogwood remedy transitioned from a tincture in the Postbellum to an infusion in the present. An infusion of life everlasting is only used contemporarily while it was made into a poultice in the past. Poke infusion is used more often contemporarily than in the past when poultices were common. Button snakeroot tincture was used during the Antebellum while an infusion is utilized today. A few methods changed due to the varied curative properties of the plants. Contemporarily, jimson weed infusion is a treatment for worms but inhaling the smoke of the burning plant aided respiratory illness during the Postbellum. Red oak as a tincture was exclusively for the treatment of a prolapsed uterus in the Antebellum but infusions and poultices are used contemporarily for a variety of ailments. With few exceptions, it seems that the plant parts utilized, as well as the method of medicine extraction had little to do with external factors relating to enslavement and subsequent socio-political factors.

The African American *materia medica* grew over time to encompass treatments for a wide variety of conditions. There are only five remedies documented during the Early Antebellum but that number grew to 25 in the Late Antebellum. By the Postbellum there are still 25 plant species documented while the Contemporary plant species documented is 87. It is evident that there is a lack of data for the earlier time periods but the herbal tool kit also grew over time. The conditions that these plant species were used to treat expanded as well.

During the Antebellum period there were remedies for consumption, kidney stones, skin problems, and worms. The number of ailments that could be treated grew exponentially over the next 200 years. Table 4 illustrates the conditions that were treated with plants and the number of remedies for each ailment by time period. There is a

Table 4 - Common ailments treated with African-American herbal medicine.

# of Remedies	EAB	LAB	PB	CT
Abortifacient	0	5	2	2
Aphrodisiac	0	0	0	2
Arthritis	0	0	0	3
Asthma	0	0	1	5
Blood cleanser	0	0	1	1
Cataracts	0	0	1	0
Colic	0	1	0	2
Colds/coughs	0	2	5	29
Consumption	1	0	0	0
Contraception	0	0	1	1
Decongestant	0	1	1	1
Diarrhea	0	0	0	11
Diuretic	0	2	1	3
Dropsy	0	0	0	1
Dysentary	0	0	2	1
Emetic	0	1	0	1
Fever/chills	0	2	6	29
High blood pressure	0	0	0	3
Kidney stones	1	1	0	0
Kidneys problems	0	0	0	2
Malaria	0	2	0	0
Measles	0	1	2	3
Menstrual	0	0	0	1
Nerves	0	0	0	2
Oral hygiene	1	0	0	0
Pain	0	0	1	12
Pneumonia	0	3	0	0
Poor circulation	0	0	0	1
Prolapsed uterus	0	1	0	0
Rheumatism	0	1	2	2
Skin irritations	1	0	4	16
Snakebite	0	3	1	0
Sore throat	0	0	1	2
Stomach ailments	0	0	0	9
Syphilis	0	0	2	1
Thrush	0	0	0	1
Toothache	0	0	2	1
Urinary/Bladder Problem	0	0	0	2
Vermifuge	0	4	0	11

noticeable shift in the illnesses being treated with a larger number of illnesses being treated with plants by the Postbellum era. During the Late Antebellum period many of the remedies were used to get rid of worms, cure snakebite, and treat pneumonia followed closely by treatments for colds, diarrhea, malaria, chills, and an abortifacient.

By the Postbellum period, fevers/chills and colds/coughs are a primary health concern evidenced through the number of plant remedies. African Americans during this time period also had medicine for arthritis, asthma, pain, measles, dysentery, sore throat, sexually transmitted diseases, toothache, rheumatism, cataracts, contraception, abortion, and skin irritations (boils, sores, itch). By the Contemporary time period there is a marked increase in the number of herbal remedies for colds/coughs (5:30), asthma (1:5), skin irritations (4:15), and pain (1:12). There is also the development of new treatments for illnesses including dropsy, stomach ailments, thrush, high blood pressure, colic, nerves, kidney problems, urinary problems, and poor circulation. This evidence could be the result of record bias or may suggest a growing health crisis and/or perhaps a large dependency on herbal remedies for minor ailments that may be treated without the invasiveness of biomedicine.

When examining a cultural tradition diachronically, it is useful to apply not only historical periods but also developmental stages as well. Wilkie (1997) argues for the adoption of a three stage model in the examination of African-American religious change. First employed by George Brandon (1993) in his studies of Santeria, the model includes stages of religious transformation: Formative, Persisting, and Transformative. Incipient changes taking place as the result of contact, in this case enslavement, constitutes the Formative stage. The Persisting stage ensues when a stasis is established and continues to persist. In the Transformative stage, the Persisting stage is interrupted when novel

development affects the tradition already established. This three stage model could also apply to the *materia medica*, as a component of the African-American health culture and spiritual ideology.

The *materia medica* aptly demonstrates the Formative stage with initial enslavement. Only a handful of herbs were documented during the early Antebellum. Traditional knowledge of African medicinal plant use was ineffective in their new environment. An established herbal tool kit was utilized after years of living in a novel environment coupled with knowledge gained from indigenous and EuroAmerican groups. Many of the utilized plant species changed little from the Late Antebellum to the Postbellum. Arguably this time period could be the Persisting stage of this cultural tradition. Through various socio-cultural developments from the 1960s to the 1990s, the *materia medica* seems to have experienced an unprecedented era of growth incorporating 84 new species of plants.

It is evident that African-American use of medicinal plants based upon historical sources and ethnographic literature seems quite fluid, adapting to changing needs and resources. The *materia medica* began with roughly five plants and grew to include over 100 different species of trees, shrubs, and herbaceous plants ranging across the southeastern United States. Plants were excluded, modified, and added in order to fill the daily needs of individuals and communities. The documentation reveals a rich and diverse folk medicine that can be supplemented and supported by the evidence of its origins presented in the following chapter.

Chapter 4: Origins

It would be overly simplistic to state that the origins of African-American *materia medica* could be tied to any one source. Snow (1993: 32) argues that “it is not always possible to identify a particular belief or practice as distinctly ‘African’ or ‘European’ or ‘Native American’ in origin.” It is likely that enslaved Africans brought their cultural traditions of medicinal plant use with them and reinterpreted Native American and EuroAmerican knowledge to create a complete herbal tool kit useful for a variety of illness and diseases. That same medicine chest would have adapted to the multitude of hardships and health issues through a 400-year history. For various reasons, the cultural traditions flourished, adapted, and endured in the New World.

While the origins of the *materia medica* may be obscured, the elusive influences of Africans, EuroAmericans, and Native Americans may be recognized. The ethnohistorical record can help to coax out the various subtle origins. However, it is still difficult when dealing with records from various time periods to determine cultural origins. Many of the resources for Native American and EuroAmerican herbal remedies were compiled in the 20th century. Some of the medicinal properties reported may have had an African or a EuroAmerican source and vice versa.

The complicated task of delineating the origins of African-American herbal remedies can best be undertaken through detailed analysis of the 108 plants listed in the *materia medica* in Chapter 3.¹⁵ This examination of the *materia medica* origins is multifaceted to include plants used by African Americans that: 1) are used for similar purposes by Native Americans, 2) have the same function as EuroAmerican remedies, 3) are used for the same treatment as Africans, 4) have unique African-American

¹⁵ For plant comparison and table sources in this chapter see Appendix.

applications, and 5) are used solely by African Americans.

EuroAmerican Influence

Table 5 illustrates the various medicinal plants that had the same usages for Native Americans, African Americans, and/or EuroAmericans. Surprisingly, only four species of the *materia medica* may have been introduced by EuroAmericans including dogwood (fever; chills), holly (colds; coughs), button snakeroot (colds), and snakeroot (fever). While there are many plant species that are utilized by both EuroAmericans and African Americans, the applications differ between groups, suggesting African Americans largely developed their own *materia medica* through previous knowledge and experimentation rather than simple borrowing.

It is remarkable to find only a few similarities between EuroAmerican and African American medicinal plants considering the degree to which EuroAmericans tried to influence African and African-American culture. It is necessary to mention only briefly the extent to which Africans and African Americans were forced to modify their material culture through enslavement. Food, clothing, household goods, and housing were controlled the majority of the time by slave owners. Of course, the resiliency and adaptiveness of the enslaved population has been noted numerous times (see Singleton and Bograd 1995). Suffice it to say that despite the historical context through which enslaved African Americans created and adapted their folk medicine, the cultural tradition of herbal medicine emerged quite of their own making.

Table 5- Plant species utilized for same conditions by African Americans, Native Americans, and EuroAmericans.

Plant	AA Use	NA Use	EA Use
Angel Tree (<i>Aralia spinosa</i>)	Rheumatism	Rheumatism	Rheumatism
Bitterroot/Indian Hemp (<i>Apocynum cannabinum</i>)	Fever	Fever	Fever
Black Cohosh (<i>Cimicifuga racemosa</i>)	Abortifacient; colds	Abortifacient; colds	Vermifuge
Black Walnut (<i>Juglans nigra</i>)	Vermifuge	Vermifuge	Diarrhea; dysentery
Blackberry (<i>Rubus</i>)	Diarrhea; dysentery	Diarrhea; dysentery	Fever; colds
Boneset (<i>Eupatorium perfoliatum</i>)	Fever; colds	Fever; colds	Hives; fever
Catnip (<i>Nepeta cataria</i>)	Hives; fever	Hives; fever	Colds
Cherry, Wild Black (<i>Prunus serotina</i>)	Colds	Colds	Fever
Chinaberry (<i>Melia azedarach</i>)	Vermifuge	Vermifuge	Fever; nerves; chills
Corn (<i>Zea Mays</i>)	Fever		Sores
Dogwood (<i>Cornus spp.</i>)	Fever; nerves; chills		Coughs
Elderberry (<i>Sambucus canadensis</i>)	Sores	Sores	Vermifuge
Holly (<i>Ilex opaca</i>)	Coughs		Colds
Indian Shot (<i>Cypripedium acaule</i>)	Fever; pain	Fever; pain	
Jerusalem Oak (<i>Chenopodium ambrosioides</i>)	Vermifuge; fever	Vermifuge; fever	
Jimson Weed (<i>Datura stramonium</i>)	Colds	Colds	
Maple (<i>Acer spp.</i>)	Cataracs	Sore eyes	
Marsh Rosemary (<i>Limonium carolinianum</i>)	Colds	Consumption	
Mint, Wild (<i>Ment arvensis</i>)	Stomach pains	Stomach pains	Stomach pains
Muckle, Brown/Wax Murtle (<i>Myrica cerifera</i>)	Pain	Pain	Pain
Mullein (<i>Verbascum thapsus</i>)	Colds; swelling	Colds; swelling	Colds; swelling
Oak, Red (<i>Quercus rubra</i>)	Diarrhea	Diarrhea	Diarrhea
Onion, Red (<i>Allium cepa</i>)	Colds	Colds	Colds
Peach (<i>Prunus persica</i>)	Vermifuge; fever; diarrhea	Vermifuge; fever	Diarrhea
Pennyroyal (<i>Hedeoma pulegioides</i>)	Abortifacient		Abortifacient
Pine (<i>Pinus</i>)	Coughs		Coughs
Pokeroot (<i>Phytolacca decandra</i>)	Pain; sores	Pain; sores	Pain; sores
Queen's Delight/Yawroot (<i>Stillingia sylvatica</i>)	Stomach problems	Stomach problems	Stomach problems
Rignum (<i>Monarda punctata</i>)	Colds; fevers	Colds; fevers	Colds; fevers
Rue (<i>Ruta graveolens</i>)	Vermifuge	Vermifuge	Vermifuge
Sassafras (<i>Sassafras albidum</i>)	Blood cleanser	Blood cleanser	Blood cleanser
Smartweed/Knotweed (<i>Polygonum pennsylvanicum</i>)	Pain	Pain	
Snakeroot, Button (<i>Eryngium yuccifolium</i>)	Colds		Colds
Snakeroot (<i>Eupatorium hyssopifolium</i>)	Fever		Fever
Swampgrass (<i>Aristolochia serpentaria</i>)	Fever	Fever	Fever
Sweetgum (<i>Liquidambar styraciflua</i>)	Sores; diarrhea	Sores; diarrhea	Sores; diarrhea
Tansy (<i>Tanacetum vulgare</i>)	Pain	Headache	
Watermelon (<i>Citrullus vulgaris</i>)	Kidney stones	Kidney ailments	Clean Kidneys
Willow (<i>Salix caroliniana</i>)	Fever	Fever	

Native American Influence

The relationship between Native Americans and African Americans has been largely neglected by scholars (Howard 2002). Howard argues that this neglect “not only creates an impression of their impotency as agents in the genesis of New World societies, but also buttresses the hierarchy that places European society and culture at the apex of so-called civilization” (Howard 2002: 2). In essence, while Native Americans and African Americans operated within a wider arena of the hegemonic EuroAmerican culture, ignoring their interaction and dynamic cultural exchanges places these groups in culturally subordinate positions. The following discussion is an attempt to rectify that neglect.

Native Americans, African Americans, and EuroAmericans shared 17 medicinal plants with the same uses in their respective herbal tool kits (see Table 5). The original influence for these remedies is unknown. It is likely that Native American cultural traditions were strong influences over both cultural groups since they held the knowledge of medicinal plants of North America for thousands of years.

The degree of contact and relations between African Americans and Native Americans is documented in many historical records. In the early years of colonialism, Native Americans were the first population whom whites enslaved. Several factors influenced the shift from the use of Native Americans and white indentured servants to the strict enslavement of Africans. Native Americans could easily run away back to their homes and survive easily in the environment. North America was their home and they knew it well. Enslaved Native Americans also died frequently of diseases such as malaria. Africans on the other hand, were far from home, unfamiliar with the landscape, and easily recognizable. They also had knowledge of growing cash crops such as rice and

indigo. Being in an equatorial region where malaria was rampant, sickle cell anemia ran high in West African populations causing a lower malarial mortality rate. Many West Africans could survive the marshy malarial environments of the southeastern Coastal Plain. Also, because Africa was perceived as such an exotic continent, racist notions of African inferiority began fairly early (Jordan 1969). Eventually, slavery in the United States became based strictly upon African ancestry (Saunt 2002).

Native Americans were not unfamiliar with the practice of slavery. The Creeks, Choctaws, Cherokee, and Seminoles practiced forms of enslavement of Africans. War captives from neighboring tribes were often enslaved while captured women and children became trade goods. However, Native American slavery was not as cruel and inhumane as the EuroAmerican slave tradition. Many times, they considered and treated a slave as part of the family. Many Native American tribes were disturbed by the inhumanity of this new slavery they saw on the frontier. Over time, many tribes began to “steal” slaves from plantations and many owned plantations themselves. Numerous Creeks and Cherokees ran plantations in an attempt to acculturate into the dominant white culture. They bought slaves to run their large plantations in North Carolina and Georgia. The form of slavery varied, of course, from tribe to tribe. The Cherokees practiced a form of slavery similar to that of the whites. They operated their plantations in strict and controlled environments. The Creeks, on the other hand, let the enslaved population have some autonomy with their own work schedules and little supervision. There are many accounts of Creek plantation owners co-habiting and having relations with enslaved African Americans. The Seminoles were considered the most lenient. Historical evidence suggests that African Americans were respected as both military and political allies, often playing influential roles as negotiators and interpreters who set the conditions of

treaties with EuroAmerican colonists (Howard 2002). Outside of the plantation, Native American slave owners within their own villages often married and mated with enslaved peoples. The result was often offspring of mixed Native American and African ancestry (Miles 2002; Saunt 2002).

The “one drop rule” was created in the 18th century by plantation owners. Any person with “one drop” of African blood was considered black and could be forced into the bonds of slavery. This also included those of Native American, EuroAmerican, and African descent. African Americans were not just African by descent. EuroAmerican plantation owners often had forced, coerced, or consensual relations with their slaves resulting in mulatto offspring. The accounts of the offspring of these unions are numerous. By law, children born to an enslaved mother were also enslaved despite their Native American or EuroAmerican heritage. Plantation owners often “owned” their own children. Antithetically, children born of Native American and African-American unions within the Native American community were often “free.” Race categories among Native Americans were malleable. If a person was a black Indian, they were an Indian. As a consequence of the “one drop rule,” many free offspring were stolen and sold into slavery despite their status in “Indian” territory. Conveniently, many advertisements for runaways rarely state a person had a mixed Native American and African heritage. The language of the plantation owners is usually a person “claiming” to have Indian descent or with Indian “appearance.” Racial categories in 18th and 19th century white America could not be blurred in regards to slavery (Miles 2002).

Many enslaved Africans escaped the bonds of slavery by joining various Native American tribes where they could be adopted by the tribe or form maroon settlements. Various maroon colonies of Creeks and Africans settled in Florida and southern Georgia.

Despite their non-Indian heritage, most were considered tribal members. As a result, these “runaways” adopted many Native American cultures and traditions including herbal medicine (Howard 2002: Miles 2002).

Native American and African-American interaction through Native American slave ownership, runaway slave settlements, and Native American and African-American offspring reveals the avenues through which cultural traditions were exchanged. By the early 20th century, Herskovits (1928) found that nearly 25% of African Americans claimed Native American ancestry. One cannot necessarily conclude that Native American descent implies Native American culture; however, cultural traditions may have been passed on from parent to child. Many ex-slave narratives speak of either having Native American ancestry or the adoption of Native American customs including clothing, language, food, and medicine (Naylor-Ojurongbe 2002). The influence of Native American herbal medicine on the African-American tradition can be seen in an Oklahoma ex-slave narrative. R.C. Smith, of Cherokee and African descent, states that:

[we] used to get a weed called hoarhound [*sic*], it grows everywhere wild. I’d make tea and drink it and it would cure the worst kind of ailment. Peach tree leaves and sumac seed also were good kidney medicines. These were Indian remedies (quoted in Naylor-Ojurongbe 2002: 172)

It is surprising then to find that only six plant species have similar usages by African Americans and Native Americans (see Table 5) while 23 plant species were utilized for the same purposes by EuroAmericans, Native Americans, and African Americans. Perhaps, as mentioned previously, the shared remedies were influenced by Native American folk medicine. Many Cherokee herbal remedies were used for similar purposes as African-American cures. Bitterroot was used as an abortifacient and for colds

by both groups. Black walnut, chinaberry, Jerusalem oak, and rue acted as a vermifuge. Indian shot and willow were used for pain and fever, while marsh rosemary treated colds and consumption. The bark of a maple tree could be useful in the treatment of cataracts among African Americans. Similarly, maple bark was used by the Cherokee for sore eyes. Both Native Americans and African Americans used wax myrtle for pain and stomach aches. An infusion of watermelon seeds aided kidney troubles for the Cherokee and kidney stones for African Americans. Smartweed and tansy could be used for pain, rignum for colds and fevers, and yawroot for stomach pains (Morton 1974; Moerman 1998). Mentioned above, peach tree leaves, sumac seed, and hoarhound were “good kidney medicines” (Naylor-Ojurongebe 2002).

African Influence

In the 20th century 13 species of plants were used both in Africa and in North America (Table 6)¹⁶. Six of these plants applied to the same ailment. Cotton was used as an abortifacient both in Africa and the Americas. Dalziel (1937: 126) states that the “use of the root to procure abortion is known amongst American negroes but not in the Orient, the knowledge of this property appears to be indigenous to Africa.” Chinaberry and Jerusalem oak were vermifuges, ridding pesky worms from children and adults. Castor bean acted as an emetic while nightshade reduced fevers. Pomegranate relieved diarrhea. While chinaberry and Jerusalem oak were also used by Native Americans, castor bean and pomegranate were only reported to have been used by Africans and African Americans.

¹⁶ Comparing medicinal plants that grow in specific areas of Africa is problematic. Over 220 plant species with medicinal value grow in tropical West Africa alone (Oliver-Bever 1986). While similiar plants grew in West Africa and the Coastal Plain, this dissertation only presents cross-cultural comparisons based upon *known* use by West Africans and African Americans.

Table 6- Comparison of African and African-American plant use.

Plant	African Use	African-American Use
Basil (<i>Ocimum basilicum</i>)	Colds	Vermifuge
Castor Bean (<i>Ricinus comunis</i>)	Emetic	Emetic
Chinaberry (<i>Melia azedarach</i>)	Vermifuge	Vermifuge
Cotton (<i>Gossypium herbaceum</i>)	Abortifacient	Abortifacient
Fig (<i>Ficus carica</i>)	Vermifuge	Thrush
Jerusalem Oak (<i>Chenopodium ambrosioides</i>)	Vermifuge	Vermifuge
Jimson Weed (<i>Datura stramonium</i>)	Narcotic	Vermifuge; colds
Nightshade (<i>Solanum nigrum</i>)	Fever	Fever
Okra (<i>Hibiscus esculentus</i>)	Snakebite	Boils; sores
Peach (<i>Prunus persica</i>)	Menstrual	Pain; fever; swelling
Pomegranate (<i>Punica granatum</i>)	Diarrhea	Diarrhea
Pumpkin (<i>Cucurbita pepo</i>)	Diuretic	Asthma
Sweetflag/Calamus (<i>Acorus calamus</i>)	Decongestant	Urinary

that pumpkin¹⁷ fig, okra, basil, and sweetflag have been used medicinally by Africans and African Americans. Although there is no ethnohistoric information regarding African medicinal plant use in the 18th and 19th centuries, perhaps contemporary ethnographic literature demonstrates some past similarities.

African influence can also be revealed in the method of plant extraction. Quite a few recipes mentioned in Traore's (1983) work with the French speaking population in West Africa call for infusions or decoctions. Similarly, the most common method used by African Americans was infusions. Teas, a similar method of extraction, are quite common in Native American and EuroAmerican recipes as well.

¹⁷ Pumpkin was domesticated in MesoAmerica. Obviously, Africans were not using pumpkin until it was imported from the New World.

African-American Applications

A number of medicinal plants were used uniquely by African Americans (Table 7). Forty-two species of plants utilized by Native Americans plant species used by EuroAmericans were applied to a variety of different ailments by African Americans. Knowledge regarding trees, shrubs, and herbal plants was taken from a variety of sources and reinterpreted into their own health culture. For example, corn husks were used by African Americans for the treatment of chills, malaria, and measles. Malaria was endemic to the tidewater regions of the southeastern Coastal Plain. Despite the reported resistance of some enslaved peoples, the disease was widespread (Savitt 1978). From the Late Antebellum to the Contemporary time periods in the Americas, cotton was known as an abortifacient *only* among African Americans. Some Native American and EuroAmerican recipes called for cotton to ease uterine inflammation, labor pains, and vaginitis but not as an abortifacient. While all these ethnic groups used cotton for female reproductive problems, African Americans adapted it to their specific *materia medica*.

During enslavement, the use of contraceptives was an affective form of rebellion. While children were valued as an integral part of family in the African-American community, there were several reasons not to have children (Franklin and Moss 2000). Since by law a person's status was determined by his or her mother, many women did not want their children to become slaves. Subjected to miserable conditions themselves, they did not want the same fate for their children. In addition, children were often separated from their mothers by being sold, often never to be heard from again. Dependent upon the slave holder, pregnant women were treated poorly, often worked up until the day of birth and only given a few weeks to recover postpartum. Death during

Table 7- African-American *materia medica* with distinctive applications.

Plant	Distinct Application
Aloe/Rattlesnake's Master (<i>Agave virginica</i>)	Rattlesnake bite
Angelica Tree (<i>Aralia spinosa</i>)	Rattlesnake bite
Artichoke, Jerusalem (<i>Helianthus tuberosus</i>)	Dieretic; dropsy; jaundice
Bitter apple (<i>Cucumis colocynthis</i>)	Fever
Bloodroot (<i>Ceanothus ovatus</i>)	Contraception; poor circulation
Burdock (<i>Arctium spp.</i>)	Tuberculosis.
Butternut (<i>Juglans cinera</i>)	Skin problems
Buttonbush (<i>Cephalanthus occidentalis</i>)	Chills; sore throat; coughs
Catnip (<i>Nepeta catara</i>)	Measles
Cherokee Root (<i>Erythrina herbacea</i>)	Skin problems
Cherry, Wild Black (<i>Prunus serotina</i>)	Sore throat; stops menses
Corn (<i>Zea mays</i>)	Malaria
Comfrey (<i>Symphytum officinale</i>)	Pain
Dogwood (<i>Cornus florida</i>)	Teethcleaning
Fennel, Dog (<i>Helenium amarum</i>)	Chills; malaria
Gourd (<i>Lagenaria siceraria</i>)	Rheumatism
Ground Mole (<i>Modiola caroliniana</i>)	Bring on menses
Holly (<i>Ilex opaca</i>)	Fever
Horse Nettle (<i>Cnidoscolus stimulosus</i>)	Aphrodisiac
Indian Tobacco (<i>Lobelia inflata</i>)	Fever
Ironweed, Common (<i>Vernonia augustifolia</i>)	Snakebite; aphrodisiac
Jimson Weed (<i>Datura stramonium</i>)	Vermifuge; colds; swelling; respiratory
Life Everlasting (<i>Gnaphalium polycephalum</i>)	Colds; pneumonia; pain; fever; decongest.
Mayapple (<i>Podophyllum peltatum</i>)	Colds
Moss, Spanish (<i>Tillandsia usneoides</i>)	High blood pressure; swelling
Nightshade (<i>Solanum nigrum</i>)	Fever
Oak, Red (<i>Quercus rubra</i>)	Prolapsed uterus
Onion, Red (<i>Allium cepa</i>)	Kidney stones
Pennyroyal (<i>Hedeoma pulegioides</i>)	Abortfacient
Persimmon (<i>Diospyros virginiana</i>)	Vermifuge
Pokeroot (<i>Phytolacca decandra</i>)	Diuretic
St. Johns (<i>Hypericum spp.</i>)	Sores; burns; swellings
Sinkfield/Manroot (<i>Ipomoea pandurata</i>)	Chills; fever
Snakeroot, Button (<i>Eryngium yuccifolium</i>)	Consumption
Snakeroot, Sampson's (<i>Gentiana ochroleuca</i>)	Colds; vermifuge
Snakeroot (<i>Eupatorium rugosum</i>)	Stomach ache
Star Grass/Yellow Colic Root (<i>Aletris Aurea</i>)	Toothache
Swampgrass (<i>Aristolochia serpentaria</i>)	Pneumonia; sprains
Waterlily (<i>Nymphaea odorata</i>)	Diarrhea
Whiteroot (<i>Lyonia mariana</i>)	Colds; fevers
Willow (<i>Salix caroliniana</i>)	Diarrhea
Witchhazel (<i>Hamamelis virginiana</i>)	Bleeding gums; swellings
Yaupon (<i>Ilex vomitoria</i>)	Colds; fever

childbirth was also a common occurrence (Savitt 1978). Pregnant women were afforded scarce or no medical attention. Children also kept women tied to the plantation inhibiting escape. Enslaved women often saw that they were contributing to the institution of slavery by having more children, thus increasing the property of the slave holder. Conscious of this fact, an enslaved woman wrote that if all slave women did not have children “how soon the institution could vanish from the earth” (Hine 1979: 126).

Abortion and contraception were methods of preventing the birth of children. Apparently, this was one area where slave holders had no control. It is noted that enslaved African Americans had a higher rate of miscarriage than whites (Savitt 1978). The frequency of miscarriages was more than likely due to hard labor, malnutrition, and unhealthy living conditions. However, induced abortions may have also contributed to the statistics.

The bark of a red oak tree in tincture form eased the pain of a prolapsed uterus. This is a distinctly African-American reinterpretation. It was noted that enslaved women suffered frequently from prolapsed uterus possibly due to inadequate medical care (Savitt 1978). The unique application of red oak demonstrates an adapted *materia medica*.

Worms seemed a common problem. Historical records indicate that worms were a recurring problem during enslavement. Children were particularly susceptible to worms. The primary source of intestinal worms was the soil. Adults and children had a high amount of contact with contaminated soil through agricultural labor on plantations. Parasitic infections acted as a plague during enslavement affecting the lungs, liver, gall bladder, lymphatic system, and intestines. The long roundworm, long threadworm, short threadworm, broad tapeworm, and narrow tapeworm were notably mentioned in family medical books of this time period with intestinal roundworm being the most prevalent

(Savitt 1978). It is not surprising then to find a variety of medicinal plants appropriated from other groups as vermifuges. Native Americans found the persimmon to be particularly functional for the treatment of pain and oral sores. Enslaved African Americans during the Early Antebellum period, on the other hand, used persimmon as a vermifuge. Other vermifuges included button snakeroot, Sampson's snakeroot, and jimson weed.

Likewise, rattlesnake master and angelica were common treatments for snakebites among African Americans whereas those same plants were used to treat diarrhea and rheumatism in the Native American and EuroAmerican *materia medica*. It can only be inferred that the need for remedies for rattlesnake bites was caused by an increased exposure to wild fauna through field labor. Plantation journals frequently mention that snakebites caused many missed workdays (Savitt 1978).

Juice of the red onion for the treatment of kidney stones was discovered by an African American in Virginia "who obtained his freedom thereby" (quoted in Grime 1976:67). Kidney stones were an especially painful problem particularly among men of all ethnic backgrounds (Savitt 1978). In contrast, red onions were used in poultice form for colds and the croup by Native Americans and EuroAmericans (Vogel 1970).

It is evident that African Americans appropriated Native American and EuroAmerican knowledge of medicinal plants for their own purposes. African Americans during enslavement often had recurring health problems that necessitated herbal remedies. Worms, snakebites, prolapsed uteri, and kidney stones were affectively treated using the medicinal plants available in the southeastern United States. Other medicinal plants were used exclusively by African Americans.

Ethnographies and historical documentation reveal that 31 plant species were

unique to the African-American *materia medica* revealing neither an African, Native American, or EuroAmerican origin (see Table 8). While the majority of these plants were purportedly used only in the Contemporary time period (n=26), five were found in the Antebellum and Postbellum time periods.

Other medicinal plants used in the Antebellum period included tulip poplar for worms, laurel for itching, and Indian turnip for diarrhea and consumption. Consumption or pulmonary tuberculosis was one of the leading causes of death in the 19th century. Malnourishment, decreased immunity, or other preexisting illnesses contributed to high incidences of consumption and resulting fatalities among African Americans. The relatively crowded slave quarters often contributed to the spreading of contagious diseases such as tuberculosis and other respiratory ailments. Outbreaks of diarrhea often occurred as a result of food poisoning from improper handling of food and preservation (Savitt 1978).

During the Postbellum era, dysentery was treated through the application of red cedar or pine, while inhaled juniper smoke could ease the symptoms of asthma. Dysentery was especially prevalent during the warm months when people spent more time outdoors and in close contact to poor sanitary conditions and the earth (Savitt 1978). During the Contemporary time period, specific remedies for colds, fever, urinary problems, skin irritations, diarrhea, high blood pressure, stomach aches, and general pain were found ethnographically. These same medicinal plants may have been used in the past as well.

Table 8- Plant species used only by African Americans for medicinal purposes.

Plant	Use	Time Period(s)
Asafetida (<i>Ferula assafoetida</i>)	Asthma; ingestion; colic	CT
Basil (<i>Ocimum basilicum</i>)	Colds	CT
Blackroot (<i>Pterocaulon pycnostachyum</i>)	Colds; asthma; menstrual cramps	CT
Castor Bean (<i>Ricinus communis</i>)	Fever; emetic	CT
Cedar, Red (<i>Juniperus salicicola</i>)	Dysentery	PB, CT
Corn (<i>Zea Mays</i>)	Chills; malaria; fever; measles	LAB, CT
Gallberry/Snakeberry (<i>Ilex glabra</i>)	Colds	CT
Garlic, Wild (<i>Allium ampeloprasum</i>)	Sores; High blood pressure	CT
Honeysuckle (<i>Lonicera japonica</i>)	Diarrhea; skin problems	CT
Indian Turnip (<i>Arum triphyllum</i>)	Consumption	EAB
Ironweed (<i>Sida rhombifolia</i>)	Fever; potency	CT
Juniper/White Cedar (<i>Chamaecyparis thyoides</i>)	Asthma	PB, CT
Laurel (<i>Kalmia spp.</i>)	Itching	LAB, PB
Muckle, Marsh (<i>Borrichia frutescens</i>)	Colds	CT
Muckle, Sea (<i>Baccharis halimifolia</i>)	Colds; stomach problems	CT
Oil Bush/Fever Bush (<i>Laurus benzoin</i>)	Fever	CT
Okra (<i>Hibiscus esculentus</i>)	Boils; sores	CT
Okra, Wild (<i>Viola palmata</i>)	Emetic	CT
Pine (<i>Pinus</i>)	Dysentery; colds; fevers; cough; stomach	PB, CT
Pomegranate (<i>Punica granatum</i>)	Diarrhea	CT
Pumpkin (<i>Cucurbita pepo</i>)	Asthma	LAB, CT
Richet Weed (?)	Diuretic	LAB
Senna, American (<i>Cassia Marilandica</i>)	Sores	PB
Smilax/Wild Asparagus (<i>Smilax laurifolia</i>)	Aphrodisiac	CT
Spurge Nettle (<i>Chidoscolus Stimulosus</i>)	Potency	CT
Sweetflag/Calamus (<i>Acorus calamus</i>)	Urinary problems	CT
Sweet Pepperbush (<i>Clethra alnifolia</i>)	Itch	CT
Tadawas (<i>Aster?</i>)	Fever	CT
Trumpetroot (<i>Sarracenia minor</i>)	Skin irritations	CT
Tulip poplar (<i>Liriodendron tulipifera</i>)	Vermifuge	EAB, LAB
Yard Lily (<i>Canna idica</i>)	Pain; fever	CT
Yellow root (<i>Hydrastis canadensis</i>)	Colds	CT

Conclusion

Plant species used exclusively by African Americans for medicine constitutes a relatively large portion (29%) of the African-American *materia medica*. In order to determine remedies solely utilized by African Americans, it is necessary to examine the total number of applications as opposed to the number of plant species utilized. For example, while sassafras is only one plant of 108 within the *materia medica*, this one plant was used among African Americans to treat four different conditions: measles, blood cleanser, pain, and general health. When counting multiple health applications rather than number of plant species, an overwhelming 67% of the remedies are uniquely African American, only 17% of remedies are shared among Native Americans, EuroAmericans, and African Americans, and less than 10% of remedies are unique to other groups. The health concerns during enslavement necessitated this characteristic herbal tool kit. In addition, the evolving health culture and associated issues also created a unique pharmacopoeia across time. While 30% of this pharmacopoeia shared remedies with Native American and/or EuroAmerican traditions, the majority of the remedies were distinct to the African-American herbalist.

Numerous anthropologists and archaeologists have discussed the reinterpretation and syncretization of African culture into particularly distinctive customs and beliefs (Raboteau 1978; Thompson 1983; Pitts 1988; Patten 1992; Orser 1994). African-American religion is an especially solid case of the syncretization of West African beliefs and rituals seen in the religions of Condomble, Catholicism, Santeria, Vodun, Shango, and southern Baptist (Raboteau 1978; Pitts 1988). The rituals of Africa were incorporated into rhythmic dances and singing of Santeria and Condomble. The old African gods were

reinterpreted into the Catholic saints while the ritual frameworks of some West African initiation rites syncretized into African-American Baptist worship services (Raboteau 1978; Pitts 1988).

While ideas and beliefs were carried across the Atlantic by the enslaved, the material culture itself was not. The plants utilized in traditional West African medicine could only be remembered. However, the tradition of herbal medicine was carried to the New World through the adoption of Native American and EuroAmerican knowledge in addition to independent trial and error. A distinct *materia medica* was created incorporating the methods of African herbalism, the knowledge of indigenous and EuroAmerican peoples, as well as adaptations to particular situational and environmental needs. The African-American *materia medica* synchronically and diachronically is neither African, EuroAmerican, or Native American in origin but uniquely African American.

Chapter 5: Archaeological Evidence

Archaeological evidence provides clues to the often hidden culture of enslaved and emancipated African Americans. Archaeology tells the untold story of the lives of groups of people who are seldom described in historical records. It is here, within the archaeological record, that clues to the earliest forms of African-American folk medicine have been found. Evidence for the distinctly spiritual aspect of African-American folk medicine can be found in mundane objects with sacred meanings often called nkisi or minkisi (plural) (Thompson 1983). It is expected that material correlates to the herbal tradition should exist as preserved botanical remains, vessels to hold infusions, decoctions, vinegars, or tinctures, alcohol containers needed for teas and tinctures, teaware for drinking infusions, and medicine bottles and patent medicines.

Nkisi

Household items found on archaeological sites occupied by African Americans were once largely thought to have secular meaning to their owners. However, clusters of artifacts recently found together have led archaeologists to argue that some of these objects once believed to be mundane were part of sacred medicine bundles (Patten 1992; Orser 1994).

Many people in West African cultures, including the Yoruba and Bakongo from which many enslaved in the New World had been abducted, believed in the sacredness of objects. The power to protect, treat, or prevent illness in an individual could come from

objects that were imbued with the power of ancestral spirits. Various herbs had the power to treat illnesses that were caused by human or spiritual means. While the herbs listed in Chapter 3 treated illnesses caused by natural phenomena, many herbs in Africa and in historic North America were aligned with illnesses caused by another human or the spirit world. In addition, objects that reflected light such as glass, water, crystals, or mirrors created a connection to the light of the spirit. The ancestors could be pleased with items that were related to water including water bearing vessels and sea shells. The color white and white substances had multiple sacred contexts including virtue and honor. White ceramics may have not only had significant meaning for their color but also for the earth from which they were made (Vlach 1977; Thompson 1983; Creel 1988).

Numerous artifacts have been found on African-American sites that lead scholars to conclude that perhaps the same beliefs were practiced or had been reinterpreted in the New World. Ceramics, crystals, water vessels, and mirrors have been interpreted as part of the nkisi in North America. Other sacred materials found in association with each other on African-American sites include Native American stone tools, iron pots, pierced coins, animal bones, and beads (Hall 1989; Patten 1992; Orser 1994; Stine, Cabak, and Groover 1996; Baumann 2001) . Minkisi have been found at Locust Grove in Kentucky (Young 1995), Garrison Plantation in Virginia (Klingelhofer 1987), the Charles Carrol house in Maryland (Jones 2000), the Hermitage in Tennessee (McKee 1992), the Levi Jordan Plantation in Texas (Brown and Cooper 1990), Arrowrock in Missouri (Baumann 2001), the Oakley Plantation in Louisiana (Wilkie 1997), and numerous other sites recorded only in the gray literature.

At the Levi Jordan plantation in Texas a collection of artifacts associated with one structure substantiate the occupation of a healer on the site. The barrack-like buildings

that originally housed the enslaved community were also the home of the same people after emancipation. Each room appeared to be associated with individuals with varying occupations. Archaeologists discovered numerous items in one particular room that were more than likely used by the community healer. The objects include bird skulls, chalk, sea shells, iron pots, medicine bottles, fragments of a scale, ocean shells, stone tools, and animal paws (Brown and Cooper 1990).

The archaeological correlates of the spiritual aspect of early African-American folk medicine are found throughout the Southeast. Some assemblages of domestic artifacts held healing properties for their owners. While this dissertation has focused on the tradition of medicinal plants used to treat natural illnesses, the *minkisi* and the herbs associated with them were important parts of enslaved African Americans' health culture. Objects used with medicinal plant teas or infusions appear archaeologically as well.

Colonoware

During the past few decades low fired hand made pottery called colonoware has been found on African American and EuroAmerican habitation areas in the Southeast. Originally believed to be made by Native Americans as a tradeware, most scholars now agree that colonoware was made by enslaved African Americans, often resembling African styles and forms (Ferguson 1992).

Archaeologists initially assumed that colonoware was used mainly for food preparation and consumption. However, Ferguson (1992) argues that the vessels also had ritual or religious symbolism and utility. Many of these containers were incised with X's in various forms, perhaps representing a derivation of the Bakongo cosmogram. Each

direction symbolized the four moments of the sun and birth, life, death, and rebirth. The bowls and other holloware vessels may have contained sacred medicines since earthenware vessels are often associated with *minkisi* in Africa and North America. Pots had multiple sacred meanings among the Bakongo and Africans in the New World (Hall 1989).

Ferguson (1995) argues that colonoware played an important role in the preparation and administering of traditional medicine. He supports this theory with a connection to contemporary West Africa where small plain vessels are used to store and distribute medicinal remedies. Earthenware pots were often mentioned in recipes for the preparation of infusions. Ferguson also cites historical data in South Carolina where a man and woman remembered herbalists using earthenware in medicine preparation. Affiliations to contemporary West African cultures are often spurious; however, it is not improbable that colonoware vessels were used in the preparation and administering of herbal remedies. They were simple utilitarian vessels that could be used to store plant materials, make infusions or tinctures, and administer medicine.

Teaware

Where colonoware was unavailable, other earthenware vessels may have served a similar function. No fewer than 28 teacups were recovered at the Oakley Plantation in the Feliciana parishes of Louisiana. Wilkie (1996) contends that the vessels could have been used for the consumption of medicinal teas like the colonoware vessels. The fact that historical records indicate that the Oakley Plantation inhabitants purchased little coffee and no tea may indicate a folk medical use. In addition, teaware comprised the

majority of ceramic vessels at the Blount Mansion slave quarters. Roughly 40% of the ceramics recovered in the crawl space beneath the quarters was tea cups and saucers while only 20% of the Blount family ceramic assemblage was teaware (Hamby 1999). It is important to note that saucers during the late 18th and early 19th centuries were bowl shaped and were oftentimes used for drinking tea. Likewise, tea cups and saucers have also been recovered on other African-American archaeological sites but not with such frequency (Drucker and Anthony 1979; Zierden and Calhoun 1983; Zierden et al. 1985; Adams et al. 1995; Heath 1999; McKelway 2000).

The high percentage of teaware may be an indication of diet as well. Sites associated with African-American occupation sometimes have a higher percentage of holloware due to a reliance upon soups and stews for subsistence (Otto 1977). The saucers and cups at Blount Mansion and the Oakley Plantation and the other sites listed above probably served several functions.

Whiskey

Alcohol was also part of the African-American folk medicine. As mentioned in the previous chapter, plant materials were steeped in alcohol for 4-6 weeks to create tinctures. Tinctures were a less utilized form of medicinal extraction; however, the recovery of whiskey bottles may not be an indication of alcohol consumption per se but of making medicine. Oakley Plantation had 25 whiskey bottles associated with occupants who were known churchgoers representing either medicine making or rebelliousness against church rules (Wilkie 1996). It bears mentioning that alcoholic beverage containers have also been found on other African-American archaeological sites

but not as frequently as at the Oakley Plantation (Hamby 1999; McKelway 2000).

Botanical Remains

Analysis of plant remains on archaeological sites provides another avenue through which one can examine medicinal plant use on African-American sites. It should be noted that plants historically have served multiple functions such as subsistence, heating, clothing, tools, and the building of structures. Until fairly recently, archaeologists often concentrated only on subsistence-based botanical remains in an attempt to reconstruct past lifeways. Plants that could have had medicinal value were either regarded as weeds or ignored altogether.

Groover and Baumann (1996) compiled known ethnobotanical data from African-American archaeological sites mainly in the South Carolina low country. In comparing the archaeological data to the ethnohistorical literature, the authors found that numerous plant remains with medicinal value have been found on historical African-American sites. They used this information to guide future archaeological studies in hopes that other archaeologists would attempt to incorporate the medicinal use of plants into their site reports.

For the purpose of this dissertation, site reports from African-American archaeological sites throughout the Southeast were reviewed to gather further evidence for the medicinal use of plants. This study attempts to add to Groover and Baumann's research through the compilation of additional archaeological sites more recently excavated and from a wider geographic area. The *materia medica* also differs from that discussed in Groover and Baumann's paper, in that additional ethnohistorical literature was used to

create a more comprehensive list. In addition, plants were listed only if their use by African Americans was documented in the literary sources. Some ethnographic and historical sources list a few plants that *could have* been used for medicinal purposes by African Americans due to their purported medicinal value. These plant species were not included in this dissertation because of the spurious connection.

Gaps in the historical records for the use of herbal medicine in the Early and Late Antebellum periods can be filled with analysis of archaeologically recovered botanical remains. The following sites are by no means all that have been reported in the gray literature of archaeology, but this compilation is the result of an exhaustive search.

Plant remains do not often preserve in the archaeological record, especially the parts that were used for medicine. Botanicals that are present are usually the result of waterlogged conditions or burning, usually the latter. Herbaceous plants and shrubs were normally not burned since the preserved plant would be used in the making of the medicine. Trees, on the other hand, may have been burned for firewood after the needed plant part for medicine had been removed. The medicinal portion could have also been harvested from the standing tree.

The African-American *materia medica* consisted of numerous trees including pine, oak, dogwood, cherry, walnut, red cedar, sweetgum, juniper, maple, American senna, sassafras, willow, and tulip poplar. Due to preservation bias and systemic context there are gaps in the archaeological data in regard to the herbaceous plants and shrubs. However, many woody plants were preserved due to their solid structure or as a result of burning. While many of the plant remains from trees found archaeologically may have been used for subsistence, heating, or building, it can be inferred that parts may have been used for medicine as well if there is ethnographic evidence to support this use.

Sixteen archaeological sites provide archaeological evidence for the use of medicinal plants by African Americans. The Campfield Plantation (Zierden and Calhoun 1983), Spiers Landing (Drucker and Anthony 1979), Cotton Hope (Trinkley 1990), Yaughan and Curriboo Plantations (Gardner 1983), and Archdale Plantation (Zierdan et al. 1985) were situated in the Lowland South in rural South Carolina. The Archdale Plantation may have had a health care facility associated with the African-American inhabitants. This would provide an interesting examination of botanical remains from a non-habitation site used primarily for health care. All of the South Carolina coastal plain sites date to the Early and Late Antebellum time periods and will be discussed first.

The Beale Street site (Pietak and Holland 2001), a Postbellum urban occupation, was located in the Lowland South in Memphis, Tennessee. The Beale Street site offers an excellent opportunity to compare rural Antebellum to urban Postbellum occupations in the Coastal Plain.

Poplar Forest (Heath 1999) and Rich Neck Plantation (Mrozowski and Driscoll 1997) are located in the Upland South in Virginia. The Hermitage (Smith 1976; McKee 1992), Gowen Farmstead (Shea 1993), Blount Mansion (Hamby 1999), Mabry Plantation (McKelway 2000), Lenoir Site (Blankenship 2002), and Marble Springs (Barber 2002; Faberson and Faulkner 2003) were situated in middle and east Tennessee and date to the Early and Late Antebellum. The Hermitage was occupied from the Antebellum to the Postbellum time periods, and offers a unique opportunity to examine diachronic continuity and change on the same site. All of the above were rural plantation sites except for Blount Mansion and are located in the Upland South biogeographic area. The Arrow Rock site, a Postbellum African-American community, located in central Missouri, is also included in this study since Missouri is considered part of the Upland

South (Baumann 2001).

Campfield Plantation. The Campfield Plantation was located north of Charleston in Georgetown County, South Carolina. The plantation was originally owned by John Boone, Jr., who sold the property to William Doughty in 1791. It operated primarily as a rice plantation run by Doughty and his descendants from the late 18th century through the Civil War. After emancipation, freed women and men remained working on the plantation for the return of half the harvest. Campfield remained a working rice plantation until the early 20th century (Zierden and Calhoun 1983: 13-16)

Archaeological investigations were conducted by the Charleston Museum in February, 1983. Excavations at Campfield Plantation concentrated on a slave settlement named the Campfield settlement. Records indicate that at one time there were around 69 African-American men and women living there. Based upon the artifact assemblage, the site was occupied sometime between the 1820s to the late 19th century (Zierden and Calhoun 1983). The botanical analysis revealed a variety of seeds, wild grass, and wood. Walnut, pine, oak, and chinaberry, found in the *materia medica*, were preserved at this site (Trinkley 1983).

Spiers Landing. The Spiers Landing site was located in Berkeley County, South Carolina. The McKelvey family owned the Fountainhead Plantation located on the Spiers Landing site from the late 18th century to the early 20th century. The McKelveys were local civic leaders and wealthy landowners. Cotton, rice, and corn were the main crops grown at Fountainhead (Drucker and Anthony 1979).

Carolina Archaeological Services conducted the archaeological investigations in 1978. Excavations at the Spiers Landing site concentrated on the slave cabins of Fountainhead Plantation dating from the late 18th to early 19th centuries. At any given

time, there were approximately 24 enslaved African Americans occupying the site. Botanical analysis yielded only a small amount of nuts, beans, corn, and seeds. Plants found at the Spiers Landing site that could have been used by African Americans medicinally include peach, corn, and walnut. In addition, Fountainhead was a cotton plantation, therefore, they would have had access to cotton, one of the commonly used abortifacients (Trinkley 1979).

Yaughan and Curriboo Plantations. The Yaughan and Curriboo Plantation sites are located in Berkeley County, South Carolina along the Southern Atlantic Coastal Plain. The Yaughan Plantation was occupied from the early to the mid-18th century by the Cordes family. It operated primarily as an indigo plantation. The plantation held anywhere from 50 to 65 enslaved African Americans. The adjoining Curriboo Plantation was also owned by the Cordes family. It was occupied from the late 18th to the early 19th century with a maximum of 103 slaves (Wheaton et al. 1983: 81-87).

Archaeological excavations conducted by Soil Systems, Inc. in 1979 revealed 29 structures, several of which were identified as slave housing. Botanical analysis from both sites produced a variety of woods, plants, and wild grass. Several species of plants with medicinal value were found including smartweed, corn, peach, walnut, and sumac (Gardner 1983).

Cotton Hope Plantation. Cotton Hope plantation was located on present day Hilton Head Island in Beaufort County, South Carolina. Due to scant documentary data, little is known about the early years of Cotton Hope other than it was originally called Skull Creek and was occupied beginning sometime in the early 19th century, more than likely by Thomas H. Barksdale who died in 1836. The property may have been acquired by William Pope shortly after Barksdale's death. Cotton Hope was originally an indigo

plantation but Pope unsuccessfully attempted to grow cotton. William Pope owned several plantations in the area (Trinkley 1990).

Pope and his family fled the plantation during the Civil War. It was confiscated by the Union army shortly thereafter. In 1867, the population of the plantation was listed at 216, perhaps the emancipated men and women. A 1862 map showed that the plantation consisted of the main house, a double row of eleven structures (the quarters), and “eight irregularly arranged structures” (Trinkley 1990: 29). Cotton Hope was returned to the Woodwards, Pope heirs, in the 1880s. A portion was sold off in parcels to freedmen in subsequent years whose descendants still remain in the area.

Excavations of a few structures believed to house the enslaved peoples at Cotton Hope were conducted by the Chicora Foundation in 1990. Unfortunately, archaeological investigations at the Cotton Hope Plantation yielded scant botanical data. The only medicinal plant recovered was pine which was more than likely used as firewood (Trinkley 1990).

Archdale Plantation. Archdale Plantation is situated 14 miles north of Charleston on the Ashley River in Dorchester County, South Carolina. The Baker family bought the property consisting of approximately 968 acres in 1680. The Bakers continuously occupied the plantation through the 18th and 19th centuries. The plantation went bankrupt after the Civil War. At its height during the 18th century, the plantation had a domestic dwelling for the owners and several outbuildings associated with the operations of the plantation including slave housing.

In 1693, there were around 35 enslaved African Americans living on Archdale Plantation. By 1752, that number had increased to 82. The population of the enslaved community at Archdale decreased considerably in the 19th century as evidenced by an

1840 census listing 22 slaves and an 1850 census with 18 slaves (11 female and 7 male) (Zierden et al. 1985).

Archaeological excavations were conducted by the Charleston Museum in 1983 and 1984. Botanical analysis concentrated on Structure C which the authors argue may have been a hospital for the enslaved community. It was known that Richard Bohun Baker had a paramount concern for the enslaved through multiple medical receipts. Due to its size and proximity to the main house, Zierden believes the excavated Structure C may have been the site of the slave hospital or central healthcare facility built sometime in the 1750s. Numerous samples of species of dogwood, maple, and oak with a preponderance of pine were recovered in Structure C.

Trinkley (1985) notes that pine was also dominant at the Campfield slave settlement and the Yaughan and Curriboo slave settlements. Pine was available in abundance for firewood; however, it burns rapidly and produces a smoky fire leading Trinkley to suggest that the enslaved community may have been using a lower quality of firewood. However, at Archdale charred pine is also found in high status areas.

If the structure was utilized as a health care facility, some of the species of plants may have been utilized medicinally and not for firewood. Incidentally, a large amount of colonoware was recovered from Archdale Plantation accounting for a large percentage of the total ceramic assemblage, although the author does not mention how many fragments were found associated with Structure C (Zierden et al. 1985).

Stoney Baynard Plantation. The Stoney Baynard Plantation is located in Beaufort County, South Carolina. The land was initially owned by Captain John Stoney purchased from John Bayley in 1793. The sons of Captain Stoney, James and John, inherited the property and continued operating the plantation supplementing their income

through land and slave speculation. In the early 19th century, nearly 100 enslaved people lived in 22 structures on the property. By 1837, there were over 300 slaves. In 1845, the plantation passed into the hands of William Baynard. The Stoney Baynard Plantation produced cotton along with corn, peas, and sweet potatoes (Adams et al. 1995).

Excavations at the Stoney Baynard Plantation concentrated on a slave cabin and the kitchen directly behind the plantation owner's house. The quarters was occupied from the late 18th to the mid-19th centuries. During this time there were around 300 enslaved African Americans living on the plantation; however, it is not known how many occupied the excavated cabin (Adams et al. 1995: 22). Dogwood and chinaberry were recovered from the kitchen excavation. Oak and a large quantity of pine were discovered in the cabin (Adams et al. 1995). All have purported medicinal use. While oak and pine may have been used for firewood, the dogwood and chinaberry could have been used medicinally for fevers and worms .

Rich Neck Plantation. Rich Neck plantation was located nearly a mile from the center of Williamsburg, Virginia. It was occupied during the 18th century by Richard Ludwell, his family, and numerous enslaved African Americans. Several structures have been excavated by the Department of Archaeology at the Colonial Williamsburg Foundation including a duplex which was occupied by enslaved peoples. The building was inhabited from 1720 to 1780 (Mrozowski and Driscoll 1997).

A large amount of botanical remains was recovered using flotation from the quarter's root cellars. Among the many species of plants found, several could have been used for medicinal purposes. Black walnut, cherry, blackberry, and corn were present in the assemblage (Mrozowski and Driscoll 1997).

Poplar Forest. Poplar Forest was a retreat owned by Thomas Jefferson in central

Virginia 90 miles away from his home of Monticello. Jefferson lived here along with numerous enslaved African-Americans from the late 18th century to the early 19th century. The enslaved community worked in the fields and were craft specialists. In 1783, 35 enslaved African Americans were working at Poplar Forest (Heath 1999: 11). By Jefferson's death in 1826, generations of the enslaved community had lived on the plantation.

Archaeological investigations were conducted beginning in 1989 by the Poplar Forest museum archaeologists. In 1993, archaeologists uncovered the structures associated with the enslaved inhabitants. Numerous botanical remains were recovered from the site including pokeweed and smartweed, plants traditionally used for medicine (Heath 1999).

Historical records indicate that while Jefferson provided white doctors for his slaves, he encouraged enslaved mothers to tend to the illnesses of their children. Mothers were frequently the doctors for their families providing herbal remedies such as chinaberry for worms. There is also mention of a "Negro doctor" by the name of Hercules living at Poplar Forest (Heath 1999).

Gowen Farmstead. The Gowen Farmstead, in Middle Tennessee, was occupied from the early to the Late Antebellum. Excavations focused on the kitchen, slave quarters, and the farmstead owner's house. It is unknown how many enslaved African Americans occupied the site. Numerous botanical remains were recovered from the Gowen site. Dogwood, cedar, sweetgum, cherry, oak, smartweed, and corn lay scattered throughout the site. It seems likely that these plant species were used medicinally (Shea 1993).

Marble Springs. Marble Springs was the home of Governor John Sevier, the

first governor of Tennessee. He was a soldier, diplomat, and politician. In the early 19th century Sevier moved his family from downtown Knoxville to his rural home which he named Marble Springs after a nearby springs. The farm was located six miles south of town.

Sevier's diary mentions several enslaved African Americans living on the farm with him and his family (Sevier 1790-1815). The number of slaves at Marble Springs seems to vary but seven names are mentioned frequently including two house servants, a cook, a laborer and presumably field hands.

The Sevier farm produced oats, wheat, cotton, and corn supplemented with other fruits and vegetables. Marble Springs could be considered an Upland South farm but not a plantation. Marble Springs consisted of the Sevier family log home and several outbuildings with at least one a slave quarters (Barber 2002; Faberson and Faulkner 2003). Ongoing archaeological investigations conducted by the University of Tennessee Department of Anthropology directed by Dr. Charles H. Faulkner provide additional information about the enslaved African Americans at Marble Springs that are mentioned in Sevier's diary.

During the summer 2002 field season a large pit (Feature 14) was discovered adjacent to the former Sevier smokehouse. Originally believed to be a borrow pit used for chinking of the log cabin (Faberson and Faulkner 2003), excavations the following field season indicated that Feature 14 was a cellar, believed to be under the slave quarters (Faulkner personal communication). Artifacts indicate that the cellar was in use during the late 18th and early 19th century and perhaps solely by men.

Botanical remains recovered from flotation samples taken from Feature 14 were sparse; however, a few species of plants were present. Wild cherry (probably black

cherry), red oak, and black walnut were identified. While it is likely that the red oak was utilized for firewood, it could have also been used for medicinal purposes at the site. Black walnut and wild cherry were common dietary supplements but their presence introduces the chance that they were also utilized in home remedies. Interestingly, artifacts such as knives, an axe, and kaolin pipes indicate that men may have occupied this slave quarters. Perhaps the presence of these archaeobotanical remains indicate usage of folk medicine by the enslaved male inhabitants at Marble Springs.

Blount Mansion. Urban Knoxville, Tennessee is the site of Blount Mansion, the home of William Blount, Governor of the Territory South of the Ohio River. Blount was a land speculator and politician. The site was occupied from the 1790s until the 1920s when it became a historic house museum. During the 18th century, the site consisted of the family house, kitchen, cooling shed, the governor's office, smokehouse, privy, and a slave quarters. The house was situated on an acre and a half lot and corresponds to a small urban farmstead growing a few plants supplemented with food purchased locally (Hamby 1999).

Blount family letters mention several enslaved African Americans working for the family during the late 18th and early 19th century. While Blount owned 27 slaves in 1797, the majority of them were likely working on the Blount farm located outside of town. At any one time, there were between 10-25 enslaved African Americans living on the site but it is likely that number was in the lower range (Hamby 1999: 19-27). The enslaved community at Blount Mansion were house servants, nannies, laborers, and one was Blount's personal assistant.

Archaeological investigations were conducted on the slave quarters in 1993 and 1994 by the University of Tennessee Department of Anthropology led by Dr. Charles H.

Faulkner. Excavations focused upon a crawl space underneath the slave quarters which was occupied from the 1790s to the 1830s (Hamby 1999). While no material evidence of herbal remains were recovered at Blount Mansion, numerous charred pieces of red oak were present. Red oak more than likely was used as a source of fuel; however, it may have also been used by the enslaved African Americans on the site for health care, as was suggested for the red oak found at Marble Springs. It is important to also note that two pharmaceutical vial fragments (non-commercially produced) were recovered from the Blount Mansion slave quarters.

Lenoir Farm. The Lenoir Farm is located in East Tennessee in Loudon County. The farm was owned by Albert Lenoir, a prominent local citizen in the mid-19th century. The site consists of the Lenoir house and two standing brick structures located directly behind the main house. Both buildings are believed to have housed the site's enslaved inhabitants.

Archaeological excavations were conducted during the summer of 2002 by the University of Tennessee Department of Anthropology under the direction of Dr. Charles H. Faulkner. Archaeological investigations concentrated on an area outside the doorways of one of the brick quarters. Historical records indicate that during the Antebellum period there were approximately 27 African Americans (14 females and 13 males) living in the dwellings behind the main house. The quarters were occupied from approximately 1857 until the late 19th century (Blankenship 2002:2).

Botanical remains from the Lenoir farm slave quarters were sparse. Charred wood remains were recovered from flotation samples but were unidentifiable. Numerous modern seeds were present in the sample and a few possible older poke seeds were found. Poke is a plant used traditionally by African Americans. The lack of botanical material

from this site is likely due to poor preservation.

Mabry Plantation. The Mabry Plantation was situated in East Tennessee in west Knox County. It was occupied from about 1830 through to the early 20th century by the George Mabry family. Mabry was a prominent local politician serving as a member of the County Court and two terms in the State Legislature. Mabry's farm focused on livestock, wheat, corn, beans, and sweet potatoes.

Eighteen slaves of whom ten were female and eight male lived at the plantation in 1850, a relatively high number for an area where only 10% of the population were enslaved (McKelway 2000: 20). Females ranged in age from one to 30 years of age while the males ranged from nine to 40 years of age. Only eight persons inhabited the living spaces on the Mabry Plantation by 1860 consisting of four females and four males. The males were 12 to 50 years of age while the women were 2 to 40 (McKelway 2000: 20).

Archaeological excavations were conducted by the University of Tennessee under the direction of Henry S. McKelway in 1990 and 1991. Investigations focused on two slave quarters. Numerous plant remains were recovered on the site including medicinal plant species such as cherry, black walnut, cedar, oak, and dogwood. However, the Antebellum and the Postbellum botanical remains are not separately identified within the site report (McKelway 2000).

Hermitage. The Hermitage, located in Middle Tennessee near Nashville, was owned by Andrew Jackson. Andrew Jackson was the 7th president of the United States. The Hermitage was his home from 1804 until his death in 1845. Cotton was the main crop grown but was supplemented with corn and livestock. Jackson owned 20 slaves in 1804 with well over 100 by the 1820s to 1840s. While Jackson called the site his "farm," the sizable number of slaves and extensive crops indicate that the Hermitage was a

plantation (Smith 1976: 7; McKee 1992; Thomas 1999). Archaeological excavations conducted since the 1970s yielded important data on the interpretation of medicinal plant use.

Eight different structures were excavated that housed the enslaved African Americans who ran the Hermitage plantation. Botanical remains from six of the eight dwellings were analyzed. The KES cabin was occupied by field hands from 1804-1825. Smartweed, walnut, corn, and jimson weed were found at the KES cabin. The South Cabin, located near the mansion, dated between 1820-1860. The South Cabin excavations revealed remains of jimson weed. Cabin 3 also housed field hands from 1820-1860 and yielded the botanical remains of pokeweed, smartweed, peach, and jimson weed. A triplex served house servants during the years 1850-1865. Peach pits and jimson weed were found in this structure. The Yard Cabin located near the Mansion was occupied shortly following the Antebellum period from 1865-1875 while Cabin 2 was inhabited by field hands from 1870-1875. Corn, walnut, and smartweed were all found in association with the Yard Cabin. Smartweed, peach, sedge, walnut, and corn remains were excavated in Cabin 2 (Raymer 1997). It is also known that peach trees were grown in the nearby Hermitage orchard readily available to its inhabitants (Smith 1976). The diachronic and synchronic nature of this site as well as the excavations of both field hand and house servant housing offers insight into the herbal tool kit which will be discussed later in this chapter.

Beale Street. The Beale Street excavations concentrated on a privy in Memphis, Tennessee, associated with several African-American residences inhabited from the end of the Civil War up to the 1890s. The African-American male and female inhabitants were engaged in occupations such as a cooper, laborer, laundress, music teacher, and barber.

This glimpse of a postbellum urban occupation offers insight into a changing *materia medica* which will be discussed later. Numerous botanical remains recovered indicate a substantial reliance on plant subsistence. Medicinal plant species found included peach, cherry, persimmon, and corn (Pietak and Holland 2001). While these plants have a high degree of subsistence value, they also may have been utilized for medicinal resources.

Arrow Rock. Arrow Rock, Missouri, was founded in 1829. The town was a river port during the Antebellum and Postbellum periods. Excavations of the historic areas of Arrow Rock were conducted by Timothy Baumann from 1996-2001. A portion of the town, Block #30, was home to an African-American community from 1881-1950s with three residences, two fraternal lodges, and a restaurant and bar. Corn, black walnut, peach, blackberry, and pokeweed were recovered from one of the residences. All could have been used for medicinal purposes (Baumann 2001).

Discussion

Seventeen species of plants with medicinal properties known to have been used by African Americans have been found on archaeological sites in the Southeast (see tables 9 and 10). These species included blackberry, sumac, smartweed, walnut, dogwood, cedar, sweetgum, cherry, corn, pine, oak, chinaberry, maple, peach, jimson weed, poke, and persimmon. Some of these plant species could have been present due to their ubiquity in the surrounding environment. Interestingly, not all the tree species listed in the *materia medica* are represented archaeologically, and herbaceous and shrub plant species are preserved in the archaeological record. Certain species of plants were found

Table 9- Medicinal plant remains found on archaeological sites.

Antebellum	# of Sites Found	Postbellum	# of Sites Found
Walnut	7	Walnut	3
Oak	6		
Cherry	5	Cherry	1
Smartweed	4	Smartweed	1
Dogwood	4		
Pine	5		
Poke	3	Poke	1
Corn	4	Corn	3
Cedar	2		
Peach	3	Peach	3
Chinaberry	2		
Sweetgum	1		
Jimson weed	1		
Maple	1		
Blackberry	1	Blackberry	1
Sumac	1	Persimmon	2

Table 10 - Archaeological sites with medicinal plant remains recovered.

Site	Region	Time Period	Plants Recovered
Campfield	CP	EAB, LAB, PB	black walnut, oak, chinaberry, pine
Spiers Landing	CP	EAB, LAB	peach, corn, walnut
Yaughan & Curriboo	CP	EAB	walnut, peach, corn, pine, sumac, smartweed
Cotton Hope	CP	EAB	pine
Archdale	CP	EAB, LAB	dogwood, maple, oak, pine
Stoney Baynard	CP	EAB, LAB	dogwood, chinaberry, pine, oak
Poplar Forest	US	EAB, LAB	poke, smartweed
Rich Neck	US	EAB	black walnut, cherry, blackberry, corn
Beale Street	CP	PB	peach, cherry, persimmon, corn
Gowen Farmstead	US	EAB, LAB	dogwood, cedar, sweetgum, cherry, oak, smartweed, corn
Marble Springs	US	EAB	cherry, red oak, black walnut
Blount Mansion	US	EAB	red oak
Lenoir	US	LAB	poke
Hermitage	US	EAB, LAB, PB	smartweed, walnut, corn, jimsonweed, poke, peach, sedge
Arrow Rock	US	LAB	poke, peach, walnut, blackberry, corn

on several different sites. Walnut was found on eight different sites while oak and corn were found on six. Cherry was recovered on five of the 17 sites. Dogwood, pine, peach, poke, and smartweed were found on four sites. Plant species present on two sites included blackberry, cedar, and chinaberry.

Analysis of the archaeobotanical data was conducted with the goal of recovering information to supplement the historic literature. Almost half of the plants recovered (n=7) were known from the ethnographic literature to have been utilized *only* during the Postbellum time period. Sweetgum, cedar, cherry, pine, maple, jimsonweed, and poke are named in the ethnographic literature as part of the African-American *materia medica*. The archaeological sites in which these plants are found date to the Antebellum time period perhaps indicating an Antebellum use as well.

Corn, chinaberry, and oak, whose late Antebellum use is documented in the literature are also found on archaeological sites. This indicates a correlation between the ethnohistoric and archaeological data. While corn, chinaberry, and oak had multipurpose uses, the direct connection to ethnographic data strengthens the argument that these species could have been used medicinally on these sites.

Persimmon was noted in the literature as a vermifuge in the early Antebellum and Contemporary time periods for thrush and teething. Persimmon was recovered only at the Beale Street site. Its presence on a Postbellum site indicates its possible usage during this period as well.

Dogwood, used as a teeth cleanser during the Antebellum, was found on four Antebellum sites. It seems unlikely that a small tree like dogwood would have been used for firewood. In addition there are no edible parts on the dogwood tree. The dogwood found archaeologically more than likely was used for health care.

Walnut and peach, both found on Antebellum sites, were only reported to be used contemporarily. Their presence archaeologically may indicate their use in earlier periods as well. However, it is likely that peach and walnut primarily functioned as foodstuffs supplementing the enslaved African Americans' diet.

The archaeobotanical data can be examined diachronically as well. Fifteen species of plants were recovered from 14 Antebellum sites. Three Postbellum sites yielded eight species of medicinal plants. Comparing these lists, smartweed, poke, blackberry, walnut, corn, peach, and cherry are present on both Antebellum and Postbellum sites. Persimmon was only found on Postbellum excavations. While sampling bias can account for the disparity in species frequency, a comparison of the Hermitage Antebellum and Postbellum occupations would be useful.

Smartweed, jimson weed, walnut, poke, peach, and corn were recovered from the Antebellum occupation of the Hermitage (see Table 11). Postbellum archaeobotanical remains included smartweed, walnut, corn, and peach. Interestingly, poke and jimson weed were not found after emancipation. Otherwise, the medicinal plant assemblage remained relatively unchanged. The botanical remains recovered could have served a variety of medicinal functions offering an herbal tool aiding with headaches, worms, pains, fevers, and colds.

The archaeobotanical analysis revealed similarities to plants found in the ethnographic literature. Some preserved plant remains that had medicinal properties were utilized historically and contemporaneously by African Americans. Interestingly, there were more floral remains with medicinal properties recovered in the field cabins than in the house servant cabins. Perhaps this indicates a heavier reliance upon traditional medicine by the field hands. The archaeological data helped to fill in the gaps in the

Table 11- Hermitage archaeobotanical remains.

	Field Hand Cabins	House Servant Cabins
Antebellum	Smartweed	
	Jimson weed	Jimson weed
	Walnut	
	Corn	
	Poke	
	Peach	Peach
	Corn	
Postbellum	Smartweed	Smartweed
	Walnut	Walnut
	Peach	
	Corn	Corn

historical data on the African-American *materia medica*. A diachronic perspective aids in the illumination of the continuity and change of the herbal tool kit. Archaeological analysis of patent medicine bottles also contributes in understanding the addition of these medicines into the *materia medica* during the Postbellum time period.

Patent Medicines

Commercially produced cures became popular during the 1860s through the 1920s. Wilkie (1996) suggests that African Americans at the Oakley Plantation incorporated patent medicines into their ethnomedical system where those remedies could have served the same function as herbal remedies. Historical records and oral histories indicate that herbal healing had a long tradition among women on the Oakley Plantation,

apparently supplanted and supplemented by commercially produced medicine with similar properties as consumer choices increased following the Civil War.

The use of patent medicine in the African-American health culture can be seen archaeologically. A number of patent medicine bottles were recovered from the Oakley plantation at the Sylvia Freeman house (ca. 1885-1915), the Delphine and Eliza Freeman home (ca. 1915-1935), and Sam and Nettie Scott's cabin (ca. 1920-1949). A total of 18 medicine bottles was recovered at the Oakley Plantation in the assemblages associated with the Postbellum houses, perhaps indicating an evolving folk medicine (Wilkie 1996).

Excavations of an African-American neighborhood occupied from the 1860s to the 1940s in Mobile, Alabama revealed an abundance of patent medicine bottles. Dr. Hostetter's Stomach Bitters, skin creams, and hair tonics were the health care artifacts found on the site. There are not any clear indications of a specific herbalist in the neighborhood but one resident, Emma Poole, was a midwife in the late 19th century. Perhaps the urban environment in Mobile facilitated the use of patent medicines (Gums 1998).

Archaeological investigations of another late 19th century midwife in Mobile, Lucretia Perryman, revealed artifacts suggesting that Perryman made her own herbal remedies and complemented them with commercially produced medicines. Twenty-five stoneware alcohol jugs, 25 stoneware gin bottles, and over 50 liquor bottles and flasks were recovered from the Perryman household. Extract bottles were recovered indicating the use of peppermint, lemon, ginger, or vanilla. Mint was known to have been used by African-American midwives for medicinal purposes. Patent medicines found on the site such as "Dr. Tichenor's Antiseptic," "Dr. Charles Fletcher's Castoria," "Dr. Grove's Tasteless Chill Tonic," and "Dr. S. Pitcher's Castoria" reflect the supplementation of

Perryman's homemade medicines with store-bought brands (Wilkie 2003). The Beale Street site in Memphis, Tennessee, yielded only seven pharmaceutical bottles which were not identified to a specific patent medicine (Pietak and Holland 2001).

Wilkie compared several specific commercial medicines with known home remedies. "Dr. Tichenor's Antiseptic," found at the Perryman site and the highest frequency bottle at Oakley Plantation, boasted treatment for diarrhea, headaches, sore throats, colds, fevers, bruises, cuts, and burns. The primary ingredient in this patent medicine is mint which coincides with the herbal remedy for relieving chills, fevers, and diarrhea (Wilkie 1996; Wilkie 2003). Hayden's Viburnum Compound or HVC has been reportedly utilized contemporarily among African Americans in South Carolina. HVC is a brown syrup that is put in hot water to relieve menstrual cramps. It contains bark of viburnum, cramp bark, colic root, wild yam, and prickly ash (Morton 1974). Castoria remedies contained senna, a plant often utilized in African-American herbal remedies (Wilkie 2003).

The *materia medica* and African-American health culture was by no means static. It constantly evolved in order to accommodate changing needs and consumer choices. Other patent medicines without parallel herbal ingredients may have served varying functions to treat specific illnesses. "Bromo-Seltzer" treated headaches comparable to many of the herbal remedies used for aches and pains (Wilkie 1996). "Vaseline" and "Moroline" aided skin problems, perhaps replacing many of the plant based poultices. "Black Draught" and "Lydia Pinkham's Vegetable Compound" were commonly used as a laxative to cleanse the blood similar to poke, kidney weed, and Jerusalem artichoke (Watson 1984; Snow 1993). Patent medicines would have been especially useful in the city where herbaceous plants were not readily available. Snow (1993: 106) notes in her

ethnography on transplanted rural southerners in Arizona and Michigan that “in the city a trip to the drug store may provide an alternative to going to the woods to dig a blood-cleansing root.”

The Mabry Plantation and the Hermitage were occupied during the time when patent medicines were ubiquitous. One patent medicine bottle sherd with no identifying embossing was recovered in association with the slave quarters at the Mabry Plantation (McKelway 2000). This may either be a result of a short occupation following the Civil War or little use of commercially produced medicines by the African Americans living there.

Only a small number of patent medicine bottle fragments were recovered from the Hermitage slave cabin contexts although a few hand blown medicine vials were found dating to the late 18th century (Smith 1976; Larry McKee personal communication). Three vials were recovered intact in the South Cabin excavations. The South Cabin, occupied from 1820 to 1860, was located 165 meters from the Jackson home and just south of the Field Quarter cabins.

Due to the fragility of the vials, their intactness indicates they were placed underneath the floorboards of the cabin. Traces of mercury were found both in the containers and in the surrounding soil. The amount of mercury present indicates that the vials once held calomel, a common plantation remedy used for numerous ailments. Historical records indicate that calomel was employed extensively by the Jacksons (Smith 1976). A hand-blown medicinal vial was also recovered from the West Cabin, a slave quarters occupied in the 1820s (Smith 1976). These vials indicate that the enslaved population at the Hermitage used a combination of traditional medicine and EuroAmerican medicine. However, the disparity in time between the late 18th century date of the vials

and the occupation of the South Cabin may indicate reuse of the containers for other purposes, perhaps for herbal remedies.

The fact that few commercial medicines were found on Postbellum sites may indicate regional preferences or availability between the Oakley Plantation in Louisiana, the urban neighborhoods in Mobile and Memphis, and two sites in Tennessee, but it is obvious that these data are inconclusive. More archaeological investigations on sites with Antebellum and Postbellum occupations are needed to examine the changing *materia medica*.

Conclusion

Archaeological evidence for African-American folk medicine can be found in the recovery of sacred objects, colonoware, teaware, whiskey bottles, botanical remains, and patent medicine bottles. Minkisi have been found on numerous archaeological sites indicating the use of these sacred medicines historically by enslaved African Americans to protect and to heal. Colonoware, teaware, and whiskey may have been utilized in the preparation and administering of herbal remedies. This assemblage of artifacts is frequently found on African-American archaeological sites. Botanical remains recovered at multiple sites throughout the Southeast supplement the ethnohistorical data of medicinal plant use. The incorporation of patent medicines into the African-American *materia medica* can be seen archaeologically as well. While these artifacts and botanical remains had other functions, their presence on archaeological sites could be evidence of folk medicine in the past. The archaeological remains support the results of this dissertation's ethnographic and historic research in four fundamental aspects: 1) botanical

remains evidencing the use of medicinal plants in the past, 2) objects reflecting evidence for the transformation of plant material into medicine, 3) bottles indicating the supplementation of herbs with patent medicines, and 4) minkisi demonstrating the spiritual nature of medicine production.

Chapter 6: Regional Variation

Regional variation is a contributing factor when contextualizing the African-American *materia medica*. Certain plant species only grow in specific ecosystems. The Southeast is composed of two general physiographic regions: the Upland South and the southeastern Coastal Plain or Lowland South. Although some scholars recognize more subregional variation (Green 1978), the Southeast is commonly thought to be composed of these two major biotic and geographic environments (McKelway 2000). Various cultural and environmental variables influence medicinal plant use including natural ecosystem similarities between West Africa and the coastal regions within the Lowland South as well as settlement patterning as seen specifically through the dichotomy between a rural plantation or farmstead and urban setting.¹⁸ These topics will be explored in this chapter.

Ecosystems

Coastal Plain. The majority of enslaved Africans brought into South Carolina and Georgia throughout the history of the slave trade were abducted from the West African coast. This coastal region includes Senegambia to the eastern borders of Nigeria including Guine-Bissau, Sierra Leone, Liberia, Cote D'Ivoire, Ghana, and Benin. Even though the African and North American continents did not support the same vegetation, there are remarkable environmental similarities between the Sea Islands of the southeastern Coastal Plain in North America and the West African Windward and Guinea

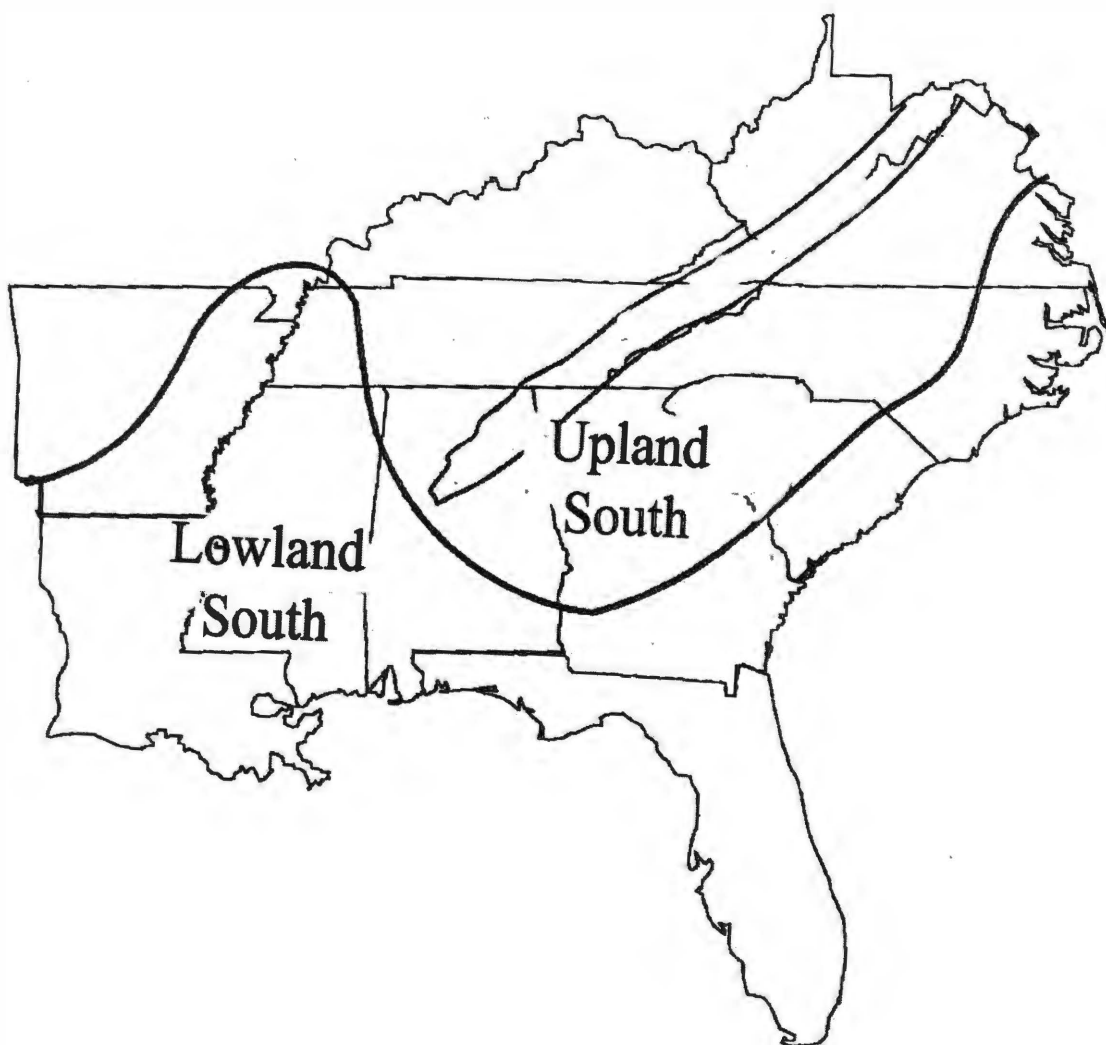
¹⁸ For more information on cultural ecological areas of African-American diversity see Green (1978).

coasts (Politzer 1999).

The coastal regions of West Africa and the southern Atlantic Coastal Plain of North America share a riverine ecosystem emptying into the Atlantic Ocean as well an estuarine environment that merge fresh and salt water. The West African coast has high precipitation and relative high humidity from March to November (John 1986). The soil is low in organic material yet highly moist and oxygen permeable (Espenshade 1994). The western Ivory Coast and Gambia have sandy shores while the northern coast is characteristically rocky (John 1986). From Senegambia to Liberia and Nigeria, the coasts are wetland habitats (Espenshade 1994). The waterways flowing into the Atlantic from higher elevations create estuaries or deltas. Ocean tides move inland from May through October supporting a broadleaf deciduous environment.

The Lowland South or southeastern Coastal Plain spans from Virginia along the coast to upper Florida, and moving westward to encompass Georgia, Alabama, Louisiana, Mississippi, western Tennessee, and eastern Arkansas (see Figure 1). The ecosystems of Georgia and South Carolina are similar to coastal West Africa, specifically the ubiquitous riverine estuaries. The soil composition is similar with moist and sandy soils. (Espenshade 1994). The vegetation of this subtropical physiographic region is characterized by broadleaf deciduous and evergreen forests, grasslands, shrublands, and savannas with a diverse array of wetland vegetation communities. The extreme diversity of the southeastern Coastal Plain vegetation is the result of physical and chemical gradients of the soil and water drainage (Delcourt and Delcourt 2000). Rivers found throughout the region empty into the Atlantic Ocean, merging with salt water, to create the estuaries that flow along the coastal sea islands (Jones-Jackson 1987). The climate of the Lowland South is mild with a mean temperature of 65 degrees F. The climate is

Figure 1 - Upland and Lowland South (adapted from McKelway 2000).



generally characterized as subtropical with the majority of the rainfall occurring in the summer months (Reitz et al. 1985).

The similarities between West Africa and the sea islands and coastal areas of the Lowland South may have affected the use of ecological resources. Similar, if not the same plants grew in both areas. Similarities in vegetation would have been recognized by enslaved Africans and exploited. In the late 20th century, 13 species of plants were used both in Africa and in the Americas (see Table 8). Although some of these plants are not indigenous to either continent, their contemporary usage may be an indication of past utilization. Natural habitat data indicate that all but one of the African-American *materia medica* grow in the southeastern Coastal Plain region (Radford et al. 1968) (see Table 12). Antithetically, the Upland South ecosystem is quite different from West Africa and the Lowland South, perhaps hindering the ease with which plants could be recognized or grown.

Upland South. The Upland South is a physiographic region encompassing eastern and middle Tennessee, Kentucky, and parts of inland Virginia, South Carolina, and North Carolina as well as northern Georgia and Alabama (see Figure 1). The Upland South encompasses the Piedmont Plateau, Blue Ridge, Ridge and Valley, Appalachian Plateau, and Interior Low Plateau (Hunt 1974). This region is characterized by a mild to warm, temperate, and humid climate (Delcourt and Delcourt 2000). Deciduous trees such as oak, hickory, yellow poplar, sugar maple, and basswood dominate the landscape.

EuroAmerican settlement in the Upland South immensely affected the vegetation in the region. Population expansion and homesteading caused the widespread clearing and destruction of forests and allowed the “transformation of a natural to a cultural landscape” (Delcourt and Delcourt 2000: 388). This rapid settlement with its intensive

Table 12- Medicinal species growth region.

Coastal Plain Species	Upland South Species
Aloe/Rattlesnake's Master (<i>Agave vrginica</i>)	Aloe/Rattlesnake's Master (<i>Agave vrginica</i>)
Angelica Tree (<i>Aralia spinosa</i>)	Angelica Tree (<i>Aralia spinosa</i>)
Artichoke, Jerusalem (<i>Halianthus tuberosus</i>)	Artichoke, Jerusalem (<i>Halianthus tuberosus</i>)
Asafetida (<i>Ferula assafoetida</i>)	Asafetida (<i>Ferula assafoetida</i>)
Basil (<i>Ocimum basilicum</i>)	Basil (<i>Ocimum basilicum</i>)
Bitter apple (<i>Cucumis colocynthis</i>)	Bitter apple (<i>Cucumis colocynthis</i>)
Bitterroot/Indian Hemp (<i>Apocynum cannabinum</i>)	Bitterroot/Indian Hemp (<i>Apocynum cannabinum</i>)
Black Cohosh (<i>Cimicifuga racemosa</i>)	Black Cohosh (<i>Cimicifuga racemosa</i>)
Black Walnut (<i>Juglans nigra</i>)	Black Walnut (<i>Juglans nigra</i>)
Blackberry (<i>Rubus</i>)	Blackberry (<i>Rubus</i>)
Blackroot (<i>Pterocaulon pycnostachyum</i>)*	
Bloodroot (<i>Ceanothus ovatus</i>)	Bloodroot (<i>Ceanothus ovatus</i>)
Boneset (<i>Eupatorium perfoliatum</i>)	Boneset (<i>Eupatorium perfoliatum</i>)
Burdock (<i>Arctium spp.</i>)	Burdock (<i>Arctium spp.</i>)
Butternut (<i>Junglans cinera</i>)	Butternut (<i>Junglans cinera</i>)
Buttonbush (<i>Cephalanthus occidentalis</i>)	Buttonbush (<i>Cephalanthus occidentalis</i>)
Castor Bean (<i>Ricinus comunis</i>)	Castor Bean (<i>Ricinus comunis</i>)
Catnip (<i>Nepeta catara</i>)	Catnip (<i>Nepeta catara</i>)
Cedar, Red (<i>Juniperus silicicola</i>)*	
Cedar, White (<i>Chamaecyparis thyoides</i>)*	
Cherokee Root (<i>Erythrina herbacea</i>)*	
Cherry, Wild Black (<i>Prunus serotina</i>)	Cherry, Wild Black (<i>Prunus serotina</i>)
Chinaberry (<i>Meli azedarach</i>)	Chinaberry (<i>Meli azedarach</i>)
Comfrey (<i>Symphytum officinale</i>)	Comfrey (<i>Symphytum officinale</i>)
Corn (<i>Zea Mays</i>)	Corn (<i>Zea Mays</i>)
Cotton (<i>Dossypium herbaceum</i>)	Cotton (<i>Dossypium herbaceum</i>)
Dogwood (<i>Cornus spp.</i>)	Dogwood (<i>Cornus spp.</i>)
Elderberry (<i>Sambucus canadensis</i>)	Elderberry (<i>Sambucus canadensis</i>)
Fennel, Dog (<i>Helenium amarum</i>)	Fennel, Dog (<i>Helenium amarum</i>)
Fig (<i>Ficus carica</i>)	Fig (<i>Ficus carica</i>)
Galax/Wild Leek (<i>Allium tricoccum</i>)	Galax/Wild Leek (<i>Allium tricoccum</i>)
Gallberry/Snakeberry (<i>Ilex glabra</i>)*	
Garlic, Wild (<i>Allium ampeloprasum</i>)	Garlic, Wild (<i>Allium ampeloprasum</i>)
Glasswort (<i>Salicornia virgnica</i>)*	
Gourd (<i>Lagenaria siceraria</i>)	Gourd (<i>Lagenaria siceraria</i>)
Ground Mole (<i>Modiola caroliniana</i>)	Ground Mole (<i>Modiola caroliniana</i>)
Holly (<i>Ilex opaca</i>)	Holly (<i>Ilex opaca</i>)
Honeysuckle (<i>Lonicera japonica</i>)	Honeysuckle (<i>Lonicera japonica</i>)
Horse Nettle (<i>Cnidoscolus stimulosus</i>)	Horse Nettle (<i>Cnidoscolus stimulosus</i>)
Indian Shot (<i>Cypripedium acaule</i>)	Indian Shot (<i>Cypripedium acaule</i>)
Maple (<i>Acer spp.</i>)	Maple (<i>Acer spp.</i>)
Marsh Rosemary (<i>Limonium carolinianum</i>)*	
Mayapple (<i>Podophyllum peltatum</i>)	Mayapple (<i>Podophyllum peltatum</i>)
Mint, Wild (<i>Menth arvensis</i>)	Mint, Wild (<i>Menth arvensis</i>)
Moss, Spanish (<i>Tillandsia usneoides</i>)*	
Muckle, Brown/Wax Murtle (<i>Myrica cerifera</i>)*	
Muckle, Marsh (<i>Borrichia frutescens</i>)*	
Muckle, Sea (<i>Baccharis halimifolia</i>)*	
Mullein (<i>Verbascum thapsus</i>)	Mullein (<i>Verbascum thapsus</i>)
Nightshade (<i>Solanum nigrum</i>)	Nightshade (<i>Solanum nigrum</i>)
Oak, Red (<i>Quercus rubra</i>)	Oak, Red (<i>Quercus rubra</i>)

*grows only in Lowland South **grows only in Upland South

Table 12- Continued.

Coastal Plain Species	Upland South Species
Oil Bush/Fever Bush (<i>Laurus benzoin</i>)	Oil Bush/Fever Bush (<i>Laurus benzoin</i>)
Okra (<i>Hibiscus esculentus</i>)	Okra (<i>Hibiscus esculentus</i>)
Okra, Wild (<i>Viola palmata</i>)	Okra, Wild (<i>Viola palmata</i>)
Onion, Red (<i>Allium cepa</i>)	Onion, Red (<i>Allium cepa</i>)
Peach (<i>Prunus persica</i>)	Peach (<i>Prunus persica</i>)
Pennyroyal (<i>Hedeoma pulegioides</i>)	Pennyroyal (<i>Hedeoma pulegioides</i>)
Pine (<i>Pinus</i>)	Pine (<i>Pinus</i>)
Persimmon (<i>Diospyros virginiana</i>)	Persimmon (<i>Diospyros virginiana</i>)
Pokeroot (<i>Phytolacca americana</i>)	Pokeroot (<i>Phytolacca americana</i>)
Pomegranate (<i>Punica granatum</i>)	Pomegranate (<i>Punica granatum</i>)
Pumpkin (<i>Cucurbita pepo</i>)	Pumpkin (<i>Cucurbita pepo</i>)
Queen's Delight/Yawroot (<i>Stillingia sylvatica</i>)*	
Richet Weed	Richet Weed
Rignum (<i>Monarda punctata</i>)	Rignum (<i>Monarda punctata</i>)
Rue (<i>Ruta graveolens</i>)*	
St. Johns (<i>Hypericum spp.</i>)	St. Johns (<i>Hypericum spp.</i>)
Sassafras (<i>Sassafras albidum</i>)	Sassafras (<i>Sassafras albidum</i>)
Senna, American (<i>Cassia Marilandica</i>)	Senna, American (<i>Cassia Marilandica</i>)
Silvergrass (<i>Chrysopsis graminifolia</i>)	Silvergrass (<i>Chrysopsis graminifolia</i>)
Sinkfield/Manroot (<i>Ipomoea pandurata</i>)	Sinkfield/Manroot (<i>Ipomoea pandurata</i>)
Smartweed/Knotweed (<i>Polygonum pennsylvanicum</i>)	Smartweed/Knotweed (<i>Polygonum pennsylvanicum</i>)
Smilax/Wild Asparagus (<i>Smilia laurifolia</i>)	Smilax/Wild Asparagus (<i>Smilia laurifolia</i>)
Snakeroot, Button (<i>Eryngium yuccifolium</i>)	Snakeroot, Button (<i>Eryngium yuccifolium</i>)
Snakeroot, Sampson's (<i>Psoralea psoralioides</i>)	Snakeroot, Sampson's (<i>Psoralea psoralioides</i>)
Snakeroot (<i>Eupatorium rugosum</i>)	Snakeroot (<i>Eupatorium rugosum</i>)
Snakeroot/Horehound (<i>Eupatorium hypssopifolium</i>)	Snakeroot/Horehound (<i>Eupatorium hypssopifolium</i>)
Snakeroot (<i>Hexasylis arifolia</i>)	Snakeroot (<i>Hexasylis arifolia</i>)
Spurge Nettle (<i>Cnidoscopus Stimulosus</i>)	Spurge Nettle (<i>Cnidoscopus Stimulosus</i>)
Star Grass/Yellow Colic Root (<i>Aletris Aurea</i>)*	
Sumac (<i>Rhus glabra</i>)	Sumac (<i>Rhus glabra</i>)
Swampgrass (<i>Aristolochia serpentaria</i>)	Swampgrass (<i>Aristolochia serpentaria</i>)
Sweetgum (<i>Liquidambar styraciflua</i>)	Sweetgum (<i>Liquidambar styraciflua</i>)
Sweetflag/Calamus (<i>Acorus calamus</i>)	Sweetflag/Calamus (<i>Acorus calamus</i>)
Sweet Pepperbush (<i>Clethra alnifolia</i>)*	
Tadawas (<i>Aster?</i>)	Tadawas (<i>Aster?</i>)
Trumpetroot (<i>Sarracenia minor</i>)*	
Tulip poplar (<i>Liriodendron tulipifera</i>)	Tulip poplar (<i>Liriodendron tulipifera</i>)
Watermelon (<i>Citrullus vulgaris</i>)	
Waterlily (<i>Nymphaea odorata</i>)	Waterlily (<i>Nymphaea odorata</i>)
Whiteroot (<i>Lyonia mariana</i>)	Whiteroot (<i>Lyonia mariana</i>)
Whiteroot/Silkweed (<i>Asclepias tuberosa</i>)	Whiteroot/Silkweed (<i>Asclepias tuberosa</i>)
Willow (<i>Salix caroliniana</i>)	Willow (<i>Salix caroliniana</i>)
Witchhazel (<i>Hamamelis virginiana</i>)	Witchhazel (<i>Hamamelis virginiana</i>)
Yard Lily (<i>Canna generalis</i>)*	
Yaupon (<i>Ilex vomitoria</i>)*	
	Yellow root (<i>Hydrastis canadensis</i>)**

*grows only in Lowland South **grows only in Upland South

use of forests produced more “edge” growth along the forest fringe where herbaceous plants thrive. However, the Upland South is the native habitat of only 86 of the 108 species mentioned in the *materia medica* as opposed to the Lowland South where the majority of the species grew (N=107) (Radford et al. 1968) (see Table 12).

Settlement Systems

Plantations. Herskovits (1946) argued that several factors contributed to the retention of “Africanisms” or African traditions. Climate and topography, plantation organization and operation, isolation, degree of contact with whites, and population size were mitigating factors that influenced the continuance of certain African traditions. While many of Herskovits’ arguments are outdated, some of his theories on the retention of African traditions may have been a factor in the social arena of traditional medicine in the enslaved community.

According to Herskovits (1946) African Americans would be less likely to “acculturate” into EuroAmerican culture if they had less contact with whites and were larger in number. Enslaved plantation communities often had high populations ranging from 50-300. While the amount of isolation varied, the community was often placed far removed from the plantation owner’s house. There was often little contact between whites and the enslaved community with the exception of an overseer. Plantation owners on the coast would often spend their summers inland. Herskovits believed that the plantation structure would have enabled enslaved Africans and African Americans to continue or reinterpret cultural traditions such as herbal medicine while smaller populations in close proximity to whites would have gradually replaced their culture with

the hegemonic EuroAmerican culture (Herskovits 1946).

However, it is also arguable that enslaved African Americans on plantations used traditional medicine because a larger population increased the likelihood of the presence of someone with medicinal plant knowledge. While the isolated conditions of many plantation communities could have “hidden” African retentions, there is no evidence that herbal medicine was discouraged. In fact, it seems to have been encouraged by many plantation owners as a supplementary or even sole means of health care for the enslaved community (Savitt 1978).

Other factors would have contributed to the continuation and transformation of a cultural tradition along the coast. The retention of many West and Central African cultural traits was ensured through a constant influx of enslaved Africans into the region. It is likely that African folk medical traditions as well as other African cultural traditions would have been more prevalent in the first generation of Africans entering the shores of North America. Antithetically, the descendants of the first generations of Africans were brought inland to the Upland South. In addition, many generations of Africans remained on the Coastal Plain for hundreds of years. Since the knowledge of medicinal plant use was usually passed through familial lines, it is more likely for herbal medicine to be present in areas along the coast. The plantation setting with its large population of Africans, a certain degree of sedentism, and the continual influx of Africans increased the likelihood of medicinal plant knowledge, at least early on, and could have contributed to the continuance of a West African herbal tradition along the coast.

Ethnographic evidence supports the idea that traditional African-American medicine was not only present, but also flourished on the Coastal Plain. One-hundred six of the 108 species of plants mentioned ethnographically were recorded in this area

(Table 13). Nineteen herbaceous plants of medicinal value grew exclusively in this region as well. The marshy, aerobic soils nourished wax myrtle, marsh muckle, rue, yaupon, and ironweed, just to name a few. The majority of the granny midwives interviewed for the Federal Writers' Project were located in Alabama, Louisiana, Georgia, Mississippi, and South Carolina (Rawick 1972). The concentration of grannies in this region may be the result of ethnographic bias; however, mitigating factors that contribute to this phenomena included the environment, population demographics, and settlement systems.

Farmsteads/Upland South Plantations. Cash crops like cotton were seldom staple crops in the Upland South. Instead, tobacco, corn, and wheat were usually grown. The plantation systems that supported and sustained the large-scale enslavement of African Americans were not common in this region. Plantations did develop in this region but not to the extent found in the Lowland South. The Mabry site located in East Tennessee is one Upland South plantation characterized as such with large landholdings, divisions between labor and management, centralized control related in spatial arrangement, and a large amount of cultivation (McKelway 2000).

The system of slavery was perpetuated due to the plantation system; however, other systems of enslavement existed throughout the United States. The frontier settlements of Kentucky and Tennessee produced an unusual relationship between the enslaved Africans and whites. Enslaved African Americans and white farmers worked side by side taming the wilderness into farmland. If any of these early settlers from Virginia, North Carolina, and South Carolina brought enslaved Africans with them, it was usually less than a handful and, many times, a single slave. The enslaved community lived in close proximity to frontier families. Their living spaces were often shared, as opposed to plantation life where the enslaved community was often far removed from the

Table 13- Medicinal species mentioned ethnographically by region and archaeological presence.

Coastal, Plain, Species	Archaeological Presence	Upland, South, Species	Archaeological Presence
Aloe/Rattlesnake's Master (<i>Agave virginica</i>)			
Angelica Tree (<i>Aralia spinosa</i>)			
Artichoke, Jerusalem (<i>Helianthus tuberosus</i>)			
Asafetida (<i>Ferula asafetida</i>)		Asafetida (<i>Ferula asafetida</i>)	
Basil (<i>Ocimum basilicum</i>)			
Bitter apple (<i>Cucumis colocynthis</i>)			
Bitterroot/Indian Hemp (<i>Apocynum cannabinum</i>)			
Black Cohosh (<i>Cimicifuga racemosa</i>)			
Black Walnut (<i>Juglans nigra</i>)	✓	Black Walnut (<i>Juglans nigra</i>)	✓
Blackberry (<i>Rubus</i>)			✓
Blackroot (<i>Pterocaulon pycnostachyum</i>)*			
Bloodroot (<i>Ceanothus ovatus</i>)		Bloodroot (<i>Ceanothus ovatus</i>)	
Boneset (<i>Eupatorium perfoliatum</i>)		Burdock (<i>Arctium spp.</i>)	
Butternut (<i>Juglans cinera</i>)			
Buttonbush (<i>Cephalanthus occidentalis</i>)			
Castor Bean (<i>Ricinus communis</i>)			
Catnip (<i>Nepeta catara</i>)		Catnip (<i>Nepeta catara</i>)	✓
Cedar, Red (<i>Juniperus silicicola</i>)*			
Cedar, White (<i>Chamaecyparis thyoides</i>)*			
Cherokee Root (<i>Erythrina herbacea</i>)*			
Cherry, Wild Black (<i>Prunus serotina</i>)	✓		✓
Chinaberry (<i>Melia azedarach</i>)	✓		
Comfrey (<i>Symphytum officinale</i>)			
Corn (<i>Zea Mays</i>)	✓		✓
Cotton (<i>Gossypium herbaceum</i>)		Cotton (<i>Gossypium herbaceum</i>)	
Dogwood (<i>Cornus spp.</i>)	✓		✓
Elderberry (<i>Sambucus canadensis</i>)			
Fennel, Dog (<i>Helenium amarum</i>)			
Fig (<i>Ficus carica</i>)			
Galax/Wild Leek (<i>Allium tricoccum</i>)			
Gallberry/Snakeberry (<i>Ilex glabra</i>)*			
Garlic, Wild (<i>Allium ampeloprasum</i>)			
Glasswort (<i>Salicornia virginica</i>)*			
Gourd (<i>Lagenaria siceraria</i>)			
Ground Mole (<i>Modiola caroliniana</i>)			
Holly (<i>Ilex opaca</i>)		Elderberry (<i>Sambucus canadensis</i>)	

* grows only in Lowland South **grows only in Upland South

Table 13- Continued.

Coastal Plain Species	Archaeological Presence	Inland South Species	Archaeological Presence
Honeysuckle (<i>Lonicera japonica</i>)			
Horse Nettle (<i>Cnidoscolus stimulosus</i>)			
Indian Shot (<i>Cypripedium acaule</i>)			
Indian Turnip (<i>Arum triphyllum</i>)			
Indian Tobacco (<i>Lobelia inflata</i>)			
Ironweed (<i>Sida rhombifolia</i>) *			
Ironweed, Common (<i>Vernonia angustifolia</i>) *			
Jerusalem Oak (<i>Chenopodium ambrosioides</i>)			✓
Jimson Weed (<i>Datura stramonium</i>)			
Kidneyweed (<i>Gerardia tenuifolia</i>)			
Laurel (<i>Kalmia</i> spp.)			
Life Everlasting (<i>Gnaphalium obtusifolium</i>)			
Maple (<i>Acer</i> spp.)			✓
Milkweed (<i>Polygala</i> spp.)			
Marsh Rosemary (<i>Limonium carolinianum</i>) *			
Mayapple (<i>Podophyllum peltatum</i>)		Mayapple (<i>Podophyllum peltatum</i>)	
Mint, Wild (<i>Ment arvensis</i>)			
Moss, Spanish (<i>Tillandsia usneoides</i>) *			
Muckle, Brown/Wax Murtle (<i>Myrica cerifera</i>) *			
Muckle, Marsh (<i>Borrchia frutescens</i>) *			
Muckle, Sea (<i>Baccharis halimifolia</i>) *			
Mullein (<i>Verbascum thapsus</i>)		Mullein (<i>Verbascum thapsus</i>)	
Nightshade (<i>Solanum nigrum</i>)			
Oak, Red (<i>Quercus rubra</i>)			✓
Oil Bush/Fever Bush (<i>Laurus benzoin</i>)			
Okra (<i>Hibiscus esculentus</i>)			
Okra, Wild (<i>Viola palmata</i>)			
Onion, Red (<i>Allium cepa</i>)		Onion, Red (<i>Allium cepa</i>)	✓
Peach (<i>Prunus persica</i>)			
Pennyroyal (<i>Hedeoma pulegioides</i>)			✓
Pine (<i>Pinus</i>)			✓
Persimmon (<i>Diospyros virginiana</i>)			
Pokeroot (<i>Phytolacca americana</i>)			
Pomegranate (<i>Punica granatum</i>)			
Pumpkin (<i>Cucurbita pepo</i>)			✓

* grows only in Lowland South ** grows only in Upland South

Table 13- Continued.

Coastal Plain Species	Archaeological Presence	Upland South Species	Archaeological Presence
Queen's Delight/Yawroot (<i>Stillingia sylvatica</i>)*			
Richet Weed (?)			
Rignum (<i>Monarda punctata</i>)			
Rue (<i>Ruta graveolens</i>)		Rue (<i>Ruta graveolens</i>)	
St. Johns (<i>Hypericum</i> spp.)			
Sassafras (<i>Sassafras albidum</i>)		Sassafras (<i>Sassafras albidum</i>)	
Senna, American (<i>Cassia Marilandica</i>)			
Silvergrass (<i>Chrysopsis graminifolia</i>)			
Sinkfield/Manroot (<i>Ipomoea pandurata</i>)			
Smartweed/Knotweed (<i>Polygonum pennsylvanicum</i>)			✓
Smilax/Wild Asparagus (<i>Smilax laurifolia</i>)			
Snakeroot, Button (<i>Eryngium yuccifolium</i>)			
Snakeroot, Sampson's (<i>Psoralea psoralitoides</i>)			
Snakeroot (<i>Eupatorium rugosum</i>)			
Snakeroot/Horehound (<i>Eupatorium hyssopifolium</i>)		Snakeroot/Horehound (<i>Eupatorium hyssopifolium</i>)	
Snakeroot (<i>Hexastylis arifolia</i>)			
Spurge Nettle (<i>Chidoscolus Stimulosus</i>)			
Star Grass/Yellow Colic Root (<i>Aletris Aurea</i>)*			
Sumac (<i>Rhus glabra</i>)			
Swampgrass (<i>Aristolochia serpentaria</i>)			
Sweetgum (<i>Liquidambar styraciflua</i>)			✓
Sweetflag/Calamus (<i>Acorus calamus</i>)			
Sweet Pepperbush (<i>Clethra alnifolia</i>)*			
Tansy (<i>Tanacetum vulgare</i>)		Tansy (<i>Tanacetum vulgare</i>)	
Tadawas (<i>Aster</i> ?)			
Trumpetroot (<i>Sarracenia minor</i>)*			
Tulip poplar (<i>Liriodendron tulipifera</i>)			
Watermelon (<i>Citrullus vulgaris</i>)			
Waterlily (<i>Nymphaea odorata</i>)			
Whiteroot (<i>Lyonia mariana</i>)			
Whiteroot/Silkweed (<i>Asclepias tuberosa</i>)			
Willow (<i>Salix caroliniana</i>)			
Witchhazel (<i>Hamamelis virginiana</i>)			
Yard Lily (<i>Canna generalis</i>)*			
Yaupon (<i>Ilex vomitoria</i>)*			
		Yellow root (<i>Hydrastis canadensis</i>)**	

*grows only in Lowland South **grows only in Upland South

plantation house (McCormack 1977).

Since large plantations that sustained sizable enslaved populations did not develop in the Upland South, a unique environment resulted in which enslaved African-Americans primarily worked as laborers on small farms or as domestic servants who cared for the children, cooked the meals, and cleaned the homes. Consequently, the relationships between blacks and whites as well as overall lifeways on the frontier were different from those found in the “classic” plantation system (McCormack 1977).

It is unclear exactly how the close proximity of living spaces and working environments between the oppressors and the oppressed in the Upland South affected the use of traditional medicine. Theoretically, one would expect unfamiliarity of the Upland South environment to hinder the gathering and growing of medicinal plants. In addition, with fewer people of African descent coming into the region, there would be less likelihood of someone with knowledge of traditional medicine.

Only 16 species of plants were mentioned in ethnographic accounts and in the ethnohistorical record as being used in the Upland South (see Table 12). Easter Sudie Campbell of Hopkinsville, Kentucky, had been a midwife for 40 years when she was interviewed in 1936. She made her own medicine from burdock and elderberry (Rawick 1972: Volume 16: 63-67). Mary Eldridge, an ex-slave from Kentucky, was 103 years old in the 1930s. She was a midwife treating colic with dirt doan's tea instead of plants (Rawick 1972: Volume 16: 79-82). John Anderson, also of Kentucky, used his Pennsylvania's mother's remedies of bloodroot, snakeroot, and mayapple (Rawick 1972: Volume 16: 19). John Morgan, a physician from Murfreesboro Tennessee, published an essay in 1860 “on the Causes of the Production of Abortion” in enslaved African Americans (Morgan 1860: 117). He reported that enslaved women used infusions or

decoctions of tansy, rue, pennyroyal, cedar berries, and cotton to produce a spontaneous miscarriage. He found that as a medical student, an enslaved woman “was found by my mother drinking freely of an infusion of tansy, given by her mother, with a large quantity deposited under the bed for repetition” (Morgan 1860: 118). The woman later died as a result of the medication because her mother had used *Tanacetum crispum* instead of *Tanacetum vulgare*, perhaps indicating a lack of knowledge of Upland South plants.

Only one contemporary ethnography has been conducted in the Upland South region (Crowder 2001). Crowder interviewed an African-American community in upper East Tennessee. Many of the participants knew of one or two herbal remedies. Plants used today include asafetida, black walnut, catnip, mullein, red onion, sassafras, and yellowroot. Cavender (2003) argues that the ethnographic information in the Upland South supports the idea that African Americans adopted most of their *materia medica* from Appalachian folk remedies.

One way to test against ethnographic bias seen in lack of data in the Upland South is through the archaeological record. Botanical remains with possible medicinal use are found on archaeological sites in the Upland South (n=13) and the Coastal Plain (n=11); however, there are a few more plant remains found on sites in the Upland South (see Table 12). Walnut, peach, corn, smartweed, pine, dogwood, maple, oak, chinaberry, cherry, and persimmon were found on archaeological sites on the Coastal Plain. Dogwood, blackberry, cedar, sweetgum, cherry, oak, smartweed, corn, walnut, poke, peach, and jimsonweed have been recovered in Upland South archaeological context. Interestingly, none of these medicinal plants except for walnut is purported to have been used in this area. There is a distinct lack of data in this region that could be rectified through more archaeobotanical analysis and ethnographic research.

Urban sites. By 1850, 400,000 enslaved African Americans lived in Southern cities (Franklin and Moss 2000: 150). Enslaved urban lifeways were distinctive from rural in several aspects as evidenced by Wade (1964). Enslaved communities on rural plantations usually lived in houses some distance from the plantation house. Enslaved African Americans in the city lived closer to the main house . They had more contact with the white population because the urban environment contained a large population concentrated in a small area. Occupations of enslaved communities in the cities were often domestic duties in contrast to the plantations where enslaved people were often used for field work. Many also worked as skilled laborers as carpenters, coopers, tailors, shoemakers, and seamstresses. Skilled workers often “hired out” their time to earn wages. Factories also employed enslaved African Americans paying slave owners or the slaves themselves (Wade 1964) .

Wade suggests that urban slavery was intrinsically the same from city to city. Basically, the uniqueness of urban life, not regional or economic differences, was the most important influence upon the distinct nature of urban enslavement. In a study of historical documents from numerous southern cities, Wade argued that many characteristics of urban slavery were essentially the same across the South. Urban slavery was characterized throughout the Southeast with the same laws and regulations regarding the enslaved, similar tasks or occupations, and the practice of “hiring out” as well as more freedom of movement for enslaved African Americans (Wade 1964:38).

The relative autonomy characteristic of enslavement in an urban environment may have created an open arena for the use of traditional medicine, despite proximity to white medicine. Medicinal plants were procured from gathering them in the wild or growing them in the gardens. In cities, medicinal plants would have been hard to find in an urban

landscape. Morgan (1860) reports on several enslaved women who did not have many children which the owner thought “that the old negro woman is the one that has been instrumental in all the abortions on his place” (Morgan 1860: 123). Upon moving to town, a few became pregnant, one for the first time at age 40 and another who had not given birth in ten years. The slave holder attributed their pregnancies to the move into town where they were “not being in reach of the remedy that they used” (Morgan 1860: 123). However, small gardens could have provided space for growing various herbs. Heath and Bennett (2000), in their study of African-American yards, argue that in cities, “garden patches might be set aside for the use of enslaved workers within the larger estate garden” (Heath and Bennett 2000: 41). Just such an area was documented in Baltimore at Druid Hill where an 1801 map shows a vegetable patch for the servants (Heath and Bennett 2000).

Although scant evidence is found historically for African-American gardens, they are quite common contemporaneously for growing food and herbs. Westmacott (1992) found that African-American gardens were cultivated for a variety of functions. Their gardens were created for food, aesthetic value, expression of spiritual beliefs, and medicinal use. While Westmacott’s research focused upon rural gardens, urban gardens may have held similar importance in the past.

Ethnographies may provide valuable insight not only into contemporary city life but the past as well. Bernita Washington tells Loudell Snow about the difference between rural and urban life:

You could *raise* more down there; you could raise more [garden]....you couldn’t get doctors, stuff like that. So that’s one reason I like it better up here. You *can* get a doctor if you have to, you know. That’s why so many people *died*, you

know; they used their little home remedies and stuff and sometimes the home remedies really wasn't *working!*" (Snow 1993: 127).

In later times, city life contributed to the use of patent medicines as evidenced by Snow (1993). Trips to the forest were replaced by trips to drugstores in the urban environment. Many patent medicines and over-the-counter remedies supplied some of the basic essentials where herbs once were applied.

Botanical analysis to supplement the historical data has been conducted on only three urban archaeological sites. The Postbellum Beale street site located in Memphis, Tennessee, yielded numerous plant remains that could have been used for medicinal purposes but were more than likely food stuffs. Several medicine bottles were also found on the site. Walnut, blackberry, peach, and poke were recovered from a Postbellum urban residence in Arrow Rock, Missouri. The Blount Mansion, a late 18th and early 19th century urban site, had very few botanical remains to analyze. Red oak was recovered on the site perhaps indicating medicinal use. However, red oak was also a common firewood.

Conclusion

While humans are the instigators and perpetrators of culture, environmental factors as a backdrop for those human facilitators or agents of culture are also important in the continuation of a tradition. African-American traditional medicine is found throughout the Southeast both historically and contemporaneously. Based upon the ethnographic and archaeological literature, the use of plants for medicine was more widespread in the Lowland South than in the Upland South. Multiple environmental and

socioeconomic factors influenced the use of various plants for home remedies. While plant use was less common in cities and in the Upland South, innovations to the *materia medica* were supplemented and augmented adapting to changing needs and environments. Although less prominent, the urban and Upland South usages of home remedies provide valuable insight into a folk medical tradition. As such, the Upland South and urban African-American folk medicine traditions differ from the Coastal Plain tradition, demonstrating the creativity of individual humans within unfamiliar environments and a multi-cultural arena.

Chapter 7: Summary and Conclusions

The roots of African-American herbal medicine extend well into the past. Enslaved Africans brought with them a tradition of medicinal plants used for centuries in a complex health culture that encompassed an individual's mind, body, and soul. The same ideology carried into the New World evolved and changed to accommodate various health care needs.

Multiple social, political, and economic factors coalesced forming the historical context of African-American folk medicine. Conditions during enslavement affected the health of an individual contributing to disease and illness. Access to biomedicine was often scanty and of poor quality. Following emancipation, Jim Crow laws limited job and education opportunities perpetuating economic, political, and social oppression. Access to health care was still limited due to economic constraints and individual health was affected through malnourishment and overcrowding. De facto and institutionalized racism continues today despite the ideal perpetuated by mainstream society. A review of the sociopolitical history of African Americans within the hegemonic realm of EuroAmerican culture demonstrates that economic barriers limited health care options and affected health; however, it ignores individual human agency.

Analysis of historical literature reveals that African Americans had a rich tradition of *effective* medicine. A faith in their folk medicine and the herbal healer has been documented in numerous narratives. As one woman states "the old way of doing things must have had 'somethin' to it, 'cause those people made the way for us," (Snow 1993: 269). Knowledge of medicinal plants was carried over from Africa incorporating Native

American wisdom and some EuroAmerican remedies but ultimately creating an innovative *materia medica* which included plants from the New and Old Worlds. The African-American herbal tool kit was fluid and ever changing from the Antebellum to the Postbellum through to the Contemporary time periods. Africans in their new environment found a handful of plant species that were useful for their health care needs. By the Late Antebellum, 25 species were known to have been utilized. This valuable store of medicinal plant usage grew over the centuries to include well over 100 species of herbs applied by the community healer.

The healer was often an older woman who welcomed new life into the world and nurtured the community through a vast knowledge of medicinal plants. She often learned her trade through her mother and her mother's mother. Many were called upon by God to the healing arts to administer medicine to their family and neighbors. These wise women can be seen through the voices found in the ex-slave narratives and today in contemporary ethnographies.

Historical information about the African-American herbal healer allows for a deeper understanding of women's lives in the past. Knowledge of herbal medicine empowered women enabling them to treat and care for their family and community. Midwives, grannies, and 'root' doctors on the plantation often practiced their medicine gaining autonomy and respect within their culture. Women were entrusted with continuing the legacy of their culture through their children and grandchildren. After emancipation, African-American herbalists continued to be valued members of society as they delivered babies and administered care, cures, and treatments.

African-American women gained power, prestige, and respect through their knowledge of herbal medicine while a deep-seated distrust of white medicine was planted

during enslavement due to medical torture, experimentation, and post-mortem violence. The sacred oath of taking care of individuals was broken during the brutalities of this period. This violence continued through the centuries in the minds of individuals and in the medical field through overt racism and continued experimentation. Suspicions of biomedicine were substantiated when physicians lacking cultural knowledge failed and continue to fail to treat the whole person instead of just the physical body. The folk practitioner's diagnosis and panacea, as opposed to that of the professional practitioner, incorporated an individual's beliefs, history, and social context. Therefore, both a faith in the folk healer and her trusted remedies (*materia medica*), combined with a wariness of biomedicine, contributed to the continuance of this tradition.

The practice of herbal medicine exists throughout the Southeast, yet is more prevalent along the Coastal Plain. Historical factors such as settlement systems, environmental similarities to West African ecotones, and migration patterns allowed for a more intensive cultivation of medicinal plant utilization in the coastal regions. However, African Americans in urban and Upland South landscapes also practiced herbal medicine on a smaller scale than in the Lowland South and rural areas.

Historical archaeology has helped fill in the gaps in the historical data. Archaeological studies reveal material evidence of herbal medicine through archaeobotanical remains, medicine bottles, and specialized ceramics. Medicinal plants and medicinal containers have been found on several African-American archaeological sites throughout the Southeast. Patent medicine bottles found archaeologically support the fact that store bought remedies supplemented and possibly even supplanted traditional herbal medicine. Nevertheless, more archaeological research needs to be conducted. Future intensive diachronic analysis of paleoethnobotany, as was administered at the

Hermitage, will continue to provide insight into the African-American *materia medica*.

The Future of African-American Herbal Medicine

African-American folk medicine continues to provide a source of power and knowledge for many, yet, the future of African-American herbal medicine rests on the shoulders of the younger generation. The majority of herbalists and healers found contemporarily were aging and on the threshold of death. Kirkland et al. (1992), Snow (1993), and Mitchell (1978) discovered that many herbalists had difficulty finding young people to carry on the tradition. One healer's daughter refused to use "slavery medicine" (Snow 1993: 33). Anthropologists in the late 1970s and early 1980s found that the use of herbal medicine was on the decline (Mitchell 1978; Roberson 1983). Roberson (1983) discovered that adults under 50 years of age were unable to identify roots and plants with the exception of sassafras, poke, mullein, and jimsonweed. Many of the middle-aged adults interviewed by Kirkland et al. could not identify herbs and grew only a handful of these plants (Kirkland et al. 1992).

As in the past, herbal remedies are being replaced by patent medicines and over-the-counter drugs. Younger people rely more upon store bought medicine than on home remedies (Roberson 1983). Other causal factors that may contribute to the waning of folk medicine include biases regarding herbal medicine as old-fashioned, lack of access to medicinal plants, destruction of habitats due to urbanization and pollution, rural loss of land belonging to African Americans, and knowledge of herbal medicine dying with the older healers (Boyd et al. 1984). Unless the tradition of medicinal plant use is passed down or recorded it will be lost for future generations.

There is some evidence that the tradition will continue, however. One young woman, age 28, still used the herbal remedies that had been passed down through four generations of women (Snow 1993). Mitchell (1978) and Morton (1974) found almost 100 plant species still utilized in South Carolina in the 1970s. Boyd et al. (1984) believe that there will be a revival in the use of home remedies with an increasing reliance upon natural products. Several Internet web sites attest to this fact. For example, www.blackherbals.com “specializes in heterogeneous, ‘African, Jamaican, and Indian’ herbs, herbal extracts, spices and condiments. The products we carry are derived and designed from “traditional African” formulas based on African principles, herbal customs and herbal practices” (www.blackherbals.com).

Conclusions and Discussion

This study is useful to anthropology in general and archaeology in particular for several fundamental reasons. First, it serves as an informational tool by providing a much needed synthesis of synchronic and diachronic archaeobotanical data on African-American sites. Second, it provides a compilation of historical and ethnographic data on African-American herbal medicine from the 17th century to the present. Third, this study focuses upon a diachronic analysis highlighting a creolized African-American folk medicine. Fourth, it underscores human agency instead of hegemonic cultural processes.

Through the analysis of African-American health culture and folk medicine, it is evident that many studies have ignored individual and community agency. Singleton and Bograd (1995:31) argued that “African-American archaeology should attempt both to understand the social processes that affected and conditioned the lives of African

Americans and to see how the archaeological record is a reflection of those processes.” Undoubtedly, social processes did indeed affect African-Americans’ lives; however, it did not determine them. The first generation of Africans and subsequent offspring shaped the world around them adapting, transforming, and preserving important elements of their culture.

Fifth, this study will be useful to future generations of African Americans and gender studies. This dissertation has not only implications for the past but for the present as well. It is an empowering tool through which current generations of African-American women can be empowered through their past. African-American herbal medicine was and is a rich tradition that can create a sense of pride and ownership in an often misrepresented and degrading past. The word that often comes to mind is Sankofa, the Akan word loosely meaning that one needs to return to the past in order to heal the present. *The Roots of Healing* is an attempt at returning to the past in order to heal sexist and racist ideologies evident in the present.

Finally, the study of African-American herbal medicine is a window through which archaeologists and cultural anthropologists can view African-American cosmology in the past. Medicinal plant use is just one aspect of a complex spiritual belief structure. Physical health was intertwined with spiritual and mental well-being. Archaeological studies of folk medicine can aid in piecing together the larger picture of the multi-faceted nature of the African-American worldview and to understand how they conceptualized the world around them.

This research can always be expanded and improved. Future studies of an engendered African-American archaeology will not only need to incorporate historical documentation of women’s lives during enslavement but also women’s spheres of

knowledge and women's agency into their interpretations in order to contribute to current gender studies. Narratives from herbal healers interviewed by the author in the future would flesh out an otherwise mainly academic work. In addition, the subtle relationships between African-American women and the non-human environment hinted at in this research could be researched further to contribute to future studies of ecofeminist¹⁹ issues.

In 1998, Epperson (1998) argued that archaeologists working towards an understanding of the African Diaspora in the Americas should create "archaeologies that focus upon issues of cultural identity, preservation, and transformation" (Epperson 1998: 116). African-American herbal medicine is indeed an example of that cultural transformation. The essential nature of African health culture was incorporated into the harsh lifeways of enslavement in the United States. Parts of the African *materia medica* was preserved, yet also transformed to adapt to the evolving health care needs and unfamiliar environment. The herbalists and healers of the African Diaspora played a monumental role in affecting cures in the past and, in turn, shaping history. Untold lives were saved through the knowledge of these wise women and men. African-American medicinal plant knowledge was invaluable in treating illness and disease in the past and still is today. The knowledge and philosophical approach of African-American herbalists and healers to health in treating the whole person should inform biomedicine and natural health practitioners today and in the future.

¹⁹ Ecofeminism argues that a connection exists between treatment of people of color, women, and the underclass on one hand and the non-human world on the other (Warren 1997).

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Appendix

Plant:	Aloe/Rattlesnake's Master (<i>Agave virginica</i>)
Early Antebellum Use:	
Late Antebellum Use:	Colic; rattlesnake bite.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Open and sandy woods Florida to Virginia.
Area Used:	Coastal Plain
Source(s):	Porcher 1849; Grime 1976; Mitchell 1978.
EuroAmerican Use:	Diuretic (Meyer 1934).
Native American Use:	
African Use:	

Plant:	Angelica Tree/Devil's Walking Stick (<i>Aralia spinosa</i>)
Early Antebellum Use:	
Late Antebellum Use:	Rattlesnake bite.
Postbellum Use:	
Contemporary Use:	Arthritis; rheumatism; pain.
Part(s) Used:	Root bark;root
Method:	Poultice; infusion/tincture; decoction.
Natural Habitat:	Upland and low woods, savannahs throughout SE.
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Morton 1974; Grime 1976; Mitchell 1978.
EuroAmerican Use:	Stimulent; rheumatism; cutaneous eruptions (Meyer 1934).
Native American Use:	Rheumatism; emetic (Moerman 1998).
African Use:	

Plant:	Artichoke, Jerusalem (<i>Helianthus tuberosus</i>)
Early Antebellum Use:	
Late Antebellum Use:	Diuretic; dropsy; jaundice.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Leaves.
Method:	Tincture.
Natural Habitat:	Waste grounds, thickets, woodland borders.
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Mitchell 1978.
EuroAmerican Use:	Stimulent; rheumatism; cutaneous eruptions (Meyer 1934).
Native American Use:	Non-medicinal.
African Use:	

Plant:	Asafoetida (<i>Ferula asafoetida</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Indigestion; asthma; colic (Upland South)
Part(s) Used:	Gum-resin from roots.
Method:	Infusion; chew.
Natural Habitat:	
Area Used:	Coastal Plain; Upland South.
Source(s):	Morton 1974; Morson et al. 1976; Crowder 2001.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Basil (<i>Ocimum basilicum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds w/pine needles, life everlasting, and mullein.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Mild, tropical climates.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	Vermifuge (Politzer 1999).

Plant:	Bitter apple (<i>Cucumis colocynthis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever.
Part(s) Used:	Fruit.
Method:	Raw.
Natural Habitat:	
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Cathartic (Meyer 1934).
Native American Use:	
African Use:	

Plant:	Bitterroot/Indian Hemp (<i>Apocynum cannabinum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; fevers; abortifacient.
Part(s) Used:	Root.
Method:	Tincture; decoction.
Natural Habitat:	Wood borders, streambanks, and thickets.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Coughs; asthma; abortifacient (Moerman 1998).
African Use:	

Plant:	Black Cohosh (<i>Cimicifuga racemosa</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Chills, fever.
Contemporary Use:	Worms.
Part(s) Used:	Leaves.
Method:	Raw; infusion (CT).
Natural Habitat:	Rich woods, mountains and piedmont.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Mitchell 1978.
EuroAmerican Use:	Mucous tissues; narcotic; sedative (Meyer 1934)
	Colds; fever; kidney troubles (root) (Bolyard 1981).
Native American Use:	Diuretic; rheumatism; colds; coughs (Moerman 1998)
African Use:	

Plant:	Black Walnut (<i>Juglans nigra</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Ringworm; itching.
Part(s) Used:	Green nut.
Method:	Raw (rub).
Natural Habitat:	Woods and fertile lowlands throughout eastern U.S.
Area Used:	Coastal Plain; Upland South.
Source(s):	Morton 1974; Crowder 2001.
EuroAmerican Use:	Vermifuge (Cavender 2003).
Native American Use:	Vermifuge (root bark) (Morton 1974).
	Smallpox; sores; ringworm (Moerman 1998).
African Use:	

Plant:	Blackberry (<i>Rubus spp.</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Stomach pains; diarrhea; dysentery.
Part(s) Used:	Root.
Method:	Decoction (CT).
Natural Habitat:	Thickets, fields, woods throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	Diarrhea; cholera; dysentery (Mitchell 1978).
Native American Use:	Diarrhea; dysentery; pneumonia poultice (Weiner 1972)
African Use:	

Plant:	Blackroot (<i>Pterocaulon pycnostachyum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; menstrual cramps; asthma.
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Coastal Plain pinelands.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Bloodroot (<i>Ceanothus ovatus</i>)
Early Antebellum Use:	
Late Antebellum Use:	Preventive.
Postbellum Use:	Contraception.
Contemporary Use:	Poor circulation.
Part(s) Used:	Root bark and roots.
Method:	Infusion.
Natural Habitat:	Forests, mountains, and piedmont.
Area Used:	Coastal Plain; Upland South.
Source(s):	Puckett 1926; Rawick 1972; Mitchell 1978.
EuroAmerican Use:	Astringent; expectorant; antispasmodic (Mitchell 1978).
Native American Use:	
African Use:	

Plant:	Boneset (<i>Eupatorium perfoliatum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Fevers; colds; typhoid pneumonia.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Borders, swamps, and streams throughout SE.
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Rawick 1972; Mitchell 1978.
EuroAmerican Use:	Emetic; laxative; typhoid pneumonia (Meyer 1934).
	Colds; fever (root) (Bolyard 1981).
Native American Use:	Colds; fevers; kidneys (Fenton 1942).
	Emetic; diuretic; sore throat (Moerman 1998).
African Use:	

Plant:	Burdock (<i>Arctium spp.</i>)
Early Antebellum Use:	
Late Antebellum Use:	Tuberculosis.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Fields and roadsides throughout SE.
Area Used:	Upland South.
Source(s):	Rawick 1972.
EuroAmerican Use:	
Native American Use:	Pain (poultice)(Moerman 1998).
African Use:	

Plant:	Butternut (<i>Juglans cinera</i>)
Early Antebellum Use:	Skin problems.
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Unripe fruit.
Method:	Poultice.
Natural Habitat:	Mountains and piedmont of SE.
Area Used:	
Source(s):	Grime 1976.
EuroAmerican Use:	Vermifuge (bark) (Bolyard 1981).
Native American Use:	
African Use:	

Plant:	Buttonbush (<i>Cephalanthus occidentalis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Chills.
Contemporary Use:	Sore throat; coughs.
Part(s) Used:	Root.
Method:	Tincture (PB); syrup; infusion/decoction (CT).
Natural Habitat:	Non-mountainous moist areas throughout SE.
Area Used:	Coastal Plain.
Source(s):	Hyatt 1970; Morton 1974; Morson et al. 1976.
EuroAmerican Use:	
Native American Use:	Eye problems; diarrhea; rheumatism (Moerman 1998).
African Use:	

Plant:	Castor Bean (<i>Ricinus comunis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Emetic; fever.
Part(s) Used:	Leaves; Seeds
Method:	Poultice; Infusion.
Natural Habitat:	Cultivated piedmont and coastal plain areas.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	Emetic (Politzer 1999).

Plant:	Catnip (<i>Nepeta catara</i>)
Early Antebellum Use:	
Late Antebellum Use:	Measles; hives; whooping cough.
Postbellum Use:	
Contemporary Use:	Colic; diarrhea; fever.
Part(s) Used:	Leaves.
Method:	Infusion; poultice (fever).
Natural Habitat:	Pastures and roadsides throughout eastern U.S..
Area Used:	Coastal Plain: Upland South.
Source(s):	Rawick 1972; Morton 1974; Crowder 2001.
EuroAmerican Use:	Toothache; hives (poultice); colds; cough (Bolyard 1981).
Native American Use:	Colic; colds; fever; hives; abortifacient (Moerman 1998).
African Use:	

Plant:	Cedar, Red (<i>Juniperus silicicola</i>)
Early Antebellum Use:	
Late Antebellum Use:	Abortifacient (US).
Postbellum Use:	Dysentary.
Contemporary Use:	Colds.
Part(s) Used:	Berries (LAB); Bark (PB); Needles (CT).
Method:	Decoction.
Natural Habitat:	Moist and sandy woodlands throughout SE.
Area Used:	Coastal Plain.
Source(s):	Morgan 1860; Hyatt 1970; Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Cedar, White (<i>Chamaecyparis thyoides</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Asthma.
Contemporary Use:	Asthma.
Part(s) Used:	Berries (PB); cones (CT).
Method:	Tincture.
Natural Habitat:	Swamps and marshes along CP.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Cherokee Root (<i>Erythrina herbacea</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Skin irritation.
Part(s) Used:	Root.
Method:	Infusion applied externally.
Natural Habitat:	Sandy soil along coastal plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Stomach problems; external pain (Moerman 1998).
African Use:	

Plant:	Cherry, Wild Black (<i>Prunus serotina</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Sore throat; stops menses.
Contemporary Use:	Arthritis; colds; pain.
Part(s) Used:	Bark.
Method:	Decoction/infusion (CT); Syrup (PB).
Natural Habitat:	Woods and fields.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Morton 1974; Mitchell 1978.
EuroAmerican Use:	Coughs; colds; blood nourisher; general tonic (Bolyard 1981; Meyer 1934; Rawick 1979).
Native American Use:	Syrup for colds; labor pains; wound poultice (Weiner 1972; Moerman 1998)
African Use:	

Plant:	Chinaberry (<i>Melia azedarach</i>)
Early Antebellum Use:	
Late Antebellum Use:	Vermifuge.
Postbellum Use:	
Contemporary Use:	Vermifuge.
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Yards and wooded areas throughout SE.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Rawick 1979.
EuroAmerican Use:	
Native American Use:	Vermifuge (Moerman 1998).
African Use:	Vermifuge (Poltzer 1999).

Plant:	Comfrey (<i>Symphytum officinale</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	General pain.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Lowlands and moist places.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978; Roberson 1983.
EuroAmerican Use:	Colds; bronchitis; diarrhea; tumors; sores (Brown 1874).
Native American Use:	Dysentary; diarrhea; stomach prob. (Moerman 1998).
African Use:	

Plant:	Corn (<i>Zea mays</i>)
Early Antebellum Use:	
Late Antebellum Use:	Chills; malaria; smallpox.
Postbellum Use:	
Contemporary Use:	Chills; fever; measles.
Part(s) Used:	Husks.
Method:	Infusion.
Natural Habitat:	Cultivated throughout U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Morson et al. 1976; Rawick 1979.
EuroAmerican Use:	Fever (Cavender 2003).
Native American Use:	
African Use:	

Plant:	Cotton (<i>Gossypium herbaceum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Abortifacient.
Postbellum Use:	Abortifacient.
Contemporary Use:	Abortifacient; contraception; syphilis;
stimulate sexual organs.	
Part(s) Used:	Root bark; seeds (syphilis).
Method:	Raw; infusion.
Natural Habitat:	Cultivated throughout southern U.S.
Area Used:	Coastal Plain; Upland South.
Source(s):	Morgan 1860; Morton 1974; Grime 1976; Morson et al. 1976; Mitchell 1978.
EuroAmerican Use:	Labor pains; uterine inflammation; vaginitis (Brown 1874).
Native American Use:	Labor pains; asthma; abortifacient (Weiner 1972).
African Use:	Uterine (Politzer 1999).

Plant:	Dogwood (<i>Cornus spp.</i>)
Early Antebellum Use:	Teeth cleaning.
Late Antebellum Use:	
Postbellum Use:	Fever.
Contemporary Use:	Nerves; chills.
Part(s) Used:	Twigs-EAB; bark-PB/CT.
Method:	Raw (chew)-EAB; tincture-PB; infusion-CT.
Natural Habitat:	Throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Hyatt 1970; Morton 1974; Grime 1976.
EuroAmerican Use:	Inflammation (root poultice); heartburn; chills; nerves (Bolyard 1981); Blood nourisher (Rawick 1979).
Native American Use:	Vermifuge; blood nourisher; colds; sores (Moerman 1998).
African Use:	

Plant:	Elderberry (<i>Sambucus canadensis</i>)
Early Antebellum Use:	
Late Antebellum Use:	Fevers.
Postbellum Use:	Sores.
Contemporary Use:	Sores; cure-all.
Part(s) Used:	Flowers, berries, inner bark, leaves, and root.
Method:	Decoction; poultice.
Natural Habitat:	Thickets and lowlands throughout SE.
Area Used:	Coastal Plain; Upland South.
Source(s):	Rawick 1972; Morton 1974; Mitchell 1978; Clayton 1992.
EuroAmerican Use:	Sores; colds; liver and bowel disease (Brown 1874).
Native American Use:	Diuretic; sores (Moerman 1998).
African Use:	

Plant:	Fennel, Dog (<i>Helenium amarum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Chills; malaria.
Postbellum Use:	Chills; fever; abortifacient w/dogwood.
Contemporary Use:	Insect sting relief.
Part(s) Used:	Root (LAB/PB); stem (CT).
Method:	Infusion-late antebellum/postbellum; Raw-contemporary.
Natural Habitat:	Meadows and fields throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Hyatt 1970; Rawick 1972; Morton 1974; Mitchell 1978.
EuroAmerican Use:	Colic; spasms (Porcher 1849).
Native American Use:	Dropsy; swellings (Moerman 1998).
African Use:	

Plant:	Fig (<i>Ficus carica</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Snakebite.
Contemporary Use:	Ringworm; asthma.
Part(s) Used:	Bark (PB); sap, leaves (CT).
Method:	Poultice; infusion.
Natural Habitat:	Throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Hyatt 1970; Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	Thrush (Politzer 1999)

Plant:	Galax/Wild Leek (<i>Allium tricoccum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	High blood pressure; shortness of breath.
Part(s) Used:	Bulb.
Method:	Infusion; tincture; salve.
Natural Habitat:	Moist woodlands throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Croup; aid digestion; parasites (Weiner 1972).
Native American Use:	Stings; colds (Weiner 1972)
	Earache; emetic; croup (Moerman 1998).
African Use:	

Plant:	Gallberry/Snakeberry (<i>Ilex glabra</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Moist and acidic soils along coastal plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Garlic (<i>Allium ampeloprasum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Spasms.
Postbellum Use:	
Contemporary Use:	Sores; high blood pressure; vermifuge.
Part(s) Used:	Bulb; vinegar.
Method:	Poultice; tincture.
Natural Habitat:	Low, damp areas throughout Southeast.
Area Used:	Coastal Plain
Source(s):	Rawick 1972; Morton 1974; Westmacott 1992.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Glasswort (<i>Salicornia virginica</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; whooping cough.
Part(s) Used:	Whole plant.
Method:	Decoction.
Natural Habitat:	Marshes of coastal plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Gourd (<i>Lagenaria siceraria</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Rheumatism.
Part(s) Used:	Seeds.
Method:	Infusion.
Natural Habitat:	Southeast U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Boils (Moerman 1998).
African Use:	

Plant:	Ground Mole (<i>Modiola caroliniana</i>)
Early Antebellum Use:	
Late Antebellum Use:	Bring on menses.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	
Method:	
Natural Habitat:	Roadsides, gardens, pastures throughout SE.
Area Used:	Coastal Plain.
Source(s):	Grime 1976.
EuroAmerican Use:	
Native American Use:	Sore throat (Moerman 1998).
African Use:	

Plant:	Gum, Sweet (<i>Liquidambar styraciflua</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Colds.
Contemporary Use:	Sores; stomach ache; diarrhea; sore throat.
Part(s) Used:	Fruit; leaves; bark.
Method:	Tincture (PB); poultice (PB/CT); raw (CT).
Natural Habitat:	Moist areas sporadically throughout US.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Morton 1974; Mitchell 1978.
EuroAmerican Use:	Catarrh; coughs; fever sores; dysentery (Brown 1874).
Native American Use:	Diarrhea; wounds (Moerman 1998).
African Use:	

Plant:	Holly (<i>Ilex opaca</i>)
Early Antebellum Use:	
Late Antebellum Use:	Chills; fever.
Postbellum Use:	Measles.
Contemporary Use:	Fever; colds; coughs.
Part(s) Used:	Bark (LAB); Leaves, root (PB/CT).
Method:	Infusion; decoction.
Natural Habitat:	Deciduous forests throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Rawick 1972; Morton 1974; Mitchell 1978.
EuroAmerican Use:	Heart troubles; coughs (bark-tea) (Bolyard 1981).
	Colds; emetic (berries); catarrh; smallpox (Porcher 1849).
Native American Use:	Sore eyes; measles; sores (Moerman 1998).
African Use:	

Plant:	Honeysuckle (<i>Lonicera japonica</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Stomach trouble; diarrhea; skin irritations.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Woods and pastures throughout southeast U.S..
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Horse Nettle (<i>Cnidoscolus stimulosus</i>)
Early Antebellum Use:	
Late Antebellum Use:	Aphrodisiac.
Postbellum Use:	Syphilis.
Contemporary Use:	Aphrodisiac.
Part(s) Used:	Root.
Method:	Raw; decoction.
Natural Habitat:	Fields and pastures along coastal plain.
Area Used:	Coastal Plain; Arkansas.
Source(s):	Porcher 1849; Hyatt 1970; Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Vermifuge; sore throat (Moerman 1998)
African Use:	

Plant:	Indian Shot/Lady's Slipper (<i>Cypripedium acaule</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever; headache.
Part(s) Used:	Leaves.
Method:	Poultice.
Natural Habitat:	Acidic soils of sandy, rocky woods.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Nerves; Blood nourisher (leaf tea) (Bolyard 1981).
Native American Use:	Vermifuge; colds; pain (Moerman 1998).
African Use:	

Plant:	Indian turnip (<i>Arisaema triphyllum</i>)
Early Antebellum Use:	Consumption.
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Rich woods throughout SE.
Area Used:	
Source(s):	Grime 1976.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Ironweed/Indian tobacco (<i>Lobelia inflata</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever.
Part(s) Used:	Leaves.
Method:	Bath soak.
Natural Habitat:	Woods, thickets, and fields throughout US.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Emetic; sedative; relaxant; cramps; epilepsy (Brown 1874).
Native American Use:	Bites; sores; emetic; croup; pain (Moerman 1998).
African Use:	

Plant:	Ironweed (<i>Sida rhombifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever; potency
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Fields and roadsides throughout Coastal Plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Ironweed, Common (<i>Vernonia angustifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	Snakebite; aphrodisiac.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Pine barrens, savannahs, sandy woods in CP.
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Mitchell 1978.
EuroAmerican Use:	Pneumonia (root tea) (Bolyard 1981).
Native American Use:	
African Use:	

Plant:	Jerusalem Oak (<i>Chenopodium ambrosioides</i>)
Early Antebellum Use:	
Late Antebellum Use:	Vermifuge.
Postbellum Use:	
Contemporary Use:	Vermifuge; infant fever.
Part(s) Used:	Leaves.
Method:	Infusion; bath.
Natural Habitat:	Cultivated areas.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972; Morton 1974.
EuroAmerican Use:	Stomachache (Rawick 1972); vermif. (Bolyard 1981).
Native American Use:	Vermifuge; fever (Moerman 1998).
African Use:	Vermifuge (Politzer 1999).
Plant:	Jimson Weed (<i>Datura stramonium</i>)
Early Antebellum Use:	
Late Antebellum Use:	Vermifuge.
Postbellum Use:	Colds; respiratory diseases; swelling; wounds.
Contemporary Use:	Vermifuge.
Part(s) Used:	Leaves.
Method:	Poultice, smoke inhale (PB) infusion (CT).
Natural Habitat:	Fields and roadsides throughout U.S.
Area Used:	Coastal Plain.
Source(s):	Brown 1874; Puckett 1926; Mitchell 1978; Roberson 1983; Clayton 1992.
EuroAmerican Use:	Rheumatism; neuralgia; asthma; wounds (poultice).
Native American Use:	Narcotic; burns (poultice); asthma (smoke) (Vogel 1970).
African Use:	Narcotic (Politzer 1999).
Plant:	Kidney Weed/Whorled Milkwort (<i>Polygala spp.</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Diuretic.
Part(s) Used:	Entire plant.
Method:	Infusion.
Natural Habitat:	Sunny meadows.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Diuretic (Hutchens 1983).
African Use:	

Plant:	Kidney Weed (<i>Gerardia tenuifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Diuretic.
Part(s) Used:	Entire plant.
Method:	Infusion.
Natural Habitat:	Fields and roadsides throughout eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Laurel (<i>Kalmia hirsuta;angustifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	Itching.
Postbellum Use:	Itching.
Contemporary Use:	
Part(s) Used:	Leaves.
Method:	Poultice.
Natural Habitat:	Moist, sandy pinelands throughout SE.
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Meyer 1934; Grime 1976; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Life Everlasting (<i>Gnaphalium obtusifolium</i>)
Early Antebellum Use:	
Late Antebellum Use:	Colds; pneumonia.
Postbellum Use:	Toothache.
Contemporary Use:	Cramps; decongestant; footpain; fever; general well-being.
Part(s) Used:	Entire Plant.
Method:	Poultice (LAB/PB); Infusion (CT).
Natural Habitat:	Fields throughout SE.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Mitchell 1978.
EuroAmerican Use:	Bruises; tumors; fever; mouth sores (Brown 1874).
	Asthma (inhale/smoke leaves) (Bolyard 1981)
Native American Use:	Mumps (poultice); Quinsy (raw) (Weiner 1972).
African Use:	

Plant: Maple (*Acer spp.*)
 Early Antebellum Use:
 Late Antebellum Use:
 Postbellum Use: Cataracts.
 Contemporary Use:
 Part(s) Used: Bark.
 Method: Infusion (external-CT).
 Natural Habitat: Woods throughout SE.
 Area Used: Coastal Plain.
 Source(s): Hyatt 1970.
 EuroAmerican Use: Kidneys (Bolyard 1981).
 Native American Use: Sore eyes (Bolyard 1981).
 African Use:

Plant: Marsh Rosemary (*Limonium carolinianum*)
 Early Antebellum Use:
 Late Antebellum Use:
 Postbellum Use:
 Contemporary Use: Colds; fevers; diarrhea.
 Part(s) Used: Root.
 Method: Decoction.
 Natural Habitat: Marshes and meadows along coastal plain..
 Area Used: Coastal Plain.
 Source(s): Morton 1974.
 EuroAmerican Use:
 Native American Use: Consumption (Moerman 1998).
 African Use:

Plant: Mayapple/Mandrake (*Podophyllum peltatum*)
 Early Antebellum Use:
 Late Antebellum Use: Preventive.
 Postbellum Use:
 Contemporary Use: Colds.
 Part(s) Used: Root.
 Method: Infusion.
 Natural Habitat: Woodlands and meadows, mainly mtns. and pied.
 Area Used: Coastal Plain; Upland South.
 Source(s): Rawick 1972; Morson et al. 1976.
 EuroAmerican Use: Rheumatism; pain (root tea) (Bolyard 1981).
 Native American Use: Rheumatism; emetic; diuretic (Moerman 1998).
 African Use:

Plant:	Mint, American Wild (<i>Mentha arvensis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Stomach pains.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Stomach pains; diarrhea (Meyer 1934)
Native American Use:	Stomach pains; colds; pneumonia (Weiner 1972).
African Use:	

Plant:	Moss, Spanish (<i>Tillandsia usneoides</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	High blood pressure; swellings; labor pains.
Part(s) Used:	Whole plant.
Method:	Decoction; poultice.
Natural Habitat:	Grows on trees along coastal plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Chills; fever (Moerman 1998).
African Use:	

Plant:	Muckle, Brown/Wax Myrtle (<i>Myrica cerifera</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; kidneys; diarrhea; headache.
Part(s) Used:	Leaves.
Method:	Infusion; decoction.
Natural Habitat:	Marshes and pinelands along CP.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Fever; emetic (leaves) (Weiner 1972).
African Use:	Vermifuge; pain; stomachache (Moerman 1998).

Plant:	Muckle, Marsh/Sea Ox-Eye Daisy (<i>Borrichia frutescens</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Coastal marshes.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Muckle, Sea (<i>Baccharis halimifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; stomachache.
Part(s) Used:	Root and leaves.
Method:	Decoction.
Natural Habitat:	Woodlands throughout CP and piedmont.
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Mullein (<i>Verbascum thapsus</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Colds; fistula; rheumatism.
Contemporary Use:	Colds; dropsy; fevers; swollen limbs; boils (US).
Part(s) Used:	Leaves and flowers.
Method:	Infusion, poultice (PB/CT).
Natural Habitat:	Fields and pastures throughout SE.
Area Used:	Coastal Plain: Upland South.
Source(s):	Puckett 1926; Hurston 1935; Morton 1974; Morson et al 1976; Mitchell 1978; Roberson 1983; Crowder 2001.
EuroAmerican Use:	Coughs; colds; diarrhea; poultice-swelling (Brown 1874).
Native American Use:	Swelling-poultice; asthma; sore throat (Vogel 1970).
African Use:	Colds; rheumatism; sores (Moerman 1998).

Plant:	Nightshade (<i>Solanum nigrum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Waste places (rare in South Carolina).
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Tuberculosis; vermifuge; sores; insomnia (Moerman 1998; Vogel 1970; Weiner 1972).
African Use:	Fever.

Plant:	Oak, Red (<i>Quercus rubra</i>)
Early Antebellum Use:	
Late Antebellum Use:	Prolapsed uterus.
Postbellum Use:	Pain; stomachache; fever; syphilis; rheumatism.
Contemporary Use:	Pain; colds; fever; diarrhea; syphilis.
Part(s) Used:	Bark.
Method:	Tincture(LAB); infusion (PB/CT); poultice (CT).
Natural Habitat:	Woods and fields in eastern and middle US (rare in Coastal Plain).
Area Used:	Coastal Plain.
Source(s):	Porcher 1849; Puckett 1926; Hurston 1935; Hyatt 1970; Morton 1974; Morson et al. 1976; Mitchell 1978.
EuroAmerican Use:	Ulcers; diarrhea; sore throat; hemorrhages (Brown 1874).
Native American Use:	Diarrhea; sores; emetic; asthma (Moerman 1998).
African Use:	

Plant:	Oil Bush/Fever Bush (<i>Laurus benzoin</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever.
Part(s) Used:	Leaves.
Method:	Poultice; bath.
Natural Habitat:	Woody areas.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Okra (<i>Hibiscus esculentus</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Boils; sores.
Part(s) Used:	Blossoms.
Method:	Poultice.
Natural Habitat:	Cultivated throughout Southeast; African origin.
Area Used:	Coastal Plain.
Source(s):	Morson et al. 1976; Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	Snakebite (Politzer 1999).

Plant:	Okra, Wild (<i>Viola palmata</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Emetic.
Part(s) Used:	Roots.
Method:	Infusion.
Natural Habitat:	Dry woodlands throughout eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Onion, Red (<i>Allium cepa</i>)
Early Antebellum Use:	Kidney stones.
Late Antebellum Use:	Kidney stones.
Postbellum Use:	Fever.
Contemporary Use:	Colds (upland south and coastal plain); shortness of breath.
Part(s) Used:	Bulb.
Method:	Juice (EAB/LAB); poultice (PB); raw (CT).
Natural Habitat:	Throughout U.S..
Area Used:	Coastal Plain; Upland South.
Source(s):	Meyer 1934; Hyatt 1970; Grime 1976; Mitchell 1978; Crowder 2001.
EuroAmerican Use:	Croup (Vogel 1970).
Native American Use:	Colds (poultice) (Vogel 1970).
African Use:	

Plant:	Peach (<i>Prunus persica</i>)
Early Antebellum Use:	
Late Antebellum Use:	Kidney ailments.
Postbellum Use:	
Contemporary Use:	Vermifuge; fever; swelling; diarrhea; headache.
Part(s) Used:	Leaves.
Method:	Infusion; decoction; poultice (swelling).
Natural Habitat:	Throughout SE; native to China.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972; Morton 1974; Morson et al. 1976.
EuroAmerican Use:	Diarrhea (bark-tea); swelling (poultice) (Bolyard 1981)
Native American Use:	Vermifuge; fever; kidney ailments; swelling
(Moerman 1998).	
African Use:	Menstrual cramps (Politzer 1999).

Plant:	Pennyroyal (<i>Hedeoma pulegioides</i>)
Early Antebellum Use:	
Late Antebellum Use:	Abortifacient.
Postbellum Use:	
Contemporary Use:	Abortifacient.
Part(s) Used:	
Method:	Infusion.
Natural Habitat:	Woodlands and meadows.
Area Used:	Upland South.
Source(s):	Morgan 1860; Snow 1993.
EuroAmerican Use:	Abortifacient (Cavender 2003).
Native American Use:	Colds (Seminole-Moerman 1998).
African Use:	

Plant:	Persimmon (<i>Diospyros virginiana</i>)
Early Antebellum Use:	Vermifuge.
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Thrush; teething.
Part(s) Used:	Fruit.
Method:	Raw.
Natural Habitat:	Wooded areas scattered throughout Southeast. (infrequent Coastal Plain).
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Grime 1976.
EuroAmerican Use:	Mouth sores (bark poultice) (Bolyard 1981).
Native American Use:	Sore throat; mouth sores; toothache (Moerman 1998).
African Use:	

Plant:	Pine (<i>Pinus</i>)
Early Antebellum Use:	
Late Antebellum Use:	Colds.
Postbellum Use:	Dysentary.
Contemporary Use:	Colds; fevers; stomache; cough.
Part(s) Used:	Bark-:PB; Sap, pine tops-LAB/CT.
Method:	Infusion (sometimes in combination with other herbs).
Natural Habitat:	Dry, sandy soils throughout US.
Area Used:	Coastal Plain.
Source(s):	Hyatt 1970; Morton 1974; Mitchell 1978.
EuroAmerican Use:	Burns; sores (sap poultice); colds (needles) (Bolyard 1981).
Native American Use:	
African Use:	

Plant:	Poke (<i>Phytolacca americana</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Diuretic; sores.
Contemporary Use:	Colds; general pain; stomachache; sores; spring tonic.
Part(s) Used:	Leaves; berries; root.
Method:	Poultice; berry juice (PB); infusion/decoction (CT).
Natural Habitat:	Disturbed areas throughout SE.
Area Used:	Coastal Plain.
Source(s):	Puckett 1926; Morson et al. 1976; Mitchell 1978; Roberson 1983.
EuroAmerican Use:	Rheumatism; emetic; syphilis; ulcers, itch, swelling, hemorrhoids (Porcher 1849; Brown 1874).
Native American Use:	Emetic, rheumatism (berry tea); fever and skin diseases (root poultice) (Vogel 1970; Weiner 1972; Morton 1974).
African Use:	

Plant:	Pomegranate (<i>Punica granatum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Fever.
Postbellum Use:	
Contemporary Use:	Diarrhea.
Part(s) Used:	Seeds-LAB; Rind-CT.
Method:	Decoction.
Natural Habitat:	Throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972; Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	Diarrhea (Politzer 1999),

Plant:	Pumpkin (<i>Cucurbita pepo</i>)
Early Antebellum Use:	
Late Antebellum Use:	Fever.
Postbellum Use:	
Contemporary Use:	Asthma.
Part(s) Used:	Stem.
Method:	Infusion (LAB); smoke (CT).
Natural Habitat:	Cultivated throughout.
Area Used:	Coastal Plain.
Source(s):	Morson et al. 1976; Clayton 1992.
EuroAmerican Use:	
Native American Use:	
African Use:	Diuretic; Antihelmintic (Poltzer 1999).

Plant:	Queen's Delight/Yaw-root (<i>Stillingia sylvatica</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Boils; stomachache.
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Dry, sandy soils along Coastal Plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Diarrhea; stomachache; venereal disease (Moerman 1998).
African Use:	

Plant:	Richet Weed (?)
Early Antebellum Use:	
Late Antebellum Use:	Diuretic.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	
Method:	Infusion.
Natural Habitat:	
Area Used:	Coastal Plain.
Source(s):	Rawick 1972.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Rignum/Horsemint/Bergamot (<i>Monarda punctata</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; fevers.
Part(s) Used:	Root.
Method:	Infusion; decoction.
Natural Habitat:	Sandy or rocky woods in eastern U.S..
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	Colds; fevers; blood nourisher (leaf tea) (Bolyard 1981).
Native American Use:	Colds; fevers; stomachache (roots) (Moerman 1998).
African Use:	

Plant:	Rue (<i>Ruta graveolens</i>)
Early Antebellum Use:	
Late Antebellum Use:	Vermifuge; abortifacient.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Cultivated or waste grounds throughout.
Area Used:	Coastal Plain; Upland South.
Source(s):	Morgan 1860; Rawick 1972.
EuroAmerican Use:	
Native American Use:	Vermifuge (leaves) (Moerman 1998).
African Use:	

Plant:	St. Johns (<i>Hypericum spp.</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Sores; burns; swellings.
Part(s) Used:	Entire plant.
Method:	Bath; decoction.
Natural Habitat:	Meadows and woody areas in eastern U.S..
Area Used:	Coastal Plain.
Source(s):	Morton 1974; Mitchell 1978.
EuroAmerican Use:	Croup; diuretic; respiratory problems (Weiner 1972)
Native American Use:	Kidney problems; colic; croup; snakebite (Moerman 1998).
African Use:	

Plant:	Sassafras (<i>Sassafras albidum</i>)
Early Antebellum Use:	
Late Antebellum Use:	Blood cleanser; stomach.
Postbellum Use:	Measles; blood cleanser.
Contemporary Use:	Backache; measles; blood cleanser; colds; nerves; cramps.
Part(s) Used:	Root bark.
Method:	Infusion.
Natural Habitat:	Woody areas in Eastern U.S.
Area Used:	Coastal Plain; Upland South.
Source(s):	Puckett 1926; Rawick 1972; Morton 1974; Mitchell 1978; Roberson 1988; Crowder 2001.
EuroAmerican Use:	Colic; rheumatism; high blood pressure; blood cleanser (Bolyard 1981; Brown 1870; Meyer 1934; Porcher 1849).
Native American Use:	Blood cleanser (Moerman 1998).
African Use:	Cough; bladder pain; measles (Vogel 1970; Weiner 1972).

Plant:	Senna, American (<i>Cassia marilandica</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	Sores
Contemporary Use:	
Part(s) Used:	Leaves.
Method:	Poultice.
Natural Habitat:	Roadsides and woodland borders throughout SE.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978; Porcher 1860.
EuroAmerican Use:	Cathartic (Brown 1874).
Native American Use:	
African Use:	

Plant:	Silvergrass (<i>Chrysopsis graminifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Kidneys; bladder; diuretic; dropsy.
Part(s) Used:	Leaves.
Method:	Decoction.
Natural Habitat:	Fields and roadsides (rare in CP)
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Sprains (poultice)(Morton 1974).
African Use:	

Plant:	Sinkfield/Man-Root (<i>Ipomoea pandurata</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Chills; fever.
Part(s) Used:	Vine.
Method:	Infusion.
Natural Habitat:	Fields and waste places throughout eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Rheumatism; coughs; asthma; diuretic (Moerman 1998).
African Use:	

Plant:	Smartweed/Knotweed (<i>Polygonum pennsylvanicum</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Headache.
Part(s) Used:	Whole plant.
Method:	Poultice.
Natural Habitat:	Any disturbed ground throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	Diarrhea (Bolyard 1981).
Native American Use:	Pain; coughs; colds (Moerman 1998).
African Use:	

Plant:	Smilax/Wild Asparagus (<i>Smila laurifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Aphrodisiac.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Wetlands throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Snakeroot, Button (<i>Eryngium yuccifolium</i>)
Early Antebellum Use:	
Late Antebellum Use:	Consumption.
Postbellum Use:	
Contemporary Use:	Colds; worms.
Part(s) Used:	Root.
Method:	Tincture (LAB); infusion (CT).
Natural Habitat:	Acidic or sandy soils throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972; Mitchell 1978.
EuroAmerican Use:	Emetic; diuretic; colds (Porcher 1849; Meyer 1934).
Native American Use:	Diuretic; neuralgia; snakebite; kidneys (Vogel 1970).
	Cough; toothache; blood cleanser (Moerman 1998).
African Use:	

Plant:	Snakeroot, Sampson's (<i>Psoralea psoralioides</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; worms.
Part(s) Used:	Leaves and root.
Method:	Infusion.
Natural Habitat:	Fields in CP and Piedmont.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	Respiratory problems; dysentery; snakebite (Porcher 1849).
Native American Use:	Backache; stomachache (Vogel 1970).
African Use:	

Plant:	Snakeroot/Horehound (<i>Eupatorium hyssopifolium</i>)
Early Antebellum Use:	
Late Antebellum Use:	Stomachache; preventive; colds.
Postbellum Use:	
Contemporary Use:	Colds; fevers; worms.
Part(s) Used:	Root; leaves.
Method:	Infusion; decoction.
Natural Habitat:	Pine barrens and woodlands CP and Piedmont.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972; Morton 1974; Grime 1976; Mitchell 1978.
EuroAmerican Use:	Diuretic; fever (Porcher 1849; Meyer 1934).
Native American Use:	
African Use:	

Plant:	Snakeroot (<i>Hexasyllis arifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; fevers; swelling.
Part(s) Used:	Root and leaves.
Method:	Infusion; decoction; tincture.
Natural Habitat:	Moist and swampy woods throughout SE.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Spurge Nettle (<i>Cnidoscolus stimulosus</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Potency.
Part(s) Used:	Root.
Method:	Tincture.
Natural Habitat:	Dry woods and fields along Coastal Plain and Piedmont.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Star Grass/Yellow Colic Root (<i>Aletris Aurea</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Toothache.
Part(s) Used:	Root.
Method:	Raw (chew); vinegar.
Natural Habitat:	Moist pinelands and fields in Coastal Plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	Coughs; colds (Morton 1974).
Native American Use:	
African Use:	

Plant:	Sumac (<i>Rhus glabra</i>)
Early Antebellum Use:	
Late Antebellum Use:	Kidney ailments.
Postbellum Use:	
Contemporary Use:	Diarrhea; dysentary; VD.
Part(s) Used:	Seed.
Method:	Infusion; decoction.
Natural Habitat:	
Area Used:	
Source(s):	Rawick 1972; Morton 1974.
EuroAmerican Use:	
Native American Use:	Kidney ailments (Rawick 1972).
African Use:	

Plant:	Swamp grass (<i>Aristolochia serpentaria</i>)
Early Antebellum Use:	
Late Antebellum Use:	Pneumonia.
Postbellum Use:	
Contemporary Use:	Fever; sprains; vermifuge.
Part(s) Used:	Root (LAB); roots, leaves (CT).
Method:	Infusion (LAB/CT); poultice (CT).
Natural Habitat:	Woodlands throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Grime 1976; Morton 1976; Mitchell 1978.
EuroAmerican Use:	Diuretic; fever; sore throat (Morton 1976).
	Heart trouble (roots and leaves) (Bolyard 1981).
Native American Use:	Rheumatism; pain; colds; sore throat; fever; diuretic (Moerman 1998); Snakebite (poultice) (Weiner 1974).
African Use:	

Plant:	Sweetflag/Calamus (<i>Acorus calamus</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Urinary problems.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Moist places throughout Southeast.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	Aid digestion; aphrodisiac; ulcers (Morton 1974).
	Colds; colic (Bolyard 1981).
Native American Use:	
African Use:	Demulcent (Politzer 1999).

Plant:	Sweet Pepperbush (<i>Clethra alnifolia</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Itch.
Part(s) Used:	Root.
Method:	Soak; decoction.
Natural Habitat:	Moist woods and swamps in eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Tadawas (<i>Aster spp.</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Fever.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Tansy (<i>Tanacetum vulgare</i>)
Early Antebellum Use:	
Late Antebellum Use:	Pain; abortifacient.
Postbellum Use:	
Contemporary Use:	Abortifacient; colds; stomach; dysentary; headache.
Part(s) Used:	
Method:	Infusion.
Natural Habitat:	Roadsides and meadows.
Area Used:	Coastal Plain; Upland South.
Source(s):	Morgan 1860; Rawick 1972; Robertson 1983; Snow 1993.
EuroAmerican Use:	
Native American Use:	Vermifuge; backache (Hamel and Chiltoskey 1975).
African Use:	

Plant:	Trumpetroot (<i>Sarracenia minor</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Skin irritations.
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Wet pinelands, bogs, and meadows along Coastal Plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Tulip poplar (<i>Liriodendron tulipifera</i>)
Early Antebellum Use:	Vermifuge.
Late Antebellum Use:	Vermifuge.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Root.
Method:	Tincture.
Natural Habitat:	Throughout Eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Grime 1976.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Waterlily (<i>Nymphaea odorata</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Diarrhea.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Ponds and still streams in SE.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Colds; coughs; swelling (Moerman 1998).
African Use:	

Plant:	Watermelon (<i>Citrullus vulgaris</i>)
Early Antebellum Use:	
Late Antebellum Use:	Kidney stones.
Postbellum Use:	
Contemporary Use:	
Part(s) Used:	Seeds.
Method:	Infusion.
Natural Habitat:	Cultivated throughout SE.
Area Used:	Coastal Plain.
Source(s):	Rawick 1972.
EuroAmerican Use:	
Native American Use:	Kidney ailments (Hamel and Chiltoskey 1975).
African Use:	

Plant:	Whiteroot (<i>Lyonia mariana</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; fevers.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Dry sandy woods in CP and Piedmont.
Area Used:	Coastal Plain.
Source(s):	Mitchell 1978.
EuroAmerican Use:	
Native American Use:	Itch (Moerman 1998).
African Use:	

Plant:	Whiteroot/Silkweed (<i>Asclepias tuberosa</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Rheumatism; colds.
Part(s) Used:	Root.
Method:	Infusion.
Natural Habitat:	Dry fields and roadside throughout SE.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Itch (Moerman 1998).
African Use:	

Plant:	Willow (<i>Salix caroliniana</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds; fever; diarrhea.
Part(s) Used:	Bark.
Method:	Decoction.
Natural Habitat:	Moist areas throughout eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Pain; fever; blood nourisher (Moerman 1998).
African Use:	

Plant:	Witchhazel (<i>Hamamelis virginiana</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Sinus problems; bleeding gums; swellings; diarrhea.
Part(s) Used:	Leaves and bark.
Method:	Leaf rub; bark infusion; decoction.
Natural Habitat:	Woody areas and stream banks throughout eastern U.S.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	Labor pains; pain (bark) (Bolyard 1981).
Native American Use:	Pain; colds; fevers; sores (Moerman 1998).
African Use:	

Plant:	Yard Lily (<i>Canna generalis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Headache; fever.
Part(s) Used:	Leaves
Method:	Poultice.
Natural Habitat:	Waste areas along CP.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	
African Use:	

Plant:	Yaupon/Holly Bush (<i>Ilex vomitoria</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Cold; Fever.
Part(s) Used:	Leaves.
Method:	Infusion.
Natural Habitat:	Sandy soils along Coastal Plain.
Area Used:	Coastal Plain.
Source(s):	Morton 1974.
EuroAmerican Use:	
Native American Use:	Emetic (Morton 1974; Moerman 1998).
African Use:	

Plant:	Yellow Root/Goldenseal (<i>Hydrastis canadensis</i>)
Early Antebellum Use:	
Late Antebellum Use:	
Postbellum Use:	
Contemporary Use:	Colds
Part(s) Used:	Root.
Method:	Decoction.
Natural Habitat:	Fertile woods (very rare).
Area Used:	Upland South.
Source(s):	Crowder 2001.
EuroAmerican Use:	Stomach ulcers; sores; colds; kidneys (root tea/tincture) (Bolyard 1981).
Native American Use:	
African Use:	

Vita

Brooke Hamby was born in Kingsport, Tennessee. Her family moved to Knoxville on her 4th birthday. Her interests in archaeology began when she was only six years old (with strong influence and encouragement from her mother). Here, she attended elementary school, middle school, high school, and college. After completion of her B.A., she worked at a historic house museum as an educator and then as the director of educational programming while working on her M.A. She graduated with her masters in Anthropology in December of 1999. From 1999 to 2000 she worked at the Archaeological Research Laboratory (formerly known as the Archaeological Studies Group). She occupied various graduate teaching positions as a doctoral student.

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