

THE MAINTENANCE OF AGED PROPERTY: HEALTHCARE AND MEDICINE OF ELDERLY SLAVES IN THE ANTEBELLUM PERIOD

by

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ABSTRACT: The elderly, along with infants and children, often fell victim to illness and disease in larger numbers, due to the weakened immune systems that accompanied the aging process; a lifetime of illness and malnutrition made the aged increasingly susceptible to respiratory infections, fevers, and the long-term effects of venereal diseases. Within larger metropolitan areas, such as Charleston or Richmond, epidemics often struck the elderly and the infantile the hardest. Although many slaveholders provided elderly slaves with medical attention upon the onset of illness, it often fell upon the slave community to provide medical care to the elders of the slave community. Sometimes, healthcare was provided by slaves and to slaves, out of necessity. This was due to lack of care from the master; other times, slaves trusted their community members to care for them above white physicians. Additionally, in times of medical crisis, elders within the slave community served as healers, midwives, and nurses to slaves and whites alike. This paper will examine the relationship between the elderly slaves of the Old South and the medical practices of both African and European origins. The ultimate goal of medicine was always to preserve the life of an infirmed slave. This preservation was an informal display of power between slave and free. For slaves, medicine functioned as a form of power and resistance against slaveholders, as an expression of African heritage in the face of cultural repression.

An economic investment first and foremost, the job of a slave was to contribute to the commercial growth of the farm or plantation of his or her master throughout the course of a slave's lifetime. As a slave got older, his or her roles and jobs changed in order to accommodate their changing bodies and physical conditions. As slaves' bodies aged and weakened, he or she became economic and social liabilities; slaveholders could not profit as much from the work of elderly slaves. The primary reason for this is physical limitations brought on by the environment, working conditions and labor demands, illness, weakened joints and muscles, a lifetime of poor nutrition, or venereal diseases. While laws existed in the Old South to, supposedly, protect slaves in their old age, these laws also relieved slave owners of the responsibility or burden of caring for their aged slaves.

The elderly, along with infants and children, often fell victim to illness and disease in larger numbers, due to the weakened immune systems that accompanied the aging process; a lifetime of illness and malnutrition made the aged increasingly susceptible to respiratory infections, fevers, and the long-term effects of venereal diseases. Within larger metropolitan areas, such as New Orleans or Charleston, epidemics often struck the elderly and the infant the hardest. Although many slaveholders provided elderly slaves with medical attention upon the onset of illness, it often fell upon the slave community to provide medical care to

the elders of their community. Sometimes, healthcare was provided both by slaves and to slaves out of necessity, due to lack of care from the master. Other times, slaves trusted their own to care for them instead of white physicians. Additionally, in times of medical crisis, elders within the slave community served as healers, midwives, and nurses to slaves and whites alike. This article will examine the relationship between the elderly slaves of the Old South and the medical practices of both African and European origins.

The ultimate goal of medicine was always to preserve the life of an infirm slave. This preservation was an informal display of power between slave and free. For slaves, providing their own medical care functioned as a form of power and resistance against slaveholders, as an expression of African heritage in the face of cultural repression. For masters, medicine was a method of asserting dominance over slaves, preventing them from caring for themselves as independents. At times, masters held the power; other times, slave medicine mastered the masters. Ultimately, however, the treatment of aged slaves was a complicated effort to balance medicine and luck in order to preserve the life of both a valued member of the slave community and a valued member of a work force.

The process of aging is not a pretty one; muscles weaken, bones become brittle, joints are inflamed, and stamina fades. During the nineteenth century, however, age was not a legitimate excuse for retirement. Racism transcended ageism, regardless of one's ability to work. But how did slaveholders of the Old South define gerontology in slave communities? Some considered the elderly to be those over the age of fifty, some defined those of sixty years or older as elderly, and others believed that seventy was the mark of an elderly slave.¹ While moving out of the childbearing years brought the stigma of agedness for female slaves, it was after slaves reached the age of fifty that many owners believed that the work capacity and monetary value of slaves had declined to the point of having little or no value at all within the slave market.² Furthermore, gerontologists today tend to view old age as beginning somewhere between fifty and seventy years of age. For these reasons, this article will apply the terms aged or elderly to slaves fifty years and older.

Within the slave community, elderly slaves often took on the roles of healers, physicians, midwives, or nannies to care for sick slaves. Older male and female slaves cared for children while parents worked in the fields. Elderly female slaves, in particular, were known for their medical expertise. The aged wife of Old Sam, owned by Theodore Chapin of South Carolina, cared for her sick husband for three years through his paralytic convulsions. The Manigault Plantation community regarded their old nurse Bina as a woman of the highest medical skill because she administered medicine to any ailing plantation member. While most

¹ Floyd M. Wylie, "Attitudes Toward Aging and the Aged Among Black Americans: Some Historical Perspectives," *Aging and Human Development*, (1971), 68.

² Leslie Pollard, "Aging and Slavery: A Gerontological Perspective," *Journal of Negro History* (66, no. 3, Fall, 1979), 229.

remedies used by older female slaves were less aggressive than prescriptions from white doctors, some practices administered by midwives and granny healers were more harsh and dangerous than traditional herbal teas. One old Butler Island, Georgia midwife assisted women in childbirth by tying a cloth tightly around the throats of women in labor, drawing it taut until they were nearly strangled. This supposedly reduced the extreme pain and difficulty of childbirth.³ On a Virginia plantation, a two year old child named Molly was ill and in need of a nurse. Her master wrote to his overseer that the seventy-one year old grandfather, Payne, “ordered for to Cancer Plantation and live at Suckey’s house to have the care of both his grandchildren.”⁴ It is likely that increased exposure to children also exposed these older slaves to disease and contamination that led to their own eventual illnesses as their physical health deteriorated over time.

In addition to basic childcare, older male slaves functioned as plantation physicians, a traditional role of elders in Africa. While the plants and animals used for healing differed in the United States, aged men and women in slave communities learned to procure and concoct herbal remedies and treatments by word of mouth, passed from generation to generation. In this way, slave healers served as a link to African heritage, preserving culture and tradition within the secrecy of the slave quarters. The old slave Uncle Louis used butternut root, goldenseal (butternut flower), and onion tea in his homemade cure-all remedies. Slaves often preferred the medical attention of fellow slaves to white physicians, who were fond of bleeding and purging their patients. For example, South Carolina planter Henry Ravenal’s slave, Old March, treated the ills of slave families with proficiency and prowess that raised the curiosity and interest of even the visiting white physician on the Ravenal plantation.⁵ While typically a female occupation, older male slaves also served as midwives. Ex-slave Ferebe Rogers remembered that while female midwives were more prevalent, “there were men and women midwives” caring for pregnant slaves. As a result of their diminished physical abilities, old slaves had more time to practice medicine than younger slaves. Frederick Douglass’s Old Uncle Isaac Cooper was the doctor of medical and religious needs of the slaves on the plantation where

³ Rinald Killion and Charles Waller, eds. *Slavery Time When I Was Chillun Down on Master’s Plantation* (Savannah: Beehive Press, 1973), 115; Theodore Rosegarten, *Tombee: Portrait of a Cotton Planter* (New York: William Morrow and Company, Inc., 1986), 56; Martin W. Phillips and Franklin L. Riley, “Diary of a Mississippi Planter, January 1, 1840 to April, 1863,” in *Publications of the Mississippi Historical Society X* (1908): 465; Frances Kemble, *Journal of a Residence on a Georgian Plantation* ed., John A. Scott (New York: Alfred A. Knopf, 1961), 34, 251; George P. Rawick, ed., *The American Slave: A Composite Autobiography*, vol. 3, parts 3-4 (Westport, Conn.: Greenwood, 1972), 87; Rawick, *The American Slave*, vol. 7, part 2, 714, 722; Kemble, *Journal of a Residence on a Georgia Plantation*, 317.

⁴ Leslie Owens, *This Species of Property* (New York: Oxford University Press, 1976), 203.

⁵ Rawick, vol. 15, 222; George P. Rawick, ed. *The American Slave: A Composite Autobiography*, supplement series 2, vol. 1 (Westport, Conn.: Greenwood, 1979), 263; Norman R. Yetman, ed., *Voices from Slavery* (New York: Oxford University Press, 1970), 286.

he resided. Cooper's only duties were to "use Epsom salts and castor oil for diseases of the body."⁶ By serving as the plantation doctor, Cooper continued to uphold his value well into his older years.

The age of a slave was important in the evaluation of a slave's value in the marketplace and on the farm or plantation. As a slave advanced in age, his or her capacity for work decreased. An entrepreneurial buyer refused to purchase a slave whose age kept her from doing more work than the cost of her own upkeep. A master would likewise not buy a slave who was close to a particular age because his investment would have a shorter life expectancy. After a slave reached the age where the profits his work produced did not offset his upkeep, he became more and more a liability to the economic prosperity to his master. While an aged slave woman might be sold as a nanny or a nurse to a family with children, an old male slave might have found work in a market if he were skilled. But, as a general rule, the demand for slaves advanced in years was small and of little significance in a slave auction. The typical slaveholder preferred slaves in their twenties, who were in their physical prime and could labor hard to produce more profit, as well as more slaves. Elderly slaves, therefore, held less economic value to their owners than younger slaves and were, therefore, less desirable from a financial perspective. Elderly slaves held a valued place in the plantation community, but not in the wallets of their masters. As valued as elderly slaves were in the plantation community, the time eventually came when some elderly had to be taken care of by others.

While some slaveholders cared for their elderly slaves, seeing them as a profitable investment that should be cared for, many slave owners saw elderly slaves as a detriment to a farm or plantation because youths were more productive and, therefore, more profitable property. If an older slave was purchased while ill and died of his or her ailments, the buyer expected a full refund on his purchase. This was the case when an old slave woman in Virginia was bought in January 1856 with a guarantee of soundness, despite the fact that she had a cough. Twenty-one days later, she was sick in bed and attended regularly by a physician. On the first day of February, she died of pneumonia. Ford, the man who purchased her, demanded the \$1,050 he had paid for the woman, based on an argument that the slave was not sound in body. In a similar case, an elderly slave woman was sold, despite the fact that she had a bad cold at the time of her sale, under a warrantee of soundness. She died soon after of consumption (pulmonary tuberculosis). Old and ill slaves were, resultantly, a source of economic distress in the market and at home. However, the laws protecting old slaves, care given by younger slaves, manumission and trading slaves often resolved the issue of elderly care.

Slave owners could certainly expect costly medical expenses associated with elderly slaves, as fees charged for attending slaves were often significant. The Touro Infirmary in New Orleans, Louisiana charged

⁶ Yetman, ed., *Voices From Slavery*, 258; Frederick Douglass, *My Bondage, My Freedom* (New York: Arno Press and the New York Times, 1968), 71.

a master \$1.00 per day per slave that was treated. Meanwhile, Dr. James Boisseau of Virginia visited Old Isaac, a slave, on February 25, 1855, March 1, 3, 6, 8, 10, 12, and 14 of 1855. While Isaac's condition was unknown, each visit from the doctor cost Isaac's owner \$2.25. Residents of Natchez who sent their slaves to the local hospital could expect to pay \$3.00 per day per slave, and \$1.00 per day per servant. Dr. B.D. Knapp of Mississippi presented a bill for over \$75.00 for attending the aged slave Edgerton for three to four weeks. Meanwhile, Dr. J. J. Pugh, the family physician of W .P. Perkins of Madison County, Mississippi charged \$100.00 for attending the elderly slave woman, Lucinda. Because house calls from physicians were often so expensive, many slaveholders provided medical care themselves, without the aid of a doctor. However, elderly slaves did not get the same level of care from doctors that younger slaves received. Although larger plantations and regions maintained infirmaries or hospitals for sick slaves, Frances Kemble observed that these facilities were primarily built to address the medical needs of younger slaves rather than convalescing old slaves.⁷

While states in the Old South had laws requiring owners to provide health care for old slaves, these laws were not systematically enforced. These laws dealt particularly with manumitted slaves. Under the Code of 1806, "those slaves disabled on Louisiana plantations through old age, sickness, or any other cause, whether their diseases were incurable or not were to be fed and maintained by their owners." Georgia had a similar law to that of Louisiana. In 1815, the Georgia General Assembly enacted the Old Age Relief Act for slaves, which gave county courts the right to make inquiries in cases of neglect of old slaves by owners.⁸ One master revealed his displeasure with retaining old slaves, arguing that his "10 broken-down old men and women in the harvest of 1864 [w]as...poor business." Some masters sought to rid themselves of the expenses of caring for elderly slaves by manumitting them or turning them out. Cut off from their traditional quarters and steady food supply, these slaves often fell victim to starvation or the elements.⁹ It is unclear whether or not these laws

⁷ *Woodville Republican*, April 15, 1837; J.H. Ingram, *Southwest by a Yankee II* (New York: Harper and Brothers, 1835), 60; *Woodville Republican*, October 20, 1827; Charles S. Snyder, *Slavery in Mississippi* (Gloucester, Mass.: Peter Smith, 1965), 136; Weymouth T. Jordan, "Plantation Medicine in the Old South," *The Alabama Review* 3 (April 1950): 83-107; Katherine Bankole, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana* (New York: Garland Publishing, Inc., 1998), 92; Snyder, *Slavery in Mississippi*, 138; Inventory of the Estate of John W. Gilliam, Charlottesville: University of Virginia Library Manuscripts Department; Kemble, *Journal of Residence on a Georgian Plantation*, 202; J.S. Bassett, *The Southern Plantation Overseer as Revealed in his Letters* (Northampton, Mass.: 1925), 109, 115, 139, 141, 142, 168, 199, 200; *Natchez Mississippi Free Trader*, January 24, 1852.

⁸ Kemble, *Journal of Residence on a Georgian Plantation*, 254, 256, 287; Stacey K. Close, *Elderly Slaves of the Plantation South* (New York: Garland Publishing, Inc., 1997), 47.

⁹ Kenneth Stamp, ed., *A Guide to Records of Ante-Bellum Southern Plantations from the Revolution through the Civil War*, (Frederick, MD: University Publications of America, 1986), 1; John Blassingame, ed., *Slave Testimony* (Baton Rouge: Louisiana State University Press, 1977), 401; James Redpath, *The Roving Editor: Talks with Slaves in Southern States* (New York: A.B. Burdick Publishers, 1859), 147-8, 178-9.

existed solely to prevent neglect of the elderly enslaved population through manumission, out of a paternalistic concern with old and ill slaves, or to prevent the growth of an elderly, free black, impoverished class that would likely be a burden on Southern societies. In all likelihood, the answer is both.

One alternative to caring for elderly slaves or manumission was to get rid of them. While the selling of old slaves did occur, it was often difficult for slaveholders to do so because of the poor marketability of elderly slaves. For this reason, elderly slaves were oiled or greased before sale in order to make them look younger. Joe Brown, a former slave, explained how he and other slaves were oiled, washed, combed, shaved, and had their gray hairs plucked in a Georgia slave market for this purpose. Ex-slaves indicated that “the aged and the infirm slaves had no value at all” to slave traders.¹⁰ The assistance provided by the slave community, however, was more pertinent than that by the slave owner. Younger relatives often cared for older slaves in their quarters at night, providing them with food from their allowances and performing chores required of the aged. In many slave quarters, it was customary for the elderly to move in with their children after they became too feeble and old to work in the fields. For these reasons, care provided by fellow slaves was often of higher quality than care provided by slave owners or even professional physicians.¹¹

Throughout their daily lives, elderly slaves were more susceptible to illness than younger slaves. One fundamental cause of the susceptibility and compromised immune systems of elderly slaves was poor diet. A basic diet of salted pork, potatoes, and cornmeal meant that slaves spent their entire lives on an unfavorable dietary regiment. Excess fat and salted meats, rather than fresh fish or unsalted proteins, prevented slaves from consuming the proper amount of iron, and led to anemia and clotting disorders. The fruits and vegetables consumed by slaves depended on their location and on the generosity of their masters. Some slaveholders provided slaves with additional fruit and vegetables from gardens or allowed them to pick local trees. Alternately, older slaves may have tended gardens and could have taken extra produce for themselves or their families, with or without the permission of their owners. Slaves also lacked milk in their diet, possibly causing calcium deficiencies and bone diseases by the time they reached old age. Without a steady supply of fruits and vegetables, however, slaves could not obtain the proper levels of nutrients for strong bones, healthy growth, or a stable immune system. This caused

¹⁰ Joe Brown, *Slave Life in Georgia* ed., L.A. Chamerovzow (Freeport, New York: Books for Library Press, 1971), 112; George P. Rawick, ed., *The American Slave: The Georgia Narratives* vol. 3, suppl. Series 1 (Westport, Conn.: Greenwood Publishing Company, 1977), 69.

¹¹ Moses Grandy, *Narrative in the Life of Moses Grandy, Late a Slave in the United States of America* (Boston: Oliver Johnson, 1844), 57; Thomas L. Webber, *Deep Like Rivers* (New York: W.W. Norton Company, 1978), 174, 237; Arney R. Childs, ed., *Rice Planter and Sportsman: Recollections of J. Motte Alston 1821-1909* (Columbia: University of South Carolina Press, 1953), 55-6; *The Southwest: By a Yankee* (New York: Harper and Brothers, 1835), 241.

increased susceptibility to illness, weakened muscles and joints, organ damage, and a more compromised immune system among slaves, as they got older.¹²

Former slave Sam Boykin of Morehouse Parish, Louisiana recalled how the elderly enslaved often suffered physically as a result of cotton labor; lack of shoes while laboring all day in the frost put older slaves at greater risk for respiratory infections or frostbite, due to worsening circulation in the extremities as a result of aging.¹³ Skeletal evidence and oral testimony has indicated that aged slaves succumbed to physical trauma related to a lifetime of intense labor. Such injuries include hernias in the hands, elbows, and shoulder joints of men and women due to prolonged and heavy lifting.¹⁴ Lindy Joseph, an ex-slave of Baton Rouge, provided remedies for rheumatism that included tea made from warmed coal oil and salt, or applying hot ashes and salt that has been soaked in vinegar.¹⁵

Elderly Africans and African Americans were predisposed to respiratory infections, partially due to age, and partially to the presence of sickle-cell anemia in many slaves. Sickle cell anemia is an inherited disease in which irregularly shaped red blood cells slow or block blood flow. As a result, oxygen is not carried throughout the body in sufficient quantities, resulting in fatigue, pain, swelling in the extremities, or even a stroke. Presence of chronic leg ulcers among aged slaves also points to the presence of sickle cell in the Old South. The Touro Infirmary Record of slave deaths between 1855 and 1860 indicated that elderly slaves suffered most commonly from pneumonia and dropsy. Pneumonia, inflammation of the lungs, often results from increased exposure to the cold while lacking the ability to fight off infection. Slaves, who worked outdoors in all seasons and often lived in drafty, damp living quarters, were therefore more likely to contract respiratory diseases. The chances of contagion to the very old or very young increased in cramped living conditions. The most common nonfatal manifestation of exposure and respiratory or circulatory problems was frostbite. Rheumatic fever, an infection of the joints that affects mostly the elderly, causes damage to the heart. Meanwhile, dropsy, more commonly known as edema, is swelling that results from the buildup of fluid under the skin, due to heart failure or blood clots. Both of these diseases noted in the elderly at the Touro Infirmary could have been attributed to compromised heart and immune systems, common signs of old age, as well as potential exposure of the body to sickle cell anemia. Slaves between fifty and sixty years also showed signs of respiratory problems.¹⁶ A slave named Mother Duffy cured

¹² Savitt, *Medicine and Slavery*, 91-98.

¹³ John B. Cade, "Out of the Mouths of Ex-Slaves," *Journal of Negro History* (July 1935): 331;

¹⁴ Cade, "Out of the Mouths of Ex-Slaves," 313; Jennifer O. Kelley and J. Lawrence Angel, "Life Stresses of Slavery," *American Journal of Physical Anthropology* 74, No. 2 (1987): 199-211.

¹⁵ Ronnie W. Clayton, *Mother Wit: The Exslave Narratives of the Louisiana Writers Project* (New York: Peter Lang, 1990), 114-5.

¹⁶ Savitt, *Medicine and Slavery*, 33, 37-38, 54; Bankole, *Slavery and Medicine*, 86, 89.

pneumonia with “hog’s hoofs” tea, for which the additional ingredients are unknown.¹⁷

The aged population of slaves was also more likely to experience health complications as a result of prolonged exposure to venereal diseases. While elderly slaves were not the only group affected by sexually transmitted diseases, they were the group that often went the longest without diagnosis or treatment, compared to younger slaves or even whites. Syphilis and gonorrhea caused great discomfort to slaves who carried these diseases. Gonorrhea could lead to joint infections, inflammation or infection of the heart valves, abscesses around the genitals, and scarring of the urethra, leading to urinary tract infections. Meanwhile, long time carriers of syphilis could expect to experience sores, skin rashes, fever, swollen lymph nodes, headaches, muscle aches, fatigue, brain damage and loss of brain function, damage to the eyes, heart, liver, bones, joints, nerves, and blood vessels. Severe cases may also include difficulty coordinating muscle movements, paralysis, numbness, blindness, and dementia. Ultimately, the side effects of either of these diseases could cause death, particularly among elderly slaves who carried the disease for a prolonged period of time.¹⁸

Slaves often treated illnesses with herbal remedies and healing traditions that were passed down from generation to generation. Colds, fevers, chills, and bile were all cured in the slave quarters with “yarbs” made of boneset, blackroot (a substitute for calomel), hazel bark, and tar water. This concoction was also prescribed to treat sore throats. Soft soap, mixed with sugar, was used as a poultice for boils, in order to draw the infection to a head in order to drain the fluid. After a winter diet, slaves believed that the blood had to be thinned in order to restore full health and prevent spring diseases. This was particularly dangerous, as circulatory and clotting problems, including anemia, more often prevailed in aged slaves due to a lifetime of malnourishment. In order to thin the blood, slaves consumed mixtures of sulfur and molasses. Unbeknownst to healers of the Old South, sulfur causes circulatory problems, heart damage, compromised immune systems, liver and kidney damage, and respiratory distress when taken in large enough quantities. In effect, these preventative measures further compromised the health of elderly slaves.¹⁹

Conversely, slaveholders preferred to personally treat ill slaves rather than pay a trained physician to visit his infirmary. In addition to how-to guides of medical treatments and procedures, masters typically

¹⁷ Clayton, *Mother Wit*, 64.

¹⁸ Savitt, *Medicine and Slavery*, 77-80.

¹⁹ Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry* (Cambridge: Cambridge University Press, 2011), 156; E.R. Jobe, “Social History of Ante-Bellum Mississippi” (PhD diss., University of Mississippi, 1930), 44-45; Phillips and Riley, eds., “Diary of a Mississippi Planter, January 1, 1840 to April, 1863,” in *Publications of the Mississippi Historical Society X* (1908): 342, 346; BG Ferris, Jr., et. al., “Effects of Sulfur Oxides and Respirable Particles on Human Health: Methodology and Demography of Populations in Study,” *The American Review of Respiratory Disease* 120.4 (1979): 676-79.

kept a medicine chest stocked with basic ingredients for cure all remedies and treating common ailments. These kits often included salts, calomel, castor oil, vermifuge (to expel worms), skin ointment, blister ointment, pain extractors, copper, sulfur, bluestone, turpentine, and whiskey. The elderly slaves Eliza and Nanny, whose exact ages remain unknown, both came down with the same unknown illness on a Mississippi plantation. Eliza's owner gave her an emetic for her fever. When Eliza developed chills the next day, with no break in her fever, her owner prescribed ipecac, rhubarb, and cream of tartar. He prescribed a younger slave ipecac, calomel, and opium for the same symptoms.²⁰

Planters exercised unusual care in time of epidemics. On some of the larger estates there was a separate hospital building. Slaves who were dangerously ill remained in the plantation hospital or in their cabins and were visited daily by the owner, overseer, or a slave nurse. As slaveholders feared a lack of cooperation from elderly slaves who preferred African herbal remedies and treatments from fellow slaves, prescribed medicine was taken under supervision in slave quarters and hospitals. In hospitals, nurses recognized that aged sick slaves needed supplements in their diets in order to help the slaves recover. On one plantation, the planter supplied the nurses with sugar, coffee, molasses, rice, flour, and tea for this purpose.²¹

In the 1780s, German traveler Johann Davis Schoepf coined one of the most frequently quoted descriptions of the Old South, when he wrote that it was "in the spring a paradise, in the summer a hell, and in the autumn a hospital." Schoepf's emphasis on the unhealthiness of the region was not unusual, because areas of the South, the lowcountry most often, were considered to be the least healthy places in the British North American colonies. The anonymous author of *American Husbandry* wrote that the excessive heat of the climate, along with wetlands, swamps, marshes, and rice and cotton fields produced a deadly miasma, whereby inhabitants inhaled the stink of the mud, sewers, and putrid flesh. It was malignant with fevers, hot most of the year, and mosquitoes made the nights barely tolerable. In the 1840s, wealthy planters fled to the large cities, such as Charleston, to avoid the "country fever [malaria]." When the malaria epidemics waned, masters traveled back to their plantations in the country. While wealthy white men could afford to pay their way to the cities for unknown periods of time, they rarely brought more than a few slaves with them.²²

²⁰ Sydnor, *Slavery in Mississippi*, 50; Phillips and Riley, *Diary of a Mississippi Planter*, 332, 334, 335, 359.

²¹ JH Ingram, *Southwest by a Yankee II*, 120-124; Susan Dabney Smedes, *Memorials of a Southern Planter* (Baltimore: Cushings & Bailey: 1887), 84; J.S. Bassett, *The Southern Plantation Overseer as Revealed in His Letters* (Northampton, Mass.: 1925), 90.

²² Johann Davis Schoepf, *Travels in the Confederation, 1783-1784* (New York: Burt Franklin, 1968), 172, 216-217; Harry J. Carman, ed., *American Husbandry* (Port Washington, NY: Kennikat Press, Inc., 1964; originally published in London, 1775), 264; George Lewis, *Impressions of America and the American Churches* (Edinburgh, 1845), 112, Ruffin quoted in Joseph I. Warring, *A History of Medicine in South Carolina, 1829-1900* (Charleston: Medical Society of South

The threat of fevers transformed the white elite into a migratory species. Each summer, they left their plantation homes for healthier locations, attempting to avoid disease from town to country, country to town, lowcountry to backcountry, and even the Old South to the North or Europe. Edmund Ruffin expressed it well in 1843: “The mansion houses of different plantations are numerous, and evidently the situations were beautiful in past time. But now almost every place is deserted as a residence and there is in all such places a melancholy appearance of abandonment and decay.” These planter elite returned to their homes only in the winter months, when the pattern of disease typically subsided. As a result, white mortality rates dropped after the late eighteenth century. Slaves and poor whites in the South did not have the financial option to move away. Meanwhile, thousands of slaves were exposed to country epidemics, far from professional medical care. For the slaves who were lucky enough to escape the country fevers, outbreaks of city diseases threatened their wellbeing. Dams that were created to flood rice fields held stagnant waters, the result of which was “corrosive vapours...evaporating and mixing with the air becoming prejudicial to health by cloaking the stomachs of the inhabitants with slime, and corrupt[ing] their blood.” That resulted in ubiquitous fevers that spread throughout the city. These epidemics took the greatest toll on children and the elderly of both white and black populations prior to the discovery and acceptance of the germ theory later in the nineteenth century. Tragically, the slaves affected by cholera, tuberculosis, or smallpox did not receive the same medical privileges as whites, lessening their chances of survival.²³

Malaria affected elderly slaves along the East coast most severely. This disease was known by many names: ague, ague and fever, intermittent fever, remittent fever, bilious fever, nervous fever, and country fever. However, malaria provoked less conversation than smallpox

Carolina, 1967), 26; John G.W. De Brahm, *Report of the General Survey in the Southern District of North America* ed. Louis De Vorse, Jr. Columbia: University of South Carolina Press, 1971), 79; Charles Joyner, *Down by the Riverside: A South Carolina Slave Community* (Urbana: University of Illinois Press, 1984), 9-40.

²³ Chapman J. Millings, ed., *Colonial South Carolina: Two Contemporary Descriptions by Governor James Glen and Dr. George Milligen-Johnston* (Columbia: University of South Carolina Press, 1951), 44-45; Frederick Law Olmstead, *A Journey in the Seaboard Slave States* (New York, 1856), 419; Jill Dubisch, “Low Country Fevers: Cultural Adaptations to Malaria in Antebellum South Carolina,” *Social Science Medicine* 21 (1985), 641, 645; Lawrence F. Brewster, *Summer Migrations and Resorts of South Carolina Low-Country Planters* (Durham, NC: Duke University Press, 1947); Frederick Dalcho, *An Historical Account of the Protestant Episcopal Church in South Carolina* (Charleston: E. Thayer, 1820), 263; Samuel Henry Dickinson, “Account of the Epidemic which Prevailed in Charleston, S.C. during the Summer of 1827,” *The American Journal of the Medical Sciences* 2 (1828), 3; Edmund Ruffin, *Agriculture, Geology, and Society in Antebellum South Carolina: The Private Diary of Edmund Ruffin, 1843*, ed. By William M. Matthew (Athens: The University of Georgia Press, 1992), 92; Benjamin West, *Life in the South, 1778-1779: Letters of Benjamin West*, ed. James S. Schoff (Ann Arbor, MI: The William Clements Library, 1963), 2; Carman, *American Husbandry*, 276-277; J.F.D. Smyth, *A Tour of the United States of America*, 2 vols. (London, 1784), 2: 53-54; Newton D. Mereness, ed., *Travels in the American Colonies* (New York, 1916), 399.

or yellow fever, despite the fact that its mortality and morbidity were greater than either. This is probably because malaria is a parasitic disease native to Africa and, presumably, healthy, younger slaves had genetic immunities to the disease. The elderly, on the other hand, were less likely to have immune systems strong enough to fight off the malarial parasite. Furthermore, while yellow fever and smallpox were often short-lived epidemics, malaria lasted throughout most of the eighteenth and nineteenth centuries, particularly in the low country. It did not completely disappear from Charleston until the 1950s. The most common symptoms of malaria included fever, chills, and aches. The fevers were traditionally intermittent. In several cases among aged slaves, malaria produced vomiting, severe migraine headaches, anemia, convulsions, rashes, hemorrhages, hypoglycemia, liver dysfunction, swelling of the spleen, kidney failure, and excess fluid in the lungs. Due to compromised immunities and predisposition for many of these symptoms, malaria was particularly dangerous among aged slaves.²⁴

While malarial infections generally began in the early summer and autumn to early winter, cases contracted in the fall often lingered into the winter, weakening resistance to respiratory disorders. Relapses occurred in the spring when the seasons changed and storms spread pathogens in the air. Depending on the type, the effects of malaria could last months or years. Due to the fact that mosquitoes remain abundant in the South during summer and autumn months, exposure to malaria was unavoidable. This was particularly true for slaves, who labored outside and lived in quarters with little or no protection from insects. One report from the *Tabulated Mortuary Record of the City of Savannah, From January 1, 1854 to December 31, 1869* suggests that malaria was more widespread in harsh conditions, as nearly one third of all African American deaths in Savannah, Georgia during 1865 were attributed to malaria. Furthermore, low country and coastal slaves were at greater risk of contracting malaria due to the large bodies of swampy, stagnant waters and harsh climates associated with sugar and rice cultivation.²⁵

Like malaria, the presence of yellow fever in the Old South was due to the warm, humid climate. Yellow fever epidemics, like the one in Savannah in the 1850s, could trigger a mass exodus from cities because,

²⁴ Lionel Chalmers, *An Account of Weather and Diseases of South Carolina* 2 vols. (London: Edward and Charles Dilly, 1776) I: 178-179, 2: 6-7, 62-63; Margaret Humphreys, *Malaria: Poverty, Race, and Public Health in the United States* (Baltimore: Johns Hopkins University Press, 2001), 26-28; Leonard Jan Bruce-Chwatt, *Essential Malariology*, 2d edition (New York: John Wiley and Sons, 1985), 38, 62-65; Herbert M. Giles and David A. Warell, *Bruce-Chwatt's Essential Malariology* 3d edition (New York: Oxford University Press, 1993), 36-49; Randall M. Packard, *The Making of a Tropical Disease: A Short History of Malaria* (Baltimore: Johns Hopkins University Press, 2007).

²⁵ Humphreys, *Malaria*, 26-28; Asa C. Chandler, *Introduction to Parasitology with Special Referenc to the Parasites of Men* (9th ed., New York, 1955) 201; W. Duncan, "Tabulated Mortuary Record of the City of Savannah: From January 1, 1854, to December 31, 1869. Comp. from the Mortuary Reports on File in the Mayor's Office," *Savannah Moning News Steam-Power Press* (1870).

unlike malaria or smallpox, yellow fever was an urban disease. From the 1730s and into the nineteenth century, people identified yellow fever by a multitude of names, including: malignant fever, pestilential fever, putrid bilious fever, Sam distemper, black vomit, or simply plague, pestilence, or sickness. Into the nineteenth century, people began to call it “a yellow fever.”²⁶ Also like malaria, mosquitoes transmit yellow fever and epidemics begin in the warm summer months and end with the onset of cold weather, October to December. The method of transmission of yellow fever, however, was not known until the mid-nineteenth century. Yellow fever was largely confined to urban areas because it is spread by *Aedes aegypti*, a domestic mosquito that is well adapted to densely populated cities, preferring to lay its eggs on manmade structures such as barrels, pots jugs, and cisterns. In other words, it flourishes in the places where people collect rainwater. Along the coasts, where the ground water is brackish, rainwater was the only alternate source of drinking water. Yellow fever also spread in ports and down rivers, where barrels of drinking water traveled with trade ships. It was largely along these rivers, when slaves were being transported for sale, that they were exposed to and infected with yellow fever. The youngest and oldest were, again, the most susceptible.²⁷

“Yellow fever” derives from the most identifiable symptom of the disease: jaundice caused by the virus’s attack on the liver. Other symptoms include high fevers, vomiting, exhaustion, convulsions, delirium, severe body aches, and internal and external bleeding. Severely ill patients vomited dried blood, which had the appearance of coffee grounds, giving it the name “the black vomit.” Mortality in Charleston slaves was as high as eighty percent after the yellow fever epidemic of 1819, with an average overall mortality rate of fifty percent. Mortality among slaves was, however, difficult to report in exact numbers, because many cases were not reported or causes of death often remained unknown. Additionally, yellow fever could have easily been mistaken for malaria, dengue, hepatitis and other liver diseases, relapsing fever, spirochetal diseases (diseases from parasites such as ticks), typhus, typhoid, and scurvy.²⁸

Thanks to recurring outbreaks of smallpox in the South, by the time the first cholera epidemic struck Virginia in 1832 residents had already established procedures for handling contagious diseases. Unfortunately, methods of isolation had no effect on the outbreak of cholera. Nor were there effective health measures, such as vaccination, street and house

²⁶ Kenneth Kiple, ed., *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993), 1100-1103; Henry Rose Carter, *Yellow Fever: An Epidemiological and Historical Study of Its Place of Origin* (Baltimore: The Williams and Wilkins Co.: 1931), 197-.

²⁷ Dickinson, “Account of the Epidemic which Prevailed in Charleston, S.C. During the Summer of 1827,” 2:2; John Robert McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620-1914* (Cambridge: Cambridge University Press, 2010), 59.

²⁸ Margaret Humphreys, *Yellow Fever and the South* (Baltimore: Johns Hopkins University Press, 1992); John B. Blake, “Yellow Fever in Eighteenth Century America,” *Bulletin of the New York Academy of Medicine*, XLIV (1968): 673-686; McCandless, *Slavery, Disease, and Suffering*, 65-66.

cleaning, or stagnant pond drainage that could reduce its contagion. In the three major outbreaks prior to the Civil War, free blacks and slaves were affected the most. This is probably because urban slaves usually lived in the lowest parts of town, near rivers or streams, which served as both a source of portable water and as depositories of fecal matter. Additionally, a life of poverty and intense labor brought with it unsanitary living conditions, poor nutrition, and diminished resistance to disease. Todd Savitt, a medical historian of the South, argued additionally that intemperance in slaves, particularly over the span of a lifetime, further reduced the possibilities of good health. Although, it should be noted that it is impossible to determine how much alcohol slaves consumed on average in comparison to other lower class members of society or to what extent alcohol compromised their immune systems. After two outbreaks occurred around the James River in the 1850s, Virginia slaveholders and city council members concluded from costly experience that clean water was much safer than well, spring, river, or even bayou water in the middle of a cholera epidemic. In 1866, an outbreak of cholera in Savannah killed ninety-two whites and 228 blacks. Most physicians were unaware of how cholera spread, much less of how to stop its spread, and a majority of white southerners believed that cholera affected blacks in much greater numbers due to their supposed cramped living conditions and lack of sanitation experienced by slaves. Clinging to miasmatic theory, slaveholders claimed that clean air, a luxury of upper class white members of society, was the key to avoiding the cholera epidemics, despite the fact that cholera did not pass over whites by any means. This moral argument of cleanliness and purity provided an additional justification of the racial hierarchy that surrounded the system of southern slavery.²⁹

The toll taken by malnutrition, fevers, and severe epidemics was written on the bodies of slaves. A lifetime of poor diet and intense working conditions weakened slaves' resistance to diseases. Aged slaves who died of respiratory diseases and infections in the winter months probably had their immune systems weakened by malaria and dysentery, as well as by overwork and malnutrition.³⁰ Lionel Chalmers, a South Carolinian physician, noticed that enslaved populations, in particular, aged prematurely because of their constant battles with sickness: "Few live above sixty years; and the bald or hoary and wrinkled appearances of old age, often shew themselves at the age of thirty years." The bodies of aged slaves were marked with prolonged swelling and hardening of the spleen and obstruction of the liver, both common side effects of a prolonged period of malnutrition, as well as fevers and diseases such as malaria. Newcomers to the South often commented on the pale, sallow, or tawny

²⁹ Savitt, *Medicine and Slavery*, 226-234; William Dunbar Jenkins, "The Cholera in 1849," in *Publications of the Mississippi Historical Society VII* (1903): 277; Duncan, "Tabulated Mortuary Record," 1870.

³⁰ Elizabeth Donnan, ed., *Documents Illustrative of the Slave Trade to America* 4 vols. (Washington, D.C.: Carnegie Institute of Washington, 1930-1935), 4: 343.

skin and prematurely aged constitutions of slaves.³¹ If an elderly slave had a preexisting condition that affected the liver, lungs, or heart, the conditions were aggravated by exposure to these epidemics, meaning that it is unclear whether they died from malaria, yellow fever, or a preexisting medical condition.

Elderly slaves in the Old South suffered physically from more illness and epidemics than either younger slaves or whites. The cause of increased susceptibility to disease among the aged slave population was, fundamentally, insufficient diet. Malnutrition, in addition to a lifetime of vigorous labor and exposure to the elements, put superannuated slaves at greater risk of contracting respiratory infections, heart disease, malaria, yellow fever, cholera, rheumatism, and clotting problems. Furthermore, prolonged exposure to venereal diseases, which often went untreated, created additional health problems for elderly slaves, even aggravating preexisting medical conditions. All of these health risks, in addition to the diminished ability of the elderly to work due to basic health issues that accompanied old age, were an economic liability to slaveholders.

In order to obtain some benefit from keeping older slaves around, slaveholders often used them as healers, midwives, or nannies on the farm, plantation, business or home. However, the time came when slaves were no longer able to pull their own weight, due to illness or simply old age. It was at this time when slaveholders had to choose whether or not to invest the time and money to treat a slave's condition. While professionally trained physicians were more common in the Old South to treat slaves, the cost of treatment was often expensive and did not guarantee that a slave would return in better health, or return at all. In an attempt to save money caring for their older slaves, many slaveholders treated the sick themselves, with amateur medical kits and how-to guides for performing medical procedures. If a slaveholder did not want to spend his time or money treating a slave whom he believed had passed his or her expiration date, he would often forego treatment. Under these circumstances, younger members of the slave community stepped in to care for the older members of their community, using traditional African remedies and cures, rather than treatments preferred by white physicians and masters. In this way, medicine became a display of power by the slaves: sometimes, the master and white physicians controlled treatments; other times, slaves used their own traditions of healing to care for the sick and aged members of their community, preserving their own heritage and usurping the authority of the master over the medical care of a slave. In times of epidemics, however, there was often nothing that either master or slave could do to save the aged enslaved population. Ultimately, the medical treatment of elderly slaves in the Old South was filled with uncertainties. Whether or not a slave survived depended, more than anything, on how many cards in the deck were stacked against him.

³¹ Chalmers, *An Account of the Weather and Diseases of South-Carolina* (London: printed for Edward and Charles Dilly, 1776), I: 38, 2: 21-22.

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