

ABSTRACT

Jay Colin Menees. **THE HEALTH AND MEDICAL CARE OF ENSLAVED AFRICAN AMERICANS AT SOMERSET PLACE, 1839-1863.** (Under the direction of Dr. David Dennard) Department of History, May 2018.

Somerset Place was one of the largest plantations in North Carolina at the end of the Antebellum period. The owner of Somerset Place, Josiah Collins III, owned the third largest slave plantation in the state. Slaves at Somerset Place focused primarily on growing rice; however, they also grew corn, wheat, peas, and ran a saw mill. Situated on Lake Phelps, the rice fields of Somerset were regularly flooded and drained by canals that ran throughout the plantation. The type of work done by the enslaved workers put them constantly in contact with disease carrying mosquitos and stagnant water that made them ill. For this reason in 1839 Collins converted a two story slave cabin into a plantation hospital. The original structure is no longer present; however, because of its importance in the history of Somerset, a replica of the old structure was built on the modern historic site. To date, the Somerset Place historic site is the only plantation to have reconstructed a slave hospital. This thesis is a study of the health of enslaved African Americans at Somerset that were treated in the slave hospital. It argues that the conditions of slavery at Somerset Place, under the tenure of Josiah Collins III, were so deleterious to slave health that they necessitated the construction of a slave hospital which functioned with varying levels of effectiveness.

The Health and Medical Care of Enslaved African Americans at Somerset Place, 1839-1863

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THE HEALTH AND MEDICAL CARE OF ENSLAVED AFRICAN AMERICANS AT
SOMERSET PLACE, 1839-1863

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INTRODUCTION

The Health and Medical Care of Enslaved African Americans: A Brief Historiography 1950 to the Present

Three generations of slave owners managed Somerset Place between 1784 and 1863. Somerset Place is located on the shore of Lake Phelps in Washington County in Eastern North Carolina and was one of the largest plantations in North Carolina at the end of the Antebellum period. By 1860, three hundred twenty-eight enslaved African Americans lived and worked at Somerset Place.¹ According to historian William Powell, in his 1989 work, *North Carolina Through Four Centuries*, this made Somerset Place the third most populated site in the entire state. Powell also asserted that Somerset was only one of three hundred single plantations in the Antebellum South to have more than three hundred slaves on site.²

The slave community at Somerset Place labored primarily in rice cultivation; however, the slaves also grew corn, wheat, peas, and ran a saw mill. Situated on Lake Phelps, the rice fields of Somerset were regularly flooded and drained by canals that ran throughout the plantation. The type of work done by the enslaved put them constantly in contact with disease carrying mosquitos and stagnant water. Consequently, ill health and disease followed. It was for this reason that Josiah Collins III, in 1839, converted a two-story slave cabin into a plantation hospital. The original structure is no longer present; however, due to its importance in the history of Somerset, a replica of the old structure was built on the modern historic site. To date, the Somerset Place historic site is the only plantation to have reconstructed a two-story slave

¹ Eighth Census of the United States, 1860, Washington County, North Carolina, Population Schedules, National Archives, Washington, DC, microfilm at Somerset Place Research Room.

² William S. Powell, *North Carolina through Four Centuries* (Chapel Hill: University of North Carolina Press, 1989), 328.

hospital. Somerset Place, both past and present, has highlighted the importance of the slave hospital to its visitors.

While the plantation hospital draws the attention of many present-day visitors, there has been no comprehensive work on the issues that necessitated the construction of the building or the people who used it.³ This has left certain questions marginally expanded upon or unanswered. What conditions at Somerset Place led the owner to create a hospital? What kind of medical care was provided? What effect did the medical care have on the general health of slaves at Somerset Place? There is ample material with which to expand upon these questions and present each in a single narrative thread pertaining to the health and medical care of slaves at this plantation. Primary source material, coupled with the recent historiography on medicine and slavery more broadly, will be used to reveal the realities of slave health and medical care at Somerset Place under Josiah Collins III.

³ The historiography of Somerset Place has centered mainly on its role as a historic site and the public memory that surrounds it. The first major publication on the history of Somerset Place was a report prepared for the Department of Conservation and Development for the Division of State Parks. Presented on 1 August 1954. William Tarlton's *Somerset Place and Its Restoration* was the first semi-comprehensive history of Somerset Place. His primary concern with this undertaking was to provide a history that could be used in the restoration and interpretation of Somerset Place as a historic site. The planter family was the primary focus of this report.

Since the mid-1950s, scholars have worked to dismantle the planter centered interpretations of Tarlton's Somerset Place. The first major opponent to Tarlton was Dorothy Redford. As a descendant of Somerset slaves, Redford found particular issue with the absence of slavery from the site's analysis. In her role as the director of the site and genealogical work that culminated in the *Somerset Homecoming*, she fundamentally changed the way that scholars approach historic slave sites.

This thesis interacts with a historiography of reinterpretation of structures at Somerset Place, and centers the narrative on Somerset's most numerous inhabitants, enslaved African Americans. A fantastic work that discusses the historic interpretations of Somerset Place is Alisa Harrison's dissertation, "Reconstructing Somerset Place: Slavery, Memory and Historical Consciousness." However, this work is most similar to John Lewis's thesis, "The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South." This thesis looks at a structure and aspects related to slavery at Somerset Place, and their relation to the enslaved population. In this case, the hospital and health are substituted for the chapel and religious instruction.

The history of the health and medical care of enslaved African Americans in the Antebellum South has undergone three major shifts since the mid-twentieth century. In the 1950s, the first historians to address issues of slave health and medical care presented a false image of slave health that conformed to their paternalistic bias. In the 1970s and '80s, medical historians used scientific research to show that enslaved people suffered poor health under the conditions of slavery. By dismantling the idealized images of slave health, medical historians paved the way for social historians to discuss how the slaves themselves interacted with health care structures. What follows is a historiography that will discuss how historians, since the 1950s, have written about the health and medical care of enslaved African Americans in the Antebellum South. It will also provide insight into how this work interacts and expands upon that historiography.

The American political climate after World War II was changing. Rosy pictures of an antebellum agrarian society ruled by paternalistic planters were giving way to a more realistic view of American slavery. By 1945, the Southern Agrarians had all but abandoned their attempts to expand their views of southern history as represented in *I'll Take My Stand: The South and the Agrarian Tradition* (1930). Despite the futility of the endeavor, in the 1950s historian Bennett Wall wrote affectionately about the Pettigrews of eastern North Carolina and their effective plantation management. To Wall, the Pettigrew's plantations were "models of proficiency and production," and each Pettigrew male was the ideal representation of the paternalistic planter.⁴

Wall's 1950 article, "Medical Care of Ebenezer Pettigrew's Slaves," was the first historical attempt to discuss issues of health and medical care on a single plantation in the

⁴ Bennett H. Wall, "Ebenezer Pettigrew's Efforts to Control the Marketing of His Crops," *Agricultural History* 27, No. 4 (1953): 123.

Antebellum South.⁵ The sources that Wall used to discuss issues of health and medical care were produced by white planters and physicians. These sources existed in the form of the Pettigrew's personal correspondences, plantation records, plantation ledgers, and physician receipts. The planter bias coated every page of Wall's work which he used to push a paternalistic agenda. This agenda was reflected in the thesis statement which read, "The evidence is conclusive that the health of his Negro slaves burdened Pettigrew more than any other labor problem." While this is an article about the health of Pettigrew's slaves, the language of his thesis statement contextualizes the issue of slave health as a burden that plagued the mind of the planter rather than an issue that affected the daily lives of the enslaved.

In this article, Wall discussed how a slave's medical treatment, living conditions, and nutrition were interconnected issues that affected health. However, he set out early to show that "Pettigrew approached the ideal [of paternalism] in his relationships with his Negroes: he gave them the best medical treatment available; quartered them in comfortable houses; issued adequate food supplies and clothing in finished and unfinished lots."⁶ According to Wall, Pettigrew's slaves were healthy because of the paternalistic conscientiousness of the owner. Despite his overt fondness for praising southern paternalism, Wall laid a logical foundation for studying the health and medical care of enslaved African Americans in the Antebellum South.

Wall's discussion of the health-conscious planter was continued and expanded upon by William Dosite Postell. His 1951 book, *The Health of Slaves on Southern Plantations*, argued that "through trial and error the planters acquired a certain amount of practical knowledge in the

⁵ Bennett H. Wall, "Medical Care of Ebenezer Pettigrew's Slaves," *The Mississippi Valley Historical Review* 37 (1950): 451-470.

⁶ *Ibid.*, 452.

medical care of slaves that was more efficient than the rationalistic medicine of the day.”⁷ From the onset, Postell claimed that the “paternalistic despotism” of the era created a “code” that dictated that all slaves were to be given medical treatment.⁸ Here, again, was another example of how the history of health and medical care was used as a medium with which to promote paternalistic sentiments.

Similar to the preceding scholarship, Postell relied upon “planters’ records, i.e. account books, diaries, ledgers, daybooks, and correspondences.” He believed that these records, which were private and focused on plantation management, were devoid of any “coloring effect” that skewed issues of health and medical care.⁹ Missing from this work were slave narratives, WPA interviews, or African American oral histories. In accordance with the Philips’ school of thought, Postell’s discussion of slavery was largely about how the peculiar institution benefited the enslaved.

Despite the similar purpose of Postell’s book, *The Health of Slaves on Southern Plantations*, with that of Wall’s article, “Medical Care of Ebenezer Pettigrew’s Slaves,” Postell added significant information about types of medical care given to the enslaved, diseases that affected the enslaved, and public health on plantations. Postell argued that a number of people practiced medicine on the plantation. Planters, homeopathic doctors, professional physicians, and slave nurses administered medical care to slaves.¹⁰ He also used statistical data gathered from plantation records to argue that certain diseases, such as respiratory and intestinal diseases,

⁷ William Dosite Postell, *The Health of Slaves on Southern Plantations* (Baton Rouge: Louisiana State University Press, 1951), xii.

⁸ *Ibid.*, 29.

⁹ *Ibid.*, xii.

¹⁰ *Ibid.*, 58.

affected enslaved blacks more than whites.¹¹ Lastly, he claimed that successful planters were aware of the living and working conditions that led to diminished health.¹²

William Dosite Postell's methodology hindered his ability to portray issues of health and medicine on southern plantations accurately. He made primary use of plantation records left behind by health-conscious planters on large plantations. Many of the plantations used in his study housed fifty or more slaves. The size and profitability of these plantations allowed the owner to build onsite hospitals used specifically for administering medical care to slaves. As a result of engaging with sources that reflected the best medical care available and superior living conditions, Postell concluded that:

“From the material presented in this study it seems that the health of slaves was comparable to the public health of that era. The medical care and treatment rendered the slaves was in accordance with the accepted practices of the day, and the failures were the failures of the times. The over-all picture of slave health is simply a picture of health conditions in the United States, and their health status was no better and no worse than that of the populace as a whole for that period.”¹³

The conclusions of Wall and Postell remained largely in place until after the Civil Rights Movement of the 1950s and '60s. During the 1960s, while historians Philip P. Curtin and Alfred Crosby were presenting issues of health and medical care in the history of the Atlantic World, there was little focus on similar issues in the Antebellum South. It was not until 1978 that historian Todd Savitt presented major challenges to Wall and Postell. Savitt was a University of Rochester medical school student that abandoned medical school for a graduate degree in

¹¹ Postell, *The Health of Slaves on Southern Plantations*, 74-87.

¹² *Ibid.*, 38-48, 111-112, 129.

¹³ *Ibid.*, 164.

history. The insight he gained as a medical student gave him the necessary knowledge to challenge the previous conclusions made about slave health and medical care.

In 1978, Todd Savitt published his first work titled *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Unequivocally, it has been the central work in the study of the health and medical care of African Americans in the Antebellum South. Unlike the writers before him, Savitt placed African Americans at the center of his study. He used the same type of sources as Postell; however, Savitt applied a necessary amount of criticism to them. Whereas, Postell accepted the medical assertions presented in the source material, Savitt challenged their validity with a scientific approach and post-Civil Rights world view. He also expanded the discourse to include the previously unrepresented populations of black industrial workers, black workers on smaller plantations, and free blacks.

Savitt rebuffed Postell's overarching conclusion that planters addressed issues of slave health with a paternalistic duty to provide the necessary medical care. This criticism is reflected in Savitt's thesis when he wrote that "white Virginians acted with varying degrees of conviction to protect the health of their slaves and their free Negro neighbors, while openly and clandestinely the blacks themselves often took matters into their own hands."¹⁴ Throughout the work, Savitt dismantles the neat paradigms set by Postell of black health as an ethical concern of all planters and of southern medical care being administered upon passive enslaved patients.

Savitt portrayed white and black healthcare systems as being at odds with each other. White planters forced medical treatment on black patients, while enslaved blacks had their own healing methods that they practiced against the wishes of the planters.¹⁵ Savitt also challenged

¹⁴ Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana And Chicago: University of Illinois Press, 1981), 3.

¹⁵ *Ibid.*, 149-150.

Postell's conclusions on living and working conditions, nutrition, and medical care. Savitt found that enslaved African Americans often lived in crowded quarters, worked in unhealthy environments, and were generally undernourished.¹⁶ However, Savitt reinforced Postell's claims concerning black disease susceptibilities with medical research on inherited and acquired immunities.¹⁷

Contemporaries of Todd Savitt, such as Kenneth Kiple and Virginia King, were also writing on the health and medical care of enslaved African Americans in the Antebellum South. Kiple and King's collaborative work, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism*, written in 1981, addressed many of the same issues of health and medical care as Todd Savitt's *Medicine and Slavery*. Kiple and King, however, were more interested in investigating the innate differences between blacks and whites in the Antebellum South. They argued that "only with an appreciation of these differences and how these differences have been perceived historically that a holistic understanding of the Afro-American's past can be achieved."¹⁸ This was not to say that people of African and European descent were physiologically different, but that conditions in Africa fostered genetic variations which were passed down generationally. These acquired traits, such as the sickle cell trait, gave some persons in Africa, and subsequently in America, an advantage against hyper endemic diseases like malaria.

¹⁶ Savitt, *Medicine and Slavery*, 83-110.

¹⁷ *Ibid.*, 51-59.

¹⁸ Kenneth Kiple and Virginia King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (New York: Cambridge University Press, 1981), xii.

While some of the scientific research that Kiple and King utilized has since been replaced, their work constituted some fantastic scholarship for the time that it was published. Its multidisciplinary approach bolstered or countered historians' claims with scientific scholarship and demographic data. Throughout their work, Kiple and King argued that nutrition was generally poor on southern plantations. Poor nutrition, they maintained, could explain a number of issues related to poor health, disease susceptibility, and childhood mortality. Kiple and King relied heavily on demographic analysis of census data to draw conclusions about slave health across the entire Antebellum South. A major contribution of this work was that it challenged historians of health and medical care in the Antebellum South to broaden their scope to include the Atlantic World.

While both *Medicine and Slavery* and *Another Dimension to the Black Diaspora* rebuffed the historic findings of the paternalistic writers of the 1950s, Savitt's publication proved to be the most important work. Almost single handedly, he changed the accepted narrative on the health and medical care of enslaved African Americans in the Antebellum South by placing African Americans at the center of the work. Savitt added significant new knowledge to the discourse, but more importantly he presented other historians with questions that he himself left unanswered. And some of the questions he left unanswered would spawn great discussions and works from historians such as Deborah Gray White, Sharla Fett, and Marie Jenkins Schwartz.

Savitt left much to be desired from his discussion of African American healing practices. He discussed briefly how enslaved African Americans were key players in plantation medicine. Savitt argued that enslaved African Americans had both a working knowledge of healing herbs

and practiced healing traditions that were spiritual in nature.¹⁹ These introductions to African American medical practices were expanded upon by social historian Deborah Gray White.

Deborah Gray White's seminal work, *Ar'n't I a Woman?* (1985), was one of the first major historical texts that spoke to the unique experiences of enslaved African American women. She added significantly to the historiography of health and medical care by discussing gender specific health issues and the medical roles women played on the plantation. This work was unique because it relied on a then controversial source base, the Works Projects Administration's slave interviews. White said that WPA interviews were "almost the only black female source dealing with female slavery."

White explored the psyche of enslaved women concerning reproduction, which added a needed layer of complexity to the discussion of slave health and medical care. She argued that women were knowledgeable practitioners of birth control. Using abortion inducing herbs allowed women to control their reproductive functions and was a form of resistance to white imperatives. White found it hard to reveal specific practices because "These matters were virtually exclusive to the female world of the quarters, and when they arose they were attended to in secret and were intended to remain a secret."²⁰

Female reproduction, White argues, had a profound impact on the quality of medical treatment that an enslaved woman received and on her physical monetary value. White revealed how enslaved women both benefited or suffered from their reproductive capabilities. Young women who were capable of bearing children were given incentives, such as gifts or time off from work, to produce offspring. Conversely, women who were barren were often pawned off to

¹⁹ Savitt, *Medicine and Slavery*, 171-184.

²⁰ Deborah Gray White, *Ar'n't I a Woman?* (New York: W.W. Norton & Company, Inc., 1985), 84-90.

one unsuspecting buyer after another.²¹ Since births mainly occurred in the slave quarters they were “usually handled exclusively by women.”²² This created opportunities for enslaved females to gain prestige as midwives and led them to roles as nurses as well.²³

White was able to personalize medical care and health issues from the enslaved African American perspective. Similarly, Sharla Fett’s *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (2002) explored aspects of slave health systems from the African Americans’ perspectives. Todd Savitt, in *Medicine and Slavery*, merely introduced the idea of black medical traditions and White expanded upon some of the roles enslaved women played specifically. Fett argues that the historians, such as Savitt and Kiple, used a “biomedical framework” which did not allow for fuller discussion of the enslaved African American’s personal medical experience. Also, she argues, their use of a scientific framework caused them to quickly pass over the social ramifications of black healing traditions that thrived independent of white oversight.²⁴ Fett’s thesis states that “in the hands of ordinary, but extraordinary, black men and women, acts of healing became arts of resistance, inscribing the vital link between personal health and collective freedom.”²⁵ The focus on the social and spiritual aspects of African American health provided another dimension to the field which had been dominated by scientific analysis and social relations contextualized in white paradigms of healing.

²¹ White, *Ar’n’t I a Woman?*, 99-103.

²² *Ibid.*, 111.

²³ *Ibid.*, 111-116.

²⁴ Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (University of North Carolina Press: Chapel Hill & London, 2002), 11-12.

²⁵ *Ibid.*, x.

Fett began *Working Cures* with a discussion of “soundness.” Soundness was a concept that contextualized a slave’s physical health in terms of monetary value. For instance, a slave man was considered sound if he was healthy and could continue to labor for the planter, which in turn was profitable. According to Fett, this connection between one’s health and his value to white owners was not lost on the enslaved community. African Americans expressed disdain for how white planters addressed slave healthcare needs in terms similar to that of hogs and other farm animals.

Perceived soundness had real world repercussions, as those slaves who were deemed to be sound, and thus more valuable, had access to and received better healthcare. Meanwhile, those slaves who were unsound might not receive any medical attention at all.²⁶ Within the first chapter, Fett challenged the narrative in a substantive way by arguing that in order to receive white medical care, enslaved African Americans had to have a certain market value attached to their physical body.

After discussing the physical bodies of the enslaved, Fett uncovered a rich history of African American healing systems that greatly conflicted with white medical care. African American healing systems centered on communal and spiritual healing, with the healer closely tending the sick.²⁷ African Americans practiced spiritual herbalism, stemming from European, African, and Native American traditions.²⁸ As for the practitioners, Fett discussed the nature of doctoring women and conjurers. Planters feared the autonomous power of female practitioners, who might administer medicine or treatments that harmed the planter’s investment in an

²⁶ Fett, *Working Cures*, 1-35.

²⁷ *Ibid.*, 58-59.

²⁸ *Ibid.*, 82-83.

enslaved person.²⁹ Central to Fett's argument is that the healing arts allowed enslaved African Americans to control and resist aspects of their bondage.

How enslaved African Americans controlled medical care in order to resist slavery was not only in Fett's work, but Marie Jenkins Schwartz's monograph, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (2006). Schwartz successfully builds upon Fett's narrative of resistance while also incorporating the previous scholarship of Savitt and White. Schwartz "examines encounters between black mothers and white doctors in the South during the decades leading up to and immediately after the Civil War." Her work explored the "contest between physicians, slaveholders, and the enslaved women as each attempted to manage human reproduction for his or her own purpose."³⁰

Schwartz consistently approached each chapter from three necessary perspectives: whites, scientists, and slaves. Though this text is limited to the reproductive health of enslaved women, the work is extensive in its discussion owing to Schwartz's methodology. Her methodological approach is a necessary innovation that combined elements from previous scholarship to create a more holistic and balanced view of a single topic related to enslaved health and medical care.

The approach used by Schwartz is indicative of where the field is heading. By using the paradigms of health and medical care established by previous historians, Schwartz contextualized the macro narrative of healthcare structures within a specific topic related to healthcare. Schwartz bypassed the long standing structural debate of what health and medical

²⁹ Fett, *Working Cures*, 140-141.

³⁰ Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006), 2-6.

care was in the Antebellum South in order to discuss a specific health issue, in this case reproductive health. The movement from the macro narrative to the micro allows historians to explore how health issues affected the personal experiences of enslaved African Americans.

This shift in the historiography has influenced this research. This thread of historical discourse began with a case study of the health and medical care of enslaved African Americans on a single plantation. Historians built upon Wall's case study analysis of the Pettigrew plantation to discuss macro structures of healthcare in the Antebellum South. The majority of scholarship over the last seventy years continued the macro discussion at the expense of the micro narrative on individual plantations. Moreover, while sources used in the historiography have mentioned dedicated plantation hospitals, there has been little discussion about the utilization of the such a structure within the paradigms of medicine and slavery. This thesis adds new information to the historiography by discussing how the slave hospital was used on this plantation. The addition of recent historiography provides an opportunity to revisit and critically revise Wall's interpretations with new questions and methodologies.

Unlike Wall's 1950 article, the enslaved are the central focus of this work. This thesis seeks to understand how conditions of slavery affected the health and lives of the enslaved African Americans at Somerset Place. Also, it seeks to explore the role of the hospital in the administration of healthcare, and the successes that it had in curtailing the spread of illness. As part of understanding health, this thesis also seeks to expose the living and working conditions on the plantation. By creating a holistic picture of the daily lives of the enslaved, environmental causality between the conditions of slavery and ill health will be drawn. Once this has been addressed, other questions will be answered: What kinds of healing practices and medical care were utilized by this enslaved community? How did the enslaved interact with the medical

treatments and doctors? Did they have their own systems of healing? The final purpose of this work is to show the impact that ill health, brought on by the conditions of slavery, had on the longevity of the enslaved. The death of younger people will provide insight into the general health of all the enslaved.

Rather than debating the structures of health and medical care, this thesis uses the secondary scholarship as a framework for a case study analysis. The history of health and medical care at Somerset Place is used to explore the medical realities of this specific enslaved community. Not only is this project adding to the historiography of the health and medical care of enslaved African Americans in the Antebellum South, but it also explores how issues of health and medical care affected slaves' longevity at this plantation.

Somerset Place is a great site for such a study because of the types of documents that reveal information about slave health. This thesis will make use of sources primarily produced by the white men in power. These sources are not used out of an inherent preference or bias towards such documents, but rather because of the dearth of sources left by Somerset slaves themselves. As of now, only one source left by a Somerset slave has been uncovered. In 1937, an aging Uriah Bennett answered interview questions as part of the Scuppernon Farms Project. Born in 1845, Bennett's interview is the only such source from an enslaved person at Somerset. His interview was recorded in the *Lake Chapel Church Records* before being transcribed for the Farm Security Administration. A typed transcript of this interview resides in the North Carolina State Archives in Raleigh.³¹ Uriah Bennett's interview is an important source primarily due to its unique slave perspective. Although the interview reveals little information about slave health, it

³¹ Uriah Bennett interview, Scuppernon Farms Project (Washington, DC: United States Department of Agriculture, 1936-37), pp. 8-9, in the Farm Security Administration Papers, North Carolina Archives, Raleigh.

provides a rare glimpse into slave life and work at Somerset. It is for this reason, therefore, that this thesis will make use of *traditional* planter sources, similar to Wall's and Postell's studies, to reveal information about the health and medical care of Somerset slaves.

It is a goal of this thesis to use the existing sources in such a way that it reveals both the impact that slavery had on the health of Somerset slaves and the kind of medical treatment that they received. It will do this by using four key sources: the Josiah Collins Papers, the Pettigrew Papers, *Lake Chapel Church Records*, and Dr. Hardison's account book.

The Josiah Collins Papers at the North Carolina Division of Archives in Raleigh, North Carolina represent the largest segment of the historic material related to Somerset Place. Josiah Collins III inherited Somerset Place in 1839 following the death of his father Josiah Collins II. As part of the transition of such a large estate from Josiah Collins II to his children, tax assessors drew up a list of the slaves living at Somerset with their estimated values. The two lists titled "List of Negroes belonging to the Estate of Josiah Collins the Elder, Deceased (at Lake Phelps) valued by Commissioners, 18th March, 1840" and "List of Negroes belonging to the Estate of the Late Josiah Collins Deceased at Lake Phelps valued by Commissioners 18th, March of 1840" list the names, age, sex, and value of each slave living at Somerset Place in March 1840.³² The commissioner noted slaves with skilled jobs, such as blacksmiths or shoemakers, as specialized skills heightened their monetary value. Physical ailments, such as blindness, were also listed as these conditions might detract from the individual's productivity, and thus value. These two lists provide rare insight into the types of ailments that plagued specific enslaved African Americans at Somerset.

³² "List of Negroes belonging to the Estate of Josiah Collins the Elder, Deceased (at Lake Phelps) valued by Commissioners, 18th March, 1840" and "List of Negroes belonging to the Estate of the Late Josiah Collins Deceased at Lake Phelps valued by Commissioners 18th, March 1840," in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

Handling the transference of Josiah Collins II's estate to his heirs was a difficult task for Josiah Collins III. Once he completed this task, Josiah Collins III began the process of improving on the productivity of enslaved African Americans at Somerset Place. In 1843, Josiah Collins III drafted an inventory list titled "List of Familys taken 1843."³³ This list assigned a number to each of the 25 slave cabins on site. Each of the 285 enslaved inhabitants were recorded under the specific cabin in which they lived. The "List of Familys taken 1843" will be used to discuss the living conditions of slaves.

Another document left by Josiah Collins III deals exclusively with slave labor. Josiah Collins III was not satisfied with being a hands-off planter. Instead he was an obsessive micromanager who wanted to ensure that there was no wasted labor on his plantation. In order to curb labor waste and maximize profits, between 1 January 1850 and 29 June 1853, Josiah Collins recorded what jobs were being done around the plantation and by whom. In the *Plantation Records*, he wrote what fields were being worked and, if applicable, what crop was being cultivated. His meticulous data keeping ensured that excess labor from one field was used for planting, digging canals, or operating the various mills. The temperature was also recorded at three times throughout the day: sunrise, midday, and 10:00 PM.³⁴ The *Plantation Record*, combined with the "List of Families taken 1843," will be used to recreate the living and working conditions at Somerset Place.

The *Plantation Ledgers* left by Josiah Collins III are extensive in their size. Within the hundreds of pages of payments made and received are sporadic mentions of medical care for the

³³ "List of Families taken 1843," in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

³⁴ *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

enslaved. The *Ledgers* also provide the vast majority of information about what kinds of medicines and equipment were kept at the slave hospital. *The Ledgers* recorded payments made to medical professionals such as dentists and physicians.³⁵

This thesis will also use the plantation *Church Records*, currently housed at Christ Episcopal Church in Creswell, North Carolina.³⁶ An onsite chapel known as Lake Chapel was erected by Josiah Collins III in order to give religious instruction to his slaves. The church records for this chapel recorded the date of death and the age at death of slaves on the plantation. This source, when accompanied with the planter's letters, will be used to generate data to discuss the impact of disease on the enslaved community.

Lastly, this thesis will utilize information obtained in previously unused records located in the Wilson Library at Chapel Hill. A pivotal piece of evidence in the Wilson Library is the account book of Dr. Hardison, one of the regular physicians at Somerset.³⁷ His account book covers a five-year span and reveals common practices and procedures that he performed. Also located at the Wilson Library are the Pettigrew Papers. The Pettigrew family collectively owned three plantations around Somerset. Charles Pettigrew, specifically, had a vested interest in Somerset because some of his slaves married enslaved persons at Somerset. Charles Pettigrew's letters detail various outbreaks that occurred at Somerset that were not recorded anywhere else.³⁸

³⁵ *Plantation Ledgers A and B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

³⁶ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

³⁷ *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

³⁸ Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

The first chapter of this thesis will recreate the living and working conditions of slaves; the second chapter will reveal the diseases that threatened the slave community and explore the healthcare options available to them; and the third chapter will discuss childhood mortality. By exploring these topics, this thesis will present the most holistic view of slave health on a single plantation to-date. This work will reveal how the conditions of slavery at Somerset Place, under the tenure of Josiah Collins III, were so deleterious to slave health that they necessitated the construction of a slave hospital which functioned with varying levels of effectiveness.

CHAPTER 1

Living and Working Conditions

Somerset Place lies south of the Scuppernong River on the northern bank of Lake Phelps in Washington County, North Carolina. By the beginning of the Civil War, Somerset Place was known both for its beauty and functionality. Dr. Edward Warren, an onsite physician, writing decades after the Civil War, reminisced about Somerset Place. He said:

“It was built immediately upon the shore of Lake Scuppernong, a beautiful sheet of water more than twenty-five miles in circumference and connected with the river of the same name by a canal of Mr. Collins’ own construction. The farm, embracing several thousand acres of arable land, which had gradually been reclaimed and brought into cultivation, was as rich as the Delta and yielded annually a princely income. There were about three hundred negroes on the place, who were in a state of perfect discipline, while the greatest attention was paid to their comfort, health and general welfare, including their spiritual condition, for their owner was a staunch churchman, and maintained a chapel and chaplain at his own expense.”¹

The harmony of Dr. Warren’s conception of Somerset Place as pharaonic Egypt presented a false image about the realities of slave life.² In actuality, Somerset slaves lived and worked in deplorable conditions. Despite the presence of a hospital, medical care, and a chapel, Josiah Collins III’s “rational” treatment of his slaves, while at first appearing humane, was actually rooted in the brutal lineage of Somerset’s development since 1784. Therefore, the suffering of Josiah Collins I’s original slaves as progenitors in this plantation system must be accounted for in order to contextualize the conditions of slavery under Josiah Collins III. Three

¹ Edward Warren, *A Doctor’s Experience in Three Continents* (Baltimore: Cushings and Baileys, 1885), 199-200.

² Dr. Warren’s metaphor of Somerset Place resembling the Nile “Delta” was explicit. Dr. Warren spent time in Northern Africa after the Civil War, which influenced his choice of words. The letters he wrote in Africa, Europe, and North America were compiled and published by his children in a memoir titled *A Doctor’s Experience Across Three Continents*.

sources, John Basset's account of the original Lake Company's canal diggers, Josiah Collins III's *Plantation Records*, and the "List of Family's taken 1843," provide insight into the practical reality of slave life at Somerset. While existing in three chronologically different periods, these sources work in concert to reveal the deplorable living and working conditions at Somerset Place that resulted in poor health.

Somerset Place began in earnest when, in 1784, Josiah Collins I, Dr. Samuel Dickinson, and Nathaniel Allen agreed to enter a partnership to buy the land surrounding Lake Phelps. Under the name of The Lake Company, their "primary and principal objectives were to secure a large body of land lying around and bordering upon Lake Phelps in the County of Tyrrell, and as those lands were generally Swamp and covered with water some months of the year, it was agreed that the Company should cut a Canal from (the) Scuppernong River to the lake in such a manner and direction as should be agreed upon, and most likely to drain the said lands, or a considerable part of them, and render them fit for culture and improvement." The Lake Company purchased both public and private lands and acquired a total of 101,438 acres. The partners agreed upon a timetable of five years to complete the first objective.³

Generations of North Carolinians who farmed lands in Tyrrell and Washington Counties owed much to these original enslaved Africans. The canal became a "memory-site" that harkened forth memories of the African canal diggers' extreme suffering. The traumatic social memory that surrounded this geographical landmark transcends race.⁴ John Basset's 1899 work,

³ Josiah Collins - Complainant. Nathaniel Allen and Samuel Dickinson - Defendants, Edenton District Court of Equity, 1791 Term, Cupola House Papers, Southern Historical Collection, University of North Carolina, Chapel Hill; Todd L. Savitt, "Slave Health and Southern Distinctiveness," in *Disease and Distinctiveness in the American South*, ed. Todd L. Savitt and James Harvey Young (Knoxville: The University of Tennessee Press, 1988), 138-139.

⁴ Christine DeLucia, "The Memory Frontier: Uncommon Pursuits of Past and Place in the Northeast after King Philip's War," *The Journal of American History* 98 (2012): 977.

Slavery in the State of North Carolina dripped with the stain of paternalism; however, the memory of the canal diggers' suffering was so horrific that it caused the historian to take pause and record it. Basset relayed the story from descendants of a Lake Company overseer. Basset's account of the 1780s' canal diggers is the only known source that discusses the impacts, both physical and mental, the work had on the enslaved. Of the conditions, he stated:

“About the beginning of this century when the large Collins plantation on Lake Phelps, Washington County, was being cleared a number of negroes just from Africa were put on the work. One of the features of the improvement was the digging of a canal. Many of the Africans succumbed under this work. When they were disabled they would be left by the bank of the canal, and the next morning the returning gang would find them dead. They were kept at night in cabins on the shore of the lake. At night they would begin to sing their native songs, and in a short while would become so wrought up that, utterly oblivious to the danger involved, they would grasp their bundles of personal effects, swing them on their shoulders, and setting their faces towards Africa, would march down into the water singing as they marched till recalled to their senses only by the drowning of some of the party. The owners lost a number of them in this way, and finally had to stop the evening singing. This incident was related to my informant by the gentleman who was overseer on this plantation when the incident occurred.”⁵

A healthy level of scrutiny and objectivity should be applied to Bassett's story as it was relayed to the historian decades later. Misdeeds perpetrated by employers and rival planters could have been exaggerated; however, archival evidence validates the occurrence of these horrendous events. Basset writes that the atrocities at the canal happened “About the beginning of this century,” though the events likely happened when the Lake Company was founded in 1784. The mention of the enslaved as “a number of negroes just from Africa” corresponds more with the 1784 date than the early nineteenth century. Between 1784 and 1786, the *Camden* sailed directly to the west coast of Africa to purchase a total of 167 “Guineamen,” who were most

⁵ John Bassett, *Slavery in the State of North Carolina* (Baltimore: John Hopkins University Press, 1899), 92-93.

likely the “Africans” mentioned in the Basset account.⁶ Baring the time discrepancy, the archive validates aspects of this story as the toll of this kind of labor had an immediate and devastating impact on the enslaved. Of the 167 slaves purchased by the Lake Company, only 113 survived to be recorded in the 1790 census.⁷

It was not uncommon for plantations to see an increase in morbidity and mortality immediately following the arrival of new laborers. Planters referred to the first few months and years as a period of “seasoning” in which slaves acquired immunities to endemic diseases.⁸ The loss of life for these laborers was exceptionally high. In a matter of six years almost a third of those forced to work on this canal perished. Most enslaved diggers probably succumbed to lingering malaria in combination with diseases unfamiliar to them in Africa.⁹ Their bodies were further weakened by the harsh whip of the overseers. Despite the original time-to-completion of five years, the brutal overseers drove the enslaved diggers to finish the canal in two years.¹⁰ Historian David Cecelski described the deplorable conditions of digging the six-mile-canal in his work, *The Waterman's Song: Slavery and Freedom in Maritime North Carolina*. He wrote that

⁶ Josiah Collins - Complainant. Nathaniel Allen and Samuel Dickinson - Defendants, Edenton District Court of Equity, 1791 Term, Cupola House Papers, Southern Historical Collection, University of North Carolina, Chapel Hill.

⁷ Dorothy Spruill Redford, "Somerset Place: The Slave Community at Somerset," North Carolina Historic Sites, <http://www.nchistoricsites.org/somerset/slavery.htm> (accessed 1 July 2017).

⁸ Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana and Chicago: University of Illinois Press, 1981). The introduction to this work provides a great overview of the major diseases that afflicted enslaved people, and the genetic advantages, or disadvantages, that they carried with them to the American South.

⁹ Todd Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent, OH: The Kent State University Press, 2007), 55. “Generally speaking, most cases of malaria in the upper South and in inland piedmont areas were of milder *vivax* type, whereas *vivax* coexisted with the more dangerous *falciparum* malaria in coastal and swampy inland portions in both the lower and upper South.”

¹⁰ Josiah Collins - Complainant. Nathaniel Allen and Samuel Dickinson - Defendants, Edenton District Court of Equity, 1791 Term, Cupola House Papers, Southern Historical Collection, University of North Carolina, Chapel Hill.

“The African slaves at Lake Phelps toiled in waist-deep muck, sunup to sundown, day in and day out. They suffered steadily from malaria and fevers. They endured the hottest, most humid summer days and clouds of insects. They came to know a system of discipline and punishment brutal even by the usual standards of slavery, one almost unique to canal sites.”¹¹

Josiah Collins I and his partners had little concern for the humanity of their enslaved property. These men viewed their labor force in the strictest terms of labor potential and profitability. This economic system was possible, in large part, due to the affordability of new African slaves. In the early years of the American Republic, direct slaving ventures provided Josiah Collins I with a cheap and renewable enslaved labor force. The ramifications of such a mentality were evident in the treatment of canal diggers. It was cheaper for Josiah Collins I to allow slaves to perish from disease than it was to request a doctor or provide medicines. Slaves worked in the canals through sickness and exhaustion with little concern from the owner.

Josiah Collin I’s brutal economic system had an expiration date. He lost access to a cheap and renewable enslaved labor force with the “official” end of the Atlantic Slave Trade in 1808. With this avenue closed, the value of slaves rose drastically.¹² The rise in physical value provided some protections to Josiah Collin I’s slaves as overzealous projects such as the six-mile-canal were no longer feasible. The cost to benefit ratio would be too high to warrant the loss of slave life. This is not to say that slavery under Josiah Collins I after 1808 was not “brutal” or

¹¹ David Cecelski, *The Waterman’s Song: Slavery and Freedom in Maritime North Carolina*, (Chapel Hill: The University of North Carolina Press, 2001), 104.

¹² Sharla Fetts, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002), 1-35; Peter C. Mancall, Joshua L. Rosenbloom, and Thomas Weiss, "Slave Prices and the South Carolina Economy, 1722-1809," *The Journal of Economic History* 61 (2001): 619-20, 622-23.

“harsh,” rather that the demands placed on the enslaved were decreased to such an extent that the percentage who succumbed to the labor demands dramatically decreased.¹³

The increase in slave values necessitated the need for a new system of management. Josiah Collins III understood this when he took control of Somerset Place as part of his inheritance. In 1839, Josiah Collins III looked to the past with an eye to the future. His grandfather and father both had increased their financial holdings by multiple factors, and Josiah Collins III wanted to continue in this tradition. His system of management was more “rational” but still harsh.

Josiah Collins III masked his desires to maximize profits at Somerset Place behind the guise of altruism. Structures built and “comfort” given to slaves were machinations put in place by Josiah Collins III to maximize social control and the profitability of labor. William G. Lewis, in his thesis “The Lake Chapel At Somerset Plantation and Religious Instruction In The Antebellum South,” noted how Josiah Collins III used the Lake Chapel to exert control over the daily lives of the enslaved. Somerset slaves were required to attend church once a week where white pastors preached a special form of Christianity that focused on their place in the slave society. This teaching was extended to slave children who attended daily lessons at the chapel. Lewis wrote that lessons “would be to provide parochial schooling on the plantation to slave children. This would allow the mission process to begin earlier with younger minds capable of

¹³ Third Census of the United States, 1810, Washington County, North Carolina, Population Schedules, National Archives, Washington, DC, microfilm, Somerset Place Research Room; Fourth Census of the United States, 1820, Washington County, North Carolina, Population Schedules, National Archives, Washington, DC, microfilm, Somerset Place Research Room; Fifth Census of the United States, Washington County, 1830, North Carolina, Population Schedules, National Archives, Washington, DC, microfilm, Somerset Place Research Room. As the labor goals shifted from canal-digging to agriculture, the death rate decreased. The Census data from the first three decades of the nineteenth century show that the population on the plantation remained consistent.

being molded.”¹⁴ The teaching would “become a means by which the Collinses could attempt to erode traditional African customs and any Methodist influence, by teaching an Anglican brand of slave Christianity.”¹⁵ The focused teachings at the Lake Chapel served to reinforce slave behavior that affected control and obedience, and thus profits.

Similar to the Lake Chapel, the plantation hospital also served a more practical purpose than Dr. Warren’s rose-colored memories suggest. Whereas Josiah Collins III’s predecessors might have driven slaves with chronic illness until recovery or death, he provided a place for convalescence. The primary goal of the plantation hospital would have been to get slaves back to work as quickly and as cheaply as possible. For Josiah Collins III, building a slave hospital therefore was more a matter of fiscal responsibility than paternalistic altruism.¹⁶

Josiah Collins III’s plantation management also differed from his predecessors in another fundamental way. Whereas his predecessors were more interested in results, rather than the means, Josiah Collins III was a micro-manager who was apprised of all aspects of labor on the plantation. From January 1849 until July 1853, Josiah Collins III kept a daily journal that documented labor on the plantation. Every day, he listed the date and recorded the temperature at sunrise, midday (noon), and 10 P.M. He wrote between a few sentences and a paragraph that

¹⁴ William G. Lewis, “The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South” (Master’s Thesis, East Carolina University), 49.

¹⁵ *Ibid.*, 29.

¹⁶ *Plantation Ledger*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina; Hardy Hardison, *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill. The ledgers recorded transactions such as the sale of slaves like Clarissa. On May 14, 1846, Clarissa was purchased for \$400. The value of certain slaves warranted the cost of hiring Dr. Hardison. For general visits to the plantation, regardless of the number of patients seen, was 3.50\$ a day.

detailed the work done on that day.¹⁷ Also, work descriptions in the *Plantation Records* broke labor into gangs and fields. An example of a typical entry reads:

“1850 February 6 (S:21° M:36° 10PM: 32°) 16 Ploughs in field C- 1 in Upper Old New Ground= 6 men cleaning out top ditches in ~~same~~ field C- 4 men hauling rails for fence in field H- 4 women putting up same- rest of men cutting + rolling logs in fields B + C- balance of women cutting reeds in fields G + H till 12 o'clock rest of day pulling up stalks in fields B + C”¹⁸

Some fields were named according to the alphabet such as Fields A, B, C, D, E, F, G, and H. Other fields carried the names of previous owners or colloquial names such as Gallow Field, Negro Patch, Brice Hall, Indian Town, 74 Acre, Hay Field, Billet Field, Upper and Lower Mackerson Field, Upper and Lower New Ground, and the Upper and Lower Rice Field. It does not appear that any one field was used exclusively to grow a single crop. In May 1849, the Upper and Lower Rice Fields were used to grow corn instead of rice.¹⁹ Similarly, in April 1852, rice, instead of corn, was cultivated in the Gallow and Tuscarora fields.²⁰ Josiah Collins III understood the importance of crop rotation in regards to maintaining the viability of the land and maximizing profit.

Somerset slaves planted three major crops: corn, rice, and wheat. Despite the Lake Company's original focus on rice, corn was cultivated more often.²¹ These three crops were

¹⁷ *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

¹⁸ “6 February 1850,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

¹⁹ “May 1850,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²⁰ “April 1852,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²¹ Lewis, “The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South,” 11-12; *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

planted during different months. Somerset slaves sowed rice between March and April, corn in May, and wheat in October. Harvesting dates generally fell between planting. For example, wheat was harvested in June which fell between the planting periods for corn and the next season's wheat. Both corn and rice were harvested from the fields in October. Anytime not spent tending to the three major crops, between the planting of rice in March and the harvesting of corn and rice in October, was spent tending to other crops. Somerset slaves also grew potatoes, turnips, guinea corn, cotton, and peas.²² The diversification of crops meant that Somerset slaves were never allowed to be idle.

Year round, Somerset Place was constantly in a flux of movement and activity. For slaves, the year began every January on New Year's Day after a week-long break that began on Christmas. The work done by the enslaved in the winter months of January through March was standard and recurring. Following the Christmas break, the priority for all slaves was to finish shelling corn that was harvested at the beginning of winter. After the corn was shelled, vessels would sail up the six-mile canal and receive the corn at the Collins' property line.²³ Generally, crops that were harvested before Christmas were also transported to the vessels before the holiday.

Once the plantation was emptied of harvested crops, Somerset slaves turned their attention to two different tasks: preparing and creating new fields and canals for cultivation. Women were integral to the process of preparing fields and canals for the new year. Enslaved women removed the "chunks" of leftover crops from the fields. They also pulled the stalks from

²² *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²³ "1 January 1850," *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

the ground. The refuse from the harvest made its way to the canals and across ditches that regulated the flow of water on the plantation. The women were also tasked with clearing debris from the canals and cross ditches.²⁴ Children assisted in these tasks either in concert with the women or as their own gang. For example, on 18 May 1850, Alick led his own gang of children who performed the less demanding task of picking “partridge peas” from the fields.²⁵ As a rule, the youth at Somerset worked as their own unit and “performed less strenuous choirs.”²⁶

Josiah Collins III was not merely satisfied to continue to use the same fields as his father. He sought to open more fields for cultivation every year. While women and children worked on the established fields and canals, Somerset men were tasked with creating new fields. This was done on previously uncultivated swamp land which intensified the difficulty.²⁷ Somerset men cut down trees, removed the stumps, and rolled the logs to the edge of the field. Slaves used horse drawn carriages, which they referred to as “carry-logs,” to transport the lumber from the fields to the saw mill. While the use of carry-logs did assist the men, they did not ensure a safer work environment. For example Solomon, the son of Charity and Solomon, was crushed underneath a carry-log in May 1855.²⁸

²⁴ “1-30 January 1850,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²⁵ “18 May 1850,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²⁶ Wilma King, *Stolen Childhood: Slave Youth in Nineteenth-Century America* (Bloomington: Indiana University Press, 1995), 43. King uses the term “trash gangs” to describe the “less strenuous choirs” performed by gangs of “aged slaves, children, and pregnant women.”

²⁷ “1 January 1850 to 15 March 1850,” *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²⁸ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

After the men felled the trees, the wood was transported to an on-site saw mill. The Collins' saw mill was both productive and lucrative. The lumber that was produced at the mill became one of Somerset's most profitable commodities. Both men and women worked at the saw mill year-round, though it was busiest from winter into early spring with the influx of lumber from newly opened fields.²⁹ The saw mill was water powered and worked in concert with the main canal flood gate. The saw mill presented its own dangers to Somerset slaves, such as Jim, who on 25 March 1841, was caught in the mill's wheel. Since the mill used flowing water that was controlled via the flood gate, other slaves were unable to stop the mill wheel which crushed Jim to death.³⁰

As winter turned to spring, Somerset slaves focused their energies on ploughing the fields. Teams of slaves ran as many as 17 ploughs in one field.³¹ Also, slaves used machines to spread lime on cleared fields in preparation for planting.³² This type of ploughing was done to prepare for crops such as wheat and corn. While some slaves worked on ploughing fields in early spring, others planted rice. Rice was generally planted in mid-March though unseasonable chills could push it back.³³ From early spring until late fall, Somerset slaves worked primarily to plant and maintain their staple and commercial crops.

²⁹ Lewis, "The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South," 1; *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

³⁰ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

³¹ "8 May 1850," *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

³² *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

³³ "10 March 1852 to 16 March 1853," *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina. An unseasonable chill pushed back the date for planting rice till 12 April 1852.

Agricultural work from the spring through the fall pitted Somerset slaves against a ubiquitous foe, the mosquito. Work in and around Lake Phelps, along the Scuppernong River, and beside the canals put Somerset slaves in constant contact with disease carrying mosquitoes. The stagnant water along the shores of Lake Phelps, and the canals that lined the fields, were prime breeding grounds for malaria carrying mosquitoes. Nineteenth century medical practitioners understood that there was a connection between work done around bodies of water in warm months and certain diseases. Diseases such as remittent and intermittent fever, most often malaria, were the result of bites from mosquitos. However, most medical practitioners attributed such diseases to the miasma.³⁴ Often, malaria was underreported in the slave community. Sometimes malarial symptoms were written off in slaves as a form of protest called “malingering.”³⁵

A combination of incomplete record keeping of symptoms and misdiagnosis makes it impossible to identify which Somerset slaves suffered from malaria. Certainly, however, malaria was a constant force that plagued Somerset slaves. Just noting that Dr. Hardison over the course of five years often saw more Somerset slaves during summer months seems to indicate that malaria was a likely culprit. This modern diagnosis is further supported by the frequency of visits to the same patients and the purchase of quinine, a fever reducing medicine also referred to as Peruvian bark.³⁶

The canal systems, with their systematic cross-ditches, also facilitated the spread of foot and mouth diseases such as cholera and dysentery. As Todd Savitt notes in his work, *Slavery and*

³⁴ Savitt, *Medicine and Slavery*, 20-21.

³⁵ Fett, *Working Cures*, 169-71, 181-82; Savitt, *Medicine and Slavery*, 114-116.

³⁶ 1849-1866, Dr. Hardy Hardison, SHC 598-z; *Ledgers A and B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

Medicine, these two diseases were stigmatized in the Old South. Cholera, especially, was thought to be a poor disease that was associated with the lack of cleanliness. Due in large part by the deplorable and cramped conditions of slave cabins, the association was attached to enslaved African Americans who often lived in unkempt quarters.³⁷

During outbreaks of cholera and dysentery, slaves encountered infected feces through the various sources of water. Infected feces near the slave cabins, which lined the lake, contaminated the water along the shore. Ill slaves who were forced to work the fields contaminated the canals and cross-ditches with infected feces. The geographical conditions and reliance on canals made Somerset Place an ideal incubator for the spread of dysentery and cholera.

While Josiah Collins III and Dr. Hardison might not have fully understood the microbial relationship between contact with infected feces and contracting cholera and dysentery, they knew that interacting with the sick facilitated the spread of illness among Somerset slaves. For example, when dysentery came to Somerset Place in September of 1852, infected slaves were quarantined in the plantation hospital. Between 1 and 20 September 1852, Dr. Hardison made “visits to hospital” due to “cases of Dysentery.”³⁸ Whether he performed heroic medical practices, such as bleeding and cupping, or administered medicine, while combatting the outbreak of dysentery, is unknown. The hospital, however, did serve to combat the spread of the disease by serving as a place to house patients where they would not infect others.

With the cooling weather of fall and winter, Somerset slaves directed their energies to the task of harvesting crops and preparing them for transport. The diversification of labor was such

³⁷ Savitt, *Medicine and Slavery*, 57-62.

³⁸ Entries for 1-20 September in *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

that while some slaves picked cotton and corn from the fields, others were assigned the task of shelling corn and operating the grist mill.³⁹ Both tasks presented their own problems to the health of the enslaved. Those who harvested crops in the field were expected to persevere through inclement weather.⁴⁰ Historians noted that most slaves were inadequately clothed for colder weather. Colder conditions, combined with the lack of proper clothing, often contributed to diminished health in the winter months.⁴¹ The enslaved who operated the grist mill fared little better. Operating the mill created corn dust that lofted throughout the enclosed space that housed both the machine and the enslaved. Without facial coverings and proper ventilation, shifts on the grist mill became a unique pulmonary hazard on the plantation.

Once all the fields were harvested, attention was primarily given to shelling the remaining corn and running it through the grist mill. When appropriate, trading vessels would sail from the Albemarle Sound, down the Scuppernong River, and up the six-mile canal to receive the cornmeal. Slaves worked diligently to load all the incoming vessels with the fruits of their labor. The goal was to complete this task before the Christmas holidays. Beginning on Christmas day, until New Year's Eve, slaves were given time off from work to celebrate the holidays.⁴² As a reward, Josiah Collins III made rare appearances in front of the enslaved to

³⁹ "November 1852," *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁴⁰ "20 January 1852," *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina. The temperature for this day was "S:*10 M 19 N 18." A note to the side clarified that 10 degrees was the "Lowest point of the winter." Somerset slaves worked in the fields on this day, despite the bitter cold. It was a rare occurrence that Somerset slaves were given time off for inclement weather. Generally, even with heavy storms and snow, slaves were at least expected to do work within the cabins, mills, or the plantation house.

⁴¹ Savitt, *Medicine and Slavery*, 84-85.

⁴² *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

bestow gifts of rum and whiskey as a reward for a job well done.⁴³ The single holiday week gave slave families little time to tend to their own matters before they began the yearly cycle of work again on New Year's Day.

While the outer edges of the canal system marked the boundaries of Somerset Place, the six-mile-canal connected Somerset slaves to the Atlantic World. Somerset slaves loaded trading vessels with the various crops that were then sold throughout the Americas. They physically interacted and communicated with the sailors who brought their ships up the canal to the border of the plantation. Most of the exchanges between slaves and sailors were so commonplace that they remained unrecorded; however, one noteworthy interaction occurred in the winter of 1857. A sailor with a noticeable rash received cornmeal from Somerset slaves. The unnamed sailor was sick with measles, which he then introduced to the vulnerable slave population.⁴⁴ Measles quickly took hold of the slave community. The illness, which was introduced to the field hands on the banks of the canal, spread rapidly to their families within their homes.

After leaving the fields, each slave on the plantation retired to one of twenty-six onsite slave cabins. The structures were built on the shore of Lake Phelps in a straight-line heading away from the main plantation house. There were two types of slave cabins: the large slave cabins and the small slave cabins. There were three large slave cabins and twenty-three small slave cabins. The large slave cabins were divided into four rooms, two on each floor. The dimensions were 20.0 x 40.0 (ft) per story. With the thickness of the walls and hallways subtracted, each family lived in a 16.0 x 16.0 (ft) space. Each structure had two chimneys, one on

⁴³ Uriah Bennett interview, Scuppernong Farms Project (Washington, DC: United States Department of Agriculture, 1936-37), pp. 8-9, in the Farm Security Administration Papers, North Carolina Archives, Raleigh.

⁴⁴ Charles Lockhart Pettigrew to William Shepard Pettigrew, 4 Feb 1858, Scuppernong, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

either side. Evidence showed that these chimneys were used regularly for cooking and were the primary heating source for all four rooms. The twenty-three small slave cabins were 18.0 x 18.0 (ft). Each was a single open room with an actual livable space of 16.0 x 16.0 (ft), or 296 square feet. Each small cabin had a chimney, which was used for cooking and providing heat.⁴⁵

A key archival document provides necessary context on the conditions of these spaces. Josiah Collins III took an inventory of all 285 Somerset slaves in 1843. A unique document titled “List of Familys taken 1843,” lists each structure and room, along with the names of the slaves living there. Between the twenty-six structures there was a total of thirty-five living spaces of equal size, roughly 296 square feet. In 1843, the list reveals that, on average, eight slaves lived in each space. Thirty of the thirty-five living spaces housed six or more slaves. Nine of the living spaces housed ten or more slaves.⁴⁶

The average Somerset slave lived in an overcrowded cabin that had little room for anything more than their physical bodies. The paucity of space meant that there was no room for furniture such as a bed. Therefore, slaves likely slept on rudimentary straw mattresses on the floor. Additionally, the location of the windows, two on either side of the front door, did not allow proper airflow. The poor ventilation trapped smoke from the fireplace and the hot humid expiration of the inhabitants within the confines of the structure.⁴⁷ These conditions were incredibly problematic when certain diseases, especially airborne respiratory illnesses, were introduced to the space.

⁴⁵ Carl Steen, *Restoration Excavations at Somerset Place Plantation State Historic Site, 1994 and 2001* (Raleigh: North Carolina Archaeology Council, 2003), 188.

⁴⁶ “List of Familys taken 1843,” in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁴⁷ Steen, *Restoration Excavations at Somerset Place Plantation State Historic Site, 1994 and 2001*, 188.

Contact with people outside the plantation introduced airborne diseases such as measles, influenza, scarlet fever, and whooping cough to Somerset slaves. These diseases tended to spread rapidly among slaves since they lived in close proximity to one another. When influenza broke out on 21 February 1853, Dr. Hardison was quick to segregate the sick to the confines of the plantation hospital. He continued to use the hospital for this purpose until 3 March 1853, likely when the last patient finished convalescing.⁴⁸ Dr. Hardison's quick action saved many lives.

An 1860 outbreak of whooping cough was not handled as aptly as other illnesses on the plantation. In the beginning of 1860, Dr. Hardison had moved on from his work at Somerset as a full-time physician. Based on the *Plantation Ledgers*, various doctors were hired for individual visits. However, due to certain external factors, a permanent replacement for Dr. Hardison was never found.⁴⁹

The void left by Dr. Hardison was felt between June and August of 1860. Over twenty children died from whooping cough over the course of three months. The loss of life was so great and continuous that even Charles Pettigrew took note of the deaths in a letter to his own family, noting that Josiah Collins III buried "in one week...six children."⁵⁰ Based on the dates of burials in the *Church Records*, the illness targeted the youth of one family and then moved to the next. The deaths of children of the same family unit was the result of poor homecare. The longevity of the disease was perpetuated by the lack of an initial quarantine. Parents, in an attempt to care for

⁴⁸ "21 February to 3 March 1853," *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

⁴⁹ *Ledger B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁵⁰ Charles Lockhart Pettigrew to Jane Caroline North Pettigrew, 19 Aug 1860, Somerset Place, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

their children, brought illness into their quarters and perpetuated the spread to other children nearby. This in turn continued the spread of whooping cough over a long period.⁵¹

Whether in the fields or inside the cabins, enslaved African Americans at Somerset Place faced deplorable living and working conditions. Hard labor in the fields compounded with inadequate living conditions kept Somerset slaves in a constant state of diminished health. It was these poor conditions that necessitated a change in Somerset's management. Josiah Collins III understood that the labor, and general structures, were not going to change; however, he took measures to alleviate labor loss on his plantation. It was labor loss that led to the construction of the slave hospital. The construction of a slave hospital, while at first appearing altruistic, was actually a pragmatic solution to prevent the loss of productivity.

⁵¹ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

CHAPTER 2

Medical Professionals and Health Care on the Somerset Plantation

During the Antebellum Period, enslaved African Americans were forced to live in crowded cabins and work in disease stricken environments. Across all southern states, sickness was a constant factor that limited production of enslaved Africans Americans. In 1839, Josiah Collins III converted a large slave cabin into a two-story hospital to be used to administer healthcare to the enslaved community. White physicians utilized medicines and equipment purchased by Josiah Collins III and performed a number of various duties. Meanwhile, enslaved African Americans created their own medicines and tended to the ill, often independent of white oversight. At Somerset Place there was a dichotomy of white and black medical care that coexisted with varying levels of success and utility.

Josiah Collins III regularly purchased medicines to be used in the plantation hospital. He recorded the date and price of medicines he purchased in the *Plantation Ledger*. Sometimes Josiah Collins III vaguely recorded that he bought “medicines.”¹ Other times he was more specific and wrote out the actual names of products such as Greys ointment, castor oil, fish oil, quinine, and arrow root.² Castor oil and quinine were the two medicines that were used most frequently. Purgatives such as castor oil were used ubiquitously in the Antebellum South. Doctors prescribed castor oil to patients to be taken orally. They hoped to cause a physical response such as salivating or vomiting that was believed to bring about a balancing of the patient’s humors. Quinine, sometimes referred to as Peruvian bark, was used to treat sufferers of

¹ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 222.

² *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 136, 142, 152, 168.

intermittent fever, later known as malaria. Josiah Collins III spared little expense on quinine solution and pills. His reliance and confidence in quinine was reflected in a letter in July of 1858, when he wrote to the general store asking that six bottles of quinine be sent over immediately.³ In instances like these, he would pay a premium to have medicines transported quickly, via ferry, from the town of Edenton to Somerset.⁴

In most cases, the *Plantation Ledger* was not specific about the medicines that were purchased. Castor oil and quinine were recorded by name because they were bought in such large quantities. There are few extant receipts that provide detailed information about other medicines that were used on the plantation. For example, an itemized receipt to P. F. Pescud shows that the planter purchased coughing mixtures, quinine pills, purgatives, and sedatives. The receipt from 1862 read:

Josiah Collins To P. F. Pescud		
1862		
Mar 31	Box alterative (Quinine) Pills	2.25
July 22	Dyspepsia Powder	.75
Aug 2	Cough Mixture	.50
	Magnesia Drought	.25
Aug 9	Cough Mixture	.50
Aug 12	Calomel 10c [&] Honey	.35
Aug 15	Camphor 40c. [&] Honey	.40
Aug 16	2 Camphor 1.20 [&] Honey	1.45
Sept 3	4 Doz alterative Pills	6.00
Sept 6	40 pills 1\$	1.00
Sept 19	Pills 1\$	1.00 ⁵

³ Josiah Collins III to Mr. Jno Jones, 29 July 1858, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁴ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 152.

⁵ Josiah Collins To P. F. Pescud 1862, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

Josiah Collins III kept Somerset stocked with medicines through much of his life. It was his intent that these medicines be administered to his slaves by regular physicians. From 1839 to 1859, these medicines were primarily used by Dr. Hardy Hardison to treat the illnesses that afflicted Somerset's enslaved community. By 1839, Dr. Hardy Hardison was a well-established physician in the area. He had preferred treatments and had standardized the cost of his care.⁶ His general practice was split between treating white and enslaved patients.

Only one of Dr. Hardison's account books has survived. Though the lone account book only covered a five-year span, from 1849 to 1853, it provides details about the type of medicines he administered and the procedures he performed. When Dr. Hardison rendered services to a white patient, he recorded the procedure and medicine. This information was followed by the cost of the service. The price of a house visit was determined by the length of travel and the time of day. It usually varied between \$1 and \$2. For administering quinine, he charged between \$0.25 and \$0.50. For "bleeding + cupping," or "bleeding and directions," he charged \$1. When multiple medicines were given, the line entry would be broken down as such: "Calomel + Cast[or] Oil \$.25 + Quinine \$.25" for a total of \$0.50. The most frequently recorded procedures were bleeding and cupping, while the most frequently prescribed medicine was quinine.⁷ Most of Dr. Hardison's accounts were settled with cash payments; though in some cases he accepted payments in the form of like-kind exchanges. One example of a like-kind exchange was in

⁶ This manuscript has a note that reads "probably Dr. Hardy Hardison." The record book definitely belonged to Dr. Hardison. This can be confirmed by matching amounts paid by Josiah Collins III to Dr. Hardison, in the Josiah Collins' *Planation Ledger's A and B* from 1849-1853, for both "medical services" and "ice."

⁷ *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 36, 40, 43, 46. The ending date given to this document is misleading. The record book consistently recorded services between 1849 and 1853. The year 1866 was attached to the title because some services rendered between 1849 and 1853 were not paid in full until 1866.

February of 1849, when an account of \$9.00 was “By and settled in the hire of negro man Sam.”⁸

In another instance, he settled an account of \$15.00 “by 6 Bls Corn @ \$2 ½ c.”⁹

Treating white patients was not Dr. Hardison’s primary source of income. At the behest of local planters, Dr. Hardison earned the majority of his income by treating enslaved African Americans. Since he lived on the Pettigrew’s Belgrade Plantation, which was relatively close to Somerset, he was the most accessible doctor for hire.¹⁰ A considerable part of his income came specifically from administering medical care to enslaved African Americans on the Pettigrew’s and Collins’ plantations. Despite the importance of these plantations to his livelihood, Dr. Hardison’s record keeping for services rendered differed greatly between his white patient and plantation accounts. Entries for white patients were similar to the following example:

May 11 th	To visit to yourself at Cool Spring	\$3.00
“ ”	Bleeding + medicine	\$1.00
“ ” 13 th	2 Visits \$2. Cupping + Medicine	\$3.00
“ “ 17 th	2 Visits \$2 Blisters + Medicine \$1	\$3.00 ¹¹

In contrast to entries for white patients, visits to the plantations were less specific and more standardized. The cost for visits to Somerset were consistently \$3.50. This price was only altered when Dr. Hardison delivered children. When this happened, he charged a higher amount for the procedure. Unlike record keeping for white patients, Dr. Hardison made no mention of

⁸ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 36.

⁹ *Ibid.*, 7.

¹⁰ Bennet H. Wall, “Medical Care of Ebenezer Pettigrew’s Slaves,” *The Mississippi Valley Historical Review* 37 (1950): 461.

¹¹ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 36.

having administered medicine to enslaved laborers at Somerset. Over five years for which there are records, standard entries were similar to the following example:

Jan 10 th	To Visit Maria's child, + Bet Jones	\$3.50
" " 18 th	To Visit Bet Jones Child	\$3.50
Feb 4 th	Visit to Naomi	\$3.50 ¹²

The contrast of record keeping for free whites with that of enslaved blacks raises concerns. On the surface, the absence of specific medicines and procedures seems to show that he did not administer medicines. However, this is not the case. For white patients, Dr. Hardison kept a record of the administration of drugs and procedures because he supplied the medicines and equipment. There would be no need for the same careful record keeping on the plantation because the owners supplied the medicine and equipment. This perhaps explains the absence of medicines and procedures from Dr. Hardison's account book in regards to Somerset Place.

Over the five-year span covered in Dr. Hardison's account book, entries for visits to Somerset provided little information other than the name of the patient and date. The way Dr. Hardison recorded visits to Somerset can be problematic for the interpreter. For example, he only used a single line to enter information for the entire visit at Somerset. This did not allow for more than a few names to be written. Some lines contained a single name followed by "+ children" or "+ others." The price charged daily remained at \$3.50 regardless of the number of people he saw. For this reason, it is impossible to ascertain exactly how many people were treated on a particular day. Additionally, it cannot be determined how much time he spent on the plantation on a given day or the total number of patients he saw. In fact, he could have seen two or two hundred people during a given visit.

¹² 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 54.

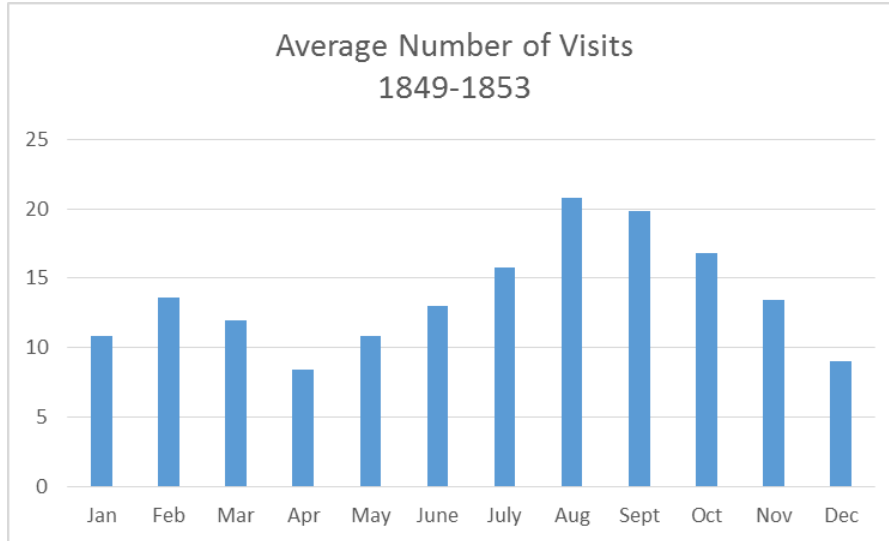
Still, the number of days he visited the plantation in a month yields valuable information.

There are two distinct times of the year in which Dr. Hardison’s medical activity peaked. His presence was felt most during the winter months spanning from December to March, and the summer months from June to October.

Table 2.1 Number of visits to Somerset Plantation by month and year.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1849	1	1	0	0	10	15	20	12	13	14	16	8
1850	12	8	1	6	3	5	16	14	16	13	13	19
1851	25	15	11	10	7	20	23	27	22	10	4	6
1852	3	21	21	13	18	15	20	27	25	27	24	10
1853	13	23	27	13	16	10	0	24	23	20	10	2

Figure 2.1 Average number of days visiting patients at Somerset from 1849-53.¹³



Dr. Hardison did not regularly record what illness afflicted his enslaved patients.

Historians William Dosite Postell, Todd Savitt, and Kenneth Kiple, however, addressed the

¹³ Information for Figure 2.1 and Graph 2.1 were compiled from *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

reoccurrence of certain diseases that corresponded to the summer and winter months respectively.¹⁴ During the summer months enslaved African Americans generally contracted two types of diseases. The first type were intestinal diseases such as cholera and dysentery. This is in large part due to their contact with feces around the cabins and in the fields. The second type of disease that enslaved laborers contracted in the summer were fevers such as malaria and yellow fever.¹⁵ During the winter months, enslaved African Americans were often plagued by respiratory illnesses that spread through close contact with the sick in cramped slave quarters.¹⁶

Dr. Hardison's account book listed few outbreaks that affected enslaved African Americans at Somerset. On a handful of occasions, rather than listing "visits to" a particular slave, Dr. Hardison recorded that he visited the plantation "hospital." From 12 August to 13 August 1851, Dr. Hardison recorded: "visit to hospital \$3.50." He entered this again from 10 to 11 September 1851. In June 1852, Dr. Hardison visited "Children at Hospital" on the 23rd, 25th, 27th, and 29th.¹⁷ The use of the term "hospital," rather than a specific name or group, suggests that he encountered an outbreak that afflicted a large number of people. In the case of an

¹⁴ Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana and Chicago: University of Illinois Press, 1981), 25-46; William Dosite Postell, *The Health of Slaves On Southern Plantations* (Baton Rouge: Louisiana State University Press, 1951), 74-87.

¹⁵ Margaret Humphreys, *Malaria: Poverty, Race, and Public Health in the United States* (Baltimore: John Hopkins University Press, 2001); Humphreys, *Yellow Fever and the South* (New Brunswick, NJ: Rutgers University Press, 1992). These two works provide the most comprehensive histories of malaria and yellow fever in the Old South.

Josiah Collins III purchased medicines for the purpose of combatting these "summer" diseases. As noted in the 1862 receipt "Josiah Collins III to P.F. Pescud," he bought four dozen quinine pills on September 3rd, forty more pills on the 6th and forty more the 19th. Quinine was primarily used to suppress fevers. In this same receipt Josiah Collins III purchased castor oil which was used as a purgative for many medical issues. In cases of dysentery and cholera it was believed that by administering castor oil, the patient would flush out the substance that was disrupting their humoral balance, thus restoring health.

¹⁶ Savitt, *Medicine and Slavery*, 51-65.

¹⁷ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 129, 168.

outbreak, infected slaves would have been housed at the hospital. Only on two unique cases did Dr. Hardison attach an ailment to an entry for Somerset Place. From 1 to 20 September 1852, he recorded: “Visits to Hospital Cases of Dysentery.”¹⁸ The other instance in which a specific disease was recorded was from 21 February to 3 March 1853, in which Dr. Hardison wrote: “Visits Hospital in influenza.”¹⁹

While not explicitly stated, the plantation hospital served two functions during outbreaks. The first function was to gather all the patients together so that they could be seen more easily by the doctor. The second function was to quarantine the infected slaves from the general population. Economically minded planters and physicians understood that healthy slaves should limit their contact with the ill. Confining the inflicted to the slave hospital minimized the risk of healthy slaves contracting the disease.²⁰ Dr. Hardison would have understood the implications of letting an infected slave convalesce in the crowded cabins.²¹

Outbreaks of disease were not uncommon at Somerset Place. In letters from the neighboring Pettigrew family, white authors discussed outbreaks of diseases at Somerset Place. While working for Josiah Collins II in October 1832, Dr. William C. Warren wrote, “we have eight or ten cases of cholera here... it has been confined to the blacks and several have fallen

¹⁸ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 169.

¹⁹ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 179.

²⁰ Though germ theory would not be proposed for a few decades, medical doctors understood the need to quarantine ill patients.

²¹ In the Josiah Collin’s Papers is a document titled “List of Families 1843.” It lists each cabin with the names of the tenants and their age. It was not uncommon for up to fifteen slaves to living in one 300 sq ft cabin. In this crowded environment, contagious diseases could spread quickly.

victim to it.”²² In September 1860, Charles Pettigrew wrote, “Mr. Collins has a hospital full of sick... his grown people have dreadful dysentery.”²³ Similarly, Pettigrew documented outbreaks of respiratory diseases such as whooping cough and measles. Dr. Hardison wrote about a case of measles stating that “it is a rather mild form of the disease about 125 have it at Mr. Collins’.”²⁴ In conjunction with measles, an outbreak of whooping cough caused the deaths of nineteen slave children within a seven-month span in the same year.²⁵ These outbreaks were probably not a normal occurrence and are mentioned here because they represent the few written examples of diseases that affected slave health at Somerset. To assume that half the labor force was stricken yearly with some affliction is erroneous. Similarly, Dr. Hardison would not have spent the majority of his time handling massive outbreaks.

Antebellum physicians such as Dr. Hardison were trained to perform a number of tasks other than simply prescribing and administering medicine. Dr. Hardison performed minor operations such as mending broken bones. Medical instruments purchased for use on the enslaved laborers were recorded in Josiah Collins III’s *Plantation Ledgers*. On 12 June 1855, one entry noted that the plantation paid an unknown recipient \$44.96 for medical equipment including “Casting.” On 11 November 1855, Dr. Hardison’s son was reimbursed \$2.75 for the

²² William Christian Warren to Ebenezer Pettigrew, 6 Oct 1832, Edenton, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

²³ Charles Lockhart Pettigrew to Jane Caroline Pettigrew, 11 Sep Somerset Place, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²⁴ Hardy Hardison to William Shepard Pettigrew, 11 Feb 1858, Scuppernong, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

²⁵ Letter from Charles Lockhart Pettigrew to Jane Caroline (North) Pettigrew, 26 Aug 1860, Somerset Place, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

cost of casting equipment that he purchased for the plantation.²⁶ Dr. Hardison's son was not a trained doctor, though he sometimes ferried medicines and other supplies to Somerset from Edenton where he resided. In this instance, Thomas Hardison bought the much needed equipment in Edenton and had it sent to Somerset to be used by his father on an enslaved patient. Since the casting had to be purchased and shipped, it seems that mending broken bones was not a common enough occurrence at the plantation to warrant keeping the supplies in stock.

“Cupping” was a common medical procedure used by nineteenth century physicians, including Dr. Hardison. Cupping, also known as blistering, was the practice of heating glass cups and placing them on the skin of ill patients. As the air in the glass cooled, the skin would be drawn up into the glass causing a large blood blister to form. By creating blisters, the practitioner hoped to bring toxins to the surface and circulate the blood in the body, thereby curing the patient. Josiah Collins III only bought “cupping glasses” on one occasion.²⁷ This is not surprising because the cupping glasses could be reused over a number of years. Cupping and bleeding were the two most common procedures that Dr. Hardison administered to white and enslaved patients.

As part of his practice, Dr. Hardison also amputated fingers and limbs. Most examples of him performing this operation on slaves happened on other plantations. For example, in 1850, he visited an enslaved man belonging to Samuel S. Simmons in order to assist in an amputation. Simmons' slave named Sam had to have an unspecified limb removed from his body. Over the course of the following week, Dr. Hardison visited Sam in order to check his “stump.”²⁸ In 1853,

²⁶ *Ledger B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 202.

²⁷ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 260.

²⁸ *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 67.

Dr. Hardison recorded another example of assisting in an amputation. This time he operated on an enslaved man named Jack who belonged to William S. Pettigew. Dr. Hardison recorded that he provided “assistance in amputating Jack’s finger x6.” The necrosis spread on Jack’s hand and Dr. Hardison returned eight months later and amputated another of Jack’s fingers.²⁹ In both examples, Dr. Hardison used the word “assistance,” rather than simply stating that he had performed the amputation. This raises the question of whether he ever performed this kind of surgery on his own or if he merely provided “assistance” to a more skilled surgeon.

Dr. Hardison performed at least one major amputation at Somerset Place. When an enslaved woman, named Becky Hathaway, was married on 26 December 1846, the ceremony had to be held in the “cabin” because she was “lame.”³⁰ Her lameness was the result of both of her legs having been amputated. John Collins Sykes, a descendent of Josiah Collins III, relayed the story of Becky’s amputation. According to oral tradition, she was born in 1825 on another one of the Josiah Collins III’s plantations. At age fifteen she was relocated to Somerset Place. She became homesick and ran away. As punishment, she was placed in the stocks overnight. Due to the cold weather, her feet became frost bitten and had to be amputated.³¹ There is no exact date for the amputation. But according to oral history, it happened around 1840. And since Dr. Hardison was the primary physician then, he would have more than likely performed or assisted in this operation.

²⁹ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 187.

³⁰ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina. Becky Hathaway was married to Virgil December 26, 1855. The ceremony was held in the “Cabin” since “the woman being lame”

³¹ John Collins Sykes, “Women of Somerset Place,” *Junior Tar Heel Junior Historian* 33, no. 2 (1994): 14-18; State of North Carolina Washington County, Court of Pleas and Quarter Sessions, *Ordered by the Court*. Edenton (NC: August Session 1846). Josiah Collins III’s claimed a tax deduction for “Becky aged 20 yrs because she having lost both leg by amputation.”

Dr. Hardison only made note of one type of procedure he performed at Somerset. Between 1849 and 1853, he visited five enslaved women in labor. His exact phrase about the women was that they were “in parturition.” Parturition was most commonly used to denote that a woman in labor was having trouble pushing the baby through the womb. Delivering children was an expensive and time-consuming operation. Therefore, Dr. Hardison charged more for his assistance with these parturient, soon-to-be, mothers than for others cases. Dr. Hardison charged \$7.00 when he delivered children to Suckey, Scilla, Mary Elsie, and Dinah. On 14 January 1852, Dr. Hardison charged a higher price of \$10.00 when he assisted Jenny. Perhaps the larger charge of \$10.00 was due to the number of children delivered, the difficulty of the birth, or the time he spent tending to her.³²

Another possible explanation for the cost of Jenny’s visit was that it resulted in a surgical operation. According to historian Bennett Wall, Dr. Hardison performed “vivisections” on Ebenezer Pettigrew’s slaves prior to his visit to Jenny.³³ Caesarian sections were generally expensive and had a high mortality rate. It is unlikely that Jenny had the full operation, but extra cost might reflect some minor surgical operation.³⁴ Of these five parturient women, not a single one died as a result of Dr. Hardison’s assistance. It does not seem that any of the children died either. A month after delivery, both Scilla’s and Mary Elsie’s children were baptized at the Lake

³² 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill, 1, 54, 69, 157, 183.

³³ Wall, “Medical Care of Ebenezer Pettigrew’s Slaves,” 12.

³⁴ Marie Jenkins Schwartz, *Birth of a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006), 162-166.

Chapel.³⁵ Based on the small sampling, Dr. Hardison appears to have been skilled at assisting women in labor, but was only called in for the most difficult cases.

While Dr. Hardison was the primary physician available to enslaved African Americans at Somerset, other medical professionals supplemented his work. Physicians such as Drs. William and Edward Warren were hired sporadically in the same capacity as Dr. Hardison. Josiah Collins III also hired dentists such as Dr. Ward and Dr. Harris. Each of the latter only made one trip to Somerset during the 1850s.

Dr. William C. Warren was paid \$200 for medical service rendered in 1847, \$13.50 for 1848, \$141.78 for 1849, and \$66.94 for 1850.³⁶ In all of these years the amounts paid to Dr. Warren were substantially lower than those paid to Dr. Hardison. Dr. W. Warren was most likely only called to Somerset when Dr. Hardison was tending to another planter's slaves or his own white patients. As for 1849, specifically, Dr. Warren might have been called to assist with the cholera outbreak that was spreading through North Carolina. In December 1848, for example, the "asiatic" cholera pandemic crossed the Atlantic and arrived in New York City. Over the next year the disease spread south down the eastern seaboard, and reached Richmond, Virginia on 30 May 1849.³⁷

It appears that cholera had reached Somerset by July 1849. Dr. William Warren had more experience with cholera outbreaks than Dr. Hardison as Dr. William Warren attended to

³⁵ "Baptisms of Coloured People, September 10, 1850 Amos, Son of Urias and Sylla; August 11, 1850 Hardison, son of Mary + Diamond," *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

³⁶ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 148, 152, 156, 168.

³⁷ P. F. Pyles, "The Diffusion of Cholera in the United States in the Nineteenth Century," *Geographical Analysis* 1 (1969): 66-68.

Somerset slaves during the previous 1832 cholera outbreak.³⁸ This cholera outbreak was particularly fatal to enslaved African Americans, especially children under five years old.³⁹ Josiah Collins III would have known about the high mortality caused by this outbreak and would have spared no expense to combat cholera at Somerset.

In conjunction with primary physicians, Josiah Collins III, also employed dentists. Dr. Harris was paid \$50.00 on a single occasion for his services of “dentistry” to slaves.⁴⁰ It appears that Dr. Harris brought his own dental equipment with him because on a later occasion Josiah Collins III bought his own dental equipment. On 12 June 1855, for example, Josiah Collins spent \$44.96 on medical equipment including “Dental Instruments.”⁴¹ The purchase of this equipment is followed by a notice of payment of \$15.90 to Dr. Ward in February of 1856. This equipment was either used by Dr. Hardison or Dr. Ward. The *Ledger* did not specifically state that Dr. Ward was a dentist or hired to perform dentistry. However, since Josiah Collins III relied on Dr. Harris to perform dentistry, instead of Dr. Hardison, it is likely that Dr. Ward was the one who made use of the dental instruments.⁴² Dental care was not commonly provided, but at least on two occasions dentists were hired and equipment purchased for the benefit of the enslaved community at Somerset.

³⁸ William Christian Warren to Ebenezer Pettigrew, 6 Oct 1832, Edenton, in SHC 592.

³⁹ Savitt, *Medicine and Slavery*, 137-138.

⁴⁰ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 150.

⁴¹ *Ledger B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 202.

⁴² Most accounts at Somerset were settled on March 1. In the case of the medical professionals, such as Dr. Hardison, payments that were recorded in March reflected services rendered in the previous year. Similarly, payments for Dr. Ward at the end of February 1856 reflected services rendered between February 1855 and February 1856.

Josiah Collins III also provided assistance to some of his enslaved laborers who had poor eye sight. At least two enslaved African Americans on the plantation received eye glasses. In 1847, Josiah Collins III purchased “spectacles” but did not record the amount paid.⁴³ Another mention of eye glasses purchased for a slave appeared in 1848 when the plantation “paid Jno. M. Jones” \$5.75 for “spectacles.”⁴⁴ In the first instance, the absence of an amount makes it impossible to determine the number of eye glasses bought. In the latter mention of eye wear, however, the amount is rather small. According to tax assessments from 1840, partial or complete blindness was not uncommon. Six slaves were listed as having ocular deficiencies to such an extent that their value was deemed tax deductible by the state.⁴⁵ It would be interesting to know who in fact received eye glasses and what their particular job was on the plantation.⁴⁶

Dr. Hardison concluded his practice at Somerset at the end of 1858. Josiah Collins III hired Drs. Lewis and Haughton to replace him. Drs. Lewis and Haughton’s services must not have been satisfactory to Josiah Collins III because he discontinued their services midway through the year and they were paid in June of 1859. Dr. William C. Warren and his son, Dr. Edward Warren, took over the medical treatment of Somerset’s enslaved community for the rest

⁴³ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 140.

⁴⁴ *Ledger A*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 152.

⁴⁵ “List of Negroes belonging to the Estate of Josiah Collins the Elder (Lake Company Slaves) Deceased at Lake Phelps Valued by Commissioners 18th March 1840”; “List of Negroes at Edenton belonging to the Estate of the Late Josiah Collins, Decd. Valued by Commissioners April 1st 1840”; “List of Negroes belonging to the Estate of the Late Josiah Collins Deceased at Lake Phelps valued by Commissioners 18th March 1840” in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁴⁶ Sharla Fett, *Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002), 1-35. The first chapter of her work deals with “soundness,” and how it translated into the administration of healthcare. According to Fett, a “sound” slave was one who could reproduce or labor efficiently in the field. Tied to this concept was the notion of health, in which a healthy slave was more sound than a sick one. The soundness of a slave could dictate their work load, diet, living arrangements, and healthcare.

of the year.⁴⁷ Josiah Collins III regularly employed Dr. William C. Warren as his own private physician and occasionally hired him to treat Somerset slaves. However, this was the first mention of the hiring of Dr. Edward Warren to treat slaves at Somerset. Despite having less tenure as a physician, Dr. Edward Warren was becoming famous in the medical community. In 1858, he became the first editor of *The Medical Journal of North Carolina*. He continued to act as editor until he enlisted in the Civil War. His autobiography, *A Doctor's Experience in Three Continents*, published in 1885, detailed the closeness of his family and the Collins. He also provided one of the first recorded examples of “John Koonering” in the United States and made the connection to African customs.⁴⁸ Dr. Edward Warren was one of the most fascinating people to have frequented Somerset Place; however, there is very little material with which to speculate on how he might have treated enslaved African Americans at Somerset.⁴⁹

⁴⁷ *Ledger B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 216, 218.

⁴⁸ Edward Warren, *A Doctor's Experience in Three Continents* (Baltimore: Cushings and Baileys, 1885), 200-203.

⁴⁹ Perhaps Dr. Warren continued treatments established by his predecessors or altered them to conform to the rising opinion in the South that blacks and whites were physically different, and required different medicines and procedures for the same ailments. One major proponent of the physiological differences of white and black people was Dr. Samuel A. Cartwright. He wrote articles for major medical journals not only in the United States, but also in Europe. Central to his argument was that whites and blacks were different races, and as such, succumbed to different diseases and needed to be treated differently for the same ailments. For prime examples of Cartwright's racialized medical treatment see: Samuel A. Cartwright, “Diseases of Negroes- Pulmonary Congestions, Pneumonia, &c.,” *De Bow's Review* 11 (August 1851): 209-213; “How to Save the Republic, And the Position of the South in the Union,” *De Bow's Review* 11 (August 1851): 184-197; “Philosophy of the Negro Constitution,” Lecture, Massachusetts Medical College of Boston, Boston, MA, July 19, 1852. “Ethnology of the Negro or the Prognathous Race,” Lecture, N.O. Academy Sciences, November 30, 1857.

Through his role as the editor of the *Medical Journal of North Carolina*, Dr. Edward Warren interacted on a scholarly level with Dr. Cartwright's racialized medicine. Dr. Warren even went as far as to publish certain works by Dr. Cartwright for his North Carolina readership. One article specifically deals with the dosage of medication given to enslaved African Americans and argues for varying treatments based on race. For example see: “Interesting Letter From the Distinguished Veteran Dr. Samuel A. Cartwright, of New Orleans, of the Southern form of Pneumonia, and the History of the Introduction of Large Doses of Quinine in Fever,” *The Medical Journal of North Carolina* 3 (1860): 57-60.

After 1859, the plantation *Ledger* contains no more mentions of payments made for physician care on a yearly basis. The absence of additional entries leads one to wonder if medical treatment stopped on the plantation once secession hysteria began. Josiah Collins III, however, continued to devote some attention to the healthcare of his enslaved community. Between 1858 and 1860, Josiah Collins III and his wife began to transition their primary dwelling from Somerset Place to a home in Edenton.⁵⁰ By the beginning of the Civil War the Collins had abandoned living at Somerset altogether. The excitement of relocating and the fervor of war took precedent over meticulous record keeping in the *Ledger*. At least two receipts from Dr. William C. Warren show that he was hired by Josiah Collins III to attend to enslaved African Americans at Somerset until 1862.⁵¹

During the war, the number of available doctors in the region dwindled. Dr. Edward Warren became a “surgeon-in-chief” for the municipal forces.⁵² Dr. Hardison was still in an elected office that he won in 1859.⁵³ Therefore, Dr. William Warren would have been one of the few practicing physicians available for hire. The wartime shortage of physicians created much demand for Dr. William Warren’s services in Edenton. Josiah Collins III hired Dr. William Warren to attend to sick enslaved blacks at Somerset, but Dr. Warren was not able to make the same frequency of visits to Somerset as Dr. Hardison.⁵⁴ Also, since Josiah Collins III was living

⁵⁰ *Josiah Collin III Letterbook (1858-1861)*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina. Letters during this period were sent mainly from his home in Edenton not Somerset Place.

⁵¹ Josiah Collins Esq. Trustee to W. C. Warren, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁵² Warren, *Doctor’s Experience in Three Continents*, 254.

⁵³ *Josiah Collins III Letter Book (1858-1860)*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁵⁴ Warren, 207. Dr. William Warren lived in Edenton which was a considerable distance away from Somerset. In his autobiography, Dr. Edward Warren described how they would travel to Somerset Place. He wrote,

in Edenton, he relied on letters from the overseers to know when an enslaved person needed medical attention. If Dr. Warren was unavailable when the letter arrived, the treatment of the sick probably fell to members of the enslaved population.⁵⁵

Somerset's written records mostly contain a history of white physicians administering medicines upon passive enslaved patients. However, this was not the complete or full story and the evidence that contradicts the former view of history has been passed down through oral tradition. Enslaved African Americans in eastern North Carolina had their own *materia medica* and treatments for ailments. At Somerset Place, a few enslaved women were nurses who administered medicines and tended to the sick. There were also enslaved midwives on the plantation that delivered a significant number of children born at the plantation.

Housed in Somerset Place's research room are unpublished oral histories of slave descendants from eastern North Carolina. These interviews were collected by a class from Elizabeth City State University under the direction of Dorothy Redford. The interviews provide rare glimpses into the medical practices that were passed down generationally from eastern North Carolina slaves. Assuming that these traditional treatments and cures remained unaltered after slavery, and are representative of the entirety of eastern North Carolina, then it can be concluded that slaves at Somerset Place had a knowledge of which local plants and herbs could be used for treating various ailments. This meant that enslaved African Americans at Somerset

"Mr. Josiah Collins, who lived on Lake Scuppernong, in Washington County, regularly employed us, and to reach his house the sound had to be crossed and a journey of thirty-five miles made by land."

⁵⁵ Dr. William Warren and Dr. Hardison mainly stayed with a patient long enough to perform a procedure or administer a medicine. It was uncommon for them to stay for the duration of a patient's recovery which could take days or weeks.

Place might not have been mere passive recipients of white medicine, but rather sought their own treatments and cures independent of white oversight.⁵⁶

Josiah Collins III allowed enslaved African Americans to fill certain medical roles in order to curtail some of the costs of physician care. It was not fiscally possible for him to always call upon the physicians for unplanned events such as childbirths. Therefore, it often fell to enslaved women, such as Chloe Drew, to perform the services of a midwife. In 1853, Josiah Collins III hired Chloe Drew for her “services to women.” She was an enslaved woman who lived on the neighboring Belgrade Plantation and was owned by Charles L. Pettigrew. On 4 March 1853 she was paid \$3.00 and on 16 May 1853, she was paid \$1.50 for the same service.⁵⁷ On 15 May 1853, Dr. Hardison was called to assist Chloe Drew with the delivery of Dinah’s child. Chloe Drew was paid less on this second occasion since she required the assistance of Dr. Hardison to deliver Dinah’s baby.⁵⁸ Chloe Drew was the only enslaved midwife that Josiah Collins III hired during his tenure at Somerset Place.

⁵⁶ Many of the oral histories dealt not only with medical remedies made with herbs and roots, but also with spiritualism or superstition. Historians Todd Savitt and Sharla Fetts wrote about the influences of African spiritual beliefs and the connection to slaves’ view of health. Across the South, superstitious slaves acquired knowledge of spiritual means of healing and “tricking” others. Additionally, as noted by Sterling Stuckey in his work, *Slave Culture: Nationalist Theory and the Foundations of Black America*, African spiritualism survived the Middle Passage and thrived at Somerset Place. Therefore, it is likely that, just as aspects of African spiritualism crossed the Atlantic, so too did traditional methods of healing. Todd L. Savitt, “Slave Health and Southern Distinctiveness,” in *Disease and Distinctiveness in the American South* ed. Todd L. Savitt and James Harvey Young (Knoxville: The University of Tennessee Press, 1988), 146-147; Sharla Fetts, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002), 84-104; Sterling Stuckey, *Slave Culture: Nationalist Theory and the Foundations of Black America* (New York: Oxford University Press, 1987), 77-78.

⁵⁷ *Ledger B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina, 194.

⁵⁸ Wall, “Medical Care of Ebenezer Pettigrew’s Slaves,” 469. According to Bennett Wall, at the Belgrade Plantation, where Dr. Hardison lived, an enslaved woman named Airy who was a proficient midwife. Wall quoted one instance where both Airy and Dr. Hardison were summoned to help deliver a child on another plantation.

Instead of calling in outside white physicians or midwives, the duties of a midwife seem to have been carried out by enslaved women at Somerset Place. In any given year, as many as seventeen enslaved children were born at Somerset.⁵⁹ But the high number of births do not match the number of payments made to professionals to deliver babies. In his account book, Dr. Hardison listed five instances in which he visited women “in parturition.” However, there were more than five children born to enslaved women during the years covered in his account book. *Lake Chapel Church Records* recorded that thirty-three children were born to enslaved African Americans at Somerset between 1849 and 1853. Dr. Hardison assisted in only five deliveries, and Chloe Drew in two. The only other physician on the payroll during these sample years was Dr. William Warren. Of course, even if Dr. William Warren assisted in all the childbirths that occurred in 1849, there were still twenty-three children that were neither delivered by a regular physician nor by an enslaved midwife hired from another plantation. Hence, during this period, the onus of birthing, must have generally fallen on other enslaved women at Somerset.⁶⁰

Penny Gossom, another enslaved woman at Somerset, acted as a nurse on a least one occasion. In a letter from Charles Pettigrew on 28 November 1860, he recounted the illness of Charlotte Cabarrus. Charlotte was a freed mulatto servant who lived at Somerset Place and tended to the Collins family. It was uncertain what plagued her, but it is obvious that she was in pain. Charles Pettigrew recounted that a slave woman named Penny Gossom was “the attendant and nurse of Charlotte Cabarrus.” Though the process was not explained thoroughly, Penny Gossom had access to the medical supplies and was allowed to administer morphine to Charlotte

⁵⁹ High birth rates are reflected in “Births & Deaths of Children in 1847” and “Births and Deaths of Children in 1848” in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁶⁰ Fetts, *Working Cures*, 57-58, 112; Deborah Gray White, *Ar'n't I a Woman?* (New York: W.W. Norton & Company, Inc., 1985), 111-112.

as long as Charles Pettigrew measured out the morphine first.⁶¹ In the case of Penny Gossom, a slave woman not only attended the sick but was allowed some freedoms to obtain and administer medicine.

During the Civil War, the established structure of medical care at Somerset faltered. As mentioned previously, Dr. Warren was the only physician available after 1860 and was unable to make frequent visits to Somerset. Josiah Collins III and his family completed their move to Edenton around 1860 and were unaware of the daily health needs of the enslaved community. The lack of care during the Civil War was marked by a high death rate. Between January 1860 and when the burial records end in October 1862, fifty-nine enslaved African Americans died at Somerset.⁶² The movement of the Civil War brought various outbreaks of illness to the plantation.⁶³ With the limited assistance of Dr. William Warren, enslaved women such as Penny Gossom helped to nurse the sick and dying.

Mid-way through 1862, Josiah Collins learned that the Union troops had captured Roanoke Island off the coast of North Carolina. In an effort to protect his human chattel from confiscation, Josiah Collins, therefore, ordered that Somerset slaves be moved inland to the Hurry Scurry plantation in Hillsborough.⁶⁴ Some enslaved persons were too weak to be moved

⁶¹ Charles Lockhart Pettigrew to Jane Carolina (North) Pettigrew, 28 Nov 1860, Magnolia Bonarva, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

⁶² "Burials of Coloured People- January 1860 to October 1862," *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

⁶³ "Burials of Coloured People- June 1860 to August 1860," *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina. Many of those who died during this period succumbed to disease. One disease specifically targeted children under the age of five and claimed the lives of eighteen children, between June and August of 1860

⁶⁴ William Tarlton, *Somerset Place and Its Restoration* (Raleigh: Department of Conservation and Development, Division of State Parks, Raleigh, 1954), 41-43.

from Somerset, while others became sick and died in route to the Hurry Scurry plantation.⁶⁵ For those who remained at Somerset or were marched inland, if they became sick they would have had to rely on other members of the enslaved community to attend to them. With the fall of the plantation system in 1863, a number of enslaved people died from lack of medical care and medicines. In the final months of Josiah Collins III's life, he was more concerned with securing his investments than providing adequate healthcare to his slaves.⁶⁶ For dozens of enslaved African Americans at Somerset, the lack of medicines, medical care, and the pestilent march through eastern North Carolina proved fatal. After reaching Hillsborough, Josiah Collins III also succumbed to illness and died on 17 June 1863.⁶⁷

⁶⁵ "Lists of slaves 1862," and "Lists of slaves 1863," in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁶⁶ Housed within the Josiah Collins Papers, are numerous correspondences between Josiah Collins III and his overseers that speak to the his urgency to consolidate his work force at the Hurry Scurry.

⁶⁷ Tarlton, *Somerset Place and Its Restoration*, 94.

CHAPTER 3

A Case Study of Disease and Death at Somerset Place, 1839-1862

The *Lake Chapel Church Records* (hereafter referred to as *Church Records*) at Somerset Place recorded all slave deaths. Between 1839 and 1862, two hundred and ten enslaved African Americans died at the plantation. The number of people who died yearly varied widely from lows of two in 1839 to thirty-five in 1860. The number of yearly deaths increased steadily over the twenty-three-year span. Further investigation into the demographics of these frequencies reveal a most disquieting aspect of slavery-- the horrific loss of life among enslaved children. Of the two hundred and ten deaths recorded in the *Church Records*, more than half of the deceased were children.¹

Further analysis into the age of the deceased shows that 26.3% (42) were enslaved children that never saw their first birthday; 55.6% (110) did not reach five.² The loss of a child was a common aspect of slave life at Somerset Place, a matter that perhaps warrants further investigation. The death of a single child is itself terrible; however, for women such as Mary Littlejohn Reeves and Charlotte Drew Honablue, it was a reoccurring hardship. Between 1 August 1841 and 30 January 1860, Mary gave birth to fourteen children, of which only six survived to see emancipation after the Civil War. Between 1 August 1841 and 1 February 1861, Charlotte gave birth to ten children of which four died in their first month of life. These women were both field hands who married skilled laborers on the plantation. Mary's husband, Diamond, was a blacksmith, while Charlotte's husband, Lawrence, was a carpenter. Mary and Charlotte

¹ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

² See Appendix I.

shared many commonalities, including the loss of multiple children.³ What follows is a discussion of childhood health, disease, and death at Somerset Place between 1839 to 1862. The families of Mary and Charlotte are used to contextualize the impacts of childhood disease and death upon the family unit.

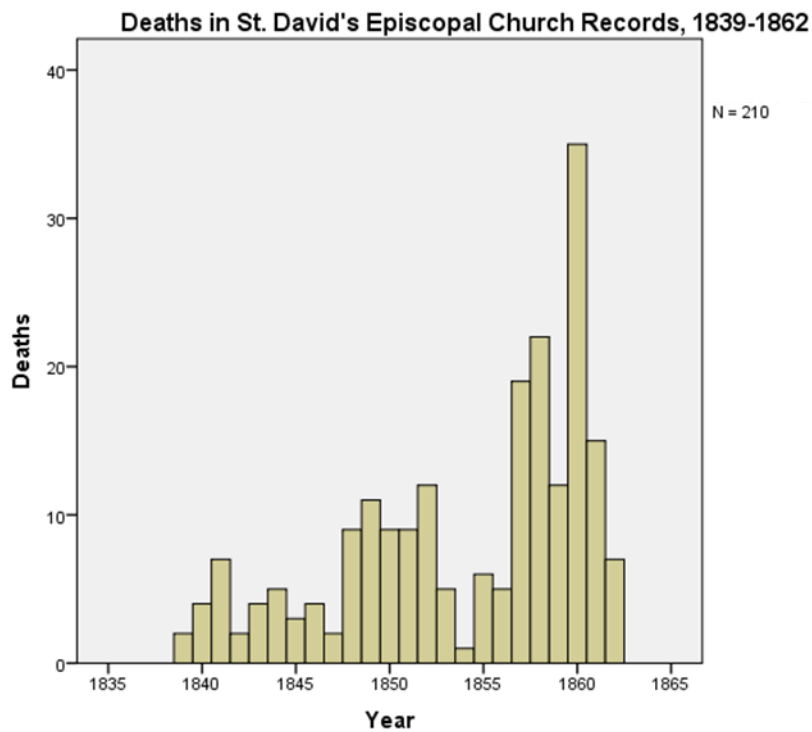


Figure 3.1 Number of deaths at Somerset Place by year.
Source: *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

³ See Table 3.1.

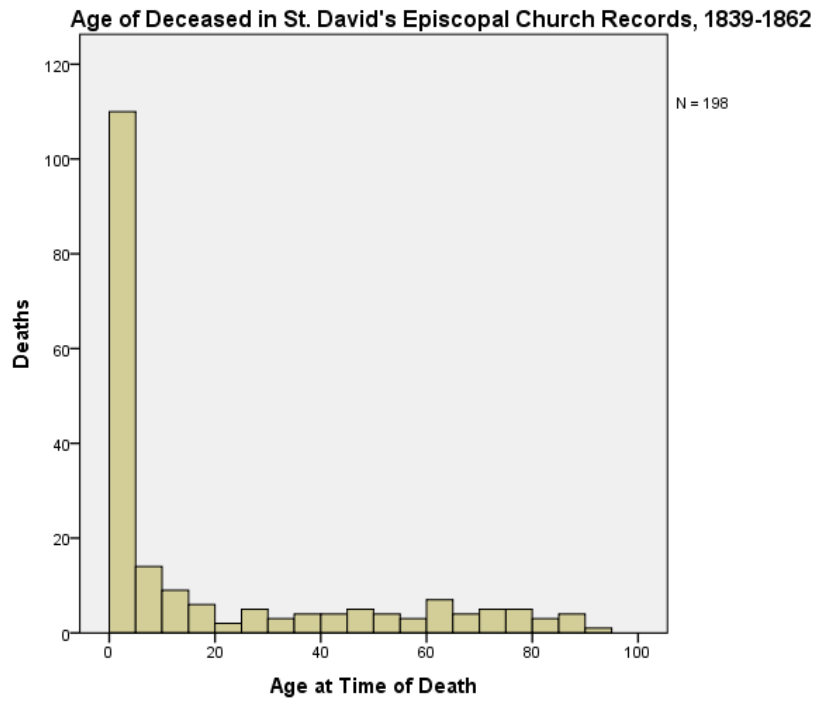


Figure 3.2 Age distribution of deaths.
 Source: *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

Lawrence and Charlotte Honablue Lawrence was a Somerset carpenter and his wife Charlotte was a field hand.			
Baptized	Name	Date Buried	Age at Death
August 1, 1841	Joyce		
July 15, 1843	Dunbar		
May 18, 1845	Fanny		
February 2, 1848	Dolly		
October 7, 1849	Elijah	October 12, 1849	1 week
October 27, 1850	Dillah		
July 1, 1852	Pricilla	August 22, 1852	11 days
November 6, 1852	Charlotte		
January 10, 1856	Malichi	February 16, 1856	6 days
February 1, 1861	Matilda	February 2, 1861	1 day

Diamond and Mary Littlejohn Reeves Diamond was a blacksmith and his wife Mary a field hand.			
Baptized	Name	Date Buried	Age at Death
August 1, 1841	Serena	?	
January 15, 1843	Morris		
November 10, 1844	Joanna		
January 11, 1846	Nelson	October 1, 1852	6 years
May 23, 1847	Venus	January 31, 1859	11 years
July 20, 1849	Margaret (twin)	July 21, 1849	1 week
July 20, 1849	Easter (twin)	July 26, 1849	2 weeks
August 11, 1850	Hardison		
January 22, 1852	Rowena (Reenie)		
November 6, 1853	James		
July 29, 1855	Linda	March 12, 1858	3 years
July 19, 1857	Edmund	March 24, 1858	8 months 17 days
January 30, 1860	Twenty(twin)	July 24, 1860	>1 day
January 30, 1860	Serena (twin)	July 24, 1860	>1 day

Table 3.1 Children born to Charlotte Honablue and Mary Littlejohn.
Source: *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

The nature of the tasks the mother performed had a great impact on the health of the fetus.⁴ As field hands, Mary and Charlotte worked from dusk to dawn, six days a week. In the fall and winter, they worked ten to twelve hours a day, while during the spring and summer their labor only ceased after thirteen to fourteen hours. On average, they worked 303 days a year, only having Sundays and select holidays off. Under normal circumstance, the work done by field hands was onerous and dangerous, and yet, pregnant women were expected to keep pace.⁵

While it was common for enslaved women to labor in the fields late into their pregnancies, some southern planters altered the labor schedules of expectant slave women in their last trimester. Slave women, in their final trimester, might be removed from the field and put to work inside the plantation house.⁶ There is no evidence to suggest that Mary and Charlotte received this courtesy. Until they went into labor, Mary and Charlotte worked in the field or at the mill. This was a reality for Charlotte, who was six to seven months pregnant with Elijah in August 1850. On 19 August, she was with the “women in machine house thrashing + measuring wheat.” A month later, she was “levelling [the] canal bank,” only six weeks away from giving birth.⁷ Both realities were unfit for a pregnant woman. The first placed her in a tightly packed mill, which had poor air flow, thick with grain, all of which made it hard to breathe. Levelling the banks of the canal, moreover, required arduous labor outside in the hot humid North Carolina

⁴ Kenneth Kiple and Virginia King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (New York: Cambridge University Press, 1981), 96-97.

⁵ *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

⁶ Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006), 127-128.

⁷ *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

weather; and here during the summer months, swarming mosquitoes thrived, especially along the shores of Lake Phelps.

Somerset slaves needed a nutrient rich diet to perform their physically demanding labor. Ordinarily, enslaved African Americans received nutritionally deficient diets. Across the South, planters provided slaves meals consisting mainly of corn meal and fatty pork. While rich in calories, protein, phosphorous, iron, thiamine, and niacin, this diet lacked crucial nutrients such as Vitamin A and calcium. It was also completely devoid of Vitamin C.⁸ Historian Todd Savitt concluded that “It is highly unlikely that any slave could have survived very long on a diet consisting solely of pork and cornmeal.”⁹ Obviously, slaves did not subsist on corn and pork alone. Planters occasionally diversified slave rations. Still, supplementary and spontaneous meals were neither consistent in maintaining vitamin levels or effective in replacing those lost to hard labor and a poor diet. Often the enslaved took the necessary initiative to grow their own fruits and vegetables in their limited spare time.¹⁰

Josiah Collins III provided the customary pork and corn meal diet for his slaves. Day after day, Mary and Charlotte ate the same nutrient deficient meals. Smoking or salt curing the pork afforded some variety in flavor.¹¹ Josiah Collins III expanded food choices for special occasions such as a holiday. Each Christmas, he hosted a grand banquet for his slaves and

⁸ Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana And Chicago: University of Illinois Press, 1981), 86-93.

⁹ *Ibid.*, 91.

¹⁰ Kiple and King, *Another Dimension to the Black Diaspora*, 88-95.

¹¹ *Plantation Records from January 1850 to July 1853*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

provided them with a barrel of whiskey or rum.¹² Special events, however, did little to supplement the expectant women's nutritional requirements or replace depleted vitamin stores. Consequently, these women allocated time for growing their own food or foraging from natural sources, often after working fourteen-hour days in the field and housekeeping. Charlotte and Mary had the dual burden of replenishing their own vitamin depleted bodies as well as their children's. As mothers, their first concern was feeding their children, perhaps depriving themselves of vital fruits and vegetables. The dilemma of providing extra nourishment for their families or themselves left these women's bodies in a perpetual state of malnutrition.

Pregnancies exacerbated extant issues of malnourishment and planters rarely provided additional rations to expectant mothers. If these women were given extra rations, typically it was more of the same nutrient deficient pork and corn meal. The combination of a poor diet, grueling labor, and pregnancy created serious health issues for Mary and Charlotte. Planters expected them to "eat for two" while furnishing a meal barely fit for one. Not being able to provide sufficient nutrients to the fetus drastically reduced its chance of survival. Under these conditions, it is no surprise that, in the Antebellum South, infant mortality was highest among the enslaved black population.¹³

Combined Mary and Charlotte bore twenty-four children of which half met an early demise. For Mary, nutritional deficiencies during pregnancy likely played a part in the early deaths of four of her children. Of fourteen children born to Mary, eight perished at young ages. Four of those eight died within the first month of life. These four children were two sets of twins.

¹² Uriah Bennett interview, Scuppernong Farms Project (Washington, DC: United States Department of Agriculture, 1936-37), pp. 8-9, in the Farm Security Administration Papers, North Carolina Archives, Raleigh.

¹³ Kiple and King, *Another Dimension to the Black Diaspora*, 96-97; Schwartz, *Birthing a Slave*, 134-135.

In July 1849, Mary gave birth to twin girls, Margaret and Easter. Margaret died on 21 July 1849 at one week of age, while her sister Easter only survived five days longer. Mary relived the tragedy of a double loss on 30 January 1860 when another set of twins, Twenty and Serena, died within hours of birth. Being pregnant with twins meant that the few vitamins that Mary consistently consumed were split among three bodies. Nutrition was crucial, but only partially accounted for the high frequency of infant death.

It is impossible to calculate exact infant mortality rates for Somerset Place due to gaps in source material. The preacher at Lake Chapel only recorded birthdates incidental to baptism. Therefore, if a parent chose not to have her child baptized, then her child's birth and name was not entered into the *Church Records*. Although there is no clear indicator of how many children were born, sources do establish a yearly death rate.¹⁴ Certainly at Somerset, however, infant mortality was incredibly high. Of the 198 instances of death on the plantation, for which an age was recorded, 110 enslaved victims were less than five years old. Of those 110 children, fifty-two children (47.3%) died before reaching one year of age, while another thirty-one (28.2%) perished before their second birthday. The result was an appalling 75.5% of the 110 childhood deaths occurring before the deceased's second birthday.¹⁵

Slave women across the South also experienced abuse while grieving the loss of infants. Planters often blamed slave mothers for the high infant mortality rate. They claimed the new mothers were "smothering" their children to death. Smothering, planters argued, was either an intentional act of defiance or the result of an accident that occurred at night when the mother rolled onto the newborn. Historian Todd Savitt argued that "smothering" was most likely Sudden

¹⁴ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

¹⁵ See Appendix II.

Infant Death Syndrome (SIDS).¹⁶ Kiple's research augmented Savitt's argument by showing a correlation between malnourishment and the preponderance of SIDS in modern cases.¹⁷ It is unknown if Josiah Collins III accused Mary and Charlotte of "smothering" their children. However, the mere accusation would have exacerbated the women's suffering from the loss of their child.

Newborns, vitamin deficient at birth, were less likely to recover from minor infections and illnesses. Their first contact with infections frequently occurred in the minutes immediately before and after taking their first breath. Nineteenth century midwives and physicians were unaware of the microbial origins of infections. The unsanitary practices of physicians and midwives often put both mother and child at risk. Consequently, planters were often skeptical of the benefits of paying a physician to deliver slave children.

Between 1849 and 1853, Dr. Hardison rarely delivered slave children. He recorded four instances in which he visited a slave woman at Somerset Place who was "in parturition." Josiah Collins III, the economically minded planter, often weighed the cost to benefit ratio of providing physician care to slave women in labor. The loss of a newborn during labor was not a great economic burden to the planter. However, the death of a mother, who was valuable as a laborer and procreator, represented a financial blow.¹⁸

Dr. Hardison did not record the specific complications that befell the four women "in parturition" that he visited. Whatever the condition that necessitated his assistance, his medical procedures were apparently adequate since all four women survived. Not only did they survive

¹⁶ Savitt, *Medicine and Slavery*, 124-127.

¹⁷ Kiple and King, *Another Dimension to the Black Diaspora*, 197.

¹⁸ 1849-1866, *Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

but their children were delivered alive. Mary was one of these four women. On 14 July 1850, Mary suffered some unknown complication. Dr. Hardison was summoned to help Mary deliver a son.¹⁹ She expressed her gratitude to Dr. Hardison by naming her newborn after the physician. On 11 August 1850, Mary's one-month old son, Hardison, was baptized at the Lake Chapel.²⁰

Between 1849 and 1853, Mary delivered five children and Charlotte four. Only one of Mary's children, Hardison, was delivered by a physician. In most cases, enslaved child births went unassisted by physicians or professional midwives.²¹ Even though planters gained an additional body which they could exploit, they recognized that nearly half of the children would not survive long enough to warrant the financial investment.²² Most often, therefore, enslaved women relied on each other to help deliver children.

Without a physician present, it is unclear whether Mary and Charlotte delivered children in the slave hospital or in their cabins. The hospital served as both an office for the physician and a quarantine area during epidemics. The limited amount of archival material sheds no light on whether slaves utilized the structure independent of physician oversight. It is likely that enslaved women delivered children both at the hospital and in their cabins. Although the cabins were small, cramped, and dirty, the pregnant women were closer to their caretakers. Both locations posed threats to the health of the women and newborns. However, only two options existed:

¹⁹ *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

²⁰ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

²¹ *Plantation Ledgers A and B*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

²² Deborah Gray White, *Ar'n't I a Woman?* (New York: W.W. Norton & Company, Inc., 1985), 111. Historian Deborah Gray White concluded that assistance in delivering a slave child was "handled exclusively by women" inside the slave quarters.

deliver in the hospital which was used to quarantine ill slaves or in an unclean densely packed cabin surrounded by generations of relatives.

Historian Mary Jenkins Schwartz detailed numerous dangers that enslaved women faced in labor. Physicians were generally more invasive in assisting laboring slave women. They frequently checked the progress of labor by inserting their fingers and hands into the woman's vagina. As often was the case, poor sanitation practices between insertions introduced infection to both the mother and child.²³ Schwartz found that enslaved women were more passive and less invasive than the white physicians. The midwife's primary function was to help guide the child out of the womb.

Improper cutting of the umbilical cord with unclean scissors led to infection for the child after birth. Impatient physicians, paid to deliver both the child and afterbirth, manually extracted the placenta from the new mother. This occasionally resulted in either excessive life-threatening bleeding or the introduction of bacteria into the womb.²⁴ The cleanliness of instruments and the frequency of manual insertion were two of the many factors that caused infections for the newborn and mother. It is difficult to determine the number of instances that these harmful practices were performed at Somerset or if enslaved midwives were more successful than physicians. Gaps in archival material allow for limited comparison.

In the same years covered in Dr. Hardison's account book, enslaved women assisted Mary and Charlotte on four occasions each. Both Mary and Charlotte had two children perish within one month. With such a small sample, it is hard to draw conclusions. It is unclear, for example, whether Mary and Charlotte's infants benefited from being delivered by Dr. Hardison.

²³ Schwartz, *Birthing a Slave*, 145.

²⁴ *Ibid.*, 191.

Likewise, it is unknown if their chances were harmed by enslaved women who functioned as midwives. One-half of the children in this limited five-year window did not survive one month at the hands of enslaved women. During the same period, all four women that Dr. Hardison assisted with their difficult labor, as well as their children, survived. Due to the limited scope of Dr. Hardison's account book, sweeping conclusions are unreliable. Additionally, there are no references in the primary source material of the birthing practices utilized specifically by either Dr. Hardison or enslaved women at Somerset Place.

As infants progressed into early childhood their chances of survival increased dramatically. Yet childhood was still a dangerous and uncertain time for Somerset slaves. Their young bodies were under constant attack from endemic and epidemic diseases. Childhood diseases, for which they had no natural immunities, could be particularly lethal. On a rice plantation, moreover, children faced the added threat of contracting malaria from disease carrying mosquitos. Their cabins were constructed twenty feet from the water of Lake Phelps, thus insuring mosquito bites day and night. Children were constantly exposed to microorganisms that affected their health year-round. However, childhood deaths occurred with a higher frequency during the summer and winter seasons.

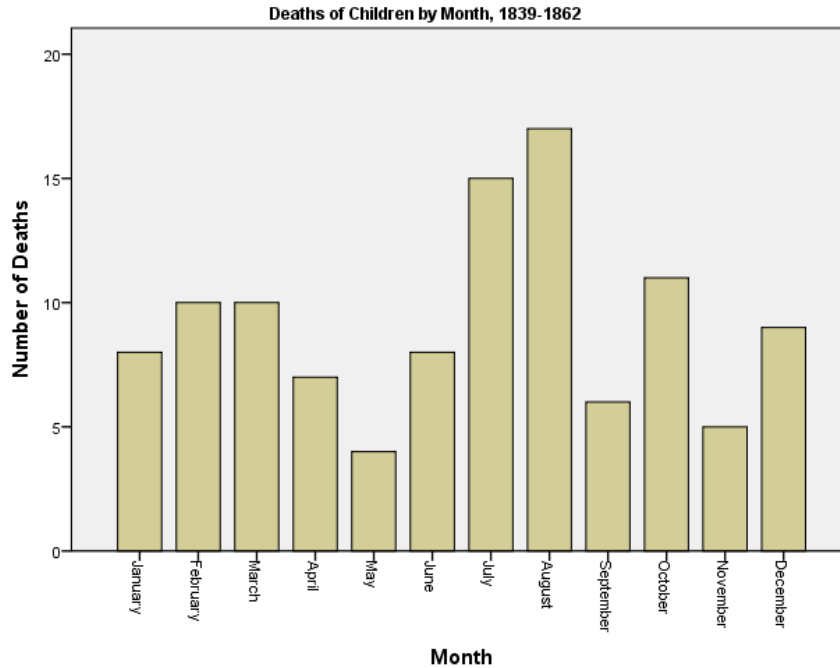


Figure 3.3 Distribution of children’s death according to the month in which they died.

Source: *Lake Chapel Church Records*, Christ Episcopal Church, Creswell,

Airborne viruses, such as influenza and measles, thrived on plantations during the cold winter months of February and March. Cold weather and shortened days ensured that slaves spent most of their free time indoors. Slave cabins at Somerset Place were breeding grounds for airborne pathogens. The population density in the cabins facilitated the spread of communicable diseases.²⁵ The structures were a single room construction measuring 16 x 16 feet.²⁶ Each cabin housed two families, numbering as many as fifteen people in a single space.²⁷ Isolating the infected children from the healthy ones was impossible during massive outbreaks. There were simply not enough spaces in which to put the infected children. Mary and Charlotte encountered

²⁵ Savitt, *Medicine and Slavery*, 51.

²⁶ Carl Steen, *Restoration Excavations At Somerset Place Plantation State Historic Site, 1994 and 201* (Raleigh: North Carolina Archaeology Council, 2003), 188.

²⁷ *List of Families taken 1843*, in Josiah Collins Family Papers PC-417, North Carolina State Archives, Raleigh, North Carolina.

this issue yearly. The lack of airflow and the proximity to infected family members meant that their children shared each other's germs. Even if separation was achieved at home, all children congregated daily in another location. During the day, for example, children under five "went to school" at the chapel.²⁸ Under one roof all the children breathed the same pestilent air and could spread illness among their peers.

The constant interaction between children inside the cabin and chapel had a devastating impact in the early months of 1858. As previously noted, Somerset slaves were loading a vessel with wheat when they encountered a sailor infected with the measles virus. By modern standards, measles is a mild childhood disease not considered life-threatening. However, this was not the case in the Antebellum South. Many enslaved people at Somerset Place had the double misfortune of never encountering the disease before and being in a perpetual state of weakened immunity due to hard labor and poor nutrition. Information on the outbreak is found in the letters of a neighboring planter, Charles Pettigrew, who wrote:

"A few days before Christmas Mr. Collins loaded a vessel with grain and after the vessel left it was reported that a man was sick on board. About Christmas 3 of his men broke out with bumps of some description; it was reported by Mr. Agnew that it was small pox. The doctor said it was a sort of whale itch. No attention was paid to it and they were well. In a few days there were 60 or 80 cases and the doctor then said it was measles."²⁹

The initial contact with the infected sailor occurred around Christmas but the disease persisted through the following March. Dr. Hardison was quickly overwhelmed with patients. In a letter to Charles Pettigrew, he wrote, "I suppose you heard of the measles being on the Lake

²⁸ William G. Lewis, *The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South* (Master's Thesis, East Carolina University, 2016), 38. Instruction that former slave Uriah Bennett called "school," was parochial education that focused on teaching enslaved children a special form of slave Christianity.

²⁹ Charles Lockhart Pettigrew to William Shepard Pettigrew, 4 Feb 1858, Scuppernong, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

...it commenced at Mr. Collins about the 1st of January...it is a rather mild form of the disease about 125 have it at Mr. Collins', two had died with complication of measles with pneumonia."³⁰ More than one-third of the enslaved people, mostly children, subsequently contracted the disease. Only those that had contracted and survived the disease prior to this wave possessed the necessary immunity.

Among the fourteen people who succumbed to measles, nine were children, of which two were Mary's children. Measles took her first child, Linda, on 12 March 1858. Linda was only three years old. Linda's death was followed twelve days later by her infant brother, Edmund. Edmund was only "8 months + 17 days" old. At the time of the outbreak Mary had five children that likely contracted measles: Hardison (7), Rowena (6), James (4), Linda (3), and Edmund (8 months). The hardship placed on Mary as a mother was great. With more than one-third of the plantation sick at the same time, Mary likely received little assistance with the treatment of her own children. The burden of tending to sick children fell squarely on her shoulders. In the nineteenth century, there was only so much Mary could do to help her children. When Linda died, Mary could not properly mourn her loss since her four other children also required care. The waves of despair, angst, and depression that overwhelmed a mother such as Mary after losing a child to measles were undoubtedly compounded by suffering another loss twelve days later.³¹

The summer months of July and August carried different diseases that threatened the health of the enslaved community. Cholera and dysentery were prevalent on southern plantations

³⁰ Hardy Hardison to William Shepard Pettigrew, 11 Feb 1858, Scuppernon, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

³¹ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

during the summer. Both cholera and dysentery produce diarrhea and extreme dehydration. Historian Todd Savitt's research showed that "diarrhea" was the most common cause of slave death in Antebellum Virginia.³² Somerset slaves experienced frequent bouts of these diseases. Interaction with unsanitary water in the lakes and canals exacerbated the spread of cholera and dysentery. Infected fecal matter made its way into the lake, canals, and homes.

Somerset slaves likely encountered cholera during the global cholera outbreak from 1848 to 1850.³³ Between 12 August and 11 September 1851, Dr. Hardison quarantined Somerset slaves with dysentery in the plantation hospital. He repeated this action the following year between 1 and 20 September.³⁴ Often the physicians could only attempt to keep slaves hydrated and isolate them from other healthy individuals. Dr. Hardison commonly utilized procedures that included blistering and bleeding. By bleeding slaves who had dysentery, he only worsened their dehydration and possibly caused their demise.

Dysentery left slaves weak from dehydration and depleted their vitamin stores. Adults usually recovered from bouts of dysentery. Their bodies were more resilient and they recuperated from its effects. The bodies of Somerset children were less resilient. Disadvantaged by poor nutrition from birth, the effects of diarrhea and dehydration were often lethal for children. Death trends at Somerset confirm that summer was the deadliest season on the plantation.³⁵

³² Savitt, *Medicine and Slavery*, 121.

³³ P. F. Pyles, "The Diffusion of Cholera in the United States in the Nineteenth Century," *Geographical Analysis* 1 (1969): 66-68.

³⁴ *1849-1866, Dr. Hardy Hardison*, in the Physicians Record Books 1849-1866, #598-z, Southern Historical Collection, Wilson Library, University of North at Chapel Hill.

³⁵ See Figure 3.3.

Somerset children weakened by dysentery were more susceptible to contracting other diseases. An example of this happened in August of 1860 when dysentery and whooping cough spread amongst the children. The sole record of this double outbreak exists in letters from Charles Pettigrew. On 19 August, Charles Pettigrew wrote “that [Josiah Collins] had to bury in one week ...six children. Mr. Collins said to me ...he had lost 16 negro children.... They died principally by ‘whooping cough.’”³⁶ One week later Pettigrew wrote another letter describing the worsening conditions at Somerset. He said “Mr. Collins lost his child since my last letter which makes 18 since June. There are yet 8 serious cases of dysentery (serious) now the Dr. says.”³⁷ Dysentery spread quickly among the adults. Pettigrew also wrote that “Mr. Collins has a hospital full of sick ...his grown people have dreadful dysentery. A few days since a woman died. Last night a man died and there are several more extremely ill with it.”³⁸ The planters continued to associate the adults’ deaths with dysentery and childrens’ deaths with whooping cough; however, the children likely suffered from both maladies simultaneously. Dr. Hardison reported that whooping cough, which began in June, was still claiming lives on 18 September 1860.³⁹ Between June and September 1860, twenty-two slaves succumbed to their illnesses. Of the twenty-two that perished, nineteen were children. Remarkably, Mary and Charlotte escaped the 1860 epidemic without losing a single child.⁴⁰

³⁶ Charles Lockhart Pettigrew to Jane Caroline Pettigrew, 19 Aug 1860, Somerset Place, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

³⁷ Charles Lockhart Pettigrew to Jane Caroline Pettigrew, 26 Aug 1860, Somerset Place, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

³⁸ Charles Lockhart Pettigrew to Jane Caroline Pettigrew, 11 Sep 1860, Somerset Place, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

³⁹ Hardy Hardison to William Shepard Pettigrew, 18 September 1860, Scuppernong, in the Pettigrew Family Papers #592, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

⁴⁰ *Lake Chapel Church Records*, Christ Episcopal Church, Creswell, North Carolina.

The untimely death of children at Somerset Place was a constant aspect of slave life. The conditions of slavery contributed to malnourishment that began in the womb and continued through early childhood. Infants' and children's bodies attempted to combat diseases with weakened immune systems, but many were unable to overcome their ailments. Seasonal waves of disease claimed lives most often in the winter and summer months. The full impact of the appalling numbers of juvenile deaths at Somerset Place can perhaps only be understood properly when viewed through the eyes of grieving mothers like Mary Little John Reeves and Charlotte Drew Honablue.

CONCLUSION

Josiah Collins III was a pragmatic slave owner who understood the necessity of providing medical care to certain slaves. He combined condition-dependent care with an expressly profit based system of plantation management. Observers need look no further than the construction of a slave hospital and the hiring of regular physicians during his tenure as the owner of Somerset Place to find the fruits of this union. The varying successes of this arrangement at Somerset Place, however, temper the novelty of this arrangement.

Despite the medical techniques present at the plantation hospital, medicines such as quinine, or herbal teas, often proved more effective than heroic medical practices such as cupping or bleeding. Due to the preponderance of fevers, brought on by ravenous eastern North Carolina mosquitoes, Dr. Hardison prescribed fever combating drugs such as quinine to the benefit of some Somerset slaves. Given the large size of the plantation and the conditions of the cramped slave quarters, the use of the hospital as a quarantine site proved successful in halting the spread of disease.

This thesis illustrates the impact issues of health had on the enslaved embroiled within the ad hoc arrangement of medical practice and profit-based plantation management. The planter's desire for a healthy able-bodied workforce for maximum economic outcomes were often stymied by deplorable living and working conditions. Deplorable conditions, though perpetuated by his own volition, made the persistent presence of a healthy slave extremely unlikely. These conditions led to poor health amongst slaves and their children, culminating in a high number of deaths. While Josiah Collins III employed Dr. Hardison, constructed a slave

hospital, and stocked medicines, the macabre economics of operating a rice plantation took the lives of a number of Somerset slaves.

This work explored the interconnectedness of slavery, health, and medical care at Somerset Place during the tenure of Josiah Collins III. Within the scope of the project, the author provided an overview of the conditions of slavery at Somerset Place which necessitated the creation of a slave hospital; the types of medicine available to slaves and procedures performed on them; and the impact that slavery had on the health of the youngest slaves on the plantation. Even so, two aspects of slave healthcare at Somerset Place warrant further investigation: the mortality rate of slaves and patient specific medical care.

This study relied on the preponderance of instances of childhood death noted in the *Lake Chapel Church Records* in an attempt to discuss health conditions specific to children. Gaps in data recording in the church records, however, limited the scope of this project. Instances of death for all ages were recorded in the church records, but this was not the case for instances of births. This line of inquiry, therefore, did not provide a sound methodology with which to compare the mortality rates across specific age groups such as infants, children, young adults, adults, and the elderly. Tax assessments, quarter sessions, and other legal documents for slave births on the plantation are potential sources for inquiry, as they could be used to calculate mortality. Such documents, however, are open to a litany of criticism. The economic nature of these sources often obfuscate the health of slaves and ailments that led to their demise.

This work's exploration of the types of medical care provided to enslaved African Americans at Somerset Place was a central focus; though, as it was laid out, has left much to be desired. The incredibly limited timeframe of Dr. Hardison's *Account Book* provided a rare glimpse into the types of procedures that he performed and medicines that he administered to

slaves; however, his records, in regard to Somerset Place, were limited to names of patients and dates visited. The absence of specific doses administered, minor procedures performed, patients seen, and a more nuanced discussion of the ailments that necessitated his services, limited aspects of this project.

This could be addressed if other accounts books belonging to the doctor were discovered. It was by happenstance that the author of this thesis found the single five-year account book in an archive titled “Physician’s Account Books” with a corresponding note on the back that read “Hardison?.” Additionally, with each visit to Somerset Place, Josiah Collins III issued a detailed receipt related to the patient and medical services rendered. Only a handful of such receipts are in the Josiah Collins papers. Though, if one were to locate more of these receipts, a more nuanced discussion of specific medical practices could perhaps be written.

With all that has been revealed, clearly the paucity of information on specific treatments administered to certain slaves, and the absence of clear demographic data have led this to be a partial view of health and medical care at this plantation. A great plague to American history is that traditional approaches and archives obfuscate slave perspectives. This sentiment was succinctly summarized in a recent work on female enslavement in Barbados when Marissa Fuentes wrote that “there will always be unanswerable questions from an archive that cannot fully redress the loss of historical perspectives and insights from the enslaved.”¹

However, with the addition of new documents and methodologies, it may be possible for future scholars to write a more complete history of the health and medical care of slaves at Somerset Place under the tenure of Josiah Collins III.

¹ Marissa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (University of Pennsylvania Press: Philadelphia, 2016), 144.

EPILOGUE

When visiting Somerset Place, patrons are exposed to a comprehensive narrative highlighting the history of all people who inhabited space during the Antebellum Period. Appropriate and proportional attention is given to the historical interpretation of the specific experiences of black and white people. This concept, the honest and forthright portrayal of lived experiences at Somerset Place, buttresses the modern historic site's modern interpretative schema.

For example, visitors at Somerset Place will hear the stories of Josiah Collins III's socialite status while touring the plantation house. Then, on the same tour, visitors will walk to the reconstructed overseer's house where they will learn about the grueling work that slaves performed daily in the rice fields. The site's guides expertly highlight the interplay of competing, yet omnipresent, forces that both animated Somerset Place and the peculiar institution more broadly. The sum of which provides guests with the most accurate depiction of events that occurred at the historic site. Moreover, this guiding philosophy creates a unique and sustaining culture for the intellectually curious.

The culture which surrounds the telling of Somerset Place's history makes it an ideal location for students of history. In recent decades, the historic site's management has sought to attract academics from multiple disciplines to pursue topics related to Somerset Place. All of this presents the most fair, balanced, and accurate narrative possible. However, the historic site was not always interested in advancing the narrative.

Not long ago, works that exposed the bleak aspects of slavery at Somerset Place, such as the one here, would not have been welcomed. This work's existence largely results from a paradigm shift in the site's approach to historical analysis and interpretative architecture; an

existence spurred on by the work of former site manager Dorothy Redford. Only with an understanding of her body of work can we appreciate, to the fullest extent, what Somerset Place offers academia.

Dorothy Redford described in her work, *Somerset Homecoming: Recovering a Lost Heritage*, how a number of factors led her on the path to uncover the histories of Somerset's enslaved workers. It was a particularly personal endeavor, as the subjects of her research were not merely names on dusty papers, but they were her ancestors. Armed with an intense passion for answers, which was further intensified by the cultural kindling of Roots, Redford sought to identify and locate the generations of descendants of Somerset's slaves.¹

Redford's journey led her first to Somerset Place historic site which was a logical starting point for her investigation. Somerset's interpretation of historic events, however, was anything but logical. During her early visits to the site, in the late '70s and early '80s, Somerset Place presented guests with a warped historic perspective obfuscating the history of her enslaved ancestors. Tour guides explained how plantations were, first and foremost, money-making ventures. The reliance on human chattel to maximize profits proved secondary to the history of the most prominent white people and monetary aspects. At that time Somerset Place partook in the cultural carnage of boosting the egos of those benefactors of the "peculiar institution" while minimizing the experience of the enslaved. Redford recounted her first tour of the site, saying:

There I was offered the standard industry-wide all-encompassing and all too familiar elitist white male "**He**" interpretive tour. **He** cleared and cultivated the land; **He** built his "mansion-house"; **He** married and had six sons and provided them a very posh lifestyle. **He** was devastated by the outcome of the Civil War and died broken hearted and broke. End of story. Remarkably, the teen tour-guide

¹ Dorothy Redford, "The Future of the African American Past," (Panelist presentation, National Museum of African American Culture and History, Washington, DC, May 19, 2016).

never uttered the word “slave” or for that matter the broadly accepted euphemism “servant.”²

Never discouraged, Dorothy Redford used this experience as further motivation to see her quest come to fruition. From Somerset Place, she found her way into the several archives across various states. Difficulties abounded, as the enslaved majority of Somerset’s inhabitants were the least represented in the white dominated archives. Furthermore, while slavery held the various branches of her ancestral tree together within the confines of the Somerset Place property lines, emancipation spread them across the Southeast. Redford describes the scale of her endeavor, writing:

“For almost a century, Somerset was a self-contained pod of people, one of hundreds of pods like it throughout the South. When those burst in 1865, seeds like the one that spawned me were scattered in the wind. I had to find the seeds that had mixed with mine--- the Somerset sisters and brother I knew were out there. It was time to work forward now, to close the circle.”³

Dorothy Redford accomplished this task with an intense drive and enthusiastic zeal. Her genealogical work of tracking down the descendants of former slaves thrust Somerset Place onto the national stage, as seen when she hosted the first of several “Homecomings” in 1986. The first homecoming was a great success with over 1,500 attendees, the descendants of the site’s enslaved community. Redford noted in a 2016 speech how “The event, called a ‘Homecoming,’ garnered front-page coverage from the New York, London and Los Angeles Times, The Washington Post, and USA Today. NBC, CBS, ABC, and CNN sent camera crews and

² Dorothy Redford, “The Future of the African American Past,” (Panelist presentation, National Museum of African American Culture and History, Washington, DC, May 19, 2016).

³ Redford, *Somerset Homecoming: Recovering a Lost Heritage* (Chapel Hill: The University of North Carolina Press, 1988), 114.

reporters.”⁴ Most importantly, however, Redford concluded that the Somerset Homecomings began a period of transition in how we, as a society and an academic discipline, interpret slavery at modern historic sites.

By 1988, her genealogical work, and subsequent “Homecomings,” elevated Redford into a new role at the Somerset Place historic site. Yet, as a site manager, she was expected to maintain the “feel good” homecoming events, nothing more. Eschewing pedantry, paternalism, and limited expectations, Redford set off on the new mission to alter and advance the interpretative narrative of slavery at Somerset Place.

Redford’s new mission presented its own challenges. When she sought to rewrite the interpretive narrative at the site, she was met with resistance. As Redford once put it to me, it seemed as if no one was interested in spending state money to expose the ugly stain of slavery buried at the site. Another challenge that Redford faced was in her training; she was a genealogist, not a historian, anthropologist, or archeologist. Though she uncovered aspects of slave life at the plantation through her extensive genealogical work, she lacked the specific training to fully articulate and present her argument.

Prior to this point, Dorothy Redford worked semi-autonomously tracking down Somerset’s descendants. Though going forth, she needed help. Through the 1990s, she assembled a team of professors and scholars from across the state to serve on an advisory board. Professors came from institutions such as Duke University, the University of North Carolina, and East Carolina University. Noted historians such as Peter Wood, Todd Savitt, and David Dennard

⁴ Dorothy Redford, “The Future of the African American Past,” (Panelist presentation, National Museum of African American Culture and History, Washington, DC, May 19, 2016).

brought their own expertise to the table. Each investigated the evidence and offered their findings for the benefit of the site.

Armed with their academic insights, Dorothy Redford presented their findings to donors, benefactors, and the state. She argued that the information warranted a new interpretative narrative and the addition of replicated structures that pertained to the slave experience. The modern site, replete with Redford's necessary modifications to presentation and interpretation, serves a much more transformative role: revealing the realities of the slave life.

Recreated additions to the site such as an overseer house, slave cabins, punitive stocks, and the plantation hospital provide guests a realistic view of slavery during the Antebellum Era. These additions postulate that Somerset Place was as much, if not more, a site displaying the history of enslaved African Americans, as opposed to a brittle museum to the white aristocrats who claimed ownership over generations of enslaved peoples. The prevalence of slave-utilized structures and items force visitors to think primarily and constantly about those who suffered under slavery at Somerset Place and, by extension, on every plantation in the South.

For instance, the stocks were placed, by design, at the mouth of the parking lot. Positioned in front of the overseer house near the parking lot, the stocks corral the visitors' attention towards the grim realities of slave life at Somerset Place. This instrument of punishment is the same kind that resulted in the loss of Becky's legs from frostbite. Items and structures at the historic site serve as a constant reminder that the plantation existed for a specific purpose, one that has been grossly overlooked and diminished since the end of slavery. They make it hard to buy into the traditional rose-colored interpretations of slavery.

From the beginning of her tenure as site manager of Somerset Place and even into retirement, Redford has worked to reclaim the narrative on historic plantation sites. This is not to

say that Somerset Place exists to obfuscate the history of the planters, but that Redford's work is emblematic of an important paradigm shift on the site where the "He" view no longer exists at the expense and utter erasure of the "We." This shift ensures that when visitors tour Somerset Place, they are no longer saddled with the singular "He" story.

Throughout this transformative period, Dorothy Redford collected documents related to the site from various locations. She traveled from Birmingham, Alabama to Washington, DC, to locate documents related to the site. Whenever she found new material, Redford would make copies to be made available at Somerset Place. This meticulous collecting of documents led to the construction of the Research Room at Somerset Place. Presently, scholars can visit the room and find copies of the Faunsdale Papers, housed in the Birmingham Public Library, next to the Josiah Collins Papers, housed in the North Carolina State Archives. Not only are these materials available to the researcher, but many of the documents have been transcribed into type script, thus making them easier to read. The room exists for the explicit purpose to attract scholars to conduct research on site.

The interpretative paradigm shift and creation of a research room have opened the way for career historians and graduate students to explore topics related to Somerset Place and American slavery. Through the encouragement of Dorothy Redford and the professors associated with her advisory board, students have conducted interesting research at the site. Capitalizing off the fruits of Redford's labor, recent graduate publications have focused on gender, power dynamics, religion, and public memory. Also, students of archeology have conducted digs, providing critical information used in the recreation of structures at the site. Given the culture that surrounds the site, no student who seeks truth is discouraged from investigating the history of Somerset Place and its people.

Dorothy Redford's contributions to the site are considerable and cannot be overstated. Thanks to her life's work, the time is primed for the inquisitive student to capitalize on the available material and welcoming culture at Somerset Place. While the historic site is noted for its forward-thinking design and tours, many topics have not been adequately addressed or fully exhausted. Much like with this work, there are additional avenues of exploration that could be pursued to advance the historical narrative. And the breadth and scope of materials related to Somerset Place, located in the Research Room, are waiting to be used in this pursuit.

BIBLIOGRAPHY

Primary Sources

- Bassett, John. *Slavery in the State of North Carolina*. Baltimore: John Hopkins University Press, 1899.
- Cartwright, Samuel A. "Diseases of Negroes- Pulmonary Congestions, Pneumonia, &c.," *De Bow's Review* 11 (August 1851): 209-213.
- "Ethnology of the Negro or the Prognathous Race." Lecture, N.O. Academy Sciences, November 30, 1857.
- "How To Save The Republic, And The Position Of The South In The Union." *De Bow's Review* 11 (August 1851): 184-197.
- "Philosophy of the Negro Constitution." Lecture, Massachusetts Medical College of Boston, Boston, MA, July 19, 1852.
- Cupola House Papers. Southern Historical Collection, University of North Carolina, Chapel Hill.
- Josiah Collins Family Papers. PC-417. North Carolina State Archives, Raleigh, North Carolina.
- The Medical Journal of North Carolina, 1858-1860*. Edenton, NC: Medical Society of the State of North Carolina.
- North Carolina. Washington County. Third, Fourth, and Fifth Census of the United States, 1810-1830, population schedules. Microfilm. Somerset Place Research Room copied from National Archives, Washington, DC.
- Eighth Census of the United States, 1860, population schedules. Microfilm. Somerset Place Research Room copied from National Archives, Washington, DC.
- Pettigrew Family Papers. #592. Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.
- Pettigrew Papers. PC-13. North Carolina State Archives, Raleigh, North Carolina.
- Physicians' record books, 1849-1866. #598-z. Southern Historical Collection, Wilson Library, University of North at Chapel Hill.
- Redford, Dorothy. "The Future of the African American Past." Panelist presentation, National Museum of African American Culture and History, Washington, DC, May 19, 2016.

Scuppernong Farms Project (Washington, DC: United States Department of Agriculture, 1936-37), pp. 8-9, in the Farm Security Administration Papers, North Carolina Archives, Raleigh

Lake Chapel Church Records. Christ Episcopal Church, Creswell, North Carolina.

State of North Carolina Washington County. Court of Pleas and Quarter Sessions. *Ordered by the Court*. Edenton, NC: August Session 1846.

Warren, Edward. *A Doctor's Experience in Three Continents*. Baltimore: Cushings and Baileys, 1885.

Secondary Sources

Blassingame, John W. *The Slave Community: Plantation Life in the Antebellum South*. New York Oxford: Oxford University Press, 1979.

Cecelski, David. *The Waterman's Song: Slavery and Freedom in Maritime North Carolina*. Chapel Hill: The University of North Carolina Press, 2001.

DeLucia, Christine. "The Memory Frontier: Uncommon Pursuits of Past and Place in the Northeast after King Philip's War." *The Journal of American History* 98 (2012): 977.

Fetts, Sharla. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill: The University of North Carolina Press, 2002.

Fuentes, Marissa J. *Dispossessed Lives: Enslaved Women, Violence, and the Archive*. University of Pennsylvania Press: Philadelphia, 2016.

Harrison, Alisa Y. "Reconstructing Somerset Place: Slavery, Memory, and Historical Consciousness." PhD diss., Duke University, 2008.

Humphreys, Margaret. *Malaria: Poverty, Race, and Public Health in the United States*. Baltimore: John Hopkins University Press, 2001.

----- . *Yellow Fever and the South*. New Brunswick, NJ: Rutgers University Press, 1992.

King, Wilma. *Stolen Childhood: Slave Youth in Nineteenth-Century America*. Bloomington: Indiana University Press, 1995.

Kiple, Kenneth and Virginia Himmelsteib King. *Another Dimension to the Black Diaspora: Diet, Disease, and Racism*. New York: Cambridge University Press, 1981.

Lewis, William G. "The Lake Chapel at Somerset Plantation and Religious Instruction in the Antebellum South." Master's Thesis, East Carolina University, 2016.

- Mancall, Peter C., Joshua L. Rosenbloom, and Thomas Weiss. "Slave Prices and the South Carolina Economy, 1722-1809." *The Journal of Economic History* 61, no. 3 (2001): 616-39.
- Phillips, Ulrich Phillips. *American Negro Slavery: A Survey of the Supply, Employment and Control of Negro Labor as Determined by the Plantation Regime*. Baton Rouge: Louisiana State University Press, 1966 [1916].
- Postell, William Dosite. *The Health of Slaves On Southern Plantations*. Baton Rouge: Louisiana State University Press, 1951.
- Pyles, P. F. "The Diffusion of Cholera in the United States in the Nineteenth Century." *Geographical Analysis* 1 (1969): 59-75.
- Redford, Dorothy Spruill. "Somerset Place: The Slave Community at Somerset," North Carolina Historic Sites. <http://www.nchistoricsites.org/somerset/slavery.htm> (accessed 1 July 2017).
- . *Somerset Homecoming: Recovering a Lost Heritage*. Chapel Hill, NC: The University of North Carolina Press, 2000.
- Savitt, Todd L. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana And Chicago: University of Illinois Press, 1981.
- . *Race and Medicine in Nineteenth- and Early-Twentieth-Century America*. Kent, OH: The Kent State University Press, 2007.
- . "Slave Health and Southern Distinctiveness," in *Disease and Distinctiveness in the American South* edited by Todd L. Savitt and James Harvey Young. Knoxville: The University of Tennessee Press, 1988.
- Schwartz, Marie Jenkins. *Birthing a Slave: Motherhood and Medicine in the Antebellum South*. Cambridge: Harvard University Press, 2006.
- Stamp, Kenneth. *The Peculiar Institution: Slavery in the Ante-Bellum South*. New York: Vintage Books, 1956.
- Steckel, Richard H. 1986. "A Peculiar Population: The Nutrition, Health, and Mortality of American Slaves from Childhood to Maturity." *The Journal of Economic History* 46 (3): 721-41.
- Stuckey, Sterling. *Slave Culture: Nationalist Theory and the Foundations of Black America*. New York: Oxford University Press, 1987.
- Steen, Carl. *Restoration Excavations At Somerset Place Plantation State Historic Site, 1994 and 201*. [Raleigh, N.C.]: North Carolina Archaeology Council, 2003.

Sykes, John Collins. "Women of Somerset Place." *Junior Tar Heel Junior Historian* 33, no. 2 (1994): 14-18.

Tarleton, William. *Somerset Place and Its Restoration*. Raleigh: Department Of Conservation and Development, Division of State Parks, Raleigh, 1954.

Wall, Bennett H. "Medical Care of Ebenezer Pettigrew's Slaves." *The Mississippi Valley Historical Review* 37, no. 3 (1950): 451-470.

----- "Ebenezer Pettigrew's Efforts to Control the Marketing of His Crops." *Agricultural History* 27, No. 4 (1953): 123

----- "Medical Care of Ebenezer Pettigrew's Slaves." *The Mississippi Valley Historical Review* 37, no. 3 (1950): 451-470.

White, Deborah Gray. *Ar'n't I a Woman?*. New York: W.W. Norton & Company, Inc., 1985.

APPENDIX I

Age At Death

N	Valid	198
	Missing	12
Mean		19.01595
Std. Error of Mean		1.905467
Median		3.00000
Mode		2.000
Std. Deviation		26.812296
Range		90.000
Minimum		.000
Maximum		90.000

Age At Death

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.000	1	.5	.5	.5
	.001	2	1.0	1.0	1.5
	.002	1	.5	.5	2.0
	.010	3	1.4	1.5	3.5
	.013	1	.5	.5	4.0
	.014	2	1.0	1.0	5.1
	.014	3	1.4	1.5	6.6
	.016	1	.5	.5	7.1
	.016	1	.5	.5	7.6
	.019	2	1.0	1.0	8.6
	.019	1	.5	.5	9.1
	.019	7	3.3	3.5	12.6
	.020	1	.5	.5	13.1
	.024	1	.5	.5	13.6
	.030	1	.5	.5	14.1
	.038	1	.5	.5	14.6
	.038	1	.5	.5	15.2
	.049	1	.5	.5	15.7
	.071	1	.5	.5	16.2

.137	1	.5	.5	16.7
.184	1	.5	.5	17.2
.224	1	.5	.5	17.7
.250	2	1.0	1.0	18.7
.485	1	.5	.5	19.2
.500	1	.5	.5	19.7
.508	1	.5	.5	20.2
.538	1	.5	.5	20.7
.583	1	.5	.5	21.2
.583	1	.5	.5	21.7
.592	1	.5	.5	22.2
.650	1	.5	.5	22.7
.667	1	.5	.5	23.2
.713	1	.5	.5	23.7
.750	2	1.0	1.0	24.7
.810	1	.5	.5	25.3
.833	1	.5	.5	25.8
.880	1	.5	.5	26.3
1.000	6	2.9	3.0	29.3
1.083	1	.5	.5	29.8
1.083	1	.5	.5	30.3
1.118	1	.5	.5	30.8
1.166	1	.5	.5	31.3
1.167	1	.5	.5	31.8
1.250	2	1.0	1.0	32.8
1.290	1	.5	.5	33.3
1.300	1	.5	.5	33.8
1.323	1	.5	.5	34.3
1.330	1	.5	.5	34.8
1.390	1	.5	.5	35.4
1.412	1	.5	.5	35.9
1.500	6	2.9	3.0	38.9
1.667	1	.5	.5	39.4
1.750	2	1.0	1.0	40.4
1.833	1	.5	.5	40.9
1.916	1	.5	.5	41.4

1.917	1	.5	.5	41.9
2.000	9	4.3	4.5	46.5
2.250	1	.5	.5	47.0
2.750	1	.5	.5	47.5
2.917	1	.5	.5	48.0
3.000	7	3.3	3.5	51.5
3.250	1	.5	.5	52.0
3.500	1	.5	.5	52.5
4.000	6	2.9	3.0	55.6
5.000	5	2.4	2.5	58.1
6.000	3	1.4	1.5	59.6
7.000	1	.5	.5	60.1
8.000	3	1.4	1.5	61.6
9.000	2	1.0	1.0	62.6
10.000	2	1.0	1.0	63.6
11.000	1	.5	.5	64.1
12.000	3	1.4	1.5	65.7
13.000	1	.5	.5	66.2
14.000	2	1.0	1.0	67.2
16.000	1	.5	.5	67.7
17.000	3	1.4	1.5	69.2
18.000	1	.5	.5	69.7
19.000	1	.5	.5	70.2
21.000	1	.5	.5	70.7
22.000	1	.5	.5	71.2
25.000	1	.5	.5	71.7
28.000	2	1.0	1.0	72.7
29.000	2	1.0	1.0	73.7
34.000	3	1.4	1.5	75.3
37.000	1	.5	.5	75.8
38.000	2	1.0	1.0	76.8
39.000	1	.5	.5	77.3
40.000	1	.5	.5	77.8
41.000	1	.5	.5	78.3
43.000	1	.5	.5	78.8
44.000	1	.5	.5	79.3

45.000	1	.5	.5	79.8
47.000	2	1.0	1.0	80.8
48.000	1	.5	.5	81.3
49.000	1	.5	.5	81.8
51.000	1	.5	.5	82.3
52.000	1	.5	.5	82.8
54.000	2	1.0	1.0	83.8
55.000	1	.5	.5	84.3
56.000	1	.5	.5	84.8
58.000	1	.5	.5	85.4
60.000	4	1.9	2.0	87.4
61.000	1	.5	.5	87.9
63.000	2	1.0	1.0	88.9
65.000	3	1.4	1.5	90.4
66.000	1	.5	.5	90.9
70.000	1	.5	.5	91.4
71.000	1	.5	.5	91.9
72.000	2	1.0	1.0	92.9
74.000	1	.5	.5	93.4
75.000	4	1.9	2.0	95.5
77.000	1	.5	.5	96.0
80.000	1	.5	.5	96.5
81.000	1	.5	.5	97.0
83.000	1	.5	.5	97.5
86.000	1	.5	.5	98.0
88.000	1	.5	.5	98.5
89.000	2	1.0	1.0	99.5
90.000	1	.5	.5	100.0
Total	198	94.3	100.0	
Missing System	12	5.7		
Total	210	100.0		

APPENDIX II

Incidents of Death (Under 5 Years of Age)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 1	52	24.8	47.3	47.3
	1	31	14.8	28.2	75.5
	2	12	5.7	10.9	86.4
	3	9	4.3	8.2	94.5
	4	6	2.9	5.5	100.0
	Total	110	52.4	100.0	
Missing	System	100	47.6		
Total		210	100.0		