

Exploring Race and Medicine through Diaries: White Perspective on Slave Medical Care in Antebellum Mississippi

KELLY BRIGNAC

In the antebellum South, white men and women constantly searched for ways to justify slavery. Frequently, physicians and medical researchers turned to physiology to describe why blacks differed fundamentally from whites. Quite simply, whites believed that African Americans' physiology so strongly contrasted with their own that blacks were incapable of caring for themselves. Therefore, they required constant white supervision, specifically through slavery. The journal of Walter Wade and the diary of Eliza Magruder, two white residents of Mississippi plantations, offer evidence of this attitude towards slave physiology. They further suggest that a white's attitude towards slave illness and death varied according to that individual's sex. While men primarily viewed their slaves as economic values and women were more apt to pity ill slaves, both sexes viewed slaves as inherently unequal to whites and used this inequality to warrant their treatment of ill slaves.¹

Antebellum slave researchers and physicians discussed the discrepancies between black physiology and white physiology. For Mississippi physician Samuel Cartwright, these medical dissimilarities legitimized slavery: "The Ethiopian...is unfitted, from his organization and the physiological laws predicated on that organization, for the responsible duties of a free man, but, like the child, is only fitted for a state of dependence and subordination."² According to Cartwright, an adult slave's physicality was remarkably similar to that of a white child, and thus, he or she must be kept under the care and control of whites. This document raises the question of how slave owners responded to Cartwright's postulate. Investigation of Mississippi plantation journals and diaries reveals that white plantation owners not only agreed with Cartwright's assertion, but also added an economic component to his argument.

The analysis of Dr. Walter Ross Wade and Miss Eliza Magruder's plantation diaries proves to be indispensable in a larger analysis of white Mississippians' opinions of slave medical care. Wade purchased Rosswood Plantation from the Prospect Hill estate, owned by his grandfather Captain Isaac Ross, in the 1850s. Once boasting over one hundred slaves and 1200 acres, the plantation is located near Lorman, Mississippi, a small town midway between Natchez and Vicksburg, Mississippi.³ In Natchez, Magruder lived on her uncle Joseph Dunbar's Locust Plantation, on which he grew cotton. Both kept their diaries within twenty years of each other; Magruder recorded daily life from the years 1846 to 1857 and Wade from 1855 to 1865. Through comparing the two diaries to each other, we can draw larger conclusions about the greater Mississippi population, specifically that gender differences affect the way in which an individual approaches slave medical care.

On Rosswood Plantation, Wade appears to have been the primary, if not only, medical caregiver for his slaves' minor illnesses and accidents, as he never mentioned an overseer or his wife distributing medication on his behalf. It is not known if he attended medical school or simply became a doctor of his own accord. Either way, he viewed plantation medical care to be his duty, as he consistently attempted to diagnose his slaves, became frustrated when he failed to diagnose correctly, and remained informed of the latest medical discoveries. Two reasons likely explain his interest in medicine: to avoid funding a physician and to perpetuate his position as "top dog" at Rosswood by forcing slaves to report to only him for medical care.

For plantation masters, stoically maintaining absolute authority over their domains, especially by focusing medical authority in themselves, was a significant part of asserting their southern masculinity. With regard to slave medical care, plantation owners could assert their power in one of two ways. First, they could center all medical

Kelly Brignac is a senior history major at Millsaps College in Jackson, MS. While at Millsaps, she has been President of the History Club and Phi Alpha Theta, has been inducted into Phi Beta Kappa, and will graduate Summa Cum Laude. In addition to being published, she has presented papers at 8 undergraduate and graduate conferences and will present her Honors Thesis at the 2012 meeting of the Southern Historical Association. In the fall of 2012, she will begin graduate work at Vanderbilt University where she will study the French Atlantic World in the eighteenth and nineteenth centuries.

¹ This paper addresses the plantation diaries of Walter Wade, from 1854 to 1865, and Eliza Magruder, in the year 1846. Magruder's diary covers the years 1846 to 1857. Due to time constraints, I was not able to analyze Magruder's diary after the year 1846 or other potentially helpful plantation diaries. These diaries include, but are not limited to, those of James T. Magruder, Aventine Plantation Diary, John Moore Taylor, Henry L. Metcalfe, Henry Frederick Shugart, and Nancy McDougall Robinson. Each of these diaries is held at the Mississippi Department of Archives in Jackson, Mississippi.

² Samuel Cartwright, "Diseases and Physical Peculiarities of the Negro Race," in *Major Problems in the History of American Medicine and Public Health*, ed. John Harley Warner (Boston: Houghton Mifflin Company, 2001), 103.

³ Natches Staff. "Walter Wade's Rosswood Plantation diary now available on CD," *The Natchez Democrat*, September 17, 2003.

responsibility in themselves by refusing to relegate medical responsibilities to others, as Wade did. Other masters, like Eliza Magruder's uncle, instructed white subordinates—typically wives and overseers—on when and how to distribute medicine, thereby “demonstrat[ing]...the superiority of all whites over blacks.”⁴ Whichever method they employed, masters could carefully remain unattached to their slaves' medical circumstances and avoid appearing feminine to their inferiors, black or white. In this way, plantation owners regarded their slaves solely as economic assets, an outlook which shaped white medical care for slaves.

The fact that plantation owners invested large amounts of money in each slave that they purchased and bred typically outweighed their concern for the laborers as sentient beings. It was also “the primary reason why they were provided medical care.”⁵ Commercial value outstripped paternalistic feelings for slaves, especially in Wade's case; he, along with all other plantation owners, viewed slavery as a way to profit economically.

In his journal, Wade frequently illustrated important moments in the lives of his animals and his slaves, thereby demonstrating his proclivity of viewing them as economic assets. Upon the death of one of his slaves or an animal among his livestock, Wade would quickly sketch an arrow in the margin of the entry and, in the case of particularly momentous events, included pictures to mark the occasion. When one of his favorite horses died, he not only wrote a page-long memorial for the animal, but also drew the carcass with impressive detail.⁶ These drawings were not limited to animals; in 1856, he illustrated a wedding between two of his slaves, because marriage and procreating among his workers ensured an increase in workers with little to no expense.⁷ In contrast, he did not draw the marriage or death of white neighbors, family, or friends can be found in the journal. Wade illustrated the loss of life and the prospect of new life in an effort to mark changes in his property for annual inventory purposes.

For similar economic reasons, plantation owners often felt anger when large amounts of slaves fell ill, especially when one slave became seriously ill. On January 13, 1857, Wade wrote, “Dr. P.H. Wade return today with Jim, \$50 expenses—first think of that much money in a negro: with the amount of sickness, and chances to die!”⁸ He simply could not fathom spending such a large amount of money on a Negro's medical sickness. Two days later, he again expressed frustration: “Eliza, Martha, Winny, Ginny, Matilda, Ritta, and Amelia's child sick...sick! sick! sick!”⁹ His frequent use of exclamation points and repetition of the word “sick” demonstrates his frustration with the slaves' illnesses, perhaps because he would have to pay for their treatments. In addition, when two slaves fell ill, he indignantly wrote, “I am much put out; cannot get anything done as I want it.”¹⁰ When a number of slaves became sick, their inability to work prevented the plantation from running as Wade wished it to, causing him to express anger in his diary.

During times of widespread illness, fear replaced anger in Wade's journal entries. When syphilis began to spread on Rosswood Plantation, Wade wrote, “Syphilis! What next? Or who next?” (March 22, 1857). He feared the spread of syphilis for the same reasons that mild cases of illness angered him; with endemic syphilis comes loss of labor, lowered slave values, and death. According to William Dosite Postell, “...when syphilis did appear it was kept within the bounds of the plantation, as the Negroes were not transients.” Perhaps Wade feared syphilis because it was limited to the plantation's boundaries and implied to his peers that he could not keep his slaves healthy or under his control. Endemic syphilis presented a threat to both a plantation's efficiency and a plantation owner's reputation as a man, which explains why “All...cases were strictly quarantined under severe penalties for any violation.”¹¹

Further proof that Wade considered Negroes to be primarily an economic investment lies in that he acknowledged a slave's sentience in very few instances and only after the slave proved his or her economic value. For a plantation owner, a slave's worth increased with age and physical capabilities. J.H. Allston, owner of a South Carolina estate, appraised his Negroes based on age: “Prime fellows, \$800; Prime women, \$600; Boys 12 to 16 years old, \$500; Girls 12 to 16 years old, \$400; Children 8 to 12 [sic], \$300 and 4 to 8 [sic], \$250; 1 to 4 [sic], \$150; under 1 year old \$50.”¹² Wade left no guidelines for his own appraisals in his journal, but Allston's example provides readers with an idea of how little infants and how much adults in their physical prime were worth.

Given both children's low economic values, Wade showed very little concern for the health of black infants

⁴ John W. Blassingame, *The Slave Community: Plantation Life in the Antebellum South* (New York: Oxford University Press, 1979), 257.

⁵ Herbert C. Covey, *African American Slave Medicine: Herbal and Non-Herbal Treatments* (Lanham: Lexington Books, 2007), 33.

⁶ Walter Wade Plantation Journal, 4 Jan. 1857, MS Dept of Archives.

⁷ Wade, Journal, 1856.

⁸ Wade, Journal, 13 Jan. 1857.

⁹ Wade, Journal, 15 Jan. 1857.

¹⁰ Wade, Journal, 30 March 1857.

¹¹ William Dosite Postell, *The Health of Slaves on Southern Plantations* (Baton Rouge: Louisiana State University Press, 1951), 81.

¹² *Ibid.*, 52.

and young children, even though “childhood was generally the least healthy period of life.”¹³ This strongly differs from the attention given to pregnant slaves; he permitted them a month’s rest around the time of their projected childbirth. While this amount of time is relatively short by today’s standards, it is important to note that providing a slave with a month-long respite was a considerable economic loss for plantation masters. In order to explain this action, the assumption must be made that the desire for a new, essentially cost-free, slave to work the fields, especially given the end of transAtlantic slave trade, outweighed concerns for a woman’s month-long loss of labor.

Between 1854 and 1865, numerous slave births occurred at Rosswood, but Wade did not express excitement for a single birth. Each entry about black childbirth resembles this example: “Ophelia gave birth to a girl child 4 o’clock this morning—calls it Clara.”¹⁴ The lack of excitement, especially his refusal to specify the child’s gender, sharply contrasts with the birth of a white neighbor’s child; on January 12, 1856, he wrote, “Mrs. Jones has a baby!!”¹⁵ Similarly, Wade does not appear to lament slave children’s illnesses and deaths. When a slave child fell ill on June 21, 1856, Wade simply noted, “Negro sick tonight, keep him in my rooms.”¹⁶ He did not mention the child’s name—Messenger—until June 27 and, two days later, expressed irritation over Messenger’s lingering illness: “Get well now!”¹⁷ Upon the child’s death, Wade merely recorded, “Messenger—Died this morning...4 mo, 3 w. Buried this evening without any Postmortem Examination.”¹⁸ Obviously, Wade felt little concern about his slave, a fact also evidenced by his refusal to call a physician; he instead cared for the child in his home for fifteen days to avoid a doctor’s bill.

In addition to these objective notations, Wade did not mark any black child’s birth or death—not even Messenger’s—with his usual arrow; he only included those who survived to the end of the year on the annual inventory, most likely because death among slave children was so prevalent that he came to expect it.¹⁹ Even when children fell severely ill, their masters felt little to no emotion, instead only duly noting death, as death was so common among infant slave populations. Only when a child reached the age of eleven and began performing more laborious tasks did a master begin to economically and personally invest himself in illness and, in Wade’s case, call for physicians and include arrows in his journal’s margins to mark the slave’s death.

Even the pronouns used to refer to slave children and adult slaves demonstrate perceived economic value. On June 7, 1860, Wade wrote, “Laura’s child Candine very sick, high and hot fever and could like pneumonia: fear it will die next.”²⁰ Candine, a mere infant, is not yet worthy of gender because “it” has not proved “its” economic value. This is at odds with Wade’s treatment of Laura when she fell ill; he referred to her as “she:” “With Laura half the day—no better, and don’t think she can possibly recover.”²¹ Because Laura had both labored and produced slaves for Wade, he viewed her as a gendered being. For slave owners, age, economic value, and identity all increased together.

Wade’s attitude towards a slave child’s mother sometimes influenced his judgment of the child’s worth and, in one instance, caused him to feel emotion towards one child: hatred. He wrote, “Alison Wade took Demus home to put up with his slut Fanny—to have pups 15th July.”²² We can only speculate about the cause of such strong emotion; perhaps he despised Fanny because she rejected him sexually, or maybe she gave syphilis to another slave on the plantation. Whatever the reason, out of sheer hatred, he equated the couple’s children with puppies. Through manipulating language, he implied that Fanny’s children would be degenerate beings and even more worthless than a slave child, all on account of her own sexual transgressions. The statement also implies that Wade despised sexual experience or promiscuity among his female slaves, although many slave owners—perhaps even him—raped these same slaves.

Wade further exposed his belief that a slave’s value increased with age when he expressed regret over the death of a teenaged slave named Sophy. Like other plantation owners, Wade was “actuated by more humane motives,” but only once a slave proved his or her economic value, as Sophy did.²³ He wrote, “too bad, to think about: a young girl, 17 years old, to be suffered to die: evidently for the want of proper attention!! Her mother Judy has not feeling enough for her children: Brings them into the world, but does not do a good mothers part afterwards...Buried

¹³ Todd L. Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth Century America* (Kent: The Kent State University Press, 2007), 69.

¹⁴ Wade, Journal, September 23, 1855.

¹⁵ Wade, Journal, 12 Jan. 1856.

¹⁶ Wade, Journal, 21 June, 1856.

¹⁷ Wade, Journal, 29 June 1856

¹⁸ Wade, Journal, 5 July 1856.

¹⁹ Savitt, *Race and Medicine*, 69.

²⁰ Wade, Journal, 7 June 1860.

²¹ Wade, Journal, 17 June 1860.

²² Wade, Journal, 12 May 1858.

²³ Charles Sackett Sydnor, *Slavery in Mississippi*, (Gloucester: The American Historical Association, 1933), 72.

this evening! 17 or 18 years old, and a good hand!”²⁴ These feelings so differ from his neutrality towards infant and childhood deaths that we might wonder why he displays so much concern for this young girl. Perhaps Sophy was his illegitimate daughter, or maybe he had sexual relations with her. In Wade’s eyes, these possible explanations would excuse his emotional connection with the girl, as having sex with, or raping, his female slaves would enable him to display his masculinity and total power over his property. Whatever the reason for the personal connection, he also expressed an economic concern when he regretted the loss of “a good hand.”

Wade also asserted that Sophy’s mother’s incompetence directly caused the girl’s death; however, the possibility that inadequate slave care caused Sophy’s death simply never crossed his mind. This belief in the ineptness of slave mothers was not limited to Wade. In general, slave masters believed that “...slave mothers through either indifference or ignorance were very careless in caring for their babies.”²⁵ To plantation owners, slave mothers simply did not have the emotional capacity to care for their children and therefore could not fulfill their feminine obligations to nurture. Despite this problem of black female ineptitude, an issue Cartwright probably would have agreed with, slave masters failed to invest themselves in each child’s health because their true concerns lay in the field, not in a child’s sickroom. Some plantation masters delegated the job of child care to an older, trusted female slave who was no longer useful in the fields, an option that both provided the potential to save ill children and protected the master’s monetary investment. Others who did not have an available female slave simply let the children live with little supervision, and those who survived childhood—basically, the physically strongest—worked in the fields or the house. Wade appears to have taken the latter approach to child care, as he did not mention an older woman caring for slave children. For him, a slave mother’s incompetence was simply something to handle when it became a problem, as in Sophy’s case.

After slaves proved their economic value and remained dedicated to their master for their entire life, Wade seemed finally to accept him or her as a sentient being rather than solely a monetary value. Historian Charles Sydnor evaluates the treatment of elderly slaves: “As slaves grew old, their tasks were lightened in proportion to their failing strength...No instance has been found of a master’s failing to care for such slaves and they generally seem to have been treated as well as able-bodied field hands.”²⁶ This is the case of “Old Bill,” a slave for whom Wade had a respectable amount of emotions. On February 6, 1858, Wade remained at home to care for Old Bill, and, on February 12, administered medication to the slave with no complaint about the expense. As his condition deteriorated, Wade wrote, “...poor old fellow has suffered much pain and anxiety about dying: I could not hint at what I believed: and cheered him with the hope that he would get up again: Encouraged him to have patience and hope for the best.”²⁷ Old Bill died on February 19, 1858.

Old Bill not only provided dependable labor for Wade, but also expressed faith in the white medical system, providing yet another reason for Wade to show sympathy for his slave. On February 12, 1858, Wade wrote, “[Old Bill] says of course he is better: faith in [Dr.] Gibson.”²⁸ Wade’s inclusion of a slave’s opinion is simply phenomenal; this entry is the journal’s only instance in which Wade included something that a slave stated. Because most slaves disparaged white medical techniques and usually strove to practice their own African medicine, Old Bill’s faith in Dr. Gibson held a significant weight in Wade’s mind.²⁹ By including a paraphrase of Old Bill’s thoughts, Wade demonstrated that he had a high appreciation for slaves who professed faith in the white system, and for this reason, Old Bill deserved to be comforted.

Wade’s generous treatment towards Old Bill sharply contrasts with the death of another slave’s child six days later, upon which he noted, “Jenny’s child Luvenia died this afternoon.”³⁰ Wade’s reaction to Old Bill’s death and Luvenia’s death likely differs because of the slaves’ ability to work. Old Bill dedicated his life to Wade and, for this reason, deserved a full funeral. In contrast, slave infants, and toddlers like Luvenia never received a funeral, or even a structured burial, because they did not demonstrate their work ability to their master. The depth of Wade’s compassion toward a slave solely depended on whether he or she reimbursed his or her master for the original economic investment.

Wade organized Old Bill’s funeral not only to commemorate his obvious devotion, but also to impart valuable

²⁴ Wade, Journal, 1 April-2 April 1857.

²⁵ Postell, *Health of Slaves*, 120-1.

²⁶ Sydnor, *Slavery in Mississippi*, 66.

²⁷ Wade, Journal, 6 Feb.-19 Feb. 1858.

²⁸ Wade, Journal, 2 Feb. 1858.

²⁹ Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006), 50.

³⁰ Wade, Journal, 25 Feb. 1858.

advice to his slaves. For Wade, Old Bill provided “a model for the others to emulate” and proof that hardworking, diligent, and devoted slaves would receive a proper Christian sendoff to heaven.³¹ His argument may have profoundly influenced his slaves, a population that most likely found solace from their low circumstances in the promise of a future paradise. The funeral also affirmed Wade’s masculinity, as other plantation owners would have understood it as an attempt to solidify his total authority over the physical and spiritual lives of his slaves.

Although Wade attempted to convince his slaves that Old Bill went to heaven, the absence of religious contemplation in his journal suggests skepticism towards his slave’s heavenly reward. When a family friend named C.N. Killingsworth died, Wade sought meaning in the Bible: “From dust thou art made: and unto dust will thou return.”³² Later, James Killingsworth’s death encouraged further prayer; he wrote, “But some men will say: How are the dead raised up? And with what body do they come? Thou fool, that thou slowest is not quickened except it die.”³³ In contrast to the religious contemplation that white deaths inspired, Wade did not turn to any Bible verses upon Old Bill’s death, an exclusion which reveals his belief in blacks’ inherent inequality to whites. Wade may have believed that Old Bill was a sentient being, but this conclusion did not provide him with enough reason to respect Old Bill as an equal, as Wade posthumously used his slave to serve his own interests.

Even though Wade treated Old Bill’s death with considerable emotional concern, the death of “a fine saddle horse” caused Wade despair that surpassed even his distress for Old Bill.³⁴ Wade first described the animal’s illness and then the results of the autopsy, eventually dedicating an entire page of his journal to the horse’s death. The very fact that he ordered an autopsy on a horse and not on any of his slaves illustrates the depth of the Southern planter’s conviction that slaves were worth less than animals.

Perhaps the reason for this belief resulted from the fact that a planter could ensure total control over an animal but not over a slave. Even Old Bill essentially denied white control when he ran away three years prior to his death, and despite this, Wade still honored him with a funeral for his later excellent service. Given Cartwright’s argument of black medical distinctiveness, it is entirely possible that Wade believed that his medical skills had cured Old Bill of “Drapetomania,” a “troublesome practice that many negroes have of running away...prevented...with the advantages of proper medical advice.”³⁵ Wade may have gained control over Old Bill at the end of his life, but the fact that Wade used his slave’s devotion as an example for other slaves hints that he may have had less control over his slaves than he would have liked. In order to gain more authority, he used the funeral to ensure the devotion of his other slaves.

Further proof that Wade viewed slaves as economic beings to control, not connect with emotionally, lies in his failure to visit his own slave quarters. Wade visited the slave quarters to care for the ill only once.³⁶ Similarly, Magruder’s Uncle Dunbar, owner of Locust Plantation, appears to have never walked to his slave quarters, instead discovering a slave’s illness only upon seeing him or her in the fields or the plains. The slave masters’ refusal to walk to their laborers’ homes—the center of family and friendship for the slaves—suggests that white masters were completely removed from their slaves’ status as human beings. Because Wade and Dunbar rarely visited sick slaves in their homes, the two men lacked a significant emotional connection with their workers that women like Magruder possessed.

As opposed to Wade’s determination to prove his masculinity by showing little emotion, Magruder’s gender enabled her to show a comparably large amount of emotion towards her uncle’s slaves. Presumably, while Wade felt social pressure to be masculine, Magruder felt similar pressure to be feminine. Magruder often acted as the primary medical caregiver to the slaves, walking to their quarters to distribute medication and expressing concern for her uncle’s ill slaves. As she took on a nurturing role at Locust Plantation, she fulfilled her feminine societal role.

In addition, Magruder’s status as Dunbar’s visiting niece and, therefore, outsider to Locust Plantation placed her in a unique position. Her familial connection enabled her to retain elite status in Dunbar’s domain, yet its distance allowed her to remain relatively removed from the plantation’s economic concerns. She had little to no connection with the plantation’s success, and her only obligation was to respect her uncle’s wishes so that she could remain on his property. Because of her distance from the plantation’s economics, she was able to fulfill much of her feminine social role, specifically through developing an emotional connection with her uncle’s slaves. Her dedication to curing blacks of their illnesses sharply contrasts with her Aunt Olivia’s actions; in 1846, Olivia visited slaves in their homes

³¹ Blassingame, *Slave Community*, 258.

³² Wade, Journal, 15 June 1857.

³³ Wade, Journal, 6 Aug. 1857.

³⁴ Wade, Journal, 11 Jan. 1857.

³⁵ Cartwright, Ed. Warner, *Major Problems*, 105.

³⁶ Wade, Journal, 15 Dec. 1857.

only once in order to check the “appearance of everything” during a walking tour of the plantation.³⁷ Four days later, Magruder herself walked to the quarters to treat a slave that Olivia had found ill.

Olivia’s disconnect with medical affairs on the plantation conflicted with her position as a wife who, as a woman, should support her husband by investing herself in his economic success. Because slaves were only monetary values, it seems that she would have closely monitored their physicality in both health and illness in an effort to protect her property, but she remained mysteriously absent from their medical treatment, instead leaving her niece to treat nearly all minor illnesses and injuries. Sexual relations between slave masters and their female slaves were not uncommon on southern plantations, and perhaps infidelity on the part of Olivia’s husband was a frequent occurrence on the plantation.³⁸ If true, she may have emotionally distanced herself from the slaves in order to deal with her sense of betrayal. Due to her aunt’s failure to take medical responsibility, Magruder filled the position of female nurturer, as she had no personal connection with the parenthood of slave children.

Interestingly, as she accepted the responsibilities that her aunt refused, Magruder took on a position of power comparable to Wade’s. Her ability to treat slaves diverges from Wade’s decision to center medical authority in himself. Evidently, her uncle took the opposite approach to retaining total control, specifically through allowing his niece to heal his slaves. Simultaneously, he forced her to depend on him to pay for medical treatments and to inform her of a slave’s illness. Although Magruder never mentioned any instructions from her uncle, her frequent inclusion of his medical reports leads to the conclusion that he discovered a slave’s illness in the fields, then automatically delegated the responsibility of curing the slave to his niece.

Magruder fulfilled her position by visiting the slaves in their quarters, where she monitored the ill, healed the injured, and administered medication to both the sick and the hurt. On January 31, 1846, she “walked over to the quarters...before breakfast, to see a sick woman, found her quite sick...gave two doses of medicine.”³⁹ On a separate occasion she “went twice to the quarters [that] morning to see sick negroes, gave one of Harriet’s children a dose of calomel tonight.”⁴⁰ Rather than wait for sick slaves to report to her uncle’s home for treatment, Magruder traveled to their homes upon learning of his or her illness. She also did not mention the cost of the medication; in fact, it appears that Dunbar funded a stock of medicine for his niece’s express use, as Magruder never mentioned ordering any medicine from sources outside the plantation. In addition, due to her failure to mention whether or not she sought her uncle’s permission to use the medication, one can assume that she either used the medication without his approval or simply had the power to use it when necessary. The ability to determine when each slave received medicine gave Magruder a considerable amount of power on an estate that she had little personal investment in, but she was still directly under her uncle’s control because he funded her medical expenditures.

Magruder not only nurtured the sick, but also vaccinated her uncle’s slaves to prevent plantation-wide epidemics, signaling her medical knowledge and dedication to health care. On February 16, 1846, she wrote, “Doctor Coleman called here and vaccinated two of the little darkies and left mother to vaccinate others.”⁴¹ Even though the doctor gave the vaccinations to a slave mother (Magruder’s mother was not present on Locust Plantation), Magruder ultimately administered the vaccines: “I vaccinated eight or ten little darkies this morning.”⁴² As previously mentioned, her uncle agreed with Cartwright’s implication that slave mothers did not have the intelligence to care for their own children. Indeed, many planters felt that only whites should administer medicine and vaccinations, as “the slave would probably throw [regular medicine] away and rely on...African lore.”⁴³ Although she personally administered the vaccinations to these slaves, Magruder does not appear to have always agreed with this conviction; on June 23, 1846, she “gave Harriet a dose of medicine for one of her children.”⁴⁴ This single action implies that she had more trust in each slave’s intellect than Dunbar or Wade. Although Magruder and Wade both medicated and vaccinated on their respective plantations, Magruder’s faith in Harriet’s ability to care for her child demonstrates a difference possibly attributed to gender.

Another diary entry suggests that Magruder actively monitored slave health not only at Dunbar’s plantation, but also at her Aunt Lavinia’s residence. On February 17, 1846, she recorded, “Hellen (the little darkie at Aunt

³⁷ Eliza Magruder Plantation Diary, 5 Feb 1846, MS Dept of Archives.

³⁸ Norrece T. Jones, Jr., “Rape in Black and White: Sexual Violence in the Testimony of Enslaved and Free Americans,” in *Slavery and the American South*, ed. Winthrop D. Jordan (Jackson: University Press of Mississippi, 2003), 95.

³⁹ Magruder, Diary, 31 Jan 1846.

⁴⁰ Magruder, Diary, 21 May 1846.

⁴¹ Magruder, Diary, 16 Feb 1846.

⁴² Magruder, Diary, 17 Feb 1846.

⁴³ Sydnor, *Slavery in Mississippi*, 51.

⁴⁴ Magruder, Diary, 23 June, 1846.

Lavinia's) died this morning at 7 o'clock."⁴⁵ Magruder had no reason to note this slave's death, as Lavinia probably kept her own plantation records. The decision to include this information discloses Magruder's interest in medicine and slave vitality as a whole. Even her word choice manifests her tendency to view slaves as sentient beings rather than solely economic assets; she clarified Hellen's identity with the words "the little darkie," a phrase that implies a predilection to pity, and not totally ignore, young slaves.

In addition to pitying ill slaves, Magruder also nurtured her uncle's laborers. When a young slave named Emily fell sick from July to September of 1846, Magruder physically and emotionally invested herself in the child's illness and recovery. Magruder first prescribed doses of blue moss and quinine, warm baths, and hot clothes, and also remained at home to administer the treatment.⁴⁶ As Emily's illness wore on, Magruder developed an emotional connection with her patient and hoped for her recovery: "I feel anxious about her, got Mrs. Ireland to look at her tonight."⁴⁷ The next day, she wrote, "hope she is better."⁴⁸ Magruder both worried for Emily and acknowledged her humanity by referring to the slave as "she," two things Wade never did when caring for an ill child. The extended period of illness resulted in a personal connection which crossed economic and racial boundaries, as the slave relied on Magruder's ability to nurture, and Magruder was able to fulfill her feminine social roles. In contrast, a slave who fell ill for an extended period of time only irritated Wade, if he felt any emotion at all; deaths among Antebellum slave children occurred so often that he came to accept premature death as a fact of life. Magruder's response to Emily's illness and eventual recovery exhibits her feminine capability to view slaves as sentient beings and also establish personal relationships with them.

Magruder cared for Emily so much that she sought out the medical advice of white adults on three separate occasions. The severity of Emily's illness and Magruder's hope for her recovery encouraged Magruder to ask the advice of Mrs. Ireland, a family friend. During the first appearance of Emily's illness, Magruder chose to rely on her own medical knowledge instead of seeking the advice of someone more experienced in medicine. When the illness developed a second time in August, Magruder mistrusted her own ability to heal the child and requested Mrs. Ireland's advice.⁴⁹ She did not seek the judgment of local physician Dr. Coleman until the illness reappeared a third time in September, thereby heeding the antebellum tradition to not call a doctor for an ill slave until "the case was hopeless and only by a special miracle would the patient recover."⁵⁰ Southerners felt that their own medical skill could adequately care for an ill slave, and doctors—along with their bills—were only necessary in the worse cases, like Emily's. When Dr. Coleman failed to cure the sickness, Magruder felt "anxious" about the girl's proximity to death and, instead of hiring another doctor, called for Mrs. Ireland again. Because one regular physician could not restore Emily's health, Magruder may have concluded that paying for another would be futile, or maybe her uncle refused to pay for another "unnecessary" doctor visit. Either way, relying on Mrs. Ireland required no further medical expenditure, and perhaps Magruder trusted her friend's advice for slave care more than a doctor's. Throughout Emily's illness and eventual recovery, Magruder's decisions always revolved around her goal to save the child from death.

While Magruder was determined to cure Emily, her decision to both cure and comfort a white infant reveals her belief that whites were more fully human than blacks. She revealed her penchant to soothe the white baby: "... she appeared to be in pain, I gave her a little peppermint."⁵¹ In addition to administering peppermint, a drug used to alleviate pain in the stomach, Magruder called for both Dr. Coleman and his medications early on in the illness. In contrast to the comfort given to the white baby, Emily only received drugs that would cure her illness and did not have access to a white doctor until she was near death. Apparently, Mrs. Ireland was only called for Emily's case because her expertise applied to only blacks; whites deserved the care of regular medical physicians. Magruder's medical decisions, clearly influenced by her patient's race, proves Historian Stephen C. Kenny's assertion: "[slave caregivers] did not operate simply to provide patients with comfort, warmth, and light; rather they functioned as mechanisms for the maintenance, restoration, insurance, and enhancement of commercial value for the objectified chattel."⁵² Despite her belief in a slave's sentience, evidently Magruder still assumed that black physicality differed from that of whites,

⁴⁵ Magruder, Diary, 17 Feb 1846.

⁴⁶ Magruder, Diary, 16 July 1846-15 Aug 1846.

⁴⁷ Magruder, Diary, 7 Sept 1846.

⁴⁸ Magruder, Diary, 8 Sept 1846.

⁴⁹ Magruder, Diary, 13 Aug 1846.

⁵⁰ Postell, *Health of Slaves*, 62-3.

⁵¹ Magruder, Diary, 8 April 1846.

⁵² Stephen C. Kenny, "'A Dictate of Both Interest and Mercy?' Slave Hospitals in Antebellum South," *Journal of the History of Medicine and Allied Sciences* 65, no. 1 (2010): 5.

in that blacks could “endure more illness” and pain.⁵³ Therefore, they needed less regular medical care than whites.

Further proof of Magruder’s assumption of racial differences lies in her approach to religion. In the year of 1846, she did not once describe interactions with slaves outside the medical world—not even Emily—and slave illness did not inspire any form of religious contemplation. In her diary, religion exists only in relation to white families and their Church attendance; like Wade, she did not mention Bible verses or contemplate her religion in relation to slave illness and death. Her failure to seek comfort in God on a slave’s deathbed divulges that she did not fret over slaves and their afterlife, as much as she might have over a white’s spiritual rewards.

In Magruder’s eyes, slaves merited attention only when they became sick and she needed to protect her uncle’s economic investments by nurturing the ill, as a female should. In addition, she was entirely dependent on her uncle’s willingness to fund vaccinations, medication, and medical care for serious illnesses; her very place in the plantation household, as not only a woman but a niece, prohibited her from independently providing for slaves. Magruder felt that slaves were sentient beings, but not important enough to soothe or notice outside of the medical world. Whether or not she was aware of Cartwright’s thesis of two different anatomies, Magruder upheld his medical dictates by refusing to call regular doctors until a slave’s near death and viewing blacks as medically different from whites.

Similarly to Magruder, Wade preferred to rely on his own medical knowledge to care for an ill slave until his or her death seemed imminent. However, his treatment of ill slaves was comparatively less emotional than Magruder’s, as he concerned himself primarily with plantation economics. Recall, he did not regret the deaths of slave children because they did not have the opportunity to prove their economic worth. Through comparing these two plantation diaries, the similarities and dissimilarities between white men and women’s attitudes towards slave medication become apparent. Men’s obligation to successfully operate a plantation, in addition to traditional southern masculinity, inhibited them from viewing slaves as sentient beings. In contrast to the male tendency to see their slaves only in terms of dollar amounts, white females seem more predisposed to recognize a slave’s humanity. But, in the end, black humanity simply could not compare to that of whites. Through analyzing Wade’s and Magruder’s individual reactions to illness and death, one can draw the conclusion that the larger slave owning population believed that a slave’s life did not compare to a white’s life and used this argument to legitimize the system of slavery.

⁵³ Covey, *African American*, 28.