

ARTICLE

# ‘I have been obliged to Send Nassaw’: an enslaved healer’s medical labour and skill in eighteenth-century Virginia

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## Abstract

This article examines the medical career of an enslaved physician in Virginia named Nassaw from the mid eighteenth-century until the period of the American Revolution. I develop a taxonomy of Nassaw’s labours as a nurse caring for the sick, a healer administering medicines at the behest of his enslaver and as a doctor in his own right making medical judgements as he treated his patients. Nassaw is in some ways comparable to other enslaved healers of African descent in the Atlantic world, including well-known Mohanes and ritual specialists in Brazil and Latin America. However, due to his role as a physician employed by his slaveholder to principally heal other enslaved people, Nassaw struggled to find satisfaction in his labours as a healer as other enslaved people rightly perceived him as an agent of their enslaver whose medical work healed their bodies while extending their oppression. I argue that Nassaw became frustrated and depressed, and turned to drinking because of his inability to pursue or experience what Sharla M. Fett terms a ‘relational vision of health’ in the Chesapeake. Moreover, I interpret his drinking as a rebuke to the racist pretensions of his enslaver – who instructed him in pharmacy and surgery – who aimed to transform Nassaw into an Enlightened ‘black exhibit’ by training him to be a doctor. I conclude by returning to how precisely different Nassaw was from other enslaved healers in the Chesapeake like Tom of Nomini Hall or Romeo, and make the case that Nassaw deserves a place in histories of slavery and medicine precisely because he was an enslaved plantation doctor rather than a popular healer or conjuror.

**Keywords:** Colonial and revolutionary era Virginia; Enslaved healers; Plantation medicine; Atlantic world; Relational view of health; Black exhibits

## Introduction

Nassaw is not an unfamiliar figure to historians of slavery and medicine or scholars of eighteenth-century Virginia. However, he has never been considered as a healer in his own right. Jack P. Greene introduced him as a ‘personal body servant’ to his enslaver whose family plantations spanned the Northern Neck between the Potomac and Rappahannock Rivers including Richmond, Lancaster and Northumberland Counties.<sup>1</sup> Nassaw’s medical practice is documented in the diary his enslaver kept between 1752 and 1778, and scholars owe Greene a debt for transcribing and publishing the slaveholder’s diary. Todd Savitt later characterised Nassaw as an unskilled ‘slave assistant’ and ‘an alcoholic who frequently shirked his duties’.<sup>2</sup> Rhys Isaac likewise acknowledged him as a ‘medical assistant’ to his enslaver, though he principally framed him as a ‘trickster’ and narrative foil in his biography of the

<sup>1</sup>*The Diary of Colonel Landon Carter*, edited with an Introduction by Jack P. Greene, 2 vols. (Charlottesville: University of Virginia Press, 1965), 14 (hereafter cited as *Diary of Landon Carter*).

<sup>2</sup>Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana-Champaign: University of Illinois Press, 1978), 159.

slaveholder.<sup>3</sup> Mechal Sobel discussed Nassaw as a rebellious ‘foster son’ to his enslaver.<sup>4</sup> Twice in his monumental study of Black culture in the eighteenth century, Philip D. Morgan mentions Nassaw as a ‘waiting man’ who ‘adhered closely to his master’s medical directions’.<sup>5</sup> Keith Mason cites Nassaw as an example of a ‘key slave’, a category that includes enslaved people with significant responsibilities and privileges on plantations.<sup>6</sup> This article acknowledges this foundational scholarship, yet departs from this view of Nassaw to tell a new story about his troubled career as a nurse, a doctor administering medicines on behalf of his enslaver, and as an enslaved physician who independently developed and exercised his own medical judgements while treating his patients. Unlike previous historians, I bring Nassaw into focus by examining his medical career in total, and by relegating his enslaver, Landon Carter, into the margins of this history.

The narrative I develop looks at Nassaw’s medical labour and knowledge by approaching his career as one that bears similarities and differences to other enslaved healers in the early modern Atlantic world. It is tempting to see Nassaw as akin to the now well-known West Central African banganga or Afro-Caribbean Mohanes discussed by Pablo F. Gómez, like Paula de Eguluz or Antonio Congo, who developed local and cosmopolitan forms of an ‘adaptive praxis’ with herbal, mineral and animal medicines in the seventeenth-century Spanish Caribbean.<sup>7</sup> Gómez makes the case that highly mobile West and West Central African Mohanes from the Senegambia, Bight of Benin, Angola and elsewhere laid a rich foundation of therapeutic and pharmacological knowledge throughout the Spanish Caribbean that later shaped the empirical sensibilities of the New Science in Europe.<sup>8</sup> Mandinka, Bran and even Mozambican Mohanes successfully competed against Iberian protomédicos and Jesuit apothecaries for clients in the New Kingdom of Granada, Panama, Puerto Rico, Cuba and elsewhere by producing a wholly novel Caribbean science based on local, experiential knowledge. By contrast, Tinde van An del, Londa Schiebinger and Natalie Zemon Davis claim that West and West Central Africans carried their own medical scientific traditions from Atlantic Africa to plantation societies like Suriname, Jamaica and Brazil to forge what Schiebinger terms an ‘Atlantic World medical complex’ that was pluralistic and equal parts ‘African’, ‘Indigenous’ and ‘European’.<sup>9</sup> Kalle Kananoja likewise contends that enslaved West Central African herbalist–ritualists laid the groundwork for medical pluralism in Minas Gerais by combining remedies and ideas from multiple cultures.<sup>10</sup> Moreover, Kananoja’s research highlights how Europeans eagerly sought after medicinal plants in West Central Africa, as in the case of Portuguese soldiers and missionaries prospecting for drugs in seventeenth-century Angola.<sup>11</sup> Philip J. Havik’s research on the Guinea Bissau region in the sixteenth century further shows how diverse peoples, including Mandé, Fulbe and Kriston, or Christianised Africans, hybridised medical techniques and

<sup>3</sup>Rhys Isaac, *Landon Carter’s Uneasy Kingdom: Revolution and Rebellion on a Virginia Plantation* (Oxford: Oxford University Press, 2004), 313–22.

<sup>4</sup>Mechal Sobel, *The World They Made Together: Black and White Values in Eighteenth-Century Virginia* (Princeton: Princeton University Press, 1987), 168.

<sup>5</sup>Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill: University of North Carolina Press, 1998), 312, 628.

<sup>6</sup>Keith Mason, ‘The Absentee Planter and the Key Slave: Privilege, Patriarchalism, and Exploitation in the Early Eighteenth-Century Caribbean’, *The William and Mary Quarterly*, 70, 1 (2013), 79–102.

<sup>7</sup>Pablo F. Gómez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (Chapel Hill: University of North Carolina Press, 2017), 14, 71.

<sup>8</sup>*Ibid.*, 176, 182.

<sup>9</sup>Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World* (Stanford: Stanford University Press, 2017), 3; Natalie Zemon Davis, ‘Physicians, Healers, and Their Remedies in Colonial Suriname’, *Canadian Bulletin of Medical History*, 33, 1 (2016), 1–34; Tinde Van An del, ‘The Reinvention of Household Medicine by Enslaved Africans in Suriname’, *Social History of Medicine*, 29, 4 (2015), 676–94.

<sup>10</sup>Kalle Kananoja, ‘Infected by the Devil, Cured by Calundu: African Healers in Eighteenth-Century Minas Gerais, Brazil’, *Social History of Medicine*, 29, 3 (2016), 490–511.

<sup>11</sup>Kalle Kananoja, ‘Bioprospecting and European Uses of African Natural Medicine in Early Modern Angola’, *Portuguese Studies Review*, 23, 2 (2015), 45–69. See also Markku Hokkanen and Kalle Kananoja (eds), *Healers and Empires in Global History: Healing as Hybrid and Contested Knowledge* (Cham: Palgrave Macmillan, 2019).

herbal remedies through trade networks in which Europeans occupied relatively marginal positions.<sup>12</sup> While this frame is appealing, medical pluralism is problematic for several reasons. Benjamin Breen sees European appropriations of Amerindian, Atlantic African, and South and East Asian drug knowledge in the seventeenth-century as the origins of a ‘European’ medical tradition launched precisely by obscuring and denigrating ‘non-European’ ideas about health and drugs as unscientific while simultaneously relying on the vast medical cultures of the globe to produce the very foundations of so-called ‘modern’ science.<sup>13</sup> Moreover, Gómez and others rightly argue that categories like ‘African’, and even ‘Bantu’ and ‘Akan’, are themselves highly reductive and tend to recapitulate the orientalizing and essentializing attitudes of the European medical workers that scholars like Breen have discussed. Medical pluralism presumes static and stable categories like ‘European’, ‘African’ and ‘Amerindian’ that are themselves the products of slavery and colonialism.

Instead of seeing Nassaw through the lens of pluralism, this article aims to reconstruct a taxonomy of his labours as a caregiver and physician in the Chesapeake Bay. I argue that Nassaw is best understood as an enslaved healer who first expressed interest in medicine as a nurse, but over time became increasingly disillusioned and depressed due to his role as an agent of his enslaver. Because Nassaw’s efforts to heal his mostly enslaved patients resulted in preserving their enslaver’s power and prolonging their enslavement, Nassaw’s neighbours and clients mostly excluded him from their community, leading to the depression that would in many ways define his career. Nassaw learned European medicine and Amerindian drugs from his enslaver, yet he was mostly excluded from the vibrant ‘Atlantic World medical complex’ discussed by historians of pluralism or the kinds of cosmopolitan networks Mohanes like Juan Inglés developed in the Spanish Caribbean.<sup>14</sup> Unlike Inglés, who studied the work of the medieval encyclopaedist Albertus Magnus and other European textual sources of medicine, Nassaw, as far as we know, was illiterate. And, unlike many Mohanes, Nassaw, as far as I can tell, never studied medicine directly from Indigenous healers such as the piaches who Afro-Caribbean ritual specialists sought after. It would be misleading to characterise Nassaw as a Mohán.

Nassaw’s life and healing labours were quite different from now well-known figures in the history of medicine, such as the Mahi healer Domingos Álvares, whom James Sweet describes as a ‘trickster’ adept at using medicine as a sociopolitical critique of the Portuguese Empire.<sup>15</sup> Moreover, historians of medicine in colonial British America have highlighted the medical knowledge and skills of several exceptional enslaved healers who used medicine to gain their freedom. Philip D. Morgan, among others, recounts the successes of James Pawpaw, Caesar and Sampson, in his study of Black culture in eighteenth-century British America.<sup>16</sup> Unlike Nassaw, historians know with certainty that Caesar was a ‘native of Africa’, and it is nearly certain that James Pawpaw – likely sold at Popo in the Bight of Benin – survived the middle passage to Virginia.<sup>17</sup> Each of these men leveraged their knowledge of herbal cures – possibly derived from combining Igbo, Fon or Akan and Amerindian traditions – to obtain their freedom from the legislatures of Virginia and South Carolina in 1729, 1750 and 1754, who emancipated them upon learning their drug recipes. Unlike these men, Nassaw did not find success in developing herbal remedies or medical techniques as means to emancipate himself or gain status as a popular healer. Moreover, unlike Sampson – who was known to carry ‘Rattle Snakes in Calabashes’ and use the snakes in his healing precisely as Mohanes like Domingo de la Ascensión did in Cuba – there is no evidence, as far

<sup>12</sup>Philip J. Havik, ‘Hybridising Medicine: Illness, Healing and the Dynamics of Reciprocal Exchange on the Upper Guinea Coast (West Africa)’, *Medical History*, 60, 2 (2016), 181–205.

<sup>13</sup>Benjamin Breen, *The Age of Intoxication: Origins of the Global Drug Trade* (Philadelphia: University of Pennsylvania Press, 2019).

<sup>14</sup>Gómez, *op. cit.* (note 7), 63, 67, 81, 150, 180.

<sup>15</sup>James H. Sweet, *Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World* (Chapel Hill: University of North Carolina Press, 2011), 120–2, 125, 230.

<sup>16</sup>Morgan, *op. cit.* (note 5), 324, 613, 616, 624–9, 650.

<sup>17</sup>*Ibid.*, 625.

as I can tell from the available sources, that Nassaw's medicine incorporated aspects of rituals that would have been familiar to Mohanes in the Caribbean.<sup>18</sup>

Following Sharla M. Fett's description of the relational vision of health practiced by conjurers and root-workers in early America, I claim that Nassaw experienced desolation throughout his life precisely because he could not pursue forms of health care that would have brought him closer to the community and kin networks of his enslaved neighbours and clients. Instead, Nassaw was correctly perceived and excluded by the enslaved women, men and children he cared for because he functioned primarily as an agent of their enslaver.<sup>19</sup> In this respect, Nassaw is more akin to the enslaved midwives discussed by Sara Collini whose skill in medicine literally reproduced plantation slavery.<sup>20</sup> Additionally, the subject of Nassaw's ethnicity is difficult to establish, making it problematic to ascribe his approach to medicine to any one particular West or West Central African ethnolinguistic group or culture. Given the demographic history of Virginia's African communities, it is possible Nassaw came from an Igbo, Fon or Yoruba-speaking society within the Bight of Benin or the Bight of Biafra.<sup>21</sup> It is also possible he derived from an Akan or Fante-speaking group from the Gold Coast. And it is also possible Nassaw was born in Virginia, or the Bahamas, within a multiethnic extended family. It would be orientalist and essentialist to see Nassaw as an 'African' healer, and unsubstantiated to claim he combined any Atlantic African medical traditions in his healing practice. To hopefully avoid the pitfall of orientalizing Nassaw as an 'African' healer, my approach here will be to simply focus on his labour and knowledge as a caregiver and doctor, and draw into focus his gradually declining mental health and feelings of isolation.

In addition to his status as an enslaved doctor, I claim another way of understanding Nassaw is to see him as a figure in African American intellectual history. To that end, this article draws upon Ibram X. Kendi's concept of a 'black exhibit' in the eighteenth century.<sup>22</sup> Kendi defines Black exhibits as people of African descent – including Phillis Wheatley and Francis Williams – who whites manipulated to 'showcase Black capacity for Whiteness, for human equality, for something other than slavery'. Nassaw's enslaver trained him in medicine, surgery and pharmacy, and through his education he intended to turn Nassaw into a living example of his own ability to 'enlighten' Africans in Virginia. In his diary, as will be apparent below, the enslaver acknowledged he 'bred' Nassaw's skill, and hoped to mold him into a disciplined physician. Yet Nassaw, either consciously or not, defied his slaveholder through drinking, neglect and disobedience.

Using diary entries written by his slaveholder, letters between the enslaver and other slaveholders, advertisements, medical manuals and ethnobotany scholarship, this article examines Nassaw's medical practice as it developed between 1758 and 1786. I divide Nassaw's labours into three interrelated roles: as a nurse or caregiver; as a healer administering medicine prescribed by his enslaver; and as a physician capable of making medical judgements in his own right. I conclude by considering the ways in which his enslaver undermined Nassaw's medical authority, and how frustration and anger from this refusal to acknowledge him as a healer and from his exclusion among the enslaved community led to Nassaw's excessive drinking and physical and mental decline.

### Nursing the sick

Nassaw's labour as a nurse providing basic care principally revolved around caring for his enslaver's daughters. Through these very early cases we can see Nassaw's growing interest in healing while caring

<sup>18</sup>Gómez, *op. cit.* (note 7), 159.

<sup>19</sup>Sharla M. Fett, *Working Cure: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 198.

<sup>20</sup>Sara Collini, 'The labors of enslaved midwives in revolutionary Virginia', in B. Oberg (ed.), *Women in the American Revolution: Gender, Politics, and the Domestic World* (Charlottesville: University of Virginia Press, 2019), 19–38.

<sup>21</sup>Kenneth Morgan, 'The trans-Atlantic slave trade from the Bight of Biafra: an overview', in Toyin Falola and Njoku Raphael Chijioko (eds), *Igbo in the Atlantic World: African Origins and Diasporic Destininations* (Bloomington; Indianapolis: Indiana University Press, 2016), 82–98.

<sup>22</sup>Ibram X. Kendi, *Stamped from the Beginning: The Definitive History of Racist Ideas in America* (New York: Nation Books, 2016), 94–5.

for the sick. In early March 1758, Judith and Lucy Carter became ill from bilious fevers and headaches, which their father treated with bleeding and administering ipecacuanha in a decoction of rattlesnake root, mint, salt tartar, rum and crab's-eyes.<sup>23</sup> Nassaw's origins as a healer can be located within this outbreak of springtime fevers. While treating Judith and Lucy in the early morning, the slaveholder tasked Nassaw with nursing both young women after he prescribed each with tinctures of rhubarb, salt tartar and syrup solutive of roses.

In the night, Nassaw waited and kept watch at their bedside while Judith endured 'Constant pain' until her fever broke and she began to sweat and fall asleep. Nassaw also looked after Lucy, who the enslaver treated with a mixture of cordial pulvis cantian, salt tartar, rum burnt with cinnamon and saffron.<sup>24</sup> While Nassaw nursed both women, his enslaver called for a local doctor, Nicholas Flood, who served as a physician to both African and European clients in Richmond County, to attend them in person. Perhaps Nassaw lingered after Flood arrived to observe the doctor's practice and remember the drugs he used to treat the women. While Judith and Lucy recuperated, enslaved people on the plantations became ill as well from fevers, including an enslaved man named Mingo, who died from non-treatment.<sup>25</sup> We cannot know Nassaw's thoughts from this episode, but he would have learned that Judith and Lucy's health took precedent over Mingo's well-being. He must have worried from the outset that taking up medicine would marginalise him from his enslaved neighbours.

Nassaw watched after Judith and Lucy again in the 1770s, and the diary suggests his enslaver never trusted him with either administering medicines or using his own judgement for treating his daughters. In February 1774, Lucy Carter became afflicted with measles and fevers 'Peculiar to the Constitution of the Season'.<sup>26</sup> Walter Jones, another local doctor in the Northern Neck, bled her one evening, while Nassaw attended as a nurse. At midnight, while he waited with her, Nassaw 'put up her Palati, the real cause of all her choaking', which ameliorated her symptoms.<sup>27</sup> Later that winter Nassaw served Judith again in his capacity as a nurse and delivered messages between his enslaver and Jones. When Judith became sick and refused to call on Jones for treatment, the enslaver ordered Nassaw to find Jones, and if he could not be found to 'go and know how she was' and return to Sabine Hall, the manorial home of the Carter family in Richmond County.<sup>28</sup>

Focusing on Judith and Lucy's gender, race and class explains why Nassaw's role was limited to nursing them as they recovered. As elite white women of the plantocracy, and his own daughters, the enslaver would never trust their healthcare to an enslaved Black man due to a combination of racist attitudes about Black intellectual inferiority and the impropriety of a Black man caring for elite white women. By contrast, as will be apparent below, Nassaw did administer medicines to and made medical judgements about white women servants and enslaved Black women without any apprehension from his enslaver.

Racial attitudes apparently did not preclude Nassaw from caring for white boys and men. In his role as a healer administering medicines prescribed by his enslaver, the slaveholder trusted Nassaw to care for

<sup>23</sup>In a list of animal simples, one manual defined crab's eyes as 'the little Stones' of the 'River-Crab': Peter Shaw, *The Dispensary of the Royal College of Physicians in Edinburgh* (London: Printed for William and John Innys, 1702), 36. Greene explains that crab's-eyes are 'a calceous matter found beside the stomach of European crayfishes, was used as an absorbent and for drying.' *Diary of Landon Carter, op. cit. (note 1)*, 201. Physicians in Virginia employed multiple terms, including 'bilious fever' and 'acrimony of the fluids', to describe fevers, which they ascribed to humoral imbalances in the body. While these fevers were likely caused by infections of malaria, I will use the actor's categories of agues and fevers in this essay to avoid anachronism.

<sup>24</sup>*Diary of Landon Carter, op. cit. (note 1)*, 202. A medical dictionary described Pulvis Cantianus as a combination of crab's eyes, 'Contraeyerva-root, white Coral, Crystal, Terra Lemnia, Ceruss of Antimony, Ambergrise, Musk, and Saffron; all which are, with Jelly of Vipers, reduced to small Balls, under the Name of *Pulvis Cantianus*': Robert James, *A Medicinal Dictionary; Including Physic, Surgery, Anatomy, Chemistry, and Botany*, volume 2 (London: Printed for T. Osborne, 1745), 5. Greene notes that Pulvis Cantianus was known as 'the Countess of Kent's powder' and was 'used as a diaphoretic'. *Diary of Landon Carter, op. cit. (note 1)*, 189.

<sup>25</sup>*Diary of Landon Carter, op. cit. (note 1)*, 203–4.

<sup>26</sup>*Ibid.*, 791.

<sup>27</sup>*Ibid.*, 793.

<sup>28</sup>*Ibid.*, 897.

his fellow settlers and their children, including, at the end of his career, elite figures such as a future signee of the Declaration of Independence.

### Administering medicines

Nassaw's responsibilities for administering medicine prescribed by his enslaver overwhelmingly concerned treating other enslaved people, including the children of the families who laboured in the wheat and tobacco plantations of his enslaver's estates. Examining these cases highlights his growing skill as a healer, and his presence among the enslaved as a representative of his enslaver. Due to being excluded by his neighbours and disrespected by his enslaver, Nassaw turned to alcohol and excessive drinking, which impacted his entire career as a healer.

Nassaw's physical and mental health declined dramatically in the decade between 1758, when he first began nursing his enslaver's daughters, and 1768. Frustrated by Nassaw's drinking, disobedience and declining value as a slave, the slaveholder submitted an advertisement to the *Virginia Gazette* printed in Williamsburg publicizing his plan to sell Nassaw in March 1768.<sup>29</sup> The advertisement described Nassaw as 'bred up to be of great service amongst my sick people', yet lately 'fallen into a most abandoned state of drunkenness, and indeed injured his constitution' through excessive drinking. The slaveholder vowed to 'send him to some of the islands' and announced that he sought a replacement for Nassaw who would be equally skilled in bleeding and 'pursuing my directions, amongst the sick'. However, the sale never happened and Nassaw remained on his enslaver's plantations.

During an outbreak of an illness that caused 'tumified throats' in March 1770, Nassaw attempted to treat several enslaved children with poultices made from combining saffron and chamomile leaves.<sup>30</sup> Several children recovered, yet one died while under Nassaw's care. Despite this death, Nassaw remained hopeful that the others still afflicted would recover. Nassaw's neighbours – who surely knew of his drinking and understood his role as their enslaver's designated doctor – likely made them wary of his presence among their children.

In the fall of 1770 Nassaw gradually became trusted to attend white patients, first the family members of the slaveholder who resided in Richmond and Lancaster Counties. In September, Nassaw attended his enslaver's nephew, Charles Carter, while the slaveholder visited John Tayloe II at his plantation, Mount Airy. At the outset, Nassaw observed his patient, who had 'taken a lax' for an unspecified illness.<sup>31</sup> He cared for the young man during the day of his enslaver's absence. However, Nassaw used what time he could steal away for his own purposes. Upon his return to Sabine Hall, the slaveholder discovered that Nassaw secretly used his enslaver's 'bald face horse' to ride at night while drinking. Whether he rode the horse to spend time with family or for pleasure is unclear. The following day, the slaveholder 'clapped a pair of handcuffs' on Nassaw, and 'locked him up for a serious day of Correction'. 'I have been learning to do without him', the slaveholder wrote in his diary, 'and though it has been but very badly yet I can bear it and will'.<sup>32</sup>

The slaveholder could not bear it for very long, and Nassaw resumed his duties as a doctor shortly thereafter. When the enslaver's grandson, George Carter, became ill with bilious fevers in October 1770, the enslaver ordered Nassaw to administer vomits for the boy using mixtures of ipecacuanha and tartar water.<sup>33</sup> Several days later the enslaver recorded in his diary that George suffered fits from agues and fevers, and that Nassaw continued to administer doses of an ipecacuanha and tartar emetic to drain excess bile from the young boy's body.<sup>34</sup> The enslaver further ordered Nassaw to treat the boy using

<sup>29</sup> 3 March 1768, 3, *Virginia Gazette*, Rind, Special Collections, John D. Rockefeller Library, Colonial Williamsburg Foundation, Williamsburg, Virginia.

<sup>30</sup> *Diary of Landon Carter*, *op. cit.* (note 1), 377.

<sup>31</sup> *Ibid.*, 491–2. The Charles Carter (1732–1806) mentioned here was the son of Charles Carter of Cleve (1707–1764).

<sup>32</sup> *Diary of Landon Carter*, *op. cit.* (note 1), 492.

<sup>33</sup> *Ibid.*, 518.

<sup>34</sup> *Ibid.*, 520.



clysters to induce bowel movements. Handling the clyster, a kind of enema or rectal suppository, put Nassaw in an uncomfortably intimate position with George's vulnerable body. The slaveholder trusted Nassaw's ability to restore his grandson's health, and further trusted him to care for the boy and not mistreat him under these circumstances. Betsey, the enslaver's granddaughter, likewise became ill and the enslaver and Nassaw together treated her with compounds of rhubarb and cinchona bark.<sup>35</sup> The slaveholder speculated that the fever originated from 'the air of the day', and several enslaved adults and children also became ill. The diarist ventured that it was possible the fevers resulted from his grandchildren and the enslaved children 'eating too much', causing an imbalance of their humours. Yet, he concluded that what 'is most likely Nassaw's drunkenness preventing him giving a just account of the working of the vomits'.

Despite Nassaw's either real, and likely trauma-induced struggle with alcohol, or his enslaver's exaggerated suspicions of his drunkenness or apathy, Nassaw continued to care for white patients in November 1770. When William Lawson, an overseer who surveilled enslaved people on multiple quarters of the enslaver's plantations, became sick from a combined 'violent cold' and by opening a 'warm bulk of tobacco' that caused him to cough, Nassaw treated him with a purgative of tartar water, which 'brought off vast loads of green and Yellow bile'.<sup>36</sup> When Lawson's coughing fits continued, the enslaver ordered Nassaw to draw blood from the overseer's body and administer a dose of rattlesnake root.<sup>37</sup> Lawson and the enslaver trusted Nassaw to safely draw blood, and their trust reflects the enslaved healer's shifting status between a credible doctor and a drunken slave. After treating the overseer with rattlesnake root, Lawson's 'Expectoration [was] free and plentiful as Nassaw tells me'. While the diary is silent as to Nassaw's formal education in Hippocratic or Galenic medical theories, he likely learned much about both from observing his enslaver's diagnoses of unhealthy air and excessive bile.

In the fall of 1771, Nassaw resumed treating patients on behalf of the slaveholder during a 'strange ague and fever Season'.<sup>38</sup> Enslaved children on the plantation became afflicted with bloody stools and parasitic worms, symptoms of what the enslaver determined to be the mortal 'flux complained of on York and James River'. The enslaver, Nassaw and Isaac Haynes – a white apothecary – treated their enslaved charges with mixtures of mercury, ipecacuanha and tartar water. On 12 September, the slaveholder noted that the fevers of the children were 'never off by one account, but by Haynes and Nassaw off yesterday morning'. Disbelieving his medical subordinates, the slaveholder alleged that the two men 'are tired and say anything to make matters better'. That evening, the slaveholder instructed Nassaw to continue caring for the children with doses of 'Paragorick'.<sup>39</sup>

Children on the plantation suffered from fevers and illness that October. Charlotte, an enslaved girl, withstood pain from 'a bilious purging Joined with an unconquerable fund of worms' that the enslaver and Nassaw feared to treat with their usual repertoire of emetics and cathartics, perhaps due to her young age.<sup>40</sup> Instead, the two treated Charlotte with a tincture of watered-down mulled wine, chamomile and peppermint tea. Late in the evening, as her fevers worsened, the slaver and slave used a clyster of 'starch with Syrop diacidium'. Her pulse slowed and she 'grew cold in her extremes'. In the morning, Charlotte appeared to be recovering, as her pulse rose, and her skin felt warmer to the touch. At the same time, Nassaw reported that other children appeared to be improving from similar bouts of fever. However, Nassaw's hope's fell, and on the evening of the second day, Charlotte died.<sup>41</sup> We cannot know what emotional toll this case had on Nassaw, but it is not unimaginable he found it disheartening to lose a patient that seemed to be on the mend. At the end of the week, the enslaver concluded that 'these children

<sup>35</sup>*Ibid.*, 520–1.

<sup>36</sup>*Ibid.*, 521.

<sup>37</sup>In his account of indigenous *Materia Medica* in Virginia written in 1687, John Clayton discusses how he 'got some of the [rattlesnake] root from an Indian', see Bernard G. Hoffman, 'John Clayton's 1687 Account of the Medicinal Practices of the Virginia Indians', *Ethnohistory*, 11, 1 (1964), 1–40.

<sup>38</sup>*Diary of Landon Carter, op. cit.* (note 1), 627.

<sup>39</sup>*Ibid.*, 628.

<sup>40</sup>*Ibid.*, 635.

<sup>41</sup>*Ibid.*, 636.

that have died have not been taken care of, and blamed Nassaw for not dispensing the proper medicines the enslaver prescribed and overlooking symptoms of sickness.

Months later, in February 1772, Nassaw continued to care for enslaved women, this time his own wife, Betty, who suffered from a 'very bad Cold'.<sup>42</sup> The enslaver first directed Nassaw to bleed Betty, and later prescribed ipecacuanha to induce vomiting. The slaveholder speculated that Betty also experienced an 'irregular Catamenia' despite her being, he suspected, post-menopausal, which exacerbated her illness. Nassaw monitored her pulse and prepared to blister her skin with a decoction of rattlesnake root. Two days later, the enslaver ordered Nassaw to bleed Betty again, mix 'Volatiles in her teas' to induce spitting, and continue blistering with rattlesnake root. Betty refused to remain in bed during these treatments, and moved near the fireplace in her room to warm herself. Frustrated by her unwillingness to remain still and obey his instructions, the enslaver ordered Nassaw to prepare her a 'tinctur of Spermacti, Sal nitre, and some drops of balsam Piruvianum and Paragorick Elixir a little acidulated with six drops of Elixir Vitriol'.<sup>43</sup> The slaveholder also blamed Nassaw yet again for enabling his wife's disobedience.

When Betty disobeyed him again, the enslaver – who valued her foremost as a 'serviceable servant' whose life, future labour and productivity, he hoped to continue to exploit – sent for a white physician, Charles Mortimer, to attend her the following day, as she appeared to not be recovering. Mortimer arrived and appraised the emulsion the enslaver prescribed and Nassaw prepared as appropriate. After Mortimer left, the 'conjurers' of the plantation also agreed 'with the same medicine now, [and] think he has put her in a good [way]'. Whether the conjurers were referring to Nassaw or Mortimer is unclear. This is the only reference to conjurers, as far as I know, on the plantations surrounding Sabine Hall. Among people of African descent, conjurers – who practiced conjure or conjuration – were 'root doctors' and herbalists who used ritual and herbal medicines to perform healing and harmful magic, and these women and men were, unlike Nassaw, very similar to the Mohanes of the seventeenth-century Caribbean.<sup>44</sup> Moreover, no mention is made of whether Nassaw consulted these 'conjurers' while treating a patient, however such communication was possibly unrecorded, especially if it took place in secret. As her fevers continued, Nassaw carefully bled and treated Betty. Meanwhile, another enslaved man, McGinnis, fell ill to 'the same disorder'.<sup>45</sup>

Several days after treating Betty, Nassaw reported to the enslaver that 'she does not complain of any pain now but only a Soreness when she coughs'.<sup>46</sup> Winny, an enslaved woman, also spoke with the enslaver that Betty 'talked more cheerfully' and appeared to be recovering. Moreover, 'Nassaw says her pulse is rather stronger' and lacked any 'feverish symptoms'. Nassaw watched Betty eat, sleep and breathe 'very easy', and continued to blister her skin. However, the enslaver judged that 'the fool is impatient', and simply hoped to be finished treating his ill wife.

Giving into his suspicions, the enslaver called on another local doctor, Walter Jones, to attend both Betty and McGinnis, as Nassaw's credibility appeared to be in question.<sup>47</sup> Betty gradually recovered from her fevers. However, McGinnis perished from his illness, which the enslaver ultimately determined to be caused by worms.<sup>48</sup> Despite 'everybody' believing McGinnis to be recovering, including Jones, the enslaver squarely blamed Nassaw for his death. 'Nassaw', the slaveholder wrote, 'offered his oath he had a very good pulse'.<sup>49</sup>

<sup>42</sup>*Ibid.*, 649. Rhys Isaac identified Nassaw and Betty's marriage in his biography of Landon Carter, *Landon Carter's Uneasy Kingdom*, 348.

<sup>43</sup>*Diary of Landon Carter, op. cit. (note 1)*, 650.

<sup>44</sup>Fett, *op. cit. (note 19)*, 39–40, 84–108.

<sup>45</sup>*Diary of Landon Carter, op. cit. (note 1)*, 651.

<sup>46</sup>*Ibid.*, 651.

<sup>47</sup>Jones practiced medicine in Virginia, studied medicine with William Cullen at the University of Edinburgh, and later was appointed to be a physician-general in the Continental Army, see Gordon W. Jones, 'Medicine in Virginia in Revolutionary Times', *Journal of the History of Medicine and Allied Sciences*, 31, 3 (1976), 250–70.

<sup>48</sup>*Diary of Landon Carter, op. cit. (note 1)*, 652–3.

<sup>49</sup>*Ibid.*, 654.



Nassaw himself often appeared among the afflicted in the enslaver's diary. In April 1772, eleven people, including Nassaw, became sick from fevers and other illnesses. Nassaw struggled as he felt a 'pain in his neck reaching across his breast'.<sup>50</sup> On 1 April, someone, perhaps the enslaver himself or Haynes, blooded Nassaw and prescribed him pills of '25 grains of Pil Cochia minor', made from pulp of colocynth, syrup of buckhorn and oil of cloves, 'with 5 grains Mercury dulcis'.<sup>51</sup> Despite being sick and in pain, the enslaver blamed Nassaw for the collective ill-health of the other ten enslaved people. 'This man is of great use to me among these sick people, and might be more so', wrote the enslaver, 'but he grows tired with any patient long ill, and always says they are better until they die'. The enslaver blamed Nassaw in particular for the declining health of an enslaved man, Phil, who was also Nassaw's 'son in Law', and suffered from fevers caused by 'a very moist and heavy Atmosphere' combined with Nassaw's, alleged, apathetic pulse-taking.<sup>52</sup> On the morning of 1 April, Nassaw reported that Phil's pulse was steady, which Haynes corroborated, but added he felt 'rather low, and he has no Pain'. Like the advertisement from 1768, this entry reflects the enslaver's aspirations for transforming Nassaw into a 'black exhibit' to demonstrate how people of African descent could grasp European medicine. Nassaw's drinking and apathetic disposition undermined his enslaver's ambitions to transform him into a valuable healer on the plantation.

Nassaw observed Phil that night, monitoring his pulse and feeding him gruel whenever he could. Phil's painful fever continued into the following day, even as his pulse appeared to be improving. The enslaver wrote that he 'was happy in the Vomit I ordered him' and 'positively ordered Nassaw to watch after his inflammation was removed and that numerous nest of worms' lodged in his stomach.<sup>53</sup> Again, the enslaver blamed Nassaw for Phil's ill-health, as the healer 'by drink he [ha]d grown stupid, or quite careless'. The enslaver inquired hourly if Phil's condition improved, yet Nassaw 'always declared he had no such Complaint' and that because of the 'yellowness' of Phil's eyes, Nassaw concluded the bile causing his fever 'effused itself off by the Pores of his body'.

Despite Nassaw's drunkenness, the enslaver continued to place a degree of trust in his medical abilities. As Phil convalesced, the enslaver turned his attention to Haynes, who, 'as he was bred an Apothecary... employed him to' assist Nassaw.<sup>54</sup> Haynes appeared to serve the enslaved well as a healer, but over time proved inattentive. Like Nassaw, Haynes began treating his patients with enthusiasm, yet gradually became frustrated with his position. Haynes, the enslaver determined, 'is too easily desponding as to his Patients, and makes things rather worse, it is a fault on the right side; but sometimes it is a very great one'. For the remainder of his time in the slaveholder's service, Haynes served Nassaw as his assistant, an unusual arrangement in the British Atlantic world that is, to my knowledge, a remarkable exception to the normal power relations between white and Black medical caregivers. On Saturday, 4 April, Nassaw reported that Phil, 'perhaps the most reduced creature in the world', finally appeared to be recovering.<sup>55</sup>

In September 1773, Nassaw continued to act as a medical supervisor to the enslaved. He prepared and delivered a list of nineteen people on the plantation who endured 'attacks of fevers, agues, and Purgings of the green bile'.<sup>56</sup> Even though the nineteen were 'very ill', several of these slaves continued to work at harvesting crops of wheat and tobacco. The enslaver complained that these ill, and presumably slow, slaves deprived him of their labour during 'a most busy time of the crop'. In the same entry, the slaveholder noted that his sister, Elizabeth, niece, Lucy and the tutor to his grandchildren, George Menzie, also became ill with fevers. Though the enslaver ceded that 'it would be difficult for anybody to tell how to act in such an universally sick family' with so many white and enslaved patients, including Jo, Abraham and Moses, Nassaw plunged himself into his medical work, 'running from one to the other who are sick'.

<sup>50</sup>*Ibid.*, 665.

<sup>51</sup>*Ibid.*, 205.

<sup>52</sup>*Ibid.*, 661, 666.

<sup>53</sup>*Ibid.*, 666.

<sup>54</sup>*Ibid.*, 667.

<sup>55</sup>*Ibid.*, 668.

<sup>56</sup>*Ibid.*, 765.

Nassaw strained himself for days treating his patients with vomits and other treatments that were commonplace within the framework of humoral medicine his enslaver studied and instructed him in. Walter Jones also arrived to treat Betty, who felt pain in her breast.<sup>57</sup> While Jones attended Betty, he also examined an enslaved woman named Catchenu, who Nassaw had previously cared for. Again, the enslaver decided that ‘Nassaw’s drunkenness was the occasion of Catchenu not recovering quicker. After either becoming sober from his drinking, or after his enslaver’s criticism, Nassaw returned to treating Catchenu. The enslaver ordered him to bleed eight ounces from the woman, yet Nassaw only bled two ounces. Here I argue that Nassaw’s decision, rather than a sign of drunken apathy, represents the growing judgement and authority of a doctor concerned by the risks of excessively bleeding a patient. In addition, Nassaw administered a clyster to Catchenu, and monitored her health by examining her stool, a common technique of clinical observation among early modern physicians.<sup>58</sup> Nassaw reported that she seemed to be recovering, yet the enslaver disagreed on the basis of his belief that she ‘had no motion’ while the enslaved healer treated her. It is unclear here if the enslaver’s disagreements originated from empirical observation of the patient, or, more likely, from his paranoid distrust of his enslaved go-between.

Several days after his initial care by Nassaw, Menzie, the tutor, briefly departed from Sabine Hall to seek the treatment of William Flood, the brother of Nicholas Flood, on his estate, Kinsail, in Westmoreland County.<sup>59</sup> Menzie’s illness that fall affords insight into the fluctuating status of Nassaw’s medical authority. When the tutor’s fever complaints worsened after his return, the enslaver sent Nassaw to attend Menzie. However, Menzie rejected Nassaw, exclaiming ‘he wanted a Dr. to attend him’ while vomiting.<sup>60</sup> Yet, Menzie’s refusal to be treated by Nassaw does not necessarily indicate a stark racial hierarchy of medical authority, since the tutor rebuked Walter Jones as well, and refused to accept medicines from the white physician.

A week later, Nassaw himself became ill from a ‘pain in his guts’ caused by ‘dry gripes’.<sup>61</sup> Unable to care for himself, the enslaver ordered someone, likely another enslaved person or Haynes, to administer a clyster. Before his treatment by the enslaver, Nassaw attempted to heal himself with unspecified ‘Chymical oils’, which proved ineffective. After being forced to consume multiple doses of ipecacuanha, Nassaw vomited four times. ‘This is called properly making a revulsion’, observed the enslaver, ‘for nothing but an acrid bile passing throughout could occasion a thing so instantaneous’. When Nassaw finished vomiting, the enslaver ordered him to be blooded, and concluded that his drunkenness caused his ‘inflammatory as well as bilious disorder’.<sup>62</sup> Nassaw’s pain caused him to sink into a deep state of confusion: ‘He speaks of things he never did and swears to falsities which are not true’. This episode points to the highly coercive and violent nature of medical care on plantations, which enslaved healers like Nassaw could not evade.

Nassaw continued to work within the humoral framework he learned via instructions from his enslaver while treating patients. That fall the enslaver hypothesised that a preponderance of clouds precipitated ‘very strange bilious effects’ that caused humoral imbalances and fevers. When a white gardener became ill, Nassaw treated him with cinchona bark and castor oil.<sup>63</sup> Nassaw and the enslaver treated slaves and members of the slaveholder’s family at this time, including two enslaved women, Winny and Betty, his wife, and the enslaver’s son, Robert Wormeley Carter. In his diary entry for 23 September 1773, the slaveholder documented that he severely whipped Nassaw for drunkenly treating his patients. In addition to whipping him, the enslaver ordered Nassaw to take ipecacuanha to induce vomiting, and bled him to ease his ‘inflamed’ blood from drinking. During this episode, Nassaw declared

<sup>57</sup>*Ibid.*, 768.

<sup>58</sup>Jerry Stannard, ‘Hippocratic Pharmacology’, *Bulletin of the History of Medicine*, 35, 6 (1961), 497–518; Roy Porter, *Flesh in the Age of Reason* (New York: W.W. Norton and Company, 2003), 47.

<sup>59</sup>Wyndham B. Blanton, *Medicine in Virginia in the Eighteenth Century* (New York: AMS Press, 1980), 234, 379.

<sup>60</sup>*Diary of Landon Carter, op. cit.* (note 1), 769.

<sup>61</sup>*Ibid.*, 774.

<sup>62</sup>*Ibid.*, 775.

<sup>63</sup>*Ibid.*, 777–8.

he could not stop his excessive drinking. 'I have threatened him, begged him, Prayed him, and told him the consequences', the enslaver wrote, 'if he neglected the care to one of the sick people'. Despite his enslaver emphasizing Nassaw's responsibilities to the enslaved, the slaveholder concluded that Nassaw 'seems resolved to drink in spite of me, and I believe in order to spite me'. As soon as his wounds from the whipping healed, Nassaw resumed drinking.<sup>64</sup> This case underscores how Nassaw used drinking to rebuff the enslaver's design to transform him into an Enlightenment 'black exhibit', and indicates he did so quite intentionally.

Fevers continued to afflict the members of the enslaver's family, including his grandsons William Beverly and Johnny Carter.<sup>65</sup> Nassaw treated the boys with calomel, cinchona bark and rhubarb.<sup>66</sup> On the following day, 30 September, Nassaw 'got drunk' at dinner time after treating Beverly. Questioning the drunken healer, the enslaver asked him how many stools his patient had that day, Nassaw replied six 'very good ones' that were 'Slimy and griping'. After the enslaver accused him of drunkenness, Nassaw 'went off' and retreated to the apothecary shop on the plantation.<sup>67</sup> Even though Nassaw's father, his sister Marian, one of Marian's children, and one of Nassaw's children, likely his son Nat, also suffered from fevers, Nassaw drank and fled from the sick. Nassaw eluded the enslaver for several rainy days, hiding out away from the plantation fields.<sup>68</sup>

In July 1774, Nassaw returned to treating enslaved patients on the Fork quarter of the enslaver's plantation. An elderly enslaved man, Jack Lubbar, became ill with fevers from standing in cold water for so long that it caused a stoppage in his bladder.<sup>69</sup> The enslaver and Nassaw cared for Lubbar by preparing warm baths, which did not improve his condition. The enslaver ordered Nassaw to apply a blister to Lubbar's back 'about the region of the Os Sacrum', a technique derived from his reading of the *Medical Observations and Inquiries* of the Society of Physicians in London. As Lubbar's health declined, the enslaver ordered his carpenters to build a coffin for him while sending Nassaw to 'see whether his blister had drawn' down the swelling in Lubbar's hypogastric region. Nassaw desperately tried 'every Saponaceous and terebinthim medicine' with stimulant diuretics to force the man to urinate. Nassaw felt for Lubbar's pulse, and the old man's steady pulse made the healer hopeful he might be mending, and that a 'Surprizing cure' could be found in time. The following day, Nassaw reported that Lubbar 'insists he is recovering'.<sup>70</sup> However, Lubbar's urethral blockage did not improve. The enslaver instructed Nassaw to prepare and administer a decoction of coffee berries boiled in lime water, a recipe he learned from reading the chemist and physician David McBride's *Experimental Essays*. On 24 August, the enslaver wrote that Lubbar died after ten days without urinating.<sup>71</sup>

In October 1774, enslaved children became ill from consuming contaminated food on the plantations. Nassaw treated a six-year old girl, the daughter of Nelly, who became sick from eating potatoes 'full of worms as they are a fine pabulum for them'.<sup>72</sup> To expel the worms, he and the enslaver dispensed doses of sweet oil and calomels to 'dissolve her bow[els]' and prepared a warm mallow tea with saltpetre to 'promote her urinary discharges'. Overnight, the girl appeared to improve, and the swelling in her stomach caused by the worms decreased. Yet, her recovery lasted until the end of the month, as the swelling spread 'from her toes up to her head'.<sup>73</sup> Over the course of her treatment, the enslaver and Nassaw carefully removed seventy worms from her using various herbs. Nelly's daughter experienced

<sup>64</sup>In the diary entries for 24 and 25 September 1773, Carter continued to doubt Nassaw, and believed that Nassaw lied to him about treating the sick. These entries do not include any mention of Carter punishing Nassaw. *Diary of Landon Carter, op. cit.* (note 1), 779.

<sup>65</sup>Beverly was the son of Maria Beverly (Carter), the daughter of Landon Carter and Maria Taylor Byrd.

<sup>66</sup>*Diary of Landon Carter, op. cit.* (note 1), 781–2.

<sup>67</sup>On Carter's personal apothecary shop, see Isaac, *Landon Carter's Uneasy Kingdom*, chapter 6 'Plantation Medical Science'.

<sup>68</sup>*Diary of Landon Carter, op. cit.* (note 1), 783–4.

<sup>69</sup>*Ibid.*, 841.

<sup>70</sup>*Ibid.*, 842.

<sup>71</sup>*Ibid.*, 854.

<sup>72</sup>*Ibid.*, 865–6.

<sup>73</sup>*Ibid.*, 890.

tremendous pain during this illness, including ‘a constant evacuation downwards’, vomiting, fevers and from blistering.

When John Selden, a slaveholder in Lancaster County, became ill with pleurisy on 1 March 1776, Nassaw, under the supervision of the enslaver, bled him and administered a dose of ‘5 grains Mercury Dulcis and 20 grains Jalap powder’ to purge Selden’s body of ‘redundant bile’.<sup>74</sup> Nassaw received instruction from his enslaver that unless he drained the bile, the fluid would turn ‘acrid and might fix in some very tender, if not vital’ part of Selden’s body. The next day, Selden seemed to be mending, yet he felt pain in his arm that quickly spread to cover his entire body.<sup>75</sup> The enslaver and Nassaw judged that Selden’s ‘evacuations’ from the purgatives only diminished the inflammation without ‘intirely removing the cause, to wit, his redundand bile’. Looking into Selden’s eyes, the enslaver judged from their colour the man suffered from ‘too great a fulness in his stomach’. On 3 March, Nassaw watched Selden as he recovered. In addition to caring for Selden, Nassaw attended his wife, Betty, who suffered from an ague. Nassaw reported that he found Betty’s stool ‘hard and lumpy’, which indicated her recovery.

Nassaw continued to observe Selden and Betty the following day. When Selden tried to leave Sabine Hall to ride with the enslaver to Mount Airy, his illness returned and forced him to return to Nassaw for a purgative of tartar water that caused him to vomit three times.<sup>76</sup> After administering the dosage to Selden, Nassaw held Betty’s wrist to count her pulse, and counted ‘80 strokes without intermission’. The enslaver instructed Nassaw to give Betty ‘a comforting draft with a Linctus’, and ordered him to observe her as she slept that night. In the night, Nassaw communicated that Betty slept well, ate a small amount of gruel and broth, and coughed. Worried over her cough, the enslaver ordered Nassaw to administer a ‘gentle Vomit’, and complained in his diary that Betty ‘must be her own doctress’ since she frequently refused both the enslaver and Nassaw’s prescriptions. Rather than accept this complaint at face value, it is worth considering that Betty understood her own bodily health more than either her husband or her enslaver, and avoided what she perceived to be their dangerous methods of treatment. Over the next two days, Betty continued to refuse purgatives, but did consent to less drastic tinctures of wine, water and cinnamon.<sup>77</sup> As her husband and caregiver, Nassaw patiently watched her sleep and rest. On 9 March, the enslaver went to see Betty, and upon arriving accused Nassaw of ‘a deception’ for claiming she appeared to be recovering.<sup>78</sup> The enslaver took her pulse, which felt ‘rather quick’, listened to her cough, and noted that she did not take her prescribed tincture. Again, the slaveholder directed Nassaw to dispense another tincture and linctus for her, and demanded he observe both her vomit and stool for signs of recovery.

Perhaps Nassaw aided his wife in deceiving their enslaver that she had recovered from her illness. For decades, Nassaw and Betty witnessed firsthand the dangers inherent to frequent doses of purgatives, and had watched enslaved people, such as Phil and white patients, including William Buckland’s son, discussed below, deteriorate from excessive vomiting. Their resistance to the enslaver’s plan of medicine represents their own judgement about the efficacy of certain medicines and the dangerous extremes of humoral medicine.

### Making medical judgements

The previous two sections mostly align with earlier interpretations of Nassaw as a medical ‘assistant’. However, several cases from the diary demonstrate instances where Nassaw developed his own medical judgements as a doctor. These few cases nevertheless deserve attention as they afford insight into the ways Nassaw attempted, however unsuccessfully, to make his own medical judgements and practice medicine in the Northern Neck.

<sup>74</sup>*Ibid.*, 991.

<sup>75</sup>*Ibid.*, 992.

<sup>76</sup>*Ibid.*, 993.

<sup>77</sup>*Ibid.*, 994.

<sup>78</sup>*Ibid.*, 996.

On Friday, 28 September 1770 Nassaw's enslaver wrote that he had 'been obliged to Send Nassaw, although he is very ill himself again, to Mr Buckl[an]d's son'.<sup>79</sup> A well-regarded architect in Virginia, William Buckland designed Gunston Hall, the home of George Mason, and Sabine Hall. When Nassaw arrived that morning, he used 'gentle powders' to treat the 'very dangerous ill' boy suffering from a bilious fever. Nassaw attended to the boy before the arrival of two white physicians, John Brockenbrough and Nicholas Flood, and submitted his diagnosis to Buckland and the slaveholder that the child suffered from worms.<sup>80</sup> That evening, Nassaw returned to the Buckland household with '2 or 3 grains calomels' to treat his young patient by inducing a bowel movement.<sup>81</sup> After administering the drugs, Nassaw reported the child's condition improved. However, the slaveholder later received word from Buckland that he believed the child 'must die' from his worsening health, though Nassaw evaluated his pulse as being steady and regular. The following day, the slaveholder sent Nassaw again to 'give the child a gentle Puke or two' with an ipecacuanha tea 'stimulated with the essence of antimony'.<sup>82</sup>

The slaveholder's diary in this period presents Nassaw and his enslaver as medical peers, frequently exchanging diagnostic information and pharmacological advice over the course of each case. However, Nassaw exerted his own judgement in this case involving Buckland's son as he made his diagnosis, decided what drugs to use and in what quantities, and reported to his enslaver his patient's progress. The slaveholder deduced from Nassaw's reports that Buckland's son suffered from seasonal changes in the environment that caused 'a load of slimy Phlegm' to produce a 'fund of Acrid bile' that blocked the normal flow of humours from escaping his stomach and caused painful 'complaints of Spleen'. Three days after Nassaw's second visit, Buckland's son died. Nassaw, Drs. Brockenbrough and Flood, all agreed after examining the body that the boy suffered from worms, yet, it appears, their treatments proved too severe and led to the child's death. Whether Brockenbrough or Flood recognised Nassaw's medical skill is not clear from the diary, however it is possible given their unanimous consensus over the cause of Buckland's son's death and the fact that Nassaw was the first attending physician to identify worms as the principal cause of the boy's illness.<sup>83</sup>

At the end of November 1770, Nassaw cared for an enslaved girl, the '2 year old girl of Winny', who fell into 'a ditch of water' and became ill with violent coughing fits and a perplexing 'great pain somewhere'.<sup>84</sup> After exchanging their diagnoses and therapeutic suggestions, the enslaver and Nassaw struggled to arrive at a consensus over how to treat the girl. Nassaw chose to bleed the girl, and further prescribed her an emetic to induce vomiting with a dose of rattlesnake root. While this case appears to be somewhat of a success for Nassaw, his self-destructive drinking continued to impede his ability to serve as a healer. Soon after treating Winny's daughter, Nassaw drank so much that he carelessly 'blooded a two year old child and his father in that fit'.<sup>85</sup> Knowing that performing bleeding while drunk would anger the enslaver, Nassaw preemptively defended himself by claiming that he 'had given the Child a vomit' since the boy suffered from a 'choaking cold'. In Nassaw's judgement, the emetic 'brought off much Phlegm but no bile', and therefore warranted bleeding to correct a humoral imbalance. The enslaver refused to accept Nassaw's explanation, and quickly 'clapped him in Irons to lye all night and feel his drunkenness'. Rather than a clear-cut episode of Nassaw's apathy or irresponsible drinking, this episode demonstrates his increasing sense of the appropriateness and inappropriateness of bleeding as well as prescribing emetics.

<sup>79</sup>*Ibid.*, 505. On Buckland, see Rosamond Randall Beirne and John Henry Scarff, *William Buckland, 1734-1774: Architect of Virginia and Maryland* (Baltimore: Maryland Historical Society, 1958).

<sup>80</sup>On Brockenbrough see Blanton, *op. cit.* (note 59), 40, 348, 403. On Nicholas Flood, in the same volume, see 20, 379, 382.

<sup>81</sup>Mercury chloride, known to eighteenth century druggists as mineral calomel, was a popular purgative. On enthusiasm for calomels see Joseph I. Waring, 'The Influence of Benjamin Rush on the Practice of Bleeding in South Carolina', *Bulletin of the History of Medicine*, 35, 3 (1961), 230-7.

<sup>82</sup>*Diary of Landon Carter*, *op. cit.* (note 1), 506.

<sup>83</sup>It is possible this was Francis Buckland, the son of William and Mary Buckland who died young and is mentioned in Beirne and Scarff's biography, *William Buckland, 1734-1774*, 111.

<sup>84</sup>*Diary of Landon Carter*, *op. cit.* (note 1), 526.

<sup>85</sup>*Ibid.*, 527.

Six months after this incident, in March 1771, an enslaved man named Kit clamored for Nassaw to attend to another slave, Daniel. Kit reported that Daniel began vomiting and felt ‘such a pain in his bowels he thought he would die’.<sup>86</sup> Nassaw prepared a drink of mint water with ‘20 or 30 drops of liquid Laudanum’ to ease Daniel’s pain, and planned to later induce vomiting using ipecacuanha. However, when Nassaw arrived he discovered his patient did not suffer from vomiting, but instead felt a cluster of ‘very hard lumps’ in his stomach below his navel that caused great pain. Examining Daniel’s body by sight and touch, Nassaw ‘guessed it to be wind’ and dispensed the ipecacuanha dose, inducing the man to vomit. After the vomit, Nassaw used a ‘clyster a little strengthened with one spoonfull of crocus wine’ that appeared to further ease Daniel’s pain. After Daniel felt well enough to walk, Nassaw accompanied him from the mill of the plantation to Sabine Hall.

At Sabine, Nassaw watched Daniel for further signs of illness and discomfort. As he recovered, the enslaver ordered Nassaw to treat Daniel with ‘Ellexir Salutis’, ‘15 grains of Jalap’ and ten grains of rhubarb.<sup>87</sup> Later, he prescribed a tincture of peppermint water and a second clyster. Nassaw followed these prescriptions, but remained the primary caregiver for Daniel through the night. The clyster caused Daniel to expel ‘two motions of the same hard stuff’, and he felt immediate relief. However, as Daniel laid down to rest after this uncomfortable medical treatment, he fell asleep, and later died that evening. In his diary, the enslaver noted that Daniel was the son of an enslaved woman, Mary Adam, whose four other children also died at approximately age thirty-five. The slaveholder added his thoughts on why Daniel died, namely that he suffered from ‘an abounding bile not carried off by stool’. The enslaver further claimed that Nassaw’s treatments were not harsh enough, even though ‘Mortifications in the bowels’ are often too rapid to treat successfully. However, I argue that Nassaw learned to avoid using excessive or dramatic combinations of emetics and purgatives from treating William Buckland’s son, and he applied that lesson while treating Daniel. The slaveholder placed the blame for Daniel’s death squarely on Nassaw’s misjudgement. Because of his dependence on Nassaw, who first responded to Daniel’s case, the slaveholder complained he did not have ‘time to use any method but what circumstances suggested, and all these I considered and God’s will be done’.

In June 1773, Nassaw resumed treating white patients in the Northern Neck. ‘Frery, the Taylor, sent to beg a bottle’ of small beer to the enslaver on 16 June, and sent for Nassaw to attend him in person.<sup>88</sup> Arriving at Frery’s home, Nassaw found the tailor ‘blistered and with a high pulse and pain’ in his side. Nassaw proceeded to bleed Frery, remove his old plasters and re-apply them to where he felt the most pain. On the following day, Nassaw returned to the tailor’s home, and found Frery’s skin clammy to the touch, with a low pulse and weak voice. Nassaw applied another blister and gave dosages of ‘Spiritus Hartshorn and rattlesnake decoction’. The enslaver, via Nassaw acting as a messenger, urged the tailor to send for Walter Jones, which the man agreed to the following day.

Nassaw treated a group of enslaved children with mercurial drugs for their diverse and vague illnesses in the fall of 1773.<sup>89</sup> Disagreement between the enslaver and Nassaw regarding the children’s treatment points towards the enslaved healer’s increasing judgement as a medical provider, as Nassaw refused to dispense drugs to one of the children, a four-month-old infant. When the enslaver, who again claimed Nassaw was drunk at the time, questioned him over his disobedience, he complained that the healer previously gave the same dosage to a six-week-old child. Nassaw defended his decision by arguing he only gave the other child a very small spoonful of mercurials, and that, for reasons that are obscured in the diary, he could not do this again safely with a four-month-old. The enslaver continued to complain that Nassaw injured the enslaved by attending to them while drunk, failing to carry out the slaveholder’s prescriptions, and lying about their state of health.

<sup>86</sup>*Ibid.*, 554–6.

<sup>87</sup>Greene defines elixir salutis as a ‘mixture of sena, jalap, coriander, and powdered sugar candy that was used as a carminative and cathartic’.

<sup>88</sup>*Diary of Landon Carter, op. cit. (note 1)*, 758.

<sup>89</sup>*Ibid.*, 776.



Colonel Richard Henry Lee, arguably Nassaw's most noteworthy patient, called upon his enslaver for Nassaw to attend to him in the spring of 1774. Lee became 'ill with the gout and immoveable' in early February while visiting his brother, Francis Lightfoot Lee, at his plantation manor, Menokin.<sup>90</sup> On 6 February, Lee wrote to the enslaver that he was 'greatly obliged to you for the assistance I have received from Nassaw. He has performed two operations from which relief is already discernible'.<sup>91</sup> Lee wielded power in colonial Virginia as a justice of the peace, a member of the House of Burgesses, and a slaveholding tobacco merchant.<sup>92</sup> Despite Nassaw's success in treating this noteworthy patient, the enslaver did not mention it in his diary.<sup>93</sup> Two years later, Richard Henry Lee and his brother, two of the numerous slaveholders of the Second Continental Congress, became signers of the Declaration of Independence.

Nassaw's judgement regarding bleeding conflicted with the enslaver once again that spring, this time as the slaveholder himself became ill and 'sensible of a great fulness' of excess blood.<sup>94</sup> The enslaver requested Nassaw, 'the best bleeder about', to draw six ounces from him, but the healer refused, 'least some accident should happen that he would not wish'. Nassaw's reluctance here may indicate his fear that by bleeding his enslaver he would be blamed for any future illness. I argue that his refusal reflects the medical judgement of an expert, and that this explanation is more likely, given his extensive experience in bleeding as a physician.

Nassaw's success treating Lee's gout at this stage in his life perhaps established him as a trustworthy physician with other white patients. On 18 February 1774, Nassaw travelled to Mount Airy, the estate of the powerful Tayloe family, as Rebecca Plater Tayloe – Francis Lightfoot Lee's wife – requested that he treat her nurse.<sup>95</sup> Tayloe's nurse complained of 'something being broke within her'. Perhaps in a message delivered by Nassaw, the enslaver cautioned Tayloe that her nurse and others like her 'may be ladies of the Game, and possibly have got foul that way', which may mean he suspected this woman contracted a sexually transmitted disease. The diary is silent on how Nassaw treated this woman's illness.

### Frustration and drinking

As stated in the 1768 advertisement, Nassaw's enslaver described him to other slaveholders as 'bred up to be of great service amongst my sick people', and later characterised him as skilled in bleeding. Over the course of his career, the enslaver aimed to transform Nassaw into a 'black exhibit', and sent him to care for clients of the aristocratic Tayloe and Lee families, including their servants. However, Nassaw's exclusion from the slave community and his awareness of his enslaver's dehumanizing outlook led him to drink, and his career is filled with instances of his ongoing depression and lack of satisfaction in performing his duties as a physician. As mentioned above, Nassaw also drank to spite his enslaver and his racist pretensions.

Two years after the advertisement appeared in 1768, Nassaw attended an enslaved woman named Bridget who in January 1770, became afflicted with a 'pain in her guts' for over a week. Upon inspecting Bridget, the slaveholder remarked that she 'looks well' while she rested in her mother's cabin. It is

<sup>90</sup>*Ibid.*, 795. On Menokin see Camille Wells, 'Dower Play/Power Play: Menokin and the Ordeal of Elite House Building in Colonial Virginia', *Perspectives in Vernacular Architecture*, 9 (2003), 3–21.

<sup>91</sup>*The Letters of Richard Henry Lee: 1762-1778*, vol. I, edited by James Curtis Ballagh (New York: The Macmillan Company, 1911), 102.

<sup>92</sup>Oliver Perry Chitwood, *Richard Henry Lee: Statesman of the Revolution* (Morgantown: West Virginia University Library, 1967). In August 1774, Lee represented the colony as a delegate to the First Continental Congress in Philadelphia. In 1776, Lee, and his brother Francis, signed the Declaration of Independence.

<sup>93</sup>Lee's grandson, Richard Henry Lee, wrote in his memoir of his grandfather that he suffered from gout which caused severe pain in his abdominal viscera and 'extremely debilitated his body'. Nassaw likely used his sense of touch to probe the statesman's body, drawing himself into intimate proximity with Lee. See Richard Henry Lee, *Memoir of the Life of Richard Henry Lee, and His Correspondence*, vol. I (Philadelphia: H.C. Carey and I. Lea, 1825), 247.

<sup>94</sup>*Diary of Landon Carter, op. cit.* (note 1), 797.

<sup>95</sup>*Ibid.*, 811–2.

possible that Bridget feigned her illness, a tactic some enslaved men and women drew upon as a form of resistance.<sup>96</sup> However, it is likely that she suffered from an illness caused by the exhausting labour demanded of slaves on a wheat and tobacco plantation. In addition, the slaveholder wrote that Bridget's status was uncertain due to 'Nassaw so constantly drunk' that the enslaver could not 'hear who pretends to be sick' and personally determine the ill-health or wellness of each slave.<sup>97</sup> The possibility of deceit among the enslaved involving sickness, and Nassaw's neglect, enraged the slaveholder, who brutally punished dissembling slaves when his suspicions grew. While Nassaw drank and the enslaver sunk further into paranoia, Bridget continued to endure the pain in her stomach.

In September 1775, hot weather caused 'bilious complaints' and 'inveterate agues' on the plantation.<sup>98</sup> The enslaver himself suffered from 'a redundancy of bile' and obstructions that blocked the flow of blood in his body. However, he could not turn to Nassaw as the healer turned again to drinking. Later, when an overseer became ill, the enslaver ordered Nassaw to attend him. Nassaw used this medical errand to illicitly buy a bottle of rum, and attended the overseer while intoxicated. Another enslaved man subsequently found Nassaw 'dead drunk' in a field. As punishment, the enslaver had Nassaw bound and whipped. As he punished Nassaw, the enslaver urged him to be more pious, and connected Nassaw's drinking to irreligiosity.

When another overseer, John Purcell, became ill from fevers later in September 1775, the enslaver dispatched Nassaw to attend him.<sup>99</sup> Purcell later complained that Nassaw refused to bleed him. Nassaw disputed his patient's complaint, and later argued that Purcell requested a purgative, which he administered. The enslaver felt unsure whether to believe either man, and made Nassaw pledge 'on honor' to attend Purcell without drinking. 'He carries a blister for his head or neck', wrote the enslaver, 'and a lancet to bleed him if with any full Pulse'. Two days later Purcell died from his illness. The enslaver wrote in his diary how Purcell's health had suffered for some time, as he had complained several months before of a 'cancer' in his mouth and a 'bitterness in his stomach'. Nassaw treated him several times with tartar water to induce vomits. On his last visit to the overseer, Nassaw 'got drunk and this was his last illness'. In his diary, the slaveholder added that an enslaved woman observed Nassaw treat Purcell, and warned the healer that his first and second vomits, which he induced with cold milk 'at least a gallon at a time', would kill the overseer. The woman's report led the slaveholder to believe that Purcell, knowing 'it would kill him', committed suicide.<sup>100</sup>

On 27 September 1775, Reuben Beale, the enslaver's son-in-law, sent a letter requesting Nassaw to attend him.<sup>101</sup> Beale experienced difficulty urinating. Yet, Nassaw, 'so very drunk', could not serve him. After treating Beale with magnesia alba, the enslaver imprisoned Nassaw. While confined and alone, Nassaw despaired, stopped eating and told the enslaver he wished to die. Nassaw's suicidal thoughts are reflective of his overall feelings of despair driven by his exclusion from the slave community and being objectified by the enslaver.

The final cases recorded in his enslaver's diary reflect Nassaw's worsening, self-destructive tendencies. A note on 4 April 1777 recounts how Nassaw, who previously promised to stop drinking two years prior, 'got drunk with the rattlesnake drink for Dinah'.<sup>102</sup> Later that month, Nassaw descended further into a

<sup>96</sup>On the complexities of feigned illness as a tactic of resistance between enslaved people against slaveholders, see Fett, *op. cit.* (note 19), 171, 177–82, 246.

<sup>97</sup>*Diary of Landon Carter, op. cit.* (note 1), 347. Beyond medicine, Nassaw also appears to have been something of an assistant to his enslaver's interests in natural history, anatomy and preternatural animals. For instance, in February, 1770, Nassaw dissected the bodies of two lambs conjoined at birth with a single neck and head: 'I made Nassaw open the bodies of this extraordinary production through the one mouth. He pursued a distinct gullet into each body but could only find but one large heart in one body and in the other none at all. Perhaps it is not in the power of man to assign a cause for such a perversion of nature'. *Diary of Landon Carter, op. cit.*, 353.

<sup>98</sup>*Diary of Landon Carter, op. cit.* (note 1), 940–1.

<sup>99</sup>*Ibid.*, 946–7.

<sup>100</sup>*Ibid.*, 948.

<sup>101</sup>*Ibid.*, 952–3.

<sup>102</sup>*Ibid.*, 1088.

self-destructive pattern of drinking.<sup>103</sup> Entries from 13 and 14 July mention Nassaw's further drinking, and lessening of medical responsibilities.<sup>104</sup>

In the remaining diary entries mentioning Nassaw there are only traces that he continued to care for patients on the plantation. On 2 September 1777, the enslaver griped that he felt a 'fatigued, Spirit', from attending to enslaved people suffering from 'quotidians, Agues, and fevers' without the aid of Nassaw, who, again, temporarily ran away during this feverish time.<sup>105</sup> In the final entry regarding Nassaw, the enslaver wrote that before he ran away on the morning of 16 August 1778, Nassaw drank up the remnants of 'some wine mulled with cinnamon' before fleeing Sabine Hall. 'This fellow', in his enslaver's final remarks against Nassaw, 'is proof against his oaths never to drink and gets so drunk every morn as to contradict boldly every time I speak'.<sup>106</sup> Nassaw eventually returned to Sabine. Nassaw's enslaver died on 22 December 1778. However, on the slaveholder's death, Nassaw became the chattel property of his son, Robert Wormeley Carter. Nassaw appears once more in the archival record 8 years after the enslaver's death in an account book entry from May 1786, that mentions his labour caring for animals.

Following the foundational research of Sharla M. Fett and others, I claim that Nassaw's drinking stemmed from his inability to practice medicine through what Fett terms a 'relational vision of health'. Fett discusses conjurers and others who pursued healing via 'relationships within a broadly defined community of living kin and neighbors, ancestors, and spirits'.<sup>107</sup> Because Nassaw served the interests of their enslaver, women and men like Bridget, Phil, Jack Lubbar, Winny, Daniel and Dinah rightly perceived him as an agent tasked with healing their bodies to prolong their existence as labourers on the plantation. By contrast, other Black healers in the Chesapeake enjoyed status and trust from other enslaved people, notably Tom, a coachman who healed other slaves on the Taurus plantation surrounding Nomini Hall, owned by Landon Carter's nephew Robert Carter III. A correspondent of Carter III remarked that the 'black people at this place hath more faith in him as a doctor than any white doctor'.<sup>108</sup>

Nassaw never gained the trust or respect of other enslaved people due to his status as their enslaver's representative. On Taurus, Tom was a coachman who healed people likely using a combination of Atlantic African, Amerindian and European medicine; by contrast Nassaw was 'bred up' to be a plantation doctor. Several key diary entries recording Nassaw's role as a plantation doctor provide a glimpse into how a lack of trust and respect from both his enslaver and other enslaved people likely led to this worsening drinking and depression over the course of his life. In the spring of 1770, for instance, the slaveholder called Nassaw to aid him in diagnosing another enslaved man, Tony. I argue that understanding this case is vital for understanding Nassaw's worsening depression.

In his assessment, the enslaver complained that Tony 'determined to struggle' against his will by pretending to be injured from his work as a carpenter.<sup>109</sup> While repairing a dairy and henhouse yard, Tony 'stooped down like falling' and declared his 'arm was so sore' from fixing the buildings he could not fully move it without experiencing sharp pains. Weeks before this incident, the enslaver attacked Tony for his alleged idleness, striking him with a hickory cane on his shoulders. The diarist complained to himself that this man was an 'idle dog' for slowing down his work.<sup>110</sup> Before the enslaver punished Tony, who he suspected of deception, the slaveholder forced Nassaw to remove Tony's clothing, and examine his naked body and arms for symptoms of swelling or discolouration.

During this highly coercive examination, Tony pleaded with the slaveholder and Nassaw that he felt a painful 'stroke [that] was in his bone which made all his body ach'. The slaveholder refused to accept the reality of Tony's pain, and instead decided he was 'completely drunk', and swiftly, without listening for

<sup>103</sup>*Ibid.*, 1096.

<sup>104</sup>*Ibid.*, 1110–1.

<sup>105</sup>*Ibid.*, 1128.

<sup>106</sup>*Ibid.*, 1145.

<sup>107</sup>Fett, *op. cit.* (note 19), 36–8.

<sup>108</sup>Blanton, *op. cit.* (note 59), 173.

<sup>109</sup>*Diary of Landon Carter, op. cit.* (note 1), 378.

<sup>110</sup>*Ibid.*, 369, 370.

Nassaw's judgement, chained him with fetters and locked him away in solitary confinement to wait 'for monday morning's Chastisement'.<sup>111</sup> Nassaw, who knew firsthand the exhausting demands of plantation labour, and knew of the earlier assault on Tony by the enslaver, likely diagnosed Tony's injury as directly related to his laborious work, lack of adequate food and the violent outbursts of their paranoid slaveholder. Moreover, Nassaw presumably felt troubled and discouraged by the slaveholder's inability to recognise and accept the real pain of another man, and his quickness to punish Tony must have further upset Nassaw as he attempted to perform medicine and serve as a healer for other slaves. I believe Nassaw struggled deeply to reckon with his inability to help Tony, and others, and that moments like this one came to darken his thoughts over time as he slid into drinking.

Numerous other entries from the diary from the 1768 advertisement onward recount how Nassaw drank while treating patients, and his drinking and depression are important through-lines for understanding his career. While this article focused on reconstructing a taxonomy of Nassaw's labours as a caregiver nursing the sick, administering medicines and making his own medical judgements, his inability to gain the trust of other enslaved people prevented him from experiencing any kind of satisfaction as a healer. Without this sense of purpose, and burdened by being seen among the enslaved as a kind of medical overseer, Nassaw turned to drinking and fell deep into depression over his life.

## Conclusion

This article has aimed to make the case that Nassaw deserves to be understood as a healer in his own right rather than a 'personal body servant', 'slave assistant' or 'waiting man'. Unlike now well-known healers like Paula de Eguiluz, Juan Inglés or Mateo Arará, Nassaw was not as a highly mobile cosmopolitan Mohán, but rather a plantation doctor who suffered acute depression due to being marginalised by the enslaved community of his neighbours and patients. The major challenge for understanding Nassaw is that his existence within the archive is almost solely within the pages of his slaveholder's diary. Here I have attempted to avoid over-reading or assuming much about Nassaw's career through the diary. However, I argue historians can distinguish between episodes that reflect Nassaw's role as a nurse, as a healer administering medicine prescribed by his enslaver, and those that reflect how he exercised his own medical judgements. Certainly, the larger picture of Nassaw's life remains obscure. Slavery's archive in the Chesapeake obscures the vast majority of enslaved people, especially Black healers. Archaeobotanical evidence indicates that enslaved people in eighteenth-century Virginia shared medical knowledge within the domestic context of cabins, beyond the surveillance of their enslavers, and it is possible Nassaw did exchange ideas with the 'conjurers' mentioned only once by his enslaver.<sup>112</sup> Tragically, most of Nassaw's life remains unknowable.

Nassaw deserves attention from scholars of slavery and medicine precisely because he lacked the success and renown of women and men like James Pawpaw, Sampson, Paula de Eguiluz or Tom. Fugitive slave advertisements hint at the lives of other enslaved healers who found pleasure or status from healing, such as Romeo, whose slaveholder described him as 'fond of prescribing and administering to sick negroes, by which he acquired the nick-name of Doctor among them, a name perhaps he may attempt to pass by'.<sup>113</sup> Unlike Romeo or Tom, Nassaw was never regarded by other enslaved people as a doctor. And, despite his initial interest in medicine while watching Lucy and Judith recover, Nassaw subverted his enslaver's efforts to 'breed' him to be a 'black exhibit'. His refusal, desolation, drinking and struggle to

<sup>111</sup>The entry for 2 April 1770, does not record what punishment Carter inflicted on Tony, however it is possible he was beaten again with the hickory cane.

<sup>112</sup>Stephen A. Mrozowski, Maria Franklin, and Leslie Hunt, 'Archaeobotanical Analysis and Interpretations of Enslaved Virginian Plant Use at Rich Neck Plantation (44WB52),' *American Antiquity*, 73, 4 (2008), 699–728. On the conjurers see *Diary of Landon Carter*, *op. cit.* (note 1), 651.

<sup>113</sup>Richmond, 4 March 1789, *Virginia Independent Chronicle* (Davis), reprinted in Lathan A. Windley, *Runaway Slave Advertisements: A Documentary History from the 1730s to 1790*, vol. 1 (Westport: Greenwood Press, 1983), 404.

perform as a healer in the face of his abusive slaveholder merits Nassaw's place in a wider history of slavery and medicine.

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