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"THEY WORKED THEIR OWN REMEDY": AFRICAN-AMERICAN HERBAL MEDICINE AND THE ARCHAEOLOGICAL RECORD

Mark D. Groover
and
Timothy E. Baumann

Studies conducted by folklorists and ethnobotanists demonstrate that as late as the final decades of the twentieth century, many African Americans in the rural South continue to maintain substantial knowledge of herbal medicine. Due to slavery's fragmented history, the origins of African-American traditional medicine during the colonial and antebellum periods are obscure. In the following essay several issues pertaining to African-American traditional medicine are considered. Relevant ethnohistorical information is first presented. Botanical remains recovered from African-American sites and their medicinal uses are then summarized. This study concludes with a discussion of archaeological features and contexts at African-American sites that have the potential for containing material related to herbal medicine.

Beginning in the late 1980s (Adams 1989; Ferguson 1989), interest in the material expressions of belief systems became a prevalent trend that has developed among archaeologists excavating African-American sites in the 1990s (e.g., Orser 1994; Singleton 1995; Singleton and Bograd 1995). The persistence of African-inspired beliefs among slaves on southern plantations has been documented archaeologically at numerous sites. Relevant examples of artifacts associated with African-American contexts and worldviews consist of the ritual use of folk ceramics in the South Carolina Lowcountry (Ferguson 1992), a cache of healer's paraphernalia encountered at Levi-Jordan Plantation in Texas (Brown and Cooper 1990), and the subtle yet consistent recovery of personal items, such as perforated silver coins, brass charms, glass beads, quartz crystals, and polished stones, that were probably imbued with special meaning (LaRoche 1994; McKee 1992; Patten 1992; Russell 1996; Samford 1996; Savaceni 1996; Smith 1976, 1977; Stine et al. 1996; Weintraub 1997; Wilkie 1995, 1996; Young 1996).

The above artifacts illustrate the complex character of enslaved African-Americans' material culture. A significant quality of these items is that although they all contained cultural meaning, perhaps more importantly, they were probably associated with African-American folk medicine

during the era of slavery. Although archaeologists have adroitly identified items that were possibly elements of traditional African-American beliefs, researchers have only recently begun to consider the botanical remains from archaeological sites that were an integral part of day-to-day folk medicine.

Studies conducted by folklorists, anthropologists, and ethnobotanists (Guthrie 1996; Mitchell 1978; Morton 1974; Vernon 1993) demonstrate that elderly African Americans in the rural South continue to maintain knowledge of traditional medicine and particularly the beneficial properties of locally available plants. Beyond the South, ethnomedical studies have also identified the persistence of home remedies and the use of healers among rural and urban African-American communities across the United States (Bailey 1991; Hill 1973; Snow 1974; Stewart 1971; Tinling 1967). For example, Bailey's (1991) recent research in Detroit suggests that the contemporary use of home remedies and healers is substantially more prevalent among African Americans compared to European Americans.

Commencing with ethnographic inquiry conducted by Ferguson (1995) in Sierra Leone, West Africa, and the subsequent research of Ogata (1995), historical archaeologists have likewise begun to consider the origins and development of traditional medicine among enslaved African Americans in South Carolina. In the following essay we attempt to contribute to this research trend by addressing several issues pertinent to African-American herbal medicine and the archaeological record. We first present ethnohistorical information relevant to folk medicine. The botanical remains recovered from a small sample of African-American sites and the plants' medicinal uses are then summarized. We conclude with a brief discussion of archaeological features and contexts at African-American sites that are likely locations of botanical material used for herbal medicine. Our research concentrates on southern plantations since most African-American archaeology has been conducted in these settings.

ETHNOHISTORIC CONTEXT

During the era of slavery African Americans relied upon a dual health care system (Cabak et al.

1995; Savitt 1978). This system was composed of both formal medical knowledge provided by whites and folk knowledge maintained within slave communities. Planters, overseers, and plantation doctors provided formal medical care for slaves. However, Mitchell (1978:14), in her study of herbal medicine along the Sea Islands of South Carolina, emphasizes that formal medical care for slaves on plantations was typically inadequate. Mitchell (1978:15) states that:

The average slave master was fairly ignorant of the importance of good health measures; many limited medical expenditures for the sake of economy. Except in the most severe cases, these masters and overseers made their own diagnoses and prescribed remedies without the aid of the doctor, who was employed as infrequently as possible.

This conclusion is likewise echoed by Fanny Kemble who visited an antebellum Georgia rice and cotton plantation infirmary and observed firsthand that:

The floors were merely the hard damp earth itself, most of the windows were unglazed, the rooms were dirty and malodorous, and the inmates lay prostrate on the floor, without bed, mattress, or pillow, buried in tattered and filthy blankets. Sick and well alike were literally encrusted with dirt and infested with swarms of fleas. . . . A condition of more complete indifference toward the invalids and disregard for the most elemental rules of sanitation could scarcely be imagined (Mitchell 1978:14).

Given the stark realities of health care on plantations, enslaved African Americans therefore often relied upon traditional healing skills. The prevalence of herbalism among slaves on plantations and the skills of African-American healers and midwives were abundantly documented by numerous medical professionals and observers during the colonial and antebellum periods (Cauthorn 1857; Goodson 1987; Savitt 1978). For example, during the eighteenth century the Carolina Gazette announced that:

The [South Carolina] General Assembly has purchased the negro Caesar's freedom and granted him a pension of 100 pounds per annum during life, as a reward for the discovery of the means by which he acquired so much celebrity in curing persons who had swallowed poison or been bitten by a rattlesnake (Mitchell 1978:13).

Herbalism handed down from the era of slavery in South Carolina likewise persisted among

rural African Americans in the recent past, as indicated by the recollections of Mrs. Janie Hunter, a lifelong resident of Johns Island. In the 1960s Mrs. Hunter recalled that:

We doesn't go to no doctor. My daddy used to cook medicine—herbs medicine: seamuckle, pine top, life everlasting, shoemaker root, ground moss, peachtree leaf, big-root, bloodroot, red oak bark, terrywuk. All this from old people time when they hardly been any doctor. People couldn't afford doctor, so they had to have and guess. Those old people dead out now, but they worked their own remedy and their own remedy come out good (Carawan and Carawan 1989:27)

The folk medical system used by African-American healers divided the causes of illness into three interrelated categories composed of occult, spiritual, and natural illnesses (Mitchell 1978:19-21). Occult illnesses are considered to be the product of supernatural causes, typically a hex or curse, intentionally induced by a conjurer through the techniques of hoodoo, conjure, or juju. Although conjurers are specialists in inducing and curing occult illness, root doctors treat both natural and occult ailments. Yet, both the conjurer and root doctor use herbal medicines in their work.

Concerning the use of charms to protect individuals from occult illness, Mitchell (1978:20) states that, "a hoodoo amulet or hand will protect the wearer financially and occupationally, as well as medically." Personal items, such as brass *figas* or hands, perforated silver coins, and glass beads, recovered from plantations during excavation are probably material testimony to the apparently widespread belief in occult illness among enslaved African-Americans (Stine et al. 1996). Prevalent among most traditional societies (Child and Child 1993), belief in the harmful influences of thoughts or even glances apparently endured among some African-American residents of the Sea Islands in the late twentieth century. For example, based on fieldwork conducted in the 1970s, anthropologist Patricia Guthrie (1996:53) states that:

In addition to staying on the good side of older women by following their wishes, Kathryn Heyer (1978) reports that should a person look into the eyes of an older woman, that person might receive a visit from 'Hag.' Out of fear, then, as well as respect, young people always lower their eyes when speaking to an older woman.

The second type of illness recognized within the traditional African-American medical system is spiritual affliction. Derived from Christian

influence, the cause of spiritual illness is considered to be the result of sin or "bad living." Preachers, by utilizing the healing power of God, are typically the individuals that cure spiritual illness. In contrast to conjurers and rootworkers, spiritual leaders and teachers tend to have limited knowledge of herbal medicine.

As the name implies, natural illnesses, the primary focus of this study, were attributed to natural conditions such as bad weather or cold air. These illnesses were treated by herbalists or root doctors that specialized in the application of various medicinal plants for common ailments. Often the root doctor would not treat a patient, but instead would give instructions on how to make specific medicine for an ailment. From these instructions, the patient would administer the medicine themselves (Spector 1991). For example, catnip tea consisted of 1-ounce leaves to 1-pint water.

Catnip tea is given to teething children to avoid colic and diarrhea. It is also given to women in labor. Mashed (beaten) leaves are spread on the chest for fever. Fresh catnip is put in a cloth sack which is tied around the neck of irritable infants; the odor keeps the baby's stomach settled (Morton 1974:101).

Regarding gender-based divisions and the learning process among African-American healers, individuals that specialized in occult and spiritual illnesses were often men. Conversely, herbalists, or those individuals that focused upon natural illness, were usually women. Conjurers and herbalists usually learned medicinal information through apprenticeship. For example, herbalists were typically taught plant lore by an elder healer in a community (Mitchell 1978).

ETHNOHISTORIC DATA

As stated previously, in African-American communities herbalists using locally available botanical resources often treated natural illnesses. This study therefore attempts to identify those plants within archaeologically recovered botanical assemblages that might have been used as medicine. Put another way, this study attempts to determine if the *potential* for African-American traditional medicine can be discerned archaeologically via plant remains.

To generate a comparative data set for plant remains from African-American contexts, the botanical information in two ethnohistoric sources was summarized (Table 1). These two sources are

Julia Morton's *Folk Remedies of the Low Country*, written in 1974, and *Hoodoo Medicine: Sea Islands Herbal Remedies* by cultural anthropologist Faith Mitchell, written in 1978. The use of these sources presents several important analytical considerations, consisting of chronological, geographic, cultural, and functional issues.

Chronologically, the information presented in the two books was assembled from both eighteenth- and nineteenth-century documents, such as formal medical texts and studies, from period observers, and informants interviewed in the 1960s and 1970s. The resulting botanical information therefore spans an approximately 270-year interval. However, given the stubbornly conservative nature of folk cultures, it is expected that a significant element of continuity will be present concerning traditional uses of medicinal plants by African Americans.

A second consideration is geographic context. As the titles of their works indicate, the ethnohistoric and ethnographic data gathered by Morton and Mitchell were collected from the South Carolina Lowcountry. Archaeological data discussed in this study were likewise recovered from South Carolina, with the exception of one site from Middle Tennessee. Thus, it is not unlikely that specific subregions in the plantation South may have relied upon geographically specific botanical complexes. However, it is likewise reasonable to assume that residents of the Atlantic Rim and Gulf Coast first amassed botanical knowledge of North American plants. This knowledge was then subsequently dispersed to western frontiers, such as the middle South, as settlement expanded.

A third analytical concern consists of the multicultural character of life in the colonial and antebellum South. For example, archaeology suggests that seemingly mundane cultural elements, such as architectural styles, foodways, and textile manufacturing methods, were vigorously exchanged and recontextualized among different groups in South Carolina, particularly during the frontier era (e.g., Crass and Penner 1992; Groover 1991, 1992, 1994; Steen et al. 1996). This same transformative or syncretic process also apparently occurred in the area of botanical knowledge and folk medicine. Although Africans and Europeans both maintained well developed traditional medical systems prior to inhabiting the New World, a portion of their subsequent botanical knowledge originated from Native Americans (Mitchell 1978). The exact mechanism of this

Table 1. Medicinal Botanical Resources, South Carolina Lowcountry.

Plant	Part Used	Preparation/Primary Use
Aloe (<i>Agave virginica</i>)	leaves	ingested/rattlesnake bite
Angelica Tree (<i>Aralia spinosa</i>)	root bark	ingested/rattlesnake bite
Artichoke, Jerusalem (<i>Helianthus tuberosus</i>)	leaves	tea/diuretic
Ayshaberry (<i>Cimicifuga racemosa</i>)	leaves	tea/fever
Basil (<i>Ocimum basilicum</i>)	leaves	tea/colds
Bitter Apple (<i>Cucumis colocynthis</i>)	fruit	ingested/fever
Bitter Root (<i>Apocynum cannabinum</i>)	root	tea/colds, induce abortion
Blackberry* (<i>Rubus trivialis</i>)	root	tea/stomach pains
Blackgum (<i>Nyssa sylvatica</i>)	twigs	chewed/toothbrush
Blackroot (<i>Pterocaulon pycnostachyum</i>)	root	tea/colds, menstrual cramps
Black Walnut (<i>Juglans nigra</i>)	husk	tea/vermifuge
Bloodroot (<i>Ceanothus ovatus</i>)	root bark	tea/poor circulation
Boneset (<i>Eupatorium perfoliatum</i>)	leaves	tea/colds, fever
Brassicaceae	no data	poultice/croup
Buttonbush (<i>Cephalanthus occidentalis</i>)	root	tea/gargle for sore throat
Calamus (<i>Acorus calamus</i>)	root	tea/stomach pain
Canna (<i>Canna indica</i>)	leaves	poultice/headache
Castor Bean (<i>Ricinus communis</i>)	leaves	poultice/fever
Catnip (<i>Nepeta cataria</i>)	leaves	tea/teething pain
Cherokee Root (<i>Erythrina herbacea</i>)	root	poultice/skin irritation
Cherry, Wild Black* (<i>Prunus serotina</i>)	bark	tea/arthritis
Chinaberry Tree (<i>Melia azedarach</i>)	root	tea/vermifuge
Comfrey (<i>Symphytum officinale</i>)	leaves	tea/general body pains
Cotton* (<i>Gossypium herbaceum</i>)	root bark	tea/reproduction, induce abortion
Dogwood Tree (<i>Cornus florida</i>)	bark	tea/nerves
Elderberry* (<i>Sambucus canadensis</i>)	flowers, berries, bark, root	poultice/sores
Fennel (<i>Helenium amarum</i>)	leaves	tea/fever
Fig (<i>Ficus carica</i>)	ripe fruit	ingested/laxative
Fragrant Waterlily* (<i>Nymphaea odorata</i>)	root	tea/diarrhea
Galax* (<i>Allium tricoccum</i>)	bulb	tea/high blood pressure
Gallberry (<i>Ilex glabra</i>)	leaves	tea/colds
Glasswort (<i>Salicornia virginica</i>)	leaves	tea/colds
Gourd (<i>Hexastylis arifolia</i> ; <i>Lagenaria siceraria</i>)	seeds	tea/rheumatism
Holly (<i>Ilex</i>)	leaves	tea/colds, fever
Honeysuckle (<i>Lonicera</i>)	root	tea/diarrhea
Gum, Sweet* (<i>Liquidambar</i>)	leaves	ingested/diarrhea
Heartleaf (<i>Lonicera japonica</i>)	roots	tea/colds
Horehound (<i>Eupatorium hyssopifolium</i>)	entire plant	tea/colds
Horsenettle (<i>Solanum carolinense</i>)	root	ingested/aphrodisiac
Ironweed/Indian Tobacco (<i>Lobelia inflata</i>)	leaves	bath/fever
Ironweed, Common (<i>Vernonia augustifolia</i>)	root	ingested/snake bite
Jerusalem Oak (<i>Chenopodium ambrosioides</i>)	leaves	ingested/vermifuge
Jimson Weed* (<i>Datura stramonium</i>)	leaves	ingested/vermifuge
Kidney Weed (<i>Polygala verticillata</i>)	dried stalk	tea/diuretic
Lady's Slipper (<i>Cypripedium acaule</i>)	leaves	poultice/fever
Laurel, Hairy (<i>Kalmia hirsuta</i>)	leaves	salve/parasites
Life Everlasting* (<i>Gnaphalium polycephalum</i>)	entire plant	tea/colds, menstrual cramps
Maize (<i>Zea mays</i>)	leaves	tea/fever
Marsh Rosemary (<i>Limonium carolinianum</i>)	root	tea/diarrhea
Mint, American Wild (<i>Mentha arvensis</i>)	leaves	tea/stomach pain
Mistletoe (<i>Phoradendrom flavescens</i> , Pursh.)	leaves	steeped/hair rinse
Muckle, Brown* (<i>Myrica cerifera</i>)	leaves	tea/colds
Muckle, Marsh (<i>Borrichia frutescens</i>)	leaves	tea/colds
Muckle, White (<i>Baccharis halimifolia</i>)	leaves	tea/colds
Mullein* (<i>Verbascum thapsus</i>)	leaves, flowers	tea/colds, fevers
Nightshade (<i>Solanum nigrum</i>)	root	tea/fever
Oak, Red (<i>Quercus falcata</i>)	bark	tea/menstrual pain

Table 1. (continued).

Plant	Part Used	Preparation/Primary Use
Oil, Bush (<i>Laurus benzoin</i>)	leaves	poultice/fever
Okra (<i>Hibiscus esculentus</i>)	blossoms	poultice/sores
Old Hag's Table (mushroom)	entire mushroom	poultice/sores
Onion, Red (<i>Allium</i>)	bulb	ingested/chest colds
Parsnip (<i>Pastinaca sativa</i>)	root	tea/no data
Pennyroyal (<i>Hedeoma pulegioides</i>)	leaves	tea/stomachache
Persimmon* (<i>Diospyros virginiana</i>)	unripe fruit	eaten/teething pain
Peach (<i>Prunus persica</i>)	leaves	tea/colds, vermifuge
Pine* (<i>Pinus</i>)	needles, sap	tea/colds
Pitcher Plant (<i>Sarracenia minor</i>)	roots	salve/skin irritation
Pokeroot* (<i>Phytolacca decandra</i>)	leaves, root	tea/colds
Pomegranate (<i>Punica granatum</i>)	entire plant	tea/diarrhea
Pumpkin (<i>Cucurbita pepo</i>)	seeds	tea/edema (dropsy)
Queen's Delight* (<i>Stillingia sylvatica</i>)	roots	tea/stomachache
Red Cedar (<i>Juniperus salicicola</i>)	branchlets	tea/colds
Rignum (<i>Monarda punctata</i>)	leaves	tea/fevers
St. John's (<i>Hypericum hypericoides</i>)	entire plant	tea/rinse burns, sores
Sassafras* (<i>Sassafras albidum</i>)	root bark	tea/general health
Sea Ox-Eye (<i>Borrchia frutescens</i>)	leaves	tea/cold
Sedge (<i>Cyperus articulatus</i>)	no data	ingested?/vermifuge
Senna, American (<i>Cassia marilandica</i>)	leaves	poultice/sores
Silkweed* (<i>Asclepias tuberosa</i>)	root	tea/rheumatism
Silvergrass (<i>Chrysopsis graminifolia</i>)	leaves	tea/kidneys
Sinkfield (<i>Ipomoea pandurata</i>)	vine	tea/chills, fever
Smartweed (<i>Polygonum pennsylvanicum</i>)	leaves	poultice/headaches
Smilax (<i>Smilax laurifolia</i>)	root	ingested/aprphodisiac
Snakeroot, Button (<i>Eryngium yuccifolium</i>)	root	tea/colds
Snakeroot, Sampson's root (<i>Gentiana ochroleuca</i>)	leaves	tea/colds
Snakeroot, Virginia (<i>Aristolochia serpentaria</i>)	root	tea/fever
Snakeroot, White (<i>Eupatorium rugosum</i>)	root	tea/colds
Sourgrass (<i>Rumex spp.</i>)	root	tea/general health
Spanish Moss (<i>Tillandsia usneoides</i>)	entire plant	tea/high blood pressure
Speedwell* (<i>Veronica officinalis</i>)	leaves	tea/coughs
Stargrass (<i>Aletris aurea</i>)	root	tea/colds
Stinging Nettle (<i>Cnidioscolus stimulosus</i>)	root	ingested/potency
Sumac (<i>Rhus copallina</i>)	root	ingested/diarrhea
Sutras	leaves	brewed/eye drops
Swamp Grass (<i>Aristolochia serpentaria</i>)	leaves	poultice/sprains
Sweet Leaf (<i>Symplocos tinctoria</i>)	root	tea/beverage
Sweet Pepperbush (<i>Clethra alnifolia</i>)	root	boiled/soak feet
Tadawas (<i>Aster</i>)	leaves	tea/fever
Verbena (<i>Verbena hastata</i>)	roots	tea/expectorant
Vetch (<i>Vicia sativa</i>)	no data	no data/general health
Watermelon (<i>Citrullus vulgaris</i>)	seeds	tea/diuretic
White Cedar (<i>Chamaecyparis thyoides</i>)	berries	steeped/asthma
Whiteroot (<i>Aralia spinosa</i>)	root	tea/arthritis
Wild Leek (<i>Allium ampeloprasum</i>)	bulb	steeped/high blood pressure
Wild Okra (<i>Viola palmata</i>)	entire plant	ingested/emetic
Willow (<i>Salix caroliniana</i>)	inner bark	tea/colds, fever
Witch-Hazel (<i>Hamamelis virginiana</i>)	leaves, bark	salve/skin irritations
Yaupon (<i>Ilex vomitoria</i>)	leaves	tea/emetic, diuretic

*Officially recognized properties; formerly or currently listed in *United States Pharmacopeia* or *The National Formulary*.

(Primary Sources: Mitchell 1978; Morton 1974; Secondary Sources: Hamel and Chiltoskey 1975; Meyer 1981;)

transference is as yet poorly understood and hence archaeology represents an important means of potentially clarifying the origins and transformation of traditional medical knowledge in North America. Further, many of the remedies presented by Mitchell and Morton were not used exclusively by African Americans, yet due to cultural conservatism and possibly the grim economic conditions associated with slavery and the tenant farm era, these traditions apparently persisted much longer among African Americans than other ethnic groups.

A final important interpretive issue is the multifunctional quality of plants. Most plants have many uses that might include subsistence, heating, cooking, clothing, material for tools, or medicine. Concerning the medicinal use of plants, portions of the same plant (e.g., the fruit, leaves, roots, and seeds) often have multiple medicinal properties, were used for varying ailments, and administered in numerous ways. Identifying a specific plant thus suggests many potential uses at a given site. Archaeologists sometimes automatically and perhaps simplistically infer that most plants from sites were used for subsistence, yet in reality the actual function of plants in a specific systemic context or past household is usually unknown and based on culturally based assumptions. Likewise, some plants, often recovered in charred conditions from hearths or other culturally active features, are labeled weeds or incidentals by paleoethnobotanists and dismissed as having no known cultural uses in the past. Careful reading of ethnohistoric sources, such as Mitchell (1978), indicates many people in the past used "weeds" or other nonsubsistence plants for medicine. Thus, in this essay we emphasize the analytical distinction between potential and actual botanical use at specific sites. One important potential use of plants—medicine—is the focus of our analysis.

Information summarized from Morton and Mitchell for our analysis consists of the common plant name, its formal Latin name, the parts of the plant used for medicine, the way the plant was prepared, and the primary ailment or medicinal use. Although Mitchell listed primary and secondary uses for each plant discussed in her study, Morton did not. As a result, we included the first plant use listed by Morton in our tabulations. This analytical discrepancy may therefore have introduced error or bias in our summary of plant uses, yet the tabulation probably reflects an approximation of general trends that were active in the past.

The ethnographic data set consists of 108 species. Eighteen plants, representing 17 percent

of the data set, contain officially recognized medicinal properties. These plants, formerly or currently listed in the *United States Pharmacopeia* or *The National Formulary*, which are physician's reference manuals, consist of blackberry, wild black cherry, cotton, elderberry, fragrant waterlily, galax, sweet gum, jimson weed, life everlasting, brown muckle, mullein, persimmon, pine, pokeroor, queen's delight, sassafras, silkweed, and speedwell.

The distribution of plants by the primary parts used for medicinal purposes consists of leaves, 42 percent ($n = 43$), roots, 28 percent ($n = 29$), bark, 8 percent ($n = 8$), fruit, 8 percent ($n = 8$), and other, 15 percent ($n = 15$). The distribution of plants by primary method of preparation is represented by tea, 64 percent ($n = 67$), ingested, 14 percent ($n = 15$), poultice, 11 percent ($n = 11$), salve, 3 percent ($n = 3$), and other, 6 percent ($n = 6$).

The primary uses for the plants consist of fevers and colds, 39 percent ($n = 41$); digestion and elimination, 13 percent ($n = 14$); skin irritation, 8 percent ($n = 8$); vermifuge, 7 percent ($n = 7$); reproduction and contraception, 5 percent ($n = 5$); arthritis and rheumatism, 4 percent ($n = 4$); circulation, 4 percent ($n = 4$); diuretic, 3 percent ($n = 3$); snakebite, 3 percent ($n = 3$); general hygiene, 3 percent ($n = 3$) (hair rinse $n = 1$, toothbrush $n = 1$, foot soak $n = 1$); and other, 12 percent ($n = 12$) (headache $n = 2$, teething pain $n = 2$, general health $n = 2$, nerves $n = 1$, eye irritation $n = 1$, sprains $n = 1$, body pains $n = 1$, asthma $n = 1$, and emetic $n = 1$).

In summary, the majority of herbal medicine along coastal South Carolina apparently consisted of the leaves of plants that were brewed into teas and consumed for colds and fevers. However, ethnohistoric data also indicate a significant number of plants were used by African Americans for a broad range of illnesses and were applied in numerous ways. This information in turn provides an ethnohistoric baseline for archaeological comparison. Data from excavations are now presented to assess the potential visibility of African-American traditional medicine within archaeologically recovered botanical assemblages.

ARCHAEOLOGICAL DATA

For the following analysis extant archaeological data are summarized from botanical information in excavation reports. The sites comprising the archaeological data set are primarily South Carolina Lowcountry plantations and consist of Archdale Hall (Trinkley 1985), Cotton Hope

Plantation (Trinkley 1990), Greenfield Plantation (Trinkley 1983), Haig Point Plantation (Newsom 1988), Lesesne and Fairbank Plantations (Gardner 1986), Spiers Landing (Trinkley 1979), Stoney-Baynard Plantation (Adams et al. 1995), and Yaughan and Curriboo Plantations (Gardner 1983). The Gowen Farm (Shea 1993) is located in Middle Tennessee. The study sites were mainly occupied between the eighteenth and nineteenth centuries. Excavation and botanical recovery contexts consist of middens and features associated with the main houses, kitchens, quarters for house servants, and dwellings in slave settlements. Although European Americans resided at the above sites, we assume that enslaved African Americans comprised the majority of the site inhabitants and in large part were responsible for the daily operations of the plantations. As a consequence, it seems more likely that most of the archaeological deposits (and botanical remains) encountered at the study sites were probably associated with the activities of African Americans.

Analysis methods consisted of tabulating by site and species those plants with medicinal uses based on information in the ethnohistoric data set (Table 2). In our analysis, medicinal plants were considered to be botanical remains with medicinal properties, including plants with multifunctional attributes such as medicine, subsistence, heating, or clothing fiber. Medicinal plants were tabulated only on the basis of presence and were not quantified by weighted counts. The distribution of botanical remains is also undoubtedly biased by different collection techniques on each site.

Despite these limitations, the archaeological data set indicates that, on average, 14 species of plants are typically identified at African-American sites. The per site average for medicinal plants is six. Proportionally, medicinal plants on average comprise 43 percent of the botanical species identified in African-American contexts. The maximum proportion of medicinal plants present at a single site consists of 75 percent, or 6 out of 8 plants, at Archdale Hall, and the minimum proportion is 31 percent, or 8 out of 26 plants, at the Gowen Farm near Nashville.

When the botanical data from all of the sites are combined (Table 3), 29 plants with possible medicinal uses are represented, and comprise 27 percent of the ethnohistoric data set. Within the combined site sample, 8 or approximately half of the 18 plants with officially recognized medicinal properties are represented, and comprise 28 percent of the archaeological data set. Interestingly, Mitchell (1978) states that most informants

were aware of approximately 20 plants with medicinal uses, which represents about 19 percent of the ethnohistoric data set. In contrast, archaeological analysis by site average typically identifies 6 plants with potential medicinal use, comprising 6 percent of the ethnohistoric data set or approximately one-third of the 20 plants utilized by individuals.

Concerning plant uses and preparation methods, overall the distributions between the ethnohistoric and archaeological data sets are proportionally similar (Tables 4 and 5). Interestingly, the proportion of plants used as a vermifuge and for contraception or reproduction is twice as large in the archaeological data set as the ethnohistoric data set.

The general similarity between the two data sets is probably due to the fact that the combined list of botanicals from all of the study sites contains 29 plants. This total closely approximates a data set composed of 30 cases, which is considered to be a statistically reliable or recommended sample size. Thus, based on the general functional correspondence between the archaeological and ethnographic data sets, the combined site sample appears to be a relatively accurate composite assemblage of botanical resources used by enslaved African Americans, particularly along the South Carolina coast where the majority of the study sites are located. Put another way, the combined site sample probably represents an accurate botanical complex that can be expected to be present in reduced form at most archaeological sites. Results suggest approximately six of the plants in the composite assemblage will usually be found or identified at individual Lowcountry plantations.

CONCLUSION

The results of our cursory ethnohistoric and archaeological comparison, generated from a very small number of sites, are by no means conclusive, yet tentatively suggest plants with potential medicinal uses are typically recovered from African-American sites. Several individuals, such as Zierden and Trinkley (1984) and Gardner (1983, 1986), have consistently noted and discussed the presence of medicinal plants in botanical assemblages from specific African-American sites. The preceding comparison thus attempted to contribute to these observations and synthesize extant data within the context of herbal medicine. The results suggest that traditional African-American herbal medicine is accessible or potentially visible in the archaeological record.

Table 2. Distribution of Botanical Materials From Study Sites.

Site	Number of Plants	Number of Medicinal Plants	Percent Medicinal Plants
Archdale Hall	8	6	75
Cotton Hope Plantation	3	1	33
Gowen Farmstead	26	8	31
Greenfield Plantation	14	6	43
Haig Point Plantation	11	5	45
Lesesne and Fairbank Plantations	41	15	39
Spier's Landing	7	3	43
Stoney-Baynard Plantation	7	5	71
Yaughan and Curriboo Plantations	11	6	55
Total	128	55	43

Table 3. Medicinal Botanical Resources in Archaeological Data Set

Blackberry*	Maize	Smartweed (Knotweed)
Black Walnut	Nightshade	Sourgrass
<i>Brassicaceae</i>	Oak	Stinging Nettle (Spurge)
Chenopod	Peach	Sumac
Cherry*	Persimmon*	Sweetgum*
Chinaberry	Pine*	Vetch
Cotton*	Poke*	Verbena
Dogwood	<i>Polygonum hydropiperoides</i>	Watermelon
<i>Euphorbiaceae</i>	Red Cedar	Wax Myrtle (Brown Muckle)*
Ironweed (<i>Sida</i>)	Sedge	

*Officially recognized properties; formerly or currently listed in *United States Pharmacopeia* or *The National Formulary*.

Table 4. Comparison of Primary Plant Uses, Ethnohistoric and Archaeological Data Sets.

Plant Uses	Ethnohistoric Data Set		Archaeological Data Set	
	Number	Percent	Number	Percent
Fevers-Colds	42	39	9	32
Digestion-Elimination	14	13	3	11
Skin Irritation	8	7	1	4
Vermifuge	7	6	4	14
Reproduction-Contraception	5	5	3	11
Arthritis-Rheumatism	4	4	1	4
Circulation	4	4	0	0
Diuretic	3	3	1	4
Snakebite	3	3	0	0
General Hygiene	3	3	1	4
Other	15	14	5	18
Total	108	101*	28	102*

*Error due to rounding

Table 5. Comparison of Primary Primary Preparation Methods for Medicinal Plants, Ethnohistoric and Archaeological Data Sets.

Preparation Methods	Ethnohistoric Data Set		Archaeological Data Set	
	Number	Percent	Number	Percent
Tea	71	66	17	61
Ingested	15	14	5	18
Poultice	12	11	4	14
Salve	3	3	0	0
Other	6	6	2	7
Total	107	100	28	100

We conclude this essay with a few suggestions to aid in the future archaeological study of African-American folk medicine. First, archaeologists must budget for botanical analysis, which is too often an afterthought on historic sites. The paucity of historical excavation projects that routinely conduct botanical analysis suggests that despite the best intentions, much of this information, unfortunately, is never considered or recovered through archaeological inquiry. Second, archaeologists should routinely take flotation samples from different excavation contexts such as features, unit levels, and middens. Third, where can we locate medicinal plant remains? One historic reference concerning an enslaved woman in Missouri is particularly informative and states that:

Lin, the Negro cook in my grandfather's home, had dug out a hole, lined and roofed it with poles and dirt, and in it kept her 'roots and arbs,' as she called them, along with various trinkets and some mysterious powders believed to be effective in working charms and conjurings (Moore 1958).

This quote suggests that root cellars and pits are likely locations to look for both medicinal plant remains and caches of personal items used in folk medicine. Other relevant deposits and features include hearths, middens, wells, and cisterns.

A final research suggestion concerns the geographic dispersion and persistence of traditional medicine in North America. The data set in this study relied upon botanical remains from plantations since the majority of African-American archaeology has been conducted in contexts associated with the slavery period. However, we suggest that folk medicine used by African Americans is not unique to the South or the colonial and antebellum periods. Ethnobotanical remains found on African-American sites in urban settings or dating to the twentieth century might

also have been used for medicine. For example, Yentsch (1994) identified a unicorn plant seedpod from an eighteenth-century well in Annapolis, Maryland. Cheek and Friedlander (1990) likewise identified plant remains with medicinal uses from a late nineteenth- early twentieth-century midden in Washington, D.C. Recent studies conducted by cultural anthropologists indicate that herbalism continues in urban regions in the Midwest and Northeast that experienced large influxes of African Americans from the South during the Great Migration (Bailey 1991; Hill 1973; Snow 1974; Stewart 1971; Tinling 1967). Herbal medicine therefore illustrates a relevant example of an African-derived cultural element that persists to the present among some African Americans in North America. The archaeological contexts briefly considered in this essay perhaps represent geographically points of origin or cultural hearths for this folk tradition.

In conclusion, a detailed framework of ethnohistorical information is required to contextualize and effectively interpret botanical remains from African-American sites. This study represents an initial step in constructing such a framework and comparing it to the archaeological record.

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