

Those of Little Note: Enslaved Plantation “Sick Nurses”

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Introduction

In May 1803, the Danish Crown abolished the traffic of enslaved people from Africa.¹ Although the repercussions of this legislation were immense for international relationships among European nations, for plantation owners, and most importantly, for enslaved people, the ban on the slave trade precipitated drastic changes to the healthcare system in the Danish colonies. By 1822, the Danish Board of Health passed legislation that required all European physicians working in the Danish West Indies to submit yearly health reports to Copenhagen.² These documents provided a record of raw, demographic data and narrative accounts of how physicians treated their patients on the islands. These reports also contained information the Danish Board of Health and Danish colonial administration deemed important for managing the health of African, African-descendent, and European people. Just as statistical data reveal the social and political contexts in which it developed,³ the Board of Health documents indicate the empirical strategies and political concerns of the Danish government.⁴

Although these reports contain an abundance of information, how enslaved people, particularly women, practiced medicine on the islands is absent from the Danish Board of Health documents and West Indian administrative reports. Information regarding the practice of medicine by enslaved and Free Black⁵ women, however, is included in court documents and public hospital records from St Croix's civic hospitals from the Danish West Indies. Court records from St Croix indicate that the Danish West Indian court system prosecuted enslaved and Free Black women, and occasionally men, for performing spiritual practices, termed *obeah*.⁶ The inclusion of prosecuting individuals speaks to the broader, pan-Caribbean trend

of outlawing Afro-Caribbean spiritual healing practices, which colonial institutions perceived as duplicitous and dangerous.⁷ The mention in Caribbean court documents and legal proscriptions against practicing obeah implies the colonial anxiety regarding the harmful potential of these rituals rather than an unbiased report regarding healing, caring, and curing practices.

Although public hospital records discuss the healthcare provided by African diaspora populations in St Croix, few extant records detail the kinds of care enslaved nurses provided in medical institutions.⁸ Civic hospitals in St Croix were initially established as garrison hospitals to provide care to soldiers, but by the early nineteenth century these institutions also admitted White civilians and the King's slaves.⁹ Records from the civic hospital in Frederiksted, St Croix, indicate that the majority of care work was conducted by enslaved women (and to a smaller extent enslaved men), who cooked, cleaned, washed linens and clothes, and prepared and administered medicines.¹⁰ Civic hospital records refer to enslaved caregivers at the Frederiksted hospital as "pets" who were prone to drunkenness, thievery, and unreliability.¹¹ Similarly, planters and colonial administrators in the British West Indies expressed overtly racist and derogatory opinions regarding plantation nurses. Plantation documents regard sick nurses as "a weakly old woman unfit for ordinary labour"¹² or an "old slave who had little knowledge or aptitude for her office."¹³ As Niklas Jensen notes in his book, these racist descriptions are colonial tropes that likely conflict with the reality of caregiving at the hospital. Ethnohistorical documents from across the West Indies indicate that enslaved caregivers had an extensive knowledge of herbal medicine and folk remedies, based in African ethnomedical traditions.¹⁴

Enslaved sick nurses, who worked in privately owned plantation hospitals in the Danish West Indies, are completely absent from Danish colonial administrative documents. By the 1820s, nearly every privately owned sugar plantation on the island had a "sick house" or hospital on the premises.¹⁵ Enslaved patients in these hospitals intermittently received care from European physicians, who were licensed by the colonial administration; but daily care in these spaces was provided by enslaved women, who cleaned, cooked, administered medications, and performed the majority of care work.¹⁶ The absence of these enslaved nurses' voices and perspectives in the colonial period is not surprising, as male administrators considered the experiences of enslaved people (especially women) as superfluous to the colonial project, and thus did not record their contributions in the official records.

As such, this article presents a historical and archaeological case study that focuses on the experiences and expertise of plantation sick nurses during the early nineteenth century. Archaeologists conducted research over a period of

three years at a former plantation hospital building at Estate Cane Garden, an estate that operated as a sugar plantation from the 1700s until after the abolition of slavery in 1848. Plantation hospitals, including the one at Estate Cane Garden, provided care to sick and injured enslaved workers since enslaved people were generally excluded from receiving care at the larger, civic hospitals on the island. Artifacts and ecofacts recovered from a trash deposit adjacent to the standing structure likely relate to the occupation and use of the building from the late 1770s until the 1830s. Interestingly, none of the artifacts directly signal biomedical healthcare practices, particularly those described in Danish colonial health records. Nor do they suggest any occurrence of African diaspora ritual practices, commonly recovered at other plantation sites. Instead, items recovered from the hospital are related to food and drinking practices, and the plant remains indicate nurses introduced and relied on indigenous plants for nutritional and medicinal purposes. In summary, this project speaks to the strengths of using multiple approaches and lines of evidence to illuminate the lives of people who are excluded from written histories.

This project uses common methods developed within the subfield of historical archaeology, which relies on a central tenet to reveal the lives of “those of little note”¹⁷ and of people who are not written into the grand narratives of history.¹⁸ Historians can partially recover individual experiences of those who are missing from the archival record by closely examining the material record and the objects that were incorporated into everyday life. The goals of this article are: (a) to methodologically integrate diverse lines of evidence to bring to light the experiences of enslaved nurses, and (b) to examine enslaved women’s care practices as agentive acts which often deviated from colonial expectations.

Historical Background of the Danish West Indies

The islands of St Croix, St John, and St Thomas (the former Danish West Indies) currently comprise the U.S. Virgin Islands. Like other British, Dutch, French, and Swedish Caribbean colonies, the three islands were used as merchant ports and agricultural establishments throughout the 1700s and 1800s.¹⁹ In 1733, Denmark purchased the island of St Croix from France. Despite its small size (217 square kilometers), St Croix has a diverse environment; the east side of the island was dry, with little rainfall and was used primarily for growing cotton.²⁰ The wetter central and west sides of the island were used for growing sugar cane, an essential crop for European imperial and colonial powers throughout the eighteenth and nineteenth centuries. After the

abolition of slavery in 1848, the sugar economy of St Croix declined and the island was sold to the United States in 1917.²¹ All three islands of the former Danish West Indies are now unincorporated territories of the United States.

In 1803, Denmark abolished the slave trade, and made the law effective in 1804. The abolition of the slave trade had a profound effect on how the Danish colonial administration viewed the enslaved body. After the slave trade ban, plantation owners, managers, physicians, and Danish colonial administrators became increasingly concerned with the fitness of enslaved people's bodies.²² Keeping enslaved people healthy²³ became of paramount importance to the Danish colonial government, since they feared that high mortality and morbidity rates of enslaved workers directly affected the productivity of island plantations. Annual medical reports, church records, and plantation journals from St Croix indicate that the predominant causes of morbidity and mortality among enslaved people were fever, bowel disorders and dysentery, consumption, and injury.²⁴

In St Croix during the 1800s, the plantation hospital was the primary place of treatment for sick and injured enslaved workers on private plantations.²⁵ Licensed, trained physicians who were contracted by plantation owners and managers intermittently oversaw the plantation hospitals on a case-by-case basis. In contrast, an enslaved sick nurse who was appointed by the plantation manager provided daily care at these hospitals. Enslaved nurses dispensed medications prescribed by physicians, changed patients' bedding, cleaned, and cooked for patients. Archival documents from the Danish West Indies suggest that planters and physicians shared similar opinions regarding the knowledge and skill of enslaved women. Although no written source material discusses enslaved plantation hospital nurses *per se*, annual medical reports from the Danish West Indies indicate that enslaved people treated each other extensively, using herbal medicines and other physical means.²⁶ Neither physicians nor the colonial administration viewed these community-based care practices as a threat and, in some instances, physicians expressed interest in discovering the types of medicines used by enslaved healers.²⁷ It is unclear if these sentiments extended to enslaved plantation nurses specifically, but analysis of the archaeological materials from Cane Garden provides an opportunity to explore the extent to which nurses used plants and herbal medicines.

Obeah and Ethnomedical Practices in the Caribbean Region

Obeah is a generic term used to describe a "composite of shamanistic practices derived from different parts of Africa and conducted by various ritual specialists

in the diaspora who worked outside of formal institutions.”²⁸ This broad-reaching system of ritual is practiced today in many parts of the Caribbean and is historically rooted in the African diaspora.²⁹ The term *obeah* may have originated from Igbo-speaking people, but descriptions in colonial period documents likely refer to a range of associated practices derived from different cultural groups on the African continent.³⁰ Scholars who study obeah in the Caribbean during the colonial period have either interpreted obeah as a loose set of curing and healing rituals, or as an etic etymological item, employed by Anglophone people to explain African diaspora ritual practices.³¹ As such, obeah is a complicated lexical, epistemological, and ontological term which includes a multiplicity of African diaspora practices and colonial interpretations of them.³² Obeah acts include healing practices, rituals aimed at causing harm, and the harnessing of spirits in order to provide strength to one’s own body or community.³³

Obeah, as an array of healing practices, is closely linked to African diasporic etiologies of disease. Major diseases, physical trauma, and death were attributed sometimes to physical environmental causes, but more often than not, to supernatural origins.³⁴ These may include acts of gods, malevolent spirits, breaking of taboos, and/or evil magic.³⁵ In order to restore the balance between all of the elements necessary for health, curing practices must holistically target the spirit, body, and mind.³⁶ Obeah practitioners utilized various objects to initiate their desired cures; common objects such as eggshells, feathers, seeds, shells, coins, strings, and pins were part of a “magical apparatus” that controlled supernatural forces, thus facilitating cures.³⁷ Archaeological investigations have focused predominantly on North American, rather than Caribbean, contexts; nonetheless they provide relevant information concerning the materialization of African diaspora ritual practices. Ritual practices often took place within individual households and individuals made use of spaces beneath floor surfaces, doorways, and windows to conceal ritualized objects.³⁸ Ritual objects excavated at plantation sites include shell, pins, crystals, beads, crab claws, chalk, and other small items.³⁹ In addition to heeding these objects’ archaeological context, archaeologists have utilized ethnohistoric and ethnographic information to interpret their meanings. Archaeologists often found everyday objects that had been ritualized in unexpected, nonutilitarian, or unique locations, such as caches beneath windows or doors or in intentionally created subfloor pits.⁴⁰

As a colonial lexical concept, obeah loosely signaled negative practices that were familiar to Europeans, such as *witchcraft* and *sorcery*.⁴¹ What constituted a loose collection of divination practices associated with illness, health, and the supernatural became more defined under British colonial rule.⁴² Obeah has historically signaled a complex and shifting system, rather than a singular

thing, thus complicating scholars' attempts to understand the essential nature of the colonial term.⁴³ Epistemic, linguistic, and legal constructions of obeah generally functioned as race-making concepts that were marshaled by colonists to mark the "line between supposedly 'civilized' peoples (who practice religion) and 'primitive' peoples, who practice (superstition or magic)."⁴⁴ By the nineteenth century, obeah was subject to criminalization "as an alternative and threatening form of subaltern agency."⁴⁵ Most colonial descriptions focus on obeah's harmful and antisocial qualities and its potential to subvert the colonial social and moral order.⁴⁶ At worst, obeah practitioners were seen to foment resistance against the plantation system, thus endangering the vulnerable social boundaries between the planter class and the enslaved workforce. Obeah played a large role in slave rebellions, as the practice acted as a galvanizing force for resistance and obeah practitioners frequently administered protection to rebels in the form of amulets.⁴⁷ In Jamaica, obeah was criminalized in 1760 in response to Tacky's Rebellion.⁴⁸ After the rebellion, Jamaican courts demanded that "any negro who shall pretend to any supernatural power" be punished by death, exile, or imprisonment.⁴⁹ The association between non-Christian belief systems and peril to the colonial population was further reified in law. Obeah practitioners could be punished as long as they were seen as "pretending to have communication with the devil" or were "assuming the art of witchcraft."⁵⁰ In the post-emancipation period, legal provisions framed obeah as a form of fraud, thus breaking from earlier definitions of obeah as a strictly religious practice.⁵¹ Policy makers drew on a long tradition of modernizing policies in Europe, particularly Britain, that sought to transition rural and working-class people away from popular healing practices such as magic, astrology, and fortune-telling.⁵² In the Danish Caribbean, obeah did not enter the West Indian lexicon until the 1820s.⁵³ Information concerning the practice of obeah is primarily taken from Danish legal documents, which indicate that obeah was a catch-all term for acts of poisoning, "shadow catching," and "witchcraft."⁵⁴ Information derived from Danish colonial period records indicates that spiritual authority was unevenly distributed on the island; most obeah practitioners were older, African-born men. The gendered composition of this class may have been rooted in Senegambian spiritual traditions, but it was also likely reinforced by the patriarchal structure of plantation slavery, which afforded men a greater degree of mobility and freedom.⁵⁵ Like other European colonial administrations, Danish authorities increasingly became concerned about obeah, since they feared it would disrupt the plantation social order. By 1825, the governor of the island had instructed planters to watch for "malevolent subjects" and obeah practitioners.⁵⁶ In opposition to these negative colonial ascriptions, enslaved people who were on trial for practicing

obeah often presented it as a benevolent force that cured illness and provided spiritual comfort to those in need.⁵⁷

Ethnomedical Herbal Treatments

In contrast to obeah, herbal medicine occupied a more ambivalent space in the colonial imagination. In addition to obeah, African and African-descendent healers also used an extensive pharmacopeia of plants to cure their patients.⁵⁸ Herbal medicines could treat the symptoms of an illness but not its underlying cause unless a healer undertook ritualistic measures to restore bodily, mental, and spiritual normalcy.⁵⁹ Enslaved people's use of medicinal plants in the Caribbean drew from a wide range of cultural and ethnomedical knowledge, brought from Africa and blended with Amerindian and European customs.⁶⁰ Healers frequently cultivated African plants that they brought with them to North America and the Caribbean, or used native New World taxa in ways that were already familiar to them.⁶¹ "Bush doctors" or healers occupied a significant place among enslaved communities. Planter diaries from both North America and the Caribbean discuss how enslaved people were often reluctant to seek medical assistance from White doctors, particularly to treat taboo or very personal diseases, such as venereal disease.⁶² This distrust toward physicians during the eighteenth and nineteenth centuries was not specific to enslaved people. White patients also held a great deal of distrust for physicians, in the United States and in Europe, since physicians utilized drastic, physically invasive, and often fatal treatments.⁶³ Itinerant healers, or female members of the household whose medical knowledge was grounded in experience and family tradition treated most Blacks and Whites in their homes.⁶⁴

Few documents in the Danish Caribbean provide evidence that the European physicians or the legal courts attempted to stop herbal healing, as they viewed herbals healing as less dangerous and socially transgressive than obeah.⁶⁵ For example, in a court case dated to 1790, a plantation manager from Estate Wheel of Fortune on St Croix paid an enslaved woman on the estate to treat a wound that the attendant doctor had not been able to heal.⁶⁶ Although planters, physicians, and colonial administrators allowed enslaved people to treat other members of the enslaved community for free, they were not allowed to pay an unauthorized healer (White or enslaved) as the practice was considered quackery and was punishable.⁶⁷ Although the attempt to control the use of herbal healing was most likely a result of an

1815 Danish West Indian proclamation to control the distribution of medicines on the island through a pharmacy, it may also have been an indication of the European effort to professionalize the field of medicine during the early 1800s.⁶⁸

Archival Evidence of Professionalized Healthcare in the Danish West Indies

Historians researched professional healthcare on St Croix by examining primary documents and secondary historical sources. Proclamations and letters sent to and from the Danish colonial administration and the Danish Crown dictated the regulation of medical practice on the islands from an administrative perspective. Annual physician reports written by licensed physicians who worked in the Danish West Indies were the second corpus of primary sources on healthcare that provided demographic and statistical health information, as well as narrative descriptions detailing the kinds of care physicians implemented. A proclamation dated 1820 from the West Indian government to a Dr. Schlegel states that “just as the doctors in Denmark submit annual Medical Reports, so should the royally appointed doctors on the Danish West Indian Islands submit the aforementioned reports.”⁶⁹ The proclamation also stated that these medical reports, “in the same way as Denmark, should be sent to the Board of Health, which subsequently submits them to the Chancery.” The medical reports include descriptions of diseases and their presumed causes, mortality and birth rates, numbers of patients vaccinated, pharmacy ordering information, and a description of any “unfortunate incidents.”⁷⁰

Dr. Christopher Johnson attended Estate Cane Garden from 1829 until 1848. Dr. Johnson was born in St Croix, graduated medical school in Edinburgh, and “submitted himself to an exam at the University in Kiel in 1829 which subsequently have sent him a communication stating, that His Majesty the King under July 24th 1829 most graciously have given him permission to exercise medical and surgical practise in the Royal Danish States.”⁷¹

Dr. Johnson only mentions Estate Cane Garden specifically once in his reports, but his reports provide a detailed account of his patients’ afflictions, as well as how he treated them. Most of his reports discuss operations including bloodletting and purging to abate the symptoms of numerous conditions, from fevers and catarrhs to rheumatism and generalized pain.⁷² He also utilized various pharmaceuticals, to include lead powders, calomel, opium, and laudanum. The treatment methods described in Dr. Johnson’s reports fit

within the nineteenth-century Western medical community's principles of purging the body of harmful substances.⁷³ Although so-called *heroic medicine* was commonly practiced in early 1800s Europe, it was nonetheless a contentious practice in the Danish West Indies. A few practicing physicians on St Croix, such as Dr. Willian Stevens, argued that patients could be better cured through rest, nutritious food, and clean water than through physically traumatic procedures.⁷⁴ We do not know the extent to which these medical viewpoints were influenced by indigenous Amerindian and African diaspora medical practices and theories of disease, but they provided a safer alternative for those seeking more ameliorative healthcare measures.

Archaeological Research at the Hospital

Although Dr. Johnson's annual reports provide information on how he and other physicians implemented professionalized care on the island, there is no written source material from the Danish West Indies detailing the types of care enslaved nurses provided at individual plantations.⁷⁵ Enslaved nurses were ideally responsible for implementing the directives of physicians and plantation managers and for administering the majority of daily care to plantation patients; thus, their experiences are essential to understanding the structure of healthcare on the islands. As such, archaeological research was carried out at a former plantation hospital in order to examine enslaved nurses' care practices, as demonstrated by the archaeological evidence.

Archaeologists conducted research at a former hospital at Estate Cane Garden from 2014 to 2016. The first indication of a plantation hospital at Cane Garden comes from a property appraisal dated 1798 that mentions that the sick house, or hospital, also functioned as a storage room and animal stable.⁷⁶ Slave laws and plantation records from the British West Indies suggest that the size, physical layout, and sanitation standards of plantation sick houses differed tremendously, depending on both legal ordinances and the aspirations of individual plantation managers and owners.⁷⁷ Plantation hospitals, and the types of care provided within them, acted as a galvanizing force for abolitionists and slave holders in the British colonies. Abolitionists, who argued that enslaved workers were treated inhumanely, sought amelioration measures to mitigate the physical violence of enslaved labor, or to abolish plantation slavery entirely.⁷⁸ In the British Caribbean, plantation owners attempted to derail these initiatives by constructing large structures to care for their enslaved workforce and counter abolitionist claims of maltreatment.⁷⁹

Occasionally, hospitals were used to punish and confine enslaved people, and had barred windows, padlocked doors, and nurses who acted as jailors to keep patients from escaping.⁸⁰ In the Danish West Indies, plantation hospitals were less ostentatious than their British counterparts and were commonly ad hoc arrangements. A few plantation hospitals were repurposed Great Houses, while others were constructed solely for the purpose of quarantining sick and injured patients. A few hospitals on St Croix functioned as jail cells to punish those who were perceived as malingering or recalcitrant.⁸¹

The hospital at Cane Garden is a two-story structure made of cut coral and limestone and is architecturally largely intact. The first floor had a large porch or portico running along the east side, as evidenced by the remains of large, subterranean postholes. The top floor has large windows on all sides and the remains of a cooking oven or chimney were discovered on the west side of the building. Archaeological excavations conducted in the interior of the building recovered very few artifacts. Archaeological excavations located immediately outside the first-floor door of the hospital uncovered a large trash deposit, or trash midden, containing thousands of individual artifacts. Archaeologists recovered several categories of artifacts from the midden, including glass, tableware and cookingware ceramics, fragments of clay smoking pipes, clothing items such as buttons, animal remains, as well as a few personal items, such as an earring and stone marbles.

What is immediately noticeable about the Cane Garden assemblage is that it does not fit the types of treatments mentioned in the historical documents, nor does it fit expectations regarding the practice of African diaspora spiritual medicine. None of the objects mentioned in the physician reports such as scalpels and bowls, syringes, apothecary bottles, and patent medicine bottles, were recovered from the midden. Conversely, there is no direct material evidence that nurses were performing ritual healing practices, or obeah, at the hospital. No uncommon or unusually placed objects were recovered during excavations, even in commonly ritualized locations, such as doorways and beneath windows. There are a few explanations for this lack of material evidence of ritual practice. For one, nurses may have used ephemeral items such as plant leaves or stems or other organic materials, and these would not have easily survived in the archaeological record. Nurses may not have performed magical medical remedies at the hospital at all, or may have only done so within the privacy of their own houses. Many of the artifacts from the hospital assemblage are food-related items, including plant seeds and animal skeletal remains, which represent resources used by enslaved nurses to provide care.⁸²

Archaeological Findings

Representing a range of domesticated, fruit-bearing tree taxa as well as nondomesticated plants, 144 plant seeds were recovered from the hospital excavations. Taxonomic categories and counts include chenopods (*Chenopodium* sp. $n = 4$), legumes (Fabaceae $n = 5$), grasses (Poaceae $n = 11$), maize (*Zea mays* $n = 5$), nightshade (*Solanum* sp. cf. $n = 1$), nightshade family (Solanaceae $n = 3$), palm family (Aracaceae $n = 3$), amaranth (*Amaranthus* sp. $n = 14$), prickly pear cactus (*Opuntia* sp. cf. $n = 1$), purslane (*Portulaca* sp. $n = 6$), sapodilla family (Sapotaceae sp. $n = 4$), sapote (*Pouteria* sp. $n = 25$ and 3 possible), smartweed (*Polygonum* sp. $n = 7$), spurge (*Euphorbia* sp. $n = 2$), and trianthema (*Trianthema* sp. $n = 2$). The assemblage also included twelve unidentifiable seeds. Dr. Dana Bardolph at the University of California Santa Barbara Integrative Subsistence Laboratory (UCSB ISL) identified all the plant remains. She identified all the seeds using the paleoethnobotanical comparative collection at the UCSB ISL, a seed identification manual and the U.S. Department of Agriculture (USDA) website.⁸³ The identified seeds were then interpreted for their potential nutritional and medicinal uses as plants, using eighteenth- and nineteenth-century travel writings from St Croix, ethnographic accounts of plant use by contemporary healers on St Croix,⁸⁴ and paleoethnobotanical studies from the Caribbean region.

Most, but not all, taxa were identified to the genus or species level, but a few taxa could only be identified to the family level. Grasses, palms, and legumes include far too many distinct species to yield any interpretive potential. Surprisingly, domesticated crops are represented by a limited number of maize kernels and cupules. It is possible that the hospital was not provisioned with common staple grains, such as rice, wheat, barley, and sorghum, or that these products made their way into the hospital in the form of flour, which would not have left any macrobotanical signatures. Most of the plants represented by the seed assemblage are nondomesticated fruit-bearing trees and weedy plants. Fruit-bearing plants from the hospital include prickly pear, sapodilla, palm, and sapote. All are indigenous to the Caribbean region and have documented historical and contemporary uses. Sapodilla and sapotes produce large, edible fruits and archaeological evidence indicates that Sapotaceae were already established in the Caribbean by the Archaic period (prior to 500 BC).⁸⁵ Sapodillas and sapotes are still found in Caribbean markets today. Eighteenth-century ethnobotanical documents from St Croix indicate that sapodilla seeds were used by Crucian populations as a remedy for stricture.⁸⁶ Prickly pear is

also an indigenous, fruit-bearing plant with both nutritional and medicinal uses. Prickly pear fruits (or pears) can be eaten raw or cooked, while the pads (or leaves) were used in eighteenth-century St Croix as poultices and as a treatment for dysentery.⁸⁷

Most of the plants from the excavations are nondomesticated “weedy” plants that would have thrived in garden settings and disturbed soils.⁸⁸ These include amaranth, chenopodium, purslane, spurges, nightshade, and smartweed. Amaranth and chenopodium have nutritious stems and leaves that can be cooked or eaten raw, in addition to edible seeds. Amaranths include species that are indigenous to North America, the Caribbean, and Africa, and are a leafy vegetable grown throughout the African diaspora.⁸⁹ They are easy to cultivate and are high in calcium, iron, and vitamins A and C.⁹⁰ Amaranth is a primary component of callaloo, a culturally significant stew made of leafy greens and meat, popular throughout the Caribbean region.⁹¹ Purslane and smartweed are similarly weedy plants that grow easily in disturbed soils. Both plants produce edible leaves, and purslane leaves were commonly used as a skin treatment in eighteenth-century St Croix.⁹² While no documented uses of trianthema in St Croix could be found, trianthema has important economic value in Africa, particularly Ghana and Tanzania.⁹³ Trianthema leaves are used in salads and soups and are a good source of iron, fiber, and protein.⁹⁴ Decoctions of trianthema are used to treat edema, dropsy, and rheumatism, and as an antidote to alcohol poisoning.⁹⁵ Spurges (euphorbias) include numerous species, most of which are poisonous if not prepared and used correctly. Castor, or *Ricinus communis*, is one of the most commonly used spurges in African diaspora medicine. *Ricinus communis* is indigenous to the African continent and is used medicinally in the Caribbean to treat various illnesses.⁹⁶ During the colonial period in St Croix, castor oil was used as a laxative and as a salve for burns.⁹⁷ In contemporary practice, castor is used in the Virgin Islands as a cure for colds.⁹⁸ Nightshades (*Solanum*) include many New World and Old World species to include common cultivars such as eggplants, tomatoes, potatoes, and nondomesticated taxa. Most nondomesticated species are generally considered poisonous, but the leaves and fruits of some plants, like *Solanum nigrum*, are commonly eaten throughout North and South American regions. *Solanum nigrum* leaves are commonly cooked with other leafy greens such as cowpea (*Vignus* sp.) and amaranth (*Amaranthus*) in Africa and the Caribbean.⁹⁹ Leaves of nightshade plants were used in the nineteenth century in St Croix to treat oral candidiasis, particularly in children.¹⁰⁰

Animal remains, or faunal remains, are diverse and include fish, gastropods, and mammals. By raw count, sheep and goat comprise the majority of the mammal assemblage. Many of the identifiable skeletal elements are from

forequarter, hindquarter, or foot portions of the animal. The foot and lower limb elements include what archaeologists call “low utility” elements, since they do not contain much meat or fat.¹⁰¹ All of the bones from the assemblage are broken, chopped, or cut, suggesting they were finely processed before or during cooking. Lack of charring on the bones suggests they were cooked in liquid instead of over an open heat source.¹⁰² Enslaved nurses extended the nutritional quality and flavor of low-utility cuts by processing them and cooking them in stews, a pattern noted across other plantation contexts in the Caribbean.¹⁰³ Fish taxa include pelagic and reef fish. All of the fish species are indigenous to the Caribbean region, except herring which may represent either local or imported Atlantic herring that was provided as rations. Mollusks, which may have been used as a food source, include the tiger lucine, West Indian pointed venus, beaded periwinkle, West Indian topshell, and conch. Mollusks represent a low calorie food, but they are readily available and easy to collect. Historical, ethnographic, and archaeological research has demonstrated that mollusks were important to African-descendent communities in the Caribbean for food and for ritual and medicinal purposes.¹⁰⁴

Nurses Use of Plants

Archaeological evidence suggests that enslaved nurses at Cane Garden used wild and domesticated plants and animals to care for patients. Not only did plant and animal resources meet the nutritional and medicinal needs of patients, foraging and gardening allowed enslaved people to develop meaningful culinary practices that contributed to their physical and mental well-being.¹⁰⁵ In plantation settings, women were the primary providers of medicine and cuisine. Historical and archaeological research on plantation-era food preparation indicates that women relied on West African cooking methods, particularly “one-pot” soups and stews.¹⁰⁶ The absence of charring on the animal skeletal elements and marine shells, in addition to their highly fragmented state, indicates that they were cooked in liquid rather than roasted. These meat sources could have been combined with leafy greens, such as *Solanum* and *Amaranthus*, to prepare nutritious stews like those cooked today in the Caribbean.

African women not only brought their knowledge of cooking practices to the New World, but also incorporated both Old and New World plants into their cuisines. African women’s botanical knowledge of pantropical African and New World species is well documented.¹⁰⁷ African botanical transfers

occurred repeatedly over a 350-year period as plants and seeds brought aboard slave ships were planted in plantation fields, gardens, and provision plots in the Caribbean region.¹⁰⁸ More than fifty native African plants were introduced to the Caribbean region during the period of the transatlantic slave trade.¹⁰⁹ Pigeon peas (*Cajanus cajan*), okra (*Hibiscus esculentus*), millet (*Brachiaria deflexa*), yams (*Dioscorea* spp.), rice (*Oryza* spp.), sorghum (*Sorghum bicolor*), and the lablab bean (*Lablab purpureus*) constitute only a few significant African plants that were introduced to the Americas during the seventeenth century.¹¹⁰ Grains, such as corn, barley, rice, and sorghum constituted a significant portion of the diet for enslaved workers in St Croix.¹¹¹ Interestingly, botanical signatures of these important plants were not found at the Cane Garden hospital. Either these plants were not provided to the hospital by plantation managers or nurses, or they were used only in the form of flour, which could not survive for the archaeological record.

Enslaved Africans also brought with them a knowledge of culinary practices and plant preparation methods. Cultural traditions brought to North America and the Caribbean by enslaved Africans blended with the knowledge and practices of indigenous Amerindians and Europeans to produce New World culinary and ethnomedical traditions.¹¹² One example is the use of leafy greens, the significance of which in African and African diaspora cuisine cannot be understated. Leafy greens are a key ingredient in African salads, soups, and stews. There are over one hundred fifty different species of consumable leafy greens in West Africa alone and many of these taxa were intentionally brought to the Caribbean, or inadvertently arrived as stowaways.¹¹³ African and African descendent women are the primary experts in gathering, cultivating, and cooking leafy vegetables.¹¹⁴ Greens may be cooked in one-pot stews, mixed raw in salads, or used as garnishes and contribute texture, as well as provide a variety of vitamins and micronutrients.¹¹⁵ Leafy greens represented by the Cane Garden assemblage include amaranths, chenopods, purslane, and smartweed. Purslane (or *Portulaca oleracea*) has edible, fleshy stems and leaves and is commonly eaten in West Africa and the Caribbean.¹¹⁶ Purslane ranks as one of the widely used medicinal plants worldwide, in addition to its usefulness in food preparation.¹¹⁷ Among the leafy greens found at Cane Garden, *Amaranthus* includes plant genera indigenous to both the Caribbean islands and the African continent and is historically one of the most well-documented plant resources in the Caribbean region. Its prevalence in Caribbean cuisine suggests that enslaved individuals substituted Old World species for indigenous taxa, or brought African plants to the New World on slave ships.¹¹⁸ *Amaranthus* species were frequently utilized in New World plantation contexts to heal diseases and abate hunger.¹¹⁹

The Danish missionary, C.G.A. Oldendorp, notes the presence of a popular stew in the Danish West Indies known as *calelu*,¹²⁰ which is today known as *callaloo* on the islands. The seeds of the amaranth plant are also edible and often provide a nutritious substitute for domesticated cereals. Amaranth seeds may have been used in a similar way at the hospital, given the paucity of domesticated grains.

New World amaranths also have ritual and spiritual connotations. In the Caribbean, plants with spiritual associations are often called *duppy plants*, as the word *duppy* loosely translates to spirit or ghost. Duppy plants include the endemic tropical *Amaranthus spinosus*, or *duppy calalu*.¹²¹ Afro-Caribbean herbalists commonly ascribed spiritual qualities to certain plants, or used plants with extant otherworldly traits.¹²² It is possible that nurses used amaranth at the hospital to fulfill multiple, related needs of their patients including nourishment and nutrition, medical care, and spiritual aid.

The nutritional and medicinal importance of *Amaranthus*, both in Africa and the Caribbean, and the presence of amaranth at the hospital suggest that nurses drew upon their knowledge of pantropical resources for food, healing, and survival. Nurses may have collected wild plants from nearby gardens and fields, cultivated them in their own plots, or relied on the assistance of others in the enslaved community to procure them. This speaks to the nurse's ability to transgress the physical boundaries of the hospital to expertly obtain valuable resources for their patients. Nurses filled the gaps in the colonial plantation system by using locally available plants and animals. They also relied on planter's and physician's ambivalence toward Afro-Caribbean herbal ethnomedicine to provide humane and beneficial care.

This ethnomedical system, consisting primarily of herbal treatments, may have been driven by the need for nurses to provide culturally competent care for their patients as adequate professional medical care at plantations was often lacking. Even when physicians were present, African and African descendent patients were distrustful of Western medical treatments. Healthful cuisines and herbal treatments derived from African traditions would have provided a familiar and comforting alternative. In addition, enslaved Africans, particularly women, engaged in ethnomedical treatments and botanical experiments that challenged colonial descriptions of enslaved nurses as unskilled or ignorant and incapable of providing adequate care. Enslaved nurses at Cane Garden actively participated in a rich therapeutic landscape that was grounded in evolving Old and New World knowledge of ethnobotanics. Afro-Caribbean women healers, drawing from cuisines and ethnomedical traditions in the seventeenth through nineteenth centuries, laid the foundations for the multifaceted healing systems that are still in use today throughout the Caribbean.¹²³

Conclusion

Historical research has demonstrated the ways colonial administrations in the Caribbean sought to curb the demographic decline of enslaved people through institutional regulations. That this colonial project was consistently complicated by local conditions and the modification of colonial desires in a local setting is nowhere more evident than in the disjuncture between the Danish colonial-period archival material and the archaeological evidence from Cane Garden. While the archives suggest a centrally administered healthcare system based on hierarchically structured managerial controls, the archaeological evidence suggests that enslaved nurses and their decisions regarding care were central to plantation healthcare.

There are a few explanations for this disconnect between the colonial documents and the archaeological evidence. Medical objects may not have survived the archaeological record; like historical archives, the archaeological record is often fragmentary and incomplete. Given the abundance of bottle fragments and ceramics at the hospital, however, one would expect that other medical implements, such as apothecary bottles, cups, and metal implements, would have also survived. Thus, their absence is likely anthropogenic, rather than an outcome of preservation factors.

A second explanation for the artifact patterning at Cane Garden concerns conscious choices made by enslaved nurses. Enslaved nurses evidently preferred care practices that were less traumatic and physically invasive than the “heroic” methods often used by European doctors. A general distrust of White male doctors and their treatment methods may have induced enslaved nurses to avoid physician-prescribed treatments altogether.¹²⁴ Enslaved people often had a great aversion to being confined in sick houses, as they considered the places to be contaminated, dark spaces where others had died and where they would be subject to distressing treatment methods by European doctors.¹²⁵ Historical records indicate that enslaved caregivers often rejected European methods of treatment in lieu of culturally sensitive ethnomedical cures that would have been familiar to their patients.¹²⁶

Finally, the disconnect between the archival documents and archaeological record may be interpretive. In contemporary and historical health research, healthcare is commonly framed by biomedical paradigms. This framing either ignores or devalues other forms of care that may not fit scholars’ pre-existing expectations of what care *ought to* look like. By expecting to find evidence of scientific medicine in the documentary and archaeological record, researchers are at risk of inadvertently establishing Western practices as the interpretive

norm. This obfuscates the complex ways in which colonized and enslaved people resist colonial systems. By re-centering enslaved people's experiences and practices, however fleeting they may be, scholars are better positioned to decouple marginalized people's experiences from contemporary and colonial epistemologies and study them on their own terms.

In summary, when looking at the archaeological materials, botanical and faunal evidence from Cane Garden indicate that enslaved nurses exploited a range of ecosystems and drew from wild, tended, and domestic plants and animals to care for their patients. Treatments involving cultivated and gathered plants provided an important alternative for individuals throughout the African diaspora. Archaeological research on other plantations has demonstrated that foraged and gathered plants and hunted animals contributed to the enslaved communities' well-being. Women of the African diaspora incorporated wild, gardened, and provisioned foodstuffs into culturally meaningful cuisines that nourished bodies and spirits. Despite their dual positions of subjugation, as both enslaved women and enslaved caregivers, Black women in the Caribbean regarded their roles as nurses seriously, provided knowledgeable nutritional and medical support to their patients, and instilled humanity into an otherwise inhumane situation.

Notes

1. Niklas Thode Jensen, *For the Health of the Enslaved. Slaves, Medicine, and Power in the Danish West Indies, 1803-1848* (Museum of Copenhagen: Museum Tusulanum Press, 2012).

2. *Ibid.*, 77.

3. Nikolas Rose, "The Politics of Life Itself," *Theory, Culture & Society* 18, no. 6 (2001): 1–30.

4. Meredith Reifschneider, "Danish Colonial Healthcare Policy, St. Croix, Virgin Islands," *Itinerario* 43, no. 2 (2019): 305–26.

5. The racial categories "White," "slave," and "Free Black" are colonial categories used by the Danish West Indian government and practicing physicians. For a description, see Vibe Maria Martens, "Royal Slaves in the Danish-Norwegian West Indies 1792–1848: Living in Autonomy," *Scandinavian Journal of History* 41, no. 4–5 (2016): 516–40.

6. Kenneth Bilby and Jerome Handler, "Obeah: Healing and Protection in West Indian Slave Life," *Journal of Caribbean History* 38, no. 2 (2004): 153–83; Gunvor Simonsen, "Obeah and Law in the Danish West Indies, 1750s–1840s," in *Ports of Globalisation, Places of Creolisation: Nordic Possessions in the Atlantic World during the Era of the Slave Trade*, ed. Holger Weiss (Leiden, the Netherlands: Brill, 2015), 245–79.

7. Simonsen, "Obeah and Law," 248.

8. Jensen, *For the Health of the Enslaved*, 64.

9. Niklas Thode Jensen, "Sundhed, Citroner og Slaver. Et Detailstudie af Hospitalet i Frederiksted på St. Croix i Dansk Vestindien, 1780." *1066 Tidsskrift for Historie* 33, no. 4 (2003): 3–11.
10. *Ibid.*, 8.
11. *Ibid.*, 7.
12. Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies* (Cambridge, England: Cambridge University Press, 1985), 284.
13. *Ibid.*, 286.
14. *Ibid.*, 10.
15. Jensen, *For the Health of the Enslaved*, 61.
16. *Ibid.*, 64.
17. Elizabeth Scott, "Through the Lens of Gender, Archaeology, Inequality, and Those of Little Note," in *Those of Little Note: Gender, Race, and Class in Historical Archaeology*, ed. Elizabeth Scott (Tucson, AZ: University of Arizona Press, 1994), 3–24, see page 4.
18. Angela Middleton, "Silent Voices, Hidden Lives: Archaeology, Class and Gender in the CMS Missions, Bay of Islands, New Zealand, 1814–1845," *International Journal of Historical Archaeology* 11, no. 1 (2007): 1–31, see page 9.
19. Isaac Dookhan, *A History of the Virgin Islands of the United States* (Kingston, NY: Canoe Press, 1994), 1–321.
20. George Tyson, "On the Periphery of the Peripheries: The Cotton Plantations of St. Croix, Danish West Indies, 1735–1815," *The Journal of Caribbean History* 26, no. 1 (1992): 1–36.
21. Douglas V. Armstrong, Mark Hauser, David W. Knight, and Stephan Lenik, "Variation in Venues of Slavery and Freedom: Interpreting the Late Eighteenth-Century Cultural Landscape of St. John, Danish West Indies Using an Archaeological GIS," *International Journal of Historical Archaeology* 13, no. 1 (2009): 94–111.
22. Jensen, *For the Health of the Enslaved*, 22.
23. "Health" is a historically situated and culturally constructed concept, one that relies on multiple interpretations of well-being and illness. As Jensen (2012) has argued, "health" likely refers to physical fitness, rather than holistic well-being. Others have also discussed the contextual nature of health and its relationship to labor and work. See David McGillivray, "Fitter, Happier, More Productive: Governing Working Bodies Through Wellness," *Culture and Organization* 11, no. 2 (2005): 125–38; Majia Holmer Nadesan, *Governmentality, Biopower, and Everyday Life* (New York: Routledge, 2010), 1–258.
24. For a detailed discussion of mortality in plantation hospital records and church records on St Croix, see Jensen, *For the Health of the Enslaved*, 118–21.
25. Jensen, *For the Health of the Enslaved*, 61.
26. *Ibid.*, 72.
27. *Ibid.*
28. Vincent Brown, "Spiritual Terror and Sacred Authority in Jamaican Slave Society," *Slavery and Abolition* 24, no. 1 (2003): 24–53, see page 35.
29. Diana Paton, *The Cultural Politics of Obeah: Religion, Colonialism and Modernity in the Caribbean World* (Cambridge: Cambridge University Press, 2015), 1–356.
30. Jerome S. Handler and Kenneth M. Bilby, "Notes and Documents on the Early Use and Origin of the Term 'Obeah' in Barbados and the Anglophone Caribbean," *Slavery and Abolition*, 22, no. 2 (2001): 87–100.

31. Diana Paton, "Obeah Acts: Producing and Policing the Boundaries of Religion in the Caribbean," *Small Axe: A Caribbean Journal of Criticism* 13, no. 1 (2009): 1–18.
32. Kelly Wisecup, "Knowing Obeah," *Atlantic Studies* 10, no. 3 (2013): 406–25.
33. Randy M. Browne, "The 'Bad Business' of Obeah: Power, Authority, and the Politics of Slave Culture in the British Caribbean," *The William and Mary Quarterly* 68, no. 3 (2011): 451–80.
34. Jerome S. Handler, "Slave Medicine and Obeah in Barbados, circa 1650 to 1834," *New West Indian Guide/Nieuwe West-Indische Gids* 74, no. 1–2 (2000): 57–90; Laurie A. Wilkie, "Secret and Sacred: Contextualizing the Artifacts of African-American Magic and Religion," *Historical Archaeology* 31, no. 4 (1997): 81–106.
35. Handler, "Slave Medicine and Obeah," 60.
36. *Ibid.*
37. *Ibid.*, 70.
38. Patricia Samford, *Subfloor Pits and the Archaeology of Slavery in Colonial Virginia*. (Tuscaloosa, AL: University of Alabama Press, 2007), 1–232; Patricia Samford, "The Archaeology of African-American Slavery and Material Culture," *The William and Mary Quarterly* 53, no. 1 (1996): 87–114.
39. Mark P. Leone and Gladys-Marie Fry, "Conjuring in the Big House Kitchen: An Interpretation of African American Belief Systems Based on the Uses of Archaeology and Folklore Sources," *Journal of American Folklore* 112, no. 44 (1999): 372–403.
40. Samford, "The Archaeology of African-American Slavery," 95.
41. Paton, "Obeah Acts," 2.
42. Aisha Khan, "Dark Arts and Diaspora," *Diaspora: A Journal of Transnational Studies* 17, no. 1 (2008): 40–63.
43. *Ibid.*; Paton, "Obeah Acts," 1.
44. *Ibid.*, 2.
45. Khan, "Dark Arts," 52.
46. *Ibid.*, 47.
47. Alan Richardson, "Romantic Voodoo: Obeah and British Culture, 1797–1807," *Studies in Romanticism* 32, no. 1 (1993): 3–28.
48. Handler and Bilby, *Notes and Documents on the Early Use and Origin of the Term 'Obeah'*, 88; Paton, "Obeah Acts," 4.
49. Brown, "Spiritual Terror and Sacred Authority in Jamaican Slave Society," 38.
50. Paton, "Obeah Acts," 4.
51. *Ibid.*
52. *Ibid.*
53. Simonsen, *Obeah and Law in the Danish West Indies, 1750s–1840s*.
54. *Ibid.*; Simonsen Gunvor, "Risking Obeah: A Spiritual Infrastructure in the Danish West Indies, c. 1800–1848," in *Healers and Empires in Global History*, ed. Markku Hokkanen and Kalle Kananoja, Cambridge Imperial and Post-Colonial Studies Series (Cambridge, England: Palgrave Macmillan, 2019): 203–37.
55. Simonsen, "Risking Obeah," 210.
56. *Ibid.*, 211
57. *Ibid.*, 215, 218.
58. Herbert C. Covey, *African American Slave Medicine: Herbal and Non-herbal Treatments* (New York: Lexington Books, 2007), 1–20.

59. Ibid., 62; Laurie A. Wilkie, "Transforming African American Ethnomedical Traditions: A Case Study from West Feliciana," *Louisiana History: The Journal of the Louisiana Historical Association* 37, no. 4 (1996): 457–71; Laurie A. Wilkie, "Magic and Empowerment on the Plantation: An Archaeological Consideration of African-American World View," *Southeastern Archaeology* 14, no. 2 (1995): 136–48.
60. Judith A. Carney, "Fields of Survival, Foods of Memory," in *Geographies of Race and Food: Fields, Bodies, Markets*, ed. Rachel Slocum and Arun Saldanha (New York: Routledge, 2016): 61–78.
61. Carney, "Fields of Survival," 61–78; Judith Carney, "African Traditional Plant Knowledge in the Circum-Caribbean Region." *Journal of Ethnobiology* 23, no. 2 (2003): 167–85; Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Charlotte, NC: University of North Carolina Press, 2002), 1–290.
62. Jensen, *For the Health of the Enslaved*, 72; Jennifer Bronson and Tariqah Nuriddin. "I Don't Believe in Doctors Much': The Social Control of Health Care, Mistrust, and Folk Remedies in the African American Slave Narrative," *Journal of Alternative Perspectives in the Social Sciences* 5, no. 4 (2014): 706–32; Fett, *Working Cures*, 34.
63. Fett, *Working Cures*, 33–34.
64. Katherine Bankole, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana* (New York: Routledge, 2019), 1–280; Covey, *African American Slave Medicine*, 26; Laurie A. Wilkie, "Medicinal Teas and Patent Medicines: African-American Women's Consumer Choices and Ethnomedical Traditions at a Louisiana Plantation," *Southeastern Archaeology* 15, no.2 (1996): 119–31.
65. Jensen, *For the Health of the Enslaved*, 72.
66. Danish National Archives- DNA Rigsarkivet. West Indian Local Archives, WILA no 3.42.30 case 299, in Jensen, *For the Health of the Enslaved*, 72.
67. Ibid., 73.
68. Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 1–352.
69. Danish National Archives - DNA Rigsarkivet. Board of Health—BH Sundhedssyrelsen. Archive no. 1252:15. Medical Reports (Medicinalindberetninger) 1803–1958.
70. Ibid.
71. Ibid.
72. Ibid.
73. Roy Porter, "The Eighteenth Century," in *The Western Medical Tradition: 800 BC to AD. 1800*, eds. Lawrence Conrad, Michael Neve, Vivian Nutton, Roy Porter, and Andrew Wear (Cambridge, England: Cambridge University Press, 1995), 371–472.
74. William Stevens, *Observations on the Nature and the Treatment of the Asiatic Cholera* (London: H. Bailliere, 1853).
75. Jensen, *For the Health of the Enslaved*, 64.
76. National Archives - NARA Washington. RG 55, St. Croix Landsting, Panteprokol 1797–99, Litra M, folder 150a–150b.
77. Sheridan, *Doctors and Slaves*, 276–79.
78. Ibid., 272.
79. Ibid.
80. Ibid., 270.

81. For example, the plantation hospital at Estate North Star had both rooms for sick patients and a “boie” or stocks for recalcitrant workers. See Jensen, *For the Health of the Enslaved*, 63.

82. Meredith Reifschneider, “Enslavement and Institutionalized Care: The Politics of Health in Nineteenth-Century St. Croix, Danish West Indies,” *World Archaeology* 50, no. 3 (2018): 494–511.

83. Alexander Campbell Martin and William D. Barkley, *Seed Identification Manual* (Berkeley, CA: University of California Press, 1961), 1–221, <http://www.ars-grin.gov/npgs/images/sbml/>.

84. Jens Soelberg, Olasee Davis, and Anna K Jäger, “Historical versus Contemporary Medicinal Plant Uses in the US Virgin Islands,” *Journal of Ethnopharmacology* 192 (2016): 74–89.

85. Basil A. Reid, Frank R. Thomas, and Scott M. Fitzpatrick, “A Comparative Study of Pre-colonial Farming in the Caribbean vis-à-vis the Pacific,” in *The Archaeology of Caribbean and Circum-Caribbean Farmers (6000 BC–AD 1500)* ed. Basil Reid (New York, Routledge: 2018), 207–34; Amber M. VanDerwarker, *Farming, Hunting, and Fishing in the Olmec World* (Austin, TX: University of Texas Press, 2006), 1–244.

86. Carl Conrad Berg and Heinrich Franz Alexander Eggers, *Samling af Træsorter fra de Dansk vestindiske Øer*, in the Botanical Museum of University of Copenhagen (unpublished, 1888).

87. Heinrich Franz Alexander Eggers, “St. Croix’s Flora” *Vidensk. Medd. Kjøbenhavn* 38 (1876) 33–158.

88. Marijke Van der Veen, “Gardens and Fields: The Intensity and Scale of Food Production,” *World Archaeology* 37, no. 2 (2005): 157–63.

89. Carney, *African Traditional Plant Knowledge*, 167–85.

90. Manuel C. Palada and Stafford M.A. Crossman, “Evaluation of Tropical Leaf Vegetables in the Virgin Islands,” in *Perspectives on New Crops and New Uses*, ed. Jules Janick (Alexandria: ASHS Press, 1999): 388–93.

91. Christopher Lloyd De Shield, “The Cosmopolitan Amaranth: A Postcolonial Ecology,” *Postcolonial Text* 10, no. 1 (2015): 1–22.

92. Christian Georg Andreas Oldendorp, *History of the Mission of the Evangelist Brother on the Caribbean Islands St. Thomas, St. Croix and St. John*, trans. Arnold Highfield and Victor Barac (Ann Arbor, MI: Karoma Publishers, 1987), 1–737.

93. Gandipilli Gaddeyya and Peethala Kaiding Ratna Kumar, “A Comprehensive Review on Ethnobotany and Photochemistry of an Herbal Weed *Trianthema portulacastrum* L.,” *Journal of Pharmacognosy and Phytochemistry* 4, no. 4 (2015): 25–31.

94. *Ibid.*

95. *Ibid.*

96. Carney, *African Traditional Plant Knowledge*, 179; Susan A. McClure, “Parallel Usage of Medicinal Plants by Africans and Their Caribbean Descendants,” *Economic Botany* 36, no. 3 (1982): 291–301.

97. Oldendorp, *History of the Mission*; West, Hans. 1793. *Beskrivelse over Ste Croix med en kort Udsigt over St. Thomas, St. Jean, Tortola, Spanishtown og Crabeneiland*. Copenhagen.

98. Soelberg et al., “Historical versus Contemporary Medicinal Plant Uses,” 85.

99. McClure, “Parallel Usage of Medicinal Plants,” 296.

100. Eggers, "St. Croix's Flora," 33–158.
101. Richard Lee Lyman, "Anatomical Considerations of Utility Curves in Zooarchaeology," *Journal of Archaeological Science* 19, no. 1 (1992): 7–22.
102. John W. Fisher, "Bone Surface Modifications in Zooarchaeology," *Journal of Archaeological Method and Theory* 2, no. 1 (1995): 7–68; Adam R. Heinrich, "The Archaeological Signature of Stews or Grease Rendering in the Historic Period: Experimental Chopping of Long Bones and Small Fragment Sizes," *Advances in Archaeological Practice* 2, no. 1 (2014): 1–12.
103. Theresa A. Singleton, "The Archaeology of Slavery in North America," *Annual Review of Anthropology* 24, no. 1 (1995): 119–40.
104. Judith Carney, "'The Mangrove Preserves Life': Habitat of African Survival in the Atlantic World," *Geographical Review* 107, no. 3 (2017): 433–51; Nivaldo A. Léo Neto, Robert A. Voeks, Thelma L.P. Dias, and Rômulo R.N. Alves, "Mollusks of Candomblé: Symbolic and Ritualistic Importance," *Journal of Ethnobiology and Ethnomedicine* 8, no. 1 (2012): 1–10.
105. 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, no. 4 (2008): 699–728.
106. Maria Franklin, "The Archaeological Dimensions of Soul Food: Interpreting Race, Culture, and Afro-Virginian Identity," in *Race and the Archaeology of Identity*, ed. Charles Orser (Salt Lake City, UT: University of Utah Press, 2001), 88–107; Maria Franklin, *An Archaeological Study of the Rich Neck Slave Quarter and Enslaved Domestic Life* (Virginia: Colonial Williamsburg Foundation, 2004), see page 97; Jennifer Jensen Wallach, *Every Nation Has Its Dish: Black Bodies and Black Food in Twentieth-Century America* (Chapel Hill, NC: University of North Carolina Press Books, 2018), 1–264.
107. Judith Carney, *Black Rice: the African Origins of Rice Cultivation in the Americas* (Cambridge, England: Harvard University Press, 2009), 1–256; Judith Carney and Richard Nicholas Rosomoff, *In the Shadow of Slavery: Africa's Botanical Legacy in the Atlantic World* (Berkeley, CA: University of California Press, 2009), 1–296.
108. Carney, *African Traditional Plant Knowledge*, 169.
109. *Ibid.*, 170.
110. Carney and Rosomoff, *In the Shadow of Slavery*, 100–76.
111. Jensen, *For the Health of the Enslaved*, 169.
112. Mark D. Groover and Timothy E. Baumann, "'They Worked Their Own Remedy': African-American Herbal Medicine and the Archaeological Record," *South Carolina Antiquities* 28, no. 1 and 2 (1996): 21–32; Patricia Samford, "The Archaeology of African-American Slavery and Material Culture," *The William and Mary Quarterly* 53, no. 1 (1996): 87–114; Wilkie, "Transforming African American Ethnomedical Traditions," 469.
113. Carney and Rosomoff, *In the Shadow of Slavery*, 177; Ina Vandebroek and Robert Voeks, "The Gradual Loss of African Indigenous Vegetables in Tropical America: A Review," *Economic Botany* 72, no. 4 (2018): 543–71.
114. Carney and Rosomoff, *In the Shadow of Slavery*, 177.
115. *Ibid.*
116. Vandebroek and Voeks, "The Gradual Loss of African Indigenous Vegetables," 565.
117. *Ibid.*
118. Carney and Rosomoff, *In the Shadow of Slavery*, 179.

119. Ibid.
120. Ibid.
121. Carney, *African Traditional Plant Knowledge*, 172.
122. Ibid.
123. Patsy Sutherland, Roy Moodley, and Pauletta Chevannes, *Caribbean Healing Traditions: Implications for Health and Mental Health* (New York: Routledge, 2013), 1–256.
124. Fett, *Working Cures*, 147–49.
125. Sheridan, *Doctors and Slaves*, 276.
126. Fett, *Working Cures*, 67.

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