ABSTRACT

Title of Document: COMMUNICATING DISEASE: MEDICAL KNOWLEDGE AND LITERARY FORMS IN COLONIAL BRITISH AMERICA

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This dissertation examines the literary repercussions of encounters between European, Native American, and African medical philosophies throughout the British American colonies. In particular, I examine the formation and transformation of colonial literary forms in an intercultural and a transatlantic context, by investigating the ways in which colonists incorporated Native and African knowledge to produce various literary forms. I employ anthropological and ethnohistorical studies to show that colonists displaced competing rhetorical practices by incorporating non-European knowledge and presenting firsthand descriptions of New World medicines and illnesses. Additionally, colonists adapted rhetorical strategies from England to subordinate Native and African knowledge as witchcraft and to distance themselves from colonial encounters. Early Americans’ incorporation and subordination of non-European medical philosophies authorized colonial medical knowledge as empirical and rational and constructed conceptions of cultural differences between colonists, Native Americans, and Africans. My introduction examines medical encounters in
the context of early modern medical philosophies and rhetorical practices. Chapter one examines how Thomas Hariot mixed Algonquian theories that disease originated in “invisible bullets” with Paracelsian medical philosophies, connecting seeing and knowing in his true report. Chapter two examines Pilgrim Edward Winslow’s appropriation and subordination of shamans’ medical practices to provide firsthand accounts of New World wonders in his providence tale. Chapter three examines the 1721 inoculation controversy in the context of Africans’ testimony about inoculation, which minister Cotton Mather transcribed to connect words and things in his plain style, and which physician William Douglass satirized to reveal the gap between slaves’ words and the true, dangerous nature of inoculation. Chapter four examines how James Grainger incorporated obeah, Africans’ medico-religious practices, into his georgic poem to produce images of productive slaves and to construct new conceptions of obeah as witchcraft. Finally, the epilogue examines the ways in which colonists’ disavowal of Native and African knowledge as magical continued to haunt U.S. Americans’ literary practices, as seen in Arthur Mervyn’s gothic tale of his encounter with a healthy black hearse driver during a yellow fever epidemic and Richard Allen and Absalom Jones’ argument that blacks possessed superior knowledge of the epidemic.
COMMUNICATING DISEASE: MEDICAL KNOWLEDGE AND LITERARY FORMS IN COLONIAL BRITISH AMERICA

By

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Introduction

In 1695, physician John Pechey railed against “the late unaccountable Humour of Romancing on the Nature and the Causes of Disease,” which he defined as authorizing medical philosophies with text-bound, classical medical knowledge rather than with “Experience, the great Baffler of Speculation.”¹ Similarly, in 1692, philosopher John Locke wrote that his friend physician Thomas Sydenham had developed his medical philosophy by observing and treating patients stricken by London’s plagues, rather than by consulting classical, Galenic philosophies. Locke asserted that Sydenham’s empirical knowledge should replace the “Romance Way of Physick,” which was built upon “Castles in the Air,” that is, classical philosophies or theoretical speculation.² As Pechey and Locke’s elevation of experiential knowledge suggests, many early modern medical philosophers hoped to differentiate empirical philosophies from those authenticated with classical, textual authority. They privileged the evidence of firsthand experience and observation as a sign of truth, and they developed literary strategies with which they claimed to describe medicines and diseases clearly and plainly, as they appeared in nature. Physicians such as Sydenham, for instance, described the symptoms of disease as they became visible upon his patients’ bodies, and he employed these observations to classify various illnesses in a natural history of disease. And, as Locke and Pechey’s statements designating competing philosophies as “romances” show, medical philosophers often


authorized empirical medical philosophies by suggesting that classical philosophies, theoretical hypotheses, and speculation regarding hidden correspondences between natural and spiritual realms were founded upon insufficient or inaccurate evidence.

To repudiate the “romances” plaguing medical philosophies, Sydenham turned to the New World, in particular to Native Americans’ method of producing medical knowledge. Characterizing Natives as ideal knowers, Sydenham presented their medical practices as an “undeniable instance” of the “art [or skill] and observation” necessary to produce authoritative medical philosophies. He suggested that medical philosophers should follow the example of the “illiterate Indians, who by enquirys suitable to wise though unlearned men, had found out the best ways of cureing many diseases which exceeded the skill of the best read doctors that came out of Europe.” Perhaps best known as the “simple, crude fellow” in Michel de Montaigne’s *Of Cannibals*, the illiterate was uncorrupted by the text-bound knowledge and rhetorical ornamentation that civilized societies often mistook for evidence of epistemological authority. Natives’ “illiterate” knowledge, founded upon firsthand experience and observations of medicines and illnesses, made them “wise” regarding medicinal virtues and the visible signs and symptoms of disease, despite their “unlearned[ness]” when it came to classical medical philosophies. Sydenham’s description of Natives as ideal knowers allowed him to privilege

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4 Ibid., 86.
empirical medical philosophies, produced by collecting firsthand observations of medicines and illnesses, over the “romances” of epistemological appeals to tradition.

Although Sydenham did not travel to the Americas, his invocation of Native medical knowledge to authorize empirical philosophies suggests that Native (and African) medical knowledge played an important role in shaping early modern medical philosophies. The status of empirical medical philosophies was also significant in the Americas, where exchanges of both illness and medical knowledge frequently characterized colonial encounters. Epidemics devastated Native American populations and societies in the Spanish, French, and British Americas during the sixteenth, seventeenth, and eighteenth centuries; in just one instance, epidemics wiped out about ninety percent of the Algonquians in southern New England, allowing the Pilgrims to settle at Plymouth without encountering considerable resistance. While European colonists interpreted the epidemics as a sign of God’s providence clearing the way for settlement, they also described the New World as a source of experiential medical knowledge of unfamiliar cures and illnesses. Similar to the ways in which Sydenham elevated Natives’ “illiterate” yet wise knowledge, so many colonists noted that Natives’ and Africans’ medical knowledge often exceeded that of the “ablest of our English Pretenders.”

Thomas Hariot described the myriad ways in which the Roanoke Algonquians employed such New World drugs as tobacco, noting that “their bodies are notably preserved in health, & know not many grievous diseases where withall wee in England are oftentimes afflicted.”

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in the eighteenth-century Caribbean, physicians advised planters to employ African women as nurses, writing that “you will receive infinitely more advantage from having [them] in that station than from [their] service in the field, or anywhere else.”

Colonists’ description of Native and African medical philosophies transformed non-European medical knowledge into practical, empirical philosophies, thereby contributing to European philosophers’ attempts to verify medical philosophies with facts collected from nature.

At the same time that they presented non-European medical philosophies as ideal and empirical, however, colonists also subordinated Native and African medical knowledge by classifying it as heathen and irrational. They expressed fear and antipathy regarding what they called Natives’ “pretty conjuring tricks” and the magical “poisons” with which Africans caused and cured disease, and they defined colonial medical knowledge to be rational and authoritative, useful for converting and colonizing Natives and Africans. In New England, colonial promoters such as William Wood described Native medical practitioners’ “rare skill in the use of vegatives or diabolical charms [with which] they cure [disease] in short time.” Similarly, Edward Winslow classified southern New England Algonquians’ religious ceremonies as pagan and barbaric, while presenting colonial medical knowledge as a means of converting the Natives. In Boston, physician William Douglass compared Africans’ testimony regarding inoculation, a preventive for smallpox, with witchcraft,

thereby aligning slaves’ medical knowledge with irrationality and authorizing colonial medical philosophies as rational. Caribbean physician and poet James Grainger classified Africans’ medical knowledge as dangerous magic requiring the intervention of plantation medical science, which he described as a powerful antidote to the magical beliefs that gripped slaves’ minds and infected their bodies. As colonists from Hariot to Grainger incorporated and subordinated Native and African medical philosophies, they authorized empirical medical philosophies from the New World and distanced themselves from colonial encounters, ultimately justifying strategies of colonization and conversion.

The literary practices with which colonists incorporated and subordinated Native and African medical philosophies played a crucial role in producing colonial medical knowledge, for colonists in the British Americas, as well as Europeans in the metropolis, perceived literary and medical practices as mutually constitutive. Literary strategies reflected an authors’ intellectual “health,” or capacity, while rhetorical practices could have curative effects upon the mind. Colonists’ ability to employ “plain” literary practices signified the degree to which they had observed and reasoned clearly, assuring readers of the “truth of [their] Relation[s].” Colonial promoters hoped that clear descriptions of the bountiful medicinal and natural resources they discovered in the New World would avoid “cloy[ing]” their readers, that is, satiating them to the point of illness with an over-abundance of amazing or wondrous details. Puritan minister-physicians such as Cotton Mather, Edward

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Taylor, Thomas Thacher, and Michael Wigglesworth viewed divine commandments and providences as “Vehicles of the Medicine” that healed patients’ souls and, by extension, their bodies, from infections of sin.\textsuperscript{13} As they communicated divine truths, ministers’ spoken and printed words provided healing balms, or “Heart-melting Meditations, on a Mortality Consuming, as the Thaw does the Snow, the Children of Men.”\textsuperscript{14} In the eighteenth century, colonial physicians possessing medical degrees from European universities embraced the classical connection between medical and literary inspiration represented by the Greek god Apollo. The god of healing and of poetry, Apollo provided physicians with cures to heal the body and poets with words to please the mind. Colonial physicians such as Alexander Hamilton, William Douglass, and James Grainger cultivated genteel personas by relating medical opinions and advice in witty, polite, and neoclassical literary practices.\textsuperscript{15}

As several recent studies on science in the British Americas have shown, colonists contributed to the development of early modern medical philosophies characterized by empiricism and rationality by observing and commenting upon Natives’ and Africans’ medical knowledge and illnesses. Joyce Chaplin connects the development of natural philosophy (which included medical philosophy) to the colonization of British America, arguing that colonists both relied upon and

\begin{footnotesize}
\textsuperscript{13} Cotton Mather, \textit{The Great Physician, Inviting Them That Are Sensible of Their Internal Maladies, to Repair Unto Him for His Heavenly Remedies: A Brief Discourse, Meditated by One Under Bodily Illness, and Profitable for All That Are Under Spiritual} (Boston: 1700), 16.
\textsuperscript{15} On the classical connections between medicine and poetry, see Raymond A. Anselment, \textit{The Realms of Apollo: Literature and Healing in Seventeenth-Century England} (Newark: University of Delaware Press and London: Associated University Presses, 1995), especially introduction and chapter one.
\end{footnotesize}
contributed to European ideas about nature in order to naturalize their possession of the New World. In particular, Chaplin argues that colonists cited their observations of Natives’ and Africans’ mortality during contact-era epidemics “to construct ideas of bodily differentiation.” Such conceptions of difference, she argues, motivated colonists to align Native medical knowledge with superstition, facilitating the “rejection of mystical views of nature in favor of a gaze that demanded distance between the mind that regarded the world and the material that it regarded.”

More recently, Susan Scott Parrish has argued that colonists were “necessary participants in the making of the New Science,” suggesting that they were valued as expert knowers, since they could access areas of nature unfamiliar to philosophers in the metropolis.

Parrish extends Chaplin’s study by showing that colonists relied upon Natives and Africans as expert collectors of knowledge that both colonists and Europeans in the metropolis considered “poisonous because magical and non-Christian”;

non-Europeans enabled colonists to maintain a “positive transatlantic identity” fashioned through “specimen gifts and epistolary accounts.”

Yet while Chaplin and Parrish have examined the ways in which colonists’ observations of non-European medical practices contributed to early modern natural philosophy, literary historians have yet to examine the literary repercussions of colonists’ encounters with Native and African medical knowledge. And, while

16 Joyce E. Chaplin, Subject Matter: Technology, the Body, and Science on the Anglo-American Frontier, 1500-1676 (Cambridge, MA and London, England: Harvard UP, 2003), 9. Chaplin revises the classic study of colonial medical philosophy, Raymond Phineas Stearns’s Science in the British Colonies of America, which argued that colonists were marginal contributors to early modern medicine.

17 Ibid., 15.

18 Susan Scott Parrish, American Curiosity: Cultures of Natural History in the Colonial British Atlantic World (Chapel Hill: University of North Carolina Press, 2006), 22.

19 Ibid., 217.

20 Ibid., 216. See also Parrish, chapters six and seven.
historians such as Raymond Phineas Stearns, John Duffy, and Chaplin have examined the relationship between colonial and European medical philosophies, we still lack a study that examines the connections between early American medical and literary arts and the ways in which both were transformed in colonial encounters. With illnesses such as AIDS, SARS, and influenza now spreading rapidly across the globe and inspiring the proliferation of print discourses debating various cultural approaches to medical technology and the trans- and inter-national travel of pathogens and persons, it seems appropriate to consider early American literatures of the medical encounter, which responded to the first epidemic diseases, a transatlantic, transnational, and intercultural medicinal trade, and the medical knowledge of Native Americans and Africans.

“Communicating Disease: Medical Knowledge and Literary Forms in Colonial British America” examines the literary strategies with which colonists incorporated Native and African medical knowledge circulating in colonial encounters. This dissertation extends previous studies’ focus on transatlantic exchanges between the metropolitan center and colonial periphery by including an intercultural context as well, and it argues that colonists formed and transformed their literary practices in response to cross-cultural encounters. Colonial literary forms developed as colonists incorporated and subordinated Native and African knowledge,

22 On New World colonization and the first epidemics, see Alfred Crosby, The Columbian Exchange: Biological and Cultural Consequences of 1492 (Westport: CT: Greenwood Press, 1972), 37.
replacing familiar, Old World subject matter with images, words, and experiences from the New World. I examine the ways in which British Americans employed various literary forms both to describe and to disavow Native and African medical knowledge. Incorporating non-European medical knowledge, colonists distinguished their literary practices from competing rhetorical strategies, in this way presenting colonial medical philosophies as empirical and trustworthy. In addition, their subordination of Native and African knowledge constructed conceptions of Native and African medical philosophies as magical and unchristian, defining differences between non-European and colonial medical knowledge and ultimately between colonists and Natives and Africans.

**Early American Literatures in the Atlantic World**

“Communicating Disease” examines early American literatures in both an intercultural and a transatlantic context, in this way intervening in early Americanists’ emphasis upon relationships between the colonial periphery and metropolitan center to include intercultural relationships as well. Early American literary historians traditionally focused on how a Puritan, “New England mind,” expressed a uniquely American response to the wilderness, or, alternatively, how colonial literatures anticipated the national literatures of the nineteenth century. The Americanization of English colonists was accomplished as ministers affirmed their divine errand and calling, even while bewailing the degenerative effects of the American wilderness: its potential to divert colonists from their original “errand” to found God’s true church
by enticing them with economic prosperity. More recently, literary scholars have deemphasized America’s exceptionalism by examining the British influences on colonial literary practices. William Spengemann redefined early American literature as all texts, written in English, that attempted to adapt Old World languages to account for the discovery and experiences of the New World; he focused particularly upon the linguistic repercussions of this discovery, which he calls an “Americanization of English.” Writing that America “taxed the language in a way and to a degree unprecedented in its history,” Spengemann examines the ways in which literary strategies such as new words, a rhetoric of self-fashioning, and an emphasis upon empirical observation rendered texts written in both England and the colonies “American.” David S. Shields’ work on eighteenth-century belles lettres and sociability brought to light early American oral, manuscript, and print literatures and their participation in British imperialism. Shields examines how a “literature of empire and British America” participated in international and transatlantic literary movements. According to Shields, British Americans employed the literary styles and practices of their English counterparts to express the significant place that the colonies held within the British Empire.

Studies of the Black and circum-Atlantic by Paul Gilroy and Joseph Roach, respectively, further de-centered the nation as a container of culture and identity by

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25 Ibid., 43.
locating literary and cultural productions in the geographic and intellectual context of the Atlantic world. Gilroy examines the “transcultural, international formation of the Black Atlantic” as a container not only of European but also of African culture, while Roach argues that “Eurocolonial” cultures were sustained and reproduced through acts of performance and surrogation that attempted to recover familiar cultural practices. 27 Finally, more recent studies have expanded Spengemann and Shields’ focus upon exchanges between British colonies and England by considering early American literatures in hemispheric, comparative, and transnational contexts that include influences from French and Spanish American colonies. 28 Yet despite this broadening of geohistorical horizons, studies of British American literatures still tend to trace colonists’ literary influences and inspirations to the literary histories of European nation states and other colonies.

“Communicating Disease” contributes to early American studies by examining the evolution of British American literatures in the context not only of transatlantic exchanges among the colonies and metropolis but also of intercultural encounters between colonists, Native Americans, and Africans. Drawing upon ethnohistorical and anthropological studies of non-European medical knowledge as well as postcolonial critiques of anthropology, I examine colonists’ representations of Native and African medical knowledge in the context of the Old and New World medical philosophies that were circulating in colonial encounters throughout the


British Americas. I investigate the ways in which colonists employed literary strategies from England to incorporate Native and African medical knowledge, thereby defining empirical medical philosophies produced in intercultural encounters as distinctive and trustworthy. As I explain in the chapters that follow, colonists formed and transformed their literary forms to place non-European medical philosophies within colonial discourse, presenting Native and African knowledge both as useful and empirical and as dangerous and irrational.

“Experience, The great Baffler of Speculation”

This dissertation examines medical encounters from 1588, when both classical medical knowledge and magical practices competed with empirical medical philosophies, to 1800, when Enlightenment theories of a mechanical universe that reflected divine order led most philosophers to attribute disease and health to stable, natural laws and causes. Until the late fifteenth century, European medical philosophies were usually based upon classical philosophies, which were considered to compose a complete, authoritative system containing all knowledge God had made available to humans in their fallen, sinful state. Many medical practitioners considered Aristotelian and Galenic philosophies the source of certain knowledge regarding universal principles that revealed the true nature, or quality, of bodies, diseases, and medicines. Galenic medical philosophies were founded upon Aristotelian concepts that all bodies were composed of a mixture of the four elements (earth, air, fire, and water), out of which the universe itself was also composed, and of corresponding qualities (hot, cold, moist, and dry). Physicians applied classical
precepts regarding the qualities to ensure that each patient engaged in activities that would prevent illness by maintaining his or her ideal balance of humors. They focused upon dispensing “physick”: preventive advice regarding the “right use of meate, drinke, and exercise” specific to each patient’s humoral composition.\(^2^9\)

At the same time, however, competing philosophies, with different conceptions of the body and different theories of disease, were also circulating throughout Europe. For instance, the Swiss-German physician Paracelsus repudiated Aristotelian and Galenic philosophies, arguing that observations of nature and the practical knowledge of common people, rather than philosophical reasoning from classical precepts, would produce reliable medical knowledge. Like other Neoplatonic philosophers, Paracelsus held that humans had special access to hidden, “innumerable bonds of sympathy” by which nature, or the microcosm, was connected to the cosmos, or macrocosm.\(^3^0\) Exploration of nature would allow practitioners to control these occult, or hidden, forces and consequently to discover not only secret medicinal virtues but also the ultimate causes of illness. Investigating nature’s occult virtues and forces allowed philosophers to attain an “understanding of these natural forces [that] could be turned to operative effect, opening up for man the possibility of achieving by natural means what had hitherto been regarded as miraculous, that is


\(^3^0\) Charles Webster, Paracelsus: Medicine, Magic and Mission at the End of Time (New Haven and London: Yale UP, 2008), 142-3.
occasioned by good or evil intelligences.” In contrast to witchcraft or sorcery, however, natural magic did not rely upon demonic forces; rather, practitioners employed their superior knowledge of occult forces to produce by natural means what appeared miraculous or magical to less knowledgeable people.

Seeking to repudiate traditional conceptions that knowledge should begin with classical precepts, natural philosophers such as Francis Bacon promoted a “New Science” that made careful, methodical observations and straightforward reports of experience the foundation of certain knowledge. Baconian natural philosophy made “Experience and Reason go hand in hand, [...] explod[ing] [...] groundless dogmatical Opinions.” Bacon argued that firsthand investigation of nature would reveal philosophical truths while disclosing errors in ancient philosophies, which had been mistakenly honored as authorities. As a consequence of these new methods for producing truth, medical philosophers increasingly sought to authorize their theories with empirical evidence, rather than with the universal precepts of classical texts. Physicians hoped to renew and perfect traditional medical philosophies with practical knowledge collected through empirical strategies. While many ancient texts remained useful resources, the “balance of scientific authority had gradually tilted,” and physicians increasingly sought to develop philosophies based upon experience. Empirical philosophers did not hesitate to investigate phenomena with occult causes, but they maintained that such investigation would ultimately reveal natural causes, rather than hidden correspondences. They further departed from Neoplatonic and

32 Hughes, v-vi.
Aristotelian philosophers by arguing “that one should obey nature, by collecting thousands of instances of natural processes in action, before trying to command her, by stating theories about natural laws” or manipulating nature with knowledge of hidden signs.  

During the late seventeenth century, the Royal Society began to modify the Baconian optimism that observation and collection could lead to absolute truths with a more skeptical approach to empirical evidence. While empirical philosophers had initially acknowledged that their reliance upon sensory evidence might compromise their theories, they also argued that unmediated observations, a simple, impartial perspective, and sensory accuracy would counteract individual bias. At its founding in 1660, the British Royal Society adopted Bacon’s empirical methodology but argued that philosophers should seek probable knowledge rather than absolute truth. Natural philosophers charged that Bacon’s belief that observation could be trusted to reveal certain truth was naïve, and they insisted that careful, collective evaluation was required to verify the evidence of the senses. Retaining Bacon’s regard for empirical data, they nevertheless revised his method and goals with “constructive skepticism,” requiring experiments, or multiple tests of data, observation by multiple, disinterested, and qualified persons, and mathematical demonstration to produce probable knowledge.  

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Simon Schaffer have called “matters of fact,” experimentally and collectively validated, but hypothetical, principles about the mechanical laws by which the universe operated.\textsuperscript{36} They abandoned the “search for real essences and ultimate causes or the reality behind appearances”; instead, philosophers increasingly attributed “the admirable contrivance of natural things” to God’s divine order.\textsuperscript{37}

While colonists’ medical knowledge was informed by European medical philosophies, they also shared several conceptions of healing and disease with Native Americans and Africans, and these shared ideas facilitated intercultural exchanges of medical knowledge. For much of the sixteenth and seventeenth centuries, Europeans, Natives, and Africans held that spiritual and natural realms were intimately connected. Phenomena in the natural world, especially catastrophic events such as epidemics and amazing cures, were considered spiritual signs of divine judgment or blessing. Non-European peoples and British American colonists alike believed that divine forces acted as the causes behind all events, both natural and preternatural.\textsuperscript{38}


\textsuperscript{37} Shapiro, 63 and 92.

Illness was seen as the visible effect of an inner, spiritual imbalance, perhaps due to sin or to God’s loving chastisement. According to both colonial and non-European philosophies, prayer and repentance had to precede successful physical healing, and medical practitioners’ use of spiritual means was just as significant as their medical knowledge, if not more so. Therefore, while patients might employ medicinal remedies to cure disease, such measures were effective only if they restored their patients’ relationship with the divine forces ultimately responsible for disease.

Medical practitioners—including British American physicians, ministers and practitioners trained through apprenticeships, Native powahs, and African medicine men and women—mediated between natural and supernatural realms, employing their special knowledge of spiritual forces to advocate for laypeople’s well-being and protection. Medical philosophies thus offered colonists, Natives, and Africans alike a common framework through which they could interpret unusual epidemiological events, miraculous cures, and the beliefs of unfamiliar cultures.

**Literary Forms and Medical Knowledge in Colonial Encounters**

The epistemological shift from what English philosophers called the “romances” of classical medical philosophies, that is, practices of verifying truth with textual authority, to empirical modes of authentication was matched by a similar shift in rhetorical practices. Just as medical practitioners sought to found their

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philosophies upon experience, so authors sought to employ literary strategies that made firsthand experience a sign of truth and to displace “romance” modes of authentication. They developed various strategies with which “to bring words and the phenomena to which they referred into a closer relationship.” Rhetorical flourishes were replaced with careful, detailed descriptions of observations and experiences, while a “plain, unadorned style” reflecting “clarity, precision, and naturalness” became the mark of truth and rhetorical authority. As natural historian and Fellow of the Royal Society Griffith Hughes wrote, literary styles and forms had to suit the “Subject in Words most expressive of their Nature and Qualities.” Consequently, he insisted that “beautiful Images, and a Loftiness of Style” were unsuitable for relating experiential evidence of medical or natural phenomena. Literary forms such as true reports and strategies such as the plain style promised to connect observation and truth, providing descriptions that were thought to reproduce the order of things in nature. As authors such as Hughes developed literary strategies with which to “suit [words to] the nature and order of things,” they suggested that if properly chosen, words could offer a clear, transparent view of nature and in this way produce authoritative knowledge.

As literary historians of early America have argued, literary forms provided colonists in the British Americas with “familiar representative modes” and frameworks with which they could explain phenomena that seemed baffling or that

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39 Ibid., 12.
40 Shapiro, 256-7.
41 Griffith Hughes, THE NATURAL HISTORY OF BARBADOS. IN TEN BOOKS (London: 1750), vi.
42 Ibid., vi.
jeopardized colonists’ ability to produce authoritative accounts of their experiences.  

Dana Nelson explains, for instance, that literary practices “served […] a normative function, offering the writer a sense of mastery and authorship over the often as yet unseen New World,” especially by allowing colonists to “mediate the shock of contact.” But colonists did not uniformly replicate English literary modes in the New World, nor did they impose European knowledge to explain unfamiliar phenomena. Rather, as Serge Gruzinski points out, colonists addressed the “shock of conquest,” or the disorientation brought on by encountering unfamiliar peoples and places, by improvising responses to their encounters with New World knowledge and peoples. As Gruzinski argues of Spanish America, familiar practices and knowledge were only reproduced in the New World as colonists, Natives, and Africans alike adapted to the “fragmented, fractured worlds” they all experienced. Colonists subsequently “westernized” or duplicated European practices to conquer and dominate the Spanish Americas, but they only did so by making Native Americans into “protagonists of reproduction”: Natives participated in making the New World resemble the Old by mixing their own beliefs and practices with those of the colonizers. While Gruzinski argues that Natives’ role in westernization made the Spanish conquest of America unique, “Communicating Disease” extends his argument to British America by examining the ways in which colonists adapted to the

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47 Ibid., 51.
48 Ibid., 62. On the shock of conquest and westernization, see also chapters three and four, respectively.
“shock” of intercultural encounters by incorporating and subordinating Native and African medical knowledge. Positioned culturally and often geographically between the non-Europeans they encountered in the Americas and Europeans in the metropolis, colonists described Natives’ and Africans’ medical knowledge to reproduce familiar literary forms and to authorize medical knowledge produced in colonial encounters.

As colonists in the British Americas incorporated non-European medical knowledge into their literary forms, they defined Natives’ and Africans’ “Simple,” or plain, words as a mark of rhetorical authority. Colonists replaced the simple man, or “‘illiterate,’” who “lends his word the support of what his body has experienced and adds to it no ‘interpretation,’” with witnesses from the New World. While Sydenham defined Natives’ “illiterate” knowledge as a model for European practitioners, in the British Americas, colonists presented Natives’ and Africans’ “illiterate” and “simple” testimony to assert that their literary forms reflected “what is palpably ‘out there’” in the world. Colonists alleged that non-Europeans’ words provided descriptions of things themselves, and they integrated Native and African medical knowledge to present a clear, or transparent, “view” of unfamiliar, New World medicines and diseases. Describing Natives’ and Africans’ simple yet wise medical philosophies, colonists claimed to make their literary forms coextensive with the things they described, thus contributing to making the connection between words and things crucial to early modern literary practices.

49 Benjamin Colman, Some Observations on the New Method of Receiving the Small-Pox by Ingrafting or Inoculating (Boston: 1721), 10.
50 De Certeau, Heterologies, 74.
51 Pagden, “Savage,” 40.
52 See Winslow, epistle dedicatory, and Hariot, 5.
Colonists made their presentation of Native and African medical philosophies in literary forms from England a mark of their ability to produce trustworthy knowledge. Citing their incorporation of non-Europeans’ experience and observations, colonists suggested that their literary practices were superior to competing forms, which they disparaged as founded upon authorial reputation or upon incomplete or inferior knowledge. For example, Thomas Hariot authenticated his *True Report* by founding it upon “seeing”—Algonquians’ knowledge of Virginian plants and illnesses—in contrast to the “slanderous and shameful speeches bruited abroad” by colonists with limited experience.\(^{53}\) In Boston, Cotton Mather argued that his report of African testimony regarding their experiences of inoculation was superior to accounts by European physicians who possessed only second-hand knowledge of the preventive treatment for smallpox.\(^{54}\) Colonists presented their encounters with Natives’ and Africans’ medical knowledge as evidence of their ability to found medical philosophies upon trustworthy evidence and to relate medical knowledge clearly and plainly.

Even while colonists incorporated Native and African medical knowledge, they also subordinated non-European knowledge, distancing themselves from experiences of intercultural encounter. Colonists’ accounts of the religious practices with which Natives and Africans intervened in spiritual realms often raised questions in the metropolis regarding whether colonists had fallen prey to the tendency of the

\(^{53}\) Hariot, 5.

\(^{54}\) Cotton Mather, *Some Account of What is said of Innoculating or Transplanting the Small Pox. By the Learned Dr. Emanuel Timonius, and Jacobus Pylarinus. With some Remarks thereon* (Boston: 1721), 7.
“Vulgar […] to believe every Story, that hath something marvelous in it.”

Just as the New World environment was thought to disease and degenerate colonists’ bodies, so contact with New World magical practices was said to influence their minds, predisposing them to accept credulously medical theories regarding the invisible, supernatural causes of disease and cures.

Investigating and reporting non-Europeans’ magical practices threatened to suggest that colonists’ medical knowledge had been compromised by “ignorance and want of discretion,” that is, by their eager, uncritical collection of medical philosophies that seemed “marvelous.”

For instance, Edward Winslow’s appropriation of shamans’ medical ceremonies supplied accounts of New World wonders that constituted his providence tale, but his firsthand observation of Native medical philosophies also suggested that he displayed too much “curiositie” regarding non-European medical practices that were often described as witchcraft.

In the British West Indies, James Grainger poetically represented slaves’ medical philosophies to produce the georgic’s themes of practical, civilizing knowledge, but in doing so, he also described obeah, Africans’ medico-religious, or magical, practices, thus risking accusations that he had speculated about the invisible causes of disease, rather than investigating its visible symptoms. Furthermore, colonists’ behavior was sometimes reported to resemble those of Natives and

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55 Hughes, 56.
Africans, raising the possibility that encounters with non-European medical philosophies had “seasoned” or corrupted colonists’ cultural characteristics. As Edward Long wrote of Jamaica, “We may see, in some of these places, a very fine young woman awkwardly dangling her arms with the air of a Negro-servant, lolling almost the whole day upon beds or settees […] Her ideas are narrowed to […] the tricks, superstitions, diversions, and profligate discourses, of black servants, equally illiterate and unpolished.”59 While colonial encounters were constitutive of the empirical medical philosophies upon which colonists founded their literary forms, their presentation of New World medical knowledge also raised questions as to whether their “curiositie” had misled them into observing witchcraft or whether their intellectual faculties had degenerated, inclining them to present unverified, speculative knowledge as truth.

But colonists did not monolithically impose English literary forms to interpret New World magic in terms familiar to metropolitan audiences, for they relied upon Natives’ and Africans’ medical knowledge to describe unfamiliar phenomena. Nor did they simply denounce Natives’ and Africans’ magical practices as impotent, for Europeans in the colonies and metropolis alike maintained a belief in the efficacy of magical practices and in the possibility of divine intervention throughout the seventeenth and much of the eighteenth centuries. Instead, colonists transformed their literary forms to present Native and African medical knowledge as practical and empirical and simultaneously to subordinate non-European medical philosophies as diabolic magic: sometimes revising competing rhetorical modes and sometimes shifting their own literary forms. For instance, Thomas Hariot countered heroic

narratives of colonists’ experiences in Virginia with a true report describing the Algonquians’ experiential medical practices; his literary form made the Natives’ knowledge of trance-inducing herbs into a practical resource for future colonists. Similarly, Pilgrim Edward Winslow shifted the form of his providence tale, in which he appropriated shamans’ medical ceremonies, to a moral history in which he positioned the Algonquians’ magical practices as objects for scrutiny, analysis, and comparison with Protestant religious beliefs. In the eighteenth century, physician William Douglass employed satirical literary forms to critique the plain styles with which minister Cotton Mather had promoted slaves’ testimony as plain and hence trustworthy; Douglass parodied slaves’ medical knowledge, associating African knowledge with witchcraft and irrationality. James Grainger ultimately rewrote his georgic poem as a natural history of disease, which effaced Africans’ knowledge of obeah and made slaves the objects of plantation owners’ sympathy and scrutiny.

Colonists’ literary strategies for describing and disavowing non-European knowledge allowed them to transform Native and African medical knowledge into medical philosophies of empiricism and rationality, with which they contributed to early modern medical philosophies and distanced themselves from Natives and Africans. Colonists defined the authority of their literary forms through and against Native and African knowledge, in this way resisting accusations that they had investigated diabolic knowledge or that their intellectual faculties had degenerated.

As colonists incorporated and subordinated Natives’ and Africans’ knowledge, they maintained their distance from non-Europeans by creating rhetorical spaces in which to define and preserve the status of New World magic as dangerous
and untrustworthy. As Homi Bhabha explains, the creation of such space occurs as colonial discourse is constructed “through the production of knowledges in terms of which surveillance is exercised.”\textsuperscript{60} Defining subject populations as naturally inferior and subordinate, colonial discourse authorizes strategies of conquest and colonization by constructing differences between colonizers and colonized peoples and then justifying the ongoing “surveillance” of subordinated groups. Colonists in the British Americas defined Natives’ and Africans’ medical knowledge as barbaric and irrational, attributing New World magic to heathen religious beliefs and, in the eighteenth century, to uncivilized cultural practices and intellectual faculties. In this way, they positioned non-European medical philosophies as an object for classification and evaluation, construing it as a “fixed reality which is at once an ‘other’ and yet entirely knowable and visible.”\textsuperscript{61} Colonists’ formation and transformation of various literary forms maintained the position of non-European medical philosophies as dangerous, subversive knowledge requiring ongoing subordination and surveillance. Colonial literary forms consequently obtained their “\textit{intelligibility through a relation with the other}; [they] move[ed] (or ‘progress[ed]’) by changing what [they made] of [their] ‘other.’”\textsuperscript{62} Colonists endowed their literary forms with “\textit{intelligibility},” or rhetorical authority, by subordinating non-Europeans’ magical knowledge as an object for scrutiny and analysis.

On the surface, the materials constituting colonists’ literary forms—strategies of close, plain description and an empirical foundation—might appear to replicate the

\textsuperscript{60} Homi K. Bhabha, “The other question: difference, discrimination and the discourse of colonialism,” \textit{Literature, Politics and Theory}, ed. Francis Barker, Peter Hulme, Margaret Iversen, Diana Loxley (London and New York: Methuen, 1986), 154.
\textsuperscript{61} Ibid., 156.
elements that characterized corresponding literary forms in England. But while English literary forms developed in response to Old World sociopolitical conflicts and epistemological debates, the formation and transformation of colonial literary forms occurred in the context of colonial encounters, as colonists incorporated Native and African knowledge to authorize their accounts of New World medicines and illnesses. Similar to medical philosophers in England, colonists authorized their literary practices by founding them upon empirical evidence, but they presented non-European knowledge that they encountered in the Americas. They employed Native and African medical philosophies to replace the familiar, English content that had traditionally constituted their literary forms with empirical knowledge circulating in colonial encounters. Additionally, they constructed differences between colonial and non-European knowledge by subordinating Natives’ and Africans’ medical philosophies as irrational and heathen. Colonial literary forms consequently developed as colonists described Natives’ and Africans’ knowledge of New World medicines, treatments, and illnesses, and as they disavowed Natives’ and Africans’ knowledge as magical. As Frederic Jameson has argued, literary forms persist through “substitutions, adaptations, and appropriations” that adapt existing forms to new social and historical situations. Moreover, the insertion of new materials into existing literary genres or forms “registers a decisive change in function” and serves as “socially symbolic acts” that resolve dilemmas unique to the historical and social

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65 Ibid., 138.
contexts in which they are produced. In the British Americas, colonists’ formation and transformation of literary forms operated as “socially symbolic acts” that expressed colonists’ ambivalent feelings regarding Native and African medical philosophies. Therefore, while colonists’ literary forms and styles—for instance, the true reports, providence tales, plain style, satires, and georgic poems that this dissertation examines—resembled those in England, their description and disavowal of Native and African medical knowledge acted as a strategy for creating literary forms that resolved colonists’ shock of encounter and authorized medical knowledge produced in colonial encounters.

Colonial literary forms reflect the influence not only of transatlantic exchanges, scientific networks, and imperial poetics, but also of intercultural encounters and non-European medical knowledge. Therefore, while such literary historians as Spengemann have shown the ways in which both colonial and English literary practices display the influence of the discovery of America, I argue that the literary forms of medical encounter uniquely reflect the influence of intercultural exchanges and of Native and African medical knowledge.

Similar to the ways in which colonists modified Old World cultural practices, such as clothing styles and agricultural methods, by adopting elements of Native and African customs, so they adapted their literary forms in response to New World encounters as well. Because colonists founded their literary practices upon distinctively New World knowledge,
Native and African medical philosophies provided the words, descriptions, and themes that composed colonial literary forms. Thomas Hariot, for instance, drew upon Algonquian medical theories to offer a description of a New World epidemic as caused by “invisible bullets,” rather than by humoral imbalances, as classical, European philosophies would argue. Similar to Hariot’s inclusion of Algonquian words in his colonial catalog, James Grainger incorporated African and Indian terminology, descriptions, and uses for Caribbean flora and fauna to produce his “West-India” georgic. Historian David Buisseret defines the results of the mutual adaptations that resulted from colonial encounters as creolization, a “‘syncretic expression’ in which new cultural forms came to life in the New World.”

I employ this concept of creolization to explain the formation and transformation of British American literary forms as a “syncretic process” in which colonists mixed Native and African medical philosophies with literary strategies from England. Ultimately, colonists’ description and disavowal of New World medical knowledge produced a distinctive, creolized literary history, according to which their intellectual faculties were trustworthy and their medical knowledge unique and authoritative, in contrast to metropolitan reports of colonial degeneration.

By examining colonists’ ambivalent responses to Native and African medical knowledge, “Communicating Disease” reveals the ways in which early Americans’

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literary strategies contributed to conceptions of cultural difference. Historians such as Chaplin have suggested that early Americans “moved toward racial definitions” by employing European natural philosophies to interpret Natives’ mortality as a sign of physical weakness, with the goals of naturalizing colonization and asserting their right to settle in the Americas.\(^72\) Roxann Wheeler, by contrast, attributes the development of theories of cultural and racial difference to “assumptions about civil society.”\(^73\) She identifies a “four-stages theory” of civilization with which Europeans situated Africans as inferior on the basis of their distance from European centers of learning and their lack of international commerce.\(^74\) “Communicating Disease” intervenes in these studies by examining the ways in which both integrating and subordinating Native and African medical knowledge allowed colonists to articulate differences among colonial, Native, and African medical knowledge, religious practices, and cultures. Moreover, my dissertation reveals the ways in which conceptions of cultural and, eventually, biological differences were often constructed in intercultural encounters.

Far from imposing pre-formulated theories or explicitly racial beliefs to differentiate themselves from Natives and Africans, colonists formed ideas about cultural difference in colonial encounters, by employing various literary strategies to maintain the status of Native and African medical knowledge as uncivilized and, later, as irrational. Early modern conceptions of the differences among African, Native, and European cultures were thus formed in the literary transformations with

\(^{72}\) Chaplin, 158.


\(^{74}\) See Ibid., 33-8.
which colonists integrated and subordinated New World medical knowledge. In the sixteenth and seventeenth centuries, colonists frequently differentiated between colonial and Native medical practices by employing literary strategies of description and classification to connect Natives’ magical practices with their heathen religion, thereby developing ideas that Natives’ religious beliefs defined their culture as barbaric. As they began to employ skeptical methodologies during the eighteenth century, colonists increasingly correlated Africans’ magical beliefs with cultural or environmental factors, especially Africa’s tropical climate and alleged lack of civilization. Additionally, colonists suggested that Africa’s distance from Europe left slaves’ intellectual faculties undeveloped and uncivilized, limiting them to producing irrational, superstitious knowledge. By the nineteenth century, the traits of irrationality and superstition that colonists associated with Natives and Africans were increasingly attributed less to mutable characteristics such as environment and civilization and more often to fixed physiological traits. Yet despite colonists’ strategies for subordinating non-European medical knowledge, Natives and Africans actively influenced colonists’ conceptions of non-European medical philosophies: by drawing comparisons between Natives’ and colonists’ belief in supernatural forces, by mixing elements of Christian religious beliefs with traditional African practices, and by employing their traditional medical knowledge to foster rebellions.\footnote{See Brathwaite, \textit{The Development of Creole Society in Jamaica, 1770-1820} (Oxford: Clarendon Press, 1971), 293, where he argues that alterations to relations between cultural groups was usually motivated by the actions of African slaves.}

Colonists’ claims to cultural superiority were formed through a process of adaptation,
in which colonists, Natives, and Africans alike adjusted to the “shock of conquest” by modifying their existing knowledge to account for unfamiliar practices.76

Chapter One of “Communicating Disease” examines the first colonial catalog, Thomas Hariot’s *Briefe and True Report of the New Found Land of Virginia* (1588), which was published to promote England’s early colonial efforts in Virginia and to recuperate the reputation of the failed settlement. I focus in particular upon Hariot’s description of the Algonquians’ theory that mysterious epidemic was caused by invisible bullets. Hariot’s description of the Algonquians’ medical philosophies has traditionally been seen as enacting the imposition of European technological superiority, symbolized by the so-called bullets with which the colonists shoot the Natives.77 However, I employ linguistic and anthropological studies of Algonquian medical knowledge to show that Hariot produces the invisible bullets theory by mixing Algonquians’ theory of disease as caused by witch balls with his own interests in alchemy and controversial Paracelsian theories that disease originated in atmospheric explosions, rather than in the humors. By reading the *Brief and True Report* in the context of Hariot’s encounter with Native medical knowledge, I show how Hariot draws upon medical knowledge from both Europe and Virginia to provide a theory of the mysterious epidemic and to suggest that the colonists’ humors could adapt to the foreign environment without degenerating. Hariot’s integration of the Algonquians’ empirical medical knowledge allows him to displace self-promoting,

76 Gruzinski, 36-7.
heroic narratives with their appeals to text-bound modes of authority, and to authorize his true report with firsthand evidence from the New World.

In New England, contact-era epidemics as well as wondrous medical cures framed the Pilgrims’ encounters with southern New England Algonquians. Chapter Two examines Good News from New England (1624), a providence tale in which Pilgrim Edward Winslow defended the colonists from accusations that they had physically or spiritually degenerated in New England. Winslow provides empirical evidence of God’s providence by incorporating Natives’ wondrous medical knowledge into Good News: he imitates shamans’ medical and religious practices in order to cure the Wampanoag sachem Massasoit and win Native converts. Winslow presents his firsthand observations of shamans’ practices and his own amazing cure as providential wonders, and these medical wonders provide the empirically verified, sensational content that produces his providence tale. In the last section of Good News, Winslow shifts the form of the providential tale to write a moral history of Natives’ medical practices, consequently categorizing the Algonquians as heathen. His observations and appropriations of shamans’ practices define Native medical knowledge as magical and heathen by effacing its empirical elements and emphasizing Natives’ religious ceremonies. These descriptions of Native medical knowledge ultimately provide rhetorical strategies for aligning Natives’ healing ceremonies with magic and witchcraft, strategies that colonial historians would later employ to describe the Algonquians as savages and justify colonial aggression during the Pequot War and King Philip’s War.
Chapter Three investigates the development of satirical literary forms in Boston during the 1721 Inoculation Controversy. Minister Cotton Mather adopted the plain style by relating Africans’ “simple,” oral testimony about inoculation, a preventive treatment for smallpox. Mather argued that slaves’ testimony clearly revealed providential truths and medical practices for preventing smallpox. While Mather’s promotion of inoculation has been the focus of most critical studies of the controversy, my chapter explores how physician William Douglass employed satire to critique Africans’ oral literary media and what he called Mather’s credulous acceptance of such medical knowledge. Whereas Mather described slaves’ testimony as clear and empirically validated, Douglass defined Africans’ speech as faulty and untrustworthy. Douglass’s satirical critique of Africans’ oral literary media ultimately justified excluding slaves from a public, printed sphere of reason and skepticism, where Douglass fashioned skeptical medical philosophies. Douglass’s satire of Africans’ oral medical knowledge also facilitated a shift from empirical methodologies, such as Mather employed, to skeptical, collective evaluation and experimentation, while also professionalizing colonial medical practice. This transformation also occurred in England, with the Royal Society’s modification of Baconian methodologies. In the colonies, the shift from Mather’s plain style to Douglass’s skepticism and satire occurred in response to African medical knowledge.

Chapter Four turns to the Caribbean, focusing upon the poetic ornamentation of obeah, a Caribbean form of African religious and medical knowledge, in James Grainger’s neoclassical georgic poem *The Sugar Cane* (1764). While obeah mean had recently inspired a slave rebellion, Grainger celebrates obeah men’s usefulness on
plantations, elevating their knowledge of slaves’ “imaginary” illnesses in order to produce the georgic’s themes of practical, civilizing knowledge. Describing obeah allows Grainger to make his literary labor co-extensive with the plantation medical philosophies he produced. Yet he also subordinates African medical knowledge by describing obeah as magic and attributing slaves’ “wonder-working” medical practices and belief in obeah to their African constitutions, suggesting that slaves lack the antidote of reason with which Europeans protected themselves from such practices. To further manage obeah, Grainger transforms his georgic form into a prose medical treatise. The plain style of his *Essay on the Most Common West-India Diseases* (1764) worked to efface obeah altogether, founding plantation medical science upon observations of diseases and symptoms as they appeared in nature, upon slaves’ bodies. I show how Grainger’s literary transformations inspired subsequent representations of obeah as magical. In addition, the connections that he draws between slaves’ minds, illnesses, and medical practices constructed racial theories that maintained differences between African and colonial philosophies and, ultimately, bodies. Grainger’s literary experimentation reveals that racial theories of differences between Europeans and Africans were often formulated in rhetorical practices that celebrated and even relied upon African medical knowledge.

In the epilogue, I examine the ways in which the magical elements of Natives’ and Africans’ medical knowledge expose U.S. Americans’ attempts to employ literary forms to incorporate and to subordinate African-American medical knowledge. As Charles Brockden Brown’s gothic novel *Arthur Mervyn* shows, colonists’ subordination of the magical elements of New World medical knowledge
corrupted the literary strategies with which colonists hoped to produce clear views of American medical knowledge. Arthur’s desire to tell an artless tale is dramatically and horrifically thwarted by his inability to read African Americans’ bodies, which remained healthy throughout part of the epidemic. Focusing on Arthur’s horrified response to his encounters with black pallbearers, I show how blacks’ incomprehensible bodies expose an infection of Arthur’s senses, that is, his ability to observe and analyze. Arthur’s cultural superiority and narrative authority are only restored when he returns to mental health by employing racial strategies to classify foreign bodies. The tension between Arthur’s plain tale and Brown’s gothic form dramatically exposes the corruption of Americans’ rhetorical strategies, ultimately producing the secrets, rumors, and mysterious identities of Brown’s gothic novel. However, African Americans protested racial categories, such as those Arthur employs, and Americans’ subordination of African medical knowledge, as I show by reading Richard Allen and Absalom Jones’ *A Narrative of the Proceedings of the Black People, during the Late Awful Calamity in Philadelphia in the Year 1793.*
Chapter One: “Invisible Bullets” and the Forms of Colonial Promotion in
Thomas Hariot’s *Briefe and True Report of the New Found Land of Virginia*
(1588)

In 1585, Sir Walter Ralegh, with Queen Elizabeth’s nominal support and the use of her pinnace, sent an expedition to the “new found land of Virginia,” an area between Spanish Florida and New France named in honor of the queen. The colony of several hundred men was England’s first attempt to establish a permanent settlement in the Americas, though Ralegh also directed the men to search for gold and a Northwest Passage, a western route to East Indian ports. Additionally, he commissioned mathematician Thomas Hariot and painter John White to map the coastline and to survey local resources. After only a year, however, the colony was beset by local and international pressures: the colonists’ relationship with the North Carolina Algonquians had degenerated, culminating when a mysterious illness broke out among the Algonquians but did not affect the colonists. The colony’s governor, Ralph Lane, was also concerned by growing tensions between the colonists and Algonquians, threatening Spanish ships spotted off the coast of Virginia, and dwindling food supplies. Lane decided to return to England when Sir Francis Drake, on his return from privateering, offered to bring the colonists back to England. Although he had hardly anything of substance to report to Ralegh and risked

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79 Lane led an attack on the Algonquians from which he returned with the head of Wingina, their sachem. See Michael Oberg, *Dominion and Civility: English Imperialism and Native America, 1585-1685* (Ithaca and London: Cornell UP, 1999), chapter one.
accusations that he had deserted his post, Lane left two men behind to guard the colony until better-supplied colonists could return. The rest departed in a storm, during which White and Hariot lost some of their notes and drawings.\textsuperscript{80}

The published result of Hariot’s survey was his \textit{Briefe and True Report of the Newe Found Land of Virginia}. Hariot’s \textit{Report} lists and describes the natural resources that potential colonists could expect to find in Virginia, including exotic commodities, from silk grass to olive oil and grapes, with which colonists hoped to compete with their Spanish and Portuguese rivals, who had discovered similar commodities in South America. Employing the form of the true report, in which firsthand experiences and plain descriptions, even of unfamiliar things, mark rhetorical authority, Hariot depicts Virginia’s commodities by drawing not only upon pre-existing expectations and contemporary accounts of the Spanish Americas, but also upon his own experiences and the knowledge of the North Carolina Algonquians. The \textit{Report} includes over fifty Algonquian words that provide names for plants Hariot did not recognize, as well as Hariot’s description of the Algonquians’ medical and religious practices.\textsuperscript{81} Additionally, Hariot includes the Algonquians’ explanation that the mysterious disease was caused by “invisible bullets” that the colonists shot from their guns (29).

Hariot’s description of the Algonquians’ “invisible bullets” theory has often been the focus of critical analyses of the \textit{Report}, given its seemingly remarkable

\textsuperscript{80} On the colonists’ hardships and departure from Virginia, see David B. Quinn, \textit{Set Fair for Roanoke: Voyages and Colonies, 1584-1606} (Chapel Hill and London: University of North Carolina Press, 1985), chapter eleven.

departure from conventional early modern theories of disease. Sixteenth-century European medical philosophies did not include a germ theory of disease or conceptualize illness as an entity that, like bullets, entered and diseased the body. Instead, medical philosophers postulated that disease was an interior condition stimulated by the environment. Since most European medical philosophers held that God was the final cause of all events, diseases without visible physiological or environmental causes were often attributed to providence: seen as a manifestation of God’s power or as a sign of his intervention into the natural order of things to indicate his will and often his judgment. While the Algonquians’ representation of the epidemic as “invisible bullets” might seem a sensible explanation to modern readers, Hariot’s description of the Natives’ theory put the *Report* at odds with contemporary European medical philosophies.  

Consequently, critics have attributed Hariot’s seemingly anachronistic account of the illness to his heterodox philosophical interests and religious beliefs. Noting that Hariot interprets the illness as punishment upon the Algonquians for “some practice against” the colonists, Stephen Greenblatt argues that Hariot records the Algonquians’ claim that the colonists shot them with invisible bullets in order to represent resistance to colonialism and subsequently to justify the imposition of English power upon the Natives (28). Greenblatt writes that “The momentary sense of instability or plenitude—the existence of other voices—is produced by the monological power that ultimately denies the possibility of plentitude.”  

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describes “alien voices” to represent potentially subversive perspectives that
authorize the deployment of colonial power.³⁴ Ultimately, Greenblatt argues, the
Algonquians’ theory that the English shot them with invisible bullets of disease
justified the colonists’ own interpretation that God sent the disease to punish the
Algonquians for mistreating his people, since for the English, “the deaths must be a
moral phenomenon.”³⁵

More recently, Joyce Chaplin has argued that the Report participates in the
development of early modern science. As Chaplin argues, colonists in the British
Americas contributed to emerging natural philosophies by employing European
philosophies to describe New World nature, justify colonization, and, eventually, to
stress philosophical and physiological differences between English settlers and Native
Americans. She suggests that Hariot’s account of “invisible bullets” is best
understood in the context of his interest in atomism, a controversial theory that held
that “matter was composed of discrete, durable particles,” quite similar to bullets.³⁶
Chaplin argues that Hariot described the epidemic as bullets because doing so
allowed him to portray the penetration of English colonists into “American territory
as a penetration between the divisible parts of a seeming continuum.”³⁷ Ultimately,
he attributes this account to the Algonquians in order to “ventiloquize[…] dangerous
hypotheses about matter through informants who would appear exotic to readers, and
therefore appropriate bearers of heterodoxy.”³⁸

³⁴ Ibid., 35.
³⁵ Ibid., 35.
³⁷ Ibid., 30.
³⁸ Ibid., 33.
Chaplin suggests that considering the *Report* in the context of natural philosophy revises Greenblatt’s argument and reveals the significance of the invisible-bullets theory for a mathematician such as Hariot. However, both critics attribute Hariot’s inspiration for reporting the invisible-bullets theory to European sources, consequently neglecting the ways in which Hariot relies upon Native medical knowledge to describe the epidemic.\(^{89}\) By focusing upon the rhetorical strategies with which Hariot incorporated the Algonquians’ invisible-bullets theory, this chapter shows how he presented Native medical knowledge to produce the connection between observation and knowledge that was crucial to the literary form of the true report. In particular, I examine Natives’ theories that disease originated outside the body, in bullet-like objects sent by supernatural beings, alongside Hariot’s interest in Paracelsian medical philosophies circulating in Europe, which included a “gunpowder theory” of disease.\(^{90}\) Additionally, I compare Hariot’s true report of the “invisible bullets” to a remarkably similar, yet overlooked, report in Ralph Lane’s heroic narrative. Hariot and Lane’s opposing literary forms influenced the two colonists’ different approaches to Native medical knowledge. While Hariot integrates Native medical knowledge in order to make experience the mark of rhetorical authority, Lane privileges a providential explanation over the Algonquians’ invisible-bullets theory in order to maintain the narrative structure of his account. Finally, I consider how the form of the true report allows Hariot to construct rhetorically a distanced, or

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\(^{89}\) As I will discuss below, Ed White’s article is a notable exception to most interpretations of Hariot’s *Report*, although he is less interested in the connection between Native medical knowledge and literary form than in recovering Native responses to contact. See Ed White, “Invisible Tagkanysough,” *PMLA* 120 no. 3 (2005): 751-67.

objective, position from which to examine and subordinate Natives’ medical practices.

**Discovery and Description**

When Ralegh’s expedition to plant a permanent colony in Virginia embarked in 1585, England could claim neither territory outside the British Isles nor any major discoveries in the sixteenth century, which was, for Spain, France, and Portugal, a period of imperial ambition and expansion. Hoping to rival the geographic discoveries and mineral wealth of their European rivals without falling prey to the greed and depredations associated with the Spanish conquest, English explorers had focused upon finding gold and new trade routes to China via an elusive Northwest Passage thought to exist somewhere in the Arctic. Mostly gentlemen, these explorers engaged in undertakings thought to be suitable for men of their social status: “[t]hey expected to use martial rather than entrepreneurial skills to get the wealth and status they and their followers wanted.” Gentlemen explorers such as Ralegh’s half-brother Humphrey Gilbert hoped to establish colonies in America that, similar to the plantations of England’s medieval feudal system, would enrich them with tributes of gold from its subjects—conquered Natives. But rather than discovering magnificent cities and Native treasures as the Spanish had in Mexico, English explorers’ early expeditions were among “the most fantastical and quixotic of

the English Age of Discovery." The two explorations immediately preceding the 1585 Virginia venture had ended in embarrassing failure: Gilbert died at sea in 1583 after failing to find the Northwest Passage, and the fifteen hundred tons of ore Sir Martin Frobisher had mined on his three voyages to the Arctic (1576-1578) turned out to be marcasite, not the gold for which he had hoped.

Failed expeditions left colonial promoters with few firsthand reports from English travelers with which to advance an overseas empire. Consequently, promoters such as the younger Richard Hakluyt turned to French and Spanish reports to describe the riches of the Americas, while also seeking to develop a specifically English history of discovery by rhetorically substituting explorers’ heroism for accounts of actual discoveries. In particular, the literary form of the heroic narrative allowed promoters to replace failure with possibility and heroic acts. The heroic narrative located unfamiliar or disappointing experiences—the presence of unmapped lands, the absence of gold mines, the Natives’ so-called barbaric customs—in relation to classical histories of epic journeys. Promoters employed familiar literary traditions, from medieval narratives of religious pilgrimage and chivalric romance to rhetorical strategies of wonder and comparison, to explain unexpected or disappointing experiences. English heroic narratives supported a conquest model of colonization on the basis of which England competed with empires such as Spain and Portugal, but

95 On the influence of French and Spanish exploration reports on English expectations, see Shammas, 154-6.
they did so by imagining heroic exploits and magnificent discoveries. In this way, promoters explained English voyages within a familiar context and suggested that English explorers resembled classical heroes. As Anthony Grafton has argued, “new worlds” did not immediately destabilize “ancient texts”; rather, explorers and promoters shaped new information to fit “a template dictated by political pressures, individual perceptions, and—above all—literary traditions.”

Narratives of heroism “stood in for achievement” as explorers compensated for their failure to find elusive passages or gold by giving their experiences “heroic treatment.” The heroic narrative substituted the discovery of “some idealized version of the self” for one of new lands or of mineral wealth. Disavowing the ungentlemanly desire for economic gain, travelers and promoters defined overseas exploration as morally beneficial. George Best, a captain on Frobisher’s Arctic voyages, even went so far as to argue that “the adventure the more hard the more honorable,” suggesting that surviving hostile nations and dangerous explorations made English explorers all the more heroic. As Mary Fuller argues, promoters “salvaged failure by talking about selves,” fulfilling the narrative’s claims by turning away from reality, to heroic self-making. Following Best’s claim that extremely difficult adventures produced greater honor, writers recounted explorers’ bravery

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97 Campbell, 243.
99 Fuller, 38.
100 George Best, *A True Discourse of the late Voyages of Discoverie, for the finding of a passage to Cathaya, by the Northwest, under the conduct of Martin Frobisher Generall* (London: 1578), Epistle Dedicatory.
101 Fuller, 54.
even while imagining material returns of gold; they replaced the realities of failure with the potential for conquest.

Promoters also glorified English exploration by endowing it with spiritual significance, attributing failure to ignoble desires for economic wealth. Hakluyt explained of Frobisher’s failure to find a Northwest Passage that “if we had not beene led with a preposterous desire of seeking rather gaine than Gods glorie, I assure my self that our labours had taken farre better effecte.”102 Likewise, promoters heroized Gilbert’s fatal voyage by casting it as “superior to mere desire for profit or desire to flee disgrace [but] mystifying what its actual benefits or motives might be, attributing no products, commodities, or wealth to the Americas and describing the New World as a place of (morally salutary) loss and deprivation.”103 In these literatures, gentlemen explorers such as Gilbert and Frobisher showed “the proper indifference of a gentleman to the mechanics of mercantile activity,” while attempting to recuperate English failures with their lofty tales of glory.104 The form of the heroic narrative allowed explorers to define their travels and English colonization, more broadly, as a glorious, gentlemanly undertaking, “voyage[s] in search not of wealth but rather of honor, conquest, and the opportunity to spread the Christian faith.”105

In the 1580s, the younger Richard Hakluyt, seeking to “describe the world and to show England active in it,” began to promote English colonization by looking beyond the heroic narratives of gentlemen explorers to commercial texts, written by

103 Fuller, 31.
104 Shammas, 159.
105 Helgerson, 157. See also Ibid., 172-3.
Hakluyt participated in what Carole Shammas calls the “commercializing of colonization” by taking the unusual step of including merchants’ reports of travel and commodities alongside the narratives of gentlemen explorers in his promotional writings. Importantly, Hakluyt neither repositioned merchants in heroic settings nor repudiated their desire for commercial gains. Instead, he acknowledged the significance of mercantilist activities and experiences, consequently representing England as an “essentially economic entity, a producer and consumer of goods” rather than as a nation of conquerors. In 1584, hoping to inspire official support for Ralegh’s voyage, Hakluyt outlined a mercantilist model for English colonization, a model that he hoped would rival, without imitating, that of England’s Mediterranean rivals. In a letter to Queen Elizabeth, *A Discourse on Western Planting*, Hakluyt describes the immediate goals for Ralegh’s 1585 venture, suggesting that the colony would facilitate not only English New World settlements but also trade between the colony and the metropolis. Colonists, as well as English culture and religion, would be “planted,” and settlers would share Protestant religious beliefs with the Natives.

Hakluyt also promised that North American colonization would provide the commodities for which England currently depended on Spain and Portugal. Early modern natural philosophies held that climates were consistent along lines of latitude and that countries produced natural and mineral resources specific to these latitudes. Virginia shared degrees of latitude with Spain and Portugal and was thus expected to

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106 Ibid., 171.  
107 Shammas, 173.  
108 Helgerson, 165.  
have a similar climate, so promoters anticipated that colonies there would produce crops such as wine, silk, and olive oil, which also grew in Southern Europe. Unlike the Spanish, however, colonists would cultivate these natural resources themselves and trade peacefully with the Natives, avoiding the taint of “filthie lucre [and] vaine ostentation” characterizing Spanish conquistadors and their exploitation of Native labor and resources. In this new mode of colonization, English settlers, rather than conquerors, would take possession of Virginia “principally [to] gayn[...]the soules of millions of those wretched people” and to facilitate commercial exchanges. English colonization would produce commodities and converts, rather than gold and conquests.

As Helgerson points out, the transformation of promoters’ rhetorical strategies from heroic narratives to merchants’ reports is exemplified by the differences between Hakluyt’s first and second collections of travel writings, *Divers Voyages touching the discoverie of America* (1582) and *Principal Navigations of the English Nation* (1589). While Hakluyt includes writings from French, Spanish, and English gentleman explorers in both books, in *Principal Navigations*, he also collects accounts of merchants’ voyages undertaken for commercial profit. Including documents such as “The commission given to the Marchants Agents” alongside the

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110 Ralegh chose the colony’s site based upon its location at 36 degrees latitude, the same latitude as England’s Mediterranean rivals. See Quinn, *England and the Discovery of America*, 289. For a fascinating study on the ways in which Christopher Columbus’s travels were influenced by the shift from a five zones theory conceptualizing the tropics as infertile and uncivilized to geographic philosophies positing that heat was a source of mineral and natural wealth, see Nicolás Wey Gómez, *The Tropics of Empire: Why Columbus Sailed South to the Indies* (Cambridge, MA and London, England: The MIT Press, 2008). In particular, Wey Gómez argues that Columbus’s descriptions of West Indian peoples and resources were influenced by expectations that southern latitudes were characterized by darker complexioned people and great mineral wealth.

111 Hakluyt, *Discourse*, 73.

112 Ibid., 73.
“[V]oyage of Sir Martin Frobisher to the North west,” Hakluyt incorporates documents of trade into the literatures of discovery that privileged heroic narratives about gentlemen such as Frobisher and Drake. The inclusion of new literary forms and new knowledge—lists and descriptions of commodities, for instance—facilitated a new model for expansion and colonization, in which the English would couple honor with profit. “Commerce [would become] the life of England and the world,” and an overseas empire in which merchants’ actions, rather than the conquests of wealthy aristocrats seeking individual advancement, would benefit the nation.

Views of Virginia: Discovery, Departure, and “Fruits”

Just as the utilitarian forms and commercial content of merchants’ writing competed with gentlemen explorers’ self-fashioning in heroic narratives, so Hario’s true report and Lane’s heroic narrative offer divergent visions of the Virginian expedition. A professional soldier with a good military record and two decades of experience in Ireland, Governor Ralph Lane had instructions from Ralegh to explore Virginia’s waterways in search of traditional New World riches: a Northwest Passage and gold mines. Lane’s Account of the particularities of the imployments of the English men left in Virginia by Richard Greenevill under the charge of Master Ralph Lane Generall of the same, from the 17. of August 1585. until the 18. of June 1586. at which time they departed the Countrey; sent and directed to Sir Walter Ralegh seeks to ameliorate his failure to find either a passage or gold and to defend his decision to

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114 Helgerson, 166. See also Timothy Sweet, “Economy, Ecology, and Utopia in Early Colonial Promotional Literature,” American Literature, 71 no. 3 (1999), 401, where Sweet argues that the colonial expeditions to Virginia led promoters “to define the English nation as an economy and to understand it as a system.”
abandon the colony. Lane argues that he fulfilled his duties as well as possible in difficult circumstances, which included Spanish threats, insufficient food supplies, and, he believed, false information about the location of gold mines from the Carolina Algonquians. But the Account dedicates little space to the actual facts of his own and the colony’s failures, instead focusing upon Lane’s “imployments” or actions as he carried out Ralegh’s charges.

Lane’s Account is structured less by actual experiences than by Ralegh’s instructions to discover elusive trading routes to the East Indies and gold on one hand, and by the literary conventions of narratives that promoted a heroic ideal of colonization, on the other. Virginia’s resources, the absence of precious metals, and uncooperative Natives are understood in relation to literary traditions of English heroes and the formal requirements of heroic narratives, which provided a predetermined model of heroic conquest upon Lane’s experiences and interpretations of Virginia. Lane structures his Account in two parts, which establish a narrative framework for interpreting his experiences. The first section provides information about “the particularities of such partes of the Countrey within the maine, as our weake number, and supply of things necessarie did inable us to enter into the discovery of.”\footnote{Ralph Lane, “Ralph Lane’s narrative of the Roanoke Island colony.” In vol. 3, New American World: A Documentary History of North America to 1612, ed. David B. Quinn (New York: Arno Press, 1979), 295.} The narrative’s second part details the events justifying Lane’s decision to abandon the colony and return to England. The narrative follows Lane as he moves from “discovery” to “departure”; it is constructed by episodes in which Lane embarks on discoveries, venturing into unknown space, and then leaves.
Virginia, returning to familiar contexts. His journeys of discovery and his decision to depart structure the Account’s introduction and expectations, while ameliorating the colonists’ failure to accomplish Ralegh’s instructions.

For Lane, “time is always future, the present moment pointing by ineluctable lines of argument and vision to some instant of realized intention.” The narrative itself creates this “realized intention” as it covers over Lane’s failure. Writing after he had returned to England, with full knowledge of the colony’s collapse, Lane nevertheless presents his explorations as if they were a success, explaining how he would have made discoveries if he had been adequately supplied. He writes,

Hereupon I resolved with my selfe, that if your supplie had come before the ende of Aprill, and that you had sent any store of boates or men, to have had them made in any reasonable time, with a sufficient number of men and victuals to have found us untill the newe corne were come in, I would have sent a small barke with two pinnesses about by Sea to the Northward to have found out the Bay he spake of, and to have sounded the barre if there were any, which should have ridden there in the sayd Bay about that Iland, while I with all the small boates I could make, and with two hundred men would have gone up to the head of the river of Chawanook with the guides that Menatonon would have given me.

Finding gold elusive and Virginia’s geography different from his expectations, Lane nevertheless imposes the narrative of discovery upon his experiences, imagining how

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116 Ibid., 295.
118 Lane, 296-7.
he would have found the passage and mine if circumstances had been different. His use of a conditional tense makes discovery and conquest hover permanently on the horizon, needing only support from England to realize them: if only Ralegh “had” sent necessary supplies, the expedition “would have” set off.\textsuperscript{119} Even the Algonquians are incorporated into this narrative, ready to supply guides with whom Lane “would have gone up to the head of the river.”\textsuperscript{120}

In the heroic narrative, accounts of (imagined) discovery take precedence over descriptions of things. For instance, Lane notes that the land was “full of flats and shoalds” and remarks upon a “very shallow and most dangerous” passage when these natural features pose obstacles to exploration.\textsuperscript{121} While he encountered the same profusion of unfamiliar natural objects and Algonquian customs that, as we will see, Hariot describes, for Lane, “The sheer abundance of details […] in the New World is reduced to a convenient formula, their profusion of interest only insofar as it hints at the large profit which may be realized from the West.”\textsuperscript{122} For Lane, only precious metals and access to exotic ports offer satisfactory justification for describing Virginia’s natural resources, as he writes: “with the discovery of either of the two [the “Mine” or “passage to the South-sea”] […] then will Sassafras, and many other rootes and gummes there found make good marchandise and lading for shipping, which otherwise of themselves will not be worth the fetching.”\textsuperscript{123} “Marchandise and lading for shipping” and commodities such as sassafras are subordinated to the more heroic task of discovering gold; without the discovery of precious metals, other commodities

\textsuperscript{119} Ibid., 296-7.
\textsuperscript{120} Ibid., 296-7.
\textsuperscript{121} Ibid., 295.
\textsuperscript{122} Franklin, 71.
\textsuperscript{123} Lane, 300.
will not in themselves be “worth the fetching.” Similar to the heroic narratives of Gilbert and Frobisher, Lane’s *Account* justifies his failure by representing his journey as a quest for glory, rather than for economic gain.

Though his actions did not produce the expected goals, Lane nevertheless completes the narrative of discovery by imagining the events that would fulfill a plot in which he successfully finds gold mines and a passage to the Pacific Ocean. The heroic narrative effaces the actual context and experience of failure in order to imagine discovery, for Lane replaces disappointment with possibility to complete the narrative framework established by Ralegh’s instructions. Intervening events or actions, whether frustrated or actual discoveries, are given significance as they point toward the possibility and expectations of gold and trade routes in Virginia. As it rhetorically constructs resemblances between Lane’s explorations and a narrative of heroism, the *Account* redefines Lane’s unexpected difficulties to maintain its “coherence” with the narrative of English discoveries. Lane’s narrative removes his exploration of Virginia from its New World context and recontextualizes it in the familiar space of English expectations and individual heroism.

Similar to Lane’s narrative, Hariot’s *Report* defends the reputation of the failed colony and promotes English colonization. In contrast to Lane, however, Hariot employs the form of the true report and its literary strategies of describing, recording, and informing; he makes his immediate, firsthand experience a sign of the *Report’s* authority. The literary strategies of the true report developed as travelers

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124 Franklin, 82.
to the New World sought to distance their accounts from chivalric romances, which, similar to reports from the Americas, contained descriptions of seemingly bizarre or marvelous peoples, places, and phenomena, set in distant locales. Romances and true reports alike claimed to offer “true histories” 126 of such unusual or unfamiliar phenomena, seeking by this claim to “locate themselves within an authoritative tradition of ancient historical writing.” 127 Colonists and explorers thus faced the question not only of how to describe an unfamiliar New World in terms that European readers would comprehend, but also of how to assure readers that their descriptions of hitherto unknown cultures, plants, and places should be interpreted as “true,” rather than as the fables and fictions of romances. 128 Accounts of firsthand experience and an unadorned, plain style eventually came to form the boundary between their true reports and romances; the “truth” of true reports rested upon authors’ direct experiences and firsthand observations of the phenomena, however marvelous, of which they wrote. 129 The rhetorical authority of the true report was thus founded upon the fact that the author had seen and known more than the ordinary person.

As Hans Galinsky argues, Hariot’s Briefe and True Report was the first report written in English to make the claim for the superiority of firsthand experience in America over the “old world’s presumably distorted picture of the new.” 130 Indeed, Hariot cites his experiences as a firsthand observer to distinguish the Report from disparaging accounts of Virginia and from competing literary genres, such as the

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127 Ibid., 62.
128 Galinsky, 7-8.
129 On the development of the true report in the Spanish American context, see Pagden, 56-65, and in the English context, see Michael McKeon, The Origins of the English Novel, 1600-1740 (Baltimore and London: Johns Hopkins UP, 1987), 52-64 and 100-105.
130 Galinsky, 15.
romance and, as we will see, the heroic narrative. He describes his epistemological authority by pointing out that he was “one that have beene in the discoverie and in dealing with the naturall inhabitants specially imploied; and having therefore seene and knowne more then the ordinarie” (5). Readers themselves could obtain this same “view” of Virginia by reading the Report, which would allow them to “see […] and know […] the continuance of the action [and] may generally know & learner what the countrey is” (5). The Report’s “view” first transmits Hariot’s observations and then reveals how readers may continue in “action,” presumably by settling in Virginia. Hariot connects seeing and knowing to define his report as true: he explains unfamiliar contexts by recording and describing his observations, instead of placing experiences in a heroic narrative, imagining their possibility, or referring to ancient texts. In particular, the Report’s connection between observation and knowledge revises Lane’s reliance not only upon conquest as a mode of colonization but also upon the narrative of discovery and heroism. In the Report, Hariot’s observations of the fruits of the country allows readers first to “see” and then to “know” Virginia’s commercial fruits and on that basis to imagine future settlement.

To provide the promised “view” of Virginia, Hariot classifies unfamiliar objects in categories that reveal their identity by describing their appearance and establishing their use. He describes cedar trees by listing the goods they will produce: “Cedar, a very sweet wood & fine timber; wherof if nests of chests be there made, or timber therof fitted for sweet & fine bedsteads, tables, deskes, lutes, virginales & many other things else, (of which there hath beene prowe made already) to make up straite with other principal commodities will yeeld profite” (9). This
utilitarian description contrasts with an earlier report by Captain Arthur Barlowe, written after a reconnaissance voyage to Virginia in 1584. Barlowe, employing rhetorical strategies of wonder to depict the New World as marvelous, wrote that “climbing towards the tops of high Cedars, that I thinke in all the world the like abundance is not to be found: and my selfe having seene those parts of Europe that most abound, find such difference as were incredible to be written.” 131 Rather than describing his observations of the tree, Barlowe creates the effect of wonder by emphasizing the “incredible” differences between New and Old World cedars. 132 He turns inward, to his emotional response and to conventions of medieval travel narratives that met the fantastic with exclamations of wonder. 133 Similar to Lane’s account of his imagined discoveries, Barlowe’s description of wonder represents his experience as a psychological one, familiarizing and idealizing the cedar by describing his emotional response, but not the tree itself. Although Hariot observed the same cedars and presumably confronted the same shock of difference, he catalogs the trees by placing them into a system that identifies their economic value. Occluding Hariot’s subjective response to the tree, the true report’s strategies of description and classification reveal only cedar’s visible attributes and potential uses. While Lane, Barlow, and Hariot all desired to promote colonization by recording their experience in Virginia, their various literary forms promoted different models of colonization and provided different interpretations of unfamiliar objects.

132 Ibid., 277. On Hariot’s revision of Barlowe, see Franklin, 106.
133 See Greenblatt, Marvelous Possessions (Chicago: University of Chicago Press, 1991), 16, where he writes of wonder, “what most matters takes place not ‘out there’ or along the receptive surfaces of the body where the self encounters the world, but deep within, at the vital, emotional center of the witness.”
In the *Report*, lists of commodities and descriptions of Native customs, rather than narratively-constructed discoveries, serve as arguments for settlement. The purpose of such lists, as Hariot describes it, is “to imparte so much unto you of the fruites of our labours” (5). He subordinates not only discovery to observation but also gold to lists of natural resources deemed useful for future settlers. The descriptions of “fruites”—commodities and resources that colonists could expect to find in Virginia—allow Hariot to avoid addressing the history of the failed colony. This focus upon “fruites” also reveals the ways in which the true report differs from Lane’s narrative form: while Lane also saw and knew Virginia, his experiences and observations of Virginia are comprehensible insofar as they can be placed within a narrative of heroic discoveries. In contrast to Lane’s narration, in which individual action drives the plot to an already-determined conclusion, the *Report* describes observed objects by employing “a group of presentational means [or literary strategies] in which time plays no crucial role—catalogs, tables, descriptions, discourses, expositions—forms which by their own static, even iconographic, nature convey writer and reader alike into a state of existence beyond the limits and confusions of a historical moment.” The true report’s presentation of firsthand empirical evidence and literary strategies of informing and recording promote colonization by describing things, rather than by constructing selves.

*“Invisible Bullets” in the New and Old Worlds*

Hariot employs the literary strategies of the true relation to describe various commodities, and he organizes such descriptions into three sections: first,

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134 Franklin, 21.
“Merchantable” commodities, for “trafficke and exchaunge with our owne nation of England, [to] enrich your selves”; second, “all the commodities which wee know the country by our experience doeth yeeld of itself for victual”; and in the last, “such other commodities besides, as I am able to remember, and as I shall thinke behoofull for those that shall inhabite […] with a brief description of the nature and maners of the people of the countrey” (6). In this final section, he incorporates and describes the Roanokes’ medical philosophies, including their account of the mysterious epidemic caused by “invisible bullets” (29). Appearing a few days after the colonists had visited them, the disease led the Roanoke’s werowance, or sachem, Wingina to speculate that the Roanoke had angered the Englishmen or their god and that the disease was a consequence of this anger. Hariot writes that he disagrees with this theory, but he admits that both the colonists and the Algonquians were puzzled by the illness: “The disease [was] also so strange, that they neither knew what it was, nor how to cure it; the like by report of the oldest men in the countrey never happened before, time out of minde. A thing specially observed by us as also by the naturall inhabitants themselves” (28).

Hariot ultimately suggests an explanation for the epidemic by integrating the Algonquians’ theories of disease and describing their treatment for the illness. Seeking to determine “what it [the disease] was, [and] how to cure it,” the Algonquians develop several interpretations and healing practices for the epidemic (28). Hariot writes that “Some also thought that we shot them our selves out of our pieces,” while others “saide it was the speciall woorke of god for our sakes” (29). Others “imagine to the contrarie” that the disease is caused by the influence of an
“Eclipse of the Sunne” or a “Comet which beganne to appeare but a few daies before the beginning of the said sicknesse” (29). But the theory that determines how the Algonquians treat the sickness attributes it to “invisible bullets.” Hariot writes:

Those that were immediately to come after us they imagined to be in the aire, yet invisible & without bodies, & that they by our intreaty & for the love of us did make the people to die in that sort as they did by shooting invisible bullets into them. To confirme this opinion their phisitions to excuse their ignorance in curing the disease, would not be ashamed to say, but earnestly make the simple people believe, that the strings of blood that they sucked out of the sicke bodies, were the strings wherewithal the invisible bullets were tied and cast. (29)

In the Natives’ theory, the invisible disease originates with future colonists, who shoot illness at them from great distances.

As historians and literary critics have pointed out, Hariot’s description of the invisible bullets seems anachronistic in the context of medical philosophies prevailing in Europe, which were based upon Galenic humoralism and thus did not conceptualize disease as a discrete entity. Instead, physicians thought of disease as a “bundle of symptoms that manifested a particular imbalance.” A physical state of humoral disruption rather than an ontological entity, disease was not considered to be an object that was separate from the body, as “bullets” were. Instead, illness was a general condition of the humors that affected the entire physical and complexional system. When imbalanced, humors became “putrid, venomous, or corroding, and

135 Chaplin, 123.
thus transformed were viewed as specific agents that harmed a part of the body and thus began a disease process.”

Yet if traditional European medical philosophies did not theorize disease as an entity outside the body, Algonquian medical philosophies did. Native philosophies often described disease as a discrete object that entered the body to cause disease, and after colonization, Natives began to describe these objects as bullets. Native medical philosophies held that an intruding object, sometimes an evil spirit or object evoked by a shaman, would enter the body if the patient had offended the spirit or if a shaman had bewitched the individual. Since Native medical philosophies held that animals were often endowed with spiritual powers, explanations of disease sometimes posited that an animal had penetrated the body and caused disease. Other theories attributed illness to witches who had transformed themselves “into other shapes, particularly into the guise of a purplish ball of fire, a wolf, a raven, a cat, or an owl.”

The Algonquians’ attribution of the illness to invisible bullets thus suggested that it emanated from supernatural forces, perhaps the colonists, who shot bullets of illness much as a witch might shoot a ball of fire.

Furthermore, Narragansett verbs for firing a gun (peskhammin) were originally used to mean “to shoot thunderbolts,” or “to strike with lightning,” possibly referencing “thunder beings,” one of the Natives’ deities who sometimes caused illness much as a witch might shoot a ball of fire.

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136 Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge UP, 2000), 133.
137 See Virgil J. Vogel, *American Indian Medicine* (Norman: University of Oklahoma Press, 1970), 16-8. White suggests that the Algonquians’ explanation of the illness may be read as an interpretation of the colonists that was similar to stories of the Cherokee “Little People,” who were “Invisible beings sometimes seen, sometimes not; sometimes dangerous, sometimes not; sources of bodily or mental ailments and disorientation.” See White, 759.
138 Charles Hudson, *The Southeastern Indians* (Nashville: University of Tennessee Press, 1976), 363. See also Vogel, 16, where he writes, “disease-object intrusion means that a worm, snake, insect, or small animal has entered the body and caused illness.”
illness. A Menominee War-Bundle myth reports that “the Thunder-bird-beings have been known to come to earth in human form. They have appeared as homely men, short and thick-set, with heavy muscles in their arms and legs, and bearing a bow and arrows in their hands.” Adapting the meaning of peskhommin to include not only thunder and lightning but also bullets, the Algonquians seem to have combined existing associations between disease, thunder, and witchballs to suggest connections between the colonists, their bullets, disease and death. Moreover, the English word for “bullet” had recently developed out of “ball,” suggesting that Hariot may have translated the Algonquians’ description of their illness as intruding, supernaturally-sent witch balls by employing the English word “bullet.” By connecting the colonists’ bullets with pre-existing conceptions of disease as caused by these fiery witch balls, the Algonquians could account for the presence of the colonists, their unfamiliar technologies, and the mysterious epidemic.

The medical cures with which the Roanoke treated the mysterious illness corresponded to Natives’ conceptions of disease as invisible bullets, suggesting that


141 “Bullet” dates from 1557, when it was used to describe cannonballs, developing from the older term “ball,” which was also employed to describe a “missile” projected from fire-arms or cannons. See “Ball,” Def. 5a, *Oxford English Dictionary*, 2nd ed., 1989, *Oxford English Dictionary Online*, (Oxford UP), University of Maryland McKeldin Library, 21 Feb. 2008, <http://dictionary.oed.com/entrance.dtl> and “Bullet.” Def. 1a, 2, 3a, Ibid.. This definition of “ball,” its earliest, dates from 1387.
the Algonquians possessed medical practices for addressing illnesses that originated outside the body before the English colonists arrived. Hariot reports that “their phisitions to excuse their ignorance in curing the disease, would not be ashamed to say, but earnestly make the simple people believe, that the strings of blood that they sucked out of the sicke bodies, were the strings wherewithal the invisible bullets were tied and cast” (29). Sucking “strings of blood,” was part of a treatment used nearly universally by Natives throughout the Americas.\(^1\) For instance, in his *Relación,* written in 1537 and first published in 1542, Alvar Núñez Cabeza de Vaca explains that “all the medicine man does is to make a few cuts where the pain is located and then suck the skin around the incisions,” reporting that the Natives found this method “very effective,” as Cabeza de Vaca did as well, “by my own experience.”\(^2\) In such ceremonies, shamans localized the offending spirit, then extracted the offending object with a purgative or by sucking the object out of the body. Sometimes using a hollow object such as a bone to form a suction over the afflicted part, they would pull out the offending object.\(^3\)

The Algonquians’ invisible-bullets theory established strategies with which Natives continued to associate disease with colonization, for comparisons between

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\(^2\) Alvar Nunez Cabeza de Vaca, *The Narrative of Cabeza de Vaca,* ed. Rolena Adorno and Patrick Charles Pautz (Lincoln and London: University of Nebraska Press, 2003), 93. Andre Thevet also reports sucking treatments in New France in 1555, describing how “these goodly Prophets [who] for to heale this disease will suck with their mouth the place where the sore or disease lieth, thinking that by this means they draw it out. […] the women use other means, they will put into the patients mouth a threade of cotton a two foote long, the which afterwards they sucke, thinking also be thys threade for to get away thys disease or sickenes.” See Thevet, *Andre Thevet’s North America: A Sixteenth-Century View,* ed. and trans. by Roger Schlesinger and Arthur P. Stabler (Kingston and Montreal: McGill-Queen’s UP, 1986), 72. See also John Brickell, *The Natural HISTORY OF North-Carolina* (Dublin: 1737), 373.

\(^3\) Duffy, 25-7.
illnesses and missiles or bullet-like objects would continue to play a significant role in Natives’ interpretations of contact era illnesses. Algonquians increasingly attributed illness to colonists’ bullets, developing descriptions and words to describe the link between the colonists and disease and to adapt traditional medical philosophies to contexts of colonial encounter. As chapter two will examine more closely, in 1622, the Patuxet Indian Tisquantum connected Native theories of disease as an intruding, supernatural object with English gunpowder, saying that the Pilgrims “had the plague buried in our store-house; which, at our pleasure, we could send forth to what place or people we would, and destroy them therewith, though we stirred not from home.”¹⁴⁵ Roger Williams reports that by 1643 the Narragansetts had words for “gun” (Peskcunck), “powder” (Saupuck), and “shot” (Shottash), writing that “shot” is a “made word from us, though their guns they have from the French.”¹⁴⁶ Williams’ etymological notes suggest that the Roanoke Algonquians adapted their existing words for “ball” and “disease” to explain the apparent connection between unfamiliar illnesses and their encounters with the English colonists and their technology.

While Hariot was certainly familiar with European philosophies that illness originated in the humors, he was also aware of competing theories of disease, which made Natives’ invisible-bullets theory a meaningful and compelling explanation for the strange epidemic. Despite attempts by the College of Physicians to maintain the

authority of Galenic philosophies, by the late sixteenth century controversial, Paracelsian theories of disease were circulating throughout England.\textsuperscript{147} German-Swiss physician Paracelsus and his followers postulated that disease originated outside the body, arguing that all diseases “issue from the Entity of Poison.”\textsuperscript{148} Paracelsus held that the body was a microcosm that was linked to the cosmos, or macrocosm, “by innumerable bonds of sympathy.”\textsuperscript{149} Paracelsus founded his theories of disease upon the Neoplatonic assumption that there was an “active commerce between the firmament and humans or other living organisms”; illness was therefore a manifestation of events in the macrocosm.\textsuperscript{150} Invisible forces called \textit{archei} or “Alchemists” ruled each organ, distilling pure nutrients from impure or unnecessary matter to maintain the body’s normal functions.\textsuperscript{151} Disease occurred when these Alchemists failed to separate poisonous from pure elements; the poison became

\textsuperscript{147} See Vivian Nutton, “The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance,” \textit{Medical History}, 27 (1983), especially 1-16. In some of his obscure writings, Galen himself had developed Pre-Socratic philosophies about how life began, using an analogy of “seeds” to explain the cause for fevers. Galen wrote that these seeds, small, generative entities located within the body, sprouted into disease when activated by an environmental cause or intemperate regimen. However, as Nutton argues, for most Renaissance medical practitioners, the “seeds of disease” offered a new metaphor for describing plague but did not affect their medical treatment or reliance on more prevalent theories of environmental factors and the humors to diagnose disease.


\textsuperscript{149} Charles Webster, \textit{Paracelsus: Medicine, Magic and Mission at the End of Time} (New Haven and London: Yale UP, 2008), 142.

\textsuperscript{150} Ibid., 142.

localized in an organ, and disease proceeded from such “impure Seedes.” \(^{152}\)

Paracelsian physicians also repudiated the Galenic system of the humors, arguing that the seeds, or “fathers,” of disease, not the humors, or “mothers” were responsible for illness. \(^{153}\) They supported Paracelsus’s argument that “the physician who bases his treatment on the natural temperaments may be fitly compared to a person who extinguishes a fire and leaves coals still burning.” \(^{154}\) Instead, the Paracelsian physician sought to “make himself a part of the phenomenon he is investigating” in order to understand the “bonds of sympathy” that united humans and “the firmament,” that is, to grasp the proper analogy with which to explain and influence the chemical processes that caused disease. \(^{155}\)

In particular, Paracelsus described disease as an “invisible thunderclap in nature shaking the body as long as it passes through it, until it settles and concentrates towards some particular place.” \(^{156}\) Much as the Algonquians attributed illness to a supernatural force, sometimes conceptualized as a Thunder-bird, that shot balls of disease into the body, so Paracelsians argued that disease originated in atmospheric explosions that penetrated and diseased bodies. In what was called the “gunpowder theory of thunder and lightning,” Paracelsians held that aerial niter (or salt) and sulphur reacted in the air to explode and create thunder and lightning. \(^{157}\) An

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\(^{152}\) R. Bostocke, *The difference between the auncient Phisicke, first taught by the godly forefathers, consisting in unitie peace and concord: and the latter Phisicke proceeding from Idolaters, Ethnickes, and Heathen: as Galen, and such other consisting in dualitie, discorde, and contrarietie* (London, 1585), 20.

\(^{153}\) Ibid., 140.

\(^{154}\) Ibid., 140.


\(^{156}\) Paracelsus, qtd. in Pagel, 180. See also Webster, *Paracelsus*, 140.

\(^{157}\) Debus, “The Paracelsian Aerial Niter,” 47.
analogous process occurred in the body when these chemicals entered through respiration to “react in certain burning disorders or fevers” that resulted from a “Nitroso-sulphureous upset in the body.” Diseases caused by chemical reactions called for chemical medicines: “if the disease be caused by Minerals, metals […] in the principall parts of the body, or in the Balsamum of man, then they must be cured by medicine drawn out of metalles.”

Paracelsian philosophies and accompanying chemical medicines were filtering throughout multiple levels of English society by the 1580s. Chemical medicines were widely acknowledged as effective cures, even by members of the College of Physicians, and they were employed by a diverse group of practitioners, from university-educated physicians to Paracelsian physicians and unlicensed practitioners. In addition, Paracelsian philosophies were often transmitted along with more prevalent alchemical knowledge and occasionally in published recipes for chemical therapies. Hariot had special access to Paracelsian texts and theories: he had certainly encountered Paracelsus’ medical philosophies in the course of his

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158 Ibid., 49. Debus argues that Paracelsus’s aerial niter would later be incorporated into theories about the role of oxygen in respiration and combustion.
159 Bostocke, 88.
325.
161 Webster argues that in spite of official resistance to non-Galenic theories from the College of Physicians, Paracelsian medical philosophies were accessible to intellectuals in Latin works published on the continent and manuscript copies of Paracelsian works. Less educated classes could read a few vernacular works published in English (though these were usually published once and tended to focus mostly upon chemical therapy). Webster argues that by 1585, Paracelsian texts were “widely disseminated, and actively studied by both laymen and medical practitioners. Practical chemistry was a popular pursuit.” See Webster, “Alchemical and Paracelsian medicine,” 330. However, Debus argues that the English would have known of Paracelsian chemical therapies, but that their philosophies remained obscure until the seventeenth century. See Debus, *English Paracelsians*, chapter two.
scholarly work for his patrons: Ralegh and, later, the Ninth Earl of Northumberland, Henry Percy. His patrons’ libraries provided access to Paracelsian philosophies: for instance, Percy’s library included an anti-Paracelsian text by Thomas Erastus, while Ralegh had well-known alchemical interests. Moreover, Hariot conducted his own alchemical experiments in 1599-1600 (and perhaps as late as 1604), a period during which he noted that he relied upon a 1590 work by Claveus called Dulco, which was a defense of Paracelsus and response to Erastus.\(^\text{162}\)

Hariot extended his interest in chemical medical philosophies to his investigation of New World medicines and Native medical knowledge. As Chaplin points out, Hariot was one of the few colonists to describe Natives’ mineral medicines as useful, rather than merely ornamental.\(^\text{163}\) He included chemical medicines in his catalog of commodities, reporting that the Natives used a “kinde of earth” that they called “Wapeih” for “the cure of sores and woundes.”\(^\text{164}\) Hariot compares the red clay to terra sigillata, a chemical medicine that was well-known in Europe. He writes that the colonists discovered its medicinal virtues after they “refined” the red clay, saying that “having beene refined, it hath beene found by some of our Phisitions and Chirurgeons to bee of the same kinde of vertue and more effectual” than terra sigillata (8). Among the colonists in Virginia were a metallurgist, Joachim Ganz, and an


\(^{163}\) See Chaplin, 195-6.

\(^{164}\) By the 1650s, distillation manuals were giving instructions for how to distill terra sigillata’s qualities into medicinal oils by heating it. See for instance, John French, \textit{Art of Distillation} (London, 1650), 53 and 80. See also Lynn Thorndike, \textit{A History of Magic and Experimental Science}, vol. VII (New York: Columbia UP, 1958), 321 and \textit{Ibid.}, volume I, 130.
apothecary-merchant, Thomas Harvey, both of whom could have helped Hariot refine wapeih. While we cannot be certain that the Virginian colonists employed specifically alchemical practices to discover wapeih’s medicinal virtues, Hariot’s Report was later cited as evidence in reports of more explicitly alchemical uses of the clay. A promotional report of Virginia suggested that wapeih could be refined into Copper by citing several sources, all of which “second[ed] Mr. Heriots” report that when the Natives washed “a kinde of a Red Sand” in a “sive, and set upon the fire speedily, melts and becomes some Copper.” The use of fire to melt wapeih and produce copper suggests that the Virginian colonists employed alchemical processes to discover the “Red Sand[‘s]” virtues. Moreover, natural philosophers in England employed alchemical experiments to refine wapeih’s English counterpart. In 1663, Robert Boyle described terra sigillata in explicitly alchemical terms, writing that it was “Gold prepared and transmuted, by provident Nature, into an admirable Medicine.” Hariot’s comparison between wapeih and terra sigillata suggests that his interests in Paracelsian medical philosophies and chemical medicines facilitated his encounters with Native medical knowledge. As the Algonquians’ theories of disease and Hariot’s interest in Paracelsian philosophies show, New and Old World medical knowledge was not opposed during early colonial encounters. The Report’s description of the invisible-bullets theory reveals not an imposition of English natural

165 See Quinn, Set Fair, 92 and 95.
167 Robert Boyle, Some considerations touching the usefulness of experimental natural philosophy (London: 1663), 121.
168 Ibid., 121.
philosophies but a description of a mysterious illness composed by a mixture of Paracelsian and Native medical philosophies.

Providential Bullets

Historians such as Chaplin have given the invisible-bullets theory “intellectual purchase” by suggesting “that the quotation […] spoke to a natural philosopher who was representing contested hypotheses about matter,” atomistic theories in particular. Historians generally agree that Hariot’s interest in controversial natural philosophies, from atomism to Paracelsian medical knowledge, was influenced by his extensive reading in European philosophies, which offered “an unorthodox philosophical context in which his scientific activities could develop,” rather than by his encounters with Native medical knowledge. But Ralph Lane also reports the Algonquians’ invisible-bullets theory in his Account. While Hariot, an Oxford-educated mathematician with access to his patrons’ libraries, certainly encountered the European philosophies through which critics have explained the “invisible bullets,” a professional soldier such as Lane was unlikely to interpret a strange disease by relying on esoteric theories. Hariot writes that he describes the invisible-

169 Chaplin, 33.
170 Gatti, 70. See also 68, where Gatti writes that “In the true humanist mode, Harriot would start any inquiry from a consideration of books. He would appeal to tradition.” Critical interpretations of Hariot’s work often contradict one another, ranging from suggestions that Hariot was an atheist to arguments that he was an orthodox Christian; others suggest that he was an alchemical magus who relied on the occult writings of Roger Bacon, while still others have called Hariot’s alchemical experiments “distressing” and described Hariot as a progressive experimentalist whose practice anticipated Baconian natural philosophy. But, as Stephen Clucas points out, when Hariot was not “engaged in mathematics, optics or mechanics,” his practices resembled those of the conventional “Renaissance savant.” See John W. Shirley, Thomas Harriot: A Biography (Oxford: Clarendon Press, 1983), 271; and Clucas, “Thomas Harriot and the field of knowledge in the English Renaissance,” In Thomas Harriot: An Elizabethan Man of Science, 103. On Hariot as Renaissance atheist, see Greenblatt, Shakespearean; on his interest in occult philosophies, see Gatti; and Julie Robin Solomon, “To Know, To Fly, To Conjure”: Situating Baconian Science at the Juncture of Early Modern Modes of Reading,” Renaissance Quarterly XLIV no. 3 (1991): 513-58.
bullets theory to “exclude” the disease from being “the speciall an accident,” that is, an event without an observable or known cause, usually attributed to divine or occult, that is, hidden, causes (29).\textsuperscript{171} By contrast, Lane names providence as the epidemic’s cause, thus offering a traditional explanation for the disease.

Lane writes that an elderly Roanoke *werowance*, Ensenore, said that the English were:

\begin{quote}
the servants of God, and that wee were not subject to bee destroyed by them: but contrariwise, that they amongst them that sought our destruction, shoulde finde their owne, [and] that they have bene in the night, being 100 miles from any of us, in the aire shot at, and stroken by some men of ours, that by sicknesse had died among them.\textsuperscript{172}
\end{quote}

Similar to Hariot, Lane describes Natives’ belief that the colonists were powerful beings with the authority to send disease, and he also reports that the Natives perceived disease as an entity separate from bodies, which affected people by traveling from place to place and spreading when the English shot at the Natives.

Hariot and Lane’s similar accounts of the invisible-bullets theory and the existence of corresponding Native philosophies suggest that both men based their reports of the illness upon the Algonquians’ medical knowledge. Yet unlike Hariot’s *Report*, Lane concludes his *Account* by citing a providential cause for the illness, saying “that which made up the matter on our side for that time was an accident, yea rather (as all


\textsuperscript{172} Lane, 301. On tensions between Lane and Wingina, see Quinn, *Set Fair*, chapter eight.
Lane’s designation of the disease as an “accident” suggests that he, too, failed to locate an environmental cause for the strange disease, either by observing the climate or identifying predispositions to illness in the Natives’ bodies or diet. Nevertheless, he explains the illness by turning to a providential cause, considered traditional in Europe.

Hariot and Lane’s divergent representations of the “invisible bullets” result from the differences between their literary forms. In Lane’s *Account*, the strange epidemic supports his narrative of discovery and heroism, for he subordinates the Algonquians’ medical philosophies to the framework of his heroic narrative. Lane reports that the epidemic occurred in the context of tensions between the colonists and Pemisapan, when the *werowance*, in a move resisting the colonists’ appropriation of the Algonquians’ food supply, threatened not to plant crops. Then, as Lane explains, while he was delayed on an exploration, Pemisapan circulated rumors that Lane had died of starvation and, therefore, that the English god was not powerful. However, both Pemisapan’s stories and his opposition to the colonists—both of which threaten to disrupt the *Account’s* narrative—are overturned, first by the disease and its fulfillment of Ensenore’s invisible-bullets theory and second, by Lane’s return from his voyage. Ensenore’s explanation of the epidemic refutes Pemisapan’s rumors regarding Lane and the English god, so that the Natives’ illness becomes proof that the Englishmen do have a powerful god who sends disease to punish their enemies. But Lane ultimately concludes the episode with his return, thus narratively linking the Natives’ disease to his successful homecoming and subordinating the invisible-bullets theory to his providential explanation.

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173 Ibid., 301.
Employing the literary form of the heroic narrative allows Lane to make an otherwise mysterious disease and New World medical philosophies advance his tale of discovery and conquest. The heroic narrative transforms the Algonquians’ invisible-bullets theory into support for a pre-existing plot and, consequently, into further evidence of his heroism. Moreover, the Account’s plot advances as it obscures the Natives’ theory that the disease originated among the English and instead attributes the illness to providence and Lane’s divinely blessed return. By making the Natives’ medical philosophy support providential theories, Lane rhetorically constructs coherence between his experiences and his heroic narrative, maintaining the relation between causes and effects crucial to the narrative literary form of his Account. Attributing the disease to providence conveniently posits causes for otherwise confusing and embarrassing events, so that all phenomena, however troubling or unexpected, are explained by assimilating them into an already-established plot. Ultimately, by connecting providence with the colonists’ health, Lane suggests that, far from bringing illness upon the Algonquians, the colonists received signs of divine approval to conquer them. Additionally, Lane links Pemisapan’s purportedly misguided and immoral rumors with the disease, which he then construes as a sign of the Natives’ cultural inferiority and ungodliness. The providential cause for disease ultimately makes the Algonquians’ illness a sign of God’s blessing on the struggling colony and of the colonists’ moral and cultural superiority.
Seeing and Knowing in the True Report

Lane’s account of the invisible-bullets theory shows that the medical knowledge presented in Hariot’s Report was neither unique nor produced solely by his reading of European texts. Rather, opposing literary forms shaped the colonists’ different approaches to and descriptions of Native medical philosophies. Although he was no less concerned to promote and justify colonization than Lane, Hariot presented Native medical philosophies because they allowed him to produce the connection between seeing and knowing with which he authorized his true report. Hariot departed from heroic narratives and modes of authentication that relied upon ancient authorities: he does not “know” New World illnesses by applying Old World, Galenic philosophies or providential explanations (5). Instead, he incorporated the Algonquians’ medical philosophies and described his observations of Native “phisitians’” treatments, neither of which were found in classical medical texts (29). Hariot draws upon Natives’ “seeing” to produce “knowing” and to present his Report as a useful and trustworthy resource for future settlers. The Report’s claim to be “true” is constituted by experiential medical knowledge circulating in colonial encounters.

Native medical knowledge was so crucial to producing the Report’s empirical foundation that it “slip[ed]” past the “conceptual barriers” of the providential medical philosophies that motivated explorers such as Lane to privilege the imagined discoveries of heroes over the experiential knowledge of Native Americans.174 Much as Hakluyt included merchants’ reports in Principal Navigations because he desperately needed firsthand evidence of successful, English overseas voyages, so

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174 Helgerson, 170.
Hariot integrated Native medical philosophies because they allowed him to present experiential knowledge of New World medicines and illnesses and thereby to authorize his report as true. Indeed, Hariot made the *Report’s* empirical foundation the mark of its difference from competing accounts, arguing that many colonists (perhaps including Lane himself) had “for their sakes slandered the countrie it selfe” by speaking of “more then euer they saw or otherwise knew to bee there” (6). Hariot defines the *Report* as a correction not only of such “slanderous” reports but also of their method of accepting knowledge on the basis of the author’s words (5). While other colonists relied upon their “credite and reputation” and upon narrative literary forms to authorize their accounts, Hariot defines his report as true by presenting firsthand knowledge (6). As chapter two will show, colonists in New England developed Hariot’s strategy of connecting seeing and knowing by integrating medical knowledge discovered in colonial encounters: Pilgrim Edward Winslow produced the form of the providence tale, which confirmed accounts of amazing manifestations of providence with empirical evidence, by imitating Algonquian shamans’ medical practices and describing their firsthand knowledge of wondrous medical phenomena.

Yet even as his integration of Native medical knowledge mirrors Hakluyt’s reliance upon merchants’ accounts, Hariot’s presentation of the Algonquians’ medical philosophies contributes to revising the rhetorical strategies of promotional reports. As Helgerson writes of Hakluyt’s inclusion of merchant’s reports in the literatures of colonial promotion: “To omit them would be to leave large gaps in his description. But including them inevitably altered the picture. Not only did they make it more complete, they changed its essential character. Seen through the eyes of merchants,
the world emerged as a vast network of markets offering unlimited commodities and
vent.”175 While Hakluyt’s Principal Navigations changed the “picture” of the world
and of England’s role in it by privileging merchants’ writing, Hariot’s presentation of
Native medical knowledge as an object for readers’ “viewe” revised the “picture” of
colonial encounters (5).

In Divers Voyages, his 1582 collection of travel accounts, Hakluyt presents
ancient and contemporary accounts of English travel before concluding with
instructions “sent by the marchants of the Muscouie companie for the disouerie of the
northeast strayte.”176 Among these instructions, Hakluyt includes “Thinges to be
carried with you, whereof more or lesse is to be carried for a shewe of our
commodities to be made.”177 He advises English explorers to bring tokens of their
knowledge and culture to the East Indies and to act as cultural brokers in encounters
with both “nobilitie” and “merchants.”178 In particular, he suggests that English
tavelers should carry “the newe herbal, and such bookes as make shewe of herbs,
plants, trees, fishes, fouls and beastes of these regions” to offer not only the king but
also “their merchants to have the viewe of them” and to “delight them.”179 By
providing non-European cultures with a “viewe” of English medical and herbal
knowledge, the travelers would impress them with English medical philosophies. For
Hakluyt, showing the “newe herbal” would display English philosophy and learning
to inferior cultures who may not “have had print there, before it was devised in

175 Ibid., 171.
176 Hakluyt, Divers voyages touching the discoverie of America (Ann Arbor: University Microfilms,
1966), no page.
177 Ibid., n.p.
178 Ibid., n.p.
179 Ibid., n.p.
Europe as some write.” He envisions medical knowledge moving from England or Europe to the East, as English travelers bring their medical knowledge from the metropolis to unknown lands for eastern kings to observe.

By integrating Native medical knowledge, Hariot’s Report rewrites the unidirectional movement of knowledge established in Hakluyt’s promotional report and shifts the dynamics of the medical encounter imagined in Divers Voyages. In the Report, medical knowledge flows from the colonies to Europe, thus transforming Native medical philosophies into a useful account of New World illnesses and medical practices. Hariot’s encounter and observation of Native medical knowledge facilitate a “viewe” of New World medical philosophies, rather than of Old World learning (5). Hariot incorporates Algonquians’ theories of disease causation, words for unfamiliar herbs and medicines, and uses for various New World plants, founding his promotion of Virginia upon Native medical knowledge, rather than a display of English medical philosophies. Moreover, he prefaces his relation of the invisible-bullets theory with an account of his attempts to convert the Algonquians, explaining that the colonists prayed for the sachem Wingina’s recovery when he became ill. As Hariot explains, “Manie times and in euery towne where I came, according as I was able, I made declaration of the contentes of the Bible; […] [and of the] true doctrine of salutation through Christ” (27). By placing his encounter with Native medical philosophies in the context of conversion, Hariot suggests that investigating Native medical philosophies would facilitate opportunities to “gayn[…] the soules of millions of those wretched people.”

\[180\] Ibid., n.p.
\[181\] Ibid., Discourse, 73.
and subordinating them to his attempts to convert the Algonquians, Hariot presents a model of intercultural encounter in which colonists discover distinctive, New World medical knowledge while simultaneously bringing Protestant religious beliefs to the Natives.

Appearing just before Hakluyt published *Principal Navigations*, Hariot’s *Report* offers an early model of promotional literary strategies founded upon utilitarian and empirical knowledge, rather than upon imagined heroic discoveries. Even before Hakluyt presented his vision of a mercantilist empire by collecting merchants’ reports, Hariot’s *True Report* authorized promotional reports with empirical knowledge collected in intercultural exchanges. Unlike Hakluyt, however, Hariot accomplishes the shift from the heroic narrative to true report by integrating Natives’ empirical medical knowledge to describe unfamiliar, New World illnesses—not by including practical, commercial knowledge from English merchants. Relating the invisible-bullets theory in the true report allows Hariot to present a model of colonization in which colonists peacefully bring the Natives to “feare and loue us” with reciprocal medical exchanges, in which the colonists obtain useful medical and epistemological resources while offering Christianity to the Algonquians (29). In contrast to both Spanish conquistadors and English heroes, settlers would encounter and observe valuable medical knowledge regarding New World diseases while also converting, rather than violently conquering, the Natives.

Hariot’s description of the Algonquians’ medical knowledge shifts the traditional perspective and focus of promotional literatures, specifically, Hakluyt’s articulation of the relationship between Old and New World medical knowledge.
Rather than imposing European medical philosophies or describing “mechanisms [of power] in his own culture,” Hariot authenticates his true report by incorporating Native medical knowledge. As Myra Jehlen has argued, “‘textual ruptures,’” seemingly anomalous or anachronistic moments in colonial texts, such as Hariot’s account of the invisible-bullets theory, reveal a “‘history in the making.’” Far from being predetermined, such a history only achieves authority and direction “retrospectively”; it is underdetermined and uncertain as it is being made. Jehlen concludes that the “major event […] is not the [textual] outcome at all but the interaction” between colonists and Natives. The “major event” constituting Hariot’s Report is not a narratively-determined outcome or heroic history, but rather the encounter with Native medical knowledge that allowed him to authorize the Report with empirical knowledge and that defined mutual exchanges of medical knowledge as crucial to the forms of colonial promotion. Such encounters endow the True Report with a unique, intercultural history, for Hariot’s literary form is constituted by Native medical knowledge, rather than conventional subject matter, such as English herbals or merchant’s reports.

**Promotion and Pagan Medical Practices**

As my discussion of Hariot and Barlowe’s different descriptions of cedar has shown, the true report’s literary strategies of description and classification make its

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184 Ibid., 688.
185 Ibid., 690.
186 Ibid., 692.
187 Ibid., 692.
contents into “things,” objects that are identified based upon their observable qualities and practical use. The Report’s object-making, or objectifying, literary strategies contrast with Lane’s narrative, which constructed heroic selves to compensate for the failure to discover things. As we have seen, Lane promises that gold may be found in Virginia, but he does not actually describe the elusive object itself, instead employing his narrative to reveal a self whose actions are crucial to imagining discovery. By extension, Lane gave meaning to the Algonquians’ theory that the epidemic was caused by invisible bullets by imposing a providential narrative that constructs his heroism. However, Harioit describes the New World by relating his observations, even including unfamiliar medical theories to provide experiential knowledge of New World illnesses. In fact, the Report is quite remarkable for the ways in which it incorporates Algonquian words and practices to fill gaps in Hariot’s understanding. In the Report, Algonquians’ medical philosophies are given value as practical, empirical knowledge of New World medical practices, rather than as information that defines Hariot’s power. As Fuller points out, Hariot’s “task […] is almost more to transcribe or to copy from the world of objects and events rather than to author a text as such.” Consequently, as the form of the true report maintains readers’ focus upon things useful for colonization, rather than upon the colony’s actual failure, it positions Hariot outside the text, situating him as a disinterested observer who relates his observations. These strategies allow Hariot both to promote the Virginian environment and to determine his relationship to aspects of Native medical knowledge that medical philosophers in Europe had described as heathen.

188 Fuller, 8.
Because Native medical philosophies positioned New World illness as an object, an entity outside the body, Hariot’s presentation of the invisible-bullets theory offered new strategies for assuring colonists that New World climates would not have detrimental or degenerating effects upon their health. His description of disease as bullets originating outside the body displaces Galenic medical philosophies, which incited colonists’ fears that immersion in an unfamiliar environment would destabilize their humoral balance and threaten them with deadly new physical and moral ills.

Believing that Virginia’s climate was comparable to Spain’s, English colonists feared that exploration, not to mention permanent settlement, would endanger their physical health and English complexions. Warm climates were believed to produce both great wealth and great danger, creating not only gold but also disease and giving rise to “great corruption and putrefaction as well as great abundance; generation and putrefaction inevitably occurred together.”

Moreover, seasoning, or adaptation to a new environment, was thought to alter colonists’ humoral balance, changing their constitutions and, likewise, the complexion that endowed them with English traits of balance and moderation. While Spanish and Portuguese explorers had been fortunate enough to colonize lands with climates similar to familiar environments, English settlers feared that colonization would make them lose their Englishness. The New World posed “the risk [that they would become] more like the Spaniard,

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190 On seasoning, see Kupperman, 215. Mary Floyd-Wilson argues that the conception that English complexions were a temperate ideal was relatively new, developing as English writers repositioned England’s position in a “classical tripartite scheme that constructed ancient Greece and Rome as the civilized middle between the barbaric lands north and south.” See Mary Floyd-Wilson, *English Ethnicity and Race in Early Modern Drama* (Cambridge: Cambridge UP, 2003), 2.
whom they perceived as choleric and untrustworthy.”

Therefore, while promoters might argue that English settlers would avoid replicating Spanish colonists’ “filthie” desires and violent treatment of the Natives, Virginia’s temperate climate nevertheless raised the frightening possibility that the colonists’ bodies and characters would eventually come to mirror those belonging to cultures in warm climates.

In the first section of the Report, Hariot had supported traditional conceptions of Virginia’s environment with his descriptions of Mediterranean commodities. While silk grass and grapes might beckon colonists with promises of great wealth, these commodities were thought to grow only in climates that endangered English humors. Hariot describes the Virginian climate as temperate, maintaining that the “excellent temperature of the ayre there at all seasons [is] much warmer then [sic] in England” (31). However, as we have seen, he does not apply corresponding Galenic philosophies to explain New World illnesses. Instead, he concludes the Report with a description of the climate, writing,

for all the want of provision, as first of English victuall; excepting for twentie daies, we lived only by drinking water and by the victuall of the countrey, of which some sorts were very strange unto us, and might have been thought to have altered our temperatures in such sort as to have brought us into some greevous and dangerous diseases [...] Furthermore, in all our travailes which were most speciall and often in the time of winter, our lodging was in the open aire upon the ground. And yet I say for all this, there were but foure of our

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whole company (being one hundred and eight) that died all the yeere and that
but at the latter ende thereof and upon none of the aforesaid causes. (32)
The list of environmental dangers and Hariot’s admission that the colonists expected
not only to become ill but also that the climate would alter their “temperatures,” or
complexions, seem to manifest humoral theories regarding the effects of strange
climates. From Virginia’s water to “the open aire,” Hariot’s evaluation of the
environment specifies the very conditions that should have threatened the colonists’
temperatures and English complexions.\textsuperscript{192} However, Hariot explains that the
colonists not only remained healthy, but also that those who died had suffered from
preexisting conditions.

Hariot’s concluding promotion of Virginia’s temperate air and healthy
environment gains rhetorical force because he has presented the Natives’ invisible-
bullets theory as an explanation for New World illnesses. Integrating Natives’
theories that disease originated outside the body allowed Hariot to disconnect
colonists’ expectations for Virginia’s climate from classical medical philosophies.
Instead, Hariot provided firsthand evidence that illness might not originate in the
humors, thus repudiating arguments that settlement would endanger English bodies.
The Report’s inclusion of Algonquian medical knowledge to describe New World
illnesses assures English readers that colonists would maintain their complexions in
Virginia, quelling fears that English settlers would fall prey to the same greed and
immorality as their Spanish rivals. Hariot’s incorporation of the Algonquians’
invisible-bullets theory allowed him to provide one of the first English accounts of
the ability of settlers’ bodies to maintain their health and complexional characteristics

\textsuperscript{192} See Chaplin, 149.
in the New World. As Chaplin writes, as such colonists as Hariot presented evidence that “America could not transform them physically,” they established arguments for colonization that emphasized English colonists’ physical suitability for North American environments. Chaplin attributes this argument to a “Discourse on nature [that] helped the English imagine themselves as a powerful people who would triumph over climatic perils in North America and the Caribbean.” Yet, as we see in the Report, this “discourse on nature” depended upon colonists’ description of Native medical philosophies that offered an unconventional theory of disease causation. Hariot’s promotional report of Virginia’s healthy environment was facilitated by his encounters with the Natives’ invisible-bullets theory, rather than by an imposition of European philosophies or narratives.

In addition to promoting the Virginian environment, Hariot’s integration of the Algonquians’ medical philosophies into the true report also allowed him to contribute to definitions of Native medical knowledge as magical and to subordinate Natives’ knowledge by presenting their so-called magical practices as a resource for future colonists. Hariot writes that he experimented with tobacco by imitating the Natives’ practices, explaining, “We ourselues during the time we were there vsed to suck it after their maner, as also since our returne, & haue found manie rare and wonderful experiments of the vertues thereof” (16). Tobacco was already well-known throughout Europe, thanks to Nicholas Monardes’ popular herbal of New World medicines, Historia Medicinal, which was translated and republished in English as Joyfull Newes out of the Newe Found World. However, Monardes reports

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193 Ibid., 141.
194 Ibid., 141.
that Natives in Spanish America used tobacco to enter trances in which they conversed with the devil, writing that when the Natives had an important matter to discuss, the chief priest:

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\text{did receive the smoke of them at his mouthe, and at his nose with a Cane, and in takying of it, he fell doune uppon the grounde, as a dedde manne, and remainying so, accordying to the quantitie of the smoke that he had taken, and when the hearbe had doen this worke, he did revive and awake, and gave them their answeres, according to the visions, and illusions whiche he sawe, whiles he was rapte of the same maner, and he did interprete to them, as to hym seemed beste, or as the Devill had counseled hym, giving them continually doubtfull answers.}^{195}
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Monardes adds that the “rest of the Indians for their pastime, doth take the smoke of \textit{Tobaco,} too [sic] make them selves drunke withal, and to see the visions and thinges that doe represent to them […] and other times they take it to knowe their businesse, and successe.”^{196} While Monardes often refers to tobacco’s virtues as marvelous, he connects only the Natives’ uses for the herb to superstitious communication with the devil. By attributing both the Natives’ “pleasure” smoking tobacco and their visions to the devil, Monardes marked Native uses for tobacco as pagan, signaling to readers not only that Natives possessed magical medical practices, but also that they employed these practices to communicate with diabolic forces.

\footnote{\textit{Nicolás Monardes, Historia medicinal de las cosas que se traen de nuestras Indias Occidentales,} (Seville: 1580), \textit{Joyfull Newes Out of the Newe Founde Worlde}, trans. John Frampton (London: 1577), Fol. 39.} \footnote{Ibid., Fol. 39.}
Therefore, as he investigated Native medical knowledge, Hariot encountered medical practices that Europeans had described not only as magical, in the sense of manipulating natural forces with esoteric knowledge, but also as diabolic, that is, conversing with the devil to control nature. Hariot’s account of smoking tobacco “after their maner” thus raised the possibility that he might have investigated New World medicines not only by observing but also by imitating Natives’ magical practices. In particular, his participation in practices known to cause “visions” suggests that he smoked tobacco to “knowe [his] businesse, and successe” or that he might have conversed with diabolic spirits.\textsuperscript{197} As Scott Mandelbrote points out, “In the hands of a hostile critic, this material might plausibly provide all that was needed for the figure of Harriot the impious conjurer.”\textsuperscript{198} Hariot’s “special familiarity with some of their priestes” and his experimentation with unfamiliar New World medical practices (26), when coupled with his presentation of the Natives’ theory of disease, would have suggested that he founded the Report not just upon “seeing” but also upon experience of diabolic medical practices (5).

Despite Hariot’s participation in Natives’ medical practices, the Report’s objectifying literary strategies distance him from the Algonquians’ diabolic medical practices. As we have seen, Hariot does not cultivate his “special familiarity” with the Algonquians and their medical philosophies to define himself as a powerful hero or conjurer who discovers secret medical knowledge to enhance thereby his own power (26-7). Instead, he presents his observations of New World medical philosophies as practical knowledge to aid future colonists and promote English

\textsuperscript{197} Ibid., Fol. 39.
\textsuperscript{198} Scott Mandelbrote, “The religion of Thomas Harriot,” In Thomas Harriot: An Elizabethan Man of Science, 268.
colonization. The Report transforms the Algonquians’ rituals for smoking tobacco and the invisible-bullets theory into reliable, “true” medical knowledge of unfamiliar illnesses and medicines, collected in firsthand observations and useful for future colonists—not into secret charms with which Hariot could control nature, as a magician or conjuror might. Hariot’s integration of Native medical knowledge into the true report thus requires that we see him less as a self-promoting hero or “impious conjuror” and more as a “scientific knower” who “discovers through a self-distanced reading of the natural world.” As Chaplin has argued, colonists “tentatively differentiated themselves from natives […] by arguing that native magic had no effect on Christians.” Hariot began to articulate such differences between Native and colonial medical knowledge by employing the literary strategies of the true report to distance himself from elements that such Europeans as Monardes described as pagan. Yet, Chaplin continues, “[i]t is suggestive that respect for Indian pharmacology persisted despite English distrust of shamanic magic. That the English could simultaneously hold both beliefs showed their continuing uneasiness over the natives’ ability to control natural processes; they wanted them to be able to do this, and to tell colonists how they did so, but settlers still feared that such cleverness could in the end threaten Christians.” The literary strategies with which Hariot showed both “respect” and “distrust” toward Native medical knowledge suggest that

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199 Ibid., 268.
200 Solomon, 526. Solomon examines Hariot and John White’s different captions for White’s image of the Algonquian medicine man, concluding that Hariot’s designation of the shaman as a “conjurer” reflects his self-investment in the image and his desire to act as a conjurer himself by imposing meaning upon ambiguous images and events and thus controlling them. My study of the Report’s literary forms complicates Solomon’s argument by showing how Hariot’s interest in occult philosophies did not exclude his investigation of unfamiliar, New World medical knowledge and his use of the disinterested perspective that Solomon associates with early modern philosophies.
201 Chaplin, 41.
202 Ibid., 198.
colonists’ ambivalence with regard to Native medical philosophies was not merely “suggestive” but was a strategy by which they incorporated Native medical knowledge and authorized such literary forms as the true report. As we will see in chapter two, colonists such as Edward Winslow maintained the distance between colonial and Native medical philosophies by integrating Native medical knowledge into his providence tale and then shifting this form to position Natives’ medical practices as an object for scrutiny and reflection.

The distanced perspective that Hariot adopts in the *Report* with regard to Native medical knowledge facilitated what Brian Vickers has called a “shift of attitude that defines the emergent new sciences,” a shift that made nature a privileged site of discovery that revealed its truths to observers who put aside their own desires and learned from nature.\(^{203}\) Hariot’s emphasis upon seeing to know privileged observations of natural phenomena over discoveries of the hidden connections between the microcosm and macrocosm, which characterized occult philosophies. The *Report* emphasized the “need to begin observation or classification direct from nature, and not by correlation with some preexisting matrix or category.”\(^{204}\) Indeed, Hariot’s literary strategies anticipate the discourse that Michel Foucault identifies with the Classical episteme, which relied on “a meticulous examination of things themselves for the first time, and then of transcribing what it has gathered in smooth, neutralized, and faithful words.”\(^{205}\) But rather than turning to such attitudes regarding nature in response to alchemical experimentation or occult philosophies, Hariot

\(^{203}\) Vickers, 149.

\(^{204}\) Ibid., 149.

privileged knowledge produced through disinterested observations by employing the true report to disavow the Algonquians’ magical medical practices.

Two of the earliest reports promoting English colonization in America, Lane’s *Account* and Hariot’s *Report* also established different literary strategies with which to respond to encounters with non-European medical knowledge. Lane’s heroic narrative provided a providential plot that conclusively interpreted New World epidemics, a plot that would be developed by colonists seeking to justify settlement in New England. Beginning in the 1620s, Separatist and Puritan colonists employed narrative rhetorical strategies to calm fears of hostile Natives and to justify their possession of land that devastating contact-era epidemics had recently emptied of Native inhabitants. Cristobal Silva suggests that such “justification narratives” provided “settlers with the language through which to understand and legitimate their migration.”

Much as Lane employed a providential explanation of the mysterious illness to advance his narrative of heroism, so seventeenth-century justification narratives “attached special providential significance” to the epidemics that decimated New England tribes while also employing accounts of the epidemics “to frame [colonists’] first encounters with the New World.”

Providence and mysterious diseases were frequently linked in justification narratives, wherein epidemics furthered a plot of colonial expansion according to which God had approved and pre-ordained English possession of the Natives’ land. In 1637, for instance, Thomas Morton explains an epidemic that preceded the

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207 Ibid., 251.
Pilgrims’ arrival in 1620 by saying, “by this means there is as yet but a small number of Salvages in New England to that which hath been in former time; and the place is made so much more fit for the English Nation to inhabit in, and erect in it Temples to the glory of God.”

For Morton, as for Lane, the disease assures readers of England’s divinely ordained title to the New World, while also establishing the moral superiority of the “English Nation.” Much later, early national novels such as Lydia Maria Child’s *Hobomok* (1824) and James Fenimore Cooper’s *Last of the Mohicans* (1826) established a national narrative or literary history founded upon stories of colonial explorers’ heroic deeds: Native medical knowledge signified witchcraft, justifying conventional marriage plots in which British and Native Americans did not intermarry.

Chaplin has argued that “native testimony was not to dominate the narrative that the English were composing” about their colonization of the Americas.

Indeed, many colonial narratives did follow Lane’s *Account* by subsuming Native medical knowledge into a pre-existing framework and providential plot. But, as we have seen, not all colonists responded to encounters with New World medical knowledge in the same way, by employing the same literary forms. Rather, Native medical philosophers were crucial to giving shape to Hariot’s true report and consequently to promoting English colonization in Virginia. Moreover, subsequent colonists would develop the *Report’s* literary strategies of describing and disavowing Native medical philosophies to connect seeing and knowing in various literary forms. Colonists throughout the British Americas continued to make their incorporation of

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209 Chaplin, 34.
non-European medical knowledge a sign of rhetorical authority. They extended Hariot’s critique of heroic narratives by arguing that competing literary forms were untrustworthy because they mistook mere words or personal authority for a confirmation of truthfulness. British Americans insisted that presenting Natives’ and Africans’ experiential knowledge allowed them to found their literary practices upon a trustworthy foundation. As subsequent chapters will show, colonists marked their rhetorical practices as “true” and distinctive by incorporating Natives’ and Africans’ wondrous cures, “simple” stories, and practical knowledge into such literary forms as providence tales, plain styles, satires and georgic poems.²¹⁰

²¹⁰ Benjamin Colman, Some Observations on the New Method of Receiving the Small-Pox by Ingrafting or Inoculating (Boston: 1721), 10.
Chapter Two: *Powah’s Magic, Empirical Medical Knowledge, and the Providence Tale in Edward Winslow’s Good Nevves from New England* (1624)

In *Good News from New England*, Pilgrim Edward Winslow offers a history of the Pilgrims’ experiences from 1622 to 1624, including, as he says, “things very remarkable at the Plantation of Plimouth in New England” that reveal “the wondrous providence […] of God” working for the colonists. Winslow’s account of providences was published to absolve the colonists of charges that they had failed to convert the Native Americans and that their recent, preemptive attack on the Massachusett Indians was unchristian and inappropriate. Winslow hoped to show that the Pilgrims enjoyed God’s blessing despite difficult conditions and their controversial attack. To relate “things very remarkable,” Winslow employed the form of the providence tale, a popular literary form in which accounts of preternatural happenings were interpreted as signs of God’s providence and authenticated with empirical evidence. Providence tales related accounts not only of miracles and answered prayers but also of judgments, often in the form of unusual and sensational events, from monstrous births and plagues to appearances of dragons and comets. In *Good News*, Winslow recounts the ways in which God’s “All-ordering Providence” (15) and “extraordinary meanes” (13) preserved his elect from a variety of hardships, including drought, near-certain starvation, illness, frigid winters, poor shelter, inter-colonial strife, and “Saluages” (Epistle Dedicatory). Additionally, he relates his own medical and religious practices, describing his amazing cure of the Wampanoag sachem Massasoit from a fatal illness and his subsequent discussions of Christianity.

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with the Algonquians. Finally, he concludes *Good News* with a relation of the Algonquians’ “Religion, and sundry other Customs” (52). In this section, Winslow describes the medical practices and healing ceremonies of *powahs*, the Native medical and religious practitioners whose ability to communicate with supernatural powers and cure illness endowed them with cultural and political authority.

Winslow’s account of Natives’ medical knowledge revised his earlier claims that the Algonquians had no religion, which had been published in *Mourt’s Relation*, a 1622 promotional report of the Pilgrims’ first few years at Plymouth. By contrast, in *Good News*, Winslow explains that the Algonquians believed in both *Kiehtan*, a benevolent god who could send incurable illnesses if angered, and *Hobbomok*, a god upon whom *powahs* called to cure disease and whom Winslow describes as the devil.

*Good News* has received little more than passing mention from literary scholars. However, historians of cross-cultural encounters in New England often cite Winslow’s descriptions of Algonquian medical practices as crucial in establishing colonial conceptions of Natives as savages and devil worshipers that were later “echo[ed]” to justify colonial policy during the Pequot War. Noting that *Good News* “contains the first detailed English description of the religious practices of the New England indigenous peoples,” Alfred A. Cave argues that Winslow’s account nevertheless reveals “Puritan preconceptions.”

As Dana Nelson points out in her work on race and early American literature, classical accounts of wild men often shaped colonists’ expectations of Native Americans, resulting in descriptions of Natives as uncivilized and barbaric. Writing that “American explorers and colonists refused to see anything but the Indian they had fictively created in advance of contact

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with him,” Nelson argues that colonists’ representations of Natives remained unchanged even in intercultural encounters. She suggests that colonists employed literary strategies from England to incorporate new or unfamiliar experiences into a stable narrative of European cultural authority and, furthermore, that colonists defended this authority by constructing racialized boundaries between colonial and Native American cultures.

Perhaps because historians have seen Good News as reproducing European preconceptions and stereotypes, analyses of Winslow’s account tend to overlook how he revises his previously published argument that the Natives lacked religious beliefs by relating his observations of the Algonquians’ medical philosophies and shifting the promotional form of Mourt’s Relation to the providence tale of Good News. In this chapter, I explore the connections between Winslow’s encounters with powahs’ medical knowledge and his literary forms by examining Good News in the context of European conceptions of magic and of Native medical philosophies, especially the Algonquians’ interpretations of the contact era epidemics that had recently devastated their populations. In particular, I investigate the ways in which Winslow imitates and appropriates the Pilgrims’ translator Tisquantum’s shamanic practices to describe his own cure of Massasoit. Winslow incorporates shamans’ medical philosophies into Good News to found his providence tale upon wondrous medical knowledge and to resolve the question of how to communicate authoritative, firsthand evidence of God’s providence in New England. He then shifts the form of his providence tale to write a moral history of the Algonquians’ religious and medical practices, in this way

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positioning Native medical knowledge as an object of analysis and ultimately classifying the Algonquians as heathens. The connections between Winslow’s literary forms and his encounters with powahs’ medical practices illuminate the ways in which New England colonists claimed authority for their literary practices through and against Native medical philosophies.

Strange News, Empirical Strategies, and Divine Providence

Providence tales, or, as they were also called, wonder tales, had a long and colorful history in Europe as a form that interpreted preternatural events as the consequences of individual or communal sin or obedience. Traditionally focusing upon the lives of royalty, these popular tales detailed the catastrophic, sensational, and often bizarre consequences of sin and the amazing mercies that rewarded godly behavior while satisfying a growing desire for news, especially of strange phenomena. Peculiar medical conditions, monstrous births, and unlikely cures all functioned as tokens of divine vengeance or blessing; these wonders “were the Lord’s chosen method of communicating with the predestinate elite.”

214 In the seventeenth century, Protestant clergy increasingly employed providence tales to defend their interpretations of events and to resist competing religious traditions or perspectives, from Catholicism or astrology to skepticism and atheism.  

215 Providence tales also served a didactic purpose: ministers employed them to grip audiences with the dire necessity of conversion and repentance and to discredit religious opponents. As

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Alexandra Walsham writes, “Graphic accounts of the draconian penalties which befell those who violated divine law were believed to be singularly effective in inculcating conventional lessons about contemporary ethics.” Ministers offered accounts of afflictions and extraordinary events as evidence of God’s existence and will, drawing readers into a terrifying world of captivity, drought, starvation, and divine judgment before reassuring them that good would triumph over evil.

Providence tales shared with sermons “a preoccupation with the blessings and punishments God showered down upon mankind to reward virtue and correct vice; both cried in unison for repentance and amendment.”

English clergy and laypeople alike produced and eagerly consumed stories of amazing healings and strange diseases, as well as testimonies and accounts of prodigies, miracles, and wonders, all of which ultimately revealed God’s judgment upon sinners and his ongoing support for the elect. Providence tales offered firsthand accounts of unusual experiences, which attested to the “belief that God was no idle, inactive spectator upon the mechanical workings of the created world, but an assiduous energetic deity who constantly intervened in human affairs.” Their sensational, preternatural content and moralizing themes appealed to audiences across social and religious boundaries. Moreover, the inexpensive forms of print that were developing concurrently allowed stories of wonders to circulate throughout a large and diverse audience that included both elite ministers and lower-class laity.

Providence tales were just as popular in the colonies, where authors from Edward

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216 Walsham, 69.
217 Ibid., 33.
218 See Walsham, especially the Introduction and chapter one, on the ways in which providentialism characterized the common laypeople as much as those of elite clergy.
219 Walsham, 2.
Johnson to Increase Mather and Cotton Mather related stories that displayed the “marvelous doings” of God, such as lightning strikes, comets, unusual illnesses, and an “Army of caterpillars” that would have devoured the colonists’ crops had God not “rebuked them.”

In addition to these chastisements, God’s “wonder-working providence” was revealed in his acts of salvation from storms, illness, winter weather, and Indian captivities.

Although they were characterized by strange and marvelous content, providence tales were also “marked by increasingly self-conscious claims to empirical fidelity.” Just as Protestant religious practices included intense self-scrutiny to ascertain individuals’ spiritual status, so providence tales provided “meticulous analysis of minutiae” and careful narrative descriptions that sought to affirm the truthfulness even of unusual accounts.  While true reports such as Hariot’s *Briefe and True Report* had connected seeing with knowing in order to present descriptions of unfamiliar natural resources and illnesses as trustworthy, providence tales presented empirical evidence of firsthand observations and experience to offer true relations of wondrous phenomena. Manifesting the belief that natural phenomena manifested invisible, spiritual truths, providence tales “enmeshed the spiritual with the physical world.” Providence tales fused an intense fascination with preternatural events and medical and physical excess with careful, detailed description, combining accounts of sensational events with a keen

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222 Walsham, 40.
223 Ibid., 19.
224 Hartman, 39.
attention and emphatic claims to veracity and epistemological authority. Employing the rhetorical strategies of Baconian natural philosophy, authors relied upon eyewitness testimonies, observations, “plausible statistics and precise names, locations, and dates” to insist that their contents, while “‘strange’ and ‘wonderfull’ […] were indisputably ‘true’—not grounded on hearsay and ‘taken up at second hand.’”

Providence tales entertained readers even while proving, “scientifically, legalistically, and beyond all reasonable doubt—that God and his supernatural hosts both existed and were still actively managing mankind’s daily affairs on earth.”

They were hybrid forms, combining “supernatural, gothic, and sensationalistic elements with the concrete, empirical spirit of the new science as a near-mathematical formula, through which a writer could present a supernatural or unseen, in other words imaginary world, using concrete evidence.”

In addition to drawing upon Protestant theology and natural philosophy, providence tales were also inspired by an eclectic assortment of intellectual and religious traditions, including medieval religious beliefs, pagan mythology, astrology, apocalyptic literature, orally transmitted folk tales, and the Bible. By mixing materials from such diverse sources, providence tales often mediated between popular and clerical interpretations of events, providing a common discourse by which to explain seemingly miraculous or magical events. Yet while this intellectual “borrowing enriched the lore of wonders with the debris of much older systems of ideas,” the eclectic mixture of traditions composing providence tales also ensured that

225 Hartman, 49 and 40.
226 Ibid., 2.
227 Ibid., x.
228 For more on this context, see Walsham, chapter two; Hartman, and Hall.
their interpretation of events often remained open and unsettled. Ministers sought to provide clear classifications of preternatural events, separating miracles (God’s extraordinary intervention into the usual order of things) from witchcraft (performed with the devil’s help) and natural magic (accomplished by manipulating hidden natural forces). However, “[i]n practice, it was not always easy to disentangle” miraculous, diabolic, and natural causes for wondrous occurrences. The various religious and intellectual traditions that mixed in providence tales thus often led to a blurring of boundaries between different forms of magic. Moreover, as English colonists employed the form of the providence tale to relate strange experiences and phenomena from the New World, they often found that the causes of New World wonders could be just as difficult to decipher as those in the Old World. In particular, Native Americans’ medical philosophies, which also included medicinal practices and religious beliefs and rituals, seemed marvelous but also posed interpretive challenges.

**Powahs, Manitou, and Epidemic**

Both natural and spiritual knowledge composed the southern New England Algonquians’ medical philosophies. Algonquian cosmologies, or religious frameworks, did not include boundaries between spiritual and natural realms, so that the “‘supernatural’ was immanent and material, not transcendent and otherworldly,

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229 Hall, 75.
230 On clerics’ attempt to separate beliefs in providential causes for preternatural phenomena from such “rival ideologies” as witchcraft, astrology, and divination, see Walsham, 20-31. As Walsham explains, most clerics held that God worked indirectly, through secondary causes, but they also believed that God could, and sometimes did, intervene directly into the order of things to perform miracles. See 123. For more on the differences between magical, miraculous, and divine causes, see Lorraine Daston, “Marvelous Facts and Miraculous Evidence in Early Modern Europe,” *Critical Inquiry* 18 no. 1 (1991): 93-124; and Lorraine Dalton and Katharine Park, *Wonders and the Order of Nature, 1150-1750* (New York: Zone Books, 1998), especially chapter four.
231 Walsham, 168.
and coexisted on the same plane of reality as the mundane.”

As a result, spiritual and material concerns were interconnected, and “the spiritual world influenced human health and welfare.”

Algonquians attributed natural events, including disease, to “many divine powers,” spiritual beings called *manitou* whose power was evident in natural phenomena. Though everyone acknowledged the presence of *manitou*, medical and religious practitioners, or *powahs*, acquired *manitou* themselves and, by extension, special knowledge of spiritual realms.

Before severe epidemics lasting approximately from 1616 to 1619 devastated southern New England Algonquian populations and social structures, *powahs* held positions as powerful cultural leaders and spiritual mediators. *Powahs* achieved status as philosophers, religious and cultural guides, and physicians by investigating and explaining supernatural wonders and then employing appropriate means to resolve conflict and heal disease. They performed shamanic roles, drawing upon their special knowledge of spiritual realms to “influence, tap, or control unseen powers of the world for the benefit or ill of mankind.”

*Powahs’* wisdom surpassed the limits of human understanding, allowing them to explore invisible, spiritual realms and to read natural phenomena as signs of future events, even “fortell[ing] of ill weather, and many strange things.”

As Winslow reports, *powahs* could penetrate these hidden realms to communicate with the *manitou* who helped cure disease, forces otherwise invisible to ordinary observers. He writes that “asooke, that is, the snake,  

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232 Cave, 24.
235 Ibid., 203.
or wobsacuck, that is, the eagle, sitteth on [the powah's] shoulder, and licks the same. This none see but the powah” (54). Powahs’ ability to perceive and interpret the spiritual significance of natural phenomena allowed them to determine the causes of disease, often divine anger or another shaman’s sorcery. They performed ceremonies and rituals designed to restore balance to connections between natural and supernatural realms, in this way healing illnesses and stabilizing cultural relationships.

Powahs’ spiritual knowledge set them apart from other members of the tribe, and they often lived alone and “sequestered from the common course of men.”

People acknowledged powahs’ status and powers by bringing them gifts, such as food and valuables, as payment for their services. These gifts indicated one’s reliance upon shamans even while ensuring their continuing relationship with and responsibility to the community. Such exchanges were valuable not because of the value of the objects exchanged but because they guaranteed the shaman’s future services, thus maintaining reciprocity between the powah and people. Shamans held cultural authority because, and as long as, they fulfilled their responsibility to protect the people’s health and well-being; their power was “presented in the guise of concern and nurturing, and in consequence, generosity becomes the complement of authority.”

Yet, as colonists observed, the shamans’ “service of their God is answerable to their life, being performed with great feare and attention.” If shamans failed to fulfill their responsibility to cure a patient, they were called

238 Bragdon, 221.
240 Whitaker, 25.
“Squantams powwows,” indicating that the god’s anger persisted or that the shaman was responsible for sorcery.\textsuperscript{241} In such cases, the powah was “seen as someone not truly in touch with spiritual forces, whose pretensions to manitou were actually rejected by the spiritual world, or worse, who was an outright charlatan.”\textsuperscript{242} Shamans’ cultural status depended not only upon their spiritual knowledge, but also upon their ongoing ability to reciprocate people’s gifts by healing their diseases.

The cultural authority of Algonquian powahs in southern New England experienced a dramatic destabilization just before the Pilgrims settled at Plymouth. Beginning around 1616, a series of epidemics that seemed impervious to shamans’ cures struck many Native villages but were worst between Massachusetts Bay and Cape Cod. There, tribes whose populations had numbered in the thousands were, as explorer Richard Vines observed, “sore afflicted with the Plague, for that the Country was in a manner left void of Inhabitants.”\textsuperscript{243} To the few English explorers who observed the epidemics at their height, there seemed to be a “generall sickness over the Land.”\textsuperscript{244} The devastation they witnessed was most common along the New England coast, where tribes such as the Massachusett and Patuxet suffered most, losing as much as ninety percent of their populations. Explorers reported that Algonquians acknowledged that the “mortality” was “the greatest that had ever

\begin{footnotesize}
\begin{enumerate}
\item Johnson, 263.
\item Morrison, 14.
\item Ferdinando Gorges, America Painted to the Life. The True History of The Spaniards Proceedings in the Conquests of the INDIANS, and of their Civil Wars among themselves, from Columbus his first Discovery to these later Times (London: 1659), 19.
\end{enumerate}
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hapned in the memory of man, or been taken notice of by tradition.

Thomas Dermer reported in 1619, when the epidemics were waning, that such mortality had left “antient Plantations, not long since populous now utterly void.” Indeed, in 1620 the Pilgrims found what they infamously called an empty land, with no inhabitants to dispute their possession. Squanto’s Patuxet tribe, which had occupied the site on which Plymouth was founded, practically disappeared, while the epidemics reduced the Wampanoag population to a tenth of its original numbers.

The contact era epidemics significantly destabilized shamans’ cultural authority, dealing a heavy blow to their spiritual authority and status as healers. Powahs themselves theorized that the god Kiehtan was angry and had sent an incurable disease against which their cures were useless. They abandoned burial rituals, being

245 Gorges, 27.
246 Dermer, 251.
“amazed to see their Wigwams or streets lie full of dead bodies, and neither
Squantum their good, nor Abbamoch their bad God could help them.” In the
physical and cultural devastation that followed the contact era epidemics, the space of
cultural authority occupied by shamans was often left vacant, and, as we will see, this
vacancy sometimes allowed new leaders who seemed capable of interpreting the
mysterious epidemics to step into that gap.

**Conversion and Contamination in New England**

The Pilgrims and Puritans who settled in New England shared several key
conceptions of healing and disease with the Algonquians they encountered in the New
World. The Pilgrims held a belief in “divine intervention in human affairs” in
common with the Algonquians, for the colonists believed that the natural world
manifested spiritual truths and that all illnesses ultimately had a divine cause. As
the Pilgrims and Algonquians both believed, spiritual healing was necessary before
physical cures would work, and medical practitioners worked to restore appropriate
relations between the patient and supernatural forces, in addition to applying
medicinal cures. Moreover, the colonists lived in what David D. Hall describes as a
“world of wonders, an enchanted universe” in which strange, or preternatural, events
were considered commonplace. Wonders were such a regular element of the
Puritans’ religious beliefs and practices because they were thought to provide
evidence of God’s providence. Just as writers of providence tales in England

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249 Morrison, 11.
250 Hall, 71.
integrated ancient traditions to compose accounts of wonders, so the colonists also “enriched [their] lore of wonders with the debris of much older systems of ideas.”

Intellectual traditions from Europe, including natural history, astrology, meteorology, and apocalypticism shaped the Puritans’ explanations of wondrous phenomena.

In spite of the approach to medical knowledge they shared with the Algonquians, however, the Pilgrims had initially concluded in *Mourt’s Relation* that the Natives “had no knowledge, nor tast [sic] of God,” that is, that the Algonquians lacked religious beliefs altogether. They included conversion in their rationale for settling in New England: elder Robert Cushman described the act of colonization as a “great work” of God, who set his people “even amongst the Hethens [sic], that so a light may rise up in the darke.” However, Cushman urged the Pilgrims to convert the Algonquians by presenting examples of Christian virtue, representing conversion as a unidirectional process. This “‘affective model […] taught that the Indians would yearn to participate in the English way of life once they had witnessed the virtues of the colonists.”

According to Cushman’s model, the Pilgrims would display Christian charity to the Natives but would not adopt any of the Natives’ beliefs in return. Cushman’s plan for conversion suggested that the Pilgrims could maintain social order and cultural purity even while fulfilling their mandate to win converts, as

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251 Ibid., 75.
253 *Mourt’s Relation* (London: 1622), To the Reader.
long as they refrained from “curiositie, neither in things humane, nor heavenly.”256 In addition to restraining their curiosity regarding the Natives’ religious beliefs, the colonists had to ensure that they treated the Algonquians kindly, for “the effectiveness of the English example would be severely compromised if settlers treated the natives unfairly in commercial and diplomatic exchanges.”257

In spite of Cushman’s advice to avoid curiosity and to convert by example, however, the Pilgrims found that “conversion depended upon conversation” and that the challenges of communicating with and converting the Natives while resisting contamination exceeded their expectations and optimistic predictions.258 These difficulties arose partly from colonists’ theology and partly from intercultural tensions. The Pilgrims and, later, the Puritans, believed that the Natives had to display the same signs of grace English Christians did: church membership, a conversion experience, and knowledge of the Bible (thus requiring the ability to read).259 Cultural, as well as spiritual, transformation was in order if the Natives were to be converted. Additionally, by 1624, when Winslow wrote Good News, recent hardships and conflicts with the Natives had raised doubts regarding both the colony’s feasibility and the colonists’ Christian charity. Several colonists at a second English colony, called Wessagusset, had recently adopted Indian ways in an attempt to avoid starvation. Winslow reports that these men “liued and suffered [the Natives] to lodge with them, not having sword or gun, or needing the same” (41). Such acculturation to Native practices raised the fear that the Pilgrims, whose own stores of food were

256 Cushman, Epistle Dedicatory.
257 Ibid., 5.
meager and who had already lost half their number from starvation during their first winter, might also modify their English customs in order to survive. To make matters worse, simmering intercultural tensions had finally erupted when Miles Standish, the Pilgrims’ military leader, led an attack on the Massachusett Indians for allegedly plotting to attack Wessagusset that culminated when Standish decapitated their leader Wituwamet. As Canup suggests, the attack was an attempt “to eradicate incipient savagery in other nearby English settlements that might, through an example of degeneration, encourage the same tendency in Plymouth.”

Yet the Pilgrims’ direct, violent actions exposed the breakdown of any efforts to convert the Natives, while also suggesting that the colonists had failed to maintain orderly, charitable intercultural relationships. In a letter written shortly after the attack, the Pilgrims’ pastor in Leiden, John Robinson, raised serious questions regarding the colonists’ ability to maintain cultural purity and social order, much less to convert the Algonquians. Robinson lamented that the colonists “had [not] converted some, before you had killed any.” Even more critically, he suggested that the affair at Wessagusset revealed the degenerative effects of the New World upon the Pilgrims’ behavior, calling the colonists “heathenish Christians” and suggesting that their behavior had made them a “terror to poore barbarous people.”

The history of the Pilgrims’ first years at Plymouth thus suggested to investors in Europe that “in the strange material and moral wildernesses of America, established rules of order were all too easily questioned, and new challenges might

260 Canup, 97.
262 Ibid., 345-6.
push [colonists] to their limits, perhaps beyond the breaking point where confusion and anarchy lay.”

In writing *Good News*, Winslow hoped to restore investors’ confidence in Plymouth and to reassure them that the colony was both “healthful and hopeful”: that the Pilgrims maintained physical and spiritual health and that their experiences offered hope that the Algonquians would soon be converted (Epistle Dedicatory). Winslow seems to have been remarkably suited to describe and interpret Native medical knowledge. Although there is no extant evidence that Winslow was educated as a medical practitioner, he had worked as an apprentice to printer John Beale in London before he joined the Separatist community in Leiden in 1618. In the course of Winslow’s apprenticeship, Beale’s press printed several texts on natural philosophy and the New World, including Francis Bacon’s *Essays*, as well as travel narratives by voyagers to Guiana and Virginia. Moreover, Winslow himself had often observed shamans’ medical practices in New England, for he served as the Pilgrims’ primary emissary to area Algonquian tribes and was “often called necessarily to be with their sick” (54).

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264 Jeremy Dupertuis Bangs writes that before being apprenticed to John Beale, Winslow attended The King’s School of Worcester Cathedral, which was founded to “provide training preparatory to university study.” See Bangs, *Pilgrim Edward Winslow: New England’s First International Diplomat* (Boston: New England Historic Genealogical Society, 2004), 2.
265 Beale’s press published several pamphlets that participated in the “tobacco controversy,” a debate regarding the medicinal and moral virtues or dangers of the “Indian weed”; popular housewives’ guides to medicinal plants and foods; and Fynes Morison’s *An Itinerary written by Fynes Morison Gent* (London: 1617), a travel narrative in which a Spaniard who has syphilis travels to America to learn how to cure himself from the Natives. See Bangs, 4, where he explains that Beale’s press printed Richard Brathwait’s *A Strappado for the Diuell* (London: 1615) (an anti-tobacco pamphlet); Gervase Markham’s *The English Huswife, containing the inward and outward vertues which ought to be in a complete Woman* (London: 1615) (a guide to common herbs and medicinal concoctions); and Robert Harcourt’s, *A Relation of a Voyage to Guiana* (London: 1615).
Amazing Cures, Remarkable Providences

To present “remarkable providences” from New England for his readers to “behold,” Winslow integrated the Algonquians’ interpretations of disease into *Good News* (Epistle Dedicatory). He reports that the Patuxet Indian Tisquantum, or Squanto, as he is now more commonly known, told a story regarding the contact era epidemics and the Pilgrims. Winslow writes that Squanto, “to the end he might possess his countrymen with the greater fear of us, and so consequently of himself, told them we had the plague buried in our store-house; which, at our pleasure, we could send forth to what place or people we would, and destroy them therewith, though we stirred not from home” (10). Similar to the Roanoke Algonquians who, as Thomas Hariot reported, attributed a mysterious illness lacking a clear cause to the colonists’ bullets and to supernatural forces, Tisquantum’s story explained the devastating plague by connecting the illness to the colonists and their unfamiliar technologies. His story attributed the Algonquians’ malady to a preternatural cause, for his associations between the colonists and disease suggested that the Pilgrims possessed *manitou* who gave them control over disease or, alternatively, that they were themselves spiritual beings who sent and healed disease.

Winslow explains that Tisquantum achieved both political and religious authority as a result of his ability to interpret the wondrous epidemic and the strange newcomers’ power. He presents the translator as a shaman capable of wielding natural and supernatural power and of influencing the powerful English newcomers.\(^{266}\) As Frank Shuffelton argues, Tisquantum’s “threats to loose the plague

on the Indians and to bring war to them were […] the claims of a would-be shaman.”

In his capacity as the colonists’ translator, Tisquantum already occupied a privileged space from which he influenced intercultural relationships. By defining the Pilgrims as powerful entities who possessed control over disease, Tisquantum also demonstrated that he possessed spiritual insight, which allowed him not only to interpret the recent epidemics but also to mediate between the Wampanoags and the forces responsible for disease. Winslow explains that when the Wampanoag people heard Tisquantum’s claim to interpret even mysterious plagues, they responded with awe, offering him gifts and holding “him in greater esteem than many of their sachems” (8). Tisquantum could assume such a role because so many shamans had lost their cultural authority after the material and cultural devastation of the contact era epidemics. The epidemics opened space for new leaders to assume positions of power, individuals such as Tisquantum, “whose claim to office were based on personal charisma and the establishment of wide networks of obligation and support.”

As historians and literary scholars have observed, most colonial accounts of Tisquantum’s story do not reflect his status as a shaman, emphasizing instead his desire for political and material gain. Reports by such colonists as William

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Ibid., 155.

Bragdon, 150.

Shuffelton, 111-2. Shuffelton argues that Winslow, despite his extensive contact with the Algonquians, had little understanding of their medical practices. Kupperman offers a different reading, focusing upon Winslow’s cure of Massasoit and suggesting that colonists such as Hariot and Winslow attentively observed Native medical practices and adapted European medicine to fit Natives’ expectations. Pointing out that Winslow “had spent more pages on this incident than any other” in *Good News*, Kupperman suggests that Winslow’s “shamanlike success was very important. See Kupperman 180-2.
Bradford focuses more upon Tisquantum’s political status than his medical knowledge, explaining how “Squanto sought his owne ends, and plaid his owne game, by putting the Indians in fear, and drawing gifts from them to enrich him selfe.”

In contrast to Bradford’s account, however, in *Good News* Winslow describes the translator’s story as an act with both spiritual and political significance, writing that Tisquantum told his story to “possesse his Countrymen with the greater fear of vs, and so consequently of himselfe” (10). The word “possess” referred to an idea or attitude dominating or controlling a person and, especially in the context of providence tales, to mental and physical possession by a divine or diabolic spirit.

As Karen Kupperman has pointed out, many colonists “accepted the idea that the Indians worshipped their deities […] out of fear”; they consequently represented Natives’ religious sensibility as founded upon fear and wonder of supernatural powers. Winslow uses “possess” throughout *Good News* to describe such “fear,” or spiritual influence. For instance, he writes that God possessed the “salvages” with “astonishment and fear” of the Pilgrims, saving the colonists from being “swallowed up” and from having to take direct, violent action to subordinate what they perceived as the Natives’ threat (Epistle Dedicatory). By describing the ways in which Tisquantum’s story possessed the Wampanoags with fear and respect, Winslow suggests that the translator’s story emanated from spiritual insight, which endowed him with wondrous medical powers.

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272 Kupperman, 120.
Presenting Tisquantum’s story allowed Winslow to provide a firsthand “view” of sensational, New World wonders: mysterious epidemics, hidden causes of disease, newcomers with seemingly supernatural powers that made them resistant to disease, and medical practitioners with amazing powers to control illness (Epistle Dedicatory). Winslow’s description of Squanto’s medical practices transforms the translator’s story into a sensational account of New World wonders. *Good News* thus departs from *Mourt’s Relation*, which had described New England’s physical landscapes and cultures with the goal of assuring future colonists and investors that the land offered plentiful opportunities for farming and trade and that the Natives would be peaceful, subordinated neighbors. Reports of intercultural encounters or Native practices in *Mourt’s Relation* reflected the Pilgrims’ fear of the “Salvage[s]” they expected to meet, or they were marshaled as evidence of New England’s bountiful material and commercial resources. Therefore, while *Mourt’s Relation* contains accounts of the Pilgrims’ first encounters with the Algonquians, such exchanges are given significance as they facilitate trade and political alliances. By contrast, Winslow’s presentation of the Natives’ interpretations of mysterious illnesses and their medical practices provide experiential evidence of New World medical wonders that constitute his providence tale.

Winslow follows his account of Tisquantum’s shamanic acts with a description of his own medical practices, and he appropriates the Algonquians’ medical philosophies as a frame through which readers may “view” his cure of

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Massasoit (Epistle Dedicatory). Explaining that the Pilgrims refused Massasoit’s request to hand Tisquantum over after the sachem was angered by the translator’s rise to power, Winslow called Tisquantum “so necessary and profitable an instrument, as at that time we could not miss him” (9). Squanto acted in the capacity of an “instrument” by mediating between the Algonquians and colonists, facilitating trade and political alliances. Similarly, in his shamanic role, Tisquantum negotiated between divine and human realms, acting as an “instrument” of manitou in order to recover and preserve the Wampanoags’ health. Winslow describes his own medical practices in the same terms: after concocting and administering a medicinal tea to Massasoit, he writes that he had “no doubt of his [Massasoit’s] recovery, himself and all of them acknowledging us the instruments of his preservation” (30). Much as Tisquantum communicated with manitou or their representatives (the Pilgrims) to interpret the plague and heal the Wampanoag, so Winslow defines his status as an “instrument” of Massasoit’s “preservation,” by interceding between the sachem and the divine power responsible for his illness.

Winslow rhetorically substitutes his medical practices for those of the Wampanoags’ shamans, writing that he offered medicine to Massasoit after the shamans were finished with their “charmes” (28). He places himself in Tisquantum’s role as an “instrument”: the cultural broker at the center of intercultural encounters and religious practices. Winslow explains that he received both respect and responsibility after his cure: just as Tisquantum received gifts to “worke their peace” and protect them from disease, so Winslow defined himself as a powerful mediator by

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274 Spending more pages recounting his healing of Massasoit than on any other event, Winslow signals that his “shamanlike success was very important.” See Kupperman 182.
recounting the “gifts” of information and respect he received (8). For instance, he explains that the Wampanoag renewed their alliance with Plymouth, thereby recognizing the colony’s position as a superior political and economic force. The Algonquians’ “gifts” displayed their respect for Winslow and his medical knowledge, honoring his ability to communicate with powerful spiritual forces. Perhaps most significantly for Winslow and his promise to relate “remarkable providences,” Massasoit acknowledged Winslow’s position as a leader with political influence by informing him that the Massachusett were plotting to attack the Wessagusset colony. By recounting the “gifts” he receives, Winslow shows that he received the respect usually accorded to powahs for his medical powers, much as Tisquantum had been recognized for his special abilities to influence the Pilgrims.

Winslow writes that he went to Pokanoket to “settle their affections toward us,” that is, to reestablish political alliances between the Wampanoags and Pilgrims, but his imitation of Tisquantum’s shamanic actions endowed his medical practices with spiritual significance as well (26). Winslow presents his cure of Massasoit as the foundation of a new, reciprocal relationship with the Wampanoags, similar to the relationship that the Wampanoag had established with Tisquantum. Winslow writes that Massasoit asked him to administer medicine to other Natives stricken with illness, “requesting [him] to wash their mouths also, and give to each of them some of the same I gaue him, saying, they were good folke” (30). Winslow explains that he acquiesced, accepting the responsibility of serving as a healer for the entire community even though “it were much offensive to me, not being accustomed to such poisonous savours” (30). Even Conbitant, a Nauset sachem previously hostile to the
Pilgrims, sought to receive promise of Winslow’s medical practices, asking “if in case he were thus dangerously sick, as Massassowat [sic] had been, and should send word thereof to Patuxet for maskiet, that is, physic, whether […] I would come therewith to him” (33). Writing that he undertook the responsibility of serving as the Algonquians’ medical healer with “willingness,” Winslow presents his medical practices as evidence of God’s providential blessing upon the Pilgrims’ encounters with the Algonquians (30).

Winslow further develops the providential interpretation of his medical practices by drawing connections between his cure of Massasoit’s physical illness and his subsequent opportunities to convert the Natives. Writing that he healed Massasoit by washing the sachem’s mouth, Winslow notes that he “scraped his tongue, and got abundance of corruption out of the same” (29). Massasoit was restored to health only after he drinks a medicinal tea and had “three moderate stools,” that is, when all the “corruption” was purged from his body (30). The language of corruption with which Winslow describes Massasoit’s illness and healing suggest that the sachem’s physical malady was the visible manifestation of an invisible, spiritual illness. By describing Massasoit’s illness as “corruption,” Winslow defines his cure as a spiritual purge that symbolically cleansed the sachem’s soul of sin, a meaningful and significant description for both English and Native audiences, who believed that illness had spiritual, as well as physical, causes. Winslow’s appropriation of shamans’ magical actions defines his cure of Massasoit as a wonder, an amazing event not attributable to natural causes or human skill but to supernatural causes. As he explains,

275 Conbitant’s name is sometimes spelled “Corbitant.” I follow Winslow’s spelling throughout this chapter.
Massasoit was “like to die,” but Winslow’s medical care quickly brought the sachem to an amazing recovery, filling the Wampanoags with awe and admiration (25).

Winslow supports this interpretation of his cure as a wonder by emphasizing his ignorance of classical medical knowledge. Far from explaining his cure as the result of his own erudition, Winslow attributes the sachem’s healing to providential guidance, noting that that he was “unaccustomed and unacquainted in such business, especially having nothing to make it comfortable [medicinal], my Consort being as ignorant as my self” (30). After Massasoit recovers, Winslow “blessed God for giving his blessing to such raw and ignorant means” (30). While his healings might have suggested that Winslow possessed great medical knowledge of effective remedies, he carefully avoids attributing Massasoit’s cure to his own agency or knowledge. Instead, Winslow’s language of absence—his frequent references to his “ignorance,” “raw and ignorant means,” and to being “unaccustomed and unacquainted” with medical philosophies—stresses his lack of expertise with authoritative, text-bound medical philosophies; his healing of Massasoit could thus only be attributed to a divine source (30). In much the same way that Alvar Núñez Cabeza de Vaca negotiated between European and Native American magic by defining his healings of the Natives in Spanish America as “miracles that God bestowed upon the passive individual as a reward for his or her subordination to a rationalized Christian morality,” so Winslow defines his shamanic cure as the result of his reliance upon wondrous providence.276 Similar to Cabeza de Vaca’s Relación, Good News is not self-promoting but rather an illustration of the “miraculous powers”

of the righteous individual who seeks and employs providential means rather than his own interests. Modeling his medical practices after shamans’ roles as instruments or intermediaries allows Winslow to avoid any claim to personal agency. Instead, he attributes his wondrous cure to divine causes, situating his healing as an amazing phenomenon, a providential reward for his godly reliance upon divine agency.

While Winslow supports his status as an instrument of providence by explaining that he acted as a mediator between the Algonquians and the divine power that caused disease, he recontextualizes the Algonquians’ medical practices in a Protestant context. The Algonquians requested his religious guidance after observing that Winslow’s medical practices healed Massasoit’s spiritual corruption, just as they might have requested spiritual and physical healing from a powah. However, Winslow explains that the Natives inquired about Christianity at the same time that they requested his services as a medical practitioner. As Winslow describes, Massasoit’s cure engendered “much profitable conference [on religious matters] which would be too tedious to relate, yet was not lesse delightfull to them, then comfortable to us” (34). Coming just after the contact era epidemics, Winslow’s message of Christianity likely “appeared intellectually and emotionally appealing” to the Algonquians because it offered the powerful promise of spiritual and physical protection particularly vital in the wake of the shamans’ inability to cure the epidemics. By holding “comfortable,” that is, medicinal or healing, conversations

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278 Morrison, 57.
with the Algonquians regarding spiritual matters, Winslow healed not only Massasoit’s body but also the Algonquians’ relationship with the deities who sent disease. At the same time, he offers skeptical readers such as Robinson firsthand evidence of the Pilgrims’ efforts to convert the Algonquians.

As he appropriated Tisquantum’s role as an “instrument” who negotiated between the Natives, colonists, and divine powers, Winslow revised the boundaries between Native and colonial medical philosophies established in previous accounts of intercultural encounters. As Bradford had explained in *Mourt’s Relation*, the Pilgrims made several “journ[ies]” to visit area sachems, “partly to see the Country, partly to make Peace with them, and partly to procure their trucke.”²⁷⁹ Additionally, the colonists visited nearby villages to “see [the Natives’] strength, discover the Country, [and] prevent abuses in their disorderly coming vnto vs.”²⁸⁰ The Pilgrims hoped that such encounters would establish commercial and political relationships with the Algonquians, while also marking and enforcing the colonists’ cultural distance from the Natives. By explaining that they sought to “prevent abuses in [the Natives’] disorderly coming” to Plymouth, the Pilgrims presented intercultural encounters as opportunities to regulate the Algonquians’ behavior and to insist that they follow the colonists’ rules for encounter and engagement. While the Pilgrims might have observed the Natives’ medical and religious practices on these visits, *Mourt’s Relation* contains virtually no acknowledgement or reports of such practices. Instead, the *Relation* manifests the colonists’ anxiety regarding intercultural mixture,

²⁷⁹ *Mourt*, 124.
²⁸⁰ Ibid., 40.
describing their fears regarding the meaning of unfamiliar practices and enforcing
rhetorically the cultural boundaries between Plymouth and Pokanoket.

In contrast to *Mourt’s Relation*, Winslow’s integration and subordination of
Native medical philosophies present Natives’ medical knowledge as empirical
evidence of New World wonders. In *Good News*, Winslow not only describes
Tisquantum’s amazing shamanic acts and the Algonquians’ interpretations of
wondrous epidemics, but he also models his cure of Massasoit after Native medical
practices. The parallels that Winslow constructs between his and Tisquantum’s
medical practices present shamans’ knowledge as a “remarkable providence,” a sign
of God’s will for Winslow and, by extension, for the Pilgrims. Winslow positions
*powahs’* practices as “meanes” that God provided to guide him in curing Massasoit
and showing Christian charity toward the Algonquians (Epistle Dedicatory).
Moreover, by positioning himself in Tisquantum’s role, as a key cultural broker and
spiritual intermediary, Winslow illuminates the political, medical, and spiritual
repercussions of his own medical practices, defining his cure as a wondrous event that
manifests God’s providence. Imitating *powahs’* acts as both medical and religious
leaders, Winslow resolves the Pilgrims’ dilemma regarding how to share Christianity
with the Natives. His incorporation of Natives’ medical practices into his providence
tale presents his cure as means by which the colonists might display divine truths to
the Algonquians and give evidence of the Pilgrims’ charity, thus “align[ing] [the

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281 Shuffelton focuses on the difficulty colonists had understanding shamanism (111-2), arguing that
the Pilgrims’ religious beliefs led to their distortion of Native religious and medical practices. I am
interested in the ways in which Winslow’s encounter with Natives’ magical medical knowledge
inspired him to adapt the form of the providence tale in order to interpret medical knowledge and
magic in the New World and to authorize new forms of colonial medical knowledge. I also differ from
Shuffelton’s reading of the repercussions of Winslow’s encounter with Algonquian medical
knowledge, which, he argues, “doomed their efforts to civilize and Christianize the natives” (116).
In Good News, Native and colonial medical philosophies mix to produce empirical evidence of providential cures. As chapter three will show, Cotton Mather interpreted Africans’ testimony regarding inoculation as a providential cure revealed to God’s chosen people, similar to the way in which Winslow presents shamans’ practices as providential means, revealed to the elect in New England.

Integrating and imitating shamans’ medical knowledge also allowed Winslow to employ the “strange yet true” formula that characterized providence tales. He authorizes his account of amazing cures with empirical evidence, describing powahs’ charms and medical practices, as well as his own experiences curing Massasoit. Powahs’ spiritual perception and proximity to wondrous phenomena provided firsthand observations of wondrous events, producing the mixture of sensational knowledge and empirical verification that constituted the providence tale. In addition, Winslow himself carefully observed and described each aspect of Massasoit’s cure and its repercussions, applying Puritan practices of self-scrutiny to evaluate his actions and ultimately to present his experiences as signs of providence.

While Hariot had incorporated the Roanoke Algonquians’ invisible-bullets theory to connect seeing and knowing in his true report of mysterious illnesses and unfamiliar medicines, Winslow’s description and imitation of shamans’ medical knowledge offered an intriguing story of New World medical wonders, verified with empirical evidence and close observations of wonders. Powahs’ medical philosophies and Winslow’s experiences curing Massasoit mix in Good News to produce a providence tale of New England wonders.

282 Kupperman, 179.
Winslow’s description and imitation of shamans’ medical practices constitute the hybrid, sensational and empirical, form of the providence tale. Shamans’ medical philosophies, stories of epidemics, and medical possession provided the materials for Winslow’s story of nearly-fatal illnesses and amazing spiritual and physical cures. Shamans’ reliance upon ritual prayers and unfamiliar medicines meant that their cures often lacked visible natural causes, consequently defining them as wonders, phenomena possible only through supernatural intervention. And, because Natives’ medical knowledge seemed wondrous yet was ultimately derived from experience, it seemed an ideal foundation of sensational content upon which Winslow could found his providence tale. In *Good News*, New World medical knowledge replaces the classical accounts of doom and judgment that traditionally provided the bizarre, sensational elements of providence tales. Winslow produces his providence tale by substituting shamans’ medical and spiritual knowledge for stories of dragons, dog-headed children, earthquakes, or comets. Winslow mixed the Pilgrims’ belief in providence with shamans’ interconnected religious and medical practices, so that his providence tale mediates between colonial and Algonquian interpretations of disease and healing.

James D. Hartman has argued that the providence tale obtained distinctive characteristics when transferred to the New World, where it represented the colonists’ often harrowing encounters and captivities with the Natives. In New England, Hartman writes, “Captivity narratives [brought] the supernatural down to earth” as authors described Indians who acted as real apparitions and as “[f]lesh and blood
'devils.'" However, as my discussion of the ways in which Winslow’s integrated and appropriated shamans’ medical practices to produce his providence tale shows, Indians and their medical knowledge were not seen only as “apparitions” and “‘devils.’” Rather, Natives’ medical philosophies and shamans’ capacity as spiritual intermediaries offered sensational, yet empirical, New World knowledge that constituted the hybrid form of Winslow’s providence tale. The providence tale thus assumed a distinctive character in the New World, as Winslow incorporated Native medical philosophies and imitated shamans’ practices. Similar to the way in which Hariot relied upon the Algonquians’ names, descriptions, and uses for plants and medicines he did not recognize, so Winslow turned to shamans’ medical philosophies to describe wondrous New World epidemics, amazing healings, and medical possessions. However, his imitation of shamans’ medical practices also raised questions regarding his relationship to diabolic magic, just as Hariot’s participation in the Algonquians’ ceremonies for smoking tobacco suggested that he had participated in diabolic rituals. As we will see in the following section, Natives’ status as “[f]lesh and blood ‘devils’” who performed diabolic medical cures was constructed in the literary forms with which Winslow distanced himself from New World magic.

**A New World of Wonders**

As Cave points out, Winslow’s account of shamans’ medical and religious practices was one of the earliest firsthand colonial reports of the New England Algonquians. However, *Good News* joined previous accounts of Native American medical knowledge written by French and Spanish explorers and English colonists in

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283 Hartman, 28.
Virginia. As we have seen with Hariot’s references to Nicholas Monardes’ herbal in *The Briefe and True Report*, accounts of Native medical knowledge from New Spain were often influential, especially before English colonists could describe their own firsthand experiences of intercultural encounter. In particular, reports by travelers such as Andre Thevet and Jose Acosta shaped English colonists’ expectations of Native medical philosophy. These reports often attributed the marvelous cures that shamans performed to magic and often to witchcraft, knowledge obtained by communicating with the devil. Thevet explicitly connected shamans’ knowledge of New World medicines to diabolic magic, writing, “These *Ethiopians & Indians* use Magike because they have many herbs & other things proper for that exercise.”284 He goes on to explain that the Native shamans received their knowledge of such herbs in “familiar and secrete talke with wicked spirites, who openeth & sheweth the most secrete things of nature,” and he even goes so far as to compare New World shamans to an Old World “companie of […] witches, which put hearbes to armes, writings about neckes, with other mysteries and ceremonies.”285 In the early seventeenth century, English explorers in Virginia developed Thevet’s comparison between shamans and the unlicensed medical practitioners in Europe who employed both ritual and empirical practices, explaining that “Their *Pawwawes* are their Phisitians and Surgions, and as I verily beleve they are all Witches, for they foretell of ill wether, and many strange things.”286

284 Andre Thevet, *The New found World, or Antarctike, wherein is contained wonderful and strange things* (London: 1568), 25.
285 Ibid., 55.
286 Levett, 19.
The “companie of […] witches,” and “new found foolish & ignorant physicians […] here in our realme” to whom Thevet and Christopher Levett referred were in England known as empirics, charmers, and cunning men and women.\textsuperscript{287} Empirical medical practitioners in England and shamans in the Americas employed medicines that, while effective, were often unknown to European audiences and did not appear in classical medical texts. Such practitioners were said to venture beyond the boundaries of knowledge divinely approved for humans and into realms accessible only to God and the devil, in this way relying upon magic. For instance, empirics’ cures included remedies they had discovered through experience and experimentation, as well as magical, or “ritual healing, in which prayers, charms or spells accompanied the medicine, or even formed the sole means of treatment.”\textsuperscript{288} Such mixtures of empirical and ritual practices made it difficult to pose “clear distinction[s] between the use of natural remedies and supernatural or symbolic ones.”\textsuperscript{289} While witches were technically distinguished from empirics because they called on the devil to accomplish their cures, both types of practitioners often employed unusual or unfamiliar medical practices that seemed to lack natural causes, and differences between the two were often unclear. Similar to empirics, Native medical practitioners performed cures that often appeared wondrous and magical because they involved spiritual, or religious ceremonies. In addition, shamans possessed knowledge of American medicines that had virtues that seemed marvelous to Europeans, many of whom still privileged classical medical philosophies. The task

\textsuperscript{287} Thevet, 55 and 72. On the conflation of various names for practitioners of “popular magic,” see Keith Thomas, \textit{Religion and the Decline of Magic} (New York: Charles Scribner’s Sons, 1971), 257. \textsuperscript{288} Ibid., 178. \textsuperscript{289} Ibid., 189.
of distinguishing between natural and diabolic magic was consequently often
difficult, if not impossible.

To complicate matters further, shamans, witches, and empirics often cured
patients by employing medicinal knowledge of plants with invisible, or occult virtues.
Such medicines possessed curative properties that were not explainable in terms of
Aristotelian philosophies of the qualities but could only be discovered through
experience. As Keith Hutchison explains, “Occult qualities could […] be detected
experimentally, but could not be studied scientifically, since scientia in the
Aristotelian tradition was, above all, a knowledge of causes.”

Knowledge of occult virtues was thus considered un-philosophical and unchristian, commonly associated
with supernatural revelation and “closely associated with mysticism and
demonism.” The difficulty ascertaining the cause of occult virtues complicated
interpretations of empirical medical philosophies, raising the question of whether
empirics’ and shamans’ healing powers came from their experiential knowledge of
nature or from their use of witchcraft. Moreover, in the context of Protestant
theology, diabolic magic often occupied an ambiguous space between events with
natural and providential causes. While many forms of magic had natural final causes,
they often appeared supernatural to humans, to whom knowledge of such causes was
hidden. Consequently, witches might seem to produce “workes of wonder,” acts that
had hidden natural causes but seemed wondrous because they exceeded normal

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290 Keith Hutchison, “What happened to Occult Qualities in the Scientific Revolution?” in The
Scientific Enterprise in Early Modern Europe: Readings from Isis, ed. Peter Dear (Chicago and
London: University of Chicago Press, 1997), 89. Hutchison argues that because occult virtues were
insensible, they were also considered to be incorporeal (spiritual entities the senses could not perceive),
unintelligible, and idiosyncratic, or specific (and thus not evidence of a general principle).
291 Ibid., 89.
human understanding. Europeans often attributed both shamans’ and empirics’ medical practices to witchcraft because their successful use of unfamiliar medicines with occult causes made it seem as if they relied upon the devil’s knowledge of hidden realms, failing to accept the limitations of human knowledge and wait patiently for God’s providence. Thus while Protestants were eager to define amazing healings as a sign of providence, they were wary of interpreting all such healings as signs of God’s intervention for fear of “pervert[ing]” the work of providence by inadvertently relying upon diabolic magic. Puritan theologian William Perkins acknowledged this conundrum, writing that although some maladies had invisible causes, others came “not of witchcrafts and possessions, as people commonly thinke, but of choler in the vaines.”

In the early seventeenth century, empirical practitioners’ unorthodox knowledge of unfamiliar medicines and their invisible qualities began to take on new value, even while sometimes maintaining disconcerting associations with “witchcrafts and possessions.” Despite empirics’ investigation of occult causes, their medical knowledge was often respected and popular, especially among people considered common or vulgar, but increasingly among medical philosophers as well. Empirics’ services were frequently less expensive than those of physicians, and they “offered a

292 William Perkins, A Discourse of the Damned Art of Witchcraft (London 1610), epistle dedicatory. Perkins, whose teachings were well-known to Puritans in New and Old England, differentiated between magic and miracles, writing, “Wonders wrought by them [witches] are not properly and simply miracles, but workes of wonder, because they exceede the ordinarie power and capacitie of men, especially such as are ignorant of Satans habilitie, and the hidden causes in nature, whereby things are brought to passe.” On differences and similarities between religious and magical beliefs, see also Walsham, 178-9.

293 John Robinson, New Essayses or Observations Divine and Morall. Collected out of the holy Scriptures, Ancient and Moderne Writers, both Divine and Humane. As Also our of the great volume of Mens Manners. Tending to the furtherance of Knowledge and Vertue (London: 1627), 143.

294 Perkins, 27.

295 Ibid., 27.
variety of services, which ranged from healing the sick and finding lost goods to fortune-telling and divination of all kinds.” Moreover, in the seventeenth century, natural philosophers such as Francis Bacon began to advocate experiential investigation even of the “secrets of nature and other things,” with the goal, not of performing marvelous cures, but of discovering hitherto unknown natural laws. Likewise, as Karen Ordahl Kupperman has explained, a mixture of fear and curiosity characterized European colonists’ conceptions and descriptions of Native American medical philosophies. Even though they often discredited Natives’ magical beliefs, colonists also acknowledged the value of shamans’ medical knowledge. Travelers desperate to cure mysterious diseases quickly recognized that Natives possessed knowledge regarding medicines that could heal not only maladies that seemed specific to the New World but also diseases that frequently plagued Europe.

At the same time that this interest in empirical knowledge grew, many medical practitioners continued to protest empirics’ newly-discovered remedies by connecting empirical practices with witchcraft and moral degeneration. Physicians such as John Cotta suggested that empirics relied upon “any particular excellencie,” or medicinal virtue, to “coniure” cures. Physicians argued further that empirics’ conjuring of cures with occult virtues would contaminate the order and morality of

296 Thomas, 178.
297 Thevet, 55.
298 Kupperman, 20.
the English body politic. New World medicines were often represented as epistemological and moral contaminants; patients’ desire for “Indian drug[s]” was figured as a moral infection that had corrupted their behavior.\footnote{Ben Jonson, \textit{Volpone, or the Fox}, 1607, ed. Alvin B. Kernan (New Haven and London: Yale UP, 1962), 2.2.125.} Physician Timothy Bright observed of tobacco that “Since the riotous use of this strange Indian, let it be noted how many strange & before vnknowne diseases haue crept in unnaturally, besides the former custome and nature of the nation, prouing now naturall and customary to the follies of the nation.”\footnote{Cotta, 5. On the English fear of New World medicines, see Jeffrey Knapp, “Elizabethan Tobacco,” \textit{Representations} 21 (Winter 1988): 26-66; and Joyce Chaplin, \textit{Subject Matter: Technology, the Body, and Science on the Anglo-American Frontier, 1500-1676} (Cambridge, MA and London, England: Harvard UP, 2003), 47-9.} Physicians also argued that sassafras, another drug specific to the Americas and a popular cure for syphilis, would encourage people to engage in the sexually promiscuous behavior that spread syphilis, secure in the knowledge that a cure existed for their disease. Just as the investigation of potentially magical medicinal cures with invisible causes destabilized the authority of classical medical philosophies, so “Indian” medicines disordered both physical bodies and the body politic by justifying immoral behavior.

The threat of contamination from exposure to Natives’ medical magic was particularly potent for the Pilgrims and for Protestant colonists, more generally. English colonists felt especially vulnerable to witchcraft, for they were more limited than their counterparts in French and Spanish colonies in the means they could take to resist it.\footnote{See Thomas 494-5.} While the Reformation had limited the forms of magic considered appropriate for Protestants to use, it did not diminish their belief in witchcraft and its efficacy. Protestants had repudiated the Catholic Church’s reliance upon ecclesiastical
magic and holy objects to defend against witchcraft, but they had not lessened the dangers that witchcraft posed to Christians. By contrast, French and Spanish colonists, most of whom were Roman Catholics, could rely upon the Church’s apparatus of counter-magic to protect them from witchcraft in both the Old and New Worlds. While English Protestants believed that witchcraft was a real and dangerous threat, they lacked authorized means, aside from prayer and repentance, with which to resist diabolic magic, for the Reformation had “drastically reduc[ed] the degree of immunity from witchcraft which could be conveyed by religious faith alone.”

Moreover, the Pilgrims, unlike Protestants in England, had to come “to closer grips with the intellectual problems [the Natives’ medical knowledge] presented.” As Separatists, the Pilgrims were especially careful to “preserve from contamination a unique and separated community.” However, New World encounters threatened to expose colonists to physical and intellectual contamination: much as “America’s native products might poison European bodies suited to different foods and medicines,” so contact with New World magical practices threatened to poison the

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304 Thomas, 493. On key shifts in the Catholic Church’s view of magic and their implications for the colonies, see Bauer, especially 58, where he explains that “Counter-Reformation inquisitors began expanding substantial intellectual energies on ‘domesticating’ certain magical practices within official Catholic teaching and worship while sharpening the defining borderline between ‘orthodox’ Catholic ritual and ‘magical remedies.’”


306 HC Porter, The Inconstant Savage: England and the North American Savage, 1500-1660 (London: Duckworth, 1979), 421. Porter argues that the desire to remain separate meant that the Pilgrims made no effort to convert the Natives. See Porter, 421: “The first planters of Plymouth were loath to make such an assumption” and this assumption, along with “the fact that the main motive of the Plantation was to preserve from contamination a unique and separated community, meant that there was no attempt actively to convert the Indian.” Other historians and literary scholars argue that the Pilgrims attempted to the convert the Natives to prove that they fulfilled their mandate to do God’s work in America. See Alden T. Vaughan, New England Frontier: Puritans and Indians 1620-1675, 3rd ed. (Norman and London: University of Oklahoma Press, 1995), especially chapter IX. Both critics suggest that colonists attempted to fit Natives into pre-conceptions shaped by Protestant theology.
Pilgrims’ minds and souls with diabolic medical knowledge. Intercultural contacts exposed the colonists to the Natives’ magical practices and cures and, therefore, to the possibility of the social and moral degeneration of which such physicians as Cotta and Bright warned. Moreover, colonial encounters with Native medical knowledge rendered explanations of amazing cures all the more uncertain, raising the question of how to classify preternatural phenomena in the New World: as providences, witchcraft, or merely events with hidden natural causes. Indeed, the process of interpreting wonders in the New World often remained “open-ended,” and differences between natural, diabolic, and divine causes were often confusing and difficult to determine.

Heathens and Empirics

In the context of such anxieties regarding New World medical philosophies, Winslow’s encounters with and reports of shamans’ medical knowledge suggested that he might have engaged in diabolic magical practices. In his travels to Pokanoket and imitation of shamans’ practices, Winslow crossed cultural and epistemological boundaries, signifying his exposure to medical and religious practices that the Pilgrims considered dangerous. Similar to the Wessagusset colonists who had adopted some of the Algonquians’ methods of finding and preparing food, Winslow’s appropriation of shamans’ medical knowledge in his providence tale suggested that the Pilgrims’ failure to win converts in New England was perhaps indicative of a more serious difficulty retaining English cultural and religious practices. Describing

\[307\] Chaplin, 134.
\[308\] Hall, 115. See also 94, 100, 107.
shamans’ magical practices allowed Winslow to provide firsthand accounts of remarkable providences, and relating his cure of Massasoit offered a wondrous story of his efforts to extend Christian charity to the Algonquians. However, the parallels between Winslow’s cure and shamans’ practices also raised the possibility that he might have displayed too much “curiositie” regarding non-European magic.\(^{309}\)

Winslow resolves the questions regarding his potential contamination in the last section of Good News, where he shifts the form of the providence tale to write a moral history of the Algonquians’ “Religion and sundry other Customes” (52). Similar to José Acosta’s “**Morall History, that is to say, of the deeds and customes of the Indies,**” which relates the Anahuac and Tawantinsuyu Natives’ religion, government, and history, Winslow’s moral history describes the Algonquians’ religious and medical customs, as well as their political structures and domestic traditions.\(^{310}\) Acosta’s moral history was an account of the Indians’ “**mores**—of customs”; it was a “true history”\(^{311}\) of the Indians based upon “**much conference and travaille among the Indians themselves.**”\(^{312}\) Similarly, in his moral history of the New England Algonquians, Winslow recounts his observations of Native medical philosophies, gathered “when [he was] called necessarily to be with their sick” (54). He describes the gods that the Algonquians worshipped, *powahs*’ charms and reliance upon the devil, and the various sacrifices that the Algonquians and Narragansetts had made to appease *Kiehtan* during the recent epidemics. He also explains that the Algonquians “told me I should see the Devil come at those times to be with the [ill]

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\(^{309}\) Cushman, Epistle Dedicatory.
\(^{310}\) Jose Acosta, *The Naturall and Morall Historie of the East and West Indies* (London: 1604), 327.
\(^{311}\) Pagden, 149.
\(^{312}\) Acosta, To the Reader.
party,” but Winslow “assured myself and them to the contrary” and, as he writes, “so [it] proved” (54). While the form of the providence tale emphasized Winslow’s firsthand observation and imitation of the Natives’ wondrous medical knowledge, the moral history relates his subsequent, distanced reflections upon Native medical philosophies.

*Good News’* formal shift from providence tale to moral history subordinates shamans’ practices, presenting them as objects for scrutiny, comparison, and classification. In the moral history, Winslow provides an analysis of shamans’ practices and the Natives’ religious ceremonies, specifically, their sacrificial rituals. He writes that the Wampanoags sometimes sacrificed children to obtain divine blessing, although he also reported that they “grow more and more cold in their worship to *Kiehtan*” (55). By contrast, the Narragansetts “exceed in their blinde devotion” to *Kiehtan*, offering him many sacrifices, and the Wampanoags attributed the Narragansetts’ ability to withstand the contact era epidemics to such oblations (55). By connecting shamans’ medical practices with their sacrificial rituals, Winslow also linked the Natives’ religious, or magical, ceremonies with heathen, barbaric behavior, for, as Pagden points out, “Cruelty and ferocity, the marks of unrestraint, were from the beginning the distinguishing features of a ‘barbarous’ nature.” While he appropriated shamans’ empirical knowledge of medical wonders to produce the providence tale, Winslow’s moral history classifies shamans’ magical practices as diabolic and heathen by connecting the Algonquians religious beliefs

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313 As Kupperman notes, the sacrifices Winslow described probably involved burning piles of wood, not children. See Kupperman, 114.

314 Pagden, 18.
with actions that were the “mark of the savage regardless of time or place.”

Just as Hariot had subordinated the Roanoke Algonquians’ magical practices for smoking tobacco by employing the form of the true report to describe Native medical knowledge as a practical resource for future colonists, so Winslow disavows the New England Algonquians’ magical practices by situating Native medical practices as characteristic of the behavior of heathen cultures.

The moral history’s rhetorical strategies of description and classification revised methods of evaluating shamans’ knowledge by consulting classical medical philosophies, methods with which European medical practitioners had previously compared the magical practices of empirics and shamans. Explorers such as Thevet and medical philosophers such as Cotta and Bright had represented similarities between shamans and empirics on the basis of their common reliance on secret, experiential knowledge that, not appearing in authoritative medical texts, were thought to have hidden, magical causes. By contrast, Winslow characterized shamans’ magical practices as diabolic by describing their religious practices, specifically, their sacrifices. While the Pilgrims’ and Wampanoags’ mutual belief that natural phenomena had spiritual causes and significance facilitated Winslow’s integration of *powahs’* wondrous practices into his providence tale, his description of shamans’ sacrificial ceremonies effaced this shared belief by identifying Native medical philosophies as diabolic and heathen. The literary form of the moral history distanced Winslow from Native medical practices, in this way distancing him from

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315 Kupperman, 118.
the experiences of medical encounter he shared with the Wampanoag.\textsuperscript{316} His literary strategies located colonial and Native medical practices in different categories, so that Native medical knowledge came to embody the “‘heathenism’ that seemed so contagious to English frontiersmen.”\textsuperscript{317}

Classifying Natives’ religion and customs as savage allowed Winslow to contrast shamans’ medical knowledge and practices with his own healing strategies and in this way to legitimate empirical medical knowledge for colonists’ use. In contrast to Algonquian shamans, who Winslow represents as using only charms and ritual ceremonies in their cures, he explains that he employed natural remedies, curing Massasoit by concocting a medicinal tea out of sassafras and corn. Ironically, sassafras had only recently been discovered in America, when Native Americans along the North American coast had explained to travelers how to cure illnesses they believed were caused by travel to the New World.\textsuperscript{318} While sassafras subsequently became very popular in Europe as a cure for syphilis, it was not native to Europe, and in 1624 Europeans were still quite dependent upon Natives’ experiential knowledge to identify and harvest the medicinal root. Moreover, medical philosophers often

\begin{footnotesize}
\textsuperscript{316} Johannes Fabian examines a similar erasure of shared contexts in modern anthropological discourse, which, as he points out, had its origins in ethnographic reports of the New World. He calls such erasure a “\textit{denial of coevalness} [or shared communicative context] […] \textit{a persistent and systematic tendency to place the referent(s) of anthropology in a Time other than the present of the producer of anthropological discourse}.” See Fabian, \textit{Time and the Other: How Anthropology Makes Its Object} (New York: Columbia UP, 1983), 31.


\textsuperscript{318} On England’s participation in the sassafras trade, see David B. Quinn and Alison M. Quinn, “Introduction,” in \textit{The English New England Voyages, 1602-1608}, ed. David B. Quinn and Alison M. Quinn (London: The Hakluyt Society, 1983). Sassafras even funded early explorations of New England’s coast, for explorers harvested and shipped it back to English markets. By the early seventeenth century, sassafras had such a high value as a cure for syphilis in European markets that harvesting and trading the wood financed much early English exploration of the New England coast. Nevertheless, English explorers of the New England coast continued the practice of quoting Monardes and Hariot’s reports.
\end{footnotesize}
struggled to define sassafras’s virtues in terms of Aristotelian philosophies, frequently relying instead upon their own sensory experience or patients’ testimonies. For instance, many practitioners named sassafras after the specific disease it cured, departing from the traditional, Aristotelian method of describing medicines by referencing the humors they counteracted or qualities they exhibited. While Winslow’s imitation of shamans’ practices defined his cure as a wonder, he subsequently distanced his medical practices from diabolic magic by attributing his discovery of and effective use of sassafras to providential intervention, rather than to shamans’ empirical medical knowledge. Winslow appropriates the Natives’ knowledge of sassafras but effaces its Native source in order to suggest that divine, Christian forces guided his medical practices. Similar to the way in which, as Sandra Gustafson describes, Puritan missionary David Brainerd employed “ritualistic manifestations of self-denial” to “deflect[…] any suspicions that he might have crossed the line, at times fine to the point of invisibility even to him, between the Puritan minister’s inspired verbal authority and the shaman’s ability to control spirits,” so Winslow employed the form of the moral history to ensure that his amazing cure would reveal his reliance upon providence.

With its description of the magical aspects of Native medical knowledge as heathen and barbaric, Good News departs from earlier colonial reports, which drew parallels between shamans and “our English witches” or “the counterfeit women in

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England who find themselves bewitched, or possessed of some evill spirit.\textsuperscript{321} In contrast to such reports, Winslow’s description of shamans’ knowledge as diabolic magic suggested that they performed cures by relying solely upon “charms” or rituals, not by mixing “herbs & other things proper” with prayers to supernatural forces.\textsuperscript{322} Subsequent colonial reports would continue this subordination of Native medical knowledge, often by effacing its empirical elements or describing them as magical. For instance, practices such as sucking treatments, which colonists such as Alvar Nuñez Cabeza de Vaca had experienced and described as effective and which were, as Thomas Hariot had observed, a treatment for illnesses caused by “invisible bullets,” began to be associated explicitly with magic. Calling sucking treatments “charms,” William Wood wrote in 1634 that “by God’s permission, through the Devil’s help, their [sucking] charms are of force to produce effects of wonderment.”\textsuperscript{323} Such reports no longer attributed powahs’ cures to their empirical knowledge of unfamiliar medicines and diseases but rather suggested that powahs employed magic to show their “miracle before the English stranger.”\textsuperscript{324} While the parallels that Winslow established between his wondrous cure of Massasoit and shamans’ amazing medical practices provided empirical evidence of providence upon which to found his providence tale, the differences that his moral history posited between colonial and Native knowledge subordinated Natives’ medical knowledge as witchcraft. Winslow’s description and classification of shamans’ practices in his moral history allowed him to differentiate between Native and colonial medical

\textsuperscript{321} Whitaker, 25-6.  
\textsuperscript{322} Thevet, 25.  
\textsuperscript{324} Ibid., 101.
philosophies. As chapter three will show, during the 1721 inoculation controversy, physician William Douglass extended Winslow’s connection between non-European medical knowledge and uncivilized, pagan religious beliefs to suggest that Africans’ belief in witchcraft signified their inferior intellectual faculties.

By classifying shamans’ medical practices as magical and heathen, *Good News* authorized empirical medical philosophies for the Pilgrims’ use. When placed against shamans’ heathen ceremonies, Winslow’s medical practices show that exploring the medicinal powers of unfamiliar herbs would improve practitioners’ understanding of both divine truths and medicinal virtues. Much as natural philosophers such as Francis Bacon suggested that investigating even “charms and conjuring” might “afford considerable information” by expanding humans’ knowledge of nature, so Winslow’s observation and imitation of shamans’ knowledge resulted in useful medical knowledge.\(^{325}\) Bacon held that “many excellent and useful matters are yet treasured up in the bosom of nature” that might be discovered through empirical strategies.\(^{326}\) Similarly, *Good News* connects Winslow’s firsthand exploration of occult virtues to practical, providential medical knowledge, thereby revising conceptions that knowledge of occult virtues proceeded from a diabolic source. As we will see in chapter three, natural and medical philosophers in England would later temper Baconian optimism that investigating nature’s secrets revealed divine truths with a skeptical emphasis upon mechanical explanations for wondrous events; however, in New England, colonists from Winslow to Cotton Mather held that empirical investigation would reveal providential truths. Winslow’s moral history

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\(^{325}\) Francis Bacon, “Novum Organum,” in *Advancement of Learning and Novum Organum* (New York: Willey Book Co., 1900), 409. On New Scientists’ interest in magic, see also Hutchison, 95-103.

\(^{326}\) Ibid., 355.
authorized colonial medical philosophies founded upon empirical knowledge by “changing what it makes of its ‘other,’” that is, by (re)classifying Native medical philosophies as barbaric and heathen.327 Winslow authorized colonists’ empirical medical knowledge by revising its relation to and distance from Native medical knowledge. The authority of colonists’ empirical medical knowledge was thus intimately, if silently, connected to encounters with shamans’ medical practices.

Literary Forms and Colonial Encounters in the Atlantic World

Winslow’s moral history develops the distance between colonists’ empirical and Natives’ magical medical philosophies into a sign of cultural differences between the Pilgrims and the Algonquians. Spanish explorers had often defined the Natives’ culture as barbaric by describing their violent and savage behavior, and these descriptions had informed the Pilgrims’ initial expectations of the Algonquians. As William Bradford explains in Of Plymouth Plantation, the Pilgrims feared traveling to America because they believed they would be “in continual danger of the savage people, who are cruel, barbarous, and most treacherous.”328 Probably drawing upon descriptions of Natives in Spanish colonial reports, Bradford graphically details the “bloody” fate thought to be awaiting the Pilgrims. He explains that the colonists “quake[d] and tremble[d]” at the possibility of encountering savages who “delight to torment men in the most bloody manner that may be; flaying some alive with the shells of fishes, cutting of the members and joints of others by piecemeal, and broiling on the coals, eat the collops of their flesh in their sight whilst they live; with

328 Bradford, 26.
other cruelties horrible to be related." Later, conflicts between the Powhatan Indians and Virginia colonists seemed to support Bradford’s preconceptions: in 1622, the same year Mourt’s Relation was published, the Powhatans attacked Jamestown, killing about three hundred fifty English colonists. Thereafter, Virginian colonists consistently insisted that the Natives lacked humanity and civility, and increasingly supported this statement by referring to their violent assault on the colonists.

As Winslow explains, his sensational accounts of shamans’ medical practices in Good News revised his earlier remarks regarding the Algonquians’ religion, published in Mourt’s Relation. His statement that the Algonquians had no religious beliefs had suggested that they also lacked civilization, the fundamental customs and order thought to characterize advanced human societies. Religion was considered to be a repercussion of civilization, so that cultures lacking civilization and order were thought to be incapable of developing religion until they had been civilized. By contrast, cultures that had some form of spiritual beliefs, even if misguided or unchristian, necessarily possessed a foundation of civility and social order, however meager, upon which Christian beliefs could be established. Winslow’s report in Mourt’s Relation had indicated that the New England Algonquians were barbaric and uncivilized, apt to engage in the same violent actions that, according to colonists, characterized Algonquians in Virginia.

In 1624 however, it was the Pilgrims who acted aggressively when they attacked the Massachusetts Indians and killed several of their warriors without

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329 Ibid., 26.
331 See Pagden, chapter two; Axtell, Invasion, 131; Cogley, 7.
apparent provocation. And, as Robinson’s chastising letters show, it was the Pilgrims whose actions against the Massachusett marked them as “heathenish.” By shifting the categories with which the colonists conceptualized the Natives’ cultural difference from violence to religion, Winslow immunizes the Pilgrims from accusations that they had behaved in a heathenish or uncivilized manner. Instead, *Good News* defines the Algonquians as heathens, suggesting that while they did not completely lack religious beliefs, the Natives practiced a primitive form of religion that included devil worship and sacrificial ceremonies. By defining the Algonquians as heathens on the basis of their medical and religious practices, Winslow classifies them as undeveloped and uncivilized, locating them on the outskirts of civilization. *Good News*’s integration and subordination of Native medical knowledge offered new strategies for recognizing and demarcating cultural otherness, for Winslow departed from traditional beliefs that social and cultural norms were universal across space and time—assumptions that descriptions of wild men in ancient histories would accurately predict Native Americans’ cultural practices. While Europeans had traditionally critiqued the Natives’ unfamiliar medical philosophies by finding evidence of practices they shared with English witches, Winslow’s moral history established differences between colonial and Native medical knowledge by contrasting their respective religious beliefs. In this way, Winslow contributes to the development of a system of classification that posited that cultural characteristics varied with environment and location.\textsuperscript{333}

\textsuperscript{332} Robinson, 345.
\textsuperscript{333} See Pagden, 1-6. In Foucauldian terms, this was a shift from a knowledge of similarities and resemblances to philosophies constructed by ordering and classifying to reveal identity and difference.
The differences that Winslow constructed between the Pilgrims’ and Algonquians’ medical practices aligned the colonists’ religious and cultural practices with those of their supporters in Europe, thereby allowing Winslow to resist accusations that the New World environment had a degenerative effect upon the Pilgrims’ behavior and beliefs. Describing the Algonquians’ medical practices as heathen classified them in categories that exemplified their difference from English Protestants—both colonists and Englishmen in the metropolis. When considered against the Algonquians’ medical philosophies, the Pilgrims’ Protestant religious beliefs indicated not only their cultural difference from the Natives but also their similarity to Christians across the Atlantic. Winslow’s description of Native medical knowledge redrew the “rift between the Old and New World” that the Atlantic posed by emphasizing instead the cultural “rift” between the Pilgrims and the Algonquians. The process of description and disavowal by which Winslow presents Native medical knowledge rhetorically effects his return from shamanic acts to colonial medical philosophies, that is, from an uncivilized space of foreign experiences to a civilized, Christian space of interpretation.

Similar to Hartman’s argument that the providence tale assumed distinctive features when the colonists described the Natives as devils, so early American historians and literary scholars have argued that colonists created a uniquely “American” culture in New England by describing the Natives as savages and defining oppositions between colonial and Native practices. Ethnohistorians such as James Axtell have suggested that colonists borrowed purposely and directly from

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De Certeau, 218.
Natives only on the frontier, where they often depended upon the Natives for survival. More often, he suggests, New England colonists “Americanized” colonial society by devising creative means by which to resist the unfamiliar aspects of Native culture and to address a “series of ‘Indian problems’” unique to America. As Cave adds, “The Native American was cast, in a radical sense, into the role of the Other, the living example of what civilized men had transcended and of all that Christians must resist in their encounters with the wilderness and its denizens. The idea of savagery in opposition to civilization was thus an essential part of the English colonizers’ sense of identity.” Furthermore, many historians and literary scholars have suggested that the Puritan colonists defined the Natives as savages by projecting their own fears of evil and disorder upon the Native Americans. For instance, William S. Simmons argues that the Natives became containers for ideas and practices the Puritans deemed inappropriate, writing that “[f]eelings, traditions, and behavior that [the Puritans] tried to repress or modify within themselves they attributed to the devil and through him to their enemies.” Colonists’ projections of controversial religious beliefs and their descriptions of the Natives’ religious savagery eventually justified the genocide and enslavement of the Pequot and King Philip’s Wars.

As we have seen, Winslow’s descriptions of shamans’ practices were indeed crucial to facilitating conceptions of the Algonquians as devil worshippers. And, as Cave shows, colonists employed these conceptions to justify their military strikes in

335 Axtell, “Indian,” 305.
336 Cave, 18.
338 See Cave, 21-2, and Simmons, 67.
the 1620s and throughout the seventeenth century. However, as the literary forms that Winslow employed to present and subordinate Native medical knowledge show, he categorizes the Algonquians’ medical practices as heathen by integrating them into his providence tale and subsequently disavowing them as magical in the moral history. The Algonquians’ status as heathens was constructed as Winslow’s formal shift from providence tale to moral history effaced his encounter with and reliance upon shamans’ practices. While the “subversive potential of intimate contact with the Other” often fueled colonists’ hostility to Native medical knowledge and their fear of cultural contamination, it was through such “intimate contact” with shamans’ medical practices that Winslow incorporated them into his providence tale. Winslow’s description and disavowal of shamans’ medical knowledge into Good News was crucial to defining the colonists’ identity as Christians who had neither failed to convert the Natives nor degenerated morally or culturally. Therefore, while colonists’ expectations of the Natives were certainly shaped by “fictional contact […] in promotional and frontier literature,” Winslow’s literary response to colonial encounters reveals that cultural differences between colonial and Native cultures were constructed through ambivalent strategies of forming and transforming literary forms from England to describe and disavow Native medical philosophies.

Magic, Medicine, and Conversion

Despite the boundaries that Winslow sought to posit between colonial and Native medical philosophies, many Algonquians responded by continuing to define

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339 Cave, 20.
340 Nelson, 5.
differences of degree between Native and colonial medical and religious knowledge. For instance, in a 1761 account of the “ancient customs and ways of the Montauk Indians,” Samson Occom wrote: “I don’t see for my part, why [the powahs’ medical knowledge] is not as true, as the English or other nation’s witchcraft, but is a great mystery of darkness, &c.” Occom’s description of both English and Native medicine as “witchcraft” illuminates Natives’ and colonists’ shared belief in a supernatural source for disease and healing, countering the absolute contrasts that Winslow’s moral history defined between Natives’ magical practices and colonial medical knowledge. Many Algonquians developed these continuities between colonial and Native medicine by continuing to mix colonial medical and religious philosophies with their traditional beliefs if they seemed to offer a practical resolution to illness. For instance, when the Algonquians experienced several more devastating epidemics in the 1630s and 1640s, many of them turned to the colonists’ missionaries and religious beliefs in hopes of locating spiritual guidance and restoring their communities to health, just as the Wampanoags had relied upon Tisquantum and Winslow as their religious and medical healers. This process of integrating colonial medical and religious knowledge was part of an “intellectual transformation [in which] the paradigm of Algonkian culture was replaced by a new structure, mixing elements of native and Puritan cultures.”

342 Ibid., 49.
343 Morrison, 27. There is some scholarly disagreement as to whether the Natives found colonial medical practices to be abhorrent or a useful method for dealing with the epidemics. Bowden and Ronda emphasize the oppositions and incompatibilities between Native and English religious practices, as well as Natives’ resistance to Christianity. See Henry W. Bowden and James P. Ronda, “Introduction,” John Eliot’s Indian Dialogues: A Study in Cultural Interaction, ed. Henry W. Bowden
practices, Algonquians responded to contact era epidemics and colonization by following the “custom of shifting allegiance to the more powerful spiritual agent following a successful challenge”: that is, by incorporating Christianity into their traditional religious beliefs. Their acknowledgment of Christianity’s efficacy was part of the Algonquians’ traditional practice of rejecting powahs if they failed to cure disease and was thus “continuous with religious and cultural practice among the Indians.”

The Algonquians’ interpretation of colonial medical knowledge as new, powerful means by which to cure physical and spiritual diseases also continued to facilitate colonists’ missionary efforts. Much as Winslow’s cure of Massasoit produced “comfortable” conversations regarding spiritual matters with the Wampanoags, so, in the 1640s, colonial ministers such as John Eliot and Thomas Shepherd employed medical knowledge as a tool of conversion. Ministers often recognized that the powahs’ status as religious leaders made them obstacles to missionary work. However, they also perceived the opportunities that shamans’ loss of power during the epidemics provided, and they “incorporated English medical philosophies into their repertoire of standard conversion techniques.”

Minister Thomas Shepherd reported that many powahs had “renounced their wicked

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344 Morrison, 17.
345 Ibid., 17. James P. Ronda offers another view, suggesting that Natives quickly recognized the differences between Indian and English religions (such as the belief in sin and guilt, heaven and hell) and that they often resisted the message of European missionaries. Ronda does include New England Algonquians in his study, although he focuses more upon Natives’ response to Jesuit missionaries in New France. See Ronda, “We are Well as We Are”: An Indian Critique of Seventeenth Century Christian Missions,” *William and Mary Quarterly* 3rd ser. 34 (1977): 73-82.
346 Morrison, 17.
employment” when they realized that their “employment and gaines were utterly gone here,” and he sought to fill this absence by urging the Algonquians to “leave off Powwowing, and pray to God.”347 He attempted to convince the Algonquians to repudiate their powwowing and to replace shamanic practices with colonial medical and religious practices instead. In fact, Shepherd drew connections between the Natives’ acceptance of Christianity and their decision to “utterly forsake[…] all their Powwaws, and give[…] over that diabolicall exercise.”348 Ministers interpreted Natives’ decision to replace Algonquian with colonial medicine and religion as a sign of their conversion and faith.349 Natives’ act of forsaking powahs was seen as a visible manifestation of an inner transformation, evidence of the “sanctified living that had to follow regeneration as part of the salvation process.”350

Such ministers as Shepherd and John Eliot often successfully employed colonial medical knowledge as a means of conversion and “benevolent’ conquest.”351 Shepherd suggested that medical education could provide religious education, and he proposed to “traine up these poore Indians in that skill [of finding plants] which would confound and root out their Powwaws, and then would they be farre more easily inclined to leave those wayes and pray unto God, whose gift Physick is, and whose blessing must make it effectuall.”352 Ministers hoped that instructing the Algonquians in empirical medical philosophies would train them to

348 Ibid., 125.
350 Bowden and Ronda, 36.
351 Bross, 20-1.
352 Shepherd, 130.
find local, medicinally valuable plants. Such medicines would not only benefit colonists and their supporters in the metropolis but would presumably convince the Natives to repudiate their belief in shamans’ magical practices and to embrace instead Christians’ medical practices.\(^{353}\) This plan develops Winslow’s erasure of shamans’ empirical knowledge and his description of their practices as wholly magical, for Shepherd suggests that the Algonquians had no “skill” or “meanes of Physick at all, onely make use of Pawwawes when they be sick.”\(^{354}\) His reliance on “physick” as an “effectuall meanes to take them off from their Powwawing” relies upon the distance between shamanic magic and empirical medical philosophies that Winslow had constructed in \textit{Good News}.\(^{355}\)

Finally, reports of Natives’ religious and medical conversion continued to offer empirical evidence attesting to colonial New England’s place in God’s providential plan. Just as Winslow made medical wonders a sign of “remarkable providences,” so ministers made Natives’ conversions into signs “that God is going \textit{out in his power and grace to conquer a people to himself}.”\(^{356}\) They submitted reports of Indian conversions to argue that the “propagation of the Gospel rivals


\(^{354}\) Shepherd, 130.

\(^{355}\) Ibid.,” 131. See also Simmons, 64. Winslow himself played a crucial role in establishing the Society for the Propagation of the Gospel in New England and publishing the second and third Eliot tracts, \textit{The Day-Breaking, if not the Sun-Rising of the Gospel with the Indians in New England} (1647) and \textit{The Clear Sun-shine} (1648). As agent for the colonies in New England, Winslow proposed and pushed through Parliament a bill creating the Society, and he published the tracts as evidence of “progress toward the conversion of the Indians.” Winslow’s continuing interest in missionary work suggests that \textit{Good News} was the first of several efforts to convert the Natives and, in this way, to convince metropolitan audiences that the New England colonies played a significant role in God’s providential design. See Clark, 11.

\(^{356}\) Shepherd, 108.
England’s civil wars in the providential design.” Ministers defined the colonies’ missionary activity as “part and parcel of a divine plan that included both England and America,” much as Winslow’s providence tale offered empirical evidence of wondrous cures that positioned his encounters with Native medical knowledge as evidence that the Pilgrims followed God’s providential plan for New England. The missionary projects of Eliot and Shepherd have been seen to create a new role for Natives in Puritan promotions of New England colonization and missionary projects. As Kristina Bross writes, “Whereas before, Indians were seen as incidental or inconvenient to English colonization, in writings produced between 1643 and 1671, New England’s identity depended on the active presence of Indians.” New England colonists’ ability to give evidence of providential activity in New England, that is, of Christian, or Praying, Indians was crucial to describing their work of colonization as part of God’s plan for his chosen people. But as Winslow’s description and disavowal of shamans’ medical practices in Good News show, the Natives’ “active presence” and medical knowledge was crucial to the development of colonial literary forms and culture from the very earliest formulations of colonial discourse in New England.

357 Bross, 9.
358 Ibid., 21.
359 Ibid., 3; see also 20-1.
Chapter Three: African Medical Knowledge, the Plain Style, and Satire in the 1721 Boston Inoculation Controversy

In June of 1721, just after a ship from the West Indies had arrived in Boston, smallpox broke out among several Africans on board. Though city officials quarantined the slaves, the disease spread throughout Boston, becoming an epidemic that would kill over 800 citizens before dying out a year later. Anxiety about smallpox was rivaled only by news about inoculation: an alleged African practice by which patients were immunized with a small dose of the live virus. A debate about inoculation raged alongside the epidemic, taking shape as a dispute between men with different medical credentials and competing literary forms. Cotton Mather, trained as a minister, with perhaps the most extensive medical library in the colonies, employed a plain style to insist upon the trustworthy nature of Africans’ testimony. Mather called inoculation a providential gift that he, as a minister, was authorized to interpret, and he offered firsthand evidence from his African slave, who described how he was inoculated in Africa. By contrast, Dr. William Douglass, who possessed an official degree from the foremost European medical university, in Edinburgh, satirized African medical knowledge and insisted that only multiple tests and careful evaluation could justify accepting inoculation. To protest inoculation, Douglass formed the first colonial medical society and printed his satirical counterarguments in The New-England Courant, a newspaper that James Franklin, Benjamin Franklin’s older brother, began in order to publish articles opposing inoculation.

The inoculation controversy, as the argument between Mather and Douglass is now called, has been described as a pivotal moment in both medical and literary
histories of British America. Historians of medicine have seen the debate as a conflict between Puritan interpretations of illness, represented by Mather’s belief that natural phenomena possessed spiritual significance, and Enlightenment “materialist” philosophies, represented by Douglass’s insistence that smallpox had a natural, not a supernatural, cause and that only repeated tests could authorize new medical practices.\(^{360}\) Historians suggest that Mather promoted inoculation because he “hoped to improve his own position as a figure of importance in New England society” and to defend ministers’ influence in both religious and political affairs.\(^{361}\) However, much to his dismay, many colonists refused to accept inoculation, giving what historians suggest was one of the last, fatal blows to ministerial authority.\(^{362}\) Meanwhile, Douglass’s opposition to inoculation has been seen as an “obstacle[...] in the path of scientific progress,” especially since inoculation eventually became the preferred method of preventing smallpox until Edward Jenner introduced vaccination in 1796.\(^{363}\) Yet while his opposition to inoculation was eventually proven wrong, Douglass’s insistence that ministers lacked authority to produce medical philosophies nevertheless “represented the earliest calls for medical professionalism heard in the colonies.”\(^{364}\)

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\(^{361}\) Ibid., 279.

\(^{362}\) See Ibid., 279.


\(^{364}\) Ibid., 23.
More recently, literary scholars and historians of the book have explored the controversy’s significance for early American literary history, focusing in particular upon the literary practices that Douglass employed to protest inoculation, which included private manuscripts, polite conversations, “‘insider’ verse,” and periodicals.  

David D. Hall argues that *The New-England Courant* made available new rhetorical strategies by which colonists could express opinions critical of the clergy, describing the literary strategies associated with Douglass’s “coterie” and the *Courant* as part of a “politics of culture” that sought to “create a sphere that was liberated from the pulpit.” As both Hall and David S. Shields observe, anti-inoculators sought to facilitate sociable, pleasurable exchanges among writers who thought of themselves as gentlemen. Hall and Shields attribute the development of such “genteel” literary practices to the inspiration of English literary culture, especially periodicals such as Richard Steele’s *Tatler* and Joseph Addison’s Spectator Club, which colonists imitated to “ease the provincialism of [their] new world culture.”

However, these studies tend to overlook the connections between colonists’ genteel literary strategies and their encounters with African medical philosophies. In this chapter, I examine the ways in which the inoculation controversy resulted not only in new medical knowledge but also in innovative uses for literary forms. I examine the tension between Mather’s plain literary style and Douglass’s satire in the context of Africans’ knowledge of inoculation, in order to uncover how colonists

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366 Ibid., 157.
employed literary practices from England both to promote and to parody African medical knowledge.368 Bringing to light how African medical knowledge circulated throughout the Atlantic world, traveling among slaves in Africa and throughout the British American colonies and mixing with Puritan conceptions of illness, I show how Mather promoted inoculation by presenting Africans’ spoken testimony and arguing that Africans’ words reflected “clear Evidence” regarding inoculation and, by extension, slaves’ status as trustworthy witnesses.369 By contrast, Douglass employed satirical literary forms to discredit Africans’ medical knowledge and to reveal the fatal consequences of trusting slaves’ testimony. Consequently, he facilitated the creation of exclusive, public and private spaces from which to evaluate and produce collectively medical philosophies. In this way, Douglass makes the distance between colonial and non-European medical philosophies that Hariot and Winslow constructed with their literary forms a sign of colonists’ rationality and cultural authority. The divergent literary responses to African medical philosophy that I uncover illuminate the critical role that African medical knowledge played during the


369 Cotton Mather, Some Account of What is said of Innoculating or Transplanting the Small Pox. By the Learned Dr. Emanuel Timonius, and Jacobus Pylarinus. With some Remarks thereon (Boston: 1721), 9.
controversy: slaves’ knowledge not only influenced Bostonians’ attitudes regarding inoculation but even more importantly, inspired colonists to experiment with various literary strategies for representing trustworthy medical knowledge. Analyzing the confluence of African, European, and colonial medical philosophies and literary practices reveals the ways in which colonists endowed their literary forms with authority by incorporating African medical philosophies; moreover, I examine the ways in which satirical literary forms gave rise to new strategies with which to articulate differences between colonial and African medical knowledge and, ultimately, between British Americans and their slaves.

Words and Things, Plain Style and Satire

Throughout the seventeenth and into the eighteenth century, Puritan ministers such as John Cotton, Michael Wigglesworth, Increase Mather, and Cotton Mather developed a carefully honed “plain” style. The spiritual content of ministers’ words “worked against ‘literary’ concepts of style and genre”; they had to “accurately represent” not only natural phenomena but also God’s living Word and presence, manifested in nature. Ministers worked to purge their language of rhetorical ornamentation that might obfuscate its connection to truth. The plain style was thus designed to “suit the nature and order of things” as they appeared in nature, allowing ministers to make words so clear and transparent that they claimed to transmit the

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370 Hall, Cultures, 161.
divine truths displayed in natural phenomena. The plain style represented God’s truths to readers and hearers, offering colonists unmediated, or immediate, access to the living Word of God. Cotton Mather wrote, for instance, that he had “performed something of what God required, in labouring to suit his [Mather’s] Words unto his [God’s] Works.” Similarly, Michael Wigglesworth’s *Day of Doom* employed dramatic images of the consequences of sin to offer a didactic description of the final judgment. Eschewing literary ornamentation and rhetorical “style” to reduce the distance between words and the truths they represented, the plain style made it seem “as though the medium by which the Spirit moved has become transparent: […] the person, and the human instrumentalities of writing and speech, vanish, leaving communication to occur between pure Spirit (the living Word) and the hearts of those who believe.” In the end, the plain style always revealed God’s providential design: ministers communicated spiritual truths by closely describing natural phenomena and unusual or preternatural events, from smallpox epidemics to captivities and outbreaks of witchcraft. As Hall explains, “All acts of speech and writing referred ultimately to the grand design of God’s providence, the work of redemption. The writer’s task was to connect events in the everyday world to Christ’s mission of salvation.”

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376 Hall, *Cultures*, 161.
377 Ibid., 161.
The plain style also allowed ministers, such as Mather, who had interests in both natural philosophy and theology, to transmit authoritatively truths regarding natural, as well as spiritual, realms. The plain style achieved cultural authority in both England and the colonies by bringing “words and things” into “closer relationship”; its rhetorical authority was founded upon the belief that words could be arranged to reflect things as they appeared in the world.\textsuperscript{378} According to this nominalist conception of language, developed by natural philosophers and linguists in Europe, “words represent reality to our understanding.”\textsuperscript{379} This emphasis upon connecting words and things to produce knowledge inspired literary styles and forms that made “language reflect the rudimentary composition and order of nature.”\textsuperscript{380} This correspondence between words and things was important to ministers as well as to Baconian philosophers in England, who held that authoritative knowledge was produced when words were arranged to reflect reality; accordingly, they sought literary styles that would “reproduc[e] the composition and coherence of things in nature.”\textsuperscript{381}

The plain style’s claim to transparency signaled that ministers’ words were to be taken as actual and direct representations of spiritual truths, “the work not of man but of God.”\textsuperscript{382} Such rhetorical authority extended equally to ministers’ spoken sermons and to their printed texts, for colonists recognized a relationship of equivalence between spoken and printed modes of communication. Print was seen as an extension of speech, for both literary media derived their authority from their

\textsuperscript{378} Shapiro, 246.
\textsuperscript{379} Cohen, 8.
\textsuperscript{380} Ibid., 11.
\textsuperscript{381} Ibid., 21.
\textsuperscript{382} Hall, \textit{Worlds of Wonder}, 42.
ability to provide immediate access to Scriptural truths: “What was printed was to be received as though it had been spoken, and therefore as the truth.”

While sermons were usually first produced orally, in the public setting of a church service, they were often then distributed in printed texts so that congregation members could meditate upon the sermon in private. Yet both the oral and printed forms of sermons worked interchangeably to make God’s living Word, the Bible, immediately available.

Spoken sermons conveyed the same sacred word as Scripture, which “was the living speech of God, the “voice” of Christ, a text that people “heard.”

Printed texts likewise transmitted God’s “living speech,” so that ministers’ mouths and texts were merely “conduits through which the Spirit flowed.”

As colonists read printed sermons, they relived their experience of hearing the inspired message and considered how to apply the minister’s instructions to their daily lives. The printed sermon reproduced the spoken context in which it was first delivered; its material status as a printed text was less important than the living words it conveyed.

Much as the plain style purported to offer readers direct access to spiritual truths, so it also provided insight into the speaker or writer’s character. An author’s ability to observe and describe phenomena accurately was crucial to producing a trustworthy report, making his or her personal character and virtue of paramount importance. Ministers’ literary style assured readers that their rhetorical plainness emanated from their honesty, which subsequently authenticated their texts. For ministers, much as for empirical philosophers in England, “plainness is at once a rhetorical and cultural attribute […] authors are distinguished by those private virtues

383 Ibid., 38.
384 Ibid., 24.
385 Ibid., 30.
of honesty, sincerity, naturalness, and integrity that guarantee the perspicuous observation and documentation of truth.”³⁸⁶ Ministers’ use of the plain style at once reflected and sustained their status as mediators of divine truths, in this way supporting the authority of their speeches and publications and their influence in theology and natural philosophy. As a broadside published during the controversy attested: the ministers’ “Printed Labours are incontestable Testimonies of their Abilities; and speak an excellent Spirit breathing in them. Their nine Lectures upon Early Piety, Preached in so remarkable a Time, that it plainly showed, GOD was with them […] and if we enquire into their more private Conversation, we find them shining Instances, of the most refined Virtue & Religion.”³⁸⁷ The multiple literary media this broadside mentions make clear how multiple, equally authoritative modes of communication conveyed spiritual truths and attested to ministers’ personal “Virtue”: their “Printed Labours […] Lectures [and] private Conversation” all reveal the “Spirit breathing” through them.³⁸⁸

As we will see, Mather employed the plain style throughout the controversy to present and authorize African medical knowledge, hoping to convince natural philosophers in England to adopt inoculation and acknowledge his role in discovering a valuable medical practice. But Douglass, aligning himself with skeptical attitudes fostered by fellows of the British Royal Society, objected that only experiments, that is, repeated tests, publicly performed and observed by multiple, disinterested, and qualified persons, could verify new medical philosophies. With the founding of the

³⁸⁷ Anon., A Vindication of the Ministers of Boston, from the Abuses & Scandals, lately cast upon them, in Diverse Printed Papers (Boston, 1722), 5-6.
³⁸⁸ Ibid., 6.
Royal Society in 1660, natural philosophers in England had moderated Bacon’s search for absolute truths through empirical methods, largely abandoning assumptions “that a certain natural science based on experience was possible” and that it was possible “to determine the real essence of things, and thus the appropriate words for them.” Rather than absolute truths, natural philosophers sought to produce “matters of fact,” reasonably certain hypotheses verified by experimentation and evaluation. They fostered a perspective of “constructive skepticism,” developing rhetorical and experimental strategies with which they hoped to convey reasonably certain knowledge and “facilitat[e] a cooperative enterprise dedicated to the expansion of natural knowledge.” Such skepticism extended to the “knowledge-claims” of “sectarian ‘enthusiasts’” in England and to ministers in the British Americas “who claimed individual and unmediated inspiration from God, or whose solitary ‘treating of the Book of Nature’ produced unverifiable observational testimony.” The virtuosi, as the fellows of the Royal Society were often called, insisted that collective evaluation and repeated observations of phenomena had to verify observers’ reports of their sense impressions, with the goal of producing probable knowledge. These practices were supported by literary strategies that endowed reports with “the appropriate trappings of authority,” usually a careful description of an event transmitted in a modest, tentative style.

389 Shapiro, 16 and 240-1.
390 Ibid., 4.
391 Ibid., 62.
394 Dear, 271.
Furthermore, in England, new conceptions of language as a “rational operation” performed when the mind assigned words to things were contributing to the development of new literary practices with which to verify knowledge.\textsuperscript{395}

Philosophers revised nominalist conceptions of language by drawing upon John Locke’s argument that words corresponded to sense impressions, or ideas, rather than to things in the world. Locke’s An Essay Concerning Human Understanding suggested that, far from mirroring things themselves, words were “external sensible Signs, whereby those invisible Ideas, which his thoughts are made up of, might be made known to others.”\textsuperscript{396} Words corresponded to the impressions that things made in the mind, rather than to the real essences of things.\textsuperscript{397} Language was thus “based not on the reality of words but on the rationality of speakers”;\textsuperscript{398} consequently, words could conceal human fallibility and the “failure[…] of understanding.”\textsuperscript{399} As Locke wrote, “Words in their primary or immediate Signification, stand for nothing, but the Ideas in the Mind of him that uses them, how imperfectly soever, or carelessly those Ideas are collected from the Things, which they are supposed to represent.”\textsuperscript{400} Such rationalist conceptions of language raised the possibility that close descriptions of natural phenomena might be subjective and fallible, regardless of how plain the style with which they were presented. Philosophers concluded that firsthand reports, based as they were upon potentially fallible sense impressions, required careful evaluation

\textsuperscript{395} Cohen, 41.
\textsuperscript{397} See Locke, III.V.1.
\textsuperscript{398} Cohen, 27.
\textsuperscript{399} Everett Zimmerman, Swift’s Narrative Satires: Author and Authority (Ithaca and London: Cornell UP, 1983), 174.
\textsuperscript{400} Locke, III.II.2.
to ensure their accuracy, thus making rationality and learning crucial to determining a witness’s reliability.

Epistemological skepticism and rationalist theories of language made it possible to employ literary forms that expressed doubt that language could accurately and comprehensively reflect the world and that critiqued people who still trusted in plain, careful descriptions to produce certain knowledge. In particular, satirical literary forms articulated opinions that the words with which authors claimed to represent reality itself were in fact merely subjective representations of sensory impressions, representations that concealed the fallibility of human senses. Satire “respond[ed] to a sense of the incommensurability of the human understanding and the organic world by emphasizing […] the relation of language to mental operations rather than to ideas of physical things.”\(^{401}\) Such skeptical literary practices gained rhetorical force by articulating their distance from the plain style in parodies of naïve empiricism, that is, the assumption that words corresponded to things themselves and the tendency to accept without question reports of firsthand experiences.\(^{402}\) Satire called attention to the gap between plain literary styles and the world they claimed to represent. Employed by such authors as Jonathan Swift, satire rhetorically manifested skepticism that firsthand observations provided reliable foundations for knowledge and that simple, or plain, language reflected the world. For instance, Swift parodies the plain style by employing literary strategies of close description to narrate detailed observations of everyday objects, as in *Gulliver’s Travels*, and by

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\(^{401}\) Zimmerman, 174.

\(^{402}\) See McKeon, 49.
inserting digressions to reveal the authorial construction of the text, as in A Tale of a Tub.\textsuperscript{403}

**African Medicine, Providence, and Colonial Encounters**

In contrast to the satirical literary forms circulating in England, plain styles and accompanying conceptions regarding the connections among words, things, and character continued to characterize Boston colonists’ literary culture and, during the controversy, to shape their descriptions of encounters with Africans. Additionally, ministers’ responsibility to explain the spiritual truths manifested by natural phenomena motivated them to investigate African medical knowledge. Far from being opposed, colonial and African medical philosophies initially mixed during the controversy, with results that, at least momentarily, were advantageous to Mather and Africans alike. Knowledge of inoculation was transmitted from Africa to Boston as early as 1706, when Mather’s congregation purchased an African slave as a gift for their minister. Although we have no record of the conversations between Mather and this African, whom he renamed Onesimus, Mather writes that he first learned of inoculation when Onesimus explained to his owner how Africans prevented smallpox epidemics. Onesimus told Mather that “the manner is, That in a Village where the Small Pox has already seized upon six or seven Families, and it is like to spread; presently all the rest of the Town at once, fetched the Inoculation from them.”\textsuperscript{404}

Smallpox had been present throughout Africa for centuries, as Yoruba smallpox gods dating to pre-Christian history show; these gods were among the most

\textsuperscript{403} See Jonathan Swift, A Tale of a Tub (London: 1704) and Gulliver’s Travels (London: 1726), chapter II and Zimmerman, 24 and 147.

\textsuperscript{404} Mather, The Boston Gazette, 23 Oct. 1721, 3.
powerful African deities. African medical philosophies explained smallpox epidemics as divine judgments. Occurrences in the natural world, especially catastrophic events such as epidemics, offered spiritual lessons: disease manifested supernatural judgment or displeasure, making healing a physical and religious event over which medical practitioners presided as both spiritual and medical leaders.⁴⁰⁵ A benevolent Supreme Being controlled all events, and individuals’ experiences manifested this Being’s presence and will. Studying the natural world also revealed the will of lesser spirits, who could cause disease if displeased by human behavior. Smallpox was often considered the worst of such judgments, and medical practitioners treated the disease by petitioning divine powers for healing while simultaneously prescribing natural cures.⁴⁰⁶ Patients were inoculated “by passing a Needle and Thread, that had been conducted thro’ a well maturated Pustle, through the Teguments between the Thumb and Forefinger.”⁴⁰⁷ Medicine men or women also employed religico-medical healing practices, curing patients with conjure, which combined “magical and supernatural elements, on the one hand, with medicinal practices and natural processes on the other.”⁴⁰⁸ Such prayers and healing ceremonies cured disease by manipulating the world of lower spirits to restore relationships between natural and supernatural realms.

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By the time Onesimus entered Mather’s household, he would likely have observed medical practices throughout West Africa and the Caribbean, as well as in Boston. Slaves from various locations in Africa arrived in New England after a journey of multiple passages. The Boston slave trade fed mostly West Indian markets, but if demand was low, unsold slaves might be returned to the northern city, where they formed communities characterized by a diverse mixture of languages, cultures, and nationalities, rather than a unified African culture. Although Africans shared many religious and cultural beliefs, these systems frequently differed in their specific practices. However, slaves likely held knowledge of inoculation in common. Many Africans in America mention witnessing inoculations of entire villages or having personally undergone the procedure. And, as they traveled throughout the colonies, slaves continued to practice inoculation in their own communities, sometimes unbeknownst to colonists. In New York, Cadwallader Colden wrote with surprise that his slaves, employing a “common practice in their country,” had known of inoculation for years before colonists did. Therefore, while many slaves would have held some medical beliefs in common, the multiple markets and disorganized routes of the Middle Passage forced Africans from a variety of nations, cultures, and medical environments to develop new knowledge from materials available in Boston. They mixed traditional African beliefs and practices with western frameworks,

409 Mather calls Onesimus a “Guramantee-Servant,” suggesting that he was a Cormantee, from West Africa. See Mather, Angel of Bethesda, Visiting the Invalids of a Miserable World, ed. Gordon W. Jones (Barre, MA: American Antiquarian Society and Barre Publishers, 1972), 107.
410 Herbert, 543.
creating medical knowledge that manifested their adaptation to colonial society even while resisting complete assimilation.

While Boston’s Africans came into contact with the medical and religious beliefs of their masters and other slaves from a perspective of cultural disorientation, they responded to such pressures by appropriating, without exactly replicating, their masters’ beliefs. Slaves in New England combined medical knowledge from Africa with Puritan religious beliefs, which they were often forced to adopt once they arrived in the colonies. By 1721, when the epidemic and controversy broke out, Onesimus had lived in Boston for at least fifteen years, given Mather’s account of their first conversation about inoculation in 1706.\footnote{On Mather’s attempts to convert his slaves, see Kathryn S. Koo, "Strangers in the House of God: Cotton Mather, Onesimus, and an Experiment in Christian Slaveholding," Proceedings of the American Antiquarian Society 117, part 1 (2007): 143-175.} Also in 1706, Mather wrote The Negro Christianized, a pamphlet in support of converting slaves, so Onesimus had likely learned of providence in the course of Mather’s efforts to “Christianize” him. Similar to the thousands of displaced Africans encountering the religious and cultural systems of the “New World,” Onesimus seems to have acculturated to the colonial environment by adopting some Christian beliefs and by adjusting his traditional religious and medical practices to an unfamiliar context. By intermingling new beliefs with traditional medical practices, slaves in Boston constructed unique, New World African medical philosophies composed of both African and colonial elements. As we will see in chapter four, such mixtures of African and colonial medical philosophies were not confined to Boston, for James Grainger’s The Sugar Cane reveals how slaves in the Caribbean adapted traditional African practices of obeah to
the environment of the British West Indies, to their situation as slaves in the cane fields, and to colonists’ perceptions of obeah as diabolic magic.

Onesimus’s familiarity with Puritan religious practices would have allowed him to draw upon providential beliefs in order to explain Africans’ “common practice” of inoculation in terms familiar to colonists such as Mather.\footnote{Colden, 58-9.} Similar to Africans’ belief that medical knowledge possessed natural as well as spiritual significance, colonists’ belief that natural phenomena manifested God’s will gave Onesimus’s testimony special meaning. As Mather explained, Onesimus reported that Africans discovered inoculation when a “Merciful GOD” taught Africans “a wonderful Preventative.”\footnote{Mather, \textit{Some Account}, 9.} Mather’s description positioned African medical knowledge within a Puritan framework, characterizing inoculation as a “wonderful” cure that demonstrated God’s providence, his “clearer and more explicit than usual intervention into the affairs of man” that also revealed his will.\footnote{Hall, \textit{Worlds of Wonder}, 70.} Mather’s descriptions of inoculation reflect his and Onesimus’ shared understanding of the natural world, which facilitated their exchange of medical knowledge.

Onesimus’s report of inoculation seemed so meaningful to Mather because both Africans and colonials believed that disease had medical and spiritual significance: illness indicated divine judgment for sin, while prayer and repentance were required to heal disease effectively. Similar to Africans, colonists relied upon firsthand experiences of the natural world not only to discover cures but also to interpret the spiritual significance of illness. Puritan colonists interpreted wellness and disease as spiritual conditions that were manifested physically: “they perceived
an intimate relationship between the external world and the internal landscape of the soul." Material factors, such as “bodily disposition, the weather, and diet” that philosophers in England privileged as explanations for illness, were secondary causes only, affecting the degree or nature of disease but not actually causing it. Much as Winslow had described Massasoit’s amazing cure as a sign of God’s providence by modeling his medical practices on those of shamans, so Mather suggested throughout the controversy that the smallpox epidemic and Africans’ testimony regarding inoculation illuminated providential truths. As he writes, “We have been almost ready to think this, and even suspect a peculiar agency of the invisible world in the infliction of the smallpox upon our city of Boston.” If smallpox made evident God’s judgment, inoculation revealed his wonderful providence. And, just as reading the Book of Nature revealed both natural and spiritual truths, so Africans’ testimony reflected not only trustworthy medical knowledge but also evidence of God’s mercy.

Similar to the way in which African medical practitioners cured disease by addressing disorder in both natural and supernatural realms, so ministers treated illness by prescribing both spiritual and natural remedies. Colonial medical philosophy was based upon an “understanding of health and sickness that was inextricably tied to the will of God,” so religious practices, such as prayer and communal repentance, were necessary to address the ultimate, spiritual causes of illness. Some New England ministers possessed medical degrees and many had

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417 Ibid., 23.
419 Watson, 23.
received unofficial medical training, which, when coupled with their position as religious leaders, made them ideally suited to “cure” both the spiritual and physical aspects of a patient’s malady. Ministers offered medical advice along with religious admonitions: they diagnosed the invisible, spiritual causes of illness and prescribed spiritual cures of repentance in addition to medicinal remedies for the body. As Mather instructs in one of his “cures”: “Of all the Remedies under Heaven, for the Conquering of Distempers, and for the Praeservation of Health, and Prolongation of Life, there will now be found none like Serious PIETY.” The clergy recommended spiritual cures such as prayer and self-examination as often as they prescribed bleeding and purging, frequently administering spiritual “medicine” before physical cures.

Yet despite colonists’ and Africans’ shared conceptions of the physical and spiritual elements of medical knowledge, colonists in Boston hardly agreed regarding how to interpret Africans’ testimony. Indeed, Mather’s promotion of Onesimus’s medical knowledge was met with skepticism in both the colonies and in England. Bostonians objected to accepting Africans’ medical knowledge by pointing out that their slaves were not Christians. Mather wrote that colonists “plead, That what is now done [inoculation], is a Thing learnt from the Heathens; and it is not lawful for Christians to learn the Way of the Heathen.” Mather also sought, unsuccessfully, to impress metropolitan medical practitioners with his discovery of new medical practices, for he hoped that communicating empirical evidence of new medical

420 On ministers’ clerical and medical duties, see Watson, chapter two. Well-known New England preacher-physicians include, among others, Michael Wigglesworth, Edward Taylor, Thomas Thacher, Mather, John Williams, John Wilson, and Israel Chauncy.
421 Mather, Angel, 37.
422 Ibid., 24.
practices would incite the Royal Society to recognize fully his status as a Fellow.\textsuperscript{423} Although he had technically been admitted into the Society, Mather found that his location in the colonial periphery limited acknowledgement of this status in the metropole. Mather’s providentialism was often conflated with his provinciality, and, as historians of science have pointed out, his interpretations of natural phenomena were increasingly at odds with mechanical philosophies and skeptical methodologies prevailing in England.\textsuperscript{424}

Furthermore, the disjuncture between Mather’s empirical philosophies and European philosophers’ sceptical methodologies became especially apparent during the controversy. One of Mather’s correspondents in England sent the minister’s account of inoculation to James Jurin, the Society’s secretary, who himself was interested in employing experimentation and statistical data to determine whether inoculation could prevent smallpox. The correspondent included a note cautioning that the reports “are both wrote by Divines, who therefore may be thought to write on a subject of which they are not competent Judges, but as their Profession led ‘em often to visit the Sick I suppose they may be allow’d to relate matters of fact as well as other Eye Witnesses.”\textsuperscript{425} In the eyes of metropolitan philosophers, Mather’s clerical “Profession” and his providential interpretations of illness undercut his account of inoculation, limiting the value of his reports to the raw facts he might

\textsuperscript{423} See Parrish, 125, where she explains that “The names of colonial members [of the Royal Society] were not printed on the official list, however, a sticking point for those seeking to publicize their stature.”

\textsuperscript{424} See Humphreys Warner, “Vindicating the Minister’s Medical Role”; Breen, “Cotton Mather, The ‘Angelical Ministry,’ and Inoculation”; Breitwieser, “Cotton Mather’s Pharmacy.”

transmit as an “Eye Witness.” The empirical nature of Mather’s firsthand reports of exotic phenomena was not enough to ensure their acceptance, for as another Fellow noted, it might be necessary to “alter some oddities in the style before I [transcribe] it, which I have been prevented in partly by the want of leisure, and partly a diffidence that the experience on that side of the world in this affair can add nothing to the knowledge of the Philosophers here.”

Given their provincial geographic and cultural position, colonial ministers such as Mather could serve only as “Eye Witnesses,” while the real work of evaluating and producing medical philosophies occurred in metropolitan centers of learning. Moreover, Mather’s literary style appeared as an “oddity[ ]” and his “experience” as potentially fallible to metropolitan philosophers because their standards for medical knowledge differentiated between claims to certain knowledge based upon observation and providential interpretations, on the one hand, and experimentally produced, probable knowledge, on the other.

In keeping with the Royal Society’s modification of Baconian empiricism, the colonial minister’s contributions were subjected to careful evaluation by philosophers in England. The Royal Society’s skepticism distanced Mather and his African sources from the production of medical philosophy. Colonists could observe and

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426 Ibid., 95.
427 Ibid., 94.
428 On Mather’s frustrated desire to receive metropolitan recognition, see Parrish, 120, 256-7, 286. She argues that the Royal Society took exception with Mather’s language games and rhetorical flourishes, rather than the empirical content of his reports. See also Humphreys Warner, “Vindicating the Minister’s Medical Role”; Breen, “Cotton Mather, The ‘Angelical Ministry,’ and Inoculation”; Breitwieser, “Cotton Mather’s Pharmacy”; and Michael P. Winship, “Prodigies, Puritanism, and the Perils of Natural Philosophy,” *William and Mary Quarterly* 51 no. 1 (Jan 1994): 92-105.

These latter critics argue that Mather, aware of the disjunction between his theology and Enlightenment science, attempted to reveal his ability to produce natural history while showing its place within theology. For a classic study of the conflicts between Mather’s promotion of preventive medicine and his theological beliefs in providence, see Perry Miller, *The New England Mind: From Colony to Province* (Cambridge, MA: Harvard UP, 1962), 345-66. Miller frames the controversy as a “crisis within the culture,” which secularized colonial beliefs regarding the spiritual significance of natural events (363).
collect information or specimens to send to Britain, but the production of facts occurred in the metropolis, performed by a member of the Royal Society, so that, as Susan Scott Parrish writes, “empiricism’s stages became mapped both geographically and socially.”

While “[a]ll could, in principle, participate in the Society’s activities, […] they needed to conform to certain standards so that they could each assume the mantle of a new kind of authority.” As we will see, although Mather’s enthusiastic promotion of Africans’ empirical testimony was designed to appeal to philosophers’ regard for empirical knowledge, his assumption that Africans’ testimony accurately reflected not only certain truth about inoculation but also spiritual truths threatened to undercut his authority.

**Verifying Inoculation: African Speech and Medical Authority in the Colonies**

If Mather’s readers were to accept Africans’ testimony as evidence that inoculation was an effective medical and spiritual remedy, Mather needed to position slaves as trustworthy witnesses. To that end, he employed a plain style that presented slaves’ speech as a sign of such qualifications. He offered a direct quotation of Onesimus’s testimony, writing,

> There is at this Time a considerable Number of Africans in this Town, who can have no Conspiracy or Combination to cheat us. No body has instructed them to tell their Story. The more plainly, brokenly, and blunderingly, and like Ideots, they tell their Story, it will be with reasonable Men, but the much more

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429 Parrish, 109.
430 dear, 269.
credible. For *that these* all agree in *one Story*; ‘That abundance of poor Negro’s die of the *Small Pox*, till they learn this *Way*; that People take the Juice of the *Small Pox*, and *Cut the Skin*, and put in a drop; then by’nd by a little *sick*, then few *Small Pox*; and no body dy of it; no body have *Small Pox* any more.’ *Here* we have a clear Evidence, that *in Africa*, where the Poor Creatures dye of the *Small Pox* in the common way like Rotten Sheep, a Merciful GOD has taught them a *wonderful Preventative.*

Mather’s description of Africans’ speech as broken and blundering and of slaves as “*Ideots*” did not mean that they were insane or witless but rather indicated their status as unlearned, or nonprofessionals. As Stephen Shapin points out, in “routine medieval and early modern English usage, an ‘idiot’ was simply a lay, uneducated, or common person, and that was the major basis upon which ‘tales told by idiots’ might signify nothing.”

Michel de Certeau observes that the idiot traditionally acted in European discourse as an “‘illiterate’ who lends his word the support of what his body has experienced and adds to it no ‘interpretation.’” Consequently, European travelers to the Americas who hoped to authorize their reports of seemingly marvelous sights and experiences often replaced the idiot with Native Americans, whose simplicity and savagery were presumed to make them incapable of misrepresentation or deceit. As de Certeau writes, the “cannibal came to rest in the

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434 Michel De Certeau, *Heterologies: Discourse on the Other*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 1986), 74. As De Certeau writes, the myth of this “‘illiterate’” had existed since the fourteenth-century and developed in a number of histories and essays, of which Montaigne’s *Of Cannibals* was only one. See 74.

place occupied by the *Idiotus*, which for two centuries had been the only place that could authorize ‘new language.’**435**

Mather’s description of slaves’ simple speech and “clear Evidence” substituted the African witness for the idiot and the Native, defining Onesimus as a figure whose simplicity and unlearnedness made him an ideal instrument through whom God could communicate his will.**436** While slaves’ speech did point to their position of servitude, an inferior position to be sure, it also defined their testimony as uncorrupted by artifice or bias. Onesimus’s broken and blundering testimony reflected his simple, honest character and ability to speak about “the true, the given, nature of things.”**437** Mather could rely upon Onesimus to offer clear evidence because he believed his slave’s words reflected only his experience, unmediated by text-bound philosophies and uncorrupted by personal motives. As Parrish writes, “In attempting to quote [Africans’] patois, Mather authenticated and made distinctive his source,” in this way making Onesimus into a surrogate witness of providential cures, as revealed in nature.**438**

Mather’s transcription of his conversation with Onesimus positions the slave as an unlearned witness whose simple wisdom surprises allegedly more sophisticated readers. Onesimus took on the role of the uneducated, yet wise African slave whose innocent perspective and unfamiliar dialect produce “a speech which is unaware of

**435** Ibid., 74.
**436** Mather, *Some Account*, 9. Colonists also characterized their own speech as blundering in their writings to the English natural philosophers, usually in “rhetorical gestures of self-validation.” See Parrish, 118.
what it expresses before decipherment can provide it with meaning and practical usage”; such speech discovers great truths to “civilized” peoples. Africans often appeared in this role in intercultural dialogues and conversations included in anti-slavery tracts. For instance, Thomas Tryon presents a dialogue between a “CHRISTIAN, That was his Master in America” and a slave who is “identified in the text as an indigenous voice of wisdom.” The slave’s straightforward honesty and unsophisticated perspective reveal the hypocrisy and greed of Europeans who claimed to be enlightened Christians but who mistreated their slaves. The slave’s “understanding” surpassed that of his Christian master because it came from the natural “wisdom” of experience, that is, from “so much understanding, as not to content our selves to see with other mens Eyes.” In much the same way that colonists described Natives’ speech to “pit[…] primitive babble against ‘civilized’ readers’ ‘reasonable’ expectations, thereby conveying a distinctly Protestant feeling of cosmic rupture between man’s reason and objective cosmic truth,” so authors such as Mather and Tryon described their dialogues with slaves to expose the shortcomings of “civilized” behavior and medical knowledge. Onesimus’s “blundering” speech

440 Thomas Tryon, Friendly Advice TO THE Gentlemen-Planters OF THE East and West INDIES (London: 1684), 146.
441 Philippe Rosenberg, “Thomas Tryon and the Seventeenth-Century Dimensions of Antislavery,” The William and Mary Quarterly 61.4 (2004): 58 pars., 25 Apr. 2009 University of Maryland McKeldin Library. <http://www.historycooperative.org/journals/wm/61.4/rosenberg.html> par. 22. Mather describes Africans’ religious status and intellectual capacity in The Negro Christianized, saying that “their Stupidity is a Discouragement. It may seem, unto as little purpose, to Teach, as to wash an Aethopian.” Tryon had described slaves in nearly the same terms in 1684, writing, “Though I think it will be to as little purpose, as to go about to wash thy Skin White, to inform such dark stupid Heathens as you are” (157). While Mather does not mention Tryon as a source, these similarities suggest that the minister was familiar with Tryon’s text and the trope of employing slaves’ as simple yet wise witnesses. See Mather, The Negro Christianized (Boston: 1706), 25 and Tryon, 152.
442 Tryon, 196.
and “Simple story” plainly and clearly reveal the medical and spiritual significance of inoculation, truths that colonists had previously overlooked because they believed slaves possessed only “Heathen” knowledge.444

Describing Africans’ testimony in the plain style allowed Mather to authorize inoculation as providentially revealed medical practices with empirical evidence. Just as Thomas Hariot had integrated the Algonquians’ invisible-bullets theory to produce the true report’s connection between seeing and knowing, so Mather achieves the plain style’s connection between words and things by transcribing Africans’ simple testimony. Mather’s presentation of Africans’ testimony suggests that their simple words suited the “nature and order” of inoculation—its status as a providential gift and a straightforward, safe prevention for inoculation.445 His description of Africans’ “Story” as “clear Evidence” posits a direct correspondence between inoculation and Africans’ words and scarred bodies, such that slaves’ simple speech and healthy bodies were clear signs that inoculation was both effective and safe.446 Even more importantly for Mather, presenting slaves’ “plain” testimony allowed him to suggest that God employed even the simplest of his creatures as his mouthpieces and to define inoculation as a divine providence, sent by a “merciful” God to Africans, and through them, to Bostonians.447 Africans’ testimony had special significance as a revelation of God’s will for the colonists, for, as Mather wrote, as a medical “Preventative,” inoculation could save the lives of many Bostonians; as “wonderful” spiritual

444 Benjamin Colman, Some Observations on the New Method of Receiving the Small-Pox by Ingrafting or Inoculating (Boston: 1721), 10.
445 Cohen, 23.
446 Mather, Some Account, 9.
447 Ibid., 9.
knowledge, inoculation would motivate patients to acknowledge God’s providence.\footnote{Ibid., 9.} Slaves’ testimony and firsthand experience offered empirical evidence of invisible, spiritual truths, specifically, of God’s providential intervention into the course of the epidemic to heal mercifully his chosen people. Mather’s presentation of slaves’ knowledge provided readers with direct access to both spiritual and medical truths, while also fulfilling his clerical responsibility to interpret the spiritual significance of natural phenomena.

Furthermore, the connections between Africans’ testimony and inoculation defined the colonies as a site of authoritative medical philosophies. In his writings on inoculation, Mather privileges Africans’ spoken account over competing reports, even those written by licensed medical practitioners and published by the Royal Society: he often lists Africans’ knowledge first or glosses other, published reports with their testimony. In 1716, the Royal Society had published the first two accounts of inoculation, written by physicians in the Levant, in its *Philosophical Transactions*. Mather often cited these reports, acknowledging “That these Communications come from Great Men, and Persons of Great Erudition and Reputation, and are address’d unto very Eminent Persons.”\footnote{Mather, *Some Account*, n.p.} However, Mather consistently privileges Africans’ empirical testimony, even over the written reports of educated physicians. He writes,

I was first instructed in it [inoculation], by a Guramantee-Servant of my own, long before I knew that any Europeans or Asiackes had the least Acquaintance with it; and some years before I Was enriched with the Communications of the Learned Foreigners, whose Accounts I Found

\footnote{Mather, *Some Account*, n.p.}
agreeing with what I received of my Servant, when he showed the Scar of the
Wound made for the Operation; and said, That no Person Ever died of the

Small-Pox. 450

Mather asserts the authority of colonial medical philosophy by foregrounding
Africans’ experience and spoken testimony, as well as his own firsthand observations
of slaves’ inoculated bodies over the second-hand accounts of “Learned Foreigners.”
His description of Africans’ speech and bodies represents “his place in the British
periphery as a center of exotic knowledge surpassing, in this instance, even the Royal
Society.” 451

Mather promoted slaves’ testimony because it offered eyewitness evidence of
inoculation’s success, in contrast to the reports by the Greek doctors, who admitted
they had not personally witnessed inoculation. Slaves’ speech endowed Mather’s
reports with a sense of “scientific immediacy,” 452 as shown in a parenthetical note he
appends to a summary of the Royal Society’s published account: “[So it has been
with such Africans, who have shown us the Marks of their Inoculation], thereby
suggesting that the doctors’ printed reports merely substantiated slaves’ more
authentic, spoken testimony of their experience.” 453 Africans’ “Marks” and, by
extension, colonial medical philosophy founded upon African testimony took
precedence over European publications and learning because slaves’ knowledge
offered not only earlier but also more immediate evidence of inoculation. By
describing Africans’ spoken testimony with plain literary practices, Mather claimed

450 Ibid., Angel, 107.
451 Parrish, 286.
452 Mulford, 91.
453 Mather, Some Account, 7.
“the superiority of eyewitness to hearsay testimony, however reputable the source” and justified replacing European-authored, published reports about inoculation with the superior evidence of Africans’ spoken testimony. Finally, Mather’s own acts of transcribing and transmitting Africans’ testimony to the metropolis defined his own crucial place as a collector and producer of medical knowledge within a transatlantic network of medical exchanges. As Ralph Bauer has argued, colonial natural historians such as Hector St. John de Crevecoeur would later employ this same rhetorical strategy by “appropriat[ing] the ““primitive eloquence’’ of the savage and the slave in order to fashion themselves as innocent and hence trustworthy sources of authentic knowledge regarding America. Crevecoeur also extended Mather’s claim for the distinctiveness of knowledge from the colonies: at the same time that he takes on the ““narrative mask’’ of the primitive, Crevecoeur parodies the “metropolitan historians’’ quest for the ‘authentic transparent American.’”

“Negroish” Stories: Infectious Evidence, Skepticism, and Satire

In the debut issue of The New-England Courant, Douglass expressed skepticism regarding African medical knowledge by employing a satirical form to oppose the plain style with which Mather had presented slaves’ testimony. Referencing very real concerns regarding ongoing conflicts with Indians on the colonial frontiers, Douglass laid out a satirical plan to end the war by inoculating

454 McKeon, 108.
455 Bauer, 213.
456 Ibid., 213.
457 Ibid., 215.
several Native men. He writes: “SIR, Reading in your last a Story concerning Inoculation, with the News of the intended Expedition against the Eastern Indians; they causally lodged together in the same Apartment of my Brain, and by next Morning formed themselves into the following Project. A Project, for reducing the Eastern Indians by Inoculation.” One of Douglass’s principal arguments throughout the controversy was that inoculation was not a proven preventive; he believed that “the small Pox may sometimes be communicated by Inoculation.” In other words, Douglass argued that purposefully transmitting smallpox might communicate to patients more than the benign symptoms inoculators promised. He held that inoculation transmitted particles of contagious smallpox virus and that it therefore endangered otherwise healthy Bostonians. Indeed, in 1721, inoculation was a procedure with uncertain outcomes: while patients sometimes did appear to survive with a mild case of the disease, inoculations did occasionally develop into full cases of smallpox. In the Courant article, Douglass suggests that inoculation, or, as he defines it, purposely transmitting smallpox, would communicate fatal doses of the virus to the Indians. By inoculating Indian warriors, Douglass’s logic went, inoculators could reduce not only the army, but also entire villages, as the warriors would return home and presumably spread the disease. Douglass’s suggestion that inoculation would solve the Indian conflicts farcically offers a grandiose resolution to two different public anxieties with one sweeping “Project.”

458 Bostonians were concerned with Indian-settler relations in spite of the fact that a peace had been declared. Raids were common, especially in Maine, where French colonists had incited the Abenakis against the English settlers and where Boston colonists owned land. Massachusetts governor Samuel Shute would declare war on the Abenakis in 1722. See Silverman, Letters, 343.
459 William Douglass, “To the Author of the New-England Courant;” Ibid., 7 August 1721, 1.
460 Douglass, Inoculation of the Small Pox (Boston: 1722), 20.
461 Ibid., 1.
By making African medical knowledge the object of his satire, Douglass revises Mather’s assumption, conveyed in his use of the plain style, that Africans’ words corresponded to things in the world. In contrast to Mather, Douglass exposes the distance between Africans’ words and the things they purported to represent. First, he insists, “That their Ammunition be of the best Proof, that is a Combination of Negro Yaws, and confluent Small Pox.” Yaws was an extremely infectious disease widespread among slaves in the West Indies and was thought to be related to smallpox. European medical practitioners, fearful of being infected with yaws themselves, often left slaves to cure the malady. Slaves frequently treated yaws with inoculation, although results were mixed at best, for yaws was often debilitating and painful, and it rendered slaves unable to work, often permanently. In Douglass’s scheme, inoculators would use yaws not only as “Ammunition” with which to shoot the Indians, but also as “Proof,” epistemological ammunition or evidence of inoculation’s success. Douglass’s description of “Negro Yaws” as the “best Proof,” or evidence, exposes the danger hidden in Africans’ claim that they were immune, or “proof” against smallpox because they had been inoculated. In actuality, Douglass satirically asserts, the best—because most deadly—ammunition also proved to be an infectious form of evidence, diseasing patients not only with smallpox but also with poisonous medical practices. Douglass’s satire reveals the dangers of inoculation by exposing the fallacies in Africans’ testimony, the space between their claim that inoculation was safe and its actual, dangerous nature.

463 Richard Sheridan, A Medical and Demographic History of Slavery in the British West Indies, 1680-1834 (Cambridge: Cambridge UP, 1985), 83. Yaws and smallpox had similar symptoms, and both manifested themselves in boils on the patient’s body; like smallpox, yaws was contagious and was also “characterized by skin eruptions and an indefinite incubation period.”
Douglass accomplishes the shift from plain style to satire by revising Mather’s interpretation of slaves’ “blundering” words as an clear indication of their character as trustworthy witnesses and their ability to offer “clear” evidence. While Douglass, similar to Mather, made the oral medium and plain style of slaves’ medical testimony a key factor in determining its veracity, he offers a competing, critical evaluation of slaves’ speech and status. He writes:

Their second Voucher is an Army of half a Dozen or half a score Africans, by others call’d Negro Slaves, who tell us now (tho’ never before) that it is practiced in their own Country. The more blundering and Negroish they tell their Story, it is the more credible says C.M.; a paradox in Nature; for all they say true or false is after the same manner. There is not a Race of Men on Earth more False Lyars, &c. Their Accounts of what was done in their Country was never depended upon till now for Arguments sake.

Douglass points to the same plain, or simple, stylistic attributes that Mather had emphasized in Onesimus’s speech, but he does not construe slaves’ “blundering and Negroish” style as an indication of honesty. Rather, Douglass classifies slaves as an entire “Race of Men [of] False Lyars” by connecting their “blundering” speech with their “Negroish,” or African, backgrounds, reading both as an indication of their intellectual capacities. Douglass’s description of Boston’s slaves as part of a “Race” of unreliable witnesses with “Negroish” qualities reminded readers that their slaves came to Boston from a “Heathen” culture that British Americans on both sides of the

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464 Mather, Some Account, 9.
465 Douglass, Inoculation, 7.
controversy considered uncivilized. Consequently, he suggested, Africans’ “Story” reflected neither the nature of inoculation nor their virtuous characters but rather indicated slaves’ inability to speak in more than one manner, that is, to learn to think and speak rationally. Their particular sounds or styles of speech did not reflect personal attributes of honesty or education; instead, everything the “Army” of Africans said revealed their status as uneducated and thus untrustworthy witnesses.

The connections Douglass draws between Africans’ speech and cultural background suggested that slaves possessed undeveloped intellectual faculties, which predisposed them to mistake dangerous medical practices for trustworthy knowledge.

Douglass develops the connection between the untrustworthy nature of Africans’ “Negroish” style of speech and slaves’ medical philosophies in a pamphlet published a few months after his satire appeared, in which he likens African medical knowledge to the “successful Wickedness” practiced by “Pharaoh’s Magicians,” who imitated God’s “own Judgments.” Comparing slaves to the Egyptian magicians who successfully performed the same wonders as Moses, and the pharaoh’s subsequent conclusion that Moses’ god was no more powerful than his magicians, Douglass suggests that Africans’ simple speech disguised inoculations’ true status as a practice founded upon irrational, uncivilized knowledge. The connection between inoculation and witchcraft supported Douglass’s interpretation of Africans’ “blundering and Negroish” words as a sign of their heathen civilization, which limited them to producing witchcraft, rather than trustworthy medical philosophies. For Douglass, Africans’ speech reflected not the nature of inoculation but rather

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468 Ibid., 7.
slaves’ status as heathen, uncivilized servants and consequently, their inferior intellects. After classifying inoculation as a form of diabolic magic, Douglass extends this critique to disparage the medical philosophies of such colonists as Mather who accepted and promoted inoculation. Douglass compares Mather’s trust in inoculation as an effective medical practice to the “Infatuation” of “hanging those suspected of Witchcraft” that had plagued New England when Mather had infamously supported prosecuting witches at Salem on the basis of empirical evidence. Douglass argues that Mather’s eagerness to promote inoculation predisposed him to mistake diabolic magic for God’s “own Judgments,” or providential medical knowledge; Mather subsequently infected the colonists’ minds with the “infatuation of Self-procuring the Smallpox.” While inoculation, similar to witchcraft, might appear successful for a time, Douglass insisted that the practice would ultimately be revealed as irrational knowledge, in contrast to “solid and sound Phylosophy […] founded on Observations made, and Experiments taken.” Much as the Royal Society sought to “arm[… young men] against all the enchantments of Enthusiasm” with “sober and generous knowledge,” so Douglass’s satire guards against the “enchantments” of inoculation by subordinating African medical knowledge as witchcraft and by exposing the connections between Mather’s trust in Africans’ simple testimony and his belief in and prosecution of witchcraft.

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469 Ibid., Introduction.
470 Ibid., Introduction.
471 Ibid., 13.
472 Sprat, 53. See also Shapin, 77. And, on standards for evaluating testimony in the eighteenth century, see Shapin, chapter five. Mordechai Feingold has disputed Shapin’s argument that gentlemen were accorded special authority to produce truth. He suggested that Shapin defined genteel status too narrowly, although various other historians of science have also critiqued Feingold’s review. See
Douglass’s satire ultimately subordinates Africans’ medical philosophies by suggesting that Mather’s promotion of inoculation was just as irrational as the “Infatuation” or belief in witchcraft. He departs here from such colonists as Winslow and Hariot, who had described Natives’ diabolic magic as dangerous by classifying Native witchcraft as heathen or pagan religious beliefs. The relationship that Douglass posits between slaves’ speech, African culture, and magical medical practices also developed interpretations of Africans’ intellectual faculties as substandard. Slaves’ position of servitude and dependence upon their senses were thought to limit their understanding to uncivilized, unchristian knowledge, deficiencies that, as colonists increasingly argued, made them culturally and socially inferior to British Americans. Much as in England, where certain categories of people—dependents, women, vulgar people—were believed to lack the “higher intellectual faculties” necessary to process sensations, so in British America slaves were considered “constitutionally prone to undispatched and inaccurate perceptions.” Such assumptions were justified by environmental medical theories according to which slaves’ minds had been weakened by environmental conditions in Africa, where the “excessive heat […] was believed to enervate the body, mind, and morals,” thus leaving Africans’ rational faculties undeveloped.


473 Shapin, 77.

474 Roxann Wheeler, *The Complexion of Race: Categories of Difference in Eighteenth-Century British Culture* (Philadelphia: University of Pennsylvania Press, 2000), 23-4. Mary Floyd-Wilson argues that conceptions of African complexions and bodies underwent a crucial shift in the early seventeenth century, as English writers rewrote a “classical tripartite structure” in which English, as well as African, cultures and complexions were considered barbaric and decentered. English writers made the “northerner’s pale, intemperate, and marginalized complexion [seem] civilized and temperate” by revising classical histories and humoral theories to contrast English and Africans bodies. See Mary
thought to be ruled by their appetites and bodies, rather than by reason; they were believed to lack rational faculties that would moderate physical desires and permit them to analyze their ideas. Such stunted intellectual development presumably limited Africans’ ability to produce rational, reliable knowledge. Therefore, by revealing the gap between Africans’ words and authoritative medical knowledge, Douglass’s satire classifies slaves as intellectually and culturally inferior.

Margot Minardi has argued that Douglass rejected African testimony on the basis of his belief that slaves’ skin and bodies marked “mental and moral shortcomings,” with the result that the doctor “vested physical differences with a fixity and a salience that had not before been articulated by a New Englander.” But Douglass’s satire of Africans’ speech and magical medical practices suggests that his opposition to Mather’s plain style, rather than racial beliefs as such, worked to subordinate African medical knowledge. As chapters one and two have shown, such colonists as Hariot and Winslow subordinated Natives’ medical practices by employing the literary forms of the true report and providence tale to distance themselves from what they perceived as the diabolic elements of Native medical knowledge. During the controversy, Douglass’s satire extended Winslow’s erasure of the Algonquians’ experiential medical knowledge and concomitant focus upon their heathen religious ceremonies by parodying slaves’ plain speech and repudiating Africans’ empirical evidence. However, Douglass also suggested that slaves’

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Minardi, 11. For an older study of the controversy in the context of early American conceptions of race, see Winthrop Jordan, *White Over Black: American Attitudes toward the Negro, 1550-1812* (New York, London: Norton, 1977), especially 200-259. Jordan argues that while colonists believed that environmental factors might produce exterior differences among bodies, “almost no one was prepared to say that the Negro was different in […] a fundamental way” (259).
witchcraft was a factor not only of religious beliefs but also of slaves’ African cultural and environmental characteristics. Douglass’s satire aligned irrationality, religious beliefs, and intellectual ability, thus attributing non-Europeans’ diabolic medical practices to their undeveloped civilization. His satire illuminates a movement from conceptions of cultural difference articulated in colonists’ comparisons of European, colonial, and non-European religious beliefs to theories of difference constructed by correlating intellectual faculties with cultural and geographic environment. As we will see, James Grainger would also express skepticism regarding slaves’ medical philosophies by connecting their belief in obeah, Africans’ medico-religious practices, to their irrational, undeveloped minds, a consequence, he suggested, of Africans’ distance from metropolitan centers of learning.

**African Speech and Satire**

Similar to satires of the Royal Society’s scientific methodologies by authors such as Jonathan Swift and Thomas Shadwell, Douglass’s satire makes “prominent the question of the reality to which language corresponds—is it that of the subject, the object or only its own?” For Douglass, Africans’ testimony did not represent things in nature but rather slaves’ misguided observations and ideas and, therefore, their true natures as unreliable observers and witnesses. His satire exposes the gap between Africans’ speech and its object, suggesting that slaves’ testimony revealed only undeveloped intellectual faculties and heathen religious beliefs, the impressions that inoculation had made upon their senses. While Mather could argue that slaves’

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social status and lack of education made them ideal witnesses because he believed that slaves’ words could reflect natural phenomena transparently, Douglass interpreted slaves’ words as a reflection of their ideas and, given their lack of learning, their intellectual incompetence. Different styles of speech were insignificant for Douglass; instead, intellectual capacity and the ability to engage in rational, learned exchanges were matters of primary importance.

Douglass’s satire obtained its rhetorical power and opposition to Mather’s plain style by reinterpreting Africans’ testimony. For Mather, “there was nothing to satirize, since there was but one true version of the divine will, and one essential plot, the work of redemption,” and he accordingly presented Onesimus’s words as a literal manifestation of the Word, providential medical knowledge revealed by a merciful God.  

By contrast, Douglass employed satirical literary forms by classifying slaves’ testimony as mere words, one dubious account of inoculation among others requiring evaluation and verification. As Zimmerman writes, “Satire’s customary attack on other literature is its way of obliterating the gap between word and thing,” and Douglass’s satire humorously reveals that Africans’ words made “clear” only the vast gap between their testimony and the true, infectious nature of inoculation. Parodying African testimony allowed Douglass to expose satirically the true nature of African medical knowledge as misguided and dangerous and to critique as well Mather’s credulous belief that the plain style could relate the connection between Africans’ words and inoculation. With the shift to satire, Douglass dissolved the correspondence between slaves’ words and natural phenomena and revealed what he

477 Hall, *Cultures*, 161.
478 Zimmerman, 29.
perceived as the distance between Africans’ spoken testimony and the medical practice it purported to represent. As Douglass’s description of slaves’ mental faculties suggests, this distance also marked the differences between African and colonial medical philosophies, aligning African medical knowledge with witchcraft and irrational ideas and colonial medicine and literary forms with authority and rationality.

The connections that Douglass’s satire posited between slaves’ words and their intellectual faculties facilitated new, genteel definitions of learning and literacy, aligning “literacy in the sense of learnedness [with] cultural authority; illiteracy, [with] cultural inferiority and exclusion.” His satire characterized slaves’ patois or dialect as a sign of illiteracy, thereby making possible skeptical responses to Africans’ words. Because their “blundering and Negroish” speech now signified inferior qualities, African slaves could no longer act as sources of simple, yet wise, truths as they had for Tryon and Mather; instead, slaves’ speech became a sign of the cultural distance between British Americans and slaves.

Much as Doctor Alexander Hamilton later constructed his sophistication and erudition by presenting linguistic differences between African patois and his own witty rhetorical styles, so Douglass claimed attributes of learnedness and rationality by satirizing African medical knowledge.

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479 Hall, *Cultures*, 153.
As literary historians of early America have argued, satire often emerged in the colonies to ridicule and resist Europeans’ misguided assumptions regarding knowledge produced in the colonial periphery. The reception of Mather’s scientific communications in England exemplifies the ways in which metropolitan scientists often formulated their skepticism in critical descriptions of colonists’ credulity. As the Royal Society adopted practices of experiment and evaluation, the Society became not only a “storehouse” that collected and organized knowledge but also a discursive space where skeptical evaluation would determine “the scientific and philosophical status of collected data.” Metropolitan scientists employed this space to subject colonists’ empirical reports to skepticism and scrutiny. However, colonial writers from Ebenezer Cooke to aspiring natural philosophers such as Robert Byrd turned accusations of naiveté back upon metropolitan readers. Colonial satires revealed discontinuities between Europeans’ perceptions of colonists as unreliable and provincial and their ignorance of the realities of British America. While Cooke and Byrd offered outrageous descriptions of colonists and colonial society, their objects of ridicule were the European readers who naively believed such characterizations.

During the controversy, however, it was not Mather, but Douglass, who employed satirical literary styles, and he made Africans’ irrational, heathen medical knowledge, rather than the “wit and sense” of European philosophers, the object of his satire. He parodies the allegedly plain, clear evidence with which Mather

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482 Schaffer and Shapin, 24.
484 Thomas Shadwell, I.I.i.
promoted inoculation, but not to satirize the “wit and sense” of European (or British American) philosophers. Rather, Douglass classifies Africans’ speech, however plain, as a ludicrous form of evidence. He produces his satirical literary form by revealing the disparity between slaves’ words and the real dangers of inoculation, taking Africans’ “clear” statements that inoculation safely immunized patients to ridiculous lengths in order to reveal the disjunction between slaves’ words and the actual, fatal consequences of inoculation. Douglass put satirical literary forms to innovative uses during the controversy by exposing the fallacies in African testimony, in particular, the tenuous relationship between slaves’ words and their objects, and by constructing differences between colonial and African medical philosophies.

**Skepticism, Literacy, and Publicity**

Douglass’s satire of African medical knowledge facilitated the development of a skeptical perspective regarding claims, such as Mather’s, that language could transparently represent natural phenomena and the divine truths they manifested. Douglass’s satirical literary form intervened in “naïve” reading strategies practiced by those who were “so accustomed to ‘plain’ or figural interpretation that [they] could not differentiate the literary from the true or real.” Readers of Douglass’s satire could not interpret his words as they did ministers’ sermons, by reading them as versions of Scripture, for adopting such an approach would take the satire literally and consequently fall prey to its irony. To avoid being duped by Douglass’s “Project,” colonists had to read against his satire’s apparently straightforward, or plain, claims and their literal meaning. Only by reading “differently, [and by

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485 Hall, *Cultures*, 164.
recognizing] the mental habits that lead, miserably, to literalization” could colonists grasp the ironic nature of Douglass’s satire.\textsuperscript{486} Through the practice of interpreting Douglass’s critique of African medical knowledge, colonists could develop the skeptical reading practices necessary to avoid replicating Mather’s credulous trust in slaves’ empirical knowledge. Douglass’s satire of African medical knowledge thus revolutionized Bostonians’ rhetorical practices, for recognizing the satirical nature of Douglass’s literary form could lead colonists to the conclusion that they could not trust words to correspond with reality, subsequently encouraging them to evaluate skeptically testimony from ministers and slaves alike.

The skeptical reading strategies that Douglass’s satire facilitated also contributed to literary practices through which colonists could engage in critical evaluation and rational conversations. Seeking to facilitate criticism of inoculation, Douglass founded the Society of Physicians Anti-Inoculators, the first medical society in British America. Formed specifically for the purpose of protesting inoculation, the club met in Richard Hall’s Coffee House. Members of the club, including the \textit{Courant’s} publisher James Franklin and John Checkly, an apothecary and regular \textit{Courant} contributor, participated in critical, sarcastic exchanges opposing Mather and “quacks” such as Zabdiel Boylston, who was inoculating patients despite lacking an official medical degree.\textsuperscript{487} The meetings at Richard Hall’s facilitated the growth of genteel culture, for as David Shields describes, coffeehouses throughout

the British Americas offered a exclusive space where colonists could align themselves with British cultural values, through mannered and often-witty conversations directed toward reproducing metropolitan polite society. Richard Hall’s constituted a space separate from traditional sources of authority, as represented by the pulpit; the coffee house allowed anti-inoculators to hold exclusive conversations that satirized African medical knowledge and critiqued Mather’s credulous acceptance of slaves’ testimony. Consequently, the Society disassociated trustworthy medical knowledge from spiritual interpretations and ministers’ influence, instead endowing professional physicians and members of the club with the authority to produce medical philosophy. Both British American ministers such as Mather and African slaves such as Onesimus were excluded from the Society, since neither of them displayed the rational, skeptical perspectives necessary for admittance. Mather’s credulity and Onesimus’s social status and illiteracy prevented them from participating in the Society’s polite, satirical exchanges.

As studies of the public sphere in both Europe and the British Americas have argued, the conversational sociability of coffeehouses was transformed into a public sphere when print publicized private literary exchanges. In Boston, such a transformation began during the controversy, when James Franklin published *The New-England Courant* with the “chief Design to oppose the doubtful and dangerous Practice of inoculating the Small Pox.” But rather than being defined in

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488 Shields, especially 31, 57.
“opposition to manuscript circulation,” the Courant’s printed forms often complemented the Society’s manuscript and conversational exchanges.⁴⁹¹ Shields has argued that the Courant adopted the persona of the Society of Physicians Anti-Inoculators, with the consequence that the paper collapsed the distance between private and public society, “connected a readership in a new social contract,” and established a “politics of sympathy [that] relied upon a sense of community grounded in a shared experience of pleasure.”⁴⁹² Presenting the Courant as “a forum for public correspondence” in which “literate persons [could] communicate with one another,” Franklin printed articles of local interest and satirical accounts of current events, authored by local Bostonians, many of whom were members of the Society of Anti-Inoculators.⁴⁹³ His subscription advertisements solicited submissions that imitated the witty exchanges of the coffeehouse, thus publicizing the private conversations at Richard Hall’s: “The Publisher earnestly desires his Friends may favour him from time to time, with some short Piece, Serious; Sarcastick, Ludicrous, or otherwise amusing; or sometimes professedly Dull, (to accommodate some of his Acquaintance) that this Courant may be of the more universal Use.”⁴⁹⁴ The Courant’s printed media supported the society’s goals of witty exchanges and skeptical reading practices.

The paper also offered literary strategies by which British Americans could express their opinions and by which anti-inoculators could endow their arguments against African medical knowledge with cultural authority. Much as individuals in the Society confirmed their membership by participating in skeptical conversations,

⁴⁹¹ Warner, 8.
⁴⁹² Shields, 267.
⁴⁹³ Ibid., 266.
⁴⁹⁴ James Franklin, Ibid., 2.
so Bostonians participated in the public sphere by exercising their reason and evaluating evidence for inoculation as they read and interpreted articles such as Douglass’s satire. However, publishing their critiques allowed anti-inoculators to engage a much larger audience than the members of the society with whom they conversed at Richard Hall’s. The Courant made it possible for anti-inoculators to imagine that their judgments were “read and participated in by any number of unknown and in principle unknowable others” and in this way to include many readers in acts of skeptical, collective evaluation. The paper created a printed “Stage,” an impersonal space where readers could display their learning and rationality by skeptically evaluating evidence for inoculation, without fear of retribution from the ministers. While the Courant’s articles extended the Society’s interpersonal, conversational exchanges, the paper also allowed anti-inoculators to assume multiple, anonymous identities and thus to separate their literary productions from their persons.

**African Speech and the Colonial Public Sphere**

Douglass’s satire of African medical knowledge, the Society of Anti-Inoculators, and the public sphere created by the Courant composed the “first […]

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495 My reading of Douglass’s skeptical approach to inoculation and participation in the public sphere in the context of the Royal Society’s constructive skepticism complicates Carla Mulford’s argument, in which she suggests that the controversy gave rise to new scientific and print technologies that provided opportunities for public discourse that challenged the ministers. She argues that because they opposed inoculation, the new uses for print were ultimately “conserving results: that is, print was used to fuel conservative cultural impulses antithetical to scientific inquiry and the experimental method” (23).

496 Warner, 40.

497 Checkly, Ibid., 14 August 1721, 2.

498 Shields, 265.
stirrings” of genteel culture in British America. As we have seen, satirical literary forms and a variety of literary media, from polite conversation to printed periodicals, were part of this culture, which made the practice of literacy as learnedness “crucial” to admittance. Anti-inoculators’ genteel literary practices produced a “Conversation, [which] is justly accounted one of the noblest Privileges of Reason.” Their literary technologies worked in different but complementary ways to facilitate the “interchangel[e of] Thoughts,” by allowing participants to exercise their skepticism and display their reason. The oral, manuscript, and print modes of communication that anti-inoculators employed to facilitate a rational conversation critical of African medical knowledge and inoculation complicate Michael Warner’s argument that print dominated the colonial public sphere to the exclusion of other literary media. Rather, as Shields has argued, the interplay between the Courant’s printed articles and the polite, sociable exchanges at Richard Hall’s suggest that various literary media were far from mutually exclusive during the inoculation controversy.

However, anti-inoculators’ genteel literary practices and the Courant’s printed form, in particular, offered British Americans and Africans different access to

499 Hall, Cultures, 153.
500 Ibid., 153.
503 I depart from Michael Warner’s argument that, in the early eighteenth century, there was no space separate from the political sphere where colonists could “adjudicat[e] conflicts even over basic norms, as in sectarian religious conflicts.” Warner does provide a brief discussion of “emergent” “public print discourses,” each of which reconceptualized the public sphere. See Warner, 34 and 36. For other studies complicating Warner’s argument, see Sandra Gustafson, Eloquence is Power: Oratory & Performance in Early America (Chapel Hill and London: University of North Carolina Press, 2000), and ibid., ”American Literature and the Public Sphere,” American Literary History 20 no. 3 (2008): 465-78. See also Hall, Cultures, 84, on the “continuum between print and oral modes” for British Americans.
Boston’s genteel “community.” In contrast to the Society, the Courant’s printed medium produced a public sphere that was, in theory, open to anyone with access to print, from professional medical practitioners, such as Douglass, to apothecaries such as Courant writer John Checkly and even unlicensed practitioners such as Boylston and ministers such as Mather. Indeed, Mather and other ministers published articles in support of inoculation in the city’s rival newspaper, The Boston Gazette; they even published an anonymous pamphlet, A Vindication of the Ministers of Boston (1722), in response to Douglass’s arguments against inoculation. However, such opportunities to express themselves in print did not extend to slaves. Onesimus and other African slaves were excluded from the Courant’s public sphere on the basis of their illiteracy, that is, what colonists perceived as their inability to communicate rational ideas in print. Slaves’ spoken modes of communication became signs not only of their exclusion from the public sphere and colonial society but also of their African complexions, “stupidity,” and, by extension, their cultural difference from British Americans. The anti-inoculators’ literary responses to African medical knowledge reveal not only that the colonial public sphere emerged much earlier than previous studies have suggested, but also that it did so to subordinate African medical knowledge, rather than as a component of republicanism.

505 Shields, 267.
506 See Habermas, especially 37. He explains that the public sphere in principle offered anyone the opportunity to participate in civil society. Carla Mulford suggests that the Courant made possible new freedoms of speech for Bostonians. See Mulford, “Pox and “Hell-Fire”: Boston’s Smallpox Controversy, the New Science, and Early Modern Liberalism,” In Periodical Literature in Eighteenth-Century America, ed. Mark L. Kamrath and Sharon M. Harris (Knoxville: The University of Tennessee Press, 2005).
508 Warner, especially the preface and chapter one.
As a consequence of Africans’ exclusion from the printed conversations occurring in the public sphere, literacy and rationality assumed increasing importance as signs of cultural differences between British Americans and Africans, eventually displacing status and religion. Even colonists who might have shared an inferior social status and providential beliefs with Africans could now align themselves with genteel literary culture and skeptical philosophies by participating in the Courant’s sphere of printed reason. The “sense of community” and genteel literary practices that the Courant fostered for British Americans emerged from competing literary forms and new literary media in which anti-inoculators subordinated African medical knowledge as heathen and irrational. Eventually, the illiteracy and irrationality connected to slaves’ “blundering and Negroish” speech would assume fixed, racial significance, establishing more firmly the cultural differences between Africans and colonists that were constructed during the inoculation controversy in satirical literary forms. These associations between illiteracy and exclusion, on the one hand, and literacy, access to print, and cultural authority, on the other would later inspire Africans such as Olaudah Equiano and Phillis Wheatley to use their literary publication to resist conceptions of Africans as illiterate and inferior.

By December 1721, the number of smallpox cases had declined sufficiently for civic and medical officials to consider the worst of the epidemic over, and by February 1722, Boston’s mortality rate was again at pre-epidemic numbers.

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509 Shields, 267.
510 Douglass, Inoculation, 7.
Inoculations continued until May, when civic officials ordered that Boylston cease his inoculations. A decade later, during another smallpox epidemic, Douglass would admit that the more detailed evidence then available from physicians proved that inoculation was effective, but he included the caveat that the procedure had to be performed properly, by physicians, and only on strong patients. The Courant continued to criticize Boston’s ministers until February 1723, when city leaders declared that the paper’s goal was to “mock religion, injuriously to reflect on faithful ministers, and to affront His Majesty’s government.”

James Franklin received an order banning him from publishing, and Benjamin Franklin replaced him as publisher, keeping the paper running for a short time longer and making his literary debut as Silence Dogood. Mather did not succeed in finding a receptive metropolitan audience for his reports on inoculation: when one of his reports was published in the Philosophical Transactions in 1722, it was appended to Secretary of the Royal Society James Jurin’s writings on inoculation. Boylston would later become celebrated in England, where inoculation was accepted around 1722, after extensive statistical studies, experiments on convicted felons, and observations of the natural causes for the epidemic conducted by philosophers and physicians.

Colonists continued to employ the various literary practices that competed during the controversy to present and to subordinate African medical knowledge. For instance, when in 1788 Cadwallader Colden informed English physician John Fothergill that he had discovered that his African slaves practiced inoculation, he transmitted information he had first discovered in conversations with his slaves in the

512 Miller, 339.
513 Hall, Cultures, 156.
514 See Silverman, 340.
semi-private, written form of a letter. However, Colden also verified his account of his oral communications by citing the authority of printed texts, specifically, “a little pamphlet, printed at Boston, in 1722.” The fact that Colden responds to his discovery of inoculation with surprise suggests that Africans continued to circulate orally medical knowledge among their communities, but that slaves’ exclusion from the colonial public sphere ensured that colonists remained ignorant of—even forgot about—inoculation’s African origins.

During the inoculation controversy, Mather and Douglass attempted to endow their medical knowledge with authority by establishing, in competing literary forms, their relation to African medical knowledge. As we have seen, Mather described Africans as ideal witnesses by employing the plain style to present connections between their simple, oral testimony and providential medical knowledge. By contrast, the satirical responses to Africans’ testimony that circulated throughout the controversy contributed to literary forms and practices with which colonists could comment on slaves’ speech from new, public and private spaces. Douglass’s literary practices transformed the disinterested stance that Hariot and Winslow had constructed to distance themselves from the pagan elements of Native medical knowledge into exclusive spaces from which colonists would rationally articulate skepticism both of the empirical and spiritual aspects of African medical philosophies. The Anti-Inoculators’ genteel literary practices contributed to professionalizing colonial medical practice, creating a privileged space defined by rationality and literacy where authoritative medical knowledge was produced by

physicians who studied the mechanical processes ordering the natural world and skeptically evaluated hypotheses. Clerical authority was increasingly limited to ecclesiastical matters; the minister-physician had authority to interpret divine truths, but not to discover them in natural phenomena. Moreover, conceptions of Africans’ intellectual inferiority were constructed in the literary practices with which Douglass satirized African medical knowledge and excluded slaves from participating in rational, printed debates and from producing medical philosophies. As we will see in chapter four, Douglass’s opposition to African medical knowledge reverberated throughout Boston and even to the British West Indies, as colonial physicians such as James Grainger employed georgic poetic forms and a natural history to describe non-European medical philosophies and to justify excluding African medical knowledge from plantation medical science.
Chapter Four: Obeah, Plantation Medicine, and the Georgic Form in James Grainger’s The Sugar Cane (1764) and An Essay on the More Common West-India Diseases (1764)

As its title suggests, James Grainger’s 1764 poem The Sugar Cane celebrates sugar—and its commercial importance to the British Empire—by offering practical instructions regarding sugar production and cultivation in neoclassical poetic language imitative of Virgil’s Georgics. But Grainger’s “West-India georgic” poeticizes many more subjects than sugar cane, including tropical animals, flora and fauna, hurricanes, tragic love stories, and, in its final book, African and colonial medical philosophies. In particular, Grainger describes obeah, a complex of interconnected religious and medical practices. He explains that obeah is composed of “magic spells” (IV.381) that both heal and produce disease and therefore do “mischief” as well as “good” on plantations (194). Colonial histories from the 1770s and 1790s are often cited as the earliest representations of obeah, while in the nineteenth century, sensational novels such as William Earle’s Obi; or the History of Three-Fingered Jack (1800) contributed to making obeah a popular literary and dramatic subject.


a particularly crucial moment. Grainger’s poem is one of the first representations of obeah to follow Tacky’s Rebellion, a 1760 slave revolt in Jamaica, where obeah men offered slaves a potion said to make them invincible to planters’ bullets. Shortly after he published *The Sugar Cane*, Grainger rewrote his poetic descriptions of Caribbean medical philosophies in *An Essay on the More Common West India Diseases*, a prose medical treatise that enjoyed acclaim in both the West Indies and in Europe. In the *Essay*, Grainger describes and classifies Africans’ illnesses and advises planters how to discipline and provide medical care for their slaves.

Grainger’s poem participated in an English “georgic revolution,” in which poets imitated the structure and themes of Virgil’s *Georgics* by writing four-book, didactic poems that suggested agriculture would usher in the Roman Empire’s Golden Age of peace and prosperity. As Anthony Low argues, the georgic revolution responded to a literary taste for classical poetry and to socio-political transformations brought about by England’s emergence as a nation-state and empire. Georgics accorded new significance to labor, with the goal of increasing enthusiasm for agricultural innovation. 518 While the hard work of farming had rarely been considered an appropriate subject for poetry, eighteenth-century georgics such as James Thomson’s *The Seasons*, John Dyer’s *The Fleece*, and Christopher Smart’s *The Hop-Garden* elevated the work of farmers and fieldhands while also celebrating the superiority of British commodities such as fleece and fruit. Describing otherwise

518 Anthony Low, *The Georgic Revolution* (Princeton, NY: Princeton UP, 1985), 117-26. Low comments that it became “the gentleman’s duty to not scorn but to lead his laborers in their civilizing work,” and georgics contributed to conceptions of the gentleman farmer as progressive and practical, a man whose agricultural experimentation was a kind of civic duty benefiting the nation. See 120.
prosaic, utilitarian practices with the “simplicity of a poet.” Neoclassical georgics followed Virgil’s classical example by transforming hard work and skilled labor “from [their] shameful place at the bottom of the social ladder to a new pioneering role as the shaper of history and the benefactor of humanity.” Patriotically linking agriculture to the expansion of the British Empire and providing pleasing descriptions of English country life as well as didactic advice regarding agricultural innovations, georgics presented farming as a civilizing, progressive activity crucial to Britain’s imperial glory. Similarly, in the British Americas, poets “imitat[ed]” georgics written in England by employing their themes and conventions to celebrate colonial staples, from indigo to sugar cane.

Georgics established connections between writing and planting, claiming parallels between the poet and the farmer and treating writing as an “artisanal” or “inscriptive” process that enacted, even as it mirrored, the agricultural labor of planting and harvesting a crop. Positioned between pastoral descriptions of leisure and epic stories of heroism and war, georgics were considered the “middle form”: they transmitted utilitarian agricultural instructions and guidelines in a plain, or middle style that avoided the “distempers of language” associated with high poetic

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520 Low, 142.
styles and considered unsuitable for the georgic’s practical advice.\textsuperscript{524} Instead, the poet, similar to the farmer, gathered and ordered the seeds, or subject matter, of his poem to transform raw materials into a pleasing harvest of poetic description.

Georgics opened with images of uncultivated wilderness, moving on to describe acts of planting, cultivating, and harvesting, before concluding with visions of productive, civilized estates. The poetic labor of transforming traditionally mundane topics into pleasing images reflected the farmer’s act of civilizing uncultivated fields, so that georgics produced the very civilizing effects of which they spoke.

In \textit{The Sugar Cane}, Grainger employed the georgic form to celebrate the connections between the British Empire and sugar cane, an exotic commodity for which Britain relied upon its West Indian colonies. While Grainger sought to write a “West India georgic” by poetizing advice regarding sugar production, as critics such as Samuel Johnson noted, \textit{The Sugar Cane} was a “new creation […] of which an European has scarce any conception,” and Grainger himself explained that he introduced “new and picturesque images” into the georgic (89).\textsuperscript{525} Indeed, Grainger often invokes his muse to sing of novel, West Indian subjects, going so far as to poeticize hurricanes, deadly tropical illnesses, and even rats and cockroaches, writing that “Cockroaches crawl displeasingly abroad:/ These, without pity, let thy slaves destroy;/ (Like Harpies, they defile whate’er they touch:)” (I.337-9). Grainger also takes the unusual step of appending footnotes to the poem to explain unfamiliar words, animals, flora and fauna. He explains in a footnote to a verse on “mosquitos” that “This is a Spanish word, signifying a Gnat, or Fly. They are very troublesome,

\textsuperscript{524} Low, 108. See also pages 4 and 107.
especially to strangers, whom they bite unmercifully, causing a yellow coloured
tumour, attended with excessive itching” (174). Finally, while Grainger initially
follows the georgic structure by first advising planters when to plant and how to
cultivate sugar cane, the poem’s final book departs from the georgic’s conventional,
concluding image of harvest by describing obeah in Book IV.

Literary historians have examined the implications of Grainger’s focus upon
West Indian agriculture and the new images he introduces into the georgic form:
David S. Shields argues that Grainger employed the georgic form to impress
metropolitan audiences with his literary ability to describe Caribbean subject matter,
from cockroaches to avocados, in a classical form.526 Similarly, Shaun Irlam suggests
that Grainger relied upon the georgic to import metropolitan literary and social
practices to the Caribbean as well as to “exhibit that cultural artifact called the British
West Indies for metropolitan and colonial audiences, and also to assert—given its
composition during the Seven Years War with France (1756-63)—the preeminence of
Britain as a nation and as a rising imperial power.”527 Yet while The Sugar Cane
also transforms obeah into a practical resource for planters seeking to maintain their
slaves’ health, the connections between Grainger’s georgic form and encounters with
African medical knowledge, specifically obeah, have heretofore gone unnoticed.

526 Shields, especially chapter four. See also Jim Egan, “The “Long’d for Aera” of an “Other Race”:
Climate, Identity, and James Grainger’s The Sugar-Cane. Early American Literature 38 no. 2 (2003):
189-212, where he argues that Grainger offers a new definition of British identity for colonists,
developed not by articulating racial or religious difference, but through empire building to connect
colonial and metropolitan culture; John Gilmore’s largely biographical “Introduction,” The Poetics of
Empire: A Study of James Grainger’s The Sugar-Cane (London & New Brunswick, NJ: 2000),
especially 21-32, where Gilmore discusses Grainger’s English and classical inspirations for The Sugar
Cane; and Keith A. Sandiford, The Cultural Politics of Sugar: Caribbean Slavery and Narratives of
Colonialism (Cambridge, Cambridge UP, 2000), chapter three, where he argues Grainger uses the
georgic form to mediate between colony and metropolis.
527 Shaun Irlam, “‘Wish You Were Here’: Exporting England in James Grainger’s The Sugar Cane,”
English Literary History 68 no. 2 (2001): 379.
In this chapter, I examine Grainger’s poetic representations of African medical knowledge in order to explore the ways in which describing obeah allowed him to write a “West-India georgic” (90). I consider *The Sugar Cane* in the context of African medical practices and European interpretations of obeah circulating throughout the Atlantic world in the early- and mid-eighteenth century. Moreover, I analyze the ways in which Grainger’s description of obeah transforms a “wilderness” of unfamiliar, frightening medical practices into a “harvest” of information useful to planters, who were keen to maintain not only their slaves’ health but also their obedience. Grainger’s description of obeah allows him to achieve the georgic’s inscriptive qualities: the act of poetically representing obeah enacts the process of healing slaves’ illnesses and rebellious behavior by producing images of slaves’ healthy bodies and practical medical knowledge regarding tropical illnesses.

Ultimately, Grainger’s incorporation of obeah into the georgic allows him to define African medical knowledge as magical and irrational. He quells fears of obeah-inspired slave rebellion by positioning African medical knowledge as an “object of surveillance,” subsequently constructing and maintaining oppositions between colonial and African medical philosophies. As I will explain, Grainger integrates obeah into his georgic poem in order to place Africans’ dangerous, yet useful, medical philosophies within colonial medical discourse and in this way to express colonists’ ambivalence regarding obeah men’s capacity to do both “mischief” and “good” (194). Grainger’s description and disavowal of obeah in his poetic form constitutes his georgic out of distinctively West Indian images and subject matter.

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As I also show by reading *The Sugar Cane* alongside Grainger’s prose *Essay*, which, in the eighteenth century, was far more popular than the poem, Grainger continued to experiment with various literary styles for incorporating and subordinating slaves’ diseases and magical beliefs. He rewrites Book IV’s poetically transmitted medical philosophies as a prose natural history of disease. The natural history’s rhetorical strategy of relating the only visible signs of disease construes slaves’ bodies and observable symptoms as objects of colonial medical philosophy, subsequently effacing Africans’ medical knowledge. The *Essay* presented strategies for diagnosing and healing slaves’ illnesses, developing a plantation medical science that reconciled colonists’ financial interests with the humanitarian concerns of Europeans in the metropolis. Grainger’s medical treatise unites practical and sympathetic medical knowledge to allay metropolitan concerns regarding planters’ allegedly inhumane treatment of slaves as well as to calm colonial anxieties about future slave rebellions. The *Essay* thus revises *The Sugar Cane*’s celebration of empire to claim for colonists attributes of sympathy traditionally associated with the metropolis. The connections between obeah and the formation and transformation of Grainger’s georgic form that I uncover are crucial to understanding the ways in which *The Sugar Cane* inspired a genre of prose treatises on plantation medicine, while also shaping subsequent analyses and representations of obeah as magic and of slaves’ minds as inferior. Grainger’s poetic and prose literary forms evolved in both transatlantic and intercultural contexts, both to subordinate Africans’ medical knowledge and to resist metropolitan skepticism regarding colonists’ treatment of slaves.
Before the Jamaican rebellion made obeah a subject of colonial anxiety, slaves often enjoyed “wide scope” to employ African and Afro-Caribbean medical knowledge to treat their illnesses and to maintain elements of their traditional religious and medical practices. Colonists’ interest in slaves’ medical practices increased after Tacky’s Rebellion, but for much of the eighteenth century, the absence of organized medical care for slaves and large numbers of absentee planters allowed slaves to practice obeah without colonial oversight. Obeah men were “almost entirely independent of white control and contributed enormously to the physical and psychological well-being of the slave population and therefore to the health of the society as a whole.” Only a few Europeans published descriptions of obeah before The Sugar Cane, and the natural histories that do briefly mention obeah describe it as a secret but not explicitly dangerous practice. Indeed, mid-century European natural histories relating encounters between obeah men and Whites report that obeah had socially positive uses.

As these European travelers explain, obeah was an inherently neutral practice composed of a mixture of African religious practices and Afro-Caribbean herbal knowledge. As Edward Kamau Brathwaite insists,

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532 Many historical and anthropological studies often reproduce colonial ethnographers’ definition of obeah as witchcraft and black magic. Jerome Handler and Kenneth Bilby argue that such definitions were constructed in the Caribbean. See Jerome S. Handler, “Slave Medicine and Obeah in Barbados, Circa 1650 to 1834,” New West Indian Guide 74 no. 1 & 2 (2000): 57-90; and Handler and Kenneth M.
this ‘magic’ was (is) based on a scientific knowledge and use of herbs, drugs, foods and symbolic/associational procedures (pejoratively termed *fetishistic*) as well as on a homeopathic understanding of the material and divine nature of Man (*nam*) and the ways in which this could be affected. The principle of *obeah* is, therefore, like medical principles everywhere the process of healing/protection through seeking out the source or explanation of the cause (*obi/evil*) of the disease or fear.\(^{533}\)

Slaves did not perceive obeah as an intrinsically evil or harmful practice; rather, obeah was generally white magic, used “for protection against sorcerers (*tapu*)” or against slaves whose actions made them outsiders to the Afro-Caribbean community.\(^{534}\) In contrast to black magic (also called witchcraft or sorcery), which was “practiced by genuine sorcerers (*wisiman*), who call up the spirits of the dead, render them slaves to their malevolent will, and force them to work for evil purposes,” obeah men used their access to *won*, that is, neutral spirits, for either good or evil purposes.\(^{535}\)

As Brathwaite describes, obeah was only one component of Afro-Caribbean culture, in which “religion [was] the form or kernel or core”; this religious complex was composed of worship, rites of passage, divination, healing, and protection.\(^{536}\)

African medical practitioners possessed not only herbal and therapeutic knowledge but also several religious techniques for accessing natural, spiritual, and ancestral

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\(^{535}\) Bastide, 60.

\(^{536}\) Ibid. 60. See also 101 on Creole Africans’ uses of Obeah. For an opposing view of obeah as a “type of sorcery,” see Patterson, 188.

\(^{536}\) Braithwaite, “African Presence,” 74.
deities, whose anger was believed to be the ultimate cause of disease. Different categories of medical practitioners addressed various levels of disease: an herbalist used plant medicines to focus on relieving the visible symptoms of disease, perhaps drawing upon ““magicoreligious techniques.””537 If the disease persisted, a patient might seek help from a diviner, who would diagnose the supernatural cause of illness and apply herbal medicines with spiritual powers to heal the patient. If the patient still continued to suffer, she or he might seek a sorcerer-healer, who, similar to an obeah man, could both heal and cause disease.538

In the Caribbean, obeah offered slaves a method by which they could not only seek healing from diseases but also access and pacify the supernatural and natural forces to which they attributed their misfortunes. Obeah practitioners were employed as diviners and healers, and slaves relied upon them to avenge wrongs, find stolen property, and heal diseases.539 One of the first European depictions of obeah in the West Indies appears in a natural history of Barbados by Griffith Hughes, a Fellow of the Royal Society who describes ““Obeah Negroes”” as ““a sort of Physicians and Conjurers, who can, as they believe not only fascinate [slaves], but cure them when they are bewitched by others.””540 Hughes describes a case in which an ““Obeah Negro”” healed a woman of her rheumatism with a ““Magical Apparatus”” composed of various natural objects: ““Earthen Basons, a Handful of different Kinds of Leaves, and a Piece of Soap.””541 African healers often used such a medico-religious apparatus for

537 Handler, 66.
538 See Handler 66-7.
539 Ibid., 78.
541 Ibid., 15.
supernatural purposes, to “control or contain the supernatural force that is believed to actually perform the desired cure.” Hughes’s description suggests not only that obeah men combined religious and herbal knowledge but also that European travelers perceived obeah as a medical practice with magical elements employed for useful purposes.

While, as Hughes’s account shows, slaves used obeah for healing, they also relied upon obeah to seek revenge upon or to harm other slaves for reasons they perceived to be socially useful. Writing of his encounters with slaves in Pennsylvania, Swedish botanist Peter Kalm reported that:

Negroes commonly employ it [obeah] on such of their brethren as behave well, are beloved by their masters, and separate as it were from their countrymen, or do not like to converse with them. They have likewise often other reasons for their enmity; but there are few examples of their having poisoned their masters. Noting that obeah is a secret art, Kalm does not describe its ingredients, writing only that “It is full of ******. I purposely omit what he mentioned, for it seems undoubtedly to have been the name of the poison with which malicious Negroes do so much harm, and which is to be met with almost everywhere.” Kalm’s description suggests that Pennsylvanian Africans, similar to their Caribbean counterparts, relied

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542 Handler, 70.
544 Ibid., 400.
upon obeah to maintain their social “health” and solidarity by reproving slaves who embraced European lifestyles and beliefs.\(^545\)

As Kalm’s description suggests, obeah offered a set of practices by which Afro-Creoles maintained cultural traditions and reinforced belief in the power of \(won\), or the spiritual forces inherent in medicines, by using such forces to heal diseases and punish aberrant or dangerous behavior. After poisoning the Europeanized slave, Kalm reports, “The other Negroes and Negro-women fell a laughing at the complaints of their hated countryman, and danced and sung as if they had done an excellent action, and had at last obtained the point so much wished for.”\(^546\) As anthropologists of African cultures in the New World have noted, slaves’ dances and songs often transmitted and sustained Old World beliefs. Similar to the holidays that provided slaves with an “institutional context” through which they preserved “chants, dances and various other manifestations of African art,” obeah offered a medico-religious framework with which slaves preserved their interconnected religious and medical beliefs.\(^547\) By concluding their practice of obeah with a dance, the Pennsylvanian Africans likely employed obeah to celebrate African traditions and affirm cultural unity. Just as slaves’ dances mixed African religious or medical beliefs with European traditions such as Christian holidays, so the obeah dance fused African religious beliefs with slaves’ knowledge of American herbs, thus ensuring the survival of traditional beliefs by attaching them to New World elements. In the context of West Indian plantation slavery, obeah offered a creolized, Afro-Caribbean

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\(^{545}\) See Handler, 65: “whites, and perhaps slaves as well, considered Obeah persons knowledgeable in making poisons from local flora.”

\(^{546}\) Kalm, 400.

\(^{547}\) Bastide, 90.
form of “cultural resistance, a symptom of Negro protest against compulsory Christianisation, the imposition of European customs and values. It testified to a desire to ‘stay African.”’

Representations of obeah published after Tacky’s Rebellion increasingly focus upon instances when slaves used obeah as an overt form of resistance against slave owners and overseers. During Tacky’s Rebellion, obeah men had allegedly used their medico-religious knowledge to encourage slaves to rebel violently. Led by a slave named Tacky, slaves from a number of plantations attacked their masters, hoping to massacre the White population entirely and transform Jamaica into a Black colony. An obeah man gave the rebels “a powder, which, being rubbed on their bodies, was to make them invulnerable: they persuaded them into a belief, that Tacky, their generalissimo in the woods, could not possibly be hurt by the white men, for that he caught all the bullets fired at him in his hand, and hurled them back with destruction to his foes.” The rebel slaves killed sixty colonists and devastated several plantations before White colonists captured the rebel slaves, who numbered over one thousand. However, the rebellion surprised the colonists, for the slaves were only suppressed after martial law was declared and military reinforcements arrived. The obeah man was eventually caught by a White militia, and Tacky was executed.

The revolt cost planters about ten thousand pounds, or one thousand slaves, who were

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548 Ibid., 47.
551 Ibid., 451-3.
executed or exiled or who committed suicide rather than surrender.\textsuperscript{552} The rebellion struck fear into planters throughout the Caribbean: colonists expressed consternation that their slaves had surreptitiously organized the rebellion over a period of several years, while maintaining the utmost secrecy, and they focused upon obeah’s role in stimulating the confidence and bravery that led the rebels’ initial success.\textsuperscript{553}

\section*{Medical Encounters in the Caribbean}

Arriving in St Kitts in 1759, Grainger had a personal and professional interest in investigating the connections between African medical knowledge and rebellion and in discovering practical strategies with which to maintain orderly relations between planters and slaves. His social and cultural position as a colonial physician depended in several ways upon maintaining the hierarchical and racial structure of slave society. Grainger had practiced medicine in London before meeting absentee planter John Bourryau and agreeing to accompany Bourryau to St Kitts as his tutor. Once he arrived in the West Indies, however, Grainger wielded his medical knowledge to form more advantageous connections. Hoping to make an easy fortune and return to England, Grainger dissolved his relationship with Bourryau and established a medical practice in St Kitts. Though he never permanently returned to England, Grainger did build a small fortune in the West Indies: his medical practice was so successful that he purchased a gang of slaves and a large estate. Grainger’s medical vocation aligned him with the West Indies’ landed, ruling White elite, for while physicians were considered professional men in the West Indies and thus did

\textsuperscript{552} Patterson, 261.
\textsuperscript{553} See Patterson, 192.
not usually attain the wealth and luxury that planters enjoyed, the large number of absentee planters often made space for physicians to join the islands’ elite White class.

As a colonial medical practitioner, Grainger’s professional status depended upon ensuring that the lowest members of the plantation economy—slaves—remained healthy and efficient, while as an aspiring plantation owner, his hopes for advancement depended upon buying and owning slaves. While Grainger’s West Indian medical practice thus afforded him economic prosperity and social prestige unavailable in London, this prosperity was made possible by the hierarchical structure of plantation society, in which Africans occupied a large, enslaved class and Whites a small but exclusive upper class.  

He shared with the West Indies’ landed gentry the opportunity for social mobility that ultimately depended upon slave labor and upon maintaining social and cultural distance between Whites and Blacks.  

In addition to his participation in West Indian social and racial hierarchies, Grainger also acted as a physician-poet seeking to present poetically useful knowledge regarding the medicinal resources of the West Indies. Eighteenth-century medical practitioners continued to develop the skeptical medical philosophies formulated by the Royal Society—and as we have seen, by colonial physicians such as William Douglass—by revising Galenic theories that the humors caused disease. Seeking to avoid hypothesizing about the occult, or hidden, causes and to found

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554 He further improved his status by marrying the daughter of a widow whom he treated for smallpox on the voyage to St Kitts. Many of his wife’s relatives were governors and justices of various Leeward Islands, and she herself owned a plantation and slaves.

555 On Grainger’s biography, see Gilmore 6-21. As Goveia points out, such social mobility was not unusual. In the Leeward Islands, the large number of absentee proprietors and an almost entirely black labor force created opportunities for middle-class whites to occupy social positions previously the exclusive province of landed gentry.
medical knowledge upon observation and experimentation, “environmental” medical philosophers explained the causes of disease by collecting and correlating observations of visible factors, such as weather, environmental conditions, and physical or constitutional characteristics. Environmental theories postulated that disease was the product of disorder between humans and measurable environmental forces, usually “miasma,” “vaporous exhalations […] and particles suspending in the atmosphere.”

556 For instance, climatic or environmental variations in the air or new dietary or exercise patterns allegedly relaxed the blood vessels, disrupting the regular circulation of the blood and producing corrosive or corrupted blood that infected the entire body. 557 Physicians theorized, as John Arbuthnot did, that the air was the primary and “sensibl[e]” agent in “forming the Constitutions of Mankind, the Specialities of Features, Complexion, Temper, and consequently the Manners of Mankind, which are found to vary much in different Countries and Climates.”

558 Rather than the humors, environmental conditions, especially the air, operated as a primary and observable cause of disease.

With its humid air, swamps, and earthquakes (during which the earth allegedly emitted noxious air), the Caribbean environment was believed to be a primary and potent cause of both White colonists’ and African slaves’ maladies and constitutional alterations. The tropical air and climate were thought to produce

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different physiological changes and deadly diseases on bodies that hailed from different national origins. Colonists were believed to degenerate physically and culturally, and slaves also underwent a period of “seasoning” during which their bodies adapted to the Caribbean environment. However, slaves often suffered from different diseases than colonists, more often contracting fluxes and dropsies than the fevers that frequently infected planters. Instead, slaves were often infected with a number of diseases unfamiliar to Whites, including “yaws, coco bays (a form of leprosy), elephantitus, Guinea worms, ulcers, geophagy or dirt eating, and tetanus,” as well as fluxes (bowel complaints).

Physicians drew upon environmental theories to explain slaves’ illnesses as the result of the combined effects of their African constitutions, exposure to the tropical environment, and adaptation to slavery.

While colonists often relied upon environmental theories from Europe to explain the effects of tropical air upon colonists’ and slaves’ bodies, they also noted that Africans possessed herbal knowledge and medical treatments that were extremely effective against tropical maladies. Grainger frequently turns to slaves’ empirical knowledge of tropical illnesses: he writes in The Sugar Cane’s preface that “the mention of many indigenous remedies, as well as diseases, was unavoidable. The truth is, I have rather courted opportunities of this nature, than avoided them” (90). The botanical notes to The Sugar Cane were constituted by the “indigenous” sources for Grainger’s medical knowledge, revealing that his poetic descriptions of herbs and

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559 Some diseases that were particularly fatal to Europeans in the tropics, such as yellow fever, were endemic along the West African coast, where Africans had often contracted a mild case that made them immune to Caribbean strains. See Sheridan, especially chapter one.

560 Sheridan, 187 and 131-3, where he notes that unsanitary living conditions and hard labor often led to the deaths of twenty-five to fifty percent of slaves in their first three years in the tropics.

561 For a few such references, see Hughes, as well as John Davies, THE HISTORY OF THE Caribbean-Islands (London: 1666).
medical cures frequently depended upon his observations of and conversations with St Kitts’ African and Indian inhabitants (90). Grainger includes African and Indian names for plants that, being specific to the West Indies, were unknown to his European and colonial audiences. For instance, he writes that wild liquorice is a scandent plant, from which the Negroes gather what they call *Jumbee Beeds*. These are about the size of pigeon-peas, almost round, of a red colour, with a black speck on one extremity. They act as an emetic, but, being violent in their operation, great caution should be observed in using them. The leaves make a good pectoral drink in disorders of the breast. (178)

Including both the “Negroes’” name for the wild liquorice and their cautious use of “*Jumbee Beeds*” as an emetic, Grainger describes tropical medicines by integrating slaves’ medical terminology and practices.

While, as Kalm notes, “only a few [slaves] know the secret,” poisonous ingredients that composed obeah’s apparatus (399), Grainger’s interest in healing tropical diseases and in Africans’ medical knowledge likely motivated him to “court […] opportunities” to observe obeah.⁵⁶² Although it is difficult to know with certainty what aspects of obeah Grainger observed, the informal nature of plantation medicine in the early 1760s and Grainger’s medical practice would certainly have offered him many occasions to encounter obeah. Grainger was unique among the European doctors who practiced in the Caribbean, for he was the first of a group of medical practitioners who published medical treatises on slaves’ diseases and medicines.⁵⁶³ His frequent inclusions of slaves’ medical knowledge in *The Sugar-

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⁵⁶² Kalm, 90.
⁵⁶³ See Sheridan, 71.
Cane suggest that he was familiar with a range of African medical practices and that, unlike other doctors, he might have conversed with obeah men or observed their practices. Finally, even with the increased anxiety regarding obeah following Tacky’s Rebellion, planters were still in the process of institutionalizing practices for restricting slaves’ medical practices, leaving slaves some autonomy to employ traditional remedies.

Traces of Grainger’s encounters with obeah also appear in his 1764 medical treatise, An Essay on the Management and Diseases of Negroes. William Wright, a well-regarded physician and a Fellow of the Royal Society, provided footnotes for the second edition of Grainger’s Essay, in which he comments that Grainger offers a unique perspective on yaws, a deadly disease thought to originate in Africa. Grainger, Wright notes, is the first author to have “viewed [yaws] in its proper light.”

Unlike “Dr. Cullen, and other nosologists” who classified the disease “amongst the “Cachexiae,”” Grainger recognized that yaws “attacks the Negro but once,” and he categorized it among other skin diseases to which patients were immune after one infection. Grainger places his description of yaws “immediately after small-pox,” and, as Wright notes, he was the first European medical practitioner to suggest that inoculation might effectively prevent the illness.

Grainger’s classification of yaws among other skin diseases and his interest in inoculation suggests that he had made extensive observations of the disease and

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566 Ibid., 72.
Africans’ treatments. Because yaws was an extremely contagious disease, many European medical practitioners hoped to avoid infection by permitting African practitioners, themselves often infected with yaws, to treat patients. Sheridan reports that slaves frequently employed traditional remedies from Africa, such as inoculation, to cure yaws, although they usually kept such remedies secret.\textsuperscript{567} Significantly, slaves who practiced obeah were often infected with yaws, and were thus outsiders, often of African, rather than West Indian, birth, and frequently the sources of Old World medical and religious traditions. As the narrator of William Earle’s novel \textit{Obi; or the History of Three-Fingered Jack} explained, slaves with yaws “are the beings, who, in their seclusion, most frequently practice Obi. The more they are deformed, the more they are venerated, and their charm credited as the strongest.”\textsuperscript{568} Yaws-stricken patients seem to have become—or perhaps already to have been—obeah practitioners, perhaps exploiting the relative freedom their quarantine afforded not only to heal other slaves infected with yaws but also to practice obeah.\textsuperscript{569}

With his insightful classification of and treatment for yaws, Grainger seems to have constituted an exception to colonial physicians’ refusal to treat yaws. Physician James Thomson, who consciously modeled his \textit{Treatise on the Diseases of Negroes} after Grainger’s \textit{Essay}, mentions that Grainger was one of the few colonial practitioners to possess detailed knowledge of yaws, even though “The disgusting nature of the subjects, and the danger of infection, have hitherto prevented our obtaining an accurate knowledge of the stages of the eruption, and the laws that it

\textsuperscript{567} Sheridan, 83-7. \\
\textsuperscript{568} Earle, 119. \\
\textsuperscript{569} See Patterson, 193.
follows in the human body.” Grainger’s footnotes to *The Sugar Cane* and his description of yaws suggest that he had firsthand experiences treating the disease and observing Africans’ remedies. In the course of such encounters, Grainger likely conversed with obeah men or heard of stories of slaves whose infection with yaws afforded them a measure of autonomy and freedom to practice obeah. Grainger’s representation of obeah may thus be seen as one aspect of his more extensive practice of investigating and integrating African and Native medical knowledge.

While Grainger’s encounters with African medical knowledge produced the valuable herbal knowledge that appears in *The Sugar Cane*’s verses and footnotes, his explorations of Africans’ medico-religious knowledge also threatened to corrupt and discredit his poem and, by extension, his status as a colonial medical practitioner. Both African and European medical philosophies included an empirical element—the obeah-man’s herbal knowledge and the medical philosopher’s labor of observing and correlating environmental and physical conditions, respectively—and both attributed the final cause of disease to a supernatural force. For both African and European practitioners, then, treating the visible symptoms of disease was not equivalent to exploring or understanding the final cause of disease; such medical practices merely intervened in the visible or surface manifestation of an entity with a deeper, hidden logic and cause. However, these similarities did not extend to the question of whether medical practitioners could influence or access this supernatural cause, for Africans’ medico-religious complex contrasted with Europeans’ focus on visible effects to discover its causes and their skepticism that humans could explain the metaphysical

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causes for disease. Grainger’s encounters with obeah thus raised the question of how he would represent Africans’ interconnected medical and religious philosophies, specifically, how he would interpret the religious sources of Africans’ medical knowledge.

Additionally, Grainger’s description of obeah had to negotiate between colonists’ socio-political conflicts with both their slaves and Europeans in the metropolis. If he investigated obeah’s supernatural elements and explicated slaves’ so-called magical practices, Grainger could offer planters useful knowledge that would dispel anxiety about rebellion and restore order on plantations. However, poetically describing obeah men’s knowledge of supernatural causes might also suggest to philosophers in the metropolis that Grainger had constructed “empty speculations” regarding the causes of disease, thereby discrediting his medical philosophies. Representing obeah might suggest that he had ventured too far into the “hidden arcanums or conceald medicines” against which environmental medical philosophy cautioned and that his medical knowledge was founded not upon experience but upon hypotheses regarding phenomena about whose causes humans could only speculate. On the other hand, however, if Grainger described only obeah’s medicinal elements, he might validate obeah and suggest that slaves could effectively employ its medicines against their White masters in future rebellions. While incorporating obeah into his poem allowed Grainger to describe tropical illnesses, such poetic descriptions might also raise the spectre of Tacky’s Rebellion.

572 Ibid., 82.
and remind planters of slaves’ ability to destabilize, perhaps even fatally, the racial hierarchies on which slave society rested.⁵⁷³

“Imaginary IIs”: Obeah, “Illiterate Africans” and the Georgic

Grainger incorporates obeah into The Sugar Cane, describing not only the diseases that obeah caused but also the “good” obeah men could do on plantations by healing otherwise mysterious maladies (194). He provides a detailed, yet ambivalent, description of obeah, for he calls obeah’s religious (or magical) and natural elements sinister, even while praising such knowledge as useful for plantation owners. The muse reveals the contents of obeah men’s “magic-phiol,” listing the materials they employ in their “charms,” or religious ceremonies (IV.386), including:

Fern root cut small, and tied with many a knot;

Old teeth extracted from a white man’s skull;

A lizard’s skeleton; a serpent's head:

These mix’d with salt, and water from the spring,

Are in a phial pour'd; o'er these the leach

Mutters strange jargon, and wild circles forms. (IV.387-92)

Linking the herbal elements (such as the fern root) in obeah men’s concoction with magic, Grainger presents obeah as a complex of interconnected, natural and religious materials. Not only a “common herbal concoction”⁵⁷⁴ or a “Magical Apparatus,”⁵⁷⁵ obeah’s preparations include natural elements whose powers are closely connected to

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⁵⁷³ In a colony such as St. Kitts, where slaves outnumbered colonists by a ratio of ten to one and as high as twenty to one in rural areas, the possibility of a similar slave revolt was a real possibility. See Goveia, 135.
⁵⁷⁴ Kalm, 399.
⁵⁷⁵ Hughes, 15.
“strange” religious ceremonies (IV.392). Obeah men employ fern roots, salt, and water, ingredients whose effects might be explained by natural or medicinal properties; however, obeah men draw upon supernatural, or magical, qualities by using these elements in religious ceremonies.

In his account of obeah’s elements, Grainger emphasizes that obeah is a magical practice that endangers both slaves and colonists, thereby revising previous descriptions by Hughes and Kalm, which describe obeah as socially positive. Grainger explains obeah’s danger to slaves by writing, “Luckless he who owns,/ The slave, who thinks himself bewitch’d; and whom,/ In wrath, a conjurer’s snake-mark’d staff hath struck!” (IV. 368-70). Obeah—as the cause of slaves’ illnesses—thwarted planters hoping to maintain their slaves’ health and to season efficiently their slaves to the West Indian climatological and cultural environment, for slaves who believed themselves “bewitch’d” not only maintained their belief in elements of Old World, African medical and religious practices but also refused or were too ill to work. Finally, Grainger translates obeah’s religious aspects as magical practices whose reliance on “Old teeth extracted from a white man’s skull” (IV.388) reflect their recent threat to White colonists during Tacky’s Rebellion.

Yet Grainger also describes obeah men’s “wonder-working charms” as practical knowledge essential to healing slaves’ diseases (IV.386). In fact, he writes that illnesses caused by obeah are fatal unless “some subtle slave/ (Such, Obia-men are stil’d) […] engage,/ To save the wretch by antidote or spell” (IV.378-80). Grainger thus reveals that obeah men’s “hidden preparations” are essential to recovering and maintaining slaves’ health (IV.383). He writes in a footnote that “as
the negroe-magicians can do mischief, so they can also do good on a plantation, provided they are kept by the white people in proper subordination” (194). Obeah men might “do mischief” by encouraging rebellions, but as Grainger explains, their spells are also the only antidote for slaves’ “imaginary” diseases (IV.368). Including obeah’s ability to heal slaves who think themselves “bewitched” among other practical advice for planters, Grainger poetically elevates Africans’ religious and herbal skills (IV.369). He celebrates obeah’s usefulness, placing African medical knowledge alongside the practices that colonial physicians could employ to treat other diseases specific to slaves.

In *The Sugar Cane*, obeah men’s skilled treatment of slaves’ illnesses and Grainger’s poetic labor of enlightening readers regarding such Afro-Caribbean medical knowledge combine to produce practical instructions for maintaining and improving slaves’ health. Grainger’s description of obeah thus allows him to achieve the georgic’s themes of “material benefits for [West Indian] society” and Britain’s commercial empire. In *The Sugar Cane*, African and colonial medical knowledge mix to contribute to the “health” and prosperity of West Indian plantations, consequently producing georgic images of productive, healthy slaves. Similar to agricultural innovations, such as new tools or methods of husbandry, celebrated in georgics set in England, obeah offers innovative strategies for managing and improving planters’ human tools. Obeah men did “good” (194) on plantations by maintaining the health of colonists’ most essential “tools.” Similar to the staples of Caribbean commercial networks—sugar cane and rum—slaves were “a basic element

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576 Low, 151.
of the West Indian economy.”\(^{577}\) As Goveia explains, slaves were exchanged as commodities in the West Indies, where “plantation colonies […] were among the important consumers of these ‘commodities.’”\(^{578}\) In this “Triangular Trade,” the West Indies’ ability to produce sugar for metropolitan consumption depended upon the health of these human “commodities” from Africa.

Once slaves arrived in the West Indian colonies, they served as the primary instruments of sugar cultivation, replacing plows and cattle. Slaves provided the means by which cane fields were hoed and prepared, partly because the plantations on St. Kitts were situated on steep mountain ridges difficult to plow and partly because planters sought to turn as much available land as possible into cane fields, rather than pasture land for cattle.\(^{579}\) Planters developed and relied upon an agricultural system based upon “unskilled [human] labor equipped with the simplest of agricultural implements.”\(^{580}\) Slaves fertilized cane fields with manure from the herd of cattle kept specifically, and often only, for that purpose, “holed” the fields to prepare them for planting, and performed manual tasks traditionally assigned to beasts of burden.\(^{581}\)

As planters frequently complained, however, slaves often “pretended” to be ill, resisting their enslavement by claiming that invisible, even, to planters’ eyes “imaginary,” illnesses rendered them too weak or diseased to work in the cane fields.\(^{582}\) Obeah men provided useful herbal medicines and “spells” by which such

\(^{577}\) Goveia, 2. 
\(^{578}\) Ibid., 3. 
\(^{579}\) Most planters, heavily dependent upon credit and often in debt, were reluctant to experiment with European agricultural implements or mechanical improvements. 
\(^{580}\) Goveia, 120. 
\(^{581}\) Ibid., 120. 
\(^{582}\) See David Collins, *Practical Rules for the Management and Medical Treatment of Negro Slaves, in the Sugar Colonies. By a Professional Planter* (London: 1811), 90, where he argues that slaves are naturally indolent and resistant to labor.
imagined illnesses might be cured. Grainger celebrates the medical knowledge and labor of obeah men because they improved slaves’ productiveness and, by extension, West Indians’ profits. Thus, while georgics by English authors such as James Thomson and John Dyer depicted the significance of the slave trade because African ports provided an outlet for manufactures exchanged for slaves, Grainger celebrates obeah men’s medical knowledge because it improved slaves’ value as commodities for “consumption” in the West Indies.  

Grainger’s poetic ornamentation of obeah’s elements and ills connects his literary acts and medical philosophy to achieve what critics call the georgic’s “inscriptive” qualities. Grainger’s descriptions of obeah link his literary labor with truth, so that his poetic representations lead directly to a harvest of practical medical knowledge. Indeed, The Sugar Cane’s georgic presentation of obeah’s charms reveals to planters how to maintain their slaves’ health. As Grainger writes in Book I, “art transforms the savage face of things,” and in Book IV, the mixture of African medical knowledge and georgic poetic forms produces a “harvest” of practical, civilizing medical knowledge that transforms the “savage face” of slaves’ diseased bodies into orderly human tools (I.266). Much as farmers cultivated wild fields in hopes of reaping a bountiful harvest, so Grainger’s description of obeah and its symptoms transforms unfamiliar practices into useful medical philosophy. In The Sugar Cane, Grainger’s acts of poetically incorporating and describing obeah produce useful, civilizing knowledge, and this West Indian medical “art” constitutes Book IV’s georgic themes of improvement and progress.

As the poem relates instructions for preventing slaves’ mysterious illnesses, it transforms obeah into useful knowledge capable of doing “good” on plantations. Indeed, Grainger directly connects the medical philosophy related in The Sugar Cane to images of healthy slave gangs and sugar fields, writing that his medical instructions are crucial if planters “would’st thou see thy negro-train encrease,/ Free from disorders; and thine acres clad/ With groves of sugar” (IV.432-4). Grainger’s descriptions of obeah lead to medical advice that produces healthy, “blythsome” (IV.11) slaves who “toil unceasing[ly]” (IV.109); Book IV’s medical advice thus results in productive “groves of sugar” (IV.433). By integrating Africans’ empirical labor into the georgic, Grainger makes the poetic labor of arranging and ornamenting images of obeah and its ills co-extensive with practical medical philosophies. The Sugar Cane’s descriptions of African medical knowledge manifest a “harvest” of useful medical knowledge by which to heal and improve slaves’ bodies and beliefs.

“Mischief” and Magic

As Grainger knew, however, colonists hardly viewed obeah and its connections to Tacky’s Rebellion as mere “mischief” (194), and he carefully ensures that, even as he celebrates African medical knowledge, he also limits obeah men’s power. Grainger acknowledges that only obeah men can cure slaves from their ills, but he also discredits African medical philosophies by conflating slaves’ belief in obeah with its effects, or symptoms, visible upon their bodies. Avoiding a full exploration of obeah’s “hidden preparations,” Grainger instead explains how to “subordinate” obeah men by instructing planters how to immunize slaves from its

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584 Heinzelman, 201.
effects (IV.383). He describes obeah’s “symptoms” as they appear upon slaves’
bodies, “infected” with obeah. Such slaves:

[…] mope, love silence, every friend avoid;

They inly pine; all aliment reject;

Or insufficient for nutrition take:

Their features droop; a sickly yellowish hue

Their skin deforms; their strength and beauty fly.

Then comes the feverish fiend, with fiery eyes,

Whom drowth, convulsions, and whom death surround,

Fatal attendants! (IV.371-79)

Grainger carefully lists the transformative effects that obeah’s poison has upon
slaves’ bodies, focusing on the visible effects of its power. “Bewitch’d” slaves
exhibit unusual conduct, isolating themselves from their “friend[s],” withdrawing
from their communities, and refusing to eat. In addition to making slaves “inly pine,”
obeah alters their bodies, turning their skin “yellowish” and sapping their “strength
and beauty.” Eventually, “[f]atal attendants,” symptoms of a slow yet certain death,
descend upon the body: “drowth”—the “drought” or thirst that often accompanied
“the feverish fiend”—and convulsions take over slaves’ bodies before finally causing
death.

Aligning himself with environmental philosophies’ focus upon visible signs of
disease, Grainger reads slaves’ symptoms to determine the causes of their ills and, by
extension, the causes of their belief in obeah. Identifying slaves’ African geographic
and cultural environment as the cause of their “ignorance” (IV.384) and “belief in
magic” and locating obeah men’s origins in Guinea, Grainger concludes that uniquely African climatological factors shaped slaves’ constitutions and minds (194).585 Throughout *The Sugar Cane*, Grainger often attributes slaves’ illnesses, even those contracted in the tropics, to their African constitutions. He writes, for instance, that “*The Mundingos, in particular, [are] subject to worms; and the Congos, to dropsical disorders*” (145). Grainger also connects slaves’ physical characteristics to the Old World, African origins, writing, for instance, that planters seeking strong workers for hard labor should “chuse the slave,/ Who sails from barren climes; where want alone,/ Offspring of rude necessity, compels/The sturdy native” to hard agricultural labor (IV.57-60). Similarly, Africans from “many a sylvan realm,” (IV.89) being “hardy,” purportedly made good laborers in the cane fields (IV.96). Grainger explains variations in slaves’ appearance and health on the basis of preexisting environmental and constitutional conditions, interpreting slaves’ physical traits by mapping geographical information onto their bodies.

In Book IV, Grainger develops such interpretations to explain Africans’ belief in obeah’s charms. He attributes not only physical characteristics but also cultural practices and beliefs to slaves’ native “climes” (IV.48). Writing that “A belief in magic is inseparable from human nature, but those nations are most addicted thereto, among whom learning, and of course philosophy, have least obtained,” Grainger positions slaves’ African cultural origins as the cause not only of the particular diseases they contracted in the tropics but also as the reason for their confidence in “wicked” obeah men, their superstitious medical practices and, therefore, “imaginary”

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585 See Grainger, 194. Guinea is present-day West Africa, from which most slaves in the Caribbean were taken.
ills (194). He represents slaves’ minds as blank, empty surfaces, or what John Locke called an “empty cabinet,” interpreting slaves’ belief in obeah as a consequence of the absence of civilization and philosophy in Africa.586 Locke’s theories of human understanding held that knowledge and rational thought were not innate but produced only through observation and experience, through which the mind received and analyzed sensory impressions. Nations that lacked access to “learning and […] philosophy” (194) thus often had “no notion of a God, no religion,” so that, as Locke reasoned, “There are instances of nations where uncultivated nature has been left to itself, without the help of letters, and discipline, and the improvement of arts and sciences.”587

Describing Africans as a “deluded herd,” Grainger attributes slaves’ illnesses, especially those caused by obeah, to their under-developed, or herd-like, African civilization, which left their minds susceptible to magic and superstition (194). Slaves are vulnerable to the “fraud” of “wicked” obeah men because, from Europeans’ perspective, they lack education and culture to develop and civilize their minds, and to protect their bodies as well (194). Until civilization improved them, Africans’ undeveloped minds would remain unable to analyze and dispel irrational ideas, much like the minds of “children, and idiots”588 that Locke described as “white paper, void of all characters.”589 Grainger suggests that slaves, lacking the “antidote[s]” of reason and education with which Europeans defended themselves

587 Ibid., 26.
588 Ibid., 8.
from such irrational “poisons” as obeah (IV.394), failed to protect themselves from their own delusions and the depredations of obeah men, falling prey not only to magic but also to its accompanying “imaginary” ills (185). Similar to the way in which William Douglass had subordinated inoculation by connecting it to witchcraft and Africans’ allegedly irrational intellectual faculties, so Grainger explains that slaves believe in obeah because their intellectual faculties left them vulnerable to epistemological poisons of magical beliefs and medical practices.

By attributing slaves’ “deluded” (194) minds and illnesses to their African constitutions and national origins, Grainger locates slaves at the bottom of a “theoretical hierarchy” based upon “proximity to Europe and to temperate climates.” While all civilizations might, at some early stage, have entertained a belief in magic, Grainger suggests that civilized, European nations had eradicated such beliefs by developing their learning and philosophy. Indeed, he writes in his footnotes to verses describing mythical, “Dire spells, slow-mutter’d o’er the baneful bowl” (II.135) that such “spells cannot affect us, [because] we are at no loss for antidotes to guard against them” (185). By contrast, slaves were still “addicted” and susceptible to magic, a consequence of the combined forces of their physical constitutions and uncivilized minds (194). The poem suggests that Africa’s undeveloped civilization left slaves’ minds as ripe breeding grounds for both material and epistemological poisons, specifically, obeah.

As he pathologizes slaves’ “illiterate” belief in obeah, Grainger develops strategies for keeping Africans’ useful, but magical, knowledge in “proper subordination” (194). Contrasting the “imaginary ills” of obeah that plague slaves

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with the “real ills” that “baffle still the wisest rules of art,” or colonial medical philosophy (IV.366), Grainger distinguishes the “antidote or spell” with which obeah-men possess slaves from colonists’ medical “art,” which cures real ills (IV.380). Obeah’s “wonder-working” spells reveal that colonial medical philosophy, founded upon observations of slaves’ bodies, can cure “real” maladies and, importantly, prevent imaginary ones. Grainger’s medical philosophy appears as “real” and legitimate on the basis of its ability to prevent slaves’ infection with obeah’s charms, so that poetically integrating obeah into the georgic ultimately reveals the superior ability of colonial medical knowledge to prevent slaves’ magical beliefs and ills.

Grainger’s subordination of obeah’s magical elements suggests that obeah’s power is not derived from a “common thing which may be got all the world over”; rather, obeah’s efficacy depends upon the practitioner’s esoteric knowledge of black magic, which, if useful for healing slaves, nevertheless posed dangers on plantations.591 The title of “wonder-working” that Grainger applies to obeah men’s “charms” reflects his paradoxical reliance upon and subordination of obeah. Africans’ medical knowledge produces “wonder,” that is, awe or respect for obeah’s “wondrous power” to heal unusual diseases, unique to slaves and to the tropics (IV.398). However, such charms also “work,” or cause, “wonder,” that is, slaves’ bewitchment and misguided respect for obeah men’s charms. Linking the “imaginary woes” (IV.367) with which obeah men infect slaves to “strange jargon” and “wild circles,” Grainger suggests that such practices are ultimately effective because slaves are charmed by their magic, not because of any “supposed virtues,” attributable to natural causes (145).

591 Kalm, 399.
As a result of Grainger’s poetic description and disavowal of obeah, African medical knowledge operates within colonial medical discourse as a site “of productive power, both subservient and always potentially seditious.” As Homi Bhabha explains, colonial discourse does not simply construct binary, master-slave relationships, nor do colonizers alone always possess and produce colonial discourse. Instead, dominated or marginalized subjects may be placed within discourse, to increase the “visibility of the subject as an object of surveillance, tabulation, enumeration, and indeed, paranoia and fantasy.” Employing georgic poetic forms to place obeah, and indeed, obeah men, within colonial medical discourse, *The Sugar Cane* makes obeah an object of “surveillance” and analysis for colonial physicians, even while acknowledging colonists’ “paranoia” regarding slave rebellion. Obeah, as Alan Richardson notes, soon came to be “marked […] as doubly alien: both inassimilable to European experience (despite the scattered analogies with English witchcraft), and representing a foreign, ‘savage’ African intrusion upon the partially tamed Caribbean.” In *The Sugar Cane*, one of the first texts to mark obeah as “alien” and dangerous to White colonists, Grainger’s georgic descriptions produce medical philosophy by integrating obeah and then subordinating Africans’ medical knowledge by making its charms visible.

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592 Bhabha, 156
593 Ibid., 156.
594 Ibid., 156 and 190.
African Medical Knowledge and the “West-India” Georgic

The interconnections between Grainger’s georgic form and obeah must revise our understanding of why and how Grainger forms the georgic. Considering The Sugar Cane in light of Tacky’s Rebellion and Grainger’s encounters with obeah reveals that Grainger, in contrast to metropolitan georgic poets, produces the georgic form to celebrate and to subordinate African medical knowledge. By departing from georgic’s traditional, agricultural subject matter, Book IV presents a vision of slaves’ bodies transformed into productive instruments and, by extension, a vision of fruitful cane fields. The georgic’s celebration and subordination of obeah allows readers to imagine orderly plantations where slaves are healthy and obedient, in this way achieving the georgic’s concluding vision of harmonious estates.\(^{596}\) As Grainger’s ambivalent celebration of obeah shows, georgic forms developed in the West Indies in response to African medical knowledge. Similar to the ways in which his fellow Scottish physicians in North America, William Douglass and Alexander Hamilton, fashioned “genteel” literary styles by parodying African medical knowledge, Grainger fashions his West Indian georgic by poetically describing useful African medical knowledge and constructing obeah’s subordination to colonial philosophies.\(^{597}\) As we have seen in chapter three, Douglass employed satirical literary forms by parodying slaves’ oral literary media and medical testimony and connecting these cultural traits with Africans’ subordinate social status as servants and slaves. While Grainger develops Douglass’s skepticism of Africans’ medical

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\(^{596}\) See Ibid., 73, where he argues that Grainger “discourse on […] slave management” conflicts with his attempt to achieve the georgic’s final vision of “accomplished estate.”

knowledge, he does so by employing the georgic form to describe and maintain obeah men’s paradoxical value and threat upon plantations.

Just as Douglass’s satire of African medical knowledge aligned his medical philosophy with the Royal Society’s emphasis upon experimentation and skepticism, so Grainger’s georgic celebration and disavowal of obeah claim authority for both his medical expertise and literary talent in the metropolis. By describing slaves’ medical practices and illnesses, Grainger transmits medical knowledge unique to the Caribbean, marking his “West-India georgic” as distinctive (90). In Book I, Grainger invokes Apollo, the Greek god of poetry and medicine, to reveal the limitations of traditional medical philosophy to cure illnesses resulting from the West Indian climate. He writes that a colonist, having traveled far from his plantation, fell prey to the extremes of the tropical environment: a “momentary squall” (I.318) and the sun’s “cloudless lustre,” (I.320). Grainger laments that “Nor all Apollo’s arts, will always bribe/The insidious tyrant death, thrice tyrant here” to relinquish colonists from its fatal grip (I.327-8). The failure of Apollo’s arts to save the English colonist suggests that traditional, metropolitan medical philosophies are insufficient to cure maladies arising from the West Indian environment, much less to heal slaves’ diseases, the product of their African constitutions.

Employing the classical connection between medicine and poetry symbolized by Apollo, Grainger’s poetic art provides practical strategies for interpreting, healing, and managing slaves’ illnesses, subjects “of which an European has scarce any conception.”

Irlam argues that Grainger imported the georgic to reproduce familiar,
metropolitan “social, literary, and agricultural codes,” yet these codes ultimately maintained the subordinate position of colonists and colonial medical knowledge. Grainger’s appropriation of the georgic form contests the subordinate position of knowledge produced in the West Indies. As Grainger’s subsequent literary experimentation shows, however, colonial medical philosophy was often difficult to reconcile with metropolitan views of slavery and expectations for planters’ treatment of slaves.

**Keeping Obeah in “Proper Subordination”: Sympathy and Prose Literary Styles**

In spite of Grainger’s hopes that his “West India georgic” would result in metropolitan respect for his literary arts, *The Sugar Cane* received a “lukewarm” reception in England. A disparaging review from Samuel Johnson was the most prominent of other, similar responses, and Grainger’s poem has never subsequently enjoyed a prominent place in English or British American literary histories. Contemporary and recent critics attribute *The Sugar Cane’s* dismal reception not only to the poem’s deviations from the georgic’s conventional, agricultural subject matter, but also, and in a related fashion, to Book IV’s failure to “sufficiently condemn slavery.” Johnson wrote that Grainger’s final book lacks the “‘humanity’ that

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599 Irlam, 391.


601 Ibid., 392.
characterized the previous three books, and Shields suggests that Book IV represents the “predicament of a progressive man […] compelled by economic circumstance to employ and justify slavery.” Critics often conclude that *The Sugar Cane* fails to reproduce the georgic’s traditional aesthetic form and moral themes and that the poem signals not only the demise of Grainger’s literary career but also the decline of the georgic as a popular, authoritative form.

Indeed, *The Sugar Cane* calls for “progressive” attitudes toward slaves even while facilitating slavery. Throughout Book IV, practical guidelines for slave management are juxtaposed with sentimental responses to slavery, for Grainger represents slaves as idealized African kings only to reduce them to uncivilized, diseased bodies. He calls upon his muse to express sympathy for slaves, invoking a muse who calls for freedom from “heart-debasing slavery” and romanticizes Africans by describing them as royalty (IV.236). Urging planters to “let humanity prevail” (IV.211), Grainger then embarks on several extended poetic digressions to imagine that “thy Negroe, in his native land,/ Possest large fertile plains, and slaves, and herds” (IV.212-3). Creating a royal heritage and history for slaves, Grainger envisions the “Negroe” traveling his kingdom in rich silks and fighting gallantly in “battle for his country” (IV.219) in order to encourage planters to “pity, then, these uninstructed swains” (IV.229). However, the poem turns abruptly from such sympathetic images to utilitarian statements about which African constitutions make the best slaves. Grainger moves unevenly from expressions of humanitarian

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602 Ibid., qtd. in Irlam, 392.
603 Shields, 73.
sentiments to guidelines for slave management, such as “In mind, and aptitude for useful toil, / the negroes differ” (IV.38-9), or “When first your Blacks are novel to the hoe:/ Study their humours” (IV. 206-7). The Sugar Cane’s sympathetic descriptions of slaves as simple “swains” and chieftains contradict such medical analyses of their disorderly or diseased bodies.

Shields notes that Grainger was “prophetic in seeing that the remedy to the problem of slavery would be found in the metropolis and not in the islands” (82). Yet while Grainger does call for metropolitan intervention to end slavery, he also expresses concern about the repercussions of such action. The muse laments that it, and colonists by extension, lacks the power “Which monarchs have, and monarchs oft abuse” to outlaw slavery (IV.234). Imperial rulers, Grainger suggests, might:

quell tyrannic sway; knock off the chains
Of heart-debasing slavery; give to man,
Of every colour and of every clime,
    Freedom, which stamps him image of his God. (IV.235-39)

By replacing “Oppression” with “Freedom,” Grainger writes, imperial “laws” would “knit the whole in well-accorde strife” (IV.239 and 241) to make slaves servants “of choice” (IV.243). These verses suggest that English legislation to end slavery would transform oppressive relationships between masters and slaves into harmonious, “well-accorded strife” that would, in classic georgic form, civilize the wilderness (IV.241). Grainger suggests that laws prohibiting slavery and the slave trade would modify planters’ oppressive power to produce a kinder, gentler coercion, thus
improving slaves’ conditions. In this vision, slaves become servants with whom planters would struggle against the wilderness to produce fruitful harvests.

However, as Grainger writes, although monarchs could prohibit slavery, they also “oft abuse” this prerogative (IV.233). This characterization of monarchical power as potentially abusive suggests that any laws moderating slavery’s oppressive system or the slave trade had to be carefully formulated to account for planters’ economic welfare.605 Grainger’s concern regarding abusive laws reflects West Indians’ complicated relationship with metropolitan commercial legislation: planters sought secure European markets for their merchandise even while defending their “West Indian interest.”606 In 1763, the British government, seeking to increase outlets for English and North American manufactures, established a system of free ports in the British West Indies that required the West Indian colonies to compete with North American and French colonial markets, thus raising the possibility that planters might not find outlets for their sugar, or that they might have to lower prices to compete with other markets.607 At the same time, English authors were increasingly expressing sympathetic and humanitarian attitudes toward slaves, such as those articulated in georgic poems by Grainger’s contemporaries James Thomson and John Dyer, while perceptions of colonists as culturally and morally degenerate also circulated in England.608 Planters increasingly feared that they would lose unrestricted access to the African slave trade, which, they argued, was crucial to maintaining and expanding sugar production. West Indian merchants and planters

605 See Goveia, 1-4.
606 Ibid., 71.
607 Goveia cites this system as the beginning of the sugar colonies’ decline. See Ibid., 1-4.
608 See Long for an example of such perceptions, especially 230-80.
therefore insisted that colonial, not English, legislatures should establish guidelines for treating and managing slaves, arguing that with better treatment, slaves would reproduce “naturally” and eventually render the transatlantic slave trade obsolete. Planters began to standardize practices for trading and caring for slaves in order to convince metropolitan audiences that they provided slaves with humane treatment.

Grainger reconciles *The Sugar Cane’s* conflict between sympathetic and practical advice and the corresponding conflict between colonial and metropolitan interests by modifying the georgic’s poetic form. He rewrites Book IV’s medical advice, shifting the poetic descriptions of slaves’ diseases into prose and writing a treatise on plantation medicine and slaves’ diseases entitled *An Essay on the Common West-India Diseases*. Adopting what he calls a “plain and popular style,” Grainger addresses and identifies with planters. He “flatter[ed]” himself that the *Essay* “would be of real service to West-India practitioners, as well as owners and managers of Negroes” (8). Grainger introduces the *Essay* as a correction to and improvement of prior literary styles for conveying tropical medical philosophies. He promises that his *Essay* will “treat them [slaves’ diseases] in a more scientifical manner than has hitherto been generally practised […] It is, therefore, wholly divested of the parade of learning, being purposely written with as much shortness as was consistent with perspicuity” (6). Such a “scientifical” and perspicuous manner rejects the “parade of learning” that metropolitan practitioners such as Thomas Sydenham repudiated as based upon hypothetical conjectures, rather than observation. In the *Essay*,

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609 As Collins writes, “Above all, measure should be taken to increase the slave population by natural means and thus obviate the need for new recruits from Africa” (32).
610 Grainger, *An Essay*, 3. Future references to this text will appear parenthetically.
611 Sydenham, “Anatomie,” in *Dr. Thomas Sydenham*, 86.
Grainger adopts a plain prose style to connect empirical knowledge and medical philosophies even more closely than in *The Sugar Cane*. He revises *The Sugar Cane’s* poetic description of the connections between slaves’ belief in obeah and their African constitutions by abstracting diseases from slaves’ bodies and obeah men’s charms altogether. A natural history of tropical diseases, the *Essay* orders illnesses in categories that reflect their relationships, the manner in which they might appear in nature. Fevers and skin diseases are discussed in separate books, and the arrangement of diseases within each book mirrors the progression of ailments slaves might actually be expected to experience. The *Essay*’s “scientifical” style and natural history leave no room for any mention of obeah, which functions as a silenced but productive and “seditious” knowledge.\(^{612}\)

By employing a prose style, characteristic of scientific or medical treatises, to recommend the benevolent treatment of slaves, Grainger also makes the West Indies the source of sympathy for slaves, uniting planters’ pragmatic concerns with “humane and sensible” attributes (3). He expresses confidence in the “power of medical science to diminish, and greatly too, the number of those who must otherwise be sacrificed to the pursuit of riches” (11). Kinder treatment would make slaves more willing workers, as Grainger writes: “How shocking to philanthropy it is, to think there are human beings who are made to act from motives of fear only! Surely, were Negroes instructed in the practical principles of Christianity, they would be rendered much better servants, and would prevent much severity whereto they are now unavoidably exposed” (52). At once defending slavery’s “unavoidabl[e]” “serverity” and chastising planters who forced their slaves to work from “motives of fear,”

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\(^{612}\) Bhabha, 156.
Grainger suggests that slavery and the slave trade could be humanely and productively maintained if planters modified the most oppressive forms of management with “sensible” medical care.\footnote{On the interconnections between slavery, sentiment, and antislavery discourses, see Philip Gould, \textit{Barbaric Traffic: Commerce and Antislavery in the Eighteenth-Century Atlantic World} (Boston: Harvard UP, 2003), especially the introduction.}

The \textit{Essay} relocates the source of humanitarian attitudes to the Caribbean by rewriting \textit{The Sugar Cane}’s invocation of metropolitan sentiment. In \textit{The Sugar Cane}, the muse authorizes its sympathetic expressions by calling on the patronage of Robert Melville, a “classical scholar,” Scottish military officer, and governor of the ceded islands when Grainger wrote \textit{The Sugar Cane}.\footnote{Gilmore, 287. The ceded islands included Grenada, Tobago, St. Vincent, and Dominica; Britain obtained them in 1763, as a result of defeating France in the Seven Years War. See J.R. Ward, \textit{British West Indian Slavery, 1750-1834: The Process of Amelioration} (Oxford: Clarendon Press, 1988), especially chapter three. As Ward explains, the additional islands increased the expenses of planters already part of the British Empire and posed new competitors for slaves and sugar.} The muse asks Melville to hear and facilitate its description of slavery: “Yet, thou wilt deign to hear; a man thou art/ Who deem’st nought foreign that belongs to man” (IV.36-7).\footnote{See Gilmore, 287-8, where he notes that the line is from the Roman playwright Terence.} \textit{The Sugar Cane}’s poetic descriptions of slaves depend upon Melville’s official authority for inspiration and efficacy, and Grainger’s appeal to Melville’s sympathy compensates for colonists’ own conflicted loyalties. In the \textit{Essay}, however, Grainger revises the muse’s appeal to metropolitan legislation and official patronage, for the colonial physician himself expresses Melville’s sentiments. Grainger writes of his treatise, “if this performance shall produce the salutary effects for which only it was written, I shall think my leisure well employed; for though diseases of Blacks are its primary object, \textit{Homo sum et humani nihil a me alienum puto}” (8). Quoting in Latin the same line, “I am a man: and Think nothing that is foreign to me” with which the muse had
invoked Melville, Grainger appropriates the muse’s appeal to official authority by claiming progressive attitudes for the colonial physician.  

_The Essay_ reconciles planters’ desire to maintain order on plantations with the pressure to treat slaves with compassion. Grainger recommends punishing slaves, “for their own as well as their masters’ sakes,” arguing that “As Negroes are ignorant, they must be vicious” and therefore required discipline (51). At the same time, he insists that slaves should be treated with “humanity,” carefully seasoned to the tropical climate and labor in the cane fields, and receive prompt and regular medical care when ill. He urges planters to provide slaves with appropriate clothing and to distribute warm blankets when they were ill. With such instructions, Grainger justifies his “performance” of practical medical knowledge by displaying simultaneously a sympathetic acknowledgement of slaves’ humanity (8). As a result, Grainger’s prose treatise represents plantation medical knowledge as simultaneously practical and progressive, sympathetic yet supportive of planters’ economic interests.

By uniting pragmatic and practical concerns in the prose style of the colonial physician, the _Essay_ rhetorically accomplishes the shift from Negroe slave to “servant” that _The Sugar Cane’s_ appeal to the power of monarchs to end slavery only imagines (52). Plantation medical science answers the poem’s call for kings to lift the oppressive bonds of slavery and to transform Africans into “Servants, not slaves; of choice” (IV.242). Ultimately, it is colonists’ medical practices, rather than imperial oversight or a monarch’s “laws,” that transform oppression and mistreatment into humane relationships between masters and “servants” (IV.234). Grainger’s

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616 See Huston, 130.
617 See Grainger, _Essay_, 51 and 11.
618 See Ibid., 24.
representation of the colonial physician as progressive, humane, and practical resolves the conflicts between metropolitan sympathy and West Indians’ utilitarian, commercial concerns. Importantly, the treatise locates the source of such pragmatic humanity in the colonies, where the plantation physician both treats slaves’ illnesses and, similar to the muse, models sympathetic feelings toward Africans. Offering a strategy by which colonial planters and managers could themselves improve slaves’ conditions, without potentially “abus[ive]” imperial intervention, Grainger simultaneously defends planters’ economic interest and characterizes their actions as humane (IV.234). Plantation medical science healed not only slaves’ illnesses but also planters’ inhumane or unsympathetic actions.619

The Essay constructs plantation “medical science” as a technology of health, discipline, and order that maintains the hierarchical structure of Caribbean society and increases planters’ profits even while allowing colonists to express sympathy for slaves (11). Acknowledging planters’ continuously unstable financial situation, Grainger admits that his recommendations, such as his plan for a hospital, “would doubtless cost money; but if we must have slaves, our own interest should methinks, teach us to take all imaginable care of them when they become sickly” (53).620 However, he insists that the cost of medical care will be repaid by slaves’ renewed efficiency and longevity. Slaves “deserve the utmost attention of the master” on a “principle of profit”: by showing humanity, Grainger suggests, planters will also protect their interests (6). Plantation “medical science” (11) improves slaves’ efficiency even while merging humanitarian and financial concerns, as Grainger

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619 On the ways in which anti slavery discourses could liberate both African slaves and Europeans who participated in the slave trade, see Gould, 24.

620 On planters’ debt, see Goveia 108-10.
writes, “I repeat again, the health of the gang will fully repay this expense” (52).

Indeed, the “power of medical science” to facilitate the “pursuit of riches” unites plantation medicine and sympathy and shows that both are useful to planters (11). The Essay’s medical science unites the previously conflicting qualities of humanity and pragmatism that Grainger’s muse struggled to reconcile in The Sugar Cane.

Irlam has argued that The Sugar Cane’s moral and aesthetic failures indicate the decline not only of Grainger’s career as a poet but also of the “georgic as a viable literary form.” As Rachel Crawford shows, however, in England the georgic did not so much disappear as lose generic and cultural authority and shift into other literary forms. Crawford explains that in England, the georgic’s authority waned as readers developed literary tastes for various prose genres, from natural histories to encyclopedias and the novel, and as they formed scientific societies devoted specifically to exploring progressive agricultural techniques. Crawford writes, “Georgic ideals [were displaced] from poetry into [prose] treatises and common discussion toward the last quarter of the eighteenth century.” Scientific literatures and societies shifted “the authority for shaping Britain's imaginative vision of labor from the poet to the progressive farmer.” Much as prose styles replaced classical poetic forms, so the progressive scientist and his experiments replaced the idealized husbandman whose labor had created a “georgic version of Eden.”

Unlike metropolitan prose treatises, however, the Essay’s prose does not respond to newly-formed professional societies or to changing literary tastes. Instead,
Grainger’s medical treatise continues the process, begun in Book IV of The Sugar Cane, of producing practical, civilizing medical knowledge to keep slaves and their magical beliefs in subordination. While European agricultural treatises were fashioned to circulate advice among progressive farmers, Grainger’s medical treatise addresses planters’ anxieties about obeah, rebellion, and the slave trade by translating his poetic descriptions of Africans’ illnesses into plain, utilitarian prose. The Essay justifies keeping rebellious slaves in subordination by connecting disciplinary techniques with sympathetic attitudes. As I show below, these techniques inspired a flourishing genre of prose medical treatises that continued Grainger’s subordination of slaves’ medical knowledge, specifically obeah, and defended plantation medical science as humane.

Plantation Medical Treatises and Creolizing Obeah

The connection between practical and humanitarian concerns that the Essay accomplishes was extended by nineteenth-century medical practitioners, who developed the prose style and practical subject matter of Grainger’s medical treatise to defend the colonial policy of “legislative amelioration.” Amelioration allowed planters to resist, at least temporarily, a complete ban upon the slave trade, for West Indian planters argued that the trade should continue until humanitarian policies could sufficiently increase the slave population. Citing planters’ medical care and treatment for slaves as proof of their ability to improve slaves’ conditions without metropolitan intervention, Caribbean physicians defended colonial laws “formed to protect the

625 See Goveia 32-8, 144, 190-202 and Ward.
negroes against oppression” as “wise,” if sometimes imperfect. These medical writers explicitly defended the slave trade by reproducing Grainger’s arguments that with better treatment, slaves would not only work more willingly, but would also reproduce more quickly, eventually, and naturally, alleviating planters’ reliance upon the African trade. Far from devising original methods, however, these medical treatises reproduced “wise rules” similar to those Grainger had outlined thirty to forty years earlier in the Essay. Physician and planter David Collins writes, for instance, that “calculation very clearly coincides with duty, and tells us, that it is much cheaper to breed than to purchase.” As planters presented it, amelioration would permit a gradual decline of the slave trade while allowing planters to maintain control of their interests—their ability to expand sugar production by buying slaves as long as they were needed. In reality, however, amelioration permitted planters to codify medical practices already outlined by Grainger and to avoid radically changing their social and economic structure.

Plantation medical treatises also continued Grainger’s process of subordinating African medical knowledge as magical and of describing slaves as uncivilized, a process that resulted in new representations of obeah and new methods for controlling it. Comparing slaves’ civilization and education with those of European cultures, medical philosophers relied upon the boundaries that Grainger’s poem and medical treatise established between colonial and African medicine to

626 John Williamson, Medical and Miscellaneous Observations, Relative to the West India Islands (Edinburgh: 1817), 135.
627 Ibid., 135.
628 Collins, 131.
629 See Brathwaite, Development, 293: “In this way, the white Establishment hoped to justify its ways to God, the Humanitarians, perhaps the slaves themselves, and certainly to the men in the Colonial Office.”
justify racial theories regarding slaves’ minds and bodies. While medical philosophies traditionally conceptualized physical characteristics as malleable and dependent upon climatological conditions, during the eighteenth century, intellectual attributes assumed new importance as a mark of difference. As Roxann Wheeler argues, eighteenth-century theories of race increasingly emphasized the “connections between climate, complexion, and mental capacity.”630 In The Sugar Cane, Grainger begins to explore the “sense that bodily, intellectual, and cultural differences might be somehow connected.”631 In the nineteenth-century, physicians would treat mental capacity as a sign of less malleable differences.

James Thomson, a European physician who also practiced in the West Indies and cited Grainger as an authority on tropical medicines, explicitly associates culture and climate, writing in 1820 that “Every region on this earth has its own climate, men, morals, and religion. In vain would the ambitious self-love of some persuade us that one system should be common to all.”632 As they developed such theories of the cultural differences separating Africans and colonists, Caribbean physicians reproduced Grainger’s description of African medical knowledge as magical and his attribution of obeah to slaves’ intellectual faculties. Belief in obeah became a mental disease, a “perversion of every rational exercise of the mind,” and was categorized

630 Wheeler, 181.
631 Ibid., 188. Wheeler argues that in the eighteenth century climatological theories of human difference combined with civil histories linking the socioeconomic development of society to a culture’s stage of civilization. Human difference was explained by correlating physical appearance and mental ability with geographic location and socioeconomic characteristics, such as whether a nation engaged in commerce or agriculture, whether it was corrupted by luxury, and so on. Intellectual capacity and physical differences (increasingly skin color) were determined not only by climate but also, and to an increasing degree, by a society’s level of civilization. As a result, Wheeler suggests that Europeanness became a “physical and sociopolitical typology” that justified and racialized imperialism as improvement (177).
632 Thomson, Treatise, 8.
separately from physical illnesses. Obeah practitioners’ “supernatural powers” continued to be coded as actions of resistance, and practitioners sought to discover and control the “designing crafty people” who caused slaves’ “mental disease, despondency, and death.” Admitting that slaves’ magical beliefs, or their “assent, approbation, and confidence [in] such ignorant pretenders,” made it difficult for a physician to “do his duty,” medical practitioners advised planters to counteract the “unaccountable confidence which negroes put in old women, and persons who, they imagine, are gifted with supernatural powers” with the counter-magic of Christianity. They wrote that “Unless the mental disease is relieved or palliated, it is in vain to try the power of medicine.” These medical treatises developed Grainger’s analysis of slaves’ symptoms, while also marking obeah as a disease and pathologizing slaves’ belief in obeah men or women.

The religious elements of obeah that Grainger describes as magical in The Sugar Cane begin to represent obeah and, often, African medical knowledge entirely. In texts following The Sugar Cane, representations of obeah increasingly divide what Brathwaite terms the African religious complex into discrete categories. As Jerome S. Handler and Kenneth M. Bilby have argued, post-colonial anthropologists developed these conceptions by often beginning their search for obeah’s African meaning with the claim, made by such colonists as Grainger, that obeah was a socially-malevolent, magical practice with its origins in Africa. In contrast to such

633 Williamson, 98.
634 Ibid., 115-6.
635 Ibid., 98.
636 Ibid., 140.
637 Ibid., 140.
638 Even contemporary anthropological studies on obeah describe obeah as sorcery. See Handler and Bilby 92, Brathwaite, “African Presence,” 75.
interpretations, Handler and Bilby offer an alternate, New World etymology and history for “obeah.” Citing recent linguistic studies, they suggest that the word and meanings for “obeah” were constructed in the New World and specifically in the Caribbean. They write:

One can imagine a scenario in which native English speakers in the British Caribbean, in Barbados or another early English colony, adopted the term from some African language (Igbo or Igbo related?) without being aware of its full meaning in that language group. The adopted term referred, or was related, to a type of slave healer who has involved with spiritual or magical practices, or the practices themselves which, although not fully understood by Europeans, were known to be of non-European origin.

Obeah, Handler and Bilby contend, is best understood as a term that emerged in the West Indies, constructed in creolizing practices by which colonists appropriated African words and supplied them with new meanings.

However, the connections between Grainger’s georgic and obeah that I explore above also reveal that African medical knowledge was a far more active influence on colonists’ interpretations and subsequent (mis)perceptions of obeah than critics have recognized. Slaves creatively adapted to colonists’ strategies for keeping obeah in “proper subordination,” thus contributing to the various meanings that obeah assumed (194). To Africans, Grainger’s medical philosophies and treatments for slaves’ so-called imaginary ills likely seemed a superior form of obeah, evidence that

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639 They argue that the word could have been a “‘variant or corruption of an Efik or Ibo word from the northeast or east of the Niger delta, which simply means ‘Doctor’’” (91). Moreover, we might also trace “obeah” to the Igbo word “dibia,” meaning a doctor who combined herbal and sacred knowledge.  
640 Handler and Bilby, 93.
colonial physicians, similar to obeah men, possessed special access to the supernatural forces who controlled disease. Physicians often recommended preventing obeah by requiring that slaves change their religious beliefs, and Grainger himself suggested that “Negroes [should be] instructed in the practical principles of Christianity to make them “better,” more obedient servants (52). However, slaves often responded to forced conversion by mixing the spiritual elements of their familiar, Afro-Caribbean medico-religious knowledge with European religions. In the Christmas Rebellion of 1831, for instance, slaves swore on a Bible and called upon the Baptist religion for inspiration and protection, revising their traditional source of inspiration from the obeah man to incorporate Christianity. By mixing obeah with European religions, slaves adapted traditional African or Afro-Caribbean practices to colonists’ conceptions of obeah as magical, continuing to plot rebellions even while incorporating physicians’ “practical principles of Christianity” (52).

Slaves also responded to colonists’ reliance upon their medicinal knowledge of West Indian herbs by mixing traditional and Caribbean remedies with plantation medical practices. In this way, they maintained and even improved their status as valued sources of medical knowledge. Collins writes that slave women were often appointed as nurses after they learned “the use of the simples of the country, […] the dressing of sores, and the doses of different purges and vomits; and with such qualifications, I will venture to assure you, that you will receive infinitely more advantage from having her in that station than from her service in the field, or any

where else.” Planthers often relied upon African nurses and on slaves trained as dentists to administer medicines in physicians’ absence or in non-fatal cases. While Collins’s account is focused upon improving plantation medicine for the planters’ benefit, his description of the nurse’s “qualifications” also indicates that slaves responded to the division between obeah’s magical and herbal elements by continuing to employ their herbal medical knowledge, and that they achieved a level of autonomy and respect for such expertise. As a result of their adaptation to colonists’ positive perceptions of their herbal knowledge, slaves maintained the space of freedom in which obeah men traditionally practiced. Such appropriation of colonial medical discourse complicated Grainger’s subordination of obeah, requiring subsequent strategies, such as the prose styles and strategies of the Essay and subsequent medical treatises, to control African medical knowledge. As Brathwaite has argued, “Action to alter the basis of the society and the disposition of its two main cultural groups in relation to each other could have come only from some new positive move (probably revolution by the slaves) by one or other of them.” Far from abandoning obeah or permitting White colonists to control entirely its meanings, slaves responded to the proliferating views of obeah as magical knowledge and to the new strategies for subordinating obeah with creative strategies of their own.

Roger Bastide has explained colonists’ perception of obeah as magical by arguing that African medical knowledge, “being too remote from white religious attitudes, declines into magic.” However, when we trace European representations of obeah from their earliest appearances, in Hughes and Kalm’s texts of the 1750s, we

643 Collins, 222.
644 Brathwaite, Development, 293.
645 Bastide, 103.
see that obeah’s status as witchcraft was constructed in a literary process, involving a variety of literary forms, that colonists formed and refashioned to describe and to disavow African medical knowledge. The Sugar Cane and Essay occupy key positions in this trajectory, for Grainger’s experimentation with poetic and prose literary forms worked to maintain obeah’s subordinate position and to address the threat of slave rebellion and metropolitan intervention. Far from representing a purely African practice too “remote” for colonists to understand, the various meanings of “obeah” were constructed by Grainger’s experimentation with metropolitan literary forms and by slaves’ responses to colonists’ perceptions of African medical knowledge. The new meanings that obeah accrued were less the result of a “decline […] into magic” than the consequence of Grainger’s formation and transformation of various literary forms to describe and disavow obeah.

When we consider The Sugar Cane’s poetic ornamentation of obeah and the Essay’s plain, “scientifical” construction of plantation medical science in an intercultural and a transatlantic context, we see that Grainger’s literary forms worked to resolve colonists’ anxieties regarding slave rebellion, to reorder relations between slaves and planters, and to reconcile socio-political tensions between planters and Europeans in the metropolis (6). Far from importing classical poetic forms monolithically, Grainger experimented with and transformed the georgic in response to his encounters with obeah. Book IV’s literary and medical practices inspired prose

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646 I depart here from most anthropologists, who cite Long’s 1774 History of Jamaica as the first European representation of obeah. See Patterson, Williams.

647 The literary evidence is supported by historical support, as Handler and Bilby note: St. Kitts and Barbados, the first West Indian colonies to be settled and to develop sugar plantations “might have actually been the point of origin” for such interpretations (98 note 25).
medical treatises, which developed and naturalized Grainger’s classification of obeah as magical knowledge and further divided Africans’ medical-religious complex to emphasize its religious, or magical, components. Additionally, many Romantic writers developed Grainger’s description of obeah as magic in poems, sensational and gothic novels, and melodramas. For instance, a number of late eighteenth- and early nineteenth-century texts, from John Gabriel Stedman’s *Narrative of a Five Years Expedition against the Revolted Negroes of Surinam* to Maria Edgeworth’s *Belinda*, exoticized obeah as a superstitious, irrational practice that preyed upon credulous slaves until benevolent masters saved them. GRAinger put georgic and prose literary styles to uses unique to the Caribbean in order to meet pressing intercultural and transatlantic conflicts, assuring colonists of their cultural superiority to Africans and defending plantation medical science to metropolitan audiences.

The connections that *The Sugar Cane* and the *Essay* draw between slaves’ medical practices and intellectual faculties suggest that plantation medical science not only provided strategies for preventing slaves’ illnesses but also contributed to theories regarding differences between colonial and non-European cultures and, eventually, bodies. As historians of race have recently pointed out, colonial medical philosophy provided crucial strategies with which early Americans contrasted their health with that of Natives and Africans and eventually concluded that non-European

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bodies were weak and their medical philosophies deficient.\textsuperscript{649} \textit{The Sugar Cane} and \textit{Essay} both support and complicate such narratives, for Grainger’s attribution of slaves’ illnesses to their African cultural origins suggests that variable cultural practices, more than fixed biological traits, served as a primary marker of the differences between colonists and slaves. But Grainger’s medical writings also inspired subsequent Caribbean physicians to attribute slaves’ so-called magical beliefs and reliance on obeah to natural inferiorities, so that \textit{The Sugar Cane} can be seen to facilitate biological conceptions of race. Grainger’s formation and transformation of poetic and prose literary forms suggests that conceptions of racial and cultural differences were formulated in encounters between African and colonial medical knowledge, encounters to which both colonists and Africans adapted by devising new strategies for describing and enforcing medical philosophies. The racial theories that would eventually posit immutable differences among colonists, Natives, and Africans were initially developed in literary forms that both integrated and subordinated non-European medical knowledge. Moreover, as the \textit{Essay} shows, colonial medical discourse coexisted with and even relied upon sympathetic, humanitarian attitudes; slavery and progressive medical practices were not mutually exclusive.\textsuperscript{650}


\textsuperscript{650} On the connections between capitalism, ideas of race, and sentimental discourses, see Gould, especially his introduction.
Epilogue

I want to conclude by examining the ways in which colonists’ descriptions and disavowals of non-European medical knowledge continued to shape early American literary forms and to inspire resistance from non-Europeans in the early republic. I examine here Charles Brockden Brown’s *Arthur Mervyn* (1800), which exposes the ways in which African medical knowledge haunted early Americans’ attempts to make their literary forms reflect things in nature. This haunting is made apparent in *Arthur Mervyn* by a bifurcation of literary forms: Arthur attempts to tell a plain, artless tale that would relate his observations clearly, but *Arthur Mervyn* is a gothic novel, filled with apparitions, ghostly stories, and untrustworthy evidence. The tension between the artless and gothic tales manifest the ways in which the African medical knowledge that colonists sought to disavow eventually disrupted the literary strategies with which U.S. Americans attempted to tell artless tales. Indeed, the gothic form “disrupts the dream world” of Arthur’s artless tale with the “nightmares of history”: specifically, colonists’ encounters with and subordination of non-Europeans’ magical knowledge.651 As we will see, Arthur’s opposing literary forms ultimately expose the ways in which Americans employed emergent racial strategies to reclaim the authority to tell artless tales and to situate African (and Native) Americans as objects of medical philosophy, in contrast to their previous roles as contributors. However, as I show by reading Richard Allen and Absalom Jones’ *Narrative of the Proceedings of the Black People, during the Late Awful Calamity in Philadelphia in the Year 1793* (1794), Philadelphia’s African Americans

appropriated the authority to tell artless tales by re-claiming Africans’ status as ideal witnesses.

Gothic Forms, Ghostly Bodies

One of Brown’s two novels set during the yellow fever epidemics that struck Philadelphia throughout the 1790s, *Arthur Mervyn* is ostensibly a “humble narrative” that relates the experiences of a simple country boy as he attempts to negotiate the confusing social and commercial networks of the city while the epidemic disrupts social and political order. After falling in with Welbeck, a forgerer and duplicitous businessman, Arthur participates with seeming innocence in a number of dishonest business schemes before falling ill with the yellow fever. In Part I of the novel, Arthur announces to Dr. Stevens his desire to tell an “artless tale” regarding his experiences, but, as readers learn, *Arthur Mervyn* is an exceptionally untrustworthy story: the novel is composed of a series of framed tales told by multiple narrators and built upon Arthur’s own testimony, which, as Brown reveals, is quite dubious (38). The novel’s problem of truth-telling is manifested as a tension between opposing literary forms: between Arthur’s proclaimed desire to tell an artless tale and the gothic novel that Brown ultimately writes. To tell his story truthfully and artlessly, Arthur would have had to employ the literary strategies of a plain style and close description, the same rhetorical practices that colonists fashioned by incorporating Natives’ and Africans’ empirical medical knowledge. Yet even as he claims to employ such literary practices, Arthur tells a twisted, gothic tale, full of mystery,

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wonder, and deceit. The novel’s gothic elements—mysterious villains, dark and secret intrigues, horrific apparitions, untrustworthy narrators, and framed tales—undercut its veracity, as well as Arthur’s own authority as a narrator.

The gothic corruption of Arthur’s narrative begins to erupt when he is beset by fantastic and dubious reports regarding yellow fever. The fever casts a pall of fear and credulity over the city, thwarting citizens’ ability to distinguish truth from falsehood and thus to describe the epidemic clearly. Accounts, or “rumors” as Arthur calls them, of the yellow fever are told by witnesses whose imaginations are so excited and disturbed by the fear of infection that it is impossible to verify or discredit their horrific tales. As Bryan Waterman points out, the novel’s portrayal of the yellow fever epidemic and its consequences offer a “portrait of communicative chaos” in which competing, contradictory stories of disease compromise the authority, or the artlessness, of Arthur’s tale.653 The rumors proliferate “[p]ictures of their own distress, or that of their neighbours, […] in all the hues which imagination can annex to pestilence and poverty” (139). Such “formidable” reports painted scenes of social and moral devastation, suggesting that people were fleeing the city in droves, that those stricken with the fever were too numerous to count, and that the illness often attacked people in the street, where they were left to perish by family and friends (128). Such stories seemed bizarre in a city that prided itself upon being not only the “commercial and political capital of the republic, and the center of the American Enlightenment” but also the medical capital of the new nation.654

Nevertheless, the rumors could be neither disproved nor authenticated, for they were “distorted and diversified a thousand ways by the credulity and exaggeration of the tellers” (129).

These “distorted” stories signify a disease of Philadelphians’ minds that eventually affects their bodies. Each “embellishment” of the rumors further sickens the listener: “the hearer grew pale, his breath was stifled by inquietudes, his blood was chilled, and his stomach was bereaved of its usual energies. A temporary indisposition was produced in many” (130). Even hearing a rumor produces “indisposition,” and the ensuing panic makes people even more vulnerable to infection. The connections that Brown draws between fevered senses and diseased bodies were supported by contemporary medical philosophies theorizing that individuals could be infected if the “mind’s excessive passion” was not controlled.655 Such theories held that unchecked passions or imaginative faculties would “stimulate the body’s contagion into activity and thereby trigger the disease.”656 As John Harvey Powell writes, “Panic was as contagious as sickness, as revolting as the black vomit, as formidable as death itself.”657 Throughout the epidemic, many physicians recommended rational self-control as a preventive method, while city officials and newspaper publishers sought to calm the city’s panic by controlling the circulation of information regarding the epidemic. In 1793, physicians recommended the Enlightenment practices of skeptical evaluation and distanced, rational analysis that colonists had constructed by disavowing Natives’ and Africans’ magical practices as

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655 Ibid., 164.
656 Ibid., 164.
antidotes to the dual, interconnected diseases of distraught minds and fevered bodies. Physicians’ prescription of rational, analytical thinking notwithstanding, the city becomes a gothic landscape: fear of yellow fever overpowers people’s “understanding,” such that they often wander mindlessly into diseased areas of the city in their haste to escape the epidemic and the horrific stories it incites (129).

Philadelphians’ fevered literary practices go so far as to infect medical knowledge itself. Because the exaggerated accounts of the epidemic were practically impossible to analyze, often infecting the “hearer” even in the act of listening to a rumor, they thwarted any attempt to produce an authoritative medical theory regarding the epidemic. Indeed, theories as to the fever’s cause, prevention, and appropriate treatment were conflicting and contradictory: Philadelphia’s prominent physicians engaged in vehement arguments regarding the causes and cures for the fever. Climatologists such as Benjamin Rush held that the fever originated from a cause within the city itself, such as miasma, or unhealthy vapors, from local swamps and sewers; he identified in particular a pile of coffee that had been left to rot upon a dock. Rush argued that Philadelphia’s air was infected, and that fever arose when such vapors entered bodies predisposed to illness. By contrast, contagionists held that the city itself was pure, but that ships carrying refugees and goods from the West Indies had carried the tropical illness with them and infected otherwise healthy Americans. Regardless of which argument predominated, the controversy regarding the fever’s cause manifested a larger failure of American medical philosophies.658 A foreign source for the fever suggested the breakdown of physicians’ ability to

658 In fact, both were partly correct: yellow fever is transmitted by a mosquito, so while it required a carrier, it did emanate from within the United States. See Ibid., xiii.
diagnose and treat foreign maladies, while a domestic source suggested that the plague emanated from within the new nation, exposing physicians’ failure to recognize and cure familiar causes for disease. Corrupting even physicians’ ability to evaluate medical evidence, the rumors rendered it impossible to produce authoritative medical knowledge regarding the fever.659

Tales of the fever literally and figuratively produce illness, and Brown figures the “indisposition” as a gothic malady that infects Americans’ ability to evaluate and communicate knowledge “artless[ly]” (38). The fever not only diseases bodies but also renders people incapable of telling truthful stories. Brown writes that “Some were haunted by a melancholy bordering upon madness, and some, in consequence of sleepless panics, for which no cause could be assigned, and for which no opiates could be found, were attacked by lingering or mortal diseases” (130). This fever infects the mind with false tales and rumors: horrific “melancholy,” “madness,” and “panics” corrupt faculties of reason and observation. This gothic disease infects Arthur’s artless tale, corrupting his ability to distinguish rumor from truth, to see bodies accurately, and, consequently, to tell a truthful tale himself.660

For a time, Arthur does remain immune to the fever in both its epidemiological and figurative forms, but he is eventually bewitched by the rumors regarding the epidemic. Arthur explains that he had initially disregarded the stories,

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660 Many critics have discussed how, in Brown’s novels, the yellow fever epidemics represented commercial disorder and the corruption of American capitalism. I am interested here in the connections Brown draws between the physical and psychological effects of the fever and his literary forms. See Goddu, chapter two; Sean Goudie, *Creole America: The West Indies and the Formation of Literature and Culture in the New Republic* (Philadelphia: University of Pennsylvania Press, 2006), chapter five; and Gould.
determining that they indicated only their tellers’ “credulity,” their careless and unreflective acceptance of any frightening account (129). Soon, however, fever stories begin to infect Arthur’s ability to tell truth from rumor; eventually, the rumors excite his imagination, and he cannot resist contemplating and transmitting them. He is eventually infected with the fever when his senses are “assailed” by a “vapour, infectious and deadly” (144). Importantly, it is Arthur’s “senses,” his faculties of observation and reason, that are first overwhelmed by the fever (144). He writes of his infection: “This rumour was of a nature to absorb and suspend the whole soul. A certain sublimity is connected with enormous dangers that imparts to our consternation or our pity a tincture of the pleasing” (129). With his “whole soul” absorbed with the fear of illness, Arthur surrenders to the sublime pleasure of contemplating the horrors that Philadelphians were currently experiencing and that threatened his own health as well. Having yielded to the power of his imagination and credulous rumors, Arthur “conjure[s] up” terrific images of his own, thereby contributing his own imagined terrors to the proliferation of already untrustworthy reports (129). The fever infects Arthur’s rational faculties with the pleasure of imagining horrific fates; the disease ultimately corrupts the literary strategies necessary to present observations accurately and to tell an artless tale. Similar to the way in which yellow fever rendered its victims unable to control their passions and panic, so Arthur’s infection represents a corruption of his ability to perceive accurately and hence to communicate clearly any trustworthy medical knowledge regarding the epidemic.
Arthur’s diseased senses are finally overcome with the infection of gothic terror when he encounters an African American, a healthy hearse-driver. Throughout much of the epidemic, many of Philadelphia’s African Americans responded to physician Benjamin Rush’s plea for assistance by serving as pall-bearers and nurses for the thousands of white patients. African Americans initially seemed to be immune to yellow fever, and physicians theorized that because Africans came from the same tropical environment as the disease, they possessed an inherent, biological immunity to the fever.\textsuperscript{661} Although this theory would be contradicted when many blacks did contract the disease, white Philadelphians often cited blacks’ immunity when calling upon them to complete tasks, such as nursing and burials, that required risking infection.\textsuperscript{662} At the same time that they relied upon African Americans, however, whites also suggested that blacks’ healthy bodies represented an insurrectionary threat. African-Americans’ health made visible their connections to the tropics, especially such places as Saint Domingue, where slaves had recently and successfully revolted. Blacks’ health suggested that they possessed secret, revolutionary medical knowledge that allowed them to prevent yellow fever and that would, Philadelphians suggested, encourage them to attack helpless whites.\textsuperscript{663} Just as Africans’ knowledge of obeah came to be associated with slave revolt after Tacky’s Rebellion, so black Philadelphians’ purported possession of secret, tropical medical knowledge was associated with threats of insurrection. Rumors that blacks plundered

\textsuperscript{661} Some Africans may have acquired immunity to yellow fever in Africa, where the disease was endemic. As more blacks were born in America, however, the rates of those with acquired immunity decreased, leading to higher rates of yellow fever among blacks. See Joanna Brooks, \textit{American Lazarus: Religion and the Rise of African-American and Native American Literatures} (Oxford: Oxford UP, 2003), chapter six.
\textsuperscript{662} See Powell, 94-5.
\textsuperscript{663} On blacks’ insurrectionary threat, see Bill Christoppersen, \textit{The Apparition in the Glass: Charles Brockden Brown’s American Gothic} (Athens: University of Georgia Press, 1993), especially 106.
empty houses, preying upon and taking advantage of helpless patients, circulated throughout Philadelphia, fueling connections between Philadelphian and Saint Dominguean blacks. As I show below, however, African-American leaders Richard Allen and Absalom Jones would vehemently oppose such stories.  

As Arthur searches for a friend in a deserted house, his eye is caught by movement in a mirror. Looking up, he sees—not his reflection—but the African-American driver moving toward him. However, Arthur cannot perceive the image clearly, and the man’s healthy body is rendered horrific:

Nothing could be briefer than the glance that I fixed upon this apparition; yet there was room enough for the vague conception to suggest itself, that the dying man had started from his bed and was approaching me. This belief was, at the same instant, confuted, by the survey of his form and garb. One eye, a scar upon his cheek, a tawny skin, a form grotesquely misproportioned, brawny as Hercules, and habited in livery, composed, as it were, the parts of one view. (148)

Arthur’s reaction reveals the full extent of his diseased senses, for he mistakes the driver for a dying man, ravaged by fever. Arthur’s fevered senses mistake blacks’ healthy bodies for horrific, diseased bodies, discolored by yellow skin and black vomit. Only the black man’s “tawny skin” and “grotesquely misproportioned form” alert Arthur to the fact that he has encountered the healthy driver, rather than the “apparition” of an infected, dying man (148). Similar to the “ghost-like” figures Arthur met on his way into the city, the driver’s appearance is ghostly, but not because his body has been corrupted by yellow fever’s ravages. Rather, Arthur

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664 The most vocal attack on Philadelphian blacks was Mathew Carey’s *A short account of the malignant fever, lately prevalent in Philadelphia* (Philadelphia: 1793).
perceives his body as incomprehensible and frightening precisely because it is healthy, representing Africans’ secret medical knowledge. African-Americans’ bodies seem so horrific and out of place because they reveal white Philadelphians’ failure to perceive and describe rationally the fever. Consequently, blacks’ unreadable bodies make visible the corruption of Americans’ artless literary forms, that is, their inability to make their words reflect their observations and to tell trustworthy tales regarding the epidemic. Arthur’s so-called artless tale reveals not the healthy African American he actually encounters, but rather the apparition that his imagination “conjure[s] up” (129).

Arthur’s encounter with the African-American driver renders him “senseless” and brings on a horrifying dream, thwarting any possibility that he might be able to write a true account of the fever or of his experiences. He loses any ability to observe his surroundings accurately or to interpret his circumstances rationally; instead, he can only imagine that the driver buries him alive and contemplate “the train of horrors and disasters that pursue the race of man” (147). Significantly, no exchange of medical knowledge occurs as a result of this encounter: Arthur does not seek to discover the secret of blacks’ immunity. Instead, he is rendered senseless by the discovery that African Americans possess secret medical knowledge with which to prevent yellow fever.

Brown’s gothic tale, concerned with “interrogating the evidence of the eye” to consider “how we come to knowledge and how we communicate it, how meaning is made and misunderstood, and how such knowledge and misunderstanding are put into social practice” exposes the ways in which Americans’ production of “artless” tales
depended upon disavowing Africans’ knowledge. Africans’ healthy bodies, signifying their effective medical knowledge, haunt Arthur’s tale, and this haunting produces Brown’s gothic form by “expos[ing] the permeability of racial categories and schemes, social, political, scientific. The gothic haunts readers with a sense of their fragile, false embodiment and a renewed appreciation for the apparently safe fiction of whiteness.” Brown’s gothic form reveals the “permeability” of Americans’ medical philosophies, illuminating the corrupted literary strategies by which Philadelphians attempted to efface that permeability and their encounters with African magic. The wondrous, and—for Americans—unnatural, state of Africans’ health exposes the limitations of Americans’ tools of observation and analysis: their failure to diagnose the fever and explain Africans’ immunity. Arthur’s “visionary horrors” at the sight of the driver’s healthy body thus expose the connections between the gothic corruption of his artless tale and the secret, magical elements of African-Americans’ medical knowledge. His infected senses manifest the consequences of colonists’ description and disavowal of non-European medical knowledge: the haunting of U.S. Americans’ artless literary forms with the magical knowledge they sought to subordinate.

**Race and Mental Health**

In contrast to the thousands who succumbed to yellow fever, Arthur recovers his physical and intellectual health, thanks to the medical care and sympathy of Dr. Stevens. In the second part of the novel, Arthur attempts to resolve the commercial

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665 Waterman, 233.
666 Brooks, 178.
snares in which his alliance with Welbeck had entangled him by making his life “profitable to himself and to mankind” (220). As part of this process, he studies under the guidance of Dr. Stevens, seeking to “gratify” and heal his mind by studying medical “science, […] which comprehends the whole system of nature” (220). Arthur’s new knowledge and accompanying epistemological authority is tested on his stagecoach journey from Philadelphia to Baltimore, on which he shares the stage with “four companions”: “a sallow Frenchman from Saint Domingo, his fiddle-case, an ape, and two female blacks” (370). While, as Teresa Goddu points out, these companions—both the blacks and the “sallow Frenchman from Saint Domingo”—are associated with yellow fever, Arthur’s response to this encounter contrasts with his horrified response to the sight of the black driver. On the stage, he remains in control of his faculties and his tale, even while observing the faces of his companions. Arthur writes that he endeavored to discern the differences and samenesses between them. I took an exact account of the features, proportions, looks, and gestures of the monkey, the Congolese, and the Creole Gaul. I compared them together, and examined them apart. I looked at them in a thousand different points of view, and pursued, untired and unsatiated, those trains of reflections which began at each change of tone, feature, and attitude. (370)

Just as Arthur’s senses were corrupted by the fever’s gothic horrors when he plunged into the sublime pleasures of imagining the terrifying repercussions of infection, so here he is “unsatiated” by contemplating the physiological differences between the species.

667 See Goddu, 44.
Moreover, Arthur is no more capable of obtaining knowledge about the black women from their own mouths than he was able to exchange medical knowledge with the black driver, for his encounter with the women does not involve cross-cultural communication. Instead, as he writes, the black women “gazed with stupid wonder, and an exclamatory La! La! upon the passing scenery; or chattered to each other in a sort of open-mouthed, half-articulate, monotonous, and sing-song jargon” (370). Arthur does not understand their chatter, nor does he comprehend the reason for their “wonder” at the surrounding landscape. Furthermore, he later represents the speech of other blacks as only partly-comprehensible jargon, suggesting his ongoing failure to understand and communicate with them. Yet while Arthur’s view of the black driver in the mirror overcame his senses and his reason, on the coach, he maintains his reason and methodically observes the black women, even gathering information from different “points of view” (370). Arthur associates his ability to obtain these different perspectives with sensory health, exclaiming: “How great are the pleasures of health and of mental activity” (371).

As many critics have noted, Arthur seems to mature dramatically between the end of Part I and the beginning of Part II, recovering not only his health and virtue but also control of his narrative. However, as his encounter with the blacks on the stagecoach suggests, Arthur’s sensory well-being and return to reason mask his continuing failure to acknowledge that his rhetorical authority depends upon his encounters with blacks. Indeed, his recovery is made apparent by the racial classifications by which he correlates his companions’ visible, surface appearance

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668 See, for instance, Brown, 379.
669 See Goddu, 39 and Goudie, 191.
with invisible features in order to place them in different racial categories. Waterman observes, “What Mervyn performs most in this passage is an emerging scientific aptitude, evidence of his transition from being overwhelmed by pluralistic Philadelphia to being the master of this diversity through rational observation.”

The new privilege that Arthur accords to his gaze as a diagnostic tool and to blacks’ bodies as objects of investigation would situate Africans and Natives as objects of study, rather than collectors, witnesses, and sources of medical knowledge. Indeed, nineteenth-century physicians increasingly accorded particular importance to the body as the space in which illness appeared; even the inner features and deep structures of bodies became the focus of a gaze that sought to diagnose and cure disease by correlating inner and outer physiological features. As medical philosophers moved from linking symptoms upon the surface of the body with environmental conditions to correlating invisible, interior conditions with exterior appearances, they connected physical appearance and racial identity. Arthur’s encounter on the coach offers an early instance of such medically justified racial categories. By applying the strategies of racial science, Arthur regains authority to observe and interpret clearly foreign bodies and, consequently, the authority to write an artless tale.

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670 Waterman, 237.
671 Physicians suggested that “a person’s exterior appearance spoke volumes about their mental capacity, or, conversely, that skeletons or cranial measurement, now tools of scientific study, revealed civilizational proclivities for entire groups of people.” See Roxann Wheeler, The Complexion of Race: Categories of Difference in Eighteenth-Century British Culture (Philadelphia: University of Pennsylvania Press, 2000), 33.
672 Michael Warner presents a different reading of the novel, calling Arthur Mervyn a “fantasy of publicity” in which Arthur achieves “lettered tranquility” as his “acquisition of knowledge gradually secures his virtue from the threats of dependence on fortune and the senses” (162). However, Warner does not consider Arthur’s encounters with blacks or the novel’s gothic form. See Warner, The Letters of the Republic: Publication and the Public Sphere in Eighteenth-Century America (Cambridge and
The novel’s turn to racial classifications posits scientific racism as the solution to the threat that foreign, healthy, and thus incomprehensible bodies and their secrets posed to “artless” literary forms. Arthur’s “traumatic experience during the yellow fever epidemic” trained him to “look in multiple directions,” that is, to “amass[…] racial inventories”\textsuperscript{673} as a preventive measure against “visionary horrors” and the gothic terror of unreadable, foreign bodies (148). In Part II, Arthur matures to an understanding of the racial strategies by which Americans could immunize themselves against the disavowed, ghostly knowledge that continued to haunt their literary practices. As Goddu has suggested, historicizing the gothic reveals that the form “articulates the horrors of history”: in America, a repressed history of racialized relations between whites and, especially but not exclusively, African Americans.\textsuperscript{674} Goddu points out that the gothic “exposes America’s national myth of new-world innocence […] by voicing the cultural contradictions that undermine the nation’s claim to purity and quality” and by telling “of the historical horrors that make national identity possible yet must be repressed in order to sustain it.”\textsuperscript{675} In Arthur Mervyn, Brown’s gothic tale manifests the horrifying literary repercussions of British Americans’ integration and subordination of African and Native American medical knowledge. The tensions between Arthur’s narrative and the gothic form reveal U.S. Americans’ ongoing anxieties regarding how to tell artless tales about Native- and

\textsuperscript{673} Goudie, 193.
\textsuperscript{674} Goddu, 2.
\textsuperscript{675} Ibid., 10.
African-American medical knowledge without corrupting their carefully constructed “senses” of skepticism and rationality (144).

**African-American Medical Knowledge in the Early Republic**

As Joanna Brooks points out, the yellow fever epidemic generated an “unprecedented public discourse about blackness, its significance, its symptomaticity, and its place within the body politic,” a discourse in which Brown’s novel was only one participant. News accounts of the fever’s devastation and broadsides detailing the flight of white citizens from the city contributed to rumors regarding blacks’ purported immunity and depredations upon helpless whites. In particular, publisher Mathew Carey’s *A short account of the malignant fever*, published in 1793, accused African Americans of criminal conduct during the epidemic. The gothic infection that corrupted Arthur’s senses thus also contaminated blacks’ reputation with derogatory rumors that they had plundered whites’ houses and stolen their belongings. However, African Americans participated in these discussions by telling their own artless tales regarding the fever’s cause and the question of their immunity. Such tales contested racial theories that whites supported by citing physiological differences between white and black bodies, such as those Arthur constructed to regain his mental health.

In *A Narrative of the Proceedings of the Black People, during the Late Awful Calamity in Philadelphia in the Year 1793*, two African-American ministers, Absalom Jones and Richard Allen, sought to discredit not only claims that blacks had acted inappropriately during the epidemic but also theories that they were immune to yellow fever, theories founded upon racial conceptions of differences between white

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676 Brooks, 154.
and black bodies. They do so by emphasizing the rhetorical authority of African-Americans’ accounts of yellow fever.

Jones and Allen claim that blacks’ “situation” as nurses who regularly encountered dead and dying patients allowed them to “know and observe the conduct and behavior” of Philadelphians, white and black, throughout the epidemic. Due to their subservient status, African Americans had been forced to remain in the city even as the epidemic worsened. As a result of this special “situation,” blacks had “it more fully and generally in [their] power, to know and observe the conduct and behavior of those that were so employed” caring for the sick, that is, to provide an authoritative, firsthand account of blacks’ behavior and whites’ responses (3). Throughout the Narrative, Jones and Allen relate their own and other Africans’ observations, testimonies, and experiences, gathered while providing both medical care and burial for whites. Jones and Allen claim that such experience endowed blacks with a superior perspective that corrects their critics’ “partial” accounts and accusations (3). In contrast to the “representations” of whites such as Carey, who left the city during the epidemic, blacks’ authoritative, comprehensive view is based upon their extensive experience caring for whites at all stages of the fever (3). Jones and Allen situate black nurses and pall-bearers as ideal sources of empirical medical knowledge, given their opportunities to observe many stricken patients. African Americans’ testimony, as Jones and Allen suggest, offers an artless tale of the

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677 Absalom Jones and Richard Allen, A Narrative of the Proceedings of the Black People, during the Late Awful Calamity in Philadelphia in the Year 1793: and a Refutation of some Censures Thrown upon them in some late Publications (Philadelphia: William W. Woodward, 1794), 3. Future references to this text will appear parenthetically.
epidemic that is based upon more authentic, empirical evidence than the rumors that infect white Philadelphians’ tales.

Although Jones and Allen argue that blacks’ bodies were not immune to the yellow fever, they point out that their senses remained impervious to the gothic corruption that infected the understanding and “artless tale[s]” of whites such as Arthur (138). For instance, when blacks encountered white patients, the nurses often found them “raging and frightful to behold […] screaming enough to chill [blacks] with horror” (14). Here, whites’ display of the same gothic behavior that Arthur resists with racial classification—loss of mental health as panic overtakes the senses and reason—horrifies blacks, so that whites’ diseased minds and “frightful” behavior, rather than blacks’ bodies, become gothic elements in the Narrative. In contrast to their white patients, African-American nurses remain calm and rational throughout the epidemic. Jones and Allen thus suggest that Philadelphia’s blacks are uniquely situated to provide a complete, accurate account of the yellow fever and of Philadelphians’ behavior. With their healthy senses and clear observations, African Americans, in contrast to whites such as Arthur, can found artless literary forms on their observations and experiences.

Blacks’ rational minds and trustworthy medical knowledge allow them to revise theories that they possessed immunity to yellow fever by virtue of their African heritage. Jones and Allen write that blacks’ experiences set the question of their immunity “in its true state,” writing: “Happy would it have been for you, and much more so for us, if this observation [of immune blacks] had been verified by our experience” (15). Discounting stories of blacks’ immunity as one more rumor
spawned by the fever, Jones and Allen argue that African-Americans’ experience reveals the truth regarding rumors of their immunity and their depredations. The Narrative thus presents African-Americans’ experiences as a stable foundation through which to authorize their literary practices as artless. By claiming the authority of blacks’ firsthand, empirical knowledge, Jones and Allen offer a cure for the gothic infection of artless literary practices and the rumors spawned by such corrupted tales, while also providing a “more full” narrative than white Philadelphians’ “partial” reports and accusations (3).

By making blacks’ experience the foundation of their truthful Narrative, Jones and Allen also resist the racial categories that whites such as Arthur posited in their attempts to regain rhetorical authority. The Narrative destabilizes conceptions that race was immutable and connected to the body, instead defining it in ethical terms. They write: “We wish not to offend, but when an unprovoked attempt is made, to make us blacker than we are, it becomes less necessary to be over cautious on that account” (8-9). Similar to the way in which William Apess would later suggest that “blackness” defined behavior and moral principles rather than any immutable racial identity, so Jones and Allen contrast white and black Philadelphians’ response to the epidemic to reveal blacks’ superior moral and epistemological position. Citing African-Americans’ superior medical knowledge and display of Christian charity, Jones and Allen overturn the racialized remarks discrediting their accounts of the

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678 Brooks suggests that Jones and Allen counter Carey’s racially inflected accusations with a self-determined “spiritual conception of their community,” authorized by a spiritual covenant with God (172). See also Brooks, 169-72. For a different view, see Gould, “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia”; and Ibid., “What We Mean When We Say ‘Race.’” Early American Literature 41 no. 2 (2006): 324-5. Gould argues that the boundaries between white and black communities were less fixed and their responses to the epidemic less oppositional than Brooks argues.

679 See William Apess, An Indian’s Looking-Glass for the White Man (Boston: 1833).
epidemic and, even more significantly, the racial science supporting such criticism. While white Americans developed stable racial categories to subordinate gothic infections of their literary forms, African Americans supplanted such racialized tales with their firsthand experience and clear observations.

As my reading of *Arthur Mervyn* and the *Narrative* shows, early Americans continued to form and transform their literary strategies to subordinate non-European medical philosophies even after the United States had defined itself politically as a nation. In doing so, U.S. Americans responded to what Elizabeth Maddock Dillon calls a “lingering colonial history,” which included colonists’ relationships and, as Dillon argues, affiliations, with African creoles on the basis of their shared geographic and cultural alienation from the metropolis. As Dillon points out, however, the new nation was also characterized by an emergent nationalism that defined American culture in racial terms, by contrasting whites with blacks. In *Arthur Mervyn*, the tensions between Brown’s gothic form and Arthur’s artless tale position the novel between these competing conceptions of American culture.

Arthur’s gothic horror at the sight of the African driver’s healthy body exposes the “lingering colonial history” of British Americans’ integration and subordination of non-European medical knowledge. However, his clear, or artless, analysis of the blacks on the stagecoach marks a shift toward racial conceptions of differences between African- and Euro-Americans. As Dillon points out, American “national culture required an erasure of colonialism, an erasure that included actively forgetting

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680 Elizabeth Maddock Dillon, “The Secret History of the Early American Novel: Leonora Sansay and Revolution in Saint Domingue,” *Novel* (2006/2007), 96. Dillon uses “creole” to refer to “the white or black non-native who is born […] in the colony” and for whom “geographical location” is more important marker of identity than “racial descent.” See Dillon, 86 and 95.
that white Americans were, themselves, creoles rather than natives of America.”

As I have shown, *Arthur Mervyn* seeks to erase colonists’ creolized literary history, formed by integrating and subordinating African medical knowledge. By contrast, the *Narrative* reminds Philadelphians that their artless tales depend upon a history of intercultural encounters. Reading *Arthur Mervyn* and the *Narrative* in the context of intercultural encounters reveals the ways in which early Americans’ ability to tell artless tales regarding their cultural (and racial) origins depended upon subordinating the gothic horrors posed by Africans’ medical knowledge.

As it examines the ways in which colonists employed various literary forms to resolve both intercultural and transatlantic tensions, “Communicating Disease” contributes to early American studies by recognizing “the interconnections and interactions that make every history a part of every other history.”

Urging historians of the Atlantic world to examine the “local variations of larger histories, some of which are global in scope, within and beyond empires,” Thomas Bender suggests that tracing the global repercussions of local encounters and exchanges could accord “various peoples in motion and in networks outside of nations or imperial projects—and the ocean itself—[…] greater historical presence.” This dissertation has traced various ideas in motion, in both intercultural and transatlantic contexts, to examine the ways in which early American literatures reflect the “historical presence” of Natives and Africans and to reorient our study of the

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681 Ibid., 98.
683 Ibid., xix.
684 Ibid., xx.
literature and culture of the Atlantic world to include the intercultural contexts in which they were often produced.

By examining the literary strategies that colonists employed to describe and disavow Native and African medical knowledge, this dissertation has sought to expand the transatlantic framework that characterizes early American studies. In particular, my study of literary forms in the context of intercultural exchanges of medical knowledge uncovers the multiple, cross-cultural philosophies and histories that contributed to the formation and transformation of early American literatures. “Communicating Disease” shows that analyzing colonists’ encounters with Native and African medical knowledge is crucial to understanding the ways in which British American literatures articulated and contested colonists’ relation to the metropolis. The literary responses to intercultural medical encounters that I have studied here suggest that transatlantic relationships were neither the only nor always the most significant framework in which colonists articulated their epistemological and rhetorical authority. As we have seen, the incorporation and subordination of Native and African medical knowledge allowed colonists to employ literary practices that claimed authority for colonial medical philosophies in both the colonies and the metropolis. It was ultimately by describing and disavowing Native and African medical knowledge that colonists made their literary forms coextensive with the things they described and engaged metropolitan skepticism of colonial knowledge. The center-periphery hierarchy structuring relations between colony and metropole turned upon a third, crucial element: colonial encounters with Natives and Africans. Colonists’ transatlantic relationships were merely one aspect of the multiple,
contingent, mutually constitutive exchanges that contributed to the development of early American literatures.
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