

**“RESOLVED TO MAKE A TRIAL OF IT”:
THE PLANTATION, MEDICAL EXPERIMENTATION AND THE DEVELOPMENT OF
MEDICAL KNOWLEDGE IN THE BRITISH CARIBBEAN**

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Introduction

William Chamberlaine (1747-1822), a surgeon practicing in Jamaica in the late-18th century, recorded his dissatisfaction with the well-known anthelmintic cabbage tree bark in treating severe cases of worm infestation, writing,

I had never given myself the trouble to make enquiry about any other more powerful vermifuge; nor did I think there *could* be one more powerful, until the death of a negro girl, evidently occasioned, as appeared upon my opening her, from vast numbers of worms lodged in the small intestines, convinced me that I had not done my duty, and excited me to push my enquiries in search of a more efficacious medicine still farther. I had heard so much of the *cowhage*, or *cowitch*, that I resolved to make a trial of it. (Chamberlaine 1804, 54)

His scientific curiosity was peaked with the treatment, death and autopsy of an enslaved girl who succumbed to worm infestation in spite of his efforts to cure her. After treating the girl with the cabbage tree bark for over a week, and appearing better after the course of treatment, her recovery failed, and she died. He wrote,

On my arrival, I found she had been dead about two hours. I then requested permission of the gentleman [her owner] to open the body, which he very readily granted. I found the lungs more flaccid, and smaller than usual; they adhered in many places to the pleura, although adhesions of the lungs to the pleura were sometimes to be found in healthy subjects, yet in this patient they were apparently *morbid*. (Chamberlaine 1804, 54)

As Chamberlaine was called in by her enslaver, she or her family had little say in her treatment. She was her owner's property, and therefore she was deemed to be a unit of labour requiring medical attention. When she was treated, she became one of Chamberlaine's patients and experimental subjects. But when she died her body belonged to her enslaver, to whom Chamberlaine would have to ask for permission to conduct a post-mortem. The extract is a singular demonstration of the power of the medical gaze in plantation society: the girl was 'patient'; 'subject'; 'body' and 'property'.

In his treatise entitled, *A Practical Treatise on the Efficacy of Stizolobium, or Cowhage; Internally Administered, in Diseases occasioned by Worms, etc.*, Chamberlaine delivered a lengthy, but convincing account of his trials "to recommend a medicine, hitherto little known to Europe, but which, from its safety, and powerful effects when internally administered, and brought to the test of experience will be found justly deserving a principal place in the *Materia Medica*" (54). Treating a condition that was common in Europe and the Caribbean, Chamberlaine discussed the efficacy of various treatments, including his cowhage or cowitch electuary, for worm infestation. His scientific exploration of this treatment in the Caribbean

¹Research for this paper was conducted in the John Rylands University Library's Special Collections at the University of Manchester. It could not have been completed without the assistance of Dr. Laurence Brown and the Centre for the History of Science, Technology and Medicine (CHSTM).

environment yields some noteworthy observations about the medical encounter; the exchange and ownership of medical knowledge in the colonial period; and medical experimentation using human subjects.

An appraisal of medical texts and journals, such as Chamberlaine's treatise which circulated throughout the medical community in the British Caribbean and Europe, reveals that physicians and plantation personnel considered the plantation a space for physicians to experiment with various surgical, therapeutic and clinical procedures. Medical practitioners could access a large captive population made up of sick bodies with 'tropical' diseases requiring monitoring, treatment and care on plantations. They also encountered the healing traditions of African and Afro-Creole cultures, from which they learned and often incorporated what they deemed as useful knowledge into their own practice, sometimes publishing their findings to advance their reputations among colonial and metropolitan medical fraternities.

The research on medical experimentation in slave societies can be considered well developed within American scholarship.² Given the similar medical traditions that evolved in the British Caribbean, especially during slavery, and the numerous publications by several visitors and explorers on the natural history of the region, recent scholarship has started to reveal the many ways in which medical experimentation in Caribbean plantation societies did also occur.³ Steven Palmer's research on the relationship between plantation-based doctors and the development of the medical academy in Cuba discusses the encounter.⁴ There has been recent work on the development of medicine and medical knowledge in the British and French Caribbean in the colonial period which discusses the transfer or exchange of medical knowledge in the colonial encounter and within the development of metropolitan medicine.⁵ The medical treatises and journals available for the slave period in the British Caribbean can lend some insight into the development of relationships between colonial and metropolitan medicine. They can also provide some detailed accounts of European, African and Creole perceptions of the medical encounter in the British Caribbean, particularly between European physicians and their African/ Creole patients and assistants and/ or rivals.

William Chamberlaine "of London, a very eminent surgeon"⁶

By the time Chamberlaine's *A Practical Treatise* had gone into several editions, he had long earned a reputation in London-based medical circles as a well-respected and vocal proponent of the medical profession. Advertised on the title page of the 9th edition (1804) of his treatise is a list of prominent medical and scientific organisations to which he belonged, suggesting to consumers that he was a credible and legitimate medical practitioner. He was a

Member of the Royal College of Surgeons, London; Fellow of the London Medical Society; Honorary Member of the Physical Society of Guy's Hospital; Honorary Member of the Medical and Philosophical Society of St. Bartholomew's

²See in this regard Savitt, Axelsen, and Washington.

³See Sloane, Hughes, and Schiebinger (2004, 2005 and 2017).

⁴See Palmer.

⁵See De Barros (2004 and 2007), Sheridan, Welch, De Barros, Palmer and Wright, and Schiebinger (2004)

⁶Burke 63.

Hospitals; Member of the Medical Council of the Royal Jennerian Society;
Honorary and Corresponding Member of the Island of Jamaica, &c. &c. (iv)

He was so active in the organization of the medical profession, that the Medical Society of London awarded him a silver (John) Fothergillian medal (the only known one of its kind) cast from its original mould in 1794 for his eight-year service as honorary secretary in the society (Holubar and Sakula 312).

Chamberlaine was the son of a magistrate for the County of Dublin, who was later appointed a judge in Jamaica. He was born in Dublin, attended the Harrow School, and then completed his education in Dublin at Trinity College. When his father lay dying in Jamaica, he decided to pursue surgery and after serving his apprenticeship, resided in Jamaica for nine years. In 1781, he settled in London and was a surgeon and apothecary. In 1788, he and a colleague established An Institution for the Relief of Widows and Orphans of Medical Men dying in indigent circumstances in London and its vicinity, which was a medical benevolent society for physicians and their families.⁷

Chamberlaine had spent a formative portion of his working life in Jamaica, where he and his brother, Richard (who was also a surgeon) established practices that serviced both urban and rural Jamaican plantation society, with both free and enslaved black and white patients counted among their clientele.⁸ Like some other notable physicians who ventured to the Caribbean in search of work experience and scientific investigation, Chamberlaine distinguished himself within the medical community with the published research he conducted while resident in the plantation societies of the Caribbean. Like many of his European compatriots, he found ample work and exciting exploration within the Caribbean laboratory – that is the space in which plantation medicine became integral to the production and circulation of medical knowledge and the Caribbean and Atlantic World. The plantation was a human laboratory where sick bodies could be isolated, surveilled, treated, experimented on, controlled and disciplined while facilitating the labour demands of the plantation-based economy. It is also where European physicians came into contact with *other* healing traditions and cultures drawn from indigenous and African knowledge systems and practitioners. European physicians could gain clinical experience on isolated rural plantations, which would inform their practice and elevate their position within the medical establishment upon their return to metropolitan in Europe.

Returning to London in 1781, Chamberlaine became an active member of an emerging medical profession that counted surgeons, apothecaries and physicians among its ranks. After the publication of his first successful edition of his treatise, Chamberlaine went on to write other publications that won him some further notoriety within medical and social circles.⁹

⁷See “Medical Benevolent Societies” and “Obituary.”

⁸Born in Dublin, Richard Chamberlaine (1753/4-1821) was also a surgeon in Kingston where he resided until his death in 1821. He seems to have also been active in Jamaican and London-based medical and scientific circles, publishing medical articles and correspondence in literary journals. His son, also Richard Chamberlaine, was a doctor who continued to practice in Jamaica, with his practice and family firmly entrenched in Jamaican medicine and society, also with linkages to London-based medical institutions (Burke 63).

⁹See Chamberlaine 1803, 1812, and 1813 as well as his papers in the *Memoirs of the Medical Society of London*.

Chamberlaine considered himself both a “naturalist and physician” since “these two characters are so often united in the medical practitioner” (Chamberlaine 1804, iv). His research in the Caribbean laboratory was motivated by the “inefficacy of European medicines” in treating worms that he considered “so destructive to the human body” (v). Chamberlaine turned to his experiments with cowhage after some successes with the known anthelmintic cabbage tree bark as well as some other plant-based treatments that were in widespread use in Jamaica. However, after his trials with cowhage, he “laid aside the cabbage-tree-bark, and for several years have used no other vermifuge than this” (Chamberlaine 1804, 58). His experiments did not cease with his ‘discovery’ as he continued to conduct further trials trying to find the “best vehicle for this substance” (58). He tried with molasses, honey and castor oil, but in his opinion the “good old vehicle, -- the common treacle” (58) was the best.

Once Chamberlaine publicized his findings, there was an obvious demand for the product in London and having little access to successfully propagated cowhage in England, he imported the plant from Jamaica.¹⁰ Since he could not get good quality, fresh cowhage, he wrote, “For this reason I never depend on any, except that which I import myself, from when I have a constant supply of it, through the good offices of my brother, Mr. Richard Chamberlaine, Surgeon, of Kingston” (Chamberlaine 1804, 68). With the help of his publication, he established a trade in the plant between Kingston and London.

Parasitic Infection: “the universality of the complaint”¹¹

European medical practitioners in the British Caribbean frequently reported the high incidence of parasitic worm infection amongst the working population, particularly children. Several species of parasitic worm are found in the Caribbean tropical environment including: roundworm (*Ascaris lumbricoides*); hookworm (*Ancylostoma duodenale* or *Necator americanus*); tapeworm (*Cestoda*); Guinea worm (*Dracunculus medinensis*); and filarial worm (*Wuchereria bancrofti*). Enslaved adults and children seemed particularly susceptible due to their poor nutritional status and poor living conditions. Depriving their victims of full absorption of the nutrients, parasitic infection left adults and children stricken with debility and often manifesting in convulsions or fits (Kiple 130).

Research into treatments for worm infestation, however, proved to be one of those areas of study that yielded benefits and united trans-Atlantic medical practice. Although, it was reported to be rife among the enslaved population, parasitic infection was reported and treated widely among European populations as well. Only parasitic worms that are endemic to both the tropical and temperate environments are dealt with in detail in the treatise, such as roundworm, threadworm and tapeworm. In his descriptions of worms that afflict the enslaved population, he made only cursory mention of the Guinea worm, which is endemic to the West Coast of Africa and was only found amongst the enslaved and a minority of Europeans who visited the coast during slaving or military missions, and therefore was of little

¹⁰Chamberlaine reported that the plant was native to both Indies, but plants had only been successfully propagated in England by Charles Hutton, Joseph Banks (in his herbarium) and in the Apothecaries Garden at Chelsea (Chamberlaine 1804, 75).

¹¹Chamberlaine 1804, iii.

consequence for a general European medical practice.¹²

Left unchecked in the tropical environment, Jamaican plantation society proved to be the ideal laboratory for studying parasitic infection and experimenting with 'native and European' treatments amongst black and white subjects. Chamberlaine wrote:

Hence, in the West Indies it happens, that among the negroes, whose diet consists chiefly of vegetables, complaints arising from Worms are much more frequent than among white people, insomuch that is very rare to see a negro child without a swoln belly, and other symptoms of this disease. (Chamberlaine 1804, 20)

He acknowledged the poor diet of the enslaved population as one reason for their perceived susceptibility to parasites, but throughout the treatise he does little to suggest that their health would be better with an improved diet or living conditions.

The number of preparations for courses of de-worming is an indication of how widespread worm infestation was in the region, particularly among the working population during the colonial period (see Appendix). Anthelmintics were commonly found in both the European-derived and African-derived pharmacopoeia of the region. European-trained physicians, such as Chamberlaine, who practiced in the Caribbean distinguished themselves in European medical circles because of their helminth research in the region.

Chamberlaine related examples and cases from both Europe and the Caribbean, but sought to emphasise the efficacy of his experiments and recommendations for use in Europe primarily (Chamberlaine 1804, 10-11). By attaching his publication to the more prominent research sphere of European medical journals and correspondence, Chamberlaine sought to garner more favour in the medical field by identifying successes among 'patients', 'subjects' and 'bodies' in Europe and North America and the rest of Empire. In fact, his first editions of *A Practical Treatise* highlight the actual cases he worked on in Jamaica, but by the 10th edition, the details of these cases were almost wholly replaced with his English-based practice or correspondence from other physicians reporting similar successes in America, Europe and some from physicians located in other Caribbean colonies.

**Chamberlaine's Experimental Method:
"Convinced . . . from what I heard, and from my own experiments"¹³**

Although European physicians detected a higher incidence of worm infestation among the black population, they also recognized that the resident white population did not escape. However, on the regular visits to assess health on the plantations in the slave hospitals or in the plantation nurseries, outward symptoms of worm infestation seemed more apparent, especially in enslaved children. The symptoms that were reported included mucous stools, abdominal pain, dry cough, unquenchable thirst, grinding teeth and vomiting which were also reported regularly. With the white children of managers or planters also resident on the estates, their ailments also easily be studied or monitored on such visits.

¹²There is no pharmaceutical treatment for Guinea worm or *Dracunculiasis* infection. Growing up to four feet in the connective tissue, treatment still consists of extraction by tying the worm's head around a stick and twisting it, being careful not break its body, several times until it is fully removed. It is an excruciating process that can take several months. See Chamberlaine 1804, 15.

¹³Chamberlaine 1804, 58.

Child subjects and bodies were silenced in the narrative and were reduced to case studies illustrating the efficacy of cowhage as an anthelmintic. Both enslaved and free children were vulnerable to parasitic infection, but as children, they had little say in their treatment or in their participation in such trials. Moreover, the enslaved had even less say in their treatment in their encounters with European medicine. Chamberlaine wrote confidently about the widespread adoption of the cowhage / cowitch electuar: "This is the empirical evidence of planters, who usually once in three or four months, exhibit the Cowitch in this manner to their slaves in general; but especially to all their children without distinction; and in this manner I have seen it given to hundreds, from one year old and upwards, with most happy success" (Chamberlaine 1804, 86). Submission to such regimens could not be voluntary.

Chamberlaine's research into alternative preparations was spurred on by the need to find an effective anthelmintic that could be administered to the young. His description of various preparations suggests that he did trial many vermifuges while in Jamaica, including mercurials; tin preparations; bitter purgatives; castor oil; cabbage tree bark; wormgrass and wild Ipecacuanha. It is clear from his narrative that he did trial some of the more dangerous preparations on the enslaved population. His experiments with and knowledge of mercury led him to express that it "has been exhibited in many millions of real Worm cases, without any other effect than injuring the constitution" (Chamberlaine 1804, 36). His condemnation of the use of mercury was so strong that he wrote:

And here I must take permission, for the sake of the sons and daughters of Africa, and their descendents, to make a few observations on the indiscriminate use of mercury, as a vermifuge, in the *West India Islands*. Mercury, unless very cautiously given, and in very small quantities, is rank poison to the constitution of a negro. The many fatal effects I have seen, in the course of several years practice in the island of Jamaica, convince me of the truth of what I have asserted. (Chamberlaine 1804, 36)

Implicit in this passage is the understanding that Chamberlaine did trial mercurials which were known anthelmintics in Europe on the enslaved population, leading to some observations about its efficacy in black patients who seemed to have a weaker constitution than their white counterparts. Again, there was little acknowledgement of the poor working conditions and nutrition that were negatively impacting on African health.

Although, Chamberlaine did not discriminate in the treatment of his patients, he did racialize their bodies. He adhered to the general humoral stereotypes of black and white bodies of the day. Writing of the weakness of the blood of the enslaved, he stated that the "blood of such negroes, as work hard in hot climates . . . will, even in a healthy state, be found much thinner, and less disposed to coagulate than that of white people" (Chamberlaine 1804, 37). Confirming the belief in the weakness of different constitutions, a correspondent hailing the success of cowhage, wrote with surprise: "I have given it even to tender and delicate white children under one year old, -- without any ill consequences" (Chamberlaine 1792, 47). His experiments on human subjects were used to explore the boundaries of known medical theory and application based on race and age.

European medical knowledge of parasitic infection often conflicted with the African-based knowledge systems operating in slave society. Although, European medical practitioners often dismissed the knowledge and practices of enslaved persons, particularly African healers, there was a recognition that their knowledge and expertise were of some value in learning more about tropical diseases and their treatments. Chamberlaine wrote:

The Wormgrass is highly commended by many, and is allowed a place among the first Anthelmintics, by those who have been accustomed to give it. Its use

principally obtains among the free black and Mulatto women of Jamaica, who make a livelihood by practicing physic among those of their own colour, with the medicinal herbs which nature abundantly bestows in that climate. (Chamberlaine 1804, 41)

However, throughout the narrative, Chamberlaine established the authority of European medicine and science over the contributions made through African knowledge systems.¹⁴ Like many of his contemporaries, Chamberlaine dismissed these beliefs and questioned the medical authority of African practitioners and family members. He wrote of one Kingston physician who

used frequently to declare, that whenever he saw any uncommon and violent symptoms, not immediately to be accounted for, and which superstitious or ignorant people would be apt to attribute to witchcraft, he would, without hesitation, exhibit anthelmintics, and that in ninety-nine cases of an hundred, he found himself right in his conjectures. (Chamberlaine 1804, 21)

Superstition was likely traced to the African medico-religious beliefs or obeah. Named as such in early editions of *A Practical Treatise*, the term 'obeah' is not used in later editions, where there was only mention of 'superstition' or 'secret virtue.' As Handler and Bilby have argued, "Obeah encompasses a wide variety of beliefs and practices involving the control and channeling of supernatural forces, usually for social beneficial ends such as treating illness, bringing good fortune, protecting against harm and avenging wrongs" (Handler and Bilby 153). But Europeans, usually operating out of fear and seeking power and control over the enslaved population, often downplayed and even disparaged its role in the spiritual life of enslaved Africans, while overemphasising its more malevolent uses so that it was perceived as evil and frightening. By the post-emancipation period, through a combination of the anti-obeah legislations enacted throughout the region and Christian missionary zeal, obeah had become solely associated with its more harmful uses (De Barros 2004 [source?] 38). In at least one of his early cases reported in the 5th edition of *A Practical Treatise*, an 11-year-old enslaved boy was seized with fits for four to five hours. Chamberlaine reported that the convulsions were "attributed to the effects of *obeah*" (Chamberlaine 1792, 66) among his family members. He successfully administered his cowhage electuary to the child, whereupon the boy slept for sixteen hours.

Local knowledge, informants and medical practitioners are submerged in Chamberlaine's narrative, yielding an incomplete picture of the exchange and ownership of colonial medical knowledge. As he dismissed local knowledge systems, he appropriated and sanctioned the use of local practices, writing "Few or none of the European medicines are equal in efficacy to those vermifuges which the East and West Indies supply us with" (Chamberlaine 1792, 66). But as he conducted experiments, he selected the knowledge and practices that conformed to European scientific methodology, with little explanation or trial of the local beliefs that accompanied them. For example, he wrote, "It is a vulgar error, held by many, that the bark [of the cabbage tree] is not effectual, unless it is taken from the tree when the moon is at full" (Chamberlaine 1792, 9). African or Afro-Creole healing practices are often accompanied by rituals in which careful attention is paid to when herbs are picked or how many are used in specific preparations.¹⁵ Chamberlaine rejected this notion by conducting his experiments and recording observations with only the plant.

¹⁴See Murray, Bilby and Handler, Handler, and Handler and Bilby.

¹⁵See Voeks 1990 and 1993.

Enslaved doctors or doctresses possessed ritual knowledge of plants and treatments based on African knowledge systems. As they worked under the supervision of European-trained physicians, they exchanged medical information and became informants. Moreover, local physicians, who were also trained in European approaches to medicine, can also be considered informants, some of whom seem to remain curiously anonymous in the text (Chamberlaine 1785, 9). Although Chamberlaine does not mention any specific role that African, or local European practitioners or even his subjects may have played in his experiments, there is some evidence to suggest that they did. In his initial attempts to find the best medium in which to place the cowhage he wrote, the “different modes of exhibiting the Cowhage, were as various as the persons who took upon them that office. One administered it in molasses. Castor oil was the favourite vehicle of a second; and a third insisted, that it was no service unless mixed with honey” (Chamberlaine 1804, 18). Since there is no distinction between the practitioner or patient in the passage, it is not clear who he was describing, but he went on to write:

The greater number agreed in giving molasses the preference; but there was even among these, a considerable disagreement with regard to the proportions to be observed in the mixture. While some cautiously put two pods of the cowhage into a quart of molasses, others boldly stirred up two dozen in a like quantity. Some again have six pods to be sufficient; and others imagined some secret virtue, or charm, was to be expected, from having the number neither greater no less, than exactly *nine*. (Chamberlaine 1804, 55)

The passage suggests that local informants, whether they were European or African practitioners or the patients themselves, played a role in the knowledge extracted in his trials. But unlike in his frequent citation of European-trained physicians in other parts of the treatise, particularly his correspondents, there is no mention of who helped him to arrive at his conclusions. In several parts of the text, especially in the later editions, Chamberlaine painstakingly cites the names and positions of various London-based physicians and international correspondents who confirmed his results, but there is little mention of any of the local European or African practitioners who helped him to arrive at his conclusions. In fact, his final observations completely dismiss any inferred mystery in the trial with the dosage or medicinal properties “residing in it, so much as from the sharpness and elasticity of the setae, with which the pods are covered, which take the same effect on worms as they do when applied to our skin” (Chamberlaine 1804, 56). He later took a calabash full of roundworms and applied the cowhage setae to them. Under a magnifying glass, he observed the setae pierce them deeply, rendering them immobile. For him, the effect of the cowhage was mechanical, having very little to do with the medicinal properties of the plant or its preparation. Chamberlaine saw himself as the sole knowledgeable observer in the scientific investigation of cowhage or cowitch. He alone had the authority to oversee the trial, repeat the results, record observations, make conclusions and communicate them with the rest of the learned Western world.

Conclusion

Plantation society offered the ideal laboratory to perform experiments and record observations. For Chamberlaine and other physicians, it was also a repository for the exchange of information across cultures and classes, particularly with those who were familiar with local herbals and other preparations. As a specific cause of ill-health among the working population, whose productivity and profitability was challenged by bouts of parasitic infection,

medical practitioners, managers and planters were motivated to invest in, or at least tolerate, such research. Chamberlaine repatriated this knowledge to London where the silencing of local practitioners and his patients in his text became more profound with each edition of the treatise that he published. Medical knowledge gained in the Caribbean laboratory had to undergo further testing and trials in metropolitan medical centres, further fragmenting the knowledge exchange and undermining the role of colonial contributions to Western medical knowledge.

Appendix: Parasitic Infection Herbal Preparations

Scientific Name	Local Name/ Application	Notes/ Instructions	Territory/ Region	Source/ Year
	cabbage bark; bastard cabbage tree bark	Decoction sweetened with honey, sugar or molasses; 1 tablespoon or small wine glass full taken for 3-4 mornings; "It is a vulgar error, held by many that the bark is not effectual, unless it is taken from the tree when the moon is at full"	Caribbean/ Diaspora	Chamberlaine 1792, 13
	aloe juice	"The planters frequently administer the crude juice to their children"	Jamaica	Long 111; Chamberlaine 1792, 7.
	Cowhage	Electuary with honey, molasses or syrup; 1 teaspoon for children over 1 yr	Jamaica/ Nevis	Chamberlaine 1792, 29.
	oil of the oil nut tree	Also mixed with molasses "to purge off the <i>meconium</i> "	Jamaica	Long 712.
	wormgrass	Boiled in water with lemon and sugar; "It is supposed rather prejudicial to weak eyes, and is cautiously given to young children"	Jamaica	Long 766-767.
	Feverfew	Boiled in water; may be drunk or used as a bath	Antigua/ Caribbean/ Diaspora	
	castor oil		Jamaica/	Chamberlaine

Scientific Name	Local Name/ Application	Notes/ Instructions	Territory/ Region	Source/ Year
			Britain	1792, 9.
<i>Ambrosia hispida</i> Pursh.	bay geranium; soap bush; bay tansy; bay green; bay tim	Plant mashed and steeped in liquor	Bahamas/ Turks and Caicos/ Dominica	Ayensu 77.
<i>Bixa orellana</i> L.	ruku; roucou; roucou; annatto	Tea	Trinidad/ Dominica/ Guadeloupe/ Martinique	Ayensu 54.
<i>Carica papaya</i> L.	papaya or pappaw seeds	Eaten fresh or dried; kills roundworm	Barbados	Gooding 173.
<i>Chenopodium ambrosoides</i> L.	wormwood	Steeped in rum and administered to children	Barbados	Fraser, Carrington, Forde and Gilmore 125.
<i>Citrus aurantifolia</i> Swingle	lemon	Kills tapeworms	Martinique	Laguerre 91.
<i>Mormordica charantia</i> L.	maiden apple; balsam apple; cerasee		Caribbean	Honychurch 38.
<i>Passiflora foetida</i> L.	baby semitoo; mis-mis	Entire plant is boiled and liquid is administered	Guyana	Lachman- White, et al. 200.
<i>Passiflora lauriflora</i> L.	bell apple; semitoo	Boil stems and leaves	Guyana	Lachman- White, et al. 202.
<i>Phyllanthus amarus</i> Schumach.	black catnip; jamaica weed	Prevent worms	Trinidad/ Jamaica/ Turks and Caicos	Ayensu 99.
<i>Spigelia anthelmia</i> L.	pink root; worm grass; Indian pink; pink weed; loggerhead		Barbados/ Jamaica/ Trinidad	Handler and Jacoby 91; Ayensu 116.

Scientific Name	Local Name/ Application	Notes/ Instructions	Territory/ Region	Source/ Year
<i>Stachytarpheta jamaicensis</i> (L.) Vahl	verven; verveine; blue flower; rooster comb; pound cake bush	Plant crushed and juice squeezed out	Caribbean	Ayensu 192.

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