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“Lots of doctoring, with great success”: Healthcare within the Port Royal Experiment and the Work of Laura M. Towne

Antje Dallmann

¹ The so-called Sea Islands are located off the shore of Florida, Georgia, and South Carolina – a part of the South infamous for cotton farms worked by eleven thousand slaves (cf. Rose, *Rehearsal* 8). On 7 November 1861, the South Carolina Sea Islands were occupied by Army and Navy troops as part of a broader successful campaign to secure a Union sea access. While white planters fled inland to unoccupied mainland cities such as Charleston, the majority of former slaves remained on the islands, destitute and often starving, not technically free but declared “contraband of war.”¹

² In reaction, benevolent societies were founded by abolitionists in Boston, New York, and Philadelphia in early 1862 for a project that was to become known as the “Port Royal Experiment.”² On 3 March 1862, a first all-white group of relief workers from Boston and New York got on board the steamship *Atlantic*, *en route* to Port Royal; another ship, the *Oriental*, set sail on 9 April 1862. The prospective “missionaries” envisioned their task in terms of educating former slaves and of organizing free labor to be

performed by African American contract workers (cf. Faulkner "Chap. 1"). They were informed by a widely publicized narrative of early emancipation on the Sea Islands, which aimed to prove the profitability of wage labor in the South by highlighting the role of freed African Americans as self-sufficient contract laborers and which reacted to Northern fears of the emancipation of slaves. While giving a positive interpretation of the Sea Island's "rehearsal for reconstruction" (Rose), this narrative is also an expression of the racialized and status-conscious character of a discourse that increasingly offered the prospect of "free labor" as patent remedy for what was perceived as the lurking threat of African Americans' dependency on the North.

³ Historian Margaret Geneva Long shows that abolitionist discourse draws a powerful link between wage labor and freedpeople's health: Free labor was represented as killing disease - both in a symbolic and in a literal sense (cf. "Chap. 2"). While the concepts of "cleanliness" and "industry" emerge as cornerstones of these discourses of health, the poor character of healthcare available for freedpeople, reversely, is hardly ever acknowledged. When relief workers, however, eventually arrived in the South, Long continues, "they found that without public health measures, adequate food and clothing and basic medicines, no other forms of uplift were possible. Sickness and its causes - malnutrition and inadequate clothing and shelter - were a central concern of all the aid workers who went south" ("Chap. 2"). Northern women, in fact, contributed in crucial ways to offering this much-needed medical care and relief, even if they hardly ever discuss their contributions openly in autobiographic narratives.

⁴ In this article, I shall look closely at the diary and letters of abolitionist Laura M. Towne, a trained homeopath who came to the Sea Islands in early 1862, who subsequently co-founded one of the first schools for former slaves in the South on St. Helena Island, the Penn School, and who worked on this island for the rest of her life, the ensuing forty years. Her writings convey an idea of the scale of illness and suffering on the Sea Islands during and shortly after the Civil War. At the same time, they offer insights both in the restrictions and the discursive valences open to Towne as a white woman who provided medical relief for freed African Americans. Furthermore, Towne's diary and

letters indicate what the discourse of early emancipation omits: a coherent discussion of how diseases raged in a wartime South where healthcare for freedpeople virtually did not exist.

⁵ After a historical contextualization, this article re-visits two discursive sites through which questions of health and healthcare were renegotiated and which are also central in Towne's writing: the trope of teaching health within unhealthy spaces and the trope of "doctoring" family with its relation to homeopathy. Discussions concerning the health of freedpeople were put into the broader discursive context of an internal colonial encounter of domestication between Northern female "missionaries" and freedpeople who were portrayed as yet uncivilized other. Health and disease, thus, were represented as part of a "natural" field of female influence. Towne's training as homeopath, in this context, is used as indication of her superior grasp of healing techniques *vis-à-vis* fellow-missionaries as well as freedpeople and as sign of a more suitable, more domestic medical practice as compared to allopathic medicine. References to wartime medical crises are rare in Towne's accounts since their complicated causes and disastrous results defy easy metaphoric appropriation. In both what is narrated and what is omitted, healing and health are shaped as fields of female authority. In this sense, medicine and healing emerge as discursive sites of a class-specific, gendered, and racialized struggle over prestige, power, and authority within the public realm.

1 Civil War Healthcare and Female Commitment

⁶ Medical care during the Civil War depended on the service of female relief workers and nurses. Over the last twenty years, historians have revised the Civil War narrative by looking closely at the role women played, both in the Union and in the Confederacy; and providing healthcare for sick and wounded soldiers has been identified as an important field of female engagement. "Almost from the war's inception," Nina Silber writes in her influential *Daughters of the Union*, "Northern women began considering, and pursuing, the possibility of joining the Union struggle as nurses" (195).

⁷ The United States Sanitary Commission, with its aim to provide adequate nursing for Civil War soldiers, was

founded in 1861 following an initiative of the Women's Central Relief Association. While nursing was not institutionalized in the Confederacy, women still played an important and active part in it, as Drew Gilpin Faust has shown. According to Jane E. Schultz, "[m]ore than 20,000 women in the Union and Confederate states engaged in relief work during the Civil War" (2).

⁸ In *Women at the Front*, Schultz looks "at hospital work across regions, races, and classes, [...] foregrounding differences between women and restoring agency in those whose voices did not rise above the pitch of traditional source narratives" (2). Schultz points out that Civil War nursing has mostly been considered as performed by white middle- to upper-class women on an unsalaried, voluntary basis. Schultz, in contrast, points out the diversity of backgrounds from which female relief workers emerged.

⁹ Diaries and letters as available sources, however, are mostly authored by middle- to upper-class women. These documents convey nursing in a sentimentalized fashion with emphasis on a set of hospital practices such as feeding the sick, washing the wounded, and comforting the dying. References to more independent medical work are unusual. The formulaic nature of such narratives deserves further consideration. In light of substantial cultural resistance toward female wartime nursing - in a world in which Army nurses were traditionally male convalescent soldiers - to represent military nursing as female-connoted should be considered part of a skillful (white, elite) female intervention into a discourse of power, laying out deep-going transformations of gendered realms of influence in the guise of a traditional rhetoric of separate spheres. In this sense, the rhetoric of the necessity of female nursing, arguably, did tie in with an antebellum feminist agenda of female participation in the public sphere, of equal citizenship, and with a plea to open arenas for women to enter professions such as medicine that found its expression in the small yet rising numbers of female medical students in antebellum North America.³

¹⁰ Wartime nursing is often discussed as categorically different from women's salaried work as physicians, yet the example of women like Towne complicates this conception. It is true that the Civil War necessitated a broad, but only temporary access for women to the public sphere (cf. Reverby; Group and Roberts). While the voluntary and

temporary nature of female wartime engagement allowed framing this work as socially appropriate for middle- to upper-class women, these women did in reality often draw a salary. At the same time, a relevant portion of those few women who had received a medical education prior to the war did join the war efforts, if nominally as nurses or as teachers since finding official appointment as physicians was in most cases impossible. Trained female physicians, both with and without degrees, found ways to serve as medical relief workers, even if they had to understate their medical education (cf. Bellafaire and Graf 7-21).⁴

¹¹The function of nursing narratives in addressing the hospital experience of white middle- to upper-class nurses and the nursing of (white) wounded soldiers has productively been discussed in a variety of sources (see, for instance, Schultz). Cultural studies scholars, as Elizabeth Young, emphasize the symbolical and cultural work of the trope of nursing within nineteenth-century gendered social hierarchies. Yet while the nursing of wounded soldiers, as reality and as literary trope, looms large within the Civil War cultural imaginary and is central to any investigation of the commitment of women during the war, there is comparatively little research on women's roles in providing general healthcare during the war, particularly healthcare for freedpeople in the South, that also considers questions of this healthcare's discursive representation and its symbolic impact. This is also due to the fact that healthcare for freedpeople and, reversely, freedpeople's health are questions only rarely discussed in pertinent contemporary sources.

¹²The isolated Port Royal Experiment, broadly documented at the time as shaped by women, emerges in this context as an important, and yet too little examined, historical site. The abundance of sources that address the events on the Sea Islands allows not only for insights into a turbulent historical period: these different sources also illustrate the emergence of a discourse that, while suppressing references to a factual lack of organized healthcare, racialize freedpeople's health as a function of wage labor and domestic discipline.

¹³Only recently have questions concerning the character of healthcare provided for freedpeople during and directly after the Civil War started to attract focused scholarly attention. Next to Long's *Doctoring Freedom*, two further

publications examine Civil War medicine with an emphasis on the role and situation of African Americans as patients and healers, a subject that so far had been largely ignored. In *Intensely Human*, Humphreys discusses the quality of medical care provided for African American soldiers during the war. In *Sick from Freedom*, Downs argues for a critical re-evaluation of the freedpeople's medical situation and of the symbolic appropriation of their suffering, since this appropriation distorts the view on the inadequacy of care *provided* and, in some cases, perpetuates an inherently racist nineteenth-century agenda that focused on the "contraband" as commodified and objectified icon and instrument within a capitalist reconstruction of the South.

2 The Port Royal Experiment and the Work of Laura M. Towne

¹⁴ Looking at healing and healthcare within the Port Royal Experiment, at racialized symbolizations of illness and health, and at the ambivalent role of white middle- and upper-class Northern women as medical caregivers, I propose to "read" the omission of the medical crisis Downs describes as indicative also of a crisis of representation in negotiations of contemporary white women's roles, obligations, aspirations, and their assumed entitlement. I suggest complicating the discussion of white women as agents of relief and of medical care during the Civil War by reading autobiographic texts, as Towne's, as representative of a wartime discourse that based - in a selective, romanticizing, and formulaic manner - a re-negotiation of female status and (white elite or middle-class) women's role in contemporary North American society on an authority gained from a field of healthcare that is discursively shaped to mirror the domestic sphere.

¹⁵ In this context, the Port Royal Experiment is of particular interest for several reasons. First, it anticipates how questions of healthcare for freedpeople were approached in the reconstructed South. Second, women, who could only travel to the wartime Sea Islands in the capacity of teachers, were expected to provide basic medical care for the freedpeople once they arrived there.⁵ In their autobiographic accounts, female relief workers like Towne and Esther Hill Hawks as well as Elizabeth H. Botume, Austa M. French, Susan Walker, and African American

Charlotte Forten all reference healthcare as a subject of their concern, even if they only give very few details of their medical relief work. Third, of the few trained female physicians who are known to have served in different capacities during the Civil War, two found their way to the South Carolina Sea Islands: Hawks and Towne.⁶ Both women left behind diaries and letters, which further singles them out.⁷ Several studies have discussed Hawks's contribution both to wartime healthcare and to its discursive transformation (cf. Humphreys *Marrow*; Long; Schultz; Twelbeck). Towne's efforts as teacher, educator, and administrator, likewise, have found ample consideration (cf. Butchart; Faulkner), yet her medical work remains largely ignored. In the following, I shall attempt to shed light on Towne's individual role and on her situatedness within a broader discourse of wartime healthcare, trying to draw a balanced picture both of her achievements and of the limitations set by her embeddedness in a dominant system of white social privilege.

¹⁶The fourth child of seven of John Towne and Sarah Robinson Towne, Laura Matilda Towne was born in 1825 into a prominent and wealthy abolitionist family. Her father was a successful businessman, at one time the superintendent of the Boston city gas works (cf. Butchart). After having received what historian Ronald E. Butchart calls an "advanced education in the classics, philosophy, science, and music" (17), Laura Towne was educated at the Woman's Medical College of Pennsylvania in Philadelphia, a progressive allopathic institution, which was opened in 1850 as the second female medical college in the United States. Additionally, she studied independently with German-born physician Constantine Hering, one of the pioneers of homeopathy in the US, probably also enrolling in his short-lived Penn Medical University. It is unclear, Jonathan Davidson notes, whether or not she graduated from either of these institutions (26).

¹⁷In the 1850s, Towne taught various charity schools in the North (cf. Rose, "Laura Matilda Towne" 472). At the outbreak of the Civil War, already engaged in relief work, she was presented with what, according to Rupert Sargent Holland, who edited and published her diary and letters, she thought of as "her golden opportunity": the chance to join the Port Royal Experiment. Commissioned by the Philadelphia-based Port Royal Relief Committee, she

accompanied this organization's first shipment of goods to the Sea Islands (cf. Holland; Butchart 16).⁸ On her list "Port Royalists who sailed from New York of the 'Oriental' Wed. Apr. 9 1862," Towne describes herself in very few words as "Laura M. Towne, Philadelphia, Abolitionist."

¹⁸ Towne's self-description conveys the significance she rightly saw in her abolitionist agenda, which was not shared by other Northern officials who, for instance as cotton agents, had been sent to the islands in late 1861. In some ways, however, her self-definition also indicates Towne's uncertainty of her own "mission": an uneasiness that was confirmed to be justified once she arrived on St. Helena Island. On Pope's Plantation, which remained to be named after its former owner, she found accommodation together with several other "missionaries." It soon became her duty to order the household for the men who worked as superintendents and supervisors on the island's plantations, a task she was to share with fellow-relief worker Susan Walker, who - as Towne - was less than enthusiastic.⁹ For the first weeks on the island, the contact Towne made with freedpeople was mostly by handing out, and later selling, clothes that had been donated in the North. This was a time overshadowed by rivalries and controversies between the members of the different relief organizations over the character of relief to be offered to the freedpeople, but also over the gendered hierarchies among the Northern relief workers themselves.

¹⁹

In spring 1862, Towne's friend and partner Ellen Murray, a trained teacher, came to St. Helena Island. Murray's arrival allowed Towne to re-order the balance of power in relation to other "missionaries" and to redistribute tasks. While Murray took over teaching, Towne commenced "doctoring" the freedpeople, a duty that she describes as important and that she connotes with the attributes of scientific authority and knowledge, which were increasingly associated with modern medicine (including homeopathy) in mid-nineteenth-century America. At the same time, Towne inscribes herself into the discourse of domesticity as realm of female authority by emphasizing her own superior understanding of domestic principles such as cleanliness and industry, which she intricately intertwines with her claim of medical authority: a conjunction that becomes particular distinct in her self-projection as "family doctor."

²⁰In her first months and years on the Sea Islands, Towne seized the power to change social realities that the professional roles of physician and teacher offer in order also to gain more authority in a male-dominated wartime and postwar society. Towne's diaries and letters bespeak her belief in her superior competence *vis-à-vis* her African American co-workers, patients, and students. At the same time, they document that white male contemporaries were not always taking her efforts, and those of her female fellow-relief workers, seriously: an attitude to which her self-dramatization as female doctor also reacted. Increasingly, however, reality came in the way of pre-scripted roles, leading to both dissatisfaction with the duties of a female "family doctor" and to her strategy of omitting in her diaristic accounts, accounts she probably intended for publication or at least circulation in the North, what collided with contemporary social scripts available for white women, female doctors, and abolitionists.

3 "Putting th[e] lesson to use": Teaching "Cleanliness" and "Order"

²¹By initially framing her diary and letters within scripts of imperial domesticity (cf. Kaplan) - as missionary, teacher, and medical caregiver, and as motherly figure for the freedpeople - Towne, the trained homeopath, not only aims to escape the prevailing negative connotation of a "hen doctor." By narrating her experiences through tropes of domesticity, discursively claiming freedpeople as "family" and depicting them as children in need of education (rather than medical care), she also secures for herself a position of supreme narrative authority, an authority warranted by both experience and education within a discourse of internal US American colonialism.

²²A host of narratives by Sea Islands relief workers, including Towne's, demonstrates the ubiquity of a formula reminiscent of narratives of colonial encounter that represent "native spaces [as] potentially dangerous, disease ridden and disorderly" (Kothari 163). Northerners frame their accounts of the Port Royal Experiment by pathologizing the South as exotic space and simultaneously spatializing and racializing disease. Both diseases and colonial spaces, at the same time, are imagined to be conquered by order, industry, and cleanliness. In this way,

disciplining Southern spaces, and African Americans who are symbolically tied to them, Northern relief workers claim a superior position within a discourse of "teaching health."

²³The conceptualization of what became known as tropical diseases overlapped with contemporary racist pseudo-scientific polygenic theories, which claimed that newly categorized "races" were unequally prone to be affected by specific diseases. In the following section, the analysis will focus on the appropriation and dramatization of narratives of (internal) colonialism. Discussions of health and disease, in this context, are figuratively and literally linked to the United States South while the process of othering African Americans revolves around questions of spatialized and racialized health and disease.

²⁴In medical texts of the first half of the nineteenth century, the United States South is increasingly conceptualized as "tropical space" (cf. Murison 32). Particularly hypochondria and malingering, characterized by somatic symptoms such as dyspepsia as well as by laziness, were not only related to Southern climates, but were symbolically and literally linked to slavery. Justine S. Murison succinctly argues that, since "slavery connected the United States South with the West Indies, physicians and writers often superimposed the supposed nervous effects of tropical climates onto the more temperate environments of the southern states" (31). Northerners, in this discourse, are not affected by hypochondria, as slaves and slaveholders alike are, since they are saved by domestic industry and cleanliness.

²⁵The predominant explanation of "Southern" perils was that of "bad air" in relation to an excess of stagnant water or, conversely, a lack of water: the miasma that still served as main theory of disease in contemporary orthodox medicine.¹⁰ Even though not expressed explicitly in most autobiographic texts, the relation between the Sea Islands as precarious tropical space and the description of miasms is related to a racialization of the dangers these latter pose. "[E]ncod[ing] the landscape of health in racial terms," Kathryn Shiveley Meier argues, "Civil War medicine believed miasms caused by water to be dangerous to 'whites,' yet harmless to African Americans" (20). In a related vein, in *Slavery in South Carolina and the Ex-Slaves* (1862), Austa M. French describes the Sea Islands in a way similar to the tropical spaces of travel writing, musing

about the differing susceptibilities of African Americans and "whites" to be affected by those spaces' harmful properties: "The sun is life to him ["the Negro"] which is death to the White man. 'The whole secret of health here,' said a learned military officer long acclimated, South, 'is to keep out of the sun. Do that on the healthy shores, and the evening air is innoxious" (308). Thus, French, a staunch abolitionist like her husband, famous reverend Mansfield French, takes contemporary racializing theories of disease for granted.

²⁶ The general tone adopted in discussions of the South as tropical space, however, is one of eventual mastery over adversities. While places are "healthy" or "precarious," they are presented as posing fewer dangers to the Northerners than to Southern "whites" and to former slaves. Shortly after her arrival on Pope's Plantation on St. Helena Island, Towne in fact notes that she knows "from the accounts of the negroes that this plantation is a healthy one. Salt water nearly encircles it at high tide" ("Pope's Plantation, St. Helena Island, April 21, 1862"). Here and in later diary entries and letters, she underscores that she is not in danger of infection. In the exploration of first impressions, which directly follows the "medical" examination of Towne's place of arrival, it is striking how closely she follows the script of travel writing with its inherent colonizing agenda. "On the left are pines, in front a cotton-field just planted, to the right the negro quarters, a nice little street of huts which have recently been whitewashed, shaded by a row of the 'Pride of China' trees," Towne continues.

These trees are just in bloom and have very large clusters of purple flowers - a little like lilacs, only much more scattering. There is a vegetable garden also to the right and plenty of fig trees, one or two orange trees, but no other fruit. We have green peas, though, and I have had strawberries. ("Pope's Plantation, St. Helena Island, April 21, 1862"; my emphasis)

²⁷ In this passage, the text's autobiographic persona adopts the narrative position of a supreme observer, thus investing in a visual economy of power not unlike Foucault's panopticon (cf. Spurr 16), adopting a medical gaze that catalogues her surroundings into categories of health and potential danger. The narrator's roaming, distanced, and superior gaze meets an inviting yet exotic place that is, at first, examined. It is visually appropriated and endorsed; its riches are claimed as the author's property. Only then are the island's inhabitants, the actual cause for Towne's journey, introduced: "The number of the little darkies tumbling about at all hours is marvelous. They swarm on

the front porch and in the front hall" ("Pope's Plantation, St. Helena Island, April 21, 1862").¹¹

²⁸ The autobiographic narrative's "we" of the earlier quote encompasses the Northern newcomers on the island whose arrival is thus narrated as a tale of first explorers who take in and appropriate the beauty and health of a foreign place, to eventually meet the yet uncivilized, slightly threatening natives. Instead of framing her story in the context of African American emancipation, Towne's entry exoticizes and others the Southern place, St. Helena Island, and links it to the former who are presented as unruly, yet affectionate, and healthy children in need of an ordering parental hand. Even without using the term whose problematic ambivalence abolitionist relief workers were aware of, Towne references the character of the "contraband" who, according to Long, was fast becoming an "icon in [wartime] American culture" ("Chap. 2").

²⁹

"[C]ontraband," Kate Masur argues, is "a 'keyword' in the history of emancipation, race, and citizenship in the United States" (1052). In wartime America, the term was used ambiguously, also referencing its more general meaning of an "illegal good." The term thus continued to represent African Americans as objects rather than as individuals. "[T]here is every indication that the term 'contraband' caught on rapidly precisely because it provided a means for Northerners to continue thinking of escaped slaves as property, without disturbing antebellum racists preconceptions," Fahs contends (152).

³⁰ The cultural icon of the "contraband" is characterized by its simple and loyal goodwill as well as its robust and healthy constitution. "Contrabands" are depicted, in wartime culture, as happy and healthy when set to work, and the threat posed to their health is constituted by idleness and lack of order. This trope of idleness is repeatedly evoked in Towne's writing, as in the description of a destitute African American family she encounters, and it is linked to health and disease: "In the quarters we [...] went to," Towne reminisces, "we saw a dirty family and two horribly ugly old women. They had got a lesson from some one and said, 'We got to keep clean or we'll all be sick.' They were not putting their lesson to use" ("Beaufort, S.C., April 17, 1862").

³¹ This trope of idleness as related to health, in fact, structures Towne's understanding of the freedpeople she encounters, putting a – both figurative and literal – medical reading into place. Another important discursive trope is that of cleanliness versus uncleanliness. As Towne's exchange with destitute freedpeople in Beaufort indicates, she equally links uncleanliness to concepts of disease and illness. In this sense, Towne, upon her arrival, frames her duties on St. Helena Island as a work of imposing order and enforcing discipline by teaching cleanliness, purity, and health, thus racializing disease and constructing it as direct result of (what she perceives as) disorder.

³² The trope of cleanliness versus uncleanliness is spatialized and related to the medical concept of the miasma, as Towne's autobiographic writing indicates. This, importantly, aligns the Southern spaces described by abolitionist relief workers with another site of contemporary concern: the urban slum. Peter Stallybrass and Allon White have argued that the nineteenth-century city is discursively constructed around the concepts of filth and cleanliness, purity and impurity, and the fear of the transgression of these binaries (cf. 136). The discursive link between the (Northern) city and the (pseudo-tropical) Southern space directs attention to the social underpinnings of the trope of cleanliness. Referencing Stallybrass and White, Steve Pile describes the discourse of uncleanliness as part of a "bourgeois Imaginary [that] saw the 'lower' classes as ignoring the moral codes necessary for respectability" (179) and as related to the bourgeois fear of the social other.

³³ The recurrent reference to uncleanliness in the autobiographic writings by Northern relief workers in the South, thus, transfers to the South a social hierarchy in which freedpeople are approximated with the social low-Other, as in Towne's diary. At the same time, these categorizations of social class distinctly intersect with preconceptions of race. The evocation of the concepts of cleanliness versus uncleanliness, furthermore, also functions as assertion of Towne's own whiteness and her own social status, and thus as authorization of a superior position within a powerful symbolic economy that connotes whiteness with both health, diligence, and industry, and that privileges this whiteness as crucial sign of authority. In this sense, "[n]eatness and hygiene," as Bridged T.

Heneghan argues, "developed [...] in part as a response to [the] demand for racial purity, requiring visible spotlessness for the conferring of legal privilege's and social status" (133). Towne's narrative construction of a causal relation between purity and cleanliness, moral values, health, and spaces of discipline, in fact, mirrors nineteenth-century health debates that imagined disease as characteristic of colonial spaces as well as the urban slum. In this context, health is supposed to result from discipline imposed on the racialized and social other. Accepting order, thus, is the recipe for health that Towne writes out for the former slaves she encounters upon her arrival on the Sea Islands and whom she exoticizes and represents following the emerging formula of the childlike, simple "contraband" who needs to be disciplined to work in order to remain healthy. Increasingly, however, Towne became aware of the necessity of actual "doctoring" on the islands, and she begins to dramatize herself as a "family doctor."

4 Doctoring "our people": Healing Family

³⁴ Together with the overwhelming majority of its white population, physicians had fled from Beaufort and the Sea Islands in November 1861. While white Southern physicians resumed practicing medicine after the war, no healthcare structures survived in the Southern territories during Union occupation. While the island's population was growing dramatically, slave communities, on whose intimate knowledge on the part of the healer African American conjure as a form of alternative medicine relied, were disrupted as a consequence of war. Interrogated by the American Freedmen's Inquiry Commission in Beaufort in 1863, freedman Harry McMillan stated that there are hardly enough (Western white) physicians on the Sea Islands, also intimating a lack of interest in the health of freedpeople in the few physicians who were available: "I do not think there are doctors enough; the islands are very large. If you send for the doctor, he will come; probably if you send for him one day you will see him a day or two afterwards. They do not get out of bed to go when called" (Berlin 254).

³⁵ In narratives of Northern work on the Sea Islands, the provision of medical relief is often identified as one of the female relief workers' tasks once they arrived, even if those

women were officially sent to the South as teachers. Towne soon started to frame her work on the Sea Islands in this way, pointing out that she does "a lot of doctoring," yet without detailing her tasks, her experiences, her successes, and her failures. "In the afternoons," Towne states in 1862, "so many folks come for clothing, or on business, or to be doctored, that I rarely have an hour" ("St. Helena Island, July 17, 1862"). In a diary entry from 26 August 1862, Towne describes her daily routines as follows:

I get up about six and hurry down so as to have breakfast by seven for Captain Hooper [...]. After that I generally have three or four patients, feed my birds, and am ready by nine for driving out to see my patients on five plantations – only one plantation or two a day, though. The roads are horrible and the horses ditto, so I have a weary time getting along [...]. We come hurrying home by two o'clock or a little before [...]. We snatch a lunch and begin school. [...] At four, school is out for the children. Ellen then takes the adults while I go doctoring down to the "nigger houses," or street of cabins. [...] I generally have several patients to attend to in the evening, and the rest of the time Ellen and I are kept busy folding papers for the medicines. ("St. Helena's, August 26, 1862")

³⁶ "I have a large practice as doctor" ("St. Helena's, May 5, 1862"), Towne states on 5 May 1862, and five days later: "The day I kept school for Miss Winsor I had the hardest time of all, and I concluded perhaps I was better for this work than teaching. In my doctoring I can do much good and give much advice that is wanted" ("St. Helena's, May 11, 1862"). While Towne, upon her arrival on the Sea Islands, had adopted a discourse that had promoted health through *teaching* order and cleanliness, she soon started to fill the position of a doctor for the freedpeople. Towne, in fact, was one of the very few healers on St. Helena Island.

³⁷ Only in two cases, however, does Towne discuss her medical duties in relative detail. On the one hand, "Aunt Bess," an elderly African American woman with chronic leg ulcers, is mentioned repeatedly. Even though Towne is unable to cure Bess, as most practitioners of her time would have been, her illness – a widespread condition in the eighteenth and nineteenth centuries – fits well into Towne's self-dramatization as faithful female family doctor. "We have got to calling them our people and loving them really," Towne accordingly states in 1862 ("St. Helena's, May 13, 1862"), claiming the Sea Islands' freedpeople as "family."

³⁸ The other type of cases Towne refers to are related to obstetrics and to pediatric medicine. "We had the prettiest baby born here the other day," Towne writes in July 1862.

And in 1878, when she has already been complaining of her duties as doctor for years, she notes:

If you had seen the three little skeleton babies that were brought to me to-day, and if you had heard one poor mother, whose baby seemed dying, say, "Me een-a-pray day and night for you to come and save my baby," [...]. I think that baby will die before the woman can get it home, but the other two I have some hope of, now that the mothers have advice and medicine. ("September 22, 1878")

39 While Towne thus depicts her work as doctoring women and "family," she otherwise does not elaborate on the cases she treats, and she does not discuss the general state of healthcare on the islands. She does not even acknowledge that she treats her fellow relief workers, a fact substantiated, however, by Charlotte Forten who writes on 19 January 1863: "Miss T[owne] came to see me and did me good, as usual with her good medicines and her sunshiny face" (Grimké 438).

40 Increasingly, however, Towne complains about the physical strain that the work as medical doctor creates, also admitting to not visiting her patients regularly. Towne's enthusiasm for "doctoring," in fact, distinctly declines over the years. In 1864, she writes: "I am not afraid of being sick myself, but of having to nurse and doctor those who are" ("Aunt Rachel's Village, St. Helena, February 7, 1864"). In 1867, when Towne still has a "regular doctoring levee in [her] school-room," she asks Hering, her former mentor, to send a medical graduate. "If I could only escape from this part of my work here I should be very glad, for I do it badly and very inefficiently. I never visit, so you may know how uncertainly I must generally prescribe for all who are not able to come to me" ("March 3, 1867").¹²

41 Arguably, complex reasons let to Towne's growing disaffection with practicing medicine, or perhaps simply with discussing her practice in her diary and letters. Dominant discourse prescribed avoiding mention of freedpeople's health in the writing she intended to make public. But refugee freedpeople were those who were most affected by serious diseases, including smallpox, and who were in dire need of medical help and relief, which Towne could only inadequately provide for lack of supplies, because of contemporary medicine's general incapacity of effectively treating epidemic diseases, but probably also because she herself was not trained for such emergencies. Her experiences, thus, pointed out the shortcomings of a discourse that equaled health with order, cleanliness, and

wage labor and blanked out the *status quo* of a lack of healthcare.

⁴² Thus, Towne refers to her medical duties if they comply with a more general understanding of the tasks of a woman healing family, quite in line with the role of "women doctors" that Sarah Josepha Hale, the famous editor of *Godey's Ladys' Book*, had envisioned in her 1852 "Appeal to the American Christians on Behalf of the Ladies' Medical Missionary Society," in which she claimed the necessity of female physicians particularly in missionary projects. In her work on the Sea Islands, Towne must increasingly have understood the impossibility of doing "lots of doctoring" *and* relating her work according to the scripts of the contemporary white (medical) culture. Her letters and diary, however, do give indications of how the subject of healthcare for freedpeople increasingly became racialized and effaced, even in the writings of abolitionists like Towne herself who, after all, argued that these freedpeople should be treated like family, but, as she continued, "not so much individually as the collective whole - the people and our people" ("St. Helena's, May 13, 1862").

5 "[A]ntidotes from my little doctor's box": Gender, Medical Prestige, and Homeopathy

⁴³ It is no coincidence that Towne had received a training in homeopathic medicine. Mid-nineteenth-century Philadelphia, in fact, was a stronghold of homeopathic teaching in the US. In the 1840s, Towne's mentor Hering devised the so-called Homoeopathic Domestic Kit, a box that contained a set of labelled drugs together with a copy of his popular book, *The Domestic Physician*. The domestic kit, to be sold particularly to women to treat their family members and avoid calling in expensive and little-trusted allopathic doctors, became an outstanding success (cf. Kirschmann 34). At a time when orthodox medicine still had few effective drugs and cures to offer and many orthodox physicians still relied on the use of aggressive and dangerous "heroic medicine," the success of homeopathy, also by addressing women who did traditionally nurse family members, was simply logical. Feminist activist Elizabeth Cady Stanton embraced homeopathy because it allowed women to escape "the cruel bondage of mind and suffering of body [...] by tak[ing] the liberty of being [their]

own physician of both body and soul" (qtd. in Kirschmann 29). An impressive number of prominent contemporaries, furthermore, from Harriet Beecher Stowe to Louisa May Alcott Mark Twain, William James, Henry Wadsworth Longfellow, to Henry David Thoreau, likewise proclaimed their belief in homeopathic medicine (cf. Ullman 26).

⁴⁴ Homeopathy, in fact, was linked to "various antebellum reform impulses," as Anne Taylor Kirschman asserts (30), which translated into a greater willingness within homeopathy as a movement to allow women to enter medical schools and to practice homeopathic medicine, both as lay practitioners as Stanton and as graduate doctors. In the context of the relative openness of homeopathy toward lay practitioners, furthermore, Towne's willingness to "doctor" freedpeople as extended family is consistent.

⁴⁵ Actual references to homeopathy in Towne's writing are scant, yet telling. Thus, Towne writes that, should she fall ill, she wishes to be treated by "Lieutenant Belcher [...], a staunch homoeopathist," and continues: "we have promised to doctor each other should occasion require" ("Sunday, May 4, 1862"). An episode from July 1862 demonstrates that her botanical knowledge was limited, contrary to her assumed air of wisdom, but that her "little doctor's box," presumably a domestic kit, was at hand:

I gave Ellen and Mr. Wells each a berry which I supposed was a "ground berry." Mr. W. ate his in silence, but Ellen exclaimed that it was intensely bitter. I was alarmed, for I knew that the berry belonged to a poisonous family. We asked some people whether they were good to eat, and they said "No - poison." I then made the two victims hurry back to Mr. Jenkins' house and drink some strong coffee, besides giving antidotes from my little doctor's box. No bad effects. ("July 20, Sunday")

⁴⁶ In *Gullah Culture in America*, Willbur Cross contends that Towne "quickly acquainted herself [...] with the Gullah folk medicine that had been brought to the Sea Islands from West Africa and the uses of plants, roots, and herbs to cure or alleviate maladies" (125). While these medical practices would, in fact, not have been genuinely akin to homeopathy, other alternative medical schools, most importantly Thomsonianism with its immensely popular self-help movement as well as eclectic medicine, propagated the use of medicinal herbs and botanical remedies. If Cross's argument is correct, however, there is no further indication of Towne's interest in the curative qualities of local herbs and in the methods of Gullah folk medicine in her writing.

⁴⁷ The above episode in fact indicates, or at least claims, that this knowledge was negligible and that Towne did not take African American folk medicine seriously. "Maum Katie," whose respectful African American title indicates that she served as healer and midwife in her community, is referred to in Towne's writing as "spiritual healer," "fortune teller," and "prophetess," underscoring Towne's own authority rather than acknowledging the African American woman's expertise, which is presented as inferior. Praising "Maum Katie," furthermore, is of a tactical nature: "I am going to cultivate her acquaintance. I have been sending her medicine for a year nearly, and she 'hangs upon top me,' refusing all medicine but mine" ("Sunday, May 4, 1862"). Thus, Towne establishes a hierarchy of female authority, in which she herself holds a position of superior status. "Dr. Jacob," another African American healer, is treated far less respectfully in Towne's writing. "He is a man who has poisoned enough people with his herbs and roots, and magic," Towne argues, "for his chief remedy with drugs is spells and incantations" ("February 15, 1874"). This hostility particularly toward male healers is provoked in no small part by the influence conjure doctors enjoyed in African American communities.

⁴⁸ Increasingly over the years of "doctoring," Towne complains about what she perceives as lack of discipline on the part of African American patients. If Towne's writing parallels teaching and healing, both techniques of imposing discipline, she interpreted freedpeople's resistance to this discourse as proof of an irreformable understanding of hygiene and cleanliness. This resistance seemingly validated racialized theories of disease, and particularly blamed women - whose task was believed to internalize order and to enforce cleanliness. "I am nearly ill too," Towne writes in 1864.

Every evening I fold powders and every afternoon I take my way down street and stop at every house, giving medicine at the door, but lately not going in as I used to, for they keep their rooms so dark I cannot see the patients, and if I order a window opened, I find it nailed up the next time I come. The people are beginning to follow a practice which I dislike. They will wash the patients with strong pokeroot, and vinegar and salt. ("January 7")

⁴⁹ The "practice" Towne rejects, however, was part of a folk remedy against smallpox, freedpeople's only resort in the absence of organized healthcare and the official refusal to address what increasingly became a medical crisis.¹³ Downs explains that "[w]ithout vaccination, many people relied on

homeopathic [and alternative] remedies to ward off the virus. From covering the body with tar to isolating afflicted family members to a remote location, freedpeople devised ways to prevent the virus from spreading within their community" ("The Other Side..." 91).¹⁴ Towne - an alternative practitioner herself - refuses to acknowledge the effectiveness of other alternative medical treatments and medicines, placing homeopathy symbolically in strategic positions alongside or against orthodox medicine as necessary in different discursive contexts.

⁵⁰ Towne's self-presentation as homeopath and "family doctor" and her refusal to acknowledge folk medicine and folk medical practices, thus, should be read within the symbolic register of an appropriation of cultural authority through the assumption of the role of a trained physician. It mirrors the difficulties white women experienced and the possibilities they had to gain ground within a gendered and raced struggle for more influence in the public realm. Denied access to most orthodox medical schools, homeopathy - with its developing affinity to family practice - made it easier for women to gain professional knowledge, which they rightly considered necessary to exercise a broader social influence. Homeopathy was welcomed in nineteenth-century intellectual circles, and homeopaths thus held prestigious positions to contribute to a reform-oriented discourse. At the same time, homeopathy was a school tailored to the sensibilities of the contemporary intellectual elite of particularly white middle- to upper-classes. Thus if, according to contemporary critics, Thomsonianism constituted the "radicalism of the barnyard," homeopathy was the "quackery of the drawing-room" (cf. Whorton 68), even if - at the time - the scientific connotations of allopathic versus homeopathic medicine were still in no way firmly in place and the respective scientificity of the schools was still very much embattled. If the term "modern medicine" was already used, it was attributed to both fractions. In this sense, Towne's references to doctoring with the homeopath's "doctor's box," as well as her neglect of discussing local folk medicine, bespeak more than simply medical practices of the day: they encode a struggle for authority and prestige that Towne, as a white woman, articulated against the backdrop of a white male establishment, symbolized by orthodox medicine, and against African American traditions and culture, symbolized by folk medicine.

6 "The health on the island is good": Repressing Medical Crisis

⁵¹ While Towne reacted with indignation to the freedpeople's refusal to embrace the regime of medical discipline she teaches, she is herself increasingly forced to make note of the shortcomings of a doctrine of teaching health in light of African American refugees' extreme poverty and its direct medical consequences that teaching alone could in no way heal. On the Sea Islands, refugees from different Southern regions arrived from 1862 onward, and, among other epidemics, there were outbreaks of smallpox between 1862 and 1868 when the disease also repeatedly affected mainland South Carolina. On Hilton Head Island with the freedmen's town Mitchelville, where many refugees were sent, "smallpox killed freedpeople by 'tens and twenties,'" an infected refugee reports in 1864 (Downs, *Sick from Freedom* "Chap. 4"). Downs shows that by 1865, "[i]n the Sea Islands, [...] it killed roughly 800 freedpeople a week" ("Chap. 4"). Northern relief organizations, however, as for instance the New England Sanitary Commission, were unwilling to support healthcare for freedpeople (cf. Silber).

⁵² Long established medical protocols were not followed in the treatment of this outbreak of smallpox, a failure caused by the turmoil of war, but not by it alone. It was facilitated by a growing reluctance - on the part of the Union Army, Northern benevolent societies as well as, from 1865 on, federal institutions such as the Freedmen's Bureau - to support financially the healthcare for freedpeople in the South, leading to a situation in which doctors were no longer financed and the few existing hospitals were eventually disbanded.¹⁵ It was, at the same time, also made possible by racist theories of the origin and spread of disease and of racial differences in individuals' susceptibility to be infected. In 1866, the *New York Times* reports: "The small-pox rages among them ... dirt, debauchery, idleness, are the causes of this inordinate mortality" (qtd. in Downs, *Sick from Freedom* "Chap. 4")

⁵³ The only effective measure to prevent a smallpox epidemic, and to counter the disease's worst forms, is vaccination, which had been introduced at the beginning of the nineteenth century, then displacing inoculation. To this

day, there is no cure once smallpox has set in. According to Long, "[b]uilding and maintaining 'pest houses,' where smallpox victims would die or recover away from non-immune people, and burying the dead before corpses could become a public health problem were twin responsibilities" ("Chap. 4"). In the absence of effective methods of treatment, the practice of nailing up windows, described in a negative vein by Towne for leading to "bad air" and uncleanness, might have been a strategy, on the one hand, to create what came close to "pest houses" and thus to contain the disease while not forcing families apart and, on the other hand, to minimize the disease's visibility and its association with African Americans as a group.

⁵⁴ While isolated smallpox cases had occurred regularly in mid-nineteenth-century America (Kotar and Gessler "Chap. 1"), the wartime circumstances led to a spread of the virus, and smallpox – together with other infectious diseases – claimed more casualties among the soldiers on both sides than injuries incurred in battle. During the war, thousands of soldiers as well as civilians were infected, and approximately one patient in three died. This situation constituted a threat particularly to freedpeople whose risk of infection – as soldiers, refugees, but also as residents of areas to which many refugees fled – was particularly high.

⁵⁵ Smallpox had already then a long history of metaphorization. Dayle B. DeLancey demonstrates that both in antebellum proslavery and abolitionist discourses, smallpox was a sign to evoke the disaster of ongoing slavery, but also proslavery fears of emancipation (308-09). Particularly in the Civil War South, this feared viral disease was increasingly racialized.

⁵⁶ While relief workers such as Towne discursively linked health to cleanliness and order, thus revealing the proximity of teaching and the practice of medicine in imposing discipline, the freedpeople's alleged susceptibility to contract smallpox was linked to their failure to follow what white relief workers propagated as the discipline of cleanliness. Towne's writing, in fact, bears witness to the racialization of smallpox, even if only few passages indicate that smallpox did claim victims during and after the war.¹⁶ In an entry from April 1869, at a time when the actual epidemic was over, Towne includes a long paragraph on smallpox in one of her letters home, claiming

that vaccination seemed to be of no account at all and that people had it (smallpox) over three times sometimes, and died of it at last; that I vaccinated children, it took well, and in a month or two after they died of smallpox. They say white folks cannot catch diseases from blacks. Lottie Fortin was vaccinated and took it, with not half the exposure I had to it. ("April 11, 1869")

57 Towne had probably used an inert, old, weak, or otherwise ineffective vaccine (cf. Schroeder-Lein 321). But instead of considering this explanation, the above passage, one of the very few in which she mentions Fortin with whom she shared a house, implicitly elaborates the notion – popular at the time, yet in stark contrast to century-long experience (cf. Willrich; Kotar and Gessler) – that smallpox was a disease of African Americans for whom not even vaccination provided efficient protection and that it was not communicable to whites.

58 For Towne, to reduce the visibility of smallpox in her writing might have followed a number of purposes. On the one hand, it was in line with a general policy of sugarcoating the medical situation in the South. On the other hand, she might have aimed at protecting her patients, "her people." This strategy of repressing the representation of smallpox, however, not only further marginalized those who were already affected by the disease and distorted the view on disease control. It also consolidated the symbolic link between health, cleanliness, order, and free wage labor since it was particularly refugees, and among them especially women and children, who were affected by epidemic diseases such as smallpox. Not only racializing but also gendering smallpox, Towne marginalized and pathologized women and children, who succumbed to the virus in larger numbers than men (cf. Downs, *Sick from Freedom*).

59 Towne's writing, thus, gives a valuable indication of how female medical engagement during the Civil War was narrated within the broader context of two in part conflicting discourses: the relief work of white elite women and the discussion of healthcare for freedpeople in the Civil War and early Reconstruction South. In her diary and letters, it is possible to trace discursive sites that indicate how medicine was appropriated as a trope of authority and prestige in a struggle for female influence by intricately linking medicine simultaneously to the domestic (through the figure of the family doctor and the reference to homeopathy) and to the public sphere (through the claim of the expert and scientific knowledge of modern medicine).

By following the chronology of her entries and letters, it becomes evident that Towne was aware of the discursive embeddedness of her own writing. Thus, she chooses specific tropes in order to achieve a skillful self-dramatization as physician, administrator, teacher, and abolitionist. While this self-representation in part blocks the view on contemporary healthcare practices, it allows insights into the empowering function of medical discourses.

⁶⁰ 12. In 1884, Dr. Peters had arrived on St. Helena Island. Towne notes that "[t]he people all seem pleased to have a doctor of their own, and all have paid Dr. Peters so far, but he charges very little," "Frogmore, May 22, 1884"; in the original letter, the year is illegible. Peters might have taken over Towne's medical practice around this time, and he remained on the island for at least the next nine years: his name turns up in several articles as that of the doctor in charge after the Sea Islands Hurricane swept over St. Helena on 27 September 1893. This "Dr. Peters" was, in all probability, Dr. William Clancy Peters from Frankford, PA, a graduate of the Hahnemann Medical College in Philadelphia, as Peters's obituary from 20 September 1916, published in the *Harrisburg Telegraph*, states, cf. "Obituary." The island's first African American physician was Dr. York Bailey (1882-1971), a Penn School graduate who took up medical practice on St. Helena as the first African American physician to continue his work for fifty years, cf. Cross 121.

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ABSTRACTS

In 1862, Laura M. Towne – abolitionist, teacher, educator, and trained homeopath – joined the Port Royal Experiment, a project initiated by Northern benevolent societies to provide education and relief for former slaves on the South Carolina Sea Islands, which had been occupied by Union troops in late 1861. On the Sea Islands as well as in broader Northern culture, healthcare for freedpeople – and freedpeople's health – soon became controversial topics. This article traces how Towne as homeopathic practitioner uses medical tropes in autobiographic documents intended for publication or circulation in the North to increase her own authority within a wartime discourse and how, at the same time, she avoids reflection about medical crises.

INDEX

Keywords: African American culture, African American emancipation, Civil War, cleanliness, discourse of authority, Discursive sites, family doctor, female doctor, freedpeople, Gullah culture, healthcare, homeopathy, internal colonialism, modern medicine, Port Royal Experiment, race, racialization and medicine, smallpox, the South, travel writing, whiteness, "contraband," Sea Islands

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