

## **Dr. Who? Apothe- What?: The Birth of the Modern Pharmacy through the Lens of an 18th Century Apothecary Chest**

### Introduction

The apothecary chest, held in the collection of the Museum of Early Southern Decorative Arts (MESDA), is a robust piece of American furniture. The chest has a Baltimore attribution and is dated c. 1795, sensible enough considering its slight nod to the classical. This object, like many apothecary chests from early America, is easily identified, and its function is clear once the chest is opened. Yet detailed studies of this furniture type are rare. This object has practical implications that encompass 18th-century life and culture, including the duality of the intense power struggle that this object represents, the technological advances, the systematic presence, and even the gender-specific queries it poses.

As a scholar of the material culture, my focus here is to use the apothecary chest to shed light on various intersections of life and culture in the 18th-century Chesapeake region. Scholars have often approached this object and associated it with the medical profession and some social aspects. However, there is an abundance of information that can be gained from its design, its style, its function, and its use. I wish to position this piece of decorative furniture within the context of the 18th-century house and/or office. Second, once this object is situated within the proper context, it will unlock the door for further contextualization that will shed light on the apothecary's systematic use, its impact on the lives of its owners and users, as well as the nature of medical practice in early America.

### Dimensions, Ornamentation, and Decoration



(Mesda collection, acc.2217)

MESDA's apothecary chest is 21 and 1/4 inches in height and 19 and 5/8 inches in width with a depth of 13 and 1/2 inches. It is constructed of mahogany wood (primary) with a mahogany veneer accompanied by a light wood stringing and ogee bracket feet. The chest also includes poplar drawer liners. This chest is a medium-size object that could superficially add to the décor of a room but also serve a direct and necessary purpose. According to Ron Hurst, during the mid-1700s, the "neat and plain" style was popular among planters and colonists. Furthermore, he noted that these styles were popular among practitioners, such as doctors, lawyers and officials.<sup>1</sup> However, scholars such as Sumpter Priddy noted the neoclassical style of the chest.<sup>2</sup>

The use of mahogany gives the chest a red shine when polished, and the use of poplar shows a smooth finish within each drawer and the undercarriage of the chest. Although built in a decorative form, this object was also built to be durable, using woods necessary for perhaps continual use. This adds to the dual symbolism of the chest. The ogee bracket feet, for instance, are several levels of finish above that which would be structurally required, adding a slight flare to the neat and plain style. This implies that the owner of this chest envisioned a piece that would

complement an interior plan. Likewise, it stands to reason that the craftsman who built the chest had an idea of the buyer's expectation of style and substance.

The chest opens in an outward motion, brandishing two side cubicles holding a number of small slots for bottles or small medical instruments. The center of the chest has a top section that holds twenty-six slots of two different sizes. The lower portion of the middle section of the chest has three rows of twelve graduating drawers. Each drawer has a metal circular brass ring used for manually pulling out drawers.<sup>3</sup>



graduating drawers for medical supplies

### Brief Medical History

Since the creation of civilization, humans have been fascinated with the ideals and possibilities of medical remedies used for healing. Before the modernization of the medical profession, apothecaries served as a vital depository for the medicines and tools used as a resource for healing and aiding sickness or injury. Clay tablets from the Babylon empire record possibly the earliest form of apothecaries around 2600 B.C.<sup>4</sup> Accounts of apothecary forms and

images from Egypt depict people experimenting with raw materials and chemicals. Likewise, images from France and England, as early as the 15th century, depict an urban apothecary shop vibrant with patrons. At the same time, many healers worked from a chest rather than a shop. The chest could be large enough to be a permanent fixture. Most, however, were portable. An example of this is that Russia's Peter the I (Peter the Great) had a traveling apothecary chest.<sup>5</sup>



Courtesy of [www.bridgemanimages.com](http://www.bridgemanimages.com)

According to Lloyd V. Allen, during the 17th century, the roles of apothecaries and those of physicians were an amalgamated profession, which relied heavily on herbal techniques from various indigenous groups.<sup>6</sup> For instance, in the colonies, settlers found it a necessity to create medical techniques to sustain the seasoning process of first arrival to the colonies.<sup>7</sup>

By the 18th century, those interrelations with Native Americans and communication with Europe fostered early forms of remedies and herbal supplements. However, until the 19th century, the vast majority of drugs were imported either as a finished product or in raw form.<sup>8</sup> The Revolutionary War and the sharp fracture with England over trade spawned, in many ways, the birth of the American apothecary that would ultimately become a pharmacist or pharmacy. Perhaps no object can best describe this transition while encapsulating issues of time, class, space, race, and health better than an apothecary chest.

The term apothecary, according to the *Oxford English Dictionary*, referred to a person (usually a male) who prepared a concoction or solution for consumption and sold drugs for medicinal purposes. By the 1700s, the term expanded to encompass not only the profession of selling or prescribing drugs, but also the physical location where medicine is sold. The term also included objects that would carry medicines, hence the term apothecary chest.<sup>9</sup> The early chests were used primarily by traveling doctors in rural areas or on plantations and even in small towns. Some of the best references come from the numerous accounts and references to apothecary chests riddled throughout ledgers, account records, and writings of colonists during the 18th and 19th centuries. These objects were described in various sizes, shapes, and patterns.

#### Time, Place, and Space

MESDA's apothecary chest fits into late 18th-century Chesapeake, highlighting the massive expansion of both cultural and economic growth for the early colonies. Observing the chest as an object and also as a tool yields the best interpretation of its uses.<sup>10</sup> It is my intention to show how MESDA's 18th-century apothecary chest could fit within the context of a plantation-style village. Earlier accounts of the necessity to maintain health are merely echoed by the need to maintain the health and stability of a plantation. When speaking of a plantation in terms of a corporation that was built or envisioned upon the foundation of economic wealth, slaves are almost always a symbol of power, money, and success. This success is predicated on the maintenance of the economic workforce.

## Health and Wellness, Maryland, and the Chesapeake

Although there is no concrete evidence supporting the provenance of the c.1795 apothecary chest currently on display in the Courtland Gallery of MESDA, this object still serves as an excellent example of pristine craftsmanship and a perfect piece to discuss the health, wellness, and early examples of medicine in the early American colonies. According to historian Martin Kaufman, one of the earliest problems facing colonists in the new world was illness and disease.<sup>11</sup> Kaufman's study indicated that as early as 1607-1608, with the first ships arriving on the shores of Jamestown, Virginia, there were large numbers of settlers who became ill or died due to disease and the sharp contrast in climate.<sup>12</sup> Kaufman further asserted that while the number of sick colonists rose steadily in the early years, there were few qualified physicians to help. Instead there were those who apprenticed under physicians. The death toll rose dramatically through the mid-1600s, and settlers considered the difficult transition as "seasoning" to see who could survive. The medical profession, as it was, had two parts or groups. The smallest group were physicians, who had graduated from a university and trained in the medical field. The largest group were apothecaries, who only apprenticed and, therefore, were never given the title of doctor.<sup>13</sup>

Medical life in the Chesapeake was better than in other areas. Wyndham Blanton, a distinguished historian and practicing physician, noted in a survey that the number of foreign-born physicians who settled in Virginia and the Chesapeake during the 18th century was unusually high. According to Blanton's records, twenty-three physicians were from Scotland, eleven from England, four from France, two from Switzerland, one each from Portugal and Italy, and one from Germany.<sup>14</sup> The different nationalities suggest that the Chesapeake may have had different techniques, understandings, and most importantly, equipment used in the approach to

healing. Apothecary chests, in other words, may reflect these differences in background and training. MESDA's apothecary chest is believed to be from Baltimore, and since it is finished on all sides and is relatively compact, it appears to be a portable piece of furniture.

### Colonial Williamsburg's Apothecary Chest

There is no shortage of apothecary designs and styles throughout the 18th and 19th centuries. Colonial Williamsburg currently holds a similar apothecary chest in size and general style design; however, there are noticeable differences. Colonial Williamsburg's apothecary chest is 21 and 1/4 inches in height with a width of 18 and 3/8 inches and a depth of 13 and 1/4 inches. The chest consists of a mahogany-veneered top that is screwed to three lateral rails dovetailed to the case sides. Each individual drawer and panel of wood appear to be dovetailed.



Colonial Williamsburg, acc. 1978-72

The Colonial Williamsburg chest features cherry, yellow pine, and mahogany. The outer surface is finished with a mahogany-veneered front while the inner surface is finished with a cherry-red wash. Each individual drawer has a bone knob to pull out the drawer and mother-of-pearl inlays.<sup>15</sup> Unlike MESDA's chest, Colonial Williamsburg's chest has a dull back panel on the chest using basic wood paneling with no finish,<sup>16</sup> suggesting permanent placement on a wall.

### History of the MESDA Apothecary Chest

Tracking the definitive location for the apothecary chest, along with its craftsman, has been no easy task. The original object file and supporting evidence found within MESDA's archive and library left more questions than answers. According to the object file, the chest is believed to have descended through the Fling family of Frederick County, Maryland, and might also have a correlation with the Key family (the family line of Francis Scott Key).<sup>17</sup> While diligently searching for any reference to the Fling family, I came across the name of Owen Fling. Owen was a 4<sup>th</sup> corporal in the War of 1812.<sup>18</sup> Searching through extensive primary records, including ancestry.com and familysearch.com, I located several leads to possible ownership of the apothecary chest.

While searching Fold3, a military records database, I located a War of 1812 pension application submitted by Owen's wife, Jane Fling, in 1878.<sup>19</sup> Jane also petitioned for a bounty land warrant to take sole position of the land that Owen Fling owned.<sup>20</sup> In accordance with a bounty warrant, the applicant is urged to present people testifying about not only the relationship of Jane to her husband, but also to the extent of time they lived on any particular piece of property. This information spawned further research because of the two gentlemen that testified on behalf of Jane Fling. One was her brother Dr. Edward L. Boteler (Dr. E.L. Boteler). Unlike



Owen and Jane Fling, Edward owned slaves and a large piece of property known at one time as Magnolia Plantation.<sup>21</sup> The Boteler family were among the first families to arrive in southern Maryland. Henry Boteler, the matriarch, arrived upon a land charter granted to Lord Baltimore. Henry Boteler took two “colored”<sup>22</sup> men and settled in what is now Frederick County.<sup>23</sup> The Boteler name is found through the documents and archives of Maryland. Furthermore, several members of the family, such as Edward, were practicing doctors. It stands to reason that Edward could have given his sister or brother-in-law the apothecary chest. A review of the bill of sale from Edward L. Boteler’s estate showed that it did not list any chest resembling the apothecary chest in the records of sale. Yet further evidence is inconclusive as to who had the chest. Edward’s will stated that his household possessions, along with all furniture and silver, were to go to his son, William Boteler, and his daughter, Mary Boteler. Further research is needed to continue tracking this possible lead.

The hunt for the craftsman of the apothecary chest has proved similarly difficult. Within MESDA’s craftsman database, there were seven potential cabinet makers working in Frederick County, Maryland, during the possible time that the chest was built. Yet there was also a large number of craftsmen in Baltimore and nearby Winchester. Any of these men may be the one who made the apothecary chest.

### The Politics of Plantation Medicine

Interestingly enough, the provenance for the Colonial Williamsburg apothecary chest is more intact, showing the chest residing on the New Market Plantation, located in Goochland County, Virginia. Perhaps unlike the MESDA’s chest, the Colonial Williamsburg chest did not move onto the plantation and merely served the house slaves or family members exclusively.

The dynamic of plantation health care has been surveyed in recent years. By observing the physical features of both the MESDA apothecary chest and the Colonial Williamsburg apothecary chest, we can shed light on plantation life.

Location often dictated the different approaches taken to medical care. In the West Indies and the greater Caribbean, it was customary by early 19th-century law that plantations have a resident “doctor” or apothecary on residence under an actual contract. This was usually dedicated for larger plantations. According to Niklas Thode Jensen, by the beginning of the 19th century, Caribbean-located physicians, such as William Stevens, at one time oversaw the care of thirty plantations. Although it was believed that he had several assistants, this was still an exhaustive number of potential patients.<sup>24</sup>

Living in colonial rural America was difficult for various reasons. Among those were the reality that reliability on certain things depended on the resources within the home. According to historian Christine Petersen, unlike the saturated urban spaces, rural villages and plantations had limited resources, especially in the realm of medicine. Petersen argued that the life of an apothecary who served the countryside of plantations was often hectic due to the large numbers of people per plantation and the vast areas that needed to be covered. Petersen further asserted that in some instances a single apothecary could service an entire county.<sup>25</sup> When apothecaries visited plantations, they would often stay for one to two days at a time tending to large numbers of individuals, including slaves. Here we see the possible insertion of the economics of the apothecary chest.

According to the Cameron Family Papers, currently at the Southern Historical Collection at the University of North Carolina at Chapel Hill (UNC), Stagville Plantation in Durham, North Carolina, under the control of Paul Cameron, who was instrumental in the formation of the

University of North Carolina at Chapel Hill, had at one time the state's largest plantation.

Physicians charged him one dollar for each visit to Stagville to tend to the enslaved. While this seems an infinitesimal amount, it could quickly accumulate.<sup>26</sup>

Scholars like Rhys Isaac and others have pieced together the delicate history of medical practices during colonial times in his book, *Landon Carter's Uneasy Kingdom: Revolution and Rebellion on a Virginia Plantation*. This book vividly shows how an apothecary like MESDA's chest could have been used and also gives more of a cultural and political appropriation to the object. Landon's accounts, detailed in his diary, show us how early quacks relied on traditions of therapies that appeared to do more harm than good.<sup>27</sup> However, to Landon and other amateur medical practitioners, their use of drugs to force a reaction within the body to expel the illness or disease was a two-thousand-year-old practice among apothecaries.<sup>28</sup> According to the text and Landon's personal journal entries, he was fanatical over medical solutions.

Carter is a prime example of a person who would have the means and ability to purchase and use an apothecary chest. Landon Carter's account offers several connectors between MESDA's apothecary chest and plantation medicine. The object itself has forty-six small square compartments for holding medical instruments, vials, or tubes. Forty-six tubes occupy an enormous amount of space. Only a person either using a large number of various remedies of different drugs or tending to a large quantity of people dealing with various ailments would require this chest. However, if Carter needed help or consultation, his records indicated that Dr. Nicholas Flood was his neighborhood professional physician.<sup>29</sup>

Comparing the apothecary chest from MESDA's collection to that of others from the time period suggests that the chest was undoubtedly made for a plantation society. Examples of

this assertion can be found viewing the apothecary chest from the Hammond-Harwood House in Annapolis, Maryland.



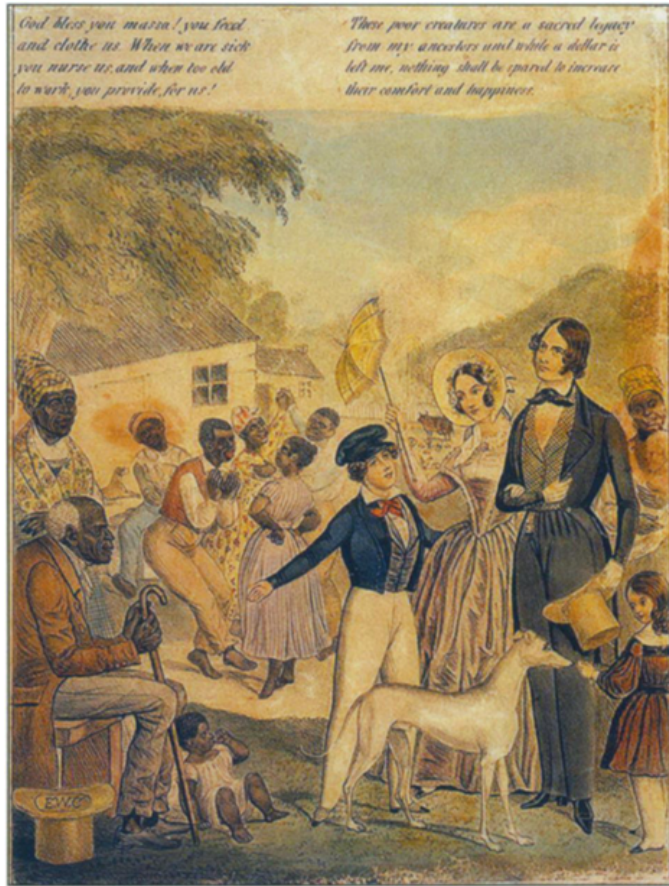
Courtesy of Hammond-Harwood House

The chest's small size and mobile utility suggest use around the house. However, its small size speaks to its personal rather than industrial use with wood used to construct the chest and the veneered finish. Furthermore, the chest itself is an economic object. To own a decorated apothecary chest during the 18th century was a strong indicator of wealth. It stands to reason that plantations were sources of wealth during the 18th century. Moreover, the locking mechanism on the top, although appearing to be an inconspicuous part of the chest, offers major insight into its location and its worth. The locking mechanism displays how the chests prohibited and denied unauthorized entry into the chest. Slaves were among the unauthorized users of the chest. The chest's systematic presence reinforced slaves' powerless existence on a plantation. When the owner of slaves took control of their health, the owner exercised control and dominance over the most instinctive and personal aspects of slaves' life. Even the mahogany and poplar wood used to construct the chest speaks to its durability and suggests that the chest was made to ensure future economic stability.

## Tool or Object

According to historian Todd Savitt, physicians who treated the enslaved had both pecuniary and professional concerns in the subject of black health. A physician's practice sometimes depended on a contract made with a slaveholder to provide medical services for his "family" (including his slaves) although most doctors charged by the visit. Moreover, the physical differences between whites and blacks that physicians observed and on which they commented became an important part of the rationale for slavery.<sup>30</sup> The reality of this object as a tool is overwhelmingly apparent. Reviewing some of the basic characteristics of the apothecary chest versus others mentioned in this work shows the display of not only power, but also use.

All of the attributes reveal perhaps the multi uses of the object. Yet other aspects, including the locking mechanism, expose the darker side of the veneered-mahogany apothecary chest. It was an object used to maintain a level of economic and cultural power while forcing others to be subservient. As noted in Savitt's article, the image below with caption depicts how the master used medicine and/or power not only to keep the enslaved individual beneath him, but also to show that only by his (master's) grace is there a healthy future or concern for life. The image was captioned with the following text, giving further credence to Savitt's argument of the duality of medical uses in America and specifically for African Americans.



Division, LC-USZC4-5950.

Image courtesy of the Library of Congress Prints and Photographs

(Slaves) "God Bless You Massa! you feed and clothe us, when we are sick you nurse us and when too old to work you provide for us" (Masters) These poor creatures are a sacred legacy from my ancestors and while a dollars is left me, nothing shall be spared to increase their comfort and happiness.

### Conclusion

This caption is a direct correlation to perhaps the crux of the central argument of this work. The apothecary chest served the purpose of maintaining the health of the "family" members of the house. At the same time, it served a far greater purpose: to maintain the economic stability of a plantation through the upkeep of slave health, just enough to ensure that work continued in the fields. Likewise, from the assertions of scholars, such as Todd Savitt, Niklas Thode Jensen, Rhys Isaac, and others, a story unravels of the manipulation and sharp disparity in the health of slaves.



At first glance, admirers of the chest notice the beauty of the veneered mahogany, the detailed craftsmanship of the dovetails, the mortise and tenon joint, and the labor put into making this object. After further inspection, it can be argued that that labor by a skilled craftsman and the result were ultimately to ensure the everlasting progression of economic stability through the use of slave labor.



Courtesy of [www.tes.com](http://www.tes.com)

Once again, an object if allowed to speak unlocks a door into its dual identity and usage. By studying this chest in depth, one gains a greater understanding of not only the craftsmanship of the 18th century, but also the life blood of its economic existence: slavery. All of this can be seen when staring at an apothecary chest.

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<sup>1</sup> Ron Hurst Lecture, lecture “A Rich and Varied Culture,” Lecture, at Colonial Williamsburg DeWitt Wallace Decorative Arts Museum, July 1, 2016 (approximately 4:30 p.m.).

<sup>2</sup> Priddy, Sumpter III, lecture “Neoclassical Furniture of the Chesapeake: Norfolk, Washington, Annapolis and Baltimore, 1785-1820,” Lecture, at Museum of Early Southern Decorative Arts, July 7, 2016. Sumpter Priddy saw the apothecary chest while conducting a walking lecture in the gallery following the formal presentation in MESDA’s Sally Gant room.

<sup>3</sup> Museum of Early Southern Decorative Arts, Condition Report for Accession number 2217.

<sup>4</sup> Allen, Jr, Lloyd. “A History of Pharmaceutical Compounding.” *Secundum Artem*, Volume 11 Number 3.

<sup>5</sup> Peter the Great’s medical Chest is at St. Petersburg at The Hermitage and is featured in the PowerPoint presentation which accompanies this research.

<sup>6</sup> Allen, Jr, Lloyd. “A History of Pharmaceutical Compounding.” *Secundum Artem*, Volume 11 Number 3 pp. 1.

<sup>7</sup> Allen, Ibid, pp. 2.

<sup>8</sup> Allen, Ibid, pp. 2.

<sup>9</sup> James Murray, Bradley Henry, and Craigie Onions. *The Oxford English Dictionary: A New English Dictionary of Historical Principles*. Oxford: Clarendon Press, 1933, pp. 393.

<sup>10</sup> James, Deetz. *Small Things Forgotten*. New York: Anchor Publishing (Random House company), 1996.

<sup>11</sup> Kaufman, Martin. *American Medical Education: The Formative Years, 1765-1910*. Westport: Greenwood Press, 1976, pp. 3.

<sup>12</sup> Kaufman Ibid, pp 3.

<sup>13</sup> Kaufman Ibid, pp. 6.

<sup>14</sup> Kaufman Ibid, pp. 8.

<sup>15</sup> Hurst, Ronald and Jonathan Prown. *Southern Furniture 1680-1830: The Colonial Williamsburg Collection*. New York: Abrams Publishing Company, pp. 416-419.

<sup>16</sup> Hurst Ibid, pp. 418-419.

<sup>17</sup> MESDA Collection, acc. 2217

<sup>18</sup> T.J.C. Williams and Fogler McKinsey. *A History of Frederick County Maryland Volume I*. Baltimore: Regional Publishing Company, 1967(1910 original publication), pp. 169.

<sup>19</sup> General Affidavit, State of Maryland, County of Washington: In the matter of the claim for Jane Flinn (Fling) widow of Owen, Act of March 9<sup>th</sup> 1878, War of 1812, Fold3.com (accessed July 1, 2016)

<sup>20</sup> State of Maryland, County of Washington, April 3, 1854, Sworn testimony of Ezekiel Cherry and Doc. E.L. Boteler (Edward L.) on behalf of Jane Flinn before J.R. Humphries Justice of the Peace, in the matter of a bounty land warrant application, Fold3.com (accessed July 2, 2016)

<sup>21</sup> “Last Will and Testament.” of Doc. Edward L. Bottler. 1881. Washington County, Hagerstown, Found within Maryland records on Familysearch.org. (accessed July 2, 2016)

<sup>22</sup> The reference is unclear and gives no supporting documentation to the term “colored men,” but these two men were most likely African indentured servants or slaves.

<sup>23</sup> Fuller Lynne, Marsha. *Family Bible records in Washington County (Virginia) Free Library: Hagerstown, Maryland*, 2003, pp.1036-1037.

<sup>24</sup> Niklas Thode Jensen, *For the Health of The Enslaved: Slave, Medicine, and Power in the Danish West Indies 1803-1848*. Copenhagen: Museum of Tusculanum Press, 2012, pp. 66-69.

<sup>25</sup> Petersen, Christine. *Colonial People: The Apothecary*. Malaysia: Marshall Cavendish Publishing, 2011, pp. 12-13.

<sup>26</sup> Cameron Family Papers, Southern Historical Collection. This information is riddled throughout the Cameron Family Papers in specific the sections detailing the enslaved population and construction details. However, this information is also recited during the tours and was stated by Alton Mitchell, former site director, during a tour given in 2010 to a group of graduate students at North Carolina Central University under the direction of Dr. Rhonda Jones.

<sup>27</sup> The term “quack” was given to amateur medical practitioners during the 17<sup>th</sup> and 18<sup>th</sup> centuries, many of whom had no training or apprenticeship.

<sup>28</sup> Isaac, Rhys. Landon Carter’s. *Uneasy Kingdom: Revolution and Rebellion on a Virginia Plantation*. New York: Oxford University Press, 2004, pp. 107.



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<sup>29</sup> Isaac, Ibid, pp.108.

<sup>30</sup> Todd L. Savitt, "Black Health on the Plantation: Owners, the Enslaved, and Physicians," *OAH Magazine of History*, Vol. 19, No. 5, Medicine and History (Sept. 2005), pp. 14-16.

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