

THE 'PRACTITIONER OF PHYSICK AND SURGERY' AND THE ENSLAVED 'DOCTOR': MEDICINE, SLAVERY, RACE, AND PATRIARCHY IN THE EIGHTEENTH-CENTURY JAMAICA

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In 1773, Alexander Johnston, a Scottish 'Practitioner of Physick and Surgery' in St. Ann, Jamaica, made a list titled 'my slaves'. Beside the name 'Galen' he wrote 'a Doctor'. Galen was the only enslaved person Johnston ever recognised with that title. Many slave owners called the people they enslaved and tasked with attending ill enslaved people, 'Doctor', 'Doctress', or 'nurse'. Johnston's records reveal that he sent Galen away to train under another white doctor before assigning him that role. Johnston and Galen both lived in a time when medical labour and expertise were increasingly masculinised in Jamaica. Juxtaposing the histories of the Alexander Johnston and Galen provides insights into how racialised notions of masculinity created and foreclosed opportunities to become a medical practitioner or healer in eighteenth-century St. Ann, Jamaica. Tracing Johnston and Galen's parallel migrations, careers, and legacies reveals devastating truths about the ways middling Scotsmen and doctors, like Johnston, enhanced their masculinity by exploiting the enslaved and how enslaved African men healers were simultaneously incorporated and marginalized within early British colonial medical practise.

ON 5 June 1773, Alexander Johnston, a Scottish 'Practitioner of Physick and Surgery' in St. Ann, Jamaica, made a list titled 'my slaves'.¹ The list included the names of enslaved men, women, boys and girls. Beside each name was an occupation: 'seamstress', 'carpenter and cook', 'cooper', 'washer and

1. Alexander Johnston, 'List of my Slaves, this 5th June 1773', Series 12, Vol. 334, Powel Family Papers (Col. 1582), The Historical Society of Pennsylvania (hereafter HSP).

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cook', 'waiting boy' and beside the name 'Galen', 'a Doctor'. Galen was the only enslaved person Johnston ever recognised with that title. Many slave owners called the people they enslaved and tasked with attending to ill enslaved people 'Doctor', 'Doctress' or 'nurse'.² Johnston's records reveal that he sent Galen away to train under another white doctor before assigning him that role. Johnston and Galen both lived in a time when medical labour and expertise were increasingly masculinised in Jamaica. Their histories provide insights into how race, gender and status created and foreclosed opportunities to become a medical practitioner in early modern Jamaica.³

Decades ago, the historian Alan Karras explained the importance of studying men like Johnston and their networks because they offered us a window into an understudied 'middle class' of landholding Scottish migrants and professionals—'ambitious' young men striving for success in the Caribbean who were not members of the sugar-planting elite.⁴ Historians have long noted the demographic significance of Scottish-trained male medical practitioners throughout the British Empire.⁵ By the second half of the eighteenth century, Scottish men made up as much as two-thirds of the doctors in Jamaica.⁶ The scholarship on Scottish migration demonstrates that Scottish men of various social statuses developed patronage networks that facilitated their transitions to life and work on the island.⁷ These networks were primarily, if not exclusively, white and male, though not always solely Scottish. Scottish men helped each other acquire land and enslaved people. They leveraged their homosocial networks to find employment and form professional partnerships. They helped one another gain modest political power in the local vestries and colonial legislature. Marriage and one's role as a family patri-

2. Richard Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680–1834* (New York, 1985), 89–96.

3. On the masculinisation of medicine in Jamaica in the 1760s and 1770s, see, Sasha Tuner, *Contested Bodies: Pregnancy Childrearing and Slavery in Jamaica* (Philadelphia, 2017), 112–50.

4. Alan Karras, 'The World of Alexander Johnston: The Creolization of Ambition, 1762–1787', *The Historical Journal*, 30, 1 (March 1987), 53–76.

5. Sheridan, *Doctors and Slaves*, 42–8; T. M. Devine, *Scotland's Empire, 1600–1815* (New York, 2004), 233–4; Douglas Hamilton, *Scotland, the Caribbean and the Atlantic World 1750–1820* (New York, 2005), 112–39; Cairns Craig, 'Empire of Intellect: The Scottish Enlightenment and Scotland's Intellectual Migrants', in John M. Mackenzie and T. M. Devine (eds), *Scotland and the British Empire* (New York, 2011), 96–7; Eric Graham, 'The Scots Penetration of the Jamaican Plantation Business', in T. M. Devine (ed.), *Recovering Scotland's Slavery Past: The Caribbean Connection* (Edinburgh, 2015), 86–9; Suzanne Schwartz, 'Scottish Surgeons in the Liverpool Slave Trade in the Late Eighteenth and Early Nineteenth Centuries', in Devine (ed.), *Recovering Scotland's Slavery Past*, 145–65.

6. Alan Karras, *Sojourners in the Sun: Scottish Migrants in Jamaica and the Chesapeake, 1740–1800* (Ithaca, 1992), 56.

7. T. M. Devine, 'An Eighteenth-Century Business Élite: Glasgow-West India Merchants, c.1750–1815', *The Scottish Historical Review*, 57 (1978), 63; David Dobson, *Scottish Emigration to Colonial America, 1607–1785* (Athens, 1994), 171–9; Karras, *Sojourners in the Sun*, 118–69; Devine, *Scotland's Empire*, 221–49; Hamilton, *Scotland, the Caribbean and the Atlantic World*, 6.

arch were also important, but the gender imbalance among the white population in Jamaica was such that marriage was not always tenable. Land ownership and slave ownership could be gateways to marriage and family life. Thus, property ownership, particularly slave ownership, and professional success tended to take precedence as markers of patriarchal status. Alexander Johnston depended on his connections with other Scottish men to advance in his profession and amass the trappings of successful Caribbean manhood. Nevertheless, Johnston's medical practise and, by extension, his social status were predicated on his involvement in the institution of slavery as a slave owner and as a doctor to the enslaved. As historians continue to examine the history of Scotland's involvement in slavery, it is crucial that their inquiries are not limited to participation in the slave trade and plantation economies. We must also attend to those 'middle class' professionals, men like Johnston, who capitalised on the institution of slavery.⁸

Over the last two decades, historians of medicine have turned their attention to histories of the circulation of medical and healing knowledge among Africans and Europeans and European-Atlantic scientific and medicalized notions of racial difference.⁹ The social and cultural histories of European and African medical practitioners are also worthy of inquiry. They provide the necessary context for the intellectual histories of medicine and race. It is also crucial that we know about the identities of medical men, like Johnston, who acquired, circulated and applied medical and scientific knowledge as they treated hundreds, if not thousands, of enslaved people. Racial and gender ideologies shaped identity and the everyday power relations surrounding medical practise in the era of slavery.¹⁰ In the early British Atlantic, especially Jamaica, the history of medicine reveals everyday expressions of gendered power and the gendered and racialised social order among the largely Scottish medical practitioners. Thus, Johnston's history reveals how race, gender, ethnicity and status underwrote power relations in early modern medicine.

Galen's traces in Johnston's archive reveal the significance of gender, status and skilled labour in enslaved boys' lives as they came of age in rural Caribbean settings. Much of the historiography on Black healers in the early Atlantic World

8. For recent inquiries into the history of Scotland and slavery, see, T. M. Devine (ed.), *Recovering Scotland's Slavery Past: The Caribbean Connection* (Edinburgh, 2015); David Alston, *Slaves and Highlanders: Silenced Histories of Scotland and the Caribbean* (Edinburgh, 2021); Stephen Mullen, 'Centring Transatlantic Slavery in Scottish Historiography', *History Compass*, 20, 1 (2022), <https://doi.org/10.1111/hic3.12707> [Last accessed 19 November 2024].

9. Eric Herschthal, 'Slavery, Health, and Healing Now: The State of the Field', *Journal of the History of Medicine and Allied Sciences*, 77 (2022), 1.

10. On gendered power relations, see, Toby Ditz, 'The New Men's History and the Peculiar Absence of Gendered Power: Some Remedies from Early American Gender History', *Gender and History*, 16, 1 (April 2004), 1–35. For examples of studies that have examined gender and the history of medicine, see Turner, *Contested Bodies*, 112–50; Steven Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill, 2004), 15–32.

has focused on healers who were either free(d) or had a robust clientele of their own and often worked in urban centres.¹¹ Fewer studies have explicitly examined how gender shaped rural Black healers' medical careers.¹² Galen received medical and/or surgical training in the form of a year-long quasi-apprenticeship and labour alongside Johnston. These avenues were only open to him because of his gender. In the eighteenth century, his gender would have made him a candidate for medical training and labour in Johnston's eyes. Nevertheless, in late-eighteenth-century Jamaica, where enslaved healers were under unprecedented surveillance, Galen's status in the Eurocentric patriarchal social order limited the kinds of healing techniques he could practise without suspicion and the extent of his medical practise and authority in St. Ann. Enslavement locked him into permanent subordination to the white, largely Scottish, doctors in his midst. Tracing Johnston and Galen's parallel migrations, careers and legacies reveals devastating truths about the ways middling Scotsmen and doctors, like Johnston, exploited the enslaved and how enslaved African men healers were simultaneously incorporated and marginalised within early British colonial medical practise.

Arrivals

The 1760s featured multiple mass migrations. Alexander Johnston and Galen experienced them first-hand. Johnston was one among the droves of young Scottish men who migrated to the Caribbean after the Seven Years' War ended in 1763. The migration was so significant that it resulted in a noticeable gender imbalance in some Scottish towns since Scottish women tended to stay behind.¹³ Most of the Scottish men that migrated sought to establish plantations or farms and return to Scotland as wealthier men.¹⁴ Where some saw property

11. Tânia Salgado Pimenta, 'Barbeiros-sangradores e curandeiros no Brasil (1808–28)', *História, Ciências, Saúde-Manguinhos*, 5 (1998), 349–74; James Sweet, *Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World* (Chapel Hill, 2011); Pablo F. Gómez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (Chapel Hill, 2016); Chelsea Berry, 'Black Medical Practitioners and Knowledge as Cultural Capital in the Greater Caribbean', in Victoria Barnett-Woods (ed.), *Cultural Economies of the Atlantic World* (New York, 2020), 56–75; Mary Hicks, 'Blood and Hair: Barbers, Sangradores, and the West African Corporeal Imagination in Salvador da Bahia, 1793–1843', in Christopher Willoughby and Sean Morey Smith (eds.), *Medicine and Healing in the Age of Slavery* (Baton Rouge, 2021), 61–82.

12. For studies that have focused on enslaved healers on Caribbean plantations, see, Sheridan, *Doctors and Slaves*; Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, 2002); Karol Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue* (Urbana, 2006); Turner, *Contested Bodies*; Meredith Reifschneider, 'Those of Little Note: Enslaved Plantation "Sick Nurses"', *Nursing History Review*, 29 (2021), 179–201.

13. Hamilton, *Scotland, the Caribbean and the Atlantic World*, 44.

14. Karras, *Sojourners in the Sun*.

and wealth, others saw professional opportunities. This was especially the case for men with medical experience and education.¹⁵ The end of the Seven Years' War also affected the slave trade. Enslaved Africans arrived in the Caribbean region in higher numbers than in previous decades after 1763. The slave trade to Jamaica peaked in 1765 after a lull during the Seven Years' War. Galen was one of over 12,700 enslaved Africans who arrived in the colony that year, versus between roughly 5,000 and 9,000 a year during the Seven Years' War.¹⁶ Johnston and Galen were but two among the tides of Scottish and African, free and forced, migrants to the Caribbean. While Johnston, a young man, chose to migrate towards potential wealth, power and professional success, Galen, a tender-aged boy, endured a forced migration to a society that would foreclose such opportunities and condemn him to a life of enslavement.

In 1763, at twenty-four years old, Johnston decided to leave Aberdeenshire to practise medicine in Jamaica. Johnston knew five other men who made their way to the British Caribbean, two of whom also went to Jamaica. These were likely men like Johnston, men with parents well-off enough to support them financially but not members of the aristocracy or elites.¹⁷ Though Johnston attended classes at the University of Aberdeen, he did not receive a medical degree there. In the eighteenth century, it was common for young men to obtain their qualifications to practise medicine or surgery through an apprenticeship. Young men aspiring to practice medicine typically only attended university for a couple of classes, unless they aspired to the higher branches of the profession.¹⁸ According to Alan Karras, Johnston may have inflated his medical credentials and implied that he had a degree. Karras argues that this was a sign of Johnston's ambition and one of 'numerous half-truths' in his history.¹⁹ The invention of medical credentials was also indicative of Johnston's ideals. A legitimate male medical practitioner would have a degree, so Johnston inflated his educational achievements when he crossed the Atlantic.

Johnston relied on a largely Scottish network to establish himself in St. Ann, Jamaica, even though he attempted to shed his Scottish accent and appears to have been slightly ashamed of his North-eastern roots.²⁰ Shortly after arriving on the island, Johnston entered into a business agreement with another Scottish doctor named Alexander Fullerton. While some historians have retrospectively described Fullerton as the 'most prominent of the island's doctors', contempo-

15. Hamilton, *Scotland, the Caribbean and the Atlantic World*, 112–39.

16. *Slave Voyages: The Trans-Atlantic Slave Trade Database*: <https://www.slavevoyages.org/voyages/otO8wDTM> [Last accessed 31 October 2022].

17. Karras, 'The World of Alexander Johnston', 57.

18. John D. Comrie, *The History of Scottish Medicine* (2 vols, London, 1932), I, 365–96.

19. Karras, 'The World of Alexander Johnston', 55.

20. *Ibid.*, 55–6.

raries knew him as the ‘Doctor to the Plantation Negroes’ on the estate of Philip Pinnock, one of Jamaica’s elites.²¹ Johnston and Fullerton were two of several ‘Practitioners in Physick & Surgery’ in the parish.²² By 1769, their colleagues and competitors included David Jones, Johnathan Hutton, James Henry, James Burt, Adam Anderson, James Rose, Alexander Campbell, William Hodgson and Robert Camrie.²³ Without a medical degree or land of his own, in an increasingly crowded medical marketplace, Johnston’s economic, social and career prospects depended on the opportunities Fullerton offered him. These opportunities primarily included treating the enslaved and occasionally their enslavers. Serving as an apprentice and later as a junior partner with a local practitioner, who had an established practise and clientele, provided Johnston with the stability and additional training necessary to build his reputation and improve his economic circumstances.

In addition to taking Johnston under his wing professionally, Fullerton also purchased enslaved people for Johnston. As a member of the middling class of landless emigres, Johnston was a far cry from the plantation elite, who owned hundreds of enslaved people. Nevertheless, Johnston enslaved women and children, including Fidelia and her son Adonis, to attend his household.²⁴ He acquired enslaved African boys on credit from Fullerton, whom he hired out to neighbouring ranches and farms to pay off his debts. Fullerton and Johnston viewed this purchase as an investment that would pay dividends because there was a local demand for boys’ and young men’s skilled and unskilled labour in St. Ann. These dividends would help Johnston achieve his aspirations of owning land property, owning more enslaved people and attaining wealth, all of which would facilitate starting and supporting a family. Buying, selling and inheriting enslaved people from one another solidified bonds between mentors and protégés like Fullerton and Johnston. Slavery was very much a part of networking for Scottish men in the Caribbean. For slave owners, slavery was ostensibly a kin-

21. Edward Long, ‘Deposition re the office of Custos Rotulorum of parish of St. Ann, Jamaica’, 1769, The Huntington Library, Stowe West Indies Box 12 Miscellaneous.

22. Through the eighteenth century, the ‘medicine’ and ‘physic’ were terms used to describe the intellectual study of medicine and healing. Surgery referred to the practical—healing through manual operation such as treating wounds, fractures, and deformities. ‘Practitioners in Physick & Surgery’ thus referred to practitioners of both. See, ‘physic, n.’, OED Online, September 2022, Oxford University Press. <https://www-oed-com.ezproxy.princeton.edu/view/Entry/143117?rskey=PnQFqc&result=1> [Last accessed 1 December 2022]; ‘surgeon, n.’, OED Online, September 2022, Oxford University Press. <https://www-oed-com.ezproxy.princeton.edu/view/Entry/194924?rskey=yuGZDj&result=1&isAdvanced=false> [Last accessed 1 December 2022].

23. ‘Names of Persons the Justices and Vestry have this day recom’d as fit to serve as Jurors’, St. Ann Vestry Orders, 1767–1790, 28 February 1769, Jamaican Archives and Records Department (hereafter JARD), Local Records 2/9/1.

24. Alexander Johnston, [c. 1766], ‘List of Negroes the Property of Alexander Johnston’, in Box 54, Folder 11, Powel Family Papers (Col. 1582), HSP.

making practise, one predicated on the destruction and disregard of enslaved people's kinship ties.²⁵

Galen was one of the first boys Fullerton bought for Johnston. Before he was called Galen, he was forced to leave Africa and likely departed from a hub along the creolized West or West Central African coast. The records are not sufficient to determine where he hailed from, even in general regional terms. Nevertheless, recent medical historiography about West and West Central Africa reveals that centuries of cross-cultural contact among Africans and between Africans and Europeans fostered a mutable and hybrid medical and healing culture in coastal regions and along the routes of the slave trade by the eighteenth century.²⁶ Whether the young boy hailed from an interior region or a coastal one, above or below the equator, at some point along the African component of his transatlantic journey, he likely encountered European medical men, perhaps trained in Scotland like Johnston, who practised creolised European and African medical and healing techniques. He may have even been conscripted to serve a European medical practitioner before or during his transatlantic voyage, acquiring the skills he would later use in Jamaica. The healing knowledge of Africans and Europeans, particularly their understandings of herbal remedies and certain medical techniques, such as bloodletting, were mutually intelligible and shared.²⁷ Nevertheless, familiarity with the medical traditions of Europeans would have brought little solace to the boy as he embarked on a harrowing journey across the Atlantic. It was perilous. Illnesses, notably dysentery and smallpox, commonly plagued transatlantic vessels. These illnesses only augmented the routine abuses and horrific conditions of slaving voyages.²⁸ The tender-aged boy would have crossed the Atlantic in the company of other children, men and

25. Jennifer L. Morgan, *Reckoning with Slavery: Gender, Kinship, and Capitalism in the Early Black Atlantic* (Durham, 2021).

26. On creolized, hybrid and mutable medical and healing cultures in West and West Central Africa and the wider Atlantic, see, Jonathan Roberts, 'Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries', *Canadian Journal of African Studies/La Revue Canadienne des Études Africaines*, 45, 3 (2011), 480–523; Timothy D. Walker, 'The Medicines Trade in the Portuguese Atlantic World: Acquisition and Dissemination of Healing Knowledge from Brazil (c.1580–1800)', *Social History of Medicine*, 26 (2013), 3; Abena Dove Osseo-Asare, *Bitter Roots: Searching for Healing Plants in Africa* (Chicago, 2014), 71–106; Hugh Cagle, *Assembling Tropics: Science and Medicine in Portugal's Empire, 1450–1700* (New York, 2018); Benjamin Breen, *The Age of Intoxication: Origins of the Global Drug Trade* (Philadelphia, 2019); Kalle Kananoja, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500–1850* (New York, 2021).

27. Pablo Gómez, 'Incommensurable Epistemologies? The Atlantic Geography of Healing in the Early Modern Caribbean', *Small Axe: A Caribbean Journal of Criticism*, 18, 2 (2014), 95–107; Breen, *The Age of Intoxication*, 65–92; Kananoja, *Healing Knowledge in Atlantic Africa*, 50–79.

28. Philip D. Curtin, 'Epidemiology and the Slave Trade', *Political Science Quarterly*, 83, 2 (1968), 190–216; Stephanie Smallwood, *Saltwater Slavery: A Middle Passage from Africa to American Diaspora* (Cambridge, 2007); Alexander Byrd, *Captives and Voyagers: Black Migrants Across the Eighteenth-Century British Atlantic World* (Baton Rouge, 2010), 32–56; Audra Diptee, *From Africa to Jamaica: The*

women, all plagued by the morbid and mortal potential of the crossing and an uncertain future in the Americas.

The boy who would become Galen arrived in Kingston, Jamaica, in the spring of 1765. In the 1760s, Kingston was the 'principall Mart of the Island' and, more broadly, a major Caribbean thoroughfare.²⁹ This African boy would have entered the bustling port and been taken to Hibberts and Jackson's pen on Orange Street while he awaited sale.³⁰ He would have been surrounded by enslaved Africans in varying states of illness and injury, including those destined to remain in Jamaica and those who would be shipped on to other Caribbean and North American ports via the avid intra-American slave trade.³¹ It was here that Fullerton purchased this boy and five others.³² The boys were all between the ages of ten and thirteen years old, though it is difficult to know if Johnston and Fullerton accurately assessed their ages. Even if the boys had boarded ships with kin or, more likely, formed affective bonds with others on board the ships that carried them away from their homelands, their sale to Fullerton marked yet another severing of kinship ties.³³ As the boys made the journey north to St. Ann, they left behind any social ties they had established during their journeys.

St. Ann's Bay was the small port associated with the parish of the same name on the northern coast of Jamaica, somewhat divorced from the colony's commercial centres on the south and west coasts. Mention of eighteenth-century Jamaica commonly conjures images of the large and densely populated sugar plantations in places like the Westmoreland plain, where thousands of enslaved people lived, laboured and perished under a brutal sugar labour regime in what was one of the wealthiest regions in the British West Indies.³⁴ St. Ann was a dif-

Making of an Atlantic Slave Society, 1775–1807 (Gainesville, 2010); Sowande' M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (Urbana, 2016).

29. Kingston Vestry Minutes 1750–1752, 31 December 1749, JARD, Local Records, 2/6/2.

30. Alexander Johnston, 'List of Negroes', 1 December 1769, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; for location of Hibberts and Jackson's pen, see, 'Kingston Parish Tax [List] 1766', in Kingston Vestry Minutes, 1765–1767, JARD, Local Records 2/6/4.

31. On the inter-American slave trade and diseases during refreshment in Jamaica, see, Colin A. Palmer, *Human Cargoes: The British Slave Trade to Spanish America, 1700–1739* (Urbana-Champaign, 1981); Gregory O'Malley, *Final Passages: The Intercolonial Slave Trade of British America, 1619–1807* (Chapel Hill, 2014).

32. Alexander Johnston, 'Dr Alexander Johnston in a Bond Account upon Interest', Series 12, Box 54, Folder 11, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, 'Memorandum that in May 1765 Dr Fullerton bought 6 negro boys for me', Series 12, Box 54, Folder 11, Powel Family Papers (Col. 1582), HSP.

33. Smallwood, *Saltwater Slavery, 182–207*.

34. For studies of Westmoreland and sugar plantation slavery in the Caribbean, see, Barry Higman, *Slave Population and Economy in Jamaica, 1807–1834* (Mona, [1976] 1995); Michael Craton, *Searching for Invisible Man: Slaves and Plantation Life in Jamaica* (Cambridge, 1978); Trevor Burnard, *Mastery, Tyranny, and Desire: Thomas Thistlewood and His Slaves in the Anglo-Jamaican World* (Chapel Hill, 2004); Barry Higman, *Plantation Jamaica, 1750–1850* (Mona, 2005); Richard Dunn, *A Tale of Two*

ferent sort of place. In his history of Jamaica, the British slave owner and official, William Beckford, barely devoted a paragraph to what he described as a group of 'about 40 houses, straggling along the bay' and villages 'so small as to scarcely deserve that name'.³⁵ St. Ann's vestry minutes from the period indicate that vestry members struggled to convince the Jamaica Assembly to secure St. Ann's Bay from Spanish smuggling and rouge Cubans who were reputedly 'inveigling away' enslaved Africans.³⁶ Clandestine escapes and sparse populations aside, slavery was still very much a part of the visual landscape of St. Ann. There were some sugar plantations between the hills and the coast of the parish; most of them were overseen by resident slave owners rather than the attorneys and managers of absentees.³⁷ White women were well-represented among these slave owners.³⁸ Further inland, beyond the large estates, pimento farming and cattle ranching on smaller farms thrived on the fertile land.³⁹ The region depended on cattle mills rather than water mills due to frequent droughts.⁴⁰ Enslaved women and men worked the fields together on cattle pens and smaller farms, though enslaved men tended to hold leadership roles on cattle ranches.⁴¹ Perhaps the boys noticed the enslaved men and women engaged in roadworks, traveling between properties, herding cattle and growing spices and foodstuffs during their journey to Johnston's residence.⁴² Johnston would not begin to acquire land until 1771, though he would eventually grow his property into a 'grass farm', where the enslaved would grow pimento and raise cattle.⁴³ Though sugar slavery did not define the visage of St. Ann, the visual landscape of enslaved cattle ranchers, farmers and roadworkers throughout the region still bore sinister reminders of the violence of slavery. Enslaved people here ran away, committed suicide, endured sexual and physical violence, suffered separations from loved ones and witnessed gory executions and corporeal punishments just like

Plantations: Slave Life and Labor in Jamaica and Virginia (Cambridge, 2014); Vincent Brown, *Tacky's Revolt: The Story of an Atlantic Slave War* (Cambridge, 2020), 164–6.

35. William Beckford, *A Descriptive Account of the Island of Jamaica* (London, 1790), xx.

36. St. Ann's Vestry Orders, 1767–1790, JARD, Local Records, 2/9/1.

37. Higman, *Plantation Jamaica*, 57.

38. According to Karras, some of the largest slave owners in St. Ann were white women. See, Karras, 'The World of Alexander Johnston', 65.

39. *Ibid.*, 69–70.

40. Verene A. Shepherd, *Livestock, Sugar, and Slavery: Contested Terrain in Colonial Jamaica* (Kingston, 2009), 40–1.

41. *Ibid.*, 119–43.

42. This description is based on the various descriptions of enslaved people's labour tasks in both Johnston's daybook and the vestry records of St. Ann. See, Alexander Johnston, *Daybook*, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; St. Ann's Vestry Orders, 1767–1790, JARD, Local Records, 2/9/1.

43. Alexander Johnston to James Johnston, 24 June 1783, Box 54, Folder 10 Series 12, Powel Family Papers (Col. 1582), HSP; Karras, 'The World of Alexander Johnston', 66.

enslaved people in the wealthier parts of the island.⁴⁴ For Fullerton and Johnston, visions of labouring Black bodies and the violence they endured signalled nothing but potential clientele, wealth and power.

Shortly after the boys arrived in May 1765, Johnston named them Galen, George, Quaw, Bristol, Forrester and Quashie.⁴⁵ When slave owners used African names, such as Quaw and Quashie, they used them ambivalently. Johnston named these boys without the cultural practises that accompanied them, such as naming ceremonies, and with little regard for their meanings or the significance of birthdays to African naming patterns.⁴⁶ Re-naming enslaved people was always a technique of mastery and cultural erasure. Johnston named Galen after the famed Greek physician and protégé of Hippocrates. The name suggests that he had plans to use Galen as a medical assistant long before he ever sent him away as an apprentice.⁴⁷ Nevertheless, Johnston's choice of the name Galen might be best understood as an attempt at self-aggrandisement. He named his slave Galen to style himself as a master of Western medicine, the Galen to his Hippocrates. This petty act of mastery was an exercise in establishing his manhood and stood in for what Johnston lacked and hoped to gain: legitimacy as a medical professional in St. Ann.⁴⁸ Johnston understood that he would need to exert his authority over both enslaved people and medical knowledge to realise a masculine identity in Jamaica and make a name for himself as a medical practitioner. Unfortunately, there is no record of Galen's African name. We can speculate that it was given to him by kin or a ritual practitioner in a naming ceremony. Perhaps it corresponded with the day of the week that he was born. Perhaps it corresponded to 'some event, some circumstance, or fancied foreboding at the time of [his] birth', as the African-born freedman and abolitionist Olaudah Equiano described in his memoir's passages on African naming practises.⁴⁹ Perhaps

44. For examples, see, Alexander Johnston, Daybook, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; for descriptions of slavery in cattle country, see, Shepherd, *Livestock, Sugar, and Slavery*, xxxvi–xxxvii, 119–43.

45. 'List of Negroes the Property of Alexander Johnston' c. 1765–1766, Series 12, Box 54, Folder 11, Powel Family Papers (Col. 1582), HSP.

46. Trevor Burnard, 'Slave Naming Patterns: Onomastics and the Taxonomy of Race in Eighteenth-Century Jamaica', *Journal of Interdisciplinary History*, 31, 3 (2001), 325–46.; Brown, *Tacky's Revolt*, 90–1.

47. Jamaican slave owners commonly gave enslaved people classical names. Johnston appears to have adhered to this practise, having named several of the Africans he enslaved Adonis, Caesar, Cato and Hector over his lifetime. Burnard, 'Slave Naming Patterns', 325–46; [Robert Scott], 'An Inventory[...]' 1787, Series 12, Box 55, Folder 3, Powel Family Papers (Col. 1582), HSP.

48. On mastery and manhood, see, Kathleen Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Chapel Hill, 1996); Ann Little, *Abraham in Arms: War and Gender in Colonial New England* (Philadelphia, 2006), 201; Burnard, *Mastery, Tyranny, and Desire*.

49. Olaudah Equiano [Gustavus Vassa], *The Interesting Narrative of the Life of Olaudah Equiano, or Gustavus Vassa, the African Written by Himself* (London, 1789), 31. Accessed via *Documenting the*

Galen once had multiple names or would have received another name after coming of age.

Galen and the other boys, George, Quaw, Bristol, Forrester and Quashie, were all at an age when boys and young men underwent rites of passage in much of Africa. Once boys and girls reached adolescence, they were separated from their communities for a period to learn the duties and expectations of manhood and womanhood.⁵⁰ In parts of West and West Central Africa, especially in Muslim communities, these rites included circumcision.⁵¹ Seventeenth-century accounts describe several West African societies in which boys were circumcised at fourteen years old. By some eighteenth-century accounts, West Africans circumcised infants. Others circumcised boys at various ages, sometimes between five and six or eight and ten.⁵² Circumcision was a requirement for some warriors. The historian James Sweet explained, 'the scar of circumcision was an indelible marker of one's manhood, and a requirement for marriage', in West Central Africa.⁵³ Early modern descriptions of circumcision as a rite of passage explain that young men had to 'shave their heads, wear white shirts and pants like Moors, and be circumcised'.⁵⁴ They would then be prohibited from entering populated areas and wandered the countryside. In other communities, circumcisions were performed upon the installation of a new king, and all men were isolated in the mountains, away from women 'or even female animals'.⁵⁵ The community would celebrate their return from isolation with a feast, ceremony and oath-taking that could last for days. Periods of homosocial isolation and subsequent community celebrations were crucial for boys' transitions to manhood. The affective, cultural and social implications of these ceremonies were not lost on early modern European observers. One noted that 'some castes or nations use this time to change their way of speaking to a kind of boys' slang full of continuous cursing'.⁵⁶ Thus, these ceremonies marked boys' introduction into appropriate modes of socialising among other men, which communally reinforced masculine cultural norms.⁵⁷ For boys in African societies, coming of age required collective practices with

American South (Chapel Hill, 2001), <https://docsouth.unc.edu/neh/equiano1/equiano1.html> [Last accessed 7 October 2024].

50. James Sweet, *Recreating Africa: Culture, Kinship, and Religion in the African-Portuguese World, 1441-1770* (Chapel Hill, 2003), 34-5.

51. Equiano, *The Interesting Narrative*, 30.

52. William Boseman, *A New and Accurate Description of the Coast of Guinea* (London, 1705), 353.

53. Sweet, *Recreating Africa*, 34-5.

54. Alonso de Sandoval, *De Instrauranda Aethiopia Salute*, ed. Angel Valtierra, trans. Nicole von Germeten (Indianapolis, [1627] 2008), 32.

55. *Ibid.*, 33.

56. *Ibid.*, 33.

57. On communal reinforcement of masculinity: R. W. Connell, *Masculinities* (Berkeley, [1995] 2005); Sergio Lussana, *My Brother Slaves: Friendship, Masculinity, and Resistance in the Antebellum*

older men in one's community and ceremonies that included one's entire community.

If the boys Johnston purchased hailed from a part of Africa where circumcisions were part of the transition to manhood, they likely departed shortly after or before they would have undergone the rite of passage. Some large enslaved African communities were able to recreate these rites of passage in the Americas. For example, in parts of Brazil with large enslaved African populations, some enslaved Muslim Africans continued to perform circumcisions on boys at ten years old.⁵⁸ However, as recent arrivals isolated at Johnston's residence in a relatively sparsely populated part of Jamaica, it is unlikely that Galen and the other boys participated in such a ceremony. Enslavement, in their case, divorced them from the older men and the intergenerational community that would have been necessary to become men. Galen migrated not only to a far-off place but also into a society in which his manhood would not be fully recognised or respected. He migrated to a place where he was given a new name to enhance someone else's manhood.

Becoming a 'Practitioner of Physick and Surgery'

In his history of Jamaica published in 1740, Charles Leslie reflected on the state of medical practise in Jamaica: 'The Physicians here, of any Note, generally make fine Estates; but the Island is quite crowded with raw unexperienced Youths, who imagine this the properest Place for a Settlement; and when they come over, are generally set to prescribe to a Parcel of Negroes in some Country-plantation. Their numbers make but dull business for most of them; and in the Towns there are generally one or two eminent Men who have the Employment, and soon get to be rich.'⁵⁹ In addition to revealing the motivations of men like Johnston, Leslie's quote also speaks to the role enslaved people's bodies played in 'raw unexperienced Youths' decisions to migrate to the Caribbean. From the late seventeenth through the nineteenth century, enslaved Africans and their descendants' ill, injured, ailing and overworked bodies defined the places where European men, like Johnston, would test and hone their medical expertise.⁶⁰

The exodus of European medical practitioners throughout the Atlantic was an exodus towards Black bodies. Europeans reduced enslaved people to expendable bodies, disposable for their own use. Natal alienation and the anti-kinship

South (Lexington, 2016); David Stefan Doddington, *Contesting Slave Masculinity in the American South* (New York, 2018).

58. Sylviane Diouf, *Servants of Allah: African Muslims in the Americas* (New York, 1998), 123.

59. Charles Leslie, *A New and Exact Account of Jamaica* (Edinburgh, 1740), 49.

60. On the Black body, geography and place, see, Katherine McKittrick, *Demonic Grounds: Black Women and the Cartographies of Struggle* (Minneapolis, 2006), 44–52.

praxes imbedded in the institution of slavery were designed to reduce enslaved people of African descent to fungible labouring and/or commodified bodies.⁶¹ Thus, European medical practitioners flocked to the West African coast, aboard slave ships, to urban and rural slave societies and societies with slaves in the Americas to hone their skills and gain professional footholds by practising medicine on vulnerable enslaved Black people.⁶² The enslaved and free population of people of African descent in St. Ann provided Alexander Fullerton and Alexander Johnston with ample opportunities to improve their medical skills and develop a reputation among the enslavers. At the time of Johnston's arrival, Fullerton already had a reputation as a 'Doctor to the Plantation Negroes'.⁶³ Johnston capitalised on it.

For most of Johnston's career, most of the people he and Fullerton treated were Black and enslaved, even though their paying clientele was largely white, except for a few property-owning free people of colour, such as Henry Bonner and Lucius Levermore.⁶⁴ Predictably, enslaved people's treatments appear listed under the accounts of white people in Johnston's medical account books because the slave owners paid for their treatment. Many of the people on St. Ann's vestry lists of free people of colour also appear on white people's accounts. For example, Violet, Catherine, 'Little Nick' and Jenny Watters, all free people of colour, appear to have charged their medical treatments to Margaret and James Trusty's account.⁶⁵ The Trustys were white slave owners. The Watters may have been related to them or were formerly enslaved by them. Perhaps the Watters were landless tenants of the Trustys or were simply not granted accounts of their own because of their race or economic status.⁶⁶ Without land, free people of colour's lives often resembled slavery because they depended on white landowners for employment, housing, food and medical treatment.⁶⁷ The Trustys are but one example of what appear to have been multiple account holders whose

61. Jennifer Morgan, *Reckoning with Slavery*.

62. Sheridan, *Doctors and Slaves*; Schwartz, 'Scottish Surgeons in the Liverpool Slave Trade', 145–65.

63. Edward Long, 'Deposition re the office of Custos Rotulorum of parish of St. Ann, Jamaica', 1769, Stowe West Indies Box 12 Miscellaneous, Huntington Library.

64. Alexander Johnston, 'Mulattoe Harry, the Taylor', Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, 'Lucius Levermore', Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP.

65. Alexander Johnston, 'James Trusty', in Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP; 'A List of such Negroes Mulattos and Indians as have Produced to the Vestry good and Sufficient proof of their Freedom', [1774], St. Ann Vestry Orders, 1767–1790, JARD, Local Records, 2/9/1.

66. Catherine Watters eventually opened her own account with Johnston in 1773. Alexander Johnston, 'Catherine Watters', in Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP.

67. Kamau Braithwaite, *The Development of Creole Society in Jamaica, 1770–1820* (1971; Kingston, 2005), 167–75.

records also evidence free people of colour as patients of Johnston and Fullerton. Their presence alongside the enslaved further suggests that most of the people Johnston and Fullerton treated were people of African descent.

By the 1760s and 1770s, medicine in Jamaica was beginning to change.⁶⁸ Though Johnston could still be categorised as a 'raw and inexperienced youth', he did possess some professional medical education. Later observers, such as the slave owner, politician and author Bryan Edwards, noted that late-eighteenth-century slave owners no longer tolerated 'illiterate pretenders in medicine' and sought 'young men of skill and science' instead.⁶⁹ This shift towards professionally trained surgeons and physicians simultaneously disrupted the gendered and racial order of medical expertise on private properties throughout the British Caribbean. The historian Sasha Turner demonstrated that prior to the late eighteenth century, the majority of medical work on plantations in the British Caribbean was performed by enslaved women, especially when that included 'reproductive body work', such as prenatal, childbirth and postnatal care.⁷⁰ After the Seven Years' War, professionally trained physicians and surgeons, predominantly from Scotland and Scottish medical schools, attempted to supplant enslaved healers, especially midwives, on plantations.⁷¹ Johnston appears to have left childbirth to women midwives.⁷² Nevertheless, Johnston never recognised any enslaved women as nurses, doctresses or midwives, even though women frequently attended him when he was ill or injured and watched over ailing enslaved children at his behest.⁷³ Johnston likely believed that medicine was a masculine preserve. He and his peers were a part of the (largely Scottish) masculinisation of medicine in Jamaica and the wider British Caribbean.

Johnston plied his trade and honed his skills by performing medical treatments that brought him into contact with the enslaved. Though his medical and financial records detail the treatments he provided to white people, sometimes charges for staying 'all night' to care for white clients, people of African descent

68. Sheridan, *Doctors and Slaves*, 47.

69. *Ibid.*, 47.

70. Tuner, *Contested Bodies*.

71. On physicians and surgeons attempting to supplant enslaved women midwives, see, Turner, *Contested Bodies*, 112–50; on the Scottish majority, see, Sheridan, *Doctors and Slaves*, 42–8; Karras, *Sojourners in the Sun*, 56; Hamilton, *Scotland, the Caribbean and the Atlantic World*, 112–39.

72. For example, he left his wife in the care of a woman named 'Old Catherine' when she gave birth. Alexander Johnston, [Daybook entry] 'Paid to Old Catherine', 2 April 1777, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

73. Alexander Johnston, Daybook, 8 March 1768, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 'Memorandum' [1768] 5 February 1774, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 4 September 1770, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

frequently appear in the records for shorter duration treatments.⁷⁴ For example, in 1768, he visited the property of Janie Kerr, a white slave-owning woman, several times exclusively to treat enslaved people. This included visits to an enslaved woman named Quashebah, whom he bled in January and again in September of that year.⁷⁵ He also charged Kerr for treating an enslaved man named Tom for smallpox at the 'hot house' (or sick house) on Philip Pinnock's property.⁷⁶ He also noted that he visited 'little Mulatto Sally' on Kerr's property too; however, it is unclear if Sally was free or enslaved. The nature of Johnston's practise frequently brought him into proximity with people of African descent. His practise depended, in large part, on his access to enslaved and free people of African descent's bodies. Though he did not enslave these people himself, his position of authority as a medical practitioner, unbridled access to enslaved people's bodies and the profits he derived from treating them shored up his patriarchal identity, one rooted in authority over people of African descent (whether enslaved or free) and professional accomplishment.

Though scholars typically emphasise the role of Scottish social networks in studies of Scots in the West Indies, Johnston's intimate social circle included enslaved people during his early years in Jamaica. Within his first decade in Jamaica, Johnston had three children with an enslaved woman named Nelly on Philip Pinnock's plantation, where he worked. Johnston routinely visited Nelly and brought her money, food, clothing and other accessories as gifts for her and their children, James or Jemmy, Janette or Jenny, and John, who died as an infant.⁷⁷ The degree to which Nelly and Johnston's relationship was consensual or reciprocal is difficult to assess, for it would require Nelly's perspective, which is silenced in the archive. Absent Nelly's perspective, Johnston's records still reveal his considerable, and likely coerced, intimacy with enslaved and free people of African descent throughout his early years in St. Ann. Though Johnston would barely acknowledge his children of colour after marrying and starting a family with Elizabeth Gilbert, a white woman from Kingston, his early social and professional life was defined by interactions with people of African descent.

Johnston's interactions with people of African descent allowed him to test his power and authority and reinvent himself abroad in a society that was markedly

74. For examples of Johnston charging for staying 'all night', see, Alexander Johnston, 'James Dyer' and 'Thomas Jennings' in Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP.

75. Alexander Johnston, 'Janie Kerr', in Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP.

76. Alexander Johnston, 'Janie Kerr', in Medical Record, 1768–1773, Series 12, Vol. 344, Powel Family Papers (Col. 1582), HSP.

77. Alexander Johnston, [Will], Series 12, Box 55, Folder 8, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 2 January 1772, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

different from his homelands. Through comparisons with enslaved and free people of colour, contests over power, slave ownership, doctor-patient interactions and other forms of socialisation in St. Ann's multiracial society, Johnston learned what it meant to assimilate into white masculinity in Jamaica and the power and privilege the racial and patriarchal social order promised him. As Johnston's medical career advanced, he got closer to achieving the masculine ideals of his time. He became more financially solvent and acquired a modest amount of land and cattle. He enslaved over one hundred people.⁷⁸ He married and started a family with a white woman.⁷⁹ He also served on the vestry occasionally, in Fullerton's stead.⁸⁰ He trained overseers and other aspiring young Scotsmen to be his medical assistants.⁸¹ His roles as a property owner, patriarch and medical practitioner were contingent upon his involvement in the system of slavery. His sense of himself would have been very much contingent upon his identity as a slave owner and his ability to exploit enslaved people's bodies to benefit his career, family and legacy.

Becoming 'a Doctor'

Galen did not begin his enslavement as a medical assistant to Johnston. He began in the field. Shortly after arriving in Jamaica, Johnston began hiring enslaved people out to his neighbours. In 1766, he hired out one enslaved boy, Forrester, to John and Olive Lost.⁸² Another enslaved boy, Quashie, went to Thomas Bainbridge, who would later help Johnston acquire more enslaved people.⁸³ Prince, Bristol, Quaw and two enslaved women, Mary and Susannah, all went to Edward Hannichar to perform ranching and agricultural labour.⁸⁴ Galen would eventually join them. In exchange for hiring them out, Johnston received annual

78. It is difficult to assess the exact number of people Johnston enslaved over his lifetime. The inventory produced around the time of his death indicates that he enslaved one hundred. But that number does not include the people he enslaved and freed, sold or those who perished under his charge. His inventories do not always differentiate between the people he owned himself and those others hired out to him. [Robert Scott], 'An Inventory[...]', 1787, Series 12, Box 55, Folder 3, Powel Family Papers (Col. 1582), HSP.

79. Karras, 'The World of Alexander Johnston', 53–76.

80. St. Ann Vestry Orders, 1767–1790, JARD, Local Records, 2/9/1.

81. Karras, 'The World of Alexander Johnston', 53–76.

82. Alexander Johnston, 'Memorandum' March 1767, in Box 54 Folder 11, Powel Family Papers (Col. 1582), HSP.

83. Alexander Johnston, 'Memorandum' March 1767, in Box 54 Folder 11, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, 'List of Negroes', 1 December 1769, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

84. Alexander Johnston, 'Memorandum' March 1767, in Box 54 Folder 11, Powel Family Papers (Col. 1582), HSP.

payments and interest from Hannichar, which he used to reimburse Fullerton.⁸⁵ Eager to pay back his debt to Fullerton, Johnston attempted to hire out as many enslaved people as he could.

In this era, when the slave trade was in full force, ill and ailing enslaved Africans were rarely spared from the field or the lash. In the 1760s, enslavers knew they could easily replace injured or dead enslaved people as the slave trade shuttled thousands to the island every year.⁸⁶ Johnston and Hannichar, like many other Jamaican enslavers, forced enslaved people to work despite their injuries and illnesses. Mary, for example, had a sore on her leg and was still forced to labour at Hannichar's. Perhaps her injury and desire for reprieve are what drove her to flee.⁸⁷ Though eighteenth-century enslavers generally ignored enslaved people's injuries and inflammations, they tended to take contagious diseases more seriously because such diseases could debilitate an entire workforce. For example, Galen did not accompany the other enslaved people to Hannichar's during the first year because he and six-year-old Adonis both contracted yaws, a contagious disease characterised by skin eruptions, sores and eventually joint pain.⁸⁸ Prince also returned from Hannichar's with smallpox for a period.⁸⁹

While Galen, Adonis, and Prince underwent treatment for yaws and smallpox, they would have been isolated from other enslaved people. It is possible that they went to Philip Pinnock's property. Enslaved people with contagious diseases in the area often spent time isolated in the sick house there. Perhaps it was there that Galen first encountered enslaved doctors. Johnston and the enslaved doctors, doctresses or nurses would have been the enslaved boys' primary contacts while they convalesced.⁹⁰ These early encounters with Johnston, Prince, Adonis and any enslaved healers would have shaped Galen's sense of his position in the social hierarchy. When they recovered, Galen and Prince joined

85. Alexander Johnston, Daybook, [Various entries] Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

86. Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, 2008), 48–59.

87. Alexander Johnston, Daybook, 25 February 1769, in Day Book, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

88. Alexander Johnston, 'List of Negroes the Property of Alexander Johnston' c. 1766, in Box 54 Folder 11, Powel Family Papers (Col. 1582), HSP.

89. Alexander Johnston, 'List of Negroes the Property of Alexander Johnston' c. 1766, in Box 54 Folder 11, Powel Family Papers (Col. 1582), HSP.

90. People of African descent were recognised by the public and local vestries in Jamaica for their skills in healing yaws. However, it is unlikely that Johnston sought the input or assistance of local healers of African descent. He viewed himself as the expert. Kingston Vestry Minutes 1750–1752, 25 August 1752, JARD, Local Records, 2/6/2; Kingston Vestry Minutes, 1781–1788, 7 December 1784, JARD, Local Records, 2/6/6; Katherine Paugh, 'Yaws, Syphilis, Sexuality, and the Circulation of Medical Knowledge in the British Caribbean and the Atlantic World', *Bulletin of the History of Medicine*, 88, 2 (2014), 225–52.

the other enslaved people at Hannichar's, where they would labour for years.⁹¹ Their time at Hannichar's and the fraught power dynamics they encountered there shaped their sense of themselves as well. Unlike Mary, Galen would labour without incident. In 1769, Galen appears in Johnston's annual 'List of Slaves' as a 15-year-old 'able' 'field [negro]'.⁹²

Several months later, on the morning of 23 April 1770, Galen gathered whatever meagre belongings he had, including a knife from Johnston, and headed to the Trelawny Barracks to labour for a year under a Dr. Thompson.⁹³ Unlike the other times Galen had been hired out to Hannichar, this time he was hired out alone to learn a skill. This period of training somewhat mirrored the traditional apprenticeships male surgeons underwent in eighteenth-century Scotland.⁹⁴ Unlike Galen, enslaved women who became doctresses and nurses on plantations rarely went off to train elsewhere. Instead, they typically remained on their enslaver's property, or perhaps a neighbour's, learning medicine and healing from elder enslaved women or men.⁹⁵ Johnston only hired adolescent boys and young men to Trelawny Barracks or to neighbours to learn skills such as carpentry and coopering.⁹⁶ He also preferred to send enslaved men and older boys on errands to deliver or retrieve letters, packages, foodstuffs, and livestock. As young men came of age under Johnston's charge, their geographic ambits increased, while the women and girls Johnston enslaved had geographies that were more contained, limited to Johnston's properties and those where they were hired.⁹⁷ For Galen, medical training opened an avenue to limited professionalisation and increased freedom of mobility that was foreclosed for enslaved women because of their gender. Nevertheless, the wider geography that enslaved men and adolescent boys enjoyed was still circumscribed by Johnston's social and professional networks rather than their bonds with other enslaved and free people. Galen had a likely coveted opportunity, but his enslavement evacuated the quasi-apprenticeship of

91. Alexander Johnston, Daybook, 23 July 1769, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

92. Alexander Johnston, 'List of Negroes', 1 December 1769, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

93. Alexander Johnston, Daybook, 23 April 1770, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, 'Negroes &c. May 12, 1770' Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

94. Comrie, *The History of Scottish Medicine*, I, 365–96.

95. Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition* (New York, 2017), 122–53.

96. Alexander Johnston, 'Memorandum', 23 April 1770, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 27 April 1770, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, 13 June 1768, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

97. On gender and geographies of containment, see, Stephanie M. H. Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South* (Chapel Hill, 2004), 16–17.

its social and professional value. Enslaved people in eighteenth-century Jamaica could never parlay any medical apprenticeships or training into a gainful career in the ways that white men and boys could leverage their experience and the social networks they developed during apprenticeships to increase their incomes and start practises of their own. Instead, enslaved people were denied autonomy and perpetually locked into a subordinate professional, political and social status. Unlike free white men and boys, enslaved men and boys would always be under someone else's charge and, therefore, vulnerable to being sent back into the field.

Galen would have worked alongside other enslaved African medical assistants at the barracks and crossed paths with local maroons in Trelawny. The British built the Trelawny barracks in the aftermath of the First Maroon War (1730–9) and likely updated them in the wake of Tacky's Revolt (1760) to keep an eye on neighbouring maroons.⁹⁸ Galen's training likely resembled the apprenticeship component of European medical education. European men in Scotland and England learned medicine and surgery through a combination of apprenticeships and study.⁹⁹ In contrast, in West Africa, boys and men were inculcated with medical and healing knowledge that had been passed down for generations, sometimes along a preordained spiritual and ancestral line and sometimes within a healing guild.¹⁰⁰ In Jamaica, Galen learned the hybrid healing traditions that emerged under colonialism during his enslavement at the barracks.¹⁰¹ We can imagine that Galen was charged with cleaning and dressing wounds, delivering medicines, feeding the convalescent and possibly bleeding or purging patients and setting fractures in Thomson's stead. He likely also performed much of the drudgery, including cleaning, changing bedding and maintaining the infirmary. Galen was tasked with attending to the bodily needs of the majority white militia, though he would have also treated other enslaved or free militia men of African descent.¹⁰² The opportunity to work at the barracks may have endowed Galen with a greater sense of authority as a medical practitioner, despite his slave status. It also would have brought him to the fringes of

98. Charles Prestwood Lucas, *A Historical Geography of the British Colonies: The West Indies* (Oxford, 1905), 106; Mavis Campbell, *The Maroons of Jamaica, 1655–1796: A History of Resistance, Collaboration, and Betrayal* (Granby, 1988), 79, 99, 165; Brown, *Tacky's Revolt*, 213, 217.

99. Comrie, *The History of Scottish Medicine*; David Hamilton, *The Healers: A History of Medicine in Scotland* (Edinburgh, 1981); Mary Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (New York, 1991), 126–47.

100. Sweet, *Domingos Álvares*, 22–5.

101. Sheridan, *Doctors and Slaves*, 72–97.

102. On enslaved and free Black Jamaican militia men, see, Daniel E. Walker, 'Colony versus Crown: Raising Black Troops for the British Siege on Havana, 1762', *The Journal of Caribbean History*, 33, 1–2 (1999), 74–83; Maria Alessandra Bollettino, "'Of equal or of more service": Black Soldiers and the British Empire in the Mid-Eighteenth-Century Caribbean', *Slavery and Abolition*, 38, 3 (2017), 510–33; Elena Schneider, *The Occupation of Havana: War, Trade, and Slavery in the Atlantic World* (Chapel Hill, 2018).

the British military. In a period when military service was valued as a proving ground for masculine honour, especially among people of African descent, any form of military labour would have been important to one's masculine self-conception.¹⁰³ Nevertheless, surveillance at the barracks and the conditions of his enslavement limited Galen's medical training and restricted him to European healing traditions rather than those of Africans.

After Galen returned from the barracks, Johnston ceased inventorying him as a 'field' slave and listed him as 'a Doctor' in his 'List of my Slaves, this 5th June 1773'.¹⁰⁴ Galen was the first and only enslaved person to receive the title from Johnston. As a member of the growing professionalising class of medical men in St. Ann, Johnston did not see medicine as a place for women of any race. Training and labour as medical assistants incorporated enslaved African boys and young men into the margins of emerging, Scottish-dominated, colonial medical professional networks. By design, they also cast enslaved boys and men in a permanently subordinate status—'a Doctor' on a 'List of Slaves'.

Johnston's records tell us very little about the labour Galen performed as 'a Doctor'. Instead, they say far more about the ranching, construction and agricultural labour Galen continued to perform at Johnston's behest.¹⁰⁵ Being 'a Doctor' did not fully exempt Galen from the field. Nevertheless, contemporary plantation and medical manuals provide some insights into the kinds of skills Galen would have acquired and the labour he was expected to perform. For example, in the first British Caribbean medical manual to focus on managing the health of the enslaved, *On the Treatment and Management of the More Common West India Diseases*, James Grainger wrote, 'In every plantation some sensible Negroe should be instructed [how to] bleed, give glysters, dress fresh wounds, spread plasters, and dress ulcers.'¹⁰⁶ Galen likely acquired these skills during his time at the barracks. Based on the roles enslaved men who held the title 'doctor' played

103. On military service as an 'important field for proving manhood' in the second half of the eighteenth century, see, Little, *Abraham in Arms*, 166–205. On Black military service and masculine pride, see, Sidney Kaplan and Emma Nogrady Kaplan, 'Bearers of Arms: Patriot and Tory', in Darlene Clark Hine and Earnestine Jenkins (eds), *A Question of Manhood: Volume One, "Manhood Rights": The Construction of Black Male History and Manhood, 1750–1870* (Bloomington IN, 1989), 165–202; Jane Landers, *Atlantic Creoles in the Age of Revolutions* (Cambridge, 2010); Bollettino, 'Of Equal or more service', 518.

104. Alexander Johnston, 'List of my Slaves, this 5th June 1773', Series 12, Vol. 334, Powel Family Papers (Col. 1582).

105. Alexander Johnston, Daybook, 13 March 1774, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 15 March 1774, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP; Alexander Johnston, Daybook, 25 December 1776, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

106. James Grainger, 'An Essay on the More Common West-India Diseases; and the Remedies Which That Country Itself Produces', in J. Edward Hutson (ed.), *On the Treatment and Management of the More Common West-India Diseases* ([London, 1764, 1802] Mona, 2005), 52.

throughout eighteenth-century Caribbean societies, we can presume that Galen played a crucial role in managing health on Johnston's property.¹⁰⁷

Galen's job included overseeing the ill and ailing enslaved Africans who belonged to Johnston. Johnston spent much of the 1770s acquiring more enslaved people. He bought enslaved people from his neighbours and from slave traders in Kingston and St. Ann's Bay. As a middling slave owner, he could only afford to purchase so many enslaved people at 'prime cost'. Instead, on more than one occasion, he purchased unhealthy enslaved people at a lower price from less experienced and less trustworthy slave traders.¹⁰⁸ Every time Johnston attempted to balance his budget by purchasing enslaved Africans for lower prices despite their ailments, Galen would have taken on the gruelling medical labour of treating these enslaved people until they recovered or died. Often, these enslaved people were recently arrived enslaved Africans, meaning that Galen would have acted as a translator or struggled to communicate across any language barrier to assess their medical needs. For example, in 1776, Johnston purchased '4 Negroes' (referred to as 'New Negroes' elsewhere in his records) from Riley and Watkins and named them Lucy, Polly, Chance and Sally.¹⁰⁹ Unfortunately, he soon lamented that 'All the four died being Refuse negroes'.¹¹⁰ The term 'refuse' was used by enslavers to describe enslaved Africans whom other enslavers refused to purchase, usually because of their ill health, injuries, gaunt appearances or small size. Johnston likely believed that he could restore their health and make dividends on his initial purchase. Galen would have been responsible for treating and maintaining these enslaved people while Johnston saw other patients or spent time with his family. Galen was likely aware of his position between the enslaved and Johnston. He would have also been aware of the power and trust associated with his position. He would have known how much Johnston depended on his labour to enhance his social and economic status by amassing more human property. Having survived the middle passage himself, one can only imagine the humbling devastation Galen may have felt when encountering and treating recently arrived enslaved Africans as their lives hung in the balance.

Enslaved men and women who were charged with the treatment of other enslaved people were also charged with maintaining the sick house or infirmary

107. Sheridan, *Doctors and Slaves*, 89–96; Weaver, *Medical Revolutionaries*.

108. For example, he demanded a refund and assailed the character of a slave trader after he sold Johnston twenty enslaved women who all had smallpox in St. Ann. See, Alexander Johnston to Richard Milburn, 15 October 1776, Series 12, Box 54, Folder 9, Powel Family Papers (Col. 1582), HSP.

109. Alexander Johnston, Daybook, 3 December 1776, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP.

110. [Receipt] 'Doctor Alexander Johnston Bot of Riley & Watkins 4 New Negroes', 17 October 1776, Series 12, Box 55, Folder 1, Alexander Johnston, Powel Family Papers (Col. 1582), HSP.

on the property. Like enslaved plantation drivers and foremen, enslaved doctors also held a position of authority among the enslaved.¹¹¹ By the late eighteenth century, Caribbean slave owners became increasingly concerned with enslaved people purportedly feigning illness to escape harsh labour. Though labour in Jamaica was so brutal that one would be hard-pressed to find an enslaved person without a significant illness, injury, nutritional deficiency or other ailment, slave owners expected the enslaved to labour anyway and disregarded their (often legitimate) medical complaints.¹¹² Slave owners instructed their medical assistants and ‘doctors’ to assist them in distinguishing feigners from those they viewed as legitimately ailing. Galen would have been charged with evaluating whether other enslaved people’s illnesses, injuries and ailments were severe enough to warrant treatment, rest or modified labour. The sick house was as much a space of convalescence as it was a space for discipline.¹¹³ Galen likely would have assisted the overseer, Robert Scott, and Johnston in using the sick house as a space for disciplinary confinement or other forms of punishment. Galen’s role as Johnston’s proxy would not have been lost on other enslaved people and likely created some tensions, even though Galen occasionally continued to labour alongside them.

By the late eighteenth century, slave owners increasingly emphasised the importance of good character, obedience and distance from African-derived ritual practise in their descriptions of ideal enslaved doctors. One slave owner and physician wrote, ‘It is the serious duty of every planter to provide a proper person to superintend the management of the sick: He should be above all prejudices and superstitions. Commanding the implicit respect and confidence of the negroes, every experienced person will agree with me in saying such a character is a blessing to a property’.¹¹⁴ The mention of ‘prejudices and superstitions’ was likely a reference to obeah, a vaguely defined set of criminalised herbal, ritual and healing traditions.¹¹⁵ Obeah was outlawed in Jamaica in 1760, in the aftermath of Tacky’s War. The laws prohibiting obeah threatened death or transport from

111. On slave drivers and masculinity, see, Doddington, *Contesting Slave Masculinity*, 89–126; Randy Browne, *Surviving Slavery in the British Caribbean* (Philadelphia, 2017), 72–101.

112. On the health and fitness of the enslaved, see, Kenneth Kiple, *The Caribbean Slave: A Biological History* (New York, 1984); Stefanie Hunt-Kennedy, *Between Fitness and Death: Disability and Slavery in the Caribbean* (Champaign, 2020); on feigned illness, see, Elise Mitchell, ‘Unbelievable Suffering: Rethinking Feigned Illness in Slavery and the Slave Trade’, in Sean Morey Smith and Christopher D. Willoughby (eds), *Medicine and Healing in the Age of Slavery* (Baton Rouge, 2021), 99–120.

113. Sheridan, *Doctors and Slaves*, 268–91; Rana Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill, 2017), 152–7.

114. James Thomson, *A Treatise on the Diseases of Negroes as they Occur in the Island of Jamaica with Observations on the Country Remedies* (Jamaica, 1820), 10.

115. Jerome Handler and Kenneth Bilby, ‘On the Early Use and Origin of the Term “Obeah” in Barbados and the Anglophone Caribbean’, *Slavery and Abolition*, 22, 2 (2001), 87–100.

the island as punishment.¹¹⁶ For Galen, being 'above all prejudices and superstitions' would have meant delineating himself as a healer from other African and African descendant healers who practised obeah. However, the law could never fully control Black ritual practitioners and healers. As one eighteenth-century medical practitioner put it, 'Laws have been made in the West Indies to punish *Obian* practise with death; but they have been impotent and nugatory. Laws constructed in the West Indies, can never suppress the effects of ideas, the origin of which is in the centre of Africa.'¹¹⁷

After the Assembly enacted the law, obeah continued, and executions began. In St. Ann, for example, Guy, a man enslaved by Thomas Munbee, was executed 'for the practise of Obeah' on 6 August 1772.¹¹⁸ Munbee was a client of Johnston's. At some point, Johnston and Galen would have crossed paths with Guy or those who knew him. His execution would have sent shockwaves through the highly mobile community of enslaved and free people of colour in St. Ann. After Guy's execution, enslaved African medical practitioners, particularly men, would have become warier of possible accusations of obeah and likely went to great lengths to ensure that their practises were kept secret or appeared to be in accordance with European medical traditions. Guy's execution was not the last in St. Ann. Seven years later, an enslaved man named Kent was also executed after being 'convicted of practising Obeah'.¹¹⁹ Guy and Kent were the only two people convicted of obeah in St. Ann between 1768 and 1788. Their executions suggest that members of the enslaved or free African-descended community of St. Ann were intimately aware of obeah and sought the advice or assistance of obeah practitioners with enough frequency that the vestry considered men associated with obeah a threat.

Enslaved healers posed a specific threat to medical practitioners in Jamaica. In the context of the late-eighteenth-century masculinisation and professionalisation of medical practise in Jamaica, obeah began to represent a form of rebellious masculine medical authority that could, and did, challenge white male physicians and surgeons' authority. Historians Diana Paton and Vincent Brown have argued that after Tacky's Revolt, British colonists increasingly associated obeah with rebellious, anticolonial, Black masculine political leadership.¹²⁰ The

116. 'An Act to Remedy the Evils arising from Irregular Assemblies of Slaves', Jamaica 1760, The National Archives, UK CO 139/21; Ebony Jones, "'[S]old to Any One Who Would Buy Them': Convict Transportation and the Intercolonial Slave Trade from Jamaica after 1807', *Journal of Global Slavery*, 7, 1–2 (2022), 103–29.

117. Benjamin Moseley, 'Miscellaneous Medical Observations', in *On the Treatment and Management of the More Common West-India Diseases* ([London, 1789] Mona, 2005), 107.

118. St. Ann Vestry Orders, 1767–1790, 6 August 1772, JARD, Local Records, 2/9/1.

119. St. Ann Vestry Orders, 1767–1790, 29 March 1779, JARD, Local Records, 2/9/1.

120. Diana Paton, *The Cultural Politics of Obeah: Religion, Colonialism, and Modernity in the Caribbean World* (New York, 2015), 17–42; Brown, *Tacky's Revolt*, 138.

historian Rana Hogarth has shown that, in Jamaica's increasingly crowded medical marketplace, Black healers, whether enslaved or free, also posed a threat to local white physicians' authority and success.¹²¹ In any given year, St. Ann's vestry was comprised of one or more local physicians who would have been invested in curtailing Black healers' work.¹²² Though enslaved doctors in other parts of Jamaica had their own small clientele, it is unlikely that Galen had one of his own because he was enslaved by a plantation physician. Developing his own clientele, even if they were enslaved, would disrupt Johnston's income. Instead, it is more likely that Galen assisted Johnston when he treated enslaved people on other plantations, in addition to treating other enslaved people owned by Johnston. Thus, Galen was ostensibly relegated to the position of medical assistant rather than being able to fully realise a career as a healer in his own right. This positionality was the product of contemporary patriarchal racial ideologies, which supported men and boys' ability to practice medicine but subordinated men and boys of African descent, especially if they were enslaved.

Legacies

In June of 1783, Alexander Johnston wrote his brother James a letter. It began with well wishes for his family in Scotland and proceeded:

This is the devil of a Country, to be sure, for vexation and disquietude properties here are dearly earned, and dearly kept up. but, when a man once begins a plan, he must go thro' with it, the best way he can. You know, I have been married these 10 years we have three boys, John (after our good Old Father) aged 9 (we had our second boy the 9th day), Alexander aged 5, and James (yr God-son) aged 15 months and one Girl (named after my good worthy mother Janette) aged about near 3 years all fine well-disposed children, thank God.¹²³

In subsequent sections of the letter, he discussed the prospect of sending his sons home to Scotland for schooling. He reassured his brother that, despite wartime pressures, he had 'a valuable property now, in Lands, Slaves and Cattle, what we call a breeding and a fattening Pen (a grass farm)'.¹²⁴ He was sure this would

121. On threat to local practitioners: Hogarth, *Medicalizing Blackness*, 89.

122. St. Ann's Vestry Orders, 1767–1790, JARD, Local Records, 2/9/1.

123. Alexander Johnston to James Johnston, 24 June 1783, Series 12, Box 54, Folder 10, Powel Family Papers (Col. 1582), HSP.

124. Alexander Johnston to James Johnston, 24 June 1783, Series 12, Box 54, Folder 10, Powel Family Papers (Col. 1582), HSP.

'enable me to leave something comfortable to the children'.¹²⁵ He ultimately left all of his property to his sons, promising Janette an allowance towards her education and general 'support'.¹²⁶ These decisions evidence Johnston's beliefs, including that property management and landholding were men's preserves. The Alexander Johnston who wrote to his brother was not the same aspirational young man who once crossed the Atlantic in search of a medical career in the 1760s. By the 1780s, Johnston saw himself as a 'Practitioner of Physic & Surgery' in his own right. He was a man who went 'thro' with' his plan to build a life for himself. He reflected on his property ownership and the white family he supported. He presented a respectable image of himself as a family man and proprietor to his loved ones at home. This image did not include his years-long relationship with Nelly or the three children he had with her. Nor did this image include the fact that he named his white children the same names as his children of colour, perhaps for the same reasons. Remember, he had another son, James, who went by Jemmy, and another daughter, Janette, who went by Jenny or Jeany, and a deceased son named John, with Nelly, before he married Elizabeth Gilbert, a year after John's death.¹²⁷ His letters, both what they contain and what they elide, encapsulate what it meant to be a man in Johnston's eyes.

For Johnston, masculinity was deeply intertwined with a sense of intergenerational professional and familial legacy. The legacy that he wanted was decidedly white, and particularly Scottish. However, that was not quite the legacy he left.¹²⁸ When it came time for him to create his will, his two surviving children of colour insisted on being recognised. Johnston's original will included provisions to purchase Jenny and Jemmy's freedom. On 1 September 1786, Johnston amended his will to 'Satisfy the minds' of Jenny and Jemmy.¹²⁹ He made an additional bequest of an enslaved girl for Jenny and an enslaved boy for Jemmy. The children insisted on being part of Johnston's legacy, and that included perpetuating slavery by becoming slave owners themselves. While some have previously described his concessions as 'praiseworthy' given the times, a closer analysis suggests other-

125. Alexander Johnston to James Johnston, 24 June 1783, Series 12, Box 54, Folder 10, Powel Family Papers (Col. 1582), HSP.

126. Alexander Johnston, [Will], Series 12, Box 55, Folder 8, Powel Family Papers (Col. 1582), HSP.

127. John's death: Alexander Johnston, Daybook, 2 January 1772, Series 12, Vol. 334, Powel Family Papers (Col. 1582), HSP. Johnston may have had another child with Nelly after marrying Gilbert. Brooke Newman, *Dark Inheritance: Blood, Race, and Sex in Colonial Jamaica* (New Haven, 2018), 169.

128. Johnston's son, James, would ultimately follow in his footsteps and have children with an enslaved woman in Jamaica. However, James would send his children to Britain to be educated. Newman, *Dark Inheritance*, 173.

129. Alexander Johnston, 'A Bequest of two Negs from A. Johnston Esq. To Jenny and Jemmy Johnston his reputed Children Richmond', 1 September 1786 Series 12, Folder 35, Powel Family Papers (Col. 1582), HSP.

wise.¹³⁰ Johnston left Jenny and Jemmy without land. This ostensibly condemned them to peonage with their former slave owner, William Gray, to have a place to reside.¹³¹ Free status, in this case, was barely a step above slavery, even though they had become slave owners. Comparatively, some other Scottish parents of children of colour in Jamaica gave their children land, helped them learn a trade, or even, if they could afford it, sent them home to Scotland for schooling.¹³² Johnston's minimal concessions suggest that his role as a provider and his legacy stopped short of including his firstborn children of colour.

Nevertheless, Jenny and Jemmy insisted on being a part of his legacy. They wanted to be recognised publicly. On 28 September 1790, Jenny and Jemmy presented themselves before the vestry as 'Jenny Johnston & Jemmy Johnston the reputed Children of the late Alexander Johnston deceased'.¹³³ Free people of colour in Jamaica were required to present themselves before the vestry. However, Jenny and Jemmy could have presented themselves as people formerly belonging to William Gray or as people 'enfranchised' by Alexander Johnston, as other free people of colour did. Instead, they appear as 'children of' Johnston's. This act ostensibly threatened the respectable legacy Johnston imagined for himself, though their existence was likely an open secret long before they ever came before the vestry. Nevertheless, their recognition had little impact on their father's professional legacy or property. Thus, Johnston was immortalised as a 'Practitioner of Physic & Surgery', a slave owner, a modest medical professional, a property owner, a vestryman and the father of white children and children of colour.

Unlike Johnston, Galen's title, 'Doctor', was defeasible and ultimately temporary. The title granted him greater mobility, access to medical supplies and knives during Johnston's lifetime. However, it did not provide him with personal or heritable social mobility in the ways that it did white physicians and surgeons. Galen remained a slave—someone else's property. In the inventory that Johnston's overseer Robert Scott prepared after his death in 1787, Scott listed Galen as 'Gallan' a 'field' negro.¹³⁴ The removal of Galen's title and the misspelling of his name indicate the ways his status as a medical practitioner went unprotected in Johnston's absence. Galen was a famed father of Western medicine's namesake, according to Johnston, but according to Scott, he was nothing more than 'Gallan', a field slave.

130. Karras, 'The World of Alexander Johnston', 74.

131. Newman, *Dark Inheritance*, 169.

132. Daniel Livesay, *Children of Uncertain Fortune: Mixed-Race Jamaicans in Britain and the Atlantic Family, 1733–1833* (Chapel Hill, 2018).

133. St. Ann's Vestry Orders, 1767–1790, 28 September 1790, JARD, Local Records, 2/9/1.

134. [Robert Scott], 'An Inventory[...]' 1787, Series 12, Box 55, Folder 3, Powel Family Papers (Col. 1582), HSP.

Unlike white men, enslaved male medical practitioners did not choose their legacies and lineages. Johnston and Fullerton enjoyed the benefits of choosing their partnership and selecting willing mentees, whereas enslaved men and boys were conscripted to become what their enslavers desired. Unlike Johnston and Fullerton, Galen did not control who his predecessors or proteges would be. Enslaved doctors were also vulnerable to losing their positions at the whims of their owners or overseers. Enslaved men and boys who served as medical assistants were brought to the fringes of largely Scottish medical and social networks as labourers. However, they would never be fully incorporated into them. Though some enslaved healers built legacies, options were increasingly limited by the legislative backlash from Tacky's Revolt and colonial surveillance, especially by white medical practitioners. The social hierarchy created by slavery and British colonial medicine engendered marginalised men like Galen and robbed them of an official legacy.

Juxtaposing the migrations, careers and legacies of the Scottish doctor, Alexander Johnston, and Galen, the youth he enslaved as 'a Doctor', exposes the ways medical practise and professionalisation were bound up with racial ideologies and the reproduction of patriarchal authority over medical knowledge and practice. It is crucial that we understand how the relationships among Scottish men engendered patriarchy and how relationships between Scottish men medical practitioners and the wider Caribbean society, notably the enslaved African majority, also engendered patriarchy. Medical labour brought Scottish doctors, like Johnston, into close contact with the enslaved. Their economic and social ascent was contingent upon the institution of slavery. Thus, we cannot understand what it meant to be a Scottish male medical practitioner in the West Indies, much less a Scottish man in the West Indies, without accounting for slavery and the enslaved. For enslaved men and boys, the influx of Scottish doctors and professionalisation of medicine in Jamaica could mean new, albeit circumscribed, opportunities to learn and practise medicine and healing. Nevertheless, enslavement locked most men and boys of African descent into a perpetually subordinate status and limited their ability to act autonomously as healers. Enslavement also left them vulnerable to being stripped of their titles, relieved of their medical duties and sent back to the field. The history of relationships between the demographically significant population of Scottish medical practitioners and the enslaved exposes the power relations that defined slavery, colonialism and the nascent medical establishment that catered to both.

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