Tooth Mutilation in the Caribbean: Evidence from a Slave Burial Population in Barbados

Dental mutilation on slave burials excavated from a sugar plantation cemetery on the Caribbean island of Barbados reflects on the question of African slaves and their New World born slave descendants perpetuating this widespread African practice in the New World. Physical anthropological and ethnohistorical evidence from Barbados and other areas leads to the tentative conclusion that dental mutilation (and body scarification) disappeared among New World Black slaves. Reasons relating to adaptive responses to the institution of slavery, and changes in esthetic values as a result of the creolization process, are offered to help account for this disappearance.

1. Introduction

Excavations in a sugar plantation cemetery on the Caribbean island of Barbados yielded about 100 burials dating from the late seventeenth century to the early nineteenth. These burials and their sociocultural context have been extensively reported (Handler & Lange, 1978; also Handler & Lange, 1979; Handler et al., 1979), but earlier analysis of their physical characteristics was limited. More recently an intensive analysis of the skeletal and dental remains yielded information on morphological trait incidences, dental characteristics, admixture, pathologies, and demography (Corruccini et al., in press; Corruccini & Handler, 1980). This analysis has also produced data on tooth mutilation, the intentional deformation or alteration of the natural appearance of teeth. We believe that tooth mutilation is a sufficiently specialized topic that warrants separate attention; it also raises some issues concerning the nature and possible survival of African practices in the New World.

Dental mutilation is but one expression of ways humans have traditionally altered the natural appearance of the body. In one form or another, it has been reported from various Pacific islands and parts of New Guinea, the Far East, Southeast Asia, and India (Huard & Leriche, 1938; Von Jhering, 1882, pp. 240–255; Kennedy et al., 1981). It also occurred among New World aboriginal populations in pre-Columbian times. Although “shortly after the conquest the custom disappeared” (Stewart & Groome, 1968, pp. 31, 32), various Central and South American Indian groups apparently adopted the custom from their contacts with African slaves in post-Columbian times (Stewart, 1942, and personal communication; Stewart & Groome, 1968, p. 32; Linné, 1940, pp. 14–16; Van Rippen, 1918, pp. 226, 229, 231, 236–238).

Tooth mutilation is also well-known in African societies, including various areas of West Africa, the ancestral home of most Caribbean slaves in the seventeenth and eighteenth centuries (e.g., Lignitz, 1919–1922; Von Jhering, 1882, pp. 220–240). Singer (1953) has classified three types of tooth mutilation in Africa: extraction, true filing, and chipping. He conjectures that “true filing is the modern method of carrying out the earlier chipping..."
of teeth,” but notes that in the early and modern African ethnographic literature authors often do not “distinguish between true filing and chipping.”

Tooth extraction is not discussed in this paper, and appears to have been “rather uncommon” in West Africa (Singer, 1953, p. 116; also Lignitz, 1919–1922). The filing or chipping of the occlusal edge of the front teeth, however, particularly the incisors, was more frequently found in West Africa as it was in large portions of western Central Africa (Lignitz, 1919–1922). This paper is concerned with these two methods, although it is usually difficult to distinguish between them in skeletal remains.

Despite the widespread occurrence of filing or chipping, in Africa “the total mutilation pattern shows utmost variety” (Stewart & Groome, 1968, pp. 31–32); “in some areas [of Africa], closely related groups may show a great diversity in the treatment of their teeth, [but] it would seem that within a tribe only one pattern of tooth chipping was employed” (Singer, 1953, p. 120).

Africans who came to the New World as slaves “not only had a knowledge of ... tooth mutilation ... but in some instances bore in their own teeth examples of the custom” (Stewart & Groome, 1968, p. 32). In the tooth mutilation cases which have thus far been reported in apparent New World “Negro” slave skeletons (see below), the mutilation probably took place in Africa. However, the question is still open, and this paper reviews the earlier evidence, examines the archaeological and historical evidence from Barbados, and further addresses the question of whether the custom was also perpetuated in certain areas of the Caribbean.

2. Literature Review

T. D. Stewart is the first scholar to have systematically drawn attention to the problem of tooth mutilation among New World Black populations. In the late 1930s, he identified a skeleton from an apparent Amerindian site in Barbados as “Negro” on the basis of various physical features, including its artificially chipped and pointed incisors; the mutilation pattern was identified as a West African type (Stewart, 1939, p. 50). Later, Stewart & Groome (1968, p. 40) did not discard the possibility that the mutilation was done in Barbados, but they did not seriously entertain it; without providing historical evidence, they conjectured that the practice would have been prohibited by slavemasters.

The stratigraphic context of the Barbados burial is questionable and the excavation was conducted by a local amateur, but Stewart (1939, p. 49) implied that the burial was probably intruded into the Amerindian site in historic times. He did not date the skeleton but he and Groome later suggested it was that of an African-born slave (Stewart & Groome, 1968, p. 40)—implying interment from around the middle of the seventeenth century to 1834, the duration of the slave period in Barbados. Thus, a slave skeleton was assumed, but without any direct historical or archaeological supporting evidence. (The problem of defining slave status from archaeological remains is discussed in Handler & Lange, 1978, pp. 227–229.)

Stewart (1939, p. 49) also discussed another skeleton with dental mutilation, found in the 1930s near St Thomas, in the U.S. Virgin Islands. The authors (Buxton et al., 1938) originally reporting on this and associated skeletons hesitatingly concluded that they were Amerindians, largely because of their association with Amerindian artifacts. Stewart, however, concluded the skeletons were “Negro” and were intruded into the Amerindian site in later times; moreover, he identified a skull in one of the accompanying published
photographs as having “a notch between the upper median incisors” which, he notes, “is a distinct type of dental mutilation in Africa” (1939, p. 50). The teeth may not have been illustrated clearly enough, however, to make a positive determination of mutilation, and the poor stratigraphic context, the lack of non-Amerindian artifactual materials, and the disturbed state of the burials, preclude dating the skeleton.

Ortner (1966) reported on a “Negro” skull, found in Florida in 1964, which showed mutilation on the four upper incisors. The skull lacked an archaeological context, but seemed modern and thus raised the “possibility of tooth mutilation being practised among the Negro groups in the United States” (Ortner, 1966, p. 179). Ortner found no previous evidence for this practice among modern Black populations, but left open the question of the skull’s origin from Africa or America (cf. Stewart & Groome, 1968).

In their 1968 article, Stewart & Groome discussed “The African Custom of Tooth Mutilation in America” more systematically and comprehensively than earlier. The article was prompted by the accidental discovery of a skeleton on the southern Caribbean island of Grenada, and is largely a detailed description and discussion of this skeleton, found in 1966 under highly disturbed conditions. Incomplete, it was identified as a “Negro” male, about 35 to 40 years old. The dentition showed a mutilation pattern “of four filed upper incisors” and a “single ablated lower incisor,” the filing being “regular and neat” (Stewart & Groome, 1968, pp. 36, 38). The authors question if the skeleton was “one of the original African slaves or a descendant of a slave,” and if “African-born slaves in Grenada mutilated the teeth of their children” (Stewart & Groome, 1968, p. 36).

Stewart & Groome guess that the individual died before 1830 and had been an African-born slave whose teeth had been mutilated in Africa (1968, p. 40). Their argument, however, is entirely conjectural and no strong historical or physical evidence is produced to support it. For example, they assert that the “environment of Grenada was not conducive to the perpetuation of a custom like tooth mutilation which must have seemed hostile to the planters” (1968, p. 40; emphasis supplied), but provide no historical evidence that slave-masters prohibited the practice or viewed it as “hostile”. Stewart & Groome also applied a similar reasoning to the Barbados skeleton that Stewart (1939) had reported earlier, and denied the probability that the mutilation took place in Barbados because “we believe that Barbados was no more likely to have encouraged the perpetuation of dental mutilation than Grenada” (1968, p. 40).

In their article, Stewart & Groome also briefly describe a male “Negro” skeleton which was accidentally found in St Croix, the U.S. Virgin Islands. No archaeological context was reported, the skeleton was incomplete, and the left medial and lateral upper incisors (the only front teeth recovered) “had one corner each filed off in a diagonally straight line” (1968, p. 41). Stewart & Groome consider the skeleton “early”, and imply a slave of African birth; they note that its filing pattern was “basically” similar to the modern Florida find that Ortner (1966) described.

As far as we are aware, the above five tooth mutilation cases are the only ones yet reported in the literature dealing with “Negro” skeletal remains in the New World. Three of the four apparently non-modern individuals were isolated cases lacking association with other burials: two were found accidentally, and all involved uncertain or inadequately reported archaeological contexts. Although complete dentition was not found in all cases, there is no indication of mutilation on teeth other than the incisors. In no case were all incisors recovered, but in all cases the available incisors show that, at the minimum, mutilation occurred in the upper medials, and in the St Croix and Grenada
specimens the upper laterals as well; the latter teeth were missing in the Barbados specimen and it appears that there is only one unaltered left lower incisor in the St Thomas find. In the Barbados case, the lower laterals were present and not mutilated, but the condition of the lower medials is unclear; none of the lower incisors in the St Croix skull were mutilated, but these teeth were missing from the Grenada specimen.

Stewart (1939) and Stewart & Groome (1968) assume these four non-modern cases are “early”, but the dating is far from certain. In all cases it is assumed or implied, but not effectively demonstrated, that the individuals were slaves. (During the period of slavery, it should be noted, there were Blacks, either free born or manumitted from slavery, whose legal status was that of free persons, not slaves; see, for example, Handler 1974.) Moreover, the area of their birth, whether Africa or the New World, cannot be demonstrated, though the former is argued or seems to be suggested in all cases. Thus, in our opinion, each of the four mutilation specimens does not preclude the possibility that African-type dental mutilation was practiced in the New World.

Other, more recent finds of relatively large groups of early “Negro” skeletons in, for example, Virginia and the U.S. Virgin Islands, have not yielded evidence of tooth mutilation (Hudgins, 1977; Daily, 1974; Lenihan, 1974).

3. The Barbados Skeletal Data

The skeletal population excavated from the Barbados plantation cemetery and focused on in this paper is unique among New World burial populations in several respects. With about 100 burials it represents the largest early Black slave population yet reported from well defined and undisturbed archaeological contexts; it has also yielded the largest number of individuals showing definite signs of tooth mutilation. Although this number is very small and is limited to only five cases, the sample is still larger than the total number of apparently early “Negro” tooth mutilation cases thus far reported in the New World.

Excavations in Barbados’s Newton plantation cemetery were conducted over two seasons in 1972 and 1973 (Handler & Lange, 1978). Skeletal and dental materials were often incomplete, and 37 of the 92 burials initially described yielded insufficient data to definitely determine dental mutilation. Of the remaining 55 individuals, two cases displayed evidence of mutilated incisors (Handler & Lange, 1978, pp. 117, 165, 231–250).

More recent intensive and detailed examination of the dentition (Corruccini et al., in press), however, yielded three additional cases for a total of five (and increased the total diagnosed number of individuals to 101). These mutilation cases are distinguished from the 25 burials which showed definite signs of toothwear, caused by the abrasive action resulting from the gripping in the teeth of the white clay tobacco pipes that slaves frequently smoked (Handler & Lange, 1978, pp. 165, 231–250; Handler, in press). (This number, it should be noted, is conservative; in 41 cases, dental materials were insufficient for analysis.) It has been generally possible to clearly distinguish between pipe-wear and mutilation.

The more salient physical characteristics of each burial with dental mutilation are indicated below. The burial numbers are those which were assigned during the course of excavations (for more details on each burial, see Handler & Lange, 1978, pp. 231–250 and passim). In some cases, aging and sexing discrepancies exist between the earlier field analysis and the more recent laboratory one; where such discrepancies occur, we tend to accept the later sexing and aging.
Burial No. 33
For this male, approximately 50 years of age at death, a total of 20 teeth, including seven incisors, were recovered. All four lower, the upper medial, and the upper left lateral incisors had been modified, probably by chipping. In all cases the mutilation was angular to the incisive edge on both medial and lateral sides of the tooth, with the medial side at a steeper angle (Figure 1). Originally these two mutilated surfaces must have met at the tip of the tooth to form a point, but now occlusal wear has flattened the tips. As in the mutilated teeth from all the burials, a widened band of dentin is exposed where the teeth have been chipped. There is obvious attrition on each tooth's tip, slanting lingually across the plane of intentional chipping, forming a smooth, rounded facet where we assume there was originally a flat and sharp surface.

Figure 1. Lingual view of Burial 33 lower incisors; teeth are in anatomical position.

Burial No. 35
All the teeth were recovered from this 30-year-old probable female. All eight incisors were mutilated, and probably had been painstakingly filed. The filing created a notch between every pair of incisors. The notch is steeper and deeper on the medial than the lateral side of the medial incisors; thus a wider notch exists between the medial and lateral than between adjacent medials (Figure 2). All the incisors are very pointed, with the lower laterals retaining a sharper tip than the others (perhaps because of less chewing wear). Flat natural wear facets cross-cut the filed tips of every incisor although originally the points were sharper. These teeth are the most precisely shaped mutilation cases in the sample.

Burial No. 44
Twenty-nine teeth were recovered from this 30-year-old male. These included all the upper and lower medial incisors as well as the right lower lateral incisor. All of the incisors were mutilated, probably by filing (as opposed to chipping). The mutilation pattern is complicated and unique. Between the incisal and cervical borders of each pair of medial incisors, a circular mutilation creates an almost closed hole (Figure 3a), which is especially evident in the upper medials (Figure 3b). In addition, all incisors have two angular mutilation facets near the incisal edge which creates the usual point. The lingual sides of the incisal tips are worn partly flat, obscuring or obliterating the point and indicat-
ing that the actual mutilation was done many years earlier. Thus the upper medials have four separate filing surfaces.

**Burial No. 48**

For this 30-year-old female, 29 teeth were recovered, including six or seven mutilated incisors: all upper, one or two lower medials (one is fragmentary), and the right lower lateral. All had been filed. The lower lateral (and probably upper lateral) show asymmetrical hook-like filing forming a point. Their medial sides are steeply and straightly filed, while the lateral sides have a very well preserved talon-like platform, originally probably very similar to the pattern in Burial 35. Both medially and laterally the medial incisors have sharp angular bevels coming to a point, also similar to Burial 35. Caries, enamel spalling, and damage make illustration unprofitable for all but the right lower lateral (Figure 4).

**Burial No. 79**

This is a 50-year-old probable male. Only five teeth were recovered, including two incisors: one left upper medial and one right lower medial (Figure 5a, b). Both were mutil-
ated, probably by filing. On its medial and lateral sides the upper has filing, commencing unusually near the cervical border and forming a very pronounced point. The lower incisor is filed on only one side, perhaps originally in combination with a filed surface from the other direction on the adjacent medial to form a single point between them. Deep filing has exposed an unusually wide band of dentin, and all filing edges are smooth and rounded by years of attritional chewing wear.

Figure 3. Lingual view of (a) Burial 44 upper incisors, (b) lower central incisors and right lower lateral incisor.

Summary of Cases
In summary, the following can be said about the Barbados dental mutilation cases. All the incisors found in the event of any mutilation were all mutilated, leading us to conjecture symmetry of the filing or chipping, and its application to all the incisors, when there were some missing incisors in filed specimens. All mutilation applies to only the incisor and never the canine or other teeth. (Evidence of pipewear, however, appears on the canines of four of the burials, and on the lower incisor of a fifth—Burial 79.) Despite the small sample, it includes three fairly probable males and two females, indicating that mutilation was not a sex-linked practice and reflecting a general pattern in African cultures (e.g., Lignitz, 1919–1922). Our material supports Stewart & Groome’s speculation (1968,
p. 40) that "the slaves reaching Barbados must have carried many different patterns of dental mutilation," since at least three different types are seen. Burials 33 [Plate 1(a), (b)], 35 [Plate 1(c), (d)], and 48 were filed or chipped to create semicircular or angular notches between incisors, similar to the earlier Grenada and St Thomas cases. Burial 79 [Plate 2(c), (d)] apparently was filed to form "a single sharp point" (Stewart & Groome, 1968,

Figure 4. Lingual view of Burial 48 right lower lateral incisor.

Figure 5. Lingual view of (a) Burial 79 upper left central incisor and (b) lower right central incisor.

p. 41) composed of two incisors, conforming to descriptions of the St Croix specimen and the earlier, isolated specimen from Barbados reported by Stewart (1939). Burial 44 [Plate 2(a), (b)] is unique in its notch between incisors which are closed at the occlusal surface. No single case exhibited both filing and chipping types of mutilation.

This variability in the specimens probably reflects the slaves' heterogeneous African cultural backgrounds (see Handler & Lange, 1978, pp. 27-28). The mutilation patterns observed in the burials appear to conform to general West and Central African mutilation patterns (e.g., Lignitz, 1919-1922), although Lignitz's table 1, which illustrates 25 mutilation forms, only shows two that seem to be analogous to our cases (1919-1922, p. 903, figs 11, 13). However, we do not believe that particular cultural or tribal identifica-
Plate 1. Occlusal-lingual views of (a) Burial 33 upper and (b) lower incisors; (c) Burial 35 upper and (d) lower incisors;
Plate 2. Occlusal-lingual views of (a) Burial 44 upper and (b) lower incisors; (c) Burial 79 left upper central incisor and (d) right lower central incisor.
tions can be effectively demonstrated, given the nature of the burial mutilation data and the variable quality and quantity of available ethnographic materials.

The five tooth mutilation cases from Newton cemetery, as noted earlier, exceeds the total number of mutilation cases previously reported from skeletons found in the Caribbean. These five cases, however, represent a small percentage (8.3%) of Newton’s total skeletal population preserving the relevant teeth, clearly indicating the infrequency of tooth mutilation among Barbados’s slave population in general.

It is to be noted that in all major physical, agricultural, social, labor organizational, and demographic characteristics, Newton typified medium- to large-scale Barbadian sugar plantations; and the cultural practices of Newton’s slaves reflected those found in other plantation slave communities of Barbados. Because Newton and its slave community were typical of Barbadian plantations (Handler & Lange, 1978, pp. 58-102), there is good reason to suspect that the tooth mutilation patterns found among Newton’s slaves can be generalized to other plantation slave populations on the island.

4. Ethnohistorical Considerations

In an earlier publication on the Newton burials, the two identified cases of tooth mutilation were assumed to indicate that the individuals were of African birth, but it was the fact of tooth mutilation alone that suggested African birth (Handler & Lange, 1978, pp. 117, 165). In reconsidering this issue and the five mutilation cases discussed in this paper, neither the physical characteristics of the skeletons nor their associated cultural features permit a certain determination that the individuals were born in Africa.

Although the morphological characteristics of the burial population are African, by the very end of the eighteenth century and first few decades of the nineteenth between 10% and 15% of Newton’s slaves, according to historical sources, had some European genetic admixture (Handler & Lange, 1978, p. 160). It can be fairly assumed that the percentage was less in earlier periods and that during the seventeenth century it was virtually, if not entirely, nil. But lack of genetic admixture alone does not establish a definitive case for African birth. By the late seventeenth century or early eighteenth, despite large slave importations most Barbados slaves were probably born on the island. Certainly by the mid- to late-1700s, however, the great majority, perhaps as much as 86% by the late 1780s, had been born in Barbados; by 1817, somewhat over 90% were Barbados born (Handler & Lange, 1978, p. 29). For Newton, whose history as a plantation starts in the last half of the seventeenth century, data on the area of birth of the plantation’s slaves commence in 1796, when only three (1.2%) of the 248 slaves reported were African-born; from 1805 to 1834, the year of emancipation, none was of African birth. However, from the middle of the seventeenth century to the early 1770s, Barbados imported well over 2000 slaves from Africa every year. Even though many of these persons were re-exported to other areas, especially during the later periods, still many African-born persons remained on the island (Handler & Lange, 1978, pp. 22, 68, 292). Thus at Newton, as elsewhere in Barbados, earlier burials have a greater chance of representing African-born individuals, but even among these earlier burials it is likely that many were of New World, rather than of African, birth.

The artifactual and other cultural features associated with the Newton burials in general and the five cases with mutilated teeth in particular preclude a precise dating of the burials; certain features, however, permit relative dating and assignment of time ranges within
broad periods. For example, none of the tooth mutilation burials was definitely associated with coffins. Coffins generally tended to be associated with later burials rather than with earlier ones. Similarly, two of the mutilation burials had an east-headed orientation, and east-headed burials without coffins tended to be earlier than those headed west. Although east-headed burials without coffins were more likely to have been of African-born individuals, they also could have been, for example, of the first generation born in Barbados (Handler & Lange, 1978, p. 197). In addition, although a limited amount of artifacts was found with the five burials with mutilated teeth, none of these artifacts is sufficient to determine burial dates or African birth.

In summary, then, neither the physical nor archaeological evidence permits a determination of where the individuals with mutilated teeth had been born. Even if it could be satisfactorily demonstrated that they had been born in Africa, thus increasing the likelihood that the mutilation had occurred there, this does not exclude the possibility that the mutilation had been done in Barbados after they had arrived from the Old World.

The practice of tooth mutilation in Barbados, however, is not reported in the many publications and manuscripts relating to the island during the period of slavery (Handler, 1971; Handler & Hough, 1980, 1981, 1982). For example, no information exists that Europeans or slavemasters ever forbade or explicitly discouraged the practice or that it was carried on or attempted by slaves of African or Barbadian birth. Tooth mutilation is simply not mentioned in the historical sources. Because these sources do not mention a given slave custom or practice, however, does not necessarily mean that it did not exist. The historical documents, for example, do not mention that slaves sometimes buried their dead with accompanying artifactual materials, but archaeological research has clearly demonstrated such a pattern; similarly, the sources lack information on burial positions and orientation, but archaeological research has clearly shown patterning in these mortuary features (Handler & Lange, 1978). And, of course, archaeological research raised the question of tooth mutilation in the first place.

However, tooth mutilation was not only alien to Europeans, but also fit their notions of African and African-type beliefs and practices as “heathenish” or “savage”. One of many illustrative conceptions of Africans is in a 1688 Barbados law which notes how the “Africans brought unto . . . this island . . . are of a barbarous, wild and savage natures [which] renders them wholly unqualified to be governed by the laws, customs and practices of our nations” (Rawlin, 1699, p. 156). This conception is no better illustrated than in the way Europeans viewed tooth mutilation. Witness, for example, the not untypical reaction of Captain Thomas Phillips, an English slave trader who went to West Africa in 1693 to acquire slaves for Barbados. Cruising the West African coastline, his ship briefly stopped at what is today the Liberian-Ivory Coast area. No slaves were acquired here, but Phillips noted that “The Negroes of these parts are called man-eaters”. He admitted that he could not verify the alleged cannibalism, but observed: “In truth their looks are very savage and voracious; and all their teeth . . . are pointed at the ends as sharp as bodkins, which looks very terrible; and without doubt they reduce them so by art and filing them; . . . they are . . . the most hideous in their aspect of any Negroes I have met with” (Phillips, 1746, p. 213).

European observers in Barbados regularly mentioned or reported on slave practices and beliefs they found particularly alien (e.g., plural mating, dance patterns and movements, magico-religious beliefs and behaviors) and of which they were particularly disapproving. Thus, it seems reasonable to assume that if tooth mutilation had been practiced in
Barbados, it might have been at least mentioned in one of the many documentary sources that date from the somewhat over two centuries of the island’s slave period.

Moreover, the historical sources which specify distinguishing physical features of slaves indicate that those with some form of intentional body mutilation were of African birth. The best sources of such information are newspaper advertisements for runaway slaves. These include information on age or age group, sex, phenotype, stature, and usually mention any unusual or distinguishing physical characteristics. We cannot pretend to have read all of these advertisements, but a sufficient number have been consulted to show the general pattern. Although we have only discovered one case which mentions tooth mutilation, a larger sample of advertisements undoubtedly would have yielded more. On May 30, 1753, the Barbados Gazette reported: “Run-away from his master . . . a Negro man named Cuffe, he is a dour black fellow, his fore teeth filed . . . . He is a Coramantine Negro and a boatman.” Cases of facial scarification were also reported, and in each case the slave described is explicitly or implicitly identified as an African. In 1783, for example, a female was advertised who “speaks good English, having been in the island seven years; she has several of her country marks about her mouth and forehead”; and in 1816 there was an advertisement for “Betsey, 25 years of age, of the Ibo nation, 5 feet 2 inches high, country marks on her face, and a blemish on her left eye” (Barbados Mercury, October 11, 1783; May 7, 1816).

Occasionally, there are references to scarification, but not dental mutilation, in narrative sources, but these invariably refer to newly arrived Africans and in no way suggest or imply that scarification was practiced in Barbados. Advertisements for runaways in other New World areas also indicate that dental mutilation and scarification were associated only with slaves of African birth, and thus corroborate the data from Barbados (Brathwaite, 1971, pp. 202–204; Debien, 1966; Mullins, 1972, passim; cf. Price & Price, 1972, 1980). Scarification, too, was sufficiently alien to European practices; thus it can also be assumed that had it been practiced by slaves in Barbados it would have been reported at some time or another. The fact that the only references to facial scarification and dental mutilation occur in contexts which indicate that the individuals were African-born helps strengthen the case that tooth mutilation, although clearly evident among some of Barbados’s slaves as attested by the archaeological evidence, was not practiced on the island.

The morphological evidence independently suggests, but cannot confirm, the ethno-historical reasoning that the mutilation on the Barbados burials was performed in Africa. Every mutilated tooth shows substantial attrition overlying the original filing surface. This attrition creates a bevelled surface that slants lingually across the flat plane of filing, obliterating details and smoothly rounding what once was a sharp edge. In every case we estimate that at least 15 years had passed from the time of mutilation, judged by the normal attrition rate evident in the burial population. A distribution with more cases of recently performed mutilation (before death) would be expected, given the demographic characteristics of the slave population (Corruccini et al., in press), if mutilation had been regularly practiced on Barbados. The sample size is inadequate to establish this point conclusively or to demonstrate statistical significance of association between presence or absence of mutilation and biological traits revealing genetic admixture with whites. It is highly likely that admixture is indicative of New World birth. However, a biological trait such as the Carabelli cusp (which is characteristic of European populations) is never found associated with the mutilations. It is simply the rarity of mutilation combined with the
occasional natural occurrence of the Carabelli cusp in African groups that prevents certainty on this point.

5. Discussion and Conclusions

In summary, the case for the absence of tooth mutilation practices among Barbados's slaves is inferential, but consistent with the even more inferential conclusions reached by Stewart (1939) and Stewart & Groome (1968) in their analysis of mutilation finds in Barbados, the Virgin Islands, and Grenada. Although a widespread practice in Africa during the period of the slave trade, the evidence in this paper suggests that the custom died after Africans were transported across the Atlantic, at least in most parts of the Caribbean. This conclusion is offered tentatively, but we have found no evidence that tooth mutilation was actually practiced in various Caribbean islands or the Guianas, the adjacent non-Hispanic mainland territories with close affinities to Caribbean cultures.

It can be noted that the Cuban anthropologist, Fernando Ortiz, employed two historical sources, which he distorts, and misleadingly indicates that tooth filing was actually practiced in Suriname in the late eighteenth century and in British Guiana after slave emancipation in 1834 (1929, p. 18). However, a reading of the original sources (Stedman, 1796, pp. 254-255; Dalton, 1855, pp. 160–163) clearly shows that they were referring to some imported slaves of African birth during the last quarter of the eighteenth century who displayed evidence of tooth filing. In neither case do the sources indicate that tooth filing was actually practiced in the New World or that the filing had been done anywhere but Africa. Even among the most “Africanized” of New World Black populations, the maroons or “Bush Negroes” of Suriname, there is no evidence for the practice during the slave period or in more modern times (Richard Price, personal communication).

The one clear case of tooth mutilation in the Caribbean, however, is relatively modern and was observed by Ortiz (1929) in the early twentieth century. He reported that mutilation, characteristically involving point filing, was then practiced in Cuba, primarily by some of the descendants of slaves who had come from the Calabar region of southeastern Nigeria; the mutilation was associated with initiation rites of a secret society.

Cuban slaves were not emancipated until 1886 and the Cuban slave trade did not effectively cease until the mid-1860s, although it possibly continued in an attenuated form as late as the 1880s (Klein, 1978, p. 209; Mannix & Cowley, 1962, p. 287). In Cuba, emancipation, on the one hand, and abolition of the slave trade, on the other, took place about 50 years and 60 years, respectively, after comparable events in, for example, the British Caribbean colonies; and the tooth mutilation practices that Ortiz observed could have been a relatively recent introduction to the island.

The Cuban case indicates association with initiation rituals, but we found no evidence that such an association existed to a significant degree or was widespread in West African cultures which practised dental mutilation. Mutilation was sometimes performed around puberty in some West African societies, but it does not appear to have been an intrinsic feature of rites de passage and was not universally performed even among those groups that practiced it. Although the West African ethnographic literature only occasionally provides some details on the cultural context of tooth mutilation, the practice was apparently not generally associated with wider religious or ritualistic contexts, and does not seem to have been accompanied by any particular ritualistic procedures. Singer (1953, p. 120) has suggested that “occasionally the style of dental mutilation serves . . . as a [mark of]
tribal distinction. But it is not always so.” In West Africa tooth mutilation appears to have been practiced almost entirely for esthetic reasons, although occasionally it also seems to have been explicitly linked to some type of group, such as clan or tribal, identification (see, for example, Lignitz, 1919–1922; Herskovits, 1938, p. 289; Bascom, 1969, pp. 99–100; Bohannan, 1956; Milheiros, 1952, p. 207; Talbot, 1932, p. 171).

If tooth mutilation had played an integral role in ritualistic or other contexts associated with social groups, perhaps it could be argued that because Africans could not transport their social groups to the New World, nor reconstitute them, they would not have been encouraged to perpetuate their mutilation patterns; it is difficult, however, to make such a case for what appears to have been largely an esthetic practice. In other words, the reasons why dental mutilation seems to have disappeared in most Caribbean areas must be sought elsewhere within the context of the institution of slavery and beyond unsupported assertions that slavemasters prohibited the practice—even though they may have frowned on it.

Although we are not prepared to argue these reasons at length, a brief consideration of scarification or cicatrization may suggest some of these reasons. In West Africa and West Central Africa, scarification also seems to have been largely performed for esthetic reasons, as marks of personal adornment or beautification, and was a matter of individual choice; in some cases, though these need not have been exclusive of esthetic reasons, scarification also indicated membership in a society or particular tribal group, was associated with rites de passage marking the transition to adulthood, or marked a particular social status (e.g., Adams, 1823, passim; Allen, 1848, passim; Bohannan, 1956; Bosman, 1721, pp. 444–445; Froelich, 1949; Holas, 1950; Jeffreys, 1951, 1956; Kingsley, 1897, pp. 61, 380; Matthews, 1788, pp. 110–111; Meek, 1925, pp. 44–45; cf. Price & Price, 1972, p. 13). As indicated above, scarification was apparently not practiced in Barbados and only appears to have been associated with African-born slaves whose bodies were already scarified before they left the Old World; this pattern also existed, with rare exceptions, in other New World slave societies. For example, in an analysis of the 1819 slave census in Berbice (later British Guiana), B. Higman discovered 4000 individuals (out of a total population of close to 24,000) with some form of body mutilation, including 57 with filed teeth; “virtually” all of the 4000 were African-born (Higman, personal communication; also, Price & Price, 1972, 1980; Deben, 1966; Brathwaite, 1971, pp. 202–204; Mullins, 1972, passim).

Why scarification was not continued in the New World by African-born slaves or their slave descendants is a matter of speculation, but in their study of scarification among the Saramaka, one of the so-called “Bush Negro” tribes of Suriname, Richard & Sally Price (1972, p. 14) offer a line of reasoning which we believe can be extended to dental mutilation as well:

On the basis of available evidence, it is not possible to know whether the cessation of cicatrization among American slaves [in general] reflects genuine changes in slave values as part of the process of creolization, or simply a necessary adaptive response. In the latter case, the permanence of cicatrization would have precluded the “code switching” behavior which was probably characteristic of much of slave life; while slaves could often play the master’s game in public yet continue their traditional values in the privacy of their barracks..., cicatrizations could not be hidden, to be trotted out when people wanted them.

It may have been that slaves viewed dental mutilation, like scarification, as too immutable and indelible an African characteristic in a social system wherein slavemasters offered
no positive inducements to the perpetuation of behavioral patterns that were distinctively African. Although many African-rooted customs and behaviors existed in Barbados slave culture, slaves could exercise choice in expressing them in, for example, magico-religious, mortuary, or musical contexts (Handler & Lange, 1978, *passim*; Handler & Frisbie, 1972). Body mutilation, however, irrevocably linked slaves to an African identification. It may be that a negation of such a permanent identification as an “adaptive response” (Price & Price, 1972, p. 14) to various features of the slave society—for example, the rewards and incentives offered by slave masters (Handler & Lange, 1978, pp. 78–81, 93–94)—contributed to the disappearance of body mutilation.

Another possible “adaptive response” may have related to a major form of slave resistance. The unauthorized absence from plantations, or running away, was characteristic of Barbados throughout the period of slavery, although the frequency of certain forms of running away varied over time (Handler, 1981); running away was also very common in other New World slave societies (e.g., Debien, 1966; Gaspar, 1979; Mullins, 1972; Patterson, 1967, pp. 262–264; Price, 1979; Schuler, 1966, pp. 42–47). In Barbados, individuals ran away for various reasons and could succeed in absenting themselves for different lengths of time. In one case, for example, a temporary absence could result from efforts to visit a lover or kinsman on another plantation. In another case, a slave with severe grievances against his master might leave his plantation, go to another area of the island, and spend his nights in a cave or hidden ravine; during the day he would wander about pretending to be on some authorized business for his master. Slaves also sometimes attempted, and occasionally succeeded, escaping from the island completely, and others moved from their plantations to the towns and were able to successfully pass as free Blacks, sometimes permanently, sometimes for relatively long periods. As late as 1833, not long before general emancipation, the governor of Barbados reported to the British Colonial Office that “runaways almost always conceal themselves in towns,” and voiced his concern over the “great number of runaways . . . many of [whom] . . . have been absent two and three years” (quoted in Handler, 1974, p. 61).

As noted above, newspaper advertisements for runaways stressed the slaves’ physical characteristics and especially any marks that were particularly distinctive. But whether runaways were advertised in writing or by word of mouth, clearly such immutable and highly visible characteristics as dental mutilation and body scarification would have been maladaptive. They could not be shed and thus were potential personal liabilities if slaves ran away or intended to do so; such permanent identifying marks would have obviously facilitated their identification and thus would have increased the potential for their apprehension. Moreover, the penalties for running away could be quite severe, even involving execution under certain circumstances (Handler, 1981). This, then, may have been another “adaptive response” which might help to account for why slaves, whether of African or New World birth, refrained from voluntarily inflicting on themselves unalterable forms of physical identification.*

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* Tooth mutilation and body scarification were also well-evident in the West African born soldiers who were recruited to the West India regiments, the colonial army of Black troops (officered by Whites) which the British government formed and stationed in the West Indies in the late eighteenth and early nineteenth centuries. Both mutilation and scarification proved useful to the army for “in the event of desertion, an offender could be more readily identified” (Buckley, 1979, pp. 116–117).
Such responses to the conditions of a slave society and the institution of slavery may have ultimately influenced changes in slave esthetic values concerning body mutilation “as part of the process of creolization” (Price & Price, 1972, p. 14); or these changes could have taken place independently. Whether or not esthetic changes were rooted in adaptive responses such as those suggested above, they too may have been yet another reason why various forms of body mutilation were not perpetuated by the African-born or their descendants in the New World.

Whatever the reasons for the apparent disappearance of tooth mutilation, the evidence discussed in this paper indicates that where archaeological contexts in the Caribbean can be dated to the slave period, the mutilated teeth on adult “Negro” skeletons can be used to suggest that these individuals had been born in Africa, rather than in the New World. Moreover, although mutilated teeth in skeletal remains are highly suggestive of slave status, a small statistical chance persists that an African-born slave with mutilated teeth could have become manumitted and ended his life as legally free.

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References


