

MEDICAL BONDAGE

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*Race, Gender, and the Origins of
American Gynecology*

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DEIRDRE COOPER OWENS

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*Dedicated to all the women in my family, past and present,
whose efforts have been unacknowledged and unappreciated.*

Your lives and work inspire me.

Also, this book is for

*Mary Cooper and Edward Bryan Cooper Owens—
thank you.*

CHAPTER TWO

BLACK WOMEN'S EXPERIENCES IN SLAVERY AND MEDICINE

She died 'bout three hours after I was born. . . .

They made my ma work too hard.

—Edward De Biuew, formerly enslaved man

DECADES OUT OF SLAVERY, JULIA BROWN EXPLAINED TO GENEVA TONSILL, an African American Works Progress Administration (WPA) interviewer, how her former owner practiced medicine on his slaves.¹ Brown recounted, “He’d try one medicine and if it didn’t do no good he’d try another until it did do good.”² Brown’s account illustrates the risky and experimental nature of nineteenth-century American medicine. Further, the medical encounters she described also reveal the dimensions of slaves’ powerlessness against owners who took on the extra duty of caring medically for them. Julia Brown’s case is representative of that of any number of enslaved black women who were rendered unable to heal themselves as they wished. The medical experiences of Brown and other slave women symbolize the elasticity of early American medicine, a field that integrated both formal and informal practices. Medical doctors practiced medicine on black women’s bodies as did slave owners who formed close relationships with these medical men. Like trained physicians, Brown’s master risked killing his slaves in an effort to heal them. Julia Brown’s case illuminates how southern white men developed and deployed medical and pharmaceutical methods that revealed how the value of black people’s lives shifted back and forth like the measurements on a sliding scale.

The growing body of literature on U.S. slavery and, more specifically, scholarship on the medical lives of enslaved people describe in great detail how valuable black women’s reproductive labor was to both institutions. To birth a living and healthy black slave was rewarding for all members of slave communities including the mother, the plantation physician, and the slave owner. Each of these actors was invested in a slave child’s birth for varied reasons. The investment in protecting the worth of black babies is well documented in the slave narratives of former bondmen and bondwomen who recalled how expectant mothers protected the children in their wombs while receiving the lash. There are numerous judicial cases across slaveholding states that reveal how vested owners were in the reproductive health of black mothers and their unborn children. Last, in murder trials that involved pregnant enslaved women as defendants, execution dates were halted until their children were born.

Arkansan Marie Hervey, who lived on the Hess plantation in Tennessee, remembered how parturient women on the plantation were punished physically. She stated, “They used to take pregnant women and dig a hole in the ground and jut their stomachs in it and whip them. They tried to do my grandma that way.”³ Had it not been for the efforts of her grandfather, who threatened those charged to whip his wife with violence, white plantation managers might have greatly harmed both mother and child. In an Alabama court case, *Athey v. Olive*, Littleton Olive bought a seemingly healthy pregnant slave, Matilda, from Henry Athey. Matilda’s baby died shortly after the sale. Olive sued Athey for five hundred dollars on the grounds that Matilda was not of “sound mind” and also that Athey had breached their contract.⁴ Surely Matilda experienced a tremendous amount of stress as she endured removal from her home to a new slave community, pregnancy, and possibly other factors that remain unknown. Further, her new owner blamed Matilda for producing a stillborn.

State of Missouri v. Celia, a slave stands as one of the most infamous antebellum-era criminal cases focusing on an enslaved woman’s reproductive labor. The trial’s outcome demonstrates that the judicial system prized the woman’s pregnancy and unborn child rather than the teen mother who had been raped for five years by her late owner, Robert Newsome. Celia murdered Newsome, who had repeatedly raped her since she was fourteen years old. She had borne two of Newsome’s children and was pregnant at the time of his death. The local court found her guilty and sentenced Celia to death. They delayed her execution, however, until she could give birth to her baby. As disparate as these two examples seem, they encapsulate the totalizing and punitive effects of the “maternal-fetal conflict.”

Legal theorist Dorothy Roberts uses this term to describe the ways that laws, medical practices, and social policies differentiate between a pregnant woman's interests and those of her fetus. Roberts traces the genealogy of this conflict to slavery; of significance in her study are those cases where masters whipped enslaved women but shielded their bellies from the lash.⁵ "Pleading the belly" was a process in English common law that allowed women in late-stage pregnancy to give birth before their death sentences were executed. Slave births created an incentive rooted in real property that merged with European religious and patriarchal notions that predated the institution of American slavery by centuries. Pregnant enslaved women lived in a society that invented and maintained practices that treated mother and child as separate entities. As a consequence, the mother's real value was in her reproductive health and her labor, which helps explain why reproductive medicine was so important during this era. White men with a stake in upholding slavery relied heavily on medical language and practices to treat and punish black women. Hence, slave owners and medical men upheld the practice of doing what they believed best medically to maintain a reproductively sound female slave labor force that was capable of breeding.⁶

The common linkage between the experiences of these enslaved women was their helplessness to resist the medical practices performed on their bodies. As much as enslaved women resisted their bondage and oppression, circumstances limited their power to defy their masters. Slavery and the antebellum-era medical field stripped slaves of agency at every turn, just as southern white babies suckled away the women's life-sustaining milk, a reproductive labor act that forced black mothers to provide calories for white infants' nourishment and growth at the expense of their own children's well-being. Slavery and the rise of American gynecology were the vessels that poured both life and death into black women's lives.

Although white medical men and many members of black communities expected these "manly" women or black "medical superbodies" to transcend fragility, many did not. The black female body was further hypersexualized, masculinized, and endowed with brute strength because medical science validated these ideologies. These myths led to the prevailing notion that enslaved women were impervious to pain. Tales abounded about black women's inability to feel physical pain. Delia Garlic recalled how shocked her mistress was when Delia fell unconscious after the mistress struck her atop the head with a piece of lumber. Delia stated, "I heard the mistress say to one of the girls, 'I thought her thick skull and cap of wool could take it better than that.'"⁷ Former slave Harriet Jacobs shared in her memoir how her owner forced an enslaved woman to eat food that had killed his pet dog. The master did so because he believed that "the woman's stomach was stronger than the dog's."⁸

Further, the worries of bondwomen were rooted in the reality of the demanding physical labor they performed daily and the fear of the medical treatment they might receive as punishment. Edward De Biuew, who was formerly enslaved, suggested that his mother's premature death was caused by these factors. De Biuew remarked that his mother "died 'bout three hours after [he] was born" because "they made [her] work too hard."⁹ William Lincieux, an overseer who worked for Georgetown County, South Carolina, plantation owner Cleland Kinloch Huger wrote to his boss about how he continued to work two pregnant field hands who had tried to escape while laboring in Low Country rice paddies. On July 3, 1847, Lincieux wrote that the parturient women were "confined which had done nothing in the hoeing of the Rice"; he made "no allowance . . . for sickness."¹⁰ As much as enslaved women tried to resist their oppression, as the two parturient women had, they could do very little to protect themselves from the toll that field work took on their bodies. It is little wonder that enslaved women were at grave risk of suffering serious prenatal conditions. Prenatal risk was the price that slave owners, and by extension the doctors they hired to care for their female labor force, were willing to pay to ensure that black women continued to birth slaves with great frequency.

Motherhood was important to all women during the nineteenth century, but enslaved women's notions of motherhood and womanhood had linkages to the African continent. Enslaved women, who were descended from West and Central African ethnic groups, continued to incorporate the cultural practices that their foremothers had taught them about motherhood. These lessons ranged from how to suckle their children to how to wrap them in swaddling cloth while the mothers farmed plots of land. Also, because enslaved people could not legally marry and raise their children in the nuclear family model that was common for white Americans, motherhood took on special significance for black women in ways that marriage did not. Historian Andrew Apter discusses the importance of "blood mothers" in nineteenth-century Yorubaland, southwest Nigeria, and certain parts of Togo, Ghana, and Benin. Apter states, "The model of West African womanhood that took effect in the Americas is associated with the blood of mothers . . . that which gives them the ability to conceive and give birth."¹¹

"Blood" served as a metaphor for West African mothers and their descendants who were born in America. It contained both good and bad essences and forged ties among black women that were both secret and sacred. Life and death were contained in the blood, from the release of menstrual blood and blood lost during miscarriages to the symbolic use of blood as a mode for purification.¹² For women who anticipated pregnancy and motherhood because of their significance in their conceptions of womanhood and also their self-

worth as fertile women, the intrusion in their lives of white southern men who replaced midwives compromised the deeply personal relationships they had with one another on an ancestral and a cultural level.

Black women viewed themselves as the cultural bearers of West African beliefs about motherhood, but they had to combat negative views that white physicians had about black women's bodies, especially their genitalia. Because doctors believed in the inferiority of women and the double inferiority of black women, they considered natural biological conditions such as menstruation pathological. In the same vein, they also determined that the clitoris was an underdeveloped penis.¹³ In an 1810 medical article, Dr. John Archer asserted that the clitorises of little black girls were larger than those of their white peers because they accompanied their enslaved mothers to the fields while they worked. The doctors theorized that because these children sat unattended for long periods, their clitorises developed at a younger age.¹⁴

In the first half of the nineteenth century, deviancy seemed to define "femaleness." Sadly, this American conception of womanhood, health, and value precluded the importance of the West African "blood mother." It is from these seeds that modern American gynecology germinated into a branch of medicine adorned with both flowers and thorns. Like their peers in eighteenth-century Europe, antebellum-era American doctors who created gynecology began with the belief that "females in general were . . . a sexual subset of their race."¹⁵

Despite the general belief that black people, especially women, were inferior, the bodies of black women fascinated, as well as repulsed, white southern doctors. American slavery provided abundant opportunities for medical doctors to experiment on and sometimes heal sick bondwomen. Medical doctors happily engaged in experimental medical research that focused on restoring black women's reproductive capabilities, as the following examples illustrate.

In 1835, four doctors, John Bellinger, S. H. Dickson, T. G. Prioleau, T. Ogier, and two medical students, Mr. Tennent and Mr. Frierson, conducted an experimental ovarian surgery on a thirty-five-year-old black slave woman. She was to have an ovarian tumor removed.¹⁶ The woman was the mother of one child, born seven years earlier; she had also suffered a number of miscarriages.

The previous year, the enslaved woman felt a lump on the right side of her abdomen, and since then she had been troubled with pain in her abdominal area. Doctors later diagnosed her as having a tumor. Right before Christmas, her team of doctors performed an ovariectomy to excise her tumor. During the surgery, the doctors realized there was "no opportunity for the safe use of the knife." One of the doctors recorded in his notes that the enslaved patient lost "her self-command, screamed and struggled violently—rendering it no easy

task to control her movements and support the viscera."¹⁷ After physically restraining her, the doctors continued the operation. Her recovery was slow, and she later reported that she never again menstruated. Although the procedure had probably made her sterile, thereby decreasing her economic value, her diseased ovary, which was displayed at the Charleston, South Carolina, Medical College's museum, held greater worth for her doctors. This enslaved woman's diseased ovary would be used as a pedagogical tool and a medical curiosity.¹⁸

In a similar case a decade later, Dr. Raymond Harris, a Georgia physician, was asked by William Patterson, a slave owner in Bryan County, to examine one of his slaves. She had been experiencing uncommon symptoms during her pregnancy. After Harris probed the parturient woman, he found that she had "a large irregular tumor." The woman's menses had ceased for two years, and she had been constipated for months.¹⁹ Harris operated on the thirty-six-year-old mother and determined that she had an ovarian pregnancy. He gave the bondwoman medicine, and her condition improved almost immediately.²⁰ After some time had elapsed, Harris wrote a medical article. In it he claimed that the enslaved woman's plantation owner and nurse had testified that the bondwoman had successfully regained her menses. Unfortunately, the enslaved woman began to experience the same symptoms she had manifested years before she became Dr. Harris's patient. Harris prescribed a potent dosage of medicine that included "iodide of potassium . . . in 5 gr. doses" to treat the enslaved woman's symptoms. She died shortly thereafter.²¹ Upon learning of the woman's death, Harris stated, "Although it was late in the day, and myself much hurried, I requested permission to open the body."²² He later lamented that he had not saved the enslaved woman's reproductive parts for preservation and study. For early gynecologists like Harris, even postmortem, a bondwoman's "real" value was still measured by her reproductive organs.²³

Preserving diseased and damaged reproductive parts, performing experimental surgeries, and canvassing slave communities for sick patients helped southern doctors, medical colleges and museums, and their faculty and students advance their medical knowledge quite literally on the broken bodies of black slaves. Prior to the founding of the AMA in 1847, there was no single code of medical ethics. Systems of ethics regarding experimentation on the enslaved were idiosyncratic. In an 1826 issue of the *Philadelphia Journal of Medical and Physical Sciences*, Dr. P. Tidyman advised physicians who treated the enslaved that "it should always be left to the choice of the patient, to go into the hospital or be attended in his house. It [was] the interest and duty of the owner to consult the feelings of the slave."²⁴ Despite this seemingly polite ritual in southern manners, the practice, even if actually followed, rang hollow for enslaved patients if they did not know what the treatments would do to their

bodies. Unfortunately, the ideology of antiblack racism was too ingrained in the culture for southern physicians to heed Dr. Tidyman's admonishments. Even if an enslaved woman stated that she did not want to be operated on, once her owner granted permission to the surgeon to perform surgery, an operation occurred. Medical care of slaves evolved from its beginnings on slave ships to a mostly unregulated behemoth that tended to create "rules" as the field evolved.

Rules and ethical codes were created as new crises cropped up, and some early physicians and surgeons believed that the practice of slave medicine and, more particularly, human experimentation could lead to abuses by medical researchers. Antebellum-era physician William Beaumont created rules for medical research in 1833 "to provide an ethical framework for nontherapeutic trials."²⁵ Beaumont stipulated the following conditions:

1. There must be recognition of an area where experimentation in man is needed . . .
2. Some experimental studies in man are justifiable when the information cannot otherwise be obtained.
3. The investigator must be conscientious and responsible . . .
4. Whenever a human subject is used, a well considered, methodological approach is required so that as much information as possible will be obtained. No random studies are to be made.
5. The voluntary consent of the subject is necessary . . .
6. The experiment is to be discontinued when it cause distress to the subject . . . and
7. The project must be abandoned when the subject becomes dissatisfied.²⁶

Although experimentation on enslaved women was extensive, it was almost always therapeutic, since the goal was to enhance reproductive success. Broadly, most doctors who worked on slaves did so to protect, if not increase, the economic interests of slave owners and also to perfect their own skill set as doctors and physicians. The growth of gynecology provided for the maintenance of sound black female reproductive bodies; it also served to perpetuate the institution of slavery. Slavery, medicine, and capitalism were intimate bed-fellows.²⁷

Bondwomen were aware of their pecuniary worth in slave-trading transactions. They knew that potential slave owners had great interest in whether black women could breed with relative ease and also if they suffered from reproductive ailments that affected their fertility. Thus some enslaved women developed sophisticated measures to demonstrate some agency in their sale on auction blocks. Some would pass themselves off as healthy, even when they knew they had reproductive illnesses and sexually transmitted diseases that affected their fertility. One major advantage for enslaved women who employed this technique might be to escape mean owners, abuse, or simply especially grueling work schedules.

Warranty cases that featured the enslaved often bore these facts out in judicial court proceedings. Slave warranty cases based on redhibition, the legal template from which originated the "lemon laws" allowing legal action against the seller of a defective product, shed light on the various ways in which enslaved women dissembled to fool buyers and new owners.²⁸ Such a court case in South Carolina offers an example of a black woman's complicity in hiding her illness. In November 1821, a jury deliberated over the case of *Hughes ads. Banks*, in which the new owner of a slave woman, Mr. Banks, charged the previous slave master, Mr. Hughes, with willfully selling him a sick slave. According to court testimony, "Dr. Hammond . . . was called in to attend the woman. . . . About seven weeks after the sale, . . . [the woman became] excessively ill, and died on the next evening. . . . Hughes acknowledged that the woman had the venereal many years, (12 or 14) before, but had got entirely well; although some of her children had cutaneous eruptions, . . . easily cured."²⁹ The court found in favor of the defendant. Mr. Hughes received six hundred dollars and court costs for the death of the recently deceased slave woman, who was deemed "defective goods" largely because she had a sexually transmitted disease that affected her health and potential to reproduce.³⁰ Although the woman is rendered voiceless, it is highly improbable that she did not know that she had a sexually transmitted disease, one that she had for a number of years, as Dr. Hammond, the attending physician, noted. Records do not indicate why she remained silent about her disease, but it is unlikely that the disease manifested no symptoms, especially since her children had developed symptoms.

One year later in 1822, another South Carolina jury deliberated over a similar slave warranty case, *Lightner ads. Martin*, that concerned an enslaved woman who suffered from a sexually transmitted disease. The heart of the case centered on the following assertion: it was "alleged that one of the negroes 'had the venereal disease at the time of sale . . . that this woman had communicated the disease to others of his negroes, by which he had incurred a great loss and expense.'" ³¹ After the enslaved woman's owner contacted a physician to examine her, the bondwoman was given "a course of medicine" and became healthy. Her owner proceeded to sell her immediately.³²

The *Lightner ads. Martin* case is distinctive because of the language used to describe the enslaved woman's illness and sexual behavior. Not only was the South Carolinian slave afflicted with a "venereal disease"; according to the language of the case, she was also promiscuous. Her promiscuity was such a threat to the health of the owner's other slaves that she was sold, even after she had been healed. This enslaved black woman's sexual power was perceived to be so potent that she was believed to be capable of creating life and destroying the reproductive value of black life simultaneously. Medical and legal writings

such as this one contained explicit language about how devious behavior was mapped onto black women's bodies. Alongside medical journals, judicial cases demonstrate the ongoing struggle of nineteenth-century Americans to define blackness within the realm of reproductive labor and sometimes to establish the sanity of enslaved people. In *Stinson ads. Piper*, the State of South Carolina declared that "a warranty of soundness embraces soundness of mind as well as body." This decision was made because of the questionable "soundness" of a recently purchased slave woman.³³

The reach of southern medical doctors and slaveholders into black people's lives was so extensive and powerful that they could create illnesses linking the reproductive diseases of black people to their supposed degeneracy as women and mothers. In 1851, Dr. E. M. Pendelton of Hancock, Georgia, presented his research in "The Comparative Fecundity of the Black and White Races." Writing about black women, Pendelton reported, "The blacks are much better breeders than the whites." Yet the doctor offered a confusing reason for why enslaved women have more children: "Our negro females are forever drenching themselves with nostrums, injurious to their health and fatal to their offspring."³⁴ Despite black women allegedly poisoning themselves and their unborn children with dangerous potions, miraculously, they still managed to have more children than white women in Hancock County. These harmful beliefs represented black people's "soul murder."³⁵ Formerly enslaved Delia Garlic offered a poignant statement about white people's inhumane treatment of black people. Garlic pronounced, "It's bad to belong to folks dat own you soul and body."³⁶ Although she was not directly referencing gynecology's development and the research linked to it that understood black women as something other than normal human beings, Garlic's words are applicable to women's medicine.

Despite the ownership of black women's bodies by slave owners, enslaved women did resist the efforts of slave masters to lay claim to their "souls." They did so by sharing long-held folk wisdom and recipes that they used to heal members of slave communities. O. W. Green recalled how his grandmother, a slave nurse, passed along her medical and pharmaceutical knowledge to her family members. Green's grandmother provided thirty-seven years of service as a plantation nurse who doctored "all de young'uns" on the plantation. Green stated, "When old masta wanted grandmother to go on a special case, he would whip her so she wouldn't tell none of his secrets."³⁷ Although it was Green's grandmother who was giving medical care to patients, her white owner, who was also a doctor, took possession of her knowledge and touted it as his medical "secret" and inflicted corporal punishment on the woman to force her allegiance to him, "body and soul." Yet she defied her master in the privacy of her community and divulged her body of medical and herbal knowledge to her grandson.

Green disclosed his grandmothers "working cures" to his WPA interviewer, in a final act of ancestral defiance. She favored "black snake root, sasparilla, [and] blackberry briar roots" in her roots medicine practice, he told the interviewer.³⁸

Although white men and black women were often in conflict over black women's medical treatments, in many instances, white men, both doctors and slave owners, also expected black women to treat expectant mothers and the infirm with the same body of knowledge that these men also derided. Dellie Lewis's grandmother, who was a plantation midwife, provides an example. Lewis revealed a favorite botanically based method that her grandmother employed when working on her parturient patients. The midwife blended a mixture of "cloves and whiskey to ease the pain" of childbirth.³⁹ Historian Sharla Fett has argued that bondwomen also resisted the wholesale control that slave owners and medical doctors had over their bodies. They "worked cures" noninvasively as they sought to establish a "relational view of healing" for themselves that privileged a more holistic model of healing.⁴⁰ Likewise, Julia Brown's narrative corroborates how enslaved women relied on and believed in the healing practices of granny midwives. Brown stated, "We didn't go to no hospitals as they do now. We just had our babies and a granny to catch 'em. We didn't have all the pain-easin' medicines. . . . The granny would put a ax under my mattress once. This was to cut off the after-pains and it sure did, too."⁴¹

Like enslaved women, most white Americans had little confidence or trust in professional medical care because of its invasive nature. They often became sicker or, even worse, saw their loved ones die under a doctor's care. Such poor outcomes are not surprising, given the haphazard nature of early American medicine. It was not governed by any national organization that created comprehensive regulations and ethical codes for doctors to follow. The AMA was not founded until 1847. One of its initial purposes was to standardize the qualifications of medical doctors. Before the AMA's creation, many men entered the field without formal educational training and little to no practical experience. American medicine harbored as many quacks as reputable health-care providers. For upwardly mobile young white men who bypassed either the ministry or law to practice medicine, their career choice was tantamount, in many regards, to throwing away their future and their respectability.

James Marion Sims's father initially scorned his son's decision to study medicine by stating that the field had "no science to it." To counter this notion, young men like Sims began to merge racial science with medicine as they engaged in experimental surgeries and published their results for the advancement of women's medicine. Dr. Sims's writings exemplify the cognitive dissonance that antebellum American medical men experienced as they wrote about enslaved patients and race. Although these doctors' publications were meant for

white audiences only, black people observed and responded to white doctors' participation in reproductive medicine. Most importantly, enslaved women's presence represented more than silent bodies on operating tables even if medical writings attempted to reduce them to one-dimensional objects.

Enslaved women knew that their lives were public and thus they had to protect what little privacy they had, especially with regard to their sicknesses. Thus black women rarely sought the services of white doctors. For those who did, the issue of the woman's consent to surgery was problematic. In the case of Mary, the black surgical patient whose womb Dr. Paul Eve excised, she was asked initially if she wanted to undergo surgery. Eve wrote, "Without persuasion or influence of any kind, she determined promptly and unhesitatingly to submit to the operation."⁴² One might ask, however, if Mary, in antebellum-era Georgia, really had the choice of rejecting Dr. Eve's offer. By midcentury, it seems that black women, both free and enslaved, and white male doctors at least participated in a ritual of etiquette that afforded black women the pretense of having a choice about submitting to the proposed surgical procedure.

Within this extremely unequal power system was a parallel black medical practice that enslaved women were sometimes wily enough to engage; many times, however, it failed them. Fortunately, the oral histories of formerly enslaved women and men illuminate a complex medical past that has too often been shrouded in darkness. Their words reveal the myriad practices that black women used when caring for one another and their children. Fannie Moore told how her enslaved grandmother "worked cures" for the entire plantation community.⁴³ Moore told of how her grandmother used "roots and bark for teas of all kinds" to cure common illnesses. When she treated colicky infants, the elder Moore would "get rats vein and make a syrup and put a little sugar in it and boil it. Den soon as it cold she give it to de baby."⁴⁴ The enslaved and their enslavers moved uneasily between two worlds. One world was rooted in the here and now, where formally trained doctors consulted textbooks and articles on the diseases that affected black women and their children, while the other world relied on the folk knowledge and practices of enslaved women. These worldviews often clashed, but there were also synergistic moments.

In one of the earliest scholarly texts on the health of plantation slaves, historian William Dosite Postell wrote, "Uterine troubles were of common occurrence among slave women."⁴⁵ A May 1859 judicial warranty case that involved on a Louisiana bondwoman illustrates Dosite Postell's point. In *Gaienne v. Freret*, the plaintiff, Mr. Gaienne, had purchased an allegedly "sound" slave from Mr. Freret on February 3, 1859, in Louisiana. Two weeks after her purchase, the bondwoman alerted her new master that she was, in fact, not sound and suffered from a uterine disease. It was discovered that the woman

had an "ulceration of the uterus which she had carefully concealed from her former owner."⁴⁶ At Gaienne's request, four physicians examined the enslaved woman and recommended that Gaienne return her to her former owner, Freret, immediately. After the woman was returned to Freret's farm, she underwent another battery of "treatments," this time, in a local hospital.⁴⁷ Even though Freret believed that he had hired "skillful physicians" to treat his slave, the woman died soon after her stay in the hospital.⁴⁸ We will never know the specific reasons why this bondwoman concealed her uterine disease from her owners; it is conceivable, however, that she might have confided her physical status to one of the black women charged with caring for enslaved women on Freret's plantation. Enslaved women might have been terrified to disclose their health concerns to their owners, not only because of the issues surrounding gender but also because hospitals were often viewed with suspicion and considered sites of death. Historian Elaine Breslaw argues that "doctors carried an aura of death"; when called to assist nurses and midwives, enslaved women were no different in the way they viewed doctors: with great fear.⁴⁹

As both the legal and the medical systems worked out the processes of how black women were to be defined and treated by doctors, jurists, slave owners, and southern society, individual American doctors were adding their perspectives to the discussion, medical case by medical case. Dr. John Archer cautioned physicians, and by extension, slave owners, who treated enslaved women medically to exercise vigilance in their treatments. Archer argued that if white medical men and slave owners did not prioritize the physical care of enslaved women, ultimately, black women would suffer from white men's neglect. He advocated for southern white paternalism without having to invoke the term "father." Thus medical journals could also encourage white men to serve as responsible providers for enslaved women. Archer believed that slave masters should be wedded not to principles of altruism but to practicality. The protection of a healthy black female labor force meant that slavery would not only survive but also thrive.

As the domestic slave trade flourished, enslaved women had to fight continuous intrusions into their reproductive lives. Medicine, especially gynecology, represented one of the largest encroachments black women faced, particularly because of the level of social control that doctors and hospitals exerted over them. Numerous medical journal articles described black failure and inferiority in wide-ranging ways. Doctors discussed the dirty appearance of black female bodies, the inability of black women to cook food properly for their families, and examined so-called black practices such as eating clay or dirt, also termed "cachexia Africana."⁵⁰ The reports and articles of these doctors continued to promote a general belief that blackness was unclean and caused

disorderliness and that black bodies were vectors of disease. Black people and their “race” represented an oppositional framework for whiteness as represented in American society. Therefore, the ideology of white paternalism aided gynecology’s growth by laying claim to black women’s reproductive bodies, both metaphorically and literally.

The writing of Kentucky physician John Harrison demonstrates how the presence of white male doctors contributed to furthering ideas about black women’s inadequacies as healers. In the opening sentence of Harrison’s 1835 article, “Cases in Midwifery,” he wrote, “This was a badly managed case at first; for an old ignorant negro midwife had been the first assistant of nature.”⁵¹ He was condescending in his description of the “ignorant” black midwife who was involved in an extremely difficult obstetrical case. Five years earlier, Harrison had treated a black patient who was caught in limbo, trapped between life and death. He graphically described a ghastly scene in his article. On December 23, 1830, Harrison “found a black woman . . . lying in bed . . . with part of the forearm and hand of the child hanging out of the vulva.” He directed the woman’s husband and her elderly enslaved midwife to separate and hold up her legs so that he could deliver the woman’s baby.⁵² Harrison described the black midwife as inadequately prepared to handle her patient’s obstetrical condition, although he had to rely on her assistance during the delivery. Harrison, as a product of the slaveholding South, knew that it was common practice for a slave midwife to deliver enslaved children. The rules created by white supremacy dictated that only a black woman could serve as the “first assistant of nature” in a slave woman’s delivery. He was simply finishing a job that the nurse had begun earlier. Harrison’s journal article helps to explicate the vulnerability of enslaved women in their roles as patients and nurses.⁵³

Black midwives had to serve the interests of slave owners and, later, physicians by acquiescing to the complete authority that these men exercised over them and their charges. As white men became involved in midwifery cases, black midwives began to bear physical witness to the surgical treatment and repair of enslaved women who had given birth. Midwives had always relied on unobtrusive tools to birth babies. When white men integrated obstetrics and gynecology, pregnant enslaved women who experienced difficult birthing processes became disproportionately represented in surgical cases in which doctors used blades and forceps to remove fetuses. Surgeries were quite rare in the first half of the nineteenth century, so it is astounding how many medical journal articles listed enslaved women as surgical patients. Although the archival sources do not provide precise figures for the number of gynecological surgeries performed during the nineteenth century, one can assume that these sorts of operations occurred with more frequency than has been reported.

Statistics compiled from two leading medical and surgical journals of the era, the *American Journal of Medical Sciences* (AJMS) and the *Boston Medical and Surgical Journal* (BMSJ), over a twenty-year period (1830–50) reveal that enslaved women underwent a number of intrusive gynecological operations performed by doctors.⁵⁴ The numbers do not determine if enslaved women were operated on more often than white women in the South, but had they been free, the percentages of surgeries this population experienced would have been smaller. The surgeries that were published about enslaved women featured a large number of sexual procedures. During the twenty-year span under consideration, AJMS published only two case narratives provided by physicians on the experimental nature of their surgeries and/or autopsies, both in 1850. The first case involved an operation on the corpse of a recently deceased enslaved woman; the second case recorded the medical findings following the complete removal of a deceased slave’s uterus. Early gynecological surgeries reported in the journal in 1830, 1835, 1840, and 1845 did not contain citations referencing experimental sexual surgeries performed on enslaved women. After James Marion Sims’s pioneering 1852 article on vesico-vaginal fistulae appeared in the AJMS, the number of medical articles on sexual surgeries on all women published by the journal increased by more than 100 percent.

Between 1830 and 1850, only four articles explicitly addressing black women’s reproductive health issues appeared in the *Boston Medical and Surgical Journal*.⁵⁵ Two of the articles appeared in 1835, in the February and July issues. The first piece detailed the dissection of a black woman’s reproductive organs during an autopsy, and the second article described a seemingly unbelievable medical feat: a fourteen-year old enslaved Jamaican teenaged girl performed a cesarean section on herself. Five years later, in the April 15, 1840, issue of the BMSJ, John Peter Mettauer wrote the editorial staff about his “pioneering” and successful surgery to repair the common nineteenth-century “women’s ailment” vesico-vaginal fistula. Mettauer reported that his patient, a slave, had recuperated and remained healthy during the two years that had elapsed since he performed the experimental surgery. Mettauer also asked the journal’s editors if they could check their records to make sure he would be known as the first physician-surgeon in the country to successfully perform the operation. Last, in October 1845, an autopsy was performed on an enslaved woman’s corpse to view her damaged reproductive organs.

One medical case reported by Dr. John Bellinger, in the *Southern Journal of Medicine and Pharmacy*, detailed the surgery he had performed on an unidentified enslaved woman. In the late eighteenth century, an elderly African-born woman was brought to the doctor because of her extreme vaginal pain.⁵⁶ After he performed an initial vaginal examination, Bellinger determined that her symptoms

derived from the “very small opening” in her vagina. The bondswoman intimated that she had lived with the pain her entire life; she was then ninety years old. Bellinger found that her vagina was completely obliterated, and as a result, the woman had trouble urinating. Probably feigning ignorance, the woman responded to the doctor’s probing questions about how she came to be in her condition with an answer that pointed to her having “no history of the affair at all.”⁵⁷ She may have been playing “hush mout,” a feature of the culture of dissemblance in which enslaved women used silence for their survival and protection within slave communities. The physician performed regular procedures, for nearly ten years, to correct her condition and lessen the patient’s physical pain. After she reached nearly one hundred years old, she endured a number of operations to remove “small urinary concretions or calculi” from her vaginal area.⁵⁸

Clearly, this elderly enslaved woman had no real economic value for her owner; she was past the age of fecundity and could not reproduce. Dr. Bellinger, however, had full access to the woman’s body for nearly a decade. Although he asserted that she had confided in him that her pain was relieved after undergoing ten years’ worth of vaginal examinations and operations, Bellinger continued to treat his enslaved patient so that he could publish an article in one of the country’s leading medical journals, the *Southern Journal of Medicine and Pharmacy*.⁵⁹ Medical doctors published articles for various reasons, education, self-promotion, and to build a body of work that could advance a burgeoning field, and Bellinger’s motives were likely no different.

The enslaved woman on whom Bellinger conducted his research occupied a far different place in antebellum society. Elderly black women were deemed worthless in a society that prized black females for their presumed hypersexuality and reproductive abilities. A review of an appraisal roster compiled by South Carolina physician and slave owner James Spann in 1838 elucidates how enslaved women were assessed financially, especially elderly ones. For example, “1 Negro Woman Called Rose” was worth one dollar, an indication that she was probably aged or infertile.⁶⁰ Rose was priced less than James Spann’s “Two Tubs and 1 Churn.” According to the dictates of antebellum white southern society, any elderly, barren, or ailing female slave represented an economic loss within the slave market economy.⁶¹ In the medical case of Dr. Bellinger’s patient, however, her damaged vagina was worthwhile because it helped to advance the growing body of knowledge within gynecology.

Recalling the 1824 case of the pregnant teenage rape victim who was treated by Dr. John Harrison also helps us grasp how important the production and publication of obstetrical and gynecological knowledge was for American physicians. A.P. was a fifteen-year-old enslaved girl owned by a Louisville, Kentucky, master; she had become pregnant after being raped by a local white

man. Her pregnancy was difficult, and the physical challenges lasted through her delivery, when she suffered painful contractions.⁶² Harrison bled A.P. for a length of time until she convulsed and fainted. Further complicating her delivery was the fact that the teenage slave was carrying twins. The doctor decided “nothing but delivery could save the patient,” and he commenced with the immediate removal of her twins.⁶³ Although Harrison provided obstetrical care when A.P.’s enslaved midwife believed the girl would die, he published an article that presented him as an expert in midwifery, although he unknowingly compromised her health with his reliance on bloodletting.

A.P.’s case is a harrowing one because of the results of her rape, birthing mulatto twins while undergoing a torturous birthing process. Even when black women were forced into sexual relationships with black men, their decisions to identify their abusers are powerful reminders of how slavery and reproduction intersected. Unknown numbers of enslaved women became pregnant from these violent encounters, and for women like A.P.’s midwife and Louisa Everett, their disclosures of sexual abuse were strong counternarratives to black women’s supposed lasciviousness.

Everett, who was formerly owned by Jim McClain of Norfolk, Virginia, provided a testimony of her experience as a victim of sexual abuse to her WPA interviewer. Mrs. Everett’s candor was unusual because many black women dissembled about their sexual lives and experiences under southern slavery. Everett stated in explicit detail how her former owner forced his slaves to perform in orgies for him and his friends. She recalled,

Marse Jim called me and Sam ter him and ordered Sam to pull off his shirt—that was all the McClain niggers wore—and he said to me: Nor, “do you think you can stand this big nigger?” He had that old bull whip flung acrost his shoulder, and Lawd, that man could hit so hard! . . . “Yassur, I guess so,” . . . Well he told us what we must git busy and do in his presence, and we had to do it. After that we were considered man and wife. Me and Sam was a healthy pair and had fine, big babies, so I never had another man forced on me, thank God. Sam was kind to me and I learnt to love him.⁶⁴

The couple’s rape, meant to “breed slave children” and sexually titillate their master and his friends, opens a lens on the sexual abuse sustained by enslaved women and, in this case, enslaved men. Within the American landscape of slavery, Mrs. Everett’s narrative reveals the traumatic aftereffects of sexual abuse and exploitation that enslaved women had to contend with, including depression, pregnancy, and in some cases infectious diseases that were venereal in origin. Despite the horrifying experiences that Everett endured, she was able to eventually create a loving relationship with her husband, Sam, and their children.

The joyful way that she spoke of her family offers testimony to the resiliency that enslaved women were forced to develop as a counter to slavery's dehumanization of black and white people. The beliefs that slave owners held about black women's inability to distinguish between corporeal pleasure and pain is echoed in Everett's account. Slave women's words intimate that their lives should not be encapsulated into neat and unsatisfactory binary categories of either victim or resistor. One should keep in mind David Morris's assertion that "pain . . . is always more than a matter of nerves and neurotransmitters" when attempting to understand the multidimensionality of black women's medical and sexual lives.⁶⁵

The rampant sexual abuse of enslaved women by white men was common knowledge throughout southern society, but although the practice was scorned, little was done to curb it. One of the ways in which enslaved women and their black male partners attempted to restore love and humanity in their lives and relationship was to engage in mutually satisfying sexual partnerships with each other and to plan their pregnancies. Legal scholar Dorothy Roberts found that enslaved women tended to "became pregnant during the months of November, December, and January when labor requirements were reduced owing to completion of the harvest and to harsh weather."⁶⁶ In a random sampling of over one hundred slave interviews, 26.73 percent of interviewees are registered by their birth month and year.⁶⁷ Concurrent with these findings, the majority of births listed within the data set occurred during the beginning of agricultural crop seasons; 14.81 percent of respondents cited March, May, September, and November as their birth months.⁶⁸ This sample suggests that enslaved women quite possibly exercised some control over their conceptions. Lapses in their work schedules, especially during noncrop seasons, allowed bondwomen to manage when they would conceive.⁶⁹

Enslaved women understood that the contours of enslavement did not grant them full freedom to prevent physicians from performing risky medical procedures on them or administering drugs that often proved fatal during pregnancy and the postnatal period. But for bondwomen, planned pregnancies implied a sense of liberation because they could determine the pre- and postnatal care that they would receive from black midwives. An 1846 medical journal article, authored by physician P. C. Gaillard, detailed that he visited an unidentified enslaved woman after she reported to her master that her newborn was severely ill. The slave mother confided to Gaillard that her "child was as carefully attended from its birth as possible" because the infant signified the slave woman's final "planned pregnancy."⁷⁰ She had given birth eleven years earlier, and at forty years old, she had decided that this pregnancy would be her final one. Her admission to Gaillard that she had planned her last pregnancy indicates that some enslaved women did exercise control over their reproduction. Also she defended herself

against the doctor's accusation that she had killed her baby shortly after its birth. As much as doctors prized black women for their fecundity, they also blamed them when babies developed sicknesses and, in cases such as this one, died.

Even when slave sources do not allow for an examination or an easy interpretation of whether enslaved women planned pregnancies, it is apparent that pregnancy and motherhood transformed how slave owners and doctors treated black women. In some instances, women who had given birth were selected to enter into midwifery and nursing, as they did on the Glover family plantations, owned by siblings Joseph and Edward, in Colleton County, South Carolina. Statistics culled from the Glover family records show how black women were labeled according to their occupations and economic value. The Glover brothers owned three plantations, Mount Pleasant, Richfield, and Swamp. The two of them also owned over 150 enslaved men and women. From 1847 through 1850, the increase in the slave populations on the three plantations was relatively slow but steady. Most Glover slave births occurred in the fall between August and September. Black women conceived on the Glover plantations during winter months, when the pace of agricultural labor had decreased significantly.

Joseph Glover's Richfield Plantation never housed more than seventy-two slaves, and in four years the number of slaves increased only 5.18 percent. Edward Glover owned sixty-four slaves; the slave population on his plantation grew by an average of 5.43 percent. Birthrates ranged from four births in a given year to as low as two births. Only one instance of an infant's death appears in the record, in 1849. The two brothers kept meticulous census accounts of their slaves, and they recorded each slave birth. Although slave births were recorded, the Glovers did not identify the parents of the following slave children who were born during the four-year period: Silvy, Allen, Justice, Lissett, Millan, Minges, Will, Stephan, Mary, Richard, Toby, Nancy, Patty, Hector, Hetty, Peggy, Mary, Cresky (died), Elsey, Miley, Primus, Adam, Lissy, Ansell, Sara, Hector, and Tenah. It is worth noting that some children did share the same names as adult slaves on the plantation.⁷¹

What is striking about the records the Glovers left is how regularly they used the services of enslaved women on their plantations as nurses and assistant nurses. These women, listed as "Old Lizzett, Old Peg, Maria, Prissy, Hagar, and Phoebe," served the needs of members of their large plantations while also coping with their own gynecological conditions. Lizzett and Peg labored into their senior years as nurses while "working cures" to heal sick members of their plantation communities. Within the time span covered in this study, this core group of enslaved women labored as nurses for fifteen years, from 1844 through 1859, despite being diagnosed by their owners as "infirm" because of a "falling of the wombs."⁷² (Table 2.1 lists the Glover slaves.)

TABLE 2.1 Health and Sale Statuses of Richland and Mount Pleasant Plantation Slaves

Casebook entry date	Name*	Job	Condition	Sale status
January 18, 1844	Lizzett (J)	No Report	"Infirm"	same
November 15, 1846	Phoebe (J)	½ hand	"Diseased"	same
November 15, 1846	Peg (J)	½ hand	"Falling of the Womb"	same
November 15, 1846	Melia (J)	½ hand	"Falling of the Womb"	same
November 15, 1846	Scilia (E)	½ hand	"Falling of the Womb"	same
November 20, 1847	Lissett (J)	½ hand	"Infirm"	same
November 20, 1847	Phoebe (J)	½ hand	No Report	No Report
November 20, 1847	Peg (J)	½ hand	"Diseased"	same
November 20, 1847	Melia (J)	½ hand	"Diseased"	same
November 20, 1847	Scilla (E)	½ hand	"Diseased"	same
November 20, 1847	Maria (E)	Nurse	N/A	same
November 1848	Lissett (J)	½ hand	"Infirm"	same
November 1848	Phoebe (J)	½ hand	"Diseased"	same
November 1848	Peg (J)	½ hand	"Diseased"	same
November 1848	Melia (J)	½ hand	"Diseased"	same
November 1848	Scilla (E)	½ hand	"Diseased"	same
November 1848	O Caty (E)	½ hand	"Infirm"	same
November 1848	Maria (E)	Nurse	N/A	same
January 25, 1851	O Caty (E)	No report	"Infirm"	same
January 25, 1851	Maria (E)	Nurse	N/A	same
January 25, 1851	Phoebe (J)	½ hand	"Falling of the Womb"	same
January 28, 1851	Melia (E)	½ hand	"Falling of the Womb"	Sold for \$263
November 22, 1851	Old Peg (E)	Nurse	No report	Bought by E. Glover
January 5, 1852	Phoebe (J)	½ hand	"Falling of the Womb"	same
January 25, 1853	Phoebe (J)	½ hand	"Falling of the Womb"	same
January 28, 1853	Peg (J)	½ hand	"Falling of the Womb"	same
January 28, 1853	Prissy (J)	Asst. nurse	No report	Appears sold to J. Glover
January 28, 1853	O'Peg (J)	Nurse	No report	same
January 28, 1853	Maria (E)	Nurse	N/A	same
January 12, 1854	Maria (E)	Nurse	N/A	same
January 13, 1854	O Lizzett (J)	Nurse	No report	No report except now called "old"

TABLE 2.1 (continued)

Casebook entry date	Name*	Job	Condition	Sale status
January 13, 1854	Phoebe (J)	Nurse	No report	Repaired
January 13, 1854	Prissy (J)	Asst. nurse	No report	same
January 10, 1855	O Lizzett (J)	Nurse	No report	same
January 10, 1855	Phoebe (J)	Nurse	No report	same
January 10, 1855	Prissy (J)	Asst. nurse	No report	same
January 1, 1856	O Lizzett (J)	Nurse	"Very Old"	same
January 1, 1856	Phoebe (J)	Nurse	No report	same
January 1, 1856	Prissy (J)	Asst. nurse	No report	same
January 11, 1856	Maria (E)	Nurse	N/A	same
January 11, 1856	Hagar (E)	Asst. nurse at the Swamp (another plantation)	N/A	same
January 6, 1857	O Lizzett (J)	Nurse	"Very Old"	same
January 6, 1857	Phoebe (J)	Nurse	No report	same
January 6, 1857	Prissy (J)	Asst. nurse	No report	same
January 1, 1858	O Lizzett (J)	No job reported	"Very Old"	same
January 1, 1858	Phoebe (J)	Nurse	No report	same
January 1, 1858	Prissy (J)	Asst. nurse	No report	same
January 1, 1859	O Lizzett (J)	No job	No report	same
January 1, 1859	Phoebe (J)	Nurse	No report	same
January 1, 1859	Prissy (J)	Nurse	No report	same
January 1, 1859	Orinter (E)	¼ hand	"very old infirm"	same
January 1, 1859	Maria (E)	Nurse	N/A	same

Source: Glover Family Papers.

*The initials in parentheses indicate whether the slave belonged to John (J) or Edward (E) Glover.

Phoebe's transition from patient to nurse is interesting because of how she was described and listed by her owners. She was first described by the generic term "diseased." A few years later, Phoebe's uterus prolapsed. By 1859, she was described by the work she performed on the plantation, "nurse." On the Glover plantations, Phoebe shared similar life patterns with many of the women assigned to work as plantation nurses. They first toiled as field hands. After experiencing illness, usually a gynecological one, these bondwomen became plantation nurses. Most slaves were agricultural laborers, so the fact that the Glovers' owned so many women who were nurses illustrates how regularly the enslaved on their three plantations became ill.

Figures 2.1–3 are records from the Glover family plantation books showing how sick bondwomen transitioned into nursing. Old Lizzett, who is listed as number 13 in the ledger, had an illness in January 1851 that reduced her value so greatly that in the section under “hands” her box was left blank (see fig. 2.1). Old Lizzett’s age along with her illness probably affected her ability to perform work like the other Glover slave hands. Phoebe, who is listed as number 22 in the ledger book, had a fallen womb. Her gynecological condition had her valued at ½ hand status, which indicates that her labor output was reduced by half because of her condition. By the next year, Old Lizzett was back to nursing, and so was Phoebe. Melia, another slave on one of the Glover plantations, was sold in 1851, along with eighteen others, for \$263. She was the only enslaved woman whose entry on the list included a reason for her being sold, “falling of womb” (see fig. 2.3)

The surviving records do not indicate how these women gained their medical training and expertise. However, many enslaved women provided medical care to one another and their community members, so it is quite possible that older midwives might have chosen younger women whom they were close to, had shared medical experiences with, or were related to. Importantly, just as enslaved women in Colleton County, South Carolina, worked as midwives and nurses in 1859, formal gynecology pioneered by white men was also moving ahead.

Enslaved nurses such as Old Lizzett, Old Peg, and Phoebe also trained younger enslaved women like Prissy in the healing arts. Table 2.1 provides information on what happened to sick women on the Glover plantations as slaves were transitioned from patients in their “sick beds” to plantation nurses as they worked in the “sick house.” Those who were deemed “inferior,” like Melia, a half-hand field worker, were sold (see Table 2.1, casebook entry for Jan. 28, 1851).⁷³ Melia, who was owned by Edward Glover, fetched a low price of only \$263. In fact, the Glover brothers kept a list of “worthless” slaves and titled the records of these people “List of Inferior Negroes.”⁷⁴ Many of the women were indexed as having reproductive ailments like Melia. As plantation owners rid themselves of undesirable and “inferior” slaves, those who provided value were used until they could no longer be exploited. The slave nurses, like Old Peg and Phoebe, were on call day and night to care for members of their plantation communities and sometimes local townsfolk who fell ill. South Carolinian Harry McMillan recalled that women “in the family way” on his plantation worked with the same physical intensity as male slaves in the fields. When a parturient enslaved woman “was taken in labor in the field some of her sisters would help her home.” McMillan stated that “an old midwife . . . attended them.”⁷⁵

*A list of the Negroes received by Jos Glover
the 25th of January 1851 —*

No	Names	Hands	Remarks
1	Lucy	1	
2	Hannah	1	
3	Chloe	c	Born Feb 9 th 1844
4	Mingo	c	Born in 1846
5	Patty	c	Born in 1849
6	Hector	1	
7	Hannah	1	
8	Freeman		Put to carpenter trade 13 th of Jan
9	Genah	c	
10	Liddy	c	Born in 1845
11	Silvey	c	Born July 1847
12	Hector	c	Born 28 th of Nov 1849
13	Old Lizzett		Infirm
14	Silvey	1	
15	Linney	c	
16	Lavinia	c	
17	Hannah	c	
18	Kelby	c	Born in 1849
19	Primus	c	Born 2 nd of June 1850
20	Edward	1	
21	Dandy	1	
22	Phoebe	1/2	Falling of the womb
23	Cliza	1/2	
24	Poc	c	
25	Flora	c	Born in 1845
26	Munger	c	Born in 1848
27	Old Rachel		Poultry minder —

FIGURE 2.1 List of slaves owned by Joseph Glover, 1851.

Glover Family Papers, South Caroliniana Library,
University of South Carolina.

A list of my Negroes on Mt Pleasant Jan^{ry} 1850

No	Names	Males	Females	Remarks	Color
1	Sam	1		brn	9
2	Nelly	1	1		6
3	Wm	1	1		6
4	Sue	1	1		6
5	Stephen	4			4 B
6	Fannie	4			3 B
7	Amelia	1	1		6
8	Lucy	4		died Oct 9 th 1856	3 B
9	Heater	1		Stout minded	6
10	Nannah	1	1		6
11	Freemason	1		Carpenter	6
12	Tamar	1/4	6		6 B
13	Liddy	4			4 B
14	Silvey	4			3 B
15	Heater	4			3 B
16	Stall	4			3 B
17	Rincky	4		Down Sept 21 st 1855	3 B
18	Oliver	1		Aunt, very old	6
19	Silvey	1	1		6
20	Finnie	1/2	1		6
21	Lavinia	4			4 B
22	Nannah	4			3 B
23	Kitty	4			3 B
24	Edward	1	1		6
25	Phoebe	1		Aunt	7
26	Eliza			House servant	6
27	Joe	6		Poultry minder	5 B

FIGURE 2.2. List of slaves owned by Joseph Glover, along with their occupations, 1851. Glover Family Papers, South Caroliniana Library, University of South Carolina.

A list of the Negroes sold from my Estate of Mt Pleasant

The following are Negroes sold, with the consent of Jos Glover, by the arrival at age -

No	Names	H	Remarks
1	Patience	c	House servant.
2	Dan	c	
3	Cuppy	c	
4	Lammy	3/4	No count.
5	Pender	1/2	had file.
6	Tamar	1/2	had file.
7	Doctor	1	No count.
8	Elizabeth	1	" "
9	C. Toob		Carpenter.

The following are Negroes, sold by Jos Glover 28th of January 1851 \$263. a piece

No	Names	H	Remarks
1	Sue	1	
2	Justice	c	
3	Sissy	c	
4	Fanny	1/2	
5	Melia	1/2	Falling of womb
6	Maria	c	
7	Joan	1	
8	Fanny	c	
9	Leah	1	
10	Fanny	c	
11	Maria	1	
12	David	c	
13	Hill	c	

FIGURE 2.3. List of slaves sold by Joseph Glover, 1851. Melia was sold because of her fallen womb. Glover Family Papers, South Caroliniana Library, University of South Carolina.

Two decades later, a Mississippi planter shared with other slave owners that he sent his sick “negroes” to his “large and comfortable” slave hospital to be taken care of by “a very experienced and careful negro woman.”⁷⁶ There is little doubt that this slave owner, who bragged that he had “not lost a hand since the summer of 1845 (except one . . . killed by accident),” treasured the expertise of his very capable and skilled slave nurse. The master added that his “physician’s bill averaged fifty dollars a year.”⁷⁷ Maintaining enslaved bodies and extending the lives of slaves yielded a palpable increase in the net worth of slave owners.

In southern states, slave owners knew full well the “added value of females due to their ability to generate capital gains.”⁷⁸ Birthing slaves depended on two factors: an increase in birthrates among enslaved women and the maintenance of bondwomen’s reproductive health. Table 2.2 compares the prices of both male and female slaves in six southern states over a one-year period, 1859–60. The slaves included in this comparison lived in Virginia, South Carolina, Georgia, Alabama, Mississippi, and Texas. Of the indexed females whose ages were listed, all but one were presumably of childbearing age. The table shows that in Georgia, South Carolina, and Texas, slave women could be as valuable as highly prized male slaves. In one of the South Carolina cases, a young slave girl was valued at \$1,705.

WPA slave narratives and slave management journals contain numerous accounts linking economic growth, pregnancy rates, and medicine. It is incorrect, however, to attribute white men’s concern with slave women’s reproductive and gynecological health care to benevolence. The solicitude that slave owners exhibited concerning the health of black women’s wombs was tied to the bankability of the women’s reproductive capability, and not their owners’ magnanimity. The action of Mr. James Conway, a Danville, Virginia, slave owner illustrates this point. Responding to the urgent exhortations of one of his pregnant slaves, a thirty-five-year-old married mother, Conway attempted to heal her himself. Because she had given birth previously, Conway must have valued her ability to reproduce. He first bled the sick bondwoman, gave her a laxative, and then administered laudanum “to prevent abortion.”⁷⁹

The women who performed the essential duties of birthing babies and saving valuable slave lives were also skilled laborers. Many of their illnesses stemmed from having to perform both reproductive and manual labor. An anonymous overseer from South Carolina wrote in an 1828 slave management manual about the ineffectiveness of physicians and surgeons and recommended training slave women to provide health care when possible. He opined, “An intelligent woman will in a short time learn the use of medicine.”⁸⁰ As noted earlier, an examination of the varied agricultural labor and health care ser-

TABLE 2.2 Prices of Male and Female Slaves, 1859 and 1860

State and year	Age	Description	Price of male slave	Price of female slave
Alabama, 1859	19		\$1,635	
Georgia, 1859		Cotton hand, house servant		\$1,250
South Carolina, 1859		Field hand	\$1,555	
Texas, 1859	17, 14		\$1,527	\$1,403
Alabama, 1860	18, 18, 18			\$1,193
Georgia, 1860	21	Best field hand	\$1,900	
Georgia, 1860	17	With nine-month-old infant		\$2,150
Georgia, 1860		Prime, young	\$1,300	
Mississippi, 1860		No. 1 field hand	\$1,625*	\$1,450*
South Carolina, 1860		Prime	\$1,325	
South Carolina, 1860		Wench		\$1,283
South Carolina, 1860		Girl		\$1,705
Texas, 1860	21, 15		\$2,015	\$1,635
Virginia, 1860	17–20	Best	\$1,350–\$1,425*	\$1,275–\$1,325*

Source: Woodman, *Slavery and the Southern Economy*, 89.

*Based on average price listing.

vices that the Glovers’ bondwomen performed reveals some interesting data. Enslaved women who worked on the Glover plantations as nurses typically suffered from reproductive conditions prior to becoming nurses and midwives. On the Glovers’ plantations, at least two or three younger slave women served as apprentices to plantation nurses. These records reveal that owners valued women who provided this kind of labor and allowed for their training over the years. Further, when historians reassess which slaves were considered skilled laborers, plantation nurses and midwives must be included in their accounting.

Aunt Philis, an elderly slave who lived on the Pope Plantation near Port Royal, South Carolina, shared her thoughts about black women’s health care on her plantation. She was convinced that slave masters’ demands on pregnant slave women had a negative impact on fetal development and rendered the women unable to produce milk for their infants. Aunt Philis stated, “Dey used to make we work, work, work, so poor moder hab nuffin to gib her child—child starve ’fore it born—dat’s what make ’em lean, like buzzard.”⁸¹

Adeline Johnson, who was enslaved in Winnsboro, South Carolina, reported that her doctor, Henry Gibson, worked pregnant enslaved women in the fields until they were near delivery. Johnson declared, “Yes, women in family way

worked up to near the time, but guess Dr. Gibson knew his business. Just before the time, they was took out and put in the carding and spinning rooms.”⁸²

On Hopedale Plantation, in the Richland district of South Carolina, women performed the same labor as male field hands, picking and chopping cotton. During a three-month period, bondwomen surpassed their male cohorts in terms of the individual amounts of cotton picked on three separate occasions, though they represented on average only 37.06 percent of the total field-hand population on the Hopedale Plantation. Table 2.3 provides a statistical breakdown of the amount of work performed by a typical Hopedale Plantation slave field hand. The statistics do not reveal whether the women working in the cotton fields were pregnant, but it can be assumed that some probably were.

Bondwomen Jenny and Mary, who were field hands on this plantation, routinely outperformed their male counterparts, sometimes picking upward of 781 pounds. If these women were pregnant, the sheer amount of physical labor they performed hoeing, picking, and chopping cotton certainly had the potential to impact negatively their reproductive health and pregnancies. Even while in the fields, many enslaved women were dressed improperly in clothes that provided little protection against bug bites, the heat, and the sharp features of the mature cotton plant. Delia Garlic remarked, “I never had a undershirt until just before my first child was born. I never had nothin’ but a shimmy and a slip for a dress.”⁸³

Enslaved men also observed the ways that black women suffered from white intrusion and exploitation and how the women supported those among them who were “in the family way.” In an interview years after his enslavement, Sam Polite recalled, “She have midwife for nine day and sometime don’t have to work for month when baby born.”⁸⁴ His comments about the medical treatment and recovery of pregnant bondwomen on his former plantation shed light on enslaved black women’s practice of seeking privacy within homosocial spaces. Yet the privacy that enslaved women desired during childbirth was depended on their white owners’ allowance. For example, on July 13, 1862, an Alabama physician recorded his frustrations about a black midwife’s alleged misdiagnosis of an enslaved woman’s contractions: “This case had been seen two or three times in the last month by a midwife fearing that she would not do well. They sent for me at which time labor was completed without any trouble.”⁸⁵ Clearly the pregnant woman was in the throes of such a painful delivery that her midwife requested the doctor’s services, a relatively rare occurrence. Yet the doctor dismissed the pregnant bondwoman’s pain as stemming from constipation. He could not imagine that the expectant woman might have been experiencing early and false labor pains, which is a common occurrence.

TABLE 2.3 Comparison of Quantity of Cotton Picked per Week according to Slave’s Gender

Date	Percentage of hands who were female	Percentage of hands who were male	Total pounds of cotton picked by women (and percentage of total picked)	Total pounds of cotton picked by men (and percentage of total picked)	Pounds picked per woman	Pounds picked per man
August 25, 1852	37 percent	63 percent	4,359 (40.78 percent)	6,331 (59.22 percent)	335.30	287.70
September 2, 1852	37 percent	63 percent	4,435 (39.41 percent)	6,818 (60.59 percent)	341.15	309.90
October 1852	41.2 percent	58.8 percent	4,251 (40.7 percent)	6,191 (59.3 percent)	303.64	309.55
October 1852	34.4 percent	65.6 percent	4,175 (36.51 percent)	7,262 (63.49 percent)	379.55	345.81
October 1852	36.4 percent	63.6 percent	4,630 (35.1 percent)	8,809 (64.9 percent)	306.92	419.48
October 1852	36.4 percent	63.6 percent	5,980 (40.87 percent)	8,651 (59.13 percent)	498.33	411.95

Source: Record and Account Book, 1852–1858, James Davis Trezevant Papers.

The work week for men and women who picked cotton ranged from Monday through Saturday on the Hopedale Plantation. Sunday was the only day that masters did not force their slaves to pick the crop.

The careful management of reproduction by the antebellum slavocracy proved financially lucrative. Bondwomen were acutely aware of their roles in this industry and abetted it by acting as mediators of their own bodies with one another, their lovers, plantation nurses, mistresses, and owners. Sometimes, as Adele Frost recounted, they worked alongside their mistresses. On Adele's Parker's Ferry Plantation, South Carolina, they did not have a doctor. Her "missus and one of the slaves would attend to the sick."⁸⁶

Reproductive medicine proved to be capacious enough to include almost every member of the slave community except black men, who were neither consulted nor considered, at least in medical journal articles, about the medical lives of black enslaved women. An important aspect of bearing children for enslaved women derived from the complex West African meanings of womanhood and motherhood that were attached to their intimate and loving relationships with black men. Marriah Hines relished the fact that her master wed her luckily "to one of the best colored men in the world."⁸⁷ She boasted to her interviewer that she had "five chullun by him."⁸⁸

In spite of the joy some enslaved women experienced by having children, others could only lament the brutal and painful impact of slavery on their lives. Mary Reynolds very candidly stated, "Slavery was the worst days was ever seed in the world. They was things past tellin'. . . . I seed worse than what happened to me."⁸⁹ Reynolds's secrecy about "things past tellin'" demonstrates how dissemblance aided black women in emotionally reckoning with a system that could very well affect their sanity.

Enslaved women's determined insistence on reproductive autonomy and parental authority pushed forth a slave liberation doctrine that stressed their humanness, strength, resiliency, and intelligence. Despite the boundaries of status and ownership, many bondwomen continued to express feelings of overwhelming joy about motherhood as they sought to plan families. With a combination of thought, planning, and cunningness, female slaves challenged and questioned the notion of slaves as merely movable property, with no power over their reproductive lives. Instead, enslaved women risked the breakup of their families and even the threat of violence in order to birth children on their terms. All the while, enslaved women continued to negotiate their places within this new branch of medicine.

Some enslaved women were defiant in their choice to doctor other bondwomen, like Rena Clark, a slave nurse. The Lafayette County, Mississippi, slave proved far more essential to her owner as a plantation midwife and nurse than his agricultural workers because the specialized labor she provided earned especially high profits. Further, Clark noted that her mistress, Rebecca Pegues, taught her to read when she was twelve years old, and by fifteen years of age,

Rena had become the plantation's midwife, no small feat. After some time, Nick Pegues allowed her to service the local white community. Proud of her work doctoring women, Clark identified herself as an "herb doctor" who could cure almost any woman's ailment. She declared defiantly that she did not "fool wid doctoring no mens," explaining, "I don't know nothin' about their ailments. It always looked like dey could take care of deyselves anyhow. I just doctors women troubles."⁹⁰ Unabashedly proud of her specialized work in women's medicine, as a "mother of gynecology," Clark made contributions that paved the way for later black women thinkers and writers like novelist Alice Walker, who coined the word "womanist," the racially and gender-rooted term to describe black feminist concerns.⁹¹ Rena Clark's work stemmed from the dismal realities that bondwomen faced within enslavement. She invoked a deep connection to West African healing practices by using the term "herb doctor" instead of "midwife" to describe herself. By doing so, she revealed how the secular and the sacred interacted in the ways that black women healers viewed themselves.⁹²

As much as they could, enslaved black women planned and aborted pregnancies, engaged in sexual relationships with men they chose to love, and passed on medicinal knowledge to their loved ones despite the threat of physical punishment and retaliation by doctors and slave masters. In the examples provided earlier, enslaved midwives reported black women's rapes and tried to protect their reputations and the lives of black mothers and children by requesting the services of white doctors whom they knew their owners respected; during slow periods in their work schedules, they conceived children with black men they loved. When ill, enslaved women brought their weakened bodies and damaged psyches with them to doctor's offices; they presented their fragility as a counter to the damaging ideologies and narratives that "othered" their supposedly stronger black bodies.⁹³

Formal institutions of healing such as medical colleges and hospitals, whose doctors increasingly viewed the enslaved as "clinical matter," were the domains of white men; yet enslaved women exercised some agency, as best they could, in their sick houses because white doctors were often absent in these spaces. Black women also knew that sick houses provided relief from agricultural labor and unceasing domestic duties because in them they could recuperate without performing grueling labor. They possessed a sophisticated understanding of uncertain risks, exploitation, and the sometimes-brutal medical treatments they endured by doctors.

As gynecology developed, the relationships that enslaved women had with their owners and doctors served as one of the blueprints for the medical field. A major part of enslaved women's discontent over how their bodies were

treated in medicine originated in the sexual relations between these women and white men. The records of the sexual abuse of black women are voluminous, and sources evidence how some bondwomen suffered physically from many of these brutal sexual encounters with white men (and sometimes fellow enslaved men). Therefore, one can infer that once white southern men entered the medical field and began working on black women's bodies, enslaved women were confronted with having to work through a plethora of emotional responses such as hesitancy, resistance, despair, and fear. The contested relations around sex and black women, gynecology's birth, and slavery's growth are inextricably entwined with the emergence of women's professional medicine in the antebellum era.

CHAPTER THREE



CONTESTED RELATIONS

Slavery, Sex, and Medicine

Before striking me, master questioned me about the girl. . . . I only knew that she had been with child, and that now she was not, but I did not tell them even of that.

—Mrs. John Little, recounting her silence about a bondwoman's abortion

IN AUGUST 1831, A YOUNG ENSLAVED GIRL, OWNED BY MRS. LEGAY OF Christ Church Parish, South Carolina, underwent one of the most traumatic experiences imaginable: an enslaved man brutally raped and sodomized her. The slave girl's physical damage was so extensive that she was unable to urinate for a week after her rape, her anus was excoriated, and she experienced symptoms similar to dysentery—severe diarrhea with either blood or mucus in the feces. As many victims of rape do, she kept the tragic event hidden until her body revealed the secrets she had held on to in silence.¹ The girl's health continued to deteriorate quickly, and her owner summoned Dr. R. S. Bailey to treat her. After Bailey's examination, the young girl revealed the details of her rape, identified her rapist, and told the doctor that he "had since absconded."²

The sexual exploitation of enslaved women often worked in tandem with physicians' medical explorations and publications that medicalized sexual assaults and their physical effects on women. In an effort to illustrate this claim, this chapter draws on several oral histories of former slaves, medical case narratives, slave owners' personal papers, and judicial cases. In the case of Dr. Bailey's patient, her life is representative of the harrowing experiences that many female slaves endured. This black girl, who was never safe from either black