

Chapter Three: Constructing the Slave Body

The influence of slave bodies on the medical profession is extremely well documented.¹ Physicians regularly acknowledged that they had slave patients whom they treated and experimented upon. Regulars were vocal about the specialized knowledge they possessed which, they argued, made them especially capable of caring for blacks. Physicians used their frequent medical encounters with slave patients to legitimate the nineteenth-century social construction of the slave body. Many physicians concluded that African Americans were physically and intellectually inferior to whites and therefore naturally suited to slavery. Because of these perceived differences, white physicians treated slave bodies in ways that they would not and did not treat white bodies.

This chapter examines the ways in which the medical profession in the south was affected by the physical presence of African Americans. Informed by their perceptions of African American physiological differences, physicians used the presence of slaves to argue that the South was a medically distinctive region and to press for the need for southern medical schools, societies, and journals. They were motivated by the desire to permanently establish the reputation of the medical profession and secure its future and theirs. This chapter is a departure from the previous two which focus on the transfer of medical knowledge from slaves to whites and clearly establishes the agency of slaves. Their agency had limits, however, and the ways in which physicians reinforced the boundaries and used slave bodies for their own advancement further reveals the ambivalence of the nineteenth-century white medical community. Although influenced by the medical knowledge of slaves, physicians were nonetheless willing to argue for slave inferiority.

The slave body was one site of the battle between slaves on one hand and owners and physicians on the other. At one extreme, this battle was fought over the often-denied rights of slaves to decide on appropriate medical treatment for themselves and their families. A common trait of slaveowners was the desire to be informed when a slave was ill in order to make decisions regarding the slave's treatment. The degree to which slaveowners consulted slaves in matters concerning their own health varied. Dr. P. Tidyman recommended in the prominent *Philadelphia Journal of Medical and Physical Sciences*, that "it should always be left to the choice of the patient, to go into the hospital or be attended in his house. It is the interest and duty of the owner to consult the feelings of the slave."² Tidyman's views were the exception, however, and although he advocated respecting the slave's wishes in terms of the location of treatment, he

¹ Walter Fisher, "Physicians and Slavery in the Antebellum Southern Medical Journal," *Journal of the History of Medicine and Allied Sciences* (January 1968):45-46.

² P. Tidyman, "Sketch of the Most Remarkable Diseases of the Negroes of the Southern States with an Account of the Method of Treating Them, Accompanied by Physiologic Observations," *Philadelphia Journal of Medical and Physical Sciences* 12 (1826), 337.

stopped short of recommending that slaves be allowed to decide the preferred method of treatment. The existence of African-American medical knowledge has been established. Possessing healing knowledge, however, was not a guarantee of liberty to use it. African Americans were often denied that opportunity. At the other extreme, the battle involved the rights of white owners and physicians to use slave bodies in medical experiments and autopsies. The medical relationship between owners and slaves was marked by the conflicting desires of slaves and owners to make decisions regarding the slave's body.

The Body

In considering the influence of the slave body, this chapter is meant to contribute to the growing historiography of the Body. Although often overlooked or taken for granted, the human body has a history.³ Perceptions of the body have been used as a means of social control. Those in control have sought to maintain that power by constructing inferior Others. In the nineteenth-century, this Other was often cast in the form of the African American. David Arnold refers to this process as the "colonization" of the body. Although his focus is colonial India, Arnold's observations hold true in the United States. In the nineteenth century bodies were "counted and categorized ...disciplined, discoursed upon, and dissected."⁴ Southern physicians, many of whom were slaveowners themselves, sought to center their professional authority and identity on the uniqueness of the slave body. Scholars Jacqueline Urla and Jennifer Terry, in their introduction to a book of essays entitled *Deviant Bodies*, argue that for the nineteenth century, an ideal body in the image of a "robust, European, heterosexual gentleman" was constructed.⁵ All other types were seen as deviant in some way. It is not a coincidence that the ideal tended to fit the scientists and others responsible for its construction.

The story of Sarah Bartmann, better known as the "Hottentot Venus" speaks to the tendency of nineteenth-century scientists to classify racial groups and construct hierarchies based on human differences. As a female of color from "savage" Africa, Bartmann was a far cry from the white "civilized" European male. Bartmann worked in South Africa as a servant for Peter Cezar who took her to London in 1810 and arranged to put her on display. Scientists regarded with curiosity her buttocks and genitalia. Attendees of the London shows and the traveling shows in which she appeared saw her as "exotic" and a welcome addition to the shows which featured among their attractions, "talking pigs, animal monsters, and human oddities" such as "the Fattest

³ Catherine Gallagher and Thomas Laquer, eds. *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Berkeley: University of California Press, 1987), vii.

⁴ David Arnold, *Colonizing the Body*, 9.

⁵ Jennifer Terry and Jacqueline Urla, eds. *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington and Indianapolis: Indiana University Press, 1995): 4.

Man on Earth, the Living Skeleton, fire-eaters, midgets, and giants.”⁶ When Bartmann died in Paris in 1815, Georges Cuvier, the famed French scientist, dissected her body. The Musée de l’Homme still has in its collection Bartmann’s preserved brain and a wax model of her genitalia, although they are not displayed. The writings of scientist Cuvier and others who studied Bartmann clearly reveal more about their views of race and gender than they offer insight about Sarah Bartmann.⁷ Although most slaves were not placed on such public display, their bodies were also subject to speculation and sometimes unwanted medical treatment.⁸

Race

Inextricably tied to the concept of the body are notions of race. The argument for the inferiority of those of African descent and the justification for slavery hinges on views of race.⁹ Although often thought of as a natural, biological category, recent scholars have begun to locate race in its proper place in the oft-cited trilogy of power relations: race, class and gender.¹⁰ In this setting, race as a social, cultural and political construct is emphasized. Race was and is a way to classify people already viewed as inferior.¹¹ As Anne Fausto-Sterling puts it in her article about Sarah Bartmann, although “human racial difference, while in some sense [is] obvious and therefore

⁶ Anne Fausto-Sterling, “Gender, Race, and Nation: The Comparative Anatomy of ‘Hottentot’ Women in Europe, 1815-1817,” in Terry and Urla, *Deviant Bodies*, 29.

⁷ For more on Sarah Bartmann, see Fausto-Sterling, “Gender, Race, and Nation,” 19-48; and Stephen Jay Gould, “The Hottentot Venus,” in *The Flamingo’s Smile: Reflections in Natural History* (New York and London: W.W. Norton & Company, 1985): 291-305. For more on European perceptions of the physical nature of blacks, see Winthrop D. Jordan *White Over Black: American Attitudes Toward the Negro, 1550-1812* (New York and London: W.W. Norton & Company, 1968).

⁸ According to Robert Bogdan in his study of American freak shows, whites throughout the United States were already accustomed to seeing blacks. When they visited a freak show, they were interested in seeing something different, i.e. “warriors, the bestial Africans, and the pygmies.” Showmen, in putting together these popular exhibits, attempted to “mold the presentations of the Africans ... to justify slavery and colonialism - that is, to confirm Africans’ inferiority and primitiveness.” Robert Bogdan *Freak Show: Presenting Human Oddities for Amusement and Profit* (Chicago and London: University of Chicago Press, 1988), 187.

⁹ For an informative summary of the debate about which came first, race or slavery, see Audrey Smedley, *Race in North America: Origin and Evolution of a Worldview*. Boulder: Westview Press, 1993, 96-112.

¹⁰ Recent theoretical studies of race include David Brion Davis. “Constructing Race: A Reflection.” *The William and Mary Quarterly* 54 (January 1997): 7-18; Eileen Boris. “Gender, Race, and Rights: Listening to Critical Race Theory.” *Journal of Women’s History* 6 (Summer 1994): 111-134; Evelyn Brooks Higginbotham. “African-American Women’s History and the Metalanguage of Race.” *SIGNS: Journal of Women in Culture and Society* 17 (Winter 1992): 251-274; Smedley, Audrey. *Race in North America: Origin and Evolution of a Worldview*. Boulder: Westview Press, 1993.

¹¹ Smedley, *Race in North America*, 26.

‘real,’ is in another sense pure fabrication: a story written about the social relations of a particular historical time and then mapped onto available bodies.”¹² Race has everything to do with power relationships and the differences between “Us” and “Other.” In the nineteenth-century south, being black was synonymous with having little or no power. Lacking power, blacks were unable to refuse to participate in medical experiments and often unable to stop their relatives or friends’ bodies from being dissected to further the education of white medical students.

Southern Distinctiveness

Nineteenth-century physicians argued that the south was medically distinct from all other regions of the country. They cited a number of factors as evidence, all of them related. The presence of a large black population was one of the most important characteristics of this specificity. Others included the specificity of southern disease as well as the southern climate, geography and diet. Southern distinctness required distinctly southern medical journals, schools, and societies, and a separate system of therapeutics.¹³ Calomel is an example of the type of therapy whose use doctors determined based on the patient’s identity. According to the physicians’ argument, the southern heat and predilection for malaria stimulated the liver. Therefore, it was necessary to give calomel in larger doses and more frequently in the south than to patients elsewhere in the country, to produce the same effect.¹⁴ The presence of large numbers of blacks in the south compounded the need for an understanding of the medical differences between blacks and whites and the discrete treatments they required.

According to physicians, blacks were just plain different. They felt less pain than whites, their difference in color enabled them to better endure the heat of the sun, they were less susceptible to fever but more susceptible to cold, respiratory ailments, fevers and yaws, they were less prone to diseases such as yellow fever and malaria but more liable to suffer from other diseases, such as tetanus. Blacks’ cases of yellow fever tended to be less severe and more treatable than those of whites. Continuing the list of supposed physical or medical differences, blacks slept more when given the opportunity but when deprived of sleep they suffered less. Their skins were thicker, they reached puberty earlier and they were inferior in intellect.¹⁵ Tidyman outlined what he

¹² Fausto-Sterling, “Gender, Race, and Nation,” 21.

¹³ See John Harley Warner, “The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South,” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers (Madison: The University of Wisconsin Press, 1985): 53-70.

¹⁴ Warner, “Southern Medical Distinctiveness,” 54.

¹⁵ See P. Yandell, “Remarks on Struma Africana, or the Disease Usually called Negro Poison, or Negro Consumption,” *Transylvania Journal of Medicine and the Associated Sciences* 4 (1831), 83-103. Also see James O. Breeden, “States-Rights Medicine in the Old South,” *Bulletin of the New York Academy of Medicine* 52 (March - April 1976): 348-372. For a more recent, biohistorical look at differences between white and black disease

considered the major differences in an article published in 1826 article in the *Philadelphia Journal of Medical and Physical Sciences*. According to Tidyman, differences existed in the bone system, the skull dimension, in internal organs and the nervous system. Physicians searched for empirical evidence to support their beliefs that whites and blacks were affected differently by diseases and other health conditions.¹⁶

To nineteenth-century physicians who outlined these differences, these variances meant that some treatments that typically worked for whites were not appropriate for blacks.¹⁷ For example, since African Americans were supposedly less affected by malaria, their treatment was more simple than that of whites.¹⁸ In addition, fever, which was an extremely serious condition for whites, was relatively easy to remedy in blacks. Doctors often gave whites a cold bath treatment but rarely if ever used it for blacks. Along the same lines, Tidyman also maintained that blacks on plantations required less bleeding than did whites or blacks living in cities. Dr. John Wilson agreed with this assessment. According to Wilson, the black has “*less vital resistance than the white man, and does not bear active treatment so well* [italics in original]. It is a mistaken notion that negroes, because they are stout and have large muscles, can bear almost any amount of puking, purging and bleeding.”¹⁹ Due to the physical differences of blacks, their care should only be attempted, according to southern physicians, by those who were familiar and had experience with blacks as patients.

immunities and susceptibilities, see Kenneth F. Kiple and Virginia Himmelsteib King, *Another Dimension to the Black Diaspora: Diet, Disease, and Racism* (Cambridge: Cambridge University Press, 1981).

¹⁶ For more on these diseases and conditions, see Todd Savitt, “Black Health on the Plantation: Masters, Slaves, and Physicians,” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers, (Madison: The University of Wisconsin Press, 1985):313-318. He also addresses, from a twentieth-century medical perspective, the sickle cell trait that is now recognized as providing some of the immunities to disease that nineteenth-century physicians observed.

¹⁷ Yandell, “Remarks on Struma Africana”, 83-103. I do not intend to address twentieth-century biomedical conclusions concerning differing susceptibilities or immunities to disease of blacks and whites.

¹⁸ P. Tidyman, “Sketch of the most remarkable diseases of the Negroes of the Southern States with an account of the method of treating them, accompanied by physiological observations,” *Philadelphia Journal of Medical and Physical Sciences* 12 (1826): 316-317.

¹⁹ John S. Wilson, “The Negro,” *American Cotton Planter and Soil of the South*, n.s. 2 (November 1858):355; 3 (February, March, June, July 1859): 67-68, 92-93, 197-198, 228-229. Quoted in James O. Breedon: *Advice among Masters: The Ideal in Slave Management in the Old South* (Westport, Conn.: Greenwood Press, 1980), 220.

Argument for Southern Medical Education

Nineteenth-century physicians believed in a principle of specificity. In other words, doctors tailored medical treatments to the individual patient and his or her environment rather than to the disease itself. Physicians all over the United States followed this basic tenet. However, in no other region of the country did doctors extend this idea as far as in the south.²⁰ They used it to buttress their argument that only doctors who had experience treating blacks should have access to them as patients. It followed then, that the best place to gain this invaluable experience was through a southern medical education. This argument was prevalent from the 1830s throughout the antebellum period and appeared frequently in medical literature. “The peculiarities in the diseases of negroes are so distinctive that they can be safely and successfully treated, as a general rule, only by southern physicians, with a *Southern education*” [Italics in original].²¹ Appeals to found medical institutions also directly addressed doctors’ fears of northern competition, as in this issue of the *Baltimore Medical and Surgical Journal and Review*, published in 1834 which called for a southern institution whose object would be to offer students “the same advantages in the prosecution of Medical Science which are offered in most Northern cities.” The article went on to suggest that “the spirit of the times seem to call upon us for exertion, that we may not be outstripped in the race of honorable competition.”²² It is obvious that, as John Harley Warner suggests, southern physicians were among other southerners who were sensitive to charges of their “economic and political inferiority, immorality, and social backwardness.”²³ They needed southern medical institutions to prove themselves. In an 1853 article in the *Virginia Medical and Surgical Journal*, James B. McCaw argued for more southern medical colleges.

The southern medical student should be educated in the south, to be familiarized with the peculiar diseases of our climate, and the adaptation of remedies to the peculiar constitution of the negro; ask any sensible slave-owner, who is familiar with the disease, if he is willing to see his negro bled twice a day for pneumonia, when he will probably need sustaining and stimulant treatment to get him safely through.²⁴

²⁰ John Harley Warner, “A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education,” *Bulletin of the History of Medicine* 57 (Fall 1983), 365.

²¹ Breedon, *Advice Among Masters*, 220.

²² James P. Jarvey, “Southern School of Practical Medicine,” *Baltimore Medical and Surgical Journal and Review* 2 (1834).

²³ Warner, “A Southern Medical Reform,” 367.

²⁴ James B. McCaw, “On the Present Condition of the Medical Profession in Virginia,” *Virginia Medical and Surgical Journal* 2 (October 1853), 47.

Historians point to several factors that help explain the push for southern medical education. For one thing, the emphasis on distinctiveness paralleled and may have been influenced by the rise of sectionalism in politics. In addition, northern attacks on the institution of slavery encouraged doctors' arguments concerning the differences between blacks and whites. Doctors and others used their observations of differences to help justify slavery. Another incentive was that the south, in losing southern students to northern medical schools, also suffered a loss economically and risked the students' exposure to "radical thought." Medical historian John Harley Warner acknowledges all of these as factors in the southern argument but contends that the more important motive to southern physicians was to raise the status of the southern medical profession as a whole.²⁵ Southern physicians, Warner argues were aware of the loss in status suffered by the medical profession as a whole and by the south in general and believed they could remedy the situation with a successful medical educational system in the south.

Medicine went through a number of changes in the nineteenth century. One of the most significant was in the field of internal medicine. At the beginning of the nineteenth century, physicians conducted their physical examinations in what we would consider a rather superficial manner. At best, they took the patient's pulse. Instruments that we consider necessary in order for physicians to make their diagnoses, such as the stethoscope, thermometer, microscope and percussion hammer, had not yet been invented. By the end of the nineteenth-century doctors routinely used these and other instruments. In order to handle them properly and to be able to interpret what they learned from using these instruments, medical students required specialized training. Hands-on training was needed, which was very different from the more passive approach to learning that characterized medical education to this point and continued into the early twentieth-century.

An important part of this hands-on training called for the availability of bodies, or cadavers with which to teach "practical anatomy."²⁶ In the nineteenth-century bodies for this purpose were in short supply because of the common belief of Americans that dissection was "degrading and sacrilegious", not to mention illegal.²⁷ Cadavers for dissection were so hard to come by that practical anatomy was seldom required for graduation from medical school.²⁸ Medical students and physicians often resorted to body snatching and grave robbing. Sometimes they simply paid others to obtain the bodies, usually of slaves and free blacks, criminals, and poor whites. Doctors

²⁵ Warner, "A Southern Medical Reform," 366.

²⁶ Rothstein, *American Physicians*, 90.

²⁷ David C. Humphrey, "Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915," *Bulletin of the New York Academy of Medicine* 47 (September 1973); 819.

²⁸ Rothstein, *American Physicians*, 90.

tended to take the bodies of those whose relatives or friends, who might otherwise protest, were powerless to stop them. Doctors sometimes managed to legally obtain the bodies of slaves and free blacks. Slaveowners typically granted physicians attending at the deaths of slaves permission to dissect the bodies. Physicians performed dissections in the presence of several witnesses, usually other doctors.²⁹ Doctors also received permission to dissect the bodies of executed slaves. In one case, an African American was hanged and his body was delivered by the sheriff to a “professional friend” of the doctor and then taken to a room provided by the mayor for the dissection.³⁰ Ten doctors and several medical students witnessed this particular dissection.

The horrific thought that a loved one’s body was being dissected had a tremendous impact on many African Americans.³¹ Although the subject of body snatching and dissection was not generally broached by WPA interviewers in the 1930s, at least one slave volunteered his personal experience with it. In response to the question “What kinds of medicine did they [slave’s parents] use?” Charlie Grant remembered that a white doctor named Dr. Johnson once asked him to dig up the body of a recently deceased child. For this, Grant was paid \$2.00. The interviewer asked him “What did Dr. Johnson want with him?” He replied, “To cut it open.” The interviewer next asked, “How old was it?” Grant answered, “Warn’t so old. Bout year or two old.”³² Unfortunately, the interviewer then either stopped asking questions about the matter or later did not feel the answers were worth recording, so anything else Grant may have had to tell about the incident or his feelings about it remains unknown.

Rumors that blacks were sometimes murdered solely for the use of their bodies for experimentation, continued to circulate well after the days of slavery. An 1896 article in the *Journal of American Folklore* addressed some of these fears.

²⁹ Leonard Randall, “Report of a Case of Gunshot Wound of the Lungs and Heart, with the Appearances After Death,” *Western Journal of the Medical and Physical Sciences* 7 (October 1828), 331-333. Also see “Dr. Harrison on Congestion,” *Western Journal of Medical and Physical Sciences* 2 (May 1828), 411.

³⁰ John R.W. Dunbar, “Interesting Galvanic Experiments,” *Baltimore Medical and Surgical Journal* 1 (October 1833), 245.

³¹ Some slaveowners acquiesced to their slaves’ wishes and did not allow their relatives’ and friends’ bodies to be used for autopsies. See Todd L. Savitt, *The Use of Blacks for Medical Experimentation and Demonstration in the Old South*, 338. For cases in which slaveowners denied doctors access to slave bodies see also Richard Jarrot, “Amputation for Gangrene of the Foot, Successfully Performed on a Negro, at the Advanced Age of One Hundred and Two Years,” *Charleston Medical Journal and Review* 4 (May 1849):301-305; William T. Briggs, “A Case of Traumatic Tetanus - Treated by Inhalation of Chloroform - Result Unsuccessful,” *Nashville Journal of Medicine and Surgery* 1 (February 1851): 30-38. Slaveowners’ refusal to allow their slaves to be dissected probably shows the extent to which the idea of dissection offended antebellum whites.

³² Charlie Grant interview, Rawick, suppl. 1, vol. 11, South Carolina, 175-176.

On dark nights negroes in cities consider it dangerous to walk alone on the streets because the 'night-doctor' is abroad. He does not hesitate to choke colored people to death in order to obtain their bodies for dissection. The genesis of this belief from the well-known practice of grave-robbing for medical colleges, several of which are located in Southern cities, is sufficiently evident.³³

Such stories probably accurately represent the emotions of slaves whose loved ones' bodies were taken, rather than historical fact; there is no evidence to suggest that blacks were actually killed for the purposes of experimentation. Southern body snatchers, however, often sent the bodies of African Americans to Northern medical schools.³⁴ When Harriet Martineau visited Maryland in 1835 she commented that "In Baltimore the bodies of coloured people exclusively are taken for dissection, because the whites do not like it, and the coloured people cannot resist."³⁵ Medical schools often attempted to entice promising students away from northern and European medical schools by advertising that they had bodies available for teaching purposes.³⁶ The November 14, 1837 edition of the *Charleston Courier* contained the following advertisement for the South Carolina Medical College:

The faculty inform their professional brethren, and the public, that they have established a surgery,... for the treatment of negroes....The object of the faculty, in opening this surgery, is to collect as many interesting cases, as possible, for the benefit and instruction of their pupils.³⁷

The ad goes on to say that the college feels it is providing a service to the public. On October 12, 1838 in another Charleston paper, the *Charleston Mercury*, Dr. T. Stillman placed the following advertisement. "Wanted fifty negroes. Any person having sick negroes, considered incurable by their respective physicians, and wishing to dispose of them, Dr. S. will pay cash." The ad then listed the conditions Dr. Stillman particularly wished to attract, including "diseases of the liver,

³³ Ruby Andrews Moore, "Superstitions of Georgia, No. 2," *Journal of American Folklore* 9 (July - Sept. 1896), 227; quoted in Gladys-Marie Fry *Night Riders in Black Folk History* (Knoxville: University of Tennessee Press, 1975), 173.

³⁴ Humphrey, "Dissection and Discrimination," 823. For more on the phenomenon of body snatching, see James O. Breedon, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," *Virginia Magazine of History and Biography* 83 (July 1975):321-345; and Savitt, *Medicine and Slavery*, 290-293.

³⁵ Humphrey, "Dissection and Discrimination," 819.

³⁶ McGregor, *Sexual Surgery*, 54.

³⁷ *Charleston Courier*, 14 November 1837; and Theodore Dwight Weld, *American Slavery as it Is: Testimony of a Thousand Witnesses* (New York, 1839):170.

kidneys, spleen, stomach and intestines, bladder and its appendages, diarrhea, dysentery.” The ad promised “the highest cash price will be paid on application as above.”³⁸

Medical Experimentation on Slave Bodies

Ironically, in spite of the supposed physiological differences, physicians accepted that slaves were good subjects for not only autopsies but for medical experimentation.³⁹ Blacks were different enough to be inferior but similar enough so that medical information gleaned from their bodies was applicable to whites. Arguably the most famous of the experiments performed on slaves were those of J. Marion Sims of Alabama. Sims was born in South Carolina in 1813. He graduated, in 1813, from Jefferson Medical College in Philadelphia. He went on to a successful career in medicine and has been called the “father of American gynecology” by admirers. In 1845 Sims encountered his first case of vesico-vaginal fistula, or tear in the tissue between the vagina and bladder, when he assisted in delivering the baby of Anarcha, a seventeen-year old slave. Vesico-vaginal fistula, an unpleasant and uncomfortable condition characterized by the constant dripping into the vagina of urine, was often caused by childbirth and was a common problem for whites and blacks alike.⁴⁰

According to Sims’ autobiography, Anarcha had had a long and difficult labor, and a few days after the delivery, she developed a fistula. Sims researched the condition in contemporary medical literature and at first agreed with the common medical assessment that it was incurable. He told Anarcha’s owner that there was nothing he could do. A month later, Sims was approached by a man whose slave Betsey had the same condition. Sims examined her and sent her home, again citing his helplessness. In another month Sims was again contacted for help, this time by an acquaintance whose slave Lucy suffered from the condition. Although reluctant, Sims examined Lucy but then decided to send her home. As Sims later recorded in his autobiography, Lucy “was very much disappointed, for her condition was loathsome, and she was in hopes that she could be cured.”⁴¹

³⁸ *Charleston Mercury*, 12 October 1838; and Weld, *American Slavery*, 171.

³⁹ See Sharla M. Fett, “Body and Soul: African American Healing in Southern Antebellum Plantation Communities, 1800-1860.” (Ph.D. Diss., Rutgers University, 1995), 294-295. For a recent study of human experimentation in the late nineteenth and early twentieth centuries, see Susan E. Lederer *Subjected to Science: Human Experimentation in America Before the Second World War*. Baltimore and London: Johns Hopkins University Press, 1995.

⁴⁰ For an account of a Virginia physician who attempted to cure this condition years before Sims and also used slave women as subjects, see Savitt, *Medicine and Slavery*, 297-298.

⁴¹ J. Marion Sims. *The Story of My Life* (New York: D. Appleton & Company, 1884), 230.

Before he had a chance to actually escort Lucy to the train, Sims was called to treat a white patient named Mrs. Merrill who had fallen off a horse and suffered from a “retroversion of the uterus.”⁴² Sims placed the woman on her knees and elbows. The ensuing pressure of air distended the woman’s vagina and her uterus returned to its usual position. Sims decided to try putting the slave women with vesico-vaginal fistula in the same position in order to see their fistulas more clearly. According to Sims, Betsey “willingly consented” to another examination. He arranged her in the previously described position and “saw everything as no man had ever seen before. The fistula was as plain as the nose on a man’s face.”⁴³ The majority of physicians at this time did not perform internal examinations visually but strictly through the use of touch, which was less offensive to female modesty. The fact that Sims felt no need for such restriction probably indicates that he and other doctors did not expect slave women to have the same sense of modesty as did white women.⁴⁴ Seeing the fistula intrigued Sims, who concluded that vesico-vaginal fistula might not be an incurable condition after all. He gathered the three slave women whose owners had asked him for help and found six or seven other slave women suffering from the same condition. He enlarged his hospital to accommodate more beds and commenced to experiment.

First, though, he made a deal with the women’s slaveowners. In his words, he proposed the following. “If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them. I will keep them at my own expense.”⁴⁵ He operated on Lucy first. The operation to suture the tear took about an hour. It was far from a success, however, and Lucy developed a life-threatening infection. Sims was forced to remove both the sutures and the sponge which was meant to drain urine during the healing process. “Lucy’s agony was extreme. She was much prostrated, and I thought that she was going to die.”⁴⁶ Following this episode it took Lucy two to three months to fully recover.

In the meantime, Sims operated on Betsey and Anarcha. Thus began approximately four years of unsuccessful operations. During this time, according to Sims, he “succeeded in inspiring my patients with confidence that they would be cured eventually.”⁴⁷ He was unable to inspire this same confidence in other doctors, however and those who initially supported his endeavor became

⁴² Sims, *Story of My Life*, 230.

⁴³ Sims, *Story of My Life*, 234.

⁴⁴ McGregor, *Sexual Surgery*, 44.

⁴⁵ Sims, *Story of My Life*, 236.

⁴⁶ Sims, *Story of My Life*, 238.

⁴⁷ Sims, *Story of My Life*, 241.

doubtful of Sims' eventual success and tried to convince him to give up. Undeterred, he trained the patients to assist in one another's operations. "My patients are all perfectly satisfied with what I am doing for them. I can not depend on the doctors, and so I have trained them to assist me in the operations."⁴⁸ Sims always maintained that his patients willingly participated in the painful and numerous operations. After a three-week period in which he performed no operations, he described them as being "clamorous" for more surgery.⁴⁹ Anarcha was the first patient cured, in 1849, during her thirtieth operation. Sims' success was finally achieved due to the use of silver sutures. Within two weeks of Anarcha's successful surgery, Lucy and Betsey were cured as well.

Sims did not use anesthesia during any of his operations on slave women, even though by the late 1840s, both nitrous oxide and ether were well-known and widely available.⁵⁰ Sims was not blind to the women's suffering. In describing the first surgery performed on Lucy, Sims recalled, "That was before the days of anesthetics, and the poor girl, on her knees, bore the operation with great heroism and bravery."⁵¹ Later, however, he addressed his decision not to use anesthesia in the days when it was available, by saying that the surgery he performed was "not painful enough to justify the trouble [of anesthetic] and risk attending the administration."⁵² Although Sims may simply have used such a disclaimer to quell any potential protest on behalf of his patients, he could have believed, as did others at the time, that blacks had a higher tolerance for pain than did whites.⁵³ This belief was voiced fairly often. In an 1839 letter to the editor of the *Southern Agriculturist and Register of Rural Affairs*, W. G. Ramsay asserted that "the sensibility of the negro is much less acute than that of the European, the former enduring pain with less apparent suffering than the latter."⁵⁴ To further support his claim, Ramsay invoked a Dr. Mosley, who had written that "the negro... bear surgical operations much better than the white man, and what

⁴⁸ Sims, *Story of My Life*, 243.

⁴⁹ Sims, *Story of My Life*, 243.

⁵⁰ William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore and London: Johns Hopkins University Press, 1972), 251.

⁵¹ Sims, *Story of My Life*, 237.

⁵² J. Marion Sims, "On the Treatment of Vesico-Vaginal Fistula," *American Journal of the Medical Sciences* 45 (January 1852); quoted in Deborah McGregor, *Sexual Surgery and the Origins of Gynecology*, 46.

⁵³ P. Tidyman, "Sketch of the most remarkable diseases of the Negroes of the Southern States with an account of the method of treating them, accompanied by physiological observations," *Philadelphia Journal of Medical and Physical Sciences* 12 (1826):314-315.

⁵⁴ W.G. Ramsay, "The Physiological Differences Between the European (or White Man) and the Negro," *Southern Agriculturist and Register of Rural Affairs* 12 (1839): 412.

would be the cause of insupportable pain to the one, the other would almost disregard.”⁵⁵ Until the advent of anesthesia, white patients tended to refuse or postpone any kind of surgery as long as possible.⁵⁶ In 1849 when white women suffering from vesico-vaginal fistula came to him, Sims recorded that they could not endure the pain of the operation without anesthesia. The status of the white women as willing participants in the operation raises the question of whether the slave women would have had the same reaction had their participation been truly voluntary as well.

Although he described the surgery as not painful enough to warrant the use of anesthesia, Sims was not immune to the suffering of the slave women he held. He described the difficulty he encountered performing the operations due to the “bearing down, sobbing, straining, or even voluntary resistance of the patient.”⁵⁷ White women would also not have experienced the humiliation of having their surgeries open to spectators; during operations the patients were naked and their genitals were exposed.⁵⁸

Unfortunately, the slave women involved in the experiments left no written account of their experiences or feelings regarding their time with Sims. The only account of their “consent” or resistance is that included in the testimony of Sims himself. Clearly the term consent is problematic. If the slave had refused would she or he have been spared the operation? Were slaves pressured to accept experiments and treatments?⁵⁹ The historical record is somewhat skewed in that it only offers evidence of the slave women who received medical treatment and not the women, if any, whose refusals were honored. However, slaves were subject to having their provisions and plans for health care overruled by the slaveowner.

Nathan Bozeman, who apprenticed with Marion Sims, took over his practice when Sims left Montgomery. Bozeman attempted to perfect the treatment for vesico-vaginal fistula achieved by Sims. Out of four operations on women in 1855, three were black and one was a “mulatto.” Bozeman was more descriptive in detailing the reactions of his patients to the operations. In spite of the fact that anesthesia was much better established by then, Bozeman also did not use anesthesia during his operations. “I proceeded to apply the button suture to the lower opening.

⁵⁵ Ramsay, “Physiological Differences,” 412.

⁵⁶ Rothstein, *American Physicians*, 250.

⁵⁷ McGregor, *Sexual Surgery*, 49.

⁵⁸ McGregor, *Sexual Surgery*, 59.

⁵⁹ These questions are raised concerning the general subject of slave medical treatment in Steven M. Stowe, “Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South,” *American Historical Review*, 72.

Much difficulty was encountered in paring the edges, due to the great resistance of the patient.”⁶⁰ Two months later he encountered the same resistance. “Everything appearing as favorable as could be expected, I proceeded to operate; only three sutures were required; but as in the former operation, I had much difficulty, owing to the resistance of the patient.”⁶¹ Surprisingly, the next month, Bozeman postponed an operation at the request of the “mulatto” patient. “It was my intention to close the other also at the same time, but the patient preferred to wait.”⁶² He chose to honor her request, no doubt, because of the belief of nineteenth-century physicians that mulattos, like whites and unlike blacks, were extremely sensitive to pain.⁶³ Although Sims achieved success with his surgery largely because he had human bodies to experiment upon, the status of the women as slaves and the fact that the surgeries were extremely painful has not sullied his reputation.

The availability of slaves for medical “practice” was frequently taken advantage of by doctors and medical students eager for experience with actual patients. Dr. E.S. Bennett was one such doctor who benefited from the slave system. As a medical student in 1817 and in his words, “anxious to perform an operation,” he attempted to remove a small tumor from the head of a two-year old slave child belonging to his father.⁶⁴ This operation would not have been attempted on a white person because in the days before anesthesia, tumors were typically not operated on until they reached enormous proportions.⁶⁵

Dr. Thomas Hamilton was a Georgian physician who also benefited from the presence of slaves. A grateful patient loaned him a slave, John Brown, for medical experiments, the purpose of which was to find a treatment for sunstroke. Brown later became one of the small number of slaves to record his experiences, with the help of a literate ally, in an autobiography. “Even if I had been made aware of the nature of the trials I was about to undergo, I could not have helped myself.

⁶⁰ Nathan Bozeman, “Remarks on Vesico-Vaginal Fistule, with an Account of a New Mode of Suture, and Seven Successful Operations,” *Louisville Review: A Bi-Monthly Journal of Practical Medicine and Surgery* (May 1856): 96.

⁶¹ Bozeman, “Remarks on Vesico-Vaginal Fistule,” 97.

⁶² Bozeman, “Remarks,” 99.

⁶³ Martin S. Pernick *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth Century America* (New York: Columbia University Press, 1985), 156.

⁶⁴ E.S. Bennett, “Case of extraordinary Tumour attached to the Occipital region of the head,” *Baltimore Medical and Surgical Journal* 1 (1833), 349. For another example of a tumor removal on a slave patient, see S.D. Gross, “A Case of Fibrous Tumour of the Lower jaw, in which the left half of that bone was successfully removed at the Temporomaxillary Articulation,” *Ohio Medical and Surgical Journal* 1 (November 1848), 150-152.

⁶⁵ Rothstein, *American Physicians*, 250.

There was nothing for it but passive resignation, and I gave myself up in ignorance and in much fear.”⁶⁶ Brown watched the preparation for the experiments being made. The doctor

ordered a hole to be dug in the ground, three feet and a half deep by three feet long, and two feet and a half wide. Into this pit a quantity of dried oak bark was cast, and fire set to it. It was allowed to burn until the pit became heated like an oven, when the embers were taken out. A plank was then put across the bottom of the pit, and on that a stool. Having tested, with a thermometer, the degree to which the pit was heated, the Doctor bade me strip, and get in; which I did, only my head being above the ground. He then gave me some medicine which he had prepared, and as soon as I was on the stool, a number of wet blankets were fastened over the hole, and scantlings laid across them. This was to keep in the heat. It soon began to tell upon me; but though I tried hard to keep up against its effects, in about half an hour I fainted. I was then lifted out and revived, the Doctor taking a note of the degree of heat when I left the pit.⁶⁷

According to Brown, the objectives of the doctor were to “ascertain which of the medicines he administered to me on these occasions, enabled me to withstand the greatest degree of heat.”⁶⁸ These experiments were repeated several times with several day intervals to allow Brown to rest, although they were always performed after he had put in a full day’s work. The doctor, as a result of his experiments on Brown, “found that cayenne-pepper tea accomplished [his] object; and a very nice thing he made of it. As soon as he got back home, he advertised that he had discovered a remedy for sun-stroke. It consisted of pills, which were to be dissolved in a dose of cayenne-pepper tea, without which, he said, the pills would not produce any effect. Nor do I see how they should have done so, for they were only made of common flour. However, he succeeded in getting them into general use, and as he asked a good price, he soon realized a large fortune.” Following the heat experiments, the doctor used Brown for experiments to “ascertain how deep my black skin went.”⁶⁹ Brown was with Dr. Hamilton for a total of nine months until “the Doctor’s experiments had so reduced me that I was useless in the field,” at which time the doctor “put me to his old trade of carpentering and joinery, which I took too [sic] very readily, and soon got a liking for.”⁷⁰ John Brown’s experiences seem to have been the exception rather

⁶⁶ John Brown. *Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, A Fugitive Slave* (London: W.M. Watts), 1855. Reprinted with editing by F.N. Boney. (Savannah: Beehive Press, 1972).

⁶⁷ Brown, *Slave Life*, 41.

⁶⁸ Brown, *Slave Life*, 41.

⁶⁹ Brown, *Slave Life*, 42.

⁷⁰ Brown, *Slave Life*, 42.

than the rule. Most documented experiments were performed to cure a condition the slave already possessed.

These are just a few of the many southern physicians who took advantage of the availability of slaves as medical subjects to further their own research and careers.⁷¹ Blacks represented a majority of their subjects although class enters the picture as doctors sometimes used poor whites, often immigrants, as well.⁷² The use of slaves in medical experiments is not simply a case of exploitation, although that element certainly exists. Slaveowners saw it more as an extension of the accepted practice of caring for one's slaves as one saw fit carried to the extreme. As Savitt insightfully put it, there was a "fine line between seeking an appropriate treatment and engaging in actual experimentation."⁷³ Because of the empirical nature of much of nineteenth-century medical practice, there was an experimental aspect of many average medical encounters between regular physicians and patients, both slave and white. An example of this can be seen in the 1827 case of a slave girl who suffered from an "inflammation of the iris." Dr. Cartwright treated her with an emetic, cathartics and antimonial medicines. The eye got worse. Next he tried "the blue pill" and calomel and applied blisters to her temples. The result of this treatment was a loss of vision in the affected eye. Next he applied an ointment of hydriodate of potash. After two weeks of this the girl could see bright objects. About this time her other eye began to exhibit the early symptoms of the condition and Cartwright bled the girl, "introduced a seton in the temple, and directed the iodine internally, and the hydriodate of potash externally, along with prescribing ten grains of calomel every or every other night." After a few weeks, both eyes were fully recovered.⁷⁴ In many cases, patients allowed the physician to keep trying until he either succeeded or until the patient died, whichever came first.

Historian Steven Stowe argues that although most doctors believed there were some physiological differences between races and differences in disease susceptibilities, there was no

⁷¹ For further examples of experiments, see P. Tidyman, "Sketch of the most remarkable diseases of the Negroes of the Southern States with an account of the method of treating them, accompanied by physiological observations," *Philadelphia Journal of Medical and Physical Sciences* 12 (1826):306-308; Todd L. Savitt, *Medicine and Slavery*, 293-301.

⁷² Todd L. Savitt, "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *Journal of Southern History* 68 (August 1982): 343. Also see Fett, "Body and Soul," 295; Suzanne M. Shultz *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth-Century America* (Jefferson, N.C.; McFarland, 1992); and James O. Breeden, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," *Virginia Magazine of History and Biography* 83 (1975): 321-345.

⁷³ Savitt, "Medical Experimentation," 341.

⁷⁴ "Iritis," *Western Journal of Medical and Physical Sciences* (October 1828), 393.

evidence that slaves received inferior care.⁷⁵ Many actual treatments that were somewhat experimental in nature involved both blacks and whites equally.

In 1827, for example, Dr. Benjamin M. Brocchus wrote an article in the *Western Medical and Surgical Journal* in which he recounted his experiments to cure children of worms. The cure consisted of apples from the cedar apple tree. Of the six experimental cases Brocchus reported in the journal, at least three were black.⁷⁶ Dr. Brocchus wrote of these experiments as if they were fairly routine. Although all of the patients were children, and some would argue that neither white or black children were able to make medical decisions for themselves, it is helpful to remember that decisions regarding the black children's treatment was ultimately made by their owner rather than their parent. There were no noticeable differences in the way Brocchus recorded the results of his experiments. The first child, white, was not relieved by the treatment. In the second child, a five year old boy, the treatment "succeeded on the sixth day in bringing away a considerable number of the same species. [of worms]." The third child, "a negro child living in the family of Mr. R.S." was "permanently relieved." The fourth patient, "another coloured child" was also helped. "The symptoms disappeared, and the child's health and cheerfulness were restored." The fifth child, a girl, was somewhat relieved although she had also been given various other remedies in addition to being purged. The sixth child, a four-year old black child was also cured. "From this time every unpleasant symptom entirely subsided, and I had the satisfaction of a few days later, of seeing the little sufferer running cheerfully about."⁷⁷ This example highlights the fact that although blacks were often treated differently and subjected to more stringent experiments, there was an experimental aspect to much of nineteenth-century practice.

Nonetheless, the presence of slaves provided many opportunities for southern physicians. Their medical practices benefited from the potential patients present on a plantation, both white and black. Although doctors generally received less money per patient for slaves than for whites, plantation practices were profitable due to the volume of patients.⁷⁸

⁷⁵ Stowe, "Seeing Themselves at Work," 57. At the beginning of a yellow fever epidemic in Washington, Mississippi in 1825, blacks were expected to be immune to the disease. During the first few days none of them were taken ill and later when a few blacks occasionally were stricken their cases were generally mild. At the end of the epidemic, three of fifteen blacks had died compared to forty-nine of the 100 whites attacked. See John W. Monett, "An Account of the Epidemic Yellow Fever, that occurred in Washington, Mississippi, in the Autumn of 1825," *Western Medical and Surgical Journal* (May 1827): 80.

⁷⁶ The other three are assumed to have been white because he did not specify.

⁷⁷ Benjamin M. Brocchus, "An Experimental Inquiry into the Vermifuge Power of the Cedar Apple or Knot," *Western Medical and Surgical Journal* (May 1827): 100-107.

⁷⁸ The 1818 fee bill of the Georgia Medical Society, for example, set reduced fees for slaves at about half the regular fees charged white patients for medical and surgical services. Victor H. Bassett, "Plantation Medicine," *Journal of the Medical Association of Georgia* 29 (1940): 113.

Informed and influenced by contemporary racial beliefs that slaves were inferior, physicians could justify using slave bodies in ways that they would not attempt to use most whites'. In spite of differences, slaves were at the same time similar enough to whites that the results of experiments involving blacks were applicable to whites as well. Antebellum physicians did not appear to be troubled by this apparent contradiction. By hinging their argument for southern distinctiveness on the presence of blacks, physicians were in effect staking out their medical territory and attempting to make a statement to the rest of the country that their services were needed. Physicians used the knowledge of blacks when it fit their purposes and they took advantage of the enslavement of blacks to further their own medical knowledge, also when it benefited them. Antebellum physicians reinforced through their work the construction of the slave body as inferior in order to further their own ambitions and those of their profession in the south.