

Medicine of the Black Body

by *Élodie Grossi*

The flourishing history of the relationship between race and health has recently turned to the origins of medicine in the United States and the decisive role played by enslaved Africans, both dead and alive. A history of duress, from which their voices nevertheless emerge.

Reviewed: Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: The University of North Carolina Press, 2017) 290 p.; Deirdre Cooper Owens, *Medical Bondage Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017) 182 p.; Daina Ramey Berry, *The Price for Their Pound of Flesh* (Boston: Beacon Press, 2017) 256 p.

On February 23 and 24, 2018, at Rice University in Houston, Texas, the first international conference was held devoted to the history of medicine during slavery in the Americas.¹ The conference drew together historians and Americanists working principally on the period from the age of slavery (18th-19th centuries) to the early 20th century, as well as civil society actors and members of civil rights organisations with a particular interest in the links between this historical research and struggles against ‘racial’ discrimination in health care in the United States today.

The organisation of a scientific event of this kind reflects the vitality of a recently formed field of inquiry, 40 years after the publication of Todd Savitt’s pioneering book (Savitt 1978). Historical studies on race and medicine were long considered marginal compared to more general work on slave societies in the fields of economic and social history. However, they have recently experienced a revival, particularly since the 2000s, and a range of books and

¹ See the [conference website](#): ‘Medicine and Healing in the Age of Slavery’.

² On the topic of black women, see Fett, 2002.

³ See Dolly Stolze, ‘Bodies in the Basement: The Forgotten Stolen Bones of America’s Medical Schools’, *Atlas Obscura*, 22 January 2015, accessed 20 mars 2018 and Tammie Smith, ‘Human bones found in a well at VCU

articles have been published. Some shed light on the relationships between the development of slavery in the United States and the emergence of new medical practices and theories used largely by white doctors to treat black bodies on plantations (Willoughby, 2017; Kenny, 2011), others focus on experiments conducted on the bodies of the enslaved by white doctors or the use of alternative medical practices and self-administered care by the enslaved and their descendants, during and after slavery, often qualified as illegitimate by the doctors whose science was firmly rooted in the Euro-centric tradition (Long, 2016; Fett, 2002; Schiebinger, 2017). This new field of research will interest not only philosophers, sociologists, and historians of medicine and science, but also sociologists of interethnic relations and historians of racial and sexual minorities, because it offers a way of thinking about the relationships between, on the one hand, the domination and subjectivation of marginalised bodies and, on the other, the medicalising and essentialising of the social to which they were subjected.

Based on meticulous archival research, these books by Hogarth, Cooper Owens, and Berry all reflect upon how the social was biologised and how black bodies were commodified and medicalised between the 18th and 19th centuries. They write the history of medical experiments and how medical science developed at the expense of black bodies—but also despite the resistance of the enslaved confronted with the objectification of their own bodies—and fuel highly topical reflection by revealing the power relations inherent to the production of medical knowledge. They also show the decisive role that the black body created by medicine and the market came to play in entrenching the racial hierarchy in the United States.

Diseases of the Black Body

In *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840*, historian Rana A. Hogarth reveals the medical theories and practices developed by British and American doctors on enslaved people on the South Carolina coast in the United States and in the British Caribbean colonies between 1780 and 1840. Hogarth focuses not only on the development of knowledge medicalising the corporal differences of the enslaved, but also on the processes through which this new knowledge circulated through a broader economy of practices in connection with maintaining slavery in the Americas.

The author focuses on ‘medicalisation’, which she defines as a dynamic that ‘has come to encapsulate how acute and chronic human conditions, traits, or problems have become transformed into medical conditions, the idea being that these conditions can be defined and managed through the language and practice of medicine’ (p. 2). Like other historians before her (Bankole-Medina, 1998; Fett, 2002), Hogarth retraces the history of how racial medicine emerged on the plantations and in hospitals, in spaces where doctors had access to black bodies, rather than in the medical schools of the southern and northern states. She focuses, in

particular, on how medical theories about yellow fever immunity among the enslaved in South Carolina developed from the 18th century onwards, and on the circulation of scientific knowledge in Jamaica, where British doctors ‘hinted that black and white people had distinct constitutions, required different kinds of sustenance, and adapted to new environments differently’ (p. 75).

In the second section of her book, Hogarth describes British and American doctors’ observations concerning *Cachexia Africana*, an illness that referred to the ‘dirt eating’ practices of the enslaved on the plantations where the doctors’ officiated. As she reminds us, this disease ‘was not merely a construction of the island’s ambitious physicians; it was a grim reminder of how whites invested meaning into black bodies and black health to secure their own prosperity’ (p. 92). Indeed, for doctors and planters, who shared the same political and financial interests, this practice needed to be discouraged as ‘it failed to meet the standard expectation of an idealized productive black body’ (p. 85) and ‘granted imprimatur to the belief that race was a tangible mark of distinction’ (p. 102). As Hogarth reminds us, dirt eating—which, in the descriptions provided by doctors of the time, resembles contemporary definitions of behavioural disorders such as ‘pica’ or ‘geophagia’—was already present in West Africa and probably resulted from the vitamin B1 deficiency affecting the enslaved (p. 93). White doctors described dirt eating as a ‘pathology’ that was specific to black people, without seeing it as a separate cultural practice.

As with other historical studies at the intersection of the history of slavery and the history of medicine, one can question why the author chose to limit her inquiry to the regions of South Carolina and Jamaica in order to illustrate the circulation of medical theories across the whole Caribbean and American South. Similarly, it is perhaps regrettable that her analysis leaves aside medical cases specific to ‘free people of colour’, to American-Indians, or to other racialised or gendered populations, such as ‘black’ women.² However, the contribution made by Rana A. Hogarth’s book nevertheless remains incontrovertible. She demonstrates, first, that the appearance of medical theories about ‘black’ bodies between 1740 and 1840 served not so much to defend slavery—which was already considered politically moribund by contemporaries in the North—as implicitly to shore up white intellectual and physiological supremacy. Similarly, the medicine developed to treat the enslaved did not only aim to control bodies on plantations (the application of medical theories by doctors and planters served to normalise the economic system in place), it also allowed doctors in the South to develop a specific corporatist specialism to rival scientific productions emerging outside contexts of slavery, particularly in the North. Doctors in the North wrote very little about diseases ‘specific’ to black bodies as they were less frequently in contact with the enslaved population living in the slave states of the South.

² On the topic of black women, see Fett, 2002.

The Black Body and the Foundations of Gynaecological Science

During recent years, research about race and medicine in the 18th and 19th century Americas has also focused on the history of medical experiments carried out on black bodies by white doctors, again underscoring their fundamental role in organising this profession. Deirdre Cooper Owens' recent work has show that medical experiments on black women between 1800 and 1850 were the cornerstone of the foundations of gynaecological science, under the aegis of Alabama doctor J. Marion Sims.

The author draws on literature focusing in particular on the living conditions of black enslaved women as well as on sexual violence and reproduction (Fett, 2000; McGregor, 1998). Reproductive medicine was key to maintaining slavery and ensuring its success. The medical observations of these doctors, who were mainly white men from the region's social, economic, and intellectual elite, affected the flows of the country's slave markets: they decided the price of each woman sold, according to her reproductive qualities. However, the bodies of the enslaved were mastered not only as economic capital by white planters but also as 'medical' capital by doctors, who wanted to improve their scientific practices.

Examining Southern medical journals, Cooper Owens retraces the progressive development of gynaecological studies beginning in the first half of the 19th century, running counter to narratives claiming gynaecology began in the 1870s with the foundation of the American Gynecological Society. She reminds us that the experiences of black women on the plantations should be considered in relation to the planters' efforts to increase their reproductive work and the potential benefit they represented for the slave infrastructure in the South. The horrific sexual exploitation suffered by the enslaved often went hand-in-hand with 'physicians' medical explorations and publications that medicalized sexual assaults and their physical effects on women' (p. 73). Cooper Owens also retraces the clandestine work done by black nurses and midwives, contesting the authority of the white doctors for whom they worked.

While medical experiments developed in the plantations of the South using black women rather than white women, in the cities of the North, particularly Philadelphia and New York, Cooper Owens shows that doctors turned to young Irish women, often first generation immigrants, to test and apply their new gynaecological theories. The bodies of black and Irish woman were conceived of as 'strange and pathological' (p. 106) on a continuum stretching from poverty to blackness. Medical beliefs about the existence of inherent biological differences between black people and white people coexisted with white doctors conducting medical experiments on black bodies to produce a universally applicable science. A further paradox lies in the fact that doctors conceived of the bodies of the enslaved as naturally designed for labour, and so as particularly healthy, physically speaking, while at the same time believing them to be biologically inferior. As Cooper Owens reminds us, 'one of the more important functions of the "black" objectified medical superboddy for white

doctors was that black women were used [...] largely for the benefit of white women's reproductive health' (p. 7).

Black women were thought of by white doctors as bodies in which diseases could be located and problematised, therefore forming the quintessence of 19th-century medical teaching and consumerism.

The Values of Black Bodies During Slavery

Experiments conducted on black women on plantations to advance gynaecological science are only side of the multi-faceted history of white doctors exploiting the enslaved to scientific ends in the 18th and 19th centuries. In order to learn medical practices in real-life situations, doctors often attended anatomy classes taught in medical schools. Across the country, these classes frequently focused on dissecting the cadavers of the enslaved.

Daina Ramey Berry has studied the domestic cadaver trade and its role in the development of medical knowledge in the United States in the 19th century. She reveals an often complex and contradictory system of symbolic and economic values ascribed to the living, then dead, black body at the time of slavery. Her work echoes that of Deirdre Cooper Owens as it also shows the ambiguity of medical experimentation on black bodies, conceived of as different and yet worthy of becoming the object of scientific study. This research also follows on from Ruth Richardson's work (2001) on the cadaver as a commodity in the 19th century and the discovery of bones of enslaved persons in the basements of the Medical College of Georgia in 1989 and Virginia Commonwealth University in 1994 (Blakely and Harrington, 1997).³

Black cadavers were transported and sold in medical schools for what Daina Ramey Berry calls 'ghost value' (p. 38). These bodies were the subject of twofold financial speculation: they were given 'ghost value' when their master's income and capital was evaluated, for example in cases of inheritance or division of property, but also when they were intended to be sold to doctors for dissection. The cadavers of the enslaved represented not only a new source of income for white planters but also medical capital for doctors looking to improve their anatomical knowledge. The debate about the value of the enslaved also extended beyond the framework of the living because 'during this time, death became a monetized value' (p. 27). Berry's research adds a layer of complexity to the historiography of the economy of plantations, all too often solely focused on questions relating to the work and material productions of the enslaved.

³ See Dolly Stolze, 'Bodies in the Basement: The Forgotten Stolen Bones of America's Medical Schools', *Atlas Obscura*, 22 January 2015, accessed 20 mars 2018 and Tammie Smith, 'Human bones found in a well at VCU reveal the mixed legacy of race and medical progress', *Richmond-Times Dispatch*, 14 February 2015, accessed 20 mars 2018.

Running counter to this 'ghost value' Berry identifies what she calls 'soul value', referring to spiritual value passed on from parents to child. 'Soul value' was the value which the enslaved ascribed to their own person and to the spiritual practices surrounding their daily lives and those of their loved ones. It refers to their pride in their work, their knowledge of nutrition, music, and textile craft, to their ingenuity and determination to withstand forced labour on the plantation. Following on from work by Stephanie Camp and Philip D. Morgan, who have identified certain cultural and artistic practices which the enslaved hid from their masters (Camp 2004: 75-76; Morgan 1998: 419-421) because they defied the solely materialistic perception of value given to their bodies, Berry sees puberty and adolescence as a moment of 'increasing spiritual awareness' and 'soul value' (p. 168), firmly differentiated from their 'market value' or 'appraisal value' as defined by bankers, insurers, or tax assessors (p. 7).

By using the term 'soul value', Berry shows that the enslaved did not define their self-worth by the economic valuation to which they were subjected. While their monetary value declined with age, especially above 40 for enslaved women who could no longer bear children, their 'soul value' never stopped increasing.

Agency and the Commodification of Bodies

Like Rana Hogarth and Deirdre Cooper Owens' books, Berry's narrative endeavours to show the agency and dignity of the enslaved. The original concept of 'soul value' echoes the daily strategies of resistance and practices that Deirdre Cooper Owens identifies among the black and enslaved nurses who treated gynaecological illnesses on the plantations and facilitated childbirth, much like it echoes the dirt eating described by Rana Hogarth. Above all, the three books all take the measure of how important it is to research the links between slavery and medicine, between how the social was biologised, how bodies were controlled, and how slavery maintained its exploitation of labouring bodies. Although these studies present substantial differences, with Rana Hogarth's book engaging in transnational analysis while the others focus on the history of the American South, they all contribute to underscoring the importance of the body in studies on slavery in the Americas. By placing the body front and centre of their analyses, these works reiterate the distinction between the history of medicine and the history of healing, which takes on full relevance here. Moreover, the books show with incontrovertible clarity that racial medicine was not viewed as a pseudo science by its contemporaries but, on the contrary, fuelled the development of science at the time.

These books also raise the question of their social use by civil society actors making demands for reparations for slavery, because they highlight the economic exploitation of black bodies and their monetisation on the plantations. When Berry's book came out, it was seen as contributing to current debates on 'slavery, reparations, capitalism, [and] nineteenth-century

medical education⁴ and the book was reviewed on many blogs and websites, beyond strictly academic circles.⁵

There is no doubt that, in revisiting issues relating to how the social was biologised and how black bodies were commodified and medicalised, these studies provide a necessary historical starting point for analysing the systemic racism that remains structural in today's medical institutions.

Further reading

- Katherine Bankole-Medina, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana*, New York, Garland Publishing, Inc., 1998.
- Robert Blakely and Judith M. Harrington, *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, Washington, Smithsonian Institution Press, 1997.
- Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South*, Chapel Hill, The University of North Carolina Press, 2004.
- Sharla Fett, *Working Cures, Healing, Health, and Power on Southern Slave Plantations*, Chapel Hill, The University of North Carolina Press, 2002.
- Stephen Kenny, 'Sickness and Chains: the significance of enslaved patients in antebellum Southern infirmaries' *Medical Historian*, vol. 21, 2011, pp. 63-91.
- Deborah Kuhn McGregor, *From Midwives to Medicine: The Birth of American Gynecology*, New Brunswick, Rutgers University Press, 1998.
- Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*, Chapel Hill, The University of North Carolina Press, 2016.
- Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry*, Chapel Hill, The University of North Carolina, 1998.
- Ruth Richardson, *Death, Dissection and the Destitute*, Chicago, The University of Chicago Press, 2001.
- Todd Savitt, *Medicine and Slavery The Diseases and Health Care of Blacks in Antebellum Virginia*, Champaign, University of Illinois Press, 1978.
- Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World*, Palo Alto, Stanford University Press, 2017.

4 See Ibram X. Kendi, 'Ibram X. Kendi, *The Price for Their Pound of Flesh: A New Book on the Value of the Enslaved*', *Black Perspectives* (blog) 2017, accessed 20 March 2018.

5 Darryl Robertson, 'V Books: Prof. Daina Berry's New Book Discusses The Monetary Value Of Slaves', *Vibe*, 14 March 2017, accessed 20 March 2018; Steve Lubet, 'Beyond the Slave Trade, the Cadaver Trade', *The Faculty Lounge* (blog), 5 February 2018, accessed 20 March 2018.

- Christopher Willoughby, “‘His Native, Hot Country’: Racial Science and Environment in Antebellum American Medical Thought”, *Journal of the History of Medicine and Allied Sciences*, vol. 72, n° 3, 2017, pp. 328-351.

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