

Sickness and chains: the significance of enslaved patients in antebellum Southern infirmaries

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The welfare of enslaved people has always been central to debates about the nature of American slavery, and arguments concerning the quality and character of the medical treatment of slaves have a significant place in this fundamental debate. In the antebellum era, proslavery propagandists argued that southern bondspeople were well treated in times of sickness and in fact received a much superior standard of medical care to Northern wage laborers. Abolitionists, by contrast, saw a widespread neglect of slave patients and potential for the exploitation of sick and diseased slaves. In partial support of their position, defenders of slavery pointed to the well-designed and fully appointed plantation hospital as tangible proof of the responsible slave owner's commitment to maintaining the health of their enslaved laborers. For much of the twentieth century, historians of American slavery assumed that medical care of the enslaved by white doctors was of a favorable standard as a result of enlightened self-interest, or benevolent planter paternalism, but more recently the idea of white orthodox medicine as both a mechanism of control and a powerful intrusion on the lives and culture of the enslaved has been discussed in the work of Sharla Fett and Marie Jenkins Schwartz.¹ This article builds on these recent studies and argues that a focus on a rather neglected, but important, element contributing to the development of professional southern medicine in the decades prior to the Civil War – “Negro” or slave hospitals of various sorts² – offers new angles to the debate over slave health and medical care. This interpretation underscores the close and mutually profitable relationship between orthodox southern medicine and the region's system of

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¹ Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, University of North Carolina Press, 2002); Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, MA, Harvard University Press, 2006).

² Racial terms are slippery concepts, subject to change over time, and different usages in various contexts. However, in the American South during the antebellum period and when applied to hospitals, the terms “Negro” and “slave” appear to be synonymous. Similarly, I can detect no meaningful difference in the use of the terms “hospital” and “infirmary” in this context.

slaveholding, as well as highlighting the crucial role slave patients and bodies played in the development of the southern medical profession.

This article begins the process of reevaluating the role and importance of slave hospitals by describing a network of slave infirmaries across the antebellum American South and explains the significance of its overall presence, pattern, and variations. Distinctions are made between the various types of hospital provision available to the enslaved: plantation hospitals, medical school hospitals, private infirmaries operated by individual doctors or physician partnerships, and commercial hospitals. Using newspaper advertisements and case histories, the article then briefly reconstructs the world of southern medical research in medical college hospitals and experimentation in private infirmaries, and evaluates the treatment of slave patients and the power relations between doctors and slaves in these important settings. Finally, the article examines the patient records of a commercial hospital admitting enslaved and white patients, New Orleans's Touro Infirmary, situating these within the context of local and regional slaveholding and domestic slave trading economies.

The surviving patient records of commercial hospitals admitting slaves, in combination with legal records and medical case histories, offer new and important opportunities to view in detail the development of professional medicine within the slave system, and to further unpack the complicated range of interactions between the enslaved, physicians, and slave owners.³ While such records alone are extremely limited in the extent to which they can help fully reconstruct the slave patient experience, they do reveal that doctoring in the South was deeply dependent on the economy of slavery and also intimately connected to the region's domestic slave trade system.

An Expanding Network of Slave Infirmaries in the American South

Infirmaries devoted to the care of enslaved patients date back to the early years of black presence in the New World, and they served a number of roles and suited a variety of white interest groups as the institution of slavery adapted and changed over time. In the era of the transatlantic slave trade, one primary function of slave hospitals was to act as pest-houses, lazarettos,

³ Katherine Bankole first drew attention to the significance of the Admission Book of Touro Infirmary in New Orleans for the subject of slavery and health care in the antebellum South. Katherine K. Bankole, *Enslavement and Medical Practices in Antebellum Louisiana* (New York and London, Garland Publishing, 1998), especially 81-97.

and quarantine stations: places to contain, segregate, inspect, and season newly-imported Africans and make them ready for their next appearance in the trade. In response to the constant threat of contaminations and contagions introduced by slave trading vessels, and more specifically the outbreak of yellow fever in 1706, Carolina's colonial governors introduced quarantine regulations in 1707 and established a pest-house on Sullivan's Island.⁴ Hospitals also became a standard feature of large Lowcountry plantation estates, with slave owners responding not only to the need for conveniently located facilities devoted to general slave health and welfare, but once again to the recurrent threat of epidemic fevers among growing slave populations in a malarial region.⁵

As they were being built primarily to service the major slave markets in South-eastern and Gulf port towns and cities, non-plantation based slave hospitals remained largely coastal in location in the colonial and early national eras. However, the official closure of the transatlantic slave trade to North America in 1808 encouraged slave owners to recognize the importance of maintaining a high rate of natural increase among the native-born enslaved population, as well as to the overall desirability of maintaining slave health, which in turn may have acted as a stimulus to the development of slave hospitals.

A growing medical profession within the developing urban centers of the early nineteenth-century South further contributed to an increased number of private infirmaries for the care of slave-patients, as enthusiastically promoted in the region's newspapers and periodicals by entrepreneurial physicians and proprietary medical schools.⁶ By the 1840s and 1850s, southern newspapers and medical periodicals indicate that a large number and variety of slave infirmaries were operating in South Carolina, Georgia, Mississippi, Alabama, Tennessee, Virginia, and Louisiana. Often, these slave hospitals were located in major towns and cities with large slave populations, developing medical facilities, and multiple slave trading depots and auction sites serving the domestic chattel market – slave trading centers

⁴ The pest-house on Sullivan's Island, South Carolina is discussed in George C. Rogers, Jr., *Charleston in the Age of the Pinckneys* (Columbia, University of South Carolina Press, 1980), 27.

⁵ Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill, University of North Carolina Press, 1998), 323; Joseph I. Waring, *A History of Medicine in South Carolina, 1670–1825* (Columbia, SC, R.L. Bryan Company, 1964), 113.

⁶ As slaveholding units in many upper-south states were smaller, there appear to be fewer non-plantation slave infirmaries in these locations. This seems to be the case for North Carolina, which also lacked a medical college in the antebellum era.

such as Columbia, Charleston, Augusta, Montgomery, Memphis, New Orleans, Mobile, and Savannah.

Slave hospitals could also be found in more remote locations, such as Blackville, South Carolina, and Kosciusko, Mississippi. Sited on the South Carolina Railroad between Charleston and Augusta, the Blackville Infirmary for Negroes [*sic*] offered slave owners an establishment “for the reception and accommodation of NEGROS requiring SURGICAL OPERATIONS or TREATMENT IN CHRONIC DISEASES.” W. W. Smith, the attending physician, encouraged slave owners to send any sick slave patients “requiring professional treatment” to the infirmary either by care of himself, or that of Mr. E. Lartigue, Railroad Agent, and assured that “no pains will be spared, which will administer to their comfort, or the cure of their disease.” Located in a major cotton plantation district and on the railway line between two large slave trading centers, the Blackville Infirmary could have functioned as both a “Negro” hospital and as a way station for the transportation of slaves – offering “every facility for travel and the necessary requirements for the sick.”⁷

Advertising their services in *The Mississippian* in December 1858, Drs. S. Henderson and J. A. Nash of Kosciusko, Mississippi, claimed “in all cases (unless affecting too vital a part) ... a cure of all cancers without the use of the knife or poisonous medicine.” Employing a vegetable-derived “liquid alkali” compound to be taken internally, Henderson and Nash guaranteed “a cure in all cases of Scrofula, sore leg, Wens, Piles, Tetters, Coughs, fistula, Annigoiter, Carbuncle, rheumatism, Dyspepsia, Dropsy,” and “Flouralbus,” while “Neuralgia and Tic Dilaroux” could be “cured as easily with” their “Cancer medicine as the tooth-ache.” In many respects, this is a generic mid-nineteenth-century patent medicine advertisement on a newspaper page filled with similar declarations and compounds. However, as with Dr. S. Gilbert of Memphis, whose advertisement for cancer cures appeared in the same edition of *The Mississippian*, it is significant that Henderson and Nash had established a Negro Infirmary and promised to “buy all young negroes that are afflicted with any one of the above named diseases ... or will take them and cure them without any further expense to the owner than getting them to us.”⁸ As with Smith’s Blackville Infirmary, Henderson and Nash occupied a prime site with the potential to draw slave patients from the major overland artery of the domestic slave trade, the

⁷ *Charleston Mercury*, 27 September 1856.

⁸ *The Mississippian*, 17 December 1858.

Natchez Trace, in addition to slave patients from the surrounding plantation units in Attala County.

The available evidence on non-plantation based slave hospitals is often fragmentary, mostly surviving as ghostly traces in newspapers, city directories, and medical periodicals in the form of advertisements for the establishment of “Negro infirmaries” and notifications to planters of available ward facilities for slave patients. However, mention of slave hospitals, slave patients, and infirmary physicians can also be found in the many trials and court cases involving slaves. Taken collectively these notices, advertisements, medical, and legal records provide strong evidence of an extensive and expanding network of slave health care facilities in the antebellum South, as well as speaking to the spread and development of so-called “Negro medicine” itself.

Between 1828 and 1861, well over forty individual doctors, physician-partnerships, medical colleges, and institutes across the seven southern states mentioned above announced or advertised facilities available for the treatment of Negro/slave patients (Figure 1, p89).⁹ During the first half of the nineteenth century, the vast majority of Americans would have relied on treatment in the domestic environment if they fell ill or were injured. Hospitals were scarce outside of large urban areas, and access to hospital care was limited mainly to poor patients, those with contagious diseases, and travelers who did not have access to home care.¹⁰ Thus at a

⁹ These hospitals admitting slave patients were identified in the following sources: *Augusta Daily Chronicle and Sentinel*, 3 January 1855; *Charleston Daily Courier*, 9 January 1852 and 5 June 1861; *Charleston Mercury*, October 1838, 12 January 1856, 3 and 27 September 1856, 12 November 1859; *Columbia Telescope*, 4 July 1828, 15 March 1834, 30 August 1834, 11 October 1834; *Daily South Carolinian*, 2 March 1853; *Fayetteville Observer*, 26 July 1858; *Greenville Mountaineer*, 8 August 1845 and 4 October 1850; *Mississippi Free Trader and Natchez Gazette*, 6 January 1846, 21 July 1852, 26 August 1856; *The Mississippian*, 8 and 17 December 1857 and 2 February 1858; *Montgomery Weekly Advertiser*, 1 January 1852; *Montgomery Tri-Weekly Flag and Advertiser*, 12 January 1847; *Nashville Union*, 23 June 1851; *The Weekly Nashville Union*, 23 April 1845; *The Semi-Weekly Natchez Courier*, 7 May 1847; *Natchez Weekly Courier*, 12 January 1859; *New Orleans City Directory*, 1839, 1841, and 1859; *New Orleans Commercial Bulletin*, 29 April 1836, 27 September 1856, 12 November 1859; *Savannah Morning News*, 31 October 1857; *Savannah Daily Morning News*, 12 September 1854 and 8 December 1857; Hotel Dieu Patient Register; Touro Infirmary Admission Book; Evelyn Ward Gay, *The Medical Profession in Georgia, 1733–1983* (Atlanta, Auxiliary to the Medical Association of Georgia, 1983); Reginald Horsman, *Josiah Nott of Mobile: Southerner, Physician, and Racial Theorist* (Baton Rouge, Louisiana State University Press, 1987); Savitt, *Medicine and Slavery*.

¹⁰ For an overview of the role of the hospital in American medicine before the Civil War, see Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York, Basic Books, 1987), 3-11.

point when there was very little in-patient provision across the United States, the sheer number of these various Negro hospitals signals that slavery created a market for doctors specializing in slave health care and that hospitals were useful tools for servicing slavery's imperatives and priorities.

Detailed examination of the advertisements and notices reveals the main types of slave infirmaries and also some of the ways in which these hospitals, and the attending physicians, functioned and operated. In July 1828, Columbia physician Dr. M. H. De Leon advertised a "Hospital for Negroes" in the *South-Carolina State Gazette and Columbia Advertiser* (Figure 2, p90). De Leon's announcement provides standard details on cost to slave owners of medical attendance, medicine, board, and nursing for enslaved patients, as well as a sense of the size of the facility and its "internal regulation." De Leon also assures potential slave owning patrons that he has established the hospital in "an airy and healthy situation," and that the slave patients in his charge will receive proper supervision and surveillance.¹¹ Patient order, routine, and regulations were central concerns of hospital administrators and physicians throughout the United States during the mid-nineteenth century, but providing hospital facilities for the enslaved required southern physicians to demonstrate that special and effective disciplinary systems were in place.

Medical college hospitals and small private slave infirmaries were spaces where medical and white racial authority had the potential to become powerfully conjoined. Such lines of force are clearly on display in De Leon's short advertisement. For as well as promising to enforce a strict supervisory regime for his Columbia infirmary's enslaved patients, both the physician's and the slave owner's medical and racial power over enslaved bodies can be read in the degree of control they exercised over surgical procedures:

The owner of a patient will be exempt from any extra charges, save for surgical operations, which will be in proportion to their importance; but no operation whatever, will be performed without his full consent first obtained in writing.¹²

More fully developed narratives, such as published case histories appearing in southern medical periodicals, reveal the extent and the impact of these mutually reinforcing powers of authority and illustrate attitudes that were

¹¹ *Columbia Telescope*, 4 July 1828.

¹² *Ibid.*

core characteristics of antebellum southern medicine, erasing the voices of the enslaved and rendering their bodies vulnerable to any interventions determined necessary by owner and physician.¹³

Medical College Hospitals and the Enslaved

The majority of cadavers used for anatomical research in southern medical schools in the antebellum era were slave bodies. At the Medical College of Georgia, archaeological excavations in the 1990s confirmed the practice of “postmortem racism,” the disproportionate use of slave corpses in the teaching of anatomy.¹⁴ Building on their reputations as centers for the study of anatomy, a number of southern medical colleges also saw the potential to utilize slave bodies in hospital research, such as two rival schools in Charleston, both of which established “Negro infirmaries” during the 1830s.¹⁵ An announcement for the Medical College of South Carolina in the *Columbia Telescope* in October 1834, boasted that students already enjoyed “ample opportunities of observing Medical and Surgical practice” at the institutions already connected with the school – the Marine Hospital and the City Alms House. However, as these hospitals were “devoted to the accommodation of white patients, the Faculty deemed it advisable to adopt some plan which would enable them also to exhibit such modifications of diseases as are peculiar to the negro race.”¹⁶ Fifteen years before Dr. Samuel Cartwright published his polemical medical defense of southern slavery, the “Diseases and Peculiarities of the Negro Race,”¹⁷ racialized attitudes were already institutionalized in the region’s medical education, ideology, and practice. The potential values of such facilities to the developing medical profession were elaborated in some detail in this same notice:

¹³ See Stephen C. Kenny, “‘I can do the child no good’: Dr. Sims and the Enslaved Infants of Montgomery, Alabama,” *Soc. Hist. Med.*, 20 (2007), 223-41.

¹⁴ See R. L. Blakely and J. M. Harrington, eds., *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training* (Washington, DC, Smithsonian Institution Press, 1997); Todd L. Savitt, ‘The Use of Blacks for Medical Experimentation in the Old South,’ *J. Southern Hist.*, 48 (1992), 331-48; and S.C. Kenny ‘Anatomy, Autopsy, and Dissection of Enslaved Bodies in the Old South’ (forthcoming in *The Slave Body in the World of Southern Medicine*, 2010).

¹⁵ The Medical College of South Carolina and the Medical College of the State of South Carolina. For background on the rivalry between the two schools, see Joseph I. Waring, *A History of Medicine in South Carolina, 1825–1900* (Charleston, R. L. Bryan Company, 1967), 76–80.

¹⁶ *Columbia Telescope*, 15 March 1834.

¹⁷ See Cartwright, “Report on the Diseases.”

... an Infirmary for negroes was last year established in a building adjacent to the College, where the Faculty and such members of the Medical Society who desire it, will place their patients and pursue their own mode of treatment. This Infirmary will always be open to the students, and a full history of every case will be cheerfully furnished by the Medical gentlemen under whose care the patient may be. The Faculty indulge the hope that by this means, they will be enabled to concentrate upon this school, much of the talent and experience of the Medical Society – an advantage no where else enjoyed, and from which great benefit may reasonably be expected to flow.¹⁸

The Medical College of South Carolina's new "Negro Infirmary" was not only a unique selling point for the institution, but, as this advertisement indicates, it also became a clinical medical laboratory, providing physicians with a constant supply of research subjects and permitting the formation of a specialist branch of southern medical knowledge – "Negro" or racial medicine.

Similar hospital facilities for the treatment of slaves were adopted by medical institutions across the South during the antebellum era. Savitt noted the admission of "Negro" patients to Richmond's College Infirmary of Hampden-Sydney Medical Department from 1838 (which became the Medical College of Virginia Infirmary in 1854), while in 1845, Dr. Paul F. Eve announced that he was "ready to receive" both black and white patients to his surgical infirmary, located close to the Medical College of Georgia in Augusta.¹⁹ Eve's surgical infirmary was a hybrid form, part private hospital, normally charging for surgical operations and attendance, but also part teaching facility, offering free treatment by members of the Faculty during the college's lecture months (November to March) for those "patients unable to pay."²⁰ As slaves were legally considered as commodities and were framed as an inferior race by white slaveholding ideology, the southern medical profession faced few obstacles appropriating and utilizing slave bodies for teaching and research. In college and private Negro infirmaries enslaved patients became useful bodies, vulnerable to medical ambition, power, and exploitation.

¹⁸ Columbia Telescope, 15 March 1834.

¹⁹ Savitt, *Medicine and Slavery*, 193–94.

²⁰ *Greenville Mountaineer*, 8 August 1845.

Hospitals-for-experimentation

Exposure to the assembly of anatomical and clinical resources in the college environment, recognition of their value to ambitious orthodox professionals committed to a clinical approach, as well as an awareness of the developing market in slave medicine, encouraged a number of enterprising antebellum southern physicians to establish their own private Negro infirmaries. In these environments, with slave patients subjected to close and constant medical supervision, southern doctors were at liberty to develop their skills in surgical science. Hospitals and the knowledge generated in the clinical space of the infirmary legitimated practice and conferred status on aspiring medical professionals.

In the early 1840s, behind his office on Perry Street in Montgomery, Alabama, physician James Marion Sims erected an eight-bed hospital, which he later expanded to sixteen beds with the addition of a second storey, primarily for the care of "negro surgical cases."²¹ Sims's autobiography boasts that in this most 'memorable era' of his life, "there was never a time that I could not, at any day, have had a subject for operation."²² Here he performed some of the most dangerous, yet personally and professionally significant, of his surgical operations.

Two of the first six articles by Sims that were accepted for publication detail exceptional and 'heroic' facial operations performed on valuable young male slave patients at his private experimental hospital in 1845.²³ A combination of their potential market value and the hopelessness of their condition brought such individuals to the attention of Sims. With a reputation as "a bold, fearless, and dashing operator" able to "undertake almost any case," Sims became a magnet for chronic infirmities.²⁴ Slave-

²¹ James Marion Sims, *The Story of My Life* (New York, De Capo Press, 1968 [1884]), 230. For a social history of James Marion Sims and a discussion of his significance to American medical history, see Deborah K. McGregor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick, NJ and London, Rutgers University Press, 1998).

²² *Ibid*, 209, 241.

²³ James Marion Sims, 'Osteo-Sarcoma of the Lower Jaw – Resection of the body of the bone. – Cure,' *American Journal of the Medical Sciences* (January, 1846), 128-132; 'Removal of the Superior Maxilla for a tumour of the antrum; Apparent cure. Return of the disease. Second operation. Sequel,' *American Journal of the Medical Sciences* (April, 1847), 310-315. The term 'heroic' generally refers to major operations undertaken in the era before anaesthesia or antisepsis.

²⁴ Sims, *Life*, 209, 210; W.O. Baldwin, 'Tribute to the Late James Marion Sims, M.D., LL.D.,' Appendix III in Sims, *Life*, 428; Seale Harris, *Woman's Surgeon: The Life Story of J. Marion Sims* (New York, Macmillan, 1950), 74.

owners sought out his assistance in last ditch attempts to preserve their investments, and Sims willingly accepted their requests, converting slave debility into regional, national and, eventually, international medical celebrity.

In addition to well-known examples such as Sims's backyard hospital in Montgomery, Alabama, private infirmaries offering treatment to "Negro" patients could also be found in Columbia, Charleston, Augusta, Savannah, Memphis, as well as smaller towns and hamlets such as Norfolk, Blackville, and Kosciusko (Figure 1, p89).²⁵ Southern physicians would have had a host of practical reasons for specializing in "Negro" medicine. For some, like Sims, the relative powerlessness of "Negro" patients presented few obstacles to pursuing a long-held desire to initiate a program of intensive clinical and surgical research known to be valued by the professional elite and on display in medical colleges, journals, and textbooks. For those like Sims and other rural southern physicians at a remove – geographically or professionally – from major medical centers, operating a private "Negro infirmary" was not only a way of remaining solvent and relevant within a community of slave holders, but was also a means of maintaining status and enhancing presence in a wider professional context.

Operating a "Negro" infirmary offered ambitious professionals, such as Dr. Robert Wilson Gibbes of Columbia, South Carolina, a practical means of building both a lucrative medical practice among slave holders, as well as developing a professional reputation.²⁶ The private "Negro" infirmary was not only a means of efficiently organizing the treatment and attendance of a large patient group, but was also a way of demonstrating an intellectual commitment to new clinical methods, as practiced in the large public hospitals of Europe and larger American cities, such as New York, Boston, Philadelphia, and New Orleans. Despite being over seventy miles distant from the Medical College of Georgia in Augusta, or the Medical Colleges in Charleston, Gibbes could maintain a strong presence in the wider southern and American medical community by allowing other physicians and physician-apprentices to attend his infirmary and witness new and ground-breaking operations. These proceedings could then form the basis of

²⁵ For details on Sims's hospital and surgical career, see the full version of this article and Kenny, 'I can do the child no good.'

²⁶ "DR. GIBBES is preparing an INFIRMARY in the rear of the Museum, where surgical and other cases will be received. Planters are informed that negroes sent to this Infirmary will be carefully attended." *Columbia Telescope*, 30 August 1834.

correspondence or case notes to be exchanged with colleagues or submitted for publication to medical journals.²⁷

A group of twelve South Carolina physicians that either operated private “Negro” infirmaries, or had affiliations with college infirmaries admitting slave patients, were among some of the most active and respected contributors to one of the region’s major antebellum medical publications – the *Charleston Medical Journal and Review (CMJR)* – and used this journal to publish accounts of operations performed on slave patients in their hospitals.²⁸ In 1860, for example, Gibbes published an article in the *CMJR* describing the treatment of three slave patients at his infirmary who suffered from compound dislocations of the ankle joint.²⁹ Earlier, in September 1854, Dr. Eli Geddings, who held chairs in pathological anatomy and later surgery at the Medical College of South Carolina, published his account of a hysterectomy performed on a Negro woman at the college infirmary in the *CMJR*.³⁰ Charleston surgeon Dr. Julian John Chisolm, who had studied medicine in London and Paris, published the reports of dozens of operations he performed on slave patients at his private infirmaries and the college hospitals where he was a professor of surgery.³¹ Negro infirmaries offered southern physicians opportunities to construct successful everyday practices in a slave holding economy, but also the resources for making professional reputations as active experimental clinical medical researchers.

African-American bodies served as one of the principal means through which southern doctors learned their trade, generated and

²⁷ On the effort to reform orthodox American medicine and to promote European, especially Parisian, clinical medical thought, see John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Princeton, NJ, Princeton University Press, 1998).

²⁸ These included the following authors and, wherever identifiable, the hospitals they used to treat slave patients: Robert S. Bailey, John Bellinger (Medical College of the State of South Carolina), E. S. Bennett, John Julian Chisolm (Charleston Preparatory Medical School, Medical College of South Carolina, and his own Negro Infirmary), E. B. Flagg (Charleston Preparatory Medical School), Eli Geddings (Medical College of South Carolina), Robert W. Gibbes (his own Negro Infirmary), J. McF. Gaston (Columbia Preparatory Medical School), Thomas Ogier (Southern School of Practical Medicine), Francis Peyre Porcher (Charleston Preparatory Medical School and his own Negro Infirmary), A. N. Talley (Columbia Preparatory Medical School), and William T. Wragg (Southern School of Practical Medicine).

²⁹ R. W. Gibbes, ‘Compound Dislocations of the Ankle Joint: Recovery after Reduction, without Ankylosis’, *Charleston Med. J. Rev.*, 15 (1860), 741–49.

³⁰ E. Geddings, ‘Case of Total Inversion of the Uterus, in which Extirpation of the Entire Organ was Successfully Practised’, *Charleston Med. J. Rev.*, 9 (1854), 613–15.

³¹ See, for example, J. J. Chisolm, ‘A Few Interesting Cases’, *Charleston Med. J. Rev.*, 12 (1857), 614–21.

communicated medical knowledge, and increased their economic wealth along with their social and professional status. Uncovering the full range of uses to which “Negro infirmaries” were adapted in the antebellum South helps to clarify both the relationship between orthodox medicine and slavery and also underscores the extent to which southern physicians absorbed and reinforced slaveholding values. Indeed, many experimental and commercial southern hospitals played important roles in restoring, preserving, insuring, and enhancing the value of slave property, key functions in the business of buying and selling black bodies, and perhaps none more so than hospitals located in the domestic slave trade’s foremost market – New Orleans.

Concentrating on the group of slave patients sent to the Touro Infirmary – evident in the hospital’s rare surviving Admission Book – it is possible to learn a lot more about the world of the commercial “Negro” hospital and to glean significant details about the slave patients admitted to such hospitals during this period. Where did these patients come from? Why were they sent to Touro? Who were the slave owners who were willing to pay to send ailing bondpeople to Touro between 1855 and 1860? What kinds of sicknesses were suffered by enslaved patients admitted to small southern infirmaries?

Commercial Slave Hospitals: The Touro Infirmary

Traditional, physician-authored histories of Touro Infirmary recount its founding as a non-sectarian, charitable hospital to help the indigent sick of New Orleans. For example, both Walter Burnett’s *Touro Infirmary* (1979) and volume two of Duffy’s *History of Medicine in Louisiana* (1962) emphasize the hospital’s benevolent beginnings, recounting the story of how the financial legacy of Judah Touro, a Jewish businessman, laid the groundwork for founding the Touro Infirmary. The hospital, originally housed in a former plantation home known as the Paulding Mansion, opened its doors with a twenty-four bed capacity in 1855, and accepted patients regardless of religious creed or skin color.³² What these traditional narratives of Touro’s founding fail to mention, despite the clear evidence in the Infirmary’s archive, is the key economic role played by slave patients in the establishment of this celebrated New Orleans medical institution.

³² Walter Mucklow Burnett, *Touro Infirmary* (New Orleans, Touro Infirmary, 1979), 1-2; John Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana, Vol. II* (Baton Rouge, Louisiana State University Press, 1962), 231-33.

Of nearly 1,600 patients admitted to Touro Infirmary for medical treatment during the period 1855–1860, almost 700 (nearly 45%) had “slave” listed as their occupational status.³³ In addition to listing patients’ occupations, the Infirmary Admission Book provided a variety of other personal information, including names, ages, marital status, length of residence in New Orleans, place of birth, previous residences (“Last Place From”), date of discharge, date of death, malady, how long sick, “whose account” was to be charged, and the rate charged per day. It is possible to identify a significant number of the slave owning account holders at Touro by their trade and to piece together a small portrait of occupational health among the enslaved in antebellum New Orleans.

A detailed architectural plan of the property that eventually became Touro Infirmary shows two residential buildings that occupied a full half city block.³⁴ The larger main residence fronted New Levee Street while the smaller building opened on to Gaiennie Street with additional access to the entire residential compound via stables to the rear of the property. The smaller building easily lent itself to conversion to an infirmary, consisting of a number of small rooms connected via a central corridor. This smaller building was most likely the site of the slave ward of the antebellum Touro Infirmary. The larger main residence would most likely have housed first- and second-class patients and the infirmary physician, Dr. Joseph Bensadon. As the first house surgeon and manager at Touro Infirmary, Bensadon worked at Touro throughout its antebellum phase and left in 1861 to become surgeon general in the Confederate army. The volume of patients admitted to the infirmary between 1855 and 1860 clearly indicates that Bensadon needed assistance. A city directory lists Thomas Hunt (also Professor of Physiology and Pathology at the Medical Department of the University of Louisiana) as a visiting surgeon at the infirmary during 1857.³⁵ It is also highly probable that slave women, or the infirmary’s recuperating slave patients, would have provided nursing attendance at the hospital.

One of the first illustrated advertisements for the Touro Infirmary, which appeared in the 1855 city directory, discloses a number of important details that helps situate the hospital in a meaningful historical and spatial

³³ This should be taken as a minimum figure, as there were significant variations in the way an individual patient’s details were entered into the Admission Book. Touro Infirmary Admission Book, 1855-1860, Touro Infirmary Archives, New Orleans, Louisiana (hereafter TIAB).

³⁴ Plan of Property late the Residence of Cornelius Paulding, drawn by C. A. Hedin, Plan Book 20A, Folio 25, New Orleans Notarial Archives, New Orleans, Louisiana.

³⁵ W.H. Rainey, comp., *Mygatt and Co’s Directory 1857* (New Orleans, n.p. 1857), Louisiana Division and City Archives, New Orleans Public Library, New Orleans, Louisiana.

context (Figure 3, p91).³⁶ First, the advertisement announced the location of the hospital, “in the immediate vicinity of the Shipping and Steamboat Landings.” Just one block away from the quayside itself, Touro was at the heart of the city’s bustling waterfront economy. Along the wharf, steamboats and sailing ships loaded and unloaded their cargoes of cotton, sugar, coffee, tobacco, pork, and human beings, slave and free. Stevedores, drays, carriages, and overseers would then store, direct, and transport the various passengers, goods, and chattel to their destinations. In addition to the various warehouses, markets, and cotton presses, several smaller businesses and industries operated in the same neighborhood as Touro.³⁷ Ironworks and foundries, stone-masons, bakers, attorneys, public houses, stables, liveries, and undertakers were also located near the infirmary, while just several blocks away, H. J. Ranney, chief engineer and manager of the New Basin Canal Company, had his headquarters on St. Charles Avenue. Well-represented among the infirmary’s account-holders, these labor-intensive occupations generated a significant number of patients for the infirmary. Moreover, the city’s harsh climate and poor record of public health further ensured a steady demand for Touro’s medical resources.

Also featured prominently in this early advertisement for Touro Infirmary are the financial terms for those seeking medical treatment. Fees ranged on a sliding scale from \$1 to \$5 per day, with a flat fee of \$1 per day charged for slave patients, while “important surgical operations” levied an extra charge, as did the burial of patients who died in the infirmary. The separate fee schedule for slave patients, together with details from the architectural plan of the property, indicate that Touro Infirmary, as with other commercial hospitals in New Orleans in the antebellum era, operated segregated wards for slave and free white patients. Dr. Wedderburn and Dr. Beard’s Circus Street Hospital, advertising in *Cohen’s New Orleans City Directory* in 1853, also had a policy of racial segregation and a clear cost structure that sheds light on how rooms and wards may have been organized at Touro. Wedderburn and Beard’s terms were \$5 per day for first-class private rooms, \$3 per day for second-class private rooms, while \$2 per day secured a place on an all-white ward. The same advertisement stated that a

³⁶ Cohen’s *New Orleans Directory for 1855* (New Orleans: n.p., 1855). Louisiana Division and City Archives, New Orleans Public Library, New Orleans, Louisiana.

³⁷ See Thomas C. Buchanan, *Black Life on the Mississippi: Slaves, Free Blacks, and the Western Steamboat World* (Chapel Hill, University of North Carolina Press, 2004), 26-31; Ari Kelman, *A River and Its City: The Nature of Landscape in New Orleans* (Berkeley, University of California Press, 2003), 50-86; Robert C. Reinders, *End of an Era: New Orleans, 1850–1860* (Gretna, Pelican Publishing Co., 1998), 33-50.

“separate part of this hospital is appropriated for slaves” at the expense of \$1 per day.³⁸ Similarly, the city’s Charity Hospital “opened its doors to sick whites and Negroes alike,” but within the institution “segregation was accomplished by separate wards for the two races.” Although the city’s antebellum system of racial segregation was not legally codified, as Roger Fischer has noted, it effectively maintained “a thoroughgoing separation of the races and the visible subordination of the New Orleans Negroes in near every area of public activity.”³⁹

Slave Traders and Enslaved Patients in New Orleans

While Touro Infirmary received slave patients from a wide range of clients and businesses, the treatment of patients paid for by slave traders stands out as both unusual and very important. The notorious New Orleans slave dealer, Bernard Kendig, was one of more than a dozen slave trading individuals who paid the accounts of slave patients admitted to and treated at Touro Infirmary between 1855 and 1860 (Table 1, p78).⁴⁰ Many of these traders, such as Walter Campbell, R. H. Elam, and Thomas Foster, and slave auctioneer Joseph A. Beard, were not only leading figures of the slave trade in New Orleans, but were also linked to a network of interstate slave trading activity that connected slave selling states, such as Virginia and Maryland, with slave buyers in the expanding lower Mississippi Valley. Elam, for example, was a regular presence at “The Forks of the Road” slave market in Natchez, while Campbell and his brother Bernard were Baltimore based slave trading partners, responsible for shipping thousands of enslaved people

³⁸ *Cohen’s New Orleans Directory ... for 1853* (New Orleans, n.p., 1853). See also the following later advertisements for further examples of racial segregation of medical facilities in antebellum New Orleans: Dr. Warren Stone’s Maison de Sante in *Cohen’s New Orleans Directory for 1855* (New Orleans, n.p., 1855); Drs. Mercier and Chaille, Circus Street Infirmary in Charles Gardener, *Gardner’s New Orleans Directory for 1858* (New Orleans, Charles Gardener, 1858), Louisiana Division and City Archives, New Orleans Public Library, New Orleans, Louisiana.

³⁹ Roger A. Fischer, ‘Racial Segregation in Ante Bellum New Orleans’, *Am. Hist. Rev.*, 74 (1969), 932-33. Probably mindful of the recent (1853) yellow fever outbreak in the city, another segregation policy advertised by Touro was the exclusion of patients with “contagious diseases.” (See also *New Orleans Times Picayune*, Friday 8 December 1854). However, this was a largely futile exercise in manufacturing public confidence in a sanitary hospital environment, as the huge number of fever and measles cases recorded in the Admissions Book makes plain.

⁴⁰ For a history of Kendig reconstructed from court and notarial records, see Richard Tansey, ‘Bernard Kendig and the New Orleans Slave Trade’” *Louisiana Hist.*, 23 (1982), 159-78; see also, Judith Kelleher Schafer, *Slavery, the Civil Law, and the Supreme Court of Louisiana* (Baton Rouge, Louisiana State University Press, 1994), 140-42.

TABLE 1: Slave trading Account-Holders, Number of Slave Patients Referred, and Cost of Medical Care (in \$) at Touro Infirmary, New Orleans, 1855–1859.

| Name of Slave Trader | Year | | | | | Total # of Slave Patients per trader | Total Medical Costs (\$) |
|----------------------------|---------|----------|----------|----------|--------|--|--------------------------------|
| | 1855 | 1856 | 1857 | 1858 | 1859 | | |
| J.A.Beard | | | | | 3 (41) | 3 | (41) |
| W.L. Campbell | 1 (13) | | 1 (6) | | | 2 | (19) |
| T. Foster | | | 29 (393) | 32 (448) | | 61 | (841) |
| T.J. Frisby | | | 1 (108) | | | 1 | (108) |
| A. Hagan | | 1 (8) | | | | 1 | (8) |
| C.F. Hatcher | | | | 1 (7) | | 1 | (7) |
| T.E. Johnson | | | 5 (247) | | | 5 | (247) |
| B. Kendig | 3 (152) | 19 (379) | 3 (105) | | | 25 | (636) |
| Mathews | | | 1 (26) | | | 1 | (26) |
| J.Q. Moore | | | 13 (137) | | | 13 | (137) |
| Pinckard | 3 (40) | 1 (60) | | | | 4 | (100) |
| A.O. Sibley | | | 36 (414) | | | 36 | (414) |

Source: Touro Infirmary Admission Book, 1855–1860, Touro Infirmary Archives, New Orleans, Louisiana.

to the Crescent City.⁴¹ Other slave traders are less conspicuous and barely register more than a line or two that identify them by name and occupation in antebellum newspapers and city directories. Still others such as J. L. Moore and A. O. Sibley, seem not to have made any mark in the documentary record, other than their appearance in the Touro Admission Book, and may simply have been passing through New Orleans with a coffle of slaves ultimately bound upriver or further west.

The number of enslaved patients brought to Touro by slave traders in the city made up a significant amount of the infirmary's business in slave medicine. Almost a quarter of the slave patients, at least 22.6%, recorded in the 1855–1860 Admission Book had their accounts paid by slave traders.⁴² The business of the four largest slave trader accounts taken by Touro generated a significant source of patient income for the infirmary. These four traders alone brought the infirmary an annual average of \$507 in 1855–1858 (Table 1). Traders would willingly wager large sums on slave health care in order to claim their share of the enormous profits to be made in the slave markets.

Thomas Foster and Bernard Kendig were two of the largest and the wealthiest of the slave traders doing business with Touro in its antebellum phase. Newspapers and city directories of this period record that Foster's slave depot was located at 157 Common Street and Kendig lodged his slaves at the same yard.⁴³ Foster sent sixty-one slave patients to Touro, for a total of sixty-three separate admissions, between March of 1857 and April of 1858. Of these patients, twenty-seven were identifiable as male, twenty-seven as female, while in seven cases the gender of the patient was not indicated in the Admission Book. The average age of the women in the group was nineteen years, while for men the average was twenty-two years (Table 2, p80). Over three quarters of the slave patients in the Foster group were recorded at the Infirmary as having been born outside of New Orleans. Thirteen originated from Virginia, eight from Alabama, seven from Georgia, five each from Kentucky and North Carolina, four from South Carolina, three from Mississippi, and one each from Tennessee, Arkansas, and Texas (Table 3, p81; Figure 1, p89). As the vast majority of the patients were also recorded as having been in New Orleans for just a matter of two or three weeks, it is certain that a large number of them had been shipped to the city

⁴¹ Jim Barnett and H. Clark Burkett, 'The Forks of the Road Slave Market Site at Natchez', *J. Mississippi Hist.*, 63 (2003), 168-87; Bancroft, *Slave Trading in the Old South*, 316-17.

⁴² TIAB.

⁴³ See, for example, *Cohen's New Orleans City Directory*, 1855. Tansey, "Bernard Kendig," 168.

TABLE 2: Age and sex of enslaved patients sent to Touro Infirmary by slave trading Account-Holders, 1855–1859.

| <u>Sex</u> | <u>Age</u> | 0– 4 | 05– 09 | 10– 14 | 15– 19 | 20– 24 | 25– 29 | 30– 34 | 35– 39 | 40– 44 | 45– 49 | 50– 55 | 55– 59 |
|---------------|------------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Male | | | 1 | 4 | 12 | 18 | 22 | 4 | 4 | 0 | 1 | 1 | 1 |
| Female | | 2 | 0 | 9 | 6 | 3 | 3 | 2 | 1 | 0 | 0 | 0 | 0 |
| Total | | 2 | 1 | 13 | 18 | 21 | 25 | 6 | 5 | 0 | 1 | 1 | 1 |

Source: Touro Infirmary Admission Book, 1855–1860, Touro Infirmary Archives, New Orleans, Louisiana.

via the coastal route of the domestic slave trade, while those from Tennessee, Arkansas, Alabama, and Mississippi probably arrived after a trip downriver or overland via the Natchez Trace.⁴⁴

Some of the most informative descriptions of the conditions experienced by those who were forcibly transported and ensnared by the domestic slave trade can be found in the autobiographies of Solomon Northup, Charles Ball, and John Brown.⁴⁵ The mid-nineteenth-century narratives of former and fugitive slaves provide important details and critical reflection on the hazards and health impact of chattel slavery’s forced migrations. Whether slaves were transported on the inland waterways, as in the case of John Brown aboard the steamer *Neptune* on the Ohio River, before heading down the Mississippi to New Orleans; via the coastal trade route taken by Solomon Northup, kidnapped as a freeman in Washington D.C. and shipped to New Orleans through Richmond; or were driven in a

⁴⁴ In the Foster group of patients, there are just two patients who were recorded as having resided for any length of time in New Orleans. Allen, a thirty-four-year-old married male originally from North Carolina, who was listed as having lived in the city for twenty-five years; and Mary, a twenty-year-old born in Kentucky and a resident of New Orleans for six years. This indicates that Foster traded slaves locally as well from out of state. TIAB.

⁴⁵ F. M. Boney, ed., *Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, A Fugitive Slave* (Savannah, GA, The Beehive Press, 1972); Solomon Northup, *Twelve Years a Slave*, ed. Sue Eakin and Joseph Logsdon (Baton Rouge, Louisiana State University Press, 1975); Charles Ball, *Slavery in the United States*, in *I Was Born a Slave: An Anthology of Classic Slave Narratives*, ed. Yuval Taylor, vol. 1, 1772–1849 (Edinburgh, Payback Press, 1999).

TABLE 3: Origins of enslaved patients sent to Touro Infirmary by four largest slave trading Account-Holders, 1855–1859.

| <u>State</u> | Foster | Kendig | Moore | Sibley |
|---------------------------|-----------|-----------|----------|-----------|
| Alabama | 8 | 1 | 0 | 4 |
| Arkansas | 1 | 2 | 0 | 0 |
| Florida | 0 | 1 | 0 | 0 |
| Georgia | 7 | 2 | 0 | 0 |
| Kentucky | 5 | 6 | 0 | 2 |
| Mississippi | 3 | 4 | 4 | 2 |
| North Carolina | 5 | 0 | 0 | 1 |
| South Carolina | 4 | 1 | 0 | 8 |
| Tennessee | 1 | 1 | 0 | 0 |
| Texas | 1 | 1 | 0 | 0 |
| Virginia | 13 | 2 | 0 | 8 |
| <u>Total out-of-state</u> | 48 | 20 | 4 | 25 |
| New Orleans | 2 | 3 | 0 | 0 |
| Louisiana | 11 | 1 | 0 | 0 |
| <u>Total in-state</u> | 13 | 4 | 0 | 0 |
| <u>Overall total</u> | 61 | 24 | 4 | 25 |

Source: Touro Infirmary Admission Book, 1855–1860, Touro Infirmary Archives, New Orleans, Louisiana.

coffle on the arduous overland route, as was Charles Ball, they would all arrive at their destinations physically and emotionally exhausted, often hungry and suffering from various illnesses – rather less attractive physical specimens than slave traders described in their advertisements for the purpose of making a sale.

The narratives of Northup and Brown also provide important information about the perils, privations, and rituals of life inside a slave pen in antebellum New Orleans. Both autobiographies include descriptions of Theophilus Freeman’s slave-pen, located near the St. Charles Hotel. Freeman operated in a cluster of large slave-pens “scattered through an area about three blocks square around the corner of Baronne and Gravier Streets,” which could hold as many as a hundred slaves for inspection and sale.⁴⁶ Former slave Stephen Williams, interviewed by the Federal Writers’ Project in the 1930s, described the overcrowded conditions in these traders’ yards that created significant health hazards for slaves – “the dirt and smell was terrible, terrible.”⁴⁷

John Brown’s narrative provides a broad physical description of Freeman’s pen and a clear indication of its operations. “The slaves are brought from all parts, are of all sorts, sizes, and ages, and arrive in various states of fatigue and condition; but they soon improve in their looks, as they are regularly fed, and have plenty to eat.”⁴⁸ Part of the ritual of the slave-pen included the process that Walter Johnson has described as “slave making,” or “turning people into products.” As Johnson makes clear, whatever their condition upon arrival in New Orleans, “Slaves could be remade in the irresistible power of their salability – fed, medicated, beaten, dressed, hectorred, and arrayed until they outwardly appeared to be no more than advertisements for themselves.”⁴⁹

The business of medical care and attendance signaled a key component in the commodification of slaves in the New Orleans market and in slave markets elsewhere in the Deep South. As Solomon Northup’s narrative describes, slaves shipped in the tight holds of coastal vessels and

⁴⁶ See Johnson, *Soul by Soul*, 223. John Brown’s description of Freeman’s slave yard accommodating up to 500 souls might seem an overestimate based on the traumatic experience of close confinement. However, as Richard Tansey notes in his article on Kendig, in 1853 the New Orleans slave trading firm of Thomas and Lucio Foster claimed to be able to house up to “300 negroes” in a single yard. Boney, *Slave Life in Georgia*, 95; Tansey, “Bernard Kendig,” 168.

⁴⁷ Stephen Williams in Charles Orson Cook and James M. Poteet, “‘Dem Was Black Times, Sue Nough’”: The Slave Narratives of Lydia Jefferson and Stephen Williams’, *Louisiana Hist.*, 20 (1979), 290.

⁴⁸ Boney, *Slave Life in Georgia*, 95.

⁴⁹ Johnson, *Soul by Soul*, 118.

chained together below decks on steamboats often arrived in New Orleans in a degraded physical condition due to shock and exhaustion, or contracted fevers and viral diseases en-route. “[N]early all who came in on the brig Orleans were taken ill. They complained of violent pain in the head and back.”⁵⁰ Northup was eventually diagnosed with smallpox and sent to Charity Hospital where he most likely would have been expected to die.⁵¹ Less extreme cases of fever and symptoms of physical exhaustion, malnutrition, and other conditions were normally treated by physicians employed to attend the pens of large slave traders, or else slave patients were sent to nearby private infirmaries, such as Touro Infirmery, for medical treatment and rehabilitation.

A variety of fevers, breathing difficulties, and chest infections, problems with digestion and infectious diseases afflicted many of the slave patients sent to Touro by Thomas Foster. Twelve of these patients were recorded in the Admission Book as having suffered from some form of “fever” or “intermittent fever,” probably malarial; five patients were diagnosed with “pleuro-pneumonia” or “pneumonia;” while another seven suffered from “catarrh;” six more were listed as suffering from “diarrhea;” one from dysentery; and one from worms. Among those hospitalized with viral skin diseases, six had rubeola and two had roseola, a rose-coloured rash. Such illnesses are consistent with individuals suffering the effects of cramped, crowded, and unsanitary conditions and are highly reminiscent of the types of illness rife aboard the trans-Atlantic slave ships of the Middle-Passage.⁵² Often such conditions could prove fatal. Three women from the Foster group of patients who died in Touro were Sarah and Esther from Virginia, both suffering from fever, and Lucinda, a thirteen-year-old born in Georgia who was diagnosed with pleura-pneumonia.⁵³

Slave trader Bernard Kendig enjoyed a long-standing business relationship with Touro Infirmery, which continued until March 1857, the

⁵⁰ Northup, *Twelve Years a Slave*, 54.

⁵¹ Mortality rates for Charity Hospital were over 20% during the antebellum period. See Duffy, *Rudolph Matas*, 198-214.

⁵² For a graphic description of the conditions Africans endured on a slave ship making the Middle Passage journey, see *The Interesting Narrative of the Life of Olaudah Equiano, or Gustavus Vassa, The African. Written by Himself*, ed. Angelo Costanzo (originally published, 1789, Broadview Literary Texts, 2001). See also Hugh Thomas, *The Slave Trade: The History of the Atlantic Slave Trade, 1440–1870* (London, Picador, 1997), 407-28; and Stephanie E. Smallwood, *Saltwater Slavery: A Middle Passage from Africa to American Diaspora* (Cambridge, MA, Harvard University Press, 2007).

⁵³ TIAB.

last recorded date Kendig was listed as an account-holder. Historian Richard Tansey's work on Kendig's trading in New Orleans, between 1852 and 1860, has shown that he "only imported twenty-four percent of the slaves whom he sold in New Orleans; he bought the remaining three-quarters of his slaves from Louisiana residents, many of whom could also have been involved in slave trading."⁵⁴ By contrast, all but four of the slave patients Kendig sent to Touro Infirmary were born outside of New Orleans.⁵⁵ As the majority of Kendig's slave patients are recorded as having spent between six and sixteen weeks in the city, this suggests that while Kendig was not a major importer of slaves, the slaves that he did import were those in his stock of human property most in need of medical attention.⁵⁶

The types of maladies suffered by Kendig's slaves appeared very similar to the conditions found among the larger group of Foster patients. Six patients were recorded as suffering from "diarrhea" and one from dysentery, three from fevers (typhoid, bilious remittent, and plain old "fever"), one with measles, and one with pneumonia.⁵⁷ As the majority of these slaves came from out of state, it is likely that they were suffering the ill-effects of dehydration, overcrowding, and the typical unsanitary conditions below the decks of coastal slaving vessels and of large slave-pens. Tansey's research also revealed that, "After acquiring physically or morally – "morally" refers to slaves who resisted their bondage by running away, stealing, or drinking liquor – defective slaves, Kendig concealed their impairments before selling them fully guaranteed to unsuspecting customers."⁵⁸ While this type of rogue trading allowed for tremendous profit, it also carried great risk. Indeed, four of Kendig's slave patients, all from out of state, died in Touro.⁵⁹

Similar diseases manifested themselves among the patient groups of two other account-holders at the Touro Infirmary who were prominent slave traders. On 14 February 1857, J. Q. Moore sent four male slaves to Touro, all of whom were born in Mississippi and with an average age of thirty-two. Philip and January were diagnosed as suffering from diarrhea, while George

⁵⁴ Tansey, "Bernard Kendig," 162.

⁵⁵ The Kendig patient group was made up of twenty-four individuals: eight identified as female and sixteen as male. The average age of both men and women alike was twenty-three years. Six of the patients came from Kentucky, four from Mississippi, two each from Virginia and Georgia, and a single patient in each case from Alabama, Florida, Arkansas, Texas, Tennessee, and South Carolina.

⁵⁶ TIAB.

⁵⁷ Ibid.

⁵⁸ Tansey, "Bernard Kendig," 171.

⁵⁹ TIAB.

and Louis had bronchitis. Each of them spent an initial thirteen-day stay in the infirmary, most likely recuperating from their journey, and in preparation for their appearance at auction. Over the course of the next six weeks, each of the men suffering from diarrhea or dysentery would be readmitted at least once to Touro. This pattern of re-admittance suggests that they endured very poor sanitary conditions both en-route to New Orleans and wherever Moore held them captive in the city.⁶⁰

Whereas Moore and his small coffle of enslaved men may have reached New Orleans via road, rail or river from neighboring states, A. O. Sibley seems more likely to have been a coastal slave trader. The majority of the twenty-five slave patients he sent to Touro Infirmary came from Alabama, Virginia, North Carolina, South Carolina, and Kentucky. All of Sibley's imported slaves were male, with an average age of twenty-six years. As with the Moore group, their conditions en-route and upon arrival in the city were undoubtedly miserable, as twenty-four of their thirty-six admission and re-admission entries in the hospital book listed their complaints as diarrhea or dysentery.⁶¹

Several specifically female conditions or complaints are recorded among Kendig's slave patients that distinguish them from Foster, Moore, and Sibley's group. Kendig sent two women to Touro who were suffering from "amenorrhea," which is defined as the absence or suppression of the menstrual cycle. Today amenorrhea is understood to be most commonly caused by hormonal disturbances, which in turn can be the result of weight loss, stress, depression, or major changes in circumstances and surroundings. The two slave women, both named Eliza, had recently arrived in New Orleans from Mississippi and Virginia. Eliza from Virginia spent forty-four days in the infirmary (from 11 July, through to 24 August 1856 – the average length of stay for slave patients at Touro was eighteen days), while Eliza from Mississippi died after just an eight day stay.⁶² In line with mid-nineteenth-century medical approaches to this condition, especially when the patient concerned was a black woman, the treatment received by the two Elizas is likely to have been both invasive and experimental, and in the case of Eliza from Mississippi, may have contributed to her death.⁶³

Another female slave patient of Kendig's, Rachael, who was born in Florida, spent fifty-three days in the infirmary. Her condition, recorded as

⁶⁰ TIAB.

⁶¹ TIAB.

⁶² TIAB.

⁶³ See Schwartz, *Birthing a Slave*, 83-87.

“pregnant,” called for an additional \$25 charge, presumably for the delivery of her child. In his recent book, *The Sugar Masters* (2005), Richard Follett draws attention to the “rationalizing impulse” that led Louisiana planters “toward slave breeding and the abject exploitation of enslaved men and women in the cane world.” In this account of slavery in Louisiana’s sugar parishes, slaveholders “sought to maximize both physical might and childbirth on their estates by coldly but shrewdly purchasing young men and women from the New Orleans slave pens.”⁶⁴ No one would have more awareness of what Follett describes as the sugar planters’ “intrusive policy of demographic engineering” than the Crescent City’s slave traders.⁶⁵ This is perhaps why Kendig sought to restore the menstrual flow of the traumatized female captives he sent to Touro. By nurturing and presenting healthy, sound female slave bodies with reproductive capacities intact, and delivering the potential of healthy newborns, traders sought to extract the highest profit from the calculating buyers who haunted the slave-markets.

This interest in the reproductive capacity of slaves extended to the bodies of men as well as women. Thomas Johnson, a slave trader with six entries for five patients (four men and a woman) in the Admission Book, brought three cases of slaves suffering from syphilis, and one from gonorrhea, to Touro. Unlike other private infirmaries in antebellum New Orleans, Touro did not advertise the services of a specialist who could treat sexual diseases.⁶⁶ However, this was undoubtedly a lucrative line of healing given the keen interest of slave buyers in the reproductive potential of their chattel.

An additional spur to slave traders seeking medical attention for slaves with venereal diseases were Louisiana’s redhibition laws, which allowed the return of unsound slaves up to a year after initial purchase. As Sharla Fett has highlighted, according to the reductive commercial and racial logic of southern slavery, slave bodies were defined, othered, objectified, and evaluated according to their soundness. Taking into account an estimation of a slave’s physical and mental health, as well as the slave’s moral character, formed the concept of soundness that guided white decision-making in the slave-markets and shaped the approach of

⁶⁴ Richard Follett, *The Sugar Masters: Planters and Slaves in Louisiana’s Cane World, 1820–1860* (Baton Rouge, Louisiana State University Press, 2005), 48.

⁶⁵ *Ibid.*

⁶⁶ One example is that of Dr. Truman Stillman, proprietor of the Louisiana Lock Hospital Institution, advertising in *Michel’s New Orleans Annual and Commercial Register* in 1846.

slaveholders and white physicians to slave health.⁶⁷ Touro Infirmary's Dr. Bensadon not only sought to restore soundness in slave patients afflicted with syphilis, gonorrhea, or similar venereal diseases, but also provided warranties, or certificates of soundness, for traders in an attempt to facilitate and legitimate slave sales. This might well explain why slave trader Thomas Johnson was willing to spend \$113, for a 113-day stay, to cure twenty-five-year-old Elizah, a female slave born in South Carolina and brought to the Crescent City's slave pens in July 1857. As historian Walter Johnson has noted, "medical treatment was a trick of the trade, nothing more. These expenditures were speculations like any others the traders made, tactical commitments to slaves' bodies that were underwritten by the hope of their sale."⁶⁸

Conclusion

There is significant evidence of a variety of infirmaries admitting slaves throughout the antebellum era. The form and the function of different types of slave hospitals, what physicians did there, the links that these institutions forged, together with physicians, medical colleges, medical museums, and medical journals that were active in mobilizing the racialization of southern medicine, indicate that while "Negro medicine" was clearly developed to serve both the economic and professional interests of slave owners and physicians, it was also constituted as a way of framing, containing, and exploiting slave bodies in spaces wherever these interests associated and overlapped. Thus the effort to identify racialized medicine under slavery has to be more sensitive to the varied range of actors, sites, and associations that generated and disseminated racial knowledge.

It is also clear from an examination of the evidence of patient and client records contained in the Admissions Book of Touro Infirmary that the operating principles informing southern hospitals before the Civil War were not necessarily dominated by charitable, reforming, or benevolent paternalistic motives. Many "Negro" infirmaries, and hospitals admitting enslaved patients, were located along the main circuits and relays of the region's slave trading network, often clustered in the domestic slave trade's hubs, such as port cities, close to main river or railroad terminals, as well as

⁶⁷ Fett, *Working Cures*, 15–35.

⁶⁸ Johnson, *Soul by Soul*, 120.

more remote locations, but with close proximity and definitive links to one of the domestic slave trade's overland routes.

The slave infirmary in New Orleans acted as a key part of the network of slave-markets, exchanges, and auction-houses, serving the business needs of significant numbers of slave traders and speculators who sought to reassure prospective buyers of slaves that they need not worry about the possibility of receiving damaged goods. The Admission Book of Touro Infirmary, together with the career of Touro's house surgeon and manager Dr. Joseph Bensadon, demonstrate that by the late-antebellum era, slavery and medicine had developed mutual interests to such an extent that the medical profession was adopting special institutional facilities to accommodate and service the needs of the lucrative trade in slave bodies. Overall, one of the most distinctive features of orthodox medicine in the antebellum South was the degree to which the profession was dependent on and fashioned by the institution of slavery.

FIGURE 1: Locations & Types of Slave Infirmaries in the Antebellum South



Types of Slave Infirmaries:

- ▲ College
- Commercial
- Small experimental clinic

----- Main Routes of the Domestic Slave Trade

FIGURE 2: Dr M. H. DeLeon 'Hospital for Negroes'
*(South Carolina State Gazette and
 Columbia Advertizer, July 4, 1828)*

HOSPITAL FOR NEGROES

DR. DE LEON,

AT the suggestion of many of his patrons, has established a hospital for sick Negroes, in an airy and healthy situation, and he has made such arrangements as will insure the comfort and convenience of the sick. The personal services of an efficient white person have been engaged to superintend the internal regulation of the house, see the medicine properly administered by the nurses, and enforce such restrictions, as to diet, as may be deemed necessary by the Physician; without this precaution, his efforts are frequently unavailing. The Superintendant will live on the spot, so as to be, at all times, with the patients.

The Hospital will be divided into six wards, four of which will be appropriated for male, and two for female subjects.

Patients will be received from town or country at \$8 50 cents per week. This charge will include medical attendance, medicine, board, nursing, &c. &c.

The owner of a patient will be exempt from any extra charges, save for surgical operations, which will be in proportion to their importance; but no operation whatever, will be performed without his full consent first obtained in writing.

The patients will be visited as often during the day, as their situation requires.

No slave will be discharged from the Hospital until his fees are paid. This rule will be rigidly enforced.

It would be almost superfluous to point out the economy of such an establishment to the planter, and even to the town resident. Its advantages are self-evident.

Dr DeLeon pledges himself to his patrons and the public generally, that this institution shall receive his strictest attention.

Columbia, June 25.

TOURO INFIRMARY,
 Corner of New Levee and Gaiennie Sts.,
 UNDER THE DIRECTION OF
J. BENSADON, M. D.,
 WHO RESIDES ON THE PREMISES.

This Establishment which is located in the immediate vicinity of the Shipping and Steamboat Landings of the First District, is one of the best ventilated and arranged Institutions IN THE SOUTHERN COUNTRY.



TERMS: from \$1 to \$5 per day; Slaves \$1 per day.
IMPORTANT SURGICAL OPERATIONS CHARGED FOR EXTRA.
 For further particulars apply at the Infirmary, or at the U. S. LIFE INSURANCE ANNUITY AND TRUST COMPANY, 48 CHAIR STREET.

FIGURE 3: Advertisement for Touro Infirmary, New Orleans (1855). With permission of Touro Infirmary Archives.