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# The Use of Blacks for Medical Experimentation and Demonstration in the Old South

By TODD L. SAVITT

**“AN ABUNDANCE OF MATERIALS IN THE SOUTHERN MEDICAL JOURNALS reveals that slaves had a fairly significant role in medical education and in experimental and radical medical and surgical practice of the antebellum South,”** remarked J. Walter Fisher in a 1968 article describing some of the medical uses to which slaves were put in the Old South.<sup>1</sup> Further investigation into this subject indicates that southern white medical educators and researchers relied greatly on the availability of Negro patients for various purposes. Black bodies often found their way to dissecting tables, operating amphitheaters, classroom or bedside demonstrations, and experimental facilities. This is not to deny that white bodies were similarly used.<sup>2</sup> In northern cities and in southern port towns such as New Orleans, Louisville, Memphis, Charleston, and Mobile, where poor, transient whites were abundant, seamen, European immigrants, and white indigents undoubtedly joined blacks in fulfilling

<sup>1</sup> Fisher, “Physicians and Slavery in the Antebellum Southern Medical Journal,” *Journal of the History of Medicine and Allied Sciences*, XXIII (January 1968), 45. W. Montague Cobb discussed a similar theme in “Surgery and the Negro Physician: Some Parallels in Background,” *National Medical Association, Journal*, XLIII (May 1951), 145–52, especially 147–48.

<sup>2</sup> David C. Humphrey, “Dissection and Discrimination: The Social Origins of Cadavers in America, 1760–1915,” *New York Academy of Medicine, Bulletin*, XLIX (September 1973), 819–27; John B. Blake, “Anatomy,” in Ronald L. Numbers, ed., *The Education of American Physicians: Historical Essays* (Berkeley, Los Angeles, and London, 1980), 34–35, 37.

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the "clinical material" needs of the medical profession. But blacks were particularly easy targets, given their positions as voiceless slaves or "free persons of color" in a society sensitive to and separated by race. This open and deliberate use of blacks for medical research and demonstration well illustrates the racial attitudes of antebellum white southerners.

Interestingly, people generally assumed that information gained from observation of Negro bodies was applicable to Caucasians. Despite the political rhetoric then current in the Old South about a separate medicine for blacks and for whites,<sup>3</sup> the research and teaching reflected, in fact, the opposite. Negroes did not seem to differ enough from Caucasians to exclude them from extensive use in southern medical schools and in research activities.<sup>4</sup>

Use of blacks for medical experimentation and demonstration was not the result of a conscious organized plan on the part of white southerners to learn more about the differences between the races or even how better to care for their black charges. The examples related in this article reflect the actions of individual researchers and medical institutions. Taken together, however, a pattern emerges. Blacks were considered more available and more accessible in this white-dominated society: they were rendered physically visible by their skin color but were legally invisible because of their slave status.

Throughout history medicine has required bodies for teaching purposes. Students had to learn anatomy, recognize and diagnose diseases, and treat conditions requiring surgery; researchers had to try out their ideas and new techniques; and practitioners had to perform autopsies to confirm their diagnoses and to understand the effects of diseases on the human body. The need for human specimens became more recognized and more emphasized in America during the first half of the nineteenth century as the ideas of the French school of hospital medicine reached this country.<sup>5</sup> Bedside

<sup>3</sup> John Duffy, "A Note on Ante-Bellum Southern Nationalism and Medical Practice," *Journal of Southern History*, XXXIV (May 1968), 274-76; John S. Haller, Jr., "The Negro and the Southern Physician: A Study of Medical and Racial Attitudes, 1800-1860," *Medical History*, XVI (July 1972), 247-51; Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, Chicago, and London, 1978), 7-17.

<sup>4</sup> Commenting on this irony, the anatomist W. Montague Cobb, himself black, wrote in 1951, "... our [white] colleagues recognized in the Negro [on the dissecting table] a perfection in human structure which they were unwilling to concede when that structure was animated by the vital spark." Cobb, "Surgery and the Negro Physician," 148.

<sup>5</sup> On the ideas and importance of the Paris school of hospital medicine see Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore, 1967); Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York, 1973). On the influence of the Paris school on American medicine see Richard H. Shryock, *The*

experience, clinical-pathological correlations, and statistical studies became increasingly important. And medical schools throughout the United States, including those in the South, attempted to meet the new demands of students for a modern education. Clinics, infirmaries, and hospitals were opened in conjunction with those colleges; patients, however, were not always willing to enter. To fill beds it became essential to use the poor and the enslaved. Medicine thus capitalized on the need of the indigent and the helpless for medical care. In the South white attitudes toward blacks ensured the selection of patients of this group as specimens, though some whites were also used.

Competition for students among southern medical schools was fierce during the thirty years preceding the Civil War, which led each institution to publicize the positive aspects of its program in newspapers, medical journals, circulars, and magazines. One of the major requisites of any school was an abundant supply of clinical material—living patients for medical and surgical demonstrations as well as cadavers for anatomical dissections and pathological examinations. Institutional reputations were made and broken on the basis of the availability of teaching specimens. The Transylvania University Medical Department in Lexington, Kentucky, serves as a case in point. One of the causes for its decline from eminence during the 1830s was its purported difficulty in procuring bodies for clinical teaching. Despite numerous attempts by both faculty and students to dispel rumors about the shortage of specimens and demonstration materials at the medical school, it was impossible to reverse the negative impressions of students. On the other hand, a medical school was established in nearby Louisville (Louisville Medical Institute) in 1837, owing in part to the presence of a large black (as well as transient white) population, well suited to the needs of teaching institutions.<sup>6</sup>

*Development of Modern Medicine: An Interpretation of the Social and Scientific Factors Involved* (New York, 1947), 170–91; Gerald N. Grob, *Edward Jarvis and the Medical World of Nineteenth-Century America* (Knoxville, Tenn., 1978), 37–38.

<sup>6</sup> Robert Peter, *The History of the Medical Department of Transylvania University* (Louisville, 1905), 61; catalogues of the Medical Department of Transylvania University, 1829–1855, in the library at Transylvania College, Lexington, Kentucky; “Preamble and Resolutions of the Dissecting Class [of Transylvania Medical College, 1837/38],” Appendix to Thomas D. Mitchell, “Transylvania Catalogue of Medical Graduates, with an Appendix, Containing a Concise History of the School from Its Commencement to the Present Time,” *Transylvania Journal of Medicine and Associate Sciences*, XI (January–March 1838), 229–30. For a discussion of the history of anatomy in antebellum Kentucky see Wayne C. Williams, “The Teachers and Teaching of Anatomy in the Medical Department of Transylvania University, 1799–1857,” (unpublished paper in author’s and Savitt’s possession), 7–16. Mr. Williams is Director of the Audiovisual Dept., East Carolina University School of Medicine. See also John H. Ellis, *Medicine in Kentucky* (Lexington, Ky., 1977), 13.

To train students in disease management, the better southern medical schools either established infirmaries or arranged with local authorities to treat patients in poor houses or city hospitals. In Georgia, Kentucky, Alabama, South Carolina, Virginia, and presumably in other southern states the patients used for the education of students were frequently black. Newspaper advertisements by the Atlanta Medical College, for example, encouraged owners to send their sick and injured slaves to the infirmary for treatment. There, "An intelligent nurse and faithful servant will be in constant attendance." No mention of the presence of medical students was necessary. The boarding fee was reasonable (fifteen cents per day), and the doctor's fee was waived if the case turned out to be incurable and the slave had to be sent home.<sup>7</sup> Probably typical of patient use for demonstrations at the Atlanta Medical College Infirmary was what a professor of materia medica termed "An interesting case of Hepatic Abscess in a negro man" who "was subject to the examination of the Students for several weeks during the course of lectures, and was lectured upon and prescribed for in presence of the Class." Similarly, he wrote that a black woman suffering from tuberculosis "had been under our occasional observation for a year previously."<sup>8</sup>

South Carolina medical institutions were even more explicit in their public requests for black patients. In the late 1830s both Charleston medical schools operated infirmaries during the regular teaching sessions from November to March, and both catered to the large black population resident in the city and surrounding area. The hospital of the Medical College of the State of South Carolina admitted slaves, poor whites, and free blacks. As an inducement to lure patients from the competing medical-school hospital, infirmary officials made owners of slaves liable for no professional charges, the only account rendered being that for food and nursing. This was so, they explained, because "The sole object of the Faculty . . . [is] to promote the interest of Medical education within their native State and City."<sup>9</sup> The surgery established by the faculty of the other school, the Medical College of South Carolina, admitted slaves and free blacks only. An advertisement placed in the

<sup>7</sup> Quoted in Franklin M. Garrett, *Atlanta and Environs: A Chronicle of Its People and Events* (2 vols., Athens, Ga., 1954), I, 395-96 (quotation on p. 395), from *Atlanta Weekly Intelligencer*, October 12, 1855. See also Gerald L. Cates, "Medical Schools in Ante-Bellum Georgia" (unpublished M.A. thesis, University of Georgia, 1968), 92-93.

<sup>8</sup> J. G. Westmoreland, "Report of Medical Clinic, Continued," *Atlanta Medical and Surgical Journal*, I (February 1856), 329 (first two quotations), 331 (third quotation). On the use of blacks and indigent whites in Alabama see W. Taylor, "Annual Oration," Medical Association of the State of Alabama, *Transactions*, VIII (February 1855), 121.

<sup>9</sup> *Charleston Courier*, November 14, 1837.

Charleston *Courier* requested planters with servants "laboring under Surgical diseases," local physicians with slave patients requiring surgical intervention, and "Such [free] persons of color as may not be able to pay for Medical advice . . .," to call at the hospital. "The object of the Faculty . . .," the announcement continued, "is to collect as many interesting cases, as possible, for the benefit and instruction of their pupils."<sup>10</sup>

By 1841 the Medical College of the State of South Carolina had established a permanent year-round hospital with large wards for black and white patients. College officials claimed that they had little trouble filling beds at this new infirmary, because "the slave population of the city, and neighboring plantations, is capable of furnishing ample materials for clinical instruction." Students at the school saw not only "all the common diseases of the climate" but also a variety of operative procedures, owing to the presence of a slave population "peculiarly liable to surgical diseases requiring operations for their relief."<sup>11</sup> The medical college continued to use black patients for surgical demonstrations throughout the antebellum years. During the late 1850s, for instance, surgical cases occurring among blacks while school was in session were admitted to the "Coloured Wards" of a newly constructed public hospital and were reserved for the exclusive use of student doctors.<sup>12</sup>

The use of black patients for medical-school training was not confined to the lower South. The Hampden-Sydney College Medical Department (called the Medical College of Virginia after 1854) located in Richmond employed many of the same techniques as the South Carolina and Georgia institutions to attract Negroes into its infirmary wards. Faculty physicians announced in an 1853 publication that "The number of negroes employed in our factories will furnish materials for the support of an extensive hospital, and afford to the student that great desideratum—clinical instruction." They placed ads in country editions of Richmond newspapers informing rural slaveholders of the infirmary's facilities, charged lower rates for blacks, and attempted (unsuccessfully) to establish first a slave hospital, then a free hospital for all indigents and for

<sup>10</sup> *Ibid.*, November 16, 1837.

<sup>11</sup> *Annual Circular of the Trustees and Faculty of the Medical College of the State of South Carolina . . . Session of 1840-41* (Charleston, 1840), 5-6.

<sup>12</sup> "A Plan of Organization for the Roper Hospital. Adopted by the Medical Society, Jan. 3, 1846," *Rules and Regulations for the Government of the Trustees and Officers of the Roper Hospital* (Charleston, 1861), 11-12; *Annual Circular of the Trustees and Faculty of the Medical College of the State of South Carolina . . . Session of 1857-58* (Charleston, 1858), 17. See also Joseph I. Waring, *A History of Medicine in South Carolina, 1825-1900* (Columbia, S. C., 1967), 75-76, 79n.

slaves.<sup>13</sup> Though none of the infirmary's records are extant, evidence from case histories in the local medical journals indicates that a majority of the patients were black.<sup>14</sup>

Neither whites nor blacks held hospitals in high esteem during the antebellum period. Not only did patients object to having medical students and doctors touching and poking them and discussing their illnesses and the merits or problems of particular modes of treatment in their presence, but they also feared that experiments might be performed on them and that they would be permitted to die so autopsies could be undertaken.<sup>15</sup> Nor were medical school announcements, circulated to attract students, calculated to encourage the sickly to request hospital admission. A Transylvania University Medical Department advertisement for the 1846–1847 session, though perhaps more wishful than accurate, was typical: “Clinical instructions fully equal to the wants of the class, are given at the hospital. Experience during the last session fully attested, that there were always patients sufficiently numerous for all useful purposes. Valuable opportunities are here presented for the study of the physical signs of Thoracic Diseases.”<sup>16</sup> Illiterate slaves did not have to read such circulars to learn about medical-school hospitals; their reputations preceded them.

Though fears about mistreatment in southern hospitals were generally unfounded (doctors and students appeared, usually, to do their best to cure patients on the wards), concerns regarding the use made of deceased patients were real. Autopsies and anatomical

<sup>13</sup> “An Address to the Public in Regard to the Affairs of the Medical Department of Hampden-Sydney College, by Several Physicians of the City of Richmond, 1853,” quoted in Wyndham B. Blanton, *Medicine in Virginia in the Nineteenth Century* (Richmond, 1933), 38–39 (quotation); Richmond *Enquirer*, May 8, 1860; “Notes of the Hampden-Sydney Medical Department Minutes,” in William T. Sanger, *Medical College of Virginia Before 1925, and University College of Medicine 1893–1913* (Richmond, 1973), 8; editorial, “A State General Hospital,” *Virginia Medical and Surgical Journal*, I (April 1853), 173–74; editorial, “The Virginia Free Hospital,” *ibid.*, III (June 1854), 273–75. For more descriptive details see Savitt, *Medicine and Slavery*, 282–86.

<sup>14</sup> Of 109 patients mentioned in Richmond medical journals between 1851 and 1860, 63.3 percent (69) were black. For a listing of the pertinent journal articles see Savitt, *Medicine and Slavery*, 286.

<sup>15</sup> See for example Richmond *Daily Dispatch*, July 21, 1854; William W. Brown, *Clotel; or, The President's Daughter* (London, 1853), 123–24, cited in Gladys-Marie Fry, *Night Riders in Black Folk History* (Knoxville, Tenn., 1975), 175–76; Keith A. Winsell, “Black Identity: The Southern Negro, 1830–1895” (unpublished Ph.D. dissertation, University of California at Los Angeles, 1971), 188.

<sup>16</sup> *Circular of the Transylvania University Medical Department, Session of 1846–47*, p. 4. For a vivid description of the popular image of distasteful hospital life see Thomas Jefferson to James C. Cabell, May 16, 1824, in [Nathaniel F. Cabell, ed.], *Early History of the University of Virginia as Contained in the Letters of Thomas Jefferson and Joseph C. Cabell* (Richmond, 1856), 310.

dissections were (and are) integral and important aspects of a medical education, but people expressed great aversion to the prospect of having their bodies minutely investigated after death. Complained one Georgia physician: "There is a superstitious prejudice existing in reference to them [autopsies], and it is seldom we can secure a case, except where the light of science has made headway."<sup>17</sup> In 1861 a resident doctor at Charleston's Roper Hospital made the following entry in his case book after one of his white patients died: "No autopsy could be held in this case, as his friends by some accident heard of his death immediately on its taking place, and forthwith came for the body."<sup>18</sup> The result was that physicians and students had to resort to grave robbing, hurried dissections before bodies were claimed, and deception to obtain cadavers for autopsy and anatomical investigations.

The attitudes of white southerners both toward the use of human bodies in medical education and toward blacks were silently but clearly revealed in the medical profession's heavy reliance on Negro cadavers. Human anatomical dissection was illegal in many states during the antebellum period,<sup>19</sup> although medical schools continued to teach anatomy. Unless approached by angry relatives or friends of deceased persons city authorities rarely questioned medical educators as to the sources of their anatomical specimens. Southern blacks, because of their helpless legal and inconsequential social positions, thus became prime candidates for medical-school dissections. Physicians usually found it much more convenient to obtain black specimens than white. "In Baltimore," commented Harriet Martineau after an 1834 visit, "the bodies of coloured people exclusively are taken for dissection, 'because the whites do not like it, and the coloured people cannot resist.'"<sup>20</sup> Dr. Henry M. Dowling of Leesburg, Virginia, had little difficulty receiving permission for an autopsy on a twelve-year-old slave girl with a suspected case of worms because the victim's owner was "a gentleman of intelligence, and unaffected by the vulgar prejudices entertained on this

<sup>17</sup> Henry A. Ramsay, "Gastro-Enteritis of Twelve Months Duration, Exhibiting in Autopsy an Entire Absence of the Spleen, and Calcareous Depositions in Both Lungs," *Charleston Medical Journal and Review*, V (November 1850), 728-32 (quotation on p. 732).

<sup>18</sup> Roper Hospital Case Book #2, 1858-62, p. 432, in possession of Dr. Robert Jordan, Sanford, North Carolina (microfilm copy at Waring Historical Library, Medical University of South Carolina, Charleston). See also, Walter Brice, "Typhoid Fever, as It Prevailed in Fairfield District, South-Carolina," *Charleston Medical Journal and Review*, VI (September 1851), 671.

<sup>19</sup> George B. Jenkins, "The Legal Status of Dissecting," *Anatomical Record*, VII (November 1913), 387-88; John B. Blake, "The Development of American Anatomy Acts," *Journal of Medical Education*, XXX (August 1955), 434.

<sup>20</sup> Harriet Martineau, *Retrospect of Western Travel* (2 vols., London and New York, 1838), I, 140, quoted in Humphrey, "Dissection and Discrimination," 819.

subject . . .” by others.<sup>21</sup>

When it came to obtaining Caucasian bodies for postmortem examinations, however, even “gentlemen of intelligence” found ways to refuse physicians. For example, of twenty-four individual autopsies reported by white southern physicians in the *Transylvania Journal of Medicine and the Associate Sciences* (1828-1839) and the *Transylvania Medical Journal* (1849-1851) nineteen were performed on blacks and only five on whites, in a state where the white population far exceeded the black. Also indicative of the race differential is an article that appeared in the *Transactions of the Medical Association of the State of Alabama* describing an 1853 typhoid-fever epidemic in the vicinity of Sumterville. Of the approximately forty-five blacks and twenty whites who contracted the disease, it killed a young white physician and his sister as well as ten other persons of both races. The three autopsies the reporting physician performed, however, were all on slaves.<sup>22</sup>

Bondsmen were not entirely voiceless in the matter of autopsies. Some masters honored the wishes of deceased slaves’ relatives or friends and refused permission for postmortem examinations. Colonel S. B. Stevens of Quincy, Florida, objected when Dr. Richard Jarrot proposed to perform an autopsy on the body of 102-year-old Moses, dead of what appeared to be acute pleuritis.<sup>23</sup> The master of a large Lowndes County, Alabama, plantation released for postmortem examination the body of only one of eight slave children who had died during a violent dysentery outbreak in 1851 despite the request of the attending physicians for other cadavers.<sup>24</sup> And a Virginia slaveowner, “unwilling to do violence to his [slave’s] prejudices and feelings,” withheld assent when a physician requested an autopsy on the bondsman’s wife.<sup>25</sup>

Occasionally, the prevailing attitude of whites—that dissection was acceptable when confined to the black population—was expressed in print. A correspondent to the Milledgeville, Georgia, *Statesman and Patriot* in 1828 agreed that it was necessary to dissect corpses to learn anatomy but opposed the use of whites for such a

<sup>21</sup> Dowling, “Case of Verminose Disease,” *Transylvania Journal of Medicine and the Associate Sciences*, II (May 1829), 250.

<sup>22</sup> L. H. Anderson, “Report on the Diseases of Sumterville and Vicinity,” *Medical Association of the State of Alabama, Transactions*, VII (January 1854), 61-66.

<sup>23</sup> 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*, IV (May 1849), 301-303.

<sup>24</sup> P. N. Cilley, “Diseases of Lowndesboro and Vicinity,” *Medical Association of the State of Alabama, Proceedings*, V (December 1851), 91-95.

<sup>25</sup> A Young Practitioner, “Report of a Case of Disease Supposed to be Peritonitis,” *Monthly Stethoscope and Medical Reporter*, I (June 1856), 364.

procedure. He endorsed a proposal then before the state legislature that permitted local authorities to release bodies of executed black felons to medical societies for the purpose of dissection, assuring the safety of white corpses. "The *bodies of colored* persons, whose execution is necessary to public security, may, we think, be with equity appropriated for the benefit of a science on which so many lives depend, while the measure would in a great degree secure the sepulchral repose of those who go down into the grave amidst the lamentations of friends and the reverence of society."<sup>26</sup>

The Kentucky House of Representatives seriously considered a similar proposal. It rejected by the narrow margin of seven votes a bill "to authorize and require the Judges of the different Circuit Courts of this state to adjudge and award the corpses of negroes, executed by sentences of said judges, to the Faculties of the different chartered Colleges in this state, for dissection and experiment."<sup>27</sup> In Virginia the vast majority of cadavers obtained for dissection at the five antebellum medical schools were those of Negroes.<sup>28</sup> The faculty of the Medical College of Georgia in Augusta hired, between 1834 and 1852, several slaves to act as intermediaries in the purchase of bodies from masters in the surrounding plantation country. In 1852 it purchased Grandison Harris in Charleston to obtain cadavers and to perform janitorial duties. He robbed graves and also bought black bodies for the next fifty years or so.<sup>29</sup> And the Medical College of South Carolina openly acknowledged in its circular of 1831 that it obtained "Subjects . . . for every purpose" from the black rather than the white population of Charleston so as to carry on "proper dissections . . . without offending any individuals . . ."<sup>30</sup> This undisguised use of Negroes for dissection in Charleston continued into the postwar era.<sup>31</sup>

<sup>26</sup> Milledgeville *Statesman and Patriot*, August 16, 1828. The author wishes to thank Professor Larry Morrison, History Department, Virginia Polytechnic Institute and State University, for bringing this newspaper article to his attention.

<sup>27</sup> *Journal of the House of Representatives of the Commonwealth of Kentucky* . . . (Frankfort, Ky., 1833), 107 (quotation), 122-23, 177-78. See also John D. Wright, Jr., "Robert Peter and Early Science in Kentucky" (unpublished Ph.D. dissertation, Columbia University, 1955), 61, 70; F. Garvin Davenport, *Ante-Bellum Kentucky: A Social History, 1800-1860* (Oxford, Ohio, 1943), 23.

<sup>28</sup> Savitt, *Medicine and Slavery*, 290-93; James O. Breeden, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," *Virginia Magazine of History and Biography*, LXXXIII (July 1975), 321-45.

<sup>29</sup> Lane Allen, "Grandison Harris, Sr.; Slave, Resurrectionist and Judge," *Georgia Academy of Science, Bulletin*, XXXIV (April 1976), 192-99.

<sup>30</sup> Fry, *Night Riders*, 173-74.

<sup>31</sup> Faculty Minutes, Medical College of the State of South Carolina, May 8, 1876 (Waring Historical Library). For reference to similar attitudes at the Medical College of Georgia in Augusta see Cates, "Medical Schools in Ante-Bellum Georgia," 32. On the use of blacks for dissection in an Alabama medical school see Howard L. Holley, "Dr. Phillip Madison

Blacks usually knew full well how the bodies of their friends and relatives were being used, and they were both offended and frightened. The Reverend Robert Wilson of Charleston in 1856 overheard one aged Negro woman exclaim to her friend as they passed a building housing the city's medical school, "Please Gawd, when I dead, I hope I wi' dead in de summah time."<sup>32</sup> Classes ran only from November to March, the cold months when bodies did not decompose rapidly. A former slave, Charlie Grant, recalled many years after the event how, as an adolescent boy near Florence, South Carolina, he was paid two dollars by a local doctor to dig up and carry to his office the body of a one- or two-year-old slave child who had just been buried. Though Grant did not let on, he knew what was happening: "Dr. Johnson want to cut dat child open. Dat what he want wid it."<sup>33</sup> Black fear of medical schools and dissection inevitably carried over into the postbellum period, when whites, as a means of maintaining control over freedmen, reinforced the idea of "night-doctors" who stole, killed, and then dissected blacks.<sup>34</sup> The accuracy of the belief that whites actually killed blacks for use in dissection is hard to verify.<sup>35</sup> But the fear blacks harbored was well known, as illustrated by four of the nine verses of the following poem, probably written by a white in black dialect in the late nineteenth or early twentieth century. It poked fun at these very real concerns of blacks:

#### THE DISSECTING HALL

Yuh see dat house? Dat great brick house?  
 Way yonder down de street?  
 Dey used to take dead folks een dar  
 Wrapped een a long white sheet.  
 An' sometimes we'en a nigger'd stop,  
 A-wondering who was dead,  
 Dem stujent men would take a club  
 An' bat 'im on de head.

Shepard and His Medical School," *De Historia Medicinae*, II (February 1958), 1-5. For an instance in Kentucky see the "Autobiography of Dr. Charles A. Hentz" (typescript), X, 108, Hentz Family Papers (Southern Historical Collection, University of North Carolina, Chapel Hill, N. C.).

<sup>32</sup> Robert Wilson, "Their Shadowy Influence Still Hovers About Medical College," *Charleston Sunday News Courier*, April 13, 1913. The author wishes to thank Mrs. Anne Donato of the Waring Historical Library, Medical University of South Carolina, Charleston, for bringing this article to his attention.

<sup>33</sup> George P. Rawick, ed., *The American Slave: A Composite Autobiography* (19 vols., Westport, Conn., 1972), II: *South Carolina Narratives*, Part 2, pp. 175-76 (quotation on p. 176).

<sup>34</sup> Fry, *Night Riders*, 170-211.

<sup>35</sup> There is evidence to indicate that black bodies from the South were regularly shipped to northern medical schools during the post-Civil War era. See Frederick C. Waite, "Grave Robbing in New England," *Medical Library Association, Bulletin*, XXXIII (July 1945), 283-84; Cobb, "Surgery and the Negro Physician," 148.

An' drag dat poor dead nigger chile  
 Right een dat 'sectin hall  
 To vestigate 'is liver—lights—  
 His gizzard an' 'is gall.

Tek off dat nigger's han's an' feet—  
 His eyes, his head, an' all,  
 An' w'en dem stujent finish  
 Dey was nothin' left at all.<sup>36</sup>

The abolitionist Theodore Dwight Weld was not exaggerating when he claimed in his 1839 polemical work, *American Slavery as It Is*: “‘Public opinion’ would tolerate surgical experiments, operations, processes, performed upon them [slaves], which it would execrate if performed upon their master or other whites.”<sup>37</sup> Southern medical schools could and did boast that their cities’ large black populations provided ample supplies of clinical and anatomical material. And white physicians trained at these institutions carried with them into their own careers this idea of the medical usefulness of blacks. When new techniques or treatments required experimentation doctors tested them on readily available and legally silent slave or free black patients. There was little fear of retribution, and as long as death or debility attributable to the new technique did not result the cost was negligible. Blacks, therefore, did have reason for fearing misuse at the hands of southern white physicians.

Generally speaking, in the era prior to acceptance of the germ theory there was only a fine line between seeking an appropriate treatment and engaging in actual experimentation.<sup>38</sup> A physician confronted with sick patients administered whatever treatments he had found efficacious from previous experience without really understanding their actual operation within the body. If the standard remedy failed another compound was tried, regardless of its “scientific” merit. Few practitioners attempted to perform controlled experiments to determine the properties and effects of the drugs they used or to establish basic physiological or surgical principles that would serve as guides for the medical profession. Medical practice at this time was basically empirical, as southern white doctors indicated in their journal articles. And here blacks often served as the test subjects for new remedies. Dr. T. S. Hopkins of Waynesville, Georgia, for instance, prescribed nitric acid solutions

<sup>36</sup> *Scribe*, I (December 1951), 17. The author is again indebted to Mrs. Anne Donato for this reference.

<sup>37</sup> Weld, *American Slavery as It Is: Testimony of a Thousand Witnesses* (New York, 1839), 170.

<sup>38</sup> For a broad overview of this subject see Richard H. Shryock, “Empiricism Versus Rationalism in American Medicine, 1650–1950,” *American Antiquarian Society, Proceedings*, N.S., LXXIX, Part 1 (April 15, 1969), 99–150.

in seven cases (five black and two white) of asthma after a medical friend in an adjoining county had had success with an accidental administration of this medicine to a sick child. He "deemed [the] experiment justifiable, particularly when it could result in no harm to the patient."<sup>39</sup> Similarly, a Madison County, Alabama, practitioner, Joseph Evelyn May, faced with a severe case of malaria in a slave, administered as a last resort extremely large doses of quinine combined with calomel. It worked, so May felt justified in having attempted so radical and unorthodox a procedure.<sup>40</sup>

Empirical trials of remedies on patients were not unusual in the practice of medicine anywhere in antebellum America, but outright experimentation upon living humans may have occurred more openly and perhaps more often in the South owing to the nature of the slave society. No studies of human experimentation and use of white medical specimens in the North or South presently exist to substantiate this claim. Comparative statistics of this nature are difficult to obtain. Certainly, the indigent and socially voiceless were used by medical people for their own ends in the North and, as Ronald Leslie Numbers has pointed out in a recent article, in Europe at that time. The social status of Dr. William Beaumont's experimental subject, a poor French-Canadian trapper named Alexis St. Martin, is illustrative of this attitude. Beaumont induced St. Martin by force and by various legal and financial means to submit to some nine years (1824–1833) of intermittent experimentation on the physiological activity of his stomach, part of which had been permanently exposed in a gunshot accident. The ethics of human experimentation were not established at this time—people generally accepted the research of Beaumont and others without questioning their ethics or the patient's rights.<sup>41</sup> It did not seem odd

<sup>39</sup> Hopkins, "On Nitric Acid in the Treatment of Asthma," *Charleston Medical Journal and Review*, V (November 1850), 749–52 (quotation on p. 750).

<sup>40</sup> May, "On the Remedial Use of Sulphate of Quinine in Large Doses," *Transylvania Journal of Medicine and the Associate Sciences*, X (April–June 1837), 218–19. See also Albert Russell, "Remarks on the Use of Cold Water in the Congestive and Collapsed Forms of Fever," *ibid.*, VI (January–March 1833), 96–97; Richard D. Arnold, "On the Epidemics of Savannah, Geo., in 1847 and 1848," *Charleston Medical Journal and Review*, IV (March 1849), 149; Alexander Somervail, "On the Efficacy of a Mixture of Camphor and Muriate of Ammonia in the Treatment of Suppression of Urine," *American Journal of the Medical Sciences*, XIV (May 1834), 113–15; Savitt, *Medicine and Slavery*, 298–301.

<sup>41</sup> Numbers, "William Beaumont and the Ethics of Human Experimentation," *Journal of the History of Biology*, XII (Spring 1979), 113–35. See also Chester R. Burns, "Medical Ethics in the United States Before the Civil War" (unpublished Ph.D. dissertation, Johns Hopkins University, 1969), 83. For an early expression of this attitude toward blacks as experimental subjects in South Carolina see Edmund Berkeley and Dorothy S. Berkeley, *Dr. Alexander Garden of Charles Town* (Chapel Hill, N. C., 1969), 95–96. For a full description of Beaumont's work see James T. Flexner, *Doctors on Horseback; Pioneers of American Medicine* (New York, 1937), 237–89.

or unusual then to use blacks as a number of physicians in the South did. Some whites took advantage of southern blacks by testing new techniques or remedies in the name of medical progress. In several instances physicians purchased blacks for the sole purpose of experimentation; in others the doctors used free blacks and slaves owned by others. Though white subjects were included in one or two cases of experimentation, blacks always made up the overwhelming majority of patients. A few major medical breakthroughs did result from the research performed upon Negroes, for which the physicians involved received fame and glory. The slaves, identified, if at all, by first name only, are unknown now to their descendants and to the general public.

A tale passed down by residents of the Alabama Black Belt illustrates the inclination of some southern whites to use blacks for experimental purposes and to discount the worth of slave lives in their society. When the region around Marion was first being settled people were unsure of its healthfulness. They feared the mists, swamp gases, and miasmata that rose from the low ground. According to tradition, a number of farmers purchased a slave, set him up in a hut with tools, supplies, and food, and left him there for a period of time to see if he could survive. Finding him still healthy when they returned, the settlers moved in, and the area grew rapidly.<sup>42</sup> Whether true or not, the story describes some southern whites' attitudes toward using blacks in experiments.

A number of doctors had similar inclinations. Dr. T. Stillman of Charleston, for example, operated a private infirmary in the 1830s that specialized in the treatment of skin diseases, although he also cared for patients with a variety of other disorders. During the month of October 1838 Stillman concluded his usual lengthy advertisement in the Charleston *Mercury* with an offer to purchase from slaveowners any chronically diseased slaves they might wish to "dispose of." He would pay "The highest cash price" for fifty blacks "affected with scrofula or king's evil, confirmed hypochondriasm, apoplexy, diseases of the liver, kidneys, spleen, stomach and intestines, bladder and its appendages, diarrhea, dysentery, &c."<sup>43</sup> It was obvious from the wording of the advertisement that Dr. Stillman planned to test newly formulated remedies on these fifty chronically ill blacks for the benefit of medical science, as well, no doubt, as for personal gain.

In a few instances actual discussions of the kinds of experiments

<sup>42</sup> Weymouth T. Jordan, *Ante-Bellum Alabama: Town and Country* (Tallahassee, Fla., 1957), 34–35.

<sup>43</sup> Charleston *Mercury*, October 12, 1838, reprinted in Weld, *Slavery as It Is*, 171.

to which slaves were subjected are available, both from the point of view of the patients and the physicians. There lived in Clinton, seat of Jones County, Georgia, during the 1820s and early 1830s, a physician-planter who was attempting to discover the best remedies for heat stroke. This man, Dr. Thomas Hamilton, borrowed the slave Fed from a grateful patient in order to test some of his medications on a human subject. He had a hole dug in the ground which he then had heated with fire to a high temperature. Fed sat naked on a stool on a platform placed within this ovenlike pit with only his head above ground level. To retain the heat Hamilton fastened wet blankets over the hole. Fed took a different medicine each of the five or six times he entered the pit over a period of two or three weeks, so that Hamilton could determine which preparation best enabled the slave to withstand high temperatures. Fed fainted each time from the heat and from exhaustion (he had put in a full day's work before each experiment). According to Fed's account of the proceedings the doctor found cayenne pepper to be the most effective preparation. Experimentation did not end here, however. Fed claimed, in a book written in London some years after his escape from slavery, that Hamilton came to his master's farm to perform other experiments on him for nine months, after which time "I had become so weak, that I was no longer able to work in the fields." Dr. Hamilton bled the slave every other day for three weeks and repeatedly blistered him "to ascertain how deep my black skin went." Hamilton never published a description of his experiments, so Fed's account of these events cannot be verified directly. Extant records place both men in the same neighborhood, one as slave, the other as physician, at the same time. Other aspects of Fed's narrative also bear up under historical scrutiny.<sup>44</sup>

Hamilton's crude experiments did little to advance medical knowledge. The same cannot be said for Dr. James Marion Sims's use of slave women to develop a cure for vesico-vaginal fistula. Vesico-vaginal fistula is a break in the wall separating the bladder from the vagina, which allows urine to pass involuntarily to the outside from the vagina rather than from the urethra. Women suffering from this defect, usually the result of trauma during childbirth, are incontinent of urine and continually uncomfortable. The constant flow of urine produces fetid odors, irritated skin, and

<sup>44</sup> Louis A. Chamerovzow, ed., *Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England* (London, 1855), 45–48, cited in F. Nash Boney, "Doctor Thomas Hamilton: Two Views of a Gentleman of the Old South," *Phylon*, XXVIII (Fall 1967), 288–92 (quotation on page 291).

frequent infections of the reproductive organs. Sims, a South Carolinian practicing in Montgomery, Alabama, during the 1840s and early 1850s, became interested in this condition when three cases among black servants came to his attention within a few months, and a chance occurrence gave him the idea of how to cure it. While treating a white patient for a traumatically malpositioned uterus by placing the woman on her knees and elbows, he suddenly realized that by putting vesico-vaginal fistula patients in that same position he would be able to visualize the fistula and perhaps even repair it. No physician prior to this had developed a consistently successful surgical treatment for the condition owing to difficulties in visualizing the defect, repairing the passage through the bladder wall, and preventing infection during the procedure.

Once Sims had conceived of a way to operate on patients with vesico-vaginal fistula he set about putting his ideas into practice with the cooperation of his slave subjects. He never disguised the fact that what he was doing was entirely experimental. The three black women who served as the first patients, Anarcha, Lucy, and Betsey, desperately wished relief from their sufferings. So, too, did several other patients, all slaves, who submitted to Sims's attempts at a cure over the next four years, 1845 to 1849. Each woman underwent up to thirty operations in quest of relief. When local physicians lost interest and ceased assisting Sims with the procedure, the persistent doctor trained the slave patients to assist him. Finally, in May 1849, Sims succeeded in overcoming all the complications that had been plaguing his procedure for four years. One by one, the black women were cured and sent home.

It is significant that all the subjects in Sims's experiments were black. When he decided to pursue his idea of curing vesico-vaginal fistula he "ransacked the country for [Negro] cases" and found enough to warrant enlarging his eight-bed slave infirmary. Sims agreed with each slaveowner to pay all costs of maintenance except taxes and clothing and "to perform no experiment or operation . . . to endanger their [slaves'] lives . . . ." It was not until after his success with the slave women became known that white women ventured to submit to the operations. Interestingly, Sims discovered that Caucasian patients often failed to persevere as well as Negroes during the painful and uncomfortable procedure. Typical of the problem was the patient about whom Sims remarked in his medical notes: "The pain was so terrific that Mrs. H. could not stand it and I was foiled completely." Perhaps it was Sims's recognition of this difference between slave and white patients that prompted him, in a

speech several years after his successes, to praise so highly the black women upon whom he experimented.

To the indomitable courage of these long-suffering women, more than to any one other single circumstance is the world indebted for the results of these persevering efforts. Had they faltered, then would woman have continued to suffer from the dreadful injuries produced by protracted parturition, and then should the broad domain of surgery not have known one of the most useful improvements that shall forever hereafter grace its annals.<sup>45</sup>

Sims's reliance on black patients for experimental purposes was continued by Nathan Bozeman, his successor in Montgomery. Bozeman purchased Sims's practice when the latter moved to New York and continued to operate the slave infirmary. In 1855 he perfected a new type of suture for relieving vesico-vaginal fistula with the cooperation of seven new slave patients.<sup>46</sup>

Other examples can be offered of the white southern physician's bias toward the use of black subjects in medical experimentation. Dr. Ephraim McDowell of Danville, Kentucky, revered in American medical history as the first to perform successfully an ovariectomy (removal of an ovary), operated initially upon a white woman, Mrs. Jane Todd Crawford, in 1809. Little known is the fact that McDowell's subsequent four ovariectomies, during which he improved his technique, were all performed on black women—again, this in Kentucky, a state with a relatively small black population.<sup>47</sup> Crawford William Long of Jefferson, Georgia, is often cited as the first to operate on an anesthetized patient. In March and again in June 1842 he removed tumors from the neck of James M. Venable. Two of Long's next three experiments with ether were on Negro patients: the amputation of a slave boy's toe in July 1842 and

<sup>45</sup> J. Marion Sims, *The Story of My Life* (New York, 1884), 226–46 (first and second quotations on p. 236); Seale Harris, *Woman's Surgeon: The Life Story of J. Marion Sims* (New York, 1950), 82–93, 99–103, 108–10 (third quotation on p. 109); J. Marion Sims, *Silver Sutures in Surgery* . . . (New York, 1858), 55 (fourth quotation); Sims to Dr. H. V. Wooten, January 23, 1850, Hardy Vickers Wooten Papers (Manuscripts Division, Alabama Department of Archives and History, Montgomery, Ala.).

<sup>46</sup> Bozeman, "Remarks on Vesico-Vaginal Fistule, with an Account of a New Mode of Suture, and Seven Successful Operations," *Louisville Review*, I (May 1856), 75–101. For information on a Virginia physician's earlier attempts to cure vesico-vaginal fistula using white and black patients see Savitt, *Medicine and Slavery*, 297–98.

<sup>47</sup> Samuel D. Gross, "Report of the Committee on Surgery," Kentucky State Medical Association, *Transactions*, II (October 1852), 104–106; Cobb, "Surgery and the Negro Physician," 148.

of a bondsman's finger in January 1845.<sup>48</sup> John M. B. Harden, a physician in Liberty County, Georgia, removed and measured the circumferences of certain blood vessels from the bodies of one Negro man and three hogs during the 1830s "to determine the relative areas of the Trunks and Branches of arteries." Harden published his findings, which he considered of significance to anatomical and physiological knowledge, in a regional medical journal.<sup>49</sup>

A final example of the usefulness of blacks to physicians in a slave society was the performance of Caesarean operations on pregnant women. Attempts at delivering children abdominally when they could not pass through the mother's contracted or occluded pelvis had been generally unsuccessful throughout history. Doctors in antebellum America continued to perform this procedure and occasionally met with success. The racial statistics, derived from compilations of the Philadelphia physician Dr. Robert P. Harris in the 1870s and early 1880s, are revealing: of fifteen northern women whose race was reported, thirteen were white, one black, and one Mexican (California); in the South, twenty-nine of thirty-six cases were black.<sup>50</sup> This trend continued throughout the nineteenth century: as of the year 1881 fifty-one of sixty Caesarean procedures performed in northern states had been on whites, while only twelve of fifty-nine in southern states had been on whites. Doctors in Louisiana performed the most procedures (twenty) of those in any state, nineteen of which were done on blacks.<sup>51</sup>

It is to be expected in a slave society that the subjugated will be exploited. Such was the case in the American South where blacks acted not only as servants and laborers but also as medical specimens. Some medical scientists living in that society took advantage of the slaves' helplessness to utilize them in demonstrations, autopsies, dissections, and experiments, situations distasteful to whites

<sup>48</sup> [Minutes of Annual Meeting, April 14, 1853], Medical Association of the State of Georgia, *Transactions*, IV (April 1853), 7.

<sup>49</sup> Harden, "Some Experiments to Determine the Relative Areas of the Trunks and Branches of Arteries," *Southern Medical and Surgical Journal*, N.S., II (June 1846), 330-33. The author wishes to thank Professor Lester Stephens of the History Department, University of Georgia, for bringing this article to his attention.

<sup>50</sup> Robert P. Harris, "The Operation of Gastro-Hysterotomy (true Caesarian Section) . . .," *American Journal of the Medical Sciences*, N.S., LXXV (April 1878), 336-39. For more detail on Caesarean section cases in Virginia see Savitt, *Medicine and Slavery*, 118-19.

<sup>51</sup> Robert P. Harris, "Special Statistics of the Cæsarian Operation in the United States, Showing the Successes and Failures in Each State," *American Journal of Obstetrics*, XIV (April 1881), 347.

and rejected by them. Some whites, usually the poor and the friendless, found themselves in the same position as blacks. But given the racial attitudes of that time and place, blacks were particularly vulnerable to abuse or mishandling at the hands of researchers, medical teachers, or students.