

INTRODUCTION



AMERICAN GYNECOLOGY AND BLACK LIVES

When invoking the term “body,” we tend to think at first of its materiality—its composition as flesh and bone, its outline and contours, its outgrowth of nail and hair. But the body, as we well know, is never simply matter, for it is never divorced from perception and interpretation.

—Carla Peterson, *Recovering the Black Female Body*

THE FIRST WOMEN’S HOSPITAL IN THE UNITED STATES WAS HOUSED ON a small slave farm in Mount Meigs, Alabama, a lumber town about fifteen miles from Montgomery, a large slave-trading center. From 1844 to 1849, Anarcha, Betsy, Lucy, and about nine other unidentified enslaved women and girls lived and worked together in the slave hospital that Dr. James Marion Sims founded for his training and for the surgical repair of his patients. He had his workers, probably enslaved, build the hospital for the treatment of enslaved women affected by vesico-vaginal fistulae, a common obstetrical condition that caused incontinence, and that was brought on by trauma and by the vaginal and anal tearing women suffered in childbirth. Years after he performed his pioneering work, all experimental, Sims achieved success and an international good reputation. He would later be known as the “Father of American Gynecology.”

The women he operated on continued to perform the duties slaves were expected to complete. These bondwomen tended to the domestic needs of the Sims family, which included a sick child. They cooked, cleaned, stoked and kept the fire burning during the winter, fetched well water, wiped sweaty brows

and dried crying eyes, planted and picked vegetables, and nursed their babies, all while serving at the same time as experimental patients. As Sims's surgical nurses, they learned the fundamentals of gynecological surgery from arguably the most successful gynecologist of the nineteenth century. During the five years they lived on Sims's farm, they helped him birth a new field. It is no exaggeration to state that these enslaved women knew more about the repair of obstetrical fistulae than most American doctors during the mid- to late 1840s.

In studies of James Marion Sims's career and especially of his "Alabama years," the occupational status of his enslaved patients as nurses has been consistently overshadowed by discussion of their illnesses. This study of slavery, race, and medicine, on the other hand, makes a sustained effort to examine and understand the richness of the personal and work lives of slaves, especially of Sims's slave nurses. Their experiences offer us a lesson about the relationship between the birth of American women's professional medicine and ontological blackness. During the antebellum era, most American doctors believed that blackness was not only the hue of a person's skin but also a racial category that taught substantive lessons about the biology of race and the so-called immutability of blackness. Following this biological theory, a black woman could be the same species as a white woman but also biologically distinct from and inferior to her. By examining the work lives of enslaved women patients and nurses through the prism of nineteenth-century racial formation theory, we can better understand not only the science of race but also the contradictions inherent in slavery and medicine that allowed an allegedly inferior racial group to perform professional labor requiring substantial intellectual ability.

In the case of Dr. Sims's slave nurses, scholarship has examined their exploitation as patients forced to work as surgical assistants. This book, however, shifts the focus to the lack of recognition these women received as nurses, even though nursing was considered a feminine profession in which intelligence and judgment were valued. This book also demonstrates how slavery and racial science were self-contradictory in their assumptions about black people's inferiority. Although historical records list the New York hospital Sims founded in 1855 as the country's first women's hospital, we also know that a decade earlier he had created an Alabama slave hospital for women. During its last two years under Sims's leadership, he taught his patients how to assist him during surgeries. Once Sims left the South for New York, he sold his women's hospital to a junior colleague, Nathan Bozeman, Sims's former medical assistant and a fellow slave owner, who continued operating it as a gynecological hospital and treated and experimented on patients from a primarily slave population.¹ Like Sims, Dr. Bozeman later sold the hospital and returned the enslaved patients to their owners. He went on to advance his burgeoning medical career and

promote his button suture surgical method, which he touted as more successful than the Sims silk suture method.

For pioneering gynecological surgeons, black women remained flesh-and-blood contradictions, vital to their research yet dispensable once their bodies and labor were no longer required. Neither Sims nor other early American physicians viewed Sims's slave patients as the maternal counterparts to Sims in his role as the "Father of American Gynecology." There was no social or cultural impetus for professional white men, heavily invested in their racial, gendered, and slaveholding dominance, to do so. To remedy this failure to acknowledge their contribution, this book recognizes the unheralded work of those enslaved women recruited against their will for surgeries and made to work while hospitalized, and the labor of those poor immigrant women who willingly entered crowded hospitals in an effort to be healthy reproductively. *Medical Bondage* is not so much about historical recovery as it is about the holistic retrieval of owned women's lives outside the hospital bed. I place them in the annals of medical history alongside the doctors who performed surgeries on them.

Slavery forced sick women to experience their lives in ways unimaginable to other Americans. Slavery created an environment in which black women performed more rigorous labor than white women and some white men. Because the agricultural work that all enslaved people performed was identical, doctors sometimes erased gender distinctions when they assessed the physical strength and health of black women. White people believed that black women could sustain the brutal effects of corporal punishment such as whippings just as black men allegedly could. When these women fell ill, a physical state where most people are allowed to be weak, white society objectified and treated them as stronger medical "specimens." As a consequence, enslaved women vacillated between the state of victim and of agent.

The historical arc of American gynecology resembles other American histories in that it is triumphant. It is a polyphonic narrative that contains the voices of the elite and the downtrodden, and if studied closely, this history evidences how race, class, and gender influenced seemingly value-neutral fields like medicine. In works such as Sharla Fett's *Working Cures*, Marie Jenkins Schwartz's *Birthing a Slave*, and Deborah Kuhn McGregor's *From Midwives to Medicine*, enslaved women and Irish immigrant women emerge as historical actors worthy of examination. These scholars have rightly focused on sexual violence, reproduction, and the family, and *Medical Bondage* introduces both science and medicine into the discourse. By chronicling the lives of enslaved women, this book demonstrates that slavery, medicine, and science had a synergistic relationship. It departs from the work of Fett, Jenkins Schwartz, and Kuhn McGregor not only because it is a comparative study of black slave women,

Irish immigrant women, and white medical men. It also delves deeply into the creation of antebellum-era racial formation theories about blackness: the idea that race was biological and determined one's behavior, character, and culture.

Further, my study broadens the work of important historians of medicine like Todd Savitt who have focused on race and medicine but not examined the central role of slaves in the history of gynecology. Historians of race and medicine have recast different topics such as antebellum medical care, the health effects of emancipation, and late-nineteenth-century concerns about tuberculosis, race, and the city.² My work returns the discussion to the plantation while also examining how American gynecology developed.

Medical Bondage also builds on two significant arguments about the relationship between slavery and medicine. First, reproductive medicine was essential to the maintenance and success of southern slavery, especially during the antebellum era, when the largest migration and sale of black women occurred in the nation's young history. Doctors formed a cohort of elite white men whose work, especially their gynecological examinations of black women, affected the country's slave markets. Each slave sold was examined medically so that she could be priced. Second, southern doctors knew enslaved women's reproductive labor, which ranged from the treatment of gynecological illnesses to pregnancies, helped them to revolutionize professional women's medicine. Slave owners used these men's medical assessments to ascertain whether a woman would be an economically sound investment. Was she a fecund woman or infertile? Did she have a venereal disease that could infect others slaves on a farm or plantation? These questions mattered, and doctors provided the answers for buyers. Most pioneering surgeries such as ovariectomies (the removal of diseased ovaries) and cesarean section surgeries that occurred in American gynecological history happened during interactions between white southern doctors and their black slave patients.

As a comparative study, *Medical Bondage* analyzes the medical experiences and lives of Irish women during the antebellum era, in addition to those of slaves of African descent. This study does not consider the work lives of Irish immigrant women as maids, prostitutes, and factory workers in every aspect but focuses in particular on the medical impact that gynecology had on them. By the 1850s, the massive influx of recently arrived Europeans had become intertwined with modern American medicine. There has been little written about Irish women's reproductive medical lives, although many of these women experienced multiple pregnancies, like most American women of the antebellum era. This monograph shines a brighter light on the biomedical experiences of one of the largest groups of immigrant women in America during the age of slavery.

Poor Irish-born women relied disproportionately on hospitals and physicians in northern cities. In some urban areas, Catholic hospitals were founded to meet both the spiritual and the medical needs of Irish women. In cities such as New York, doctors relied on this patient group as subjects for exploratory gynecological surgeries in much the same way southern physicians did enslaved women, because these women were an accessible vulnerable population.

Within the crowded field of slavery studies and the growing genre of race and medical history, this book offers a different narrative about the history of American slavery, race, gender, and medicine. My research also proves that slavery and Irish immigration were intrinsically linked with the growth of modern American gynecology. Sims's work on Irish immigrant patients, especially his first New York patient, Mary Smith, evidences that he practiced a form of nineteenth-century medicine guided by the belief that elite white lives should be held in higher esteem than poor, foreign ones even while he relied on immigrant and black women's disorders to discover cures for the illnesses of all women. It reveals how nineteenth-century Americans' ideas about race, health, and status influenced how both patients and doctors thought of and interacted with each other before they entered sites of healing such as slave cabins, medical colleges, and hospitals. Racial formation theories were being created and debated just as women's professional medicine was developing. American medicine was moving from the periphery to the center in global Western medicine largely because of the innovative surgical work performed by gynecologists. Pioneering gynecological surgical procedures, many of which were initially performed on enslaved women and later on poor immigrant women, were responsible for much of the field's rapid advancement in cesarean sections, obstetrical fistulae repair, and ovariectomies. The import of these medical advances is immense because European medicine had previously dominated how physicians understood medicine in America. These theoretical and practical developments in women's medicine began to transform the United States into a leader in modern gynecology.

Up until the late eighteenth century, U.S. physicians relied on the ancient Greek and Roman humoral system of understanding and treating the body.³ For example, American doctors, like their European colleagues, bled their patients to release toxins. The practice was a common one and was popularized by leading medical men such as early American patriot Benjamin Rush, who is now considered the "Father of American Medicine." Early on Rush also asserted that blackness was a genetic pathology and taught his medical students that blackness was a form of leprosy.⁴ Although Rush's theory of blackness as a disease seems rooted in the Western world's general belief in scientific racism,

he was asserting that black and white people were not different species. Thus blackness was not caused by natural anatomical differences, and ultimately black and white people were at least biologically identical.

American medicine came into its own after an American physician performed the modern world's first successful abdominal surgery and southern doctors began to use surgical methods that permanently repaired reproductive conditions. The reverberations of these surgical triumphs were felt globally. Following the publication of James Marion Sims's groundbreaking 1852 medical article on the treatment of vesico-vaginal fistulae repair, he received numerous invitations from European royalty to treat their female relatives for various gynecological conditions and diseases.

With Sims's achievement, American frontier medicine, much of it occurring in slave communities, had become a leading source for medical knowledge production globally. Yet the central role that enslaved women played in these advances—by providing doctors the bodies and sometimes labor needed for experimentation, treatment, and repair—went unacknowledged. Modern American gynecology could certainly exist without slavery, but slavery's existence allowed for the rapid development of this branch of medicine, and especially of gynecological surgery.

Like black enslaved women, Irish immigrant women faced a number of obstacles that obstructed their progress in society. These disadvantages included the debilitating physical effects of manual labor, sexual abuse, multiple births, disease, medical experimentation, and violence. My examination of the treatment of black and Irish women does not reduce them to uncomplicated victims of xenophobia and medical racism. I have chosen to follow theorist Saidiya Hartman's recommendation to not re-create the trauma and oppressive gaze that historical actors experienced at the time in my historical treatment of them. In my regulation of how "pained black bodies" are discussed and interpreted for readers' knowledge and ultimately their assessment, it is not my intention to cross the line of objectifying these historical actors.⁵

I direct attention toward not only enslaved women's lives but also those who were treated as "black" and bring into sharper focus what happened to them medically. My theorizations about their experiences, pains, uses, and their bodies should not be read as another way of reifying black women as disembodied "objects." Another challenge was locating sources where slave voices were not muted, filtered, or spoken by those who held power over them. I have attempted, however, to present these women as complicated, whole, and fully human, although the physical and psychological costs exacted by slavery were inhumane.

Since coining and defining the term “medical superbody,” I have wrestled with its use because it is a fraught denominator.⁶ Other than the problematic descriptor “degraded,” which was broadly used to label disempowered women, no historic label from the antebellum era encapsulates the complexities and contradictions that were part and parcel of enslaved women’s socio-medical experiences. Consequently, my use of medical superbody is intentionally messy, ambiguous, and contentious because black women’s entrance into gynecology proved complex for white doctors, who viewed them through an optical microscope, using only two lenses, simplicity and complication. How could these women be both healthy and sick, strong yet rendered weak by the treatments and surgeries they endured? And ultimately, why were black bodies, which contained conflicting messages about their physical prowess and intellectual inferiority, positioned as the exemplars for pioneering gynecological surgical work that was to ultimately restore allegedly biologically superior white women to perfect health?

One of the more important functions of the “black” objectified medical superbody for white doctors was that black women were used not solely for healing and research but largely for the benefit of white women’s reproductive health. They represented “the medicalization of life,” whereby peculiar female diseases and even normal female biological functions were “problematicized” and placed under the “advice procedures” of male experts who brought competencies within the orbit of an increasingly industrialized doctor-client relationship.⁷ It was a space where the medical superbody was the “epitome of consumerism” and pedagogy.⁸ “She” became “it,” even in an arena like medicine, where patients were supposed to be treated as subjects, not objects. *Medical Bondage* is ultimately a historical telling of the impact of this medical scrutiny on the lives of enslaved women and poor immigrant women; it is also the story of the white medical men who fixated their gaze on these two groups.

Slave hospitals were the premier site for creating theories about black women’s exceptionality, and medical journals were the ideal medium for describing what transpired in these hospitals and articulating the resultant notions. In their pages, doctors presented and defined black women as “the other.” Medical journals allowed for the medicalization of black and Irish women that was critical to the racialization project and process.

Medical journals also described the “rival geographies” that existed between patients and early gynecologists.⁹ In these spaces of respite—their homes, the woods, underground dwellings such as caves—slaves would use the time to heal themselves outside the surveillance of local whites and their owners. Slaves were almost always engaged in secretive activities, a necessity given the omni-

presence of owners. Despite the furtiveness of slaves to “steal away,” white doctors still had overwhelming access to black people’s bodies and engaged in experimental gynecological work. White medical men moved black patients’ bodies and body parts across a terrain that only they controlled. Historian Stephanie Camp has argued that “geographies of containment” were spaces where slaveholders put the idea of restraint into praxis. The slave hospital in this study is an exemplar of this kind of corporeal geographic containment.

Hospitals were the backdrops for physicians’ medical writings that offered laypersons and professionals alike foundational texts that explained, usually in explicit and carefully crafted language, how to treat and think about black and white women patients who shared the same diseases. Medical journals were critical sites “where race was daily given shape.”¹⁰ These texts offered readers allegedly value-neutral explanations about black biological difference and disease. For example, women of African descent were believed to have elongated labia and low-hanging breasts and to be more lascivious than white women.¹¹

Case narratives, the written descriptions of patient histories and exchanges with doctors, appeared in medical journal articles and chronicled the multifarious ways that black women experienced both antebellum professional medical care and racism. These sources are as important as plantation records, ledgers, and interviews in what they reveal about doctors’ objectifying attitudes toward slaves and poor immigrants. Medical journals constitute the bulk of my source material. American doctors, especially pioneering southern ones who helped to create gynecology, saw themselves involved in a field that was becoming increasingly elite and professionalized and in some ways beginning to outpace European physicians’ medical research in sexual surgery. Southern doctors believed “their medicine was inseparable from their need to pronounce it.”¹² Contained within these doctors’ writings are glimpses of slave life that are only beginning to gain recognition within the recent historiography of U.S. slavery.

Southern slave owners and medical doctors relied on these publications to manage their slaves. Slave management journals devoted the bulk of their pages to the medical care of enslaved people, especially women. Masters, mistresses, and overseers let physicians’ published articles serve as guides for their treatment of bondwomen who were pregnant, had given birth, or suffered from gynecological ailments. Even as black women were sexually exploited and suffered from physical and psychological scars, often inflicted by the men who owned them, the maintenance of enslaved women’s bodies was still considered a priority. White southerners knew black women literally carried the race and extended the existence of slavery in their wombs.

Medical Bondage attempts to repair the gaping fistula in the historiographies of slavery and medicine, just as nineteenth-century doctors did for their pa-

tients. However, in my effort to suture these historiographic holes, I humanize the experiences of the women who were both objects and subjects. The task is a difficult one because archives do not lend themselves to exploring and capturing the wholeness of enslaved people's lives. The study of U.S. slavery has changed greatly since early historian U. B. Phillips first wrote a pro-southern and Confederate-sympathizing history that praised slave owners for their benevolent treatment of their slaves. Since 1985, when Deborah Gray White and Jacqueline Jones inserted women into our discussions of U.S. slavery, historians have spent the next three decades examining enslaved women's labor, both productive and reproductive, and how the group resisted and negotiated their bondage. Since the late 1990s, a small number of scholars have investigated the impact of medicine (both professional and folk), healing, childbirth, and motherhood on enslaved women's lives.¹³ *Medical Bondage* joins a small but growing cohort of scholarship that interweaves the histories of slavery and medicine to investigate how each system affected the other. Further, this book elucidates how reproduction made the experience of enslaved black women markedly different from that of enslaved men's. Enslaved women had more frequent contact with doctors and, due to gynecological problems, were placed in hospitals more often than enslaved men. They were the objects of study and fascination among white physicians.

The archival sources that allowed me to piece together the fragmented lives of women whose voices and experiences were published in snippets in the writings of white medical men are varied. I have relied largely on nineteenth-century medical journals, judicial cases from appellate courts, physicians' daybooks, the private diaries and plantation records of slave owners, census records, Works Progress Administration oral history interviews with former slaves, and slave memoirs. Other important sources that help to reveal the social conditions of the era are antebellum-era newspaper advertisements and medical texts and manuals. Fortunately, a number of archives have holdings devoted exclusively to slave history and medicine. In contrast, the bulk of archival records for Irish immigrant women's medical lives are scant, and most of my research on this group was culled from digital archives of nineteenth-century medical journals, medical textbooks, and hospital records.¹⁴ Although the very earliest histories of slavery and medical history make no mention of enslaved women, they played a crucial role in the evolution of American medicine and must be acknowledged as scholars engage in the important work of tracing the origins of the intersections of race, gender, and medicine in early America.

This study also serves as a counternarrative to socio-medical histories that do not question the veracity of hagiographic top-down histories about "great white medical men."¹⁵ Enslaved women played a central role in the advances

made in gynecology by early pioneering gynecological surgeons, like Dr. Charles Atkins, who believed in the physical superiority of black women to bear pain easily. Atkins eventually published his findings about one of his slave patients, Nanny, nearly six years after her surgeries in 1825, in one of the country's leading medical journals. In medical journals, biological findings became ideology. Although southern white male physicians repeatedly encountered physically fragile enslaved women whose bodies were weakened by the rigors of harsh agricultural work performed in cotton, rice, tobacco, and sugarcane fields and multiple pregnancies, these men held fast to their belief in black women's physical strength and ease in childbirth.

Narrating the roles of enslaved women during the growth of nineteenth-century American women's medicine means that the history of American southern slavery must be understood in its entirety to tell a more factual story. Historian Ula Taylor reminds scholars who write about black women from our past to "speak to the silences" of their lives.¹⁶ In order to combat the fictions doctors wrote about black women's bodies and their pain threshold in medical journal articles, it is important to home in on those moments when cracks in the narrative appear. For example, physicians described in their writings how and why they had to restrain their enslaved patients during childbirth and surgery. Why would this practice be necessary if black women were impervious to pain?

Earlier historians did not provide for the contextualization of slavery and gave scant attention to the examination of women, especially black women. In light of the contentious historiography that has emerged over slavery, race, and medicine, critical questions must be raised about the actual status of bondwomen within the origins of modern American gynecology. Slave owners recognized the dangers, such as pregnancy and unsanitary work and living conditions, that affected slaves' lives and health. These men often shared "advice among masters" published in plantation management journals that discussed these matters at length.¹⁷ Thus the history of black women's medical bodies was not created solely in medical journals but also by slaveholders who circulated "best practices" knowledge about black women and healing. For example, a South Carolina plantation owner advised other slaveholders to train enslaved women in the healing arts. He advised, "An intelligent woman will in a short time learn the use of medicine."¹⁸ As a consequence, black women were drafted into medical practice, even if they did not want to heal others.

These enslaved women used healing to minister to their enslaved community. Faced with the possibility of life or death, soundness (good health) or sickness, infertility or barrenness, and professional acclaim or notoriety, black women executed a sophisticated "methodology of the oppressed" in their relationships with their physicians, owners, and communities.¹⁹ U. B. Phillips,

considered the first historian of North American slavery, detailed in *American Negro Slavery* how labor factored into black women's quotidian experience. Citing advice offered by slave masters, Phillips wrote, "The pregnant women are always to do some work up to the time of their confinement, if it is only walking into the field and staying there."²⁰ Former South Carolina slave Harry McMillan's recollections of enslaved women's network of care evidences the nuances of this methodology. McMillan noted that women "in the family way" performed the same work as male field hands. McMillan considered uninterrupted agricultural labor more important than providing care for enslaved women who had recently given birth, asserting that only "an old midwife . . . attended them. If a woman was taken in labor in the field some of her sisters would help her home and then come back to the field."²¹

Further, the work performed on enslaved and Irish women helped to legitimize this new branch of medicine. Like law, religion, and science, nineteenth-century medicine included many of the accouterments of racism that marked "black" bodies as inferior. They included the application of painful medical experimentations, without the use of anesthesia, even at a time when it was regularly used; separate and unequal medical treatment sites; and medical journals that racialized patients in their pages through idiomatic markers such as "robust," "strong," and "obstinate." "Black" bodies, and this term includes all bodies treated as black ones, were, as theorist Lars Schroeder notes, "written as agentless objects of white medicine."²²

The men who practiced antebellum-era medicine needed bodies to advance the field and to recognize formal medicine as legitimate. Bodies, which served as clinical matter, were in high demand by doctors because most Americans treated themselves medically when they fell ill and rarely visited hospitals. Doctors dissected cadavers, performed surgeries on sick bodies and healthy ones; most importantly, they did so to heal their patients and gain knowledge. As medical fields branched off, gynecology, and to some degree obstetrics, emerged as one of the most innovative fields due to important surgical breakthroughs like the repair of vesico-vaginal fistulae, ovariectomies, and cesarean sections. Thus southern slavery was supported by the steady reproductive labor of enslaved women, and the reproductive and gynecologic illnesses of these women aided gynecology's growth. The ready availability of sick black female bodies did more than aid pioneering gynecological surgeons as they cured formerly incurable diseases. In the nineteenth century, the various medical interventions performed on enslaved women's bodies were the sine qua non of racialized medicine and the legitimization of medical branches like obstetrics and gynecology.

The historiography does not include texts that grapple with the complex positions these enslaved women occupied while under Sims's care. They

learned to restrain patients while they were being cut with the surgeon's blade; they learned to cleanse and dress surgical wounds; they observed, over a five-year period, various reparative surgical techniques designed to remedy incontinence caused by obstetrical fistulae; and they did so under the watchful eye of a man who would become the country's leading gynecological surgeon. What did they do with this knowledge once Sims returned them to their owners?

Slave nurses were skilled laborers, and skilled slaves garnered more money for slave masters. Perhaps they became slave nurses or midwives after 1849, the year their experimentation ended. Unfortunately, the records are silent about their medical and personal lives once they departed Mount Meigs. Surely they must have integrated the medical knowledge they already possessed with the medical and surgical training they received as Dr. Sims's slave nurses. These women represent the intricacies of the antebellum slave South and the establishment of professional fields.

Like these historical subjects, this book highlights the complicated relationship between slavery and medicine. *Medical Bondage* is organized chronologically, but a common theme runs throughout it: the importance of enslaved women to the development of American gynecology.

Chapter 1, "The Birth of American Gynecology," contextualizes early American medicine with a particular focus on gynecology. Gynecology was not fully established as a formal branch of medicine until the 1870s. During its nascent period, however, slavery and enslaved patients were vital to the work that physicians performed to cure female ailments. A major theme that is examined is the confluence of racial ideologies about black people and antebellum-era medicine. As professional women's medicine grew in the 1800s, its ascendancy and legitimacy allow historians to also push past notions of continuity between how doctors treated all women in American society from its colonial beginnings to the antebellum era.

Chapter 2, "Black Women's Experiences in Slavery and Medicine," provides a historical examination of enslaved women's reproductive medical needs. The large number of enslaved women who needed reproductive care was one of the most significant boons to the outgrowth of gynecology. The institution of slavery allowed southern doctors to flourish professionally in what would later be called gynecological surgery. Due to the grueling work performed, the disproportionate number of sexual assaults enslaved women experienced, the unsanitary conditions of lying-in spaces, and inadequate diets lacking in vital nutrients and minerals, bondwomen were vulnerable to a host of diseases and conditions related to reproduction. This chapter explores how black women navigated their places in a rapidly growing medical field where white men eventually came to dominate a formerly all-female space for healing.

Chapter 3, “Contested Relations: Slavery, Sex, and Medicine,” examines white southern male doctors’ relationships with black female patients and the larger medical establishment. Many doctors believed in the distinctiveness of the South and acted out their roles as benevolent patriarchs not only on plantations but also in slave hospitals and southern medical colleges. Early pioneering doctors such as Joseph Mettauer, James Marion Sims, and Nathan Bozeman developed successful gynecologic surgical techniques because of their intimate knowledge of black women’s bodies as patients and perhaps as sexual partners. They knew the black female body could serve as the medical exemplar for all women’s bodies because there was no real physical difference in how black and white female bodies functioned. Yet they adhered to a racial etiquette that dovetailed with medical and scientific ideologies that espoused black biological difference. Further, these early gynecologists experienced gendered anxiety about their professional status and value as successful businessmen in an era when medical doctors were shedding their reputation as quacks and pill pushers.

Chapter 4, “Irish Immigrant Women and American Gynecology,” describes the realities of poor Irish immigrant women’s medical lives and demonstrates that their physical and medical experiences in sites of healing were similar to those of enslaved women. Through an examination of period newspapers, medical journal articles, physicians’ notes, and hospital case records, I show how similarly these patients were written about, treated, and even experimented on by doctors who racialized their foreign-born patients. In this section I evidence what philosopher Frantz Fanon stated about the burden of race placed on the victims of racism (I substitute Irish for black): “Not only must the Irish woman be Irish; she must also be Irish in relation to the white man and woman.”²³ Poor Irish immigrant women patients were also affected by racist thinking about their bodies just as enslaved women were. These women were marked because of their recent immigrant status and the racial tropes that defined them as aggressive, masculine, ugly, and physically strong women.

The last chapter, “Historical Black Superbodies and the Medical Gaze,” delves into the ways that medical doctors conceived of blackness through a binary framework of sameness and difference. This chapter explains how the use of various categories of analyses such as race, gender, medicine, and class were fluid. Thus I employ a meaning-centered critical analysis rooted in the social, cultural, and political significance of the body. By doing so, I bring into sharper focus the lives of the enslaved and poor immigrant women. Further, the appropriated bodies of “black” women can also be understood through the daily spaces where antebellum-era conceptions of race took shape, in hospitals, homes, and slave cabins.

The history of American gynecology has always been narrated as a story about James Marion Sims's meteoric rise as the "Father of American Gynecology" during the antebellum era. Yet I argue in *Medical Bondage* that this origin story is more expansive and includes a larger set of historical actors who are also central to gynecology's birth: black slave women. Beginning with those nearly ten black bondwomen who labored under Sims as leased chattel, patients, and nurses, they serve as the counter to Sims's designation as "father." They are the rightful "mothers" of this branch of medicine. Yet patients do not leave archives; doctors do. For a slave-owning southern white doctor like Sims, however, black women were a ubiquitous presence, and they will remain pervasive in these pages.

Medical Bondage not only addresses the omissions but also revises the story of American gynecology's birth. I wrote this book as a response to the narrow binary categorizations of black slaves and white doctors in histories of medicine. It seemed that enslaved women in particular represented the only faces of oppression in studies about reproductive medicine. After I encountered the sources, which overwhelmingly pointed me to other marginalized women, in this case poor Irish immigrant women, I located a subject matter that complicated notions of "oppression" and "difference and sameness." I argue that studies of American slavery must grapple with all facets of slave life, including medicine, because every person born under the institution lived through a medical experience. The study of medical experiences provides a foundational framework for understanding the lives of the enslaved and, by extension, the oppressed.