



Birthing a Slave: Motherhood and Medicine in the Antebellum South

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Depicting the competing approaches to reproductive health that evolved on plantations, as both black women and white men sought to enhance the health of enslaved mothers, this book focuses on the health care of enslaved women.

Birthing a Slave: Motherhood and Medicine in the Antebellum South Details

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From Reader Review Birthing a Slave: Motherhood and Medicine in the Antebellum South for online ebook

Lisa says

Nice integration of social history and medicine. Just never thought about the ways in which doctors would be interested in slaves for experiments and the role of masters in controlling reproduction and making sure births went well.

Josh says

Made me reshape my argument and the way I describe the institution of slavery in the South.

zack says

miserable, darkly fetishistic

Lucy says

good book, made me pretty angry at our country's history, important for anyone who is interested in childbirth in the US and likes non-fiction/history

Rina says

When one considers how modern obstetrics has manifested itself in its current form, the problems of human experimentation, control, and racism are forgotten in the mire of history and contemporary issues. While at times deeply disturbing and illuminating, Marie Schwartz' exploration of birthing in the slave communities of the pre civil war Antebellum South unveils the problematic practices that were executed as the professionalization and modernization of obstetrics moved away from the hands of women into that of men. Schwartz' book, Birthing a Slave rests on the argument that white doctors took advantage of black slave communities as they furthered their understanding through the experimentation, infiltration, and control of female black slaves. Since the women in question were slaves they were under the control of their white male owners. These owners, who ultimately controlled them, allowed doctors to have access to their slaves through contracts drawn up between the master and doctor rather than through the doctor and slave. Owners were especially concerned with the problem of fertility in light of 1808 laws that banned the importation of slaves into the United States. Since slavery itself was not itself banned, the focus shifted from a constant importation of new labour to the sustenance and continuation of labour that was already available: the existing black slave population. This leads to the premise of Schwartz' book which rests on the idea of control. Schwartz succinctly states in her introduction that "slavery shaped even the most intimate of human acts--the conception and birthing of a baby. Women found themselves struggling in the most basic physical

terms for control over fertility and childbearing and over health generally.”¹ Schwartz then expands on how black women found themselves in a constant struggle between their own personal control over their bodies, and ultimately fertility, and that of their masters through her chapters on procreation, healers, fertility, pregnancy, childbirth, postnatal complications, gynaecological surgery, and finally, through cancer and its related tumours. Through the course of her work, Schwartz indicates how modern obstetrics was facilitated through the abuse and control of black female healthcare through white doctors who viewed their black slaves more akin to animals than humans. Regardless, however, it was maintained that their bodies were still the same as that of white females and thus offered the growing field of obstetrics an area in which one could practice their own knowledge before turning to white female patients that were hesitant to allow new doctors to assist them without any prior experience.

In terms of previously existing historiographical works, Schwartz’ book continues where Deborah Gray White with her work on the formation of a female slave community (*Arn’t I a Woman? Female Slaves in the Plantation South*), Todd L. Savitt’s work concerning a dual system of healthcare in Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia, and Sharla M. Fett’s work concerning healing practices amongst slaves: *Working Cures: Healing, Health and Power on Southern Slave Plantations*.² Schwartz’ work particularly encompasses Savitt’s work concerning the dual system of gynaecological healthcare for female black slaves by exploring the dual methods of community folk healers and the doctors assigned by their masters. Exploring healthcare in such a manner allows Schwartz to indicate sharply the problems of racism and control over a black population that needed to procreate to continue the institution of slavery in a country that had outlawed future importation of slaves from elsewhere in the world. By ensuring the continuity of female fertility, white masters were able to ensure that their heirs and plantations would be supplied with the needed workers. In this dual approach, Schwartz uses the work by Fett and White as a springboard, especially in terms of the slave community and the healers that derived from it.

The evidence that Schwartz employs in her study are that of witness testimony, especially that of emancipated slaves who participated in government interviews in the 1930s, accounts from their descendants, the published writings of doctors in medical journals from the 19th century and records from slaveholders.³ Schwartz’ use of case histories as written by white doctors and their entries in medical journals allows for a detailed exploration of how black female slaves interacted with white doctors, however, the use of oral testimony allows for an exploration into black community and the treatment of pregnancy and related health issues independent of what white doctors, who were interested in a specific outcome, desired. Ultimately Schwartz’ exploration of the testimonies and evidence indicate two conflicting desires between the slave community and that of their white masters: the former desired an increased spacing between pregnancies to ensure their own health and that of their children and that of white plantation owners who sought to increase the fertility slave women to increase the slave population and in turn ensure a stable future regarding slavery and its implementation in the United States. Schwartz’ work unveils issues of racism and its roots in desire to control slavery and its preservation. Racist attitudes maintained that black women were more licentious, desired sexual activity, that they were more fecund than white mothers, and that they more fecund than white mothers.

While Schwartz explores the tension between master and slave and the control of healthcare in the first part of her book, there are problems with her exploration. The largest of which is the weak conclusion to her text. Throughout her book, Schwartz constantly reinforces the notion that the black slave community was controlled by their white male masters and the doctors who were contracted to ensure their continued fertility and health. However, in her final chapter concerning healthcare after the civil war, she fails to properly explore the issues surrounding the breakdown of control and slavery. The text suddenly jumps from an exploration in other female health issues (cancer and tumours) and turns to healthcare and freedwomen. The very brief chapter addresses a withdrawing of white doctors who sought patients who could pay and indicates a breakdown in the level of healthcare offered to black patients, it fails to properly explore the response by black slaves who suddenly found themselves free. Honestly the final chapter does not fit as a

response to the experimentation, both surgical and medicinal, that had been practiced on women in Schwartz' work. The first eight chapters focussed on a tension between white and black communities and each sought to respond to perceived problems of healthcare. Since Schwartz spent most of her text discussing the use and abuse of black women and their bodies for the advancement of science, the lacklustre conclusion offered in the final chapter does little to address the questions concerning the end of the civil war and black women and healthcare. Rather Schwartz indicates that the black community took back control of their healthcare in the form of midwives whose practices shifted from focussing on white women to that of black women. In turn, physicians were able to use their experiences gleaned in the slave quarters and the medical advancements that were discovered there to serve in the growing obstetric and gynaecological practices that were growing in the female white community. While Schwartz' work contributes to a history of black women in America, the final chapter could have been better employed to address the gaps that have been left unanswered in the very brief summary of a hundred year period that followed the civil war and black female obstetrics and gynaecology. Ultimately, this book should be read by anyone seeking to understand racism and its manifestation in the Southern United States, especially in reference to black female politics and accusations of sexually licentious behaviour that still follow African American women in the workforce today.

Jay Sandlin says

Southern politics and medicine govern a woman's healthcare and right to choose her time of pregnancies.

And this was in 1809!

Learn about the formation of gynecology in this Southern historical monograph detailing the study of fertilization through the trial and error of experimentation on black women. When a slave's uterus was the key to financial windfall for cotton planters, the fledgling physician class saw a pathway to rise above their humble stations and seize riches previously out of reach.

For gender studies, medical history, southern history, slavery or a scary commentary on how some things, unfortunately, never change.

Joanna says

The low rating is due to the terrible writing style.

Pat says

Part of our untold history. So sad that so many people approved of this cruelty.
