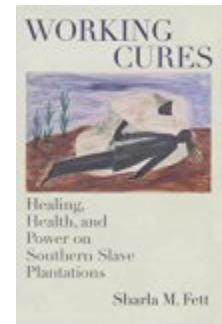


# H-Net Reviews

in the Humanities & Social Sciences

Sharla M. Fett. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill and London: University of North Carolina Press, 2002. xiii + 290 pp. \$22.95 (paper), ISBN 978-0-8078-5378-8; \$55.00 (cloth), ISBN 978-0-8078-2709-3.

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## Slavery and Medicine

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The culture of African slaves on American plantations in the nineteenth century continues to fascinate historians. Health and healing practices form a core part of life experiences, especially in circumstances such as the southern plantation, where life was particularly nasty, brutal and short for its laboring inhabitants. But this is a difficult world to enter, for the slaves left few historical artifacts, either documentary or material, and the diffraction of slave culture through the prism of white writings is necessarily distorted. Sharla Fett has accomplished an impressive feat in reconstructing this world through court documents, twentieth-century interviews with former slaves, and the written works, published and manuscript, left by white southerners. The resulting account is both convincing and memorable.

Readers familiar with medical history will want to know how this book goes beyond Todd Savitt's *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (University of Illinois Press, 1981), which has stood for two decades as the standard work on this subject. Fett addresses this issue straight on in her introduction, saying that her book begins where Savitt's account ends. She acknowledges that Savitt documented the dual system of black and white health practices on the plantation, but claims that "the book's biomedical framework does not permit a full exploration of their meaning" (p. 10). Similarly, she gives credit to Kenneth Kiple, Richard Steckel, Virginia Himmelsteib King, and Savitt

for describing the southern disease environment within which slaves lived and died, while creating space for her own work by arguing that "biomedical approaches are not well equipped to analyze the experiential or political dimensions of health" (p. 11). Nor do they deal well, she believes, with systems of "indigenous healing knowledge embedded in alternative epistemologies" (p. 11). For Fett, human interactions, not disease or treatment strategies, hold center stage.

Fett sets out a basic dichotomy that organizes her view of plantation medical culture. Slaveowners had a vested interest in slave health, since the body of the slave was the source of their wealth and status. She summarizes their peculiar concern with slave health through the concept of soundness, by which slaveowners and the doctors that worked for them "defined slave health as the capacity to labor, reproduce, obey, and submit" (p. 20). Slaves themselves, on the other hand, had what Fett calls a relational definition of health, which "connected individual health to broader community relationships," insisting on a "collective context for both affliction and healing" (p. 6). Within this rubric the elderly members of the community were honored (and feared) for their powers of healing (and harming) based on the accumulation of folk wisdom about herbs and magical practices. Fett ties the folk medicine of black slaves to its African roots, frequently comparing anthropological information about healing and magical rituals in Africa with data about antebellum slave practices.

Fett recognizes the many ways in which healing practices intersected the power flow on the plantation. In cases where black healers tended white patients, the healer-patient relationship embodied at least partially a reversal of power and control. White doctors struggled to maintain hegemony over black patients, who resisted white intrusion into their own healing culture. Through the magical power of conjure blacks sought control over the master, although more commonly the “tricks” were worked on each other, to influence romance and inflict revenge. Slaves used illness as a way to resist authority, and slave women may have used abortifacients to control their reproduction and deny the increase in their masters’ fortunes. Slaves were often powerless as patients, however, subject to experimentation in life and dissection in death.

The “old woman” receives special attention here. Fett notes that when orthodox physicians wanted to condemn a practice as quackery or foolishness, they compared it to the workings of “old women.” This was in contrast to the veneration of elderly women among black slaves. The elderly woman on the plantation often assumed healing roles, including the unpleasant tasks of day-to-day nursing. While the white doctor might be the one to prescribe emetics and purgatives, it was the slave nurse who cleaned up the subsequent mess. Slave women became midwives and herb doctors, learning their craft “by the fireside” from older practitioners. Such “granny midwives” persisted in some parts of the south into the mid-twentieth century.

Confidence pervades this vivid account of the slave health experience. Fett only rarely doubts her sources (such as wondering whether physician claims of slave non-compliance were really a way of covering up for their own incompetence). Yet her principal source for slave culture is the collection of interviews done in the 1930s by employees of the Federal Writers’ Project (FWP). Assuming a maximum age of 100, ex-slaves interviewed in 1937 were at most 24 when the Civil War broke out. Most were much younger. Their accuracy in recalling the events of their youth, or the stories they heard from older generations, has to be questioned. Many of those interviewed were themselves healers—but in the twentieth century, not in antebellum years. The intervening life experience of these practitioners may have influenced their memories. For example, Fett describes the ways in which Christianity mixed with the healing rituals of Africa, yet from these sources it is hard to know if that melding took place by 1830, 1860, or 1900. The FWP interviewers were looking for folk material, and eagerly recorded discussions of magical thinking. One wonders how much of it was manufactured to please the white people from the government, who might also come up with dole money. The FWP material, as rich as it is, needs to be used with circumspection and caution.

Overall, however, Fett has taken on a daunting task, and done it well. This work will rapidly assume a standard place in courses on the American south, African-American history, and the history of American medicine.

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