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The history of medicine in the early modern Americas has attracted a recent upsurge of scholarly attention. This trend reflects a renewed interest in the Atlantic patterns of migration and settlement, ecological encounters, and sociocultural transformations that shaped cultures of medicine and natural knowledge in the New World. While such themes are not entirely new, scholars are beginning to revise our picture of the agents involved in those developments. They are moving away from narratives dominated by the actions and experiences of Europeans, directing our gaze to a broader spectrum of actors.[1] Among them, the roles of Africans and Africans in diaspora—a fundamental element in Atlantic economies and societies—are starting to receive greater and much-needed attention.[2]

Karol K. Weaver’s *Medical Revolutionaries* reflects this important turn. Studies of the “pearl of the Caribbean” in the medical world of the Torrid Zone have not been lost on historians. However rich, such scholarship has centered primarily on French and French colonial medical practices and professional structures.[3] Weaver’s work complicates this picture significantly by bringing to light the character and contributions of enslaved healers in a colonial environment featuring an overwhelmingly larger population of African and African creoles.

Weaver’s central thesis is that enslaved healers must be understood as “revolutionaries” in two ways. First, they contributed to the formation of an Afro-Caribbean medical system, aspects of which informed and, at times, challenged the “Western” medical ideas and professional hierarchies imposed by European colonists. Second, enslaved healers actually participated in acts of rebellion and “laid the foundation” for the Haitian Revolution (p. 130). Weaver’s study is thus not only about the power of the enslaved to preserve African beliefs and practices and adapt them to the Caribbean colonial context, but also just as much about medicine as a source of power and space where slaves and Europeans acted out political contests.

Weaver begins by describing the ecological and socioeconomic landscape of colonial St. Domingue in chapter 1. Critical context for her analysis of the island’s medical world, this chapter provides a snapshot of the geography, society, and economy of the island (including its dependence on slavery), together with an overview of the colony’s racial system. She also presents a vivid account of the many challenges “life in the Torrid Zone” posed for the health and perceptions of health among European colonists, African slaves, and creoles (p. 10).

Chapter 2 examines the European medical professionals who attended the planters, civilians, and soldiers on the island. More than a mere overview of European medical beliefs and administration, this chapter highlights the conditions that actually created niches for enslaved healers. Weaver stresses the fact that environs and diseases distinct from the “Old World” and unique...
to the “pathological system of slavery” challenged European medical practices and beliefs (p. 40). Laws intended to regulate the medical marketplace were not always enforced. While one might assume that wealthy planters or highly placed officials might have preferred medical treatment from accredited European practitioners, this was less the case for slaves, less affluent whites, and free people of color (who made up the majority of the island population). Nor were physicians always available to tend to slaves on the plantation. Hence, European and non-European laymen, laywomen, and practitioners did not confine their options to the European medical establishment.

Weaver turns to the medical practice of the enslaved in the remaining chapters. Broken up into thematic units, the chapters deal successively with plantation hospital staff, midwives, herbalists, animal caretakers, and kaperlatas. Weaver brings to life the activities of each of these healers, emphasizing throughout their abilities to both preserve and creatively adapt African medical practices and beliefs to a new and oppressive environment. The organization of these chapters also reflects the author’s interest in displaying the varied degrees of agency and power that medical work and knowledge afforded slaves. This ranged from minor acts of “occupational sabotage” to all-out political acts of revolt.

We learn in chapter 3, for example, that the hosphitalière, infirmière (hospital caretakers), and midwife—all female practitioners confined to the plantation—were each in a position to shape the functioning of the plantation economy. Management of slave bodies, reproductive health, and the distribution of medicines presented such actors with opportunities, however small, to commit acts ranging from lying about sickness (to keep slaves from working) to performing abortions. Such medical work also gave slaves a degree of cultural authority, and Weaver sees this expressed in Europeans’ vacillation between prizing and denouncing these enslaved practitioners and their contribution to plantation medical regimes.

Weaver traces a similar phenomenon in European interactions with enslaved herbalists. In chapter 4, she argues that European colonists actively sought out African and African-creole knowledge about medicinals. Simultaneously, though, they nervously eyed that knowledge and those practices. As much as that skill invested slaves with the ability to heal, it also presented them with the opportunity to harm through poisoning.

In chapters 5 through 7, Weaver carries this argument about power much further, connecting enslaved healers more directly to the events leading up into the Haitian Revolution. Chapter 5 relates the history of gardien de bêtes (animal caretakers) and pacotilleurs (veterinary medicine peddlers), positions frequently occupied by slaves due to their perceived close relationship to animals. Charged as they were with the care of precious livestock (sometimes humans), they contributed to the vitality of the plantation economy. Weaver also argues that such positions presented slaves with greater opportunities for flight and travel between plantations. And she sees this as the crucial backdrop for understanding the events surrounding the role of the slave (and gardien de bête) Makandal and networks of pacotilleurs in one of the first legendary plots against St. Domingue planters—a plot that involved extensive poisoning of valued livestock, slaves, and also colonists.

Chapter 6 examines slaves’ encounters with mesmerism, an anti-orthodox medical practice imported from France into St. Domingue on the eve of the French Revolution. Weaver argues that a practice already associated with rebellion against medical orthodoxy acquired yet another set of political meanings in St. Domingue. There, she argues, slaves appropriated the practice as a source of freedom from the authority of the white population, while white residents interpreted that development as a danger to social and political hierarchy.

Of all of the healers, colonial authorities saw kaperlatas as “the most dangerous element of the medical underworld of eighteenth-century Saint Domingue” (p. 113). Kaperlatas, according to chapter 7, healed by divination, amulets, and herbal remedies, and they were sought out by a variety of social sectors (but particularly slaves). Here, Weaver emphasizes the impact of cultural misunderstandings on the political meanings that Europeans assigned to such practitioners. French colonists perceived these practices as sorcery and potentially destructive influences in the midst of revolution.

Weaver concludes her analysis with a very brief reflection on the legacy of this medical system and its political meanings in present-day Haiti. This is the least developed segment of the book. In the span of four pages, the author attempts to analyze the “landscape of modern Haiti” against the backdrop of the eighteenth century. She does so through a case study of the elderly healer Frédéric Géromi, comparing him and linking him to the enslaved healers. She presents his medical practices and itinerant work as a form of persistent resistance to the imposition of “Western” medicine, which now appears in the form of global biomedical and public health interven-
tions. Such a short piece and scant references to sources, however, do little justice to the sizable body of literature (primary and secondary) on the current medical environment and political circumstances in Haiti. Weaver provides very little of the necessary social, economic, and political context for understanding Géromi’s work. Nor does she take into consideration the more immediate events of the nineteenth and early twentieth century that would have shaped both his world and the legacy of the eighteenth century.

As a revision of the social history of medicine in colonial St. Domingue, this book lays important groundwork for the study of medicine and natural knowledge on the island. Teachers and students alike may also find Weaver’s compact study a useful starting point for thinking about how historians frame studies of medicine in the colonial Americas, in particular plantation societies. That includes those invested in understanding the forces and actors involved in the creation of colonial Caribbean medical cultures. This book also deserves attention among those engaged in debates over the variety of venues for resistance among slaves and other marginalized figures in St. Domingue and other Caribbean societies.

Women’s studies and gender historians will appreciate Weaver’s investigation of hospitales, midwives, and other female slaves who performed medical work. Attention to such healers gives visibility and agency not merely to the enslaved but also to enslaved women in particular. This reinforces a theme that historians of both medicine and slavery have developed in the past decade. Scholars ranging from Londa Schiebinger to Bernard Desportes and lawyer/chronicler Moreau de Saint-Méry have highlighted the place women (enslaved and free) occupied in the sphere of healing and medical knowledge production. Weaver builds on this for her own study by demonstrating how enslaved women, through their close relationship to different forms of healing, could transform medicine into one of the few arenas in which they could access and exercise varying degrees of power.[4]

Weaver’s approach toward colonist-authored sources also deserves merit. In lieu of slaves’ firsthand accounts of their medicine and interactions with colonist healers, Weaver reads colonist-authored sources for evidence of where enslaved healers and knowledge fit in colonists’ own medical practice and perceptions of the medical world in which they operated. She also makes use of these sources to reveal the cultural “misunderstandings” and anxieties that characterized those encounters, pointing out that Europeans could not always understand the practices and practitioners they were observing. This forms part of her argument about Europeans’ anxieties about the distinctions between medicine and acts like sorcery or poisoning.

For all of its strengths, though, Weaver’s analysis is not without some major weaknesses. To begin with, Weaver frequently cites whole treatises and books for different purposes more than once throughout her work without any reference to particular pages. At times, claims appear without reference to any source. This is the case, for example, in chapter 4, in her discussion of Europeans’ preference for enslaved healers’ treatment of venereal diseases and her claim that “slaves also understood how to deal effectively with horrible febrile disorders” (pp. 68-69). As a result, a number of Weaver’s arguments come across as resting on vague evidence, even speculation.

Despite some of the strengths in her approach toward colonist-authored medical treatises and topographies, this genre tends to dominate her source base. In light of her call for sensitivity to the “prejudices” and limitations of such texts, Weaver’s use of these sources appears surprisingly liberal (p. 7). She draws heavily on the published treatises of such writers as the high-ranked physician Jean-Baptiste-René Poupée-Desportes and lawyer/chronicler Moreau de Saint-Méry for things ranging from European conceptions of disease and perceptions of slaves to the views of planters and the experiences and motives of the enslaved. These published sources can only provide so much information about enslaved healers’ actions and motives. They are, furthermore, only one layer in European perceptions and activities on the ground. Deeper digging into archival material, including a larger body of legal and court records, correspondence, or a greater diversity of plantation records (and representative plantations), would have lent to a much richer and more nuanced picture of enslaved healers’ place in St. Dominguean society.

Weaver’s characterization of medical cosmologies is also problematic at times. She tends implicitly to assume a generalized and static image of African medical culture. As scholars have shown for St. Domingue, other contexts in the Americas, and Africa, however, slaves came from different societies with a variety of cultural practices—including medicine and religion. Weaver, in contrast, makes little reference to the provenance of slaves in St. Domingue, which is critical to understanding the components that contributed to the Afro-Caribbean medical
system that she wants to recover. Not infrequently, she also projects present-day medical systems and pharmacologies onto this specific colonial context in the eighteenth century, using, for example, works on vaguely defined “indigenous” theories of disease and even a 1987 dictionary of plants to describe African and African-creole uses of herbs in St. Domingue (p. 66). In a somewhat confusing twist in the very end, Weaver frames the story of medical culture and its political meaning as one of “traditional” medicine triumphing over “Western” medicine (pp. 129-130). The reader is left to wonder how the syncretic character of a medical culture derived from a variety of international and local influences (and diachronic change) could suddenly be reduced to such a dichotomy.

While Weaver is right to suggest a broader concept of healing and its relationship to forms of cultural and even political authority, one wonders if she stretches that relationship a bit too far. Scholars on the Haitian Revolution (of slave revolutions more generally) may question the role that Weaver assigns enslaved healers and medicine to both the cause and cultural legacies to these larger political upheavals. Weaver tries very hard to make enslaved healers’ activities pivotal in the cause of political resistance and, ultimately, the Haitian Revolution. She does so with little attention to the context of other cultural forms, actors, and potential sources of political resistance. How central would medicine and healing appear in the story of the Haitian Revolution if actively measured against the role of other factors? Moreover, even if figures like Makandal became important symbols of rebellion, to what extent did the power of his actions really derive from his role as an herbalist and animal caretaker in particular?

In spite of the problems it presents, Weaver’s work is in other respects admirable. This slim volume manages to touch on a wide range of fascinating topics: creole medical cultures, the impact of slavery, the relationship between medicine and power, gender, the legacy of colonial medicine in contemporary Haiti, and even historical memory. The book is thus worthy of attention for the important questions it raises and vistas it reveals for studying medical cultures in a place shaped by Atlantic world events and peoples.

Notes

If there is additional discussion of this review, you may access it through the network, at:

https://networks.h-net.org/h-latam


[4]. Historians interested in this facet of Weaver’s work are also encouraged to visit some of her other pieces in which she develops this important theme. See, for example, Karol K. Weaver, “‘She Crushed the Child’s Fragile Skull’: Disease, Infanticide and Enslaved Women in Eighteenth-Century Saint-Domingue,” French Colonial History 5 (2004): 93-109.