
Reviewed by Susan L. Smith (Department of History and Classics, University of Alberta, Canada)

Published on H-SAWH (November, 2002)

**Slavery and Medicine Revisited**

The history of medicine, more accurately described as health and healing, remains one of the richest fields for investigating women’s lives. Scholarship in the field, however, still too rarely takes racial politics into account. In *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, Sharla M. Fett reveals a health care world that is hidden when attention is focused solely on the activities of white men and women. Fett demonstrates that enslaved African Americans were not dependent on white health care providers but looked after their own health needs. She shows that slaves had "a storehouse of healing knowledge," which they used to assert some control over their lives (p. x). The vision of slave health held by white masters, mistresses, and doctors centered on issues of fitness for productive and reproductive labor. In contrast to whites’ property concerns, Fett argues, enslaved African Americans’ vision of health took into account a wide range of quality-of-life issues, including the well-being of the community and protection from whites and blacks who wished to cause harm.

Fett’s study of slavery and medicine makes at least two very important contributions to the history of race and American medicine. First, by telling the story of slave health from the slaves’ point of view, her work shows that health care was a key arena for power struggles, both among slaves and between slaves and slave-owners. She clearly demonstrates that “two views of health operated on antebellum plantations” (p. 34). *Working Cures* builds on the pioneering scholarship of historians of slavery, especially that of Todd Savitt, whose book on slavery and medicine launched this area of research more than two decades ago.[1] Fett enriches the story of slavery and medicine by exposing the meanings of black health care within slave communities. The slaves’ health care system operated outside of white people’s control, although white interference was always a possibility.

Second, by examining enslaved women’s and men’s health care work, Fett provides a clear sense of the full range of healing practices that existed in the American South. We see not only white doctors and slave mistresses as health care providers, but also black midwives, nurses, herbalists, root doctors, and conjurers. Fett illustrates the various types of healing and protection provided by slaves to other slaves and to white southerners. Although *Working Cures* details the health work of slave women, the book remains less explicitly focused on women’s history or on providing a sustained gender analysis than its inclusion in a series on “gender and American culture” would suggest.

The task of uncovering slaves’ perspectives on health care is a very difficult one given the fragmentary evidence available. Source material has long been a major problem for scholars trying to uncover slaves’ viewpoints, and ascertaining their views of health care is no
different. In this study of antebellum plantation health care, Fett draws on plantation records and diaries from Virginia, North Carolina, South Carolina, and Georgia. In addition, she occasionally adds information from other southern states and from the eighteenth century. To get at slaves’ thoughts on health care, she also turns to nineteenth-century slave narratives, early twentieth-century interviews with former slaves, herbal remedies, and folklore. At times Fett promises more than she delivers because she lacks the kind of evidence necessary to substantiate some of her claims about the antebellum era. Her use of evidence is a bit troubling sometimes because she does not fully interrogate the limitations of her non-antebellum sources. She moves too far into speculation without naming it as such. Still, Fett raises some interesting possibilities for the antebellum era.

Fett is at her best when revealing the cultural meanings of various black health care practices. For example, she points to links between spirituality and slave healing traditions in the American South. In her discussion of those connections, she asserts that “sickbed gatherings were religious rituals in their own right” (p. 56) and that “prayer and song worked as medicine alongside the teas and poultices” (p. 58). She explains the connections among spirituality, African herbal medicine, and enslaved African American herbalists. She reminds us that much of African American health culture has been outside the grasp of historians because of a narrow understanding of what constitutes health work. In sum, this is an important study that opens up several avenues for further exploration.

Note


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

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


URL: http://www.h-net.org/reviews/showrev.php?id=6920

Copyright © 2002 by H-Net, all rights reserved. H-Net permits the redistribution and reprinting of this work for nonprofit, educational purposes, with full and accurate attribution to the author, web location, date of publication, originating list, and H-Net: Humanities & Social Sciences Online. For any other proposed use, contact the Reviews editorial staff at hbooks@mail.h-net.msu.edu.