

THE PRICE FOR  
THEIR POUND  
OF FLESH

The Value of the Enslaved,  
from Womb to Grave,  
in the Building of a Nation

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Enslaved women in the United States had reproductive health issues and complained about this to their enslavers, medical professionals, women healers, and just about anyone who would listen. Frances Anne Kemble, whose husband owned property in Georgia, encountered several enslaved women with health complications related to the female body.<sup>39</sup> However, according to Dr. Robert C. Carroll of Jackson Street Hospital in Augusta, Georgia, black women frequently suffered from “menstrual derangement.” He was not alone in trying to determine the cause of such health challenges. Other Southern practitioners discussed these concerns in medical journals and with each another.<sup>40</sup> Many blamed “negro women” for their poor health, referring to it as “their proverbial carelessness” and their “reckless disregard” of their medical condition. Carroll’s reports were derived from rare cases when black women were observed daily in a hospital setting “under the eye of the physician.”

Mary, an enslaved “mulatto” woman, from Edgefield District, South Carolina, had irregular periods since age fourteen. The degree to which Carroll described her irregularity “both as to time and quantity” indicates the precise nature of her care. She gave birth to her first and only child at age eighteen, but the infant died three days later, marking the beginning of extended discomfort. Her condition does not appear to have been menstrual cramps, which some enslaved women cured by wearing a cotton string tied with nine knots around their waist, because her symptoms became more frequent and lasted for nearly a decade.<sup>41</sup> For eight or nine years after giving birth, Mary became very ill every month around the time of her menses. Described at first as occasional “hysterical symptoms,” the frequency increased as Mary displayed “convulsive movements” daily, “generally about daylight,” before being admitted to the hospital. Her enslaver removed her from the plantation, took her to an urban area, and admitted

her to the hospital because she had “not been able to do work of any consequence for many months.”

Think about this rationale for a moment. Mary apparently went to the hospital after years of physical pain and months of being unable to provide reproductive or productive labor to her enslaver. Clearly her symptoms became more disruptive, as her enslaver was not able to extract work from her. That he traveled an unknown number of miles to a local city suggests that it was important to him that she received medical care. But given contemporary knowledge, Mary could possibly have been suffering from a severe case of postpartum depression, which at that time was not entirely known. She may have been upset by the death of her child, or this may have been one of many losses. There is also the possibility that she did not want her child to grow up enslaved and that his or her death was a relief. We cannot uncover her mental state; we know much more about her physical condition.

After a thorough medical exam, Mary lay lifeless, pale, and “somewhat emaciated,” with a “melancholy expression of countenance.” She had diarrhea, back pains, gastrointestinal pain, and “tenderness on pressure over the region of the womb, extending up” to her belly button. The physician performed a “digital exam” and placed a finger in her vagina, “causing her to shrink from the pressure.” Perhaps she pulled away because she did not want the doctor to examine her. She may have been uncomfortable with that level of scrutiny, as it may have been the first time a white male physician examined her. Most enslaved women were accustomed to black women healers tending to their health needs.<sup>42</sup> Possibly, she had some serious health issues. The attending physician found that the walls of Mary’s “vagina are apparently healthy” and suspected she was feigning her illness. He therefore asked “another woman” to remain in the room to observe Mary’s attacks. The very next day, at daylight, Mary experienced another one of her convulsive episodes that put her in “a state of apparent unconsciousness and lethargy.” The physicians concluded that she was not faking and labeled her illness “hysterical catalepsy.”

From April 25 through June 8, 1859, Mary remained in the hospital and received treatment. Her lengthy stay speaks volumes about how her enslaver must have valued her. Medical fees, including medication,

testing, boarding, and other expenses, were not taken lightly by enslavers who sought to maximize the labor of their enslaved workforce. We know Mary's enslaver took her to the hospital because she had been unable to work. Perhaps Mary was worth the cost of this treatment because she was in her prime years. As time went on, Mary expressed that she was feeling better, while the doctors worked to restore her health. In addition to her "hysterical catalepsy," she had leucorrhoea, a white or yellowish discharge of mucus in the vagina that caused an infection. Folk remedies to treat this condition included "tea made of poached egg shells or green coffee."<sup>43</sup> At the hospital, she received "a tincture of guaiacum," or evergreen tea, common in the Caribbean.

After one month of treatment, Mary felt stronger and had gone weeks without any pain. In June, she shared that she did not "remember any period when she has been entirely free from pain." She had her first normal menstrual period with no "nervous symptoms"; her enslaver was in the city, so doctors discharged her. About nine months later, her enslaver reported to the physicians that Mary rested for three weeks after being discharged (as instructed) and "she requested to be allowed to go into the field with the other hands, and has continued at work and [was doing] well ever since."<sup>44</sup> We have no way of knowing whether Mary felt violated during her medical care, but she was clearly relieved to be feeling better. Although her enslaver reported that she wanted to return to work, we must be careful not to assume that she enjoyed enslavement. She may have wanted to go back because she missed her community of family and friends while confined in the hospital.

Other women with irregular menstrual cycles were advertised for sale with added descriptors about their health. Nineteen-year-old Rachel of Louisiana was put up for sale along with a group of thirty-six "choice slaves" (see page 69 for illustration). All were described as valuable, and they ranged from age three to forty-three. Physical characteristics such as color, age, and labor skills followed their names listed on the public notice, but Rachel stood out from the rest. She had a "black" complexion and was "a superior House Servant, good Seamstress and a fair Cook, Washer, Ironer, and Hair Dresser." She had been raised in New Orleans, which partially explains her labor skills. However, one sentence marked her as

different: "Her menses are irregular, otherwise fully guaranteed." Rachel's cycle was so important that the administrator of the sale made a special notation about it, perhaps for full disclosure or to avoid any future lawsuit. "The above are all fully guaranteed, with exceptions stated," and the conditions of the sale were reemphasized at the bottom of the broadside (poster).<sup>45</sup> Was Rachel sold that day? We do not know, but she was advertised with personal health information, facts that described her capacity (or not) to give birth—information made illegal today due to privacy laws. Rachel was not alone in having this private information made public.

In Natchez, Mississippi, in 1841, Bathsheba suffered from pregnancy complications. "After the most intense suffering," she "gave birth to an infant dead." Her enslaver had a physician examine her because "her suffering since then [the birth of the stillborn infant] has been great."<sup>46</sup> It is difficult to know whether Bathsheba tampered with her pregnancy or if her sadness was genuine, because some women did not want to bring children into the world.

Women described as "barren" were also discussed extensively and, in most cases, devalued for their perceived incapacity to give birth. However, given enslaved women's expressions of reproductive control, we cannot assume that all embraced motherhood. Some chose to terminate pregnancies, and others, like Margaret Garner, an enslaved mother of four children from Kentucky, participated in infanticide and took their children's lives.<sup>47</sup> Some enslaved women on a Tennessee plantation deliberately terminated their pregnancies, and physicians studied these cases to determine how they did so.<sup>48</sup>

Jamaican physicians were shocked to learn of an enslaved woman who performed a Cesarean section on herself. She had experienced labor pains that were too much to bear, so apparently "she took a very sharp knife and made a deep incision, and extracted the child and placenta herself." Her incision was so deep that it cut into the buttock of her child. Enslavers called for a "negro house doctor" after the mother "cried out for help," and he sewed her up "the same way we sew up dead bodies." The baby died of tetanus on the fifth day. The mother survived and years later gave birth to a healthy child.<sup>49</sup> Was this woman trying to terminate her pregnancy or was she simply trying to relieve herself of severe labor pains? Regardless

of her motive, she asserted her right to care for her own body when others around her did not.