UNFIT FOR BONDAGE:
DISABILITY AND AFRICAN AMERICAN SLAVERY IN THE UNITED STATES,
1800-1860

by

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DEDICATION

To Jack C. Guy and Karl Kammerer

Thank you for making me think
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CHAPTER 1

Introduction

“Here Are the Marks Yet”

Early in 1858, Tom Wilson arrived in Liverpool after stowing away from New Orleans in the hold of the cotton cargo ship Metropolis. After several weeks in England, Wilson’s “own plain, unvarnished tale, taken down as the narrative fell from his lips,” was printed in the Liverpool Albion. Wilson, then aged 45, had been a cotton worker in Mississippi with a wife and three children before he was sold to New Orleans, away from his family. At his new plantation, Wilson was subject to repeated floggings with a leather strap, as well as having his right bicep cut to decrease his strength and ability to resist punishment. After less than two years in New Orleans, Wilson attempted his first escape from the plantation by running into the alligator-infested Baddenrush swamp, where he was caught by a pack of bloodhounds. The dogs attacked Wilson, enabling Burke, Wilson’s overseer, to ride up and shoot Wilson in the hip. As Wilson described this occurrence to his interviewer, he noted “here are the marks yet,” and pulled up his trouser, showing “formidable seams” of scars on his calf and
knee from the dogs’ teeth; Wilson also noted that the fourteen pieces of buck-shot in his hip “can be seen and examined at any time.”¹

This “unvarnished” interview of “a poor fugitive slave”² was part of a significant trend in antebellum abolitionist propaganda on both sides of the Atlantic. In the 1840s and 1850s, many antislavery audiences were fascinated with the experiences of disabled slave bodies, and detailed accounts of slaves who sustained terrible, debilitating injuries during their bondage were abundant in abolitionist speeches and publications. Antislavery activists were certainly aware that visual images had the power to stir the emotions of their audience, hiring former slaves and fugitives to present their own accounts of slavery and display their bodies on abolitionist lecture circuits throughout the North.³ On many occasions, the ex-slaves would remain largely silent, appearing before the

audience only to agree with the main presenters about the facts of their cases, or
to present their injuries. It was not uncommon for featured slaves to pull up their
skirts or trousers to display scars on their legs, or to expose disfiguring whip
marks on their backs. This exhibition of African American bodies was, in many
ways, similar to the presentation of slaves at southern markets and auctions. On
the northern abolitionist lecture circuit, the disfigured and disabled bodies of
African American slaves were spectacular texts, and antislavery activists invited
their audiences to “read” those bodies in a way not dissimilar to the way slaves’
 Bodies were read at slave markets in the South. Nonetheless, the physical
disabilities and disfigurements displayed at abolitionist meetings and lectures or
mentioned in antislavery publications marked the bodies of ex-slaves, and
focused the audience’s attention to those signs of damage and abnormality with
the explicit purpose of arousing powerful emotional responses, particularly horror
and pity.4 Pained and crippled black bodies served as a powerful display at a
time when many Americans tended to disregard both slaves and individuals with
disabilities, rendering them invisible to society at large.5 Even though the readers
of the Albion could not actually “see” Wilson, through his interview and the
descriptions of his disabling injuries, they encountered his body as a part of his
story, and were invited to read his visible disfigurement as a major part of his tale
of bondage.

4 See Davis, Enforcing, p. 12.
5 See Jonathan Prude, “To Look Upon the ‘Lower Sort’: Runaway Ads and the Appearance of
Like the scars on Tom Wilson’s leg, evidence of slave disability abounds in primary documents, but remains invisible to those who choose not to see it. As historian Douglas Baynton has pointed out, “disability is everywhere in history, once you begin looking for it, but conspicuously absent in the histories we write.”6 Historians have mentioned disability in discussions of slave health or the effects of brutal treatment at the hands of masters, and a few have described famous slaves with disabilities—including Underground Railroad worker Harriet Tubman, insurrectionist Denmark Vesey, Barnum’s “Celebrated African Twins” Millie-Christine McCoy, and musical prodigy “Blind Tom” Bethune—but few have examined constructions of disability in antebellum slave society. “Marks” of slave disability in the historical record are certainly there to be found; the meanings of those marks, however, are far more complex than they appear on the surface. Analyzing disability and slavery involves finding intersections and layers of meaning in two social constructs that were more fluid and contested than many contemporaries would have admitted. Many scholars since the mid-twentieth century have identified constructions and deconstructions of the troublesome category “enslaved” (including race, gender, education, and social status), the popular image of “blackness” as backward, primitive, and savage, and the intertwined categories of “black” and “white” in antebellum American society. However, until recently historians have been less likely to adopt disability as its

own category of analysis, or even a cultural construct.⁷ We cannot take for granted simplistic definitions of disability as an individual’s deviation from an imagined functional norm or physical ideal, anymore than we could assume slavery and race were simply inherent individual traits. Instead, it is more useful to approach a study of disability in African American bondspeople from the perspective that disability, like race and slavery, is defined by interactions between bodies and their physical, social, cultural and aesthetic environments. This relational view of disability rejects the notion that those who are “disabled” have always been defined in contrast to a central, unproblematic, “able-bodied” norm, and seeks ways to examine how both disability and able-bodiedness were culturally constructed, performed, racialized, commodified, and negotiated. In this sense, the contrast between “able-bodied” and “disabled,” “slave” and “master,” or “black” and “white” cannot be expressed as a simple, fixed binary; as scholars like Daniel Wickberg and Kenneth Greenberg have observed, we must instead seek out the language (both verbal and visual), contexts, and interactions that created and recreated those categories and power dynamics in history.⁸


In this dissertation I analyze the complicated relationship between African American bondage and disability in the antebellum United States. Concepts of race and disability were mutually constituted in nineteenth-century discourses, and race as well as social status was often a signifying marker in definitions of “normal” and “abnormal” bodies. Slaves with physical and mental impairments often faced unique limitations and conditions in their diagnosis, treatment, and evaluation as property. Expectations for slave able-bodiedness or “soundness” often were linked with ideas about manageability, and influenced how masters applied labels of disability to their human chattel, as well as what measures they used to control their bondspeople. Slaves with disabilities could be a significant challenge to white authority figures, who were often torn between the desire to categorize them as different or defective and the practical need to incorporate their “disorderly” bodies into daily life, labor schemes, and the strictures of the slave market. However, ideas about and responses to slave disability went deeper than economic and disciplinary concerns. Slaveholders and other white authorities (including overseers, traders, and physicians) assessed and valued enslaved bodies in idiosyncratic ways, often relying on emotional or aesthetic reactions to “disabling” characteristics. In essence, slaves with disabilities threatened the delicate illusion of control and stability that white authority figures had constructed, but also forced them to confront their own deeply-held assumptions about race, deviance and defect.9 Such complex reactions to disability were not limited to white and/or slaveholding observers. Although the

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majority of voices in the surviving primary record belonged to free, mostly white witnesses, slaves (and their bodies) actively participated in disability “meaning making” projects at different sites in slave society, including plantations, auctions, courtrooms, and abolitionist propaganda. Furthermore, slaves with disabilities felt pain, loss and despair, but also experienced hope, and recognized opportunities to use their “defective” bodies and minds to negotiate the terms of their bondage; in some cases, being physically “unfit” allowed slaves to escape the limitations of bondage and oppression, and establish a measure of self-control. In these respects, ideas about and reactions to disability—appearing as social construction, legal definition, medical phenomenon, metaphor, or masquerade—highlighted deep struggles over bodies in bondage in antebellum America.

The project of this dissertation is to reclaim a history of disability in African American slavery from the primary record, and analyze how concepts of race, disability, and power confluenced in the United States in the first half of the nineteenth century. Interpreting disability as a social construct rather than an individual physical or psychological condition allows us to examine how social, political, cultural environmental, and esthetic dialogues and relationships created boundaries between “normal” and “defective” bodies and minds in the nineteenth century. The culture of the emerging American republic often viewed disability as weakness and dependence, with negative associations to immorality, dishonor, and the grotesque; although there is evidence that slaves themselves did not conceptualize their bodies in bondage the same way whites did, it is apparent that many African Americans shared negative assumptions about individuals with
disabilities. Race and disability were mutually intertwined concepts in discourse on bodies, normality, and the creation of “Others” in American culture, and African American bodies in bondage often bore a “dual stigma” of blackness and physical or mental inferiority. Disability was also used as a metaphor on both sides of the slavery debate in the North and South—proslavery advocates claimed that African Americans were inherently disabled from participating in free society and required enslavement to thrive, whereas abolitionists argued that bondage itself was crippling to African Americans—and featured prominently in many different issues of slaveholding society. Conditions that were considered “unsound” were common among bondspeople, and often the products of an enslaved lifestyle. Repetitive work stresses, meager subsistence, and myriad kinds of punishment and abuse created a number of physical and psychological impairments in African American slaves. The concept of soundness was an elaborate system for evaluating human chattel based on a variety of medical, physical, psychological and aesthetic issues, as well as assumptions about mastery and slave obedience.

In my study of the lives of slaves with physical and mental disabilities, I examine such sources as plantation records, masters’ correspondence, estate records, auction advertisements, judicial opinions and medical literature, to illuminate a complicated interaction of factors that contributed to how the slaveholding class assessed disability in human chattel, and reacted to disabled bondspeople. The contradictory classification of slaves with disabilities as “useless” on plantations, even though many of them performed necessary and
occasionally difficult duties, illuminated tensions between production, profit, and control in masters’ assessment and treatment of disabled bondspeople. Similarly, the codified language of slave “soundness” at market, which encompassed descriptions, physical signs, comparisons, and slave performances on the auction block as well as monetary price, reflected complex expectations and assumptions that slaveholders had for their bondspeople.

Southern professionals, such as doctors and judges, played an important role in discourse on slave disability. Physicians in southern society had a lot of influence to make decisions for the treatment of slaves with disabling conditions, as well as to boost their own expertise by conducting experiments on slaves with disabilities or observing “medical oddities” among the enslaved class, but they ultimately had to contend with the motives and desires of slaveholders, which could limit their medical authority. Southern courts also had considerable authority to judge meanings of soundness and unsoundness in slaves, particularly in litigation, and often applied double standards for disabled slaves that were tied specifically to their servile status. Slaves themselves, however, were not mere bystanders in discourse about unsoundness; they were active participants in the construction of meaning around disability, and recognized that prevalent assumptions about disability and cultural desires to render the disabled invisible could be advantageous. Slaves who utilized masquerades of ability and disability relied on ideas about disability to negotiate the terms of their bondage in a variety of ways, such as subtly influencing the outcome of an auction to planning a successful escape. In all of these situations, concepts of disability
and “unsound” bondspeople were significant elements of the uneasy power balance of American slavery and mastery. Each chapter begins with a brief glimpse into an individual experience with disability that highlights layered meanings of “normal” and “abnormal” enslaved bodies. These accounts, like Tom Wilson’s scars, may be read to illuminate complex, intertwined constructions of disability and slavery in the antebellum United States.

**Literature Review**

Issues of slave disability, particularly assumptions about the inherent mental inferiority of African Americans, were prevalent in early-twentieth-century studies influenced by Ulrich Bonnell Phillips. In his 1918 monograph *American Negro Slavery*, Phillips promoted an image of slaves as childlike, superstitious, and needing proper discipline to control themselves; according to this view of the Old South’s “plantation régime,” most masters assumed a benevolent “teacher” role, and most slaves were content with their kindly treatment.\(^{10}\) The Phillips school, a significant departure from earlier studies by scholars like James Ford Rhodes and W. E. B. Du Bois, dominated views of slavery until the 1940s and 1950s, when “new objectivity” scholars like Herbert Aptheker, Richard Hofstadter, and Kenneth M. Stampp challenged the conclusion that slavery had been a largely kind and cooperative institution. In 1959, Stanley Elkins presented his controversial thesis that the closed system of power in United States slavery

caused significant psychological degradation, resulting in the infantilization of plantation slaves. Relying on much of the same plantation data that Phillips had utilized, Elkins argued that the trauma of capture, shock, and existence under a system of absolute control created the “Sambo” stereotype that, in his view, characterized the degraded mental state of slaves.\footnote{Elkins\textquoteright s totalizing view of the victimized Sambo figure, as well as his comparison of concentration camp inmates during the Holocaust to African American slaves, inspired a number of important critiques; for example, Eugene Genovese claimed that the Sambo stereotype was far more subversive and complex than Elkins theorized, and scholars like Earl E. Thorpe and Sterling Stuckey argued that the Sambo figure was a myth created by slaveholders to justify slavery, not a reality created by the institution.} As a result of the backlash against both the Phillips school of slavery history and the Elkins thesis, scholars more recently have emphasized slave agency and resistance over trauma, and have largely avoided any in-depth discussion of slave disability.

Since the 1970s, there have been many important studies of slave communities and cultures that briefly mention disability in relation to the cruelty of the institution, slaves’ agency in protecting themselves and their families from abuse, or the use malingering strategies as a method of negotiation. Ira Berlin\textquotesingle s argument that slaves are not “outside history” and should be considered as


\footnote{Ann J. Lane, “Introduction,” \textit{The Debate Over Slavery: Stanley Elkins and His Critics}, Ann J. Lane, ed. (Urbana; Chicago; London: University of Illinois Press, 1971), pp. 10-11, 18.}
central historical actors in their own right provided an avenue for examining slave perspectives on labor, health, punishment, and other issues related to disability.\textsuperscript{13} Other studies of nineteenth-century society and culture hint at the importance of slave disability in more specific settings, such as the family, courtrooms, slave markets, popular culture, and the abolitionist movement.\textsuperscript{14} However, although issues of disability are present in the literature on slavery, most authors mention them only in passing, and have largely overlooked how constructs of “able” and “disabled” bodies influenced the institution of slavery. Furthermore, the experiences of slaves with physical or mental disabilities have received little


scholarly attention. As Stephanie Camp and Edward Baptist have noted, “slavery studies that emphasized resistance and the capabilities (rather than the troubles) of slave communities were erasing everything that made the plantation evil,” including physical suffering that resulted from exploitation. In *The Slave Community*, John Blassingame—a vocal critic of Stanley Elkins—briefly examines the impact of brutality on the psychological health of slaves, noting in particular a mentally disabled “slave personality type” that resulted from repeated physical punishments. More recently, Nell Painter has argued for a more individualized, psychological approach to the study of brutality against slaves, since “denying slaves psychological personhood impoverishes the study of everyone in slaveholding society.” While brutality against slaves certainly is an issue that deserves more scholarly attention, Blassingame’s and Painter’s method of applying modern psychometric standards to slave psychology is problematic, particularly given the paucity of primary sources from slaves themselves, and it sheds little light on how constructs of able-bodiedness and disability operated in slave society as a whole.

Studies of nineteenth-century health that emphasize the social “framing” of disease and medical practices provide a glimpse of how ideas about illness, debility, and physical defects were constructed, and histories of the health and

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medical treatment of African Americans both before and after Emancipation have placed slightly more emphasis on disability.\textsuperscript{18} Felice Swados and Richard Shryock were among the first scholars to question the romanticized myth that the Old South was a healthy environment for slaves; as Swados claimed, “the popular conception of the slaves as a sleek, robust, hearty group, enjoying a high degree of welfare on the old plantations, is false.”\textsuperscript{19} Relying mainly on research in southern medical journals and plantation records, many late-twentieth-century historians of slavery have emphasized this point, but, like most of their primary


documents, focus rather narrowly on slave mortality—particularly information about epidemic diseases and survival rates—rather than morbidity, as well as “white” healing practices and perspectives on slave diseases.²⁰ Todd L. Savitt’s *Medicine and Slavery* examines a wider perspective as well as a wider variety of health issues—including endemic and epidemic diseases, living and work conditions, injuries, and the combined use of “white” and “black” medical therapies—for slaves in antebellum Virginia. Despite the considerable body of medical literature devoted to discussing physical differences between African American and white bodies, Savitt argues, theories of racial difference had less impact in the day-to-day assessment and management of slaves’ health issues; bondspeople and white southerners were subject to the same diseases and debilities, and often received the same treatments.²¹ Savitt also documents the existence of a “dual system” of health care, in which slaves sought remedies from African American healers in addition to receiving treatment from their masters and white physicians.²² Not all slaveholders were dedicated to protecting the health of their human chattel, and many slaves were distrustful of

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white medical interventions; moreover, African American slaves were used widely as subjects for medical experiments at the hands of white doctors, and as clinical material (living and deceased) for southern medical schools. Though he highlights issues of disability, Savitt takes a biomedical approach to issues of health and slaves’ bodies that largely discusses disabilities (from poor living conditions, injuries, old age, reproductive issues, or insanity) only as medical pathologies, and focuses almost exclusively on available treatments, or the lack thereof, for disabling conditions.

Two more recent studies in particular have touched on the cultural construction of disability in slaves, and provide very useful models for my research. Sharla M. Fett’s *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (2002) is a medical history of slavery that builds on Savitt’s work but focuses more on power dynamics and cultural communications

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23 See also Todd L. Savitt, “The Use of Blacks for Medical Experimentation and Demonstration in the Old South,” *Journal of Southern History* 48 (August 1982): pp. 332, 334. More recently, Harriet A. Washington’s *Medical Apartheid* illuminates the assessment of slave debility and the use of disabled slaves as experimental patients and clinical “specimens” in antebellum America. Washington devotes several chapters of her history of medical experimentation on African Americans to slaves, discussing physicians who made careers of guaranteeing slave “soundness,” famous examples of experimentation conducted using enslaved subjects (particularly Thomas Hamilton’s intentional induction of heat stroke and J. Marion Sims’ surgical treatment for vesico-vaginal fistula), the use of black bodies (living and deceased) as clinical material for Southern medical students, and the popular display of disabled slave bodies in circuses. While Washington calls attention to interesting and significant examples of slaves with disabilities and their treatment at the hands of white physicians, she draws problematic conclusions that are removed from historical context, and attributes all of her findings to a monolithic concept of pseudoscientific racism, which Washington takes for granted as the standard of southern medical practice. Furthermore, the author neglects to analyze fully the concepts of disability that she presents, assuming a more essentialist, medicalized definition of disability when her focus shifts from assessments of “soundness” to atrocities perpetrated on debilitated black bodies. Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), especially pp. 26, 43, 52-74, 103-114.

about health and disease between slaves and their masters. Focusing primarily on Virginia and the Carolinas, Fett argues that slaves were not passive recipients of abusive white medical traditions; slave healing involved a variety of struggles over authority and practice. Slave communities developed a rich healing culture “that worked to counter the onslaught of daily medical abuse and racist scientific theories.” In other words, slaves created a collective counterview of health and healing to oppose the “white” medical view that “translated slave health into slaveholder wealth.” Although slave healing traditions were necessarily intertwined with issues of plantation control (such as labor and perceived insurrection threats), the existence of a strong healing culture provided a powerful identity for African American slaves, and served as a means of resistance and negotiation. In her outstanding analysis of economic assessments of slave “soundness,” Fett argues that “the objectification of black health under slavery was…not simply a matter of persons reduced to physical bodies but also of minds and personalities subjected to market assessments.” White slave traders, masters and physicians supported these ideals of slave worth by requiring and granting guarantees of soundness in market situations and litigation concerning the sale of “unsound” slaves. However, African Americans had a different image of their bodies and characters that transcended

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26 Ibid, p. 16.

27 Ibid, p. 20.
slaveholders’ definitions of soundness.\textsuperscript{28} Emphasizing the social and economic forces that influenced white notions of slaves’ physical worth and disabilities, as well as noting how African American slaves assessed their bodies and soundness differently, Fett illuminates the importance of analyzing the social framing of disability rather than essentializing the concept as a pathology.

In addition, Walter Johnson’s \textit{Soul by Soul: Life inside the Antebellum Slave Market} (1999) mentions how “unsoundness” in slaves was constructed in sales situations. The book places the culture of the slave market and the “chattel principle,” a cornerstone of southern slavery, squarely in the daily life of slave society and highlights the importance of slaves themselves as historical actors in the market. The visibility of racialized slave bodies was a central aspect of the sale of bondspeople. Constructs of race, especially as a criterion for specific types of work or its associations with temperament, were tools of the trade. According to Johnson, “slaves’ bodies were shaped to their slavery” and commodified based on a complex variety of characteristics; indeed, “visible physical coordinates replaced invisible historical identities as the most accessible means for buyers to make their comparisons.”\textsuperscript{29} However, sellers had to acknowledge the agency of slaves in market encounters, and required some participation on the part of the slaves (to perform, tell preplanned stories, or hide ailments from prospective buyers). As a result of this collaboration, slaves could manipulate sales to suit their own purposes, and were aware of the physical and

\textsuperscript{28} Ibid, pp. 16, 21.

\textsuperscript{29} Johnson, \textit{Soul by Soul}, pp. 20, 134; see also pp. 58, 119, 150, 157.
“moral” characteristics that buyers sought. Thus, slaves, traders, and prospective buyers participated in a conversation about shared perspectives on desirable and “unsound” qualities of slaves’ bodies. Fett’s and Johnson’s studies provide glimpses of how concepts about slave soundness and disability were constructed and negotiated in antebellum society, reuniting interpretations of slavery as a potentially traumatizing institution with a focus on slave agency and experience; in my research I incorporate their approaches to the history of slavery, but seek to place issues of disability at the center of my analysis.

Since the 1960s, disability studies scholars have undertaken the project of defining a social concept of “disability” in America, which has been, in the words of Gail Whiteneck, “not a simple linear progression but…many interactions.” Following the linguistic turn of the 1980s and 1990s, disability theorists like David T. Mitchell, Sharon L. Snyder, Lennard J. Davis, and Simi Linton have accepted the term “disability”—rather than signifiers that identify individuals with impairments, such as “handicapped,” “invalid” or “crippled”—to denote the connection between individuals with different sorts of physical or mental impairments and the social, cultural and environmental responses they face. In other words, disability arises not from disabling conditions themselves, but from the complicated web of personal experiences, cultural assumptions, attitudes,

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discourses, and reactions to those conditions. However, this “social model” of disability has been slower to catch on in the traditional discipline of United States history. As Paul K. Longmore and Lauri Umansky point out, there is a conspicuous absence of disability as a category of analysis in history, despite the fact that disabilities function “as personal yet also public experience, social problem, and cultural metaphor.” One roadblock in the history of disability has been the prevalence of the medical explanation of disabilities as pathologies, existing only in impaired individuals rather than larger social structures. This view renders individuals with disabilities as passive victims of their impairments, rather than as historical actors in their own right. Not surprisingly, the history of disability has been explored mostly in histories of medicine, special education, or rehabilitation, in which people with disabilities are identified primarily as “afflicted” patients who passively submit to physicians to improve their conditions, or as parts of isolated minority groups usually defined by institutions. However, more historians in recent years have identified that disability is a construct that operates at all levels of society, not just in a deceptively discrete medical sphere that has already been de-essentialized in histories of health and illness, and

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33 Longmore and Umansky, "Introduction," p. 3, see also pp. 2, 7.

historical actors (including individuals with disabilities) at any given time attribute different meanings to bodies, minds and perceived categories like “normal,” “disabled” or “defective” in American culture.35

Issues of able-bodiedness and disability are particularly salient aspects of nineteenth-century African American slavery because they are so intimately linked with racialization and social status. Historically, disability and bondage both signified the subjugation of human bodies, and like race, gender and class, disability has been a powerful construct that marks bodies as social “Others” and disrupted cultural understandings of the “orderly body.”36 This raises important questions about how disability was constructed for a group of people whose role in society was strictly limited by their labor status and race. Not only is disability, as Catherine J. Kudlick has noted in her splendid review essay, “on par” with race, class and gender as a category of analysis, but it actually works in tandem with race, class and gender to create ideas about normalcy and difference.37 Furthermore, historical analyses of race and disability as social constructs share


36 See Hartman, Scenes of Subjection, p. 22.

similar methodological problems. As historian Barbara Fields points out, although race is more of a construct than a biological reality, “Americans, including many historians, tend to accord race an ahistorical, almost metaphysical, status that removes it from all possibility of analysis and understanding.”  

Longmore and Umansky have indicated historians have tended to “privilege” disability as a fixed physical element, overlooking the social and cultural factors that influence ideas about disability. It is therefore imperative to identify how concepts of race and disability have historically influenced each other, and have worked with discourses about identity, power, and difference in American history.

For decades, disability history scholars have noted significant interactions between race and disability, and how both categories are culturally constructed. As early as 1969, for example, Leonard Kriegel drew a parallel between “Uncle Tom” and “Tiny Tim,” arguing that, although physical impairments themselves were not “imposed from outside,” social responses to disabled individuals created an inferior condition that mirrored the condition of African Americans.

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More recently, David Mitchell and Sharon Snyder argue that many studies of racism emphasize the social construction of race while maintaining a view of “disability as the default category of ‘real’ human incapacity,” and integrate an emphasis on disability into the world of Paul Gilroy’s “Black Atlantic,” arguing that disability and race were “mutual projects of human exclusion” in the modern era.41 The connection between racial identity and disability identity is also apparent in primary evidence; for instance, there was close connection between ex-slave narratives and disability narratives, both of which gained wide readership in the mid-nineteenth century. As Ellen Klages has noted, works like S. Helen deKroyft’s 1849 A Place in Thy Heart and Mary L. Day’s 1859 Incidents in the Life of a Blind Girl (which inspired the title for Harriet Jacobs’s famous 1861 memoir of her experience in bondage) utilized many of the same conventions as ex-slave narratives, including sentimental language, direct appeals to readers, testimonials and authenticating evidence, and claims of independence.42 However, while many scholars in disability studies have noted the complicated relationship between disability and race constructs, and even between disability and African American slavery specifically, surprisingly few published studies of disability, race or slavery analyze the issues that arise from


this relationship. In his research on constructs of “able-bodiedness” during the Reconstruction era and the experiences of disabled freedpeople during and after Emancipation, Jim Downs calls attention to this absence in the historical canon, and provides an excellent discussion of the discursive elements behind constructs of disability. However, since he focuses solely on the event of Emancipation and its aftermath, Downs’ research does not explore the lives of African Americans with disabilities within the “peculiar institution.” Thus, there have been virtually no published studies of disability constructs and experiences among African Americans who lived in slavery, an institution that affected millions of people and had an overwhelming impact on the economy, culture, politics, social hierarchies and race relations in United States history.

Study Parameters

With this dissertation I seek to participate in what disability studies scholar Julie Anderson promoted as “a wider dialogue between the history of disability


and mainstream history.” My goal is to examine the framing of disability in slaves in a variety of settings—medical, social, cultural, and personal—to identify how its constructs influenced the lives of slaves, and conversely, to examine how different participants in slave society negotiated and contested meanings of disability. I do not intend to imply that all African American slaves had the same experiences with bondage or disability—assessments of a slave’s abilities, value, and “defects” were influenced by a wide variety of factors, including skin color, age, gender, skills, geographic location, and the needs of owners—but for methodological reasons I have concentrated on plantation slaves. The concept of the “plantation régime” is somewhat outmoded in the historiography of African American bondage, but is a useful frame of reference for identifying sources that illuminate disability among slaves. Although the majority of slaveholders in the nineteenth century had smaller farms and/or businesses and owned fewer than ten slaves, the majority of bondspeople lived on large plantations for at least part of their lives, and large planters (those who owned more than fifty slaves) were more likely to leave detailed slaveholding records that exist in archives today.

Wherever possible I include discussion of slaves on smaller farms, skilled tradespeople, urban or domestic servants, and “hired out” laborers, but the bulk of my primary evidence focuses on slaves on larger plantations.

In addition, while I attempt to incorporate a more transnational perspective on slavery into the study, my analysis of primary evidence centers primarily on


46 See Savitt, Medicine and Slavery, p. 104.
African American slavery and the “Second Middle Passage” of internal slave trade that developed in the United States after the international slave trade closed in 1808. By adopting this focus I neither intend to suggest that United States society was completely cut off from the rest of the slaveholding world in the nineteenth century, nor to disregard the importance of an Atlantic perspective. As scholars like Paul Gilroy, Ira Berlin, Stephanie Camp and Edward Baptist have rightly noted, a narrow, isolationist vision of slavery in the United States overlooks significant connections between slaveholding societies in the Atlantic world, as well as the existence of larger communities and conflicts within the African diaspora that remained even after slavery was abolished in the New World. There are many intercultural elements in the history of slavery in the United States that raise significant questions about the complexities of the Atlantic slaveholding world: ships traveling international routes were important site for discourses on freedom, resistance, and identity for American slaves like Frederick Douglass and Denmark Vesey, news of the slave revolt in Saint Domingue drove some masters in the United States to more extreme disciplinary measures and displays of violence towards their bondspeople, and ex-slave narratives published in the 1840s and 1850s were printed widely in Europe in a


number of different languages, including French and Gaelic. Although such complex connections are important and I attempt to incorporate them into my discussion wherever possible, I have chosen to center my study mainly on the United States in the nineteenth century to recognize important changes that influenced constructions and experiences of slaves with disabilities.

David Brion Davis, along with Ira Berlin, has argued that many histories of slavery in the American South portray the institution as static and ingrained since the colonial era, but in the first half of the nineteenth century the institution underwent a number of significant and rapid changes that influenced constructs and assessments of slave bodies and disability. For instance, huge increases in cotton production in the nineteenth century and the prevalence of very specific methods for cultivating, harvesting and processing cotton had a significant impact on the bodies of plantation slaves involved in the industry. Westward expansion, coupled with the closure of the international slave trade, led to the creation of a massive domestic trade centered in the lower Mississippi Valley, which altered market practices and values, as well as perceptions of “desirable” qualities. The spread of slaveholders into the “old Southwest” also profoundly changed slave demographics in the United States; whereas the overwhelming majority of bondspeople had lived in the coastal states of the “Old South” in 1790, more than half of the slave population in 1860 lived in states further south and west.

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51 According to Richard H. Steckel’s statistical study of trends in the African American population in the United States, in 1790 97.7% of slaves lived in Delaware, Maryland, Washington, DC,
Moreover, the slave population that remained in the Old South became significantly older, as slave mortality rates declined and prospective planters moving west purchased younger men and women to begin new plantations. All of these factors combined to make issues of slave disability particularly prominent in the first half of the nineteenth century. By adopting this periodization, I do not wish to ignore the significant changes in the slaveholding economy, as well as the social climate and opinions about slavery that underwent major transitions after the 1830s, but instead call attention to important similarities and trends in ideas about slave disability prior to the Civil War.

This study relies heavily on primary sources from southern slaveholding states, but we must not assume that a deep cultural divide existed between the South and the rest of the nation. As Berlin and Davis have pointed out, both free and slave states were enmeshed in a “slaveholding republic” by the nineteenth century. Individuals living in free states and territories encountered bondage in a


variety of ways: journeying to the South, reading “eyewitness” accounts of slavery in abolitionist literature and ex-slave narratives, participating in a national economy that was fueled by slave labor and productivity, and observing slaves traveling through free states with their masters, particularly after the Dred Scott decision in 1850. Furthermore, people across the nation participated in similar discourses about able-bodiedness and disability, and the experiences of other groups of people—including working-class whites, immigrants and free African Americans—influenced discourse about disability in slaves. For instance, rates of mental illness among free African Americans in the northern United States were an important part of the debate about African American “defectiveness” in the nineteenth century, particularly after the 1840 census was published. In some cases, such as medical discourse and legal proceedings, observers explicitly distinguished between slaves and other groups to argue that certain conditions were more or less “disabling” for bondspeople. More comparative studies of disability experiences in different groups, especially minority or socially marginalized groups, would be an important addition to disability history literature, but is beyond the scope of my research. However, I attempt to incorporate a variety of perspectives from different social groups and regions into each chapter of this dissertation.

Notes on Primary Sources

53 Berlin, Generations of Captivity, p. 18; Davis, Inhuman Bondage, pp. 128, 175. Davis makes a distinction between “societies with slaves” and “slave societies,” arguing that colonial North America fell into the former category whereas colonies in the West Indies fell into the latter, but agrees with Berlin that the United States had become a “slave society” by the nineteenth century.
Evidence of slave disability constructs is simultaneously everywhere and nowhere in the primary record for the antebellum United States. One the one hand, issues of slave disability were extremely important in a variety of arenas in nineteenth-century society, including medical and scientific discourse about the “innate inferiority” of African Americans, discussions of slaves’ ability to perform labor, market assessments of slaves’ value, court cases concerning fraudulent sales or liability for injury to bondspeople, and abolitionist rhetoric. On the other hand, ideas about disability were often firmly entrenched in American culture and thought, and observers rarely called attention to their assumptions about disability in the documents they created. Furthermore, although many free, white people in the nineteenth century discussed slave bodies and their supposed defects in primary sources, the largest group of people affected by issues of slave disability—slaves themselves—left very few documents describing experiences and observations of disability in their own voices, and are often unnamed and marginalized in the primary source canon. Therefore, I have attempted to incorporate a wide variety of primary material into my research of slave disability, and maintain a focus on what historian Michael Wickberg has described as the “reading of absence.” In Wickberg's view, histories of socially marginalized or oppressed groups necessarily rely on secondhand primary evidence—such as legal records, tax rolls, or plantation diaries—to document the lives of those who did not, for a variety of reasons, create their own records; in order to avoid false generalizations, it is crucial to read such sources with a eye toward what kinds of information were omitted as well as what is present, as
there are “intentions and meanings in their documentary absence.” This technique not only allows us to identify marginalized perspectives, but also provides a method to “read” ideas about disability in many different kinds of sources.

Free individuals directly involved with the institution of slavery recorded their observations of slave disability in a variety of published and unpublished documents. Masters, traders and overseers made categorical assessments of bondspeople with disabilities in plantation journals and work logs, slave sale records and auction advertisements, warranties and bills of sale, as well as personal correspondence. These sources contain morbidity and mortality data for individual plantations, records of labor losses incurred from disabling physical or mental conditions, speculations and appraisals of “sound” and “unsound” property; however, they also disclose assumptions about able-bodiedness as well as emotional reactions to disabilities in slaves. Physicians who treated bondspeople on plantations or utilized disabled slaves as medical specimens for new therapies or medical education provide discussions of slaves’ disabling conditions and racial theories of able-bodiedness in published journal articles, textbooks, and domestic advice manuals, as well as correspondence with their patients’ masters and personal memoirs, some of which, like J. Marion Sims’ autobiography, were published posthumously. Furthermore, southern court records—proceedings, depositions, and judges’ opinions—provide evidence of expectations for slave labor, behavior, and physical and mental soundness.

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54 Wickberg, “Heterosexual White Male,” paragraph 33.
We can also find glimpses of disability constructs in popular culture sources, including newspapers, pro- and antislavery periodicals, novels and short stories, printed ex-slave narratives and interviews, speeches, pamphlets, song lyrics, and lithographs. This is particularly evident in abolitionist sources created in the decades preceding the Civil War, which sought to provide authentic, “unvarnished” glimpses into the atrocities of slave society; of course, sources advocating for one perspective on the slavery debate often exaggerated their positions and evidence. Abolitionist literature from white and black authors alike included many graphic descriptions of slaves’ debilitated and disfigured bodies to emphasize the cruelty of the institution, citing southern court records, runaway slave advertisements in newspapers, “eyewitness” accounts of life in the South and testimony from bondspeople who had fled to the northern United States, Canada, or Great Britain. Reading and comparing these kinds of documents with attention to absences, contradictions, and subtle differences in language or content provides a number of interesting and significant clues about how nineteenth-century observers—white and black, northern and southern, pro- and antislavery—assessed disability in African American slaves.

55 Beginning in the late 1830s, abolitionists began to take advantage of new forms of visual culture, and antislavery images—most popularly the kneeling supplicant—began to appear in books, pamphlets, etchings, broadsheets, periodicals and almanacs, candy wrappers, envelope stickers, song sheets, stationery, and china patterns. See Lapsansky, “Graphic Discord,” pp. 202, 206.

Primary documents that provide perspective from slaves themselves are among the most important for my research, but also the most complicated to utilize. The most pressing issue for slave sources is the question of authenticity; because most African American slaves were illiterate by law, and those who were not had few opportunities to write or correspond, many surviving antebellum slave sources involve a degree of perspective or intervention from non-slaves. Fugitive slave narratives, for instance, became very popular in the 1840s and 1850s, as publications from ex-slaves like Frederick Douglass, William Wells Brown, Samuel Ringgold Ward, Josiah Henson, Solomon Northup, Moses Roper, and William and Ellen Craft enjoyed wide readership and multiple printings in the northern United States and Great Britain. These narrators sought to present the experiences of African Americans in bondage to an unfamiliar, free and largely white audience, and to authenticate the abuses of slavery, fantastic tales of escape, as well as ex-slaves’ claims to independence and able-bodiedness. However, antislavery activists were engaged in most aspects of the writing and publishing process; John Blassingame has argued that most abolitionist editors of ex-slave narratives were largely honest and dedicated to presenting the “unvarnished” truth of their subjects, but it can be difficult to ascertain where the


slave's account ends and the editor’s interpretation begins.59 Slave narrators had to rely on amanuenses, financial backers and editors—mostly white abolitionists—to record and print their stories, and some elements of ex-slave narratives, such as dialogue, direct appeals to readers, editorial supplements and “literary flourishes,” were clearly embellishments from their collaborators.60 For this reason, calling fugitive slave narratives “autobiographies” has been problematic for literary scholars.61 Other kinds of antebellum accounts of bondage—such as interviews and depositions of former slaves—present similar issues, since slaves’ accounts were recorded or reprinted with obvious influence from interviewers and editors. A few bondspeople composed letters to slaveholders or family members, and mention disability in a number of different ways, from a wife inquiring politely after a husband’s chronic rheumatism to elderly servants who describe their infirmities to plead for more support from masters.62 However, since most letters had to be dictated to someone who was not a slave, and had power over the slave composing the letter, it is likely that


61 See Sekora, “Black Message/White Envelope,” p. 509. John Blassingame has argued that most ex-slave narratives can be treated as reliable accounts of slavery, although he finds that “of the sixty-eight [narratives] published before the Civil War, thirty-three were written by blacks, edited by trustworthy whites, and/or can be corroborated by independent sources.” Blassingame, “Introduction,” p. xli.

content and expression in even the most personal communications between bondspeople were mitigated.\textsuperscript{63}

Former slaves' "vernacular histories" of bondage, primarily those collected by Federal Works Progress Administration (WPA) employees in the 1930s and available online through the Library of Congress's \textit{Born in Slavery: Slave Narratives from the Federal Writers’ Project, 1936-1938} database, can also illuminate slave perspectives on disability, but present a number of methodological difficulties.\textsuperscript{64} One issue is the seven-decade span between Emancipation and the recording of the oral memoirs; interviewees were enslaved as young children and often talked about stories they remembered hearing from older family members, not about their own direct experiences, and some scholars have questioned the reliability of those memories after so many years. Furthermore, although many WPA interviewers attempted to record ex-slave testimony verbatim, there are inconsistencies between handwritten and typed transcripts of interviews, including dialect changes. Historians like John Blassingame have also noted that the race of interviewers—most of whom were white and from the same area as the interviewees—influenced the tone of accounts of slavery, how former slaves depicted their owners, and discussion of topics like conjure and trickster tales.\textsuperscript{65} WPA interviews are also a particularly challenging source for studies of antebellum slave disability. Jerrold and Karen

\textsuperscript{63} Blassingame, "Introduction," p. lxiii-lxiv.

\textsuperscript{64} See Baptist, "‘Stol’ and Fetched Here," pp. 245-48.

Hirsch have noted that, while disability issues appear in a number of oral histories collected for the Federal Writers’ Project, interviewers did not explore disability as its own category of experience or personal identity, and former slaves were more likely to discuss disabilities they had acquired in old age, long after Emancipation.\textsuperscript{66} Thus, it is important to maintain a view toward what kinds of information are omitted from interview records, and how oral memoirs compare to other kinds of published and unpublished sources from different perspectives.\textsuperscript{67} In the chapters that follow I attempt to bring these different kinds of sources and perspectives together to highlight the complex, and sometimes contradictory, constructions of slave disability in the antebellum United States.


\textsuperscript{67} See Joyner, \textit{Down by the Riverside}, p. xvi.
CHAPTER 2

Joice Heth and Jim Crow:
The Dual Stigma of Race and Disability in Antebellum America

Introduction

P. T. Barnum, the most renowned showman and “trickster” in American popular culture, began his career in 1835 with the exhibition of an elderly African American woman named Joice Heth (fig. 1). Billed as a 161-year-old slave who had nursed an infant George Washington, Heth was a spectacle for her extreme superannuation and debility; she was “totally blind from age, and so infirm as to be unable to do any labor.”¹ Visitors were invited to examine, and even touch, Heth’s body, and listen to her sing or relate anecdotes of life with the Washington family.² Her biggest source of appeal, however, was whether or not she was genuinely as old as Barnum claimed. Barnum’s graphic descriptions of Heth emphasized her decrepitude, both to provide a reason for her immobility to spectators—in a counterintuitive marketing ploy, he occasionally implied she was an India rubber puppet performed by a ventriloquist—and to authenticate her astounding longevity.³ As Barnum described her in his 1854 autobiography,


She was apparently in good health and spirits, but former disease or old age, or perhaps both combined, had rendered her unable to change her position; in fact, although she could move one of her arms at will, her lower limbs were fixed in their position, and could not be straightened. She was totally blind, and her eyes were so deeply sunken in their sockets that the eyeballs seemed to have disappeared altogether. She had no teeth, but possessed a head of thick bushy gray hair. Her left arm lay across her breast, and she had no power to remove it. The fingers of her left hand were drawn down so as nearly to close it, and remained fixed and immovable.4

8. Following her "death" on 19 February 1836, New York surgeon David L. Rogers performed an autopsy on an African American woman who was supposed to be Joice Heth, and concluded that she probably was no older than eighty. Reiss, Showman, pp. 134-35, 139.

Less than two decades after Joice Heth made her first appearance in Barnum’s Museum, patients of the New York State Lunatic Asylum established a blackface minstrel troupe called the Blackbird Minstrels, staging elaborate performances for their fellow patients, staff members, and even the outside community. Minstrelsy was part of the asylum’s program in dramatic therapy, which employed popular comic minstrel routines “as instruments of cure” as well as a disciplinary safety valve to manage patients’ emotional energy. One 1854 performance, which apparently depicted “in pleasing contrast the ‘lights and shadows’ of negro life,” included songs and “fancy negro dance” with male and female performers, violin solos, a comically indecipherable lecture delivered by “Dr. Snowball,” and a routine with “a ‘real hanimal’” elephant that “Barnumized [the audience] in the superlative degree.” As Ella, a reviewer for the asylum’s patient newsletter The Opal, commented, the program “contained a rare combination of the ludicrous, burlesque and unique,” and “presented to the children of Asylumia a novel and laughter-provoking view of the varieties in human kind.”


6 “Negro Melodies.”
These two distinct events highlight the complex intertwining of race, slavery, stigma and disability in nineteenth-century culture. Barnum’s Joice Heth exhibit was the launch for the nineteenth-century freak show, an important arena for discourse about the “defectiveness” of racial Others. While Barnum’s presentation invited a variety of reactions from spectators, the “grotesque” physical effects of Heth’s extreme age were linked directly to her life as a slave; she represented a racial, social, and physical “Other” in American culture, and the exhibition of her “uncertainly real” body invited viewers to read her disability as a function of her race. Around the same time, American blackface minstrelsy—an art form mythically inspired by the dance of a disabled slave—presented a related caricature of the “disorderly” and uncontrolled slave. For patients at the New York State Insane Asylum, donning cork and grease to stage blackface performances provided an opportunity not only to thumb their noses at authority figures and the society that stigmatized their condition, but also to ridicule and compare themselves favorably, as “free” (if disabled) whites, to the disabled, racialized Others they portrayed.

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8 One prevalent tale of blackface minstrelsy’s origins is that T. D. Rice developed the first American routine in the 1840s after observing a disabled slave, but English scholar W. T. Lhamon, Jr. presents compelling evidence that minstrelsy actually had been an early-nineteenth-century display among black and white workers alike in upstate New York before becoming a popular middle-class, “white” form of entertainment in the 1850s. W. T. Lhamon, Jr., Raising Cain: Blackface Performance from Jim Crow to Hip Hop (Cambridge, MA; London: Harvard University Press, 1998), pp. 1-7, 22, 35-40. See also Reiss, Theaters of Madness, p. 52, 60.
This chapter analyzes layers of meaning that were ascribed to race and disability, two socially constructed concepts that were entangled and mutually constitutive in the nineteenth-century United States. Discourse on race and disability was certainly not limited to slaveholding states; just as the notoriety of Joice Heth and minstrelsy’s Jim Crow spread throughout the nation, so did discussions and portrayals of disabled slaves. In this chapter I first describe prevalent nineteenth-century assumptions about disability as weakness and dependence, with negative associations to immorality, dishonor, and the grotesque, and discuss how those assumptions influenced discussions of African American bodies in bondage, which bore the “dual stigma” of race and disability. I then contrast views of “blackness” and slavery as collective disabilities in the United States. Many antebellum observers, particularly planters, “racial scientists” and physicians writing in medical journals and domestic advice manuals, claimed Africans’ innate physical and mental limitations made them unfit to live in any environment other than bondage in a warm, humid climate. At the same time, antislavery publications, memoirs, speeches and songs emphasized that the institution of slavery was inherently disabling for African

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Americans, and that independence could confer able-bodiedness to all slaves crippled by their bondage. It is difficult to ascertain how enslaved African Americans conceptualized ability and disability, but folkloric evidence, ex-slave narratives, and postbellum memoirs and interviews provide glimpses of slaves' perspectives. In many cases, slaves shared assumptions about impairment and weakness, but slave perceptions of disability could be influenced by the possibility of self-control or resistance, and bondspeople actively negotiated meanings of disability with each other and with their masters. Thus, while different observers had different ideas about the origins and permanence of the disability of “blackness” or slavery, the stigmatized social constructions of race and impairment often coexisted in complicated and dynamic relationships in antebellum social and cultural discourse.

**The Stigma of Disability in Antebellum America**

Analyzing assumptions about, or even the mere existence of, disabilities in an historical context is a thorny issue. One cannot essentialize the physical or mental conditions that are often equated with impairment, or define disability simply as any number of chronic (but not immediately fatal) diseases or disorders that impair an individual's ability to function in their ascribed social roles, without appreciating the fact that impairment is a historical construction contingent on social, cultural, and physical environments. Many disability studies scholars have noted a shift in metaphorical meanings of “disability” in nineteenth-century United States mainstream culture. Prior to this time period, concepts of disability
centered on the supernatural, with “defective” or “monstrous” bodies viewed as ill-fated omens or evidence of divine judgment. After the American Revolution, new concepts of “normal” and “abnormal” bodies as parts of a natural spectrum began to emerge. The idea of normal bodily integrity became equated with the “usual,” or not deviating from the common type, and the existence of “abnormal,” or disabled, bodies was viewed increasingly as a phenomenon of the natural world; in this worldview, “freaks” or “sports” could be understood as “natural” aberrations rather than supernatural monsters.

However, the notion of disability still carried a lot of negative associations in the post-Revolutionary United States. As historian Joan Burbick has argued, the language of American independence and democracy was strongly linked with ideas of a controlled, healthy, and “able” body. Metaphors about the health of the “national” body focused on literal and metaphorical representations of specific body parts and their functions, privileging in particular the brain, heart, nerves, and eyes, while the decrease or loss of physical abilities was associated with American fears of dependence and immorality. Thus, while individuals with


disabilities were imagined as parts of the natural world, they were still constructed in opposition to normal bodies: the “normal” was represented as moral, independent, and usually male, while the “abnormal” carried associations with immorality, weakness, reliance, and femininity. It is unsurprising, as Cindy LaCom has noted in her analysis of disability and sexuality in nineteenth-century literature, that disabled characters—particularly females—began to appear regularly in novels around this time period, and were often constructed in opposition to “healthy” bodies.\(^4\) Able-bodiedness was also intimately linked with concepts of honor and the prerogatives of “mastery” in the antebellum South, including refinement, land ownership, and authority over human chattel. As historian Kenneth S. Greenberg has argued, disfiguring marks, especially on the face, and crippling impairments had a very significant meaning in the culture of southern “honor” in the nineteenth century. Any sort of physical mutilation—with the exception of battle wounds—was considered a mark of dishonor for all men, regardless of social class or standing. At a time when an individual’s character was often read on their external body, a scar “spoke for itself” as a mark of bad character or dishonor regardless of how it came into existence.\(^5\) Thus, honor, respect and independence were intimately associated with a normalized view of the “able” body, while physical impairments and disfigurements often carried stigmatizing associations in nineteenth-century American culture.


The concept of stigma as a shared experience is useful for studying meanings of disability in the past, and how those meanings interacted with assumptions about race. In 1963, Erving Goffman defined three different types of stigma that serve to debase individuals who fall into the category: physical and mental defects, “blemishes of individual character,” and tribal associations, such as race.\textsuperscript{16} African American slaves faced stigma in all three categories in the antebellum culture, which constructed them as racial, social and sexual Others,\textsuperscript{17} thus, one could argue successfully that the status of slavery, by Goffman’s definitions, was itself a significant stigmatizing “disability” in the United States South. As disability studies scholar Douglas Baynton has pointed out, “race and disability intersected in the concept of the normal, as both prescription and description.”\textsuperscript{18} By attributing labels of “defective” or “disabled” to racial Others, Baynton argues, concepts of disability have been used to represent and/or justify the oppression of entire groups of people.\textsuperscript{19}

Even in antislavery rhetoric and literature, the enslaved body was often represented as a disabled, racialized “Other,” and used as an object of both pity


\textsuperscript{19} Baynton, “Disability and the Justification of Inequality,” pp. 33-34.
and revulsion.  

Frederick Douglass, for instance, described the experiences of abused and disabled female slaves to represent the horrors of the institution and the hypocrisy of "Christian" slaveholders in *Narrative of the Life of Frederick Douglass, An American Slave*. His cousin Henny, "a lame young woman" who had sustained crippling burns as a child, was subjected to horrific beatings at the hands of their master before her eventual abandonment. Douglass uses very graphic language to describe the whippings Henny endured, objectifying her physical characteristics—her crippled burnt hands, naked shoulders, and "warm red blood"—and presenting her as a body, rather than a person.  

An abolitionist song entitled "The Blind Slave Boy," widely published in England and the United States, utilizes blindness to indicate the vulnerability of slaves, and evoke sympathy from listeners. The song describes an auction in which an enslaved mother is sold away from her young blind son, who was picked up by another buyer for one dollar. In this example, both the enslaved boy and his mother are "disabled" by the condition of their bondage; the boy because of his blindness, and the mother by her inability to halt his or her own sale:

> O! None like a mother can cherish the blind!  
> …For the slave-owner drives her, o’er mountain and wild,  
> And for one paltry dollar hath sold thee poor child!  
> …Blind, helpless, forsaken, with strangers alone,


She hears in her anguish his piteous moan,
As he eagerly listens—but listens in vain,
To catch the loved tones of his mother again!22

The language of these lyrics reinforces the marginalization of both the disabled and the enslaved as “wretches” forsaken by loved ones and society in general. The construction of blindness as an utterly hopeless condition, particularly when paired with bondage, is also expressed in an article from The North Star, in which Reverend President Hitchcock describes an encounter with an unnamed blind slave in the Mid-Lothian coal mines of Virginia, whose “eyes had been entirely destroyed by a blast of gunpowder many years before, in that mine …There he stood, an old man, whose earthly hopes, even at the best, must be very faint; and he was a slave - and he was blind - what could he hope for on earth?”23 In both of these descriptions of blind slaves, the authors take for granted that the blind are unloved (and unlovable), consigned to lives of despair and isolation. While antislavery mouthpieces certainly invited a number of reactions to their accounts of cruelty and graphic portrayals of impairment and disfigurement, they also firmly entrenched the disabled black slave as a social and cultural “Other” who could direct Northerners’ moral outrage without questioning the divide between “normal” and “abnormal” bodies.


There is evidence that some African American slaves did not internalize the metaphor of disability as weakness, or dependence. Historian Stephanie Camp has noted that enslaved African Americans had very different relationships with their bodies than did free individuals, and did not necessarily define their social roles by their physical abilities or the "soundness" of their bodies as market commodities. Instead, the enslaved body—weakened, exploited, and often disabled—could be a site of endurance and transcendence.24 This is particularly evident in animal tales collected by folklorists in the deep South. As Charles Joyner and Lawrence Levine have pointed out, animal folktales and trickster stories often involve “weak, relatively powerless creatures who attain their ends through the application of native wit and guile rather than power or authority.”25 Physically weak characters, such as Buh Rabbit, accepted and overcame their physical limitations, relying instead on their cunning and patience to maintain dignity and prevail in conflicts with stronger, “abler” characters.26 One “Uncle John” tale, collected on Hilton Head Island, South Carolina, even implies the moral superiority of slaves, represented by a physically weakened creature:

An “ol’ man servan” named Uncle John was asked by his master while hunting ducks, “why is it de Devil is always after you, an’ de Devil never worry me?” Uncle John answered after his owner had


26 See Levine, Black Culture and Black Consciousness, p. 97; Davis, Inhuman Bondage, p. 195.
“shot into a convey of ducks” and ordered him to “hurry, an’ ketch de wounded duck fus’!” Completing his task, Uncle John said, “Now, ‘ketch the wounded duck firs’, an’ dat is jus’ what de Devil say. Say ketch me, because I’m scramblin’ to get away f’om him, an’ you are de dead duck. De Devil already got you, sah.”

Furthermore, African American slaves conceptualized health and physical wellbeing as a spiritual and community issue, rather than a matter of individual “soundness,” and felt a strong obligation to care for “disabled” individuals, such as the blind and elderly. Some slaves with disabilities, such as musical prodigy “Blind Tom” Bethune, were even revered in slave communities; according to one nineteenth-century biography, his fellow plantation slaves regarded Tom “as a spirit from another world, and he was treated with the utmost tenderness by the people of color.” Spirituality also could be an important element in a “disabled” slave’s self-perception. Abolitionist Wilson Armistead remarked on the


extraordinary religious faith of disabled bondspeople, identifying it as evidence of
slaves’ intelligence and reason in a “helpless” state. For instance, in his
“vindication of the moral, intellectual, and religious capabilities of the coloured
portion of mankind,” Armistead described the “Faith of a Poor Blind Negro,” who
was no longer able to read her Bible and was attended by “a respectable looking
White girl” who read to her. The slave did not lament her loss of sight, because
“by and by, when I get on Zion’s hill, I shall see as well as any body.” Armistead
also described a man named Maquaima, “a Negro Slave stolen from Africa, and
who, when old and blind, was discarded in a helpless state.” In Armistead’s
estimation, Maquaima’s belief that “ the prospect of eternal happiness…infinitely
overpays all my sufferings” was evidence that he was “possessed of an
intelligent and reflecting mind.” Similarly, African American teacher Charlotte
Forten, who traveled from the North to educate Gullah freedpeople in the Sea
Islands during the Civil War, described the remarkable faith of an elderly man
named Maurice; he had been blinded after his master hit his head with a loaded
whip, and felt “great distress” after losing his sight, “but den I went to see de
Lord; and ebber since I know I see in de next world, I always hab great
satisfaction.”


Nonetheless, African Americans were not immune to discourse about the humiliation and weakness ascribed to disability in the nineteenth century. Patrick Rael’s intellectual history of northern free black politics notes that, while the free black bourgeoisie challenged notions of white supremacy and racial inequality, their emphasis on uplift and respectability did not subvert or transgress mainstream values and social assumptions about the ability to participate in free society.\(^{33}\) Furthermore, as scholars Elaine Scarry and Lennard J. Davis have noted, the disabling physical and emotional effects of slave labor were important to the identity and identification of slaves.\(^{34}\) In her study of African American female writers, Carla Peterson observes that the women she studies often suffered from vague, undiagnosed illnesses, and hypothesizes that such ailments were internalizations of the concept of black women as “disorderly” bodies.\(^{35}\) Slaves also seemed to have anxieties about growing older, according to historian Leslie J. Pollard’s historical analysis of aged African Americans; despite the respect for the elderly that was common in slave communities, many may have dreaded their loss of abilities, not to mention their dependence on slaveholders and others to sustain their health, and the possibility of being cut off from support


systems and necessary medical attention. Furthermore, as scholar David Brion Davis has noted, “like all humans, slaves were sensitive to privilege, status, and inequality,” which in the slave’s forced lifestyle was linked with their physicality and ability to labor.

These perceptions of disability are evident in printed ex-slave narratives; for instance, in 1840, fugitive James Curry related the story of a slave debilitated by overwork, who felt emasculated by his weariness and loss of strength. When this slave passed by a field on the plantation where he had once worked, he remarked to Curry, “‘When I went there to work, I was a man, but now, I am a boy. I could then carry several bushels on my shoulder, but now I cannot lift but one to it.’” The man described in Curry’s tale seems to have conceptualized his personal identity with his physical strength and ability to work; the extreme labor that had debilitated his body—made him a “boy” rather than a man—also affected his self-esteem. Furthermore, James L. Smith, the man who was crippled by a fractured knee as a child, identified that disabling moment as a central part of his memory and identity; his postbellum memoir opens with a recounting of the incident that resulted in his injury, and he notes that after the Civil War he visited Hog Point, the plantation where he had grown up, to visit “the

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36 See Pollard, Complaint to the Lord, p. 52.

37 Davis, Inhuman Bondage, p. 196.

very spot where I was made lame.”\textsuperscript{39} His “lameness,” therefore, was a crucial aspect of how he viewed himself, both as a slave and as a free man. Other ex-slave narratives indicate that able-bodiedness was important to slaves’ identities because it enabled them to resist the terms of their bondage, and conceptualize themselves as independent. For a young Frederick Douglass, his ability to best the strength of Mr. Covey, a slave “breaker” hired to discipline Douglass, was a pivotal point in the development of his identity—describing the incident in his autobiography, Douglass equates his physical prowess in his struggle with Covey to his blossoming self-perception as an independent man:

I was nothing before; I was a man now. [The victory] recalled to life my crushed self-respect, and my self-confidence, and inspired me with a renewed determination to be a free man. A man without force is without the essential dignity of humanity. Human nature is so constituted, that it cannot honor a helpless man, though it can pity him, and even this it cannot do long if signs of power do not arise.\textsuperscript{40}

Similarly, Harriet Jacobs implied that her physical ability was important because it allowed her to escape from a sexually abusive master. Using the pseudonym Linda Brent for her autobiography, Jacobs describes being bitten by a reptile while she was hiding from her master, and notes that “the dread of being disabled was greater than the physical pain I endured,” implying that a disabling reptile bite could inhibit her ability to flee, but she could withstand any amount of


\textsuperscript{40} Douglass, \textit{Life and Times}, p. 140.
pain if she could continue in her escape.\textsuperscript{41} It is possible that these narratives—published for a largely white audience, and often with the editorial influence of a white amanuensis—may depict disability in this light more to reflect assumptions about disability than to portray how the slave narrators really imagined their own able-bodiedness. However, it is clear that while slaves did not assess disability in terms of “soundness” the way that slaveholders did, ideas about their able-bodiedness could be an important part of their identity, and how they presented themselves as free individuals.

Other escape narratives indicate that some slaves would not protect others with physical impairments if it compromised their own freedom. Harriet Tubman, the “Moses” of the Underground Railroad and herself a “disabled” slave, had strict rules for escape expeditions, and claimed that “if any man gave out, he must be shot…is he was weak enough to give out, he’d be weak enough to betray us all, and all who had helped us.”\textsuperscript{42} During one of his attempts to find his family in Maryland, runaway slave Charles Ball met “a dark mulatto, small and slender in person, and lame in one leg,” who had also escaped his bondage; the man was resting in a shelter he had made, and invited Ball to share his food, although Ball was anxious that such an encampment was too risky for a successful escape. In Ball’s words, “he then proposed to join me, and travel in company with me; but this I declined, because of his lameness and great want of

\textsuperscript{41} [Harriet Jacobs], \textit{Incidents in the Life of a Slave Girl. Written by Herself}, Lydia Maria Child, ed. (Boston, 1861), p. 150.

\textsuperscript{42} [Interview with Harriet Tubman], \textit{Freedmen’s Record} I (March 1865), pp. 34-38 [cited in Blassingame, \textit{Slave Testimony}, p. 461]. In 1857 Tubman did help her parents escape using a wagon because “they were too feeble to walk,” but noted that it “added greatly to the perils of the journey” (p. 459).
Furthermore, James L. Smith described his 1838 attempt to flee with two other slaves named Zip and Lorenzo. Because of Smith’s lame leg, he could not keep pace with his companions:

At last Zip said to me… “we shall have to leave you for our enemies are after us, and if we wait for you we shall all be taken; so it would be better for one to be taken than all three.” So after he had advised me what course to take, they started, and in a few minutes left me out of sight. When I had lost sight of them I sat down by the road-side and wept, prayed, and wished myself back where I first started.  

Smith’s example indicates that, despite general ideas about illness as a community issue and slaves’ responsibility to help each other, some African American bondspeople assumed that those with physical impairments were weak and burdensome. While slaves with disabling conditions certainly attempted to negotiate the terms of their bondage, some had some negative images of the nature of disability and its impact on slaves’ ability to resist their bondage through self-defense or escape.

Significantly, these mentions of disability in escape narratives indicate that, despite masters’ attempts to “correct” disobedient slaves by disabling or weakening them, physical impairments did not prevent slaves from attempting to escape, or fighting back against authority figures. As John Hope Franklin and Loren Schweininger have pointed out in their analysis of runaway slave advertisements, “the profile of a runaway reveals a diversity in origin, appearance, language, skills, color, physique, gender, and age,” and even slaves

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described as feeble, scarred, crippled, and elderly ran away from their slaveholders. Runaway advertisements contain numerous examples of slaves with considerable impairments who attempted to flee. For instance, Ralph, a thirty-two-year-old Virginia man, ran away from his master in 1808 despite “an iron clog on his leg,” and a Cobb County, Georgia, jailor reported that he had caught a slave named Jupiter who was “very lame, so that he can hardly walk.” Bob, a New Orleans slave who absconded in 1840, had an amputated leg and escaped using a crutch; another man from New Orleans, Davis, fled his master in 1829 and remained at large for over four months, despite the fact that he dragged his left leg when he walked. Furthermore, fugitive slaves with disabilities, like Smith and Tom Wilson, eventually succeeded in their escapes from bondage despite their physical impairments. However, slaves with physical impairments also resisted the terms of their bondage by fighting back against their masters in other ways. For instance, Smith, then a “lame” house servant, once managed to get himself away from his mistress while she attempted to administer a whipping. In 1842, Kentucky fugitive Lewis Clarke, giving a


speech in Brooklyn, reported the story of a more extreme example of a disabled slave’s resistance:

I remember one old slave, who was the most abused man I ever did see. His master had knocked and kicked him about till he had hardly a sound joint in his body. His face was all smashed up, and his right leg was broken to pieces…When he got old and a cripple, he wan’t [sic] worth much, and his master would like well enough to get rid of him. He didn’t like to drown him; but he thought he’d contrive to make him drown his self. So he drove him into the water for a punishment, and kept throwing stones at him to make him go further in. The slave turned round, and held his hat so as to catch the stones. This made the master so mad, that he waded in with a whip, to drive him further. The slave was a strong, stout fellow, by nature; and cripple as he was, he seized hold of his master, and kept ducking him, ducking him, without mercy. He said he meant to drown him; and I believe he would, if the neighbors hadn’t come and saved him.\(^{50}\)

These examples suggest that slaves not only participated in discourse about the meanings of impairment, but also that “disabled” slaves actively attempted to negotiate the terms of their bondage through resistance and escape.

**The Collective Disability of “Blackness”**

Many antebellum ideas about African American able-bodiedness were intertwined with concepts of racial inferiority, and the natural “defectiveness” that accompanied darker skin. “Racial” science—including analysis of biological difference and the innate inferiority of nonwhite peoples—was a primary focus of study in the antebellum United States, particularly for proslavery apologists.

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Anthropologists like Louis Agassiz applied a polygenesis theory of Creation to explain the separate evolution of black and white races, while physicians and scientists like R. Dunglison, Samuel George Morton, H. A. Ramsay, Samuel Cartwright and Josiah Clark Nott utilized anatomical and physiological measurements of perceived racial groups to identify static categories of difference. For example, in 1853 Samuel Cartwright, a prominent New Orleans physician who wrote extensively about the health and biology of African Americans, published an essay that purported to answer the questions of a Northern and British physician about the peculiarities of the "Negro constitution." Cartwright described his use of a spirometer and observations of the liver and lungs of black cadavers to prove that African American slaves consumed less oxygen than white people, which made their movements much slower. This was an echo of an argument made by George Washington decades earlier; Washington argued that, given the naturally slow gait and motions of his slaves, it would be detrimental to drive them to work at the "brisker" pace appropriate for a white laborer. Some observers emphasized the inferiorities of African Americans' intellect. Thomas Jefferson, for instance, wrote in his 1800 "Notes on the State of Virginia" that, although "in memory they are equal to the whites," slaves were "in reason much inferior…and that in imagination they are


dull, tasteless, and anomalous [sic].

More than fifty years later, Tennessee physician A. P. Merrill noted that enslaved children often seemed witty and intelligent, but “they lose all signs of uncommon talents as they advance in years, and sometimes even become noted for their dullness.” Such supposed “childlike” mental incapacity and crude emotional sensitivity, for some white observers, meant that African American slaves were less likely to be troubled by mental illness or alienation, and therefore would suffer less from the emotional upheavals that accompanied bondage, such as separation from loved ones.

The end result of many of these studies was to illustrate the inherently primitive and inferior characteristics of darker races, which in turn served to justify social and racial hierarchies in the United States, particularly the institution of slavery in the Southern region.

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54 Merrill, “Essay on…Distinctive Peculiarities,” p. 3.


The causes and curability of racial differences were a matter of debate in antebellum scientific discourse, but many observers seemed to agree that miscegenation, or interracial reproduction, created particularly unhealthy characteristics. Most observers claimed “that a mulatto is not a negro any more than he is a white man”,\textsuperscript{57} in many aspects (particularly intelligence and skin color), mixed-race individuals were viewed as intermediates between white and black, but in physical endurance, sensitivity to pain, reproductive capacity and the overall hardiness of their constitutions, they were far more fragile and unhealthy than either group.\textsuperscript{58} In 1843, Josiah Nott, an Alabama physician who wrote extensively on slave health matters, published an article in the \textit{American Journal of Medical Sciences} that claimed mulattoes, as “hybrids” between the “distinct species” of Anglo-Saxons and Negroes, were “intermediate in intelligence between the whites and blacks…[but] less capable of endurance and…shorter lived than the whites or blacks.”\textsuperscript{59} Furthermore, Nott claimed that mixed-race women were “particularly delicate” and prone to reproductive dysfunctions that made them “bad breeders and bad nurses.”\textsuperscript{60} Although New York statistician Samuel Forry disagreed with this idea in 1843 by citing the high


\textsuperscript{59} Josiah C. Nott, “The Mulatto a Hybrid—Probable Extermination of the Two Races if the Whites and Blacks are Allowed to Intermarry,” \textit{American Journal of the Medical Sciences} 6 (July 1843): pp. 253-54 (quote on p. 253).

number of mulattoes born in the West Indies,\textsuperscript{61} many other southern physicians shared Nott’s perspective. H. A. Ramsay, a physician from Georgia, opined that “the mulatto is more subject to nervous disorders than the negro, and he possesses a peculiar constitutional erethism...[he] is less robust, more delicate, punier, and more capricious, than the negro.” Ramsay also argued that mixed-race individuals were more difficult to treat, and more likely to resist medical treatment, than whites or African Americans.\textsuperscript{62} Merrill, writing in the \textit{Memphis Medical Reporter}, concurred, but noted that mixed-race individuals were better suited to skilled labor, for “feeble as they generally are in their constitutions, they often become prosperous, trustworthy and skillful in their several occupations, which are nearly always other than agricultural pursuits.”\textsuperscript{63} However, although mulattos were deemed less suited to plantation labor, the idea that their skin color and racial pedigree made them congenital, dependent servants was largely unquestioned.

At the same time, many writers concerned with the constitutional health of slaves deduced that African American bodies were innately “disabled” for freedom or prosperity, echoing the Aristotelian argument that inherent inequalities in human strength and intelligence made some individuals “born


\textsuperscript{62} H. A. Ramsay, “The Southern Negro, etc.,” \textit{Philadelphia Medical & Surgical Journal} 1 (1852-53): p. 295. The disease construct of erethism indicated a morbid excitability that was linked with emotional and sexual volatility, a condition that would have had severe behavioral and disciplinary implications in southern slave society.

\textsuperscript{63} Merrill, “Essay on...Distinctive Peculiarities,” pp. 70-71 (quote on p. 71).
servants,” unfit for independence.\textsuperscript{64} This argument gained particular prominence during and immediately after the Civil War,\textsuperscript{65} but had circulated in American slave society for decades prior to the 1860s. Josiah Nott, for instance, claimed that African Americans were not “sufficiently enlightened to qualify…for self-government,”\textsuperscript{66} and warned of the possibility that the colder climate of the North “freezes their brains as to make them insane or idiotical.”\textsuperscript{67} One major source of evidence for the argument that African Americans were naturally unfit for freedom in the North came from the results of the 1840 national census, the first census to consider the number of “insane and idiots” as well as the number of the blind, deaf and dumb among both slave and free populations. Harvard-trained physician Edward Jarvis, president of the American Statistical Association, compared the seemingly low number of blind, deaf, and “insane” African Americans among the slave population with the much higher number among blacks in the free North to point out that independence had a deleterious effect on black bodies, while slavery protected African Americans from debility. In his 1844 publication \textit{Two Lectures on the Natural History of the Caucasian and Negro Races}, Josiah Nott cited some examples from the 1840 census, noting that “among the slave population in Louisiana, the insane and idiots number 1 in

\begin{itemize}
\item \textsuperscript{64}Davis, \textit{Inhuman Bondage}, p. 188-89; Haller, “Negro and Southern Physician,” p. 253.
\item \textsuperscript{65}Baynton, “Disability and the Justification of Inequality,” p. 38; see also John H. Van Evrie, \textit{White Supremacy and Negro Subordination, or Negroses a Subordinate Race} (New York: Van Evrie, Horton & Co), 1868.
\item \textsuperscript{67}Josiah C. Nott, \textit{Two Lectures, on the Natural History of the Caucasian and Negro Races} (Mobile, AL: Dade & Thompson, 1844), p. 19.
\end{itemize}
4,310; in South Carolina 1 in 2,477; in Virginia 1 in 1,299; but what a different picture is presented at the North—in Massachusetts there is...1 insane or idiot, in 43; and in Maine, 1 in 14!!!!!" The census data were cited widely by prominent slavery advocates in the 1840s, particularly South Carolina senator John C. Calhoun, but a number of prominent northerners—including Harriet Beecher Stowe, John Quincy Adams, statistician Samuel Forry, and physician James McCune Smith—publicly refuted the discrepancies in the American Statistical Association’s calculations. Some northern towns apparently had registered all “colored” inhabitants as “insane,” and Jarvis falsely reported numbers of insane, blind, and deaf free blacks that were higher than the total of African Americans in certain areas, an action that critics interpreted as an expression of proslavery sympathy. Nonetheless, despite the discovery of Jarvis’ fraud, an official correction of the census data was never published, and the argument that slavery was more beneficial to slave’s health and able-bodiedness continued to resonate. As disability historian Douglas Baynton has pointed out, even Samuel Forry, a vocal critic of the use of unreliable census data to compare the health of free and enslaved African Americans, did not challenge the central argument that slavery might protect African Americans from disability, or that racial differences

68 Nott, *Two Lectures*, pp. 29-30; the five exclamation points are included in the original.

“disabled” them from the conditions of freedom. Virginia minister Thornton Stringfellow, writing as late as 1856, noted that the proportions of blind, deaf, or mentally ill African Americans were two to four times higher in northern regions, asking “can any man bring himself to believe, with these facts before him, that freedom in New England has proved a blessing to this race of people, or that slavery is to them a curse in the Southern States?” Such evidence indicates a variety of white observers concluded that African American bodies were inherently “disabled” to live in free, northern society.

Although Cartwright and others argued that “Negroes as a race can neither do as much work nor continue at it as long as the whites,” they indicated that African Americans were inherently better suited to labor in a warmer, more tropical climate than Caucasians. In this instance, innate racial inferiorities of intellect and constitution were supposedly adaptive to the physical environment of the slave South, and provided slaves with an advantage that white Europeans did not have. Medical student William L. McCaa, observing slaves living near South Carolina’s Wateree River for his 1822 thesis, noted “there is something peculiar in the constitution of the black man which enables him to enjoy health in

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an atmosphere where his master dare not venture.”

Many observers noted that African slaves had a stronger natural resistance to infectious diseases like malaria and yellow fever, as well as constitutional diseases, like phthisis.

Although African American slaves had higher mortality rates than whites in the antebellum South, some observed that bondspeople who reached adulthood were more likely to live longer because bondage was beneficial for slaves’ health.

For example, medical student William McCaa, observing slaves on South Carolina’s Wateree River, noted that the “noxious” swamp air of the region, which seemed to cause fevers among Caucasian inhabitants, “is to them a prop in the decline of life.”

P. T. Barnum, writing about Joice Heth after her death in 1836, implied that the “fact” that Heth had lived for so long in bondage, then died shortly after her arrival at Barnum’s American Museum in New York, was because African Americans thrived in a warm, southern climate under the protection of their masters.

Furthermore, some observers believed that slaves

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77 McCaa, “Observations,” p. 3. Forry also noted that the number black slaves who reached “extreme” old age was higher than whites, although he suggested that this may have been due to slaves exaggerating their real age rather than an innate biological difference between the races. Forry, “On the Relative Proportion of Centenarians,” pp. 314, 320.

78 See Reiss, Showman and the Slave, pp. 42-44.
were less susceptible to “opprobria medicorum,” or “diseases which destroy the pleasures of the studious and the wealthy,” such as gout, apoplexy, and consumption as well as mental illness and emotional disorders.\textsuperscript{79} Furthermore, Tennessee physician A. P. Merrill noted that those of African descent required less sleep and had “greater insensibility to pain,” two characteristics that were ideal for the plantation work routine and hard physical labor.\textsuperscript{80} Cartwright also noted that African Americans thrived on the diet and physical exercise that bondage provided, and did not, like their masters of European descent, “become dyspeptic and feeble” with age, or suffer from “sanguineous” ailments that caused general debility.\textsuperscript{81} People of African descent, according to Cartwright, also had a peculiar foot structure—known in French as \textit{l’allure dehanchee}—and a hinged knee, which were conducive to carrying heavy burdens and bowing low in a servile manner.\textsuperscript{82} Indeed, in his estimation, people of African descent are naturally weak-willed, but “their strong muscles, hardy frames, and the positive pleasure that labor in a hot sun confers on them, abundantly qualify them for


\textsuperscript{80} Merrill, “Essay on…Distinctive Peculiarities,” p. 16. See also Pernick, \textit{Calculus of Suffering}, pp. 154-60. Some abolitionists argued against assertions that African Americans were less sensitive to pain, while others, notably Lydia Maria Child, argued that insensitivity to pain was an adaptation to the cruel conditions of slavery. See Todd L. Savitt, “The Use of Blacks for Medical Experimentation and Demonstration in the Old South,” \textit{Journal of Southern History} 48 (August 1982): p. 341; Clark, “Sacred Rights of the Weak,” pp. 473-74.

\textsuperscript{81} Cartwright, “Philosophy of the Negro Constitution,” p. 197.

agricultural employment in a hot climate." Furthermore, Cartwright concluded from his observations of slaves' pulmonary functions that "as a necessary consequence of the deficient aeration of the blood in the lungs, a hebatute of mind and body is the inevitable physiological effect; thus making it a mercy and blessing to negroes to have persons in authority set over them." The image of the black body and its peculiarities that emerges from such observations is one that is singularly fit for bondage and physical labor in a warm climate, such as the American South or British West Indies.

The Collective Disability of Slavery

Conversely, many abolitionists relied on powerful images of disability (real and metaphorical) to represent the institution of slavery. It is unsurprising that the metaphor of slavery as disability had tremendous power in an antebellum culture influenced by a sentimental objection to pain and suffering, as well as a strong work ethic that scorned weakness and dependence. Indeed, it was an interaction with a disabled slave that led Kentucky evangelical minister John G.

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Fee to devote his career to abolition.\textsuperscript{86} As scholar William L. Andrews has argued, "metaphors do not simply adorn arguments for persuasive purposes. Metaphors \textit{are} arguments. Their success depends greatly on the capacity of the reader to accept and explore the creative dialectic of the semantic clash until new meanings emerge from the debris of old presuppositions."\textsuperscript{87} White and free black Northerners alike could conceptualize the effects of blindness, scars, broken or crippled limbs, and the inability to speak as devastating disfigurements and dependencies. The fear of disability, defect and helpless reliance that accompanied enslavement was a strong impetus for the moral outrage that many northern abolitionists aroused in their readers and listeners.

Alongside graphic and emotional descriptions of the physical suffering and disabilities of African American slaves, abolitionist rhetoric located the blame for such physical and emotional devastation squarely on the institution itself, and emphasized the uplifting aspects of freedom, claiming that emancipation would free African American bodies from the devastating, horrific impairments of bondage. Like other reform movements of the time, abolitionism was dedicated to Enlightenment ideas of self-improvement, as well as the capitalistic free labor system of the North. Once the arbitrary inequalities that impaired African American slaves were removed, many antislavery advocates argued, former slaves could enter free society as independent, hard-working (and by implication,


able-bodied) citizens.\textsuperscript{88} Nestled in this idea was a celebration of normal bodies in free society, and a conviction that healthy, able bodies were necessary for “proper” citizenship and social progress.\textsuperscript{89} However, these arguments coincided with other powerful ideas about the inherent defectiveness of African Americans and the socially devastating dependence of persons with disabilities. Indeed, as disability studies scholar Douglas Baynton has noted, “by the mid-nineteenth century, nonwhite races were routinely connected to people with disabilities, both of whom were depicted as evolutionary laggards or throwbacks…placed in hierarchies constructed on the basis of whether they were seen as ‘improvable’ or not.”\textsuperscript{90} Free black intellectuals in the North, such as New York City minister and editor Samuel Cornish, reflected this opinion when expressing disgust for the popularity of minstrelsy, which degraded African Americans and suggested that their “monkeyfied manners” were innate, rather than imposed by the institution of slavery.\textsuperscript{91} While many nineteenth-century reformers interpreted persons with disabilities as “suffering humans trapped within defective bodies,”\textsuperscript{92} some abolitionists—particularly free African Americans—presented the idea that slaves could be rescued from their physical and emotional impairment through


\textsuperscript{89} See Baynton, “Disability and the Justification of Inequality,” p. 36; Burbick, \textit{Healing the Republic}, pp. 3-4.

\textsuperscript{90} Baynton, “Disability and the Justification of Inequality,” p. 36.

\textsuperscript{91} Rael, \textit{Black Identity and Black Protest}, pp. 172-73.

\textsuperscript{92} Klages, \textit{Woeful Afflictions}, p. 11.
emancipation, education, and the fruits of free labor.\textsuperscript{93} As abolitionist author James Redpath concluded from his travels in the South, “no complaints are ever made of the indolence or incapacity of the negroes, when they are stimulated by the hopes of wages or of prerogatives which can only be obtained in the South by hard work. It is the \textit{slave}, not the \textit{negro}, that is ‘lazy and clumsy.’”\textsuperscript{94}

Furthermore, a piece in published in the Massachusetts Anti-Slavery Society’s 1840 annual report made a direct appeal to President Van Buren, addressing arguments that slaves were not ready for freedom: “He is weak and unable to move. Why is he so? Because your dominion has palsied him. Will any man, who pretends to a jot of philosophy, deny that it is \textit{slavery} that has disabled the \textit{slave}?\textsuperscript{95}

The notion of former slaves, “crippled” and weakened by their bondage, living as public burdens certainly would have been an uncomfortable prospect to a largely white Northern public. Reverend Jermain Wesley Loguen, an abolitionist speaker and himself a former slave, indicated in his autobiography that the vitality of fugitive slaves was an important issue to the audiences abolitionists hoped to reach:

The public eye is turned towards them, and public feeling extended to them as they pass through northern thoroughfares. Crippled as are their minds, and scarred as are their bodies by lashes and

\textsuperscript{93} Samuels, “‘Complication of Complaints,’” p. 518.


wounds, they present a sample of a strong and hardy and bold race—whose manly qualities the severest tyranny cannot subdue. It may be doubted whether, in like circumstances there is another people on the face of the earth who could preserve their nature less impaired or subdued.  

Loguen’s remark combines assumptions about the disabling aspects of slavery with the idea that Africans were, by nature, stronger and hardier than white Europeans. Like a bracing tonic, according to some abolitionist rhetoric, emancipation (and by extension, introduction into a free labor system) immediately would confer fitness and vitality to black slaves temporarily “unfitted” by the peculiar institution. There is evidence that former slaves themselves internalized ideas about their able-bodiedness as freedpeople. In his autobiography, John Thompson described his reactions to reading an abolitionist speech by John Quincy Adams published in an 1830 newspaper: “little did Mr. Adams know, when he was uttering that speech, that he was ‘opening the eyes of the blind’; that he was breaking the iron bands from the limbs of one poor slave.” Oral narratives of former slaves describe elderly slaves tossing away their walking sticks, and paralyzed slaves standing up to praise God, when they were emancipated. Freed slaves, though saddled with physical, social and emotional impairments in their bondage, could overcome those debilities as free

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97 John Thompson, The Life of John Thompson, a Fugitive Slave; Containing His History of 25 Years in Bondage, and His Providential Escape (Worcester, 1856), p. 38.

individuals. This argument had particular salience in the antebellum North, and served to assuage fears of a dependent class of “disabled” former African American slaves.

Conclusion

Images of enslaved bodies that bore stigmatizing symbols of disability were a prominent feature of antebellum American culture—thousands of Americans flocked to observe Joice Heth’s decrepit body, and even more delighted in watching the contortions of blackface Jim Crow minstrels—and illuminate the complex interconnections of race, slavery, and disability in American discourse. Disability, like race, bore significant stigmas in the young American republic; antebellum observers often described racial difference in terms of physical or mental inferiority (and vice versa), and established divisions between “normal” and “defective” that were defined by skin color as well as physical and mental ability. According to many prominent proslavery advocates, particularly in the American South, the black body was biologically defective: intellectually stunted, physically weakened in the North American climate, prone to savagery and vice, and incapable of assimilating to a “civilized” culture or competing with the “superior” intelligence of Caucasians. Thus, Africans needed the controlling, domesticating effects of slavery in a hot, humid climate to survive, and were “disabled” from living a free, northern society. Some abolitionists and freed slaves, on the contrary, argued that the institution of slavery debilitated and weakened the bodies and minds of African Americans, and claimed that
emancipation could confer able-bodiedness and productivity onto even the most "wretched" slaves.

While these viewpoints often argued directly against each other, and arrived at opposing conclusions about the role of African Americans in American society, both perspectives relied on common assumptions about the weakness, dependence, and deviance of disability, and linked the concept of disability with race in a dual stigma that arced through antebellum discussions of slavery. Slaves themselves—“able-bodied” and “disabled” alike—had their own assumptions about disability, and negotiated meanings of impairment with their own bodies, their masters, and each other. However, in all of these arguments and opposing viewpoints, concepts of race, bondage and disability were intimately linked and mutually constituted.
CHAPTER 3

“Sick with her Eye”: Sources of “Unsoundness” in African American Slaves

Introduction

On 28 April 1838, George J. Kollock rebuked an overseer at his Retreat plantation on the Little Ogeechee River in Georgia for flogging a slave named Grace. According to his account, the overseer administered two whippings to Grace that day, one “for covering Corn bad” and “a second time for insolance [sic],” but Grace incurred “an accidental cutt clost [sic] to her eye,” which Kollock seemed to believe was the intentional result of the overseer’s violent correction. In his journal entry for that day, the overseer took umbrage to Kollock’s reprimand, and noted that “when the owner takes the part of the negro against the overseer…it never failes [sic] to…Ruin the negroes, & make the owner a bankrupt.” However, Kollock’s primary concern with the punishment may have been the potential damage to his slave’s vision, rather than his overseer’s temper. Slaves with eye problems were certainly concerning to Kollock; he owned at least one blind slave, a man named March, and was always careful to note eye disorders in his plantation records. For instance, in his “Plantation Work

1 “Plantatino [sic] Journal of Coffee Bluf for the year 1838 Beginning the Fifth of February” (p. 14), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill, Subseries 1.1, Box 1, Folder 2 (5 Feb 1838-28 Nov 1838), Southern Historical Collection, University of North Carolina, Chapel Hill.
by the Day” log at Retreat, Kollock usually listed only a slave’s name and the word “sick,” but on 13 March 1849, he noted that Ginny was “sick with her eye.”

On Kollock’s Ossabaw Island plantation in 1855, “1 Gon Blind” appears in the daily work log for 23 April, and “1 Blind” was mentioned daily for three subsequent days. The fact that these slaves were set apart from other “sick” laborers in plantation logs indicates that Kollock, for any number of personal or financial reasons, was particularly worried about threats to the soundness of his slaves’ vision in the daily management of his plantation, including routine punishments from overseers.

Like Kollock, many planters—even those who may have believed the institution of slavery was beneficial to African Americans—recognized that the circumstances of slave life could be hazardous to the bodies and minds of their bondspeople. Although it is difficult, if not impossible, to estimate a percentage of slaves who were considered disabled or “unsound,” it is clear that disabling conditions were common among bondspeople in the antebellum South. Meager subsistence, unsafe work conditions, repetitive stress injuries, corporeal punishment, and abuse—physical, sexual or emotional—could cause physical and mental conditions among African American bondspeople that rendered slaves “unsound” in the eyes of the slaveholding class. The prevalent risks to

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2 George J. Kollock Plantation Book (p. 4), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill, Subseries 1.3, Box 1, Folder 7 (1849), Southern Historical Collection, University of North Carolina, Chapel Hill.

3 Plantation Book, Ossabaw Island, 1850 (pp. 36-38), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill, Subseries 1.3, Box 1, Folder 12 (1855), Southern Historical Collection, University of North Carolina, Chapel Hill. The mention of “1 Blind” slave appears again on 1 November (p. 94).
slaves’ health and able-bodiedness made a significant impact on discourse about slave soundness, a complex calculus for the economic value of human chattel based on a variety of medical, physical, psychological and aesthetic factors. Although slaves could perform any number of different tasks based on age, gender, skin color, and character as well as their physical strength, skills, or work environment, masters expected to have control—physical and psychological—over every one of their bondspeople, and assessing “soundness” was, in essence, an elaborate system for determining the controllability of an enslaved body. In determining sources of unsoundness, and discussing conditions that they considered disabling in human chattel, slaveholders betrayed their own assumptions about disabilities, the culture of mastery, and control over the labor, behavior, appearance, and physical function of their slaves.

In this chapter I analyze the nineteenth-century concept of slave soundness, noting that meanings of the term were complicated, and often idiosyncratic, encompassing a variety of physical and psychological conditions that went beyond mere health or productivity. I then describe a variety of physical and mental conditions—many of which were linked to plantation life and the effects of human bondage—that created perceived “disabilities” in slaves, and highlight how slaveholders’ perceptions of those disabilities was closely linked with the controllability of affected slaves. A variety of plantation record books, slaveholders’ diaries and correspondence, estate inventories, runaway advertisements, medical publications and ex-slave narratives contain assessments of “unsound” slaves, and indicate why certain conditions were
considered so disabling for African Americans in bondage. In presenting these
descriptions I do not intend to essentialize physical conditions that were viewed
as disabilities in nineteenth-century slaves, but rather to illuminate the various
contcerns and reactions that planters had to “unsound” slave bodies.

**Concepts of “Soundness” in Slaveholding Discourse**

In discussions of disability in slaves, many scholars utilize the nineteenth-
century concept of “soundness,” a term used by the slaveholding class to
indicate an individual slave’s overall state of health and, by extension, his or her
character and worth in the marketplace. As Sharla M. Fett has noted, the
concept of soundness was rooted at the intersection of medicine and the
southern political economy, and provided slaveholders with a language to
determine the physical condition of their human chattel in terms of market value
and productivity. Sources of soundness or unsoundness were individual
characteristics of a slave’s body, mind, or character, and discussions of a slave’s
soundness emphasized that those characteristics were not mitigated by the
slave’s job or environment; a slave with unsound qualities could be judged
unsound in any situation. Juriah Harriss, a professor of physiology at Savannah
Medical College who published several articles on the assessment of slave
soundness in the late 1850s, made a clear statement of what circumstances
could, in his opinion, render a slave “unsound”:

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I believe no disease will constitute unsoundness, unless it is of a chronic or constitutional character, and incapacitates the negro for the performance of the usual duties of his calling, viz: hard labor, or tending to shorten life; or an acute disease of such a character as will probably leave as a sequence, a chronic affection, which will more or less incapacitate the negro for manual labor; or again an acute disease, which will render the negro liable to subsequent attacks of the same affection."…There are some deformities which should constitute unsoundness. These may be congenital or accidental. Any deformity which materially diminishes the value of the negro, or disables him for the performance of such labor as is usual for him to perform, or prevents the execution of natural functions which are necessary to the preservation of health or life, should constitute unsoundness."5

This statement highlights several significant points about how antebellum white authorities viewed soundness in slaves. The primary considerations in assessing a slave’s able-bodiedness were ability to perform manual labor, “face value” as a commodity, and finally, individual health; as Harriss indicates, the general health and wellbeing of slaves was lowest on the list of priorities in assessing their soundness. Indeed, the existence of disease alone did not necessarily render a slave unsound, but conditions that were considered uncontrollable, unpredictable, or not “expedient” to treat were disabling for African American slaves. For instance, Harriss noted that a slave with an amputated leg might be considered “healthy,” if not “sound."6 Furthermore, certain diagnoses, such as epilepsy or syphilis, could make otherwise healthy slaves “unsound” because there was no way to predict when symptoms would reappear, even in well-treated patients; thus, the concept of soundness


6 Harriss, “What Constitutes Unsoundness in the Negro?” (September 1858), p. 151.
encompassed conditions that were unseen as well as those that were visible.\textsuperscript{7} Southern physicians, slaveholders and traders utilized a number of clues to predict the soundness of slaves. For instance, skin color was viewed as an important indication of African Americans’ overall health and vitality; “the blackest negroes were always the healthiest,”\textsuperscript{8} whereas gray or flaky skin could signal poor physical or mental health in a slave.\textsuperscript{9} However, the calculus of soundness was not as codified as Harriss (and Fett) indicate; in essence, the assessment of soundness was a system for determining how predictable and controllable slaves were, but was influenced by a variety of other factors, including “character,”\textsuperscript{10} appearance, physical ability, longevity and reproductive capacity, as well as individual masters’ aesthetic concerns and emotional reactions to their human chattel.

Because “soundness” was such a broad and complicated designation, it is extremely difficult to speculate on the number of African American slaves who fell into the category of disabled or “unsound” in the antebellum United States. Abolitionist Theodore Dwight Weld tried to make a statistical estimate of slaves with disabilities—including “the old, the worn out, the incurably diseased, maimed and deformed, idiots, feeble infants, incorrigible slaves, &c.”—in his propagandist

\textsuperscript{7} Harriss, “What Constitutes Unsoundness in the Negro?” \textit{Savannah Journal of Medicine} 1 (May 1859): p. 11.


masterpiece *American Slavery As It Is*, claiming at least one hundred thousand African American slaves could fit this description in 1839, but admitted there was no way to make a firm assessment. Weld employed proportional data gathered from northern states and an 1838 census of Chatham County, Georgia, to guess that the number of “lunatics” must be higher among slaves than the white population, particularly given “the dreadful physical violence to which the slaves are subjected, and the constant sunderings of their tenderest ties.” Similarly, Weld claimed a total of 1,300 blind and 1,600 deaf and dumb slaves based on proportional data from northern state censuses, but without any clear indication of how he drew those conclusions for southern slave populations.\(^{11}\) In 1951 medical historian William Dosite Postell attempted to quantify physical and/or mental impairment among adult African American slaves by examining succession records, which included inventory appraisals of human chattel, in various southern counties. According to his analysis, “disabled” slaves comprised between 4.1% (in Adams County, Mississippi) and 9.6% (in Montgomery County, Alabama) of all slaves included in the succession records;\(^{12}\) however, this was obviously not a complete survey of all southern communities, and only examined one kind of source. Furthermore, because definitions of “soundness” were not set in stone and individual slaves could move between the categories of “sound” and “unsound” throughout their lifetimes, a statistical

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analysis of disability among slaves at any given moment in time probably would not be meaningful for a study of the antebellum period more generally. What is significant to note is that, first, the forced lifestyles of the majority of slaves—plantation laborers—were highly conducive to ailments and conditions that could render them “disabled,” and second, slaves with disabling or “unsound” conditions were common enough in the southern United States to warrant a lot of discussion in private and published antebellum sources.

While most slaveholders and overseers often referred to disabled and chronically ill slaves with such vague labels as “sick” or “unsound,” a close reading of plantation journals provides a glimpse into the lives of plantation slaves with perceived disabilities, and how their owners assessed those conditions. Work rolls often indicated the ages of slaves and any notable skills or defects, and rated their utility on the plantation by a calculus of “hands” (full hand, half- or quarter-hand, etc.). Many slaveholders were not explicit in their description of health problems that made slaves miss days of work, but these documents can indicate slaves with chronic ailments or conditions that would make them seem “disabled” in the eyes of their masters. Estate inventories are also particularly useful sources for identifying the types of disability that occurred among African American slaves, and were considered significant in the eyes of slave traders, masters and prospective buyers. All slaves, not just the ablest or most “likely,” were appraised for estate inventories, and any source of unsoundness had to be disclosed at auctions. These documents indicate a wide range of health conditions and impairments, although some conditions were
linked more closely to age or gender. Runaway slave advertisements, which often emphasized “peculiar marks” (such as scars, brands, and physical deformities) and easily recognizable defects (including stammering, missing body parts, or abnormal gait) are also a good source to examine how antebellum observers visualized abnormal or stigmatizing characteristics in slaves.  

It is important to note that slaves themselves did not consider their bodies in the same terms of “soundness” as the slaveholding class. Many primary sources from bondspeople that discuss disability emphasized the disabling aspects of slavery, particularly the effects of corporeal punishment and abuse, but also indicate that slaves sometimes attributed chronic illnesses and impairments to conjurers in antebellum slave communities. As William McCaa observed, “you can enquire of none of the negro’s [sic] who cannot point out to you some ‘old witch’ on the plantation.” Data from ex-slave interviews in the 1930s indicate many former slaves believed that those suffering from conditions like blindness and chronic or incurable disease had been “fixed” by a conjurer or root worker; in this respect, slaves considered sickness and disability a matter of human interaction, not individual affliction.  

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identified as having “disabled” or abnormal bodies themselves—held a special place in slave society; scholar Elliott J. Gorn notes that “many root workers lived on the margins of slave society as old, irascible, or physically deformed individuals,” but their powers were often respected and feared by slaves and white masters alike. For instance, in his 1892 memoir, Frederick Douglass described a man named “Uncle” or “Doctor” Isaac Copper, who was “both our Doctor of Medicine and our Doctor of Divinity;” according to Douglass, “where he took his degree I am unable to say, but…one qualification he certainly had. He was a confirmed cripple.” This description indicates that Copper’s disability conferred upon him a supernatural knowledge or skill that inspired reverence from his community. Similarly, in another postbellum memoir, former slave William Wells Brown described a conjure man named Dinkie who awed his entire community:

Dinkie, a full-blooded African, large in frame, coarse featured, and claiming to be a descendant of a king in his native land, was the oracle on the "Poplar Farm." At the time of which I write, Dinkie was about fifty years of age, and had lost an eye, and was, to say the least, a very ugly-looking man... Everybody treated him with respect. The whites, throughout the neighborhood, tipped their hats to the old one-eyed negro, while the policemen, or patrollers, permitted him to pass without a challenge. The negroes, everywhere, stood in mortal fear of "Uncle Dinkie."

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17 Frederick Douglass, Life and Times of Frederick Douglass, Written By Himself, rev. ed. (Boston: De Wolfe & Fiske Co., 1892), pp. 46-47.

Secondary literature on slave conjurers often focus more on their healing powers, but while voodoo healers supposedly had the power to *cure* debilitating conditions like blindness or fits,\(^{19}\) they were also believed to *cause* them. As Gorn notes, “many bondsmen deeply feared being conjured into sickness or even death by their enemies. They related stories of friends or family members blinded, crippled, even driven insane” by hoodoo workers in slave communities.\(^{20}\) Southern physicians also observed that slaves believed some chronic illnesses like rheumatism and “neuralgic pains” could be the product of witchcraft, and complained that this belief aggravated health problems and debilitating conditions because slaves were less likely to seek “regular” medical attention for ailments they attributed to conjure.\(^{21}\)

**Causes of “Unsoundness” in Slave Life**

Injuries, illnesses and disorders that were viewed as “disabling” for slaves were common in the American South; indeed, as one runaway slave remarked in 1838, “there was hardly a day that some of the slaves did not get crippled or


Many slaves subsisted on meager diets and a dearth of basic necessities like adequate clothing and shelter. In addition, the strain of plantation labor, unsafe work conditions, and physical, sexual, and psychological abuses took their toll on the bodies of slaves; many slaves experienced disabilities resulting from physical stress, in addition to injuries from work and punishment. All of these factors could also have a negative effect on women’s capacity for childbearing, and caused high rates of miscarriage and infant mortality. Of course, not all disabilities that African American slaves experienced were the direct result of their bondage; however, the circumstances of slave life and labor certainly could aggravate physical or psychological impairments, which then compromised the ability of slaveholders to perceive or maintain control over their human chattel. These issues were significant considerations in determining the “soundness” of African American bodies in bondage.

Viewing slave health through the lens of contemporary medical knowledge, it is clear that regular circumstances of slave life and labor could cause a number of health problems and defects, particularly functional losses that impaired the utility of bondspeople. A number of historians have noted that slaves’ poor diet caused a number of vitamin deficiency diseases such as rickets.


pellagra and scurvy, which could cause stunted growth as well as “dirt-eating”\textsuperscript{25} (known as \textit{cachexia Africana}), sight impairments, and recurring diarrheal illness. In addition to their deficient diet, many slaves also did not have access to proper clothing or shelter, particularly in the winter, and recurring respiratory illnesses and frostbite were common.\textsuperscript{26} Evidence of poor diet and overexposure is common in runaway slave advertisements from the first half of the nineteenth century. For instance, Daniel Meaders’s collection of runaway advertisements in Alexandria and Richmond, Virginia, from 1801 to 1820 includes many mentions of “bowlegged” or “bandy-legged” slaves, whose bones were likely deformed from dietary deficiencies, as well as descriptions of slaves who had lost fingers or toes to frostbite.\textsuperscript{27} The conditions of slave labor, including overwork and repetitive motions, also caused a number of different health problems that resulted in disability. Hernia, or “rupture,” was very common among African Americans in the South, and although they could be treated surgically or with the use of a

\textsuperscript{25} The modern medical construct of pica—which is sometimes linked with cultural practices as well as with iron deficiency—is more complex and controversial than nineteenth-century constructs of dirt-eating in Africans. Kenneth F. Kiple and Virginia Himmelsteib King, \textit{Another Dimension to the Black Diaspora: Dirt, Disease, and Racism} (Cambridge: Cambridge University Press, 1981), pp. 119-22.


truss, hernias could permanently impair the “usefulness” of slaves. Some believed rheumatism—a more expansive disease category in the nineteenth century that could arise from infections or arthritis—to be less common in warm climates, but the disease appears frequently in descriptions of slave health problems, and often incapacitated its victims. Mary Prince, the first bondswoman to publish her autobiography, described her experience with rheumatism while she was enslaved in Antigua, noting that she “grew so very lame that [she] was forced to walk with a stick” and could hardly perform her expected duties as a house servant and laundress. Other occupational impairments are frequently mentioned in medical literature, plantation records and slave appraisals, particularly sore fingers, aneurysms, and swollen or “sore leg,” a very common problem that was not necessarily chronic, but could debilitate slaves for long periods of time. In one extreme case, physician T.P.


31 Harriss, “What Constitutes Unsoundness in the Negro?” (May 1859), p. 12; John Nevitt Record Book, 15 December 1828 (p. 170), Box 1, Folder 5 (typescript of Volume, pp. 131-200, 10 May 1828 – 13 May 1829), Southern Historical Collection, University of North Carolina, Chapel Hill; Postell, Health of Slaves, p. 88. For examples of runaways with swelling or “sore” legs, see
Bailey of North Santee, South Carolina described a twenty-year-old woman named Betty who had “for several years past suffered from pain and inflammation of the fibula of the left leg…the leg is misshapen and enlarged…she is a times totally incapacitated for work, the irritation being so great as to cause fever and painful swelling.”

In addition, injuries—especially head trauma, burns, fractures, and loss of limbs—were common causes of slave unsoundness, and were mentioned often in estate appraisals, plantation journals, and runaway slave advertisements. Even minor injuries could result in weeks of convalescence for plantation laborers; South Carolina planter Thomas W. Peyre had two slaves that were “laid up” for nearly a full month each for cuts on their feet, and Juriah Harriss noted that seemingly minor concussions could impair mental function and vision, as well as cause paralysis or convulsive disorders, all of which were viewed as

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33 Thomas W. Peyre Journal, 1834-c.1850 (pp. 12, 157), 34-466, South Carolina Historical Society, Charleston.
permanent disabilities. Burns were a frequent occurrence; as ex-slave Moses Grandy explained in his memoir, the lack of adequate bedding forced slaves to sleep too close to unprotected fires to stay warm, and “their legs are often in this way blistered and greatly swelled, and sometimes badly burnt.” Severe burns could result in “great and distressing deformity” from muscular contractions, extensive scarring, and gangrene. Runaway slave advertisements occasionally included graphic descriptions of the effects of such burns. For instance, a notice in the Winyah Observer in 1852 identified a fugitive slave named Gabriel as “a bright mulatto aged about 22 yrs...has a contraction of 3 fingers on the right hand occasioned by a burn when quite young.” Similarly, in 1811 the Alexandria Daily Gazette, Commercial and Political advertised Ben, a 25-year-old runaway, who had “a remarkable scar in one of his hands, occasioned by a burn when young; it has caused a contraction of his thumb, and a part, or all his fingers on that hand.”

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35 Moses Grandy, Narrative of the Life of Moses Grandy; Late a Slave in the United States of America (London: C. Gilpin, 1843), p. 29.


37 Winyah Observer (23 June – 29 December 1852) (cited in Joyner, Down by the Riverside, p. 27).

Fractures were also common on plantations, and could be the result of a number of different occurrences, including horse kicks, malfunctioning farm equipment, industrial accidents with mills or threshers, and even the repetitive plucking of cotton bolls. Many fractures were improperly treated because of the limited compassion and/or medical knowledge of planters and overseers, or because physicians could not respond to a summons from a remote plantation in time, and therefore resulted in permanently deformed limbs. For example, James L. Smith, a slave in Virginia, was disabled as a boy after he fractured his knee carrying a heavy piece of timber. His master was initially reluctant to treat Smith’s knee; as a result, long after the accident, a physician told Smith’s mother and owner that “as it had been out of joint so long it would be a difficult matter to break it over again and then set it.” Smith’s leg subsequently became infected and “broke in seven places,” which resulted in permanent “lameness.” An 1815 advertisement in the Richmond Enquirer described a runaway named Doctor, noting that "he has once had his right arm broken, in consequence of which, his arm is smaller & shorter than the left one, and stands a little crooked." Slaves with missing limbs and extremities—from surgical amputations, accidents,


punishments, or frostbite—were frequently reported in estate inventories of slaves and runaway advertisements. Any perceived loss of function—from chronic or recurring illnesses as well as missing or defective limbs—could be considered disabling for slaves because it represented a significant labor deficit. Masters of slaves with chronic health problems were responsible for providing care for their ailing bondspeople, and those slaves could be a significant drain on plantation resources if they were unable to work for long periods of time. The deformity or absence of a limb did not necessarily render a slave completely useless in the eyes of a master. At an 1860 public auction in the Chalmers Street Mart of Charleston, for instance, a fourteen-year-old slave named Scipio was described as a field hand even though he had “one hand off,” and a member of the “Gordon Gang” of slaves belonging to South Carolina planter Edmund Ravenel included a forty-year-old man named Aaron who was a carpenter, but had lost an arm. However, fractures, burns, and other injuries almost always considered disabling, or “unsound,” to some degree, because they were accompanied by the threat of compromised or lost function.


One particularly common disability among southern slaves—and one that aroused a lot of concern from slaveholders—was blindness. “Sore eyes,” which some historians have attributed to a vitamin A deficiency but could have also arisen from infections or allergies, was a widespread complaint on plantations, and although physicians and masters attempted to treat their affected bondspeople with such measures as linen bandages and warm water or milk poultices, the condition often resulted in loss of vision. Of course, not all cases of blindness among slaves were acquired from environmental hazards or deficiencies; there were certainly cases of congenital blindness, most notably the musical prodigy “Blind Tom” Bethune, a Georgia slave who began performing across the South before he was ten years old. However, damage to the eyes was a very common problem for African American slaves. New York statistician Samuel Forry claimed that the higher ratio of blind individuals among the “colored” population revealed in the 1840 census “may be reasonably referred to their severer labor and greater exposure, to their greater improvidence, and less advantage of medical aid.”

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47 Professional Planter, Practical Rules, pp. 289-90; Owens, This Species of Property, p. 59.

48 A Sketch in the Life of Thomas Greene Bethune (Blind Tom) (Philadelphia: Ledger Book and Job Printing Establishment, 1865), pp. 4, 6-7; Bancroft, Slave-Trading, p. 156.

Barrow noted that his “hands seemed to be in fine humour & all well—Excepting Demps with sore eyes.” Although a physician treated Demps’s eyes over the next two months, Barrow feared that his slave would “loose [sic] his sight.”

Several estate auctions in Charleston also indicate the importance of disclosing eye defects. For instance, a “prime gang of 158 Negroes,” belonging to the late T. Bennett Lucas and sold in 1860, included a forty-year-old laborer named Hester with a “defect in one eye,” and Robert, a 23-year-old bricklayer, was described as “blind one eye.” The loss of vision, whether congenital or acquired, was a prominent cause of “unsoundness” or disability for antebellum slaves. Not only could blindness prohibit a slave from performing certain kinds of duties, but could also prohibit a slaveholder from instructing or disciplining the slave in the same ways he used for other bondspeople. Sensory defects were also easier to exaggerate or feign than an injury or loss of limb function, so it is probable that slaveholders would be concerned about malingering. All of these factors made blindness a particularly undesirable source of unsoundness in a slave.

Another concerning cause for unsoundness was infertility and reproductive dysfunction in African American women. Uterine prolapse, vesico-vaginal fistula, irregular menses and amenorrhea, and miscarriage—while

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50 Davis, ed., *Plantation Life*, pp. 314-15, 318. Barrow also had a slave identified as “one-eyed Sam” in his journals from the mid-1830s to the mid-1840s (pp. 46, 98).

common for all women in the nineteenth century—were observed to occur more often among African American slaves than other women. Common reproductive problems, especially uterine prolapse, were viewed as permanent afflictions; self-described “Professional Planter” Dr. Collins noted that, although “falling down of the womb” did not always impair a female slave, “even in the mildest cases, it seldom admits of a perfect cure.” As South Carolina medical student Perry F. Pope lamented in his dissertation on the management of slaves, “Prolapsus Uteri is quite a common disease…at present we are only able to assist and mitigate.” As a result, evidence of a fertility problem almost always rendered a female slave “unsound,” and was an important issue for disclosure to prospective slaveholders. Female slaves who could not get pregnant were at risk of being sold or traded, and women who experienced even “benign” reproductive problems aroused concerns; for example, Juriah Harriss noted that the existence of ovarian cysts always constituted unsoundness in a female slave, even if they did not seem to affect her fertility. This is evident in several different estate auction advertisements from Charleston, which identify a variety of reproductive


54 F. Perry Pope, “A Dissertation on the Professional Management of Negro Slaves” (M.D. Thesis, Medical College of the State of South Carolina, 1837), Waring Historical Library, Medical University of South Carolina, Charleston, p. 10.

issues in female slaves for sale, including “prolapsus” or “tendency to prolapse,” “fibrous tumor of womb,” “menstrual derangement,” and “breeds fast & looses [sic] children.” As historian Jennifer L. Morgan has noted, female slaves were ascribed the “dual value,” and performed the dual role, of producing both crops and more laborers, and slaveholders were particularly alarmed when their bondswomen experienced problems with their reproductive systems. Historian Elizabeth Bankole has indicated that these problems arose from using women as “breeders,” but it is also likely that nutritional deficiencies, external injuries, overwork during pregnancy, and difficult deliveries also affected slave women’s reproductive capacity. Although some antebellum slaveholders believed that the root of slaves’ infertility was sexual promiscuity, many were certainly aware that the conditions of slavery could adversely affect the reproductive capacity of


bondswomen, and warned against forcing pregnant women to perform “kinds of labour which require extraordinary exertions.”

Psychological and neurological conditions also affected the soundness of African American slaves. Although some antebellum observers—using the misinterpreted results of the 1840 census as evidence—argued that “hard working” slaves were less susceptible to the disappointments of a more “refined” life and thus less likely to be afflicted with nervous disorders than their white masters, there are many cases of bondspeople identified with a variety of psychological and neurological disorders. In 1953 historian William Dosite Postell examined antebellum probate records from different counties and parishes in Alabama, Georgia, Mississippi and Louisiana, and determined that of the 31,170 slaves mentioned in these records, 391 were identified as suffering from some type of mental affliction; the records used such terms to describe them as simpletons, imbeciles, crazy, deranged, insane, “subject to spasms” or fits, and afflicted with paralysis, palsy, and spinal injury. However, Postell acknowledges that slaveholders and overseers inconsistently applied these


labels, and because of these irregularities, the prevalence of nervous disorders among African American slaves was probably much higher than his statistical analysis indicates.\textsuperscript{62} Moreover, Todd Savitt has pointed out that the majority of individuals with mental disorders, white and black, were not institutionalized in the mid-nineteenth century, and these slaves were just incorporated into plantation life; indeed, “the lines separating mental soundness from temporary and total insanity were necessarily hazy.”\textsuperscript{63} However, any personality, emotional, or neurological disorder was viewed as important for disclosure in slave sales, and could be assessed as a cause of unsoundness, particularly if it affected a slave’s ability to work, or to be controlled by his or her master. As Juriah Harriss noted in 1859, any slave afflicted with a nervous illness could be unpredictable and potentially dangerous:

the negro may eat his meals \textit{regularly} and \textit{heartily}, and so long as he does not present any outward manifestation of disease, other than mental, his is in the eyes of the law ‘healthy.’ He may be idiotic—utterly unable to execute the orders of his owners, or even worse, a raving maniac, requiring not only the time and attention of the purchaser, but perhaps of sound negroes, to prevent his doing an injury to the immediate family of the owner or his slaves; or setting fire to the premises.\textsuperscript{64}

This was particularly true in the case of slaves who experienced “fits,” a term used to describe a variety of convulsive disorders—particularly epilepsy—in


\textsuperscript{64}Harriss, “What Constitutes Unsoundness in the Negro?” (September 1858), p. 149.
the nineteenth century. Nineteenth-century definitions of epilepsy usually referred to the most extreme manifestation of the disease, the *grand mal* seizure (known today as a generalized tonic-clonic seizure), characterized by "a peculiar jerking of the muscles of the body and limbs, jaws clenched, eyes squinting...sometimes the muscles of the back are permanently contracted, so as to bend the body backward."\(^{65}\) Individuals with epilepsy might experience fits on a regular basis (for example, at lunar changes) or live for months or years without any evidence of the disorder. Many observers also saw a clear "alteration betwixt insanity and epilepsy;"\(^ {66}\) some primary evidence merely records the coincidence of the two conditions without drawing conclusions about their causal relationship, but others indicate a belief that recurring fits could lead directly to a violent type of mental instability known as *furor epilepticus*. The fearsome appearance of epileptic fits, which were incapacitating, unpredictable and presumed to be largely incurable, as well as the association between epilepsy and violent behavior made epilepsy a particularly concerning cause of "unsoundness" in even seemingly healthy African American slaves, and was viewed as an "illness serious enough to keep the Negroes indoors" when it occurred.\(^ {67}\) Other types of fits, such as traumainduced convulsions, catalepsy or lethargic "trances," were also highly


unpredictable and resulted in a slave’s loss of ability to work. Harriet Tubman, the “Moses” of the Underground Railroad in the 1850s, experienced recurring “fits of somnolency” after accidentally being struck in the head with a weight as a young woman in Maryland, making her “disabled and sick” for the rest of her life.68 Planter Stephen A. Norfleet of Bertie County, North Carolina, described a slave named Gill who experienced chronic cataleptic fits, which are characterized by muscular rigidity and fixed posture. On 28 January 1856, Norfleet noted that Gill was “confined to the house by an attack of Catalepsy to which he was been subject some years tho’ he has not had a Fit before in 18 months;” Gill was also absent from work on six other days in 1856, presumably from his “affliction.”69 The loss of labor, and difficulty in controlling slaves with nervous ailments, made mental and neurological disorders a significant cause of unsoundness in African American slaves.

Even old age—which some slaveholders defined as 50 years of age and over, but was often influenced by the presence of an infirmity—was a significant cause of “unsoundness” for slaves. Many plantation records refer to elderly slaves as “Old,” “Aunt/Uncle,” “Granny,” “Nurse” or “Mammy,” which served as

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69 Plantation Record Book for Anno Domini 1856 (pp. 11, 17, 82, 84, 96), Norfleet Family Papers, Series 2, Folder 8 (Volume 3), Southern Historical Collection, University of North Carolina, Chapel Hill.
honorific titles in the slave community, and may have differentiated slaves with the same given name. However, these titles seem to appear more frequently as indicators of a slave’s age, and also their labor capacity. On Isaac Ball’s Limerick plantation in South Carolina, for instance, there were a number of slaves identified as “Old” in plantation records from 1815, and all of them were over the age of fifty. On Bennet H. Barrow’s Louisiana plantation, a slave named “Old Betty” died in 1836 at the age of 65. There appears to have been a difference in value between slaves considered “old” and “aged” or “superannuated,” which generally referred to slaves over the age of 70. In some estate sales, slave auctioneers often listed older slaves simply as “aged” or “infirm,” an indication of more general debility. Elderly and superannuated slaves were more likely to experience health problems that “disabled” them for service, including failing eyesight, rheumatism, paralysis, and to a lesser extent, dementia; also, as historian Leslie J. Pollard argues, older slaves generally required more medical attention, which decreased their investment value and reduced their chances of receiving the care they needed. Thus, despite the

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73 Pollard, Complaint to the Lord, p. 35.

74 See “Negro List of Southfield, Jany 17, 1860,” South Carolina Historical Society, Charleston.

75 Pollard, Complaint to the Lord, p. 44.
respect that elderly slaves garnered from masters and fellow slaves alike, age was an important factor in assessments of a slave’s health and able-bodiedness.\textsuperscript{76}

Moreover, mutilation and injury from corporeal punishment and abuse of African American bondspeople were frequently causes of disabling impairments in slaves. Many planters only made oblique or cursory references to punishment in plantation journals and estate inventories; slaveholding society viewed most corporeal punishments as prerogatives of the white ruling class, and they therefore did not warrant much attention in these documents. The explicit and “impolite” descriptive language used in runaway slave advertisements sheds more light on the effects of corporal punishment and physical abuse of slaves in the antebellum South.\textsuperscript{77} Abolitionists like Theodore Dwight Weld began to use runaway advertisements printed in southern newspapers to highlight the cruelty that slaves endured, reprinting notices describing slaves with gunshot wounds, cropped ears, whipping scars, and cuts from knives or axes. Indeed, as historian Kenneth Stampp observed, the language of runaway slave advertisements changed as a result of this abolitionist tactic, with more slave injuries identified by vague terms like “scars” or “burns,” not “marks of the whip” or “brands.”\textsuperscript{78} While slaveholders may not have been very explicit in their descriptions of discipline and its effects on slave bodies, corporeal punishment was a significant element

\textsuperscript{76} See Stevenson, \textit{Life in Black and White}, p. 183.

\textsuperscript{77} See Prude, “To Look Upon the ‘Lower Sort,’” pp. 128, 137.

\textsuperscript{78} Weld, \textit{American Slavery As It Is}, pp. 77-82; Stampp 1956, p. 187.
of the culture of mastery. Southern slaveholders focused on the external bodies of slaves that had “dishonored” them, and utilized disfiguring and physically disabling punishments for disobedience or running away; as historian Kenneth Greenberg notes, “the body drew a disproportionate degree of attention” in the discipline of slaves.\(^7\)\(^9\) Wayward bondspeople were often whipped and branded with hot irons, had their faces cut, their ears cropped and their teeth knocked out, all punishments that were highly visible marks of dishonor and “vicious” character.\(^8\)\(^0\) Eugene Genovese has made the persuasive point that, since disfiguring marks and disabling injuries rendered slaves “unsound” and decreased their market value, many slaveholders devised less injurious forms of punishment in the nineteenth century;\(^8\)\(^1\) however, the sheer volume of accounts of violent physical abuse of slaves indicates that there were emotional and cultural factors beyond financial concerns involved in the punishment of slaves. Disabling punishments could serve other purposes, such as physically preventing a slave from further disobedience, or creating a permanent sign of that slave’s dishonor and the master’s rightful retribution.

The most common form of physical punishment was whipping, which masters and overseers applied to slaves of both genders and all ages.\(^8\)\(^2\) As

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fugitive slave John Brown described it in 1855, the whip was a feared instrument of violence, designed “to ‘whip down’ savage bulls, or unruly cattle.” In most cases the whip was only used to “lick” a slave’s skin, cutting the flesh and raising a scar without causing any permanent physical damage.\(^8^3\) However, there is also evidence that whipping led to psychological problems, shock, and infection, and could create permanent impairments like muscle damage in slaves.\(^8^4\) Moses Grandy described a whipping he had received at the hands of a “severe man” named Jemmy Coates, who had hired a young Grandy to work in his cornfield:

> Because I could not learn his way of hilling corn, he flogged me naked with a severe whip made of a very tough sapling; this lapped around me at each stroke, the point of it at last entered my belly and broke off...I was not aware of it until on going to work again it hurt my side very much, when on looking down I saw it sticking out of my body...the wound festered, and discharged very much at the time, and hurt me for years after.\(^8^5\)

While most slaveholders would have argued that permanent disability was only a minor risk and not the purpose of the whip, disfigurement—not to mention terrible pain—certainly was an intention. The presence of whip scars was often noted in sales of slaves and runaway slave advertisements, and a slave whose “back was well marked with stripes”\(^8^6\) was often assumed to have a bad or vicious character.


\(^8^5\) Grandy, *Narrative*, p. 10.

Another particularly mutilating punishment was branding, particularly initials on the face or near the genitals. According to abolitionist propaganda, there were many indications that the main purpose of branding was to humiliate the slave by creating a permanent disfigurement. One 1853 British abolitionist tract, lamenting the frequency of slave-branding, listed runaway slave advertisements that mentioned bondspeople with letters branded on specific parts of their bodies, including a mother with the letter “M” branded on her cheek who was ashamed of the scar and “kept a cloth over her head and face, and a fly bonnet on her head, so as to cover the burn.”\(^87\) Another example was Molly, a teenaged slave with the letter “R” on her left cheek and the inside of both thighs.\(^88\) The location of Molly’s brands were an overt sign of the slaveholder’s domination over her sexualized body, and seemed designed to violate and demean her womanhood as much as punish a perceived transgression.

Theodore Weld also cited several advertisements in his 1839 *American Slavery As It Is* that described very specific branding injuries. For instance, Weld notes that R. P. Carney of Clark County, Georgia, placed a notice in the *Mobile Register* on 22 December 1832 for a slave named Pompey who was “branded on the left jaw.” In another example, Micajah Ricks of Nash County, North Carolina, advertised a runaway slave in the *Raleigh Standard* on 18 July 1838, noting that “a few days before she went off, I burnt her with a hot iron, on the left side of her

\(^87\) “Slave-Branding,” Leeds Anti-Slavery Series, No. 23, *Five Hundred Thousand Strokes for Freedom* (London, 1853, reprint, Miami, FL: Mnemosyne Publishing Co., 1969), p. 3. Some slave advertisements note that runaway slaves concealed disfiguring scars, most likely to help them avoid capture, but the fact that this woman “kept” a cloth over her face indicates that she wanted to conceal the mark out of shame even before her escape attempt.

\(^88\) *Ibid*, p. 3.
face, I tried to make the letter M.”89 The locations of brands on the face, the most visible part of the body and the one most associated with individual character, indicates that main motivation for branding was to dishonor a slave, even if it meant devaluing the bondsperson for resale. This was the case for James Smith, a slave in Virginia and Georgia, who had attempted multiple escape attempts after his wife was sold away. After one failed flight, Smith’s overseer took him to a Richmond jail where he stayed for several months awaiting a sale before he came into contact with his master again. Smith’s interviewer, Henry Bibb, described this encounter in 1852:

> His master came after him with the spirit of a demon. After having him stripped and most unmercifully flogged, a hot iron was applied to his quivering flesh on one side of his face and back of his neck, which left stamped, in letters of flesh and blood, the initials of his master’s name. A few days after this punishment, he was sold at public auction.90

The fact that Smith’s master chose to brand Smith after he had already been taken away to be sold, a decision that certainly would have diminished Smith’s market value, indicates that Smith’s disfigurement held a deeper meaning for his owner beyond mere punishment. As a result of his repeated escapes, Smith had “dishonored” his white master, and was forced to carry the branding scar as a reminder of that dishonor and his master’s retribution.

Other punishments were intended to weaken or disable disobedient slaves. Slaves who possessed more strength than white authorities, and could


therefore fight back, were a threat to the slaveholding class as a whole; several examples from ex-slave narratives indicate that disabling punishments were meted out to those who used their physical abilities to resist authority figures. Some slaves sustained fractures from beatings that caused permanent impairment. For instance, Josiah Henson, a black overseer reputed to be the inspiration for Harriet Beecher Stowe’s Uncle Tom character, was beaten by a white overseer and several slaves in retaliation for shoving the white man at a party; he received two broken shoulder blades and one broken arm, and lost full motion of both arms as a result.\(^{91}\) Tom Wilson, who escaped to Great Britain told his tale to the Liverpool *Albion* in 1858, noted that in addition to the severe whippings he received for resisting punishment, his overseer had once “cut [his] right arm across the middle, and then had it stitched up. He did that, he said, to weaken me, because I was too strong in the arm.”\(^{92}\) In many cases, weakening punishments were used on runaway slaves. Dr. Collins, a “professional planter” in the British West Indies, described the logic of such punishments in his guide to the treatment of slaves in the sugar colonies, noting that escape was an involuntary “habit” for some slaves. In Collins’ opinion, “if they are long prevented from indulging that disposition, by external restraint, they may, in time, lose their muscular propensity, and contract a better habit of remaining at home.”\(^{93}\) While not all slaveholders recognized the disease construct of

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drapetomania, a compulsion to run away, many masters utilized punishments that impaired troublesome slaves from escaping, particularly attaching irons to their legs.⁹⁴ Some ex-slaves described being “hobbled” with leg irons to prevent repeated escape attempts. For instance, Israel Campbell, who along with two others tried to flee from a plantation near Vicksburg, Mississippi, noted that, in addition to whipping all three runaways, his master “had a piece of iron weighing seven pounds put around Barry’s ancle [sic], six pounds around Lucinda’s and six around mine, to cripple us.”⁹⁵ Robert Smalls, a personal servant from South Carolina, described a sixty-pound leg weight, fastened around both feet, that would prevent a slave from even walking for days. After the weight was removed, “he attempts to lift his foot [and] his leg flies up and he can not get along.”⁹⁶ Some masters shot escaping slaves to dissuade or disable them from continuing their flight. Theodore Weld cited a few instances of this, including runaway advertisements for a Mississippi woman named Mary who “has a scar on her back and right arm near the shoulder, caused by a rifle ball” and a man from Maryland, Elijah, who “has a scar on his left cheek, apparently occasioned

⁹⁴ For example, see descriptions of slave Maria in 29 April 1827 entry, (p. 41), John Nevitt Record Book, Box 1, Folder 3 (typescript of Volume, pp. 1-60, 1 Jan 1826-26 July 1827), and 9 November 1827 (p. 84), John Nevitt Record Book, Box 1, Folder 4 (typescript of Volume, pp. 61-130, 26 July 1827-10 May 1828), Southern Historical Collection, University of North Carolina, Chapel Hill.


by a shot.” Louisiana planter Bennet H. Barrow also described shooting a
potential runaway named Jerry on his plantation in a journal entry from 16 August
1841:

Jerry has been sheringk [sic] about every time since Began to pick
cotton. after Whipping him yesterday told him if ever he dodged
about from me again would certainly shoot him. this morning at
Breakfast time Charles came & told me that Jerry was about to run
off. took my Gun found him in the Bayou behind the Quarter, shot
him in his thigh.98

Barrow’s description of this occurrence is significant, not only because it is
one of few direct references to corporeal punishment in slaveholders’ documents,
but also because he was following through with a threat he had made if Jerry
continued to “dodge” him; there is no implication that Jerry had absconded from
the plantation in the past, just that he was prone to avoiding his master to get out
of work. By shooting Jerry in the thigh, Barrow almost certainly disabled him
and threatened his life to prevent any future escape attempts, as well as to
exercise his authority over a troublesome slave.

**Conclusion**

Despite some proslavery arguments that bondage allowed African
Americans to thrive, disabilities were a common occurrence among the slave
population, and many common sources of “unsoundness” in human chattel were
connected to the circumstances of slavery. Slaveholders utilized the
designations of “sound” and “unsound” to assess the abilities and defects of their
bondspeople’s bodies; however, there was no single system for assessing the

98 Davis, ed., *Plantation Life*, p. 239.
physical, mental, or “moral” soundness of any slave. The term reflected a wide variety of concerns about enslaved bodies, included economic and labor incentives, esthetic preferences, and the need for masters to control their human property. Slaveholders ascribed the term “unsound” to a number of physical and psychological conditions they observed in slaves—including chronic debilitating illnesses, fractures, burns, missing limbs, blindness, reproductive disorders, psychological or cognitive impairments, neurological problems, old age, whipping scars, and debilitating injuries resulting from abuse—and while the meaning of the term “unsound” was never precise, the concept of soundness carried a lot of weight in the minds of planters. This is why it is particularly significant that George J. Kollock described his slave Ginny as “sick with her eye,” as opposed to just “sick,” in 1849; his account of her potentially disabling condition set her apart from his other bondspeople, and his particular concern for her eyes, rather than just her general health, seems to indicate a more complex reaction to the threat of unsoundness.

Race and disability had a complex relationship in antebellum slave society. Slaves who were impaired (physically or mentally) in their ability to labor, or to be controlled by white masters and overseers, were faced with an additional stigma that “able-bodied” slaves were not. Issues of slave soundness were bound with racial expectations, assumptions about disability and defect, as well as the individual needs and desires of planters. Indeed, as the rest of this dissertation demonstrates, the identification and management of disabled black bodies was an important element of social and cultural discourse in American
slave society, and meanings of slave disability were constantly debated and redefined on plantations as well as in auction houses, medical schools and practices, and courtrooms in the antebellum South.
CHAPTER 4
“Useless”: Disability, Labor, and Contradiction on Southern Plantations

Introduction

In the mid-1830s, Samuel G. Barker, a Charleston attorney and slaveholder, composed a detailed list of 87 slaves, presumably laborers on South Mulberry plantation, in his estate book. The list identified Barker’s bondspeople by their names, dates of birth, and gender, but also included brief descriptions of their skills and remarkable characteristics, categorized each person according to their “hand” rating, and noted if they were considered “diseased” or “useless.” Among the slaves identified as “useless” were Old Stephen, who “rakes trash;” Old Betty, a nurse and midwife; Peggy, who “cooks for negroes;” Bess, a 23-year-old “feeble” woman who “can cook;” and Old Minda, a “first rate midwife and nurse.” The fact that this estate book lists the jobs of elderly and disabled slaves, including one considered “first rate,” directly alongside its categorization of those slaves as “useless” is intriguing; it is clear that Barker was using the useless in his plantation’s labor system. Like Barker’s estate inventory, records from many other plantations provide evidence of slaves described as “useless,” even as they list the duties that those slaves performed. For example, in an 1825 chart from Edmund Ravenel’s Grove plantation in South Carolina, male and

female slaves are listed as either “prime,” half-hands, “old” half-hands, children, or “useless”; the column of “useless” women includes a cook named Mary, a nurse named Cotto, and Sary, a blind woman who minded poultry. The contradictions embedded in these impersonal charts raise important questions about the roles of slaves with disabilities on southern plantations, how white slaveholders assessed the worth and utility of those slaves, and what kinds of treatment “useless” disabled laborers received at the hands of their masters and overseers.

In assessing the roles of slaves with disabilities on plantations, it is important to consider categories of difference within the specific economic system of slave labor. Estate inventories, plantation records, and ex-slave narratives indicate that slave community hierarchies and plantation management schemes were very fluid in the antebellum South, and it was very common for slaves to change jobs and status during their lifetimes. Slaves with disabilities performed a variety of necessary duties, such as cooking, sewing, gardening, and minding children and livestock. However, as the example of Samuel G. Barker indicates, slaveholders assessed “useless” slaves with disabilities in contradictory ways, even on a single plantation roster. This evidence, as well as accounts of the devaluation and abuse of slaves with disabilities, indicates that there was more to slaveholders’ judgments of impaired slaves than their ability to perform labor. Proslavery observers often argued that slaveholders had an economic incentive to protect the lives of their human chattel. Physician and

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2 [Untitled list of slaves, n.d.], Business & Plantation Correspondence, Negroes, 1825, Ford-Ravenel Papers, 11-131-3, South Carolina Historical Society, Charleston.
slaveholder Richard D. Arnold, for instance, wrote in 1849 that “a planter loses so much capital by the death of every one of his operatives & hence to save his capital is to save his negroes.” However, there are many examples of slaves with disabling conditions—even those with jobs that were vital to the running of a plantation—who were subject to corporeal punishment, neglect, and even murder, because of their impairments.

Barker’s and Ravenel’s seemingly unproblematic use of the word “useless” to categorize slaves with disabilities indicates that he had a clear idea of what the term meant to him, but there were many different reasons a slave might be considered “useless” in antebellum society. In his 1839 compendium *American Slavery As It Is*, Theodore Dwight Weld—a minister and leading abolitionist from New England who had trained at the Lane Seminary and Oberlin College—uses the term “unprofitable” to describe slaves with disabilities, indicating that he reduced slaveholders’ interest in their slaves to economic considerations alone. “Useless” could also denote a failure to live up to expected duties for a particular social role; in the case of slaves, this might be their ability to perform manual labor, gain a profit, or merely to be disciplined and controlled by their masters. On a more personal level, slaveholders could have used the term to describe a slave who failed to live up to the master’s individual

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expectations for behavior, physical appearance, and performance. Tensions between goals of production, profit, control, and the expectations and emotions of planters created a number of surprising contradictions in the ways planters assessed disability and “uselessness” in their bondspeople.

This chapter explores the labor performed by slaves with perceived disabilities, exploring first the different kinds of jobs—not all of which could be considered easy or simple—that elderly and impaired slaves performed for plantation owners. I also argue that, despite the evidence of disabled slaves’ utility in labor systems, many white observers considered them “useless,” and accorded them lower markets in estates and insurance policies. Furthermore, I note that “useless” slaves, despite the duties they in fact performed, were particularly at risk of a number of abuses at the hands of unsatisfied owners, including punishment, neglect, and even murder. The numerous contradictions in evaluations of disabled slaves’ utility in plantation labor systems raise significant questions about how slaveholders assessed disability in their chattel, and treated slaves with disabilities; it is clear that there were a number of functional, psychological, and emotional factors beyond task and productivity involved in their consideration and treatment of “useless” slaves.

Roles of Slaves with Disabilities in Plantation Labor Systems

Although the number of white “planter aristocrats” with large plantations in the South was small, the majority of African American slaves, at one time or another, lived on large plantations and participated in plantation labor systems.
The term “planter” did not have a single meaning in the antebellum South—in some cases, it was synonymous with “farmer” and did not indicate the number of slaves owned—but by the early nineteenth century, when the majority of farmland in the eastern South was cultivated and most larger estates had been established, the term came to refer to slaveholders with large, or multiple, estates, and at least twenty slaves. As historian James Oakes has noted, the ideal of the large plantation—a profitable, efficient model of mastery and production—influenced slaveholders’ identities and organization of labor systems, even if they did not own as much land or as many slaves as planter aristocrats.\(^6\) Most planters in the antebellum South planned labor schemes based on a “hand” system, a measure of proportional function that could be used to rank different slaves within any specific job category. However, “hand” designations could also be used to assign slaves to different duties according to the level of physical demands. In general, a person who was able to perform the expected amount of a full day’s labor for an adult, able-bodied male slave was assessed to be a “full” hand. Full hands did the bulk of hard field labor, while three-quarter, half and quarter hands—including “elderly” slaves over the age of fifty or sixty, pregnant women or individuals with physical or mental impairments—were occupied with less strenuous tasks.\(^7\) These fractioned ratings


allowed slaveholders and overseers to distribute work equitably to bondspeople, as well as to attempt to impress a sense of duty on them, while taking their individual abilities into account. The overriding principle of plantation management was the discipline of the enslaved labor force, which was managed hierarchically by white overseers and white or black drivers, but different positions and ratings had different rules for obedience and command.\(^8\) House slaves, for instance, may have been rated “full” hands, or “prime” in market terms, but performed a very different kind of work. Domestic tasks were generally less strenuous—largely indoors, with less physical strain—but also involved more direct supervision from white masters, and less interaction with other slaves. Eugene Genovese has argued that, although domestic labor was more comfortable and house servants often viewed themselves as “elite” in the slave community, many slaves preferred the relative independence, social interaction, and physical satisfaction of work in the fields.\(^9\)

Although many planters strove for efficiency and maximum output in the design of their labor schemes,\(^10\) communities of bondspeople were constantly in flux, as births, illness, sales and deaths occurred on a regular basis, and the structure of labor had to be fluid to accommodate these changes. Given that a slave was expected to labor for his or her entire lifetime, a slave’s “hand” rating and place in the plantation labor system were subject to change, and many

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slaves were, at one point, evaluated as less than a “full” hand. For instance, Maryland slave Charles Ball, describing his experiences on a large South Carolina plantation in the early nineteenth century, noted that of 263 slaves in that community, only 170 were “full hand” field workers; “the others were children, too small to be of any service as laborers…old and blind persons, or incurably diseased.” Of those, “the most handsome and sprightly” were chosen to serve as house servants for the white slaveholding family,\(^{11}\) while the others were utilized in other capacities. Such a labor scheme was not uncommon in the antebellum South, since slaveholders considered their human chattel to be lifetime investments, and placed them to work for as many years as possible.

Philip D. Morgan’s study of the poor in the United States points out that lifestyle changes in a working population necessitated the existence of different jobs;\(^ {12}\) similarly, systems of slavery had to account for regular demographic changes and the broad range of bondspeople’s physical characteristics and abilities. In most cases, criteria such as chronological age, gender, or physical condition did not arbitrarily determine what kind of work a slave could or could not do, and an individual slave was expected to perform whatever kind of labor of which he or she was capable. The major reason for this system was that slaveholders wanted to exert the maximum amount of work possible from their human chattel; as historian Leslie J. Pollard has noted, “slave masters quite simply expected

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slaves to wear out, that is, to use every ounce of their physical energy in the furtherance of the masters’ economic well-being.”

However, plantation labor schemes were not under the absolute control of slaveholders and overseers; slaves themselves, by setting their own work rhythms and demonstrating the range of their abilities, were in a position to negotiate—often successfully—the amount of labor that a slaveholder could expect of them.

Plantation records—letters, journals, memoirs, and inventories of slave “gangs”—are a useful primary source to demonstrate the wide range of duties that slaves of different ages and abilities performed; whereas “taskable hands” were often not described in detail, slaves with impairments or restrictions on their abilities received more attention in plantation records. In many cases, disabled slaves were employed in a variety of tasks that did not involve field labor, such as gardening or minding children and animals. They were also utilized as house servants, and performed other duties such as nursing and cooking. Some slaveholders assigned trusted older male slaves to be drivers for field laborers, positions that rewarded faithful bondsmen but that also capitalized on the slave community’s respect for its older members.

Old Handy, a slave on the Ball family Limerick plantation, was listed as a driver for slaves working on roads in

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1811 and 1812, and Paul, a “very trusty” driver on Samuel G. Barker’s plantation, was categorized as a full hand despite his being older and “diseased” from a hernia, or “rupture.” A journal from the medium-sized Rockingham Plantation in Brunson, South Carolina included a list of “not all taskable” slaves on the plantation in 1828 and 1829, including a driver, a “Nurs,” a gardener, dairy workers, stock and poultry minders. Elderly or disabled slaves regardless of gender also worked in plantation kitchens and watched children; John G. Clinkscales, a white teacher raised on a plantation in Abbeville, South Carolina, recalled a slave named Dick, who was disabled after a childhood episode of typhoid fever, and served as “boss of the pickaninnies.” Indeed, the wide variety of duties necessary for the successful management of large plantations ensured that there were a number of different jobs for slaves with disabilities.

The duties performed by impaired slaves are particularly apparent in estate sale records. Frequently, slaveholding families were forced to place some or all of their slaves up for auction, regardless of their economic value, in order to liquidate an estate. Advertisements for these auctions included disclosures of slaves’ ages and physical defects or impairments, and often mentioned the types of jobs to which they were accustomed. For example, one lot of slaves offered

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16 “Negroes to Work on the High Roads” (18 November 1811 and [1812]), Slave Lists, 1810-1814, Ball Family Papers, 11-515-11B, South Carolina Historical Society, Charleston. See also Jones, Born a Child of Freedom, p. 107; Joyner, Down by the Riverside, pp. 64, 67.

17 “List of Negroes.”

18 Rockingham Plantation Journal, 1828-1829, Section A (p. 1), Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.

for auction on 24 January 1860 in Charleston, South Carolina included seven
slaves above the age of 54 who would have been considered “elderly” in the
slave market; these included a plantation nurse, a house servant, a carpenter,
and a plantation cook.\textsuperscript{20} Auction advertisements indicate that slaves with
disabilities, regardless of their ages, also performed various duties on
plantations. For instance, another 1860 estate auction included “Mary, 50,
Plantation nurse, lame in one hand,”\textsuperscript{21} and a “prime gang of 158 negroes” from
the estate of T. Bennett Lucas included a thirty-year-old boat hand named Ned
with a “sore leg,” Linda, a 45-year-old nurse with “fib[rous] tumor of the womb,”
and Mary, a 28-year-old seamstress and house servant who “w[a]lks lame.”\textsuperscript{22}
This evidence indicates the variety of auxiliary tasks on southern plantations that
were performed by slaves with disabilities.

Some planters felt that such specific, “simple” jobs were particularly suited
to bondspeople with physical or mental impairments.\textsuperscript{23} As Louisiana planter
Haller Nutt complained in an 1843 journal entry, overseers sometimes


\textsuperscript{21} A Prime and Orderly Gang of Thirty-Three Negroes Accustomed to the Culture of Cotton, Rice and Provisions, Will Be Sold, At Public Auction, by P. J. Porcher & Baya, on Wednesday, the 18\textsuperscript{th} Day of January, 1860, at Eleven O’ Clock, A. M…, Hutson Lee Papers, Slave Ads, 1860, 11-260-5, South Carolina Historical Society, Charleston.

\textsuperscript{22} “A Prime Gang of 158 Negroes. By Louis B. DeSaussure. On Tuesday, the 13\textsuperscript{th} March, 1860, at 11 o’ clock, A. M. will be sold in Charleston, S. C., at the Mart in Chalmers St. By order of the Executors of the late T. Bennett Lucas…” Hutson Lee Papers, Slave Ads, 1860, 11-260-5, South Carolina Historical Society, Charleston.

erroneously assigned “hearty strong negros” to simple tasks “which could be
done equally as well by some feeble hand or cripple.”

However, the simple jobs that disabled slaves often performed were not necessarily easy; for instance, northerner Emily Burke’s memoir of life as a female seminary teacher in Georgia in the 1840s discusses how strenuous the tasks of elderly or disabled house servants were. In Burke’s view, “the task of the cook was the most laborious” of all house servant positions, since cooks had to rise early, prepare lots of meals, and perform strenuous tasks like grinding meal or meat and gathering firewood. The job of watching over plantation nurseries—which could include children from one week to five years old—was also difficult for elderly women; as Burke notes, “it is no small task for two or three of these females, themselves in a second infancy, to rock the cradles and attend to the wants of twenty or thirty young children.”

Furthermore, old age or physical impairment did not automatically preclude a slave from being assigned to hard labor. On the Ball family’s Limerick plantation in South Carolina, an 1807 crew assigned “to work on the roads” included several “old hands past muster” like Old Billy, Old Handy, and Old July. Additionally, in an undated broadside advertising Barnwell estate executor Louis B. DeSaussure’s auction of Sea Island slaves in


26 Ibid, p. 91.

Charleston, sixteen-year-old Richard is described as a field hand even though he had “lost one eye,” and in 1849 Louis Manigault purchased a 55-year-old slave named Moses whom he described as “prime,” an indication that he was a full hand laborer despite his age. In some cases, slaves with disabilities performed duties that seem surprising; Charles Ball recalled a blind slave who drove the breakfast cart to slaves working in the cotton fields, and South Carolina planter Edmund Ravenel’s “Gordon Gang” of slaves included a one-armed carpenter named Aaron. Some feeble or disabled slaves also worked away from plantations as hired-out laborers or tradesmen. Anderson Henderson, a slave belonging to North Carolina planter Archibald Henderson, had been hired out to work in hotels in Wilmington in 1849, and continued in this job even after an improperly healed sprained ankle necessitated his use of a cane. As Henderson described in an 1857 letter to his masters, “I haul Baggage with a one horse Wagon about Salem and that sutes [sic] me Better than walking or Toating [sic]


29 “Negroes Brt 15 Feby 1849 for McAlphins Place adjoining Gowrie…” Louis Manigault Papers, Box 2, Papers 1847-1849, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina. Moses is also described as “prime” two months later, when he was listed as a slave at Manigault’s Hermitage plantation. “Negroes at Gowrie, 3rd Dec 1848/Negroes at the Hermitage April 1849,” Louis Manigault Papers, Box 2, Papers 1847-1849, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.

Trunks up and down Stair cases in a Hotel as I used to doe [sic].” For some slaves with disabling conditions, learning a skilled trade seemed like a better alternative than field or house labor. In a letter from slave Nancy Venture Woods to her master (presumably John Haywood) in 1825, Woods asks that her grandson Virgin be trained as a tailor or shoemaker, because he was impaired by “a hurt he has had in his ancle [sic] which he still feels at times.” James L. Smith, the fugitive slave who had become disabled in childhood, “was not very profitable on the plantation,” and after his mother died he was trained in shoemaking, and placed to work in a shop in Heathsville, Virginia. These examples indicate that slaves with perceived disabilities were employed in a wide variety of duties—and not necessarily easy or expected ones—in and out of plantation labor systems in the antebellum South.

The plantation records of lawyer and cotton planter George J. Kollock provide a good microhistorical example of the various roles that slaves with disabilities fulfilled in plantation labor systems. Between 1836 and 1861, Kollock owned three plantations in Georgia—Retreat, Rosedew, and Ossabaw Island—where he grew Sea Island cotton and corn. The number of his slaves fluctuated during this time period; Kollock began planting at Retreat with thirteen slaves and

31 Anderson F. Henderson to [Mr. and Mrs. Archibald Henderson], Wilmington (14 June 1857), John S. Henderson Papers, Series 1.1, Box 2, Folder 23 (1857), Southern Historical Collection, University of North Carolina, Chapel Hill.


six “hires,” but by 1850, after selling Retreat and Rosedew, he cultivated 800 acres on the south end of Ossabaw Island and had increased his workforce to seventy-two slaves. The Kollock family resided near Clarkesville, Georgia, and between 1849 and 1861 overseers at his Ossabaw Island plantation wrote detailed journals that noted slave births and deaths, rates of work performed, sick days, allowances, and daily tasks.\(^\text{34}\) It is apparent that almost all of Kollock’s bondspeople had jobs, regardless of their age or impairments. The overseer’s journal from 1855 refers to slaves rated as half- or quarter-hands doing “household” work; for example, half-hands Grace and Juno are listed as a cook and a nurse, respectively, and Lee, rated as a quarter-hand, is described as a gardener. Furthermore, some slaves described as “old” in daily work logs—such as Old Ned and Old Mary—were rated as full hands, and presumably worked in the cotton or cornfields.\(^\text{35}\) The only one of Kollock’s slaves who seemed to do no work at Ossabaw Island was Patty, a “cripple” who first appears in the 1855 journal. Details of Patty’s impairment and the circumstances under which Kollock acquired her are unclear, but she is the only person not given any rating in the journal. Furthermore, she never appears in daily work logs or sick lists, and did not receive any new clothing in 1855.\(^\text{36}\) This may indicate that Patty was deemed


\(^\text{35}\) Plantation Book, Ossabaw Island, 1855 (p. 4), Subseries 1.3, Box 1, Folder 12 (1855), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill. On other plantations, the descriptor “Old” was often used to differentiate older and younger slaves with the same first name; however, Kollock’s slave community did not seem to have many slaves with the same first names in 1855.

\(^\text{36}\) Ibid, pp. 4, 100.
unfit to perform any job on the plantation, and thus would not warrant the overseer's attention if she became ill. We may also infer that Kollock and his overseers did not think she would need new clothing, as did most of the other slaves, because she was not subjecting her clothes to the wear-and-tear of daily labor. However, Patty seems to have been the only one of more than seventy slaves at Ossabaw Island who did not perform some duty on the plantation, which is evidence that elderly and disabled slaves were indeed put to work despite their impairments.

The overseer's journals for Kollock's Ossabaw Island plantation allow us to trace the career of one disabled slave, a blind man named March, to demonstrate the utility of slaves with debilities. At the time Kollock was consolidating his assets on his new plantation, March was rated to be a “quarter hand,” with no indication of what jobs he was expected to perform at that time. In the 1850 and 1851 journals March is not included in tallies of cotton pickings by weight, unlike most other male slaves on the plantation, and is never mentioned by name in daily work logs or sick lists. However, the 1855 journal notes that March had two sick days, one in January and one in July, indicating at that time

37 Plantation Book for the Plantation on the South end of Ossabaw, 1850 (pp. 3, 66-68), Subseries 1.3, Box 1, Folder 8 (21 Jan 1850 – 4 March 1852), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill; Plantation Book for the Plantation on the South end of Ossabaw, 1851 (p. 3), Subseries 1.3, Box 1, Folder 9 (1 Jan 1851 – 21 Jan 1852), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill, Southern Historical Collection, University of North Carolina, Chapel Hill; Plantation Book for the Plantation on the South end of Ossabaw, 1851 (p. 3), Subseries 1.3, Box 1, Folder 9 (1 Jan 1851 – 21 Jan 1852), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill.
he performed some sort of work for which an absence was noteworthy. In 1858, March was listed as one of the “hands that went to bring back [the] boat” that had carried a few slaves “to town” for Christmas, and in early 1859, overseer H. Jarrel composed a letter to Kollock, indicating that March wanted his master to measure bushels of corn he had shelled. This evidence of March’s work at Ossabaw Island, though fragmentary, offers a glimpse at the role of a disabled slave on a cotton plantation. In 1850, when the plantation was young and the labor system not fully realized, a slave like March would seem relatively unimportant to his master and overseers and not warrant much attention. His blindness may have prevented him from the hard field labor necessary to establish the new plantation. There is evidence that eye problems could keep field slaves from working on Kollock’s plantations; on 23 April 1855, the daily work log lists one slave who had “Gon Blind” and remained so for three subsequent days, unable to perform any sort of work. However, while Kollock certainly seemed concerned about the effects of blindness in his slaves, after several years it seems that March had been assigned to tasks that were

38 Plantation Book, Ossabaw Island, 1855 (pp. 12, 52), Subseries 1.3, Box 1, Folder 12 (1855), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill.

39 Plantation Book, Ossabaw Island, 1858 (p. 2), Subseries 1.3, Box 2, Folder 15 (1858), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill.

40 [H. Jarrel to Mr. Kollock, 1859] in back of Plantation Book, Ossabaw Island (1858), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill.

41 Plantation Book, Ossabaw Island, 1855 (pp. 36-38), Subseries 1.3, Box 1, Folder 12 (1855), George J. Kollock Plantation Journals, Southern Historical Collection, University of North Carolina, Chapel Hill.
important to the running of the established plantation; thus, when he was sick, it merited a notation in the journal because the overseer viewed it as “time lost.” Most importantly, the fact that March made an appeal, through the overseer, to his master to view the corn he had shelled indicates he had been assigned to a regular task, and might suggest that his performance had accorded him a degree of respect from white authority figures. The experiences of March on Kollock’s Ossabaw Island plantation are a good indication of the different kinds of work slaves with disabilities could perform, as well as the fluidity of plantation labor systems.

The Devaluation of “Useless” Slaves

As Kollock’s plantation journals and other sources indicate, the successful management of a large plantation involved a variety of different tasks performed by enslaved workers. The volume of jobs to be done, as well as their various physical or mental requirements, ensured that slaves with any number of perceived disabilities could be consistently employed. While many of the tasks performed by impaired slaves were considered less strenuous or “simple,” they were not necessarily easy, and were certainly not negligible. Thus, slaves with disabilities were often vital to the management of a successful, efficient plantation. However, despite the different kinds of important work that elderly or impaired slaves performed on plantations, slaveholders often assessed slaves with disabilities to be “useless,” either overtly—as in the rosters of the Barker and Ford-Ravenel plantation records—or more subtly. Plantation records, estate
inventories and appraisals, and insurance policies provide documentation that slaves with physical and mental disabilities were often devalued in the eyes of slaveholders, and subjected to a number of abuses—including punishment, neglect, and even murder—at the hands of masters and overseers.

This evidence calls into question arguments that slaveholders were primarily benevolent, or that they always followed economic incentives to protect their human chattel. The decreased value of economically productive, yet disabled or “unsound,” slaves could result from a variety of motives beyond economic rationality or humane sentiment, including repulsion, prejudice against disability, or even frustration and impatience. The devaluation of disabled slaves despite their utility on plantations is evident in estate inventories. Although William Dosite Postell claimed in 1953 that “unsound” slaves were often appraised at or near market rates in estate inventories, Sharla Fett has argued more recently that appraisals for elderly and impaired slaves, despite their skills or labor histories, were usually very low. For example, slaves belonging to Charles Carroll, a Chesapeake Bay planter and the last signer of the Declaration of Independence to die, were appraised in the early 1830s; nineteen of his human chattel were described as extremely old, crippled or diseased, and were appraised at one penny apiece. In an 1854 appraisal of Alabama planter D. L. McDonald’s estate, a woman named Rachel, aged 65, was valued at fifty dollars,

42 Postell, “Mental Health,” p. 52.


one-third the value of Amey, woman only five years younger. Also in 1854, the estate of Bennet H. Barrow included a 43-year-old blind slave named Temps or Demps who was appraised at fifty dollars, the same price as infants; other male slaves in their forties were valued between seven and nine hundred-fifty dollars. Given this practice, it is possible that slaveholders who considered their disabled slaves “useless” were concerned with their resale values, rather than the labor they were actually capable of performing.

The devaluation of elderly and impaired slaves is also apparent in life insurance policies, which became increasingly popular among slaveholders in the 1850s. Todd Savitt has pointed out that insurance companies, part of a newborn industry in the early nineteenth century, did not sell many policies for white people in the South but slaveholders became more interested in purchasing life insurance for their bondspeople, particularly for slaves involved in dangerous work, such as mining or construction. In 1860, the North Carolina Mutual Life Insurance Company had 1,699 slave policies, compared to their 501 policies for free white individuals. The growing popularity of slave life insurance


concerned Alabama physician Josiah Nott, who argued that the types of labor insured slaves performed had the potential to be debilitating, and African American slaves were by nature unlikely to take care of themselves. In an 1847 article in *DeBow’s Review*, Nott warned that a life insurance policy would tempt “unfeeling masters” to allow elderly, injured and disabled slaves to suffer and die:

> Such individuals will not show any increase of kindness during sickness, should their interest be opposed to humanity. As long as the negro is sound, and worth more than the amount insured, self-interest will prompt the owner to preserve the life of the slave; but, if the slave became unsound and there is little prospect of perfect recovery, the underwriters cannot expect fair play—the insurance money is worth more than the slave, and the latter is regarded rather in the light of a superannuated horse.  

Life insurance companies that sold policies in the South certainly took these issues into consideration, and regulations for slave life insurance policies were stricter than those for free white people. For instance, companies limited the maximum amount of insurance based on the value of the slave; usually, a slaveholder could only hold insurance at half the market value of the insured slave, although there are some policies where the insured amount was more than half the market value. In 1860, the Charter Oak Life Insurance Company insured a 34-year-old Savannah house servant named Mary for six hundred dollars for one year, although her market value was estimated at nine hundred dollars.

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Most policies also restricted the time limit for which a slave could be insured (usually no longer than a five-year term), required medical examinations of slaves before and during the term of insurance, and charged extra premiums for older slaves or those employed in dangerous labor. The North Carolina Mutual Life Insurance Company's 1849 cost schedule for $100 slave insurance policies, for example, indicates that premium costs skyrocketed for older slaves. The premiums began with $1.18 per annum for ten-year-olds, and increased at a rate of five cents per annum for every year of a slave's life up to age 41. After a slave reached 50 years, premium rates increased twenty cents per annum, and ended at $5.10 per annum for a sixty-year-old. Many policies also included broad exclusionary clauses for slaves; Mary's policy from Charter Oak, for instance, included exceptions for suicide and suicide attempts, mob violence, insurrection, kidnapping or escape, travel to the free states, as well as "the neglect, abuse, or maltreatment of the owner or any one two whom she shall be entrusted." Thus, despite Nott's warning, there does not seem to be much evidence that slaveholders intentionally abused or neglected disabled slaves to collect on insurance; as Savitt argues, "each of these means of protecting the

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52 Life Insurance (1849), p. 17.

53 [Life Insurance Policy for Slave Mary].
company’s liability also protected the slave’s life.” However, restrictions on antebellum slave life insurance—particularly health examination requirements and increased premiums or caps on insurance of older bondspeople—indicate the lower value that elderly and debilitated slaves held in the eyes of slaveholding society, regardless of the kinds of work they performed.

**Treatment of “Useless” Slaves**

The devaluation of slaves with disabilities seems to have been a common, even unremarkable, practice; the ways in which slaves with disabilities were handled on plantations, however, was a sensitive subject in the antebellum United States. This was particularly apparent in discussions of the treatment of elderly slaves, who had resided on plantations for their entire lives but were unable to continue in the jobs they performed when they were younger. Management of the elderly was a difficult issue for planters—as Leslie Pollard has noted, “nowhere did the capitalist and paternalist notions of slaveholders collide more dramatically than in the arenas of old age and superannuation” —and a prominent element in the slavery debate, with southerners highlighting the care and affection shown to older slaves as an indication of the institution’s overall benevolence. Although some planters manumitted elderly slaves who could no longer work, most elderly slaves remained on plantations with their

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55 Pollard, *Complaint to the Lord*, p. 32.
families, and their masters provided for them until they died. Several letters
from older slaves to their masters exist in which the slaves requested relocation
or additional sustenance, appealing to their owners’ sympathies and emphasizing
their own faithfulness. For instance, in 1824 a Virginia woman named Phillis
asked her masters, Mr. and Mrs. St. George Tucker, if she could move to be with
her children, since “old age And infirmity Begains to follow me…[and] I know
From my heart that you and Mistress would never See me suffer.” Charleston
cobbler Samuel Robertson wrote to his mistress, Louisa Lord, in 1857 to request
a larger monetary allowance, since he was “getting old & sick unable to Move
about as I Once did,” and could not subsist on his own; Robertson mentions his
faithful service to Lord several times in the letter. Proslavery observers
remarked that slaveholders were often attached to their aged bondspeople,
calling them “Uncle” or “Aunty,” providing them with their own homes and
gardens to raise vegetables, having ministers come specifically to visit them,
giving them small presents, and attempting to make them happy. For instance,


57 Phillis to [Mr. and Mrs. St George Tucker] [1824?], cited in Slave Testimony: Two Centuries of Letters, Speeches, Interviews, and Autobiographies, John W. Blassingame, ed. (Baton Rouge: Louisiana State University Press, 1977), p. 10. Evidence suggests that her request was granted; Phillis’s family lived with Beverley Tucker, and her name also appears in his inventory from 1845.

58 Samuel Robertson (cobbler) to [Louisa Lord], Charleston (16 April 1857), Louisa Lord Papers 1850-1862: Correspondence, 1856, 1858, 11-271-4, South Carolina Historical Society, Charleston.

59 See “Ingraham’s Travels in the South-West,” in Harriet Beecher Stowe, A Key to Uncle Tom’s Cabin: Presenting the Original Facts and Documents Upon Which the Story is Founded (London: T. Bosworth, 1853), pp. 11-12. Itinerant South Carolina minister Alexander Glennie noted in his journal that he would travel to some plantations to administer communion to elderly slaves. Alexander Glennie Journal (Commonplace Book) 1831-1859, South Carolina Historical Society, Charleston.
in a letter to South Carolina planter Vardry McBee, William Irvin noted that he wanted to send back Old Jinny, a slave he had sold to a woman named Jane Lytle for $150. Jinny was unhappy with Lytle; according to Irvin, “she evidently wishes to live with you & surely she ought to be gratified.” Irvin recommended that McBee pay “what ever she is worth to you” for Old Jinny, and implied that he would settle the difference; the clear intent of the transaction was to satisfy the wishes of Jinny.\(^{60}\) Pennsylvania businessman Francis Cope Yarnall, in his 1853 publication *Letters on Slavery*, gave the example of a master telling an elderly slave named “Uncle” Bob to “remember you’re old & cant do as much work as you once could…you mustn’t strain yourself.”\(^{61}\) Some slaves also described such good treatment of the elderly. One elderly slave in Williamsburg, Virginia, composed a letter to her daughter in 1858, noting that “I have every kindness shown me, & have no wish which is not gratified.”\(^{62}\) In his WPA memoir, former slave Bill Simms recollected that old slaves who could no longer work were set up in their own cabins, and provided for until they died.\(^{63}\) These accounts, however, are unique in the canon of primary evidence from slaves, and quite


possibly were mitigated by the white individuals who transcribed the slave’s voice onto paper.

In most other accounts (black and white alike), slaves with disabilities were more frequently subjected to abuse than kind, benevolent treatment at the hands of masters. Impaired slaves could be punished for their inability to perform certain tasks, or to work as effectively as others; slaves with physical or mental limitations often worked more slowly than others, and had more trouble with the physical demands of plantation labor, thus potentially affirming the stereotype that African Americans were inherently “lazy” in the minds of white authority figures. Philemon Bliss, an Ohio minister who had lived near Tallahassee, Florida, in the mid-1830s, noted that “the most common cause of punishments [for slaves] is not finishing tasks;” this was certainly the case for slaves who could not complete their work as quickly as masters and overseers wanted because of a physical impairment. Old age or disability did not necessarily stay the whips of slaveholders; Frederick Douglass recalled watching one of his former masters, Colonel Lloyd, “make old Barney, a man between fifty and sixty years of age, uncover his bald head, kneel down upon the cold, damp ground, and receive upon his naked and toil-worn shoulders more than thirty lashes at a time” for unsatisfactory performance. Some antislavery publications described corporal punishment of debilitated or elderly slaves in the West Indies.

64 See Genovese, Roll, Jordan, Roll, p. 298.
65 Weld, American Slavery As It Is, p. 103.
as well. John Homrn, an African slave who had labored in Cuba and Puerto Rico, noted that “illness was not received as a plea for cessation from work,” and recalled the case of a man named Dominico, a slave in a sugar mill “who was required to work when disease totally disqualified him.” He was subjected to twenty-five lashes every day for three days, after which “the poor fellow became indifferent to life” and threw himself into the sugar mill’s engine.67 Mary Prince, the first female slave to publish a narrative in 1831, recalled an elderly slave named Daniel she knew in the Turks and Caicos Islands, who “was lame in the hip, and could not keep up with the rest of the slaves.” Their master ordered Daniel to be flogged on the ground “with a rod of rough briar”, then threw salt on his raw flesh. According to Prince, “this poor man's wounds were never healed, and I have often seen them full of maggots.”68 To be certain, evidence from abolitionists and ex-slave narratives should not be taken as objective accounts of reality, but their discussion of the abuses that slaves with impairments faced provide a useful counterpoint to proslavery accounts of kind benevolence.

There are many other examples of slaves who faced neglect when age or disability prevented them from working.69 Less profitable slaves often received reduced rations from masters; Harriet Jacobs recalled an elderly, “faithful” servant whose mistress denied him an allowance of meat, claiming “that when


69 See Genovese, Roll, Jordan, Roll, pp. 520-21; Pollard, Complaint to the Lord, p. 37.
niggers were too old to work, they ought to be fed on grass.” Historian Deborah White notes that many masters were indifferent to the needs of elderly, unproductive slaves, and left the responsibility for their care to the slave community. Some slaveholders sold their worn out slaves, usually in private transactions and for a considerable bargain, to relieve themselves from the burden of caring for their disabled property. Henry Bibb, an escaped slave who established the first black newspaper in Canada, composed a series of letters to his former master, Albert G. Sibley, and chastised him for selling Bibb’s aging mother after promising her liberty; Bibb’s mother was forced to work for six years as the chief cook in a Bedford, Kentucky hotel, which left “her constitution…completely broken” and rendered her unable to care for herself. Others manumitted their elderly and disabled chattel and sent them to southern cities, effectively abandoning them to a life with no financial or community support. In Frederick Douglass’s memoirs of slavery, he describes his cousin Henny, who had been disabled by a severe burn in childhood and “was a constant offense” to their master, who “seemed desirous of getting the poor girl out of existence.” After severe beatings did not improve Henny’s productivity, their master attempted to give her away to his sister, but ultimately “set her adrift

70 [Harriet Jacobs], *Incidents in the Life of a Slave Girl. Written by Herself*, Lydia Maria Child, ed. (Boston, 1861), p. 142.


to take care of herself” despite her impairments. In Douglass’s view, this abandonment was the ultimate cruelty of human bondage; slaveholders held “with tight grasp the well-framed and able-bodied slaves…who in freedom could have taken care of themselves,” but abandoned those who were “helpless.”74 Emily Burke, who left New Hampshire to teach at a Georgia female seminary in 1840, described an asylum in Savannah, where “old and worn out” slaves “left without any sort of home or means of subsistence” often ended up; however, in Burke’s estimation, life in the dreaded institution was “next to having no home at all, and those who avail themselves of the comforts it affords only do it when every other resource for the means of subsistence fails them.”75 Increasingly strict legislation against manumission in the later antebellum years largely precluded the practice, protecting elderly or infirm slaves while also preventing them from becoming public charges.76 There were, however, slaveholders who bent these laws; Louisiana planter Bennet H. Barrow noted in his diary in 1842 that “Uncle Bat. told my boy to turn old Demps loose & let him go. been runaway for some months…he shall not stay in this neighbourhood.” Apparently, Demps, an “old & cripple” man, had been treated badly by his owner,77 and probably welcomed the chance to flee; from his master’s perspective, however, allowing


75 Burke, *Pleasure and Pain*, pp. 24-25.


Demps to escape was an expedient, no-strings-attached method for freeing himself from the burden of a disabled slave without formal manumission, or any provisions for the slave.

More commonly, slaveholders abandoned elderly and disabled bondspeople unable to perform labor without sending them away from the plantation. When the “usefulness” of slaves ran out, particularly due to old age or blindness, they were sent to rooms or cabins in the woods to live alone and fend for themselves, separated from slaveholding families and the slave community.78

In 1813, a woman named Mary Woodson wrote to the mayor of Alexandria, Virginia, to relate the story of a disabled slave who was abandoned by her master to live alone in a single room. According to Woodson, the slave, “the property of on[e] Posten in whose service she was burnt almost to death before Easter,” had been isolated in a single room “without a change of clothing, or one single necessary of life, or comfort.”79 This theme of abandonment is prominent in ex-slave narratives and abolitionist publications describing the treatment of elderly relatives and community members. For instance, Moses Grandy recalled the fate of his mother, who, like many other feeble bondspeople, was “sent to live in a little lonely log-hut in the woods” when she could no longer work on the plantation:

As far as the owner is concerned, they live or die as it happens; it is just the same thing as turning out an old horse. The children or other near relations, if living in the neighbourhood [sic], take it by

78 Owens, This Species of Property, p. 47.
79 Mary Woodson to the Mayor of Alexandria (21 June 1813), Slavery Papers, Library of Congress (cited in Owens, This Species of Property, p. 48).
turns to go at night, with a supply saved out of their own scanty allowance of food, as well as to cut wood and fetch water for them...the aged inmate of the hut is often found crying, on account of sufferings from disease or extreme weakness, or from want of food and water in the course of the day: many a time, when I have drawn near my mother's hut, I have heard her grieving and crying on these accounts: she was old and blind too, and so unable to help herself. She was not treated worse than others: it is the general practice.\textsuperscript{80}

Similarly, abolitionist Philo Tower described meeting a superannuated and blind woman whose master had consigned her to live alone in a shanty, and gave her no provisions except corn. The woman told Tower that she did not have adequate clothing, and "suffer[ed] a good deal from cold in the winter"; she also had no one to bring her water, and was too feeble to carry it herself. Her twelve children had all been sold—at a profit of at least six thousand dollars, according to Tower’s estimate—and the lonely woman, who had spent seventy years laboring in the cotton field, essentially waited to die.\textsuperscript{81} Like Frederick Douglass, Tower viewed this treatment as a significant example of the inhumanity of slavery. Stories of abandonment of the elderly and disabled were common in abolitionist propaganda, and described in such a way to arouse the pity and horror of readers, but there is ample evidence to suggest that tales of neglect were not antislavery fabrications.

In a few cases, American slaveholders or overseers murdered elderly and disabled slaves for their inability to perform satisfactory labor. Abolitionist

\textsuperscript{80} Moses Grandy, \textit{Narrative of the Life of Moses Grandy; Late a Slave in the United States of America} (London: C. Gilpin, 1843), pp. 51-52.

\textsuperscript{81} Philo Tower, \textit{Slavery Unmasked: Being a Truthful Narrative of a Three Years’ Residence and Journing in Eleven Southern States} (Rochester: E. Darrow and Brother, 1856), pp. 170-72.
journalist James Redpath, on one of his travels to the South, talked with an elderly male slave who had witnessed the murder of an ailing girl in Georgia. Her overseer was frustrated that the girl was “lagging behind” and ordered her “to mend her gait”; when the girl replied that she was “so sick I kin hardly drag one foot after the other,” he struck her on the neck. The girl “was taken up insensible, and lingered till the following morning.”

On Haller Nutt’s Araby Plantation in 1843, the planter reported several slave deaths that resulted “from cruelty of overseer,” including Tom, who was “beat to death when too sick to work.”

Although the murder of a slave was technically illegal, there are examples of slaveholders who escaped responsibility for killing their disabled slaves. According to Emily Burke, an “old feeble woman” was sold to a new master, and made to work in the fields for the first time in her life. After sustaining a severe beating, “she was scarcely able to supper her weight upon her feet” and could not wield her hoe to the satisfaction of her master; he “gave her a blow to the neck, and she fell dead at his feet.” Several days later, physicians performed a postmortem examination and determined that the slave had been murdered, but her master had left the plantation and could not be found. Eventually, “the excitement died away, and as it was only a poor old slave when the cruel tyrant did return the whole matter was nearly forgotten.”

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84 Burke, *Pleasure and Pain*, pp. 59-60.
Islands planter Thomas B. Chaplin described the murder of Roger, a disabled slave who had belonged to neighboring planter James H. Sandiford, in February 1849. Chaplin had been called to examine the body of Roger to determine if his death should be prosecuted, and was horrified by what he saw: “there was the poor Negro, who all his life had been a complete cripple, being hardly able to walk & used his knees more than his feet, in the most shocking situation, but stiff dead. He was placed in this situation by his master, to punish him, as he says, for impertinence.” Apparently, Roger had been late in returning with oysters, and received a beating from Sandiford; later, Roger was overheard telling another slave “that if he had sound limbs, he would not take a flogging from any white man.” Sandiford shackled Roger in wet clothing in an open outhouse overnight, where he died not from exposure, but from strangulation from the chain around his neck after Roger “slipped from the position in which he was placed.” Roger’s death was deemed to be accidental, even though Chaplin felt “the verdict should have been that Roger came to his death by inhumane treatment to him by his master.”

All of these examples, which appeared in published abolitionist propaganda as well as private plantation records, indicate there was certainly a broad spectrum of the treatment of slaves with disabilities. However, it is clear that devalued slaves, particularly those who were no longer able to perform hard labor, received worse treatment at the hands of masters regardless of the duties

they performed, or had performed in the past. Although elderly and disabled slaves’ experiences ranged from kind treatment to being ignored or mistreated, planters were probably more likely to be indifferent, if not overtly hostile, to the needs of “useless” bondspeople who were unable to do the work their masters expected or desired.

**Conclusion**

In antebellum plantation labor systems, there were a number of different jobs and skill levels required of bondspeople, and most slaves— including those with disabilities— were used for labor. The fact that planters like Samuel Barker and Edmund Ravenel would categorize some of their slaves as “useless” even as they described the duties that “useless” slaves performed illuminates a fascinating and underexplored contradiction in assessments of disabled bondspeople. Based on evidence in plantation work logs, correspondence and estate inventories as well as published sources, it is clear that, although individuals with disabilities could do a number of jobs that were necessary to the running of plantations, many slaveholders devalued their disabled slaves in estate appraisals and insurance policies, and subjected them to a number of abuses, including punishment, neglect, and even murder. The contradiction of using the “useless” on antebellum plantations calls into question the assumption that planters only ascribed to economic motivations in their assessments of their bondspeople. As this chapter suggests, a variety of other factors— including issues of control and discipline, conceptions of disability, and psychological and
emotional reactions to “disorderly” enslaved bodies—were at play in how planters assessed the utility and performance of slaves with disabilities.

The combination of concerns that led to the devaluation of disabled bondspeople is a crucial point in other assessments of their value and performance. In the next chapter, I discuss estimations of slave worth in the antebellum slave market, and the assignation of numerical values to characteristics of enslaved bodies and function that were not based on their labor output. The research in these chapters suggests that there were important differences between the actual productive value of slaves with disabilities and how slaveholders assessed their value, and provides an important glimpse at the myriad factors that contributed to conceptualizations of slave disability in the antebellum United States.
CHAPTER 5

“The Market Value of the Right Eye in the Southern Country is $240”: Disability, Value, and the Language of Slave Sales

Introduction

In 1859, bondspeople belonging to the estate of prominent Georgia planter Major Butler were offered for public auction at Savannah, Georgia by his grandson, Pierce Butler. The sale, one of the largest slave auctions from a single estate in American history, took place at a race track and included 436 men and women of all ages, with a variety of skills, attributes, and defects. For several days before the auction, the bondspeople were made available for buyers to inspect by “pulling their mouths open to see their teeth, pinching up and down to detect any signs of lameness, making them stoop and bend in different ways that they might be certain there was no concealed rupture or wound; and in addition to all this treatment, asking them scores of questions relative to their qualifications and accomplishments.”¹ New York journalist Mortimer Neal Thompson, writing under the pseudonym Q.C. Philander Doesticks, posed as a prospective buyer to attend the huge event, taking extensive notes about the slaves offered for auction and the transactions. The

sales of two similar young men, Guy and Andrew, caught Thompson’s attention as a telling example of the horrific impersonality of the “chattel principle.” Guy, a “prime young man,” “sold for $1,280, being without blemish; his age was twenty years, and he was altogether a fine article.” Andrew, the very next person offered on the auction block, was Guy’s “very counterpart in all marketable points, in size, age, skill, and everything save that he had lost his right eye,” a defect which brought Andrew’s price down to $1,040. Thompson sarcastically surmised that, based on the result of these transactions, “the market value of the right eye in the Southern country is $240.”²

This cutting observation of the sadness inherent in the southern trade in human commodities, recorded by a northern journalist for an abolitionist publication, brings to light the complicated role of defect and disability in calculations of value of African American bondspeople brought to auction in the antebellum South. The auction block is a particularly significant site to assess antebellum meanings of slave disability. After the closing of the international slave trade in 1808, the internal slave trade, or “second middle passage,” became the only legal avenue for masters to purchase new human chattel, and sales were a central, and often devastating, part of the slave experience.³ As the institution of slavery spread westward with settlers and planters, slave sales—particularly in major centers like New Orleans, Richmond and Charleston—flourished. On the surface, the commodification of bodies in the growing slave


market seemed to render human beings into cold, objective dollar terms;\(^4\) however, the translation of human into chattel, and “value” into “price,” was never a simple matter, particularly for slaves with disabilities. Instead, I argue that nineteenth-century slave sales relied on a more complicated language—involving descriptions, physical signs, comparisons, performances, and compromises—to assess the value of disabled bondspeople. Assessments of slave soundness in the market, just as in determinations of slave’s productivity, involved a complicated web of ideas about physical fitness and esthetics, fears of disease or slave resistance, and expectations for specific performance from prospective bondspeople; the slave auction was a place where slaveholders, traders, buyers, and slaves themselves constantly negotiated meanings of “sound” able-bodiedness and “unsound” disability, all using the complex language of the market. In this chapter I examine the different aspects of slave sales—including advertisements, the presentation of slaves for presale inspection and on the auction block, and guarantees of soundness—to disentangle their different voices and determine how meanings of disability were constructed, debated, and challenged in antebellum slave sales.

A number of scholars have done significant and superb research on the culture of slave markets, and the complexities of human commodification in the antebellum South. These studies indicate that assessments of slave soundness and unsoundness in sales situations were subjective, if not idiosyncratic, and influenced by a variety of factors and experiences. In their discussions of

economic assessments of slave “soundness” in antebellum markets and courtrooms, Sharla M. Fett and Ariela J. Gross have noted that white idealizations of slave bodies centered on concepts of social, mental, and moral worth that were linked to physical characteristics, including gender, skin color, physical condition, attractiveness, “likeability,” and disability or defect. Thus, slave bodies were objectified according to the economic motivations of their white masters, but the existence of soundness guarantees and litigations over allegedly fraudulent sales indicates overriding concerns among the master class about the soundness of slaves, and how that soundness would be determined at market and at court.\(^5\) Furthermore, Walter Johnson’s *Soul by Soul* places the culture of the market and the “chattel principle,” a cornerstone of southern slavery, squarely in the daily life of slave society. The commodification of African Americans on the auction block represented white idealizations of black slaves, and “the purposes that slaveholders projected for slaves’ bodies were thus translated into natural properties of those bodies.”\(^6\) Gender, chronological age, the type of work they were expected to do, and even skin color and physical attractiveness were factors that determined assessments of slaves’ able-bodiedness and, consequently, their value. Most importantly, Johnson highlights the role of slaves as historical actors in the slave trade; sellers relied upon a degree of cooperation from their human wares—to perform, tell preplanned

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stories, or hide ailments from prospective buyers—and had to acknowledge the agency of slaves in sales encounters. As a result of this necessary collaboration, slaves, aware of slaveholders’ perspectives on desirable qualities of human chattel, could use their “sound” or “unsound” bodies to manipulate sales to suit their own purposes. Michael Tadman’s study of slave speculation and trade in Virginia emphasizes the different goals that slaveholders and slaves had in sales situations, and analyzes how those goals influenced negotiations and performances of soundness in the market; more recently, Daina Ramey Berry and Steven Deyle note the importance of looking beyond price to assess how different perspectives on slave worth influenced market transactions. All of these studies—which discuss soundness at length but do not focus on the sale of slaves who were considered disabled, or “unsound”—read into the language of the market to uncover a world of contested and negotiated meanings.

The bulk of primary evidence in this chapter is derived from records of estate sales, which were a common occurrence in southern society and a significant source for the study of the antebellum slave trade. Many slaves who were brought to auction belonged to masters who needed to sell—to secure a loan, divide an estate, or decrease the number of their bondspeople for financial relief—and although planters generally preferred to buy young, strong field hands

7 Ibid, pp. 13-14, 19-20.

and fertile women, slaves of all ages and physical abilities found themselves offered for auction, particularly as part of estates. Since estate auctions were often neighborhood affairs, prospective buyers were occasionally familiar with the slaves for sale and knew about their abilities and defects. Otherwise, however, there were few differences between estate sales and other kinds of slave auctions; they were often advertised in the same way as commercial sales, and the sale of slaves from larger plantations often occurred in large public sites (such as courthouses and slave marts), handled by professional auctioneers. Furthermore, estate sales were not as profitable as commercial sales—slaves auctioned in court-ordered sales were often less expensive—but formed a large portion of slave traders’ business in most southern cities. Thus, many different parties were involved in estate sales and participated in conversations about the value of defective or disabled slaves, which allows us to read the language of slave sales from a variety of perspectives.

I begin this section with a discussion of slave prices in the first half of the nineteenth century, and explain why price alone is an insufficient indicator of how disabled slaves were valued in slave sales. I then analyze expressions of slave

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10 Deyle, Carry Me Back, p. 171.

11 Ibid, pp. 118, 167-70. Michael Tadman has argued that slave traders were less likely to be involved in the sale of slaves from an estate because they were costly and did not bring much profit, but that they purchased estate slaves. Tadman, “Interregional Slave Trade,” p. 128.
disability at different phases of the selling process—including advertisements for estate sales, presale inspections and interactions between slaves and prospective buyers, and "soundness" guarantees or warranties. By examining the languages of price, description, presentation, and guarantee, we can see that slaveholders, traders, prospective buyers, and slaves themselves—all utilizing the dialect of the market in different ways—participated in an ongoing discourse about the value of “defective” or disabled slave bodies.

The Language of Price

One primary facet of the language of the slave market was monetary price. Average prices for bondspeople differed by region, and due to the increase in cotton production and closure of the international slave trade, prices for bondspeople of both genders and all ages generally rose over the first half of the nineteenth century. As John Hope Franklin and Loren Schweininger have noted, young, “able” field hands were sold for lower prices in Richmond markets than in Charleston or New Orleans, and between the early nineteenth century and 1860, values in all three markets increased at least threefold. Generally, young, male field hands were the most expensive slaves in the South, while women, children, and disabled—elderly, crippled, scarred, or otherwise impaired—usually sold for lower prices.12 Many planters and traders prided themselves on their knowledge of the market, and their ability to estimate the price of individual slaves based on a variety of criteria, particularly age and ability.

to perform field labor.¹³ For instance, Tyre Glen, a trader from Forsythe County, North Carolina, attempted to create a mathematical scale for the valuation of slaves based primarily on age, reflecting a common economic interest in young adults who were presumably the strongest and healthiest, and most likely to appreciate in value over the course of their lives (fig. 2).¹⁴ However, at no point


¹⁴ Scale of Valuation of Slaves, Pfafftown District, Forsythe Co., NC [n.d.], Tyre Glen Papers, Box 2, Correspondence, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina. See also Jenny Bourne Wahl, *The Bondsman’s Burden: An Economic Analysis of the Common Law of Southern Slavery* (Cambridge: Cambridge University Press,
in the history of the antebellum slave trade was there an absolute standard or calculus for determining slave prices in antebellum markets. For one thing, circumstances of slave sales varied widely; Walter Johnson has noted that there was no discrete, definable “slave trade” in the antebellum South, and many transactions took place privately, between family members or neighbors. Even in cases of public auction of slaves, a seller’s motives for selling could influence prices. For example, slaves brought to market in court-ordered sales—to liquidate an estate or secure a mortgage—were generally sold at lower prices regardless of their commercial marketability. Furthermore, as Gavin Wright argues in his study of the political economy of the slave South, “the price of slaves did not reflect an observable intrinsic value of slave labor, but an expectation of future returns”; because individual slaveowners would have their own expectations of labor and discipline for prospective human chattel, as well as what kinds of burdens they were willing to assume as part of their investments, “the determination of slave prices was essentially a psychological matter,” and prices were attempts to measure buyers’ concerns about productivity as well as their emotional responses to prospective bondspeople.

Slaveholders and traders also developed a lexicon of descriptions that enabled them to communicate with each other about desirable qualities, and how

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15 Johnson, “Introduction,” p. 3.

slaves with those qualities should be valued. General terms like “prime” (which
designated a slave able to labor at the capacity of a full field hand), “sound”
(usually indicating a slave free from physical or mental disorders, and without
whip scars or other disfiguring marks) and “likely” (which usually described the
most desirable slaves in terms of their age, strength, physical condition and
appearance, compliance, “likeability,” and capacity to produce more capital)
appear frequently in newspaper advertisements, planter and trader
correspondence, warranties, and bills of sale. Conversely, there were market
terms used to describe less desirable slaves, including “unsound,” “half- or
quarter-hand,” and “scrub,” which generally described a slave who was not
“likely.” Slaveholders also referred to more specific traits in their discussions of
prospective human chattel, including skin color, breeding capacity, and dental
quality, creating an understanding of what kinds of slaves they did and did not
want. As Walter Johnson has pointed out, assumptions about “desirable” and
“undesirable” qualities in slaves could be complicated, and not universally
applied to all slaves; for example, most light-skinned female slaves were
considered “likely,” but a light-skinned male slave was much less desirable
because many potential masters would view him as a flight risk.

17 Tadman, Speculators and Slaves, p. 189.

18 Johnson, Soul by Soul, pp. 138-41; Wahl, Bondsman’s Burden, p. 31; Tadman, Speculators
and Slaves, pp. 32n22, 60, 188; Berlin, Generations of Captivity, pp. 169-70.

19 Johnson, Soul by Soul, p. 151. For example, see Ewing v. Gist, 2 B. Mon. 465 (KY 1842) [cited

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the use of such common terms enabled buyers, sellers, and traders to negotiate
the sale of individual slaves without face-to-face encounters.

These negotiations are evident in the correspondence between South
Carolina slave trader A. J. McElveen and broker Ziba B. Oakes, who founded the
slave-jail and trading house known as Ryan’s Mart in Charleston. In July 1853,
McElveen wrote to Oakes to describe several slaves he looked to acquire, and
discuss his assessment of their value. For instance, in his description of a boy
with “one of his Big toes knocked off,” McElveen indicates an awareness that the
defect could drive down his price—he explains to Oakes “I could not Get one
dollar nocked off for that,” implying that he himself attempted to use the defect to
make a bargain—but claims “I dont think it Should lessen his value he is no 1
Boy in appearance, and I cant By [sic] such for less Price here.”20 Conversely,
McElveen refused to purchase a twenty-year-old girl for $700 whom he valued at
no higher than $675, but invites Oakes to reconsider that decision because “She
is very Badley whipt [sic] but good teeth  the whipping has been done long Since
She is tolerably likely.”21 In both of these cases, McElveen uses common
market phrases and specific physical descriptions of slaves to communicate his
purchase decisions to Oakes, and invites the broker’s opinion, even though
Oakes had not laid eyes on the slaves in question. These examples indicate that
slaveholders, traders, and purchasers considered a variety of factors in their

20 A.J. McElveen to Z.B. Oakes, Sumterville, SC (13 July 1853) [cited in Broke by the War: Letters

21 A.J. McElveen to Z.B. Oakes, Sumterville, SC (10 July 1853) (cited in Drago, ed., Broke by the
War, pp. 43-44).
assessments of the value of slaves for sale, and utilized a set of common terms to communicate with each other about the value and desirability of slaves, particularly those with potentially defective or disabling conditions.

The Language of Description

Slaves who arrived at market in traders’ gangs or as part of estates were often advertised in broadsides, and the language of these advertisements is a valuable tool to examine how disability influenced market values and the presentation of slaves at auction. Slaves who were sold in commercial gangs were less likely to be inspected thoroughly prior to their sale, and catalogs or broadsides advertising their sale usually provided only cursory information; other advertisements, particularly for estate auctions, included much more detail about individual slaves, such as their names, ages, the type of work to which they were accustomed, and any known or apparent defects. However, the advertisement of such information was a tricky issue for traders selling elderly or disabled bondspeople. Too much detail about slaves with unsound qualities could preclude their sale, but sellers who omitted information about disabilities risked litigation from buyers who discovered sources of unsoundness after the transaction was over. As there was no arbitrary calculus for ascribing value to

22 Berry, “We’m Fus’ Rate Bargain,” p. 58.


24 See Deyle, Carry Me Back, pp. 162-63.
human chattel, particularly those with “unsound” qualities, sellers needed to consider the interplay of such factors as age, visible scars, past injuries and known disabilities in their descriptions of available slaves. This is particularly significant for estate sale advertisements; when a slaveholder died and his or her estate needed to be divided or liquidated, all slaves that had belonged to the owner needed to be sold, regardless of their value as laborers. Certainly, it was a liability for an estate to include unsound or disabled slaves; for instance, in an undated communiqué to the Orphan’s Court of Wilcox County, Alabama, Sheriff Samuel Burnett, administrator of Luke Herrington’s estate, noted that “two old negroes…who are of little or no value” would be “chargeable” to the estate unless they could be sold.25

The valuation of disabled slaves began with estate inventories, often recorded by executors or family members, and these initial appraisals indicate that elderly and disabled slaves were usually valued far less than younger, able-bodied individuals. In the estate of Dr. Joseph Glover, a South Carolina planter who died in 1840, all slaves described with the title “Old”—such as Old Clarinda and Old Peter—were valued at $25 or $50, when all other slaves had appraisals at $100 or more. One man on Glover’s Snug-It-Is Plantation, described as “Old

Yellow Ben,” was valued at one cent.\textsuperscript{26} While a seller most likely would have asked higher prices for these individuals, it is clear from Glover’s appraisal that elderly slaves were devalued and would not be attractive to potential buyers at market. This general opinion about elderly slaves also appears in the report of an English traveler in the South, who witnessed the sale of two older slaves in a South Carolina market. His account, which was published in a British antislavery tract, notes that the slaves—a husband and wife, offered for sale as a pair—“were almost worn out with stripes and hard usage; and the woolly heads of both were nearly white. The old negro was more than 70, his wife a year or two younger. They were knocked down for 13 dollars…they would (commercially speaking) have been dear [as] a gift.”\textsuperscript{27} Therefore, estate sales included a wide variety of slaves—from infants to the elderly, prime field hands to the infirm—and sellers were faced with the difficult task of making them attractive to potential buyers.

One method for analyzing how sellers assessed the value of disabled slaves for sale is to compare descriptions of slaves for sale with their assigned prices. In some cases, sellers of estate slaves provided asking prices in their printed broadsides alongside descriptions of slaves offered for sale. For instance, an 1851 estate list of slaves for sale by “Major” Joseph A. Beard, a

\textsuperscript{26} An Inventory and Appraisement…at the West Bank Plantation (23 July 1840), Glover Papers, Joseph Glover Estate Papers, 1840, 11-156-2, South Carolina Historical Society, Charleston; An Inventory and Appraisement…at the Camp Plantation (23 July 1840), Glover Papers, Joseph Glover Estate Papers, 1840, 11-156-2, South Carolina Historical Society, Charleston; An Inventory and Appraisement…at the Snug-It-Is Plantation (23 July 1840), Glover Papers, Joseph Glover Estate Papers, 1840, 11-156-2, South Carolina Historical Society, Charleston.

prominent New Orleans auctioneer, includes a “man, 50, unhealthy, [$475],” as well as deaf 35-year-old man and his wife, who had lost one eye, offered at $430 and $225, respectively. The advertisement also included a 25-year-old woman named Nanny, “hand injured,” for $345, and Charlotte, a 30-year-old woman described merely as “disordered,” for $200.28 Such prices, however, do not reflect any intrinsic worth, and do not always correspond with descriptions of abilities and disabilities. An advertisement for slaves belonging to the estate of Luther McGowan, sold in Savannah in 1852, is a good example of how we can read prices and descriptions against each other to ask deeper questions about how the value of slaves with disabilities was assessed in slave sales. The list includes a number of slaves with physical or mental conditions that were worth announcing publicly as known defects; consequently, these individuals were listed at lower prices than more “able-bodied” slaves.29 Most of the slaves on the list were identified first by the kind of labor to which they were best suited, followed by their physical condition; the exception is Bessie, a 69-year-old woman who is identified as “infirm, sews.” This system of identification may have been used to emphasize that most “unsound” slaves were still able to perform labor despite their “defective” conditions; a similar classification was used in a Charleston broadside advertising the sale of 25 slaves in January, 1860, which


listed "Hester, 20, Field hand, prime, one eye lost by accident." Although good eyesight was often considered vital for domestic servants, the loss of an eye may not have been a particularly disabling characteristic for a field slave. Therefore, Hester’s missing eye—an obvious, disfiguring condition—was important enough to mention in her sale, but not debilitating enough to preclude her from being considered “prime” for field work, and was noted after her identification as a prime laborer. Conversely, another Charleston estate sale advertisement included a woman listed as “Marilla, 70, Old, gardener.” The mention of Marilla’s chronological age by itself is an indication that she was elderly; the adjective “old,” rather than being a mere redundancy, seems to indicate that Marilla—like Bessie in the 1852 advertisement from Savannah—was considered infirm or senile because of her advanced age. The advertisements for these auctions used this simple classification system to distinguish slaves who were more likely to perform labor in spite of known disabilities, and slaves who, despite having some skills or abilities, would be less productive.

However, the different prices assigned to slaves with “unsound” qualities indicate that sellers (and presumably potential buyers) placed different values on different kinds of disabilities. For instance, the “prime” rice hands on the


31 Johnson, Soul by Soul, pp. 152-53. For another example of a field slave who had lost an eye, see “Estate Sale! By Order of Executor…of the late Mr. and Mrs. Wm. Barnwell, A Prime Gang of 67 Negroes Accustomed to the Culture of Sea Island Cotton and Provisions, in Beaufort District,” Hutson Lee Papers, Slave Ads, n.d., 11-260-6, South Carolina Historical Society, Charleston.

32 “Estate Sale! By Order of Executor…of the late Mr. and Mrs. Wm. Barnwell, A Prime Gang of 67 Negroes Accustomed to the Culture of Sea Island Cotton and Provisions, in Beaufort District,” Hutson Lee Papers, Slave Ads, n.d., 11-260-6, South Carolina Historical Society, Charleston.
McGowan estate list were offered at prices between $1000 and $1200, whereas those with unsound qualities were offered at much lower prices. However, there was a significant degree of variability among the prices of “defective” rice workers, even those of comparable age. Tom, a forty-year-old rice hand with a “lame leg,” is valued at $700, whereas Abel, aged 41 with “eyesight poor,” is listed at $675, and Theopolis, a 39-year-old man who “gets fits,” is listed at $575.

This discrepancy may stem from concerns of potential buyers about a slave’s accountability, and potential for future labor. On the one hand, a slave with a “lame leg” might work more slowly, or be prevented from performing more strenuous kinds of labor, but could still be predictable and controlled with little change in his condition over time. On the other hand, a slave with poor eyesight might be able to perform one task well, but a potential buyer would have to contend with the possibility that his vision might deteriorate further and disable the slave from working at all; furthermore, a slave with a known history of fits could not be considered predictable at all, as epileptic fits could strike at any moment and lead to a more severe infirmity. It is possible to read these kinds of concerns into other descriptions in the list. For instance, Flementina, a 39-year-old “good cook” with a “stiff knee,” is valued at $400, far less than forty-year-old Tom with his “lame leg,” possibly because in addition to her disabled knee, Flementina was beyond the optimal age for childbearing. Honey, a fourteen-year-old “prime girl” with “hearing poor” may have been listed $150 lower than “prime” sixteen-year-old Angelina because a slave who had trouble hearing would be more difficult to discipline, and a slaveholder had to contend with the
possibility that she could actually hear better than she let on. Examples of descriptions and prices from this advertisement may indicate that, apart from merely considering the kind of labor that slaves were able or suited to perform, traders and buyers were also concerned with how easily disabled slaves could be counted upon and controlled, and whether their known conditions could lead to more severe disability.

In some cases, it is possible to compare different drafts of slave lists for estate auctions to determine which “unsound” characteristics traders felt they could hide from potential buyers, and what they felt they needed to divulge. As mentioned above, disclosure of disabling characteristics was important for slave traders who wished to avoid litigation, but there was a lot of leeway for sellers to omit undesirable characteristics from estate sale broadsides.33 Langdon Cheves, a prominent judge and planter from South Carolina who died in 1857, left an estate that included 170 slaves advertised for sale in Savannah on 3 February 1860. Prior to the sale, on 17 January, Cheves’s executor composed a handwritten estate inventory list of the planter’s slaves. Slaves described as having disabling conditions such as fits, rheumatism and “running ear” appear in both versions of the list, but there are other significant differences between the printed broadside for the sale and the handwritten inventory. For example, the wording of the advertisement for Billy, a 34-year-old “prime” slave with a history of sore leg, is changed slightly from the inventory description to sound more appealing; the executor’s inventory describes him as having “leg sore 3 times in

9 yrs.,” whereas the printed advertisement notes that Billy is “liable to sore on
leg, now healed.” Other conditions noted in the inventory are simply omitted from
the broadside. For instance, a 35-year-old slave named Sally was described in
the inventory as having “doubtful health lately,” and a 45-year-old woman named
Elsie was described as “delicate,” disclaimers that were left out of the printed
advertisement. Similarly, the estate inventory noted that another woman named
Elsie, 32, “breeds fast & looses [sic] children,” a fact not mentioned in the
broadside, just like 35-year-old Dinah’s “slight tendency to prolapse.” It is
possible that, because slight reproductive dysfunctions were easy to conceal and
perhaps considered less disabling in women who were past optimal childbearing
age, the traders in charge of selling Cheves’s estate decided to omit Elsie’s and
Dinah’s conditions to avoid alienating potential buyers.34 A similar phenomenon
occurred in the sale of slaves from General James Gadsden’s estate in
Charleston, first offered for sale in November 1859. At that time, Caty and
Hester were both described as having “prolapsus,” but when a second auction
was held to sell the estate in January 1860, the condition is omitted from their
descriptions.35 These examples suggest slave traders and buyers were aware

34 “Negro List of Southfield, Jany 17, 1860,” Langdon Cheves Papers, Correspondence January
17-31, 1860 (re: estate?), 12-49-22, South Carolina Historical Society, Charleston; List of 170
Rice Field Negroes, Belonging to the Estate of Late Hon. Langdon Cheves. To be Sold at Public
Outcry at SAVANNAH, Ga., Friday, Feb. 3rd, 1860, 43/1037, South Carolina Historical Society,
Charleston. In another example from Charleston, an 1860 estate sale included a 37-year-old
woman named Kitty, who was described as “full task—prolapsus.” Since buyers presumably
would not expect a woman of her age to be a “breeder,” her reproductive condition was listed
after her qualification as a full task worker. A Prime and Orderly Gang of Thirty-Three Negroes
Accustomed to the Culture of Cotton, Rice and Provisions… Hutson Lee Papers, Slave Ads,
1860, 11-260-5, South Carolina Historical Society, Charleston. See also Johnson, Soul by Soul,
pp. 143-44.

35 For Sale by Shingler Brothers…A Remarkably Prime Gang of 235 Negroes, Belonging to the
Estate of the Late General James Gadsden, November 1, 1859, Slave Ads, 1859, Hutson Lee
that certain conditions in individual slaves could be more “disabling” than others, and required disclosure prior to a sale; other conditions, particularly those that were easier to conceal, might not warrant mention in advertisements, especially if they could preclude a sale. Sellers, therefore, artfully used the language of the slave market in advertisements of disabled slaves to both disclose and obscure information about defects that might influence a sale.

The Language of Presentation

Buyers, of course, did not rely on advertisements alone in their decisions to purchase slaves. Before the bidding commenced, buyers usually conducted their own inspections of slave bodies to identify potential causes of unsoundness, or to assess for themselves how “defective” a slave with a disclosed disability actually was. Ex-slave Solomon Northup described the importance of this practice in his published narrative, noting “unsoundness in a slave, as well as in a horse, detracts materially from his value…close examination is a matter of particular importance to the negro jockey.” In the words of former Georgia slave John Brown, “I dare not—for decency’s sake—detail the various expedients that are resorted to by dealers to test the soundness of a male or a female slave. When I say that they are handled in the grossest manner, and


36 Solomon Northup, Twelve Years a Slave: Narrative of Solomon Northup, a Citizen of New-York, Kidnapped in Washington City in 1841 and Rescued in 1853, From a Cotton Plantation near the Red River in Louisiana (Auburn; Buffalo; London: Derby and Miller; Derby, Orton and Mulligan; Sampson Low, Son & Company, 1853), p. 58.
inspected with the most elaborate and disgusting minuteness, I have said enough for the most obtuse understanding to fill up the outline of the horrible picture.”

Such inspections often involved stripping slaves to examine the appearance and function of all limbs and extremities, scrutinizing skin on the back and buttocks for marks of punishment and disease, counting teeth, and conducting simple tests of hearing, vision, and mental competence. Some slaves were questioned directly, or required to walk or dance for prospective buyers. In particular, buyers searched for evidence of disabling injuries or defects—including broken bones, old sprains, illness, internal injuries, and burns—and potential physical signs of “bad character,” such as whipping scars.

In many cases, female slaves were subjected to additional intimate physical examinations so buyers could assess their reproductive health and capacity for childbearing. Buyers also questioned slaves about their ages and medical histories, and used evidence from their bodies and testimonies to assess their conditions and, consequently, their market values.

The quality of a slave’s teeth, for instance, seemed to have been an important sign for overall health, and

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slaves with bad teeth were usually considered unsound; as A. J. McElveen described to Ziba B. Oakes in 1856, “the fact is you cannot do much with defective negroes. Bad teeth & old ones.”42 Whip scars were usually interpreted as a marker of disobedience, and could produce lower bids; as a result, slaveholders at market spent a good deal of time examining scars to determine their origin and age, “reading” the scars like a deck of tarot cards to determine how “unruly” the slave would be in the future.43 Because potential buyers who identified defects in slaves at auction could bargain for a lower price, many paid close attention any and all signs of defectiveness and disability. For instance, the papers of South Carolina planter Robert F. W. Allston include a printed broadside describing slaves from the Nightingale Hall plantation, offered around 1846 by prominent Charleston broker Alonzo J. White, with additional handwritten notes (possibly made by Allston himself) describing defects identified in slaves during a pre-sale inspection. The broadside does not identify slaves by physical description, skills, or ages, but the planter provided his own assessments of the bondspeople for sale, noting those that were “idiotic,” “fittyfied,” “unsound,” “sickly,” “shuffling,” or “diseased.”44 By conducting their own inspections of human chattel for sale and using on the same language that


44 Robert F. W. Allston Papers: Slave Papers, 1847-1853, 12-6-21, South Carolina Historical Society, Charleston.
sellers and traders used, prospective buyers were able to draw their own conclusions about the soundness of individual slaves, and added their voices to the conversation of disabled slaves’ value.

Pre-sale inspections also provided slaves themselves with an opportunity to participate in assessments of their soundness and value, entering into a dialogue with traders and buyers using the same language of the market. As Walter Johnson has noted, the market encounter between a slave for sale and a prospective buyer was a complex process that “demand[ed] a decree of specific performance” from individual slaves; during inspections, slaves had direct contact with prospective purchasers, and every signal they provided—with their speech patterns, answers to questions, facial expressions, physical motions, and emotional states—could influence assessments of their value. Traders were certainly aware that encounters between prospective buyers and individual slaves were crucial in sales. In an 1854 letter, for instance, A. J. McElveen described a sixteen-year-old boy he was considering purchasing, and noted that the boy was “very likely…but cant Speake well to white persons.” McElveen hesitated to take the slave because he was “fearful the boy will not Sell well on account of his Speech,” indicating that, despite the slave’s other desirable qualities—including “Good Sense” and “fine teeth”—he would appear unsound and possibly impaired in a face-to-face encounter with a prospective white buyer.


46 McElveen to Oakes, Darlington Courthouse, SC (10 May 1854) (cited in Drago, ed., Broke by the War, p. 80).
Even a seemingly small aspect of the slave’s presentation—such as an inappropriate emotional response, a bored expression, or a weak gesture—could call into question the slave’s soundness or able-bodiedness. As ex-slave John Brown remarked, “the price a slave fetches depends, in a great measure, upon the general appearance he or she presents to the intending buyer. A man or a woman may be well made, and physically faultless in every respect, yet their value be impaired by a sour look, or a dull, vacant stare, or a general dullness of demeanour [sic].”47 Some slaves for sale were more forthcoming in their undesirable behavior; one man named Blaney, sold in South Carolina in 1824, was “rude, agitated, and threaten[ing] vengeance against [a prospective buyer] for bidding.”48

Traders understood the importance of making slaves appealing to buyers, and attempted to conceal defects with a variety of different techniques. They made slaves seem healthier by feeding them more food prior to sale and making them exercise; some coached bondspeople to lie about their true ages, or instructed them to smile and look “smart” and “spry” for buyers.49 According to John Brown, traders emphasized the appearance of happiness, and told slaves that, “when spoken to, they must reply quickly, with a smile on their lips, though

47 Brown, Slave Life in Georgia, p. 115. See also Valencius, Health of the Country, p. 70.
agony is in their heart, and the tear trembling in their eye.”

Traders also attempted to minimize signs of old age in some slaves—William Wells Brown, who had been enslaved by a “soul driver” named Mr. Walker, described shaving old men’s beards and plucking out or blacking gray hairs on older slaves in preparation for sale—while others received new clothes, and had their skin greased to cover shiny keloid scars. To discipline and coerce slaves for sale, traders also utilized small rewards, threats and corporal punishments designed to leave no traces of disfigurement on the slaves’ bodies. John Brown recalled the “flogging room” at a New Orleans market, in which traders and their employees anchored incalcitrant slaves to the floor and beat them with a wide leather strap for half an hour “for various offences [sic], especially the unpardonable one of "not speaking up and looking bright and smart" when the buyers were choosing.” However, there were significant limits to the power that traders had over their human wares. For instance, traders who utilized corporal punishment always ran the risk of damaging the bodies they hoped to sell. Furthermore, coaching or coercing slaves to present themselves as too attractive could invite the suspicions of prospective buyers, particularly since many slave traders had

50 Brown, Slave Life in Georgia, p. 117.


52 Brown, Slave Life in Georgia, pp. 114-15. See also Tadman, Speculators and Slaves, p. 185; Johnson, Soul by Soul, p. 129; Deyle, Carry Me Back, p. 266.
reputations for dishonesty. This is evident in the 1852 narrative of fugitive Richard Hildreth, the son of a light-skinned slave and a patrician Virginia planter, who described his experience of being sold as punishment for insubordination.

Although the auctioneer had hyped Hildreth as an obedient, healthy slave, a suspicion seemed to spread itself that my master had some reasons for selling me, which he did not think to avow. One [prospective buyer] suggested I might be consumptive; another thought it likely that I was subject to fits; while a third expressed the opinion that I was an unruly fellow and “mighty hard to manage.” The scars on my back tended to confirm these suspicions, and I was knocked off, at last, at a very low price.

These realities of the slave auction indicate that, ultimately, traders could not control the presentation of slaves in sales encounters, and slaves—aware of their own power to influence sales—could utilize the performative aspects of their role in the auction to their advantage. While several historians have argued that slaves did not define themselves in the same terms of “soundness” that masters and traders used, they certainly understood the qualities that were desirable in the slave trade, and actively participated in the market transactions at the stage of inspection, deliberately presenting themselves as “sound” or “unsound” to prospective buyers. Since many auctions were local affairs, we can speculate that many slaves and buyers were acquainted, at least by reputation, so it is likely that slaves had information about the desirability of prospective masters even before the bidding began. As Walter Johnson has noted, “by

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53 Johnson, Soul by Soul, p. 138.

54 Richard Hildreth, The White Slave: or, Memoirs of a Fugitive (Boston: Tappan and Whittemore, 1852), pp. 73-74.

55 Johnson, Soul by Soul, p. 129.
knowing what slaveholders were looking for, slaves could turn their own commodification against their enslavement," using their bodies to act out the market language of soundness. There were certainly a variety of motives for exaggerating or downplaying soundness on the auction block; some bondspeople may have concluded that their new masters would have more incentive to care for them if they sold for a higher price, while others may have been concerned about inflating a prospective buyer’s expectations if they seemed too “fit.” Some slaves, taking cues from prospective buyers, could perform “likely” able-bodiedness and conceal defects to make themselves more attractive, particularly if it would allow their families to stay together. For instance, in his account of the Butler’s 1859 estate sale in Savannah, Thompson described the practice of parents highlighting the qualities of their children, and children “excusing and mitigating the age and inability of [their] parents,” to secure a kind buyer who would purchase them as an entire family.

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57 Oral memoirs collected in the 1930s indicate strong fears of separation in the lives of slaves, and that evidence of disease or disability at market was a significant factor in preventing sales that would have destroyed families. For instance, Robert Falls, a slave born on Harry Beattie Goforth’s North Carolina farm in 1840, recalled that his mother, who had been sold three separate times before Falls was born, experienced fits after Goforth “had sold her away from her baby” to speculators from North Carolina. The men who had taken her brought her back to Goforth the next day and demanded a refund, thus reuniting Falls’s family; “after that none of us was ever separated.” By Falls’s account, his mother continued to experience fits for the rest of her life “every change of the moon, or leastways every other moon change,” yet this episode is the only one that Falls describes in any detail in his narrative. This indicates that, at least in Falls’ memory, the most remarkable thing about his mother’s disorder was its serendipitous ability to prevent her sale away from her family [Tennessee Narratives XV, Born in Slavery: Slave Narratives from the Federal Writers’ Project, 1936-1938, Library of Congress, http://memory.loc.gov/ammem/snhtml/snhome.html (accessed March 2006), pp. 13-14]. As Michael Tadman has pointed out, the desire to keep families together as much as possible was perhaps the strongest motivation to manipulate market transactions (Tadman, Speculators and Slaves, p. 9).

58 Doesticks, Great Auction Sale of Slaves, p. 11.
Elisha, pitched himself as a “prime rice planter” and “not a bit old yet” and pleaded with prospective buyers to also buy his family, inviting buyers to inspect his wife’s arms and teeth and proudly displayed his children.\textsuperscript{59} In this example, Elisha demonstrates his understanding of desirable qualities in slaves, as well as the market terms commonly used to denote those qualities; by presenting himself and his family as “prime” and able-bodied, Elisha used their bodies to participate in the dialogue of the sale.

Conversely, slaves had significant power to highlight or feign disability to discourage their purchase. Evidence from ex-slave narratives indicates that many slaves were aware that illness or disability could be a blessing in market situations, since evidence of a disability—even an obviously counterfeit one—could lower their prospective values, and even terminate dealings with prospective buyers.\textsuperscript{60} John Boggs, a field hand from Maryland, described being sold for $1000 to a cotton planter in Georgia, “but he wouldn’t take me because I had been disfigured by poison-oak, and the loss of a finger; so my master had to put in two other young fellows instead of me. I would have been in a cotton-field forty years ago if it hadn’t been for that.”\textsuperscript{61} Boggs’s condition was a genuine “unsoundness” that prevented him from being sold to an undesirable location and

\textsuperscript{59} Ibid, pp. 10-11. See also Berry, “‘We’m Fus’ Rate Bargain,’” pp. 55-56.

\textsuperscript{60} Raymond A. Bauer and Alice H. Bauer, “Day to Day Resistance to Slavery,” \textit{Journal of Negro History} 27 (October 1942): pp. 406-7. For an example of a slave whose obvious malingering compromised her sale, see Tyre Glen to Isaac Jarratt, Huntsville (24 March 1832), Jarratt-Puryear Papers, Correspondence and Papers, 1807-1849, Box 1, Folder 1830-1833, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.

master, and he identified his disability as good fortune in that circumstance, an opinion that other slaves at market shared. The awareness that slaves could feign or exaggerate disability on the auction block was a major concern, and source of frustration, for slaveholders and traders. As Alabama trader A. J. McElveen noted in an 1856 letter to his partner J. B. Oakes, “James is cutting up…I could Sell him like hot cakes if he would talk Right…the Boy is trying to make himself unsound.” Slaves who made a real or counterfeit disability conspicuous on the auction block were in a powerful position to negotiate the terms of their sale.

Some prospective buyers suspected slaves of feigning conditions who “complained” or put on an injury if they looked good otherwise, and did not allow the “sham” to influence their prices or auction. Some prospective buyers suspected slaves of feigning conditions who “complained” or put on an injury if they looked good otherwise, and refused to allow any possible “sham” to influence their prices. Mary, another slave from the Butler estate, “insisted that she was lame in her left foot, and perversely would walk lame” during her pre-sale inspection, but the auctioneer and a physician he had hired to examine her disbeliefed her claim. Although Mary’s supposed ruse of disability did not succeed in precluding her sale, Thompson noted that her attempt, if she was indeed feigning her condition, was certainly worthwhile:

Whether she really was lame or not, no one knows but herself, but it must be remembered that to a slave a lameness, or anything that decreases his market value, is a thing to be rejoiced over. A man

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in the prime of life, worth $1,600 or thereabouts, can have little hope of ever being able, by any little savings of his own, to purchase his liberty. But let him have a rupture, or lose a limb, or sustain any other injury that renders him of much less service than his owner, and reduces his value to $300 or $400, and he may hope to accumulate that sum, and eventually to purchase his liberty. Freedom without health is infinitely sweeter than health without freedom. 63

These examples indicate that slaves, like their masters, understood their role as agents the dialogue about slave soundness and value. Furthermore, some slaves had a significant incentive to use the language of slave soundness for their own benefit, highlighting their able-bodiedness to attractive prospective masters, and presenting or counterfeiting disability to undesirable purchasers.

The Language of Guarantee

Given such close attention to slaves’ bodies during inspections, as historian Michael Tadman has noted, it would have been unlikely for careful buyers to fail to detect slaves with known physical or mental disabilities. However, some disabling conditions—such as insanity or epilepsy—were not always visible to prospective buyers and traders at the time of sale, 64 therefore, many sellers provided warranties, or “guarantees of health,” for slaves, again relying on market language to indicate soundness. Although warranties could be made as oral agreements, many antebellum slave bills of sale contain

63 Doesticks, Great Auction Sale of Slaves, p. 26. See also Berry, “We’m Fus’ Rate Bargain,” pp. 63-64.

statements guaranteeing the bodies of human chattel to be "sound Sensible and health and Slaves for Life." On 1 March 1811, for instance, William Guy sold “a negro girl named Silvey” to Samuel Guy, and claimed “that She is healthy Sound and Sensable.” An 1813 bill of sale, provided by a slaveholder named Garvin, concerned “a Negro Woman Named Sue which Negro I do warrant [sic] to be Sound.” By 1849, traders in Richmond even utilized a preprinted form in sales that included the language of a soundness warranty:

Received of _____ Dollars, being in full for the purchase of _____ Negro Slave named _____ the right and title of said Slave _____ warrant and defend against the claims of all persons whatsoever, and likewise warrant _____ sound and health. As witness, my hand and seal.

Although most antebellum buyers required warrants of health and soundness in slave sales, guarantees were not foolproof insurance against the unwitting acquisition of disabled slaves. Guarantees of soundness could be fraudulent; Bernard Kendig, a prominent New Orleans slave trader, knowingly sold dozens of “defective” slaves—including habitual runaways and a few with

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physical impairments—with full warranties. Historian Richard Tansey has noted that Kendig’s average gross profit from the sale of these slaves was higher than his sales of fully “sound” slaves, although he did void the sales contracts and provide refunds on twenty-four defective slaves.\textsuperscript{68} In other cases, a physical condition that seemed minor at the time of a warranted sale turned out to be a chronic or disabling problem; such was the experience of Robert S. Mills, a businessman from Cedar Spring, Tennessee, whose newly-purchased slave girl who turned out to have a chronic pulmonary problem, possibly asthma. Writing to seller James B. Harris in the summer of 1844, Mills complained of his new slave’s worsening condition and his inability to resell her:

\begin{quote}
Strengthened by the confidence in the Drs opinion…you gave me a sound Bill of sale to the Girl but to my surprise the relieaf [sic] was but a temporary one the difficulty of breathing soon returned and continued some days worse than others and some days she seemed to be all most cleare of it but when ever she takes any exercise her breathing becomes so laborious the she cant stand it…even to walk any thing like brisk 50 yds… I have had had her curfully examined by some of the most experienced our cuntry and unhesitateingly [sic] give it as there opinion that her disease is of some several years standing and cant be other wise from the present [symptoms] yet she is going a bout and looks as well as she did when I traded for her and if see [sic] was sound I could have sold her several times and could know for a high price say $600 could be had for her if she was sound but I cant give a sound bill of sale to her.\textsuperscript{69}
\end{quote}

Furthermore, the coverage of a soundness warranty was occasionally a matter of dispute. For instance, historian Jenny Bourne Wahl has noted that


\textsuperscript{69} Robert S. Mills to James B. Harris, Pleasant Hill (1 July 1844), Robert S. Mills Papers (Account and Letter Book), Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.
some warranties were not intended to cover obvious signs of unsoundness, which a buyer should have recognized at the time of the sale, but included more obscure defects, such as blindness or epileptic fits, that might not be evident in the sales encounter. However, Juriah Harriss, arguing that guarantees of soundness should be implicit in all sales, noted in 1858 that, according to the Supreme Court of Georgia, a guarantee of health was intended to cover only physical conditions, not “mental infirmities.” Some conditions, like a history of epileptic fits, precluded slaveholders from providing guarantees of health, and some slaves were sold without warranties for discounted prices. For instance, on 6 August 1853, Emanuel Geiger sold Alexander Forsyth a fourteen-year-old girl named Mariah for the paltry sum of $200; the bill of sale noted that “said negro girl is subject to falling fits, and I sell her as unsound property, both in body and mind, and without any warranty whatever express or implied.” Thus, while guarantees of soundness were common in antebellum slave sales, they were not always included in sales agreements, and did not always protect buyers from acquiring bondspeople with unseen defects or disabilities.

70 Wahl, Bondsman’s Burden, pp. 40-41. For example, see Jordan v. Foster, 11 Ark. 139; 1850 Ark. LEXIS 21 (January 1850).


In some sales, with or without warranty, the transaction of slaves with known or unknown disabilities could last much longer after the initial market encounter if new masters discovered conditions in their bondspeople that compromised earlier sales agreements. In December 1848 Samuel R. Browning, a Louisiana planter, wrote to North Carolina planter Archibald H. Boyd, describing negotiations with a buyer named Edrington over the sale of a group of slaves. Apparently, Edrington refused to pay Browning the $1500 he had promised for the group because two women, Candis and Rose, were “unsound” and “an Ediot,” respectively, and two of the lot had died. By January 1849, Browning agreed to exchange Candis and Rose for two other female slaves for an additional $250. In 1806 Henry Izard, an executor for his father’s estate, offered South Carolina planter Timothy Ford a discounted gang of two dozen slaves, “among them are several who from age & infirmities are useless; others are very fine field negroes & some fine children.” Ford agreed to purchase all of the bondspeople, even a woman named Willoughby whom he described as “old & Blind, & a crazy old woman,” but complained to seller Henry Izard in 1806 that two slaves he had purchased, a father and son, were misrepresented.

74 Samuel R. Browning to A. H. Boyd Esqr. Millikins Bend, Louisiana (26 December 1848 and 2 January 1849), Archibald H. Boyd Papers, 1841-1897, Section A, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.

75 Henry Izard to Timothy Ford Esq., The Elms, (29 January 1806), Ford-Ravenel Papers, Business & Plantation Correspondence, Negroes 1825, 11-131-3, South Carolina Historical Society, Charleston.

76 [Timothy Ford to Henry Izard (n.d.)], Ford-Ravenel Papers, Business & Plantation Correspondence, Negroes 1825, 11-131-3, South Carolina Historical Society, Charleston. In this letter, Ford implied that he would not take Willoughby as part of the gang, but her name is included in the bill of sale. Bill of Sale, State of South Carolina (1 February 1806), Ford-Ravenel Papers, Business & Plantation Correspondence, Negroes 1825, 11-131-3, South Carolina Historical Society, Charleston.
at the time of the sale. According to Ford, Izard’s driver informed him after the sale that “Joe the Son of Sancho was apt to fly the course when pressed to work,” and “his father Sancho[,] set down as old but works a little, insists that he can do nothing but eat hominy when it is ground for him.” Ford is careful not to call Izard’s honor into question, noting “I assure myself most confidently that the forgoing [sic] defects if real, were unknown to you,” but his missive implies that he could seek redress. The dialogue between Ford and Izard relies on the language of guarantee to discuss the purchase of slaves with disabilities, and indicates that both men shared some assumptions and understandings about the nature of the bondsmen’s “defective” bodies.

Conclusion

Mortimer Neal Thompson’s ironically blunt assessment of the Butler estate sale raises a significant point about the languages of slave sales, and the way that slave able-bodiedness and disability were negotiated in terms of value and price. All parties involved in slave sales—masters, traders, prospective buyers, and slaves on the block—communicated about the fitness of slaves based on a variety of factors, including labor and productivity, compliance, physical appearance and attractiveness, potential for investment return, and sources of unsoundness or defect. A close examination of slave prices, discrepancies in advertisements describing slaves for sale, the physical inspection and presentation of slaves on the auction block, and customs for providing warranties

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77 Timothy Ford to Sir [Henry Izard] (31 January 1806), Ford-Ravenel Papers, Business & Plantation Correspondence, Negroes 1825, 11-131-3, South Carolina Historical Society, Charleston (emphasis in original).
of slave bodies indicates that any number of factors could contribute to a slave’s being deemed “unsound” and devalued at sale. The languages of price, description, presentation, and guarantee thus enabled participants at the slave market to engage in dialogues about slave value, but the concept of value itself was still highly subjective and negotiable; as a result, there were many instances of disputes between slaveholders, traders, buyers, and slaves about meanings and assumptions of slave disability, which could result in reversals of sales or litigation. In the next chapter, I expand on the theme of contest in a discussion of southern courts and their role in assessing and defining slave disability.
CHAPTER 6

“Unfit for Ordinary Purposes”: Slave Disability in Southern Courts

Introduction

In 1852, the Supreme Court of North Carolina heard the case of *Bell v. Jeffreys* on appeal from the Wake County Superior Court. The plaintiff, Bushrod W. Bell, had purchased an otherwise healthy female slave who was nearsighted—or, as Bell described her, “defective in her vision”—and successfully sued the seller, William B. Jeffreys, to recover damages for breach of warranty. The court originally had instructed the jury that the defect should be considered an “unsoundness” if “the slave was thereby rendered incapable to perform the common and ordinary business in the house and field, which slaves are taught and expected to perform.” However, Supreme Court Justice Thomas Ruffin took issue with the court’s grounds for determining unsoundness. In Ruffin’s view, assigning unsoundness to some arbitrary degree of imperfection was a slippery slope, particularly for a “defect” like nearsightedness, for “it is known, that there are more myopic persons, among the educated and refined classes, than in others, and many more among the white than the black race…I never knew a white person rendered unfit for the offices of life by this defect of vision.” Nevertheless, the Court upheld the jury’s verdict, determining that myopia, while not a disabling condition for people in other walks of life, did
constitute a significant unsoundness in the enslaved African American woman. In his opinion for the Supreme Court’s decision, Justice J. Pearson cited livestock law precedents to affirm that nearsightedness, which affected “an important organ,” was indeed a significant defect in a slave. As Pearson pointed out, “A horse, that has had his eyes knocked out, and has got well, is healthy…but it does not import, that the structure of the body of the animal is perfect and free of defect…if there be a defect in it, so as to make it unfit for ordinary purposes, the animal is unsound.” Furthermore, nearsightedness seemed particularly concerning in a female slave of childbearing age, because “if it was hereditary…it was more likely to fall on the issue, as opposed to having been caused by accident.”

In this case, the North Carolina court delivered a definition of disability, or “unsoundness,” that was tailored to the slave’s race, social status, and even gender.

The conversation between Pearson and Ruffin in Bell v. Jeffreys articulates an important but often overlooked project of antebellum courts, which was to arbitrate meanings of disabilities that rendered slaves “unfit for ordinary purposes.” The law played a significant role in antebellum slave society, and many tensions and contradictions—particularly issues of slavery, mastery, race, and power—were negotiated in southern legal matters. Issues of slave disability entered antebellum courtrooms in a variety of ways, and slaves with disabilities—


most frequently as unsound chattel sold to unwitting buyers, but also as
damaged property, victims of unlawful physical abuse, or potential public
burdens—presented significant challenges to antebellum law. As South Carolina
Judge Abraham Nott noted in 1821, there were no universal legal definitions of
slave “vice” or unsoundness.3 Legal discourse on slave disability relied on many
different perspectives, including local juridical culture, medical testimony,
attitudes and expertise of slaveholders, and widespread assumptions about race
and gender, to establish boundaries between able-bodiedness and disability in
human chattel, but those boundaries were a constant source of conflict.4 As
James L. Petigru complained to planter Robert F. W. Allston in an 1837 letter,
that opens the door to the whole contest, as to what does or does
not constitute unsoundness. As regards horseflesh there is a vast
contrariety of opinions, some judges holding that every sickness or
defect almost is ground to rescind a sale, others that nothing short
of some constitutional, radical infirmity will answer the purpose.
Then again if Judges would agree Juries cannot and the whole
subject is one of the greatest uncertainty.5

Many legal histories of slavery have noted such legal “uncertainty” in
constructing and reconstructing meanings of race and bondage in the antebellum
South. In a 1997 review essay, Walter Johnson emphasizes how everyday
practices and contradictions were reflected in the law, which served to constantly

3 Smith v. McCall, 1 McCord 223-24, 12 S.C. LEXIS 91 (1821) [cited in Andrew Fede, “Legal
Protection for Slave Buyers in the U. S. South: A Caveat Concerning Caveat Emptor,” American

4 See Judith K. Schafer, Slavery, the Civil Law, and the Supreme Court of Louisiana (Baton

5 James F. Petigru to Robert F. W. Allston, Charleston (15 April 1837) [cited in The South
(Columbia: University of South Carolina Press, 2004), p. 69].
define and redefine slavery. These legal “transformations,” Johnson argues, were negotiated by a variety of historical actors and continued to be contested even after cases were resolved; indeed, in Johnson’s view, “the most prominent feature of the law of slavery was complete confusion.”

Andrew Fede and Jenny Bourne Wahl have argued for the significance of common law in southern legal history, have noted that state courts—hearing cases regarding slave sales, hiring practices, and abuse from a variety of individuals—“strengthened the shackles of slavery” in many ways. It is therefore unsurprising that, as Judith Kelleher Schafer has noted in her study of slave law in Louisiana, legal protection was woefully inadequate for slaves who were treated inhumanely. Thomas Morris built on that point to argue that issues concerning race—including the soundness and innate inferiority of African American slaves, definitions of property, and arguments about legal protection of slaves—were a predominant factor in slave society law. Furthermore, although slaves were rarely present in southern courtrooms, historians have identified their agency in legal proceedings, and “the slippery slope” of determining whether slaves counted as “persons” in the eyes of the court. As Ariela J. Gross has noted in her analysis of how court cases arbitrated meanings of slave “character,” redhibitory cases “reveal…the indirect influence of slaves on legal proceedings: both as a result of the white

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8 Schafer, Slavery, p. 40.
participants’ fears of slaves’ manipulations, and as a by-product of slaves’ efforts to resist their masters in other domains.”

In this respect, slaveholders, traders, lawyers, judges, and slaves alike participated in an ongoing discourse about meanings of bondage versus freedom, “blackness” versus “whiteness,” and person versus property, as well as meanings of soundness and disability in African American slaves.

In this chapter I examine a variety of state appellate decisions, primarily in the lower South—the transcripts of which are available on the LexisNexis database—to identify how southern courts discussed and applied meanings of “sound” and “unsound” to African American slaves. While there were no concrete benchmarks for defining disability in bondspeople, it is clear that many of these state courts applied double standards for able-bodiedness and disability when slaves were concerned. I discuss breach-of-warranty litigation and liability lawsuits against negligent or abusive employers, and highlight how judges applied unique definitions of disability and legal liability in these cases. I then present examples of laws that seemed designed to protect slaves with disabilities, and note that courts often sought to protect the slaveholding community’s interests over the bodies of slaves themselves.

This analysis focuses on state law, which, as scholar Laura F. Edwards has persuasively demonstrated, was fundamentally incompatible with localized law in the first half of the nineteenth century; there were multiple sites of juridical law.

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authority, as well as significant legal changes in local jurisdictions, that are not reflected in state court transcripts created to give an illusion of a standardized, unified legal system.\textsuperscript{11} Although state law was not the primary legal standard in many southern juridical cultures, transcripts of appellate decisions are a useful source for this study of slave disability because their language provides a glimpse into deeply-held assumptions about impairment, as well as the racial and social implications of “unsoundness,” and to identify significant similarities across time, space, and locality in nineteenth-century law. Slaves with disabilities, existing in a nebulous legal space between “person” and “property,” were faced with double standards that influenced southern legal cultures as well as social discourse on the meanings of slave disability.

\textbf{Redhibition and Breach-of-Warranty Litigation in Southern States}

Most frequently, issues of slave “soundness” and the application of double standards of disability came up in appellate cases involving market transactions. Buyers suing sellers for breach of warranty after the purchase of “defective” human chattel made up the bulk of litigation in some southern jurisdictions; indeed, as legal historian Gross points out, “contests over whether a slave was ‘sound in body and mind’ at the time of sale or hire were the most common cases involving slaves…throughout the South, at the trial as well as the appellate level.”\textsuperscript{12} In most of these cases, assessments of disability (visible or invisible)

\textsuperscript{11} Laura F. Edwards, \textit{The People and their Peace: Legal Culture and the Transformation of Inequality in the Post-Revolutionary South} (Chapel Hill: University of North Carolina Press, 2009), pp. 4-6.

\textsuperscript{12} Gross, \textit{Double Character}, pp. 3, 122.
seemed to hinge on the simple question of whether or not a slave was able to perform the labor expected of them. However, all conditions that might affect a slave’s soundness—including character, vice, health, emotional state, and body—were brought to bear in court, and like the judgment in Bell v. Jeffreys, verdicts ultimately constructed meanings of disability that were socially and racially specific to the slaves in question.

Richard Tansey, in his 1982 study of New Orleans trader Bernard Kendig, claimed that “the laws governing slaves offered customers little protection,” and that it was difficult for plaintiffs to demonstrate that slaves were disabled at the time of sale. However, as more recent scholars have argued, the sheer number of breach-of-warranty cases in the early-nineteenth-century South indicates that some slaveholders and traders knowingly sold “defective” slaves whom they claimed were sound, and while the burden of proof still fell to the purchaser, southern states had a number of different laws designed to protect buyers from fraudulent sales guarantees. In Louisiana, where fraud cases involving slaves were particularly common, the transfer of slave property was highly regulated, and redhibition laws—which allowed for the cancellation of

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slave or livestock sales up to one year later if hidden defects were discovered—provided a good deal of protection to buyers. The state civil code specified a number of “relative” vices of slaves’ character, such as theft or a propensity to run away, and three “absolute vices” of their bodies—madness, leprosy, and epilepsy—that could provide legal ground to rescind a sale or demand a price reduction. Other southern states, while employing some regulations to protect purchasers, relied more heavily on the principle of caveat emptor in soundness warranty cases. In South Carolina, for instance, a “sound price” rule—based on market calculations—dictated that a purchaser who paid the full value for a slave with no obvious or observable defect at the time of the sale could presume to receive an “implied warranty” that the slave was physically sound; a buyer who paid less than full value needed to produce an express guarantee to make a claim for a fraudulent sale. A similar practice existed in other states as well. For instance, in the Alabama case of Clopton v. Martin (1847), the seller of a boy with a long history of “spasms or fits” had disclosed the slave’s condition and negotiated a discounted price, but accidentally issued a warranty of soundness in the bill of sale, finalized three days after the transaction. The state Supreme Court decreed that the purchaser had no right to sue for breach of warranty.


because the seller had issued the guarantee by mistake, and that the seller had been aware of the slave’s unsoundness at the time of the transaction.\textsuperscript{20} Similarly, in the Texas case of Williams v. Ingram (1858), the state Supreme Court affirmed that general soundness warranties did not cover slaves if buyers “traded with their eyes open” and were aware of “a particular unsoundness” at the time of sale.\textsuperscript{21}

In states where the rule of caveat emptor prevailed, courts took the precise language of warranties into account in their determinations of slave soundness. In Harrell v. Norvill (1857), the North Carolina Supreme Court determined that Kennedy, a slave with impaired motor skill because the little fingers on both hands were permanently contracted, was not “sound” but his observed defect was not covered under the warranty in his sale, which only guaranteed him to be “sound in mind and health.” Citing Bell v. Jeffreys, Justice Battle observed that Kennedy was certainly healthy and of sound mind, and because his physical state was otherwise unmentioned in the bill of sale, Kennedy’s purchaser could not sue for breach of warranty.\textsuperscript{22} In one Georgia case, Nelson v. Biggers (1849), the court ruled that a warrant for a woman named Betty containing the word “healthy,” rather than “sound,” only extended to the body of the slave. Although the jury originally found that “that the said negro Betty, from imbecility of mind, was, as a slave, incapable of performing the

\footnotesize{\textsuperscript{20} Clopton v. Martin, 11 Ala. 187, 1847 Ala. LEXIS 44 (1847).}

\footnotesize{\textsuperscript{21} Williams v. Ingram, 21 Tex. 300, 1858 Tex. LEXIS 82 (1858).}

\footnotesize{\textsuperscript{22} Harrell v. Norvill, 50 N.C. 29, 1857 N.C. LEXIS 11, 5 Jones Law 29 (1857).}
ordinary work and labor,” the state Supreme Court overturned the decision, noting that “we do not say a person has a healthy mind, when we wish to convey the idea of a sound intellect, nor do we say a person has an unhealthy mind, when we wish to convey the idea of a weak intellect.”23 These cases indicate important distinctions between health and able-bodiedness in the nineteenth century; the presence of “disease,” which was often read as acute or curable, did not necessarily render the body “unsound.” Conversely, the presence of a psychological condition like insanity, or a developmental impairment like “idiocy” or “imbecility,” did not make a person “unhealthy.” However, in most cases, the semantics of soundness guarantees were not definitive, and courts drew on a complicated variety of factors to determine whether or not slaves were sound or unsound at the time of sale.

Many warranty cases focused on the visibility of a slave’s defect, which was an important consideration in breach of warranty cases. The principle of the “sound price” rule hinged on the idea that many sources of unsoundness were visible, or at least should be apparent to buyers and sellers. As the North Carolina Supreme Court noted in the appellate case of Fulenwider v. Poston (1856), “where the seller of a slave refuses to insert a warranty of soundness in a bill of sale, …[and] the negro is unsound, the symptoms being not hidden or hard to discover, the maxim of caveat emptor applies.”24 However, the visibility of a slave’s defective condition at the time of sale was not an absolute standard for


24 Fulenwider v. Poston, 48 N.C. 52,; 1856 N.C. LEXIS 151, 3 Jones Law 528 (August 1856).
determining their soundness, and there was a wide variety of less apparent sources of unsoundness that could influence the legal aftermath of transactions. In *The Bondsmen’s Burden*, historian Jenny Bourne Wahl notes that if a court determined a seller should have known about a slave’s hidden defect, the seller was liable for not informing potential buyers;\(^\text{25}\) however, it was often difficult to prove or disprove whether a seller knew of unseen disabilities prior to a sale. Slaveholders brought warranty cases to court for a wide variety of latent “defects” they observed in their purchased slaves, included any less obvious impairments, unexpected illnesses, and even “unruly” behavior.\(^\text{26}\) For instance, in the Louisiana case of *Nelson v. Lillard* (1840), the plaintiff claimed that five slaves he had purchased for a total of $5000 from the defendant were afflicted with different redhibitory defects. The plaintiff described his purchased slaves as Cynthia, a woman with an injured hip who died shortly after the transaction; Moses, a “consumptive” man; Willis, an “idiot”; Solomon, a “club-footed epileptic,” and Frank, a man who was simply listed as “diseased.” The Supreme Court of Louisiana upheld the rescission of the sale of Cynthia and Moses, but determined that Solomon had not been guaranteed at the time of sale, and there was no way to prove that Frank’s condition existed prior to the transaction.\(^\text{27}\) In 1850, the Supreme Court of Arkansas heard a case involving the warranted sale


\(^{26}\) Fett, *Working Cures*, p. 22; Schafer, “Guaranteed Against Vices and Maladies,” p. 308; Schafer, *Slavery*, p. 129. For an example in which a slave was deemed unsound for being “dishonest, and of very bad character,” see Cozzins v. Whitaker, 3 Stew. & P. 322, 1833 Ala. LEXIS 23 (1833).

of an eight-year-old “likely mulatto girl” named Hannah, who seemed to be afflicted with paralysis in her arm and leg. Although several witnesses claimed they had observed the condition in the girl prior to her sale, a physician testified that “persons not in the habit of examining or not acquainted with the disease, might not notice it…no one could see the negro without discovering the defect, but…persons not skilled could not tell what caused it.” The court agreed that Hannah’s “unsoundness” constituted a breach of the seller’s guarantee:

A defect in property when sold, which is obvious to every observer, and required no skill to detect it is not covered by express warranty. But where a slave, warranted sound, is afflicted with a disease of such a nature as nor to be observed by an unskilled eye, though the effects of the disease might be easily seen, such defect is covered by the warranty.  

Another kind of latent slave defect that could result in litigation was “misbehavior,” including running away, laziness, or malingering. In Louisiana, the law determined that slaves who escaped thirty days prior to a sale or within sixty days after a sale could be considered “flawed” at the time of purchase, although a number of factors—including the slave’s age and the way they were treated— influenced how the law was applied. For example, in the case of Fazende v. Hagan (1844), the plaintiff successfully sued a trader because a ten-year-old boy he had purchased escaped back to his seller twenty days after the transaction; two weeks after the slave was returned, he fled again, and drowned. The Louisiana Supreme Court overturned the original verdict for the plaintiff because, as Justice Martin noted in his opinion, there was no indication that the slave had

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28 Jordan v. Foster, 11 Ark. 139, 1850 Ark. LEXIS 21 (1850). However, the court reversed judgment in the case because they concluded the jury had been given misleading instructions for their consideration of the bill of sale.
attempted to flee prior to the sale, and “the habit of running away in a boy of ten years of age, is supposed to be extremely rare.”\textsuperscript{29} As Walter Johnson has noted, courts that defined vicious habits as unsoundness were likely concerned that those habits would spread like a contagion among other slaves.\textsuperscript{30} Thus, courts incorporated notions about the potential spread of disability—as congenital defects, like myopia in \textit{Bell v. Jeffreys}, or as acquired habits, like escape or resistance—into determinations of slave soundness.

The paramount consideration in breach-of-warranty cases was whether or not an “unsound” slave would be able to perform their expected duties; in such instances, antebellum courts applied double standards of disability and attempted to create definitions of disability that were unique to slaves. This is particularly evident in questions of slave madness or mental incompetence; as the Supreme Court of Louisiana opined in 1841, “it is very difficult if not nearly impossible to fix a standard of intellect by which slaves are to be judged.”\textsuperscript{31} In some cases, the litmus for slaves’ mental soundness was based on what, in the eyes of the law, were reasonable expectations for their ability to perform their duties and observe their subordinate roles.\textsuperscript{32} In \textit{Simpson v. McKay} (1851), the North Carolina Supreme Court determined that guarantees of soundness necessarily extended to mental as well as physical condition, and that “the value


\textsuperscript{30} See Walter Johnson, \textit{Soul by Soul}, pp. 146-47.

\textsuperscript{31} \textit{Briant v. Marsh}, 19 La. 391, 1841 La. LEXIS 438 (1841). See also Gross, “Pandora’s Box,” p. 274.

\textsuperscript{32} Gross, “Pandora’s Box,” p. 277.
of a slave depends as much, if not more, upon his having sense enough to do the work ordinarily done by slaves as upon the soundness of his body.\textsuperscript{33} The North Carolina Court’s opinion in \textit{Sloan v. Williford} (1843) claimed that assessments of slaves’ mental soundness had to rest on whether or not they could understand their duties, and perform their expected roles effectively. In other words,

\begin{quote}
if the slave, though not actually an idiot, be so weak in understanding and possess so dim a reason, as to be unable to comprehend the ordinary labors of a slave, and perform them with the expertness that is common with that uneducated class of persons, his mind must be deemed unsound within the meaning of the warranty.\textsuperscript{34}
\end{quote}

The phrase “though not actually an idiot” is significant; the Court admitted that prevalent definitions of mental instability did not necessarily apply in cases of slave soundness. The Supreme Court of Alabama cited \textit{Sloan v. Williford} in their decision in the case of \textit{Athey v. Olive} (1859), which concerned the “common sense and mental capacity” of a slave named Matilda. In the court’s opinion, “if a slave is neither insane, nor idiotic, nor subject to any mental derangement which interferes with the natural operations of the mind, the mere fact that he has less mental capacity than is usually found among slaves does not constitute a breach of warranty of sound mind” as long as he or she was still able to perform the role of servant.\textsuperscript{35} A similar verdict was delivered in the Tennessee case of \textit{Farnsworth v. Earnest} (1846), which concerned a breach of warranty in the sale

\textsuperscript{33} \textit{Simpson v. McKay}, 34 N.C. 141, 1851 N.C. LEXIS 38, 12 Ired. Law 141 (1851).


\textsuperscript{35} \textit{Athey v. Olive}, 34 Ala. 711, 1859 Ala. LEXIS 317 (1859).
of a ten-year-old boy. At the time of the auction, the boy had been crying, “and
the purchaser could not judge his mental capacity”; after five years, his master
concluded that he “was weak of mind, if not altogether an idiot.” The court
determined that, while it was apparent that the slave was less intelligent than
most other slaves, “for the ordinary services of a field hand, it is probably he will
be found equal to other slaves of his age”; the State Supreme Court upheld the
verdict for the seller.\textsuperscript{36} In the New Orleans case of \textit{Chapuis v. Schmelger} (1851),
which concerned the intellectual soundness of a 23-year-old woman named
Nelly, one witness claimed “she had common sense enough for a field hand,”
and called into question the plaintiff’s claim that the slave talked and sang to
herself because “it appears…that white persons are more apt to speak to
themselves than negroes.”\textsuperscript{37} These cases demonstrate that prevailing definitions
of intelligence and mental defect—particularly those that courts might apply to
free, white individuals—had less bearing on cases of slave soundness than the
question of whether or not slaves were competent to perform their expected
duties.

One of the most important latent causes of unsoundness in antebellum
warranty cases was epilepsy. As mentioned earlier, the diagnosis of fits, even in
seemingly healthy individuals,\textsuperscript{38} was associated with dangerous unpredictability
and uncontrollability; in Louisiana, epilepsy, as an “absolute vice,” could allow a

\textsuperscript{36} \textit{Farnsworth v. Earnest}, 26 Tenn. 24, 1846 Tenn. LEXIS 40, 7 Hum. 24 (1846).

\textsuperscript{37} \textit{Chapuis v. Schmelger}, Docket #2328 (New Orleans series) (December 1851), Louisiana and
Special Collections Department, University of New Orleans, Louisiana.

\textsuperscript{38} See \textit{Ingraham and Baker v. Russell}, 4 Miss. 304, 1839 Miss. LEXIS 28, 3 Howard 304 (1839).
buyer to sue for breach of warranty just by its existence.\footnote{Schafer, \textit{Slavery}, p. 130; Schafer, “‘Guaranteed Against Vices and Maladies,’” p. 310. See also DeWees \textit{v. Morgan}, 1 Mart. (o.s.) 1, 1809 La. LEXIS 1 (1809); Nichols \textit{v. Alsop}, 10 La. 407, La. LEXIS 223 (1836); Tansey, “Bernard Kendig,” pp. 175-76.} Furthermore, in the words of one medical witness, “the causes of fits are very numerous, and the cause is frequently so obscure that we can not detect it.”\footnote{Hopkins \textit{v. Tilman}, 25 Ga. 212, 1858 Ga. LEXIS 48 (1858).} Frequently the diagnosis of epileptic fits was accompanied by observations of other defects, which in breach-of-warranty cases made slaves seem particularly unsound.\footnote{For instance, see Orr \textit{v. Huff}, 27 Ga. 422, 1859 Ga. LEXIS 91 (1859). For an example of a white individual with epilepsy who was also considered an "idiot" and incapable of caring for himself, see Segur \textit{v. Pellerin}, 16 La. 63, 1840 La. LEXIS 322 (1840).} In the Louisiana Supreme Court case of \textit{Bayon v. Vavasseur} (1821), for example, a buyer sued the defendant because a slave he had purchased began experiencing frequent epileptic fits about two weeks after the transaction. The Court overturned a jury's decision that the seller was not responsible for the soundness of the slave because the bill of sale did not include a guarantee of health. In the appeal, a witness claimed that the buyer was unconcerned with other ailments observed in the slave (including a sore on his leg), but felt that the presence of epilepsy nullified their sales agreement:

she heard the plaintiff propose to the latter, to take the slave back, as he was epileptic, observing, that the defendant ought to recollect, that when he sold him to the plaintiff, the latter mentioned, he did not think any thing of the sore on his leg, but that if he had epileptic fits, or any other redhibitory disease, he would not take him on any consideration. When the defendant replied, the fellow had only a sore on one of his legs, and that he did not mention any other disorder in the bill of sale; but that this was only to avoid difficulties. He gave his word of honor, that the slave had no epileptic fits.\footnote{Bayon \textit{v. Vavasseur}, 10 Mart. (o.s.) 61, 1821 La. LEXIS 76 (1821).}
In other cases, witnesses argued that the origins of “fits” influenced whether or not the condition should be deemed a genuine “unsoundness”; in the New Orleans case *Metoyer v. Caretta* (1859), two physicians identified different origins of fits in a nineteen-year-old slave named Ellen Dorn. One doctor, who witnessed Ellen having a seizure and could not rouse her from the fit even after applying a hot coal to her leg, claimed that her condition was epilepsy; another physician, testifying for the defendant, noted that her fits could have arisen from a number of “curable” conditions, such as alcohol, hysteria, or “excess of love.” The jury and the appellate court, however, found the plaintiff’s physician more convincing, and the purchaser was able to recover his purchase price for the unsound slave.43

Finally, a slave’s gender was also an important consideration in assessing their able-bodiedness in warranty cases. As Alabama breach-of-warranty case *Stevenson v. Reaves* (1854) indicates, a female slave’s soundness and, by extension, value could be defined by her obedience and breeding capacity as well as her ability to work; in this case, a female slave was deemed “unsound” at court because she was apparently barren, and “deceitful in pretending to be sick frequently.”44 Judges based their conclusions about enslaved women’s mental states not only based on widespread assumptions about women’s bodies and

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44 Stevenson v. Reaves, 24 Ala. 425, 1854 Ala. LEXIS 60 (1854). Ariela J. Gross has argued that cases regarding slaves with “vicious” characters mostly concerned men; women who exhibited rebellious or disobedient behavior were more likely to be labeled idiotic or insane in legal proceedings. Gross, “Pandora’s Box,” pp. 276, 295, 297-98; Gross, Double Character, pp. 8, 148.
mental capacity, but also on what they considered to be appropriate responses to the unique circumstances of slave life. For instance, a slave mother who ranted or sobbed uncontrollably after being sold apart from her family could seem to be emotionally unsound, but perhaps less so than a mother who did not lose control on the auction block in similar circumstances. In the Arkansas case of Pyeatt v. Spencer (1842), the court declared that a slave named Sophia—who allegedly talked to herself and ran away after being sold—was deranged and “unsound” at the time of her warranted sale; however, testimony in the appellate case revealed she had been sold away from her young children, and that her new master had staked her naked in the yard, whipped her and rubbed salt into her wounds. The Supreme Court reversed the original verdict, claiming that “whatever seeming wildness and aberration of mind might be perceived in the slave, it is but reasonable to suppose, was caused by grief and the excessive cruelty of her owner” rather than mental defect. In Buhler v. McHatton (1854), the employer of a woman named Jane sought damages from her owner because she was supposedly insane, and her cooking was worse than he had expected. The Louisiana court found, in addition to their ruling that lack of culinary skill did not constitute a redhibitory defect unless that was the express purpose for which she had been hired, that the plaintiff’s evidence for Jane’s mental illness was flimsy. According to witnesses, she behaved “‘oddly and strangely’ [but] did not attract


46 Pyeatt v. Spencer, 4 Ark. 563, 1842 Ark. LEXIS 128 (1842); see also Wahl, Bondsman’s Burden, pp. 30-31.
particular attention,” and her peculiar habits—including refusing to eat on certain
days of the week and once burning her clothes—were “ascribed to religious
enthusiasm and grief at being separated from her children” rather than insanity.\footnote{Buhler v. McHatton, 9 La. Ann. 192, 1854 La. LEXIS 104 (1854).}
A mother’s separation from her children seems to have been an important
consideration in other kinds of soundness assessments as well; the North
Carolina court hearing the case of \textit{Spencer v. Hawkins} (1846) found it important
to record that, prior to exhibiting a defect in her ankles, Daphne was sold away
perhaps to establish a motive for malingering. In either event, Daphne’s gender
and the experience of being sold away from her child played a role in the court’s
determination of her soundness.

In the multitude of breach-of-warranty cases that arose in antebellum
courtrooms, the uncertain task of defining slave disability was a central project.
Judges relied on a variety of factors to determine whether or not a slave was
guaranteed “sound” at the time of purchase; the language of warranties, the
visibility or invisibility of disabling conditions, and the potential for the spread of
those conditions could influence the outcome of the case. However, the most
important consideration of “soundness” was whether or not a slave was able to
perform the duties expected of him or her. Participants in breach of warranty
cases—plaintiffs, defendants, witnesses, and judges alike—read “soundness” in

\begin{itemize}
\end{itemize}
slave bodies, actions and reactions, and often constructed meanings of disability that were racially and socially specific to slaves.

Liability Cases Concerning “Damaged” Slaves

Antebellum courtrooms also established double standards of disability in cases of slaves who were injured, or otherwise acquired disabling conditions, while working under overseers or outside employers. The major consideration in such cases was the question of liability; as a number of legal scholars have noted, African American slaves were exempt from the “fellow-servant rule,” which dominated industrial accident cases in the United States and Britain from around 1840 until the adoption of workman’s compensation laws in the early twentieth century. According to the rule, injured workers could not sue their employers for damages if a coworker was responsible for the injury. However, as industrialization increased in the South and more African American slaves entered the industrial workforce, it became apparent to southern jurists that the fellow-servant rule could not apply to bondspeople, primarily since slaves themselves could not be sued, so the burden of liability would be shifted to


50 In their recent study on health care provision for slaves, Kevin Lander and Jonathan Pritchett argue that the low number of slaves admitted to Touro Hospital in New Orleans for occupational injuries supports U. B. Phillips’s argument that masters “cherished” the lives of their slaves, and most did not employ them in dangerous industrial occupations (Kevin Lander and Jonathan Pritchett, “When to Care: The Economic Rationale of Slavery Health Care Provision,” *Social Science History* 33 (Summer 2009): p. 165). However, this conclusion overlooks evidence from court cases and insurance policies, which indicates that the number of slaves in dangerous industrial occupations increased in the 1850s, and does not consider the fact that most slaves were not admitted to hospitals for medical treatment.
slaveholders. Instead, courts considered injuries to slave laborers under bailment law, as "rented property" that needed to be returned in the same condition. In this respect, employers of slaves could be held liable for disabling or fatal industrial accidents, an interpretation of the law that reflected the cultural priority of slaveholding interests in Southern society.51 However, the exemption also illuminates how southern courts considered social and racial inferiority of slaves in their consideration of liability. Slaves could not be expected to provide “mutual notice”—to reprimand or correct white coworkers, or each other if they worked under white supervision—or to leave service if they chose, but courts also explicated that no one could presume African American slaves would have the intelligence or capability for self-governance to make their own decisions.52 Thus, ideas about the inherent social disability and mental inferiority of slaves, as well as considerations of the worthlessness of slaves who incurred disabling injuries, influenced decisions in liability cases.

As the Kentucky case of Redding v. Hall (1809) noted, an employer who hired another person’s slave was required to attend to protect the health of their employee; otherwise, “‘he can have no incentive to treat the slave humanely.’”53 Indeed, there are many examples of slaveholders who sued hirers for damages if


slaves acquired a disabling condition under their supervision, particularly if the hired-out slaves were assigned to a task not expressly agreed upon by the slaveowner. This occurred more frequently in the years leading up to the Civil War, as more slaveholders hired out their bondspeople for dangerous work, such as mining and road construction, a trend that is also reflected in the increased number of life insurance policies purchased for slaves.\(^{54}\) For instance, in *Mullen v. Ensley* (1847), the Tennessee Supreme Court awarded the slaveowners damages after their hired-out slave, Jordan, “was blown up” while blasting rock for a new turnpike, losing an eye and the use of one hand.\(^{55}\) Similarly, in 1856 the Louisville & Nashville Railroad Company was found liable when a slave, hired to connect cars and attend brakes, fell off of a cow-catcher and needed to have part of his leg amputated.\(^{56}\) Judgments in negligence cases, which often held hirers liable for disabling injuries and deaths of slaves,\(^{57}\) emphasized that African American laborers were not subject to the same conventions as free white laborers in dangerous industries. As *Scudder v. Woodbridge* (1846) indicates, individuals occupied in steamboat and railroad operations were required to be responsible for each other, and to see that every other laborer performed his duties; a slave, however, could risk being accused of impertinence by calling out a white coworker, and would be subjected to strictures and punishments that

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\(^{54}\) Morris, *Southern Slavery*, pp. 135-146.


white workers were not.\textsuperscript{58} Other cases pointed out that slaves were inherently less intelligent than free workers, and required more supervision and protection when engaged in dangerous labor. As the Supreme Court of Georgia opined in the appellate case of \textit{Council of Columbus v. Howard} (1849), which involved a slave named Braden who had been killed while working on a city sewer, “the want of discretion in our slave population is notorious. They need a higher degree of intelligence than their own, not only to direct their labor, but likewise to protect them from the consequences of their own improvidence.”\textsuperscript{59} In the railroad case, the Kentucky Supreme Court overturned the verdict because the original jury had been given erroneous instructions, but affirmed that the Louisville & Nashville Railroad Company was liable for the slave’s crippling injury, even if it resulted from his own carelessness, because “‘slaves, to be sure, are rational beings, but without the power of obeying, at pleasure, the dictates of their reason and judgment.’” According to Kentucky law, the railroad company was more liable for the slave’s injury than they would be if it worker had been “an ordinary careful man,” which can be read to mean free and white. The railroad company’s defense focused on its objection to this “false principle of humanity,” arguing that slaveholders, as well as slaves themselves, were at least as responsible as the railroad for injuries that occurred during dangerous labor.\textsuperscript{60} Despite their reversal

\begin{footnotes}
\item[58] Scudder v. Woodbridge, 1 Ga. 195, 1846 Ga. LEXIS 53 (1846).
\end{footnotes}
of the original verdict, the Kentucky court deliberately accepted a double standard of liability as it applied to employers of slaves.

In other cases, slaveowners sought damages from other white authority figures—including overseers, hirers, and even sheriffs—for abusive treatment of slaves that led to physical impairment or death. For instance, in *Dabney v. Taliaferro* (1826), the Supreme Court of Virginia upheld the conviction of a sheriff who had refused an incarcerated slave food, clothing and heat during the winter; consequently, “the slave became diseased, frost-bitten, crippled and maimed to the extent that he was useless as a slave.” The ruling in *Jones v. Glass* (1852) held a hirer responsible for an overseer who had paralyzed Willie, a slave hired to work in a mine, by hitting him on the head with a large piece of wood. The overseer, a man named Massey, had claimed that the blow was intended to be disciplinary, and although the North Carolina court affirmed his right to correct slaves in his charge, ruled Massey’s action “an unreasonable and dangerous blow” that disabled Willie’s body and “permanently impaired” his value. It is significant that the court describes Willie’s body and economic value in similar terms; indeed, many cases involving slaves who were disabled by other parties determined damages based on the value of the slave. In one famous example, the Louisiana case of *Jourdan v. Patton* (1818), a slave named James was blinded by another slave, Mangé, who belonged to the defendant. James’ owner

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61 Gross, *Double Character*, p. 3; Schafer, *Slavery*, p. 35.


sued for damages because the injury rendered James “worthless” and “a burden,” receiving $1,200—estimated to be James’ “full” value before the injury—in addition to payment for a physician’s bill, and funds to sustain James. However, on appeal, the State Supreme Court determined that the defendant could either pay James’ value as a blind, disabled slave, or pay the plaintiff the “full” price of James before the injury, but then claim ownership of the plaintiff’s property. As the court opined, “the principle of humanity, which would lead us to suppose that the mistress…would treat her miserable, blind slave with more kindness than the defendant, to whom the judgment ought to transfer him, cannot be taken into consideration.” James’ owner agreed to take $1,200 from the defendant, and confer James’ title. Antislavery writers like Harriet Beecher Stowe, Theodore Dwight Weld and William Goodell described this case to deplore the lack of consideration of disabled slaves’ wellbeing in legal cases designed to protect slaveholders, and the “calm legal explicitness” of such decisions. As William Goodell pointed out, “the disabled slave is ‘transferred’ from perhaps a kind master…and turned over to the tender mercies of his persecutor, rendered the more bitter against him for the losses sustained in the transaction, and the prospect of receiving no valuable service from him!” In these cases, slaves who had been disabled from injury appeared in court records

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64 *Jourdan v. Patton*, 5 Mart. (o.s.) 615, 1818 La. LEXIS 56 (1818). See also Schafer, *Slavery*, p. 23.

as damaged property, and the extent of the damage was determined by the decreased value of the slave. Thus, judges who awarded damages to slaveholders utilized market prices and assumptions about future labor capacity to define disability in their bondspeople, a standard of practice that was applied in slave cases alone.

**Double Standards for the Legal Protection of Slaves with Impairments**

Legal decisions that were specific to disabled slaves were not always linked with warranty or hiring disputes. In a much smaller number of cases, southern courts provided a degree of specific protection for elderly or impaired slaves. For instance, emancipation laws in many southern states were designed to punish slaveholders who refused to support elderly and infirm slaves by freeing them to “go at large” and fend for themselves or become wards of the county. Instead, state courts retained “full power to demand bond and sufficient security of the emancipator…for the maintenance of any slave or slaves that may be *aged or infirm* either of body or mind.”

In some cases, that provision was supposed to come from fellow slaves; one 1818 Virginia estate emancipated all slaves but charged seven of them “to pay for some person appointed by the Overseers of the Poor for the support of Milly a lunatick ten dollars per year, and her mother Tener”; if the former slaves could not provide the annual fund, the

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overseers were at liberty to “hire them to some person.”\(^\text{67}\) One Louisiana provision also dictated that elderly and disabled parents offered for public sale should not be sold without their children on whom they depended, even though masters were permitted to sell the children away from their parents.\(^\text{68}\) While such examples seem to acknowledge the “personhood” of slaves with disabilities, we can speculate that the spirit of the law was less concerned with the protection of slaves than with community and market interests. In emancipation cases, provisions for elderly or infirm slaves who were incapable of labor were designed to prevent freed bondspeople with disabilities from becoming public burdens; the fact that slaveholders were always at liberty to decide for themselves how to provide for their un-emancipated slaves indicates that the care of elderly or infirm bondspeople was not the major issue. Furthermore, the Louisiana law regarding the sale of disabled parents away from their children seems to have been motivated by slave market interests rather than compassion. The children of elderly or impaired slaves often took responsibility for their care, providing their parents with food, water, and other means of subsistence and social interaction. Slaveholders who opted to sell the children away from disabled parents, however, chose to assume the care for their disabled chattel, rather than attempt to pass off the burden of disabled slaves to buyers in the slave market where a surplus of “unsound” commodities could drive down prices or stimulate more redhibitory litigation. Thus, such laws more likely relied on assumptions about


\(^{68}\) Child, \textit{Appeal}, p. 43.
the “uselessness” and burden of slaves with disabilities, and sought to protect the interests of slaveholders with elderly or impaired bondspeople rather than the dignity or bodies of slaves themselves.

In addition, courts could indict white authorities for unlawfully maiming or killing slaves. While disciplinary measures such as whipping with permitted instruments, confinement, and leg irons were considered appropriate and perfectly legal, by the 1830s all southern states except North Carolina had passed fines and/or jail time for the abusive treatment of bondspeople. The imposed fines for mistreatment were not necessarily inconsequential; for instance, Louisiana’s “Black Codes” charged up to $500 for the maiming or killing of slaves. Some states specified acts that were considered unlawful—including castration, cutting out the tongue or eyes, scalding or cutting off “any limb or member,” and “tearing with dogs”—while others, like Alabama, enacted more general codes that barred owners from cruel punishments and dictated humane treatment for slaves. In one such case, Tennessee slaveholder Gabriel Worley was convicted of punishing his 21-year-old slave, Josiah, by castrating him with a razor and leaving him “maimed and disabled.” Worley appealed the case, and although witnesses claimed “that Josiah was turbulent, insolent, and ungovernable...lewd and incontinent,” and that Worley “was remarkable for his kindness and humanity towards his slaves,” the state supreme court upheld the decision. In his opinion, Justice Totten affirmed that Worley’s action was a direct

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69 Schafer, Slavery, p. 29.
70 Morris, Southern Slavery, pp. 183-85. See also Wahl, Bondsman’s Burden, p. 6.
violation of an 1829 law prohibiting “cutting…or disabl[ing] the organs of generation of another,” be they white or black, but also stated that Worley’s deliberate and malicious disabling of his slave was immoral; in Totten’s words, “we utterly repudiate the idea of any such power and dominion of the master over the slave, as would authorise [sic] him thus to maim his slave for the purpose of his moral reform. Such doctrine would violate the moral sense and humanity of the present age.”

Although Worley’s conviction was exceptional, the existence of these laws indicate that southern jurists had a sense of what disabilities were considered the most damaging for slaves, and enacted laws to prevent others, even masters, from creating certain impairments in bondspeople.

However—as a number of abolitionist writers argued—laws against the mistreatment or assault of slaves were applied inconsistently and contained significant loopholes that favored slaveholding defendants; as George M. Stroud phrased it in 1856, “where the life of the slave is…feebly protected, his limbs, as might be expected, share no better fate.” For one thing, although Eugene Genovese has noted that physical evidence of abuse could suffice for conviction in some cases, disabling mistreatment was nearly impossible to prove since

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71 Worley v. The State, 30 Tenn. 172, 1850 Tenn. LEXIS 84, 11 Hum. 172 (1850). There is evidence that some mid-nineteenth-century physicians used castration as a surgical cure for depleting illnesses linked with masturbation, but one New Hampshire doctor who utilized the treatment admitted that it was largely unsuccessful and dangerous. Josiah Crosby, “Seminal Weakness—Castration,” *Boston Medical & Surgical Journal* 29 (9 August 1843): p. 10.

72 Stroud, Sketch of Laws, p. 66.

73 Eugene D. Genovese, *Roll, Jordan, Roll: The World the Slaves Made* (New York: Vintage, 1974), pp. 39-40. In Roulhac v. White, a North Carolina court admitted the testimony of a consumptive slave over the defendant’s objections; the superior court affirmed the judgment, noting that “his Honor was correct in admitting, as evidence, the declarations of the slave as to the state of his health.” This example, however, seems to be the exception that proves the rule, since Justice J. Nash also noted that the law forbidding African Americans from serving as
African American slaves were barred from giving testimony against white people in court. In her *Appeal in Favor of that Class of Americans called Africans*, Lydia Maria Child argued that, since cases of neglect needed to be brought “by a white man upon oath” who would incur expenses if the court did not find sufficient evidence for a ruling, aged or disabled slaves with no means of subsistence rarely found their way to the legal system; in her estimation, few white men were “so desperately enamored of justice, as to take all this trouble, and incur all this risk, for a starving slave.”\(^7^4\) Furthermore, in cases of abusive treatment that resulted in disability or death, southern laws often contained enough “gray area” to allow white authorities to clear their names. In Georgia, for instance, it was illegal to “maliciously dismember or deprive a slave of life” unless the slave in question was committing an insurrection, or the injury or death was an accidental result of “moderate correction”; as William Craft lamented in his narrative, “I have known slaves to be beaten to death, but as they died under ‘moderate correction,’ it was quite lawful; and of course the murderers were not interfered with.”\(^7^5\) Given that a white slaveholder could clear himself of indictment “by his own oath”\(^7^6\) indicates that the burden of proof would have been effectively impossible in cases of slave assault. As abolitionist author William Goodell claimed, such cases involved questions of whether a slave should be considered witnesses against white persons did not apply in this case. *Roulhac v. White*, 9 Iredell 63 (NC 1848) (cited in Catterall, ed., *Judicial Cases*, v. II, p. 129).


\(^7^6\) Schafer, *Slavery*, p. 30.
a “person,” deserving of legal protection in case of injury or disability.\textsuperscript{77}

Throughout the South, courts debated this significant issue, returning again and again to the same conclusion; ultimately, legal protection in cases of slave disability extended to slaveholders whose property had been damaged rather than to the damaged slaves themselves. Even fine structures in slave law reflected the trend; Theodore Weld noted that the maximum penalty for cruelly mistreating a slave in Louisiana was only half of the maximum fine for cutting a chain to free another person’s slave, a trespass that also carried up to two years’ imprisonment. Weld cited this example to demonstrate “that the ‘public opinion’ of the slave states far more effectually protects the property of the master than the person of the slave.”\textsuperscript{78}

The most famous example of this issue is the 1829 case of \textit{State v. Mann}, in which the North Carolina Supreme Court explicated the authority of masters over the bodies of their bondspeople. Lydia, an enslaved woman belonging to Elizabeth Jones, suffered a disabling gunshot wound at the hands of John Mann, her hired master for one year, who shot her while she attempted to escape punishment for “some small offence.” In the original indictment, the jury found Mann guilty of “cruel and unwarrantable” punishment of another individual’s property. Mann appealed the verdict, impelling the Court not only to reverse the decision but also to make a strong declaration of the meaning of mastery in North Carolina. Justice Thomas Ruffin—who wrote the dissent in \textit{Bell v. Jeffreys}

\textsuperscript{77} Goodell, \textit{American Slave Code}, p. 194.

\textsuperscript{78} Weld, \textit{American Slavery As It Is}, p. 145.
decades later—freely admitted his reluctance to consider this case; in his words, “the struggle...in the Judge’s own breast between the feelings of man, and the duty of the magistrate is a severe one.” However, his opinion in the case clearly states that masters (owners and hirers alike) must have absolute control over the discipline of slaves for the institution to function, even in cases of disabling assault:

That there may be particular instances of cruelty and deliberate barbarity, where, in conscience the law might properly interfere, is most probable. The difficulty is to determine, where a Court may properly begin. Merely in the abstract it may well be asked, which power of the master accords with right. The answer will probably sweep away all of them. But we cannot look at the matter in that light. The truth is, that we are for-bidden to enter upon a train of general reasoning on the subject. We cannot allow the right of the master to be brought into discussion in the Courts of Justice.\(^{79}\)

In Ruffin’s view, such a proclamation was certainly harsh, but he offered several rationalizations for the court’s position; he claimed that the humane treatment of enslaved property was more effectively policed by public opinion, as well as masters’ benevolence and economic incentives to maintain the able-bodiedness of their human chattel. He also intimated that he would welcome legislative changes to the system that would accord more protection and respect to African American enslaved bodies, but concluded unequivocally that, unless the law specifically forbade a particular cruelty, it was “the imperative duty” of courts “to recognize the full dominion of the owner over the slave”\(^{80}\) in cases of assault. By making this precedent, the North Carolina court determined that laws indicting masters for disabling their slaves were largely ineffective. \emph{State v. Mann}

\(^{79}\) \cite{Ruffin}  
\(^{80}\) ibid.
therefore exemplifies the saddest double standard of all: by protecting the power of slaveholders and viewing abused slaves as damaged property rather than victims, the court established a separate benchmark for indictable assault and mistreatment if the victim was a slave.

**Conclusion**

As the exchange of opinions between Justices Pearson and Ruffin in *Bell v. Jeffreys* indicates, definitions of disability or unsoundness in slaves were elusive and constantly under negotiation in southern courtrooms. The project of determining whether a slave ought to be considered “unfit for ordinary purposes” took place in a variety of cases, particularly those involving breach of soundness warranties and assigning liability for damages to enslaved employees. A number of participants—including masters, traders, judges, physicians, employers, and slaves themselves—participated in a complicated discourse on the nature of slave soundness, as well as the responsibility of involved parties in concealing or causing unsoundness. A closer glimpse at local legal records, depositions, and the early hearings that led to state supreme court appeals would allow us to disentangle these perspectives and perhaps identify the roots of discourse on the concept of soundness. Nonetheless, from the rudimentary transcripts of state appellate cases examined in this chapter, it is apparent that southern courts often employed standards of soundness and liability that were unique to African American slaves, who seemed to exist in a liminal social and racial category somewhere between “person” and “property” in the eyes of the law.
Furthermore, although southern states enacted laws that seemed to protect elderly and impaired slaves from neglect, or from the disabling abuse of white authority figures, such laws were selectively applied and mainly enforced to serve the interests of the slaveholding community, rather than slaves themselves. Thus, even as courts negotiated meanings of slave soundness and the accountability of those who concealed, created, or neglected sources of unsoundness in bondspeople, their focus on the priorities of slaveholders led them to employ a number of legal double standards in cases involving slave disability. At the same time, a close reading of these cases indicates important conversations about the nature of disability in general. Pearson and Ruffin, for instance, were not only divided on the issue of whether or not the woman in question suffered from an eye defect that rendered her “unsound,” but if there existed a “perfect” form of the eye at all. In Pearson’s view, while there was no model for perfection in general body structure, the eye, as an organ, could be said to be perfect if it was free from defect; conversely, Ruffin argued that there could not be a model for a perfect eye, since so many individuals—particularly free whites—had different degrees of vision, “and I confess it never occurred to me to call such a person unsound.” These comments belied a deeper concern about the nature of able-bodiedness and disability in general, and suggest that southern courts discussing the unique fitness of slaves were also establishing a discourse about the “soundness” of all.

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81 Bell v. Jeffreys, 35 N.C. at 358, 360 (quote at 360).
CHAPTER 7

“As You May Think Best”:
Doctors, Disability, and Decision-Making in the Medical Care of Slaves

Introduction

In an 1839 issue of the *Southern Medical and Surgical Journal*, medical student W. H. Robert wrote an account of surgical amputations performed by Louis Alexander Dugas, a founder of the Medical College of Georgia, over the previous few years. Dugas attended two enslaved boys, both fifteen years old, for “swelling of the knee”: Henry, “a mulatto boy” who had suffered for years from an immovable knee joint and a “fistulous opening” in his leg, and Ned, whose “growth had been very much retarded” by the painful ulcers his swelling had caused. In both cases, Dugas resorted to above-the-knee amputations of the patients’ affected legs.¹ Although this intervention seems to have been a last resort, at least in Henry’s case, Robert assured his readers that the removal of these slaves’ limbs was not an extreme measure, or even necessarily disabling. Instead, Robert noted that

the loss of so important a limb as the leg, should be very differently estimated in the different classes of society. Whilst to the gentleman of fortune it would be a horrid deformity, and the destruction of most of his enjoyments; and to the free laborer, it would, in many instances, constitute the loss of the means of subsistence for himself and his family; it is to the slave a matter of

comparatively little importance.²

Because slaves were prone to “idleness” and did not need to provide for themselves or their families, according to Robert, the prospect of losing a leg should not trouble them or the physicians treating them. Assumptions about the patients’ race and servile status thus influenced Dugas’ judgment of the worth of their legs as much as the medical evidence. The student concludes his report by noting “we should hesitate much less to remove a limb, whose affection endangers the life of the patient, if he be a slave, than if he be a free man, and especially a white man.”³

Robert’s published account provides an excellent example of the power given to physicians (primarily allopathic practitioners) to assess disability in slaves, as well as their authority to make medical decisions for the treatment of slaves with debilitating conditions. This finding is surprising given the general lack of repute for the medical profession in the mid-nineteenth century, but Southern physicians routinely treated acute illnesses among slaveholding families and their bondspeople, and also were consulted frequently for chronic ailments, or conditions that threatened to become permanent disabilities, including female reproductive disorders, blindness, epileptic fits, and insanity.⁴ In

² Ibid, pp. 292-93.


⁴ Robert C. Carroll, “Jackson Street Hospital Reports. Cases of Menstrual Derangement in Negro Women,” Southern Medical & Surgical Journal 16 (May 1860); pp. 333, 336; Larkin Stanard to James Carmichael (5 April 1821), Patients’ Voices in Early 19th Century Virginia: Letters to Doct. Carmichael & Son, Dr. James Carmichael Papers, 1816-1832 and n.d., Albert and Shirley Small Special Collections Library, University of Virginia Library, Charlottesville,
one telling example, a letter to Virginia physician Charles Brown dated 9
February 1817, slaveholder Garland Garth requested the physician to send him
medicine and directions “as you may think best” to treat Sarah, a slave with a
chronic eye problem. The phrase “as you may think best” is a significant
indication of the power that physicians had to intervene in the lives of slaves with
potentially disabling conditions. Evidence from medical journals (particularly
articles by prominent and prolific authors like Samuel Cartwright and J. Marion
Sims), published nonmedical sources, physicians’ correspondence and account
books, and plantation records indicates that Southern physicians (who were often
slaveholders themselves) played a significant role in discourses about slave
soundness in plantation practice, medico-legal issues and market situations, and
used their considerable authority to make decisions about the kind of treatment
that slaves with impairments would receive. In many cases, physicians and
slaveholders believed that black patients required different therapies than white
patients, and defined “disability”—more often referred to as “soundness” or
“infirmity” in nineteenth-century parlance—differently for slaves than non-slaves.
The treatment of slaves with chronic ailments, such as blindness, epilepsy,
vesico-vaginal fistula, and injuries to limbs, was a common, and often lucrative,

in the Florida Parishes of Louisiana 1836-1846, as Reflected in the Diary of Bennet H. Barrow
(New York: Columbia University Press, 1943), p. 329; Marie Jenkins Schwartz, Birthing a Slave:
Motherhood and Medicine in the Antebellum South (Cambridge, MA; London: Harvard University
Press, 2006), p. 1; Ariela J. Gross, Double Character: Slavery and Mastery in the Antebellum

Garland Garth to Dr [Charles] Brown (9 February 1817), Charles Brown Papers 1792-1888,
Folder 2, in Records of the Ante-Bellum Southern Plantations from the Revolution through the
Civil War (microfilm), Series L, Part 4, Reel 35.
practice. Furthermore, the published reports of experimental treatments on disabled enslaved subjects—as well as invasive examinations of enslaved “medical oddities,” such as conjoined twins—boosted the reputations of southern physicians as “experts” on slaves’ bodies and health. However, the same institution that gave physicians these liberties also limited their power; doctors occasionally were blamed for causing or prolonging disabilities in the slaves they treated, and often found themselves walking a fine line between offering professional intervention and usurping proprietary control over another person’s human chattel.

In this chapter I discuss the role of “regular” doctors in southern slave society, highlighting their powerful roles as experts on slave health and soundness, and the lucrative practice of attending to slaves with chronic and disabling conditions. In addition, I analyze the types of procedures that physicians employed in their treatment of debilitated slaves, as well as the use of chronically ill and disabled slaves as subjects for clinical experiments, medical school demonstrations, and “medical oddities” on display. Finally, I describe the limits of doctors’ authority, including the pressure to “cure” disabling conditions in valuable bondspeople and slaveholders’ accusations that medical treatment actually aggravated or caused infirmities in slave patients.

The Authority of Physicians in the Antebellum South

In discussing white physicians’ role in defining and treating disabilities in slaves, it is important to recognize the role of doctors in antebellum southern
society. The region’s economy was intimately linked with the health and
productivity of its enslaved labor force, and the medical care of slaves was an
important concern for many slaveholders. Southern doctors, perceiving
themselves to be isolated from centers of medical learning in the North and
Europe, claimed that, due to a distinct climate, social structure, agricultural
system, diet and materia medica, their regional medical knowledge was vital for
treating the unique medical issues of the South. This concept of medical
distinctiveness supposedly was particularly important for the treatment of slaves;
according to prominent Southern physician Samuel Cartwright, “it is only the
country and village practitioners of the Southern States…who appear to know
any thing at all about the peculiar nature of negroes—having derived their
knowledge, not from books or schools, but in the field of experience.”


Cartwright’s view, slaveholders should only hire southern physicians to treat their bondspeople, a situation that was mutually beneficial for planters and doctors.  

To be sure, evidence of this distinct kind of medical authority over bondspeople usually appeared in published medical articles by well-known Southern physicians who had a financial and professional incentive to make such a claim. Furthermore, health care providers and patients of all races and social classes utilized a variety of different, overlapping treatments for chronic or seemingly incurable conditions, and medicine in the antebellum South is better characterized as a dual system in which slaves and their masters borrowed from one another’s healing traditions. However, many southern physicians noted the necessity of applying different treatments to black and white patients. In identifying “unsound” or disabled slaves, some physicians discussed diagnoses that were unique to African Americans. Some of these examples, most notably Cartwright’s definitions of drapetomania Aethiopicus (a disease that compelled slaves to run away repeatedly) and dysaesthesia Ethiopica (a more general

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11 See M. D. McLoud, “Hints on the Medical Treatment of Negroes” (M.D. Thesis, Medical College of the State of South Carolina, 1850), Waring Historical Library, Medical University of South Carolina, Charleston, pp. 14, 17.
laziness or insensitivity) medicalized vicious character traits that masters observed in their human chattel.\textsuperscript{12} Although it is difficult to ascertain how influential Cartwright’s racialist theories were in everyday southern medical practice, legal historian Ariela J. Gross has argued that many southerners discussed slave vice in terms of “negro diseases.”\textsuperscript{13} Furthermore, many physicians and slaveholders argued that physicians treating slaves needed to have a keen eye to detect malingering, since many believed slaves were especially prone to feigning illness and debility to avoid work.\textsuperscript{14}

Indeed, enslaved African Americans—particularly those with chronic or disabling conditions—were a large part of some Southern doctors’ patient bases. Masters hired doctors to tend to all medical needs of their human chattel, and the fact that some doctors offered reduced rates for treating slaves indicates that there was enough of a patient volume to compensate for the discount.\textsuperscript{15}


\textsuperscript{13} Gross, “Pandora’s Box,” p. 294.

\textsuperscript{14} See McLoud, “Hints on Medical Treatment,” p. 3. More specific issues of slave malingering and the role of physicians in identifying feigned illness are discussed in another chapter.

cases, slaveholders hired the same doctors that treated their own families to attend their slaves.\textsuperscript{16} Some doctors located near large plantations even contracted “retainer” agreements with planters to provide all necessary medical attention for their bondspeople for a set period of time, guaranteeing the physicians not only a stable source of income but also a working relationship with an elite patron who could improve a doctor’s social standing.\textsuperscript{17} However, medical authority of southern physicians went far beyond care for slaves on individual plantations. Physicians also were intimately involved in most aspects of the slave economy, including assessments of slaves arriving on ships, offering their opinions about a slaves’ soundness in markets and courts, and conducting medical examinations of bondspeople for life insurance companies.\textsuperscript{18} In 1858 Juriah Harriss, a professor at Savannah Medical College, noted the widespread demand for medical opinions regarding the soundness of slaves:

physicians in the South are daily called upon to give medical evidence in court, in cases of prosecution for sale of an unsound negro, or by a citizen to pronounce upon the soundness of a negro slave, whom he proposes purchasing, or finally as a medical examiner for insurance companies, to determine the condition of negroes as regards health.\textsuperscript{19}

\textsuperscript{16} Davis, ed., \textit{Plantation Life}, pp. 417, 419.


As Harriss indicates, physicians’ depositions were a necessary piece of evidence in legal trials concerning the sale of potentially unsound slaves; in the first half of the nineteenth century, southern courts increasingly focused on aspects of slave soundness—including “character” and “vice”—as medicalized conditions, and employed doctors as medico-legal authorities.20 One early example of this is the certificate of Louisiana physician Samuel Robinson, who deposed on 6 July 1809 that a “negro woman” belonging to a Mr. C. Stuart was “much diseas’d” and “intirely [sic] unfit for any kind of labour.”21 Five decades later, in the Arkansas case of Thompson v. Bertrand, the court upheld that only medical professionals have the authority to determine the causes and prognoses of “unsound” conditions in slaves.22 The importance of physician’s judgments of slave soundness is also apparent in correspondence between South Carolina slave traders Z. B. Oakes and A. J. McElveen in 1853. McElveen, traveling to collect slaves to sell at Ryan’s Mart in Charleston, describes several slaves with potentially disabling conditions to Oakes, and notes the necessity of having them “Examind by a Doctor you approve off.”23 In the case of a young man with a “Soar leg” that seemed like it might be curable, McElveen notes that “I had him Examined by Dr Ingram [and] he advises his owner Mr Mcleod to warrant him

20 See Gross, Double Character, pp. 8-9, 123-24, 133-34; Fett, Working Cures, p. 25.

21 [Deposition of Samuel Robinson, 6 July 1809], Butler Family Papers 1663-1950, Series 3, Box 2, Folder 6, in Records of the Ante-Bellum Southern Plantations from the Revolution through the Civil War (microfilm), Series I, Part 5, Reel 13.

22 Thompson v. Bertrand, 23 Ark. 730; 1861 Ark. LEXIS 192 (December 1861). See also Brabo v. Martin, 5 La. 275; 1833 La. LEXIS 44 (March 1833).

Sound.”\textsuperscript{24} Significantly, the doctors that McElveen hired had the authority to assess the marketability of slaves with potential physical problems, as well as to vouch for the soundness of a slave with a known sore leg, which was widely accepted as an “unsound” condition. These examples indicate that physicians, even in a non-therapeutic role, had authority to judge slaves’ soundness and disability.

The summoning of a physician for advice or treatment in any arena almost always came from a white authority figure, not from slaves themselves. As mentioned above, masters normally discounted slaves’ accounts of their own physical conditions, particularly those concerning chronic problems or debilities; this mistrust may have stemmed in part from abundant evidence that slaves did not trust white doctors and preferred to consult their own healers.\textsuperscript{25} In many cases, suffering slaves simply avoided their masters and overseers while they sought treatment, concealing their symptoms and continuing their regular routines as well as they could. This phenomenon is apparent in the following entry, dated 3 March 1840, of planter Bennet H. Barrow’s journal: “Luces childs foot verry [sic] badly burnt—never said a word about it for 8 days—nearly mortified &c.”\textsuperscript{26} Slave healers utilized a number of herbal and “superstitious”

\textsuperscript{24} AJ McElveen to ZB Oakes, Sumterville, SC (7 November 1853) (cited in Drago, ed., \textit{Broke by the War}, p. 61).


\textsuperscript{26} Davis, ed., \textit{Plantation Life}, p. 185. See also \textit{Letters on Slavery} (1853) (p. 4), Francis Cope Yarnall Papers, Diary Folder, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina; Charles Joyner, \textit{Down by the Riverside: A South Carolina Slave Community} (Urbana; Chicago: University of Illinois Press, 1984), p. 146; Drew Gilpin Faust,
remedies to treat chronic conditions. Rheumatism, for example, might be treated with buckeyes,\textsuperscript{27} or as one physician observed, “a ligature around each thigh, drawn so tight as nearly to impede altogether the circulation.” In this case, the slave suffering from rheumatism believed “one of his fellow servants had bewitched him, and placed in his legs a number of crawfish, which he was endeavoring to prevent from getting into his belly.”\textsuperscript{28} Such examples indicate that slaves often diagnosed and treated their medical issues on their own, rather than relying on the white “regular” physicians supplied by slaveholders. However, slaves generally were not given a choice of practitioners or therapeutic interventions, and ultimately, most slaveholders requested physicians to make decisions for the diagnosis and care of slaves with chronic or potentially disabling medical conditions.

Given the volume of services that physicians provided for slaveholders, it is unsurprising that the treatment of slaves was a very lucrative practice in the antebellum South.\textsuperscript{29} This was particularly true for physicians who treated slaves with chronic ailments or injuries that could render them “useless” as laborers. Such conditions often required multiple visits to patients, as well as costly

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surgical interventions like amputation. It is difficult to make generalizations about the cost of treating disabling conditions in slaves, because prices for consultations and interventions varied widely; however, according to many physicians’ records, the most expensive procedures for slaves were for those that treated chronic conditions and disabling injuries, which were often four or five times more expensive than charges for visits and routine prescriptions for acute illnesses. Indeed, there was a lot of money to be made in treating or attempting to cure the disabling conditions of bondsmen. As physician Richard D. Arnold noted in 1836,

> It is amongst the slave population that I consider the greatest field to lie…The interest, if no other motive, causes the Master to obtain medical aid for his slave, & instead of looking to the laborer for his renumeration [sic], the Physician looks to the Employer. This is the true reason why physicians get into practice more readily at the South than at the North, and that here he stands some chance of making his bread while he has teeth to chew it.

One of the reasons that plantation practice could be so lucrative for physicians was the duration of therapy for slaves’ chronic conditions. Most doctors made home visits, but treatment of many disabling conditions—particularly those involving surgery—could require very long and intense regimens. In fact, many slaveholders with debilitated slaves chose to lodge their

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30 For examples, see Henry Ravenel Day Book 1816-1834, Thomas P. Ravenel Collection, 12-313-7, South Carolina Historical Society, Charleston; Ledger 1853-1859, William L. Johnston Papers, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina; Langdon Cheves to [Son], Columbia (12 April 1853), Langdon Cheves Papers, Correspondence January-May 1855, 12-49-1, South Carolina Historical Society, Charleston; Miss H. P. Gaillard to Edwd. Flud, Dr. 1849 [receipt], Theodore Gourdin Papers, Gaillard Family, Plantation Receipts & Accounts 1848-1850, 11-166-13, South Carolina Historical Society, Charleston. See also Genovese, “Medical and Insurance Costs,” p. 153.

bondspeople with doctors for the duration of their treatment. Long treatment regimens for disabled or infirm slaves at the expense of their owners were common in southern medical practice, not because masters necessarily were primarily benevolent, but because they wanted to protect their economic investment in their slaves’ bodies.\textsuperscript{32} In some cases, it seems to have been less expensive to send an ailing, “burdensome” slave to live at a hospital, or in the home of a physician for a long period of time. In 1845, for instance, J. Marion Sims boarded a man named Sam while he performed a jaw resection to treat Sam’s advanced syphilis; as historian Walter Fisher observed, “[Sam] was sent from rural Alabama to Montgomery, which suggests the owner’s desperation over the constant expenditure for the care of an infirm chattel.”\textsuperscript{33} South Carolina rice planter Robert F. W. Allston suggested leaving Sary, a slave he described as “worse than useless on the plantation,” at “the hospital of some Physician in town till she gets well.”\textsuperscript{34} Similarly, in an 1825 letter to Fredericksburg, Virginia doctors James and Edward Carmichael, slaveholder George M. Cooke described a man, belonging to Cooke’s sister, who required surgery to treat “a Fistula on his


posterior” and requested that the doctors provide care for the slave in their house:

If so it will require the attention of an operator perhaps for some time and thus be of so much expense as would attend visits to him at Home would be more than they could conveniently bare [sic] and have requested me to enquire of you if you would be so obliging as to take him in house and provide for him what might be necessary.\(^{35}\)

However, there is also evidence that boarding slaves with physicians or hospitals for long periods of time was still very costly. Prominent South Carolina planter Langdon Cheves noted this in his reactions to bills for the board and care of several slaves in 1852 and 1853; according to his records, Cheves paid Drs. Wildman and Ganahl $116 “To Board & Attention of Billy,” who may have been “infirm” or “liable to sore leg,” and $223 “to board & attendance” for Abram, Jessee, Caroline and Solomon. In a letter to his son on 12 April 1853, Cheves stated “the charges are enormous, made up almost altogether with the charge for boarding…I was shocked by the charges.”\(^{36}\) Cheves’ example indicates that, while it may have been more convenient to lodge a disabled slave with physicians for treatment, their care and boarding could still be extremely expensive. Some physicians may have also purchased slaves needing


\(^{36}\) Langdon Cheves to [Son], Columbia (12 April 1853), Langdon Cheves Papers, Correspondence January – May 1855, 12-49-1, South Carolina Historical Society, Charleston. In an 1860 estate sale broadside advertising Cheves’ slaves, there are two identified as Billy, both aged 34, one described as “infirm” and one “liable to sore leg.” “Negro List of Southfield. Jany 17, 1860,” Langdon Cheves Papers, Correspondence January 17-31, 1860 (re: estate?), 12-49-22, South Carolina Historical Society, Charleston; List of 170 Rice Field Negroes, Belonging to the Estate of Late Hon. Langdon Cheves. To be Sold at Public Outcry at SAVANNAH, Ga., Friday, Feb. 3rd, 1860, 43/1037, South Carolina Historical Society, Charleston, Charleston.
treatment with the intent of reselling them at a profit after their treatment, but this
was likely not the case for slaves with seemingly chronic or disabling ailments.\textsuperscript{37} 

Of course, not all slaveholders opted to hire physicians to treat their
injured or disabled bondspeople. James L. Smith, who was disabled by a
disjointed knee as a child, remembered that his master deliberately chose not to
seek treatment for the injury. According to Smith, “he said he had niggers
enough without me; I was not worth much any how, and he did not care if I did
die. He positively declared that he should not employ a physician for me.” As a
result, Smith’s knee gradually grew worse, until he began to lose range of motion
and the knee could not be reset.\textsuperscript{38} Medical literature and case reports also
include many examples of masters who neglected to provide treatment for
potentially disabling conditions in their slaves for months, and even years.\textsuperscript{39} One
influential factor was the economic value of the slave who needed treatment; as a
recent study of Touro Hospital records in New Orleans between 1855 and 1860
indicates, prime, male workers or those with “higher prices” were more likely to
be admitted for medical treatment, and far more of those were treated for acute

\textsuperscript{37} Kevin Lander and Jonathan Pritchett, “When to Care: The Economic Rationale of Slavery
Health Care Provision,” \textit{Social Science History} 33 (Summer 2009): p. 170. The authors examine
advertisements to purchase sick slaves as evidence that doctors sought to turn a profit, or to
conduct medical experiments, but do not consider that some doctors wanted to buy slaves for
clinical instruction.

\textsuperscript{38} James L. Smith, \textit{Autobiography of James L. Smith, Including, Also, Reminiscences of Slave
Life, Recollections of the War, Education of Freedmen, Causes of the Exodus, Etc.} (Norwich:

\textsuperscript{39} For example, see John Douglass, “Surgical Cases,” \textit{Charleston Medical Journal and Review} 4
(May 1849): pp. 300-1; F. W. B. Hemming, “Notes on the Surgical Pathology and Character of the
Above Tumor, Removed by Drs. H. L. Byrd and F. W. B. Hemming,” \textit{Oglethorpe Medical and
illnesses than for chronic or disabling conditions. However, it is clear from primary evidence that, despite the cost and inconvenience, it was very common for slaveholders to employ doctors in the care of slaves with disabilities, or those who were at risk of being permanently disabled from chronic illness or injury.

Medical Treatment of Slaves with Disabilities

In many cases, doctors treated slaves with acute conditions that threatened to cause permanent physical or mental impairment, particularly if the enslaved patients were valuable or productive laborers. Slaves suffered from a variety of medical issues that threatened to become disabilities, and as mentioned above, the treatment of such conditions could be very costly. For instance, in the daybook of South Carolina physician and plantation owner Henry Ravenel, the highest amounts listed for slave visits and treatments between 1816 and 1830 include “reducing the womb and applng [sic] a pessary” for ten dollars, setting fractures and surgical treatment of wounds for fifteen to twenty-five dollars, and “attendance…for sore eyes” for fifteen dollars. Similarly, Halifax County, North Carolina, physician William L. Johnston set a slave’s fractured leg for ten dollars on 28 February 1856. Other antebellum physicians charged more to treat potentially disabling problems. For instance, South Carolina planter

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41 Henry Ravenel Day Book 1816-1834, Thomas P. Ravenel Collection, 12-313-7, South Carolina Historical Society, Charleston.

42 Ledger 1853-1859, William L. Johnston Papers, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.
Langdon Cheves paid Dr. P. H. Wildman thirty dollars in 1852 for “curing hydrocele for Hector,” one of his slaves.\textsuperscript{43} Dr. John Norwood of Russell County, Alabama, charged as much as thirty dollars to treat a slave’s leg fractures, and thirty-four for a burned slave, whom Norwood visited three times.\textsuperscript{44} In May 1849 South Carolina doctor Edward Flud charged Miss H. P. Gaillard a total of thirty-five dollars for “attendance in Obstetrical Care” for Dido, a slave who suffered from uterine prolapse.\textsuperscript{45} Occasionally, physicians opted for surgical interventions in the treatment of potentially disabling conditions, preferring a more “heroic” approach to even seemingly minor problems. John Douglass, a doctor in Chester, South Carolina, described surgical interventions he performed on slaves for a variety of problems, including fractures and skull injuries that resulted in chronic “mental derangement” and symptomatic convulsions.\textsuperscript{46} Antebellum southern physicians also performed surgical removals of tumors in enslaved patients, such as a slave woman in Georgia who had an abdominal growth that seemed to endanger her health after the delivery of her fifth child. The woman had lived with the tumor for fourteen years, and four healthy pregnancies, before it “was attended with more pain and general derangement of the system.”\textsuperscript{47}

\textsuperscript{43} Langdon Cheves to [Son], Columbia (12 April 1853), Langdon Cheves Papers, Correspondence January-May 1855, 12-49-1, South Carolina Historical Society, Charleston.

\textsuperscript{44} Genovese, “Medical and Insurance Cost,” p. 153.

\textsuperscript{45} Miss H. P. Gaillard to Edwd. Flud, Dr. 1849 [receipt], Theodore Gourdin Papers, Gaillard Family, Plantation Receipts & Accounts 1848-1850, 11-166-13, South Carolina Historical Society, Charleston.

\textsuperscript{46} Douglass, “Surgical Cases,” pp. 298-301.

\textsuperscript{47} J. Anton Freemon, “Removal of a Large Tumor from the Thigh of a Negro Woman, aged 30 Years, by Professors H. L. Byrd and F. W. B. Hemming, of Oglethorpe Medical College, assisted
Following a successful surgery, a report in the *Oglethorpe Medical and Surgical Journal* lauded the procedure, noting that “this may be heroic surgery, but it was duty, and should have been done long ere this.”\(^{48}\) Juriah Harriss noted that seemingly benign tumors or polyps could become severe problems affecting the value of slaves if they were ignored or improperly treated; “when a small point of the disease has been allowed by neglect, or interference of quacks, to spread, ulcerate, and infect surrounding glands, it becomes a permanent cause of unsoundness.”\(^{49}\)

In other cases, doctors made the decision to create a physical impairment in a slave in order to treat a potentially life-threatening problem. Physicians in the antebellum South were frequently called upon to perform dangerous procedures—particularly amputations of injured or diseased limbs and extremities—on injured or ailing bondspeople, in the effort to mitigate or reverse a disabling condition, such as a severe compound fracture or a malignant tumor. For instance, physician T.P. Bailey of North Santee, South Carolina performed two amputations on Hector, a forty-year-old slave who was caught in a large mill wheel in 1859.\(^{50}\) On the Araby Plantation in Louisiana’s Madison Parish in 1843, a slave named Anthony was injured in a gin, and his owner, Natchez planter

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\(^{48}\) Hemming, “Notes on Surgical Pathology,” p. 407.


Haller Nutt, called a physician after Anthony’s hand “assumed a very bad
appearance fingers withering away and the whole hand sluffing.” The physician
immediately suggested removal of Anthony’s entire arm, which was performed
eight days after the accident.\textsuperscript{51} One physician in Florida, Richard Jarrot, even
attempted to amputate the leg of a 102-year-old man with gangrene of the foot,
even though “his great age and weak condition rendered the operation perilous;”
Jarrot’s report of the case indicates that the slave was still active and productive,
despite his age, which may have contributed to his master’s decision to seek
treatment, and the physician’s decision to amputate as a last resort to save the
man’s life. Unfortunately, the patient developed pleurisy and died soon after the
operation.\textsuperscript{52} The sheer number of amputations performed in southern practice
was concerning to one correspondent to the \textit{Virginia Medical Journal}, identified
as “Senex,” who criticized that many surgical procedures, particularly on slaves,
were in fact unwarranted:

\begin{quote}
the most cruel and heartless operations…that a surgeon executes,
are those designed chiefly for éclat or self-laudation; and there is
too much reason to believe that many, nay very many of the
operations of the present times are of this description. It is by no
means uncommon ‘now a days’ to hear of amputations of the limbs,
especially the lower, for ulcers, not involving the bones, nor
possessing very questionable or menacing characters.\textsuperscript{53}
\end{quote}

\textsuperscript{51} \textit{Journal of Araby Plantation, Parish of Madison, Louisiana [1843-1850]} (pp. 22-23), Haller Nutt
Papers, FF-3224, Rare Book, Manuscript, and Special
Collections Library, Duke University, Durham, North Carolina.

\textsuperscript{52} Richard Jarrot, “Amputation for Gangrene of the Foot, Successfully Performed on a Negro, at
the Advanced Age of One Hundred and Two Years,” \textit{Charleston Medical Journal and Review} 4

Senex’s article clearly indicates that amputations, including those that created disability in slaves, were common practice in the antebellum South, and the fact that the author used a pseudonym to make the critique may imply that opposition to such practices for enslaved patients was unpopular. From the abundant evidence of surgical interventions that physicians applied to slaves with severe injuries—and the descriptions of procedures that Senex’s dissent provides—it is clear that southern physicians had the authority to decide upon more risky therapeutic interventions, even those that could create impairment, in their treatment of slaves.

Many white physicians and slaveholders were proud to report the good treatment they provided to disabled or chronically ill slaves, and lauded the institution for providing such care to ailing bondspeople. Slaves with debilitating conditions, according to many boastful southern physicians, received the best care available to them and could be effectively restored to work for their masters. For instance, Thomas S. Powell, a doctor in Sparta, Georgia, wrote a report for the Atlanta Medical & Surgical Journal concerning a slave named Mary, who suffered from a severe knee pain for three weeks. Mary’s mistress thought she had just sprained her knee, and “applied vinegar and clay from the back of the chimney for several nights” before calling an unnamed “celebrated Thomsonian” to induce vomiting with lobelia. Powell determined that Mary suffered from a synovial inflammation that required no internal treatment, and he successfully alleviated her pain with hot ammonia and vinegar poultices, allowing her to return
to field labor. His report of this largely unremarkable case casts doubt on the reputation of the “irregular” physician who attempted to treat knee pain with severe vomiting and further laid up a valuable field slave, and lauds his own ability to treat African American patients successfully and expediently. Others linked their treatment of slaves with chronic ailments more directly to the benevolence of bondage itself. W. H. Robert, in his proud description of Ned’s 1837 successful amputation, noted that the surgery would not have cured Ned’s debility had he been a free man: “the lad’s life had been saved, none of his comforts sacrificed, and he is in the full enjoyment of fine health; nor has his master sustained any loss, for he has made him a cobler [sic]. A poor Irishman, whose leg I amputated for a dreadful injury sustained by a rail road car, now wanders about a miserable beggar!” As proslavery author Thornton Stringfellow noted, free laborers, the “slave[s] of money,” often had no one to take care of them when they were disabled by illness or injury, and were unable to provide for themselves when they could not work. Therefore, the system of slavery was ultimately more benevolent than the free labor system for its care of laborers with disabilities. In a communiqué to the Executive Department of the State of South Carolina, rice planter Robert F. W. Allston noted that planters did not fail to provide professional surgical attention to debilitated slaves, even when


the cost of the physician exceeded the slave’s value. Furthermore, “the aged &
infirm are not neglected when pain & suffering demand the kindly services of the
Physician…for continued attendance upon chronic case[s], hopelessly ill—as for
years utterly useless.” Daniel Colman, overseer for Memerable W. Creagh in
Perry County, Alabama, in 1847 and 1848, noted that several disabled slaves of
various ages on the Creagh plantation “acquired and received the aid of
physicians,” even though “they were of considerable trouble to M. W. Creagh on
account of their sickness, inability to performe labour [sic] and the attention they
required.”

Furthermore, some physicians utilized enslaved subjects to attempt new

techniques or therapeutic interventions, “borrowing” or purchasing sick and
impaired slaves for empirical treatment to “cure” conditions that the slaveholding
class considered disabling. African Americans were certainly not the only
population to undergo such therapies; experimental remedies that seem harsh by
today’s standards were common for patients of all races in the mid-nineteenth
century. Some doctors experimented on themselves, their friends and family
members, and during the Civil War, doctors used soldiers to test new diagnostic

57 “Statistics of a Rice Plantation—with 100 Negroes, made in answer to a request from the
Executive Department of the State of So Carolina,” Robert F. W. Allston papers, Slave Papers
1851-1854, South Carolina Historical Society, Charleston.

58 “Deposition of Daniel Colman in Case of Mary Hill & other et al. vs. Memerable W. Creagh &
Folder, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.

59 Todd L. Savitt, “The Use of Blacks for Medical Experimentation and Demonstration in the Old
measures and treatments. However, physicians in the antebellum South—possibly acting on the belief that African Americans were less susceptible to pain than whites—more frequently used slaves with disabilities or incurable illnesses as experimental subjects. For example, some physicians in the nineteenth century kept African American slaves with epilepsy under observation for long periods of time—months, or even years—to ensure that fits did not return, and if they did, the physicians were at liberty to attempt more severe or empirical remedies with little oversight or consequence. One early example of this is a late-eighteenth-century letter to Virginia planter Theodorick Bland, in which physician James Greenway explained the escalating “cures” he attempted on Bland’s slave; when bleeding and vomiting the patient “seemed to do no good,” Greenway tried “a [perpetual] Blister on the Scalp…upon the Occiput” and “a Shock twice a Day from two Glass spheres fixed in an Electric Machine.”

The most notable example of “disabled” slaves used for experimental therapies were Alabama physician J. Marion Sims’ 1849 surgical trials for vesico-vaginal fistula, for which he performed multiple procedures on several female slaves over the course of three years. As Sims noted, the condition was presumed to be entirely incurable, but slaveholders had frequently asked Sims to


61 Pernick, Calculus of Suffering, p. 155-56.

62 James Greenway to Theodorick Bland [n.d.], Bland Family Papers, Section 2 (1713-1825), Virginia Historical Society, Richmond.}
do something to help their bondswomen even after he had refused, claiming that their cases were hopeless.\textsuperscript{63} Fistula patients suffered extreme pain from the constant flow of urine and feces from their torn vaginas; he described his first subject Anarcha’s life as “one of suffering and disgust. Death would have preferable. But patients of this kind never die; they must live and suffer.”\textsuperscript{64} The women lived under Sims’ care and assisted him in the “little hospital in his yard,” experiencing painful surgeries without anesthesia on their hands and knees, as well as the agony of sepsis and the repeated reopening of their fistulas after failed attempts; Sims performed a total of thirty operations on Anarcha before he perfected his technique using silver wire sutures to close the fistula.\textsuperscript{65} The legacy of Sims’ vesico-vaginal fistula cure is certainly controversial. Some give him credit as the “father of American gynecology” and a humanitarian who went to great lengths to treat “social outcasts” with an abominable disorder; many others have described his treatment of his patients as brutal and degrading, the ultimate example of medical abuses toward slaves.\textsuperscript{66} Regardless of these judgments of Sims’ achievement, it is clear that the close relationship between


medical practitioners and slaveholders enabled Sims to undertake such trials on disabled slaves.\textsuperscript{67}

Southern physicians also used enslaved African Americans—supposedly biologically distinct, but close enough to Caucasian bodies—to test remedies for chronic diseases and for surgical demonstrations, with the goal in mind that successful treatments they discovered also could be used for white patients. For example, Georgia physician Crawford Long, credited as the first doctor to perform surgery using sulfuric ether as anesthesia,\textsuperscript{68} experimented on both white and black subjects in 1842. The first application of ether on 30 March 1842 was for the removal of “two small tumours” from the neck of James M. Venable, presumably a white man because Long identified him with a first and last name. His third operation, made on 3 July 1842, was to amputate the toe of an enslaved boy near Jefferson, and “was performed without the boy evincing the least sign of pain.”\textsuperscript{69} Furthermore, Long described two patients on whom he “could satisfactorily test the anaesthetic power of ether” by performing multiple procedures, with and without ether. One of these cases is described as “a negro boy” who had two fingers amputated; the other case, involving the use of ether in one of three “tumour” removals, does not mention the race of the female patient but implies that she was white. Both patients, according to Long, “suffered” their


\textsuperscript{68} “Minutes of the Society,” \textit{Transactions of the Fourth Annual Meeting of the Medical Society of the State of Georgia} IV (Savannah, April 1853): p. 7. See also Savitt, “Use of Blacks,” p. 346.

operations without ether but experienced no sensation under anesthesia.\textsuperscript{70} Long’s example indicates that southern physicians believed the use of enslaved individuals as experimental subjects could help doctors treat patients of all races.

While physicians used clinical subjects of both races, and applied experimental treatments to white and black patients alike, slaves usually were more objectified than free white patients in case studies of therapies for chronic or disabling conditions.\textsuperscript{71} This is apparent, for instance, in medical literature concerning experimental epilepsy therapies. In 1846 Louisville physician J. R. Buck wrote about using blood tests for a case of “congenital epilepsy, in a bright mulatto” who experienced monthly fits.\textsuperscript{72} In other cases, enslaved subjects were identified only obliquely as African American. Medical College of South Carolina student John McLemore composed a thesis on epilepsy in 1830 that included observations of three enslaved patients, but only one is described as “negro”; McLemore notes that one of his other patients had been purchased from Virginia, and Robin, a ten-year-old boy, is identified as belonging to McLemore’s father.\textsuperscript{73} McLemore subjected Robin to six weeks of a bread-and-water diet and administrations of calomel and rhubarb. When those measures did not prevent

\textsuperscript{70} Ibid, p. 711. Long mentions that, following the procedures, he procured certificates from the enslaved patient’s owner, and of the female patient and her husband, testifying that they was “insensible” under ether; from this evidence, it is reasonable to conclude that his female patient was free, and therefore presumably white.

\textsuperscript{71} Stowe, 	extit{Doctoring the South}, pp. 134, 235; Savitt, 	extit{Medicine and Slavery}, pp. 200-1, 281-301.


\textsuperscript{73} John McLemore, “An Inaugural Dissertation on Epilepsy” (M.D. Thesis, Medical College of the State of South Carolina, 1830), Waring Historical Library, Medical University of South Carolina, Charleston, pp. 14-15, 19.
the boy’s fits, McLemore placed a seton in Robin’s neck, and administered bloodletting and “Nauseating doses of Tartar Emetic” for a period of eight months before he gave up and pronounced the boy’s epilepsy incurable.\textsuperscript{74} Similarly, in 1845, Alabama physician Thomas C. Osborne described his five-year-old patient Servitus as “a well grown, and sprightly boy”; the boy’s name and the adjectives Osborne uses indicate that Servitus was a slave. Osborne’s experiments on Servitus included a seton in the neck, silver nitrate pills and shocks from an “electro-magnetic machine” in conjunction with calomel injections over the course of several months.\textsuperscript{75} These authors may have thought that the race of their subjects was implied or inconsequential, and only seem to mention the owners of their patients to avoid suggesting authority over another person’s property.\textsuperscript{76} This indicates that the use of sick or disabled enslaved patients for experimental medical “cures” was a common, largely accepted practice in southern society.

Some bondspeople with disabilities were sold outright to physicians or hospitals to be used as non-therapeutic specimens, such as clinical subjects in medical education. Occasionally, local physicians would refer white masters to hospitals for extended care for their slaves,\textsuperscript{77} but there is also evidence that hospitals and medical schools actively solicited for enslaved subjects. Indeed, African Americans comprised a significant number of educational patients for

\textsuperscript{74} Ibid, pp. 16, 19-20.

\textsuperscript{75} Thomas C. Osborne, “A Case of Epilepsy in a Boy, Successfully Treated,” \textit{Western Journal of Medicine and Surgery} 6 (July 1846): p. 17.

\textsuperscript{76} See Stowe, \textit{Doctoring the South}, p. 209.

\textsuperscript{77} See Carroll, “Jackson Street Hospital Reports,” p. 333.
medical students in the antebellum South.\textsuperscript{78} According to Todd Savitt, African American bodies “did not seem to differ enough from Caucasians to exclude them from extensive use in southern medical schools...Blacks were considered more available and more accessible in this white-dominated society.”\textsuperscript{79} In 1838, an advertisement in the \textit{Charleston Mercury} asked for “fifty negroes...considered incurable by their respective physicians”; a person identified as “Dr. S.” offered to pay “the highest cash price” for slaves affected with a variety of physical and psychological disorders, including scrofula, apoplexy and confirmed hypochondriasm.\textsuperscript{80} Other newspaper advertisements asked for sick or injured slaves to serve as test patients at medical school infirmaries, with treatment fees waived if the slaves had to be sent home.\textsuperscript{81} Slaves were also utilized as subjects for surgical demonstrations in medical schools. For example, four out of five eye surgery demonstrations conducted by Professor Dugas of the Medical College of Georgia, reported in the June 1838 issue of the \textit{Southern Medical and Surgical Journal}, were performed on enslaved patients.\textsuperscript{82} Northern antislavery activist William Goodell found this practice abhorrent, referring to the advertisement in the \textit{Charleston Mercury}, argued that “assortments of diseased, damaged, and

\textsuperscript{78} Fisher, “Physicians and Slavery,” p. 45; Stowe, \textit{Doctoring the South}, p. 30.

\textsuperscript{79} Savitt, “Use of Blacks,” p. 332. See also Stowe, \textit{Doctoring the South}, pp. 49-50.


\textsuperscript{81} Savitt, “Use of Blacks,” p. 334.

\textsuperscript{82} Fisher, “Physicians and Slavery,” p. 46.
disabled negroes, deemed incurable or otherwise worthless, are bought up, it
seems (cheap, no doubt, like old iron), by medical institutions to be experimented
and operated upon. “Senex, the pseudonymous critic of surgical malpractice in
the Virginia Medical Journal, specifically criticized the practice of performing
unwarranted surgeries on slaves as medical school demonstrations. According
to Senex, a “mutilated son of Africa” was presented to a Virginia medical college
with an ulcer on his shin, secondary to a burn, and was subjected to the extreme
remedy of amputation:

The man seemed to be about one or two and twenty years of age;
and represented his general health, at the time of the operation, to
have been very good. He also informed the writer that the ulcer
was not painful at the time the limb was amputated, nor had it ever
been so after the burn became an ulcer…he believed that his leg
was cut off just to let the students see the operation, and to bring
the doctor, as well as the medical college with which he was
connected, into notice. “

In addition, slaves with congenital birth defects were frequently studied as
fascinating, unusual phenomena, and objectified for the scrutiny of medical
professionals. Some doctors collected deceased African American “specimens,”
such as stillborn fetuses and skeletons, and some examined living medical
“oddities” among the slave population, publishing their findings in prominent
medical journals. For instance, correspondents to the Western Lancet in 1845
were interested in determining how common certain impairments or deformities,

83 Goodell, American Slave Code, pp. 86-87.
85 See Schwartz, Birthing a Slave, p. 218.
such as cleft palate, were among African Americans, and invited their readers to post any known cases. In 1857, an article in *The New Orleans Medical & Hospital Gazette* described a “double-headed” monster born “of a slave mulatress” in Jeanerette, Louisiana; the accompanying illustration depicts an otherwise “perfect” child with two heads, three eyes, and two cleft palates (fig. 3).

![Figure 3. “Double-Headed Monster,” 1857](image)

*Hospital Gazette* described a “double-headed” monster born “of a slave mulatress” in Jeanerette, Louisiana; the accompanying illustration depicts an otherwise “perfect” child with two heads, three eyes, and two cleft palates (fig. 3).

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To be sure, unusual medical phenomena were published regardless of the subject's race, but as historian Todd Savitt has pointed out, many case studies in southern medical journals, particularly reports of deformities involving genital organs, involved African American subjects. As historian Marie Jenkins Schwartz has noted, severely disabled children born on slave plantations were considered “worthless” as future laborers; placing a disabled slave—dead or alive—on display for medical examinations was one way for masters to earn money from “defective” chattel. Thus, while slaves themselves regarded children born with severe disabilities as cultural omens or signs, white physicians focused on faulty congenital development, conducting detailed (and often invasive) examinations of enslaved “monsters” regardless of their subjects’ privacy or feelings.

The case of Millie-Christine McCoy, conjoined twins born to “a very stout negress…of large frame and pelvis” in North Carolina in 1851, is a good example of how physicians viewed disabled slaves as medical curiosities, and regarded their bodies primarily as specimens, not individuals. From the time Millie and Christine were newborns, many physicians were fascinated by the anatomical and physiological development of these “two strange lumps of

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88 Savitt, Medicine and Slavery, pp. 303-4; Schwartz, Birthing a Slave, pp. 212, 216-17.
89 Schwartz, Birthing a Slave, p. 212.
humanity;" they were “remarkably sprightly and healthy children, of natural size,” but were joined back-to-back at the sacral bones and experienced profound difficulties in locomotion and muscular development as they grew. Many physicians who examined the infant twins were particularly fascinated with their reproductive organs and anus, as well as with their mother’s pelvic girdle, and conducted intimate physical examinations of all three women. P. Claiborne Gooch, writing in *The Stethoscope, & Virginia Medical Gazette*, lauded the birth of “The Carolina Twins” as a boon for the scientific study of “monsters”:

> It is sincerely to be hoped that these little phenomena may be spared, and that they may both live to enjoy life, to exhibit a most curious example of nature’s freaks, and to afford illustrations of physiological laws which are as yet unknown, or at least, unsettled. We recommend to all medical men to lose no opportunity of visiting them, and it will be a gratification of no idle curiosity to examine them carefully...Health and long life to the NORTH CAROLINA TWIN SISTERS.  

James P. Smith purchased the infant twins for six thousand dollars, and began exhibiting them publicly when they were fifteen months old. At one point, the girls were kidnapped by a man who “gave private exhibitions to scientific bodies, thus reaping quite a handsome income off of ‘two little black girls’ whom he had stolen away.” When they were three years old, they were billed as

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91 Millie-Christine [McCoy], *The History of the Carolina Twins: “Told in Their Own Peculiar Way” by “One of Them”* ([Buffalo]: Buffalo Courier Printing House, [1869?]), p. 6. In their autobiography, Millie and Christine sometimes referred to themselves as two separate individuals, and sometimes they identified themselves as a single person, Millie-Christine; I have also used both forms of identification in this paper. See also [Gooch], “The Carolina Twins,” pp. 394-95; Schwartz, *Birththing a Slave*, pp. 216-17.


“Celebrated African United Twins” in Barnum’s American Museum in New York City, and toured throughout the United States and Europe, following in the tracks of Chang and Eng Bunker, the “original Siamese twins.” Scholar Joanne Martell has noted that Millie-Christine McCoy was seen as more of a “marvel” because the twins were more impaired in their movements than Chang and Eng. 94 Millie-Christine grew into adulthood, and in an 1869 pamphlet entitled The History of the Carolina Twins: “Told in Their Own Peculiar Way” by “One of Them,” described her travels and experiences as an exhibited “freak” (fig. 4). A poignant poem concludes the pamphlet, and highlights the life of the “defective” twins as a medical spectacle:

It’s not modest of one’s self to speak,
But daily scanned from head to feet
I freely talk of everything—
Sometimes to persons wondering…
Two heads, four arms, four feet,
All in one perfect body meet;
I am most wonderfully made,
All scientific men have said. 95

94 According to one Canadian newspaper, the McCoy twins were more interesting because, unlike Chang and Eng, they could not be separated safely, but this assertion was probably not true. Martell, Millie-Christine, pp. 16, 32-34.

95 [McCoy], History of the Carolina Twins, p. 21.
The true authorship of this poem is unclear, but it is significant that all published accounts of the Carolina Twins, even their own autobiography, describe them as specimens and invite “medical” and “scientific men” to examine their bodies as a medical curiosity. Millie-Christine McCoy is a significant example of the objectification of “defective” black bodies for medical study and publication in theslave South. There were few social or ethical barriers regarding the treatment of enslaved patients, experimental subjects, and medical “displays”; as scholars Michael W. Byrd and Linda A. Clayton have noted, “physicians in America performed on a medical stage where there was little
scrutiny or concern when Blacks...were concerned." Doctors therefore had a lot of power to make decisions based on their understandings of gender, race, social status, and able-bodiedness that had far-reaching impact in the lives of slaves. In the treatment of slaves with known or potential disabling conditions, as well as the use of slaves as clinical experiment subjects, medical school demonstrations, and scientific spectacles, it is clear that southern physicians held considerable authority to assess disability and make decisions for medical intervention.

**Limits on the Power of Physicians to Assess Disability**

The privileged position that white southern physicians had in the slave South gave them, it seemed, nearly free reign to assess, treat, and study debilitating conditions in enslaved African Americans. However, there were significant limits to physicians’ decision-making power, particularly when their medical roles threatened the proprietary roles of slaveholders. In an honor-bound society, southern doctors often had to negotiate meanings of illness and disability, not to mention therapeutic interventions, based on the complicated motives and desires of masters with potentially “unsound” slaves. The lucrative practices and social standing that many southern physicians enjoyed could be threatened as doctors attempted to “cure” incurable cases, and provide care for

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patients while weighing the considerations of their masters; as a result, the reality of medical care for disabled slaves was often not as good as slaveholders and doctors claimed.

Given the cost of medical treatment for African American slaves, it is unsurprising that many slaveholders expected their hired physicians to “cure” bondspeople of a variety of chronic afflictions. Just as physicians and slaveholders defined able-bodiedness and disability in slaves based on their controllability and economic value as chattel, they often defined “cures” for potentially disabling conditions based on the doctors’ ability to bring afflicted slaves under control and make them more productive. Epilepsy, for example, was considered an unpredictable, incurable disability in the mid-nineteenth century, but some southern physicians proudly reported successful “cures” of slaves suffering epileptic fits if no fits followed immediately after their treatment. In October 1842, South Carolina surgeon John Douglass attempted to treat a blacksmith who suffered convulsions for two years after a blow to his head, noting that “for some time before I operated, he was…unable to labor.” Following Douglass’s operation, the patient “has remained free from convulsions, and has fine health ever since, being a constant and valuable hand in the shop.”

The primary concern for Douglass, and presumably the blacksmith’s owner, was that the slave could again be a reliable, “controlled” source of labor, which the threat of unpredictable epileptic fits had prevented. Physicians certainly had an incentive to claim they could cure disorders that rendered slaves “useless” for

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labor or resale; according to some observers, certain health conditions in the mid-nineteenth century, such as fistula, only produced “unsoundness” in a slave if they were left untreated.99 Dialogues between physicians and masters about disability in their slaves and the possibility of “curing” those disabilities usually said more about the comfort and desires of the masters than of the afflicted African Americans. As discussed earlier in this dissertation, definitions of slave disability often involved underlying fears of unpredictable physical conditions that negated slaves’ economic value as laborers or market commodities. These concerns are apparent in the reasons that slaveholders offered for seeking doctors’ advice. For example, J. Marion Sims recounted a conversation he had with the owner of Anarcha, his first vesico-vaginal fistula patient, in June 1845. Sims informed Anarcha’s owner that she had “an affection that unfits her for all the duties required of a servant. She will not die, but will never get well, and all you have to do is take good care of her so long as she lives”; fortunately for Anarcha, the “kind-hearted man” agreed.100 In this case, Sims identified Anarcha’s fistula foremost as a condition that unfitted her for servitude, rather than a state that was intensely uncomfortable for the patient herself. Similarly, letters to the James and Edward Carmichael reflect masters’ motives for seeking treatment for chronic or disabling conditions. For example, in February 1823 William Jackson, Jr. wrote to the Carmicaels that “one of My Small Negroes has a very bad eye…I am afraid it will burst, it matters very Much & he is entirely


100 Sims, Story of my Life, pp. 227-28.
blind in it as he can not open it…If you think it can be saved you will please Send
the necessary Medicine."\(^{101}\) The phrase “if you think it can be saved” indicates
that Jackson’s primary concern is that his slave retain his sight; he says nothing
to the doctors about the boy’s pain and suffering, implying that, if his slave’s eye
could not be saved, he would not pursue further attention from a physician. The
obsession that doctors and slaveholders had with “cures” for chronic ailments in
their slaves indicates that control was paramount in the culture of mastery; in this
sense, controllability was probably an even greater concern than the overall
integrity or comfort of the slave’s body.

The failure of physicians to affect an expected “cure” for disabilities in
slaves could arouse distrust. Due to the uncertain nature of chronic ailments, the
skepticism of slaveholders certainly would have been a frequent issue for
southern doctors. As medical student Moses McLoud noted, it was imperative
for a physician to hone their diagnostic skills when treating slaves because
"sooner or later his judgement [sic] will be disputed, and his fair prospects
blighted, if he prescribes without fully ascertaining the true nature of cases
offered to him."\(^{102}\) Occasionally, masters even blamed physicians for
overestimating their authority to treat and causing or aggravating debilitating
conditions in the slaves they treated, and sued for damages for the loss of a

\(^{101}\) William Jackson, Jr. to Drs. Carmichael (18 February 1823), “Patients’ Voices in Early 19th
Century Virginia: Letters to Doct. Carmichael & Son,” Dr. James Carmichael Papers, 1816-1832
and n.d., Albert and Shirley Small Special Collections Library, University of Virginia Library,

slave’s productivity. Some claimed that physicians caused infections, hernias, and secondary infertility in their attendance of pregnant slave women, while others criticized doctors for their hesitation to perform surgery on their bondspeople. For example, J. Anton Freemon, the Georgia medical student who owned a female slave with a debilitating fourteen-year-old growth on her thigh, disparaged the doctors who had attended her previously for their reluctance to remove the tumor “for want of the proper knowledge of surgical anatomy and pathology, and a capability to make a correct diagnosis.” In a subsequent article, Dr. F. W. B. Hemming, one of the operating physicians, noted “the reader must make some allowance for the strictures of Mr. Freemon, as he is the owner of the negress who was the subject of the operation, and naturally feels some resentment in having been unnecessarily deprived of her services for so many years.” These examples indicate that slaveholders had some clear expectations for the successful medical treatment of slaves with disabling conditions, and occasionally faulted physicians for their suspected roles in prolonging a slave’s impairment.

Another factor that complicated southern medical practice was the issue that circumstances of slavery itself could endanger bondspeople’s health and able-bodiedness, a fact that physicians could rarely discuss in public. Some

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103 For instance, see Hord v. Grimes, 52 Ky. 188; 1852 Ky. LEXIS 10; 13 B. Mon. 188 (June 1852).

104 Owens, This Species of Property, pp. 40-41. See also Shryock, “Medical Practice,” p. 174.


106 Hemming, “Notes on Surgical Pathology,” p. 404.
slaveholders warned that labor could cause disabilities in slaves; however, unlike abolitionists, they only discussed certain aspects of slavery as dangerous, not the institution itself. For example, Thomas Affleck of Washington, Mississippi, a self-described “unprofessional gentleman of fine talents and extensive experience,”\(^{107}\) printed a series of responses to slave management questions in an 1851 issue of *Southern Medical Reports*, noting that several, very specific aspects of cotton cultivation were injurious to slaves. According to Affleck, working after dark and carrying heavy baskets of cotton on the head were among the most dangerous practices in cotton cultivation—“a load of 100 to 150 pounds pressing upon the skull, neck and back-bone, when the muscles are relaxed by fatigue, cannot but be injurious”\(^{108}\)—but he does not take issue with cotton cultivation itself, or the inherent potential for abuse in a slave labor system. Physicians involved in the care of slaves had a difficult time ignoring the debilitating effects of slaves’ forced lifestyles and mistreatment. For example, in the 1843 case of a young Virginia woman who developed epileptic fits in a slave trader’s jail following an appealed arson conviction, physician G. G. Minor wrote to the governor that the girl’s fits were “likely to be incurable while she is confined in a jail” and recommended her removal from the facility.\(^{109}\) Minor seemed to believe that the experience of being in a slave-jail was sufficiently traumatic to

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\(^{109}\) [G. G. Minor to Governor James McDowell] (1 June 1843), Office of the Governor, Record Group 3, James McDowell (1843-1846), Letters Received, Box 373, Archives & Manuscripts Room, Library of Virginia, Richmond.
aggravate Virginia’s epilepsy, which suggests an awareness that abuse, confinement, or extreme conditions could lead to more serious medical problems, including epilepsy, in slaves.\textsuperscript{110}

However, physicians like Minor could not overtly link physical impairment with the institution of slavery itself if they desired professional acceptance in southern society. Although medical historian Richard Shryock pointed out that physicians treating slaves were usually supporters of slavery and thus could not be accused of an antislavery bias,\textsuperscript{111} doctors treating bondspeople could not question publicly the honor of masters by faulting them for the impairments of their human chattel, or make medical recommendations that appeared to conflict with basic prerogatives of ownership.\textsuperscript{112} As historian Steven Stowe pointed out in his discussion of medical student thesis topics in the South, “common threats to slaves’ health that might easily have been highlighted in theses—how best to treat the wounds worked by the lash, for example, or the medical problems of rape or abuse—went unmentioned in obvious deference to slave owners.”\textsuperscript{113} Some writing about slave health issues placed the blame for debility on the slaves themselves, not the masters. For example, many medical reports of nervous ailments among slaves mention trauma or abuse only in the context of


\textsuperscript{113} Stowe, \textit{Doctoring the South}, p. 51.
suspected slave malingering, disavowing abuse as a cause for “actual” pain or disability.\footnote{This was not just limited to physicians; slaveholders, speculators and others also denied the extent of injuries that slaves may have experienced from physical trauma. See Saidiya Hartman, \textit{Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America} (New York; Oxford: Oxford University Press, 1997), p. 36.} In his 1850 thesis for the Medical College of South Carolina, Moses D. McLoud reported a case of an enslaved carriage driver who, after being hit on the head with a whip-butt for sleeping on the carriage, experienced a stupor that McLoud discredited because there was no swelling or change to the pupils. McLoud uses this example to make a more general claim that slaves were prone, “through anger and malevolence,” to feigning concussions, epileptic fits and other brain injuries “when they are beaten for their negligence,” and even suggests that whipping could be a useful technique for catching a slave in the throes of a feigned fit.\footnote{McLoud, “Hints on Medical Treatment,” pp. 9-10, 12. See also Savitt, \textit{Medicine and Slavery}, p. 83; Fett, \textit{Working Cures}, p. 190.} For the most part, physicians negotiated with masters to define what constituted a “medical” problem for slaves, which resulted in some causes of chronic ill health or disability—most notably corporal punishment and abuse—rarely being mentioned.

The one disability issue that physicians and slaveholders did link explicitly with mistreatment was female reproductive problems, including infertility and miscarriage.\footnote{Deborah Gray White, \textit{Ar’n’t I a Woman? Female Slaves in the Plantation South}, rev. ed. (New York; London: W. W. Norton, 1999), p. 86.} The connection between women’s reproductive capacity and the institution of slavery may be due to the fact that planters often measured the health of their chattel population by their fertility, as opposed to their morbidity,
particularly after the international slave trade closed in 1808; therefore, protecting the fertility of female slaves was paramount.\textsuperscript{117} To be sure, doctors and slaveholders blamed reproductive dysfunctions on a variety of factors; for instance, there were many criticisms of midwives and inept medical attendants for their treatment of reproductive disorders in enslaved women. As Robert C. Carroll, resident physician at Jackson Street Hospital in Augusta, Georgia, noted, “the exposure to which negro women are liable…and their disposition, in some localities, to treat themselves or to submit to ignorant or improper medication, in all affections involving their sexual organs, render them more liable than white patients, to prolonged cases of menstrual disease.”\textsuperscript{118} Another physician complained that “an ignorant midwife” had damaged “a valuable negress” of his by forcibly extracting the placenta after childbirth.\textsuperscript{119} However, others clearly placed responsibility for fertility problems on the mistreatment of female slaves. For example, instructions to overseers at Haller Nutt’s Araby plantation in Louisiana include the claim that miscarriage “should never be the case in a well organized plantation…when women miscarry there is something wrong—she has been badly managed—worked improperly.”\textsuperscript{120} Writing in 1860, Tennessee physician John H. Morgan noted that abuse was a common cause of spontaneous abortion, citing his colleague Dr. Avent as saying “‘I am satisfied


\textsuperscript{118} Carroll, “Jackson Street Hospital Reports,” p. 332.

\textsuperscript{119} Fisher, “Physicians and Slavery,” pp. 43-44.

\textsuperscript{120} Journal of Araby Plantation (p. 195), Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.
that if negro women were kindly treated, and with proper regard to their catamenial periods, we should hear of but few cases of abortion among them.

The example of female reproductive dysfunction, however, is an exception in the medical discourse on causes of slave debility, and physicians who made a more explicit connection between the institution of slavery and the condition of slaves’ bodies ran the risk of questioning the honor of slaveholders and the authority they held over their bondspeople.

As a result, physicians—acting more in the interests of slaveholders, rather than their enslaved patients—often did not treat slaves with disabilities as well as they claimed. Planters were far more concerned with the loss of labor than the comfort of their human chattel, a fact evinced by plantation records that focus more on the time lost to illness and injury than descriptions of specific health conditions among slaves. Medical decisions were often weighted by the relative economic and esthetic worth of the slave in question, thus favored (and able-bodied) slaves usually received better treatment. For example, T. P. Bailey’s 1859 report of surgical cases discussed an enslaved patient named Hector, whose leg was crushed in a mill. Bailey elected to save Hector’s knee joint not only because the rest of his leg seemed healthy, but also because “the negro was very valuable to his owners;” unfortunately, Hector developed gangrene after the operation, and had to have a second amputation above the

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Furthermore, masters certainly considered the cost of surgical interventions and treatments for chronic ailments in their bondspeople; if the cost of treatment exceeded the value of the afflicted slave, there was a good chance the slave would not be treated. Juriah Harriss noted this in discussing the marketability of slaves with congenital deformities, such as an imperforate anus; the condition easily could be remedied with surgery, but would create permanent unsoundness in the slave, and “the vendee cannot reasonably be supposed to purchase a slave, and an expense of a surgical operation.” Thus, southern physicians treating disabled slaves based their medical decisions on a variety of factors, including slaveholders’ economic interests and other motives, and disabled slaves did not always receive the high standard of care of which physicians and planters boasted.

**Conclusion**

The sheer volume of documentary evidence from physicians and slaveholders in the antebellum South indicates that allopathic doctors held considerable authority to judge the soundness and, conversely, unsoundness of African American slaves. In a society where the medical opinions of slaves themselves were largely ignored or silenced, white physicians relied on their self-proclaimed expertise on the health issues of bondspeople to assess the ability and debility of slaves, as well as to make significant, even life-altering decisions.

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124 Harriss, “What Constitutes Unsoundness?” (September 1858), p. 147. See also Owens, *This Species of Property*, p. 37.
for their treatment. In addition, many doctors, taking advantage of the social and racial inequalities in the South, utilized African American slaves with disabilities and chronic illnesses as subjects for experimental therapies and medical education exercises, and seemed to take no issue with indiscreet examinations of “medical oddities” among the enslaved class. However, as this chapter indicates, there were significant limits to physicians’ power in southern society. In return for their costly fees, physicians were often obligated to affect “cures” in slaves with purportedly incurable conditions, and were guarded against making medical recommendations that threatened to question masters’ honor, authority, or the proprietary rules of the institution of slavery itself. In this respect, the phrase “as you may think best,” written by a slaveholder to request a physician’s regarding the health of an impaired slave,\(^\text{125}\) held multiple layers of meaning for the medical treatment of bondspeople with disabilities. The most obvious question to be asked of this evidence is, for whom would the doctor’s advice be considered “best”: the patient, the slaveholder and financier of the treatment, or the doctor, whose social standing and livelihood could be threatened by making the “wrong” decision in the encounter? Garth and Brown may have had very different ideas about what the “best” course of action would be, based on a complicated variety of motives, interests, and social obligations. It is clear that physicians’ opinions held a lot of weight in the treatment of debilitated slaves, but in turn, those opinions were weighted by a variety of factors beyond mere concern for the patient’s wellbeing.

\(^{125}\) Garth to Brown (9 February 1817).
CHAPTER 8
“I Made Up My Mind to Act Both Deaf and Dumb”: Masquerades of Slave Disability

Introduction

In 1839, Jacob D. Green, a domestic slave and errand boy on a large plantation in Maryland, made his first attempt to run away from his master. The resourceful Green had begun to use deception and tricks at a young age to torment his white masters and get revenge on fellow slaves who humiliated or wronged him, but, in Green’s words, “I firmly believed to run away from my master would be to sin against the Holy Ghost.” However, after his wife of six years—a former concubine of their master—and the couple’s children were sold away without warning, Green immediately began to plan his escape, earning money by selling stolen chickens and lying to obtain a horse from his master’s father-in-law.¹ On his way to Delaware, Green fell asleep in a barn, where seven white men discovered him after he fell out of the hayloft. The men demanded to know who Green was and why he was there, but Green refused to reply, even after the men brought him before a magistrate. His silence indicated to the men that Green might be mute, an assumption that Green decided to use to his advantage:

¹ J. D. Green, Narrative of the Life of J.D. Green, a Runaway Slave, from Kentucky, Containing an Account of his Three Escapes, in 1839, 1846, and 1848 (Huddersfield: Henry Fielding, 1864), p. 22-23.
When I remembered I had not given evidence of speech, I determined to act as if I was dumb; and when the magistrate called to me, I also thought deafness was often united with dumbness, and I made up my mind to act both deaf and dumb, and when he called, “Boy, come here,” I took no notice, and did not appear to hear...and so effectually that he discharged me, convinced I was a valueless deaf and dumb nigger.²

Although Green was later arrested and returned to his master in Maryland, his successful ruse of being deaf and dumb—and by association, “valueless”—is a telling example of the power that slaves had to perform disability in antebellum southern society. Green’s feigned muteness was arguably not “visible” the way a limp or deformed limb would be, but it was highly conspicuous; his refusal to answer his white captor’s questions was, in the antebellum South, a serious offense that could have resulted in an arrest, whipping, or both. By making his feigned impairment so prominent in the encounter, Green challenged his white oppressors to render his “disabled” body invisible again, and succeeded when they turned him loose instead of whipping him, charging him with trespass, or publicizing his capture.

For many slaves, there were significant advantages to being considered “disabled,” and malingering—feigning, exaggerating, or intentionally creating a disability in their bodies—was an important way for slaves to negotiate control over the bodies and resist the authority of their masters.³ The success of “passing” as disabled lay in the ability of slaves to perform the most obvious

signs of disability, making their disguises of disability impossible to ignore and tapping into pervasive concerns about “disorderly bodies.” Almost paradoxically, performing disability—a condition normally associated with dependence and powerlessness—and forcing white authority figures to contend with their “embodiment of difference” could allow slaves to achieve a degree of independence and control in many different situations.4

Historians since the 1970s have debated the prevalence of slave malingering. In their statistical study *Time on the Cross*, Robert Fogel and Stanley Engerman claimed that feigned illness was rare among slaves on the plantations they analyzed, and white observers did not always assume that ill slaves were malingers; instead, they argued, planters “were generally more concerned about losing slaves or impairing their health through the neglect of real illness.”5 However, many other historians—including Herbert Gutman, Kenneth Stampp, Eugene Genovese, Todd Savitt and Sharla Fett—have argued against this view, claiming that malingering was a pervasive and effective tool of day-to-day resistance, and was a prominent concern for slaveholders and the doctors they employed to care for their slaves.6 These authors discuss the

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discourse of slave malingering in the antebellum South—many white observers assumed that feigned illness and impairment was widespread among African American bondspeople, and there were numerous admissions of the practice in ex-slave narratives—but pay little attention to the underlying mechanisms of malingering. I argue that it is constructive to consider how antebellum understandings of disability in slaves enabled malingering to be an effective means of resistance. As Heidi M. Hackford points out in her 2004 dissertation on malingering, feigned illness requires a conformity to a shared set of ideas about health and bodies; feigned disability provided, in a sense, a “contested space” for masters and slaves to negotiate authority over enslaved bodies. Evidence from trickster tales indicates that techniques of feigning illness or disability were common knowledge among slaves, but were also considered risky, and were a matter of debate among slaves as well.\(^7\) However, Hackford’s argument that slave malingering was largely a domestic concern\(^8\) overlooks the reality that slaves who feigned disability often did so publicly, and many different sites in antebellum slave society—including plantations and work sites, jails and auction blocks—provided opportunities for slaves to stage visible performances of disability.

\(^7\) Hackford, “Malingering,” pp. 5, 10, 43, 45, 47, 49, 61, 86.

\(^8\) Ibid, pp. 44-45, 56.
A more useful model for discussing malingering slaves is the concept of masquerade. In his 2004 essay “Disability as Masquerade,” disability studies scholar Tobin Siebers describes the practice—which may involve exaggerating a disability to make it more visible, or disguising one kind of disability with another—as “structurally akin to passing,” but a kind of passing that embraces the embodiment of difference and makes that difference impossible to ignore.Individuals may perform prevalent cues of disability—by using a prosthesis or walking with a limp—to adjust or control how observers react to them in certain situations. The masquerade of disability is a response to the “logic of compulsory able-bodiedness,” which dictates that “the more visible the disability, the greater the chance that the disabled person will be repressed from public view and forgotten.” Intentionally making a disability (genuine or exaggerated) conspicuous, therefore, can present a significant challenge to an ableist society. Siebers theorizes the concept of the masquerade as “a resource for changing the meaning of disability,” but for African American slaves, the masquerade of disability could also change meanings of bondage itself. In antebellum slave society, where enslaved bodies were routinely objectified in practice and discourse, individuals who donned masquerades of disability—as “unsoundness,” defect, or impairment—made their bodies even more conspicuous for their disorderliness rather than their enslavement, and

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10 Siebers, “Disability as Masquerade,” pp. 2-4, 6, 10, 19.

compelled uncomfortable observers to pity, ignore, or conceal them, since the visibility of the disability could serve to make the disabled person invisible. Slaves capitalized on a variety of reactions, including sympathy, fear and disgust, but most importantly, they relied on cultural habits of hiding and ignoring the disabled to negotiate or resist the terms of their bondage. Ultimately, slave masquerades—as well as the ambivalence some “masquerading” slaves expressed about being identified as disabled after they achieved freedom—upheld prevalent negative assumptions about disability in antebellum society.

In this chapter, I discuss various reasons why considered disabled could be advantageous to slaves, and highlight widespread concerns in the South that slaves frequently feigned disabling conditions. In donning masks of disability, slaves did not so much dispute prevalent assumptions about disability itself, but instead attempted to use those assumptions “to claim authority over [the] body by declaring it unfit.”\(^1^2\) I also analyze examples of slaves who feigned, exaggerated, or created impairments in their bodies in different situations, and argue that slaves who used masquerades to avoid labor, attempt escape, or negotiate sales terms employed both conspicuous displays of disability and cultural desires to reduce the visibility of disabled individuals as tools of subversion. I then discuss the ambivalence that some masquerading slaves felt about identifying themselves as disabled after they achieved freedom, and analyze the story of William and Ellen Craft, an enslaved couple whose masquerade of disability enabled them to make a daring, successful escape from Georgia, as a significant

\(^{12}\) Hackford, “Malingering,” p. 43.
example of both masquerade and ambivalence. As the Crafts’ narrative and other cases illustrate, slave masquerades of disability, as well as their self-aware claims of able-bodiedness upon achieving their goals, reinforced ideas about disability and able-bodiedness in the antebellum United States.

**Advantages of Slave Malingering**

From a slave’s perspective, there were certainly a number of benefits to being considered ill or disabled, although there were significant differences between feigning an acute illness and a chronic impairment. Several scholars have indicated that the primary motive for slave malingering was to avoid labor; a short-term illness could provide a temporary respite from work, but a long-term ailment or disability—including vague presentations like paralysis, rheumatism, or loss of limb function—could allow a slave to obtain lighter work assignments permanently or even be retired.¹³ Some slaves may also have exaggerated their age to be excused from hard labor, as well as to garner respect within the plantation community; although Deborah Gray White has argued that feeble enslaved men experienced decreased status on plantations because of their loss of strength and able-bodiedness, elderly slaves were often revered by masters and fellow slaves alike.¹⁴ In his discussion of factors influencing the collection of

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slaves’ vital statistics, Samuel Forry noted the phenomenon of slaves lying about their real age “from the circumstance that it flatters [their] self-love, enhances [their] dignity, and excuses [them] from labor…dignity and ease depend on [their] years.”\textsuperscript{15} In other cases, evidence of a disability could provide a slave with special allowances that others did not receive. For example, in his romanticized memoir of growing up on a South Carolina plantation, John George Clinkscales described a disabled slave named Richard Harris who lived with his family. Although it was illegal to teach slaves to read in the state of South Carolina, “somehow not a member of the family regarded Dick as a slave,” and Clinkscales’s sisters agreed to instruct him “when the helpless cripple asked for assistance.”\textsuperscript{16} As a result, Harris learned to read, a skill that he likely would not have acquired had he been able-bodied, and working in the family’s fields. A diagnosis of disability could also allow a slave to avoid punishment for crimes and, more frequently, to halt undesired sales. Evidence from ex-slave narratives indicates that many slaves were aware that illness or disability could be a blessing in market situations, since evidence of a disability—even an obviously counterfeit one—could lower their prospective values, and even terminate


dealings with prospective buyers. John Boggs, a field hand from Maryland, described being sold for one thousand dollars to a cotton planter in Georgia, “but he wouldn’t take me because I had been disfigured by poison-oak, and the loss of a finger; so my master had to put in two other young fellows instead of me. I would have been in a cotton-field forty years ago if it hadn’t been for that.”

Boggs’s condition was a genuine “unsoundness” that prevented him from being sold to an undesirable location and master, and he identified his disability as good fortune in that circumstance, an opinion that many other slaves at market shared.

Some scholars claim that feigned disability was more common among female slaves, whose “soundness” was often linked with their reproductive health. Brenda Stevenson, Jenny Bourne Wahl, Deborah Gray White and Sharla Fett have remarked that malingering occurred more frequently among black women than men because reproductive problems were easier to simulate, and although such ailments were difficult to authenticate, white masters eager to protect the fecundity of their female chattel were more likely to heed their bondswomen’s complaints. Occasionally, enslaved women pretended to be

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17 Bauer and Bauer, “Day to Day Resistance,” pp. 406-7. For an example of a slave whose obvious malingering compromised her sale, see Tyre Glen to Isaac Jarratt, Huntsville (24 March 1832), Jarratt-Puryear Papers, Correspondence and Papers, 1807-1849, Box 1, Folder 1830-1833, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.


pregnant to obtain more food rations as well as a decreased workload, but such a deception was difficult to maintain; more frequently, female slaves simulated or exaggerated chronic disorders like menstrual pain and amenorrhea to mitigate their work. Some bondswomen also feigned sterility or miscarriage to avoid being used as plantation “breeders,” or to quietly terminate pregnancies from forced sexual relations. In an 1860 article in the *Nashville Journal of Medicine & Surgery*, John H. Morgan, a physician in Murfreesboro, Tennessee, argued that many black women were “willing and even anxious to avail themselves of an opportunity to effect an abortion or to derange menstruation,” secretly utilizing herbal abortifacients and other substances to create a ruse of sterility or miscarriage. There is evidence that such malingering could be successful; for instance, on 2 April 1857, South Carolina slaveholder James Abney purchased three slaves—one woman and two children—at a discounted rate because “they were diseased, and were sold as unsound.” The nature of the woman’s supposed defect seems to have been her barrenness, but after Emancipation she bore three children, which prompted the administration of the seller’s estate to sue for compensation in 1868.


Despite these numerous advantages, however, slave folklore included warnings about the risks of being discovered while feigning or exaggerating disease or debility. As historian Sharla Fett observed, trickster tales that circulated in slave communities illuminated both opportunities for “strategic illness” as well as punishments of slaves who were caught fooling their masters. In one tale, a retired man named Uncle Daniel was moved to the “old quarters” of his plantation, and a little boy was assigned to attend his needs. However, Uncle Daniel was mean to the boy, and would sneak out at night to steal milk and sweet potatoes, so the boy told the master Daniel was not as old and slow as he seemed to be. Soon after, the master told several men to carry Uncle Daniel to a haystack to get some sun, then set the haystack on fire; “that old man see that fire and jumped over top the stack and got up and outrun everybody. So they took him and put him back in the fields.” Thus, many slaves understood the benefits as well as pitfalls of malingering, and had to judge their situations carefully before attempting to feign disability.

Suspicions of invented illness, or “possuming,” in slaves were particularly strong among southern masters, traders, and physicians; Samuel A. Cartwright even argued that malingering was an inherent trait among African Americans.

23 Fett, Working Cures, p. 181. See also Hackford, “Malingering,” pp. 43, 47, 49, 61, 86.


25 James O. Breeden, ed., Advice Among Masters: The Ideal in Slave Management in the Old South (Westport, CT; London: Greenwood Press, 1980), p. 193; M. D. McLoud, “Hints on the Medical Treatment of Negroes” (M.D. Thesis, Medical College of the State of South Carolina, 1850), Waring Historical Library, Medical University of South Carolina, Charleston, p. 2; Stanley Feldstein, Once a Slave: The Slave’s View of Slavery (New York: W. Morrow, 1971), pp. 182-83; Steven M. Stowe, Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-
Evidence from plantation records and medical discourse suggests that, while some slaveholders certainly were concerned about their slaves’ wellbeing, masters often doubted the authenticity of health complaints and physical weakness among their bondspeople. Slaveholders faced the prospect of wasted capital and productivity by allowing feigned illnesses to go unnoticed or unpunished, and white doctors—who built their reputations on their ability to expose malingering as well as on their healing skills—risked losing their lucrative practices if they were deceived by black patients. Thus, many members of white slaveholding society often assumed that ailing slaves feigned their conditions, and conducted rigorous investigations to ensure that slave health problems were genuine before seeking or administering treatment. South Carolina medical student Moses McLoud even recommended that slaves’ “complaints demand at the hands of the Physician a more careful investigation than those of whites” because deception was supposedly so widespread, and could have serious implications for labor systems and the treatment of slaves.

This pervasive discourse of slave malingering focused on maintaining control over enslaved

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_Nineteenth Century_ (Chapel Hill; London: University of North Carolina Press, 2004), pp. 162-74, 216; Hackford, “Malingering,” p. 54. Assumptions that slave malingering was widespread were not limited to the South. For instance, in _The Opal_, a newsletter published by patients at the New York State Insane Asylum in the 1850s, a fictional conversation written between “two southern gentlemen and a negro” indicates that a theiving slave who claimed to be “crazy” might receive a lighter punishment. As the slave Bob told his owner in the story, “it is so fashionable to be crazy, master, it saves many a fellow from the State’s Prison and Gallows.” “A Dialogue Between Two Southern Gentlemen and a Negro, Part 1,” _The Opal_ (May 1852), http://www.disabilitymuseum.org/lib/docs/1258.htm, Disability History Museum, www.disabilitymuseum.org (accessed 15 December 2008).

bodies, as well as definitions of “sick” and “well.” In his memoir, “Louisiana swamp doctor” Henry Clay Lewis discusses his observation of a “negro wench” feigning epilepsy in a section mockingly entitled “How to Cure Fits.” For one week, Lewis observed daily convulsions in the woman, and attempted to “treat” her with a variety of interventions, including a complete physical examination, medications, and “knocking her senseless with a galvanic battery”; finally, he threatened to throw her into the bayou during one of her fits. According to Lewis, the woman immediately regained consciousness and tried to flee; “a liberal flagellation completed the cure, and she has never been troubled with fits since!” Lewis concluded his sarcastic account with a suggestion that any convulsing slave who did not respond to medical therapy should “be cured by an energetic, liberal administration of the negro-whip,” indicating his assumption that all slaves were prone to malingering, as well as a powerful anxiety about the ramifications of slaves who “put on” impairments. While it is difficult to verify many cases of suspected malingering, it is clear that feigned disability was a common occurrence among southern slaves as well as a prominent concern for their masters.

The Masquerade of Disability as Tool of Negotiation


Although white authority figures often suspected slaves with apparent disabilities of malingering, there are numerous accounts of slaves were able to use the masquerade to manipulate their circumstances. Ex-slave narratives, slaveholding correspondence and plantation records, and observations in antislavery publications indicate that bondspeople could “pass” as disabled by making signs of disability—genuine or feigned—highly conspicuous and impossible to ignore. Employing Siebers’ concept of the logic of able-bodiedness, it is possible to surmise that the masquerade of disability forced observers to react to seemingly “disabled” slaves by pitying or repressing them in efforts to make their disorderly bodies less visible: thus, an injured laborer would be excused from work and sent to the privacy of his home, a disabled runaway would be kept out of public spaces like jails and courtrooms, or an “unsound” property would be removed from an auction block without being sold. In this section, I examine accounts of slaves who used, or appeared to use, masquerades of disability, forcing their impairments to the attention of observers and relying on the widespread cultural habit of obscuring disabled individuals.

There is strong evidence that slaves attempted to feign or exaggerate disabling conditions to avoid working, if not always successfully. In 1844, Louisiana planter Bennet H. Barrow suspected a man named Demps of exaggerating a vision problem to get out of working; on 12 June, Barrow complained in his journal that “Demps has been doing nothing since Last November[;] Dr King tending him for Loss of his Eye sight, gave him up – to appearance seemed as well as ever gave him 25 cuts yesterday morning &
ordered him to work Blind or not. to show the scoundrel.” After that punishment, Demps absconded, causing Barrow to vow that he “will make him see sights as Long as I live.”29 This journal entry indicates that Demps was able to utilize his blindness—which he made prominent enough to earn the attention of a physician—to absent himself from work for more than six months, much to the frustration of his master. Demps’s conspicuous blindness failed to provide him with a longer absence from work, however, and Barrow eventually turned the tables on him by ordering him to work in full view of others despite his blindness and the disfiguring injury of “25 cuts.” Demps responded by physically removing himself from the plantation, which confirmed his malingering in Barrow’s mind. Thus, Demps relied on assumptions about blindness to compel his master and overseer to “obscure” his disability by absenting him from work; when that ultimately did not work, Demps absented himself by running away.

Other slaves had more success in using exaggerations of disability to negotiate the terms of their labor. West Indies slave Mary Prince experienced debilitating rheumatism and other injuries from physical abuse, and required assistance to perform her duties as a laundress. Often, her condition so frustrated her masters that they would send her away to find another owner, although they always changed their minds about selling her. Prince’s disability was a very conspicuous one; she notes that she had to use a stick to walk and was often laid up because of her rheumatism, “but whether sick or well, I had my

work to do.”\textsuperscript{30} In her narrative, she presents her ailments as a form of resistance. Prince notes that her impairments inhibited her from washing her mistress’ clothes “to satisfaction,” but not other forms of labor that were directly profitable to her:

When my master and mistress went from home, as they sometimes did, and left me to take care of the house and premises, I had a good deal of time to myself, and made the most of it. I took in washing, and sold coffee and yams and other provisions to the captains of ships. I did not sit still idling during the absence of my owners; for I wanted, by all honest means, to earn money to buy my freedom.\textsuperscript{31}

Although Prince’s condition did not completely excuse her from her assigned duties, she was certainly aware that she could use her condition to adjust her work routines. Indeed, as Barbara Baumgartner argues, “it seems plausible that Prince rhetorically manipulates her bodily affliction as a means of explaining and defending her inability (i.e. refusal) to work.”\textsuperscript{32} In another example, James L. Smith, who had been disabled by a broken leg in his adolescence and was assigned to scaring crows in a corn field every day of the week, recalled an attempt to use malingering to “break up, or put an end to [his] Sunday employment.” At first, Smith considered feigning a stomachache, but was worried that Mr. and Mrs. Mitchell, his masters, would administer “something that

\textsuperscript{30} Mary Prince, \textit{The History of Mary Prince, a West Indian Slave} [3\textsuperscript{rd} ed.] (London: F. Westley and A. H. Davis; Edinburgh: Waugh & Innes, 1831), pp. 14, 18.

\textsuperscript{31} Prince \textit{History of Mary Prince}, pp. 15-16.

would physic me to death”; thus, he devised to pretend to re-fracture his disabled leg. Mr. Mitchell threatened Smith with the lash if he did not get back to his duties, injured or not, but Smith, “groaning and crying with every step,” did not make it back to the field before Mitchell relented. After eating some breakfast, Smith went to his bedroom to lie on the floor, and “pretended that I was in so much pain that I could not raise myself.” Mrs. Mitchell found him there, and after bathing his seemingly injured leg with a camphor liniment and binding him up, she “rebuked her husband by telling him he had no business to send me out in the field…for I was not able to be there.” Smith remained in his room for two weeks, until he received news that the crows had moved on from the cornfield; “after hearing this joyful news I began to grow better very fast…when Saturday came I could walk quite a distance to see my mother, who lived some ten miles off.” Although they could not be certain of their masters’ reactions and risked severe punishment, Prince and Smith were able to capitalize on existing impairments to negotiate the terms of their bondage, exaggerating their disabilities with very conspicuous, visible performances to mitigate forced labor, but proudly described their ability to perform physical tasks of their choosing, such as Prince’s laundry for profit, or a Smith’s ten-mile walk to visit his mother.

Some slaves, like Jacob D. Green in the opening example of this chapter, utilized masquerades of disability as a means of escape. Henry Box Brown

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34 *Ibid*, pp. 23-24. Smith also describes walking long distances to attend prayer meetings on Saturday evenings (p. 26), indicating his ability to overcome his disability to claim independence and do something important to him.
aggravated an injury to make a disability more visible and impairing, forcing his overseer to excuse him from work, thus making the slave himself “invisible” and giving him time to plan his flight unnoticed. Prior to his escape from Virginia in a railroad cargo box, Brown attempted to obtain a break from work “in consequence of a disabled finger”; when his overseer refused “on the ground that [Brown’s] hand was not lame enough,” Brown made his injury worse with oil of vitriol, which ate through his flesh down to the bone. As Brown described the situation to Boston abolitionist Charles Stearns, “the overseer then was obliged to allow me to absent myself from business, for it was impossible for me to work in that situation.” However, he “did not waste his precious furlough in idle mourning over his fate,” but “armed [him]self with determined energy, for action,” to plan his escape. It is significant that Brown’s narrative does not describe the pain and suffering of his wound, which he admits was more extreme than he had intended, but instead focuses on his disabling injury as a means to an end. In this respect, his injured finger—a highly conspicuous sign of disability for his overseer—became a means of transcendence, allowing him to overcome the burden of his duties and plan his eventual flight from bondage in the relative obscurity that disability afforded him.

The masquerade of disability is also apparent in the memoir of Israel Campbell, who had enjoyed relative independence as a craftsman in Kentucky but was arrested on suspicion of a planned escape after he shoed his horse and purchased a new bridle. Campbell attempted to get out of jail by feigning a fit,

which he felt he could accomplish because he had witnessed fits in other people.

In his published narrative, Campbell described his plan:

Seeing that there was not much prospect of their making any effort to find out whether I was guilty or not, I put my wits to work to try and escape. The plan I adopted was to have a fit, and make great noise and get very sick. This plan I began to carry out the following night. About twelve o'clock I commenced hollowing, groaning and shaking my legs, and made a desperate noise, which so frightened the white [inmate], that he called the other man and roused the jailer and told him to bring a light, that Israel had a fit.36

Campbell’s striking performance successfully fooled the jailer and white prisoners, all of whom were afraid that he was dying and responded to his masquerade with sympathy and horror. Campbell’s master, however, was not convinced by his slave’s fit, and had a physician confirm Campbell’s deceit by examining the slave’s pulse and tongue.37 One may conclude that the master and physician were simply more knowledgeable about the diagnosis of epileptic fits than an ignorant jailer and inmates, but the fact that Campbell even warranted the attention of his master and a doctor indicates that his performance was powerful and difficult to ignore. This episode indicates a deep power struggle between Campbell, a slave who attempted to use a performance of disability to negotiate his freedom from jail, and Campbell’s owner, who potentially had much to lose if his slave’s feigned fit went unnoticed and enabled the slave to escape.


More frequently, the auction block—where African American bodies were made highly visible—was an important stage for masquerades of disability. Auctioneers and masters relied on the cooperation of the slaves for sale to make deals, and could be frustrated by slaves who performed conspicuous signs of disability by exaggerating or feigning conditions like paralysis, insanity, mental incapacity, or epileptic fits in front of prospective buyers. As frustrated Alabama trader A. J. McElveen noted in an 1856 letter to his partner J. B. Oakes, “James is cutting up…I could Sell him like hot cakes if he would talk Right…the Boy is trying to make himself unsound.” Slaves who made a real or counterfeit disability conspicuous on the auction block were in a powerful position to negotiate the terms of their sale. For instance, J. Winston Coleman, Jr.’s monograph *Slavery Times in Kentucky* describes an auction in Winchester, Kentucky, at which a slaveholder named Mr. Anderson offered his slave, George, with a standard guarantee that the man was “sound of mind and body and a slave for life.” However, during the “lively” bidding process, “George suddenly assumed a strange appearance—his head was thrown back, his eyes rolled wildly, his body and limbs began to twitch and jerk in an unheard of manner.” Exclaiming that he was suffering from “fits,” George fell off the block and was


immediately removed for a doctor’s examination. Apparently, the physician was unable to determine if the slave’s fit had been genuine or not, and recommended that he remain in the jailer’s care overnight; however, “next morning, when the jailer brought in breakfast, he found the bed empty. George was gone, and nothing was heard of him again until word came, several weeks later, that he was safe in Canada.” In this example, George utilized his prominent visibility on the raised auction block, in a crowded room of observers, to stage a violent epileptic fit for all to see. This performance of disability not only called his soundness as property into question (as well as his master’s honor, by negating the guarantee of health he had given minutes before), it also provided George with a means of escape; the trader and doctor removed his “disabled” body from the public site of the auction to a more private, concealed setting where he was left unattended overnight, so he seized the opportunity to flee. In this instance, George capitalized on their extreme visibility on the auction block to present his bodies as disabled and disorderly, and thereby challenged observers to repress or conceal him by removing him from the block.

One intriguing example of a potentially feigned disability that enabled a slave to avoid both a sale and a punishment is the case of a fifteen-year-old woman named Virginia, who was sentenced to hang for arson in Richmond on 15 March 1843. Virginia allegedly had committed the crime in the home of her hired-out master, William Rushmer, and had been kept at the city jail for more than one month prior to her trial. After pronouncing her sentence, the aldermen

of Richmond and other witnesses estimated Virginia’s value as a convicted slave at $300 and remanded her to the jail until her execution date.\textsuperscript{41} Her owner, Archibald Govan, appealed to Governor James McDowell for clemency, and on 22 March, the Governor granted Virginia full pardon on the condition that she leave the Commonwealth permanently at the expense of her owners, who hoped to sell her further South. However, on the day that Govan brought Virginia to the “private jail” of prominent Richmond slave trader Bacon Tait, “she was seized with Epeleptick fits,” which continued frequently for more than two months before both the trader and a physician, G. G. Minor, recommended she be removed from the jail, as she could not be sold in her condition,\textsuperscript{42} indicating that her fits were a more effective barrier to a sale than her arson conviction. Thus, despite the Governor’s directive, Virginia returned to the Govans and her own family, and remained there as late as 17 June, when owner Lucy Govan remarked in a letter to her father that Virginia’s “health has greatly improved, [and] she looks as fat and well as I have ever seen her.”\textsuperscript{43} It is clear that her epilepsy seemed to have

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  \item Hustings Court of Richmond, Minutes Book 15 (1842-44) (pp. 261, 278), Library of Virginia, Richmond; [Deposition of Mrs. Ruschmer (sic)], Office of the Governor, Record Group 3, James McDowell (1843-1846), Letters Received, Box 373, Archives & Manuscripts Room, Library of Virginia, Richmond. See also Philip J. Schwarz, \textit{Slave Laws in Virginia} (Athens; London: University of Georgia Press, 1996), 7.
  \item Lucy Ann (Waller) Govan to Waller (21 March 1843), William Macon Waller Papers (1843-1850), Virginia Historical Society, Richmond; Archibald Govan to Waller (18 [June?] 1843), William Macon Waller Papers (1843-1850), Virginia Historical Society, Richmond; [Bacon Tait to Governor James McDowell] (1 June 1843), Office of the Governor, Record Group 3, James McDowell (1843-1846), Letters Received, Box 373, Archives & Manuscripts Room, Library of Virginia, Richmond; [G. G. Minor to Governor James McDowell] (1 June 1843), Office of the Governor, Record Group 3, James McDowell (1843-1846), Letters Received, Box 373, Archives & Manuscripts Room, Library of Virginia, Richmond. See also James Campbell, “The Victim of Prejudice and Hasty Consideration: The Slave Trial System in Richmond, Virginia, 1830-61,” \textit{Slavery & Abolition} 26 (April 2005): pp. 79-81.
  \item Lucy Ann Govan to William Macon Waller (17 June 1843), William Macon Waller Papers (1843-1850), Virginia Historical Society, Richmond.
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been an isolated phenomenon; writing to his father-in-law, Archibald Govan mentioned that the day he moved Virginia to Bacon Tait’s slave jail was “not the first time” she experienced fits, but there is nothing else in the records to indicate that Virginia had a history of epilepsy, or that her frequent convulsions continued after she had been returned to the Govan household. This absence is especially conspicuous in the court records of Virginia’s arson trial; given the disease’s associations with insanity, a history of epileptic fits presumably would have been important information for the court to consider in determining Virginia’s guilt. The main reason that Bacon Tait offered for removing Virginia from his slave-jail was his assertion that the “malady with which the girl is afflicted has hitherto baffled all effort to effect a sale” and “the girl cannot be sold even at nominal price as long as she may labour under her present malady.”

This claim indicates that Virginia’s value as a convicted felon plummeted from an estimated $300—not much lower than that of other young, female slaves in Richmond’s markets at the time—to virtually nothing in less than three months as a result of her convulsions. The short-lived intensity of Virginia’s epilepsy and

44 Archibald Govan to Waller (18 [June?] 1843).

45 [Tait to Governor] (1 June 1843).

46 Historian Michael Tadman estimates that, in 1846, the average price for bondswomen aged ten to fifteen years old was between $275 and $350 in Richmond [Michael Tadman, Speculators and Slaves: Masters, Traders, and Slaves in the Old South (Madison: University of Wisconsin Press, 1989), p. 289]. Furthermore, on a trip to Mississippi to sell slaves in 1847, Virginia’s original master, William Macon Waller, observed that “high prices” for female plantation slaves were between $375 and $400 [William Macon Waller to Henry Loving (4 December 1847), William Macon Waller Papers (1843-1850), Virginia Historical Society, Richmond]. Comparing these numbers with the estimate made at Virginia’s trial, it seems that the Richmond aldermen did not take epilepsy into account as a permanent defect, indicating that her condition was unknown prior to her arrival at Tait’s slave-jail; this may be another clue that Virginia feigned epilepsy after the trial was over.
the disease’s effect on her fate after her trial raises the possibility that she used malingering as a strategy to avoid a sale, and to be released from incarceration. Whether or not Virginia intentionally feigned her condition, it is clear that the daily fits she displayed were impossible for the trader, physician, or any prospective buyers to ignore; they responded to her condition by removing her from public space altogether, thereby rendering her uncontrolled body “invisible” and allowing Virginia to return to her family.

In many respects, Virginia’s experience closely resembles that of Denmark Vesey, the leader of a failed 1822 slave rebellion in South Carolina. As a young man known as Télémaque, he had served as a cabin “pet” aboard Captain Joseph Vesey’s ship, but was sold to a Haitian sugar plantation in 1781. Captain Vesey departed for St. Thomas, but he returned to Haiti approximately one month later to learn that Télémaque had experienced frequent epileptic fits in his absence. According to one account, “the boy was examined by the city physician, who required Capt[ain] Vesey to take him back; and Denmark served him faithfully, with no trouble from epilepsy, for twenty years.” Antebellum antislavery accounts of Denmark Vesey’s life highlight this episode—especially the fact that his fits were an isolated occurrence, and never returned after Vesey left Haiti—as an early indication of Vesey’s cunning and desire to resist his bondage, rather than evidence of any genuine disability. As abolitionist Archibald

Grimké observed, “it is by no means clear...whether those epileptic fits were real or whether they were in truth feigned, and therefore the initial ruse de guerre of that bright young intelligence in its long battle with slavery.” Grimké is reluctant to claim outright that Vesey feigned his epileptic fits, but clearly indicates that simulating illness or disability to avoid or reverse a sales agreement was a successful practice for antebellum slaves. Both Virginia and Vesey experienced (or at least appeared to experience) a seriously disabling condition, and their fits were apparently prominent enough to warrant the attention of doctors, slaveholders and traders. Also, in both cases, the diagnosis that marked them as disabled, “unsound” and worthless at market prompted white authorities to send them away from public spaces and back to their original owners, which was a more favorable circumstance.

Denmark Vesey’s example also indicates that slaves could use the masquerade of disability to negotiate sales even after they were finalized. The fact that buyers could sue for breach of warranty if slaves they had purchased turned out to be “unsound,” usually due to a hidden defect, provided another motive for slave malingering. Such “hidden defects” in redhibitory cases included any number of conditions, including peritonitis, scrofula, venereal diseases, leg ailments, as well as epileptic fits and insanity. As Judith K. Schafer and Ariela J. Gross have noted, it is likely that many slaves were aware disease or disability

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could legally negate sales, and may have feigned or exaggerated hidden defects to reverse an undesirable sale. By performing disability after a sale was finalized, slaves turned apparent hidden defects into public spectacles, openly calling into question the honor and integrity of the slaveholders who sold them and inspiring the majority of litigation in the antebellum South.

In some cases, slaves intentionally disabled themselves as a form of sabotage. Historians Kenneth Stampp and Leslie Howard Owens have cited several examples of self-mutilation, including a woman in Kentucky who repeatedly stuck her hand into a beehive to aggravate a disabling "swelling in her arms" and a male "prime hand" who chopped off several of his toes to prevent a sale away from his wife and family. In Arkansas, one slave discovered that he could "throw his left shoulder out of place" and thereby avoid "an hour's work," and a man named Yellow Jacob, after receiving a kick from a mule, deliberately kept his bruises from healing to avoid going back to work. In *This Species of Property*, Owens argues that these mutilations were examples of slaves, frustrated by their oppression, striking out against their own bodies as a form of aggression; this conclusion, however, overlooks the possibility that slaves could benefit from creating disability in themselves, particularly if they did so...

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52 Owens, *This Species of Property*, p. 94.
publicly, or if their self-inflicted defects were highly visible. In antislavery publications and ex-slave narratives there are several accounts of slaves attempting to negate sales agreements by sabotaging their own bodies. Abolitionist James Redpath described an encounter with a young woman offered for auction in a Richmond market, whose "right hand was entirely useless—‘dead,’ as she aptly called it":

One finger had been cut off by a doctor, and the auctioneer stated that she herself chopped off the other finger—her forefinger—because it hurt her, and she thought that to cut it off would cure it. This remark raised a laugh among the crowd…

"Didn’t you cut your finger off," asked a man, “‘kase you was mad?”
She looked at him quietly, but with a glance of contempt, and said:
“No, you see it was sort o’ sore, and I thought it would be better to cut it off than be plagued with it.”
Several persons around me expressed the opinion that she had done it willfully, ‘to spite her master or mistress, or to keep her from being sold down South.’
I do not doubt it.”

Similarly, *Domestic Manners of the Americans*, Frances Trollope’s popular travel memoir and account of life in the United States, contains an example of a Virginia man who was to be sold further South. According to Trollope, “within an hour after it was made known to him, he sharpened the hatchet with which he had been felling timber, and with his right hand severed his left from the wrist,” presumably to decrease his value as a field laborer. Fugitive slave Milton Clarke, writing with his brother Lewis in 1846, described a Lexington carpenter named


Ennis, whose master, General Leslie Coombs, negotiated to sell him “down the river” to work on a cotton plantation. Clarke notes “Ennis was determined not to go. He took a broadaxe and cut one hand off; then contrived to lift the axe, with his arm pressing it to his body, and let it fall upon the other, cutting off the ends of the fingers”; Ennis was sold anyway, albeit “for a nominal price,” to a Louisiana planter.\footnote{Lewis Garrard Clarke and Milton Clarke, Narratives of the Sufferings of Lewis and Milton Clarke, Sons of a Soldier of the Revolution, During a Captivity of More than Twenty Years Among the Slaveholders of Kentucky, One of the So-Called Christian States of North America (Boston: Bela Marsh, 1846), p. 125. See also Bauer and Bauer, “Day to Day Resistance,” p. 414. Like the Virginia man Trollope described, Ennis likely attacked his hands to disable himself from the kind of field labor expected of a slave in the deep South, but he was sold anyway; one may speculate that his malingering ploy failed because Coombs wanted to punish Ennis for deliberately injuring himself, or because the master wanted to recoup some of the financial loss that Ennis generated.} In all of these examples, slaves about to be sold intentionally disabled their bodies with very visible and disfiguring injuries. While it is likely that they chose to chop off fingers, hands, and toes because it was expedient—slaves had easy access to sharp tools and could quickly complete the task without interference—it is also remarkable that such injuries were impossible to ignore at auction. Hands and feet were important elements of a prospective buyer’s inspection, and slave traders could not afford to conceal such defects as missing digits or extremities. Furthermore, the fact that these slaves sabotaged their bodies publicly—by committing the act in front of others or admitting to their actions after the fact—is a significant element in the masquerade. Marking their own bodies as disabled allowed slaves to claim an element of control over themselves, but also tempted observers to read other kinds of “unsoundness” into their bodies. For example, the woman who claimed to cut off her own finger because it was “sore” invited prospective buyers to question her mental state;
those who laughed at her claim and asked her if she was "mad" read her deliberate injury as a sign of possible stupidity or insanity. Thus, slaves who employed masquerades of disability in sales situations relied on conspicuous signs of disability to manipulate observers’ reactions, and thereby gained a measure of control over their own bodies.

**After the Masquerade: Ex-Slave Claims of Able-Bodiedness**

Although some slaves admitted to utilizing masquerades of disability in bondage, there is a conspicuous change of tone in discussions of disability among slaves who were freed. Evidence from ex-slave narratives published before and after the Civil War indicates that bondspeople were not comfortable identifying themselves as disabled free individuals, and many made conspicuous claims of their able-bodiedness, even those who actually did have impairments. These claims were an extension of a prevalent abolitionist argument that emancipation could reverse the debilitating nature of slavery, an opinion inspired by nineteenth-century cultural values of ability and hard work; in other words, even slaves crippled by their social condition would not be public burdens in a free society, rather, that freedom could confer ability to African Americans. Just as abolitionists utilized images of disability and fetters to describe the oppression and despair of bondage, they also used images of physical strength and ability to represent freedom. This metaphorical pairing had tremendous power in American culture, which prized independence—physical as well as social and political—and proudly celebrated free labor. Images of independence-as-ability
linked the rhetoric of the abolitionist movement with the intellectual heritage of the American Revolution; in her 1833 publication, *An Appeal in Favor of that Class of Americans called Africans*, abolitionist Lydia Maria Child quoted the “great Virginian” Patrick Henry as saying “‘if a man be in chains, he droops and bows to the earth, because his spirits are broken; but let him twist the fetters off his legs and he will stand erect.”57 The positive effects of liberation were often portrayed as instantaneous; as H. Bibb said in 1846 of American slaves liberated in Great Britain, “You are no longer a slave—no longer three-fifths of a man—the very moment you set your foot on British soil, the fetters fell from your limbs.”58 This quote indicates that the very act of emancipation immediately made slaves “whole” and “unfettered,” their bodies breaking free from the bondage that had impaired them. Similarly, Wilson Armistead made the argument that “Let the shackles be loosed from the Negro; let him feel the invigorating influence of freedom…and the foul calamity of his great and inevitable inferiority will soon be refuted in himself!”59

The tension between images of disabled slaves and able-bodied freedpeople influenced narrative descriptions of masquerade. Cultural historian Ann Fabian has argued that audience responses to ex-slave narratives were


influenced by minstrelsy; white audiences reacted to the details of slave memoirs with both sympathy for the “black” figures in the narratives, and repulsion for the brutalization of black bodies.\textsuperscript{60} Slave narrators utilized these contradictory responses to arouse the emotions of their readers. Slaves who presented disabled bodies—either their own or others—as texts to recite the horrors of the institution often upheld the image of disabled bodies as objects of pity, lust, or revulsion. At the same time, slave narrators often attempted to remove themselves from the crippling effects of slavery to prove their abilities as free individuals to themselves and their audience. The centrality of successful escapes in fugitive narratives both literally and metaphorically distanced narrators from the disabling characteristics of bondage, and the disabled bodies of slaves themselves. Fugitives therefore do not describe themselves as objects of pity, because they were “able” to escape the South and join free society; in their published narratives they present themselves as free, able individuals. In this respect, as Fabian and Sekora have noted, fugitive narratives might use elements of blackface minstrelsy but were ultimately a literary form of “whiteface,”\textsuperscript{61} a reification of the normalizing effects of freedom.

In some cases, ex-slaves who had used disability masquerades seemed to separate themselves from their feigned disabled identities to demonstrate their honesty to free society, limiting their deceptiveness to a necessary tool under


bondage. This is apparent in the escape narrative of Lavinia Bell, printed in the Montreal Gazette on 31 January 1861. Bell had worked as a Texas field hand, where she was subjected to a number of cruel punishments for “rascality” and repeated escape attempts, and became severely disabled. An editor’s note following the newspaper article notes that “in the foregoing account we have omitted many particulars communicated to us by the woman, the many ruses she practiced, counterfeiting madness, inability to walk, &c., in order to throw off suspicion.”62 Thus, the editors admit Bell utilized strategies of feigning disabilities or defects, but indicate that such “rascality” in bondage was secondary to the physical suffering she endured, an admission of sympathy for her real condition of bondage rather than for her malingering ploys.63 Furthermore, the editors provided a physician’s statement to verify Bell’s condition for readers, and made a very clear statement that Bell did not seek any financial support for herself, despite her inability to work. This account was intended to arouse the sympathy of readers, but also suggests a desire to distance Bell as a freedwoman from the image of a helpless, burdensome, and dishonest slave.

**William and Ellen Craft: Limping a Thousand Miles to Freedom**

One famous example of a slave disability masquerade, as well as ambivalence about adopting a disability identity, was the flight of William and Ellen Craft. In December 1848, the young enslaved couple from Macon,

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Georgia, devised a daring and unusual plan to escape their bondage; disguising Ellen as a young male planter traveling with her male servant William, the pair relied exclusively on public transportation for a four-day journey to Philadelphia.\textsuperscript{64}

In order to transform Ellen into “Mr. Johnson,” the Crafts applied a number of feigned physical impairments to her disguise: handkerchiefs and poultices would cover her smooth face and feminine jaw line, green spectacles would shield her eyes, a sling binding her right arm would disguise her inability to write, and feigned deafness would discourage conversation with fellow white passengers. Ellen sewed herself a pair of trousers and a shirt, and William, a craftsman, used his own money to purchase the rest of her costume, as well as to pay for their journey. Before dawn on the morning of their escape, William cut his wife’s hair short, and she donned her slings and bandages over her fine men’s clothing.\textsuperscript{65}

The Crafts traveled through Savannah, Charleston, Wilmington, Washington DC, and Baltimore—staying in fine hotels\textsuperscript{66} and booking passage on first-class rail carriages and steamers—before they reached Philadelphia on Christmas Day.

Many historians and literary scholars have analyzed William Craft’s narrative, emphasizing the cultural disruptions represented by the couple’s

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\begin{itemize}
\item \textsuperscript{64} In his 1849 account of the escape of William Box Brown, abolitionist Charles Stearns compared Brown’s escape to the Crafts’, noting that William and Ellen’s use of public transportation was extremely risky; unlike Brown, however, “they had the benefit of their eyes and ears” even as Ellen feigned deafness and helplessness. Stearns, \textit{Narrative of Henry Box Brown}, p. vii.
\item \textsuperscript{65} William Craft, \textit{Running a Thousand Miles for Freedom; or, the Escape of William and Ellen Craft from Slavery} (London: William Tweedie, 1860), pp. 34-35.
\item \textsuperscript{66} \textit{Ibid}, pp. 51-52. As William Wells Brown described in an 1849 issue of \textit{The Liberator}, the Crafts stayed in a Charleston hotel frequented by former South Carolina governor George McDuffie and senator John C. Calhoun, noting the irony that “these distinguished advocates of the ‘peculiar institution’ say that the slaves cannot take care of themselves.” [William Wells Brown Describes the Crafts’ Escape], \textit{The Liberator} (12 Jan 1849).
\end{itemize}
\end{flushright}
escape. However, Ellen’s “passing” as a white, male slaveholder—her transgression of race, gender, and class boundaries—has received far more critical attention than her masquerade of disability.  

Ellen Samuels' 2006 article “A Complication of Complaints’: Untangling Disability, Race, and Gender in William and Ellen Craft’s *Running a Thousand Miles for Freedom*” is the only critical publication to date that explores the meanings of disability in the Crafts’ narrative, and explores “the intimate and constitutive relationship of race, gender, class, and disability” that is represented in Ellen’s disguise. Like Samuels, I argue that Ellen Craft was only able to “pass” as a white, male slaveholder because she artfully utilized the pretense of disability.

William Craft’s narrative of their escape contains many descriptions of how other passengers reacted to Mr. Johnson’s impairments along their journey. In most cases, according to Craft, the genteel Mr. Johnson was received with sympathy, and treated very gently. For instance, upon arriving at a fine hotel in Charleston, William noted that the landlord, “judging, from the poultices and

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68 Ellen Samuels, “‘A Complication of Complaints’: Untangling Disability, Race, and Gender in William and Ellen Craft’s *Running a Thousand Miles for Freedom*,” *MELUS* 31 (Fall 2006): p. 16.
green glasses, that my master was an invalid, …took him very tenderly by one arm and ordered his man take the other… The proprietor made me stand on one side, while he paid my master the attention and homage he thought a gentleman of his high position merited,” showing Mr. Johnson to a fine room and rushing to provide him with more hot poultices.\(^69\) Later in the journey, on a train bound for Richmond, Mr. Johnson was allowed to travel in a special carriage “with a couch on both sides for the convenience of families and invalids,” where he met an elderly gentleman and his two daughters, who doted on the poor young gentleman. According to William’s narrative, the gentleman was very curious about Mr. Johnson’s condition, expressing sympathy and making recommendations, a conversation that amused William:

I told him where we came from, and said that he was suffering from a complication of complaints, and was going to Philadelphia, where he thought he could get more suitable advice than in Georgia. The gentleman said my master could obtain the very best advice in Philadelphia. Which turned out to be quite correct, though he did not receive it from physicians, but from kind abolitionists who understood his case much better.\(^70\)

At several times along the journey, William and Ellen faced deterrents and possible discoveries, but pity for the disabled Mr. Johnson—who acquired new impairments whenever it seemed necessary—prevented them from being caught.\(^71\) For instance, shortly after fleeing their plantation, Ellen Craft encountered a man she knew named Mr. Cray, a friend of her master’s, and

\(^69\) Ibid, p. 52.

\(^70\) Ibid, pp. 58-59.

believed that he would be able to identify her as a slave; when Mr. Cray attempted to draw Mr. Johnson into conversation, Ellen “resolved to feign deafness as the only means of self-defence”:

After a little while, Mr. Cray said to my master, “It is a very fine morning, sir.” The latter took no notice, but kept looking out of the window. Mr. Cray soon repeated this remark, in a little louder tone, but my master remained as before. This indifference attracted the attention of the passengers near, one of whom laughed out. This, I suppose, annoyed the old gentleman; so he said, “I will make him hear;” and in a loud tone of voice repeated, “It is a very fine morning, sir.” My master turned his head, and with a polite bow said, “Yes,” and commenced looking out of the window again. One of the gentlemen remarked that it was a very great deprivation to be deaf. “Yes,” replied Mr. Cray, “and I shall not trouble that fellow any more.” This enabled my master to breathe a little easier, and to feel that Mr. Cray was not his pursuer after all.\textsuperscript{72}

In this instance, Ellen Craft utilized a masquerade of deafness to arouse the sympathy of her fellow passengers, particularly Mr. Cray, the man most likely to identify her as a slave. Her guise elicited a number of responses in this instance—including Mr. Cray’s annoyance, and the amusement of other passengers—but ultimately, pity for Mr. Johnson’s hearing impairment, “a very great deprivation,” enabled Ellen to adopt the invisibility of a disabled person, to continue this leg of her journey without discovery or capture.

Sympathy for the “poor invalid” Mr. Johnson also aided the Crafts at another critical moment in their escape. As they prepared to board a train from Baltimore to Philadelphia, a railroad officer attempted to detain them because Mr. Johnson could not provide any proof that William was his slave; as the “eagle-eyed officer” explained to the Crafts, the railroad did not want to assume liability

\textsuperscript{72} Craft, \textit{Running a Thousand Miles}, p. 44.
for a slave who escaped to a free state. Of course, Ellen had no certification that
William belonged to her, but their “deliberation” with the officer attracted a lot of
attention from other passengers, who “thought my master was a slaveholder and
invalid gentleman, and therefore it was wrong to detain him.” As the train
prepared to leave, the railroad officer finally decided “as he is not well, it is a pity
to stop him here,” and allowed William and Ellen to board the train.⁷³

To be certain, sympathy for Mr. Johnson’s condition and social class did
not excuse him from performing the expected behaviors of a southern
gentleman, and William and Ellen Craft often found themselves in situations
where Mr. Johnson’s physical impairments set him apart as “strange” and
required explanation, particularly when Mr. Johnson avoided polite interaction
with other passengers. As William noted in his narrative, slaves were required by
law to answer any questions asked by white people, and could be beaten, jailed,
or killed for lying or refusing to speak.⁷⁴ Ellen’s disguise as a white man removed
this obligation for her, but as a “gentleman,” Mr. Johnson was expected to
socialize with his fellow travelers. The Crafts resolved that “the young planter
would have nothing to do but hold himself subject to his ailments, and put on a
bold superiority” in his suffering.⁷⁵ Fearing that her voice would betray her
gender and enslaved status, Ellen utilized disability to minimize general
conversation with other passengers, even though avoiding such engagement

⁷³ Ibid, pp. 71-73; [Interview of William and Ellen Craft], pp. 272-73.

⁷⁴ Craft, Running a Thousand Miles, pp. 36-37.

⁷⁵ James Williams, Life and Adventures of James Williams, a Fugitive Slave, with a Full Description of the Underground Railroad (San Francisco: Women’s Union Print, 1873), p. 88.
was considered rude.\textsuperscript{76} For example, fellow passengers aboard the steamboat bound for Charleston found it remarkable that Mr. Johnson turned in to bed shortly after boarding, and questioned William about his behavior. The slave responded by bringing “the flannels and opodeloc which we had prepared for the rheumatism” to the gentleman’s saloon to warm by the stove, then took them to Mr. Johnson’s berth; in Craft’s words, “we did this as an excuse for my master’s retiring to bed so early.”\textsuperscript{77} By performing a task in a public space to remind the fellow passengers of Mr. Johnson’s severe disabilities, William deflected suspicions about their potentially rude behavior.

The most difficult challenge in the Crafts’ escape plan was that Ellen, traveling as Mr. Johnson, would need to sign her name to register for hotel rooms and the railway customs office, but neither William nor Ellen could read or write. Indeed, this problem was the inspiration for their guise of invalidism; Ellen determined that, by binding her arm in a sling, she could avoid having to sign her own name, and could ask the customs officers to do it for her.\textsuperscript{78} In this instance, William and Ellen determined they could overcome the disability of illiteracy that most slaves had; their hope was that Ellen’s disabled right hand, a “substitute for literacy” in their disguise, would be read as a sign of illness rather than illiteracy, and would not negate the rest of her disguised identity as a white slaveholding

\textsuperscript{76} See Thomas Wallace Knox, \textit{Underground; or, Life Below the Surface} (Hartford, CT: J. B. Burr, 1876), p. 433; Craft, \textit{Running a Thousand Miles}, p. 36.

\textsuperscript{77} Craft, \textit{Running a Thousand Miles}, pp. 45-46.

\textsuperscript{78} \textit{Ibid}, p. 34; [Interview of William and Ellen Craft], p. 270. See also McCaskill, “Yours Very Truly,” p. 510.
gentleman.\textsuperscript{79} Ellen had to exercise caution, lest she betray that she could not read; at one point, “a very kindhearted gentleman, pitying her delicacy, presented her with a receipt for rheumatism,” and Ellen had to fold it quickly and put it in her pocket “lest, in pretending to read it, she might hold it upside down.”\textsuperscript{80} However, the substitution of disability for literacy proved to be more complicated. At the Charleston railway office, the principal officer—whom William described as “a very mean-looking, cheese-coloured fellow”—asked Ellen to sign her name and her slave’s after she had paid their fares and a dollar duty on William. When she indicated the poultice on her right hand, and asked the officer to write for her, “this seemed to offend the ‘high-bred’ South Carolinian”:

He jumped up, shaking his head; and, cramming his hands almost through the bottom of his trousers pockets, with a slave-bullying air, said, “I shan’t do it.” This attracted the attention of all the passengers. Just then a young military officer with whom my master traveled and conversed on the steamer from Savannah stepped in, somewhat the worse for brandy; he shook hands with my master, and pretended to know all about it. He said, “I know his kin...like a book”; and as the officer was known in Charleston, and was going to stop there with friends, the recognition was very much in my master’s favour. The captain of the steamer, a good-looking jovial fellow, seeing that the gentleman appeared to know my master, and perhaps not wishing to lose us as passengers, said in an off-hand sailor-like manner, “I will register the gentleman’s name, and take the responsibility upon myself.”\textsuperscript{81}


\textsuperscript{80} [Interview of William and Ellen Craft], p. 270. See also Craft, \textit{Running a Thousand Miles}, pp. 60-61.

This “scene of writing”\textsuperscript{*82} illuminates a connection between notions of southern honor and the ability to sign for one’s self, which went beyond the mere strictures of southern customs and etiquette. It is significant that Ellen, after having paid the full fare and duty for passage, and after having satisfied the officer that William was her property, was still expected to sign her own name; her refusal to do so was offensive despite her apparent disability, and very nearly stopped her from traveling further. It is possible that William and Ellen, not having had the same experience with literacy and writing as the white slaveholding class, did not consider the cultural meanings of signatures in southern society when they were planning their flight. As historian Kenneth S. Greenberg has noted, signatures were an important form of self-representation and honor in the antebellum South, signaling the ability to make promises and to be held accountable. In this respect, co-signing and signing for another were not taken lightly; rather, they were the equivalent of giving an important gift to a special friend or family member, and involved a large degree of trust that would not be asked of a stranger.\textsuperscript{*83} While sympathy for a disabled individual may have influenced the railway officer in Baltimore to allow William and Ellen to board a train even without proper proof that William belonged to Mr. Johnson, the Charleston officer clearly would not have signed Mr. Johnson’s name for him out of pity; instead, it was the lucky intervention of a drunk, but respected, military

\textsuperscript{*82}Barrett, “Hand-Writing,” pp. 316, 324.

officer that ultimately provided the Crafts with the cosigner they needed. Although William and Ellen certainly risked capture by drawing attention to themselves, inviting both pity and umbrage toward Mr. Johnson, their masquerade of conspicuous disability actually helped conceal their true identities and purpose.

The story of the Crafts’ amazing escape became very popular in abolitionist circles, but although their narrative and interviews proudly describe their masquerade, they also convey the couple’s ambivalence about portraying Ellen Craft as a disabled male planter. On the one hand, William’s account goes into great detail about Ellen’s “invalid” disguise, and expresses how impressive it was that she could adopt many signs of impairment so convincingly; on the other hand, there are also clear descriptions of how Ellen did not identify with her character of Mr. Johnson. Early in the narrative, William Craft noted that they chose to disguise Ellen as the “invalid master” only because it would have been impossible for them to travel together as a man and woman, even if Ellen could pass as a white slaveholding mistress; in William’s words, “my wife had no ambition whatever to assume the disguise, and would not have done so had it been possible to have obtained our liberty by more simple means.”

84 Throughout their four-day journey, Ellen was terrified and uncomfortable, relying on William’s assistance and voice in many different situations. Upon arriving in Philadelphia, the couple took a cab from the train station to a boarding house run by an abolitionist, whom one of the guards on the train from Baltimore had recommended to William; Ellen had been emotionally overcome after they

84 Craft, *Running a Thousand Miles*, pp. 35-36 (quote on p. 35).
reached Philadelphia, and was “in reality so weak and faint that she could scarcely stand alone” when they reached the house, but had recovered and changed out of her costume even before they met the landlord. These descriptions of Ellen’s physical state and appearance after they reached Philadelphia distance her both from the invalid Mr. Johnson and from the image of a dependent, weak female slave; instead, Ellen was almost magically transformed into the completely able-bodied freedperson that abolitionist rhetoric had been espousing for decades. This metamorphosis was emphasized in postbellum reviews of William’s narrative. Writing in 1876, for instance, Thomas Wallace Knox provided an account the Crafts’ journey in his Underground; or, Life Below the Surface, detailing the different signs of disability that Ellen donned in a section Knox titled “The Deformed Transformed.” As Knox points out, adding various impairments to Ellen’s disguise provided the solution to most of the problems with the Crafts’ plan, and ultimately “relieve[d] Ellen from the attentions which she was desirous of avoiding.” However, “as soon they arrived [in Philadelphia] the rheumatism departed, also the deafness, also the lameness in the arm, also the toothache. The young planter was transformed into a woman, and assumed the proper dress.” Scholar Ellen Samuels has observed that the retellings of William and Ellen Craft’s daring escape in abolitionist “melodramas” by William Wells Brown and Lydia Maria Child also downplay the masquerade of

85 Ibid, pp. 79, 81 (quote on p. 79).
86 Knox, Underground, p. 433.
87 Ibid, p. 434.
disability that Ellen adopted, which was “probably motivated by his dislike for portraying his slave heroes as weak or damaged.”

Thus, Ellen’s transgressive masquerade disappeared as soon as she obtained her freedom, and most fictional and nonfictional accounts of the Crafts’ escape—including William’s narrative—emphasize her immediate return to able-bodied femininity, downplaying her feigned identity as a disabled slaveholder.

FIGURE 5. Ellen Craft, [c. 1851]

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The ambivalence of portraying Ellen as “disabled” is also evident in an engraving of Ellen disguised as Mr. Johnson, which was printed for sale to audiences on the abolitionist lecture circuit, and included as the frontispiece of their narrative when it was published in 1860 (fig. 5). In the image, Ellen has cropped hair and is dressed in a gentleman’s finery, with a silk tie and stove-pipe hat (to give the illusion of greater height), a tartan sash across her chest, and tassels hanging by her right shoulder. She sits in three-quarter profile but with her face turned completely forward, making eye contact with her viewers through clear spectacles while a hint of a smile plays on her lips. Barbara McCaskill has argued that this image of Ellen Craft—which was very popular at northern abolitionist lectures—was an authentication of Ellen’s experiences during her escape, analogous to the display of scars and deformities of other escaped slaves who appeared as “silent” texts on the abolitionist circuit.\(^ {89}\) However, while the engraving certainly provides a detailed image of Ellen as the “master,” most elements of Ellen as “invalid” have been removed: she has no bandages or poultices on her head, her right arm is not bound, she holds no cane, and her green spectacles have been replaced with clear lenses. The only element of her disguised impairments in the image is a white linen sling around her neck, but the sling does not hold her right arm; instead, it is tucked back against the left side of her body. In the 1860 publication, William Craft—possibly responding to audience queries about the engraving, which had already been in circulation for...

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\(^ {89}\) McCaskill, “Yours Very Truly,” p. 515.
years—provided the practical explanation that “the likeness could not have been taken well” with the bandage around Ellen’s head, but does not mention other changes to Mr. Johnson’s costume in the engraving. As Samuels has suggested, the confusing image of Ellen Craft in “quasi-disguise” reduces all functional signs of disability to near invisibility. Thus, while the image emphasizes Ellen’s racial and gender subversions, it completely removes itself from any implications that Ellen—even as Mr. Johnson—was disabled. As prominent ex-slaves, William and Ellen Craft—like other fugitives who spoke in abolitionist lectures and published their narratives—had to demonstrate their ability to participate in free society as able-bodied individuals as they rallied against the bondage from which they had recently escaped. Thus, the engraved image of Ellen as Mr. Johnson could explore the transgressive performances of race, gender, and class the Crafts had employed to make their escape, but stopped short at inviting questions about the social construction of disability, normalizing Ellen as an able-bodied freedwoman.

**Conclusion**

For slaves like Jacob D. Green and the Crafts, there were recognizable benefits to adopting the masquerade of disability like a cloak, concealing their true identities and motives from slaveholders and would-be captors. The guise of a disability, made highly visible and performed in public, provided them with a

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90 Craft, *Running a Thousand Miles*, p. 35. See also Heglar, *Rethinking the Slave Narrative*, p. 107n3.

means to negotiate the terms of their servitude and change their situation. Slaves who used disability masquerades relied on prevalent clues of and assumptions about impairment to take advantage of the invisibility of disabled individuals in larger society. However, in using disability to transgress their enslaved roles, Green and the Crafts ultimately did not question the meanings of disability itself, and sought to distance themselves from the image of disability they put on. Even the title of William Craft’s narrative serves this function; as African American slaves, the Crafts were “running” for their freedom, but as a white planter, Ellen was in fact barely limping. In this regard, the narrative is not just a simple account of the trials of two “passing” fugitive slaves, but an implicit claim that those slaves were able to run for freedom, and participate in free society as able-bodied individuals.

The volume of evidence that slaves could, and did, utilize masquerades of disability indicates that there were significant advantages for slaves to be considered “disabled,” and that malingering was a pervasive concern among the master class in the American South. Slaves’ ability to deceive their masters was an important tool in their resistance arsenal; as Ira Berlin has noted, “even when their power was reduced to a mere trifle, slaves still had enough to threaten their owners—a last card, which, as their owners well understood, could be played at any time.” Masquerades of disability were an undeniably powerful tool of subversion for antebellum slaves because they relied on common reactions to disabled individuals, including sympathy, disgust, fear, and most importantly, the

cultural impetus to conceal or obscure those individuals. In this regard, malingering slaves could use feigned, exaggerated, or self-inflicted disability to challenge the terms of their bondages, but such masquerades largely did not challenge prevalent ideas about disability. As the example of William and Ellen Craft indicates, slaves who utilized feigned disability to achieve their goals often did not want the disability identity to carry over to their identity as freedpeople. Echoing popular metaphors of freedom as ability, some ex-slave narratives that describe disability masquerades in bondage make explicit claims of honest able-bodiedness in freedom, reifying prevalent notions of disability as weakness and dependence.
CHAPTER 9
Epilogue and Conclusions

Seeing “Moses”

At the South Carolina Historical Society in Charleston, a city that proudly preserves and celebrates its antebellum heritage, there are three leather-bound scrapbooks of memorabilia from the family of rice planter and lawyer Louis Manigault. These books contain transcriptions of family documents and reminiscences, neatly and lovingly recorded with a steady hand in the 1870s, of the Manigault family’s French Huguenot origins, estates, and genealogical ties, as well as several photographs and portraits. Towards the end of the second volume is a photograph of “Moses,” described as “the last African belonging to our family”\(^1\) (fig. 6). The family’s records note that Moses had been a “prime,” 55-year-old worker on the Manigault rice plantations at Gowrie and Hermitage in 1848;\(^2\) the photograph, taken nine years later, depicts an elderly man with a blinding cataract in his right eye, dressed in a suit with a clean white vest and cravat. Before “he died of an apoplectic fit” in 1863, Moses had worked as a

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\(^1\) Louis Manigault Family Record, 1756-1887 (p. 320), 0177.01.01.02, South Carolina Historical Society, Charleston. The name “Moses” is given in quotation marks.

\(^2\) “Negroes Brt 15 Feby 1849 for McAlpins Place adjoining Gowrie…Decembr 1848,” Louis Manigault Papers, Box 2, Papers 1847-1849, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina.
gardener, and the description of him fondly proclaims that “he worked to the last.”

FIGURE 6. Moses Manigault, 1857

This photograph and account of a favored family servant, recorded more than a decade after his death, seems to have been meant as a loving tribute not

3 Louis Manigault Family Record, 1756-1887 (p. 320), 0177.01.01.02, South Carolina Historical Society, Charleston.
only to Moses, but also to the family whom he served. The implication of his
description, as well his picture—in which he appears visibly disabled, but well-
dressed and seemingly healthy—is that the benevolence of the Manigaults and
the strong bond they had with Moses enabled him to reach old age, and continue
to work despite his impairments up until the day he died. In this sense, “Moses”
appears in the scrapbook not so much as an individual, but as a romantic symbol
of antebellum plantation life the Manigaults wanted to remember. The family was
certainly not alone in using the image of a slave to create a memory of the
prewar South; depictions of elderly and debilitated freedpeople were an intriguing
part of collective cultural projects of “forgetting” in the later decades of the
nineteenth century.

The imagining of a benevolent Southern plantation past was not the only
cultural project of “forgetting” realities of bondage and its effect on African
American bodies. During the war and early years of Reconstruction,
Emancipationist images of African Americans had promoted the image of slaves
released from crippling bondage, overcoming impairments to participate in free
society. According to this ableist myth of freedom, physical disabilities
represented the social disability of slavery. As early as 1862, William Davis, “a
fine, intelligent-looking mulatto,” told a meeting of the American Missionary
Society about an old man he had known prior to the war who “had to recline upon
a staff. One day news came that this man was free. He dropped his staff, and
stretched and stretched himself until he got quite straight, and went and earned
his own living…it is all nonsense to say that niggers won’t work and support
themselves. They will.”\(^4\) Similarly, oral narratives of former slaves describe elderly slaves tossing away their walking sticks, and paralyzed slaves standing up to praise God, when they were emancipated.\(^5\) As Jim Downs has pointed out, Reconstruction images of African Americans expressed an excitement about the political and social opportunities of Emancipation, and created illustrations of freedpeople as free laborers, soldiers, and voters, strong, independent, and above all, able. In Alfred R. Waud’s illustration “The First Vote,” which appeared in *Harper's Weekly* in 1867, three clearly able-bodied African American men stand confidently in line at a polling station (fig. 7). Their erect statures and straightforward gazes are a significant departure from illustrations of slaves in bondage, who are often shown hunched over or limping. Although the first man in the line is elderly—he has a head of white hair and a white beard—he appears strong, and the mallet and chisel visible in his pocket indicate he is a skilled and able worker.\(^6\) The illustration propagated the abolitionist ideal of race and servitude that had circulated since the 1830s, indicating that the institution of slavery alone had


“disabled” African Americans, and freedom removed the impairment. Conveniently sidestepping the real disabling effects of slavery, as well as questions of who would be responsible for them in free society, illustrations of able-bodied freedpeople and images of former slaves tossing away their canes reified the mythical “ableism” of freedom in the years immediately following the Civil War.
However, as historian David Blight has demonstrated, the devastation of the war and the political necessity of reconciliation overwhelmed Emancipationist visions of Reconstruction in the decades following the Civil War. In order to find meaning in the war’s unprecedented scale of morbidity and mortality, many white Northerners and Southerners emphasized brotherhood and healing, and collectively overlooked the racial implications of Emancipation. The nation established a cultural propaganda of the “Old South” that embraced romanticized, pastoral remembrances of slavery and, ultimately, resubjugated African Americans to an inferior and socially disabled role as faithful and docile servants. In this sense, the image of freedpeople as able-bodied citizens was overrun with innocent depictions of elderly and disabled slaves, serving both Old South sentimentalism and the collective “forgetting” of the war and its social aftermath. Reminiscences of faithful old family slaves—particularly loyal bondsmen like Moses Manigault and black “mammies”—were very common in the South well into the 1930s, and emphasized the love and support that slaveholding families provided to their bondspeople, particularly those who were old or impaired. The United Daughters of the Confederacy even campaigned for the erection of stone monuments to old “mammies” in former slaveholding states; as one Tennessee member claimed in 1905, these monuments would “prove that the people of the South who owned slaves valued and respected their good

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qualities as no one else ever did or will do.” Such memorials to beloved old
slaves used the age and impairments of bondspeople as visual proof of the
gracious plantation past they sought to create, implying that the benevolence of
slavery allowed faithful bondspeople to reach old age, and cared for them when
they became too feeble or impaired to be “valued and respected.” In this sense,
the visual cues of disability were neutralized, and elderly or debilitated individuals
were objectified as representations of a bygone era, not as reminders of the
cruelty of slavery. Around the same time, blackface minstrelsy continued to rise
in popularity, providing a cheerful, if not genteel, image of plantation life, as well
as stereotypes of African Americans that would linger in popular culture for
decades. Blackface performers portrayed slaves as mentally stunted yet
devilishly clever, childlike yet grotesque, telling stories of bondage that served
the emotional needs of white audience members to both remember the
antebellum South with nostalgia, but also to place themselves at a considerable
distance from the past as well as from the newly emerging caste of freedpeople.
The carnivalesque “Other” of black minstrel characters also carried implications
of dangerous derangement, which fed into the myth of the “Negro rapist” that was
portrayed in films like Birth of a Nation, and inspired many lynchings in the Jim
Crow era. All of these romanticized images of former slaves—able-bodied
freedpeople, sentimental and debilitated reminders of a benevolent Old South,

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8 Paper delivered by Mary M. Solari, J. Harvey Mathews chapter, United Daughters of the
Confederacy, Memphis, Tennessee, Confederate Veteran 13 (March 1905): pp. 123-24 (cited in
Blight, Race and Reunion, p. 459n57).

9 See Grace Elizabeth Hale, Making Whiteness: The Culture of Segregation in the South, 1890-
395.
deranged and threatening minstrels—entered American culture, and as they interacted and overtook one another in postbellum decades, the racial and status implications of disability, as well as realities of life for disabled slaves in bondage, were largely forgotten in popular culture and the historical canon.

Conclusions: Reconstituting a History of Slave Disability

The goal of this research has been to revisit the history of African American slavery with a focus on disability to identify some of the patterns and interactions that have been largely overlooked in cultural assumptions as well as scholarship, and the endeavor has led me to a number of significant conclusions. Most important has been my discovery of the sheer volume of evidence in the primary record that addresses issues and constructions of slave disability. Slave “soundness,” as other historians have noted, was a central element of discourse in the South, but assumptions about disability, as well as its associations with race and social status, were also featured prominently on both sides of the slavery debate that raged in both the North and South in the antebellum decades. Proslavery advocates claimed that Africans’ “natural” mental inferiority and peculiar physical traits suited them to bondage under white masters in the southern climate, while abolitionists argued that the institution of slavery was inherently disabling, while freedom would confer able-bodiedness upon even the most wretched bondspeople. However, these two positions were not as polarized as they might seem; both sides of the debate relied on similar
assumptions about disability as dependence and weakness, and promoted a stigmatizing view of impairment.

Furthermore, my research has uncovered intriguing contradictions and double standards in how white authority figures assessed disability in African American bondspeople in labor schemes, slave markets, southern courts, and medical practices. The planters who categorized their impaired servants as “useless,” even as they described the jobs those servants performed, exposed a more complicated set of assumptions and expectations for slaves with that seemingly small inconsistency. At slave auctions, traders, buyers and masters (not to mention slaves themselves) employed a complicated variety of languages to establish a calculus of slave worth that was both arbitrary and highly individualized, indicating a very complex set of economic, social, cultural, and esthetic desires that influenced how the market valued the “soundness” of enslaved bodies. Interestingly, by reading different kinds of evidence against each other—such as two different versions of an estate inventory of slaves for auction—we can see glimpses of those desires, and how they interacted. In addition, southern jurists and physicians applied a number of double standards in their determinations of slave disability, creating sets of expectations for able-bodiedness and impairment that were racially and socially unique to bondspeople. These findings illuminate webs of meaning and assumptions about slave disability that go far beyond individual physical or mental conditions, highlighting the complex social construction of disability in nineteenth-century American society.
Finally, evidence of slave perspectives on disability has illuminated a number of interesting conclusions. Although many African American bondspeople expressed similar assumptions about impairment, particularly the association of disability with weakness, it is clear that many slaves also recognized the utility of disability as a resistance strategy. There could be significant advantages for slaves to be considered “unsound,” and primary evidence indicates that slaves used visual signs of disability—whether inborn or acquired, self-inflicted, exaggerated, or feigned—to negotiate the terms of their bondage in labor, slave markets, and escape attempts. In many of the examples I have discussed, slaves relied on the prevalent cultural habit of rendering disabled individuals invisible to achieve their own goals; by making a sign of disability more visible, slaves could often displace attention from themselves as individuals, and thus avoid labor, undesirable sales, or even make successful escapes. In this respect, disability was an important element of slave agency and resistance in the antebellum United States.

My attempt to reconstitute a disability history of African American slavery raises significant questions about constructs of disability in other aspects of American society, and points toward a number of intriguing possibilities for future research. One potentially fruitful avenue for scholarship would be a comparison between disability experiences of slaves and the free black population, which increased rapidly in the first half of the nineteenth century,\(^\text{10}\) as well as immigrant

groups and the white working class in the United States. The examples of slave perspectives on able-bodiedness and disability I have discovered also indicate the potential for more analysis of disability constructs in slave folklore and ex-slave narratives, both ante- and postbellum, and the few instances of disability discourse in other slaveholding colonies—particularly the West Indies—raise the possibility of a transatlantic study of race and disability. Furthermore, as Jim Downs has already indicated, the experiences of African American freedpeople in the aftermath of the Civil War and into the Jim Crow era indicate that disability was a significant, and largely overlooked, aspect of black identity and experience. The histories of slave disability I have uncovered for this dissertation, therefore, represent a mere fraction of the wealth of possibilities for American disability history more generally, and it is my hope that this evidence will provide us with new interpretations of disability as a viable category of analysis. More importantly, I hope that examining the experiences of slaves and disability will help us to find new ways of seeing slaves like Moses Manigault, staring blindly from the pages of an ancient leather scrapbook in a historical society, without repeating the meanings and metaphors the scrapbook creators attributed to their visions of the past.
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