

Power, opportunism, racism: Human experiments under American slavery

Stephen C. Kenny*

Department of History, School of Histories, Languages and Cultures, University of Liverpool, Room 2.01, 9 Abercromby Square, Liverpool L69 7WZ, United Kingdom

In a published ‘Case of Periodic Convulsions cured by Electro-Magnetism,’ white physician–slaveholder, Dr Harvey Leonidas Byrd, of Georgetown, South Carolina, narrated his medical history of Harriet, a 12 year old enslaved female, sent by her ‘owner’, one R.W. Shackelford, Esq., from his plantation/slave labor camp to town for treatment¹. Byrd recalled having first encountered Harriet on the 5th of April, 1848, and found ‘her insensible; hands clenched; pulse 85, soft and compressible; skin natural; head cool; respiration regular and easy; occasional moaning; jaws clenched.’ Soon after, Byrd observed Harriet in one of the ‘paroxysms’ that prompted Shackelford to seek professional assistance; ‘a convulsive action of the muscles . . . [that] . . . lasted several minutes, during which time she rolled and threw herself about violently on the floor.’ Physical examination of Harriet found ‘her head . . . well formed’ and ‘spinal column’ in ‘a perfectly healthy condition,’ with no evidence of ‘any injury.’ Despite the implied suspicion, this ruled out the physical trauma of punishment as a cause of Harriet’s seizures. Byrd’s diagnosis also eliminated any potential harm resulting from her labour as a ‘nurse to one of her master’s children,’ a role that the dutiful white physician–slaveholder confidently declared left her ‘entirely free from any disturbance in her system whatever’².

*Tel.: +44 151 794 2391. <http://www.liv.ac.uk/history/staff/stephen-kenny/research/>.

¹ H.L. Byrd, M.D. (of Georgetown, S.C.), ‘Case of Periodic Convulsions cured by Electro-Magnetism,’ *Charleston Medical Journal and Review* Vol. III, No. 4 (July, 1848), pp. 412–414. Byrd received his medical education in Pennsylvania and was awarded the M.D. in 1840, beginning medical practice in rural Salem, South Carolina, before moving to the lucrative rice plantations of Georgetown district. Byrd was also frequent contributor to the *CMJR*, later becoming editor of the *Oglethorpe Medical and Surgical Journal* in Savannah, dean of the Savannah and Oglethorpe Medical Colleges, before moving to Baltimore after the Civil War – during which he served as a surgeon – and becoming professor of Obstetrics and then dean again at the city’s Washington University. Antebellum Georgetown was one of the wealthiest counties in the U.S., populated with many of the South’s pre-eminent slaveholding dynasties – the Alstons, Heriots, Westons and Wards. In 1840 Georgetown District generated almost half of the total rice crop of the U.S., while in 1850 ninety-one Georgetown slaveholding-plantation units produced more than 100,000 pounds of rice each. By 1860, 85% of Georgetown’s overall population (of 21,305) was enslaved. See Patricia Davis Doyle ‘Georgetown’ and Alexia Jones Hensley ‘Georgetown County’ in Walter Edgar, ed, *South Carolina Encyclopedia* (Columbia: University of South Carolina Press, 2000), pp. 368–370. Shackelford appears in the 1850 U.S. Federal Census Slave Schedules for Prince George Winyaw, Georgetown District as the owner of twenty-four enslaved people – ranging in age from 1 up to 60 years old (Ancestry.com. 1850 U.S. Federal Census – Slave Schedules [database on-line]. Provo, UT, U.S.A: Ancestry.com Operations Inc, 2010).

² Byrd, ‘Case of Periodic Convulsions,’ p. 412. Available online 29 March 2015

Prior to Byrd taking the case, Harriet had been bled, purged and ‘blistered on the back of the neck and between the shoulders.’ To begin with, Byrd continued with the application of these standard heroic remedies, prescribing calomel, castor oil and turpentine for his young slave patient. Harriet’s fits, however, soon returned and ‘re-occurred regularly at 4 P.M. each day, gradually increasing in violence, and lasting . . . from three to four hours.’ At this point, on the 10th of April, Byrd recounted having proposed to his ‘friend’, fellow white physician and former student apprentice, Dr. T. J. Dozier, ‘the use of Electro-magnetism’ (Fig. 1)³.

When Byrd and Dozier first attached the poles of the Electro-magnetic battery to Harriet, she gave a ‘violent convulsive movement’ and ‘escaped.’ With the help of an (unnamed) assistant, the two white physicians were able to hold ‘her securely’ and repeat their ‘application’ of electric current. After four minutes use of the battery, Byrd wrote that he and Dozier ‘had the satisfaction of seeing the muscles relax,’ but when the machine had been discharging for seven minutes, Harriet cried out ‘you are burning my back.’ Byrd and Dozier interpreted this outburst as a sign of the electrotherapy’s efficacy, as previously Harriet had been unable to speak ‘a single word’ during her ‘paroxysms.’ Despite their patient’s protests, Byrd and Dozier continued to run the machine for a further 53 min. Then they repeated the procedure for a full hour the following day. In the aftermath of these protracted experimental treatments, Byrd reported that Harriet had been in a state of ‘high health’ without ‘the slightest return of the paroxysms’ – the case proving Electro-Magnetism’s efficacy ‘in control of diseases of the nervous system’⁴.

Slave patients proved indispensable to the medical education and successful practices of white southern doctors. Slave sufferers presented great opportunities for developing medical research, serving as useful human resources for producing knowledge and building white professional capital – outcomes repeatedly confirmed in southern physicians’ published writings and

³ Ibid: 413. Byrd was a keen advocate of the therapeutic properties of electro-magnetism, contributing two articles to the antebellum *CMJR* that detailed its use in the treatment of periodic convulsions and cholera respectively. H.L. Byrd, ‘The Therapeutic Application of Electro-Magnetism in Cholera,’ *Charleston Medical Journal and Review* Vol. VIII, No. 5 (September, 1853), pp. 628–630. Byrd is listed as Dozier’s preceptor in the 1847 Catalogue of students at the Medical College of the State of South Carolina. *Catalogue of the Students attending lectures in the Medical College of the State of South Carolina: session 1846-47* (Charleston, 1847).

⁴ Byrd, ‘Case of Periodic Convulsions,’ pp. 412–414.



Fig. 1. Davis and Kidder's Electric Machine for Nervous Diseases, circa. 1850 [copyright acknowledgement: Waring Historical Library, Charleston, SC].

career trajectories. Byrd's case narrative betrays a number of common traits, or significant patterns, of human subject research under American slavery. These characteristics include the framing of experiments as a contribution to medical progress, utilising the latest therapeutic insights and incorporating medical technologies and procedural innovations from across the Atlantic world. White physician researchers often employed assistants – usually student apprentices – and regularly exhibited experiments on enslaved patients to audiences of interested peers, using such encounters as opportunities for both medical learning and demonstrations of professional skill and personal daring. Restrained and immobilised for many such experiments, with their protests forcibly overridden, slave patients were subject to painful and invasive procedures repeated with great frequency and over extended time-periods, in medical trials that might cause injury, worsen a condition, or even result in death. White doctors sometimes camouflaged and gained consent for these experiments through the use, and calculated exhaustion, of traditional therapies. Another prevailing feature of experimental medical encounters under American slavery was the silencing, or complete erasure, of the enslaved patient's 'voice' and broader health history from the medical narrative. Individual encounters produced various forms of narrative, but the white power laden contexts of college, hospital, office and plantation framed and muted slave patients in consistent and predictable ways⁵.

This essay evaluates the significant patterns in medical experiments on enslaved people in the antebellum U.S. South by focusing specifically on a sample of cases reported by white physicians in South Carolina, published in one of the slaveholding region's leading medical periodicals, the

⁵ Steven Stowe first drew attention to the isolation and 'sparse biographies' of slaves in physicians' published cases, noting that as doctors were employees and responsible to white slave-owners, they probably saw 'no need to pursue the patient's biography very fully or far.' 'Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South,' *The American Historical Review*, Vol. 101, No. 1 (Feb., 1996), p. 71–72.

*Charleston Medical Journal and Review (CMJR)*⁶. This sub-regional focus reveals not only clusters of experimental activity within and around urban centres, medical colleges and hospitals, but also reveals human subject research in the rural hinterland and developing agricultural districts – with the plantation clearly functioning as an important site of medical knowledge production and exchange, an experimental site conveniently hidden from public view. The essay argues that these experiments were a commonplace and constituent part of the culture of American slavery, a deeply exploitative and racist culture, which in turn both facilitated and gave impetus to white medical research on the enslaved (Fig. 2).

The history of human experimentation is as old as the practice of medicine and in the modern phase has always targeted disadvantaged, marginalised, institutionalised, stigmatised and vulnerable populations – prisoners, the condemned, orphans, the mentally ill, students, the poor, women, the disabled, children, peoples of colour, indigenous peoples and the enslaved⁷. Since the end of World War II, the scale and the scope of human subject research has massively expanded, particularly in the United States, largely because of developments in professional medicine. Human subject research is evident wherever physicians, technicians, pharmaceutical companies (and others) are trialling new practises and implementing the latest diagnostic and therapeutic agents and procedures⁸. Along with bioethicists, anthropologists, health historians and medical sociologists, many physicians and patients acknowledge the fact that experimentation on human subjects is a core feature of everyday medical practice, and recognise that almost every medical encounter contains at least an element of trial and risk. This, as Gert Brieger noted, creates great problems for historians of human subject research: 'The list of published experiments in the world's medical literature is vast if one stops to search for it carefully,' but 'a mere catalog of human experiments, while interesting and perhaps instructive, is not sufficient. Brieger suggested that a more sophisticated history of the subject should pay attention to changing definitions and categories of experiments, changes in social attitudes toward experiments and experimenters, and must examine changing responses to the problems raised by medical trials⁹.

There is a rich and rapidly expanding literature examining the history of human subject research, in which

⁶ Begun in 1846 by founding editors and Charleston physicians, J. Lawrence Smith and S.D. Sinkler, the *Southern Journal of Medicine and Pharmacy (S JMP)* quickly emerged as the region's major bi-monthly medical publication. The journal ran through two volumes under this title until, in 1848, it became the *Charleston Medical Journal and Review (CMJR)* and appeared continuously through November 1860 before the impending Civil War halted publication. See Myrl Ebert, 'The Rise and Development of the American Medical Periodical, 1797–1950,' *Bulletin of the Medical Library Association*, Vol. 40 (1952), pp. 243–276; and Joseph Ioor Waring, *A History of Medicine in South Carolina, 1825–1900*, Vol. 2 (Columbia, SC: The R.L. Bryan Company, 1967), p.109. The larger and related project examines human experiments across the Deep South in the antebellum era and draws upon a database of more than 800 case narratives from over a dozen leading regional medical periodicals and medical society transactions, as well as MD theses submitted to medical schools in Charleston and Nashville.

⁷ Henry K. Beecher, 'Experimentation in Man,' *JAMA*, v. 169, no. 5 (1959), p. 461.

⁸ Robert Abadie, *The Professional Guinea Pig: Big Pharma and the Risky World of Human Subjects* (Durham: Duke University Press, 2010).

⁹ Gert Brieger, 'Human Experimentation: History,' in Warren T. Reich, ed., *Encyclopedia of Bioethics*, Vol. 1 (New York: The Free Press, 1978), p.684.

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