Bodies of Knowledge:

Enslaved Women, Medical Authority, and Gynecology in the Antebellum South

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Abstract:

This article examines the emergence of professional gynecology in the antebellum American South by placing the development of white male medical authority alongside the longstanding reproductive expertise of enslaved Black midwives. While existing scholarship has explored either the experimental practices of physicians such as J. Marion Sims or the communal healing traditions maintained by enslaved women, these subjects have often remained analytically separate. This research argues that the rise of gynecology depended not only on the exploitation of enslaved women's bodies through surgical experimentation but also on the systematic delegitimization of Black women's reproductive knowledge. Drawing on plantation records, physicians' writings, formerly enslaved people's narratives, and recent historiography, this paper demonstrates how white physicians consolidated professional authority by redefining generations of midwifery knowledge as unscientific "folk" practice while elevating institutional medical training as the sole source of legitimate expertise. Recovering the central role of enslaved midwives not only reshapes the history of nineteenth-century medicine but also provides critical historical context for contemporary discussions of Black maternal health, reproductive justice, and trust in medical institutions.

Introduction

Despite the growing prominence of formally trained physicians in the mid-nineteenth century, healthcare on plantations in the Antebellum South had long relied on enslaved women, particularly enslaved midwives, who served as primary caregivers during pregnancy and childbirth. These women drew on generations of accumulated knowledge, combining practical experience with herbal remedies and community-based practices.[33] As historians have shown, enslaved midwives were often trusted figures within their communities, responsible for guiding women through labor and delivery in environments where physicians were not always present. Their work constituted a form of reproductive expertise that existed alongside, and at times in tension with, emerging forms of professional medicine.[34] This dual system of care rooted in community knowledge and formal medical training complicates narratives that position physicians as the sole producers of medical knowledge in the Antebellum South.

Furthermore, historians of slavery and health have indicated that enslaved communities maintained their own systems of healing, in which midwives played a central role in reproductive care. Historian Sharla M. Fett has expertly demonstrated that enslaved people developed "working cures" that combined spiritual, herbal, and experiential knowledge, allowing them to navigate systems of power that often denied them adequate medical care.[35] Similarly, Historian Tanfer Emin Tunc has examined the relationships between mistresses, midwives, and physicians on plantations, highlighting the complex dynamics that shaped pregnancy and childbirth in the antebellum South.[36] These scholars assert that enslaved women were not only subjects of medical

[33] Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (University of North Carolina Press, 2002), 112.
[34] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor: Pregnancy and Childbirth on the Plantations of the Antebellum American South, 1800–1860," *Women's History Review* 19, no. 3 (July 2010): 405.
[35] Sharla M. Fett, *Working Cures,* 11.
[36] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 397.

intervention but also active participants in systems of care, possessing forms of knowledge that were essential to their communities.

At the same time, the development of gynecology in the Pre-Civil War South cannot be understood solely as a story of scientific innovation, but must also be situated within the social, racial, and gendered structures of the Antebellum South that made such innovation possible. The legal and economic realities of slavery rendered enslaved people's bodies accessible to white physicians in ways that free patients' bodies were not. Enslaved women, in particular, occupied a unique position within this system. Their reproductive capacities were of immense economic value to slaveholders, and their bodies became sites of both labor and medical intervention.[37] Physicians operated within this framework, developing their practice and place in history as "great" physicians through access to a population that was forced to endure their treatment. At the same time, racialized beliefs about Black women's bodies, including assumptions about pain tolerance, biological difference, and reproductive function, helped justify invasive and experimental procedures.

In the Antebellum South, the operating room was not only a site of Enlightenment-era scientific advancement, but also a space where enslaved women were subjected to repeated surgical experimentation in the name of medical progress. One of the most infamous gynecological actors from the Antebellum era is J. (James) Marion Sims, often referred to as the "father of American gynecology," who developed his practice and body of knowledge through a series of experimental procedures performed on enslaved women.[38] These operations, conducted without anesthesia, relied on the coerced participation of women who could not refuse treatment. For much of the nineteenth and twentieth centuries, Sims's work was celebrated as foundational

[37] Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (University of Georgia Press, 2017), 4.
[38] L. Lewis Wall, *Tears for My Sisters: The Tragedy of Obstetric Fistula* (Johns Hopkins University Press, 2018), 102.

medical progress. However, more recent scholarship has reframed these procedures as deeply embedded in the racial and gendered hierarchies of enslavement. This shift raises a broader concern about how medical authority in the antebellum South came to be defined through practices that depended on the exploitation of enslaved women.

Historians of medicine have increasingly examined the role of enslaved women in the development of gynecology, particularly through the work of physician J. Marion Sims. Deirdre Cooper Owens's *Medical Bondage* has been invaluable in reframing the origins of American gynecology, demonstrating how enslaved women's bodies were central to the production of medical knowledge. Owens argues that racialized beliefs about Black women's biological differences shaped both the treatment they received and the ways physicians interpreted their bodies.[39] This foundational work has brought to light the exploitative nature of the origins of modern gynecology and has resulted in a turn towards a contested debate between scholars within the History of Medicine and the public about the contested legacy of Sims. For example, just a year after Owens' book was published, a statue of Sims was removed from New York City's Central Park because of his tumultuous reputation.[40]

Scholars have also sought to recover the experiences of enslaved women themselves, emphasizing both their suffering and their constrained forms of agency. Historian Harriet E. Amos Doss, for example, has examined the lives of the enslaved women who served as Sims's patients, framing their experiences as a "sisterhood of shared suffering" shaped by repeated surgical intervention and limited autonomy.[41] Work such as Owens's and Doss's underscores the difficulty

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[39] Deirdre Cooper Owens, *Medical Bondage*, 2.
[40] Keith Wailoo, "Historical Aspects of Race and Medicine: The Case of J. Marion Sims," *JAMA* 320, no. 15 (October, 2018): 1529.

[41] Harriet E. Amos Doss, "The Enslaved Women Surgical Patients of J. Marion Sims in Antebellum Alabama: Sisterhood of Shared Suffering," in *Alabama Women: Their Lives and Times, ed. Jenny Luke et al.* (University of Georgia Press, 2017), 82.

of reconstructing enslaved women's perspectives from sources produced largely by physicians and slaveholders, while also highlighting the importance of centering their experiences in historical analysis. By focusing on the lived realities of these women, historians have challenged earlier narratives that treated them as passive subjects of medical progress.

The historical analysis of physicians, and Sims in particular, is more complex, as a lively debate has emerged about his reputation as "the father of American gynecology." Scholars generally recognize that by modern standards, Sims was not an ethical physician. However, scholars like L. Lewis Wall challenge Historians of Medicine to reconsider presentist critiques of Sims, arguing that he was a man of his time and his contributions to the medical field are significant and meaningful.[42] On the other hand, historians and scholars who consider the social and historical context of Sims' practice are not as willing to brush his malpractice under the rug. Historian Keith Wailoo argues that Sims' work contributed to a troubled legacy of prejudice against Black women patients on the part of physicians, and this legacy should be brought to light and considered.[43] These scholars represent a classical historiographical debate within the History of Medicine: whether the focus should be on the physician or the repercussions of their work.

However, these strands of scholarship focused on medical experimentation and enslaved women's healing practices have often remained separated into their own academic spheres. While historians have convincingly demonstrated that enslaved women's bodies were used to advance gynecological knowledge, and others have highlighted the importance of midwifery within enslaved communities, few studies have examined how these two systems of knowledge interacted with one another. This separation obscures the ways in which professional medical authority was constructed not only through the use of enslaved bodies but also through the

[42] L. Lewis Wall, "J Marion Sims and the 'forgotten women of gynaecology'," *British Journal of Midwifery* (2021), 173.
[43] Keith Wailoo, "Historical Aspects of Race and Medicine: The Case of J. Marion Sims," 1530.

marginalization of existing forms of Black women's expertise. Bringing these strands together allows for a more comprehensive understanding of how gynecology developed within the context of the Antebellum South.

This paper brings these bodies of scholarship into conversation by examining how professional gynecology emerged in relation to, and in tension with, enslaved women's reproductive knowledge. It argues that the rise of gynecology in the Antebellum South depended not only on the exploitation of enslaved women's bodies in surgical experimentation, but also on the racialized delegitimization of enslaved midwives' expertise, as white physicians consolidated authority by redefining Black women's reproductive knowledge as folk or herbal practice rather than modern and medical. By placing enslaved midwives alongside figures such as J. Marion Sims, this research challenges narratives that frame the development of gynecology as a linear story of scientific progress headed by "great doctors".[44] Instead, it reveals a more complex history in which medical knowledge was produced through both coercion and competition, shaped by systems of racial and gender domination that determined whose knowledge counted as legitimate. Before examining how white physicians claimed authority over women's health in the Antebellum South, it is important to recognize that enslaved women had long maintained extensive systems of reproductive and communal healing.

Established Knowledge: Enslaved Midwives and the Practice of Reproductive Care

Plantation midwives in the Antebellum South were also known as "grannies," "nurses," and "doctresses." These midwives were enslaved women who treated both black and white

[44] Susan M Reverby and David Rosner, "'Beyond the Great Doctors' Revisited: A Generation of the "New" Social History of Medicine" in *Locating Medical History: The Stories and Their Meanings* ed. Frank Huisman and John Harley Warner, (The Johns Hopkins University Press, 2004).

patients on the plantation and dealt in much more than just childbirth.[45] Midwives treated most ailments, from upset stomachs to serious injuries, and only in rare cases were professionally trained, white physicians called to treat illness on the plantation.[46] The social position of the plantation midwife was paradoxical in nature, as her status as an enslaved worker denigrated her status despite her invaluable presence in saving lives within the plantation community. Overall, enslaved plantation midwives embodied generations-long healing expertise amid being required to labor alongside the rest of the enslaved population. The plantation's survival hinged on the presence of the plantation midwife in more ways than one.

Enslaved midwives were more than just women's health or general health experts. These women were usually domestic laborers, meaning they served a variety of positions within the plantation household. They nursed children, cleaned the house, laundered the clothes, and sometimes cooked the food. One plantation owner in South Carolina, James Henry Hammond, born in 1807, wrote an extensive manual on how his plantation was run, including the role of the midwife and nurse. Hammond wrote that nurses and midwives were managers of sorts who were tasked with making sure that mothers and children were properly clothed, behaved, and adhered to their schedules.[47] Enslaved mothers who worked in the field or in the house dropped off their young children at the children's house, under the supervision of the nurse. Thus, the healers on the plantation were also the caretakers of many young children and their mothers, which was another full-time job in itself.

The children's house was attached to the plantation "hospital" so that the nurse and the midwife could heal and watch children at the same time. It is also important to note that

[45] Sharla M. Fett, *Working Cures,* 112.
[46] Sharla M. Fett, *Working Cures,* 111.
[47] James Henry Hammond, *Plantation Manual, 1857–1858*, manuscript, James Henry Hammond Papers, Manuscript Division, Library of Congress https://www.scpronet.com/modjeskaschool/wp-content/uploads/2017/03/James-Henry-Hammond-Plantation-Manual.pdf, 10-12.

Hammond declared that no formal physician was allowed to practice on the plantation, leaving the nurse and the midwife to care for all members of the plantation, white or Black.[48] For their labor throughout the year, Hammond wrote that on each Christmas, the Nurse would be rewarded one dollar while the midwife was given two dollars.[49] Hammond's regulations on the labor, responsibility, and reward for the nurse and midwife reveal that their position was highly important and often juggled alongside many other jobs, not to mention the labor these women likely had to do for their own families after working hours.

Midwives also came to the position of caretaking in indirect ways. Some historians demonstrate that many enslaved midwives started as field laborers who got injured and were rendered unable to do the job they were assigned to before. The injured women were nursed back to health by other enslaved midwives who often trained the injured women while they were being healed. Then women who were not able to return to fieldwork were made to stay in the nurse house and became healers and midwives.[50] One example of this is Phoebe, an enslaved woman in South Carolina, who was deemed a nurse after a gynecological injury that made her unable to perform fieldwork any longer. A few years after she was mentioned as "injured" in her enslaver's records, she was listed as "nurse," and worked alongside a handful of other enslaved women on the plantation as healers.[51] It is interesting to note that the arduous labor endured by enslaved women put their bodies and value at risk when it resulted in gynecological injuries, yet, it was these injuries that led them to become healers and midwives for similar ailments in other enslaved women on the plantation. One can assume the pain endured from gynecological injuries meant

[48] James Henry Hammond, *Plantation Manual, 1857–1858*, 12.
[49] Hammond also notes that this Christmas reward could be revoked if the women, at any time throughout the year, were found to be insubordinate or having broken any rules. James Henry Hammond, *Plantation Manual, 1857–1858*, 20.
[50] Diedre Cooper Ownes, *Medical Bondage*, 61-62.
[51] Diedre Cooper Ownes, *Medical Bondage*, 61.

that enslaved midwives were intimate with the experiences of these injuries beyond their highly specialized knowledge of the Black female body.

Other scholars reveal that knowledge and skills about healing were passed down, even to healthy and able enslaved women, through generations, tying back to West African roots. Elderly enslaved women engaged in "fireside training" where they taught younger Black women — often their daughters, granddaughters, or nieces — the practices of their trade under the moonlight, after fieldwork for the day was completed.[52] On some plantations, specific families of women were known as the community healers, and the knowledge of medicine and healing was maintained within this matriarchal system. For example, one enslaved woman named Elsey in South Carolina travelled to other nearby plantations to heal other enslaved people, and in her absence, Elsey's daughter took over the role of nurse and child-caretaker at their home plantation on Thorn Island.[53] Thus, despite their status as enslaved women — historically, some of the worst treated enslaved people — plantation mistresses like Elsey or Phoebe were essential and central to plantation life. They used knowledge passed down from woman to woman, often through generations, to use traditional, cultural healing remedies, and these remedies were the only way people were healed on the plantation throughout the early-to-mid nineteenth century.

These herbal and cultural practices were called "working cures" because they were rooted in non-invasive, natural remedies of healing, for pregnant or birthing mothers in particular, which defied the invasive nature of medicine practiced by traditional, white, male physicians.[54] The grandson of one plantation midwife who practiced for over three decades recalled that his grandmother's favorite cures consisted of a variety of roots like black snake root and briar roots as

[52] Sharla M. Fett, *Working Cures, 130.*
[53] Sharla M. Fett, *Working Cures,* 130-131.
[54] Diedre Copper Owens, *Medical Bondage*, 51.

well as sasparilla.[55] Dellie Lewis, whose grandmother was an enslaved midwife in Alabama, recalled several of the remedies her grandmother used to treat ailments for women on the plantation. Lewis's grandmother used cloves and whiskey as well as dried watermelon seeds to ease pain in pregnant women, and she even made them sleep with an axe under their bed to cure night sweats.[56] The herbs and other traditional practices were integral to the knowledge employed by plantation midwives and nurses because it symbolized agency that they could control their own lives and health to an extent.[57] These women embodied medical authority, legitimacy, agency, and independence in a time when Black women were seen as commodities before anything else. Autonomy was rare in the days of the Antebellum plantation, but with herbal medicinal practice passed down through generations of Black women, these midwives and doctors could maintain their heritage, heal their kin, and do so in a non-intrusive, humanizing way that was a rare luxury in the Antebellum period.

As special as the practices of the plantation midwife were, they were not often seen or respected by traditional, white doctors, however. These white, male physicians were classically trained in universities and medical schools and believed that the skills required to practice medicine were not "naturally" learned, but instead carefully built up over years of traditional training.[58] This meant that the authoritative voice of the white physician inherently dismissed generations of women who learned how to heal from their ancestors because their training did not meet the standards of traditional training. Furthermore, physicians ridiculed Black midwives as incompetent when coming in to finish births and other medical procedures started by enslaved midwives or nurses on the plantation.[59] Thus, even though enslaved women did most of the

[55] Diedre Cooper Owens, *Medical Bondage*, 51-52.
[56] Federal Writers' Project, "Interview with Dellie Lewis," in *Slave Narratives: A Folk History of Slavery in the United States* (Work Projects Administration, 1941; Project Gutenberg, 2011).
[57] Sharla M. Fett, *Working Cures*, 196-197.
[58] Sharla M. Fett, *Working Cures*, 47.
[59] Diedre Cooper Owens, *Medical Bondage*, 54.

healing work on the plantation in the Antebellum South, white, male physicians dismissed their knowledge, expertise, and authority.

This tension between physicians and enslaved midwives often came at great cost. If midwives' herbal practices were not approved or allowed by physicians to help patients on the plantation, lives could be lost. Easter Sudie Campbell, a formerly enslaved midwife who practiced healing for over forty years, recalled a moment of contention with a white physician that resulted in the death of a baby:

> I'se been granning foh nigh unter forty year en I'se only lost two babies… One of dese war de white man's fault, dis baby war born wid de jaundice en I tolds dis white man ter go ter de store en git me sum calomel en he says, "whoeber heard of givin a baby sech truck," an so dat baby died.[60]

According to Campbell, she had only ever lost two babies born alive in her career. She recalled the story of how a white physician challenged her remedy of calomel for a baby born with jaundice, and it resulted in the baby's death. Although we cannot be certain that the remedy would have worked, or if the physician did in fact hinder the baby's chance at life, we can be sure that the struggle between the physician and the enslaved midwife over who had authority to heal on the plantation put many patients at risk. Instead of allowing enslaved midwives to assist as legitimate practitioners of medicine, healing and birthing on the plantation evolved into a platform in which white physicians could tout their medical theory and training to boost their practice and legacy. Black women, healers and patients alike, paid the price.

Claiming Authority: Physicians, Experimentation, and the Making of Gynecology

The rise of Gynecology in the mid-nineteenth century coincided with increasing innovation in medicine as a whole on the part of Antebellum physicians. In what is known as the

[60] Federal Writers' Project, "Story of Easter Sudie Campbell," in *Slave Narratives: A Folk History of Slavery in the United States* (Work Projects Administration, 1941; Project Gutenberg, 2004).

early modern period in the history of medicine, the nineteenth century saw a rise in surgery and anatomical dissection due to the development of sterilization treatments and, in the mid-nineteenth century, the discovery of anesthesia.[61] These innovations opened the door for surgeons and physicians alike to learn new ways of healing and caregiving, and the gynecological practice was one of those developments.

At the same time, physicians also had an increased interest in the bodies, diseases, and "peculiarities" of Black bodies.[62] The rise of racialized medicine used formal, scientific language to explain and codify biological differences between the races, often used as a tool to explain African Americans' inferiority to whiteness. Physicians like Samuel A. Cartwright, a Louisiana physician who practiced medicine in the Antebellum period, used their formal training to examine the Black body and come up with pseudoscientific reasons to explain why African Americans were resigned to servitude under white authority. At the outset of his career, the Medical Association of Louisiana charged Cartwright with investigating "the diseases and physical peculiarities of the negro race," and he gave distinct reasons for why African American bodies were different from white bodies. He wrote, "Even the negro's brain and nerves, the chyle and all the humors, are tinctured with a shade of pervading darkness".[63] These "discoveries" contributed to harmful rhetoric about African Americans and influenced the evolution of cruel treatment of Black bodies in modern medical practices. Cartwright contributed to authoritative and dominant conversations about Black bodies that dissected their every imperfection while simultaneously spreading rhetoric that supported the institution of slavery and white supremacy. These conversations undoubtedly influenced the ways that doctors thought about and treated African

[61] Tatsuo Sakai and Yuh Morimoto, "The History of Infectious Diseases and Medicine," *Pathogens* 11, no. 10 (October 4, 2022): 2, 5, https://doi.org/10.3390/pathogens11101147.
[62] Samuel A Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," in T*he New Orleans Medical and Surgical Journal* (May, 1851): 691.
[63] Samuel A Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," 692.

American patients. Such was the case for J. Marion Sims, also known as the Father of American Gynecology.

Sims was a Southerner through and through; he was born in 1813 in Lancaster County, South Carolina. He got his medical training from South Carolina College, The Medical College of Charleston, and Jefferson Medical College — the last was the only college not in the South, as it was in Pennsylvania.[64] Sims returned to the South in 1835 to begin his professional practice in medicine, and at first, he had absolutely no interest in surgery, much less women's health, in his early career.[65] What's most important about his early career and education is that he was in the same spaces and participated in conversations where ideas about African Americans, in a social and medical sense, matched those of Cartwright and other planter-class physicians. With this understanding, it is easy to see how Sims' evolution into gynecological surgery meant that enslaved women paid the price for Sims' medical innovations.

Sims started his surgical practice under unique circumstances. He built a small hospital on his home property so that he could treat enslaved patients who plantation owners would bring to him.[66] This private space, paired with a constant stream of enslaved patients who needed intense medical attention, laid the groundwork for his surgical practice to grow. One of Sims' first operations, which were not done in a sterile operating room but in his small, open, general hospital, was on an enslaved man named Sam who suffered from osteosarcoma of the lower jaw.[67] For the operations, Sam was strapped down to a barber's chair at his legs, abdomen, arms, wrists, and head. He was in company with over a dozen other medical students and doctors who were there to observe Sims at work.[68] Sims was to perform the operation on Sam's jaw, and before he

[64] Heena K. Vaswani, et al. "A Pioneer in Women's Health, Dr. James Marion Sims (1813–1883)." *Cureus* 16, no. 11 (November 29, 2024): 1.
[65] Seale Harris, *Woman's Surgeon: The Life Story of J. Marion Sims* (The Macmillan Company, 1950), 73.
[66] Seale Harris, *Woman's Surgeon,* 75.
[67] Seale Harris, *Woman's Surgeon*, 79.
[68] Seale Harris, *Woman's Surgeon*, 80.

started, he noted that Sam "appeared to be very much alarmed."[69] Sam suffered through the operation, often thrashing and yelling out in pain, but despite the torture, returned to his enslaver fully healed. Sims was now officially on the map as an up-and-coming surgeon. After Sam's surgery, Sims wanted to improve on his technique, as he was dissatisfied with the large scarring left on Sam. He operated on another enslaved man, George, who did not survive.[70] This detail is telling because it is one of the first signs that reveal Sims' main intentions for treating enslaved people. Not to help them with their illnesses or ailments out of goodness, though this may have been one of the objectives, but surgical innovation and development of his practice was why he continued to strap down African Americans and operate on them. Sims wanted to be a pioneer of the practice.

After practicing dental surgery and general medicine for a decade, Sims stumbled into gynecological surgery in 1845 because of a random house call to help a woman who incurred an injury after falling off a horse.[71] In the month before treating this woman, Sims turned away three enslavers who brought young Black women to him describing the same complications after birth, a small hole between the bladder and vagina, also known as a vesicovaginal fistula. One of the enslavers who brought Lucy, a young enslaved woman, to Sims just before this house call was one of Sims' old friends and adamant that Sims should help Lucy with her complication.[72] After discovering a technique for treatment of the fistulas while assisting the woman in the house call, he returned to his home hospital and asked if the three enslaved women, Anarcha, Betsy, and Lucy could be leased by Sims from their enslavers so that he could try to treat them.[73] He

[69] Seale Harris, *Woman's Surgeon*, 80.
[70] Seale Harris, *Woman's Surgeon*, 81.
[71] J. Marion Sims, *The Story of My Life* (Appleton and Co., 1884.) 230-233.
[72] Seale Harris, *Woman's Surgeon*, 84.
[73] J. Marion Sims, *The Story of My Life*, 236.

expanded his hospital for African American treatment from eight to sixteen beds so that he could house patients and servants alike for his newfound passion, then he got to work.

For four years between 1845 and 1849, Sims performed dozens of surgeries on these enslaved women, each new operation presenting new complications than the last, but in Sims' eyes, he was inching towards success. He even developed new tools, like the speculum, to aid him in his operations.[74] In his autobiography, after failed operations on Lucy and Betsy, Sims writes, "I thought I could make improvements in the operation, and Anarcha was the next case."[75] This reflects the attitude that he had with Sam and George: surgical innovation where the suffering of African Americans is a small price to pay for progress. By the end of his experiments, Anarcha endured thirty operations, and when each of these women was healing between surgeries, they were made to be surgical assistants on one another's operations.[76] Through trial and error, and through the suffering of Anarcha, Lucy, and Betsy, Sims perfected the treatment of the vesicovaginal fistula, and he was celebrated as a foundational physician for women's health.

When he tried to perform the same operations on white women with the same ailments, Sims realized that white women were not like the "loyal and uncomplaining" enslaved Black women he experimented on. These white patients could not bear the pain of the operations and forced Sims to stop before the surgery was complete, wearing out the patient, assistant, and surgeon.[77] This observation is the heart of the importance of Sims and his experimental surgeries. Anarcha, Betsy, and Lucy had no agency in their status as subjects of innovation, and thus had no other choice than to endure the torturous pain of dozens of surgeries. Yet, because white women had the choice to refuse treatment and because their pain was respected more, Sims became

[74] J. Marion Sims, *The Story of My Life*, 235.
[75] J. Marion Sims, *The Story of My Life*, 240.
[76] Seale Harris, *Woman's Surgeon*, 92, 102.
[77] Seale Harris, *Woman's Surgeon*, 109.

frustrated when their pain prohibited him from completing his operation. Racialized beliefs about whether or how much pain Black patients endured, stemming from rhetoric like Samual A. Cartwright's, contributed to harsher treatment of Black patients, where they were made to endure more than other white patients could handle.[78] This notion meant that the delegitimization of Black women's pain and knowledge contributed to the rise of professional gynecology, led by white physicians such as Sims. However, surgical experimentation alone did not secure physicians' dominance over reproductive medicine. White doctors also relied upon rhetoric, institutional authority, and racialized assumptions to undermine the legitimacy of enslaved midwives and reposition themselves as the primary authorities on childbirth and women's health.

Decentering Expertise: Race, Rhetoric, and the Delegitimization of Black Women's Knowledge

Back on the plantation, midwives and physicians worked together, sometimes in tension, to provide mothers with the care they needed before, during, and after birth. In the nineteenth century, white plantation mistresses started to be cared for by a mix of trained physicians and the Black midwives that had always treated them.[79] While plantation mistresses were wary of letting male physicians with whom they were not familiar treat them, these practitioners depended on being let into this space in order that their field would be seen as legitimate and authoritative. With the emergence of more standardized, practiced medicine in the mid-nineteenth century, plantation mistresses were beginning to see classically trained physicians for more routine care, not just for complicated or risky births.[80] Thus, these white male physicians often worked in and around enslaved plantation midwives, and required the decentering of their authority so that the physicians could take their place.

[78] Diedre Cooper Owens, *Medical Bondage*, 112-114.
[79] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 405.
[80] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 405.

Before these physicians were regularly accepted into the birthing rooms of plantation mistresses, they first needed to prove their presence was necessary. This was done through emphasizing the importance of traditional training in universities and the fact that white male physicians were better suited to practice professional, scientific medicine on patients than women, and especially Black women.[81] Thus, there was an attempt to shift the way that people thought about birthing and women's health. Instead of being something that is isolated to the women's sphere, where female friends and enslaved midwives helped mistresses throughout the process, birthing was now a professional matter and should be left to the trained, white, male physicians. This shift in who claimed authority over the process happened gradually, but ultimately meant that black midwives were pushed to the margins in mistresses' birthing experiences; enslaved midwives did, however, maintain their practice among the Black community.[82]

In order to center their expertise, while delegitimizing Black midwives' experience as practitioners, physicians sometimes diminished the herbal and cultural methods of healing that enslaved midwives practiced by calling them names in attempts to undermine the generational knowledge that these women held. One enslaved midwife from Virginia, Mildred Graves, recalled that when she was called to assist two physicians on a birth, she was met with mockery as the physicians said they "don' won't any witch doctors or hoodoo stuff."[83] Using the term "witch doctor" or "hoodoo" in a derogatory way, in the presence of a birthing mistress, was an attempt to otherize and delegitimize the authority of the Black midwife. These tensions contributed to the dismissal of enslaved women's knowledge by physicians in an attempt to boost their own authority in the birthing space.

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[81] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 405-406.
[82] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 407.
[83] Charles L. Perdue, *Weevils in the Wheat: Interviews with Virginia Ex-slaves* (University of Virginia Press, 1992), 121.

Furthermore, the introduction of physicians brought with it a shift in birthing methods and strategies that conflicted with the traditional, communal methods of midwives. For example, birthing stools, which allowed the mother to deliver the baby while sitting vertically, letting gravity assist in the process, were dismissed by physicians who opted for horizontal birthing methods using beds.[84] While the horizontal method of birthing allowed for physicians to administer medications and use surgical techniques like using forceps with more ease, it hindered the mother from her usual birthing experience. With these new methods, other women were excluded from the birthing chamber, including friends and midwives, and more importantly, the use of the new medical tools was dangerous because it led to a higher risk of infection, hemorrhaging, and death.[85] Similarly to how Sims viewed his goals for his procedures on Anarcha, Lucy, and Betsy, these physicians in charge of new birthing methods prioritized standard of practice and professionalism over what was best for the women themselves.

These negative attitudes towards enslaved midwives by white physicians that fueled tension were rooted in racialized beliefs about Black women that permeated the white planter class community. Bennett Dowler, a Southern antebellum physician, has an even more telling attitude towards Black midwives. In an 1854 medical journal, he critiques New Orleans, saying there is, “no other place in Christendom… in which the female practitioners are less educated, being chiefly negresses or mulattresses, or foreigners without anatomical, physiological, and obstetrical education, and consequently unacquainted with the mechanics of parturition.”[86] According to Dowler, African American midwives were not fit to successfully treat birthing mothers because they were not white and lacked formal education. Rhetoric like this, common for

[84] Sally G McMillen. *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Louisiana State University Press, 1990), 95-96.
[85] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor,” 406.
[86] Bennett Dowler, “Obstetricial Cases and Physiological Remarks,” *The New Orleans Medical and Surgical Journal* 11, no. 1 (July 1854): 21.

the nineteenth century, contributed to the invalidation of enslaved midwives' experience and expertise, and thus claimed that white physicians were the only medical authority when it came to birthing.

While it is clear the tension between midwives and physicians in the mistresses' birthing chambers had dire consequences for patients and midwives alike, it is also true that not all physicians were entirely antagonistic with enslaved midwives. Many physicians worked alongside midwives just fine, and even when physicians became the predominant caregiver in the plantation birthing chamber, it was still midwives who were the first on site because they were in much closer proximity to their mistress than physicians.[87] Furthermore, some physicians allowed enslaved midwives to train under them, showing even deeper relationships of cooperation. Clara Walker, an enslaved midwife, trained under a physician in Arkansas for five years. She was assigned to train under Dr. McGill when she was thirteen, at the request of her mistress. She delivered around two hundred babies, often by herself.[88] Thus, there was nuance to the relationship between plantation midwives and physicians, as was the case throughout the Antebellum South. However, stories like Clara's are often overshadowed by the effects that the legacy of gynecology and birthing has on Black communities. Ultimately, white physicians became the predominant presence in birthing chambers, and gynecologists like Sims developed their practice at the expense of Black women patients. This legacy continues today, and the only way to grapple with the issues at present is to understand the tumultuous history of gynecology and midwifery in the nineteenth century.

[87] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 407.
[88] Tanfer Emin Tunc, "The Mistress, the Midwife, and the Medical Doctor," 411.

Conclusion

The history of gynecology in the Antebellum South is not simply a story of scientific progress, innovation, or the emergence of modern medicine. Rather, it is a history deeply intertwined with slavery, racial hierarchy, and competing claims to medical authority. By placing enslaved midwives alongside physicians such as J. Marion Sims, this paper demonstrates that the rise of gynecology depended not only on the exploitation of Black women's bodies, but also on the systematic marginalization of Black women's knowledge. Enslaved midwives possessed generations of reproductive expertise rooted in communal healing, herbal medicine, and experiential care, yet white physicians increasingly dismissed these practices as primitive, unscientific, or illegitimate in order to consolidate professional authority.

This process was not accidental. As professional medicine expanded in the nineteenth century, physicians required more than surgical innovation to establish dominance over reproductive healthcare. They also needed to delegitimize the longstanding authority of women healers, particularly Black midwives whose practices challenged physicians' claims to exclusivity and expertise. Through racialized rhetoric, formal medical institutions, and claims of scientific superiority, white physicians transformed childbirth from a communal and women-centered process into a professionalized medical event controlled increasingly by male doctors. In doing so, physicians elevated their own authority while simultaneously erasing the intellectual contributions of enslaved midwives from dominant narratives of medical history.

The legacy of this history extends far beyond the Antebellum South. Modern tensions surrounding Black maternal healthcare, reproductive justice, and trust in medical institutions are deeply connected to the historical processes explored throughout this research. Contemporary scholars and reproductive justice advocates have increasingly emphasized that Black maternal

mortality rates, disparities in treatment, and distrust of physicians cannot be separated from the long history of exploitation and exclusion within American medicine. Organizations such as Physicians for Reproductive Health have highlighted how Black midwives were systematically pushed out of reproductive healthcare during the nineteenth and twentieth centuries through racist and misogynistic campaigns that portrayed them as dangerous, uneducated, and unhygienic.[89] Similarly, the American Civil Liberties Union notes that the professionalization of obstetrics and gynecology often depended upon the suppression of Black midwives, whose practices were framed as threats to scientific medicine and white professional authority.[90] Organizations and activists like these are continually grappling with this complicated history to fight for reform within the field of healthcare and gynecology.

Interestingly, many of the practices and philosophies associated with enslaved midwives have since been reabsorbed into modern medicine and deemed legitimate healthcare. Today, educational institutions train certified nurse-midwives as highly respected medical professionals who provide holistic, patient-centered reproductive care. Modern midwifery programs emphasize culturally respectful healthcare, patient autonomy, emotional support, and collaborative birthing practices — many of the same principles that enslaved midwives practiced generations earlier outside the bounds of institutional medicine.[91] What was once dismissed as "hoodoo" or "unscientific" healing has now become incorporated into the professional medical system itself.

Ultimately, centering enslaved midwives alongside physicians such as Sims complicates triumphalist narratives of medical progress. The development of gynecology was not a straightforward march toward innovation led solely by brilliant physicians. It was instead a

[89] Taryn Graves, "The Racist History of Medicine and Treatment of Black Midwives," Physicians for Reproductive Health, April 17, 2025, https://prh.org/updates/racist-history-medicine-treatment-black-midwives/.
[90] Michele Goodwin, "The Racist History of Abortion and Midwifery Bans," ACLU, July 1, 2020, https://www.aclu.org/news/racial-justice/the-racist-history-of-abortion-and-midwifery-bans.
[91] Yale School of Nursing, "Nurse-Midwifery Specialty," accessed May 12, 2026, https://nursing.yale.edu/academics/master-science-nursing/masters-specialties/nurse-midwifery-specialty.

contested process shaped by coercion, racial violence, gendered hierarchy, and struggles over whose knowledge would be considered legitimate. Black women's bodies were used to advance surgical medicine, while enslaved midwives' expertise was dismissed to elevate professional authority. Recovering these histories reinserts these overlooked figures into the history of medicine and fundamentally changes how the history itself is understood and reckoned with today.

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