

Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840

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Review

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Hogarth, Rana A. *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840*. University of North Carolina Press, \$27.95 ISBN 9781469632872

Using compelling evidence collected from archives in the United Kingdom, Jamaica, South Carolina, and Philadelphia, Rana Hogarth argues persuasively that physicians working among enslaved societies in the Atlantic world during the late eighteenth and early nineteenth centuries played a decisive role in the racialization of physiological and physical differences among humans. Capitalizing on plantation owners' concerns about high mortality rates that stood in stark contrast to their presumptions about blacks' "natural" strength and immunity to tropical diseases, physicians used their knowledge of medical science to establish their professional claims as experts on "slave management." By examining guidebooks, medical journals, physicians' advertisements, and various medical and military institutional records, Hogarth analyzes the ways that ideas about blackness were exchanged among planters and physicians in the "geographic and cultural border" between the Anglophone Caribbean and the antebellum South. (pg.9) Hogarth shows that planters sought out self-proclaimed experts who forthrightly advertised their ability to determine the ideal conditions under which blacks could labor at maximum capacity while minimizing illness and premature deaths. However, Hogarth carefully notes that physicians' claims developed independent of a desire to provide intellectual support for proslavery enthusiasts. Nor did physicians' research and writing on the subject of enslaved men, women, and children's health and management accrue in reaction to increased abolitionist threats to legal slavery. Instead, she provides the reader with ample evidence that shows that physicians were driven by their own professional need to produce marketable knowledge deemed practical and necessary among societies that relied on the labor of enslaved Africans and their descendants in the Atlantic world.

Inspired by Peter McCandless's geographic frame in *Slavery, Disease, and Suffering in the Southern Lowcountry*, Hogarth's study connects the Carolinas to the English speaking Caribbean wherein she uncovers a geographic and cultural world of self-proclaimed experts of presumed racial differences who became enthusiastic participants in the "medicalization of Blackness." She describes the evolution of this discourse as one in which "physicians in slaveholding societies of the Greater Caribbean defined blackness as a surrogate marker of difference to stabilize and reify racial differences." (pg. 2) White physicians in Charleston, South Carolina, for example, shared with their Jamaican counterparts popular ideas about racialized

differences, similar demographics, observations about white, black, and indigenous people's ability to adapt to the environment, and a preoccupation with black laborers' health, deemed unreliable if not properly managed by white authorities.

Hogarth departs from historians including Todd Savitt who in *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* deemphasized the impact of physicians' ideas about racial differences on planter's management of enslaved persons. Far from marginalized, Hogarth shows that physicians of enslaved persons played a central role in the development of the medical care and practice in the Americas. In doing so, she reveals a two-tiered process of medicalizing blackness: black people's bodies, if "managed" well by white physicians and authority figures, were associated with strength, vitality, and superior laboring potential while black people's minds were deemed immature, underdeveloped, and dependent on the necessarily controlling and coercive care of whites.

Building on Sharla Fett's *Working Cures: Healing, Health and Power on Southern Slave Plantations*, Gretchen Long's *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*, and Jim Downs's, *Sick from Freedom: African American Illness and Suffering during the Civil War and Reconstruction*, Hogarth continues the effort to document free and enslaved men and women's efforts to resist the medicalized violence to which they were subjected. She demonstrates, for example, the ways in which physicians competed with Obeah healers for authority and influence over enslaved persons. However, Hogarth's primary goal is to establish the critical and decisive role physicians played defining racial differences as a means of predicting the probability of successful adaptation to the environment. Their collective efforts, Hogarth maintains should be understood as part of the process by which systems of segregated health care in which blacks were policed, monitored, and subject to neglectful and, at times, violent medical treatments based on presumed racial differences.

Hogarth divides the book into three sections. In the first part, she shows that physicians began to align ideas about racial differences using language that clinically demarcated race based responses to Yellow fever. In adhering to presumptions that blacks were immune to Yellow fever in spite of reports of black fatalities, physicians participated in a willful exercise of denying black suffering and disease susceptibility. Exposed to the ravages of the disease, which also was known as "black vomit" blacks had the added burden of proving that they had contracted and suffered from the illness in the same ways that whites did. The second part of the book focuses more specifically on the delineation of "slave diseases" including Cachexia Africana also known as "dirt" eating." While historians often refer to drapetomania, made popular by Samuel A. Cartwright, Hogarth contends that Cachexia Africana was a central preoccupation appearing in medical journals and private letters, and that its development occurred quite independently of proslavery discourse. For example, the military case reports and memoir of William Fergusson, inspector general for hospitals in the West Indies, revealed a steady preoccupation with the need for whites to supervise intrusively recruited blacks in order to create the conditions for optimal health. Debates about slavery, she maintains, were overshadowed by the more immediate concerns of controlling and optimizing black troops' health. In the third and final section of the book Hogarth, analyzes carefully announcements and advertisements of "slave hospitals" published in eighteenth and nineteenth century newspapers and reconstructs the routine ways that "black health was commodified – deployed as a means to secure white physicians' professional

reputations and planter's future wealth—worked to shore up the legitimacy of the medical profession. (p.163) As the use of both living and deceased black people for medical training and teaching became normalized, slave hospitals functioned as a means to regulate, confine, control, and punish infirmed blacks in need of medical treatment but often subjected to medicalized violence.

Hogarth has carefully researched and written a compelling historical narrative of the misguided attempts to use race as a significant consideration in the diagnosis and treatment of illnesses. In this context, the reader is likely to consider thoughtfully Hogarth's concluding epilogue in which she calls for cautious awareness of the continuing ways in which racial approaches to understanding biological differences continue to inform medical treatment.

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