

Southern Medicine at Penn Medical: Mapping the Careers of Three Physician-Enslavers from 1828-1872

Introduction

Over the past few months, my classmates and I have been exploring the relationship between the University of Pennsylvania and the institution of slavery as part of the Penn & Slavery Project, created by Dr. Kathleen Brown and her students in 2017. Previous researchers in the project accomplished excellent work identifying slaveholders among Penn's founders and donors, establishing slave labor as one of Penn's early financial pillars. The project also showcases the racial science taught and written about at the medical school of the College of Philadelphia, later called the Medical School of the University of Pennsylvania and today known as the Perelman School of Medicine. I began my research by examining transcripts of lectures delivered by Dr. Joseph Leidy and Dr. Benjamin Rush, two prominent professors whose teachings established the study of race at Penn Medical. Dr. Leidy lectured on the unique anatomy of Black patients, while Dr. Rush discussed leprosy as a source of black skin color.

Historian Christopher Willoughby describes that Northern medical schools such as Penn cemented racial thinking among doctors, cultivating in new physicians what he calls a "clinical-racial gaze."¹ This concept defines how physicians used anatomy, physiology, surgery, and other clinical approaches—documented in medical journals, lectures, textbooks, museums, and correspondence—to develop a racialized view of the human body that deemed Black bodies as inferior. This paper will trace the evolution of this gaze through case reports and lectures by

¹ Christopher D.E. Willoughby, *Masters of Health: Racial Science and Slavery in U.S. Medical Schools*, Chapel Hill: The University of North Carolina Press, 2022, 48, 54.

Southern physicians educated at Penn Medical in the Antebellum Era to implicate the school in perpetuating white supremacy in medical practice.

Yet at the same time that doctors taught theories of racial science maintaining that Black and white bodies were fundamentally different, they also experimented on Black bodies to develop treatments for white people, particularly in the field of women's health.² Deidre Cooper Owens describes how much foundational work in gynecology was conducted on enslaved women's bodies, in part because their "consent" was easy to obtain from their masters, who wanted to "fix" and maximize their reproductive capacity.³ For example, Dr. J. Marion Sims, the first physician to repair a vesico-vaginal fistula, and Dr. Paul F. Eve, the first American physician to remove an entire uterus *in situ*, both conducted their operations on enslaved Black women. In fact, Eve graduated from Penn Medicine in 1828, and wrote his dissertation on uterine hemorrhage.⁴

Eve's connection to Penn was no coincidence. The University of Pennsylvania was the first and, until the Medical University of North Carolina was founded in 1824, the southernmost medical school in the United States. Many aspiring physicians from the South attended medical school and developed their professional networks in Philadelphia at Jefferson Medical College or Penn Medical before returning South to establish careers in medicine and plantation slavery. Historian Daniel Kilbride adds that the Philadelphia upper class harbored pro-Southern and anti-slavery sentiments, making the city a welcome place for Southern elites to visit and send

² Deirdre Cooper Owens, 2017, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*, Athens, GA: University of Georgia Press, 21.

³ Ibid, 41.

⁴ Paul F. Eve, "An Inaugural Essay On Uterine Haemorrhage," University of Pennsylvania, 1827, University of Pennsylvania Medical Dissertation Digital Library, <https://colenda.library.upenn.edu/catalog/81431-p38k75636>.

their children to university.⁵ Historian Christopher Willoughby continues that the prominence of racial science in Penn's curriculum attracted Southern students to pursue a medical education at Penn.⁶ The combination of Penn's prominence as a medical school and the city's appeal to white southerners cinched Penn's influence on Southern medicine during the antebellum period. In fact, Willoughby contextualizes that in the 1850s, Southern students comprised over half of the students at Penn Medical.⁷ He continues that the relationships developed at Penn Medical lasted far into physicians' careers; through journals and correspondence, Northern and Southern physicians maintained professional ties that created a "national medical discourse."⁸

Yet Southern physicians resented the reliance on Northern medical institutions. In 1856, *The New Orleans Medical News and Hospital Gazette* called the "annual pilgrimage of Southern young men to the medical schools of the North... an unnatural and humiliating sight," and many Southern physicians felt Northern establishments looked down upon them and their knowledge.⁹ One Penn Medical student even wrote home in 1859 that Northern students "stare at us [Southerners] like we were some terrible monsters."¹⁰ Tensions piqued in 1860, when two hundred Penn Medical students left Philadelphia and traveled back home to complete their medical education in the South. Historian John Duffy argues that this exodus was a political act steeped in Southern arguments of secession over slavery.¹¹ Consequently, the 1850s saw the rise of a regional Southern medicine that cemented the interests of planters. Southern physicians

⁵ Daniel Kilbride, "Southern Medical Students in Philadelphia, 1800-1861: Science and Sociability in the 'Republic of Medicine,'" *The Journal of Southern History* 65, no. 4 (November 1999): 697, 710-715, <https://doi.org/10.2307/2587585>.

⁶ Christopher Willoughby, *Masters of Health*, 20.

⁷ Christopher D.E. Willoughby, *Masters of Health*, 29.

⁸ *Ibid.*, 2.

⁹ "Editorial and Miscellaneous" *New Orleans Medical News Hospital Gazette*, 1856-1857, 3, 168.

¹⁰ Thomas J. Badgett to A Badgett, Philadelphia, 3 November 1859, Badgett Papers, North Carolina State Archives, Raleigh.

¹¹ John Duffy, "Sectional Conflict and Medical Education in Louisiana," *The Journal of Southern History* 23, no. 3 (August 1957): 289-306, <https://doi.org/10.2307/2954882>, 377.

educated at Penn Medical opened medical schools in the South, including New Orleans Medical College and Georgia Medical College and published scientific textbooks and journals to revitalize medical education in the South.

Physicians intentionally built their medical schools near hospitals treating Black patients to exploit the legal lenience around operating on Black patients and cadavers. This practice has a long history at Penn Medical, which previous Penn and Slavery projects describe in detail. Lindsey Randall's report discusses Dr. William Shippen's exploitation of patients and cadavers from the Almshouse and its burial ground, Potters' Field, in Philadelphia.¹² Archana Upadhyay's work delves into the Horner Collection and Wistar Museum to support historian Daina Ramey Berry's claim that Philadelphia was the epicenter of cadaver snatching for medical study.¹³ Carson Eckhard's research describes the life and work of Paul F. Eve, and this paper will expand upon her findings and compare his career to that of the Brickell Brothers in New Orleans to dissect the organs of southern medicine. Building upon past student research, this project links the patterns of thought in Southern planter-physicians' clinical practice, publications, and medical school philosophies to their education at Penn Medical.

To identify Penn Medical graduates who operated on enslaved women, I cross-referenced the names of physicians in the index of Marie Jenkins Schwartz' *Birthing a Slave*, which identifies prominent obstetricians during the antebellum period, with the Catalog of Penn Medical graduates between 1765 and 1877 and obtained a list of forty-two doctors.¹⁴ Six wrote

¹² Lindsey Randall, "Dr. William Shippen Jr.: Medicine and Grave-Robbing in 18th Century Philadelphia," Penn and Slavery Project, University of Pennsylvania (Fall 2022).

¹³ Archana Upadhyay, "Penn and Slavery Fall 2018 Research Report," Penn and Slavery Project, University of Pennsylvania (Fall 2018).

¹⁴ Marie Jenkins Schwartz, *Birthing a Slave Motherhood and Medicine in the Antebellum South* (Cambridge, Massachusetts; London, England: Harvard University Press, 2010); University of Pennsylvania. Department of Medicine., *Catalogue of the Alumni of the Medical Department of the University of Pennsylvania, 1765-1877* (Philadelphia: Society of the Alumni of the Medical Department, 1877), <https://collections.nlm.nih.gov/catalog/nlm:nlmuid-26821300R-bk>.

their Penn dissertations on women's health and hailed from Southern states. Of these doctors, five lived on slave-owning plantations and three—Paul F. Eve and the brothers Daniel W. Brickell and William E. Brickell—served in the Confederacy (the other two—William D. Haskins and William G. Craghead—passed away before the Civil War).

Much of the research for this project was conducted digitally. The Ancestry database and Scott Wild's genealogical expertise provided the information on each doctors' slave holding. The NIH and Internet Archives digitized many of the medical journals in this paper, including the *New Orleans Medical News and Gazette* and the *Southern Medical and Surgical Journal*. The Kislak Center for Special Collections at the University of Pennsylvania housed each doctor's original dissertation. The archives at the Medical College of Philadelphia, Howard University, and Louisiana State University provide avenues of further research to investigate the family papers of Daniel W. Brickell, as well as archives on Paul F. Eve's family at the University of Georgia.

Together, these sources untangle the epistemology of Southern Medicine, which had its intellectual roots in Philadelphia and its heart in protecting slavery nationwide. Drs. Eve, D.W. Brickell, and W.E. Brickell are three examples of Penn educated Southern physician planters who operated on Black bodies, free and enslaved, to develop and disseminate medical theories that racialized Black bodies, supported slavery, and established medical careers that were the foundation for Southern medicine.

Southern Medicine

A host of agents governed enslaved people's health on Southern plantations in the nineteenth century—plantation owners, their mistresses, physicians, nurses (who were often enslaved women), and enslaved people themselves. In the first half of the nineteenth century,

Southern physicians were few in number. The *Nashville Journal of Medicine and Surgery* quantified that there were 802 people per physician in North Carolina in 1850.¹⁵ Moreover, physicians were expensive. In the same state, the 1854 Rowan County Medical Society Tariff of Fees shows that doctors charged \$1.50 for appointments within a three mile radius, and an extra fifty cents for each mile traveled and a dollar for night visits. To avoid such exorbitant costs, mistresses and enslaved people administered their own therapeutic practices, and planters called in physicians only under serious circumstances.¹⁶

Other physicians doubled as slave owners, including the doctors whose careers are mapped in this paper. Their careers as slave-owners cannot be separated from their careers as physicians. In their scientific publications, clinical practice, and political careers, these men supported slavery and the exploitation of Black bodies. Whether at their own plantation or the hospitals they worked at, physician-slave owners operated on Black bodies to perfect their techniques and publish articles to bolster their career and argue for racial differences between Black and white bodies. They advocated for a special brand of sectional or regional medicine called Southern medicine. Historian John Duffy explains that Southern physicians argued the humid climate and large Black population in the South produced particular Southern diseases and problems that aspiring physicians needed to study in the South.¹⁷ In other words, Southern medicine tailored itself to the interests of planters, and focused on issues that plagued plantations. This included general health, as planters wanted to slow the spread of illness among their workers, as well as reproductive health, as planters wanted to optimize the fertility of enslaved women. Southern physicians such as Drs. Eve, D.W. Brickell, and W.E. Brickell

¹⁵ Glenda Sullivan, "Plantation Medicine and Health Care in the Old South," *Legacy* 10: Iss. 1, Article 3 (October 2010): 17-36, <https://opensiuc.lib.siu.edu/legacy/vol10/iss1/3>, 18.

¹⁶ *Ibid*, 23.

¹⁷ John Duffy, "Sectional Conflict and Medical Education in Louisiana," 292.

traveled North to obtain their medical degree, and used their license to operate on enslaved bodies in the South and gain clinical experience before establishing and teaching at Southern medical schools. Their introductory lectures and publications support medical theories and practices that dehumanized and racialized Black bodies and prioritized the economic value of enslaved people over their health and wellbeing. Through the institutions they established, these Southern physicians trained doctors to enforce a medical system in which physicians managed enslaved people's health on plantations, rather than overseers or midwives.

The Tradeoff Between Male Obstetricians and Traditional Midwives

Childbirth in the nineteenth century Southern United States was a dangerous ordeal. Contaminated water, unsterilized medical equipment, and incomplete anatomical knowledge exacerbated the risk of parturition, and each pregnancy carried a “possible death sentence.”¹⁸ Traditionally, women in the South, particularly in rural areas, turned to midwives for a safe delivery. Midwives learned their craft from other midwives in their community or family, and in the latter half of the nineteenth century, trained at professional midwifery schools. Enslaved midwives would visit neighboring plantations to deliver the babies of both Black and white women. Elderly enslaved midwives, later referred to as “granny” midwives in the twentieth century, as they had years of experience and often passed their knowledge on to their daughters, forging a matrilineal, intergenerational line of expertise. “Grannies” were highly respected in their community as healers and spiritual leaders, and many felt a higher calling to serve as midwives.¹⁹

¹⁸ 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): 395–419, <https://doi.org/10.1080/09612025.2010.489348>, 398.

¹⁹ Alicia D Bonaparte, “The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940” (University of Tennessee, 2007).

Midwifery placed women's health in women's control, and slave-midwifery in particular allowed enslaved women to exercise independence and establish communal networks.²⁰ Daina Ramey Berry describes how midwives used “nonintrusive and nonsurgical methods of healing” for labor pains, spanning from herbal remedies such as “‘cloves and whiskey’” and “‘roots and bark for teas’” to alternative treatments such as an “axe under [the] mattress” and birthing fires.²¹ Midwives also played important roles in their community beyond providing birthing care. Emily Lampert explains in her dissertation that midwives in the Chesapeake helped “preserve familial relationships while forging broad communal ties” by carrying messages between the houses of the women they attended.²²

However, beginning in the nineteenth century, male physicians competed with midwives to provide medical care to women. In her novel, *A Midwife's Tale*, Laura Ulrich describes a direct tradeoff between physicians and midwives: as long as midwives continued to dominate, physicians had fewer patients to operate on.²³ This reality motivated physicians, led by obstetricians at Penn Medical, to undermine midwives' professional authority. In the early nineteenth century, Penn Medical professors including William Shippen, Charles Potts Dewees, and Charles D. Meigs argued in their lectures and publications that male physicians were better trained and more knowledgeable than midwives in providing parturient care.²⁴ Dr. Meigs opposed drugs like chloroform and ether that eased women's pain, because he relied on his patient's pain to assess how far along they were in labor. Dr. Dewees, Professor and later Chair

²⁰ Tanfer Emin Tunc, “The Mistress, the Midwife, and the Medical Doctor,” 399.

²¹ Daina Ramey Berry, *Enslaved Women in America: An Encyclopedia* (Santa Barbara, Calif.: Greenwood, 2012), 94.

²² Emily A Lampert, “Enslaved Midwives in the Long Eighteenth Century: Slavery, Reproduction, and Creolization in the Chesapeake, 1720 - 1830” (Western Washington University, 2020), 3.

²³ Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812*, 1st Vintage Books ed (New York: Vintage Books, 1991), 254.

²⁴ Judith Walzer Leavitt, “‘Science’ Enters the Birthing Room: Obstetrics in America since the Eighteenth Century,” *The Journal of American History* 70, no. 2 (September 1983): 281 <https://doi.org/10.2307/1900205>.

of Obstetrics at Penn Medical from 1834 to 1841, contended that pregnancy was a “diseased state” only physicians could treat.²⁵ Historian Judith Walzer Leavitt concludes that physicians’ interventions were largely ineffective and introduced more problems than they solved, such as puerperal fever from improper sanitation techniques and deformed heads from the use of forceps.²⁶ Nevertheless, male obstetricians continued to insist on their superior knowledge of childbirth.

Then in the late 1840s, medical standards and licensing regulations established by the recently formed American Medical Association (AMA), founded in 1847, reaffirmed people’s trust in the quality of medical care.²⁷ Historian Phyllis Brodsky explains that the AMA spearheaded a “long power struggle of overtaking the midwife’s hold on the practice of obstetrics” by formalizing childbirth practices.²⁸ Obstetricians such as Dr. Eve, who served as president from 1857-58, led the AMA and ensured that it stamped out the professional authority of midwives. Over time, conceptions of modesty—especially salient in the antebellum South—eased to allow male physicians to enter birthing chambers and employ their medical tools on women. Altogether, medical schools, medical journals and professional organizations such as the AMA provided three important avenues for obstetricians to affirm their medical authority over midwives. Penn Medical physicians played a key role in all three, and operated on free and enslaved Black bodies to evidence their findings.

Midwives did not, however, disappear altogether. They often presided over less complicated births, particularly for Black women, and practiced alongside male physicians in other cases. Historian Tanfer Tunc concludes that until the early twentieth century, the norm in

²⁵ Janet Bogdan, “Care or Cure? Childbirth Practices in Nineteenth Century America,” *Feminist Studies* 4, no. 2 (June 1978): 92, <https://doi.org/10.2307/3177452>, 95.

²⁶ Judith Walzer Leavitt, “‘Science’ Enters the Birthing Room,” 293.

²⁷ Tanfer Emin Tunc, “The Mistress, the Midwife, and the Medical Doctor,” 396.

²⁸ Phyllis L. Brodsky, *The Control of Childbirth: Women versus Medicine through the Ages* (Jefferson, N.C.: McFarland & Co, 2008). 108.

the South was a “mixed-birthing scene... male physicians often hovered in the background, but the laboring woman and her female attendants [including the midwife] were the most important actors.”²⁹ Whereas white women’s births were increasingly attended by white male physicians, enslaved midwives continued to see less complicated births and Black women’s births.

In sum, the push to revitalize Southern medicine occurred at the same time as the push to legitimize obstetrics. The Penn Medical Graduates discussed in this paper all operated on enslaved Black women and published their reports in journals and compendiums. This clinical training formed the basis of their career. With the medical authority from their Penn degree, these Southern physicians undercut traditional midwifery and Black therapeutic practices on plantations, while deriving medical knowledge to make reproductive care on plantations more efficient.

Dr. Paul Fitzsimmons Eve

Paul Fitzsimmons Eve graduated from Penn Medical in 1828. He was born in 1806 in Richmond County, Georgia, and his family had deep connections to both Penn and slavery. His uncle, Joseph Eve, invented the Eve cotton gin, the predecessor to the Whitney cotton gin, and Dr. P.F. Eve often collaborated with his cousin, Dr. Joseph. A. Eve, to treat enslaved patients. Dr. Paul F. Eve also worked with his nephews, Dr. Henry F. Campbell and Dr. Robert C. Campbell, who owned neighboring plantations in Richmond County.

While all four of the Eves and Campbells studied medicine, only Paul F. Eve went to Penn, drawn to Philadelphia by his father’s early connections to the city. Captain Oswald Eve attended secondary school in Philadelphia with Dr. William Shippen and Dr. Benjamin Rush,

²⁹ Ibid, 408.

two of the first professors at Penn Medical.³⁰ In 1826, Dr. P.F. Eve started his medical career under the tutelage of Dr. Charles D. Meigs.³¹ Eve took two official courses at Penn Medicine and formally graduated in 1828, writing his dissertation on “Uterine Hemorrhage.” In this dissertation, Dr. Eve called midwives a “poor, ignorant illiterate class of women,” and charged them with mishandling cases of uterine hemorrhage that he believed a physician could handle better.³² Guided by the teachings of Dr. Meigs, Dr. Dewees and the other Penn Medical obstetricians, Dr. Eve developed a firm and arrogant belief in the superior training of male physicians over midwives.

Dr. Eve returned to Augusta, Georgia, where he made his living as a slave-owning physician. The 1840 US Census lists him as owning two enslaved women between 10 and 23 years of age, while his 1850 slave schedule lists fifteen enslaved women.³³ In 1846, Dr. Eve opened a “private surgical infirmary for Negroes” that accommodated “ten to twenty patients.”³⁴ Like Dr. D.W. Brickell, who treated Black patients at the New Orleans Charity Hospital, Dr. Eve operated on Black patients to gain medical expertise. He closed his hospital upon leaving—first for Louisville, where he joined the University of Kentucky as Professor of Surgery, then Nashville, where he joined the University of Nashville—but reopened it when he returned to

³⁰ Benjamin T. Miller, James J. Thweatt, and Sunil K. Geevarghese. “The Surgeon’s Duty to Serve: The Forgotten Life of Paul F Eve, MD.” *Journal of the American College of Surgeons* 223, no. 3 (September 2016): 537–41. <https://doi.org/10.1016/j.jamcollsurg.2016.06.004>, 538.

³¹ R. A. Halley, “PAUL FITZSIMONS EVE, A.M., M.D., LL.D.,” *The American Historical Magazine and Tennessee Historical Society Quarterly* 9, no. 4 (1904): 284.

³² Paul F. Eve, “An Inaugural Essay On Uterine Haemorrhage,” 73.

³³ 1840 U. S. census, Richmond County, Georgia, city of Augusta, Division 73, population schedule, digital image, “Paul F. Eve,” Ancestry.com; citing National Archives and Records Administration M704, roll 49; Family History Library Film: 0007046. <https://www.ancestrylibrary.com/discoveryui-content/view/1834843:8057>; 1850 U.S. census, Richmond County, Georgia, Division 73, slave schedule, digital image, “Paul F. Eve,” Ancestry.com; citing National Archives and Records Administration M432. <https://www.ancestry.com/discoveryui-content/view/4149936:7668>.

³⁴ Paul F. Eve, “Infirmary for Negroes,” *Augusta Daily Constitutionalist and Republic*, 31 Oct 1846, p. 3. Newspapers.com: <https://www.newspapers.com/image/604751750/?match=1>

Augusta in 1851.³⁵ In Nashville, Dr. Eve owned eight enslaved people.³⁶ Dr. Eve operated his infirmary for another eight years and closed it in 1859, presumably as Civil War tensions brewed in Georgia.³⁷ In fact, Eve fought in both the Mexican-American War and the Confederacy as a Surgeon-General, and later published *What the South and West Have Done for American Surgery*.³⁸

In 1854, Eve's nephews, Dr. Henry F. Campbell and Dr. Robert C. Campbell, perhaps inspired by their uncle's hospital, opened the Jackson Street Hospital, another "surgical infirmary for negroes."³⁹ In the May 1860 issue of the *Southern Cultivator*, a journal for Georgian planters, the brothers advertise that the hospital carries an "acknowledged advantage to the Patient, the Owner, and the attending Physician." The brothers continue that their hospital fills a "great need in the State of Georgia;" that is, providing healthcare to Black patients who otherwise would be "rendered useless for want of proper accommodations." The Campbells adopt a paternalistic view towards their patients, in line with the popular attitude among slave owners of treating enslaved individuals as children.⁴⁰ They state that enslaved people are "negligent of themselves, especially when, from the nature of the case, the treatment has to be long continued."⁴¹ This derogatory mindset justifies the creation of their hospital as a superior site of medical care. Furthermore, the Campbells call their patients "valuable Negroes," and operate based on

³⁵ Paul F. Eve, "Professional Notice," *Daily Constitutionalist and Republic*, 12 Feb 1851, p. 2.

<https://www.newspapers.com/image/604752978/?match=1>

³⁶ 1860 slave schedule, Davidson County, Tennessee, Nashville, slave schedule, digital image, "Paul F. Eve," *Ancestry.com*; citing National Archives and Records Administration M653.

<https://www.ancestrylibrary.com/discovervui-content/view/94149934:7668>.

³⁷ John Bones, "For Sale," *Daily Constitutionalist and Republic*, 22 Mar 1859, p. 3.

<https://www.newspapers.com/image/604756183/?match=1&terms=Paul%20F.%20Eve>

³⁸ Rossiter Johnson, *Biographical Dictionary of America*, (Boston, American Biographical Society, 1906), <http://archive.org/details/biographicaldict04johnnuoft>, 31.

³⁹ Henry F. Campbell and Robert C. Campbell, "Jackson Hospital: Surgical Infirmary for Negroes," *Southern Cultivator*, May 1860, 168.

⁴⁰ Wilma King, *Stolen Childhood: Slave Youth in Nineteenth-Century America*, Bloomington: Indiana University Press, 1995, xvii.

⁴¹ Deirdre Cooper Owens, *Medical Bondage*, 108.

economic principles instead of medical principles of beneficence and justice.⁴² Publishing in the *Southern Cultivator* allowed the Campbells to communicate with slave owners seeking hospitals with better staff and resources for their enslaved workers compared to the “sick house” that existed on most plantations.⁴³ After the closing of Eve’s infirmary, the Campbells’ infirmary remained the primary hospital for black patients in Augusta until after the Civil War.⁴⁴ Both Eve’s and the Campbell’s infirmaries demonstrate how slave-owning doctors built infirmaries to both gain clinical experience and oil the economic wheels of slavery. Their interests in caring for Black patients were self-serving, as the following two case studies demonstrate.

Eve published these case studies in *A Collection of Remarkable Cases of Surgery*, which he produced in Philadelphia with J.B. Lippincott and Co. This compendium collects works from several Penn alumni, including Dr. Eve himself, Dr. Daniel Warren Brickell, who is also discussed in this paper, and Dr. John Neill, whose family is discussed in Sachin Chadha’s report. While collecting cases from his compendium, Eve may have drawn open the professional networks he forged with other Southern planters at Penn. Many Southern Penn physicians were editors of regional magazines or published compendiums, providing them with platforms to circulate their studies on enslaved patients nationwide.

In 1850, when passing through Savannah, Georgia, Dr. Eve heard from his cousin, Dr. J.A. Eve, about a Black woman named Mary who suffered from a uterine tumor. Dr. J.A. Eve stressed in his correspondence that Mary agreed to a surgery without “persuasion or influence of any kind,” yet he also told her the operation was her “only hope of delivery from suffering and

⁴²Henry F. Campbell and Robert C. Campbell, “Jackson Hospital,” 168.

⁴³ Glenda Sullivan, “Plantation Medicine and Health Care in the Old South,” 23.

⁴⁴ “Resolution 143: To Commemorate the 175th Year of Operation of the University Hospital in Augusta, Georgia,” September 7, 1993, <https://www.govinfo.gov/content/pkg/BILLS-103sres143is/html/BILLS-103sres143is.htm>.

death.”⁴⁵ Given these ultimatums, Mary may have felt pressured to comply. Regardless, Mary acquiesced to the operation and was moved to Dr. P.F. Eve’s surgical infirmary. On April 16th, 1850, Dr. Paul F. Eve performed the first hysterectomy in America, assisted by his young nephew, Dr. A.P. Longstreet, who also lived with the doctor on his plantation, his cousin Dr. J.A. Eve, and his nephew Dr. Henry Campbell.⁴⁶ Mary’s symptoms appeared to improve for the next two months. However, at a follow-up appointment, she asked why she had not menstruated since the operation, which historian Deirde Cooper Owens speculates is a sign that Mary did not understand the consequences of her operation before she consented.⁴⁷ She may not have known the surgery would end her ability to have children, which further supports the idea that her doctors misinformed and pressured her into the operation. Unfortunately, Mary’s tumor reappeared and she passed away three months after her operation. Of her death, he notes only that he harbors “regret that no post-mortem was made by the physician in attendance.”⁴⁸ In life as in death, she was only of interest to Eve as a medical opportunity, not as a human being. Thus concludes Dr. Eve’s case report, which he published in the *Western Journal of Medicine and Surgery* in 1853.⁴⁹ The collaboration between Dr. P.F. Eve, Dr. J.A. Eve, Dr. Longstreet, and Dr. Henry F. Campbell points to fraternal ties in Southern medicine. These men viewed Mary’s condition as an opportunity to perform a groundbreaking surgery and failed to explain the operation’s consequences to their patient.

⁴⁵Paul F. Eve, “Case of Excision of the Uterus,” *Western Journal of Medicine and Surgery* 6, no. 5 (November 1850): 7. 405.

⁴⁶1850 U. S. census, Richmond County, Georgia, city of Augusta, Division 73, population schedule, digital image, “Paul F. Eve,” *Ancestry.com*; citing National Archives and Records Administration M432, roll 81. <https://www.ancestrylibrary.com/discoveryui-content/view/18921583:8054>.

⁴⁷ Deirdre Cooper Owens, *Medical Bondage*, 52; Carson Eckhard, *Penn Slavery Project Spring 2018 Findings*, report, Penn and Slavery Project, University of Pennsylvania (2018).

⁴⁸ Paul F. Eve, “Case of Excision of the Uterus.” 407.

⁴⁹ *Ibid.* 401-407.

After removing Mary's uterus, Dr. Eve sent it to Dr. Charles D. Meigs in Philadelphia, also a Georgia native and Penn Medical graduate, as well as Eve's preceptor while at Penn, serving in 1853, as the Chair of Obstetrics at Jefferson Medical College.⁵⁰ Eve's decision to send Meigs an anatomical object reflects the endurance of the professional relationships established at Penn Medical. Eve's report does not mention whether Mary knew Eve sent her excised uterus to Philadelphia, and it is likely that Eve did not feel the need to inform her. The ease with which he transports her body parts demonstrates how Southern physicians operated on Black bodies to obtain medical knowledge and specimens and instituted networks of scientific knowledge spanning across the nation.

It is also unclear whether Mary was enslaved or free. Although Dr. Meigs refers to Mary as a "woman of color" in his letter, Dr. Eve calls her a "negro," and she is housed at his surgical infirmary, which primarily treated enslaved patients. At the same time, Mary traveled eleven miles by wagon to follow up on her operation, a remarkable feat for an enslaved woman at the time. Dr. Eve does not mention her owner in his report, and instead emphasizes that Mary made her own decisions regarding her treatment. This does not, however, mean that Dr. Eve respected Mary's autonomy as a patient; she was unaware until after the irreversible surgery that she would no longer be able to menstruate or have children.

Unfortunately, such violations of Black women's autonomy was common in the nineteenth century. In her book, *Medical Bondage*, Deirdre Cooper Owens summarizes a similar case eighteen years earlier in which an enslaved thirty-five-year-old woman reported abdominal pain, and her physicians diagnosed her with an ovarian tumor. In an impromptu decision during surgery, they excised her entire ovary after which she never menstruated again, just like Mary's

⁵⁰ CITE FIRST PAGE OF A REMARKABLE CASE

physicians robbed her of her reproductive capacity. Further, the woman's physicians displayed her ovary in the Medical College of South Carolina, similar to how Dr. Eve sent Mary's uterus to Dr. Meigs.⁵¹ These examples demonstrate the ease with which white physicians transformed Black women's organs into a medical spectacle even while violating their reproductive and bodily autonomy. They also reflect Owens' concept of a "medical superbodily," which, among other things, describes how physicians viewed Black women simultaneously as anatomical anomalies to display in museums, for example, as well as representative bodies that revealed information on human anatomy through surgery and medical treatment.⁵² This hypocrisy is evident in the way that Dr. P.F. Eve and others develop universal surgical techniques on Black women's bodies while simultaneously upholding that they are distinct through racial texts and museum exhibits.

Dr. Eve also documented his operations on enslaved women in his compendium. In January of 1846, Dr. Eve accepted an enslaved woman with a calculous mass in her bladder to his infirmary, brought to him by a fellow Southern planter-physician from Alabama. This demonstrates the scope of Eve's medical acclaim, as his infirmary drew patients from neighboring states. The twenty-four year old woman had fallen four years earlier, and may have experienced a fracture to her hipbone from her injury. Her owner attempted to hire her out after a year's rest, but she was returned home upon being "unable to labor."⁵³ When Dr. Eve asked for more information, the woman's owner could not say whether she suffered a fracture from her injury. Instead of conducting a thorough investigation of her injuries, he tried to return her to work, which demonstrates how her owner prioritized her labor over her health. At the time that

⁵¹ Deirdre Cooper Owens, *Medical Bondage*, 46-47.

⁵² Deirdre Cooper Owens, *Medical Bondage*, 7.

⁵³ Paul F. Eve, "A portion of bone, probably the pubis or ischium, removed after fracture, from the bladder, surrounded by a calculus mass," *Southern Medical and Surgical Journal*, 1846 (in *Collection of Remarkable Cases in Surgery*, 1857, Lippincott), 367.

she entered Eve's infirmary, the woman's untreated fracture had hardened into a mass on her bladder, which had calcified from complications from a vesico vaginal fistula. After an hour-long procedure to repair the fistula and another operation a few weeks later to remove the mass, the patient returned home to Alabama on the 5th of February, completing a near month-long stay at Eve's infirmary. Eve concludes his report by lamenting that he dissected the woman's mass to determine its components instead of keeping it intact, presumably so he could have showcased it or sent it to Philadelphia as he did with Mary's uterus.⁵⁴ These instances demonstrate how Eve was eager to take and transport the body parts of his patients as his private medical specimens. He exploited the vulnerability of the patients at his infirmary—the only infirmary for Black patients in Georgia at the time—to obtain clinical experience and anatomical material. In doing so, he reinforced the authority of physicians over Black bodies, a practice stemming from his medical education at Penn.

The Brickell Brothers

The Brickell Family was a major slave owning family in South Carolina. Daniel Warren Brickell was born to William Augustus Brickell and Susan Margaret Brickell in 1824 in Columbia, South Carolina, and William Edwin Brickell was born in 1828. After his wife's death in 1828, the family moved to nearby Lexington County, South Carolina, where they owned ten enslaved people.⁵⁵ Soon, William Augustus Brickell moved to Madison County, Mississippi and operated a plantation with forty enslaved people. He sent his sons, Daniel, William and James Brickell to Tennessee to live with their grandparents.⁵⁶ After Daniel left to attend Yale College in

⁵⁴ Ibid.

⁵⁵ 1830 U. S. census, Lexington County, South Carolina, population schedule, digital image, "William A Brickell," *Ancestry.com*; citing National Archives and Records Administration microfilm M19, roll 171; Family History Library Film: 0022505. <https://www.ancestrylibrary.com/discoveryui-content/view/661226:8058>

⁵⁶ "Daniel Warren Brickell's obituary," *New Orleans Times-Picayune*, 12 December 1881, 2.

1844, Warren went to live with their father in Mississippi, where he lived on a plantation with 56 enslaved people.⁵⁷ Each brother inherited their father's human property. The 1860 Census reveals that William E. Brickell lived in Vicksburg, Mississippi with one enslaved 17-year-old boy, while Daniel lived on a plantation in New Orleans, Louisiana with his father and seven enslaved people.⁵⁸ Their lifelong career as slave owners merged with their career in medicine, and both Daniel and William dehumanized their enslaved patients while advancing medical theories that supported racial differences between Black and white patients.

Dr. Daniel Warren Brickell

Daniel Warren Brickell, born in Richland County, South Carolina in 1824, graduated from Penn Medical in 1847. At Penn, Dr. D.W. Brickell developed an interest in obstetrics, and accordingly wrote his dissertation on "Tokological Reflections." After graduating, Dr. Brickell sat before the Naval Medical Board in 1847; although offered a position, he instead elected to continue his training in gynecology at Dr. Joseph Warrenton's Institution for Women's Health, and returned to New Orleans to practice in 1848.⁵⁹ In 1856, Dr. D.W. Brickell co-founded and chaired the Department of Obstetrics at the New Orleans College of Medicine.⁶⁰ In the late 1850s, he served as editor of the *New Orleans Medical News and Hospital Gazette*, hereafter

⁵⁷ 1840 U.S. census, Madison County, Mississippi, population schedule, digital image, "W. A. Brickell," *Ancestry.com*; citing National Archives and Records Administration M704, roll 94; Family History Library Film: 0014841. <https://www.ancestrylibrary.com/discoveryui-content/view/3598454:8057>

⁵⁸ 1860 U. S. census, Warren County, Mississippi, Vicksburg, slave schedule, digital image, "W.E. Brickell," *Ancestry.com*; citing National Archives and Records Administration M653. <https://www.ancestrylibrary.com/discoveryui-content/view/93220440:7668>; 1860 U.S. census, Orleans Parish, Louisiana, New Orleans Ward 3, population schedule, digital image, "D W Brickell," *Ancestry.com*; citing National Archives and Records Administration M653, roll 417; Family History Library Film: 803417. <https://www.ancestrylibrary.com/discoveryui-content/view/38340588:7667>; 1860 U.S. census, Orleans Parish, Louisiana, New Orleans Ward 3, slave schedule, digital image, "W. Brickell," *Ancestry.com*; citing National Archives and Records Administration M653. <https://www.ancestrylibrary.com/discoveryui-content/view/93041044:7668>.

⁵⁹ "Daniel Warren Brickell's obituary," *New Orleans Times-Picayune*, 2.

⁶⁰ St. Louis Courier of Medicine, United States: Medical Journal and Library Association of the Mississippi Valley, 1882, 281.

referred to as the *Gazette*. This journal was the “spokesman” for the New Orleans School of Medicine, and promoted sectionalist arguments.⁶¹ During the Civil War, Dr. D.W. Brickell served in the Confederate Army and afterward, joined the White League, a paramilitary white supremacist group. In 1874, he founded the short-lived Charity Hospital Medical College and served as Dean and Professor of Obstetrics alongside his brother Dr. William E. Brickell, who was Professor of Descriptive Anatomy for three years.⁶² Like Dr. Eve, Dr. D.W. Brickell was active in state politics. He believed that good men were involved in “public affairs” and shaped the morals of “their communities,” and he used his voice to lobby against Reconstruction policies.⁶³ Through his medical school, clinical practice, and scientific publications, Dr. D.W. Brickell formalized Southern regional medicine and trained a new generation of Southern physicians to operate on enslaved patients.

The *Gazette* was the Brickell brothers’ primary mouthpiece to spread their medical teachings across Louisiana and the broader United States. Dr. D.W. Brickell edited the journal from 1857 to 1860, and both he and his brother published prolifically from 1855 to 1861. In fact, Dr. P.F. Eve included many articles published in the *Gazette* and its sister journal, the *Southern Medical and Surgical Journal*, and in his book, *Collection of Remarkable Cases in Surgery*. Eve’s nephews, the Campbell brothers, edited the *Southern Medical and Surgical Journal*, just as the Brickell brothers edited the *Gazette*. In both journals, Southern physicians theorized how to treat enslaved patients and reported on their operations and examinations of enslaved bodies.

⁶¹ Mary Holt, “Library Guides: New Orleans School of Medicine: A Guide: 1856-1870s. Clinical Teaching in Charity Hospital,” accessed April 30, 2024, <https://libguides.tulane.edu/c.php?g=354893&p=2393982>; John Duffy, “Sectional Conflict and Medical Education in Louisiana,” *The Journal of Southern History* 23, no. 3 (August 1957):289-306, <https://doi.org/10.2307/2954882>, 296.

⁶² Advertisement, Charity Hospital Medical College of New Orleans, Session (1876-77), *The Daily Picayune*, October 7, 1876.

⁶³ “Daniel Warren Brickell’s obituary,” *New Orleans Times-Picayune*, 12 December 1881, 2.

These journals show the racial thinking of planter physicians and feature many Southern Penn Medical graduates.

Dr. D.W. Brickell theories revolved around an idealized Southern “Country Doctor” such as himself who would centralize healthcare on plantations. These doctors would hail from the South, and combine their careers as slave owners and physicians. In his 1856 article in the *Gazette*, “Epidemic Typhoid Pneumonia Among Negroes,” he proposed a system of “medical police” that would operate on plantations and seize medical control from overseers, slave owners, and enslaved people.⁶⁴ In Brickell’s view, enslaved people thought physicians were “akin to the Gods,” and he insisted in the 1855 *Gazette* editorial that physicians worked harder than enslaved people.⁶⁵ He continued that Southern physicians cared for both “white and black,” and tended equally to the “old negro” as to the “master’s son.”⁶⁶ Yet the system of Southern plantation medicine he proposed relied on the subjugation of Black bodies and perpetuated the violence of slavery. His attempts to gloss over the dehumanizing dynamic of slavery demonstrates how far removed he was from the enslaved patients he treated. His arguments exemplify the pro-sectional nature of the *Gazette*, and capture the theories of Southern medicine.

To instill his medical theories of Southern medicine in a new class of doctors, Dr. D.W. Brickell and his colleagues founded the New Orleans Medical Hospital in 1856 and the Charity Hospital Medical School in 1874. Charity Hospital was one of the largest hospitals in the world and the only hospital in Louisiana accepting Black patients at the time.⁶⁷ Charity attracted

⁶⁴ Warren D. Brickell, “Epidemic Typhoid Pneumonia Among Negroes,” *New Orleans Medical News and Hospital Gazette* 3, no. 1 (February 1856), 538.

<https://ia902902.us.archive.org/29/items/neworleansmedica2185unse/neworleansmedica2185unse.pdf>.

⁶⁵ Daniel Warren Brickell and E.D. Fenner, “Editorial,” *New Orleans Medical News and Hospital Gazette* 2 (1855): 40.

⁶⁶ Ibid.

⁶⁷ Kevin George McQueeney, “The City That Care Forgot: Apartheid Health Care, Racial Health Disparity, and Black Health Activism in New Orleans, 1718-2018” (Georgetown University, 2020), <https://books.google.com/books?id=cvxszgEACAAL>, 83.

thousands of patients from neighboring states, similar to Dr. Paul F. Eve's Infirmary in Augusta, Georgia.⁶⁸ In a lecture to the incoming medical class at the Medical College of New Orleans in 1857, Dr. D.W. Brickell touted the "daily bedside instruction" and "superabundance" of anatomical material at Charity Hospital as a great resource distinguishing his medical school.⁶⁹ The emphasis on clinical training provided by hospitals such as Charity made the New Orleans Medical College the "center of medical teaching in the South."⁷⁰ Due to these educational reforms, Dr. D.W. Brickell argued that instead of attending universities in the North, Southern physicians were best trained in the South, where they could train under Southern physicians and obtain specialized clinical experience.

Through his positions at the Charity Hospital and the Medical College of New Orleans, Dr. D.W. Brickell accessed the bodies of Black patients and taught racist medicine. Earlier in 1850, Brickell's colleague and editor of the *Gazette* Dr. A. Hester, commented that "post-mortem, post-mortem examinations are... tolerated almost to any extent" at Charity. He went further to say that the "public actually encourages the practice even in private circles."⁷¹ Dr. D.W. Brickell was aware that many of the cadavers that New Orleans physicians operated on belonged to Black families who did not consent to their use. He published an article in the *Gazette* commenting on the "abhorrence" that most Black families had for "cutting up dead bodies."⁷² Yet he continued to draw upon the Black bodies at the hospital to advance his medical

⁶⁸ Daniel Warren Brickell, "A defence of New Orleans against the charge of being a sickly city : being an address to the mayor and city council of New Orleans," 1881, TD525.N5 B75, Louisiana and Lower Mississippi Valley Collections, Louisiana State University Special Collections, New Orleans, Louisiana, 13.

⁶⁹ Daniel Warren Brickell and New Orleans School of Medicine, 1857, *Introductory Lecture : November 3, 1857*. New Orleans School of Medicine: New Orleans: Printed at the Bulletin Office.
<http://archive.org/details/62630480R.nlm.nih.gov>, 11, 5.

⁷⁰ John Harley Warner, "A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education," *Bulletin of the History of Medicine* 57, no. 3 (1983): 364–81.
<http://www.jstor.org/stable/44441615>, 375.

⁷¹ John Duffy, "Sectional Conflict and Medical Education in Louisiana," 291.

⁷² Kevin George McQueeney, "The City That Care Forgot," 77-78, 115.

career and teachings. Together, Brickell, Hester, and the other physicians in New Orleans exploited the vulnerability of Black patients to experiment on their bodies, in life and in death. Their arrogance that they could operate on bodies without “obstacle” underscores the skewed power dynamics within Southern medicine.⁷³ White Southern physicians operated on Black bodies with ease and public support to advance racialized medicine that supported enslavement.

In 1858, ten years after Dr. Marion J. Sims heinously experimented on enslaved women to develop his surgical technique repairing vesicovaginal fistulas, Dr. Brickell replicated Sims’ procedure on several enslaved women, despite never observing or attempting the operation before. Like Sims, Dr. D.W. Brickell refused to use anesthesia during his operations but unlike Sims, he failed to heal the first woman he treated, instead deeming her condition “incurable.”⁷⁴ Fortunately, another doctor was able to treat her, and Dr. D.W. Brickell finally succeeded on his third attempt at a vesicovaginal fistula repair. He reports that this third patient, also an enslaved woman, was incredibly “obedient,” unlike the first woman, whose character was “anything but.”⁷⁵ Dr. D.W. Brickell attributes his failure to repair the first woman’s fistula in part due to her disobedience, and in part due to his own lack of experience. He did not acknowledge the danger he placed the woman in by operating on her with limited knowledge. The risk that Dr. D.W. Brickell took with his surgeries echoed the drastic operation that Dr. Paul F. Eve and his cousin inflicted on Mary. Repeatedly, doctors treating enslaved women exploit the opportunity to perform invasive and extreme surgeries and report their findings in medical publications to advance their careers.

⁷³ Ibid.

⁷⁴ Daniel Warren Brickell, “Two Cases of Vesico Vaginal Fistula Cured,” *New Orleans Medical News and Hospital Gazette* 5 (November 1858): 578.

<https://ia802701.us.archive.org/18/items/neworleansmedica5185unse/neworleansmedica5185unse.pdf>

⁷⁵ Ibid, 581-582.

Dr. D.W. Brickell also investigated epidemic outbreaks on plantations, including typhoid pneumonia. In an article titled "Epidemic Typhoid Pneumonia Among Negroes," published in the *Gazette*, Dr. D.W. Brickell described the stages of the disease, as well as his distaste for plantation overseers who "[tampered] with their sick negroes" before calling upon a physician.⁷⁶ He reiterated his belief that physicians should control medicine on plantations, rather than the overseers or the enslaved people. In fact, he discounted the experiences of enslaved men in his case reports. He cited an example where a patient directed him to one lung and complained of pain, but Dr. D.W. Brickell did not hear anything irregular; however, when he moved to the other lung, he found an irregular heartbeat. Dr. D.W. Brickell generalized that he has "never witnessed [this tendency] in a white person," only in Black folks, but mentioned it for those "not yet fully acquainted with the negro character."⁷⁷ Dr. D.W. Brickell ignored the autonomy and knowledge of his patient and instead imposed his authority as a physician, wielding the power of his stethoscope and the color of his skin to reinforce his claims. Dr. D.W. Brickell also highlights that Black people were "peculiarly liable to contract the disease," as he witnessed a case where typhoid "raged among the negroes" while only "one white person" contracted it.⁷⁸ Dr. D.W. Brickell's distrust of his enslaved patients, his reliance on medical operations on Black bodies to learn surgical techniques, and his racialized generalizations reflected the medical training he received at Penn.

Dr. D.W. Brickell's concern in studying typhoid was not for the health of the enslaved people, but the wealth of the plantation owner. He lamented that "it is a very strange and unfortunate fact that the disease almost always attacks the very best negroes on plantations; young men and women are its principal victims... children seem to be almost entirely exempt..."

⁷⁶ Warren D. Brickell, "Epidemic Typhoid Pneumonia Among Negroes," 546.

⁷⁷ Ibid. 537.

⁷⁸ Ibid. 542.

old negroes comparatively rarely have it.”⁷⁹ Brickell studied epidemics such as typhoid for their impact on the most productive laborers on the plantation. He exemplifies the complete detachment that plantation doctors had from the humanity of their enslaved patients, who they saw as sources of labor, medical information, and income.

Dr. D.W. Brickell’s racialized conceptions of health shaped his arguments for assessing the health of the population of New Orleans. In an 1881 report to the Mayor and New Orleans City Council, Brickell held that recent investigations into the diminishing health in New Orleans were misguided. Dr. D.W. Brickell wrote that by separating Black and white death rates, it became apparent that the health of white populations in New Orleans was comparable or even better than that of populations in Philadelphia and New York, and even populations overseas in Vienna and Munich. Brickell chose these cities for having fewer Black people, as he argued that it was only “fair” to compare “white populations only” to assess the overall health of the city.⁸⁰ These arguments demonstrate how racialized conceptions of the body and disease translated into a race-based understanding of population health. Dr. D.W. Brickell’s case reports delineating distinct disease outcomes in individual Black patients extended into broader arguments for separately evaluating the health of Black populations.

Dr. William Edwin Brickell

Daniel W. Brickell’s brother William E. Brickell, hereafter referred to as Dr. W.E. Brickell, also attended Penn Medical and graduated in 1853. His dissertation, titled “Typhoid Pneumonia,” was published two years before his brother’s article, “Epidemic Typhoid Pneumonia Among Negroes,” appeared in the *New Orleans Medical Gazette*, which Dr. D.W. Brickell edited. Dr. W.E. Brickell’s dissertation lists his brother as his preceptor, who was then

⁷⁹ Ibid. 548.

⁸⁰ Daniel Warren Brickell, “A defence of New Orleans against the charge of being a sickly city,” 1881, 12.

practicing in Yazoo County, Mississippi, and many of the ideas in W.E. Brickell's dissertation mirror those in D.W. Brickell's article. This was not uncommon for medical theses; historian Christopher Willoughby concludes that these essays usually summarized teachings and captured the information presented at medical schools.⁸¹ The content of W.E. Brickell's thesis, therefore, illuminates the medical thinking not only of the Brickell Brothers in the South, but also of Penn Medical professors in Philadelphia.

Through their publications, the Brickells both supported Southern regional medicine, which they argued was necessary due to the distinct environment and labor conditions in the South. W.E. Brickell describes typhoid pneumonia as a "terror of both planters and physicians," neglecting to mention the toll the disease took on its primary victims: enslaved laborers.⁸² Brickell describes that laborers gathering cotton were exposed to alternating patterns of "cold dew" and extreme "heat of an almost overpowering sun" that induced "remittent fever."⁸³ He acknowledges that if enslaved people were not exposed to these harsh conditions, the prevalence of fever would be lower, but as "the planter cannot afford to have the cotton to fall out, and be lost... the fever must be expected."⁸⁴ Dr. W.E. Brickell focuses on treating typhoid to improve the efficiency of plantations over concern for the health and wellbeing of enslaved people, exemplifying how detached Southern physician-planters were from their patients. His dissertation reflects historian John Warner's characterization of Southern medicine as reliant on arguments of a unique Southern "climate, geography, and epidemiology" and a large population of enslaved people that required distinct medical management.⁸⁵

⁸¹ Christopher D.E. Willoughby, *Masters of Health*, 13.

⁸² Brickell, William Edwin. ... *Typhoid Pneumonia*. [Philadelphia]: [University of Pennsylvania], 1853, 19.

⁸³ Ibid, 34-35.

⁸⁴ Ibid, 35.

⁸⁵ John Harley Warner, "A Southern Medical Reform: The Meaning of the Antebellum Argument for Southern Medical Education," 364.

Dr. W.E. Brickell also derides overseers for administering medical care on plantations and delaying the arrival of more knowledgeable physicians. He claims that such overseers “[imagine] they know more about medicine than any physician in the Union,” and exacerbate deaths from typhoid with their overconfidence.⁸⁶ Instead, Dr. W.E. Brickell argues that physicians should primarily provide treatment on plantations, in line with the arguments for Southern doctors that his brother would later publish in his journal and lecture on. Furthermore, like his brother, Dr. W.E. Brickell generalizes the “character and behavior of Negroes,” to which he attributes the prevalence of typhoid pneumonia in the South.⁸⁷ Brickell draws upon the work of Dr. Samuel Cartwright, a Penn Medical graduate infamous for popularizing the diagnosis “drapetomania” for enslaved people seeking freedom, to evidence his claims. His dissertation demonstrates how Brickell’s training at Penn Medical primed him for a career that focused on treating diseases among enslaved populations in order to advance the interests of Southern planters and plantation slavery.

William E. Brickell’s career also benefited from his operations on enslaved women, which he published to advance his career. In 1856, he wrote an article in his brother’s journal, the *New Orleans Medical Gazette*, commenting on an enslaved “woman with four mammae” he encountered in Vicksburg, Mississippi.⁸⁸ He details her anatomy and exploits the novelty of her condition as well as the vulnerability of her servitude to develop his article, turning the woman into a medical spectacle.

In the same edition, he published another case study from Vicksburg about Louisa, a 35-year-old enslaved woman he attended while she was in labor. Louisa was already four days

⁸⁶ Ibid, 27.

⁸⁷ Ibid, 19.

⁸⁸ William E. Brickell, “Woman With Four Mammae,” *New Orleans Medical News and Hospital Gazette* 3 (1 August 1856): 466.

into labor with her seventh child when Dr. W.E. Brickell arrived. After examining Louisa, Dr. W.E. Brickell determined that the fetus was trapped upright in her pelvis. His next steps depended on whether the fetus was alive. He wrote that Louisa “*thought* she felt motions of the foetus about six hours before my arrival, but the midwife in attendance thought it had not moved for more than a day.”⁸⁹ In his writing, Dr. W.E. Brickell emphasizes “*thought*” to cast doubt on his patient’s experience, even though Louisa was enduring the intimate process of birth. Dr. W.E. Brickell’s attitude and behavior toward his patient mirrors that of his brother and fellow Penn Medical graduate Dr. D.W. Brickell in his article on typhoid epidemics. Just as Dr. D.W. Brickell discounts his enslaved patient’s ability to discern pain within his lungs, Dr. W.E. Brickell ignored Louisa’s claim that she felt her baby move. Louisa was informed—whether by the midwife, her owner, or Dr. W.E. Brickell, it is unclear—that she would “die in this labor.”⁹⁰ This fear-mongering likely pressured Louisa into accepting the extreme procedure of a craniotomy, if her approval was sought at all, similar to how Dr. Eve pressured Mary into a hysterectomy. Dr. W.E. Brickell was sure the fetus was already deceased, and “advised the immediate removal of the child.”⁹¹ Louisa’s owner suggested consulting another local physician, Dr. S, who asked to wait and inspect Louisa more thoroughly before proceeding. Even after it became clear the fetus was deceased, Dr. S wanted to use the forceps—a more “humane” medical tool—as opposed to the “perforator” that Dr. W.E. Brickell suggested.⁹² Ultimately, the perforator could not be avoided, and Dr. W.E. Brickell “introduced this instrument... and broke up the cerebral mass” of Louisa’s fetus to facilitate labor.⁹³ To compound Louisa’s miseries, the doctor notes in his report

⁸⁹ William E. Brickell, “Craniotomy,” *New Orleans Medical News and Hospital Gazette* 3 (1 August 1856): 328–330, 328.

⁹⁰ *Ibid.* 328.

⁹¹ *Ibid.* 328.

⁹² *Ibid.* 329.

⁹³ *Ibid.* 329.

that all but her last child died either in childbirth or soon thereafter. Louisa would not even be able to hold the fetus after birth, as Dr. W.E. Brickell had destroyed its body—all without her consent.

Dr. W.E. Brickell concluded his article by disparaging “granny” midwives, who he claimed mishandled deliveries and interfered with the work of better trained physicians. Dr. W.E. Brickell wrote that Louisa “and her child have been the victims of the ignorance of a wise old granny,” similar to Dr. Eve’s argument in his 1828 dissertation denigrating midwives.⁹⁴ Both Dr. Eve and Dr. W.E. Brickell’s sentiments exemplify historian Alicia Bonaparte’s argument that medical publications served as a critical outlet for Southern physicians to discredit Black midwives.⁹⁵ According to Dr. W.E. Brickell, for “white persons, and especially those who are in independent circumstances, the ‘granny’ should really be nothing more than the nurse, her every step being under guidance of the physician.”⁹⁶ His recommendation, however, did not extend to enslaved women, as it “cannot be expected that the physician is to be called into every case of natural labor” on a plantation. Dr. W.E. Brickell prioritized white mothers and their childbirth. Even though he published numerous articles on enslaved women and their bodies—and operated on them to gain medical expertise and credentials—he displayed firm beliefs in white superiority.

Like his brother, Dr. W.E. Brickell joined the Confederate Army in 1861 and served as a Surgeon before returning to New Orleans to serve as a physician at St. Vincent’s Orphan Asylum.⁹⁷ Together, the Brickells represent two examples of Southern doctors who received their medical training at Penn and returned to the South to practice plantation medicine and publish

⁹⁴Ibid. 329.

⁹⁵ Alicia D Bonaparte, “The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940” (University of Tennessee, 2007).

⁹⁶ William Edwin Brickell, “Craniotomy,” 329.

⁹⁷ “William Edwin Brickell MD (1828-1918) | WikiTree FREE Family Tree,” accessed April 17, 2024, <https://www.wikitree.com/wiki/Brickell-146>; Journal of the American Medical Association. United States: American Medical Association, 1901. p. 1398.

racialized medicine. Dr. Daniel W. Brickell showed callous disregard for the wellbeing of many of his enslaved and Black patients, and his musings on plantation medicine reflected the interdependency of medicine and slavery in the South.

Conclusion: The Future of Race and Medicine

Together, the doctors highlighted in this paper demonstrate how Penn physicians practiced medicine that benefited from and supported slavery. Whether in the fields of gynecology or epidemiology, the physicians in this paper focused on maximizing the value of enslaved people for their enslavers. In instances when a cure was near impossible, such as with Mary and her uterine tumor or the vesicovaginal fistulas Dr. Brickell endeavored to repair, physicians undertook risky surgeries in pursuit of medical knowledge. Enslaved patients were misinformed, mistrusted, and misused throughout these operations. Through clinics such as Eve's infirmary or Charity Hospital, colleges such as the Medical College of Georgia or the Medical College of New Orleans, and medical publications such as the *New Orleans Gazette* or Eve's *Compendium*, Penn Medical graduates were critical in setting up the apparatus of Southern medicine. They used their medical education at Penn to publish, practice, and perpetuate racist medicine that upheld distinctions among Black bodies to support their enslavement.

The consequences of racialized medicine continued to reverberate in America long after the end of slavery. In the twentieth century, discussions of diseases allegedly particular to Black individuals were used to support segregated facilities, including workplaces and schools.⁹⁸ In the twenty-first century, historian Deirdre Cooper Owens notes that "the disparity between Black and White infant deaths today is actually greater than it was under antebellum slavery," and that "pregnancy-related mortality is three to four times higher among Black women than among

⁹⁸ bell hooks, 1981, *Ain't I a Woman: Black Women and Feminism*, Boston, MA: South End Press.

White women” in the United States.⁹⁹ In the field of public health, the CDC reports in 2020 that mortality rates for Black Americans were twice that of white Americans. These disparities result from a host of factors, including unequal access to healthcare, unequal living conditions, and unequal treatment by healthcare professionals.¹⁰⁰ Part of the solution lies in discussing the centrality of race in the medical training physicians received at institutions such as Penn Medical. In doing so, institutions can begin to unravel “racial essentialism” in medicine and instead promote a medical education that focuses on the social, economic, and environmental factors that lead to disparate health conditions, rather than race.¹⁰¹ This latter framework, called “structural competency,” has become more prominent in medical school curricula, alongside lectures and discussions of race and medical racism.¹⁰²

At the same time, the examples that sociolegal scholar Dorothy Roberts draws from contemporary medicine and drug development highlight how the clinical-racial gaze persists from the nineteenth century. Race correction, or the consideration of race when calculating clinical risk assessments, is still prominent across medicine, such as in glomerular filtration rates in nephrology, breast cancer screening evaluations in women’s health, and lung capacity tests in pulmonology. In her book *Fatal Invention*, Roberts describes how the National Institute of Health specifically funds projects studying genetic causes for racial differences in health and how drug companies market their products towards certain racial groups, claiming that these

⁹⁹ Deirdre Cooper Owens and Sharla M. Fett, “Black Maternal and Infant Health: Historical Legacies of Slavery,” *American Journal of Public Health* 109, no. 10 (October 2019): 1342–45, <https://doi.org/10.2105/AJPH.2019.305243>.

¹⁰⁰ Maritza Vasquez Reyes, “The Disproportional Impact of COVID-19 on African Americans,” *Health and human rights* vol. 22,2 (2020): 299–307.

¹⁰¹ Christopher Willoughby, *Masters of Health*, 190, 192.

¹⁰² Lundy Braun and Barry Saunders, “Avoiding Racial Essentialism in Medical Science Curricula,” *AMA Journal of Ethics* 19, no. 6 (June 1, 2017): 518–27, <https://doi.org/10.1001/journalofethics.2017.19.6.peer1-1706>, 523.

groups respond better to the medication.¹⁰³ These practices veer away from the understanding of race as a social construct, and instead uphold the idea, stemming back from the nineteenth century, that there are biological differences between the races. To grapple with these continuities in history, medical institutions need to acknowledge their complicity in establishing racial hierarchies in the United States, and carefully reframe medical practices and teachings to promote equitable health outcomes for all.

¹⁰³Dorothy Roberts, *Fatal Invention: How Science, Politics, and Big Business Re-Crete Race in the Twenty-First Century*, New York: New Press, 2011, 158.

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