

Dea Boster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860*, New York: Routledge, 2013. 183 pages. \$140.00 hardback; ISBN 978-0-415-53724-7

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In *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South*, Dea Boster looks at how disability shaped the lived experience of slavery. Boster argues that while all slaves were objectified, disabled bondspeople were particularly oppressed by the social, economic, legal, and medical systems that perpetuated the institution of slavery in the nineteenth century American South. Despite this totalizing subjugation, however, Boster finds evidence of disabled slaves escaping, resisting, and otherwise attempting to reassert control over the terms of their bondage, sometimes using disability to their advantage. She argues that disabled slaves challenged white authorities to recognize them as different or defective while accounting for the realities of everyday existence as a slave. In her thoroughly researched account of a slave economy in transition, Boster presents a compelling overview of the ways in which understandings of health, ability, and disability were continually being contested and renegotiated by slaveholders, traders, judges, doctors, and slaves themselves.

The book is based on Boster's dissertation completed at the University of Michigan and is published as part of Routledge's series in African American history and culture. Boster draws upon an impressive array of primary source materials, including plantations records, masters' correspondences, estate records, auction advertisements, judicial opinions, medical literature, newspapers, pro- and anti-slavery periodicals, novels, short stories, printed ex-slave narratives and interviews, speeches, pamphlets, song lyrics, and lithographs. She manages to extract ample information from these records, including morbidity and mortality data for individual plantations, records of labour losses incurred from disabling physical or mental conditions, speculations of "sound" or "unsound" property, physicians' accounts of slave specimens, court proceedings, depositions and judgments containing information about slave labour, behaviour, and physical and mental soundness. Boster tells us early on that her sources tell the story of the plantation economy in the South and admits there is a bigger narrative at play on the national and international scale. Still, the sources are used paint a portrait not only of a typical plantation-based slave experience but also the wider social and economic context that gave rise to the harrowing realities of life under slavery.

The book is divided into three discrete sections, each focusing on different aspects of slavery in the American South. Boster introduces the book with the harrowing tale of "disabled fugitive slave" Tom Wilson whose brutal treatment heavily scarred his body and was retold in abolitionist propaganda. Boster connects the exhibition of disabled fugitive slaves among abolitionists to the presentation of slaves to prospective buyers, demonstrating how the differentiation between these opposing groups was mainly in the degree to which they exploited African American bodies for their own purposes. Seeking to understand this exploitation and the surrounding discourses, the book is presented as a synthesis of disability and slavery studies, arguing that "disability and bondage both signified the subjugation of human bodies...in tandem with race, class, and gender to create ideas about normalcy and difference" (8).

The first section examines how slavery marked the physical bodies of bondspeople. Chapter 2 looks at how race, disability, and the institution of slavery intersected to stigmatize disabled slaves. This chapter features debates between proslavery advocates and abolitionists regarding the innate biology and mental capacities of African Americans. Pro-slavery advocates believed independence would essentially be wasted on slaves given they were “born servants” while abolitionists argued that once the physical and mental burden of slavery was removed, African Americans would be capable of independence and productive work just as much as anyone else. Chapter Three considers the sources of disability (or “unsoundness”) in African American slaves. “Soundness”—a concept Boster returns to later in the book—was usually mitigated by the common experience of meager subsistence, unsafe work conditions, repetitive stress injuries, corporeal punishment, and physical, sexual, or emotional abuse (34).

The second section locates disabled slaves within a property-based economy that shaped the rights and opportunities afforded to them. Chapter Four considers the labouring lives of slaves listed as “useless” but evidently useful in performing a range of tasks. Subjective evaluations of a disabled slave’s profitability or productivity—including full-, half-, or quarter-hand—determined what type of work a slave might perform. Yet these determinations also exposed slaveholders’ generally brutal calculations of slaves’ value over the course of their life cycle or in cases of accident or injury. Chapter Five delves into the language of slave sales where buyers would closely examine slave bodies before purchase, searching for evidence of “unsoundness.” Here, Boster presents her most compelling evidence of disabled slaves’ agency in local auctions where they sometimes deliberately presented themselves as desirable or undesirable based on a prospective buyer’s informal reputation.

The final section consisting of one final chapter takes a closer look at power relations within the transitioning slave economy. Southern doctors argued they had expert knowledge of “unique medical issues of the South” (97), and were therefore most qualified to deal with medical needs of slaves. Medical authorities were highly influential in the antebellum South, treating the planter’s family as well as his slave population, making initial assessments of “soundness” at the docks of slave ships, and offering their expert opinions in auctions and courtroom. The power and influence of doctors was limited only by contemporary legislation (which became stricter by the 1830s) and delicate relationships with slaveholders, which required constant maintenance. Doctor-planter relationships were often a balancing act since doctors relied upon planters for steady income yet their assessments of slave health were not always fully trusted. Also, if doctors wanted to continue practicing the south, they were obliged to avoid blaming the institution of slavery for the onset of various injuries or disabilities.

*African American Slavery and Disability* presents a convincing analysis of wide-ranging sources demonstrating how disability was truly “everywhere” in the antebellum South. Boster demonstrates how the slave labour-based plantation economy in the American South was in fact an intricate system of beliefs and practices that exacted a terrible price from the heads and bodies of countless African American slaves over many generations. Though the violation of basic human rights and high level of suffering is extreme at best, the book does demonstrate how interlocking social systems fuelled by prejudice and discrimination can present particular dangers to disabled people. Examples include the collusion between medical practitioners and

slaveholders in the definition of “sound” and “unsound;” or the coded language between slave traders and buyers. These manifestations of discrimination were intended to ensure the smooth functioning of a particular economic system but were also directly responsible for perpetuating systems that destroyed labouring bodies for profit. In this concise overview of the institution of African American slavery in the antebellum American South, Boster digs up important primary source information and lays the groundwork for future work in the interdisciplinary study of disability and slave studies.