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**Black Nurse, White Milk: Breastfeeding, Slavery, and Abolition in 19th-Century Brazil**

*Journal of Human Lactation*

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**Abstract:**

Brazil not only imported more enslaved Africans than any other slave-owning society in the Americas but also was the last country to abolish the institution in the Western hemisphere. While many enslaved persons toiled on plantations and in mines, urban slavery was also prominent, with enslaved men carrying coffee through the streets and enslaved women washing clothes. This article explores one gendered aspect of urban slavery in nineteenth-century Brazil: how slave-owners rented out enslaved women as “wet nurses” to breastfeed the children of elite families. It analyzes medical dissertations, debates, and journal articles as well as advertisements for wet nurses to show that physicians believed that bondswomen’s milk was both nutritionally and morally inferior to the milk of white mothers. It then highlights how, in the latter half of the nineteenth century, physicians viewed abolition as the only answer to what they deemed the increasingly “dangerous” practice of enslaved wet nursing, which they believed was the root cause of high infant mortality rates across races and classes. It concludes by asking the readers to consider the ethical dilemmas of studying the practice of enslaved wet nursing, which often resulted in the violent separation of mother and child.

**Keywords:** historical research, politics of breastfeeding, maternal health, breastfeeding practices, infant nutrition

On November 13, 1827, the Rio de Janeiro newspaper *Jornal do Commercio* printed the following advertisement: “Whoever would like to rent a wet nurse [*ama de leite*], of her first pregnancy; go to the Praia do Peixe n.15.” (“Aluguel,” 1827, p. 4) The next day, another advertisement in the same paper read, “For sale or for rent, a black [*preta*] wet nurse, without child, still half brutish [*ainda meia buçal*], pretty figure, without vice or disease” (“Venda,” 1827, p. 4). Over five decades later, a similar advertisement appeared in the same newspaper, “For sale, two wet nurses, from their first pregnancies, on the rua de S. José, n. 22, basement” (“Vendem-se,” 1880, p. 5). These advertisements neither explained how these infants died nor what their mothers was feeling about those deaths and the prospect of nursing a different child. But in the first two, their owners clearly emphasized that the enslaved nurses did *not* have children, and thus there would be no competing mouths to feed. Advertisements like these that rented out or sold enslaved wet nurses appeared almost daily in various newspapers across nineteenth-century Brazil, demonstrating slave-owners’ longstanding practice of profiting from the human milk of enslaved women. As in slave societies across the Americas, the milk of Brazilian bondswomen was a commodity to be bought and sold (Cowling, 2013; Jones-Rogers, 2017; Morgan, 1997; West & Knight, 2017; Wood, 2013).

This article explores enslaved wet nursing in nineteenth-century Rio de Janeiro, Brazil, which was then the country’s capital and economic center. In particular, the article focuses on medical debates over the practice. In the nineteenth century, Rio de Janeiro was home to one of the country’s two medical schools (with the other in Salvador da Bahia) and the Imperial Academy of Medicine, the country’s first and premier medical association (Peard, 1999). Thus, it served as an important center of medical debate for the country at large. The article analyzes how physicians believed that the milk of enslaved wet nurses was both physically inadequate—it had poor

nutritional quality and carried disease—and morally dangerous, containing within its liquid form the specter of licentiousness and immorality many physicians believed “natural” to black women. In fact, as the century progressed physicians began viewing abolition as the only solution to end what they believed was the increasingly dangerous practice of enslaved wet nursing, which physicians believed caused high infant mortality rates among white children. While physicians decried the harsh treatment of enslaved women and their children, they were equally if not more interested in ensuring that white children received the best nutrition possible.

### **Gender and Slavery in Brazil**

Brazil was the largest consumer of African bodies in the Atlantic world, importing over five million slaves during the nearly four centuries the institution existed within its borders (Klein & Luna, 2010). It was also the last country to abolish slavery in the western hemisphere in 1888. The process of emancipation, however, had been gradual. It began in 1831 when Great Britain first signed a treaty with the Brazilian government to end the slave trade. However, the illegal importation of African bodies continued unabated for twenty more years, until British pressure sounded its death knell in 1850 (Chalhoub, 2012; Klein & Luna, 2010). In the second half of the century, legislation continued to chip away at the institution of slavery, including the 1871 Law of the Free Womb, which freed all children born to enslaved women, and the 1885 Sexagenarian Law, which freed all slaves over 60. Abolitionists and the enslaved themselves employed this legislation to fight for their freedom—and that of their families (C. T. Castilho, 2016; Cowling, 2013; Grinberg, 2010).

As the phrase the “Law of the Free Womb” suggests, gradual abolition legislation centered on enslaved women’s reproductive bodies (Cowling, 2013; Roth, 2017; M. S. Santos, 2016). But despite the centrality of enslaved women’s wombs to the process of abolition—after all, it was

through their bodies that freedom was literally born—they had never demographically sustained the institution. In Brazil, the slave population was reproduced through imports and not natural growth (Bergad, 1999; Florentino & Góes, 1997; Slenes, 1999). Thus, for many slave-owners it remained cheaper to import new slaves than to rely on reproduction to maintain a labor force. With some regional and temporal exceptions, slave-owners valued the productive labor of enslaved women over their reproductive labor, as in many slave-owning societies across the Americas (Morgan, 2004; Paugh, 2017; Turner, 2017). The practice of renting out enslaved wet nurses is just one example of this phenomenon. The profit from enslaved women's milk was more important than their children living to adulthood.

### **Wet Nursing, Reproductive Labor, and Slavery**

As the advertisements for wet nursing at the beginning of this article demonstrate, the practice of wet nursing for profit combined Brazilian bondswomen's productive and reproductive labor. In urban areas like the capital city of Rio de Janeiro, the practice of wet-nursing was routine throughout the nineteenth century. Bondswomen breastfed their owners' children or were rented out to breastfeed the offspring of other families (Carneiro, 2006; Carula, 2012; Graham, 1992; Koutsoukos, 2009; Machado, 2017; B. C. R. Martins, 2006).

Due to wet-nursing's ubiquitous presence in nineteenth-century Brazil, medical professionals consistently debated its merits (Carula, 2012; Koutsoukos, 2009). Physicians discussed how the municipal government should regulate the practice, how slave-owners and mothers should choose and monitor their wet nurses, and how to ensure that bondswomen's milk was nutritious for their white charges. Many physicians argued that the milk of enslaved wet nurses was dangerous to white children, and consistently called for white women to breastfeed their own children. On the one hand, this concern was based on the physical. According to the medical

profession, enslaved women were carriers of diseases like syphilis, which slave-owners tried to hide in order to rent out their milk (Bretas, 1838; Cadaval, 1885; Medeiros, 1848; Xavier, 1833). Thus, physicians blamed high infant mortality rates across all races and classes, particularly after the mid-century, on white women's reliance on enslaved wet nurses, who "poisoned" their white charges with their syphilitic bodies (Carula, 2012; Costa, 1983). In addition to disease, enslaved women's inadequate diets resulted in enslaved milk that was not nutritious and thus unfit for white consumption (Academia Imperial de Medicina, 1847a, 1847b; Rego Filho, 1847a, 1847b, 1847c). Some physicians linked enslaved women's nutritional deficiencies to slave-owners' brutal practices. In an 1847 debate in the Imperial Academy of Medicine, for example, one physician argued that "there are, at times, owners, who charge various children to only one *ama*, without giving her the necessary alimentation (Academia Imperial de Medicina, 1847a, p. 194).

On the other hand, the dangerousness of enslaved women's milk went beyond the physical to encompass the moral and emotional (Medeiros, 1848; Meirelles, 1847). The moral dangers of enslaved women could be physically passed on to their white charges through their milk, a medical belief that persisted throughout the nineteenth century (Carula, 2012). At times enslaved women purposefully acted in spiteful ways due to, in physicians' eyes, bondswomen's supposed moral shortcomings. Bondswomen taught children the superstitions of their African homeland and hatred towards their biological (white) parents (Bretas, 1838; d'Azevedo, 1873; Neves, 1873). They purposefully ate pepper to ruin their milk, wrapped their charges so tight they asphyxiated, and overfed them (Academia Imperial de Medicina, 1847b; Bretas, 1838). They acted loving and caring towards their charges in front of their owners to later practice "the most extravagant evils" behind closed doors (Cadaval, 1885, p. 29). Enslaved women took revenge on their "ambitious and despotic owners" by mistreating the infants under their care (d'Azevedo, 1873, p. 67).

The medical profession also took to task slave-owners for their cruel treatment of bondswomen, which affected the moral quality of their milk. In particular, medical students highlighted in particular how the brutal practice of separating child and mother reduced the moral quality of enslaved women's milk (I. A. de Castilho, 1882). In 1833, for example, one medical student wrote that because slave-owners forced their charges to breastfeed, these women were doing it "more because of fear than because of love," and their milk was thus dangerous to their innocent charges (Xavier, 1833, pp. 17–18). This medical student did not specify any specific physical ailment as the reason why bondswomen should not breastfeed white children. Rather, it was the overall emotional impact of slavery that resulted in bad milk. Another physician-to-be wrote in 1869 that due to "the ill will and despair, the scorn and the curse of that bastard part of humanity," enslaved women's milk had bad qualities (Lima, 1869, p. 32). Enslaved women's sadness made her "unfit" to nurse other children (Neves, 1873, p. 38). The *emotional* state of the woman was perhaps just as, if not more, important than her physical health. In the end, the economic cruelty of wet nursing resulted in the poor "quality" of enslaved wet nurses. In the words of one medical student, how could you have "full confidence in a woman who...abandons her own child, although due to necessity?" (Camarano, 1884, p. 40).

This last quote hints at the blame physicians put on enslaved women themselves, particularly after the Law of the Free Womb. In the 1870s and 1880s, various medical theses described how enslaved nurses became "seduced and lulled by the hope of distinction, friendship, good times, rewards, or freedom granted by their owners or the child's parents," when their owners rented them out (Carvalho e Silva, 1884, p. 25). Physicians acknowledged that enslaved women often earned extra wages from wet nursing, wages they could use to buy their freedom. Medical practitioners also supported slave-owners' contentions (after all, many of them owned slaves

themselves) that owners treated enslaved wet nurses better and manumitted them at higher rates. According to physicians, the now adult children that bondswomen had once breastfed often manumitted their former nurses. Other physicians believed *amas* felt actual maternal love towards their white charges, purposefully abandoning their own children because they *wanted* to take care of white children: “It is a certain satisfaction, a particular pride, that to be the milk mother [*mãe de leite*] of a white child, those that judge themselves superior in this conjuncture now depend on the enslaved woman’s zeal, on her caresses, a type of unconscious revenge that the slave woman exercises over the free” (Vieira, 1882, p. 53). It is legitimate to hypothesize that some women became attached to the children they fed and raised over many years. But physicians were more interested in vilifying enslaved women than discussing the emotional reality of being forced to nurse other people’s children.

### **Nursing Gradual Abolition**

Physicians’ support of ending the selling of bondswomen’s milk contributed to abolition in the late nineteenth century. In the first half of the nineteenth century, when it was still cheaper to import African cargo into the country and the enslaved population of Rio de Janeiro was reproduced through imports, physicians believed that slave-owners’ “rational” economic interests lay in the profits they could make from wet nursing and not from slave children living to adulthood. Thus, slave-owners had no qualms in abandoning enslaved infants in order to rent out the milk of their mothers. In economic terms, between 1850 and 1871, it would seem that perhaps slave-owners should have taken more interest in ensuring enslaved children lived to adulthood to continue the labor force. However, physicians believed that owners preferred to abandon sickly slave children to profit from their mother’s milk than to invest in their health—and future productive potential (Feital, 1854; Gonçalves, 1855; L. D. dos Santos, 1857).



After the 1871 Law of the Free Womb, perhaps unsurprisingly, medical practitioners believed that slave-owners increased their disregard for the now free children of enslaved women. Slave-owners were less concerned whether or not a child survived to laboring age, as they were no longer their property. One medical student wrote in 1873 that he observed many cases of forced child abandonment of *ingênuos* (as the free children of enslaved women were called) when he was interning at the city's maternity hospital:

Asleep, the poor mother, trying to recover her strength after the painful labor of childbirth, had her innocent little child taken from her and sent to the *roda* [orphanage]; later, when the disgraced woman awoke she looked anxiously for the fruit of her womb; upon learning that he had been sent to the *roda*, she came undone in tears, and she became submersed in a deep sadness. This fact, which at first glance seems unimportant, influences the morality of the slave to such an extent that it makes her incapable of suckling another child (Neves, 1873, p. 38).

The last part of this statement—or that the forced separation of an enslaved mother and her newborn infant caused moral issues, which then precluded the mother's capacity to wet nurse other children—hints again at the emotional weight physicians placed on the forced separation of mother and child. It also highlights the growing emphasis on hygienic motherhood within the medical field. Religious and medical elites had long viewed white motherhood as based in an innate maternal nature (del Priore, 1993; A. P. V. Martins, 2004; Rohden, 2009). But as medical attempts to combat high infant mortality rates across the western world increased in the mid-nineteenth century, physicians began promoting notions of “hygienic” motherhood, which combined women's inherent maternal nature with the need for professional medical guidance (Carula, 2012; Costa, 1983; Freire, 2009; Vailati, 2010). For a surprisingly large number of physicians, however,

those supposedly natural gendered tendencies did not have racial boundaries. All women had inherent maternal natures, and all women needed medical guidance.

The medical profession's increased emphasis on bondswomen's inherent maternal nature appeared more frequently in their official writings after the Law of the Free Womb. For example, in 1873, just two years after the Law's passage, a medical student wrote that a free(d) wet nurse was always superior to an enslaved one, because they held "the dedication proper to the heart, by tender nature, of a woman" (Sampaio, 1873, p. 23). In this line of thinking, an enslaved wet nurse would always be inferior as the institution of slavery, with its reinforcement of "forced passive obedience," resulted in the "ill will" of many nurses. Slave-owners "atrocious" treatment of bondswomen caused them to live in an emotional state of deep sadness and depression. This emotional aspect was why, in the opinion of this physician-to-be, wet nursing "is in such a deplorable state" (Sampaio, 1873, p. 25). It appears that as institution of slavery became less viable, physicians began advocating for its demise (I. A. de Castilho, 1882).

Nevertheless, slave-owners abandonment of *ingênuos* to rent out their mothers for profit seemed to only increase as legislators, abolitionists, and the enslaved themselves fought for final abolition in the 1880s. In 1882, one medical student protested "the incredibly sad fact of the abandonment of *ingênuos* by many slave-owners that barbarically separate the poor children from their mothers to rent out the slave women as *amas de leite*" (Vieira, 1882, pp. 64–65). Physicians believed slave-owners were abandoning the free children of their enslaved women at higher rates to take full advantage of "a lucrative source of profit": the mother's milk (I. A. de Castilho, 1882, p. 40). Abolitionists also made this claim. In 1883, for example, Rio de Janeiro's Abolitionist Confederation decried the practice of enslaved wet nursing: "slave-owners ... tear the newly-born children from their mothers' breasts and sell the milk of enslaved women in a hideous commerce,

while the little children will cry away their orphanhood at the *roda*, or die from hunger in places that, at a low cost, undertake infanticides without a trace” (Confederação Abolicionista do Rio de Janeiro, 1883, p. 15).

Missing from these debates and treatises are the feelings and desires of enslaved women and their children. Historian Maria Helena Machado describes the absent black children in these stories as “little ghosts” that haunt our historical memory of the brutal practice of renting out an enslaved woman to breastfeed a child that was not her own (Garcia-Navarro, 2015). Sometimes this was done at the expense of a living child; other times, it was done because that child had died. The contradiction is clear, however, that while an entire abolition process was built on the supposed elevation of enslaved women’s wombs, the practical policy was one of deadly neglect and violence.

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