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Unfit Caretakers: Representations of Enslaved Women
and Reproduction in British West Indies Medical
Literature, 1764-1833

By

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Introduction

“Moreover that, from the frequent shifting of the connexion between the sexes, many children are lost through neglect and want of maternal affection, which the mothers seldom retain for their offspring by a former husband.”¹

--John Quier, 1789

Deadly disease was a fact of life in the British West Indies during the late eighteenth and early nineteenth centuries, particularly for enslaved people who suffered at greater rates than whites in the islands.² As the eighteenth century came to a close and abolitionist sentiments grew in popularity in Britain, physicians and observers of the slave trade ascribed new meaning to the health of the enslaved, spurring a wealth of medical literature on the best practices for taking care of the enslaved.³ The increased focus on plantation medicine, the medical care of the enslaved with the goal of increasing the profits of the planters, often manifested as new attention to the actions of enslaved women and criticism for how they cared for their children. Certain diseases, such as lockjaw and yaws, were more common among enslaved children and physicians began to see them as diseases of the enslaved.⁴ Planters and physicians saw these

¹ John Quier, "The Examination of John Quier, of the Parish of St. John, Practitioner in Physic and Surgery," in *Two Reports from the Committee Appointed to Examine Into, and Report to the House, the Allegations and Charges on the Subject of the Slave-trade, and the Treatment of Negroes*, by Stephen Fuller and Jamaica Assembly (London: B. White and Son, 1789), 32, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102197341/MOME?u=chic_rbw&sid=bookmark-MOME&xid=c709eacb&pg=32.

² Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-century British Empire* (Cambridge: Cambridge University Press, 2018), 5, accessed October 17, 2021, <https://doi-org.proxy.uchicago.edu/10.1017/9781108289726>.

³ Seymour Drescher, *Econocide: British Slavery in the Era of Abolition*, 2nd ed. (Chapel Hill: University of North Carolina Press, 2010), 12-13. James Grainger wrote the first of these books, *An Essay on the More Common West-India Diseases in 1764*, claiming that of the many medical tracts published in the years immediately preceding his book, none had focused solely on the treatment of the enslaved. James Grainger, "An Essay on the More Common West-India Diseases," in *On the Treatment and Management of the More Common West-India Diseases, 1750-1802*, ed. Edward J. Hutson (Kingston, Jamaica: University of the West Indies Press, 2011), 6.

⁴ Robert Renny, *An History of Jamaica. with Observations on the Climate, Scenery, Trade, Productions, Negroes, Slave Trade, Diseases of Europeans, Customs, Manners and Dispositions of the Inhabitants. to Which Is Added, an Illustration of the Advantages, Which Are Likely to Result, from the Abolition of the Slave Trade* (London: J. Cawthorn, 1807), 192, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102986713/MOME?u=chic_rbw&sid=bookmark-MOME&xid=d3a0fc99&pg=230. Other "Diseases of the Negroes" included leprosy and dirt-eating. Rana Hogarth discussed the role of dirt-eating in the construction of race in the British West Indies and the Southern United States in chapters 3 and 4 of Rana A. Hogarth, *Medicalizing Blackness: Making Racial Differences in the Atlantic World, 1780-1840* (Chapel Hill, NC: University of North Carolina Press, 2017).

diseases as threats to the plantation economy because they limited plantation owners' ability to maintain or increase the population of the enslaved in the islands.⁵ Theories of disease transmission and contraction were also spaces in which planters and physicians negotiated their authority over enslaved children.

Descriptions of enslaved women in medical texts often positioned them as a cause or exacerbating factor for deadly disease among the plantation population. These representations have led me to several questions. How did these representations differ between physicians, planters, and abolitionists? How were these depictions affected by which disease they pertained to? Why did medical writers and commentators generate alternative images of enslaved women and their relationship to disease? To what ends did writers put these varying descriptions? By depicting enslaved women as immoral, promiscuous, selfish, and incapable of taking care of their children, patients, and themselves, planters and physicians were able to respectively assert their superiority and necessity as medical practitioners and absolve themselves of blame for the conditions of their slaves by shifting the responsibility for disease and death to enslaved women.

The history of plantation medicine in this period is intertwined the history of abolition. The increased threat of the abolition of the slave trade spurred the growth of plantation medicine and abolitionists used descriptions of the poor health of the enslaved to support the abolition of the slave trade, if not slavery itself.⁶ The abolitionist movement started gaining force in Britain in the 1780s with the foundation of the National Committee to Abolish the Slave Trade in 1787.

⁵ Guillaume-Thomas-François Raynal, *A Philosophical and Political History of the Settlements and Trade of the Europeans in the East and West Indies*, trans. John Obadiah Justamond (London: Printed for W. Strahan and T. Cadell, 1783), 5:274, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0110436921/MOME?u=chic_rbw&sid=bookmark-MOME&xid=0b3ecaca&pg=284.

⁶ Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017), 2.

The period between 1788 and 1792 began a new age of abolitionist agitation.⁷ It was during this period that the first committee and Parliament meetings on abolition took place, featuring physicians commenting on the health of the enslaved.⁸ A House of Commons bill in 1792 required the abolition of the slave trade by 1796, though this did not occur until 1807. From 1805 to 1815, activists sought to increase the regulation of the slave trade and in 1820 British abolitionism shifted towards a more general abolitionist sentiment until the abolition of slavery in the British Empire in its entirety in 1833.⁹ Legal reforms to the slave trade, such as the Dolben Act of 1788 which legislated that every slave ship should have a surgeon who would be compensated for successful outcomes, often targeted the health of the enslaved during the Middle Passage, not on plantations.¹⁰

During the era of abolition, the reproduction of the enslaved became an economic, medical, and political issue. The British West Indies were never capable of maintaining a creole,

⁷ Drescher, *Econocide: British*, 12.

⁸ *Abridgment of the Minutes of the Evidence, Taken before a Committee of the Whole House, to Whom It Was Referred to Consider of the Slave Trade, 1789[-91]* (1792), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102446094/MOME?u=chic_rbw&sid=bookmark-MOME&xid=e83caa2b&pg=126; *Abstract of the Evidence Contained in the Report of the Lords of the Committee of Council, Relative to the Slave Trade* (1790), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0109444444/MOME?u=chic_rbw&sid=bookmark-MOME&xid=8ac25edf&pg=24; British Board of Trade, *Report of the Lords of the Committee of Council Appointed for the Consideration of All Matters Relating to Trade and Foreign Plantations ... concerning the Present State of the Trade to Africa, and Particularly the Trade in Slaves* (London, 1789), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102175058/MOME?u=chic_rbw&sid=bookmark-MOME&xid=a4aa7ab6&pg=414; Stephen Fuller and Jamaica Assembly, *Two Reports ... from the Committee ... Appointed to Examine Into, and Report to the House, the Allegations and Charges ... on the Subject of the Slave-trade, and the Treatment of Negroes* (London: B. White and Son, 1789), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102197341/MOME?u=chic_rbw&sid=bookmark-MOME&xid=c709each&pg=32; Great Britain. Parliament. House of Commons, *Minutes of the Evidence Taken before a Committee of the House of Commons ... to Whom It Was Referred to Consider of the Circumstances of the Slave Trade, Complained of in the Several Petitions ... Presented to the House* (1789), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102195289/MOME?u=chic_rbw&sid=bookmark-MOME&xid=7dd44902&pg=254.

⁹ Drescher, *Econocide: British*, 12-14

¹⁰ Richard B. Sheridan, "The Guinea Surgeons on the Middle Passage: The Provision of Medical Services in the British Slave Trade," *The International Journal of African Historical Studies* 14, no. 4 (1981): 610, <https://doi.org/10.2307/218228>.

or born in the islands, enslaved population. Population decline was likely a result of multiple factors. Contemporary authors considered sex ratios, promiscuity, venereal disease, abortions, extended breastfeeding, alcoholism, and disease.¹¹ Enslaved people were also subject to malnutrition due to a lack of variation in their diet which could be exacerbated by war, natural disasters, droughts, and famines.¹² Without a self-sustaining enslaved population, the abolition of the slave trade would be economic suicide.¹³ Plantation doctors participated in the project of population increase by providing prenatal and postnatal care, as well as working to combat the childhood diseases which prevented the enslaved population from growing.¹⁴

Although abolitionists were concerned with the health of the enslaved and used imagery of suffering mothers to advance their cause, they were not entirely altruistic moral reformers. Instead, they sought to end the slave trade, which they theorized would improve the health of the enslaved, without damaging the production of the sugar plantations. In order to maintain production, and therefore the place of England in the world economy, they needed to control reproduction.¹⁵ Abolitionists also used scientific arguments in order to support the end of the

¹¹ Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge: Cambridge University Press, 1985), 226-227. Katherine Paugh argues that the reasons for population decline cannot be determined in part because it is impossible to know how enslaved women controlled their fertility through herbal medicines and abortifacients. Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition* (Oxford: Oxford University Press, 2017), 2.

¹² Kenneth F. Kiple, *The Caribbean Slave: A Biological History* (Cambridge: Cambridge University Press, 1984), 89.

¹³ Turner, *Contested Bodies*, 4. The debates surrounding the logics of abolishing the slave trade are contentious. Eric Williams famously argued that the abolition of the slave trade was a result of the declining profits of the sugar plantations due to environmental factors, war, and the increased productivity of French sugar plantations. Eric Williams, *Capitalism and Slavery* (Chapel Hill: University of North Carolina Press, 1944), 135-139. Seymour Drescher, however, disagreed and asserted that the abolition of slavery was in fact an “econocide” as the profits from sugar plantations in the British West Indies were actually increasing up until the point of abolition, even during times of war with France. Drescher, *Econocide*, 15-36.

¹⁴ Colleen A. Vasconcellos, *Slavery, Childhood, and Abolition in Jamaica, 1788-1838* (Athens, GA: University of Georgia Press, 2015), 21, 82, 88.

¹⁵ Turner, *Contested Bodies*, 4.

slave trade and emancipation by painting slaveholders as enemies of progress and modernity.¹⁶ The nebulous nature of childhood disease among the enslaved population allowed multiple parties to utilize descriptions of the enslaved in ways that advanced their own agendas.

As this project lies at the intersection of multiple fields the studies of race, gender, slavery, abolition, and medicine, it also draws from myriad literatures. European physicians and natural historians often constructed race through descriptions of African women, especially in comparison to European women. Scholars of the history of race such as Sujata Iyengar and Kim Hall often use literary sources to gain insight into how early modern English people understood race. Iyengar argues that race, embodiment, and skin color must be understood in their multiple contexts and that it is important to maintain conversations between literary texts, the historical and material contexts in which they were produced, and early modern understandings of difference.¹⁷ Medicine is another one of these contexts through which race must be understood. Hall explores how the expansion of the English imperial project incorporated foreign *materia medica* and how English writers created and manipulated tropes about African women to order empire.¹⁸ Similarly to literary authors and travel writers, European physicians in the British West Indies produced and reproduced tropes about enslaved African women to best suit their purposes. Like poems, plays, novels, and travel narratives, medical literature forms a genre which scholars can analyze to understand how physicians viewed their subjects and what their purposes for writing revealed about European ideas of enslaved women. Medical literature generated abstract theories about the human body, but also included a prescriptive element, especially guidebooks

¹⁶ Eric Herschthal, *The Science of Abolition: How Slaveholders Became the Enemies of Progress* (New Haven: Yale University Press, 2021), 2-3.

¹⁷ Sujata Iyengar, *Shades of Difference: Mythologies of Skin Color in Early Modern England* (Philadelphia: University of Pennsylvania Press, 2005), 1-2.

¹⁸ Kim F. Hall, *Things of Darkness: Economies of Race and Gender in Early Modern England* (Ithaca, NY: Cornell University Press, 1998), 4.

for planters, had a more immediate impact on the lives of enslaved people. Plantation owners and managers had the ability to construct hospitals, assign enslaved laborers as medical staff, and hire white physicians, based on the advice physicians provided in medical treatises and guidebooks.¹⁹ Although planters and overseers did not always implement physicians' suggestions, they could have powerful impacts on enslaved people's diet, labor, and ability to move through and off the plantations.²⁰

Scholars in the field of the history of medicine have devoted new attention to the medicine of the Caribbean, and the British West Indies in particular, in the past decade.²¹ This literature often focuses on the ways that medical practitioners constructed ideas of difference and how they incorporated pre-existing ideas of racial difference into their medical theories. Londa Schiebinger's *Secret Cures of Slaves* focuses on the exploitative nature of medical experimentation on the plantation as well as how European and African medical traditions influenced one another. Schiebinger also explores what European experimental practices revealed about how they conceived the similarities between European and African bodies in the eighteenth-century Atlantic. Experiments such as Dr. John Quier's smallpox trials on pregnant

¹⁹ Sheridan, *Doctors and Slaves*, 268-284.

²⁰ The Courant Office of Jamaica, *The Consolidated Slave Law, Passed the 22d December, 1826, Commencing on the 1st May, 1827 : with a Commentary (shewing the Difference between the New Law and the Repealed Enactments), Marginal Notes, and a Copious Index*, 2nd ed. (Jamaica, 1827), vi, 8, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0104700705/MOME?u=chic_rbw&sid=bookmark-MOME&xid=8426733e&pg=55; George Pinckard, *Notes on the West Indies: Written during the Expedition under the Command of the Late General Sir Ralph Abercromby: Including Observations on the Island of Barbadoes, and ... upon the Coast of Guiana* (London: Longman, Hurst, Rees and Orme, 1806), 2:364, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0107368985/MOME?u=chic_rbw&sid=bookmark-MOME&xid=08f7053a&pg=386.

²¹ Classic works in the field, published in the 1980s, are Kenneth Kiple's *The Caribbean Slave: A Biological History* and Richard Sheridan's *Doctors and Slaves: A medical and demographic history of slavery in the British West Indies, 1680-1834*. The *Caribbean Slave* describes the pathological and dietary conditions on the West African coast and traces how those conditions changed once the enslaved were forcibly transported to the Caribbean. Kiple, *The Caribbean Slave*, 7, 53. *Doctors and Slaves* focuses on the background and status of doctors, the ways in which European medicine interacted with African medicine, and the role the plantation system played in the development and spread of disease. Sheridan, *Doctors and Slaves*, 42, 72, 77, 130, 185, 292.

enslaved women were equally applicable to pregnant English women, on which Quier could not experiment.²²

Suman Seth analyzes geographic theories of human difference, whether disease environment or location of origin, in *Difference and Disease: Medicine, Race and the Eighteenth-Century British Empire*. Seth uses the history of medicine to explore empire and argues that debates over slavery, of which medicine was a part, solidified conceptions of race.²³ In *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840*, Rana Hogarth argues that the construction of racial difference and medical knowledge were co-constitutive in the Atlantic world through an analysis of yellow fever and dirt eating in the British West Indies and the American South.²⁴ Like Hogarth, my work considers two diseases, in this case lockjaw and yaws, but my focus is on how gendered and racialized representations of women emerged out of this body of medical literature, not on how blackness itself was transformed into a medical condition worthy of physicians' attention.

In recent years, the reproductive and social reproductive labor of enslaved women has occupied a more central place in the scholarship of slavery. In *Laboring Women: Reproduction and Gender in New World Slavery*, Jennifer L. Morgan uses the concept of women's reproductive identity, which she defines as "both the experience of childbirth and, perhaps more important, the web of expectations about childbirth held both by black women and men and those who enslaved them" can function as a comparative framework for slave systems in the

²² Londa L. Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-century Atlantic World* (Stanford: Stanford University Press, 2017), 1-3, 94-95.

²³ Seth, *Difference and Disease*, 6, 283-284.

²⁴ Hogarth, *Medicalizing Blackness*, 2, 17, 48, 81, 104.

Caribbean and the American South.²⁵ Sasha Turner traces how women shifted from primarily productive to largely reproductive laborers in the eyes of slave owners between 1788 and 1808 due to the rise of abolitionist ideology in Britain as well as the impacts that transition had on the lives of enslaved women.²⁶ Katherine Paugh also examines the politics of the reproduction of the enslaved by tracing the consequences of the demographic failure of the enslaved population in the British West Indies.²⁷ Scholars who have integrated gender, particularly an emphasis on women's reproductive labor, both physical and social through practices of nursing, midwifery, and childrearing, have enriched studies which analyze how medical theory constructed ideas of racial difference. Left unexplored, however, is what physicians understood about the diseases of children, and how theorizations of pediatric disease generated racialized ideas about gender and maternity.

Physicians and plantation owners authored writings prescribing the medical care of slaves. These texts addressed the treatment of diseases such as lockjaw and yaws for the dual purpose of their own profit and the maintenance of the plantation economy. Produced in both the West Indies and England, they became a vehicle for the circulation of medical knowledge as well as representations of African women. Medical treatises have been understudied in explorations of the representation of black women by Europeans in favor of travel narratives, plays, poetry, and legal codes. Unlike other writings, the scientific nature of medical guides and other manuscripts pertaining to the care of the enslaved aspired to an objective and impartial science while still relying on and producing representations of enslaved women which portrayed them as lazy, inept, and immoral. Medical texts demonstrate how doctors profited from descriptions of

²⁵ Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004), 3.

²⁶ Turner, *Contested Bodies*, 44-48.

²⁷ Paugh, *The Politics*, 2, 98.

black women while simultaneously denigrating them and utilizing their perceived inadequacies to support the slave trade.²⁸ Abolitionist texts also utilized medical descriptions of the enslaved, though they focused on poor conditions and health outcomes of the enslaved.²⁹ Enslaved women were uniquely situated as their reproductive capacity was essential to the maintenance of slavery and they labored as medical staff on plantations in the form of nurses and midwives.

Where I can, I draw out African treatments as well as how and why enslaved women resisted the treatments forced upon them by plantation physicians.³⁰ With the primary source material being medical texts written by European practitioners and observers, what I can say about how the enslaved understood these two diseases, how they treated them, and their relationship with physicians is limited. The focus of this work is instead European physicians' representation of enslaved women in the British West Indies. Physicians used these representations to assert that their presence on plantations was necessary as well as to support the slave trade. They claimed specialized knowledge over the health and reproduction of the enslaved through their education at European universities, and perhaps more importantly, their experience as physicians in the West Indies. By asserting that enslaved women were not able to properly birth, midwife, and care for children, they argued for their importance in the reproductive process, for which they charged additional fees.³¹

²⁸ Hogarth, *Medicalizing Blackness*, xiii.

²⁹ Joshua Steele, Thomas Clarkson, and William Dickson, *Mitigation of Slavery, in Two Parts. Part I: Letters and Papers of ... Joshua Steele ... Part II: Letters to Thomas Clarkson* (London: Longman, Hurst, Rees, Orme, and Brown, 1814), 325, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0108793439/MOME?u=chic_rbw&sid=bookmark-MOME&xid=699b3732&pg=357.

³⁰ As I am limited by what archival material has been digitized, there are topics related to lockjaw and yaws which are beyond my reach at this time.

³¹ Sheridan, *Doctors and Slaves*, 316.

Literature concerning yaws and lockjaw in the British West Indies crossed genres. Some texts, such as those written by Dr. James Grainger and Dr. Collins described the illnesses prevalent among the enslaved and the best ways for physicians and plantation managers to treat them.³² Dr. Benjamin Moseley, Clement Caines, and Thomas Roughley wrote guidebooks for the management of sugar plantations which contained information on the treatment of the enslaved in one or several sections.³³ Henry Bolingbroke and John Gabriel Stedman wrote travel narratives which described the state of disease among African populations.³⁴ Bryan Edwards, Edward Long, Guillaume-Thomas-François Raynal, Robert Renny, and John Stewart wrote histories of the West Indies which also noted the current state of disease among enslaved populations as an important understanding of life on the islands.³⁵

³² Grainger, "An Essay," 3; Collins, *Practical Rules for the Management and Medical Treatment of Negro Slaves, in the Sugar Colonies, by a Professional Planter* (London: J. Barfield, 1803), 17, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102832833/MOME?u=chic_rbw&sid=bookmark-MOME&xid=7a20a302&pg=1.

³³ Benjamin Moseley, *A Treatise on Sugar*, 2nd ed. (London: Printed by J. Nichols [etc.], 1800), i, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102724226/MOME?u=chic_rbw&sid=bookmark-MOME&xid=19d0fa8f&pg=189; Clement Caines, *Letters on the Cultivation of the Otaheite Cane; The Manufacture of Sugar and Rum; The Saving of Melasses; The Care and Preservation of Stock; With the Attention and Anxiety Which Is Due to Negroes. to These Topics Are Added, a Few Other Particulars Analogous to the Subject of the Letters; And Also a Speech on the Slave Trade, the Most Important Feature in West Indian Cultivation* (London: Messrs. Robinson, 1801), xi, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0104261730/MOME?u=chic_rbw&sid=bookmark-MOME&xid=7dcb472&pg=171; Thomas Roughley, *The Jamaica Planter's Guide : Or, A System for Planting and Managing a Sugar Estate or Other Plantations in That Island and throughout the British West Indies in General : Illustrated with Interesting Anecdotes* (London: Longman, Hurst, Rees, Orme and Brown, 1823), v-vii, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0104510467/GDCS?u=chic_rbw&sid=bookmark-GDCS&xid=c9abb1ff&pg=1.

³⁴ Henry Bolingbroke, *A Voyage to the Demerary, Containing a Statistical Account of the Settlements There, and of Those on the Essequibo, the Berbice, and Other Contiguous Rivers of Guyana* (London: Printed for R. Phillips, Stevenson and Matchett, printers, [1807]), https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102985572/MOME?u=chic_rbw&sid=bookmark-MOME&xid=8af70e1b&pg=106; John Gabriel Stedman, *Narrative of a Five Years' Expedition against the Revolted Negroes of Surinam, in Guiana, on the Wild Coast of South America, from the Year 1772, to 1777; Elucidating the History of That Country, and Describing Its Productions* (London: J. Johnson, 1796), 2, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102578004/MOME?u=chic_rbw&sid=bookmark-MOME&xid=4106a48b&pg=455.

³⁵ Bryan Edwards, *The History, Civil and Commercial, of the British Colonies in the West Indies* (Dublin: Luke White, 1793), 1:v-vi, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102476477/MOME?u=chic_rbw&sid=bookmark-MOME&xid=3fcc293a&pg=7; Edward Long, *The History of Jamaica. Or, General Survey of the Antient and*

The debates over the abolition of slavery also led both politicians and medical practitioners to produce texts which described the state of the enslaved. Abolitionists such as Thomas Clarkson, Robert Boucher Nicholls, and Joshua Steele described the poor health of the enslaved to advocate for the abolition of the slave trade.³⁶ If planters were unable to purchase new slaves they would be forced to take better care of the enslaved people who were already on their plantations. Dr. James Makittrick Adair, who was also a plantation owner and manager, described the ways in which managers could improve conditions and therefore better the health of the enslaved without the need for abolition.³⁷ Other authors such as Alexander Barclay and Alexander Falconbridge wrote texts seeking to provide an impartial description of the state of the enslaved in the sugar islands and to dispel the harsher myths surrounding slavery on both sides of the political aisle.³⁸ These debates also sparked government inquiries in which parliaments and

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Modern State of That Island: With Reflections on Its Situation, Settlements, Inhabitants, ... in Three Volumes. Illustrated with Copper Plates. ... (London: printed for T. Lowndes, 1774), 2, https://link-gale-com.proxy.uchicago.edu/apps/doc/CW0102585313/ECCO?u=chic_rbw&sid=bookmark-ECCO&xid=9c95b581&pg=1; Raynal, *A Philosophical*, 5:1-4; Renny, *An History*, vii, xiii; John Stewart, *A View of the past and Present State of the Island of Jamaica : with Remarks on the Moral and Physical Condition of the Slaves, and on the Abolition of Slavery in the Colonies* (Edinburgh: Oliver & Boyd, 1823), v-vi, https://link-gale-com.proxy.uchicago.edu/apps/doc/CY0101622948/GDCS?u=chic_rbw&sid=bookmark-GDCS&xid=29b80cde&pg=1.

³⁶ Thomas Clarkson and Society for the Abolition of the Slave Trade, *The Substance of the Evidence of Sundry Persons on the Slave-trade, Collected in the Course of a Tour Made in the Autumn of the Year 1788* (London: Printed by J. Phillips, 1789), iii, v, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102194536/MOME?u=chic_rbw&sid=bookmark-MOME&xid=277d19af&pg=52; Robert Boucher Nickolls and Society for the Abolition of the Slave Trade, *Letter to the Treasurer of the Society Instituted for the Purpose of Effecting the Abolition of the Slave Trade. a New Edition with Considerable [sic] Additions* (London: J. Phillips, 1788), 4-5, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102139046/MOME?u=chic_rbw&sid=bookmark-MOME&xid=65e34a00&pg=53; Steele, *Mitigation of Slavery*, v.

³⁷ James Makittrick Adair, *Unanswerable Arguments against the Abolition of the Slave Trade. with a Defence of the Proprietors of the British Sugar Colonies ... Remarks on the Dispositions and Characters of the African Slaves; And Means Suggested for the Distribution of Their Labour; The Regulation of Their Habitations ... the Accommodation of the Sick* (London: Sold by J.P. Bateman, [1790]), 27, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102309088/MOME?u=chic_rbw&sid=bookmark-MOME&xid=5814e5a2&pg=228.

³⁸ Alexander Barclay, *A Practical View of the Present State of Slavery in the West Indies : Or, An Examination of Mr. Stephen's "Slavery of the British West India Colonies" : Containing an Account of the Actual Condition of the Negroes in Jamaica : with Observations on the Decrease of the Slaves since the Abolition of the Slave Trade and on the Probable Effects of Legislative Emancipation : Also, Strictures on the Edinburgh Review and on the Pamphlets of Mr. Cooper and Mr. Bickell*, 2nd ed., (London: Published by Smith, Elder, 1827), vii-xxv, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102309088/MOME?u=chic_rbw&sid=bookmark-MOME&xid=5814e5a2&pg=228.

committees in both Jamaica and London interviewed doctors to determine the rates of infection and morality among enslaved populations. These testimonies tended to declare the health of the enslaved under the care of a particular physician, allowing them to assert their superiority as medical practitioners.³⁹

The first text to provide a manual for the preservation of the health of the enslaved was Grainger's *An Essay on the More Common West-India Diseases*, which was originally published in 1764. It was the first book which specifically discussed the medical care, and in particular the process of seasoning, or acclimating to a new climate, of the enslaved.⁴⁰ Previous medical texts written in and about the West Indies focused on diseases that plagued Europeans in the new environment.⁴¹ Texts written specifically about the health of the enslaved remained scarce until the debate over abolition increased in the late 1780s, with the majority of the texts surveyed in this paper published between 1788 and the abolition of the slave trade in 1807. Authors continued to write about the conditions of the enslaved between 1807 and the abolition of slavery in 1833, though there are fewer texts from this period.

I read these texts both for the descriptions of diseases and treatments they provide as well as how the authors discuss the enslaved as both patients and medical practitioners in the form of

com.proxy.uchicago.edu/apps/doc/U0105074915/MOME?u=chic_rbw&sid=bookmark-MOME&xid=09512a42&pg=376; Alexander Falconbridge, *An Account of the Slave Trade on the Coast of Africa. the Second Edition*, 2nd ed. (London: Printed and sold by J. Phillips, 1788), iii, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0103704946/MOME?u=chic_rbw&sid=bookmark-MOME&xid=0bc76216&pg=38.

³⁹ Fuller, *Two Reports*.

⁴⁰ Grainger, "An Essay," 3.

⁴¹ Hans Sloane, *A Voyage to the Islands Madera, Barbados, Nieves, S. Christophers and Jamaica, with the Natural History of the Herbs and Trees, Four-Footed Beasts, Fishes, Birds, Insects, Reptiles, &c. of the Last of Those Islands; To Which Is Prefix'd an Introduction, Wherein Is an Account of the Inhabitants, Air, Waters, Diseases, Trade, &c. of That Place, with Some Relations concerning the Neighbouring Continent, and Islands of America. Illustrated with the Figures of the Things Describ'd, Which Have Not Been Heretofore Engraved; In Large Copper-Plates as Big as the Life*. (London: Printed by B. M. for the author, 1707), xcvi, https://link-gale-com.proxy.uchicago.edu/apps/doc/CW0101368735/ECCO?u=chic_rbw&sid=bookmark-ECCO&xid=da0696c4&pg=1.

nurses and midwives. I explain why physicians emphasized the importance of enslaved women to the success of the plantation economy while simultaneously positioning them as immoral, inferior, and incapable of taking care of themselves, their children, and their patients. I will first provide an overview of the ways in which physicians and commentators discussed enslaved women. I will then use the two diseases: lockjaw and yaws as case studies to examine how physicians, planters, and abolitionists utilized representations of enslaved women to achieve their political and professional ends. I will conclude by arguing that physicians' descriptions of and interactions with enslaved women were not simply neutral medical descriptions or pure attempts to improve the health of the enslaved but were driven by their professional ambitions and desire to preserve both the slave trade and their place on sugar plantations.

Representations

Physicians' accounts of descriptions of and treatments for lockjaw and yaws are replete with images of enslaved women as both mothers and nurses. British medical writings and treatises often treated patients abstractly, as gender was not a major contributing factor to who would contract the diseases.⁴² This was not the case with the enslaved population, as medical texts devoted to the health of the enslaved often presented enslaved women as having a special role in the transmission of disease. Although physicians and plantation owners relied on enslaved women both to reproduce the labor force and care for the sick, these women were often blamed

⁴² Nicholas Culpeper and Joshua Hamilton, *Culpeper's English Family Physician; Or, Medical Herbal Enlarged, with Several Hundred Additional Plants, Principally from Sir John Hill. Medicinally and Astrologically Arranged, after the Manner of Culpeper. And, a New Dispensatory, from the MS. of the Late Dr. Saunders, Lecturer of Guy's Hospital* (London: W. Locke, 1792), 2:320, https://link-gale-com.proxy.uchicago.edu/apps/doc/CW0107266054/ECCO?u=chic_rbw&sid=bookmark-ECCO&xid=5380a3b8&pg=1.

as the cause for disease, as responsible for its manifestation into worse forms, and for their lack of ability to properly treat it, even under the supervision of physicians.

Physicians commonly constructed depictions of the enslaved women that physicians were hypersexualized. Although Europeans viewed Africans as a whole as a people prone to improper and excessive sexuality through reliance on myths such as the curse of Ham, enslaved women bore the brunt of these descriptions with regards to disease.⁴³ The promiscuous enslaved woman is responsible for the lack of children born on the plantation, as well as for those who die in the early years.⁴⁴ They are also responsible for the spread of disease, as the prevention of sex was a major reason that there needed to be separate yaws huts. European commentators also viewed enslaved women as a vector for the spread of yaws to white men, though Collins is quick to note that the white men who are having sex with these women are lower-class.⁴⁵ The concept of Africa as a place from which disease flowed was common, with Dr. Richard Mead naming Africa as the origin of smallpox, measles, and the plague.⁴⁶ Yaws as an African disease, a disease through which every person of African descent would pass once, and a venereal disease also speaks to the sexualization of the enslaved. The contraction of disease through improper sex was something that, in the minds of physicians and other medical commentators, was inherently tied to African womanhood.

⁴³ The curse of Ham (or Cham) is a biblical myth which was common in early modern Europe. The myth describes the separation of the races which would colonize Asia, Africa, and Europe after the flood. Noah forbade his sons from having sex aboard the arc. Ham and his wife disobeyed, and had a son Chus, who had black skin. This marked Africans with sexual promiscuity. Later versions of the myth claimed that Noah also cursed his son and his descendants with perpetual servitude, which served as another justification for slavery. See Iyengar, *Shades of Difference*, 7-9.

⁴⁴ Grainger, "An Essay," 13.

⁴⁵ Collins, *Practical Rules*, 235.

⁴⁶ Seth, *Difference and Disease*, 78.

In the case of both lockjaw and yaws, physicians described their young patients' mothers as a mixture of lazy, incompetent, and neglectful. Physicians blamed mothers whose children contracted lockjaw for a lack of proper care and cleaning, which supposedly would not happen under the care of physicians. Physicians also doubted the efficacy of African medical practices, even when they relied on similar ones.⁴⁷ Dr. Adam Anderson, Clement Caines, and John Stewart wrote across a thirty-year gap that enslaved mothers inoculated their young children so that overseers would excuse them from work to care for their children. According to Caines, the mothers also extended the duration of the disease so that they would not have to work. A solution that one physician referred to him was to lock up the mothers in the yaws hut with the best nurse he could find, positioning the hut as just as much a place of punishment and control as a place of cure.⁴⁸ The idea that enslaved women were more likely to use measures such as inoculation in order to avoid work parallels the literature on feigned illness on plantations. Elise A. Mitchell argues that physicians accused enslaved women of feigning illness more often than they did men and that in the middle of the eighteenth-century feigning became essentialized as "negro" behavior. Physicians made these claims to gain increased control over the enslaved population.⁴⁹

⁴⁷ There is a large literature of physicians and botanists seeking natural cures from enslaved and indigenous medical practitioners. See for example Londa L. Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004), 211-214; Schiebinger, *Secret Cures of Slaves*, 45; Karol K. Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-century Saint Domingue* (Urbana: University of Illinois Press, 2006), 61. African and indigenous cures and herbal remedies became legitimate in the eyes of European physicians after physicians had observed their efficacy and included them in published medical tracts.

⁴⁸ Adam Anderson, "The Report of Adam Anderson, of the Parish of St. Ann, Practitioner in Physic and Surgery," in *Two Reports from the Committee Appointed to Examine Into, and Report to the House, the Allegations and Charges on the Subject of the Slave-trade, and the Treatment of Negroes*, by Stephen Fuller and Jamaica Assembly (London: B. White and Son, 1789), 29, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102197341/MOME?u=chic_rbw&sid=bookmark-MOME&xid=c709eacb&pg=32; Caines, *Letters on the Cultivation*, 158-159; Stewart, *A View*, 303.

⁴⁹ Elise A. Mitchell, "Unbelievable Suffering: Rethinking Feigned Illness and the Slave Trade," in *Medicine and Healing in the Age of Slavery*, ed. Sean Morey Smith and Christopher D. E Willoughby (Baton Rouge: Louisiana State University, 2021), 100, 105-106.

Physicians misconstrued African practices of inoculation to portray enslaved women as lazy or negligent and to assert their own control over the health of the enslaved.

In general, motherhood became a greater area of focus and control, though to different ends for both enslaved women and white English women. For English women motherhood was centered around ideals of domesticity, which did not apply to enslaved women. While literary depictions of mothers focused similarly on bad mothers instead of good ones, raising healthy children was not the primary goal, but rather raising English children who conformed to English social codes.⁵⁰ While medical commentary surrounding enslaved motherhood similarly incorporated themes of morality, the focus was not on the reproduction of the English citizen, but instead of healthy children who would be able to contribute to the labor regime of the plantation complex.⁵¹

Even nurses and midwives who worked on plantations were not exempt from accusation of misconduct and incompetence. Collins suggested that planters should pay nurses for every patient they cured of yaws, yet also insisted that planters and physicians had to monitor them as they were untrustworthy and not capable of performing the proper procedures.⁵² Mathison also noted that these elderly women who could not perform more physical labor performed the role of both doctor and nurse when caring for yaws patients. However, he stated that these women were only capable of practicing simple cures, and that their actions generally worsened the disease

⁵⁰ Marilyn Francus, *Monstrous Motherhood: Eighteenth-century Culture and the Ideology of Domesticity* (Baltimore: Johns Hopkins University Press, 2013), 2, 10, 194.

⁵¹ Although there is little mention of proper childrearing these texts, after the abolition of the slave trade and faced with fears of emancipation, some plantation owners sought to educate their slaves to avoid the presence of a large, free “savage” population. Missionaries also participated in these efforts and religious education served as a form of social control for the enslaved population. Vasconcellos, *Slavery, Childhood, and Abolition*, 71, 73.

⁵² Collins, *Practical Rules*, 423, 218. Similar methods of payment were also given to midwives who helped to successfully birth children. Some slave owners even considered punishing midwives if the mother or child died during the birth or shortly afterwards, Turner, *Contested Bodies*, 145.

instead of soothing it, positioning them as incapable of performing their role.⁵³ Midwives were crucial to the health of mothers and children during the birth and after, yet midwives were also blamed for the development of lockjaw in newborns.⁵⁴ The increased attention physicians devoted towards enslaved women and children is part of a larger overall trend in physicians seeking control over maternal health, women's reproduction, and enslaved children.⁵⁵ Midwives and nurses were simultaneously the only hope for the maintenance of plantation populations, hence the payments, though less than what a doctor received if they had to be called in, and also untrustworthy and incapable of curing the diseases they were tasked with fighting.⁵⁶

Midwives played a vital role in the reproduction of people, knowledge, and bonds. Many enslaved midwives were part of an intergenerational tradition of medical knowledge passed down from their ancestors and kin who had practiced medicine both on plantations and in Africa. They were involved in a variety of medical practices ranging from the birth itself to postpartum care and the treatment of miscarriages and infections. Childbirth involved a community of women who offered the mother aid and support as well as the midwife who was actually performing the procedure. Midwifery was also one of the few jobs which allowed enslaved

⁵³ Gilbert Farquhar Mathison, *Notices Respecting Jamaica, in 1808--1809--1810* (London: J. Stockdale, 1811), 44, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0104975189/MOME?u=chic_rbw&sid=bookmark-MOME&xid=d9587c40&pg=114.

⁵⁴ Renny, *An History*, 207.

⁵⁵ Colleen A. Vasconcellos details the increased attention of planters and physicians to children and mothers in Jamaica during this period in *Slavery, Childhood, and Abolition in Jamaica, 1788-1838*. She traces shifts in which the preference of planters shifted from purchasing slaves to reproduction. Planter attitudes changed from providing only minimal medical care to improving the environment of pregnant slaves and hiring managers with specific qualifications in the care of enslaved women. However, enslaved women were still blamed for the lack of reproduction on plantations and these increased resources also came with increased scrutiny. Vasconcellos, *Slavery, Childhood*, 20, 23-24, 35. Similar shifts occurred in England in the seventeenth century as doctors became attempted to assert control over midwifery through licensing and outright takeover of birthing practices by casting the same aspersions on white midwives in London as physicians did on enslaved women in the British West Indies a century later. Doreen Evenden, *The Midwives of Seventeenth-century London* (Cambridge: Cambridge University Press, 2006), 176, 184.

⁵⁶ Sheridan, *Doctors and Slaves*, 316.

women to move off and in between plantations.⁵⁷ The invasion of European physicians into a space dominated by enslaved women represented an increase in the power and control physicians exercised due to the increasing importance of reproduction caused by the abolition of the slave trade.

Representations of women in medical texts tend to focus on negative qualities, even when they recognized women as being vital to the plantation economy. As both lockjaw and yaws are diseases of infancy and early childhood, women played a key role in the treatments for and representations of these diseases. The portrait painted by these medical texts is one of women characterized by promiscuity, incompetence, laziness, and overall lack of care for their children. They are largely to blame for the health of their children, and of themselves, with the conditions of slavery and their treatment by slave owners coming a distant second.

Medicine in the British West Indies

In the late eighteenth and early nineteenth centuries there was no single unified theory of medicine and disease transmission. Many physicians focused on climate as a cause and explanation for the prevalence of disease in a location. Following Hippocratic theories of disease, physicians believed that the climate, whether wet, dry, hot, or cold, shaped the constitution of those that lived there as well as the diseases that afflicted the inhabitants. During the eighteenth century the idea of a specifically defined torrid zone solidified, in which diseases were common that were nearly unheard of in England. Under this paradigm, the air was particularly important as it could either cause disease or transmit it from one patient to another.⁵⁸ The West Indies were particularly deadly and had a reputation as being “inimical to the healing

⁵⁷ Collins, *Practical Rules*, 21-24, 26.

⁵⁸ Seth, *Difference and Disease*, 31, 61, 66.

of wounds” even when compared to the East Indies.⁵⁹ Climactic theories of medicine worked in concert with humoral theories. An imbalance of one of the four humors, blood, phlegm, black bile, and yellow bile, in the body caused disease. In order to correct this imbalance, physicians prescribed bleeding, purging, blistering, or sweating alongside medicines intended to restore the natural balance of the body.⁶⁰ However, during the 1780s physicians began to point to physical characteristics as a cause for disease which positioned Africans and Europeans as having different sensibilities which affected more than skin color, but their response to disease.⁶¹ During the era of abolition climactic theories of disease were intermingling with race-based medicine. While climactic conditions could still be a cause of disease, the effects of the climate on a person were determined in part by their race.

During most of the colonial era, physicians were relatively scarce in the colonies, especially in times of war. It was much more expensive to outfit a private physician than it was to hire a naval surgeon or a physician for a charter company. Richard Sheridan estimated that in 1834 there were roughly 400 European doctors in the British West Indies, though not all of them worked on plantations. There were few well-trained medical practitioners until the late eighteenth century and there was no system of medical education. Instead, planters and government officials recruited doctors from universities including Leyden and Edinburgh. Trinidad did not have a medical board and licensing law until 1814 while Jamaica did not have a licensing law until 1826 and the quality of medical practitioners varied.⁶²

⁵⁹ Charles Fletcher, *A Maritime State Considered, as to the Health of the Seamen* (London, 1786), 229, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0103575594/MOME?u=chic_rbw&sid=bookmark-MOME&xid=c0fe503a&pg=280.

⁶⁰ Sheridan, *Doctors and Slaves*, 329-330.

⁶¹ Seth, *Difference and Disease*, 260, 266.

⁶² Sheridan, *Doctors and Slaves*, 42-43, 45-46, 49-50, 55-56.

The lack of qualified physicians, especially in the early eighteenth century, left most of the daily healthcare of enslaved people to enslaved medical practitioners or white overseers. On plantations which had hospitals, the level of care varied from larger hospitals staffed by a black doctor, assistant, nurses, and midwives to small hospitals with only one or two attendants. Although the number of doctors increased during the eighteenth century, many planters were responsible for the medical care of the enslaved, following guidebooks written by physicians, such as Dr. Collins' *Practical Rules for the Management and Medical Treatment of Negro Slaves, in the Sugar Colonies*.⁶³ Pro-slavery writers stated that doctors usually attended the slave hospitals once or twice a week, though attendance was likely more sporadic.⁶⁴ An increase in physicians did not indicate an improvement in the health of the enslaved.⁶⁵ Common European treatments such as vomiting, bloodletting, opium and mercury often proved deadly. The most beneficial treatments involved inoculation, the use of quinine, improvements and hygiene, and the prevention of disease.⁶⁶

Lockjaw and yaws were only two diseases among a multitude that afflicted enslaved populations in the British West Indies. Other major diseases included flux (diarrhoeal disease), pthisis consumption (tuberculosis), dirt eating, worms (intestinal parasites), fever, stillbirth, ulcers, dropsy, senility, and accidents.⁶⁷ Children were particularly susceptible to fevers, lockjaw, whooping cough, worms, and dropsy. Sheridan calculated that in 1820 and 1830 in Grenada around 5% of children died in the first month and between 18 and 25% died in the first

⁶³ Richard Sheridan has calculated that in 1820 there were 19,979 slaves cared for by only 25 doctors and in 1830 20,267 slaves cared for by only 18 doctors. Sheridan, *Doctors and Slaves* 297-298.

⁶⁴ Sheridan, *Doctors and Slaves*, 89, 293-294, 301, 306

⁶⁵ Michael Craton, "Death, Disease, and Medicine on Jamaican Slave Plantation: The Example of Worthy Park 1767-1838," in *Caribbean Slave Society and Economy: A Student Reader*, ed. Hilary Beckles and Verene Shepherd (New York: New Press, 1991), 183.

⁶⁶ Sheridan, *Doctors and Slaves*, 330, 332-333; Kiple, *The Caribbean Slave*, 154.

⁶⁷ Craton, "Death, Disease," 184.

year of life.⁶⁸ Although planters claimed that their plantations were up to a standard which would ensure the help of the enslaved, the standards of living on plantations were poor. Planters did not prioritize clothing or shelter, which were insufficient to keep out the wind and moisture.

Hazardous working conditions led to cuts from planting and harvesting sugar canes and burns from boiling the sugar. Enslaved laborers worked from sunrise to an hour past sunset. Most families lived in single-family homes with thatched roofs and dirt floors, though on some plantations they lived in barracks-style housing. Their houses were crowded and close together due to the lack of available land on plantations, facilitating the spread of disease.⁶⁹

Lockjaw

Lockjaw was one of the most important diseases for slave owners in the late eighteenth century, as it had severe repercussions for their ability to maintain and increase slave populations.⁷⁰ Also known as neonatal tetanus or trismus, the disease was most common in warm climates during the rainy season.⁷¹ It was not prevalent in Africa or Europe and the high rates of mortality from the disease were unique to the West Indies.⁷² The most common victims of the

⁶⁸ Sheridan, *Doctors and Slaves*, 236-237.

⁶⁹ Sheridan, *Doctors and Slaves*, 134, 138, 142, 136.

⁷⁰ Anderson, "The Report," 29; Great Britain. Parliament. House of Commons. *Select Committee Appointed to Take the Examination of Witnesses Respecting the African Slave Trade, Minutes of the Evidence Taken before a Committee of the House of Commons ... Appointed ... for the Purpose of ... the Examination of Such Witnesses ... Who Have Petitioned ... against the Abolition of the Slave Trade* (1790), 186, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102309605/MOME?u=chic_rbw&sid=bookmark-MOME&xid=d2f63543&pg=475; Steele, *Mitigation of*, 24.

⁷¹ Culpeper, *Culpeper's English*, 2:320.

⁷² *Abridgment of the Minutes*, 27, 40, 73; Alexander M'donnell, *Considerations on Negro Slavery : with Authentic Reports, Illustrative of the Actual Condition of the Negroes in Demerara : Also, an Examination into the Propriety and Efficacy of the Regulations Contained in the Late Order in Council Now in Operation in Trinidad : to Which Are Added, Suggestions on the Proper Mode of Ameliorating the Condition of the Slaves*, 2nd ed. (London: Printed for Longman, Hurst, Rees, Orme, Brown and Green, 1825), 177, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0105020203/MOME?u=chic_rbw&sid=bookmark-MOME&xid=119e61f2&pg=192; Thomas Masterman Winterbottom, *An Account of the Native Africans in the Neighbourhood of Sierra Leone; To Which Is Added, an Account of the Present State of Medicine among Them* (London: C. Whittingham, 1803), 2:220, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102768321/MOME?u=chic_rbw&sid=bookmark-MOME&xid=15e14649&pg=1; Gilbert Blane, *Observations on the Diseases Incident to Seamen* (London: J. Cooper, 1785), 490, [https://link-gale-](https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102768321/MOME?u=chic_rbw&sid=bookmark-MOME&xid=15e14649&pg=1)

diseases were children, particularly infants within the first nine days to two weeks of life.⁷³

Lockjaw was so deadly that it killed between one quarter and one third of the enslaved children born in the West Indies.⁷⁴ Dr. Moseley cited it as the greatest obstacle to the expansion of the enslaved population.⁷⁵ The disease was widespread in the West Indies, but only among people of African descent, it reportedly had little impact on white children in the same locations.⁷⁶ Sailors were the only segment of the white population which were significantly affected by lockjaw due to shipboard injuries.⁷⁷

Nosologists, physicians who classified diseases, considered lockjaw to be a disease of the nervous system which caused spasms and eventually death.⁷⁸ The first symptoms, which usually appeared on the ninth day post-birth in infants, began with difficulty turning the head.⁷⁹ This evolved to a stiffening of the jaw, rigidity of the neck, and spasms travelling down the spine. The inability of the patient to move their jaw to eat, drink, or talk. It was common for the spasms to

com.proxy.uchicago.edu/apps/doc/U0102017784/MOME?u=chic_rbw&sid=bookmark-MOME&xid=d9f4cff0&pg=198; William Black, *A Comparative View of the Mortality of the Human Species at All Ages; And of the Diseases and Casualties by Which They Are Destroyed or Annoyed* (London: C. Dilly, 1788), 217, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102424170/MOME?u=chic_rbw&sid=bookmark-MOME&xid=c5dbde2f&pg=81.

⁷³ Steele, Clarkson, and Dickson, *Mitigation of Slavery*, 248; Anderson, "The Report," 28.

⁷⁴ British Board of Trade, *Report of the Lords*, 215; Great Britain. Parliament. House of Commons. Select Committee Appointed to Take the Examination of Witnesses Respecting the African Slave Trade, *Minutes of the Evidence*, 375; *Abridgment of the Minutes*, 140.

⁷⁵ Sheridan, *Doctors and Slaves*, 200.

⁷⁶ R British Board of Trade, *Report of the Lords*, 215; Great Britain. Parliament. House of Commons. Select Committee Appointed to Take the Examination of Witnesses Respecting the African Slave Trade, *Minutes of the Evidence Taken before a Committee of the House of Commons ... Appointed ... for the Purpose of ... the Examination of Such Witnesses ... Who Have Petitioned ... against the Abolition of the Slave Trade* ([n.p.]: n.p., 1790), 262, 375, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102309605/MOME?u=chic_rbw&sid=bookmark-MOME&xid=d2f63543&pg=189?

⁷⁷ Blane, *Observations on the Diseases*, 488.

⁷⁸ Frederick May, *An Inaugural Dissertation, on the Animating Principle, or Anima Mundi; How Afforded, and How Acting in Man; And How Acted upon in That Disease Commonly Denominated, Tetanus or Lock-jaw* (Boston: William Spotswood, 1795), 19, https://link-gale-com.proxy.uchicago.edu/apps/doc/CB0127653580/ECCO?u=chic_rbw&sid=bookmark-ECCO&xid=d76ed423&pg=22.

⁷⁹ Blane, *Observations on the Diseases*, 486.

pause for a brief period, and then return even stronger. Eventually, these spasms would affect the vital organs which caused difficulty breathing, a spasmodic pulse, and death.⁸⁰ The gruesome nature of the disease was described by James Grahame in the poem *Africa Delivered; Or the Slave Trade Abolished*:

Dire trismus bends his victim on the wheel / Of torment, rivets close the firm-screwed jaw / In fearful grin, and makes death lovely seem. / Dreadful the imprecations, dire the shrieks, / That mingle with the manic laugh; the gnash / Of teeth, delirium's fitful song, now gay / Plaintive at times, then deeply sorrowful. / In such a scene Death deals the final blow, / In pity, not in wrath: 'tis he alone / That here can quench the fever's fire, unloose / The knotted tendon; he alone restores / The frantic mind, that soon as freed ascends / To Him who gave it being.⁸¹

This poem, which advocated for the abolition of the slave trade, demonstrates the notoriety of the disease as well as the perception that it was incurable, except by death and a return to God's embrace. Lockjaw was an extremely painful disease, through which the patient remained conscious of their torment.⁸²

Enslaved children contracted lockjaw at the turn of the nineteenth century for potentially myriad reasons which physicians did not agree on. The multiple and changing theories as to the cause of disease were the result of experimentation made possible by the presence of an immobile enslaved population over which physicians had relatively large control in comparison to English populations.⁸³ Mercury as a treatment for lockjaw, for example, was prescribed first in the British West Indies, marking the islands as a place of medical experimentation.⁸⁴ As with

⁸⁰ May, *An Inaugural*, 21-22; Collins, *Practical Rules*, 359-360.

⁸¹ James Montgomery, James Grahame, and Elizabeth Benger, *The West-Indies, by James Montgomery; And Other Poems, on the Abolition of the Slave-trade* (New York: Prior & Dunning, 1810), 83, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0103823844/MOME?u=chic_rbw&sid=bookmark-MOME&xid=6126d2ff&pg=65.

⁸² May, *An Inaugural*, 22.

⁸³ Jim Downs, *Maladies of Empire: How Colonialism, Slavery, and War Transformed Medicine* (Cambridge, MA: Harvard University Press, 2021), 5, digital file; Schiebinger, *Secret Cures*, 6.

⁸⁴ May, *An Inaugural*, 25-26.

most tropical diseases, some writers blamed the climate, specifically the temperature and moisture content of the air, though they disagreed on whether exposure to warm or cool air was the cause.⁸⁵ Other physicians, such as Dr. Blane, a ship's surgeon, and Dr. Frederick May, who wrote a dissertation on tetanus, blamed the wounds familiar to modern readers as causes of tetanus, largely from amputations and wounds from nails, often on the fingers, toes, and bottom of the feet.⁸⁶ In contrast, Dr. Collins argued explicitly against the idea that roof shingles and nails were a cause of lockjaw, as after two hurricanes, he observed no cases of lockjaw. He did note that an agitation of the mind might have prevented this disease of the nervous system from taking hold, though it opened the enslaved up to numerous other diseases.⁸⁷

Many physicians that worked for slave owners, or were themselves slave owners, cited the lack of proper care by mothers as the cause of lockjaw. James Grainger thought one of the largest factors was a lack of the proper removal of the first bowel movement, or meconium, after birth, a theory which others such as Dr. Anderson, a Jamaica physician, and Robert Renny shared. Renny saw the problem of the meconium as symbolic of the lack of skill and inattention of enslaved midwives who he described as "always illiterate, generally careless, and often intoxicated."⁸⁸ These accusations were common in England as well against white midwives. Accusers commonly charged midwives with drunkenness, promiscuity, and lack of discipline.⁸⁹

⁸⁵ John Sinclair, *The Correspondence of the Right Honourable Sir John Sinclair, Bart.: with Reminiscences of the Most Distinguished Characters Who Have Appeared in Great Britain, and in Foreign Countries, during the Last Fifty Years: Illustrated by Facsimiles of Two Hund* (London: H. Colburn and R. Bentley, 1831), 2:311, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0106986166/MOME?u=chic_rbw&sid=bookmark-MOME&xid=ec5bd59d&pg=442; Great Britain. Parliament. House of Commons. Select Committee Appointed to Take the Examination of Witnesses Respecting the African Slave Trade, *Minutes of the Evidence*, 208; *Abridgment of the Minutes*, 80.

⁸⁶ Blane, *Observations on the Diseases*, 184, 485; May, *An Inaugural*, 16, 20; Collins, *Practical Rules*, 359.

⁸⁷ Collins, *Practical Rules*, 362.

⁸⁸ Grainger, "An Essay," 13; Anderson, "The Report," 28-29; Robert Renny, *An History*, 207.

⁸⁹ David Cressy, *Travesties and Transgressions in Tudor and Stuart England: Tales of Discord and Dissension* (New York: Oxford University Press, 2000), 84, 86-90.

Grainger also cited feeding the child newly distilled rum as a cause of the disease, whereas Dr. Thomas Trotter blamed drunk patients for sleeping outside in the cold.⁹⁰ A letter from James Cropper to William Wilberforce, a British politician who spearheaded the abolitionist movement, blamed the lack of good management of the enslaved and the inability of physicians and managers to ensure proper nursing of infants.⁹¹ In general, physicians and planters viewed the lack of proper care by either the child's parents or enslaved nurses and midwives as the cause of lockjaw. When managers and physicians gave enslaved mothers liberties such as time to rest and additional provisions, they were not able to prevent lockjaw.⁹² Physicians and planters then refused responsibility for the prevalence of lockjaw among newborns, assigning it to midwives and mothers.

The conditions of slavery were a major cause of lockjaw. Some authors viewed these conditions as a reason to abolish the slave trade while others argued that conditions simply needed to be improved to protect the health of the enslaved while maintaining the institution of slavery in the islands. In a letter from William Dickson to Thomas Clarkson in a volume arguing for mitigating the effects of slavery, Dickson centers poverty on the plantation as a cause of lockjaw since the children of whites and domestic slaves who were treated by a proper midwife were not afflicted by the disease.⁹³ One significant reason for this difference in cause is individuals' motivations to produce their texts. Practicing physicians such as Dr. Moseley and

⁹⁰ Grainger, "An Essay," 13; Thomas Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and Its Effects on the Human Body* (London: Printed for T.N. Longman, and O. Rees, 1804), 124, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102862342/MOME?u=chic_rbw&sid=bookmark-MOME&xid=ebc97dfb&pg=134.

⁹¹ Fletcher, *A Maritime State*, 60.

⁹² Sinclair, *The Correspondence*, 2:432.

⁹³ William Dickson, *Letters on Slavery ... to Which Are Added, Addresses to the Whites, and to the Free Negroes of Barbadoes; And Accounts of Some Negroes Eminent for Their Virtues and Abilities* (London: Printed and sold by J. Phillips [etc.], 1789), 325, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0102194972/MOME?u=chic_rbw&sid=bookmark-MOME&xid=fd4a17f8&pg=202.

Dr. Collins wanted to prove the superiority of their own methods while simultaneously protecting themselves from accusations of neglect or poor treatment while the slave trade was under extreme scrutiny from the British public. Dickson, however, sought to communicate evidence about the state of slavery in an impartial manner, though Clarkson, his interlocutor founded the Society for the Abolition of the Slave Trade and published evidence against the continuation of the slave trade in the same year.⁹⁴

Although many doctors attempted to find an effective cure for lockjaw, the disease was almost always fatal. Physicians generally advanced two different types of treatment: treatments with drugs and treatment through improvement of plantation conditions. These treatments were not mutually exclusive, but medical texts advocating for the use of drugs were more common in the 1790s and early 1800s and treatments of conditions were more common after the abolition of the slave trade. In *An Essay on the More Common West-India Diseases* James Grainger advocated for a plant-based medicine made of rhubarb, magnesia alba, peppermint water, and spirit of lavender.⁹⁵ Another common treatment was the use of mercury-based drugs to cause salivation, though there were debates about its efficacy.⁹⁶ The most prescribed treatment by far was the use of opiates, particularly laudanum and opium in large quantities.⁹⁷ Dr. Collins prescribed thirty drops of laudanum every two to three hours, increasing the dosage by ten drops if the treatment failed. This treatment was meant to keep the patient asleep and relax the body

⁹⁴ Dickson, *Letters on Slavery*, iii; Clarkson, *The Substance of the Evidence*, iii.

⁹⁵ Grainger, "An Essay," 14.

⁹⁶ Culpeper and Hamilton, *Culpeper's English*, 2:320; May, *An Inaugural*, 25-26.

⁹⁷ May, *An Inaugural*, 27-28.

and spasms.⁹⁸ These treatments were commonly prescribed, though Dr. Anderson found that they were successful for less than one in twenty patients.⁹⁹

Other treatments focused on treating the wound that caused lockjaw. For nail wounds, Collins recommended treatment with a poultice of cow dung or cassava and milk as well as rest.¹⁰⁰ Dr. May suggested incising the wounded part of the body and allowing the nerve to heal. If the disease had not progressed past the limbs, amputation was also a possibility, though as Dr. Blane noted amputation could also lead to the development of lockjaw in patients.¹⁰¹ Treatments which soothed spasms were also popular, including baths, both warm and cold depending on whether physicians thought the disease was a result of cold or warm air. However, the spasms would often return once the patient was out of the bath, rendering this only a palliative measure and not a cure for the disease.¹⁰²

Another avenue for the treatment of lockjaw focused on the conditions of slaves, and particularly enslaved mothers, which became more important in the years following Parliamentary legislation which abolished the transatlantic slave trade. Dr. James Makittrick Adair, who also managed slave plantations, argued for the beneficial care of plantation mistresses in combatting the disease in a book titled *Unanswerable Arguments Against the Abolition of the Slave Trade*.¹⁰³ Sir William Young also reportedly had success preventing the disease through a focus on the comfort and happiness of his slaves.¹⁰⁴ These paternalistic claims about reforms to plantation conditions served the dual purpose of exculpating the planters for the

⁹⁸ Collins, *Practical Rules*, 360.

⁹⁹ Anderson, "The Report," 29.

¹⁰⁰ Collins, *Practical Rules*, 363.

¹⁰¹ May, *An Inaugural*, 24-25.

¹⁰² Blane, *Observations on the Diseases*, 486; Culpeper and Hamilton, *Culpeper's English*, 2:320; May, *An Inaugural*, 26, 34; Winterbottom, *An Account*, 2:219.

¹⁰³ Adair, *Unanswerable Arguments*, 132.

¹⁰⁴ *Abridgment of the Minutes*, 40.

harms of slavery and asserting that the slave trade did not need to be abolished in order to improve the health of the enslaved. Reforms to the care of slaves with regards to lockjaw often centered around the inadequate care provided for enslaved mothers during pregnancy and childbirth, with one writer recommending enslaved mothers be placed in a comfortable apartment which was not exposed to the dangers of the air.¹⁰⁵ The lying-in room for mothers should be kept open with no fire and the infants should be washed briefly in water, then dried and covered.¹⁰⁶ It was common for managers to assign pregnant women, or women who planters wished to become pregnant to work in livestock pens, which planters believed to be less labor-intensive.¹⁰⁷ Another method involved prescribed nourishing food and wine, noting that wine could even be a potential cure for lockjaw.¹⁰⁸ The idea of food as the key to health was common in Europe during the mid-eighteenth century, though it was beginning to tail off. Paracelsians argued that sulphur, mercury, and salt, which they argued were the main components of food, were transformative processes which could combat various symptoms and diseases. Improper diet could also be a source of illness.¹⁰⁹

What is clear from this description of lockjaw is that there was no single unified theory of disease, though many physicians shared a few common theories of disease and cure based on European theories of medicine and their practical experience in the islands. The contradictory nature of lockjaw meant that writers could utilize descriptions of the disease to make a multitude of different arguments depending on their professional and political goals. Planters and physicians utilized images of mothers and midwives as drunk and incompetent to obscure the

¹⁰⁵ Renny, *An History*, 208.

¹⁰⁶ Barclay, *A Practical View*, 344.

¹⁰⁷ Turner, *Contested Bodies*, 70-71.

¹⁰⁸ M'donnell, *Considerations on Negro*, 151-152.

¹⁰⁹ David Gentilcore, *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450-1800* (London: Bloomsbury Academic, 2016), 27, 30-31, 38, digital file.

poor living conditions of the enslaved and shift the blame for the lack of population growth on plantations to enslaved women.

Yaws

While lockjaw was a disease of infants, yaws was a disease of childhood, though enslaved people of all ages suffered from the disease, and it had lifelong effects if the patient survived. Yaws was another disease which physicians held responsible for declining populations in the British West Indies and therefore gained importance within medical and plantation literature at the end of the eighteenth century. It was deadliest for children in the first year of life and half of the children that survived lockjaw died from either yaws or worms before they reached the age of five.¹¹⁰ The disease was almost immediately fatal to infants but when adults contracted the disease it was fatal to the healthiest slaves, not those who were already predisposed to sickness.¹¹¹ Alongside its deadly nature, yaws could last for many months requiring patients, and if they were nursing infants their mothers, to remain on bed rest as well as distorting the limbs of infants.¹¹² Although they believed yaws to be a disease of the enslaved, white people in the islands were so afraid of its infectious nature and ability to spread through skin-to-skin contact that they kept at a distance from the infected.¹¹³ The disease had severe impacts on the working population of plantations, but it did not receive the attention it deserved, according to Dr. Thomas Masterman Winterbottom, a physician in Sierra Leone who wrote an account of the colony and the medicine practiced within it.¹¹⁴

¹¹⁰ Anderson, "The Report," 29; British Board of Trade, *Report of the Lords*, 215.

¹¹¹ *Abridgment of the Minutes*, 48, 65.

¹¹² Raynal, *A Philosophical*, 5:274; *Practical Rules*, 412-413, 426.

¹¹³ Pinckard, *Notes on the West Indies*, 2:365; Mathison, *Notices Respecting*, 43-44.

¹¹⁴ Winterbottom, *An Account*, 2:152.

Yaws was a disease of the skin which resulted in painful spots appearing on every part of the body, especially around the hips, privates, face, hands, and feet, often featuring one larger sore. If left untreated these spots developed into ulcers and bone disease. Additional symptoms included pain in the limbs, joints, back, and genitalia, headache, and loss of appetite. The disease could last anywhere from three months to a year and often regressed into a harder to cure form when the symptoms returned. The recurrence often resulted in *tubbas*, a form of the disease in which hard sores formed under the soles of the feet, making it extremely difficult and painful to walk.¹¹⁵

Although the symptoms of yaws appear distinctive, it was often confused with other diseases such as syphilis and leprosy. Syphilis and yaws were so tightly linked in the medical imaginary that yaws was perceived to be a venereal disease, even though modern science has revealed that this is not a vector of transmission.¹¹⁶ Dr. Thomas Sydenham thought yaws was *lues venera* which had spread to Europe by Spaniards who contracted it from Africans. William Hillary, among others, viewed yaws as similar to leprosy, position with which Robert Renny, a nineteenth century historian, also endorsed.¹¹⁷ Yaws and syphilis were even prescribed similar treatments alongside having the same path of transmission.¹¹⁸ The complicated relationship between yaws and venereal disease further associated enslaved people, and especially enslaved women, with unhealthy and immoral sexuality.

¹¹⁵ Grainger, "An Essay," 43, 45; Raynal, *A Philosophical*, 5:272; Collins, *Practical Rules*, 413; Winterbottom, *An Account*, 2:139-140, 144; Moseley, *A Treatise*, 186..

¹¹⁶ Collins, *Practical Rules*, 412; Katherine Paugh, "Yaws, Syphilis, Sexuality, and the Circulation of Medical Knowledge in the British Caribbean and the Atlantic World," *Bulletin of the History of Medicine* 88, no. 2 (2014): 237, <https://www.jstor.org/stable/26308914>.

¹¹⁷ Winterbottom, *An Account*, 2:152-154; Renny, *An History*, 205.

¹¹⁸ Collins, *Practical Rules*, 418, 421.

Although it did not receive as much attention as other, highly contagious diseases such as smallpox, in part because it was not as prevalent in white populations or in Europe, the disease was endemic to the islands. Yaws originated in Africa, then spread to the West Indies as a result of the slave trade where those who had contracted the disease in Africa spread it to creole enslaved populations.¹¹⁹ The first mention of yaws appears in a collection of plantation laws from 1704 in which a law from Jamaica ordered that servants who had contracted yaws through “wilful Misbehavior” would be forced to serve jail time for the period they neglected themselves.¹²⁰ From its earliest arrival in the islands, legislators placed the enslaved as at fault for their contraction of the disease.

It appeared to physicians that yaws was a disease “almost peculiar to the negroes.”¹²¹ Raynal, a historian, stated that all Africans got yaws once and that it was necessary for them to pass through it. Caines, a sugar planter who wrote about how others could be successful in the British West Indies, believed that yaws in African children was as common as births. Even when Europeans came into contact with those who had the disease, they were unlikely to contract the disease.¹²² The rhetoric surrounding the African nature of yaws demonstrates that medical bodies were not deracialized, but that instead theories of disease contraction were heavily dependent on both racist stereotypes and the idea that black people were somehow other.

Unlike with lockjaw, physicians were not interested in debating the causes of yaws but were instead more interested in its spread as a communicable disease. Physicians considered both

¹¹⁹ *Abstract of the Evidence*, 321; Moseley, *A Treatise*, 184; Nickolls, *Letter to the Treasurer*, 54.

¹²⁰ *An Abridgement of the Laws in Force and Use in Her Majesty's Plantations; (viz.) of Virginia, Jamaica, Barbadoes, Maryland, New-England, New-York, Carolina, &c. Digested under Proper Heads in the Method of Mr. Wingate, and Mr. Washington's Abridgements* (London: printed for John Nicholson [etc.], 1704), 137, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0101491778/MOME?u=chic_rbw&sid=bookmark-MOME&xid=4738f64c&pg=140.

¹²¹ Bolingbroke, *A Voyage*, 93.

¹²² Raynal, *A Philosophical*, 5:273; Caines, *Letters on the Cultivation*, 158.

race and sexual transmission as potential causes of the disease. One common theory for the origin of yaws in humans was its transmission from animals. Although the nature of this transmission varied, one author wrote that it originated in humans through sex with apes, though physicians such as Winterbottom contested this. This theory of transmission was based on pre-existing socio-cultural theories about blackness which had been tied to bestiality in the English imaginary since at least the late sixteenth century.¹²³ The association of Africanness with yaws further reinforced English ideas of Africans as sexual deviants, both because of the supposed bestial sex and the theory of yaws as a sexually transmitted disease. An article in the *Anti-Jacobin Review* critiquing Dr. Moseley's *Treatise on Sugar* also forwarded the idea that yaws was a bestial disease and questioned whether the enslaved themselves should be considered beasts.¹²⁴ Accusations of bestiality positioned people of African descent as both sexually immoral and echoed polygenic ideas that they might even be a separate species.

Through an association with the spread of disease planters and physicians justified their involvement in the sexual lives and reproduction of enslaved women. Sex was a common vector for the spread of the disease among slaves and also between enslaved women and poor white men.¹²⁵ In England, venereal disease was a hallmark of the poor, and especially of poor women.¹²⁶ However, venereal disease was not limited to poor or enslaved populations but was also present among plantation managers, such as Thomas Thistlewood.¹²⁷ The disease could also

¹²³ Winterbottom, *An Account*, 2:142; Margaux Deroux, "The Blackness Within: Early Modern Color-Concept, Physiology and Aaron the Moor in Shakespeare's 'Titus Andronicus,'" *Mediterranean Studies* 19 (2010): 100, <http://www.jstor.org/stable/41167029>; Scott Oldenburg, "The Riddle of Blackness in England's National Family Romance," *Journal for Early Modern Cultural Studies* 1, no. 1 (2001): 46, <http://www.jstor.org/stable/40339499>.

¹²⁴ *The Anti-Jacobin Review and Magazine, Or, Monthly Politique and Literary Censor* (London: J. Whittle, 1800), 1800:184, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0109275027/MOME?u=chic_rbw&sid=bookmark-MOME&xid=73d72083&pg=796.

¹²⁵ Collins, *Practical Rules*, 235.

¹²⁶ Kevin Patrick Siena, *Venereal Disease, Hospitals, and the Urban Poor; London's 'Foul Wards,' 1600-1800* (Rochester, NY: University of Rochester Press, 2004), 7, 9-10, 12.

¹²⁷ Paugh, "Yaws, Syphilis," 228.

spread from mothers to children through childbirth, leaving mothers responsible for their children's infection.¹²⁸

Another theory for the spread of this disease "peculiar to the Æthiop-kind," which Grainger advanced in his georgic poem *The Sugar-Cane*, was that there was "lurking evil from the blood" which arose to the surface of the skin.¹²⁹ The innate evil that hid in the blood of the enslaved marked them as both an Other and a potential danger, especially if the evil disease of yaws had the ability to spread to white populations. The theory that there was something about yaws which made it spring up without notice in people of African descent was not unique to Grainger. Dr. Benjamin Moseley argued that yaws broke out in the enslaved "without any communication, society, or contact" because they had inherited it from their ancestors.¹³⁰ If one's ancestors had contracted yaws then it would spread to all of their posterity, breaking out in all of the descendants, though only once per person.¹³¹ Winterbottom also wrote that this was a common theory for the presence of yaws in Sierra Leone, though he contested the idea based on his experience treating the disease and believed that it was similarly unlikely in the West Indies.¹³² The disease was not simply one that largely affected Africans, but something that marked them as a diseased other.

Some authors linked the spread or occurrence of yaws directly to the conditions of slavery. Winterbottom noted that yaws often appeared around the wounds of whipping, which was a reason that white people were less likely to contract the disease as their skin more often

¹²⁸ Raynal, *A Philosophical*, 5:272.

¹²⁹ James Grainger, "The Sugar-Cane, Book IV," in *On the Treatment and Management of the More Common West-India Diseases, 1750-1802*, ed. Edward J. Hutson (Kingston, Jamaica: University of the West Indies Press, 2011), 67-68.

¹³⁰ Moseley, *A Treatise*, 184.

¹³¹ Moseley, *A Treatise*, 184-185.

¹³² Winterbottom, *An Account*, 2:143.

remained unbroken.¹³³ This could be a result of the use of the whip passing matter from the sores on one person to the fresh wounds of another. Caines, who wrote letters on the production of the sugar cane in the British West Indies, blamed the neglect of the masters for the presence of yaws.

Caines argued for better care of the enslaved who had been:

“sacrificed to the carelessness, [and] have the greatest claim on the solicitude of the planter. That they are his slaves; that he has taken from them the product of their health, strength, and labour; that it is a trifling compensation for these invaluable blessings, to become their physicians and nurse, to watch over and prescribe for them in weakness and sickness. That the planter who fails to do this is a stranger to humanity, and hardened against retribution.”¹³⁴

Although Caines accused the planter class of neglect, he was a planter and wrote his letters in order to inform fellow planters in the West Indies about how they could match his prosperity.¹³⁵ This carelessness also extended to diet as the disease could be spurred by a lack of protein as a result of a vegetable diet on slave ships.¹³⁶ The physical conditions of slavery exacerbated the effects of diseases and were a potential cause in the difference for the frequency and outcomes of disease between the enslaved and free people of European descent.¹³⁷ Planters were responsible for the poor conditions of the enslaved, but in his account the enslaved were not able to care for themselves without the presence of a planter, physician, or nurse.

Another way that yaws spread, though intentional, was through inoculation. As an early form of vaccination, inoculation involved extracting the “yawey” matter from one patient and applying it to an incision in the thigh of someone who had never had yaws.¹³⁸ The inoculation for

¹³³ Winterbottom, *An Account*, 2:142.

¹³⁴ Caines, *Letters on the Cultivation*, 162-163.

¹³⁵ Caines, *Letters on the Cultivation*, xi.

¹³⁶ Falconbridge, *An Account*, 37.

¹³⁷ Kenneth Kiple noted that the abolition of the slave trade helped reduce the number of those infected with yaws on the islands due to a lack of incoming infected persons as well as the measures that planters implemented to maintain their enslaved populations. Kiple, *The Caribbean Slave*, 21.

¹³⁸ Winterbottom, *An Account*, 2:141, 156.

yaws produced milder symptoms and surviving the disease rendered one immune to future infection. Inoculation for yaws was part of an African medical tradition which enslaved women also practiced in the British West Indies.¹³⁹

Inoculation for yaws had a contentious place within plantation medicine practices. Based on successful smallpox inoculations, Dr. Grainger posited in 1764 that there might be a similar method for the prevention of yaws.¹⁴⁰ Dr. James Thomson, a physician in Grenada, experimented with inoculation in children and found that, contrary to other physicians, inoculation did not produce a milder form of the disease. Its only advantage lay in that the physician could choose when to induce the disease so that through the patient's good health and the seasons they might be better able to resist it.¹⁴¹ However, Thomson's experiments entered inoculation for yaws into legitimate European medical discourse. By 1800, physicians had performed successful inoculations in the British West Indies, with Dr. Benjamin Moseley arguing that inoculation was the true cure for the disease.¹⁴² Although inoculation was a common method for the mitigation of the effects of yaws, its methods were contested as the practice was often performed by enslaved women.¹⁴³ Instead of acknowledging the African practice, physicians claimed that enslaved mothers inoculated their nursing children so that they would be able to stay in the yaws hut, discussed later in this chapter, with their children instead of returning to work after childbirth.¹⁴⁴ Through inoculation, enslaved mothers could control their children's health and, if they had

¹³⁹ Bolingbroke, *A Voyage*, 93; Stewart, *A View*, 303; Caines, *Letters on the Cultivation*, 158-159; Anderson, "The Report," 29; Edwards, *The History*, 2:146.

¹⁴⁰ Grainger, "The Sugar-Cane," 68.

¹⁴¹ Schiebinger, *Secret Cures*, 104.

¹⁴² Moseley, *A Treatise*, 187.

¹⁴³ Paugh, "Yaws, Syphilis," 226.

¹⁴⁴ Caines, *Letters on the Cultivation*, 158-159; Stewart, *A View*, 303.

inoculated in order to remain with their children, their own labor, contesting the authority of the planters and physicians over their health.

Although Moseley touted inoculation as a cure for yaws in 1800, the search for cures that would either minimize the symptoms of the disease, shorten its duration, or decrease the fatality rate of the disease continued. Common cures included mercury, sulfur, and herbal remedies, though the effectiveness of mercury was debatable.¹⁴⁵ Less common cures included opium and antimonials, which could also be used to treat leprosy.¹⁴⁶ Collins advocated for the use of a specific cure called Æthiops mineral, which is known now as cinnabar, a powerful mercurial. The relationship between Æthiops mineral and yaws, as disease of Æthiopians, highlights the early modern medical idea that the best cure for a disease was located in the environment where the disease was present.¹⁴⁷

Treatments for yaws also involved the dressing and treatment of the sores. These treatments ranged from bathing and washing the sores to scrubbing them with escharotics, to burning off the sores with caustic substances.¹⁴⁸ A common method for drying out the sore in Sierra Leone involved heating a piece of iron until it was hot and then rubbing it with either lemon or lime. The hot acidic juice would then cause the sore to scab over. This was not a

¹⁴⁵ Proponents of mercury included Grainger, "An Essay," 44; Raynal, *A Philosophical*, 5:273; Collins, *Practical Rules*, 422, though only at the proper point in the progression of the disease 413; Renny, *An History*, 206. Pinckard, *Notes on the West*, 2:366 and Winterbottom, *An Account*, 2:160 argued that it was ineffective or even harmful. Sulfurous cures were advanced by Grainger, "An Essay," 43; Dickson, *Letters on Slavery*, 153; Collins, *Practical Rules*, 422; and Bolingbroke, *A Voyage*, 92. Herbal remedies included guaiacum, Long, *The History of Jamaica*, 2:725; and bark of bullanta Winterbottom, *An Account*, 2:157.

¹⁴⁶ Mathison, *Notices Respecting*, 45; Robert Watt, *Bibliotheca Britannica: Or, A General Index to British and Foreign Literature* (Edinburgh: Printed for A. Constable, 1824), 4:338, https://link-gale-com.proxy.uchicago.edu/apps/doc/U0107410169/MOME?u=chic_rbw&sid=bookmark-MOME&xid=bfe832a2&pg=338.

¹⁴⁷ Seth, *Difference and Disease*, 27.

¹⁴⁸ Grainger, "An Essay," 44-45; Clarkson, *The Substance*, 45; Pinckard, *Notes on the West*, 2:366; Renny, *An History*, 206; Roughley, *The Jamaica Planter's*, 126.

common method of treatment for European physicians, but enslaved medical practitioners did utilize it.¹⁴⁹ Physicians such as Dr. Collins placed themselves as the true medical practitioners in this environment by terming themselves regular practitioners in comparison to black physicians.¹⁵⁰ Physical removal of the sores was also a potential treatment, though it was decidedly less popular.

A key focus of treatment was the master yaw. The master yaw was a pustule that was larger than the rest and emerged when the disease reached its peak. According to Winterbottom the master yaw increased in size and formed a depression in the skin rather than a raised lump as well as turning acrid if not properly treated.¹⁵¹ The master yaw was often left behind after the remainder of the pustules disappeared and required treatment with ointment every day in order for the yaw to be cured.¹⁵² Grainger wrote that it was enslaved people who created the term “master yaw.”¹⁵³ The transition of this term into the European medical literature is interesting because of the insight it provides into the ways in which enslaved people understood the disease and how European physicians incorporated African medicinal knowledge into the larger sphere of Atlantic plantation medicine. The yaw that was bigger and more painful than the rest and which lingered after the course of the disease was the controlling master yaw.

The treatment of yaws also had to be carefully managed or else the disease could reoccur before it had fully passed. Grainger warned that any remaining pustule left behind would cause the wound to regenerate and that the patient needed to be at least six months clear before the

¹⁴⁹ Winterbottom, *An Account*, 2:157; Raynal, *A Philosophical*, 5:273.

¹⁵⁰ Collins, *Practical Rules*, 417.

¹⁵¹ Winterbottom, *An Account*, 2:144.

¹⁵² Renny, *An History*, 206.

¹⁵³ Grainger, “An Essay,” 44.

physician could be sure that the disease had passed.¹⁵⁴ The timing of treatments was also important, as mercury given before the proper time would cause the patient more harm than good.¹⁵⁵ The emphasis that physicians place on the difficulty in timing treatments and in determining which treatment would be best suited to fight yaws demonstrated the inability of physicians to understand and combat the disease which was a threat to the necessity of their profession in the islands.

Just as with the treatment of yaws, treatments for lockjaw also involved plantation owners improving the conditions in which the enslaved lived. One of the major conditions that had to improve was diet, though physicians had differing opinions as to what kinds of food sick slaves should be fed. Some believed that heartening food was needed to strengthen the patient so they could better resist the disease.¹⁵⁶ Others prescribed a spare or simple diet, in particular one that did not involve salted provisions.¹⁵⁷ Improved cleanliness was also a method of prevention and treatment, as enslaved people were considered to be dirty in some way, though they often bathed more than their European counterparts.¹⁵⁸ Only rarely did writers blame slave owners and traders directly for the condition of the people they enslaved.¹⁵⁹

Attempts to control the environment in which ill people inhabited also proved to be a popular memory. Treatment involved the sequestration in the yaws hut—a structure separate from the plantation hospital in which patients who had contracted the disease would be housed.

¹⁵⁴ Grainger, "An Essay," 45; Grainger, "The Sugar-Cane," 68.

¹⁵⁵ Winterbottom, *An Account*, 2:160.

¹⁵⁶ Grainger, "The Sugar-Cane," 67; Grainger, "An Essay," 43; Winterbottom, *An Account*, 2:158; Stewart, *A View*, 303.

¹⁵⁷ Stedman, *Narrative of a Five Years'*, 2:274. Bolingbroke, *A Voyage*, 92; Roughley, *The Jamaica*, 125-126; Caines, *Letters on the Cultivation*, 160; Collins, *Practical Rules*, 415.

¹⁵⁸ *Abridgment of the Minutes*, 119; Pinckard, *Notes on the West*, 2:366; Richard S. Dunn, *Sugar and Slaves: The Rise of the Planter Class in the English West Indies, 1624-1713* (Chapel Hill, NC: University of North Carolina Press, 2000), 284.

¹⁵⁹ Raynal, *A Philosophical*, 5:275.

The yaws hut served the dual purpose of isolating the enslaved so they could not infect others and so that managers could monitor them to ensure that medical practitioners could treat them properly. The earliest mention of the yaws hut in the surveyed texts was in 1800 in Benjamin Moseley's *A Treatise on Sugar* though he described pre-existing huts which were not up to his standards.¹⁶⁰ Men and women were kept in separate huts and children who were old enough to be away from their mothers were in another structure.¹⁶¹ According to Robert Renny, one of the major reasons for separating men and women was to prevent sex.¹⁶² The huts were intended to be large and well-ventilated, but functioned more like a prison in which the patients were locked up with no escape.¹⁶³ The need for the confinement of enslaved people with yaws was reasserted in 1826 in Jamaica's Consolidated Slave Law which fined planters £20 if their sick slaves were allowed to wander outside of the plantation.¹⁶⁴ Caines forced any of his slaves who contracted yaws into the hut and found that after he announced his decision no further cases of yaws arose.¹⁶⁵ Although to Caines this seemed like his slaves were being more proactive to no longer contract the disease, it is more likely that they suffered and treated the disease on their own.

Patients in these huts were not cared for on a daily basis by doctors, as most plantations could not afford to keep a doctors on staff.¹⁶⁶ Instead they were cared for by enslaved nurses, who were also kept separate from the rest of the enslaved population and were largely older

¹⁶⁰ Moseley, *A Treatise*, 187.

¹⁶¹ Collins, *Practical Rules*, 414; Roughley, *The Jamaica*, 126.

¹⁶² Renny, *An History*, 206.

¹⁶³ Collins, *Practical Rules*, 414-415.

¹⁶⁴ The Courant Office of Jamaica, *The Consolidated Slave*, vi, 8. The threat of abolition resulted in a growing public health apparatus determined to ensure the health of the enslaved in Jamaica. In 1788 a Hospital and Asylum for "deserted Negroes" opened in Kingston. Hogarth, *Medicalizing Blackness*, 133. Additionally, a Dr. Perkins established a hospital in Falmouth, Jamaica with the specific intent of combatting yaws. Mathison, *Notices Respecting*, 43.

¹⁶⁵ Caines, *Letters on*, 160-161

¹⁶⁶ Sheridan, *Doctors and Slaves*, 44-45.

women.¹⁶⁷ The creation of the yaws hut as a separate plantation structure marks yaws as different from other diseases of the enslaved in the British West Indies. It needed constant monitoring and was so deadly and contagious that the sick must be kept separate from the healthy population, lest yaws decimate the workforce of a plantation.

Physicians' writings on yaws demonstrate an increased need for their supervision and control of the healing process. Yaws was a deadly disease, however Collins wrote that Nature might be able to cure it, though the cure would happen much more slowly than without the intervention of European physicians, necessitating their presence on plantations, and their fees.¹⁶⁸ Physicians further inserted themselves into the lives of the enslaved through the creation of structures such as the yaws hut and through attempts to control inoculation which African women had more experience with. The use of enslaved people to make one's career was not an anomaly in this period, and experience with the enslaved was important for physicians' careers.¹⁶⁹

Conclusion

Lockjaw and yaws were important diseases in the lives of the British West Indies enslaved populations. As diseases of children and infants, scrutiny about these diseases surrounded enslaved mothers, who English planters and their allies saw as at fault for an enslaved population which was in constant need of replenishment. The vital nature of the health of the enslaved to the plantation economy during the age of abolition caused physicians to devote increased attention to these diseases. Physicians' discussion of these diseases often focused on the flaws and faults of enslaved women as nurses, midwives, and mothers. Physicians utilized

¹⁶⁷ Collins, *Practical Rules*, 414; Mathison, *Notices Respecting*, 43.

¹⁶⁸ Collins, *Practical Rules*, 415.

¹⁶⁹ Hogarth, *Medicalizing Blackness*, xiii; Seth, *Difference and Disease*, 2.

the stereotypes they perpetuated to absolve themselves, planters, and the slave trade of blame. Through denigrating enslaved nurses and midwives, they asserted themselves as the only medical practitioners capable of caring for the enslaved population and maintaining the plantation economy. Paternalistic representations of enslaved women as incapable of taking care of themselves and their children also provided planters with justifications against abolishing the slave trade and abolition, as the enslaved would supposedly be in better condition under the control and supervision of the planters. Medical writers and commentators specifically constructed imagery of enslaved women for the purpose of maintaining the slave trade and asserting their own superiority as caregivers.

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