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“They are ultimately to feel the benefit of change”: Enslaved Healthcare and Amelioration in Trinidad and British Guiana, 1780-1834.

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Contents

Abstract

This thesis explores the everyday medical and healthcare experiences of enslaved individuals who lived and laboured in Trinidad and the colonies that became British Guiana. It focuses on the years 1780-1834, a period of important political change that included the abolition of the British transatlantic slave trade, amelioration, and British emancipation. Drawing on the reports of Crown officials called the protectors of slaves, this thesis uses the complaints of enslaved individuals to examine experiences of disease, chronic ill-health, reproductive issues, disability, and examples of self- and community-based care practices. These records provide scholars with a more intimate understanding of enslaved medical knowledge and of ubiquitous forms of healthcare that are not typically evident within British colonial archives. It also examines the relationship between violence, healthcare, and labour demands, demonstrating the inextricable connections between each. The first chapter of this thesis follows the life of a diseased enslaved man named King. Using different methodological frameworks, the chapter re-imagines King's everyday experiences from his capture in West Africa, to enslaved life in Berbice. Chapter two analyses the complaints of disabled individuals and looks in more depth at dynamics of power on slave plantations, arguing that disabled enslaved individuals were simultaneously vulnerable and powerful. The third chapter considers the role of enslaved people in everyday forms of self- and community-care, including the preparation and application of common medicines and medical procedures; it argues that engagement in acts of medicine were not limited to those with medical training. The experiences of reproductive women are considered in the fourth and final chapter, comparing ameliorative legislation and pro-natalist policy with the issues raised by pregnant and post-partum enslaved women in their complaints. These varied records are relatively under-used in the existing historiography but are exceptionally useful for the telling of intimate socio-medical histories.

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Introduction

On the 2nd of June 1831, a forty-year-old enslaved mother and field labourer named Charlotte arrived at the office of Charles Elliot, protector of slaves for Demerara and Essequibo, to make a complaint against the manager of the Arcadia estate, John Thornton. Charlotte asked that Elliot "intercede…with her owner, [John Osborn], to get her employed in lighter tasks than field work."[1] Charlotte reported that she "suffer[ed] much from the effects of a bad sore on her right leg," and despite receiving medical treatment for it, was unable to perform any strenuous work. In a statement to Elliot, Osborn later reported that Charlotte's sore was of a "constitutional nature" and could not be completely healed "without risking a great chance of fatal consequences." Osborn added that, because of her ill health, he and Thornton had "always been much disposed to treat [Charlotte] with kindness," and that she was only ever put to light work. After discussion with Elliot, Osborn agreed to reassess the type of labour Charlotte was asked to perform, and claimed that Charlotte was an ungrateful, though "not unfaithful" servant.[2]

Charlotte had proven to be a "faithful" servant the best way that a female enslaved labourer could; by carrying and birthing seven enslaved children during her life on the Arcadia planation, five of whom survived beyond infanthood. It was this fact that Charlotte focused on when reporting her complaint to Elliot, as she politely but unequivocally demanded their "considerate attention" in granting her request. When

[1] "Report of the Protector of Slaves of the colony of Demerara and Essequibo, made to His Excellency Sir Benjamin D'Urban R.C.B, K.C.H., K.J.S., and the Governor of the said Colony, in pursuance of an order of His Majesty in Council dated 2nd Day of February 1830, Table B, *Complaints of Injuries,"* Reports of the Protector of Slaves, British Guiana, The National Archives, CO 116/157, ff. 1-5.
[2] Ibid.

filing her complaint, Charlotte drew upon several key features of Britain's experimental amelioration programme, such as its attempts to boost enslaved populations by "natural increase." The term "natural increase" described the process of raising the number of Caribbean-born enslaved labourers through marriage and reproduction.[3] After 1807, slaveowners became invested in supporting "natural increase" through various means, including the adaptation of pregnant enslaved women's work and the care of infants to aid their survival. The ameliorative legislation that Charlotte drew upon also aimed to improve the living conditions of all enslaved people in the Caribbean and granted them new but limited legal rights, including the right to complain. Charlotte harnessed the economic and political power of her womb against Osborn and Thornton and used her knowledge of pro-natalist and ameliorative policies to express her belief that her reproductive labour and ill-health should grant her respite from the difficult labour she had likely performed for most of her life.

In the archives of British transatlantic slavery, stories like Charlotte's are not commonly found; the health and labour concerns of enslaved people were very infrequently recorded throughout the entire British colonial period, and the nature of Charlotte's account—a public complaint against her enslaver—was only made possible by the political changes of the early nineteenth-century. Historians interested in writing about enslaved life in the Atlantic world before 1807, specifically within the system of British slavery, primarily deal with fragments of evidence carefully pieced together from the ledgers and logbooks kept by plantation

[3] See Diana Paton, "Maternal Struggles and the Politics of Childlessness Under Pronatalist Caribbean Slavery," *Slavery & Abolition*, Vol. 38, no. 2, (2017), pp. 4-5. See also Katherine Paugh, 'Rationalizing Reproduction: Race, Disease, and Fertility in the British Caribbean and the Atlantic World During the Age of Abolition, 1763-1833,' (PhD diss., University of Pennsylvania, 2008), pp. 1-148.

proprietors, the pages of an enslaver's journal, the writings of abolitionists published in anti-slavery newspapers, petitions, and pamphlets, or even advertisements placed by those seeking the return of their self-liberated enslaved property.[4] Unlike the archives of other colonial powers, such as the Inquisition offices of Spanish and Portuguese America, or court records from the French Empire, the British imperial legal system was not designed in such a way that enslaved voices were often recorded.[5] The interrogative judicial system of the Inquisition courts created a trove of detailed testimony from enslaved people in colonial Latin America, and historian Pablo Gomez has written that "Spanish scribes were bound by law to transcribe word for word…the depositions of [all] defendants."[6] In her study of the testimony of Africans in French colonial Louisiana and the Indian Ocean, Sophie White has recently argued that court records "can be seen as a form of autobiographical

[4] Saidiya Hartman, "Venus in Two Acts," *Small Axe,* vol. 12, no. 2, 2008, pp.1-14 and *Lose Your Mother: a Journey along the Atlantic Slave Route,* (New York; 2007), and *Wayward Lives, Beautiful Experiments: Intimate Histories of Social Upheaval,* (New York; 2019); Marisa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive,* (Philadelphia: University of Pennsylvania Press, 2016); and Simon Newman, *Freedom Seekers: Escaping from Slavery in Restoration London,* (London: University of London, 2022).

[5] Pablo Gomez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic*, (Chapel Hill: University of North Carolina Press, 2017); James E. Wadsworth, "Historiography of the Structure and Functioning of the Portuguese Inquisition in Colonial Brazil," *History Compass*, vol. 8, no. 7 (2010), pp. 636-652. Kristen Block, *Ordinary Lives in the Early Caribbean: Religion, Colonial Competition, and the Politics of Profit*, (Athens: University of Georgia Press, 2012).

[6] Gomez, p. xix. See also Ben Vinson and Greg Graves, III, "The Black Experience in Colonial Latin America," in *Oxford Bibliographies,* (April 2018). Vinson and Graves note that "within the framework of slavery, Latin America presents a special case…the forces of the market economy, the design of social hierarchies, the impact of Iberian legal codes, the influence of Catholicism, the demographic impact of Native Americans, and the presence of a substantial mixed-race population provided a context for slavery that would dictate a different course for Black life than elsewhere [in the Americas]." For general overviews of the Black colonial experience in Latin America see Leslie B. Rout, Jr. *The African Experience in Spanish America,* (Princeton, NJ: Markus Wiener, 2003); and David Wheat, *Atlantic African and the Spanish Caribbean, 1570-1640,* (Chapel Hill: University of North Carolina Press, 2016). For work on the first-hand experiences of free and enslaved Blacks in Latin America see, Robert E. Conrad, *Children of God's Fire: A Documentary History of Black Slavery in Brazil,* (Princeton, NJ: Princeton University Press, 1983); Laurent Dubois, and John D. Garrigus, *Slave Revolution in the Caribbean, 1789-1804: A Brief History with Documents,* (Boston and New York: Beford/ St. Martin's, 2006); and David Geggus, *The Haitian Revolution: A Documentary History,* (Indianapolis: Hackett, 2014).

narrative."[7] As a result of British amelioration, however, Charlotte's story and hundreds of other complaints from enslaved people who lived in the British Caribbean are available to us. These complaints, which often tell rich stories about plantation life, were filed first-hand by enslaved individuals between the years 1824-1834 and recorded by Crown officials, whose sole purpose was to oversee the implementation of Britain's newly devised programme of amelioration.[8]

These records, collectively called the 'Reports of the Protectors of Slaves', are some of the most detailed and yet most under-utilised sources on British slavery.[9] Though they were not written by enslaved people, they contain compelling evidence of enslaved people's opinions and everyday concerns. Complaints were not usually recorded verbatim but were hurriedly paraphrased or translated by protectors and their office clerks interested largely in discerning whether the legal frameworks set out by British ameliorative codes had been upheld by plantation owners, managers, and overseers.[10] Nevertheless, one cannot help but conjure from them images of the lives, the concerns, and the emotional state of the enslaved individuals who bravely faced the potential wrath of their enslavers in order to file a complaint. Charlotte's complaint, like every individual complaint, tells an intricate and unique story about the life of one or more enslaved person, and sometimes about the lives of their loved ones and those they lived and worked with. However, her experience is also paralleled in the words and concerns of hundreds of other complaints filed by

[7] Sophie White, "Said Without Being Asked: Slavery, Testimony, and Autobiography," in *Hearing Enslaved Voices: African and Indian Slave Testimony in British and French America, 1700-1848,* edited by Sophie White and Trevor Burnard, (New York: Routledge, 2021), pp. 17-39.
[8] Enslaved complaints recorded by the fiscal in Berbice date from as early as 1819.
[9] Randy Browne, *Surviving Slavery in the British Caribbean*, (Philadelphia; University of Pennsylvania Press, 2017), p.5. Emilia Viotti da Costa's work, *Crowns of Glory, Tears of Blood: The Demerara Slave Rebellion of 1823;* Trevor Burnard and John Lean, "Hearing Slave Voices: The Fiscal's Reports of Berbice and Demerara-Essequibo," *Archives,* vol. 27, (2002), pp. 37-50.
[10] Ibid, p. 6.

enslaved individuals, male and female, young and old, healthy, and sick, who resided in the colonies of Demerara-Essequibo, Berbice, Trinidad, and other colonies not investigated in this study including St. Lucia, Cape Colony, and Mauritius.

This thesis explores the socio-medical experiences of enslaved individuals like Charlotte as seen through the information they provided to the protectors of slaves. It is similar in its methodological approach to the work of historian Camillia Cowling, who has used the "legal and official claims for freedom" made by enslaved women in Brazil and Cuba as a "qualitative source."[11] Like the court cases examined by Cowling, the complaints of enslaved people found in the reports of the protectors of slaves of Trinidad and British Guiana are "syncretic" texts, "[moulded] by profoundly unequal power relations," and can help us understand how enslaved people negotiated the terms and conditions of their enslavement.[12] An investigation of these sources, and specifically of complaints involving evidence of ill health, provides historians with a unique insight into the medical experiences of enslaved people and of the way that the worlds of enslavers and enslaved people collided over healthcare.

This work considers the enslaved perspective in as detailed a manner as possible, using speculation and critical analysis of a wide range of other sources to explore enslaved life through a medical lens. It is a story first and foremost about the lives of enslaved individuals living and working on slave plantations of Trinidad and British

[11] Camillia Cowling, *Conceiving Freedom: Women of Color, Gender, and the Abolition of Slavery in Havana and Rio de Janeiro,* (Chapel Hill: University of North Carolina Press, 2013), pp. 15-16.
[12] Ibid.

Guiana, and of their social, cultural, and healthcare experiences. It is not strictly a medical history, rather is it a social history of healthcare and medicine as it explores individuals' experiences of disease, childbirth, disability, and the dispensation of medicine, and offers accompanying analysis of popular, contemporary European practices.

The period of amelioration had a profound impact on the medical and material lives of enslaved people, equally it reshaped power, labour, and race relations in the British Empire. Inspired by Randy Browne's call to "reconsider enslaved people's well-known struggle against slavery," this study also uses the enslaved perspective as "its starting point for a reconsideration of slavery and power."[13] This study uses complaints and offences recorded between the years 1824-1834, the years between which the protector of slaves office officially operated in Trinidad and British Guiana, though it delves further into the lives and health concerns of enslaved complainants by analysing multiple other sources including shipping data, medical pamphlets, legal documents, and abolitionist material spanning the period 1780-1834. By selecting a wider period, this project also sheds new light on longstanding historiographical debates about the development of plantation slavery in the British Atlantic World, demonstrating the inextricable link between medicine and the transformation of the British empire. It brings into sharp focus the way in which experiences of ill health and expectations of labour intersected with a formalised legal system theoretically designed to uphold and investigate the complaints of enslaved people, but which ultimately failed.

[13] Browne, p. 3.

The study of slavery was transformed by the publication of large, ambitious quantitative studies of the transatlantic slave trade from the 1990s.[14] Through years of painstaking research, scholars like Herbert S. Klein and David Eltis worked to give an overview of the structure and sale of the trade using large aggregate datasets. They built on the early work of Philip Curtin (1969), the first scholar of transatlantic slavery to attempt to quantify the trade. Notably, Curtin also focused on recovering individual stories of enslaved captives.[15] These works have provided historians with an intimate understanding of the structure and financing of the trade, as well as of the great mortality suffered by those forced across the Atlantic.

Later scholarship on transatlantic slavery and the African diaspora posed important questions about the scale of shipboard mortality, contagious disease, and individual experiences in a way that has successfully connected older debates with newer methodologies from social history. These include works by Stephanie Smallwood, Marcus Rediker, and Billy G. Smith.[16] Collectively their research tells us more about the experiences of enslaved captives on the Middle Passage journey, and about the spread of disease in the Atlantic World than has previously been understood.

[14] David Eltis, *Economic Growth and the Ending of the Transatlantic Slave Trade*, (New York: Oxford University Press,1987); Eltis, *The Rise of African Slavery in the Americas,* (Cambridge: Cambridge University Press, 2000); David Eltis and Stanley Engerman, "Was the Slave Trade Dominated by Men?" *Journal of Interdisciplinary History,* vol. 23, no. 2, (Autumn, 1992), pp. 237-257; Herbert S. Klein, *The Middle Passage: Comparative Studies in the Atlantic Slave Trade,* (New Jersey: Princeton University Press, 1978).

[15] Philip D. Curtin ed., *Africa Remembered: Narratives by West Africans from the Era of the Slave Trade*, (Madison: University of Wisconsin Press, 1968); and Curtin, *The Atlantic Slave Trade: A Census*, (Madison: University of Wisconsin Press, 1969).

[16] Stephanie Smallwood, *Saltwater Slavery: A Middle Passage from Africa to American Diaspora*, (Cambridge, MA: Harvard University Press, 2009); Marcus Rediker, *The Slave Ship: A Human History,* (New York: Viking, 2007); Billy G. Smith, *Ship of Death: A Voyage that Changed the Atlantic World,* (Oakland: Independent Institute, 2013).

The secondary literature on medicine and slavery in the Americas, including of disease, scientific advancement, spiritualism, experimentation, and enslaved practitioners, has likewise been growing since at least the 1970s. Ground-breaking work by Kenneth Kiple, Richard Sheridan, Todd Savitt, and Jerome Handler, amongst others, brought to life questions about the health care systems of the Caribbean and wider Atlantic world, and of the pathogens that plagued them. Savitt's work, *Medicine and Slavery*, examined the impact of plantation medicine and disease on the relationship between the enslaved and their enslavers in Virginia, whilst Kiple utilised sources on smallpox and yaws inoculation procedures to argue that enslaved medical knowledge was in many ways more effective than white medicine.[17] In 2008, Vincent Brown's *The Reaper's Garden* fostered important discussions on the intersection of African and European cultures in the Caribbean, and on the synchronicity of death and power on New World slave plantations. Brown's work offered detailed insights into the spiritual beliefs that the enslaved attached to their bodily experiences of bondage, and especially to ill health and death.[18] Within the historical literature, few texts have been as detailed in their investigation of all aspects of enslaved healthcare as Richard Sheridan's *Doctors and Slaves.*[19]

More recently, scholars such as Londa Schiebinger, Linda Newson, and Pablo Gomez have demonstrated the important role free and enslaved Black medical

[17] Kenneth Kiple, *The Caribbean Slave: A Biological History*, (Cambridge; Cambridge University Press;1984); Savitt, T.L *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, IL: U of Illinois Press, 1978); Jerome Handler, "Slave Medicine and Obeah in Barbados, ca. 1650 to 1834" New West Indies Vol. 74, (2000): pp. 57 – 90.
[18] Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic slavery,* (Cambridge; Harvard University Press, 2008).
[19] Richard Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834*, (Cambridge: Cambridge University Press, 1985).

actors played in the advancement of medical science and the provision of healthcare within slave societies. Collectively they have made it clear that Caribbean and Latin American medical landscapes were dynamic, multicultural, and deeply entangled spaces, in which both European medicine and African-based practices were simultaneously preserved and constantly altered and challenged.[20] Their work has enriched our understanding of the depth of medical knowledge held by enslaved people and has provided detailed examinations of the practices of enslaved doctors and practitioners of related arts.

Only a handful of works have made meaningful use of the reports of the protectors of slaves in the British Caribbean or analysed the impact of amelioration on the lives and daily experiences of enslaved people. Research by Randy Browne, Emilia Viotti da Costa, Trevor Burnard, John Lean, and Mary Turner has transformed our understanding of the importance of amelioration to the lives of enslaved individuals and has shown the depth of what might be uncovered in these records. Viotti da Costa's investigation of the 1823 Demerara slave rebellion "[tells] the story of the rebellion from multiple points of view," taking a "macro- and micro-historical approach" similar to the approach adopted throughout this study, most especially in chapter one.[21] As Viotti da Costa explains, the Demerara rebellion "had important echoes and consequences in Britain," just as the experiment of amelioration came to have a powerful impact on the "parameters of the slaves' struggle." Those who could read, Viotti da Costa explained, "came to believe they had powerful allies in

[20] Londa Schiebinger. *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World.* (Stanford, CA: Stanford University Press, 2017); Pablo F. Gomez. *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic.* (Chapel Hill: University of North Carolina Press, 2017); Linda A. Newson. *Making Medicines in Early Colonial Lima, Peru: Apothecaries, Science, and Society,* (London: Brill, 2017).
[21] Viotti da Costa, p. xviii.

England."[22] Similarly, this study explores the two-directional relationship between the making of ameliorative law in Britain, and enslaved healthcare experiences on the ground in the Caribbean. This study is also influenced by Burnard and Lean's article on the fiscal's reports of Berbice and Demerara-Essequibo which attempted to "redress the imbalance in the public record," and listened for the "murmurings of the masses" among these records.[23] Burnard's most recent work, an edited collection of essays written with Sophie White, attempts to "get closer to the actual lived experience of the enslaved and to understand what concerned them," while Mary Turner has suggested that the right to complain "legitimized and, arguably, gave added value to [enslaved people's] estate-based struggles."[24]

This study has combined data sets from both Trinidad and British Guiana in a way that shows that the experiences of enslaved people through the political turmoil of amelioration was similar across different geographical and culture spheres. Further, this thesis takes a new approach to the study of amelioration in the British Caribbean colonies of Trinidad and British Guiana by applying a socio-medical lens to its analysis of these records. This work therefore fills a large gap in our understanding of the socio-medical and healthcare experiences of enslaved individuals living in Britain's newer Caribbean colonies, whilst also creating new space for ongoing explorations into medical histories of British Caribbean slavery.

[22] Ibid, pp. 1-43.
[23] Trevor Burnard and John Lean, "Hearing Slave Voices: The Fiscal's Reports of Berbice and Demerara-Essequibo," *Archives,* vol. 27, (2002), pp. 37-50; Trevor Burnard and Sophie White, eds., *Hearing Enslaved Voices: African and Indian Slave Testimony in British and French America, 1700-1848,* (New York: Routledge, 2020), p. 3.
[24] Mary Turner, "The 11 O'clock Flog: Women, Work and Labour Law in the British Caribbean," *Slavery & Abolition,* vol. 20, no.1, (1999), p. 45.

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Everyday Experiences, Resistance, and Agency

Enslaved people's everyday experiences unsurprisingly involved physical challenges and instances of severe ill-health, including injuries from labour and brutal treatment, chronic disease, epidemic disease, reproductive issues, and more, which often prevented them from carrying out the intensive labour required of them. The conflicts that arose from such events demonstrate the complexity and fragility of power on plantations and show that healthcare was an integral part of all interactions between enslavers and enslaved people in the British Caribbean. Slaveholders and their white employees (including overseers and doctors) were constantly having to compromise between providing adequate healthcare to maintain their labouring population and controlling the movements and labour of enslaved people who they invariably labelled as "lazy," "insolent", "untrustworthy" and "ungrateful".[25] Further, enslavers and British medics had to contend with the limits of contemporary medical knowledge and the difficulties created by recurrent waves of epidemic disease in the Caribbean region.

The reports of the protectors of slaves provide compelling evidence of the complicated power relations that emerged between enslavers and the enslaved. For enslaved people willing to prefer a formal complaint against their oppressor or abuser, the office of the protector of slaves provided them with a platform for airing their grievances, and for establishing some control, however small, over the

[25] Reports of Protectors of Slaves, Trinidad, The National Archives, CO 300 series, *passim* and the Reports of the Protectors of Slaves, British Guiana, The National Archives, CO 116 series, *passim.* Hereafter these records will be referenced by their catalogue number.

conditions and terms of their labour and daily lives. In legal terms, complainants may have hoped that the protector of slaves or their assistants, variably called ‘commandants’ or ‘assistant protectors’, would have viewed their complaints worthy of judicial action or the imposition of a fine. In other cases, such as Charlotte’s, enslaved labourers may have wished to end their labour obligations entirely, or to seek refuge, however temporary, from the abuses of their enslavers. Unfortunately for them, protectors rarely ruled against enslavers in such severe terms, which likely deterred many of the most ill-treated slaves from complaining for fear of their well-being or even their lives. It is also possible that enslaved individuals who took part in filing a complaint saw success in less tangible terms and found that exercising their right to complain was a satisfying rebuttal to unfair and unjust treatment. Whatever their expectations, the enslaved people’s words and events recorded within these documents provide important quantitative and qualitative evidence of the types of challenges they faced in their material environment, their health and labour, and of the actions taken to resolve conflicts over healthcare.

This work broadly considers themes of resistance and agency and engages (at a high level) with important scholarship in this area, though it also offers space for a concurrent discussion of the everyday lives of enslaved people, including more mundane socio-medical interactions. The actions of many of the enslaved actors considered in this study may be considered as acts of resistance and agency according to the long-standing and wide-ranging literature on this topic. These include verbal altercations, truancy, destruction of crops and property, and small-scale acts of violence. This thesis recognises the centrality of ill-health, medicine, and systems of healthcare to the lives of enslaved people in a way that was

inextricably linked to acts of resistance. For instance, it analyses acts of self- and community-care that took place outside the realm of enslaver-led plantation medicine. Further, the act of complaining might itself be considered an act of resistance but was heavily driven by the complex and unique circumstances of an enslaved individual's everyday life. The evidence presented here demonstrates that many complainants, whilst perhaps intermittently engaged in acts of resistance, were primarily concerned with their physical well-being and the personal struggles that characterised their daily lives.

Resistance is undoubtedly important to our understanding of enslaved life, including our understanding of the healthcare experiences of enslaved individuals, not least as the topic has provided nuanced perspectives on enslaved life, highlighting the resilience of enslaved people and the strategies that they employed to counter the terms of their enslavement, or to seek their freedom. The historiography of resistance has evolved to show the wide range of ways that enslaved people resisted slavery and has successfully overtaken older arguments that enslaved people passively accepted their subjugation.[26] As this study will show, ill, injured, and

[26] The trope of the passive slave has its roots in the period of transatlantic slavery, with notable authors such as Edward Long, *The History of Jamaica*, (McGill-Queen's University Press, 2002), and Bryan Edwards, *History of the British West Indies, Dedicated by permission to His Majesty. This day is Published…in two volumes…The History, Civil, and Commercial, of the British Colonies in the West-Indies...,* (London: Printed for John Stockdale,1793), among others, writing about the so-called "submissive" and "childlike" nature of enslaved people. In the twentieth-century, Ulrich B. Phillips, *American Negro Slavery: A Survey of the Supply, Employment and Control of Negro Labor as Determined by the Plantation Regime,* [Foreword by Eugene D. Genovese] (Baton Rouge: Louisiana State University, 1966), kept these arguments alive, suggesting that enslaved people were relatively content in their servitude. Such theories have long been debunked by numerous historians who have demonstrated that enslaved people deployed a multitude of resistance techniques including large-scale rebellion, marronage, truancy, theft, destruction of property, and non-compliance or feigning illness. These include the work of C.L.R James, *The Black Jacobins: Toussaint Louverture and the San Domingo Revolution,* (London: Secker & Warburg, 1938), Eric Williams, *Capitalism and Slavery,* (Chapel Hill: University of North Carolina Press, 1944), Laurent Dubois, *Avengers of the New World: The Story of the Haitian Revolution*, (Cambridge, Mass.: Harvard University Press, 2005), Richard Price, *Maroon Societies: Rebel Slave Communities in the Americas,* (Baltimore: The Johns Hopkins University Press,1979).

pregnant or mothering slaves fought in both explicit and implicit ways to improve their health, to seek respite from labour, and to access medicine for themselves and their loved ones. An analysis of the complaints of enslaved people like that which follows in this thesis supports the arguments put forth by scholars of such as Hilary Beckles, and Mary Turner.[27] New insights have been gleaned by focusing on women's experiences in slavery, showing how gender affected the experience of enslavement. Further, it has been demonstrated that women were as willing to participate in acts of resistance as enslaved men, though in different and gendered ways. Turner's investigation of "the impact of the new [amelioration] laws on slave workers…in Berbice," highlights various acts of everyday resistance including examples of enslaved labourers taking "refuge in being sick," and demanding compensation for over-work in the tradition of ameliorative law.[28]

We might also categorise the act of complaining and the socio-medical exchanges highlighted by complainants not as acts of resistance, but as acts of survival, such as those analysed by Randy Browne.[29] Convincing arguments put forth by scholars like Browne and Sidney Mintz have warned that "focusing too narrowly on enslaved people's struggles with their enslavers runs the risk of exaggerating their agency," and that "most of life then, like most of life now, was spent living," not engaging in

[27] Hilary Beckles, *Natural Rebels: A Social History of Enslaved Black Women in Barbados,* (New Brunswick, NJ; Rutgers University Press, 1989); Mary Turner, "The 11 O'Clock Flog."
[28] Turner, pp. 39-54.
[29] Randy Browne, *Surviving Slavery in the British Caribbean;* Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South,* (Chapel Hill: University of North Carolina Press, 2004); Walter Johnson, "On Agency," *Journal of Social History,* vol. 37, no. 1 (2003), pp. 113-24; Vincent Brown, "Social Death and Political Life in the Study of Slavery," *American Historical Review,* vol. 114, no. 5, (2009), pp. 1231-49; Jenny Sharpe, *The Ghosts of Slavery: A Literary Archaeology of Black Women's Lives,* (Minneapolis: University of Minnesota Pres,, 2003); and Christopher Freeburg, *Counterlife: Slavery After Resistance and Social Death,* (Durham: Duke University Press, 2020).

open acts of resistance.[30] Similarly, Walter Johnson's discussion of the usefulness of "agency" as an historical framework suggested that historians might need to put aside the term "as we try to make good on the New Social History's promise of a history rooted in the experience of enslaved people."[31] Such arguments are undoubtedly persuasive. However, many of the stories recounted in this study demonstrate that the same enslaved complainants who acted with agency and were sometimes openly resistant to the directions of their enslavers, also employed strategies of survival that helped them to live their lives on terms more favourable to them. For example, this study highlights examples of enslaved individuals who left their estates without a pass in order to file a complaint, and whose main concern was simply to lighten their labour. Other cases analysed here tell stories of family members who openly defied the orders of their enslavers, leaving their work to have a moment at the beside of those they loved in an attempt to improve their healthcare experiences.

This study encompasses both Trinidad and the colonies that would become British Guiana, demonstrating that the health, labour, and everyday concerns of enslaved people were similar across all these colonies. It is not a "'formal' comparative history" like those described by Cowling, since it is interested first and foremost in enslaved experiences that were similar, and which would likely have given the complainants who lived across them a sense of commonality.[32] These colonies are also considered together due to the way in which ameliorative legislation was

[30] Browne, p. 4, and Sidney Mintz, "Slave Life on Caribbean Sugar Plantations: Some Unanswered Questions," in Stephan Palmié, ed., *Slave Cultures and the Cultures of Slavery,* (Knoxville: University of Tennessee Press, 1995), p.13.
[31] Johnson, "On Agency," p. 113.
[32] Cowling, *Conceiving Freedom*, (2013), p. 17.

implemented there; each held on to pre-existing laws from the period of Spanish and Dutch colonization, and by 1831, all were governed by the same, consolidated laws. Fundamentally, the aim of this project is to understand the way that enslaved people of British Guiana and Trinidad navigated a life characterised by heavy labour, disease, and chronic illness. It seeks to emphasise how enslaved populations— mostly those on sugar, cotton, and coffee plantations— came together in times of need and in the face of great violence to provide for themselves and each other. It aims to tell the story of how they understood the laws that bound them, how those same laws failed them, and how a social history of medicine might help us better understand the intricacies of their lives and experiences.

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Trinidad and British Guiana: Wild Landscapes and Transcultural Societies

The records containing complaints made by slaves can open new ways for historians to explore the everyday medical experiences of enslaved people in the period of amelioration. The end of the eighteenth century brought with it a shift in political, moral, and social attitudes toward the transatlantic slave trade among the British public.[33] The period after 1807 brought with it new challenges for enslavers, including the question of how to maintain the health of their enslaved workforces and increase their number by natural means. British slaveowner's responses to these challenges, as well as an "increased concern among metropolitan Britons about how slave life and conditions were affecting slaves in the West Indies," became a driving

[33] Philip D. Morgan, "Ending the Slave Trade: A Caribbean and Atlantic Context," in Derek R. Peterson ed, *Abolitionism and Imperialism in Britain, Africa, and the Atlantic,* (Ohio University Press, 2010), pp. 101-128.

force for the eventual implementation of ameliorative legislation, which was intended to improve the health of enslaved people.[34] The legislation, formally implemented in Trinidad and British Guiana between the years 1824-1834, heavily impacted the way that enslaved people received and practiced medical care in these regions, and created new legal and civil procedures for the management of enslaved populations and West Indian plantations, including changes in the area of colonial record-keeping and parliamentary oversight.

The rise of abolitionism forced debates on the moral issue of slavery in a manner which aroused intensive investigations into the nature of British imperial power and economic practices in its Atlantic colonies. Members of the public were sometimes active participants in this process, as they consumed and discussed scandalous newspaper accounts of life in newly acquired territories such as Trinidad. In 1806, readers of British newspapers such as the *Newgate Calendar* read with horror and intrigue as legal proceedings brought against Trinidad's Governor, Thomas Picton, revealed the sinister nature of life in one of the newest parts of the British Caribbean.[35] The lengthy trial against Picton, from which he escaped largely unscathed, exposed the island of Trinidad and surrounding colonies on the Spanish Main as a permeable and transient landscape in which ideas, cultural practices, laws, and people mixed, unrestricted by the social and legal boundaries that encircled the British metropole and its inhabitants. This, as scholar Kit Candlin has argued, conjured in the British public and within the halls of Westminster "waves of paranoia" over the "distinctly foreign feel" of these "protean borderland communities,"

[34] Trevor Burnard, *Hearing Slaves Speak,* (The Caribbean Press, 2010).
[35] Kit Candlin, *The Last Caribbean Frontier, 1795-1815,* (Basingstoke: Palgrave MacMillan, 2012), p. xvi-xx. See also James Epstein, *Scandal of Colonial Rule: Power and Subversion in the British Atlantic During the Age of Revolution*, (Cambridge: Cambridge University Press, 2012).

in which British imperial power appeared to fail.[36] Thus began a new project of empire in which the management and administration of British imperialism was extensively analysed, altered, and re-imagined.

At the centre of this imperial re-imagining were the slave colonies of Demerara-Essequibo, Berbice, and Trinidad, in which the programme of amelioration was established with great force from the early 1820s. Amelioration was also conservatively implemented in Jamaica and Barbados, though the adoption of ameliorative law was somewhat easier in Trinidad and British Guiana where the local elites were much less powerful than those in Britain's older Caribbean colonies, since they lacked the control granted to colonial assemblies in those places. From as early as the seventeenth century, the British government and colonial elites in Jamaica had fought to define the reach of English law and the nature of English rights in that colony. Time and again, the metropole had rejected the Jamaican assembly's attempts to secure the political rights of Englishmen, believing that it would afford colonial elites too much power.[37] As a result, all colonies conquered by Britain between the period 1783-1815, as well as the free colonists who lived there,

[36] Ibid, p. xx.

[37] Jack P. Greene*, The Quest for Power: The Lower Houses of Assembly in the Southern Royal Colonies, 1689-1776,* (Chapel Hill: University of North Carolina, 1963); and Greene, "Political Mimesis: A Consideration of the Historical and Cultural Roots of Legislative Behaviour in the British Colonies in the Eighteenth Century," *The American Historical Review,* vol. 75, no. 2, (Dec., 1969); see also Hilary Beckles, "'The Hub of Empire': The Caribbean and Britain in the Seventeenth Century," in *The Oxford History of the British Empire: Volume I: The Origins of Empire: British Overseas Enterprise to the Close of the Seventeenth Century*, edited by Nicholas Canny, (Oxford: Oxford University Press, 1998), p. 237; and Winston S. Hill, "A Constitution Contested: Governors, Assemblies, and Imperial Politics in Jamaica and New York, 1675-1730," Proquest Dissertations Publishing (2021), [https://ed.primo.exlibrisgroup.com/permalink/44UOE_INST/1viuo5v/cdi_proquest_journals_2557245205]; Nicholas Canny, "The Origins of Empire: An Introduction," in *The Oxford History of the British Empire*, edited by Nicholas Canny, (Oxford: Oxford University Press, 1998), pp. 24-30. Canny explains the metropolitan fear that "Governors of colonies who had military backgrounds would attempt to rule their colonies as they were accustomed to rile their regiments.", p. 25, [https://ebookcentral.proquest.com/lib/ed/reader.action?docID=102745&ppg=22].

were to be governed more closely by the British government, allowing the Crown to maintain legislative control. This new and experimental approach to governance in Trinidad and British Guiana made them a logical choice of locale for the launch of what Claudius Fergus explains was "commonly called Britain's *Code Noir."*[38] Each of these colonies and their respective slave codes were also influenced by the Spanish and Dutch laws that had previously governed them.

Despite many inconsistencies between Spanish, Dutch, and English slave laws, the trans-colonial politics of Trinidad and British Guiana arguably made those colonies more suited to the imposition of the imperial regulations imposed by British parliament in the last decade and a half of British slavery. Both Spanish and Dutch laws had existing frameworks in place that supported the adoption of ameliorative legislation. For example, Fergus tells us that, prior to the 1780s, Trinidad's enslaved population was not governed by "specialised slave laws" but that by 1789, "migrant proprietors from Grenada, a colony which had already broken new ground in establishing…ameliorative slave codes," had created the island's first *"Code Noir".*[39] This transcultural legislation, which combined French, Spanish, and British approaches to slave management, limited the number of times that a slaveowner could whip an enslaved person to twenty-five, though it also allowed for the "mutilation or death" of enslaved individuals accused of serious offences.[40] When Britain seized control of Spanish Trinidad, their *Code Noir* became essentially defunct, though Abercromby and Picton continued efforts to unite Spanish and

[38] Claudius Fergus, "The Siete Partidas: A Framework for Philanthropy and Coercion During the Amelioration Experiment in Trinidad, 1823-34," *Caribbean Studies*, vol. 36, no. 1, (Jan-June 2008), pp. 76-89.
[39] Ibid, p. 8.
[40] Ibid.

British law practices. Similarly, officials in control of the Crown Colony of Berbice kept and adapted many Dutch laws and practices regarding the treatment of enslaved people, including the office of the fiscal, a legal official endowed with the power to prosecute slaveowners in court, and to whom enslaved people could air their grievances. The fiscal held similar powers to the protector of slaves, though the latter was a Crown official tasked first and foremost with overseeing the programme of amelioration.[41]

The colonies of British Guiana were formally surrendered by the Netherlands in 1814 and 1815 (though they had previously been ceded to British forces in 1796). They were later united as British Guiana in 1831, at which point the laws of amelioration were consolidated across both colonies.[42] Despite the fact that these colonies were not officially held by Britain until near the end of British slavery, there had been a strong British presence in this region from as early as the 1740s. As David Alston has described, the Dutch Guianas provided British, fortune-seeking planters a haven on the South American coast where they could enjoy low taxes and safety from persecution for illegal importations of enslaved Africans.[43] Though plantation life is perhaps less explored in the secondary literature than in other British slave colonies of the West Indies, the enslaved population of British Guiana represented one eighth of the total enslaved population of the British Caribbean in 1834.[44] More than this, due to the heightened demand for sugar from this region, enslaved labourers in

[41] Browne, *Surviving Slavery*, *passim.*
[42] David Alston, 'The Habits of these creatures in clinging one to the other': Enslaved Africans, Scots, and the Plantations of Guyana' in Tom Devine ed., *Recovering Scotland's Slavery Past: The Caribbean Connection*, (Edinburgh; The University of Edinburgh Press, 2015), p. 99.
[43] Ibid.
[44] Ibid. Alston provides the figures as follows: enslaved population of British Guiana in 1834, 84,075; enslaved population of the British West Indies in 1834, 655,780.

British Guiana were valued "disproportionately highly."[45] Trinidad was similarly important to British mercantile groups in the region from at least the 1790s, and the island had "rapidly [become] prosperous," as the British established a "flourishing trade [network]," with the Spanish.[46] By the nineteenth century, despite their seemingly wild and uncultivated appearance, Trinidad and British Guiana were at the heart of Britain's sugar trade.

In 1854, Trinidadian doctor and two-time Mayor of Port of Spain, Louis A. A. De Vertueil, described Trinidad in terms that would have resonated with inhabitants from the first three decades of the century. He wrote that, "[Trinidad] separated from [Venezuela] by the Gulf of Paria, together with the Dragon's and Serpent's Mouths," is formed of "three ranges running in a parallel line from [East] to [West]."[47] The ranges, which are split by "two large valleys or river-basins," are "clothed from their base to their utmost summits with stately forests." The northern part of the island, De Vertueil explained, is distinguished by mountains of "eminent grandeur, [which stretch] southward to the plain, and, in many places, along the gulf, down to the sea."[48] Other areas of the island, including Diego-Martin, Arouca, Santa Cruz, Cuesa, and Carenage, were likewise characterised by their "high hills" and "beautiful and rich [valleys]."[49] Even as late as 1854, De Vertueil claimed Trinidad to be "a wild unreclaimed country…covered with dense and lofty forests; the heavy appearance of

[45] Ibid.
[46] Bridget Brereton, *A History of Modern Trinidad, 1783-1962,* (Kingston, Jamaica: Heinemann, 1981). See also Nick Draper, "The Rise of a New Planter Class? Some Countercurrents from British Guiana and Trinidad, 1807-33," *Atlantic Studies,* vol. 9, no.1, (March 2012), pp. 65-83, [https://www-tandfonline-com.ezproxy.is.ed.ac.uk/doi/pdf/10.1080/14788810.2012.636996?needAccess=true], p. 80.
[47] Louis A. A. De Vertueil, *Trinidad: Its geography, natural resources, administration, present condition, and prospects,* (London; Cassell & Company, 1854), pp. 65-66.
[48] Ibid, p. 66.
[49] Ibid.

an endless woodland being only broken here and there by vast savannahs, or by the efforts of agricultural industry."[50] In many areas of the island, excepting perhaps Port of Spain and coastal settlements, plantations existed as isolated communities and travel between them was difficult and long.

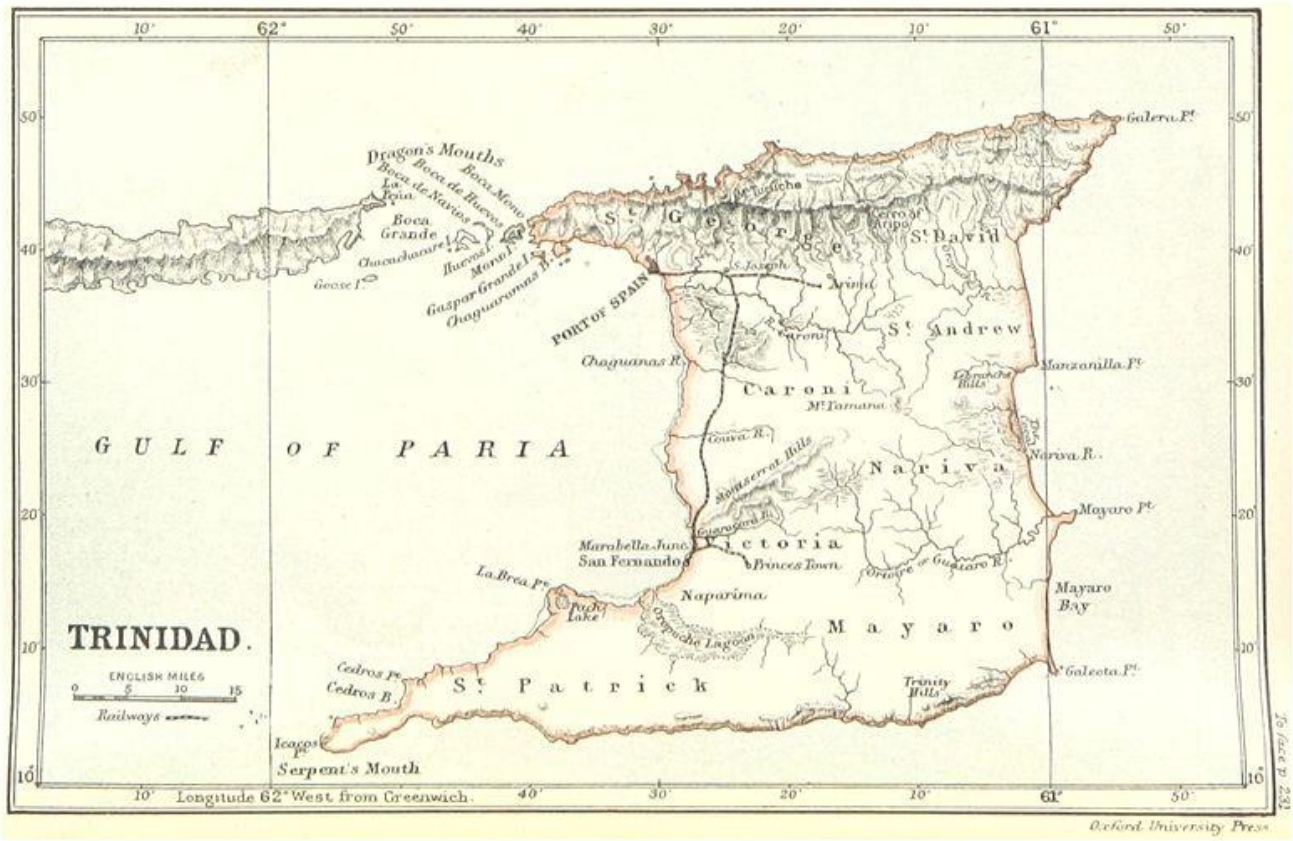

Figure 1: *Trinidad,* by Charles P. Lucas, 1888.[51]

Nineteenth century descriptions of Berbice paint a similar picture of a wild, untamed landscape. In his lengthy work, *Notes on the West Indies,* published in 1806, British doctor and military physician, George Pinckard, described Berbice as a "wild country,

[50] Ibid, p. 67.
[51] *Trinidad,* map from Charles P. Lucas, *A Historical Geography of the British Colonies, Vol. II,* (Clarendon Press, 1888), p. 230.

only just opening into cultivation." [52] He wrote that the colony "comprised an extent of wood and water, with small patches of land breaking into incipient tillage." Unlike Trinidad, Pinckard noted that Berbice was "flat and low" and "appeared a mere cluster of trees, growing out of the water." It was this water that defined travel around Berbice, being often the only route between plantations and New Amsterdam. In a moment that highlighted nature's stronghold on the colony, Pinckard explained that he felt "totally lost amidst these vast and unbounded forests."[53]

Pinckard described Demerara-Essequibo in somewhat more favourable terms as a more civilised and well-built colony. He noted the picturesque plantations and established roads built along the sea-coast, as well as the hospitality of colonists on the arrival of British troops in the region, stating that "fortune, at once, established [him] in good quarters in the enemy's country," when he was invited to stay with a local landowner and his wife. He wrote of his landing in the capital town of Stabroek, later called Georgetown, that, "I could have fancied myself in Holland… the houses bedaubed and painted in tawdry colors [sic], like Dutch toys, giving the whole a striking resemblance to the mother country."[54] Despite being relatively well cultivated, however, inhabitants of Demerara-Essequibo were still reliant on its waterways for travel around and to and from the colony and much of the area surrounding Georgetown remained as thick, dense woodland.

[52] George Pinckard, *Notes on the West Indies: Written During the Expedition Under the Command of the Late General Sir Ralph Abercromby, volume 2,* (Cambridge; Cambridge University Press, 2010), p. 308.
[53] Ibid, p. 309.
[54] Ibid, p. 171.

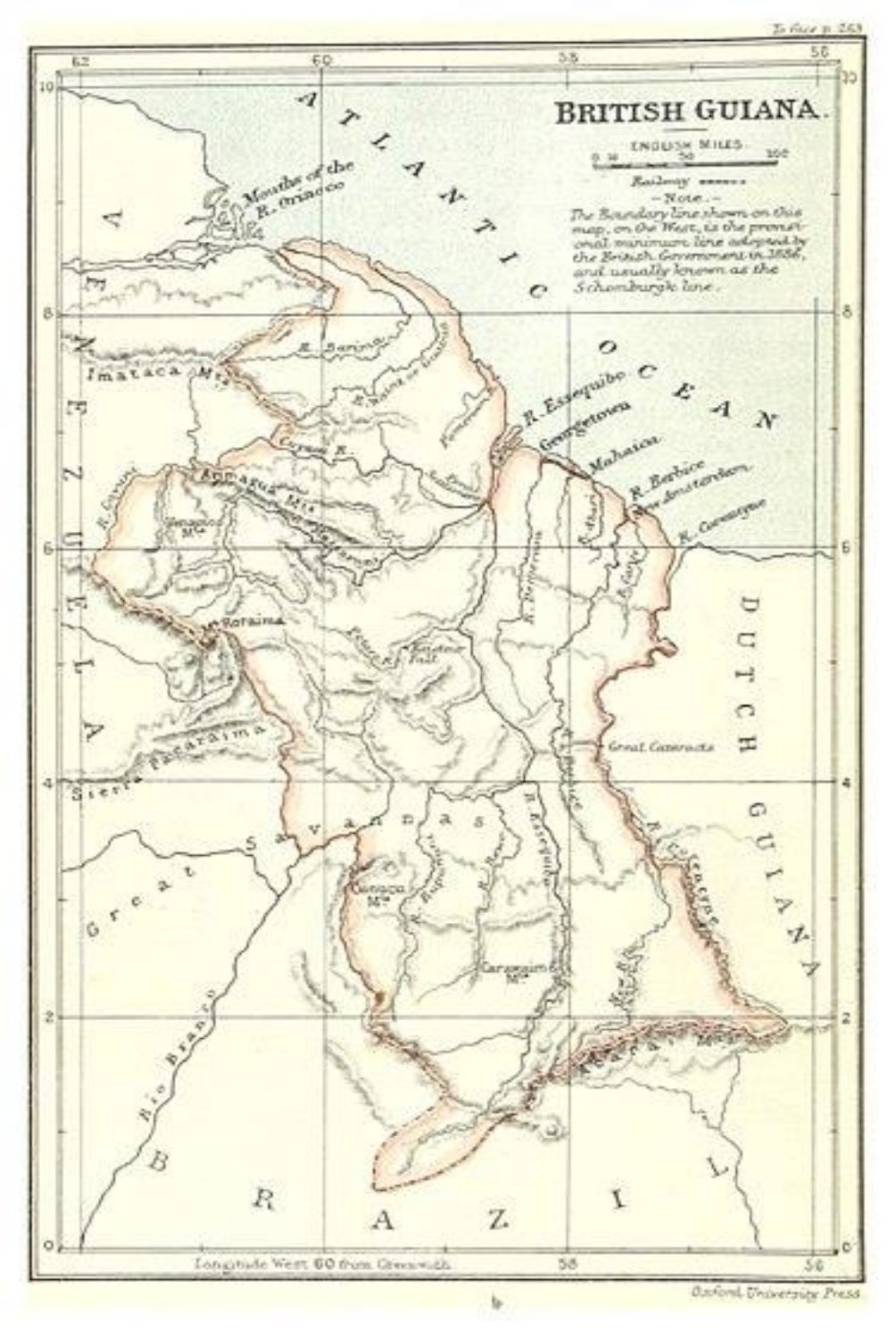

Figure 2: *British Guiana,* by Charles P. Lucas, 1888.[55]

[55] *British Guiana,* map taken from Charles P. Lucas, *A Historical Geography of the British Colonies,* (Clarendon Press, 1888), p. 262

These colonies, which were the new frontier of British slavery in the Caribbean, were the most disparate part of a well-established and unified empire, set apart by their transient populations, political instability, and the trans- colonial nature of their laws.[56] As a result of this, and due to the nature of Spanish and Dutch slave laws, the colonies of Trinidad and British Guiana became sites on which Britain's new vision of empire could be more easily implemented and explored.

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Changing Laws and the Creation of the Protector of Slaves

The first British laws governing the treatment of enslaved populations in Trinidad were set out by Governor Thomas Picton in 1800 and were not entirely different to those laid out by successive ameliorative Orders in Council in the 1820s and 1830s. On the 30th of June 1800, an "Ordinance of the Governor," was published, setting out clear rules for the treatment and punishment of enslaved people. For instance, Picton stipulated that nursing mothers should be allowed to "leave the field at noon and night, half an hour before the others," and that "infirm, or invalided [slaves] shall not be abandoned by their owner," but should be adequately fed, clothed, and housed.[57] Another article ruled that women who had just given birth should be "[prohibited from]…being put to work before they are perfectly recovered from child-bed."[58] Enslaved people accused of an offence were to be punished in a manner

[56] Kit Candlin, *The Last Caribbean Frontier,* p. xxi. Candlin described the colonies of Trinidad, Grenada, and Demerara as "Britain's very last Atlantic frontier," and as a "crucial place to glimpse the contradictions and complexities of Atlantic history in the post-revolutionary era."
[57] Thomas Picton, *Ordinance: for Regulating the Treatment of Slaves,"* (June 1800), CO 295/14, ff. 49-55.
[58] Ibid.

deemed humane, by no more than thirty-nine lashes with a whip, and were not to be "struck…with an edged weapon such as a cutlass, axe, sword, or…bludgeon."[59] The ordinance further provided guidelines on the punishment of enslavers, which included fines for the mistreatment of slaves and the removal of their enslaved labourers. This early version of an ameliorative code did not last long and was soon replaced by the very man who implemented it; Thomas Picton's authoritarian regime came to be best known for its "spectacular violence," terror and cruelty.[60]

In the mid-1820s, new laws—known as "Orders in Council" of the King— were introduced against varying levels of resistance into each colony individually, demarcating the rights of enslavers and enslaved people, and outlining specific parameters for punishment, labour, and healthcare.[61] In a letter to Sir Ralph James Woodford, third Governor of Trinidad, on the 25th March 1824, Earl Bathurst summarized the important changes wrought by the 'Order in Council for the

[59] Ibid.

[60] Epstein, *Scandal of Colonial Rule,* p. 128. As Epstein points out, the British Government was "under intense pressure from abolitionists to arrest the development of slavery in the newly ceded colony [of Trinidad]," and "as a slave owner himself and an advocate of expanding…slavery, Picton was hardly the right man [to rule]." P.130.

[61] Copies of the Orders in Council for each colony are contained within the House of Commons papers; 'Earl Bathurst to Sir R. Woodford, transmitting Copy of Order in Council for the improvement of the condition of Slaves in that Colony,' Trinidad, March 1824,' Papers in explanation of measures for melioration of condition of slave population in W. .indies, and s. America,1825. [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=74f47fd3-91b0-46f3-b878-1accd140e532&rsId=17DA9B38F68]. The Trinidad Order was sent to the governing elites of Berbice and Demerara-Essequibo in March and June 1825, with instructions to alter the laws in accordance with the Dutch laws already in place there. These letters, along with the drafts created by the colonies' elites, can be found in the Parliamentary Papers mentioned above. See 'Earl Bathurst to Sir B. D'Urban, inclosing Copy of an Order in Council about to be passed for Trinidad, applying provisions thereof to the Dutch Law for Demerara be forthwith transmitted,' p. 187, and 'Earl Bathurst to Lieut.-Gov. Beard, Extract of Dispatch, acknowledging receipt of Dispatches of Jan. 14 and May. 14, and transmitting Copy of an Order in Council for Trinidad, with instructions to prepare a Draft for an analogous Order in Council, adapting the provisions thereof to the Dutch Laws of Berbice,' p. 229. See also the consolidated order of 1831, *Order in Council for Consolidating the Laws for Improving Conditions of Slaves in His Majesties Colonies of Trinidad, Berbice, Demerara, St. Lucia, Cape of Good Hope, and Mauritius*, (1831), House of Commons Papers, XXXIII.1, no. 013, p.17, [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=ff15e66a-3502-4606-892f-526699ab7c2d&rsId=183998099F4#209]

Improvement of the Condition of the Slaves in that Island.' Detailing changes to punishments and labour expectations, he wrote that "with respect to the punishment of female Slaves...all corporal punishment by the whip, cat or stick, is with respect to them absolutely forbidden."[62] Slaveowners were also to be instructed that all labour "with the necessary exceptions" would be forbidden on the Sabbath. To assist in the policing of this order, certain colonies would employ special magistrates in the position of "guardian and protector of Slaves," though Bathurst clearly outlined concerns held by both pro-slavery and abolitionist advocates about the way in which such an office would operate. He wrote that, "I am as ready as any man to acknowledge and maintain, that the Slave must be considered as the property of his master. But a Slave has his rights—he has a right to the protection of his master in return for his service, and the law must secure to him that protection."[63] The idea of "customary rights" was not new to some enslaved people in the 1820s, specifically those living in the colonies that became British Guiana, but they were not codified in the British Caribbean before 1824.

The letter to Woodford stated that if the protector of slaves were, "enjoined at stated times to visit the plantations, and receive the complaints [of] the slaves," it might incite "frivolous or unfounded accusations," against masters. On the other hand, Bathurst also acknowledged that if access to the protector were confined to his time spent on the plantations, that "the terror which a rigorous master might know how to inspire... might silence complaints which would require interference."[64] In other

[62] Letter from Earl Bathurst to Sir Ralph Woodford, (1824), in "Papers in Explanation of Measures for Melioration of the Condition of the Slave Population in the West Indies and South America, 1825," Vol.26, pp.139-40, [https://parlipapers.proquest.com/parlipapers/docview/t70.d75.1825-009731?accountid=10673].
[63] Ibid.
[64] Ibid

words, enslaved labourers might not find the courage to complain in the presence of their enslavers. Such measures were also to be extended to Demerara, Essequibo, Berbice, St. Lucia, the Cape, and Mauritius, somewhat unifying the experiences of amelioration for enslaved inhabitants in these places.[65]

At the centre of this legislative process was the office of the protector of slaves, supported by numerous assistants in far-flung parts of each colony, to whom all records of offences, criminal proceedings, complaints, punishments, and manumissions were to be handed over. It was then the job of the protectors to compile these records into reports covering six- month periods from January to June, and July to December for each year that they served. The laws governing the office of the protector of slaves, a paid position, was the same in every colony, and included the stipulation that the protector must not be a slaveowner himself. Protectors held the authority to oversee and penalise the actions of enslavers regarding certain aspects of enslavement including marriage, punishment, labour on Sundays, provision grounds, and religious instruction. However, the legislation that granted those powers fell short of providing clear parameters for the provision of healthcare for enslaved people, aside from the legal requirement for all estates to have a dedicated hospital, and did not delineate types of labour based on the status of enslaved people's health or gender. In place of clear laws regarding the provision of healthcare for enslaved people, were well-understood cultural and political expectations. These expectations came into being as a result of abolitionist concerns over the conditions of slavery in Britain's Caribbean colonies and due to the need for naturally increasing slave populations post 1807.

[65] Ibid, p. 119.

Each protector brought with him (and they were invariably male) his own set of skills and experience, and with that his own way of dealing with complaints. Henry Gloster, a long-term inhabitant of the colony of Trinidad, had served as Attorney- General in the island from 1802, and was well-versed in Spanish and British slave law. Hand-picked by Governor Woodford, Gloster was a trained lawyer and was Trinidad's only protector throughout the period of amelioration. Other colonies, such as Demerara-Essequibo had a higher turn-over of protectors, employing three individuals between 1826-1834. The first, Aretas William Young, an outsider and former acting Governor of Trinidad, proved to be a controversial choice for the role, and he was often accused of providing inadequate and "sparse" reports by metropolitan Britons and abolitionists.[66] Young's successor, Charles Elliot, was a naval office and colonial official who held the office from 1830-1833.[67] Demerara-Essequibo's final protector was a former surgeon named Edward H. Gibbon, the colonies' shortest-serving protector. Two protectors served the colony of Berbice between 1826 and emancipation, firstly David Power, and later John McLeod.

It is difficult to make meaningful comparisons between the work and political views of each protector as some were more forthcoming with their analysis of the cases recorded in the half-yearly reports that they compiled, and more is known about some than others. Further, any discussion of individual protector's attitudes toward their office would be purely speculative. Every now and again, however, their words

[66] Caroline Q. Spence, "Ameliorating Empire: Slavery and Protection in the British Colonies, 1783-1865," Doctoral Dissertation (Harvard University, 2014), [https://dash.harvard.edu/handle/1/13070043], accessed 28/05/2023, pp. 233-235.
[67] J.K. Laughton, "Elliot, Sir Charles," *Oxford Dictionary of National Biography,* (published online, Sept. 2004), [https://www.oxforddnb.com/display/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-8656?rskey=NnLEEN], accessed 28/05/2023.

offer some insight into how they viewed the work that they performed. For instance, David Power, protector in Berbice, used his platform to argue against what he saw as the inadequacies and cruelties of certain colonial laws, including the mortgaging of enslaved people, and the practice of separating kin.[68] Some protectors, like Aretas Young, were more lenient with enslavers who stood accused of mistreatment than others, dismissing complaints without conducting investigations on individual plantations. Others, such as Charles Elliot, appeared to be quicker to impose fines on offending enslavers for acts deemed illegal, including for the infliction of illegal punishments or, in one case, for not employing a legally qualified medical practitioner to attend to the sick.[69] Oftentimes, the only glimpse we get into how individual protectors reacted to or viewed certain types of complaints comes from the notes protectors wrote when adjudicating on them.

Figure 3: Richard Bridgens, *Protector of Slaves Office (Trinidad), ca. 1833*.

[68] See Browne, *Surviving Slavery,* pp.174-175.
[69] Case of Charlotte against her owner, D.J. Maloney, CO 116/ 157. Elliot fined Maloney £40 sterling and referred the case to the Crown Advocate.

What we can do, however, is combine the visual cues provided by contemporary artwork, the written content of enslaved people's complaints, and our knowledge of colonial landscapes to reimagine what the protectors' offices might have looked like, how people travelled there, and the nature of protector's interactions with enslaved complainants. Figure 1 is an illustration of the office of the protector of slaves in Trinidad by English sculptor, furniture-maker, and architect, Richard Bridgens, from 1833.[70] A resident of Trinidad, and heir through marriage of the plantation of St. Clair in Tacarigua and Arouca (a little over ten miles from Port of Spain), Bridgens created many images of enslaved life and labour. While in Trinidad, Bridgens worked as a "superintendent of public works," in Port of Spain and may have spent time observing Henry Gloster at work.[71] As Tim Barringer, Gillian Forrester, and Barbaro Martinez-Ruiz explain in their work on the visual representations of plantation life in Jamaica, Bridgens' work "[laid] bare the routine practices of physical coercion and the regime of punishment that sustained slavery." Through his illustrations, Bridgens did more than purely illustrate the realities of enslaved and colonial life; it has been noted that his work "constituted an apologia for the institution of slavery."[72] Bridgens' depiction of enslaved complainants in this image is undeniably racist and typical of his representation of enslaved people more widely. Speaking of multiple illustrations of enslaved people from his work *West India Scenery*, Bridgens wrote that, "the

[70] Richard Bridgens, *Protector of Slaves Office (Trinidad), ca. 1833*, Yale Centre for British Art, [https://www.collections.britishart.yale.edu/catalog/tms:7675]; see also Brian Austen, "Bridgens, Richard," *Oxford Art Online,* (2003), [https://www-oxfordartonline-com.ezproxy.is.ed.ac.uk/groveart/display/10.1093/gao/9781884446054.001.0001/oao-9781884446054-e-7000011315#oao-9781884446054-e-7000011315]
[71] Tim Barringer, Gillian Forrester, and Barbaro Martinez-Ruiz, "Catalogue: Life and Labor in Jamacia, 1807-34," in Amy Meyers, ed., *Art and Emancipation in Jamaica: Isaac Mendes Belisario and His Worlds,* (Yale Center for British Art; 2007), pp. 311-361.
[72] Barringer, Forrester, and Martinez-Ruiz, "Catalogue: Sketches of Character," in Amy Meyers, ed., *Art and Emancipation in Jamaica: Isaac Mendes Belisario and his Worlds,* pp.425-461.

narrow, retreating forehead, and the disproportionate size of the back part of the skull, indicate…the feeble intellectual powers…for which the Negro is remarkable."[73]

However, Bridgens' illustration of what we might assume is Henry Gloster's office is also an astute examination of the protector's office, the types of complaints enslaved people made, and of the way that amelioration worked, or did not work, in Trinidad. His inclusion of the book on "Spanish Law" on the protector's desk hints at the transcultural nature of law and society in Trinidad (which would have been mirrored by the survival of Dutch Law and cultural practices in British Guiana), while the images of "model stocks" behind the desk highlight the focus of ameliorative law on alternative and less fatal forms of punishment. A sign to the left of the image reads "Tirez Votre Chapeau," instructing visitors to remove their hats when entering, though it is likely that many enslaved complainants would have been unable to read this. The line of enslaved complainants, which is shown to be flowing out of the door, demonstrates a wide range of injuries and illnesses presumably caused by illegal punishment, injury through labour, and malnutrition. On the right of the image, a mother carrying her young child is seen giving a statement to the protector's assistant and a translator while her breast is exposed, perhaps hinting at the types of complaints typically reported by childbearing and mothering women, including the struggles they faced to breastfeed their children. Bridgens' depiction of the protector of slaves' office is remarkably consistent with the complaints of enslaved individuals analysed in this study, and with the many others that could not be included here.

[73] Richard Bridgens, letterpress for plate of "No.1, 2, 5 & 6, Negro 3, & 4, Indian Characters," (1836), unpaginated.

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Reporting Complaints: Exercising Enslaved Rights

A sample of one-hundred and forty-two cases containing health-related complaints were selected for this study. Complaints relating to injuries, disease, childbearing, enslaved healthcare practices, plantation medicine, and labour were primarily recorded for analysis, all of which demonstrate that enslaved complainants had significantly similar grievances about their health and work. Not only that, but their complaints show a widespread understanding of the rights, however limited, that enslaved people held in the British Caribbean during the 1820s and 1830s. In May 1824, in the early period of amelioration, Major-General Sir Benjamin D'Urban, Governor of Demerara and Essequibo, wrote to Secretary of War and Colonies, Henry Bathurst, 3rd Earl of Bathurst, that,

> Many of the Slaves of this Colony, and especially those on the East Coast, are described to me as remarkably well informed upon all that passes in England and the colonies interesting to their views and condition; many of them read, most of them well understand what is read, or repeated to them, they are all (naturally enough) inquisitive and anxious to learn whatever relates to them, and unquestionably they continue to procure very early information of all discussions in Parliament, in the newspapers, and in public prints.[74]

An understanding of amelioration era legal rights and obligations was a crucial part of the complaint process for both enslaved complainants and enslavers, especially for enslaved people who often faced difficulty in proving their cases.

[74] Major- General Sir Benjamin D'Urban in "*Extract of a despatch addressed to Earl Bathurst by Maj-General Sir B. D'Urban, dated King's House, Demerara, 5th May 1824,"* House of Commons Papers, (008 010) XXVI.205, XXVII.1, *Papers in Explanation of Measures for Melioration of Condition of Slave Population in W. Indies and S. America, 1825*, pp. 193-194.

Time constraints in the research phase of this project, as well as archive closures caused by Covid-19, prevented a larger sample from being used and has somewhat limited quantitative analysis. Nevertheless, much of the analysis of complaints that appears in this study includes a discussion of the broader trends seen among this sample. For instance, the majority of unwell or childbearing complainants visited the protector to ask for respite from hard labour, or for an alteration to their assigned work, while other common complaints cited a lack of appropriate medical and food provisions. Likewise, complaints about violent, and illegal punishment such as the misuse of the whip frequently appear in these records, as do more general complaints of ill-treatment or cruelty.

Most complaints resulted in dismissal by the protector of slaves. For example, of the one-hundred and forty-two cases mentioned, only twenty-one resulted in a negative outcome for the enslaver, including a fine (usually around £10 sterling), indictment, or referral to a higher judicial power such as the Crown Advocate. Such a response was indicative of illegal activity on the part of an enslaver, including whipping a female slave, or confining an enslaved individual for extended periods of time. Fourteen other cases did not have a recorded outcome, while the remaining one-hundred and seven complaints were dismissed, the protector finding in favour of the enslaver. However, it should be noted that the classification of complaint outcomes is difficult since responses from protectors varied in leniency—in some cases protectors formally dismissed a complaint, but not before reprimanding an owner for ill-treatment of their slaves and investigating claims of cruelty, while others dismissed complaints outright with no recourse to witness testimony.

Most commonly, complainants appeared before the protector alone to complain of hostile acts—including criminal acts and acts of abuse-- committed against themselves, usually by their enslavers, including by their owners, managers, and overseers. On other occasions, enslaved people filed complaints against other enslaved people for issues such as stealing and assault. Very rarely, complaints were lodged by an individual or a handful of people on behalf of another slave; sometimes recorded as relatives of the victim, these complainants were also sometimes enslaved labourers from the same or surrounding plantations, whilst an even smaller number appear to have had little to no personal connection with the person they were representing. As an example, of sixty-six health-related complaints lodged between August 1831- May 1834 to acting protectors of slaves, E.H. Gibbon, and Charles Elliot in Demerara-Essequibo, only one (1.5 %) was lodged by complainants on behalf of someone else. Similarly, out of forty-nine recorded health-related complaints in Berbice between January 1831 and March 1834, only two cases (4%) were brought to the protector by someone other than the victim.[75] In a handful of cases, complaints were made by two or more individuals at the same time (around 8% of the cases recorded in Demerara/Essequibo, and 10% in Berbice). Of those group complaints, some focused on the same or connected experiences and hostile acts, whilst others spoke to different, personal grievances. Where groups of enslaved complainants spoke to disconnected grievances, their cases were not treated individually, but were recorded as a single entry against the same accused party. Group complainants gave no indication as to why they had journeyed to the protector together, though one can imagine that such a tactic provided a sense of safety in numbers; speaking out against a particularly violent enslaver would be

[75] Offence Records, CO 116/48-63.

difficult enough for any slave but providing multiple pieces of evidence against them may have been viewed as a more successful method of complaining, or even as a way of escaping punishment upon their return.

The journey to the office of the protector was often fraught with physical, geographical, and legal dangers; enslaved individuals travelled through difficult terrain and treacherous waterways, and often risked the violent wrath of their enslavers, or the threat of imprisonment when travelling without a pass. Some complainants travelled for many miles to visit the office of the protector of slaves or their assistants, along rivers and coastal waters, along miles of dirt roads lining the boundaries of neighbouring plantations, over Trinidadian hills and through valleys, through the thick forests of British Guiana, in inclement weather or through pitch black nights. Far from being seen as a sign of their desperation and need for help, travelling a vast distance to file a complaint could do real damage to an individual's chance of a successful outcome. For instance, a thirty-five-year-old man named Hope, a slave of the Skeldon plantation in Berbice, travelled over seventy miles over rough terrain and "across dangerous creeks" to meet with acting protector, John McLeod in December 1833. Hope complained that he had been placed in the "dark room" overnight for not completing his work whilst sick, and later "remained in the sick house for three days."[76] McLeod dismissed the complaint on the grounds that a doctor had declared Hope fit for labour, further stating that the fact he had walked seventy miles to complain proved that Hope was "certainly able to do his work on the estate."[77]

[76] CO 116/153.
[77] Ibid.

No matter how far they travelled, all enslaved complainants were also expected to carry a pass from their master or manager, or risk being turned away. Though not all those who visited the protector without a pass were immediately dismissed, protectors withheld the right to turn complainants away without one. In 1832, thirty-year-old enslaved woman Allee, of the New Forest Plantation arrived at John McLeod's office without a pass. Allee explained that her duties as a mother to a six-month-old child left her unable to carry out as much work as other field labourers, and that she had been punished for planting fewer canes than the rest of her gang. McLeod dismissed her almost immediately, citing her lack of a pass as his reason. He further reprimanded her, claiming that she should "exert [herself] more at work," since she had a creole nurse to care for the child during work hours.[78] Though Allee had been able to call upon a witness in support of her testimony—fellow slave Thomas—her case was not afforded any further attention.

Protectors and their assistants investigated complaints in various ways; by acquiring statements, sometimes one or sometimes multiple, from "the witnesses…in support of the *complaint,"* and recording the "substance of the defence made by the accused party or parties."[79] Any statements taken from the accused party were often also supported by further witness statements, sometimes given by other white colonists or sometimes by enslaved individuals who held positions of relative authority such as drivers and sick nurses. To collect these testimonies, the protectors, and their assistants often "summoned" the accused party and any relevant witnesses to their

[78] 116/151.
[79] Example taken from wording of a complaint filed within a report compiled by protector Charles Elliot, CO 116/157. Protectors populated information on pre-printed pages later bound in volumes that represented all cases brought before the office within a six-month period (Jan-Jun or Jul-Dec).

office, or to their own homes. In other cases, protectors or their assistants attended the estates on which a complainant resided. Such investigations appear to have been reserved for more serious cases involving accusations of illegal punishment or unusual cruelty. Upon visiting these estates, protectors were expected to collect statements from enslaved labourers about their general treatment and to assess the physical environment in which they lived and worked. Further, they were expected to assess the proprietor's adherence to record-keeping regarding offences committed by enslaved people and the punishments they received. Plantation hospital record books may also have been inspected where a complainant reported a lack of access to adequate healthcare.

Despite the formal measures put in place by ameliorative legislation, and the many new forms of governance and control encapsulated within the office of the protector, very little improvement occurred in the socio-medical lives of enslaved individuals. Throughout the first three decades of the nineteenth century, mortality rates remained high and birth rates low, just as they had in the period before the abolition of the slave trade. Further, despite the protections seemingly offered by the protector of slaves, enslaved individuals continued to complain of inadequate healthcare, or even the complete absence of it, right up to the end of British slavery. Enslaved individuals such as Charlotte, a mother to five living and two deceased enslaved children, continued to carry out strenuous labour beyond her physical abilities, and received no recognition or respite for the labours of her womb. The office of the protector of slaves, though a central feature of the British programme of amelioration, did little more than provide written evidence that the corporeal experiences of enslaved individuals continued to be characterised by ill-health and

violence, while their material environment remained hazardous, unhygienic, and hostile.

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The Protector of Slaves Reports and Storytelling

Without the written record of amelioration's failure, it would not be possible to tell stories like Charlotte's. We would not know of the large family she had; we could not imagine the pain she felt at the loss of two children or discuss the issues she likely faced with her health. Through the words of the protectors who so often failed women and enslaved people like Charlotte, we can observe her struggles in this brief interlude and take a moment to consider what her complaint says about the health experiences of enslaved people from the ground up.

These sources clearly have their limits; from Charlotte's complaint we see only a snapshot of her daily experiences, and this alone cannot tell us all we need to know about her life on the Arcadia estate, about her experiences of motherhood, of illness, or labour. On first reading, Charlotte's complaint appears straightforward in comparison to many others; Elliot did not feel the need to examine the statements of any witnesses in support of Charlotte's complaint, nor any in defence of Osborn and Thornton, and Charlotte made no claims of violence being used against her, which might have necessitated an investigation into the running of the Arcadia estate and an examination of the plantation's record books. Conversely, Charlotte was not highly critical of her enslavers in her complaint. She was perhaps strategically deferential, as she conceded that she had "no other complaint to prefer" against

either Osborn or Thornton beyond the issue of her labour. And though Charlotte's sore prevented her from doing any strenuous labour and was likely the cause of great pain and discomfort for her, she admitted to receiving sufficient medical attention from her enslavers, which Osborn reiterated in his own statement. Elliot was able to conduct his investigation from the comfort of his George Town office and did not need to refer the case to any higher court of civil or legal inquiry. About a week after Charlotte made her complaint, Elliot dismissed it, requiring no further action or penalty.

However, Charlotte's complaint was a courageous and intelligent demonstration of her intimate knowledge of the rules that governed the slave society and British colony of Demerara, and of her power and vulnerability as an enslaved woman. The snapshot of Charlotte's life that becomes visible through her complaint also reveals a lot about the realities of enslaved life in the slave colonies that would become British Guiana and Trinidad, which were governed, by the mid- 1820s, by the same ameliorative laws. Each element of Charlotte's life, or at least the parts of it hinted at in this complaint, represent an important point of departure for a deeper discussion of the health, labour, and reproductive experiences of enslaved people living in the peripheries of the British Caribbean, and of the impact of the political experiment of British amelioration.

For example, the "constitutional" sore on Charlotte's right leg was a common injury among enslaved people and could often lead to serious health complications or disability. Whilst most complaints, including Charlotte's, speak about such health issues in reference to their ability or inability to labour, in more general terms they

offer an insight into the types of medical concerns that enslaved people faced, and the ways in which they suffered. Her struggles with Osborn and Thornton, which manifested as an ongoing dispute over her labouring ability and the actual labour she performed, were a part of the wider power struggles that took place on British Caribbean slave plantations more widely. Such struggles were a symptom of the system of slavery itself and were an unavoidable part of a very complex social and political system in which enslaved people vied for control of their bodies, their health, their children, and their daily lives. Charlotte's admission that she received adequate medical attention, though her sore had not been cured, teamed with Osborn's claims that Charlotte "neglected" herself, speaks to the inherently broken system of healthcare in place on plantations such as Arcadia, in which enslaved people relied upon the clemency and expertise of enslavers and European doctors for whom economic profit was the main concern. If Charlotte made any attempt to treat herself, or to seek the medical attention of another enslaved person, her exchange with Elliot does not reveal this. More likely, however, is that Osborn misunderstood or misrepresented Charlotte's engagement with self or community-based care practices as acts of "neglect." All these themes are explored in more depth in the chapters that follow using the stories of other enslaved complainants.

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Chapter one of this study focuses on the life and experiences of a diseased enslaved man named King. In it I reimagine his journey from an undefined location in West Africa, to a plantation in Berbice, and the way in which his disease may have impacted his daily life. The chapter demonstrates that multiple sources can be utilised to tell the stories of individual enslaved people, accepting that conjecture and

loss must be a part of that process, as the subject of our inquiry ultimately "[eludes] our grasp."[80] Further, in this chapter I aim to demonstrate that all aspects of enslavement revolved around health and medicine. The second chapter considers all forms of physical disability and labour-limiting conditions. It considers the vulnerable and powerful position of disabled enslaved people and borrows from the social model of disability in its thinking about how enslaved people and enslavers interacted, how disability shaped enslaved life, and about slaveowner's representations of disabled enslaved people. The role of enslaved healthcare practices and forms of medical knowledge is considered in the third chapter. The chapter highlights the limitations of sources written by white medical men in revealing the true extent of enslaved involvement in healthcare practices and demonstrates the breadth of knowledge held by both trained individuals such as sick nurses and laypeople. In a departure from other, numerous, studies on this topic, the chapter frames such encounters as practices of 'self-' and 'community- care,' highlighting the somewhat banal but far more common experiences of enslaved people where health and healthcare was concerned. Lastly, chapter four of this study explores the labour and healthcare experiences of reproductive enslaved women. It focuses on the way that amelioration and the abolition of the slave trade impacted such women, including pronatalist policies. It explores the intersection of ameliorative legislation on childbearing women's labour, with planters' aims, doctor's treatises on the healthcare of pregnant and mothering slaves, and enslaved women's experiences as revealed in their complaints.

[80] Saidiya Hartman, "Venus in Two Acts," p. 6.

This is a study of enslaved individuals; it seeks out their voices, their experiences of health and ill-health, their encounters with medicine and with each other in a social-medical context. It explores, sometimes through imaginative means, their everyday lives and the medical interactions that were a central feature of each day that they lived and laboured. It places the complaints of enslaved individuals at the centre of its investigation in the hope that they might reveal something more personal, more human, about their medical experiences, which are obscured or altogether hidden in the writings of European medical tracts.

However, this is also a study of communal experiences, not only the communal experience of complaining, but of the communal, ubiquitous experience of healthcare. It covers a wide range of medical events and physical ailments, using a broad brush to paint a picture of the physiological and corporeal encounters of entire enslaved communities living in the nineteenth-century British Caribbean. Despite differences in legislation, geography, and sometimes labour practices, the communal experiences highlighted by this study are applicable and paralleled in the lives of enslaved communities across all colonies in the British Caribbean.

The reports of the protectors of slaves are rich and under-utilised sources worthy of further inquiry. The connection between amelioration and enslaved healthcare in the British Caribbean has also been under-studied, a gap that this thesis fills. The protectors' reports carry in them hundreds of narratives by and about enslaved people's everyday experiences, even if only as a snapshot in time. Narratives of resistance, agency, and survival coexist in these documents and within individual's stories, demonstrating that such tactics were not always polarizing, but were

responses that were deeply entangled with one another. The enslaved people who appear in these records often acted in ways that combined all three tactics, sometimes simultaneously. Intimate stories abound within the pages of these reports, which historians are surely duty-bound to observe and analyse. Enslaved complainants, empowered by their knowledge of amelioration and the limited rights it granted them, visited the protector in order that their stories might be heard, and their grievances answered, though they undoubtedly imagined a smaller and more immediate audience. What their stories show is that healing knowledge was held by a diverse range of enslaved people, and that healthcare, interpreted here as access to curative and preventative medicine and surgical procedures, acts of healing, herbalism, and material provisions including food, clothing, and shelter, was of immense importance to enslaved complainants. At every turn, the evidence provided in the reports of the protectors of slaves show that health and medical care, and the political, cultural, and physical power-struggles that surrounded these facets of enslaved life, lay at the very core of the system of slavery.

Chapter One

The Life of King: The Middle Passage, Plantation Slavery, and Medical Care in the 'Last Caribbean Frontier'

In February 1831, a diseased enslaved man named King stood accused of stealing and killing a fowl and, despite a lack of evidence against him, faced punishment at the hands of his enslaver.[1] Both King and his accuser, Eve, lived on the Rose Hall plantation on the west sea-coast of Berbice where they worked as field labourers, and were enslaved by Scottish slaveholders William Alves and John Cameron. Supported by her friend and fellow field labourer, Amelia, Eve reported King to William Gunn, the estate manager. Though the two women provided no discernible evidence that King had stolen or killed Eve's fowl, Gunn agreed that King was guilty and forced him to give four of his own fowl to Eve as compensation. Gunn then instructed King to return to the field.[2] Feeling unfairly treated, King refused to perform his work and travelled instead to the office of William Power, the protector of slaves in New Amsterdam. There King filed a complaint against Gunn with the aim of retrieving the fowl that had been taken from him.

In his report, King openly admitted that he had refused Gunn's instruction to return to work, demonstrating that he understood his right to complain under the laws of British amelioration and that he was willing, perhaps even unafraid, to challenge Gunn's authority to achieve his own ends. King also mentioned that he suffered from yaws, a debilitating disease which likely made it difficult for him to work, and which

[1] CO 116/148, ff. 215-219.
[2] Ibid, f. 217.

undoubtedly influenced the way that others viewed him. Power recorded witness statements from all involved, and, though the witnesses were largely uncomplimentary toward King—for example, Gunn stated that King had "on former occasions been guilty of the same offence" and suggested that King had lied in his complaint—Power ruled that King's fowl should be returned to him.[3]

The statements given by the witnesses Power examined suggest that King was not popular among residents of the Rose Hall plantation. Those involved seemed convinced that the fowl could only have been stolen by King, despite a lack of evidence, indicating that he had a bad reputation. Despite this, King returned to Rose Hall, presumably happy in the knowledge that he had achieved a favourable outcome. It is likely that King continued to live on the Rose Hall plantation until after the abolition of slavery and perhaps beyond this, though there is no record of what happened to him or how his disease progressed. Unfortunately, most of King's life remains a mystery. Much of what we can 'know' of King's life can only be inferred from an examination of multiple different historical documents, many of which are not directly linked to him or his enslavers, but which nonetheless provide important insights into enslaved life.

Over the last fifty years or more, scholars of transatlantic slavery have increasingly turned their attention to telling stories about the everyday lives of enslaved individuals such as King. More recently, the work of Saidiya Hartman, Randy Browne, Marisa Fuentes, Elise Mitchell, and Simon Newman, among many others,

[3] Ibid.

have aptly demonstrated the methods that can be used to explore (sometimes through speculative means) the lives of those who appear as fragmentary figures in archives that are dominated by the words and experiences of white enslavers.[4] In the writing of this chapter, and indeed the remainder of this thesis, I have taken inspiration from such works and attempt to employ a methodological approach that Hartman has described as "critical fabulation," understanding that there is much that we cannot know, but seeking nonetheless to make King's life "typical in order [that it] provides a window onto the lives of the enslaved in general.".[5] This work is also influenced by the work of Elise Mitchell, who argues that "speculation offers a way to divest from autopoiesis in slavery's afterlife."[6] By speculating on the various experiences King may have had as an African-born enslaved man, this chapter explores "what could have been" and both utilises and challenges the unyielding and violent narrative arch of the colonial archive, providing a space in which pivotal moments of King's life can be more fully investigated and viewed.[7] Any success in telling such stories in the pages that follow owes much to the frameworks demonstrated by these scholars and to the detailed accounts recorded within the reports of the protectors of slaves, which offer more information about individual enslaved people than most British colonial sources produced in the entire period of

[4] Saidiya Hartman, *Lose Your Mother: A Journey Along the Atlantic Route,* (New York: Farrar, Strauss, and Giroux, 2008); Elise Mitchell, "On Slavery, Medicine, Speculation, and the Archive," *Historical Studies in the Natural Sciences,* vol. 53, no. 1, (February 2023), pp. 82-85; Randy Browne, *Surviving Slavery,* Marisa Fuentes, *Dispossessed Lives*; and Simon Newman, *Freedom Seekers*.
[5] Saidiya, Hartman, "Venus in Two Acts," pp. 1-14.
[6] Mitchell, "On Slavery," p. 85; Katherine McKittrick, *Dear Science and Other Stories,* (Durham, NC: Duke University Press, 2021) discusses "autopoiesis," a biology term that describes a cell's capacity to reproduce and maintain itself. McKittrick challenges and "breaches" the logic of this word in her exploration of the "humanizing work [of] Black creatives," pp. 1-2; Hartman, *Lose Your Mother*, p. 6.
[7] The term "what could have been" is discussed by Lisa Lowe, "The Intimacies of Four Continents," in Ann Laura Stoler, ed., Haunted by Empire: Geographies of Intimacy in North American History (Durham: Duke University Press, 2006). Lowe suggests that the "past conditional temporality of the "what could have been," symbolizes aptly the space of a different kind of thinking… with twofold attention that seeks to encompass at once the positive objects and methods of history…and also the matters absent, entangled, and unavailable by its methods," pp. 40-41.

British transatlantic slavery. However, silences remain within these sources and most of King's life is necessarily imagined through the lives and recorded experiences of others.

Inspired by the works mentioned above, this chapter offers a micro-history of plantation slavery and medical care in the outer reaches of the British Caribbean and uses the life of King to explore key aspects of enslaved life at a time of great political turmoil. One of the challenges of writing such a speculative history is striking a balance between providing an unbiased and critical analysis of King's corporeal and psychological experiences of enslavement in the typical historical tradition, and narrating the undocumented, the hidden, or the silenced interactions he had over the course of his life. King appears only as glimpses in a handful of sources and investigative attempts to delve deeper into the facts of his life often lead nowhere. However, through engagement with the work of eminent scholars of transatlantic slavery, and the narratives and complaints of enslaved and free people who experienced slavery contemporaneously, it is possible to build a speculative understanding of King's life experiences.

Though this is a speculative history, it is bolstered by works such as those by David Eltis, Stanley Engerman, and Herbert S. Klein, who were concerned with quantifying information in the archive and with recording in detail what we *can know* about enslaved people from plantation ledgers, ships' logs, colonisers' journals and the like.[8] Beyond this, this chapter and others are also in conversation with more recent studies that consider the role and experiences of enslaved people in the making,

[8] Eltis and Engerman, "Was the Slave Trade Dominated by Men?"; Klein, *The Middle Passage*.

dissemination, and adaptation of medicine and healthcare, including studies by Londa Schiebinger, and Pablo Gomez.[9] This chapter will investigate the different medical and material experiences King may have had as an African-born slave transported to the British Caribbean during the peak of the transatlantic slave trade and at a time of intense political change in the form of abolitionism and amelioration.

This chapter uses King's life to demonstrate that health and medicine were at the very centre of the system of slavery. It will discuss King's enslavement journey through a medical lens, considering the medical experiences he may have had on board a slaving ship, the medical treatment available to enslaved people like him on Caribbean plantations, and the disease that plagued him. It will engage broadly with existing literature on relevant themes including the seasoned debates on mortality within the slave trade, though its principal aim is to explore the reality of enslaved people's experiences of medicine, disease, and healthcare from the Middle Passage to Caribbean plantations. By doing so it will set the scene for the remaining chapters, which explore significant and everyday medical and healthcare experiences in more detail. Due to a lack of information about King personally, it will utilise many well-known and far more detailed sources such as abolitionist writings, medical pamphlets, and other complaints reported to the protector of slaves, which, taken collectively, speak to multiple different aspects of enslaved people's lives, the life cycle of British slavery, and the British transatlantic slave trade.

[9] Schiebinger, *Secret Cures of Slaves*; Gomez, *The Experiential Caribbean*.

King's experience of life as an enslaved man in the British Caribbean is shrouded by the unknown; we do not know what his early years entailed, where he was born, how or when he became unwell with yaws, and how much the disease affected him, nor do we know who his friends and family were, or how and when he died. His voice, just like the hundreds of other enslaved voices that are recorded within the reports of the protectors of slaves, is broken and diluted by the violence and oppression of slavery and colonial archives, while millions of others remain entirely silenced. What we do know of King can be concisely summarised through two sources: his complaint to Power, and a return of slaves made by his enslavers, Alves, and Cameron, submitted in December 1821. According to the record for the Rose Hall and Inverness plantations (of which Alves and Cameron were equal proprietors) found within the Slave Registers of former British Colonial Dependencies, King was born somewhere in Africa in or around the year 1792.[10] By 1817, he was living as an enslaved labourer on the Mes Delices plantation in Demerara, which was owned at that time by William Alves. Alves appears to have only owned Mes Delices for one year, after which he transferred some one-hundred and twenty-nine enslaved people, including King, over sixty-five miles from there to the Rose Hall and Inverness estates in Berbice, which were treated as "one concern."[11]

It is likely that King and the rest of Alves' enslaved population travelled to Berbice by sea and river in what George Pinckard described as a "sloop"— a form of sailboat

[10] An entry for a man named King can be found in the return of slaves filed by William Alves and John Cameron in 1821, in the Former British Colonial Dependencies, Slave Registers, 1813-1834 for 'King', The National Archives, images 630-633, accessed via https://www.ancestry.co.uk/imageviewer/collections/1129/images/CSUK1812_133724-00629?backlabel=ReturnSearchResults&queryId=562254cd4598c5d570b081fa40dc5bc5&pId=3826607.

[11] Slave Registers; Centre for the Study of the Legacies and British Slavery, entries for Mes Delices estate, British Guiana (Demerara) https://www.ucl.ac.uk/lbs/estate/view/7948, and Rose Hall and Inverness estates, British Guiana (Berbice) https://www.ucl.ac.uk/lbs/estate/view/4733.

that was commonly used to ferry people and goods between colonies like Berbice and Demerara.[12] Embarking from Georgetown, Demerara, King and his fellow captives probably travelled aboard the deck of the sloop as the hold was likely too small for the majority of the captives to fit, and they would have been at the mercy of the weather. After departing, the sloop travelled in a south-easterly direction to the mouth of the Berbice River, the entranceway to the somewhat unimpressive port town of New Amsterdam, which would later become home to the office of protector of slaves, William Power. In good conditions, Alves and the schooner's captain likely expected this journey to take less than twenty-four hours, though it could also take up to three or four days. Heavy rain, unfavourable winds, and difficulties presented by the thick mangrove forests that lined the coastal region of British Guiana could make the journey arduous and dangerous.[13] On arrival at the Berbice River, the sloop would have navigated around Crab Island, at which point King might have spotted Fort St. Andrews, a small battery on the eastern side of the river, formerly a Dutch fortification, and now a symbol of Britain's rule over this wild area of land. He may also have spotted Government House, one of the only brick-buildings in New Amsterdam, and the base of the colony's political elite.

[12] George Pinckard, *Notes on the West Indies,* p.314; see also Randy Browne, *Surviving Slavery in the British Caribbean,* pp. 3-23. Browne makes note of this and describes the waterways and landscape of Berbice and New Amsterdam in detail. Browne notes the importance and burden of water to the colonists and enslaved populations of Guyana, describing it as "both a blessing and a curse." David Alston describes the difficulties faced by larger, ocean-going vessels by "hard sand bars" in the Berbice River and around the "harbour at New Amsterdam… [which made it] easier to use coastal schooners to move goods to Demerara." This included the movement of enslaved people. David Alston, "The Colony of Berbice," *Slaves and Highlanders: Highland Scots in Guyana before Emancipation*, Website, accessed 11.04.2023, [https://www.spanglefish.com/slavesandhighlanders/index.asp?pageid=375156].

[13] Pinckard, *Notes on the West Indies,* p. 273.

Figure 4: *Sketch of the Sea Coast and part of the River Berbice,* 1798.[14]

It is possible that King and his group may have disembarked at New Amsterdam, though they were likely to have been taken directly to the Rose Hall plantation via a tributary of the Berbice River, the Canje River, which ran along the south-western edge of their new residence. Pinckard, who visited New Amsterdam just over a decade before King, described the area behind Fort St. Andrews, and coincidentally the location of the Rose Hall plantation, as a "deep and wild savanna, giving habitation to enormous snakes, alligators, loud-roaring frogs, and other reptiles."[15] Aside from the gradual development of the town of New Amsterdam and the emergence of more plantations like Rose Hall, Berbice still looked largely untamed

[14] *Sketch of the Sea Coast and part of the River Berbice,* (1798), CO III/2, The National Archives.
[15] Pinckard, *Notes on the West Indies,* p. 314. Pinckard also described "prowling" tigers, "wild Indians" "chattering…monkies" and "numerous other [animal] inhabitants who lived among the dense woods that surrounded the colony, 2:314.

when King first arrived—a colonial outpost that he and others were tasked with cultivating.

In Berbice, King laboured and lived among approximately three-hundred and thirty-one other enslaved people, of whom some seventy-five were African-born. The remainder, including Eve, were born in British Guiana. Further, we know that King lived with yaws, a troublesome, tropical disease that was often painful, and very common and may well have affected not only his mobility and general health, but would also have impacted his appearance, marking him out as unhealthy and of less value to his enslavers.[16] Yaws would undoubtedly have impacted King's everyday life including his experience of medical treatment at the hands of his enslavers or enslaved practitioners, and the type of labour that he could comfortably and effectively perform. It is possible that King was treated very poorly by his enslavers because of having yaws, which was viewed with extreme prejudice as an "African disease" that was carried by "dirtily disposed good-for-nothing" enslaved people.[17]The disease, and how we might imagine King experienced it, is explored later in this chapter.

The detail of King's life in Berbice is not revealed in the archive, though we might effectively reimagine them through engagement with multiple other sources. For example, we can assume certain things about King's experience of the African

[16] 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,* vol. 88, no. 2 (2014): pp. 225-252; E. I. Grin, "Endemic Syphilis and Yaws," *Bulletin World Health Organization,* vol. 15, no. 6, (1956), pp. 959-973; Londa Schiebinger, *Secret Cures*, (2017); Luke Maxfield, James E. Corley, and Jonathan S. Crane, "Yaws," in StatPearls Publishing, Issuing Body, ed., *StatPearls,* (Treasure Island, FL; StatPearls Publishing, 2022).
[16] Ibid, p.12.
[17] Schiebinger, *Secret Cures,* p.53; and Williamson, *Medical and Miscellaneous Observations,* p. 143.

diaspora which, though unique in their specifics, were paralleled in the experiences of millions of others. King was taken from his home in Africa, separated from kin, and forced across the Atlantic on a slaving ship. He may have been kidnapped, pawned, captured, or sold as a prisoner of war or a convict. Each of these scenarios would have led King on a perilous and hostile journey that likely severely impacted his mental and physiological health. Once disembarked in British Guiana and sold to the highest bidder, King, like millions of others before and after him, had to navigate his way through hostile political, social, geographical, and medical landscapes, as he faced malnourishment, new disease environments, violence, and intense labour. Along this harrowing journey, King lost not only his family, but also his birth name, and he witnessed the death and destruction of many other enslaved people through brutal treatment and illness. In Demerara and Berbice, King established a new identity and created and experienced new cultural practices alongside creoles and Africans displaced through multiple diasporas, speaking an array of different languages and dialects.[18] Stephanie Smallwood has provided an in-depth analysis of the idea of "many diasporas", explaining the multiple streams of forced migration that existed from ports and nations along the African coast to varying disembarkation points in the Americas. Of this she writes that African captives and newly arrived slaves were faced with the task of "guard[ing] against the disintegration of self in diaspora, following the implosion of the categories by which they had understood themselves and their world." King's journey from Africa across the Atlantic to the British Caribbean is explored in the next section.

[18] Smallwood, *Saltwater Slavery,* pp. 184-189.

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From Africa to British Guiana

How and when King arrived in Demerara is unknown, though assuming that he was captured and transported directly to that region, it is likely that he arrived in the Caribbean at any time between his birth in 1792 and the end of the legal slave trade in 1807, and that he was no more than fifteen years old on arrival.[19] It is possible, though less likely, that he arrived in Demerara on an illegal voyage after the abolition of the British trade, or that he was traded within both the transatlantic and intra-American slave trades. The period in which King was transported to British Guiana from Africa was a period of great change for the colonies of Berbice and Demerara-Essequibo. If he arrived directly in Demerara, he did so as part of a burgeoning enslaved population, driven by what David Alston has described as a hub of commerce "where vast fortunes continued to be made up to and beyond the end of British colonial slavery."[20] Only three years after King was born, the British slave trade between Africa and British Guiana greatly accelerated, increasing the enslaved population of Demerara from 29,473 in 1795 to 80,915 in 1807. Berbice also saw an increase of over 20,000 enslaved people in the same period, though the difficulties posed to incoming ships by a sand bar in the River Berbice meant that the majority

[19] Slave Voyages Database, Trans-Atlantic Slave Trade- Estimates, [https://www.slavevoyages.org/voyages/I7aVwsyz, accessed 25/07/2023]. Between 1792 and 1807, roughly 74,693 enslaved people were disembarked in British Guiana, compared with 1,175 between 1808 and 1817, [https://www.slavevoyages.org/voyages/I7aVwsyz, accessed 25/07/2023].
[20] David Alston, *Slaves and Highlanders: Silenced Histories of Scotland and the Caribbean,* (Edinburgh University Press, 2021), p. 109. Alston explains that British Guiana saw an increasable demand for sugar produced in this region well beyond the "old sugar islands…where soils had been depleted and returns reduced".

of those carried to British Guiana arrived first in George Town, Demerara.[21] During that period, some two-hundred and fifty-three slaving ships sailed from the African Coast to Demerara, any one of which may have been carrying King. These vessels, which are listed in the 'Slave Voyages' database, carried an average of two-hundred and eighty-six enslaved people per voyage.[22] Many of these journeys resulted in a significant loss of life among both the enslaved cargo and the ship's crew because of disease, starvation, and violence, much of which King was likely personally subject to.[23]

Pinpointing King's place of origin is impossible due to a lack of sources and is further complicated by the effects of transatlantic slavery itself. The slave trade enforced a process of assimilation and change that challenged and re-interpreted political, social, economic, and cultural life across multiple categories including but not limited to individuals' names, ethnicity, place names, and language.[24] Quantitative analysis of ship logs and registers show that multiple African coastal trading ports were used

[21] Alston, "'The habits of these creatures in clinging one to the other': Enslaved Africans, Scots, and the Plantations of Guyana," in Tom Devine ed., *Recovering Scotland's Slavery Past: The Caribbean Connection*, (Edinburgh University Press, 2015), p.100. The enslaved population of British Guiana, by 1834, also represented one eighth of the entire enslaved population of the British West Indies. Enslaved people in British Guiana, and more specifically those involved in sugar production, were valued "disproportionately highly" in comparison to those who lived in other parts of the Caribbean. For more work on compensation records and the importance of British Guiana, see Nicholas Draper, *The Price of Emancipation,* (Cambridge: Cambridge University Press, 2010).

[22] Slave Voyages Database [https://www.slavevoyages.org/voyages/I7aVwsyz accessed 02/04/2022]. Speaking of the whole slave trade, historian David Eltis explains that "no less than 26 percent of those on board [slave ships] were classed as children," in Slave Voyages, Trans-Atlantic Slave Trade-Essays, "Interpretation- A Brief Overview of the Trans-Atlantic Slave Trade: The Middle Passage," (2007).

[23] Information on mortality rates does not exist for all voyage entries listed in the Slave Voyages database, though the information we do have on the voyages between Africa and Demerara during the years 1792-1807 shows that mortality rates fluctuated between 2-7%. This is based on the number of deaths per slaves embarked on slave ships, which, according to David Eltis, is the statistic "most commonly used in studies of mortality," David Eltis, "Mortality and Voyage Length in the Middle Passage: New Evidence from the Nineteenth Century," *The Journal of Economic History,* vol. 44, no. 2, (June 1984), p. 302. Measuring mortality rates is difficult due to variations in methodology, missing data, and historical events such as technological advances in shipbuilding.

[24] Stephanie Smallwood, *Saltwater Slavery*, p. 13; John Thornton, *Africa and Africans in the Making of the Atlantic World, 1400-1800,* (Cambridge: Cambridge University Press, 1998).

for the capture and exportation of enslaved Africans to British Guiana within the period that King would have been transported, including Accra, New Calabar, Bonny, Congo River, Cape Coast Castle, Elmina, and other, unspecified ports in the Gold Coast, the Bight of Biafra, the Bight of Benin, and the Windward Coast.[25] These ports were widely distributed along thousands of miles of coastline and drew in enslaved captives from hundreds of miles into the interior of West Central Africa. As historian Daniel B. Domingues da Silva has argued, "although West Central Africa was the principal source of slaves to the Americas during the nineteenth century, the inland origins of these Africans has not been clear."[26] Though Domingues da Silva disagrees with reviews of the origins of enslaved African captives written by Joseph Miller, John Thornton, and Jan Vansina, who have suggested that slaves from West Central Africa "came from deep in the interior… from the border of present-day Angola with the Democratic Republic of the Congo," he concedes that exploring enslaved African people's origins is difficult due to incredible linguistic and religious diversity.[27]

[25] Slave Voyages database, [https://www.slavevoyages.org/voyages/I7aVwsyz, accessed 25/07/2023].
[26] Daniel B. Domingues da Silva, *The Atlantic Slave Trade from West Central Africa, 1780-1867*, (Cambridge: Cambridge University Press, 2017), p. 73.
[27] Ibid, pp. 73-81. Joseph Miller, "Retention, Reinvention, and Remembering: Restoring Identities through Enslavement in Angola and Under Slavery in Brazil," in *Enslaving Connections: Changing Cultures of Africa and Brazil in the Era of Slavery,* edited by José C. Curto, and Paul E. Lovejoy, (Amherst, NY: Humanity Books, 2004), pp. 81-121 and "The Imbangala and the Chronology of Early Central African History," *Journal of African History,* vol. 13, no. 4 (1972), pp. 549-574; John Thornton, *Africa and Africans,* (1998); Jan Vansina, "The Foundation of the Kingdom of Kasanje," *Journal of African History,* vol. 4, no. 3, (1963), pp. 355-374 and "More on the Invasions of Kongo and Angola by the Jaga and the Lunda," *Journal of African History*, vol. 7, no. 3 (1966), pp. 421-429.

Figure 5*: Western Africa in the Early Modern Era* by Herbert Klein.[28]

Domingues da Silva has found that enslaved people shipped from West Central Africa between 1780 and 1867 came from twenty-one different linguistic groups, and one-hundred and sixteen different ethnic groups located in the region's interior.[29] Different scholars have highlighted the groups most trafficked from individual regions. For example, Anne C. Bailey discusses the groups "raided heavily for slaves

[28] Herbert S. Klein, "Western African in the Early Modern Era" in *The Atlantic Slave Trade*, (Cambridge: Cambridge University Press, 2010), p. xi.
[29] Domingues da Silva, (2017), p. 81.

in northern Ghana," during the late eighteenth and early nineteenth centuries, citing the "Bumpurgu, the Grunshi, the Frafas, the Builsas, the Kasenas, the Conjas, the Namdams, the Dagartis, and the Sisselas, to name only a few."[30] Writing of the Bight of Biafra, G. Ugo Nwokeji notes that most enslaved people trafficked into the Atlantic slave trade were Igbo or Ibibio, and that most were traded by members of the Aro confederacy.[31] In Senegambia, a series of slave revolts during the late eighteenth century led to the trafficking of Yangueakori marroons, while groups such as the Susu, Bullam, Baga, Temne, and Manding experienced large-scale trafficking caused by an increasing number of slave rebellions in the "Southern Rivers region and all along the coast."[32]

In the period 1791-1810, the years between which King was most likely trafficked, the colonies that made up present-day Guyana (including Berbice, Demerara, Essequibo, and Suriname) received roughly 75,893 enslaved Africans. Of those, around 25,531 came from the Gold Coast (present-day Ghana), representing 34 per cent. The next highest number of enslaved captives, totalling around 14,419, or 19 per cent, came from West Central Africa and St. Helena.[33] These region names are those given by the 'Slave Voyages' database and represent vast regions and linguistic groups as mentioned above. Some 10,890 enslaved people are listed as having embarked from unspecified regions titled 'Other Africa.' A high-level view of

[30] Anne C. Bailey, *African Voices of the Atlantic Slave Trade: Beyond the Silence and the Shame,* (Boston: Beacon Press, 2005), pp. 159-160.
[31] G. Ugo Nwokeji, *The Slave Trade and Culture in the Bight of Biafra: An African Society in the Atlantic World,* (Cambridge: Cambridge University Press, 2010), p. 5.
[32] Boubacar Barry, *Senegambia and the Atlantic Slave Trade,* (Cambridge: Cambridge University Press, 1997), pp. 121-124.
[33] Slave Voyages, Trans-Atlantic Slave Trade- Estimates, [https://www.slavevoyages.org/voyages/I7aVwsyz, accessed 25/07/2023], figures calculated by filtering specific embarkation and disembarkation regions between 1791-1810. All slave-trading nations are included in this tabulation.

the embarkation ports of enslaved captives travelling across the Atlantic to British Guiana provides a rough guide for King's place of origin.

Region	***Number of captives 1792-1817***	***Most significant (named) embarkation point***	***Ethnic groups commonly among enslaved people***
Senegambia and Sierra Leone	9, 973	Bunce Island	Temne, Mende, Susu
Gold Coast	25, 531	Cape Coast Castle	Coromantee (Akan and non-Akan people who were embarked through ports in the Gold Coast)
Bight of Benin	4, 043	Lagos	Hausa
Bight of Biafra	6, 944	Bonny	Igbo, Ibibio
West Central Africa	14, 419	Congo River	Ndongo

Table 1: *Total Enslaved Captives transported to British Guiana between 1790-1810 by Region: Showing Popular Embarkation Points and Common Ethnic Groups.*[34]

Going by the numbers alone, it is most likely that King came from the Gold Coast, and that he was embarked through the port of Cape Coast Castle. Working on this assumption what might King's life looked like before enslavement in the Caribbean, and how might we imagine his journey across the Atlantic?

[34] Ibid, [https://www.slavevoyages.org/voyages/I7aVwsyz, accessed 25/07/2023].

In Africa, King would have already undergone immense hardship, both physical and psychological, before he ever entered a slave ship. King's birthplace would have had a considerable bearing on his experiences of captivity on the African coast, and on the way that he thought about white enslavers. Any previous exposure to white enslavers through African-European trading networks would have been determined by the region in which he lived, the political and economic treatises formed between his nation and European colonizers, if any, as well as the distinctive geographical and cultural conditions of that region.[35] If he originated from the Gold Coast, it is likely that he would have had more exposure to white colonial traders and to transatlantic slavery than inhabitants of regions further inland. Further, King's youthfulness would have heavily influenced the way that he was treated and viewed by European merchants and doctors on the coast. As Sowande Muskateem has described, "working in tandem with market forces and planters' interests, investors projected onto the slaving process…their version of ideal slaves."[36] To many traders, young male adolescents like King would have been viewed as highly valuable.

King lived in both a developed and dangerous medical environment on the Gold Coast. West Central Africa, including the area known as the Gold Coast, was a society with its own effective tools for physical and mental healing, and those who practiced medicine were involved in an ongoing dialogue with scientific and spiritual ideas imported by European traders. Depending on King's age when he left Africa, he may have witnessed medical and healing exchanges between local African healers and European settlers, including the supply of local herbs and medicines like

[35] Christopher R. DeCorse, *West Africa During the Transatlantic Slave Trade: Archaeological Perspectives*, (Bloomsbury Academic, 2001), p. 10.
[36] Sowande Muskateem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage,* (Urbana: University of Illinois Press, 2016), pp. 43-44.

takula, a “red dyewood...used by Africans and some Portuguese to cure fever and headaches.”[37] As historian Kalle Kananoja has argued, medical knowledge held by local African healers in the Gold Coast and all over Atlantic Africa “emerged as a viable healing alternative for European settlers who were confined to West African coastal enclaves.”[38] Like European colonizers, King and his family members would have relied upon the knowledge of local healers, and he may have experienced common West African medical procedures such as inoculation against smallpox.[39] Tropical diseases typically found in the Gold Coast such as “malaria, Guinea worm, yellow fever, yaws, and a wide variety of gastrointestinal parasites,” are also likely to have been a common feature of King’s early life experiences.[40]

King’s place of origin, his religious and cultural beliefs would have impacted how he perceived and reacted to the difficulties of enslavement and transportation to British Guiana.[41] As Jerome Handler has argued, many African people of the West African and West Central African regions believed that “major misfortunes of life such as disease, serious physical trauma, or death were often… the result of supernatural forces.”[42] Further, the way that King and his enslavers identified him after capture would have had an impact on his experiences. As Vincent Brown points out, “as [enslaved people] migrated, first within Africa and then across the Atlantic, the

[37] Kalle Kananoja, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500-1850*, (Cambridge: Cambridge University Press, 2021), p.11.
[38] Ibid, p. 81.
[39] Ibid, p. 88.
[40] Jonathan Roberts, “Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries,” *Canadian Journal of African Studies,* vol. 45, no. 3 (2011), p. 482.
[41] Smallwood, *Saltwater Slavery,* p.9. Smallwood, though discussing the earlier period of transatlantic trade from the Gold Coast, notes that “people of the Gold Coast possessed an understanding of the wider Atlantic world unmatched in other African regions.”
[42] Jerome Handler, ‘Slave Medicine and Obeah in Barbados, circa 1650-1834’, *New West Indian Guide,* vol. 74, no. 1 & 2, (2000), p. 60.

Africans found, shared, and made many commonalities."[43] As Brown argues, "from the designations foisted on them by the slave traders, [enslaved people] made new categories of belonging: Angolas, Ebos, Papaws, Whidahs, and Coromantees, among others." If King was labelled as "Coromantee," an English name given to enslaved captives transported from the Gold Coast, then his enslavers likely held specific ideas about what he and others from the same region would be like as slaves. As early as the seventeenth century, Coromantees were described by European enslavers as militant and held a "a fearful reputation."[44] Later, in the aftermath of Tacky's Revolt in 1760, Edward Long suggested that Coromantees "should not be imported to Jamaica."[45]

Imagining King's early life in Africa, his journey across the Atlantic, and his encounters with colonizers, is that much easier to do through the words and stories of other enslaved Africans including Olaudah Equiano, Apongo, also known as Wager or Tacky, and brothers Quaw and Quamina.[46] The latter appear as a note in the eighteenth century writings of Bryan Edwards, who described them as being eighteen and twenty-years-old and from the Gold Coast.[47] Edwards explained that they were "born slaves to a man named Banasou [who] sold [them] to the captain that brought them to Jamaica." When interviewed by Edwards, the brothers reportedly claimed that they had been sold in order "to pay [a] debt." Apongo, a somewhat different Coromantee figure to Quaw, Quamina, (and presumably King),

[43] Vincent Brown, *Tacky's Revolt: The Story of an Atlantic Slave War*, (Cambridge, Mass.: The Belknap Press of Harvard University Press, 2020), p. 86.
[44] John Thornton, "The Coromantees: An African Cultural Group in Colonial North America and the Caribbean," *The Journal of Caribbean History,* vol. 31, no. 1 (1998), pp. 162-163.
[45] Ibid.
[46] Olaudah Equiano, *The Interesting Narrative of the Life of Olaudah Equiano, Written by Himself,* (Auckland: The Floating Press, 2009).
[47] Bryan Edwards, *The History, Civil and Commercial, of the British Colonies in the West Indies: in Two Volumes, by Bryan Edwards,* (London: printed for John Stockdale, 1793), p. 105.

was a “military leader in West Africa during a period of imperial expansion and intensive warfare there,” and had been at one time a “notable guest of John Cope, a chief agent of Cape Coast Castle.”[48] Quaw, Quamina, and Apongo’s experiences of enslavement on the African coast speak to the different ways in which African people were brought into slavery, and to the ever-shifting and dynamic political and cultural landscapes of eighteenth and nineteenth century West Central Africa.

Though not from the Gold Coast and writing about a period some decades before King was born, Equiano’s account of his kidnapping and the Middle Passage journey fills many of the gaps found in the literature produced by white colonizers. Equiano’s narrative provides insights into parts of the transatlantic slave trade in which enslaved voices are typically lacking, and includes detailed descriptions of the emotional turmoil that enslaved captives experienced by being torn from their homes and sold to slave ship captains.[49] King was enslaved as a young boy and may have been separated from his family, friends, and members of his community at the point of capture or very soon after, much like Equiano was. Equiano’s narrative, which details his journey from an interior part of today’s Nigeria to the coast, expresses the terror and misery he experienced at being separated from kin, and the disorientation created by constant movement from the oppressive grip of one enslaver to another

[48] Brown, *Tacky’s Revolt,* p. 1.

[49] I am aware of debates surrounding Equiano’s birthplace based on evidence presented by Vincent Carretta, *Equiano, the African*, and “Response to Paul Lovejoy’s ‘Autobiography and Memory: Gustavus Vassa, Alias Olaudah Equiano, the African,’ *Slavery & Abolition*, Vol. 28, No. 1, (April, 2007), pp. 115-119, and Paul Lovejoy, “Autobiography and Memory: Gustavus Vassa, alias Olaudah Equiano, the African,” *Slavery & Abolition,* (Dec., 2006), and “Issues of Motivation—Vassa/Equiano and Carretta’s Critique of the Evidence,” *Slavery & Abolition,* Vol. 28, No. 1 (2007), pp. 121-125. Regardless of Equiano’s origins, however, I view his *Narrative* as an authoritative voice on the enslaved experience of the Middle Passage, and as an important part of the antislavery movement which ultimately propelled the ameliorative changes that impacted enslaved lives and medical experiences across the British Caribbean.

through unknown physical and cultural landscapes.[50] In all, Equiano estimated that his journey on African soil took “six or seven months,” and explained that the destination—the slave ship— provoked sheer terror and astonishment in him. [51] Of this he wrote that,

> The first object which saluted my eyes when I arrived on the coast was the sea, and a slave ship, which was then riding at anchor, and waiting for its cargo. These filled me with astonishment, which was soon converted into terror when I was carried on board. I was immediately handled and tossed up to see if I were sound by some of the crew; and I was now persuaded that I had gotten into a world of bad spirits, and that they were going to kill me.[52]

One can certainly imagine Equiano’s account, and the terror of being captured and sold into slavery resonating with King, though, as mentioned above, the sight of slaving ships may not have been entirely new to him. The mental and physical distress experienced by enslaved captives cannot be underestimated.

At the coast, King would have passed through the hands of Black traders and European purchasers speaking an array of languages, many of which he likely could not comprehend, before being inspected and appraised. Before purchase, King’s physical and mental health would have been expertly managed by slavers, Guinea surgeons, and perhaps even by African healers. In a recent study of mental illness among enslaved people, Nana Osei Quarshie has stated that “in slave markets from West Africa to the Americas, managing minds was central to the work of enslavement.”[53] Slavers had to make slaves “pliable enough to be forcibly moved across the ocean,” whilst also keeping their captives “alive, physically fit, and

[50] Equiano, *The Interesting Narrative,* (1789), pp. 60-69.
[51] Ibid, p.69.
[52] Ibid, p. 70.
[53] Nana Osei Quarshie, “Spiritual Pawning: “Mad Slaves” and Mental Healing in Atlantic-Era West Africa,” *Comparative Studies in Society and History,* vol. 65, no. 3 (2023), p. 477.

psychologically sound enough so they would be purchased" in the Americas.[54] Comparing mentally ill slaves to "debt pawns" (like Quaw and Quamina), Quarshie finds that Ga speaking shrine priests were involved in "mental healing" processes that "converted uncommodifiable "mad slaves" into potentially saleable beings."[55]

As slave ship surgeon-turned-abolitionist, Alexander Falconbridge described, enslaved captives like King were "minutely inspected" for any signs of ill-health.[56] Once purchased, King might have been held in Cape Coast Castle, which had a "dungeonlike underground prison…built into the rock."[57] In such places enslaved captives like King, and most especially those who remained there for long periods of time, would have been put to work to maintain these makeshift prisons. He may also have been held in any number of "satellite posts" across the region such as James Fort to the east, Charles Fort at Anomabu or other small trading factories or taken aboard a ship and shackled to prevent his escape.[58] On some vessels, enslaved captives—and most especially female captives and children—were held on the top deck, sometimes in make-shift cages built of a lattice-work of rope, exposed to the sun and inclement weather, while adult male captives were more likely to be kept in festering "apartments" below deck.[59] Jennifer Morgan explains that "as they did for those awaiting departure on board slave ships, slavers treated sexual difference [health, and age] as a natural way of organizing captives." Depending on the age at which King was captured, he may well have found himself surrounded by other

[54] Ibid.
[55] Ibid, p. 479.
[56] Alexander Falconbridge, *An Account of the Slave Trade on the Coast of Africa,* 2nd edition, (George Yard, London: James Phillips, 1788), p.22.
[57] Smallwood, *Saltwater Slavery*, (2009), p.37.
[58] Ibid, pp.38-39.
[59] Falconbridge, pp.22-23, and Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery*, (Philadelphia: University of Pennsylvania Press, 2004), pp. 53-55.

children and able to form new and very deep connections with individuals from similar backgrounds, with a shared language, or simply with the same terrible experience of being a captive of the transatlantic slave trade.

Assuming that King was forced across the Atlantic between infancy and the age of fifteen, it is likely that he remained on deck for the entire journey. Further, he and hundreds of others may have laid for weeks, awaiting new arrivals to fill the ships' quota and for favourable winds to carry them out to sea. Once departed, enslaved captives faced a new series of challenges, not least of which was the impact of the Middle Passage journey on their health. Once on board a slaving ship, King faced up to two months at sea; between the years 1790-1807, the average Middle Passage journey took fifty-six days to complete.[60] Descriptions of this journey are scarce within the archives, though they have been written about in detail by a small number of authors including by Falconbridge.

In London, 1788, Falconbridge first published his well-known and widely read pamphlet denouncing the British slave trade system and the terrible abuses faced by enslaved Africans captured and forced across the Atlantic Ocean. The pamphlet emerged at a pivotal moment in the fight in Britain for the abolition of the slave trade, and was published at the same time as the Slave Trade Act (or Dolben Act) came into force, which "proposed to regulate some of the conditions on overcrowded slave ships."[61] Falconbridge included descriptions of the many diseases and medical conditions that affected enslaved people as a result of the unhygienic, inhumane,

[60] Slave Voyages, Trans-Atlantic Slave Trade Database, "Summary Statistics," accessed 05/04/2023 [https://www.slavevoyages.org/voyage/database#statistics].
[61] Vincent Carretta, *Equiano, the African: Biography of a Self-Made Man*, (2003), p. 2.

and overcrowded conditions on shipboard. Between 1780 and 1787, Falconbridge had served as a surgeon on four slaving voyages which transported enslaved captives between Bonny, a major trading port on the Bight of Biafra (present-day Nigeria) and various ports in the British Caribbean. In total, over one-thousand enslaved individuals were embarked on the ships on which Falconbridge worked, and it was his responsibility to keep them as healthy as possible for sale to slaveowners in the Caribbean. According to his account, enslaved captives faced all forms of disease and injury from the overcrowded, badly ventilated spaces in which they were held. Of this he wrote,

> The confined air [below deck], rendered noxious by the effluvia exhaled from their bodies, and by being repeatedly breathed, soon produces fevers and fluxes, which generally carries off a great number of [the enslaved captives]. During the voyages I made, I was frequently a witness to the fatal effects of this exclusion of the fresh air.[62]

Falconbridge further cited a lack of suitable facilities to combat "the necessities of nature," and malnourishment as the cause of illness among captives and described acts of physical and sexual violence (including flogging and rape) by both white and Black actors as commonplace.[63]

Even more hauntingly, Falconbridge described the conditions endured by the sick, who he claimed rarely survived such journeys. In cases of severe illness or injury, sick captives were often forced to lie in sequestered parts of the deck for weeks on end, the "mere friction" of the wooden deck causing immense damage to their bodies in the form of sores and open wounds. In most cases, slave ship surgeons could do

[62] Ibid, p. 29.
[63] Ibid, pp. 25-29.

very little to treat or cure such ailments during the Middle Passage journey, and so death occurred with great frequency.[64] King himself, if he escaped serious illness, may well have been witness to such horrors before landing in the Caribbean, where the process of physical inspection and economic evaluation began anew. What is missing from Falconbridge's account is the perspective of enslaved captives like King, and of those whose health he monitored and puzzled over. In part such a shortfall is rectified by the vivid detail with which Equiano described his experiences onboard the slave ship; his narrative informs scholars of the physical and metaphysical challenges faced by enslaved Africans and can help us to imagine the emotions and experiences of the millions of enslaved voices that remain silenced.

While we can never know what King's early life in slavery looked or felt like, sources such as Equiano and Falconbridge's accounts are useful for informed conjecture. Their accounts cannot be treated as truly representative— the sheer scale of the transatlantic slave trade means we cannot explore all the possible experiences King had during his journey across the Atlantic—but they can assist us in exploring some of the corporeal and emotional experiences King likely had as an enslaved captive. What further binds King, Equiano, and Falconbridge's experiences is their involvement in or engagement with the political systems of amelioration and abolition. The narratives of the latter helped to carve out a space, physical and legal, in which King's voice could later be heard, however fleetingly, in the form of a complaint. Falconbridge and Equiano's accounts played a vital role in a wider political war that led down the long road to the abolition of the slave trade and

[64] Ibid, pp. 36-37.

eventually of slavery itself in Britain's Caribbean colonies. From the moment of his departure from the slave trade, Falconbridge's knowledge of it was being utilised by abolitionists such as Thomas Clarkson and Granville Sharp, who understood the potential power of candid descriptions of enslavement. Falconbridge and Equiano's works, along with the arguments put forth by members of the Society for the Abolition of the Slave Trade, captured the attention of parties on both sides of the abolition movement, including pro-slavery factions bent on disproving their unfavourable descriptions of the slave trade and life in Caribbean plantation societies.

Prior to the publication of his popular narrative, antislavery supporters had only been exposed to "evidence and arguments against the slave trade…from white voices," or from fictitious sources, which failed to gain the traction that Equiano's account would eventually achieve among sympathetic audiences.[65] According to scholar Vincent Carretta, "Equiano knew that what the anti-slave trade movement needed most in 1789…was precisely the kind of account he supplied."[66] Despite debates over the authenticity of Equiano's *Narrative*, it remains one of the most influential and vivid accounts of the transatlantic slave trade from the perspective of an enslaved person. The debates occurring in Britain relied upon the accounts of men like Equiano and the suffering of men like King. Without the latter, abolitionist's attempts to convince British parliament and the wider public of the moral madness of slavery would have had little impact. However, long before the abolition of British slavery came the

[65] Carretta, *Equiano, the African,* p.3. Carretta points to works of poetry such as those by Hannah More ('Slavery,' 1788) and William Cowper ('The Negro's Complaint', 1788, and 'Pity for Poor Africans,' 1788), as well as Thomas Clarkson's rhetorical interview with a fictitious "melancholy African" in *An Essay on the Slavery and Commerce of the Human Species,* (London, 1786).
[66] Carretta, p. 4.

implementation of ameliorative legislation that would shape and inform the rest of King's life as an enslaved individual in the British Caribbean.

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Amelioration and Plantation Management: Slave Hospitals, Punishment, and Medical Care

When King arrived as an enslaved person in the West Indies, he entered a world in which he was physically and legally unfree, seemingly reduced to the monetary value arbitrarily placed on him by traders and purchasers who shared one main concern; that his health and capacity for labour be maintained to achieve the highest possible profit. And yet, he also entered a world that was alight with a polarizing philosophical and political debate about the abolition of slavery. Medical treatment and the material conditions of enslavement in British colonies were two of the most hotly debated topics among abolitionists and supporters of slavery from the late-eighteenth century until the abolition of British slavery in 1834. Before and after the end of the British slave trade, pro-slavery authors sought to convince parliamentarians and members of the British public that enslaved labourers were in fact happy, healthy, and content in their unfreedom.

Writing from Soho, London, in 1792, British surgeon Jesse Foot made an appeal against what he termed the "passions" of abolitionists whose efforts to end the slave

trade threatened to "[storm] reason."[67] Foot described the abolitionist threat against the slave trade as being akin to a "fire that was burning down a house or a temple of worship," and which he and other "social [men]" had a duty to extinguish. Though Foot was not a slaveowner in his own right, he spent at least three years living in Nevis working as a doctor on multiple estates, where he "had the care of two thousand negroes annually".[68] Observations about specific plantations or individual enslaved patients are scanty in his work, which focuses on more generalised comparisons between the rights, labour, and living conditions of enslaved people and British agricultural labourers. He wrote,

> So widely different were the conditions of a good field negroe and a good peasant, that if it were my lot to be reduced to the choice of being the one or the other, I should without hesitation prefer the state of the negro to that of the peasant.[69]

Foot's comparative approach was common among pro-slavery factions seeking to discredit the arguments of abolitionist campaigners. While abolitionists launched successive campaigns to end the slave trade and later slavery, slaveowners and those invested in maintaining the imperial status quo sought to convince British audiences and parliamentarians that enslaved people of British Caribbean colonies lived in contented acceptance of their social, political, and legal status and that the physical conditions of their enslavement were comfortable, even something to envy. In his treatise, Foot described the labour of enslaved people as "so light that [they] feel it not," and claimed that they were provided with all the food, clothing, shelter, and healthcare that they might need. What is more, he argued, enslaved populations

[67] Jesse Foot, *A Defence of the Planters in the West-Indies: Comprised in Four Arguments, On Comparative Humanity, On Comparative Slavery, On the African Slave Trade, and, On the Condition of Negroes in the West-Indies,* (Piccadilly, London, J. Debrett: 1792), iii-iv.
[68] Ibid, p. 31.
[69] Ibid.

of the Caribbean laboured in an area of the world “congenial to [their] nature,” as they lived in a climate where “the sun always shines.”[70]

However, abolitionist and pro-slavery factions found common ground in the implementation of ameliorative law; in their commitment to the improvement of the slave trade and plantation slavery, British West Indian planters found a sense of compatibility with the abolitionist agenda.[71] Dutch laws that included the provision of a legally recognised complaint system for enslaved people were in place in Berbice from at least the time that King was moved there in around 1819, and he may have exercised his right to complain well before the visit he made to Power’s office in 1831. By the mid- to late- 1820s, British ameliorative legislation was legally implemented in the colonies of Trinidad, Berbice, and Demerara-Essequibo. Despite this, a lack of official oversight meant that the healthcare of enslaved populations was commonly rudimentary and managed at the discretion of individual planters and enslavers.

Towards the end of the eighteenth century, abolitionist fervour, parliamentary enquiries, and high mortality rates on land and at sea spurred the publication of advisory medical tracts, travel narratives, and how-to manuals for the management of slave plantations. These publications, which were not usually written for residents and planters of specific colonies, were intended to encourage certain unified practices to preserve the health and labouring abilities of enslaved populations across the Caribbean. They led in turn to the implementation of more consolidated

[70] Ibid, p. 32.
[71] Christa Deirksheide, *Amelioration and Empire: Progress and Slavery in the Plantation Americas,* (Charlottesville: University of Virginia Press, 2014), p. 3.

legislation and to limited improvements to the healthcare protocols of plantation owners, including the construction of plantation hospitals or "sick houses," which became more common on the estates of all British Caribbean colonies from the 1780s onwards. For instance, men such as Reverend James Ramsay (1785), a Scottish slave ship surgeon and later reverend of the Anglican Church, and cartographer John Luffman (1789), provided accounts relating to the management of enslaved populations in the Leeward Islands, which may be considered largely representative of practices across the British Caribbean, and which came to influence the medical management of enslaved populations in British Guiana and Trinidad after Britain seized control of those colonies.[72] Further, their works and others show that, prior to the implementation of ameliorative legislation, slaveowners regularly provided enslaved labourers with clothing, food, and shelter, and suggest that many planters, and their attorneys, had been employing doctors and surgeons on their British Caribbean estates from as early as the 1760s.

As early as 1764, James Grainger, poet, former soldier, and doctor of tropical medicine, published a detailed essay on the diseases most commonly affecting enslaved people in the West-Indies, and provided advice on subjects ranging from building slave hospitals to making medicine.[73] Grainger's work was important in its

[72] John Ramsay, *An Essay on the Treatment and Conversion of African Slaves in the British Sugar Colonies,* (London, 1785), and John Luffman, *A Brief Account of the Island of Antigua, Together with the Customs, and Manners of its Inhabitants, as well White as Black: As also an Accurate Statement of the Food, Cloathing, Labor, and Punishment, of Slaves. In Letters to a Friend, Written in the Years 1786, 1787, 1788,* (London, 1789).
[73] James Grainger, *An Essay on the more common West-India Diseases; and the remedies which that country itself produces: To which are added, some hints on the management, &c of Negroes,* (London, T. Becket and P.A. De Hondt, 1764).

attempt to provide an authoritative model for the medical management of enslaved populations.[74] Grainger acknowledged the gap in this field, stating,

> It has often been [a] matter of astonishment to me, that among the many valuable medical tracts which of late years have been offered to the public, no one has been purposely written on the method of seasoning new Negroes, and the treatment of Negroes when sick: and yet the importance, if not the dignity of such a work, must appear obvious to all who are in the least acquainted with the West Indies. For it is a melancholy truth, that hundreds of these useful people are yearly sacrificed to mistakes in these two capital points.[75]

Grainger's essay, arguably an early attempt to map out a programme of healthcare reform in ameliorative fashion, went on to explore the various methods that he believed needed to be implemented on Caribbean plantations for enslavers to maintain healthy populations. This included in-depth descriptions of plantation hospitals, which, in the 1760s, were not a universal feature of British Caribbean estates, though large-scale, colonial, and military hospitals were more common.

British colonial hospitals first appeared across the British West Indies from as early as the mid-eighteenth century, primarily in response to an overwhelming need to treat the tropical diseases that ravished British military forces. The first of these institutions were necessarily mobile and fluid, changing in accordance with the

[74] Multiple other notable works of natural history and medicine exist from the early colonial period, though the majority are concerned first and foremost with the health and medical experiences of European colonials who entered unforgiving disease environments. Seminal works from this period include, Hans Sloane, *Voyage to Jamaica…Wherein is an Account of the Inhabitants, Air, Waters, Diseases, Trade &c of that Place,* (1707); Thomas Trapham, *Discourse of the State of Health in the Island of Jamaica,* (1679); Richard Ligon, *A True & Exact History of the Island of Barbadoes, Illustrated with a map of the island…,* (1673); Benjamin Moseley, *Observations on the dysentery of the West-Indies, with a new and successful manner of treating it,* (1781), and *Medical Tracts,* (1800). For a recent examination of such medical communications and the relationship between medical cultures in the West Indies and the interchanges of knowledge between African slaves and European colonists, see, Kelly Wisecup, "The Promise of the Tropics: Wealth, Illness, and African Bodies in Early Anglo-Caribbean Medical Writing," in *Literary Histories of the Early Anglophone Caribbean*, edited by Aljoe, N. N.., Carey, B., Krise, T.W., (Cham: Springer International Publishing, 2018), pp.61-80.

[75] James Grainger, p. i.

requirements of military forces waging war across the region.[76] Such hospitals were closely governed and monitored by the War Office, and were staffed by experienced, formally trained European practitioners. More permanent public hospitals followed as resident European populations grew. In British colonies such as Trinidad these institutions were funded by local colonial governments and were commonly staffed by trained enslaved practitioners and European physicians, referred to in the reports of the protector of slaves as "Colonial Surgeons." These medical men were predominantly trained in cities such as Edinburgh and London and were an integral part of a wider transatlantic network of learned individuals who supported the ongoing emigration of British medical practitioners and the exchange of medical knowledge between Caribbean colonies and the metropole.[77] Occasionally these institutions were utilised by the protector of slaves to examine the health of an enslaved complainant, though often they were reserved for the use of white colonists.

In his extensive essay on the topic of plantation hospitals, Grainger imagined large, light-filled, and well-ventilated, multi-purpose buildings that would allow for degrees of separation between patients, and which would answer the medical needs of chronically and acutely ill enslaved people such as King. One wing, he suggested, should be positioned "to leeward" and used for the treatment of those suffering from contagious diseases and fevers, another for the preparation of "drinks [and] victuals,"

[76] Paul E. Kopperman, "The British Army in North America and the West Indies, 1755-83," in Geoffrey L. Hudson ed., *British Military and Naval Medicine, 1600-1830,* (Amsterdam: Rodopi, 2007), p. 53. As Kopperman explains in his essay, the size, staff, and funding of military hospitals fluctuated over time in accordance with wartime requirements and guidelines set by the War Office.
[77] Schiebinger, *Secret Cures,* (2017)*;* Sheridan, *Doctors and Slaves,* (1985); Suzanne Schwarz, "Scottish Surgeons in the Liverpool Slave Trade, in the Late Eighteenth and Early Nineteenth Centuries," in Tom Devine ed., *Recovering Scotland's Slavery Past,* (Edinburgh: Edinburgh University Press, 2015), pp. 146-148.

and as a lodging for the nurse, a third to receive patients with venereal diseases, and the last to be used "for chirurgical and common medical cases".[78] A hut, "set at a distance from the sick house," was recommended for "the reception of yawey patients." The sick houses described by Grainger were also to have a hearth and chimney, proper flooring, a bathing place, and walkways lined with hedges of lemon and lime, a known antiseptic and antiscorbutic, for "the [treatment of] convalescents."[79] The success of these sick houses, he claimed, relied upon the diligence of each planter to ensure that standards of cleanliness and care were maintained, and that patients were treated only by those sufficiently trained in the dispensing of medicine, including by "sensible Negroe[s," and by a "physical person." The plantation hospitals of Grainger's imagining were grand and advanced medical centres in which an enslaved patient might expect to receive excellent standards of care and all the provisions necessary for their recovery.[80]

While slaveowners in older British colonies had begun implementing improved healthcare procedures as early as the eighteenth century, determining the existence of any type of homogenous healthcare practices among slaveowners in the colonies of Dutch Guiana is somewhat harder due to the disjointed and diverse nature of those colonies throughout the seventeenth and eighteenth centuries. For example, from at least the 1790s, the colony of Demerara contained a large proportion of

[78] James Grainger, *An Essay*, pp. 71-73. In many ways Grainger's view of how plantation hospitals should be constructed mirrored European military and public hospitals, which were segregated based on patients' "race, class, sex, and age…" as well as by "type of disease or accident." See Sheridan, *Doctors and Slaves,* (1985) p. 269, and Schiebinger, *Secret Cures,* (2017), chapter 3.
[79] Ibid.
[80] Edward Long, *History of Jamaica,* (1774). Long also made prescriptions about colonial hospitals, declaring a need for "a retreat from contagion" and the erection of "a certain number of commodious houses" in the "healthier" parts of the Islands of Jamaica, which he considered to be Port Royal, Spanish Town, and Liguanea Hills, among other places, pp. 512-513. Long further expressed a desire to see "police" appointed for the purpose of ensuring the colony's main towns were kept clear of disease-producing waste, p. 511.

British slaveowners who were, until British takeover in 1812, governed by local councils subordinate first and foremost to the West India Company and not the Dutch crown.[81] However, by 1817, when King first appears in the slave register completed by Alves and Cameron, healthcare practices suggested by men like Ramsay, Luffman, and George Pinckard were likely well recognised and implemented in newer colonies like British Guiana and Trinidad. Alves and Cameron's financial ledgers for the Rose Hall plantation highlights that they were employing British doctors for the care of upwards of two hundred enslaved people from as early as 1818. In a ledger covering the period 1816-1818, we see mention of a Dr Leslie, employed in January 1818, to care for a wounded enslaved woman named Delia, while a later entry recorded in 1824 lists a yearly payment of £1155 to a Dr Beresford "for medicine on 210 slaves."[82] It is possible that King was among those treated by Dr Beresford in that year, for yaws or for other complaints.

As the experiment of amelioration gathered momentum in the early part of the nineteenth century specific healthcare measures became enshrined in law, including the requirement for slaveowners to employ professionally trained doctors. Despite such positive legal changes to the provision of healthcare on slave plantations of the British Caribbean, the complaints of enslaved individuals demonstrate that, at least in British Guiana and Trinidad, little changed in practice. In their observations of plantation healthcare in the 1780s, both Ramsay and Luffman noted the miserable conditions of plantation hospitals and the poor quality of the provisions given to sick

[81] Joshua R. Hyles, *Guiana and the Shadows of Empire: Colonial and Cultural Negotiations at the Edge of the World,* (Lexington Books: 2013), pp. 27-29.
[82] John Cameron (Berbice), National Records Scotland, CS96/972, f. 15; Ibid, CS96/973, f. 88.

enslaved people across the British sugar colonies.[83] Ramsay described the food provisions given to the sick as "often musty, [and] indigestible," while Luffman wrote of the sick houses he encountered that, "these places…are as bad as you can well suppose, being not only destitute of almost every convenience, but filthy in the extreme."[84] He added that those practicing under such circumstances were underpaid for the trouble it caused them. Where sick houses were built, doctors and lawmakers advised that they be placed close to the main house where patients and medical staff could be monitored by enslavers, though some authors such as British physician Dr David Collins recognised the benefits of patients being kept close to family members who, he argued, would be more attentive to their needs than sick nurses.[85] For Grainger, Collins, Luffman, and Ramsay, the sick houses of Caribbean slave plantations fell short of providing the necessary conditions for the treatment and recovery of sick enslaved people.

By the 1820s, little had changed. In 1824, Dr Thomas Bell of Demerara and Essequibo wrote an idealized account of amelioration-era plantation healthcare practices which was at odds with the experiences described by enslaved complainants. Bell described the average plantation hospital as a "lofty, spacious, and well-ventilated," building, sometimes "finished in a style equal to a proprietor's dwelling-house."[86] In reality, the sick houses that became a common feature of

[83] Ramsay, *An Essay on the Treatment and Conversion of African Slaves,* and John Luffman, *A Brief Account of the Island of Antigua.* For a brief discussion of the treatment of enslaved people living on the islands of St. Kitts and Nevis in the earlier colonial period, see Stuart M. Nisbet, "Early Scottish Sugar Planters in the Leeward Islands, c. 1660-1740, in Tom Devine ed., *Recovering Scotland's Slavery Past: The Caribbean Connection,* (Edinburgh, Edinburgh University Press, 2015).
[84] Ramsay, (1785), *An Essay on the Treatment and Conversion…,* pp. 82-83.; Luffman, (1789), *A Brief Account*, p. 96.
[85] Dr David Collins, *Practical Rules for the Management of Negroe Slaves,* (London, 1803).
[86] Dr Thomas Bell's report in Alexander McDonnell, *Considerations on Negro Slavery, With Authentic Reports on the Negroes in Demerara,* (London: Longmans, 1824), pp. 177-179.

British Caribbean slave plantations were most often places of poor hygiene, neglect, and ongoing or recurrent illness.[87] Those who required medical attention were sometimes reluctant to be admitted to the sick house, though more often than not the complaints filed with the protectors of slaves demonstrate enslaved people's continuous attempts to seek medical treatment despite the issues they faced there. Many accounts reported by the protectors of slaves describe grave incompetence, unsanitary conditions, and the implementation of cruel punishment upon enslaved patients within the walls of the hospitals themselves. Richard Sheridan described estate hospital sick nurses as "turnkeys," responsible for locking up runaways and other offenders, blurring the lines between medical care and punishment.[88]

Multiple complaints recorded by the protector of slaves provide clear evidence that plantation sick houses were not the centres of care and recovery that pro-slavery advocates described. Aside from being violent, unsanitary, and unpleasant environments, managers, overseers, and sick nurses were also often accused of turning away enslaved patients on the basis that they were believed to be unworthy of treatment. This may well have been part of King's experience of yaws; his disease and his perceived lack of value as a physical labourer may also have attributed to Gunn's quick decision to punish King, and to his apparent unpopularity among other slaves. In the social economy of the plantation, good health and the ability to labour were inextricably linked to a positive reputation among both enslavers and enslaved people. Other complaints allude to this.

[87] For in-depth descriptions and comparative analysis of slave hospitals and other types of hospitals across British and French Caribbean colonies and the metropoles, see Schiebinger, *Secret Cures,* chapter 3.
[88] Bell's report in Alexander McDonnell, *Considerations on Negro Slavery*, p.179.

Travelling without a pass, an enslaved complainant named Pompey from plantation Montrose met with protector of slaves, Charles Elliot. Pompey's primary complaint was that he was "sick but [could not] get admission into the [estate] hospital."[89] The complainant said he had a history of bowel problems, for which he had not received adequate medical care on the plantation. This led Elliot to seek the assistance of the colonial surgeon, who later wrote to Elliot claiming that Pompey's "stools not being of a dysenteric kind," he could find "little the matter with him." Elliot also received a report from the doctor of the Montrose estate, G. Crawford, further claimed that Pompey had been turned away from the hospital on multiple occasions on account of his destructive habit of drinking and eating dirt, and since Pompey would "remain constantly in the sick house [if] he [were] permitted."[90] Pompey was promptly returned to Montrose.

The response of Pompey's enslavers to his request for medicine highlights multiple issues with plantation hospitals and the healthcare that enslaved people received within them. Firstly, despite Pompey's ongoing suffering due to an undiagnosed bowel condition, he was consistently refused medical treatment and was forced to continue labouring under what his enslavers viewed as only a "slight debility." Secondly, Crawford, and likely Pompey's owner, Alexander Simion, viewed Pompey's attempts to secure admission into the estate hospital as an act of truancy and laziness rather than as a cry for medical assistance. In their view, Pompey was taking advantage of the facilities of the estate hospital despite there being, in their estimation, nothing the matter with him. It is possible that they believed Pompey to

[89] CO 116/157, pp. 71-72.
[90] Ibid, p. 72.

be feigning illness or simply skipping his work, both of which were punishable acts often recorded within plantation punishment record books collected by the protector of slaves. Thirdly, Pompey's alleged tendency to drink alcohol and eat dirt made him untreatable in their eyes; Pompey's complaint suggests that enslavers held very specific views about who deserved medical treatment upon slave plantations, and that any acts considered to be "self-destructive" could preclude an individual from receiving formal medical care.[91] Pompey's circular experience of ill-health and inadequate treatment highlights the way that enslavers comingled notions about enslaved people's worth and health in a way that we might imagine was mirrored by King's experiences; it is possible that his reputation as an untrustworthy individual on the Rose Hall plantation was grounded in a belief that his illness made him useless and a pariah, unworthy of any kind of medical investment.

Three more complaints filed between July and October of 1831 by four enslaved invalids from Trinidad, Berbice, and Demerara (named Dick, Richard, and Quashie, and Vulean respectively) highlight this cyclical outlook. Dick, a fifty-year-old labourer living in or near Port of Spain, Trinidad, reported that his mistress had lately died and that his new master, Dominique Duchard, "refus[ed] to feed, clothe, or maintain him," despite his old age and infirmity.[92] Dick had made multiple appeals to Duchard for support, but had been consistently rebuked and told to "go about his business". When questioned, Duchard claimed not to have the funds "remaining [from] the

[91] Hogarth, *Medicalizing Blackness, Making Racial Difference in the Atlantic World, 1780-1840*, (Chapel Hill: University of North Carolina Press, 2017). pp. 81-83. Speaking of the disease Cachexia Africana, also known as *mal d'estomac,* Hogarth discusses the fact that dirt eating "had occurred in many historical contexts- as a religious and medicinal ritual throughout Europe and Africa," but that "chronic sustained dirt eating among enslaved Africans in the Atlantic World took on a different meaning and became identified as a pathological practice and peculiarity of Black people."
[92] CO 300/25.

succession" of the previous owner's estate with which to look after Dick. Protector of slaves Henry Gloster dismissed Duchard without a fine but sent Dick to the Cabildo Hospital to seek refuge and provisions. In the same month two enslaved men, Richard and Quashie, living on the Philadelphia estate in Berbice visited the protector of slaves, Power, to complain that they had not received the medicine that had been prescribed for them by the estate physician, and that they were both confined during their illness on account of them not working. Quashie further described having received no food or water during the period of his confinement.[93] Finally, on the 10th of October 1831, an enslaved grass cutter named Vulean of George Town, Demerara, complained that "he [got] no medical attendance when sick," and that he was "generally ill-treated," and forced to work when unwell.

Though King's complaint reveals exceptionally little about his experience of yaws, we do know that he, like Vulean, was still required to work despite his illness, and that he was employed as a field labourer. We also know that King refused to return to his work in the fields after Gunn attempted to force him to hand over four of his own fowl to Eve, and that he travelled instead to Power's office to complain. In this moment, and likely many others throughout his day-to-day life, King was involved in a power struggle over his labour, his property, and the limited rights granted to him through ameliorative legislation. This struggle is paralleled in the experiences of hundreds of other enslaved complainants, including over issues of health and healthcare.

Presumably desperate for adequate care and respite from labour, a thirty-year-old enslaved woman named Queen left the Vereeneging plantation where she was hired

[93] CO 116/149.

out as a field labourer by her owner, William Grant, to file a complaint with Charles Elliot in George Town, Demerara. Queen complained of "being lately ill [and that] she was not properly attended to." She explained that she had "asked for a pass to come…to complain," but that "her master would not give it to her and [had] tied her hands behind her back."[94] In the absence of a pass, Elliot decided to send Queen back to Vereeneging though he also wrote to Grant requesting his presence at the office in order than he might "reply to the above complaint." Tellingly, Elliot added that he "desir[ed] that [Queen] might not be molested on account of having preferred this complaint."

According to Grant, Queen had presented herself to him as being too unwell to work, at which time she was directed to the estate sick house. Grant claimed that Queen had refused to go to the sick house for undisclosed reasons but made sure to include a letter from the estate doctor, William McAulay, along with his own statement claiming that Queen had "received all medical assistance that was required to re-establish her health from the consequences of a slight attack of fever."[95] Adding further to Grant's case against the complaint was the testimony of the Vereeneging plantation proprietor, George Anderson, a letter from the manager of the same estate, J.B. Mann, and a statement from an enslaved witness named Cuffy. All three claimed that Queen was an "impudent" woman and that she had no grounds to complain about the care that she received.[96] They further tarnished Queen's image by describing her as tending to run away, insinuating that she was untrustworthy and in need of punishing rather than treating. No investigations into

[94] Ibid, CO 116, 158, ff. 312-318.
[95] Ibid, f. 315.
[96] Ibid, ff. 314-318.

the state of the plantation sick house took place, and Queen's reasons for refusing to attend the hospital were not explored.

Grant's management of the complaint was both common and savvy; it was a power play that combined an understanding of the duty of care that enslavers supposedly held in relation to the health of their enslaved populations, with an intimate knowledge of the complaint system. Grant utilised the testimony of free and enslaved witnesses to dismantle Queen's complaint, which she could not support with tangible evidence, and it is likely that she returned to Vereeneging without an effective resolution and with the fear of retribution weighing on her shoulders. Queen's complaint against Grant represents only a small part of the wider power struggle that they had entered over her health and bodily autonomy, though it is nonetheless very telling. Elliot's attempt to contain the damage of Queen's brave decision to file a complaint highlights one of the more common responses enslavers had to the legislative rights afforded to enslaved people under the system of amelioration, while his refusal to treat her and attempts to force her back to work despite her illness demonstrate the daily struggle between labour and health that faced enslaved workforces.

Queen's negative experience of filing a complaint against Grant, and her enslaver's refusal to adequately treat her, are mirrored within hundreds of complaints by sick enslaved people. The medical complaints recorded within the reports of the protectors of slaves overwhelmingly demonstrate that access to suitable and safe healthcare could not be assured and, even when it was accessible, it was often inadequate. Though ameliorative law stipulated that enslavers had to employ trained

physicians to look after their enslaved populations, and all proprietors were legally required to provide basic medical care within a designated estate hospital, access to such resources often relied upon the discretion of enslavers and could be retracted because of cost, geographical distance, or as punishment for perceived bad behaviour or laziness.

Within the ameliorative process lay an inherent contradiction: planters relied upon the continued good health of their enslaved workforce for them to maintain their wealth, and yet they were reluctant to provide that same population with the necessary medical care. This may have been for fear of losing their power and authority and may also have been the result of a desire to spend as little as possible on medical care for their enslaved populations. Some enslavers did not wish to spend money on hiring a European doctor and so they relied upon their own medical knowledge and the labour of at least one, or sometimes several enslaved medical attendants called sick nurses to carry out simple medical procedures and to dispense medicine to the enslaved people on their estate.[97] Others regularly employed the services of European and British- trained doctors, though this was not always a guarantee of effective healthcare provision. The complaints of many ill enslaved people also show that, as far as possible, enslavers provided only minimal medical care, and that they sought above all else to return their enslaved labourers to work even while their maladies continued. King and Queen's complaints provide stark evidence of enslaver's tendency to treat ill slaves poorly, while the latter complaint also provides evidence of inadequate care. Both enslaved people suffered from labour-limiting illness and faced punishment at the hands of their enslavers

[97] Sheridan, *Doctors and Slaves,* (1985), pp. 89-95.

rather than treatment. The next section of this chapter will explore the material and medical conditions of enslavement on Caribbean plantations in more detail.

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"Yawey Patients": Disease, Medicine, and Material Provisions

King's life, along with the lives of millions of enslaved people across the Americas, was replete with physical danger. Epidemic diseases were a rife and often devastating feature of life in the tropics, while a lack of access to reliable healthcare, and extremely poor sanitation led many others into long-term issues with chronic disease. Injuries caused by dangerous forms of labour and corporal punishment, inadequate care for pregnant and birthing mothers, and a lack of nutrition led further to life-long illness and disability. Barry Higman estimates that in many regions of the British Caribbean, including British Guiana and Trinidad, the ratio of enslaved patients to European doctors could be as high at 1800:1 (rural Jamaica), with the lowest ratio being somewhere in the region of 700:1 (Demerara and urban Jamaica).[98] These were far higher than the likely equivalent doctor to patient ratios in Britain at this time.[99] And, while other European medical practitioners—such as military surgeons, midwives, apothecaries, and 'practitioners of physic'—were more numerous, treatment of enslaved populations tended to focus on the speedy

[98] Barry Higman, *Slave Populations,* (1995), pp. 261-262.

[99] Though I do not have comparative figures for Britain in the same period, studies into the commercialisation of medical care in early modern England show a significant increase in the employment of medical personnel by individuals across all age, gender, and class groups in the period 1660-1800. Examinations of sources such as medical records, wills, and probate records demonstrate that not only was medical care readily available to English citizens, suggesting an appropriate doctor to patient ratio, but they also show that even the poorest members of society could likely afford the medical services of their local doctors and medical professionals. See Teerapa Pirohakul, and Patrick Wallis, *Medical Revolutions? The Growth of Medicine in England, 1660-1800*, (The London School of Economics and Political Science, 2014); and Ian Mortimer, *The Dying and Doctors: The Medical Revolution in Seventeenth-Century England*, (Woodbridge, Suffolk: 2009).

recovery of the enslaved person's labouring ability for economic purposes rather than on skilful medical care and long-term success. This meant that enslaved people in the British Caribbean, and most especially those residing on rural plantations, relied heavily on the medical expertise of a range of enslaved and freed Black medical practitioners and healers, a topic that will be treated in more depth in chapter three. Such interactions are little evidenced within the archive, making an analysis of the relative reliability of such practitioners difficult. What is clear from existing evidence, however, is that the conditions of enslavement hindered the survival of enslaved labourers even in the period of amelioration. What follows is a summary of basic healthcare, dietary provisions, and sanitation on British Caribbean slave plantations; a subject already very well considered within the historiography.

It was only a few years after King's arrival in Berbice that the British government's amelioration programme was officially implemented in the British Guiana and Trinidad. Ultimately the programme failed, and enslaved populations continued to decrease in the face of poor sanitation and nutrition, and high rates of disease and mortality. One wonders, however, if enslaved people like King held any hope that legal changes to the management of enslaved populations would benefit him in a meaningful way. It is only because of King's complaint that we know that he was suffering from yaws, an endemic disease of tropical regions that commonly affected enslaved populations in the British Caribbean.[100] Though it appears as only a

[100] King described his affliction as yaws, though doctors of the seventeenth and mid-eighteenth centuries reported that the disease had many similarities with the symptoms of venereal syphilis, also known as the "great pox" among British and European observers. Katherine Paugh has argued that, whilst there was a "great deal of exchange and overlap" between West African and British perceptions of yaws, medical practitioners and those involved in treating yaws patients held very different ideas about how to best combat it. Paugh, "Yaws, Syphilis, Sexuality," (2014); E. I. Grin, "Endemic Syphilis and Yaws," (1956). Grin described the "close similarity in the [diseases'] epidemiological pattern" in his article, and further argued that the two diseases should be "treated as a single entity,"; and Ellis Herndon Hudson, "The Treponematoses—or Treponematosis?" (1958).

passing remark in the record of King's complaint, he evidently thought it to be of some consequence. King may have hoped that his ill-health would help him garner sympathy with Power, though it is likely that he simply wanted to convey the reason for his refusal to work, demonstrating an understanding of the system of amelioration and highlighting his own expectations about how he should be treated. King was undoubtedly aware that the process of complaining involved further investigation, including gathering statements from witnesses and white enslavers, most often from slaveowners and estate managers, and may have pre-empted an attack from Gunn about his lack of labour.

Somewhat surprisingly, Gunn's statement no evidence that he hoped to challenge King for his lack of labour. Although Gunn did attack King's character, claiming that he had "on former occasions been guilty of [stealing fowl]," he ended his statement by denying that he had "ordered [King] to work…he being afflicted with yaws."[101] Gunn added that he had "told [King] to walk everyday thro' the plantain fields… which was recommended by the Doctor," perhaps as a means of demonstrating his own understanding of the legal expectations placed on him as a plantation manager. [102] King's complaint highlights several important factors regarding the healthcare of diseased enslaved people, and of the conditions in which they lived and worked.

Yaws, a disease common among people living in tropical regions both historically and today, is an infectious disease that spreads through skin-to-skin contact. Medical studies of yaws from the twentieth century demonstrate that the disease most

[101] CO 116/148, f. 217.
[102] Ibid.

commonly occurs “before the age of fifteen…and is governed by environmental conditions,” including in areas with poor sanitation. Studies of yaws have also shown that the disease is marginally more common among males, that it is highly contagious, and that lesions most frequently occur on parts of the skin that are more exposed such as the legs and feet.[103] These conclusions are further supported by the observations of colonial doctors including James Grainger. Grainger described three distinct stages of the disease , and explained it was “both tedious and difficult to cure.”[104] Characterised by large, yellow ulcers or ‘nodules’, lesions typically emerge at around twenty-one days after exposure, and usually affect the “hips and privities.”[105] The first lesion, sometimes known as the “master” or “mother yaw,” gives way to a multitude of smaller ulcers that weep and become encrusted with “yawey matter.”[106] These ulcers, though they supposedly caused “little or no pain”, often left an infected individual with obvious scarring.[107] In its second stage, which is described in modern medical literature as “chronic”, the disease enters the bloodstream or lymphatic system and can cause considerable pain, more ulcers, and “constitutional malaise.”[108] In its third and final, or “tertiary” stage, yaws can cause significant and irreversible damage to the bones, including osteoperiostitis (inflammation of the bones and the membranes that protect them).[109]

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[103] Grin, “Epidemic Syphilis and Yaws,” pp. 961-968. Becca Handley, “Progress towards Yaws Eradication: Successes and Challenges,” blog post (June 2020) on The Royal Society of Tropical Medicine and Hygiene website, [https://rstmh.org/progress-towards-yaws-eradication]; Walter M. Kazadi, Kingsley B. Asiedu, Nsiire Agana, and Oriol Mitja, “Epidemiology of Yaws: An Update,” *Clinical Epidemiology,* vol.6, (2014), pp. 119-128.
[104] Grainger, *An Essay*, pp. 55-60.
[105] Ibid, p. 57.
[106] Ibid, pp. 55-57.
[107] Grainger notes the use, specifically by “surgeons on board the slave ships,” of concoctions of “iron rust, gunpowder, and lime-juice,” or “sea-water” to cover up yaws and its tell-tale marks as part of the process of readying enslaved captives for sale. He warned that the use of such “repellents” could “infallibly ruin the constitution [of a slave],” and that “when there is a glossy smoothness of the skin, in those parts where the yaws commonly break out, you may almost be certain that repellents have been used.” P. 56.
[108] Luke Maxfield, James E. Corley, and Jonathan S. Crane, “Yaws,” (2022), p. 11.
[109] Ibid, p.12.

Though we have no evidence of King's individual experience of yaws, the historical and modern works referenced here give a good indication of how his disease might have progressed. It is possible that King had been suffering with bouts of the disease for many years, and that, by 1831, the disease had become quite debilitating. King may have carried scars from the lesions that characterise this disease, and he may have had to deal with painful inflammation. It is likely that many of King's friends and family members would also have suffered from the disease at some point during their life, though not all would have carried it into adulthood or been severely afflicted.

We know very little about King's medical treatment on the Rose Hall estate, though Gunn's statement makes it clear that he was visited by a doctor and that light exercise had been prescribed. It was also standard practice for sufferers to be separated from other ill and healthy slaves, and so King would likely have been treated in an estate building specifically designed for the care and incarceration of yaws patients.[110] The most common modern treatment for yaws is penicillin, which has a high success rate in eradicating the disease, but doctors of the 18th and 19th centuries had fewer effective treatments for yaws. Among Grainger's list of more successful treatments was sulphur mixed with a pint of hot sage tea to "expel the yaws from the blood," cleaning the sores with "warm water, or greasy dish washings," various "preparations of mercury," and the administration of a mercury-based medication called "Plummer's pill" made in London, both of which were poisonous. Purgative medicines were commonly applied to other types of illnesses,

[110] Schiebinger, *Secret Cures,* (2017), pp. 53-54.

injuries, and diseases found among enslaved populations, and were so frequently prescribed that they were more often distributed by overseers, managers, drivers, and sick nurses than by plantation doctors. For instance, many of the complaints and offence records compiled by the protectors of slaves refer to the immediate prescription of purgative salts and victuals by a person of authority at any sign of illness. Mercurial medicines required greater skill in application and dosing, though were also so commonly used that they were seen as a necessary addition to any practitioners' medicinal arsenal.[111]

Unfortunately, given his age at the time of his complaint, and the fact that the disease affected his ability to work, it is likely that King died with the disease, if not from it, though he may well have enjoyed some respite during dormant periods. Grainger noted that if the disease "have corroded the bones, [it] is something not to be cured."[112] He further noted, however, that the disease was often effectively treated by the enslaved themselves, stating that, "a variety of external applications are…recommended by the old Negroes," though he provided no details as to what such applications consisted of, or of how white enslavers perceived and utilised such knowledge among their slaves.[113] As Londa Schiebinger notes, yaws patients were sometimes given to the care of elderly enslaved women who were "too infirm to work in the fields," and whose job it was to "keep the sores clean."[114] One can imagine

[111] Grainger *An Essay,* noted the use of "sweet" and "crude" mercury for illnesses as wide-ranging as worms, 'dry-belly ache', 'the itch', and yaws. He also wrote that "Every owner of an estate ought to have the following medicines sent him annually from England: Spanish flies, castor, calcined Hartshorn, spirit of Hartshorn, Sal Volatile Drops, Cloves, Oil of Cinnamon, Ipecacuan, Jalap, Opium, Nutmegs, Rhubarb, Spirit of Lavender, Tinctura Thebaica, alum, common caustic, crude mercury, corrosive sublimate, oil of turpentine, Plaister, common, Turner's Cerat, Verdigrease, Vitriol, blue, and Vitriol, White." P. 74.
[112] Ibid, pp. 56-59.
[113] Ibid, p. 57.
[114] Schiebinger, *Secret Cures,* (2017), p. 54.

that King would have sought the assistance of enslaved medical practitioners or experienced laypeople, though his complaint does not allude to this. Afro-Caribbean and African medical responses to yaws differed greatly from those of white doctors, which can be seen in the accounts of doctors and enslavers from different parts of the West Indies. An analysis of these works can help to fill in the gaps regarding the alternative treatments that King may have received on a plantation as large as Rose Hall, where access to enslaved medical knowledge might have been relatively easy.

By looking at reports of the treatment of yaws in other areas of the British Caribbean, it is possible to piece together an idea of what types of medicines were utilised by enslaved individuals or freed people, as well as the responses of white enslavers. One of these sources, correspondence between Scottish chemist and anatomist, Professor Joseph Black, and Grenada-based planter A.J. Alexander, has been used by Londa Schiebinger in her ground-breaking work.[115] Schiebinger argues that medical correspondence networks formed across the Atlantic world demonstrate a number of important factors: one, that planters often relied upon the medicinal knowledge and skills of enslaved people; two, that the diseases of West Indian slavery informed and helped to develop medical theory and teaching in European metropoles; and three, that many enslavers and medical professionals treated Black bodies as sites for experimentation and as interchangeable vessels for the testing of medicines and medical techniques.[116] What this source also does, however, is provide invaluable evidence of the procedures and medicines Black healers used to

[115] A. J. Alexander, (April 1773), "Correspondence, including A.J. Alexander to Professor Joseph Black, concerning the treatment of yaws in Grenada," Edinburgh University Special Collections, EL.SC Vol.1 ff. 58-64, (Gen 873/1, No. 51-98); this source is examined in Londa Schiebinger, *Secret Cures,* (2017).
[116] Schiebinger, *Secret Cures,* (2017), *Ibid.*

treat diseases that were commonly found among enslaved populations, and their relative success.

In April 1773, Alexander wrote to Black that the enslaved people on his estate had been "very much afflicted…with the Yaws."[117] Alexander, an absentee planter, arrived at his estate in January 1773 to find "[thirty-two] in the hospital of that disorder & the few that were sent out & said to be cured from time to time generally returned in a very short time." According to his account, "the medicine chiefly used [was] mercury in different forms," but those treated in this manner soon returned to the hospital with various other complaints including "pains in their bones," and with "broken" constitutions. Frustrated with ineffective European medicines, Alexander decided to form his own experiment; he made plans to "get some negro who understood the method of treatment in their own country & to let him have his way."[118]

Alexander's experiment pitted the medical knowledge of an enslaved man from his own estate against the estate surgeon who used recognised European treatments and techniques that had long been used upon his, and many other estates across the West Indies. He described the "Negroe's method" as follows:

> [He makes] them stand in a cask where there is a little fire in a pot and sweating them powerfully in it twice a day, giving them decoctions of 2 woods in this country called Bois Royal & Bois Fir & applying an ointment of lime juice and rust of won to their sores… the effect was that the negroes two patients were well in a fortnight but not one of the 4 [treated by the surgeon] apparently better.[119]

[117] Alexander, ff. 58-64
[118] Ibid, ff. 59.
[119] Ibid, ff. 60. Alexander described the surgeon's technique as follows, "The surgeon gave them diafortick antimony & other sweating medicines applied to their sores green vitriol… & crocus." He

Alexander considered the enslaved man's methods to have been so successful that he employed him in curing the rest of the yaws patients residing on the estate, and later set him to treating ulcers which he claimed, "the negroes [were] very much affected by."[120] The primary ingredients used to treat both conditions were locally grown "woods" such as "capada root" and "sema ruba." The skill and knowledge of the enslaved medical practitioner clearly impressed Alexander, evidenced by his lengthy description of the experiment in his letter to Black, in which he promised to send samples of the medicines that were used, claiming certain items to be "better than any in your apothecaries' shops."[121] In a second letter, Alexander promised to send Black "a better account of the negro materia medica, with a specimen of their medicines," clearly believing them to be of interest not only to slaveowners, but also to successful men of science in Britain such as Joseph Black. Unfortunately, few British Caribbean sources are as detailed as Alexander's in their description of enslaved medical practices, though it is still possible to draw certain conclusions about the experiences of enslaved people suffering from such diseases, or of those involved in treating and caring for others. Using Alexander's detailed account, we might imagine King being given "decoctions of [wood]," and engaging in West-African and Afro-Caribbean curative practices. On the other hand, Alves and Cameron may have sought to prevent such acts, choosing instead to rely on the typical purgative and mercurial methods likely used by men like Dr Beresford and Dr Leslie.

expressed anger at the surgeon's use of these medicines, explaining to Black that they had caused the patients "a good deal of pain."

[120] Ibid.

[121] Ibid, ff. 63.

Amongst the reports of the protectors of slaves, in-depth descriptions of medical treatment are scanty. Reading between the lines, however, can offer deeper insights into the way in which enslaved people and their enslavers reacted to and handled cases of infectious disease such as yaws. Within a long list of offences committed by enslaved people in Trinidad between 1824 and1827 is an account of a woman named Delaide of the Bon Air Estate who was punished with six hours in the hand stocks "for allowing the other children [of the estate] to be along one that has yaws under her charge." The excerpt of Delaide's punishment appears in the plantation record book, and was later transcribed by the protector of slaves, as commanded by the amelioration laws laid out in Trinidad's 'Order in Council' of the same year. It provides no further information on who Delaide was, and we can only speculate that she might have cared for or supervised the work of the children of the estate.[122] Those under her care were likely the children of younger, able-bodied field workers, and depending on the age of the children she looked after, Delaide may have acted as a nurse to infants and toddlers, or as a driveress to older children who performed 'light' work around the plantation. The form of work Delaide was engaged in was particularly important in the period after 1807 and in the lead up to the abolition of British slavery, as estate owners attempted to exploit the reproductive potential of enslaved women in the Caribbean.[123]

Delaide's offence and punishment also show that her enslavers held a keen understanding that the child infected with the yaws represented a health hazard to

[122] Diana Paton, "The Driveress and the Nurse: Childcare, Working Children, and Other Work Under Caribbean Slavery," *Past & Present,* vol. 246, Supplement_15, (2020), pp. 27-53. Paton points to a lack of scholarly engagement with this type of plantation work, though she explains the importance of it to enslaved society and the "economy of slavery."
[123] Ibid, pp. 28-30.

other, healthy children. The fact that Delaide's actions were considered an offence also suggests that they viewed her as having been deliberately negligent, and that they expected her to isolate the sick child to prevent the spread of the disease. Realistically, Delaide may have felt unable to isolate the child without interrupting her work looking after the other children, or the work of the child's labouring mother. On the other hand, it is also possible that Delaide's decision to group the sick child with the other children under her care was part of a West-African and Afro-Caribbean practice of group inoculation.[124] She may also have planned to treat the ailing child. While some plantation owners embraced the medical knowledge of their enslaved populations, the records of the protectors of slaves demonstrate a strong opposition to non-European practices, particularly in the treatment of diseases like yaws. Basic understandings of the spread of diseases like yaws, shared by European practitioners working in the Caribbean, helped to guide planters in their implementation of simple hygiene practices among their enslaved populations, though with limited success. Unsuccessful medical intervention, poor diet, inadequate clothing, and unsuitable lodgings, greatly impacted the health of enslaved people on British Caribbean plantations, as did incessant labour. Rather than viewing Delaide's actions as negligent, we might choose instead to interpret them as an attempt at more effective, early-stage disease prevention.

Unfortunately for King, his disease could not be managed and, if he received any form of treatment, it appears to have been largely unsuccessful. However, his disease was likely not the only factor at play in the deterioration of his health.

[124] Further discussion of West-African and Afro-Caribbean inoculation procedures appears in Chapter 4 of this dissertation. See also Paugh, "Yaws, Syphilis," (2014).

Though King's complaint does not provide a description of his living quarters or access to food, multiple complainants reported a lack of food, water, clothing, medicine, and shelter provided to them by their owners. These complaints provide examples of the living conditions that King may have endured during his life as an enslaved man. As early as 1803, men like British physician Dr David Collins were providing planters with guidance on the provision of food, clothing, and lodgings for the "purposes of decency and of health,". [125] He wrote that,

> The customary allowance of negro clothing has generally been two yards and a quarter, or two yards and a half, of a coarse woollen stuff… Within these few years, however, a more liberal treatment hath begun to prevail, in that respect, as in others, with regard to negroes.[126]

Collins advised that enslaved labourers be provided with basic items such as woollen jackets, "Dutch caps" or "a coarse hat", trousers and a petticoat "according to the sex" on an annual basis. As for their diet, Collins advised that enslaved people should receive a weekly allowance of foods such as Indian corn, yams, plantain, potato root, herring, salt fish, and water. He also advised that "the sick and infant negroes" should receive a weekly allowance of flour so that they might have access to it "at all times."[127] In contrast to this, the complaints of enslaved individuals demonstrate a lack of basic provisions, especially in times if ill-health or during periods of punishment such as confinement; in them we can imagine King's own voice.

The lack of basic care received by ill enslaved individuals is typified by the complaint of an unnamed enslaved person regarding the ill-treatment of a fellow slave named

[125] Collins, *Practical Rules,* (1803), p. 128.
[126] Ibid, p. 121.
[127] Ibid, pp. 114-115.

Joe by his female enslaver, Eliza O'Brien. The complaint was published in *The Anti-Slavery Reporter* only six months after King filed his complaint, and it reflected all that abolitionists hoped to convey about the atrocities of chattel slavery, and highlighted the degradation that many enslaved people lived in. One Monday night in December 1828, Joe sat confined in stocks upon his straw bed on the Bermuda Plantation in Trinidad. Sick, swollen, and severely dehydrated, Joe spent the night begging for assistance and water. Despite the efforts of one sympathetic witness— who later reported his case to Trinidad's protector of slaves, Henry Gloster— Joe died the next morning, still physically imprisoned in irons. Joe had been unable to carry out his work during the preceding weeks due to declining health and had become so unwell that he could no longer walk. Joe had laboured as a driver, responsible for keeping watch over the work of other slaves, but when his health started to fail, he found himself cruelly punished and severely treated by his mistress, O'Brien, who believed that it was "laziness that ailed him." O'Brien asserted that Joe's inability to carry out his duties was the result of negligence and indolence, "refus[ing] to believe that [he] was ill."[128]

Even in the deepest throes of his illness, which is not named but may have been yaws, Joe was refused medical assistance on the grounds that he was neglecting his work. According to the report, Joe lived in a "very bad [situation]," within a damaged property that was damp and wet. Reports of O'Brien's cruelty reveal that Joe and other enslaved labourers on the Bermuda plantation were severely malnourished and often left without necessary provisions, which likely exacerbated his condition.

[128] *The Anti-Slavery Reporter*, no. 86, (August 1831), Vol. IV, No. 14, *Complaints of Slaves Against their Owners, &c.,* pp.2-3.

Towards the end of his life, Joe was forced to live in a "room…which was open on all sides except one." While the rain "beat and wetted him," O'Brien neglected Joe's basic human need for food, water, and medicine.[129]

Even in the face of overwhelming evidence of Joe's ill- health—his inability to walk, his swollen limbs, and his physical exhaustion—O'Brien chose to believe that Joe did not work because of laziness and impudence. Further, despite the testimony of various witnesses against her, Eliza O'Brien was able to convince Trinidad's Court of Inquiry that her enslaved labourers were provided with the necessary medical care and provisions to maintain their health. Within the slave court, as on the plantation, the denial of Joe's ill health and of his suffering continued.[130]

O'Brien was also accused of cruelty against another enslaved man named Noel at the same time. Previously a "pasture boy" in charge of mules, Noel "had, had a large ulcer on one of his legs for a long time, at least six years," and had long been restrained by O'Brien during the night due to what she claimed was his tendency to steal and run away. During his last episode of truancy, Noel's ulcer had become much worse, and he returned to Bermuda physically weakened and unable to work. Noel was used to being underfed, often resorting to taking provisions such as flour, butter, and plantains to satiate his hunger. Noel was chained up in "iron hoops" every night on account of his acts of rebellion, and on his final return to the plantation before his death, he was placed in metal restraints once more. On the night of his

[129] Ibid.
[130] Ibid.

death, Noel was chained up in the “farine-house”—or flour house— using a “grappling boat chain, fixed around one of his feet, and then passed through handcuffs round both of his wrists.” As in the case of Joe, O’Brien was noticeably negligent in her care of Noel even during periods of ill health, explaining her actions as necessary in the face of Noel’s offences. Eliza O’Brien once again escaped the accusations against her without conviction.

Against such a nefarious case, King’s complaint seems rather mild, though we might imagine that he suffered similarly as a chronically ill enslaved man. In King’s case, his fowl represented a precious commodity that could be used to feed him and any family he may have had or sold at market for a small profit. By taking away his fowl, Gunn was removing one of, or perhaps King’s only source of food. Power, bestowed with certain influence through ameliorative legislation, restored King’s invaluable provisions almost as quickly as they were removed. However, while King’s complaint was buried in the cavernous depths of the colonial archive, Joe and Noel’s names reached the lips and ears of many. Their struggles as enslaved labourers, most specifically regarding their health and general welfare, became the topic of intense debate in the halls of British Parliament. The authors of the *Reporter* wrote that, Lord Goderich, British Prime Minister, “[made] the following remarks [upon this case]”,

> In the cases of Noel and Joe, the property of Mrs. O’Brien, who are said to have died while in confinement, I think that the medical attendant of the estate should have been called upon to state, whether he had been required to visit the slaves…If there be no medical attendant on the estate, this circumstance itself should have been brought to notice by the prosecution. I regret to observe, that both these slaves appear to have been interred, without any investigation in the nature of a Coroner’s inquest.[131]

[131] *The Anti-Slavery Reporter,* ibid.

In his speech, Goderich alluded to ameliorative legislation that required a qualified medical attendant to be available to provide a reasonable level of care to the inhabitants of all slave plantations. In this case it was clear that neither enslaved men had been adequately cared for, if they had received any treatment at all. The case represented a blatant failure in the programme of amelioration, demonstrated the logistical, legal, and cultural shortcomings of the office of the protector, and highlighted the realities of enslaved people's corporeal experiences on British Caribbean plantations. While King's complaint was comparatively scanty in its detail, and though his case was not brought before a criminal court, it is likely that he faced many of the same abuses as Joe and Noel. Certainly, such experiences were commonly reported by enslaved men, women, and children, throughout the 1820s and early 1830s.

The inclusion of Joe and Noel's complaints in the *Reporter* demonstrates that issues of diet, shelter, and medical care remained an important part of parliamentary debates over slavery, and they had not been adequately addressed by ameliorative legislation even as late as 1831. One can imagine that King, in the moment that he decided to complain, carried with him an understanding of these debates and that the act of complaining was as important as the outcome of it for improving his position. This was especially true in cases involving maltreatment, abuse, or neglect by a plantation owner as enslaved complainants found such things very difficult to prove. Joe's complaint was uncommon in that the enslaver was female and because it was brought before Trinidad's Court of Inquiry, which did not happen frequently. However, the content of the complaints is representative of the types of issues

relayed in the complaints of hundreds of other enslaved people across Trinidad and British Guiana from the same period.

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The traceable history of King's life fits onto a mere six pages of colonial paperwork; his words account for only one paragraph of those six pages, and that paragraph is diluted and filtered through the language and perceptions of a white colonial office-bearer. The fragmentary and oppressive nature of colonial record-keeping has, until more recent decades, silenced and virtually erased enslaved people like King as scholars of slavery focused more heavily on quantitative data that proved certain material conditions of enslavement. And yet, through a process of "critical fabulation" like that described by Saidiya Hartman, we can build a narrative of King's life and personhood that, though speculative, creates a space for a deeper exploration of his everyday experiences, including of his emotions, and his relationship with the world and the people around him. What is more, by imagining King's corporeal and medical experiences through the words of other enslaved individuals, including contemporary complainants, we can begin to fill in the large gaps in his story with imaginative but grounded analysis.

Historians seeking to understand the diseases and medical experiences of enslaved people very often must piece together fragments of evidence taken from the writings of white colonials, including the economically, and politically focused records of plantation owners and the scientific musings of medical men. The medical literature produced by colonial doctors is an invaluable source of detailed information regarding the illnesses that enslaved people faced, and of the most common forms

of treatment used by white enslavers, but they fall short of providing a space for the voices of their Black patients or silence them entirely. Colonial doctors wrote about their own successful and experimental methods of treatment and their observations of troubling diseases on the bodies of Black enslaved people without acknowledging their names, experiences, or concerns. Enslaved medical knowledge also received little to no attention in such treatises, despite plentiful evidence that acts of self- and community-led care were common among enslaved populations. Evidence gathered from the complaints reported by the protectors of slaves show that illness and medical concerns were at the heart of all aspects of plantation life, and that instances of disease, disability, injury, and chronic illness were incredibly common. Furthermore, these records demonstrate that enslaved people living in various geographical locations and performing different forms of labour experienced many of the same challenges in accessing necessities including food, water, and medicine.

Chapter Two

Vulnerability and Power: Disabled Enslaved People and Labour Control

As the working day began one Sunday on the Mausico estate in Trinidad, Caesar, a chronically ill, disabled field labourer, lay incarcerated in irons in the plantation yard. Caesar was being punished for what his enslaver claimed was "poor work" and "idle behaviour."[1] A few metres away, a female house slave named Diana got to work sweeping the yard, likely ignoring the so-called offender, Caesar.[2] While working, Diana noticed that Caesar had lost consciousness. Presumably panicked, she ran from the plantation yard to the main house, shouting to her enslaver, Charles Goin, and fellow slaves to attend to Caesar for he had "fainted at the post".[3] By one o'clock that afternoon Caesar was pronounced dead. In the days leading up to his death, Caesar had been placed in stocks, flogged, tied to a post, and forced to drink cow urine, all whilst disabled by multiple health issues. Caesar had not been given the opportunity to be seen by a doctor before his demise, and none was sought after, preventing a probable cause of death from being determined. No less than twenty-one months later, two enslaved men named Simon and Hippolyte, also of the Mausico estate, reported Caesar's death to the protector of slaves for the colony of Trinidad, Henry Gloster. Goin was later accused of failing to disclose Caesar's death to the protector and was brought before the colony's Court of Criminal Inquiry for

[1] CO 300/27, ff.8-23, The National Archives, London. Mausico, a cocoa and coffee estate near the town of Arima in the north-eastern county of Saint George, was acquired by Goin in 1813. Legacies of British Slave Ownership website, [https://www.ucl.ac.uk/lbs/estate/view/9550, accessed 05/10/22].
[2] Ibid, f.9.
[3] Ibid, f. 21.

questioning. The court, agreeing that Goin had been negligent in his duty, fined him £250 and added that he should be "imprisoned till it was paid."[4]

In multiple ways the outcome of Simon and Hippolyte's complaint is unique among cases recorded in the reports of the protectors of slaves; first, Goin faced severe punishment for his actions, though the Court and the protector of slaves appeared more concerned about the law than they were about what Caesar had been subjected to. In comparison, around 74% of the 139 complaints analysed in this study were met with dismissal, even when enslavers were accused of incredible acts of cruelty. Gloster wrote of Caesar's case that,

> [A] Slave had died and been buried under circumstances of suspicion and mystery, and yet it was not till 21 months after the events had taken place that the case was denounced to the Protector, although it then appeared that it had been generally well known on the estate. The motive which ultimately led to its detection was probably some pique in the minds of the slaves [Simon] & Hippolyte, and had it not been for this it might have never been brought to light.[5]

Secondly, to reach a verdict, Gloster and members of the Court had invited testimony from a substantial number of witnesses, more than would usually be consulted. At trial and in Gloster's office, a total of seven enslaved labourers and seven free people (Black and white) spoke of their memories of the day that Caesar died, and all testified that Goin was "exceedingly kind" to his slaves and took "great care of them when they are sick," even going as far as to claim that he was

[4] Ibid, f. 22. Gloster wrote that he had recounted the case in detail "for the purpose of…point[ing] out the inefficacy of the former regulations for ensuring an enquiry… into the deaths of slaves under suspicious circumstances," and that "any free person becoming acquainted with the sudden death of a slave is required… to inform the protector of it." This complaint was referred to the Court of Criminal Inquiry, which held greater powers to punish enslavers in the case of extreme negligence. Caesar's case appears to have garnered a lot of interest from Gloster and the Court of Inquiry, likely because Caesar's death had not been reported until 21 months after it happened.
[5] Ibid, f. 23.

"incapable of cruelty towards them".[6] Lastly, Caesar's case is unique due to the fact that the complaint was filed by two other men, seemingly unconnected to him aside from the fact that they resided on the same plantation. In this way Caesar's experiences of enslavement as a disabled man can only be viewed through the perspectives of others. All the other cases considered in this chapter contain the voices of disabled individuals who were personally wronged.

And yet, despite its uniqueness, Simon and Hippolyte's complaint provides important information about Caesar that is paralleled in other complaints involving enslaved invalids, and which can help inform historians about the health, labour, and everyday experiences of disabled enslaved people. For instance, their testimony tells us that Caesar was likely malnourished and in need of more adequate healthcare, that he was caught in a relentless cycle of compromise and conflict over the work that he performed and when he performed it. Neglect, conflict, and malnourishment were central features of enslaved people's experiences in the Caribbean and were arguably both a major cause of and a reaction to physical disability. The physical dangers of enslavement frequently caused temporary and permanent forms of disability among enslaved populations, and disability could also cause enslavers to be physically violent, to withhold appropriate care and provisions, and to exploit disabled enslaved people's bodies and labour. Further, while we know little about his ill-health, it seems obvious that Caesar's physical abilities were drastically altered by disease, negatively affecting his work in the field and most certainly other aspects of his life including his mobility and strength. It is clear from the records analysed in this study that enslaved people living with physical disabilities struggled to meet the

[6] Ibid, ff. 20-22.

demands of their enslavers regarding labour and productivity, and the complaints of those individuals demonstrate that their disabilities made it difficult for them to carry out important everyday tasks.

Caesar's experiences also highlight the way that disabled enslaved people successfully exercised autonomy over their everyday lives. In their statements, Simon and Hippolyte and the witnesses examined by Gloster spoke of Caesar's multiple attempts to escape from Mausico, which, though he always returned, shows that his disability did not prevent him from seeking control over his body and his labour, however temporarily. Goin's reaction to the changes in Caesar's labouring capabilities, and his tendency to abscond from work, likely fuelled the ongoing power struggles that took place between the two men. Such conflict was common on British Caribbean plantations, not least in the daily experiences of disabled slaves, as this chapter will demonstrate. These conflicts also permeated other parts of enslaved life, including relationships between enslaved people living on the same plantation; Caesar's case demonstrates this in the witness statements of enslaved labourers who worked and lived alongside him. Mausico had an enslaved population of only fifty-five people and in such a small community it is likely that Caesar was well known to most of the inhabitants of the plantation. The information provided by Simon and Hippolyte is therefore representative of a collective experience of disabled enslaved people who struggled to survive on slave plantations across the British Caribbean.

The nature of Caesar's demise, and the witness statements detailed by Gloster reflect several fundamental features of life on plantations of the British Caribbean,

and more specifically the struggles that faced disabled enslaved labourers. Firstly, that his reputation, and the severity of the punishments he faced were directly linked to his health and inability to labour. The language used to describe Caesar—for example as “idle” and “bad”—was commonly applied to enslaved labourers who, for various reasons, did not or could not perform their labour as expected or directed. Secondly, that these characterisations were not treated as separate to categories of ill health. For instance, terms like “lazy” and “idle” are used interchangeably with language that describes disability, signalling a widespread rhetoric that historians such as Rana Hogarth have identified as being part of a long-standing process of objectification and racialization of Black people’s bodies. These processes created ideas and beliefs about Black enslaved people as physically durable, mentally weak, and incapable of self- governance and self-care.[7] And lastly, that disabled slaves undeniably lived in constant conflict over their bodies and their work, but that they also lived rounded and individual lives worthy of deeper historical enquiry. Though it is difficult to ascertain much about Caesar’s individual experience of life and disability, an analysis of other, first-hand complaints lodged by enslaved people can provide more insight into the intersection between race and disability.

This chapter analyses the everyday experiences of enslaved individuals living with disabling or limiting conditions and illnesses. It details the effects of such experiences on their labouring capabilities and their ongoing struggles to survive, whilst simultaneously engaging with the representations and realities of disability as told within the complaints of disabled slaves and sources relating to amelioration. It engages with works from history and disability studies, including most notably the

[7] Rana Hogarth, *Medicalizing Blackness,* (2017).

work of historian Stefanie Hunt-Kennedy, arguing that the institution of slavery and the development of British colonialism was not a dehumanizing process, but rather a disabling one.[8] Speaking of British slavery from its conception to the abolition of the slave trade and beyond, Hunt-Kennedy argues that "slavery disabled (discursively and materially) the human, rather than created a dehumanized object." For slavery to survive, and to address the issues created by the abolition of the British slave trade, British lawmakers and planters had to recognise the humanity of enslaved labourers.

Like Hunt-Kennedy's work, this chapter considers the material realities and discursive representations of physical disability within the context of amelioration and shifting legal frameworks aimed at preserving Britain's economic interests in the Caribbean. It recognises disability in all forms – whether temporary, permanent, caused by chronic ill health, injury, or acquired at birth—as a central part of enslaved life and as a factor that shaped both individual and collective experiences of enslavement. I have chosen not to discuss mental or intellectual disabilities in this chapter due to a lack of evidence about such individuals in the sources consulted in this study. However, this chapter moves beyond Hunt-Kennedy's work in its temporal, methodological, and geographical focus by utilising the complaints of disabled individuals lodged during the second phase of amelioration (1820s-1830s) in the newer colonies of British Guiana and Trinidad.[9] Further, it delves deeper than

[8] Stefanie Hunt-Kennedy, *Between Fitness and Death: Disability and Slavery in the Caribbean*, (Urbana: University of Illinois Press, 2020), pp. 4-9, p. 4. For works on the 'dehumanizing' nature of plantation slavery, see Richard Dunn, "A Tale of Two Plantations: Slave Life at Mesopotamia in Jamaica and Mount Airy in Virginia, 1799-1828, *William & Mary Quarterly,* 3rd ser., 34, (1977), p. 64; Trevor Burnard, *Mastery, Tyranny, and Desire,* pp. 128-188; and David B. Davis, *Inhuman Bondage: The Rise and Fall of Slavery in the New World,* (Oxford: Oxford University Press, 2006); Richard Price, *An Anthropological Approach to the Afro-American Past: A Caribbean Perspective,* (Philadelphia: Institute for the Study of Human Issues, 1976); and Mervyn Alleyne, *Roots of Jamaican Culture,* (London: Pluto Press, 1988).

[9] Hunt-Kennedy's work focuses on the period 1780-1807 as a pivotal moment in the history of race, slavery, and disability, due to the prolific use of disabled enslaved people as "an emblem of the

Hunt-Kennedy's work into an exploration of the everyday experiences of enslaved people who were disabled. By examining the voices of enslaved, disabled complainants, we can read against the grain and further explore enslaved strategies for survival, on-going struggles for control, and everyday experiences of disability.

Borrowing from core theoretical works from the field of disability studies, this chapter assumes a social-contextual approach toward its analysis of enslaved health and labour, and argues that we must understand the experiences of disabled, impaired, and ill slaves in both medical and social terms.[10] Enslaved people toiled under a number of severely limiting social, political, and cultural barriers, not only to their freedom and education, but also to their health and healthcare, the result of which was often the physical or mental inability to carry out both their assigned labour and everyday tasks such as caring for themselves and their families.

The social-contextual frameworks that inform this work are modern concepts which have all, to varying degrees, been created in opposition to challenges wrought by modern society to the lives of disabled and impaired individuals. The institutions and organisations that founded the social model of disability and successive models were, and are, aimed at improving the lives and life chances of disabled people, and

inhumanity [of slavery]." It also largely considers primary evidence from older British colonies such as Jamaica and Barbados.

[10] Tom Shakespeare, *Disability Rights and Wrongs,* (Florence: Taylor and Francis, 2006), pp.4-5. Shakespeare analyses the history of the British social model of disability, highlighting its limitations and critiquing works that have not moved beyond the same theoretical discourses that were first set out by The Union of the Physically Impaired Against Segregation (UPIAS), an early disability rights organisation that emerged in the UK in the 1970s. Further, Shakespeare argues for a more fluid understanding of disability within what he calls a social-contextual framework, supporting a deeper understanding of the impact of bioethics and the medical models so often rejected by social modelists. For further investigation of the various disability studies models and their definitions, see also Michael Oliver and Colin Barnes, *The New Politics of Disablement,* (Basingstoke; Palgrave MacMillan, 2012).

are commonly perceived as being in opposition to medical models that stress the "deficiencies" of impaired or disabled individuals. The latter have largely been accused of highlighting fault, inability, and difference in the disabled individual, distinguishing them from the physically abled, whilst the former highlights issues with discriminatory societies in which the attitudes of able-bodied people, as well as the way in which our physical landscape is constructed, create barriers for disabled people. The medical model has also been accused of focusing too closely on the limitations of individuals, whilst the social model recognizes the limitations placed on groups of disabled people within their own societies and cultures. As disability studies scholar Tom Shakespeare has argued, a multitude of social models of disability, including the mainstream "British social model," have "reject[ed] an individualist understanding of disability, and to different extents locate the disabled person in a broader [social] context."[11] In a similar manner, this chapter analyses narratives from enslaved individuals and attempts to place them within a wider socio-political context in order to better understand the collective, everyday experiences of disabled slaves.

It can be difficult to apply this modern, social framework, to the study of disability and slavery since the nature of the colonial archive often prevents us from accessing information about the intricate aspects of enslaved life and about individual people. The historical language used in sources such as planters' records, ameliorative legislation, medical tracts, and abolitionist writings often masks the reality of life for disabled slaves, painting them either as pitiful victims, as medicalized objects, or as "bad characters". While disability in the twenty-first century may be measured along

[11] Shakespeare, *Disability Rights and Wrongs*, (2006), p.30.

a sliding scale of physical health, “ability” in the world of transatlantic slavery was measured by an enslaved individual’s “usefulness” and ability to labour.[12] Further, while the social framework discussed above takes into consideration the issues with discriminatory societies of today, such societies have little in common with those in which disabled enslaved people lived and worked. Slave societies of the early modern period were innately and actively disabling environments in which enslaved people could become physically and mentally disabled through purposeful and wanton punishment, through injury from labour, or as a result of chronic disease, malnutrition, and neglect.[13] Like Stefanie Hunt-Kennedy, however, this chapter views disability as a “social relationship” rather than a strictly medical construction, which can widen our understanding of the Black enslaved experience .[14] Viewing it through the lens of a modern social framework is therefore still a worthwhile task which may help historians to uncover more about the lives of enslaved people who were disabled.

Understanding the experiences of disabled enslaved people is particularly important considering the pervasive nature of disability within plantation slavery. Disability was a permanent feature of nineteenth-century Caribbean slave societies; the act of enslaving was itself disabling in social, cultural, political, and legal terms, whilst dangerous labour, extreme workloads, innate violence, and poor healthcare frequently led to the physical and mental disablement of enslaved people. An

[12] Hunt-Kennedy, *Between Fitness and Death,* (2020) p. 20.
[13] This methodological challenge is discussed by Hunt-Kennedy, *Between Fitness and Death*. Speaking of disability caused by punishment from in the 1660s, she writes that, “Limb removal was a technology of violence used against enslaved individuals to disable them from emancipatory potential.” Though laws regarding the legal punishment of slaves changed between the seventeenth and nineteenth-centuries, Hunt-Kennedy argues that “the power to cause disability, and to link disability to the shifting boundary between humanity and enslavement, was a hallmark of slave-owning power,” pp. 63-66.
[14] Ibid, p. 20.

important part of the disabling process of enslavement was an adherence to and adaptation of centuries-old rhetoric that viewed Black bodies as "deficient," "monstrous," and "deformed."[15] By the nineteenth-century, such rhetoric had evolved to accommodate enslaver's expectations that their enslaved labourers should be "obedient" and consistently productive or "useful."[16] The language used by perpetrators of colonial slavery infiltrated every aspect of enslaved life and its afterlife, including the colonial archive. To analyse the lives and experiences of disabled enslaved people, this chapter will attempt to subvert the narrative most frequently found within the colonial archives in which disabled enslaved individuals appear as one-dimensional figures. It will do so through an investigation of the health experiences of enslaved people in both an individual and broader setting, utilizing case studies of complaints made by enslaved people to the protector of slaves in the colonies of Demerara, Essequibo, Berbice, and Trinidad. The idea that enslaved people inhabited a precarious liminal space in which they were both overtly oppressed and figures with unique autonomous potential is at the heart of this chapter.

Though enslavers and their contemporaries did not use the term 'disabled' to describe ill, injured, or incapacitated enslaved labourers, instead preferring terms such as "invalid," "weakly," and "sickly,", it is used in this chapter to identify persons who, in physical terms, struggled with labour, mobility, and any debilitating health concern.[17] The health concerns addressed in this chapter range from chronic illness, to blindness, and limb-loss, and are included due to the way that they affected

[15] Ibid, p. 13.
[16] Ibid, pp.19-21.
[17] Dea Boster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860,* (New York; Routledge, 2013), p.2.

the labouring capabilities of enslaved people suffering under them. And though this chapter analyses the experiences of enslaved individuals who suffered from chronic and epidemic disease, it will not offer robust, in-depth discussions of the histories of disease amongst enslaved populations, not least because such topics have been so aptly explored by scholars such as Kenneth Kiple and Jerome Handler.[18] This is also because such an approach places strict limitations on our understanding of disability among enslaved people as a purely medical phenomenon. Instead, this chapter approaches the study of disability and slavery as an investigation into some of the most common social and human aspects of enslavement.

Along with historian Dea Boster, this chapter rejects the notion of disability as the physiological or psychological departure from a perceived "norm".[19] Rather it recognizes enslaver's and nineteenth century doctor's inherent perception of Black enslaved bodies as 'abnormal' in relation to white bodies within the system of transatlantic slavery and seeks to move beyond this as a theoretical framework. Though undoubtedly an important component of ground-breaking modern scholarship on the "medicalization" of race, it is increasingly clear that white authorities and medical men of the eighteenth and nineteenth centuries, and even earlier, defined themselves in stark opposition to Black "otherness."[20] Hogarth argues that "the objectification of Black people's bodies in slave societies became an essential component to the development of the medical profession in the Americas,"

[18] Jerome Handler, "Diseases and Medical Disabilities of Enslaved Barbadians: From the Seventeenth Century to around 1838: Part I, *"The Journal of Caribbean History,* vol. 40, no.1, (2006), and "Diseases and Medical Disabilities of Enslaved Barbadians: From the Seventeenth Century to around 1838:Part II," *The Journal of Caribbean History,* vol. 40, no. 1 (2006), pp. 1-38; Barry Higman, *Slave Populations of the British Caribbean, 1807-1834,* (Kingston, Jamaica: The Press, University of the West Indies, 1995)*;* Kenneth Kiple, *The Caribbean Slave: A Biological History,* (Cambridge: Cambridge University Press, 1985).
[19] Dea Boster, *African American Slavery,* (2013), p.2.
[20] Hogarth, *Medicalizing Blackness*, (2017), p.1.

leading to the "[stabilization of] racial difference" and the ongoing protection of transatlantic slavery for over two hundred years.[21]

That white enslavers viewed Black bodies, and especially the bodies of those injured or ill, as physiologically and psychologically inferior has been aptly demonstrated, in varying ways, by scholars such as Stefanie Hunt-Kennedy, Rana Hogarth, Larry Stewart, and Andrew Curran.[22] Hunt-Kennedy understands disability as a fundamental aspect of slavery itself, categorised by a person's 'Blackness' and enslavement as well as by physical "deformity". In Hunt-Kennedy's definition, the disabled Black body was understood in relation to its inferiority to the able and "civilised" white body, especially in cases where slaves were maimed by their condition and was "a key part of the logic of enslavement and to emerging notions of race in the Atlantic World."[23] However, much of this important work has been limited in its ability to explore the everyday lives of enslaved people suffering under illness and disability; a gap that this chapter hopes to address.

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Representation and Exploitation

In the complaints of enslaved people like Simon and Hippolyte, we see the complexity of the relationship between the everyday health experiences of enslaved

[21] Ibid.
[22] Stefanie Hunt- Kennedy, "Let them be young and stoutly set in limbs': Race, Labor, and Disability in the British Atlantic World," *Social Identities:* Special Issue: Disability and Colonialism: (Dis)encounters and Anxious Intersectionalities*,* vol. 21, no. 1, (2015), p.38; Hogarth, *Medicalizing Blackness,* (2017); Larry Stewart, "The Edge of Utility: Slaves and Smallpox in the Early Eighteenth Century", *Medical History,* Vol. 29, no. 1, (1985). Andrew Curran, *The Anatomy of Blackness: Science and Slavery in an Age of Enlightenment*, (Baltimore: The Johns Hopkins University Press, 2011), p. 29.
[23] Hunt-Kennedy, "Let them be Young," (2015), p. 38.

individuals and the economic expectations of their enslavers. The reports of the protectors lay bare the intimate health experiences and personal struggles of enslaved people, whether disabled or able-bodied, and made them public within a legal setting that highlighted the instability of white authority. The contents of the complaints also demonstrate the legal, cultural, and physical limitations placed on enslaved people by their enslavement and by the health issues that they faced, and the various ways that they navigated these limitations. They show that, despite the characterisation of disabled slaves as essentially incompetent and incapable, they continued to be used by their enslavers for a wide range of often rigorous and difficult tasks such as field labour, wood cutting, and carpentry. Vitally, enslaved people were not passive actors in these processes.

However, they also demonstrate the inextricable social link between disabilities and white perceptions of Black bodies as "deficient."[24] The reports of the protectors, and more specifically the statements given by enslavers show, that low productivity among disabled enslaved people was often viewed and treated as a lack of compliance with white authority, and were duly punished.[25] The emerging negative language applied to non-compliant disabled individuals was difficult to shake, and could lead to cyclical forms of violent conflict over labour and other aspects of daily life.

The use of negative language and unfavourable characterisations of enslaved individuals had a powerful and detrimental effect on the socio-political relations of

[24] Hunt-Kennedy, *Between Fitness and Death,* (2020), p.20.
[25] Hunt-Kennedy explores this idea, stating that "ability" among enslaved people was "not measured solely in terms of productivity," but that "compliance" was just as important a feature, p. 20.

disabled slaves, as well as on their health. This is evident in the case regarding Caesar. While the witnesses called by Gloster spoke positively about Goin as an enslaver, their testimonies reflected poorly on Caesar as a man not widely respected even by fellow slaves; he was described as an "idle, lazy man, prone to dishonesty" and "a great thief", which may have impacted Goin's decision to punish him so severely.[26] Pompey, an enslaved witness, testified that the post to which Caesar was bound was "erected to tie mules to, to clean them" and "consider[ed] that Mr. Goin fastened Caesar to the post to shame him."[27] Their words reflect a wider issue faced by disabled enslaved people in which their representation as unproductive and as "bad characters" directly impacted their treatment and access to appropriate forms of healthcare and basic resources.

With no recourse to any form of post-mortem inquiry, the cause of Caesar's death could not be accurately determined. While most witnesses pointed fingers at Caesar himself as being the cause of his disabling ill-health and ultimate death, the complainants appeared convinced that Goin's actions had killed Caesar. Simon and Hippolyte explained that Caesar had been forced to drink large quantities of "urine of cattle", likely as a punishment for stealing, before being bound in irons and fastened to a post in the plantation yard where he was flogged further.[28] During interviews led by Gloster and the Court of Criminal Inquiry, the two men later speculated that

[26] Ibid, pp. 10-12.
[27] Ibid, p. 12.
[28] Simon reported in his testimony that he was aware that small amounts of cow urine could be used in treating mal d'estomac, which Caesar was thought to suffer from. However, he also believed that the large amount given to Caesar proved that it was given as a punishment to make him unwell, rather than to help him. Further testimonies of witnesses given in support of the defence rejected this claim, stating that it was a purely medicinal act.

Caesar had perished from exhaustion, exposure, and due to his previous history of ill health.

Goin placed very little value on Caesar's life or the preservation of his health, which we might assume was caused by his inability to labour and his lack of compliance. Like many incapacitated and disabled enslaved labourers, Caesar was chronically overworked, maltreated, and mistrusted by those around him. His continuous ill-health made it difficult if not impossible for him to recover a cooperative relationship with his enslavers, and it is likely that his attempts to run away further compounded these issues. In multiple depositions, Caesar was described not only as a "bad character," but also as perpetually unwell, often being "short winded," with "bones…coming through [his] skin," and "that he was covered in sores".[29] The statements that mentioned Caesar's state of health hinted at the possibility that he suffered from *mal d'estomac*—a condition that some medical historians have linked to beriberi or thiamine (vitamin B1) deficiency that could lead to breathlessness, swelling, heart failure, vomiting, and even paralysis. The disease was well known to enslavers and enslaved people due to it commonly "appear[ing] in epidemic form," and its ability to incapacitate enslaved labourers even in its early stages. Beriberi appeared in two forms: wet and dry. The former, which often culminated in cardiac arrest, "dropsy" and pulmonary oedema (or fluid in the lungs), "seems to have been most prevalent," and, according to Kenneth Kiple, "pregnant and lactating women (along with men who laboured in the field or strong gangs)…proved especially susceptible to the disease because of accelerated requirements for most nutrients

[29] Ibid.

including thiamine."[30] From the descriptions provided, it seems likely that Caesar was suffering from 'wet' beriberi, and was, at the time of his punishment and sudden death, in the latter stages of the disease. Despite his disabling, chronic health issues, Caesar was continually obliged to undertake laborious field work, and was punished when this work could not be completed. This conflict continued through the final years of Caesar's life, compounding his ill-health and seemingly leading Caesar into a life of social exile from his enslaved community.

Experiences like Caesar's raise interesting and important questions about the way in which conflicts over labour and physical health permeated all aspects of plantation life. Enslavers—and the British government— objectified enslaved people's labour and health, attaching specific value to their work and to their person according to physical ability and pitted enslaved people against each other based on obedience and productivity. Disobedience and a lack of productivity led to the imposition of negative characterisations that enslaved people found difficult to shift. The value placed on enslaved individuals – and disabled individuals in particular—had a further impact on enslaved people's relationships not just with their enslavers, but with members of their community, suggesting the success of enslaver's "divide and rule" strategies.[31] The witness statements of free and enslaved individuals called before the protectors of slaves demonstrate the impact that such negative representation

[30] Kenneth A. Kiple, *The Caribbean Slave: A Biological History*, (Cambridge: Cambridge University Press, 2002), pp.99-100.

[31] Christer Petley, *White Fury: A Jamaican Slaveholder and the Age of Revolution*, (Oxford: Oxford University Press, 2018), p. 60. Petley describes this as an "intricate system" which included the tendency of enslavers to buy enslaved people from a mixture of ethnic backgrounds during the period of the slave trade in the hope that they would not cooperate with each other. Further, the divide and rule strategy "facilitated what we could reasonably refer to as distinctions of 'class' between enslaved people on their estates," in which certain slaves were treated more favourably than others in order to create loyalties and divisions that supported enslavers in maintaining their authority.

had, and suggest that enslavers counted on the support of certain members of their enslaved populations to give favourable depositions. For example, enslaved witnesses called in support of enslavers accused of maltreatment of some form of offence invariably described enslaved complainants in negative ways. This can be seen in the interchangeable representation of disabled and ill enslaved people as both "bad" and "sickly," such as in the statements of enslaved witnesses to Caesar's death like Pompey and Nancy, Goin's "house servant and cook," who both labelled Caesar as a "bad slave."[32] For enslaved individuals suffering with a disability, negative representation was an inescapable fate; the less productive a person was, the more susceptible they became to being labelled as "bad," and "idle", and, subsequently, to acts of violence, mistreatment, and neglect.

The brutal and violent realities of life as a disabled person within the system of slavery can be seen in cases like Caesar's, in which continued mistreatment and overwork was ever-present. In most cases, enslavers called before the protector did not openly admit to the exploitation of disabled enslaved people, or of acts of violence and punishment against them. In their statements of defence, enslavers frequently claimed that disabled complainants were permanently employed in light work and denied aggression towards such individuals. However, in a handful of complaints enslavers admitted to having acted violently toward disabled slaves, claiming that punishments such as incarceration in stocks or flogging was the result of offences committed by those individuals or for bad behaviour, including neglect of duty.

[32] CO 300/27, f. 17.

The mistreatment and overwork of disabled enslaved people is evident in the complaints of two disabled and enslaved men in Demerara, Louis and Nelson, who made separate complaints against their owners, Walter Urquhart and Mackenzie Mackay, to protector of slaves Edward H. Gibbon.[33] Both men were missing one limb—Louis had only one arm, and Nelson only one leg—and complained that they struggled to perform their labour and had been punished. Louis expressed the difficulties he faced in carrying heavy loads of "spars through the bush", while Nelson struggled to perform his job cutting grass and experienced pain in his remaining leg. When they did not perform their labour correctly, both men were confined and flogged.[34] Nelson was further beaten for having complained, though Mackay stated in his own defence that he had punished Nelson for "turning [his] horse loose on purpose".[35] Urquhart later produced copies of the punishment record book for his "Woodcutting establishment," showing that Louis had been punished for "refusing to do any work," and for "abusing his owners."[36] Gibbon referred Nelson's complaint to the Court of Criminal Inquiry, the outcome of which is not known. As for Louis' complaint, Gibbon made the decision to take no further action against Urquhart but wrote that he had "expressed his hope that Mr. Urquhart would look with consideration on this man who was a cripple."[37]

Another complaint, that of a partially sighted enslaved man named Sancho of the Haarlem Plantation in Demerara, provides first-hand evidence of an enslaver admitting to the exploitation of a disabled enslaved labourer as a direct result of his

[33] CO 116/ 162, pp. 135-140, and CO 116/ 163, pp. 169-174.
[34] CO 116, 162, f. 135, and CO 116/163, f. 169.
[35] CO 116/ 163, f. 173.
[36] CO 116/ 162, f. 139.
[37] Ibid, f. 140

"troublesome" nature.[38] On the 14th of February 1833, Sancho complained to Gibbon, that he was being forced to carry out work that he was not capable of performing by the estate manager.[39] Two days later, Sancho visited Gibbon "with the same complaint," before returning to his enslaver with "a letter from the protector."[40] On two final occasions, on the 20th and 22nd of February, Sancho made further appearances at Gibbon's office, complaining that he had spent days locked in bed stocks and was flogged for filing a complaint. Gibbon called on witnesses including the manager, A. McPherson, the estate sick nurse named David, the driver, Adonis, and others. McPherson attended with a doctor's note claiming that Sancho was "fit for any work required of him," and that his "affliction of the eyes," was "brought on by his own imprudence."[41] In an unusual turn of events, McPherson did not deny any of the accusations that Sancho laid against him, including the fact that he had, had Sancho flogged and incarcerated, and that he had put Sancho to work in the fields because of his bad behaviour. Of this he stated,

> That he was aware [that the] complainant's eyesight was defective- that he had been off and on in the sick house for many months and was occasionally employed jobbing about the buildings—but that he was a very troublesome man and addicted to drink. That he [McPherson] had therefore desired him [Sancho] to go to [work in] the field.[42]

In a similar outcome to that pronounced by Gloster in Simon and Hippolyte's complaint, Gibbon found McPherson guilty of a "misdemeanour under the 37th Clause of His Majesty's Order in Council of the 2nd of November 1831," and referred

[38] CO 116/161, f. 15.
[39] Ibid, f. 199.
[40] Ibid.
[41] Ibid.
[42] Ibid.

the case to “His Honor [sic] the First Fiscal for prosecution at the next ensuing session of the Criminal Court.”[43] The outcome is not recorded.

These cases raise important points about everyday life and labour for enslaved people with disabilities. Firstly, they demonstrate the complexities and inconsistencies of ameliorative legislation regarding the rights and treatment of disabled slaves; while Gibbon referred Nelson and Sancho’s cases to the Court of Criminal Inquiry, he dismissed Louis’ complaint, only instructing Urquhart to treat the “cripple[d]” Louis with “every degree of lenity.”[44] How he distinguished between these cases and the methods he used to determine their outcome is not clear. The outcome of Nelson, Sancho and Ceasar’s complaints was unusual, representing only 10% of the 139 complaints reviewed in this study, though the language Gibbon used in his correspondence with all three enslavers demonstrates a general understanding, bolstered by ameliorative thinking, that disabled slaves should be treated with greater leniency than more able-bodied labourers.

Secondly, these complaints and others demonstrate that the occupations held by disabled enslaved people were as wide-ranging and labour-intensive as those held by their able-bodied counterparts. These include woodcutting, grass cutting, and field labour. Other complainants, such as disabled slaves Margo, a sixty-year old, chronically ill woman, October, a twenty-one-year old man afflicted with permanent sores and Herman, a twenty-five-year old “cripple with sores,” held occupations like “cattle herder,” “cooper,” or worked within plantation distilleries.[45] Further, some

[43] Ibid, f. 201.
[44] CO 116/ 162, f. 140.
[45] 116/ 159, complaint of Margo, CO 116/ 160, and complaint of Herman, CO 116/161.

occupations required disabled slaves to travel large distances or carry out physically demanding tasks before their work could be done. For example, Margo was required to herd cattle through the streets of George Town to different grazing pastures and holds, while the enslaved complainant Louis mentioned above stated that he was expected to steer a "small punt," or boat over a mile to reach the area of "bush[land]" in which he worked.[46] Undoubtedly such tasks necessitated disabled enslaved labourers to be as mobile as able-bodied labourers and to carry out intense physical labour across difficult terrain, including the use of waterways, through dense woodland, and over mountainous regions. Disabled enslaved labourers faced significant physical obstacles at every stage of their work and faced further socio-political and legal obstacles in their dealings with enslavers and the protector of slaves.

Disabled and ill enslaved complainants held a particularly unique liminal, socio-political position in the amelioration-era British Caribbean; they were both overtly oppressed and unfairly treated by enslavers who craved a productive and obedient workforce but might also be seen as figures capable of significant autonomous action. Individuals such as Louis, Nelson, Margo, October, and Herman understood that they laboured within a system that offered them minimal, though nonetheless sometimes effective, legal rights. Disability and ill-health provided these individuals with an opportunity to seek compromise over their labour, push the limits of their unfreedom, and secure respite or healthcare, however sporadically, in both the short and long-term. If physical disability and maltreatment could be adequately proven,

[46] CO 116/ 162, f. 135.

enslaved complainants stood a small chance at having their labour and healthcare concerns addressed by the protector.

These complaints therefore also pose interesting questions about the use of evidence in determining the outcome of complaints and of both civil and criminal court proceedings; what did protectors view as evidence of disability and illness, or as evidence of maltreatment? How did the provision of different forms of evidence affect the outcomes of complaints? Unfortunately, no clear framework existed for determining the outcome of a disabled person's complaint, suggesting that what might be considered as "sufficient evidence" of illness, maltreatment, overwork, and illegal violence was arbitrarily decided by individual protectors. As we might also expect, the records suggest that white enslavers greatly benefited from this subjective and inconsistent system as their testimony was often treated as sufficient evidence that they were not guilty of any misdemeanours. Examples of this are analysed in the following section of this chapter.

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The Precarious Nature of Evidence

In September 1831, a twenty-five-year-old chronically ill man named Joseph, complained to the Assistant Protector, J.L. Rochard, of ill treatment at the hands an enslaver named John Joyce. Joseph usually laboured as a carpenter for his master, Mr. Biguet in Port of Spain, but at the time of raising his complaint had been hired out to Joyce on a plantation seven miles away in Carenage. Describing the poor state of his health, Joseph explained that he had a "large rising under his arm (which

[gave] him fever almost every day and Rheumatism in all his joints).”[47] Despite his sufferings, Joseph was forced to carry out physically demanding work such as cutting grass, which he struggled with both due to his lack of experience and his ill health. Joseph’s inefficiency and lack of ability led to frequent beatings and to an altercation in which Joyce “broke [Joseph’s] mouth.” Joyce vehemently denied beating Joseph, adding in his defence that he had only threatened to punish Joseph “if he did not do his duty better.” In a statement Joyce likely knew would dissuade the Assistant Commandant from prosecuting him, he added that Joseph had been absent from his work for one week, describing Joseph as “idle”, “dishonest,” and “untrustworthy”.[48]

When reviewing Rochard’s notes on the case, protector of slaves, Henry Gloster, wrote that, “there being no evidence to substantiate the complaint, [he] was under the necessity of dismissing it.”[49] Joseph was not medically examined to determine the cause or extent of his illness, nor to establish whether or not his altercation with Joyce had indeed resulted in a “broke[n] mouth” or jaw. It is possible that too much time had elapsed between the complaint being made and Gloster’s review for any physical evidence of violence to be visible. In any case, Rochard and Gloster appeared to side with Joyce, perhaps viewing his statement as proof that Joseph was rightfully punished and capable of carrying out his labour. It seems likely that the characterisation of Joseph as a poor labourer and untrustworthy character impacted Gloster’s response to the complaint.

[47] CO 300/27, ff. 321-324.
[48] Ibid, f. 323.
[49] Ibid, f. 324.

Unfortunately, the outcome of Joseph's complaint was very common. Legally speaking, by 1831, evidence presented by enslaved people (including enslaved complainants and witnesses) in any "Court of Civil or Criminal Justice, or before any Judge or Magistrate," was to be treated as "admissible," and was to be "received… in the same manner, and subject to the same regulations as the evidence of free persons."[50] Despite this, enslaved complainants often found their cases difficult to prove. Pitted against the word of their owners or witnesses for the defence, a large proportion of them — as previously mentioned, over 70% of the 142 cases investigated in this dissertation—ended with dismissal, the complainant being returned to their estates perhaps to face punishment for having spoken out. Without a concrete legal framework outlining what constituted admissible evidence, enslaved complainants were perhaps left guessing at how best to prove their case.

In the context of Joseph's complaint, as in others, "sufficient evidence" appears to have been viewed as statements provided by white enslavers and white witnesses, as well as physical manifestations of ill-treatment or disability (such as flagellation marks, missing or broken limbs, and obvious signs of disease) that could be certified by a medical practitioner. What is more, evidence had to be provided in a specific manner for it to be seen as admissible. For instance, enslaved complainants required a pass to make a complaint, and could face being turned away by the protector without one. Complainants often had to seek a pass from the same person that they intended to file a complaint against, giving enslavers an opportunity to

[50] *Order in Council for Consolidating the Laws for Improving Conditions of Slaves in His Majesties Colonies of Trinidad, Berbice, Demerara, St. Lucia, Cape of Good Hope, and Mauritius*, (1831), House of Commons Papers, XXXIII.1, no. 013, p.17, [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=ff15e66a-3502-4606-892f-526699ab7c2d&rsId=183998099F4#209]

delay a complaint from being made. If complainants were delayed for long enough, physical evidence of violence or sickness may completely disappear. It is possible that receiving a pass to complain was seen as evidence that a complainant had a valid reason to visit the protector, though this is not discussed in the reports analysed here.

Evidence provided by witnesses to the complaint also held tremendous sway in determining the outcome of a complaint and highlighted the socio-political standing of a complainant within their community, such as in the case of Simon and Hippolyte. Complaints were also to be filed in the first instance with the protector of slaves, who held sole responsibility for instituting further civil or criminal proceedings, and who was able to act as a representative for enslaved people unable to represent themselves or provide testimony.[51] It is unsurprising that enslaved complainants found it difficult to meet the demands for different types of evidence, especially when so much rested on the whims of each protector and their assistants.

The complex and precarious nature of evidence can be seen in another case, a highly unusual criminal inquiry instituted by the Governor of Trinidad, Sir Ralph James Woodford, some seven years prior to Joseph's complaint. An enslaved man named Sebastian "appeared before His Excellency the Governor" to file a complaint against his enslaver, Robert Gaston in June 1824. Reported to be somewhere between fifty and sixty- years old, Sebastian worked as a field labourer on the La

[51] Clauses X and XI of the *Order in Council for Consolidating the Condition of Slaves in H.M. Colonies of Trinidad, Berbice, Demerara, St. Lucia, Cape of Good Hope, and Mauritius, (1830),* House of Commons Papers, no. 8, vol. XX1.373, [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=465cd454-eb97-4acc-b0cd-6a66ecbcbfc1&rsId=18452E23F53#227] pp. 5-6.

Puerta Estate in Diego Martin and described himself as “ill of the Rheumatism.”[52] According to Sebastian, the manager of the estate, Robert Gaston, had flogged him for “stating that he was sick, and afterwards confined him in bed stocks for two days.” At the end of this period of incarceration, Gaston again attempted to force Sebastian back to work, which Sebastian could not do. Gaston responded by striking Sebastian “on the ear with a stick and again on the arm, which latter blow broke it.”[53] Woodford had Gaston imprisoned and ordered him to appear in front of the Court of Criminal Inquiry for “assaulting a slave,” while Sebastian was sent to the Cabildo Infirmary for examination and treatment.

The witness testimony provided at trial revealed the impact of the complex socio-political relationships between Sebastian and others who resided in or around the La Puerta plantation and resulted in a convoluted and contradictory stream of evidence about what had occurred. When testifying, Dr Thomas Nelson, a “licensed practitioner of Medicine and Surgery,” spoke of his examination of Sebastian in the “gaol infirmary”[54]. Of this he said that “he supposed the accident had occurred three days before he saw Sebastian, but it might have been seven or eight.” He added that “[Sebastian’s] arm was much swollen, but there was no external mark of violence and…thought that if a small stick was used with such violence as to cause a fracture, it would leave external marks.” When cross-examined later in the trial, Nelson altered his statement to say that he thought it “almost impossible that a stick [of that size] …could cause such a fracture.”[55]

[52] CO 300/119, ff. 8-15.
[53] Ibid.
[54] Ibid, f. 9.
[55] Ibid, ff. 10-11.

Gaston himself questioned the legitimacy of Sebastian's evidence and the trial more widely, stating that Sebastian ought to have preferred his complaint to the protector and not the Governor in the first instance.[56] Other witnesses to the events, including Gaston's "free coloured mistress," Eliza Philips, and sick nurse Magdaleine, gave contradictory evidence, with one claiming that she had not seen Gaston beat Sebastian with a stick, while the other reported the stick to be "not so thick" as he had reported. Sebastian was accused by multiple witnesses of causing his arm to break by falling into "the copper hold shed" when drunk, though one witness named Laforelle, the estate driver, claimed that Gaston had attempted to coerce him into providing false testimony about this and denied any knowledge of Sebastian's fall.[57] Despite providing inconsistent testimony, all witnesses from the plantation agreed that Sebastian had been "slapped," or beaten, flogged, and put in stocks.[58] The final piece of evidence used against Sebastian was an account of his character, given in a statement by the previous manager of the La Puerta estate, William Elder. Elder stated that, "Sebastian was…a great drunkard," and "in the constant habit of running away."[59] He claimed that Sebastian had "often been punished by his master," and that "Sebastian's thefts [had] been too numerous to recollect." In closing, Elder attempted to undermine the evidence Sebastian had provided by claiming that he "would not place any faith in him."[60] After all testimony had been heard, Gaston was acquitted.

[56] Ibid, f. 9.
[57] Ibid, f.12. A woman named Polly, the sick nurse of the cabildo infirmary, testified that Laforelle had "come to see Sebastian [there]… to learn what Sebastian had told buckra, in order that he might tell the same."
[58] Ibid, ff.10-12.
[59] Ibid, f. 14.
[60] Ibid.

The court case against Robert Gaston demonstrates the precarious way in which protectors and crown officials treated evidence and shows the difficulties that enslaved complainants faced in proving their claims. Even with physical evidence of injury, Sebastian was unable to prove that Gaston had broken his arm, and the violence that was enacted against Sebastian was deemed to be within the bounds of what was legal. Beyond disappointment, many slaves also faced grave danger when filing complaints against their enslavers; complaining legally required an individual to seek permission from their enslaver, and created significant tension in the aftermath, placing them in harm's way at all stages of the complaint process. Some disabled enslaved people were also forced to travel significant distances for the opportunity to have their voices heard, further endangering their health. What constituted evidence was also subjective, as Elder's testimony against Sebastian proves. The representation of enslaved people as lazy or unreliable labourers, even when clearly physically disabled and unwell, had a tremendous impact on not only on the outcome of complaints and criminal proceedings, but on their everyday life. The issue of evidence was further compounded in instances of invisible disability.

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Invisible Disabilities and Feigning Illness

Not all disabilities and illnesses could be so clearly demarcated on the bodies of enslaved people, causing significant difficulties for some individuals to exercise their limited legal rights and achieve respite from labour. Within the reports of the protectors, and more specifically within punishment and offence records, there appear glimpses of enslaved people who suffered from invisible disabilities, and who

faced the challenge of proving their condition to enslavers bent on extracting their labour. For each half-yearly report in the colonies of Trinidad and British Guiana, individual planters and the protector were expected to compile "returns of punishments" that provided evidence of "offences" committed by slaves and the punishments they received as a result. Offences were categorised by actions that enslavers and British lawmakers agreed should be punishable and provided a quantifiable record of the number and type of punishments enacted on enslaved bodies. This included the offence categories of "feigning illness," and "false pretence of sickness," through which even individuals with serious, ongoing health issues might be punished for their inability—or unwillingness— to work.[61]

It is likely, however, that many of those who were punished for "feigning illness" were suffering from invisible disabilities that prevented them from working. As historian Elise Mitchell has argued, the term "feigning illness" and its synonyms were labels applied by slaveholders and it is important that we recognise the "unbelievable suffering" of those who were categorised in this way.[62] Mitchell further warns historians against viewing such categories as proof of enslaved resistance, seeking instead to understand them as part of enslaver's attempts to dehumanize and profit from all enslaved people regardless of their physical pain and illness. An analysis of the complaints of enslaved people demonstrates, however, that those who were accused of "feigning illness" were likely a mixture of physically disabled enslaved labourers, and individuals employing methods of resistance and survival. This is

[61] 332 individuals in Demerara and Essequibo in 1828- Jun. 1829
[62] Elise Mitchell, "Unbelievable Suffering: Rethinking Feigned Illness in Slavery and the Slave Trade," in *Medicine and Healing in the Age of Slavery,* edited by Sean Morey Smith and Christopher D.E. Willoughby, (London: LSU Press, 2021).

most evident in the statements of complainants who openly admit to having refused to work due to ill health or injury.

Assessing the number of individuals within these categories who may have suffered from an invisible illness or disability is impossible. Further, there is a limit to what the numbers of punishments and categories of offences can tell us about the experiences of disabled enslaved labourers, whether their disabilities were invisible or not. For instance, individual circumstances are not described in any detail in these records, meaning we cannot know why offenders might have neglected their work or disobeyed orders. However, taken together with the complaints of enslaved individuals, the evidence in these reports further demonstrates the power of language and representation. It is revealing that the reports of offences and punishments do not contain descriptions of enslaved people's health or physical ability, but rather that the individuals listed in them were punished based on a collective standard for labour output that prioritised work over everything else.

Even when illness or disability was physically visible, enslavers continued to coerce disabled labourers into rigorous forms of work. This meant that enslaved individuals with invisible disabilities where arguably even more vulnerable to mistreatment, overwork, and to legalised (and illegal) forms of punishment. Any enslaved person who was deemed to require too much medical aid, or who sought respite from work too frequently faced severe punishment and was often characterised as "useless" or "disobedient". However, those with visible disabilities stood a higher chance of proving their need for healthcare. What constituted "too much respite" or "too much aid" cannot be quantified or objectively determined, since each enslaver likely had

their own ideas about what they would and would not accept. The offence records, punishment records, and witness statements of enslavers suggest that many enslavers believed that enslaved people were lying about the severity of their illness.

The categories used to describe the offences of enslaved labourers who struggled to work, demonstrate the way that enslavers justified punishing unproductive slaves and the way that they mismanaged disabled labourers. Many of these seemingly arbitrary categories employed by enslavers also provide evidence of the way that enslavers characterised disabled enslaved people's inability to work. Again, it seems likely that a number of those punished for these offences would have been suffering from invisible disabilities and illnesses that they could not provide physical evidence of. Between July and December 1831, in the colony of Trinidad, Henry Gloster reported to His Excellency Sir. L. Grant, that a total of three slaves had been punished for "feigning sick[ness]," and thirty-five had likewise been punished or prosecuted for "idleness & laziness." [63] Twenty-four were listed as having "refused to work" and a further twenty-five had done "bad work.""[64] Whilst none of these categories is specifically ascribed to cases involving ill labourers, each represents a common response to labour by both enslavers and the enslaved during periods what we can suppose included cases of ill- health and invisible disability. It stands to reason that enslaved people suffering from illness and disability would have sought every possible opportunity to lighten their labour; we must therefore also consider that some enslavers were correct in their assumption that enslaved people were deliberately avoiding their work.

[63] CO 300/23, ff. 172-173.
[64] Ibid, p. 173.

What enslavers viewed as "feigning illness" might therefore be better thought of as survival and resistance tools among enslaved labourers, and most especially among disabled slaves. Just as slaveowners continuously engaged in attempts to maintain control of their enslaved workforces, so too were enslaved people constantly renegotiating the terms of their enslavement to wrestle back some autonomy and some respite from their owner's demanding economic pursuits.[65] This was perhaps even more true for disabled enslaved people who may not have had the stamina or strength to carry out even so called "light work," but whose complaints demonstrate ongoing attempts to control their own labour and take charge of their bodies.

While the offence records found in the reports reveal very little about individuals' stories, the complaints of disabled enslaved people with invisible or temporary forms of disability evidence the struggles they faced in controlling their labour and proving their illness or disability. This can be seen in the complaints of enslaved people such as Gerrit, Dick, and Jupiter, who suffered from perhaps more temporary, but nonetheless debilitating and labour-limiting injuries and illnesses such as "a sore knee," a "sore leg," and "an ear ache [sic] and stiff neck" respectively. Gerrit complained that his enslaver, H. Nicolson had, had him "flogged for not doing his work," which included "carrying one hundred bunches [of plantains] 200 yards."[66] Dick, who was expected to "throw canes" complained that he had been "confined to

[65] Few works have been as important in analysing enslaved methods of survival in the British Caribbean than Randy Browne's *Surviving Slavery in the British Caribbean*, (2020); Ira Berlin, *Many Thousands Gone: First Two Centuries of Slavery in North America*, (Cambridge: Harvard University Press, 2000), pp. 9-13; Michael Craton, *Testing the Chains: Resistance to Slavery in the British West Indies,* (Cornell University Press, 2009), chapter 1. Walter Johnson, "On Agency," (2003); James Sidbury, "Resistance to Slavery," in Gad Heuman, and Trevor Burnard, eds., The *History of Slavery*, (London: Routledge, 2010), p. 208.

[66] Reports of the Protector of Slaves, British Guiana, complaints of Gerrit and Margaretha, CO116/ 151; complaints of Jupiter and of Dick, CO116 /152

the dark room" for three days and nights for refusing to work, while Jupiter complained that his manager, G. McKenzie had threatened to have him flogged after he had escaped from a holding cell in the estate hospital where he had been incarcerated. In another case, that of a woman named Margaretha who suffered from "bowel complaints", it is evident that invisible or temporary disabilities and illnesses were not taken seriously. Margaretha complained that the manager, Campbell Faloon "insist[ed] she [was] not sick," despite admitting that he knew that she suffered from a disease of the stomach, the name of which is indecipherable in the text. Faloon argued in his defence that Margaretha had "not complained of sickness since June last" and so he had chosen to set her a "full task." Each of these complaints was eventually dismissed.

It is not clear in the complaints above whether individuals like Gerrit, Dick, Jupiter, and Margaretha were given the opportunity to carry out less labour-intensive tasks because of complaining, though this appears to have been an outcome that protectors sought. This approach may have been informed by the ameliorative legislation that created their office, as well as by writings on plantation management that had become prominent in the eighteenth and nineteenth centuries by men such as Dr David Collins mentioned in the previous chapter.[67] On certain occasions protectors demonstrated an understanding that invisible disabilities were not necessarily falsified by enslaved complainants. This is seen in cases such as that of an enslaved man from Berbice named Jan Braesk. Jan complained that he was unable to do his work, which required him to use a shovel due to him having a "sore

[67] Collins, *Practical Rules,* (1803).

hand."[68] The protector, John McLeod, referred Jan for a medical examination by a man called Dr Byass. Byass later wrote that he "did not see anything wrong with [Jan's] hand that would prevent him from working with a shovel." Notwithstanding this, McLeod wrote to Jan's manager, John Junor, endeavouring him to put the complainant to lighter work, stating that the doctor's certificate was "no proof that [Jan's] story was false."[69] It is not often possible to know the outcome of protectors' attempts to mitigate conflict between enslavers and disabled slaves over their labour, and the high number of complaints relating to labour suggests that they held very little sway.

Legally speaking, protectors held the power to temper enslaver's approaches to the management of enslaved individuals, and to seek advantageous outcomes for particularly vulnerable individuals such as disabled enslaved labourers. However, it is difficult to assess the frequency with which protectors engaged in such discussions with enslavers, the only evidence being in a handful of their written reports. Further, in the absence of clear-cut legislation delineating the type of work that disabled or ill enslaved individuals should perform, protectors relied on enslavers to determine appropriate tasks. This method left disabled enslaved people open to continued exploitation in a manner that was logistically impossible to monitor. However, responses like McLeod's to Jan Braesk's complaint was based in a wider, and much more public, if somewhat subjective, discourse on the management and division of plantation labour.

[68] CO 116/ 152.
[69] Ibid.

In his 1803 treatise, Collins warned slaveholders that "the exertions…that are to be required [of slaves] should be proportioned to their faculties… some being capable of doing a great deal more than others."[70] Collins described in detail the way to divide labour among enslaved workforces so as to ensure the best economic return, placing labourers along a spectrum measured by physical and mental capability. Collins's work, which elaborated on a long-standing system of labour organisation on Caribbean plantations, urged planters to "divide [their] force into…sections, or gangs…without any regard being had to their sex," in order that the strongest may be assigned "the rudest labour of the plantation," and "convalescents…[or those] with powers too weak to do much," to less strenuous work.[71] Further, Collins placed disabled labourers, who he termed as "sickly" or "not well enough to do other work", in the grass gang with the youngest labouring children, arguing that there they might be more easily observed so that enslavers might "judge of their wants, and their progress towards a recovery."[72]

If planters were able to divide labour on their plantations correctly, Collins argued, they might find "a great advantage" in employing such tactics; Collins believed that correctly configured "task gangs" would minimize disruptive and idle behaviour and improve the general well-being and contentedness of their slaves. Further, Collins explained, even slaves suffering from disease "may be fit for something" if not for field labour. Collins' view of the "sensibilities" of Black bodies—by which he meant their perceived abilities, weaknesses, and the common illnesses that afflicted them—

[70] Collins, *Practical Rules*, (1803), p. 175
[71] Ibid, pp. 175-182. The idea of "task gangs" was not new but had been in force in older parts of the British Caribbean since the seventeenth century. Simon Newman, *A New World of Labor: The Development of Plantation Slavery in the British Atlantic,* (Philadelphia: University of Pennsylvania Press, 2013).
[72] Ibid, p. 182.

demonstrates some of the commonly held perceptions of what enslaved labourers may be capable of even during illness. Speaking of the "principal diseases" that affected Black and white people living in the Caribbean, he wrote that, "there is reason to think that the sensibilities, both of [slaves'] minds and bodies, are much less exquisite than our own; as they are able to endure, with few expressions of pain, the accidents of nature, which agonize white people."[73] It was believed that enslaved labourers were able to endure more pain and illness than the civilized white slaveholder and should be put to work—within reasonable bounds—to maintain control of one's workforce and lessen the economic impact of a loss of labour. In practice, all enslaved labourers were exploited to their greatest potential even when they were tremendously unwell or physically disabled.

The records of complaints and offences examined here are a useful source for analysis since they are distinctly, though somewhat implicitly, representative of the forms and frequency of the conflict taking place between enslavers and the enslaved, and between abolitionist and pro-slavery factions over the bodies and productivity of enslaved labourers. These records were intended to serve the dual purpose of demonstrating that the slave labour system was not as brutal as abolitionists imagined, whilst allowing protectors and their assistants to curb the violent tendencies of enslavers through ameliorative legislation. However, protectors

[73] Collins, *Practical Rules,* (1803), p. 233. Such arguments about the endurance of Black bodies to common, often lethal diseases of the West Indies had been around from at least as early as the mid-eighteenth century when doctors such as Colin Chisholm, *Essay on the Malignant Pestilential Fever,* (London, 1794), and John Hunter, *Observations on the diseases of the army in Jamaica: and on the best means of preserving the health of Europeans, in that climate,* (London 1788), suggested that enslaved and free Black populations were less likely to die of fevers and fluxes. More specifically they pointed to differences in the number of deaths caused by epidemic disease such as smallpox between white and Black populations and fed common notions that Black patients suffered less with pain and illness than their white counterparts. This only served to strengthen arguments in support of forcing sick slaves to continue in their labour, and to undertake labour otherwise seen as dangerous or likely to cause harm or illness.

found it logistically impossible to control the daily interactions between enslavers and enslaved people, relying on the threat of legal intervention in the case of extreme brutality, including imprisonment or the removal of one's property. The conflict that occurred between disabled enslaved individuals and free white populations was frequent and pervaded multiple realms of enslaved life. What is important about his conflict, however, is not simply that it occurred, but that it shaped and defined all social, cultural, legal, and political interactions between disabled slaves and the world around them. The complaints of disabled enslaved individuals show that many of them lived life on the outskirts of these intersecting spheres; they were neither highly productive or entirely useless, neither valuable or worthless, they were often shunned by members of their own communities, and disfavoured and maltreated and medically neglected by enslavers. Finally, while undeniably unfree, disabled enslaved people living in the amelioration era British Caribbean existed at the edges of freedom, possessing a greater legal ability to modify the terms of their labour than many of their fellow slaves.

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Disability, Autonomy, and Healthcare

The complaints of disabled slaves speak to the intense conflict that occurred between enslavers and the enslaved over their labour, most frequently during periods of severe poor health. Such conflicts were a key feature of enslaved life, through all stages of life, and led both to brutal punishment and to acts of autonomy. In the cases discussed below we can see how conflict impacted and defined all

aspects of disabled slaves' socio-political, cultural, and physical interactions, including with protectors, enslavers, other slaves, and in healthcare settings. These conflicts took place in various locations, including in crop fields, in estate hospitals, in urban and rural settings, and within physical, social, and legal spheres including the office of the protector. An investigation of these various types of interactions makes clear that there were multiple realms of conflict through which disabled enslaved bodies moved, and that each had a significant impact on the everyday experiences of disabled enslaved people. Analysing conflict can therefore help historians to build a clearer picture of the inner lives of disabled slaves.

The office of the protector of slaves—as with those of his assistants—became one space in which conflict and the intimate details of enslaved people's everyday lives were laid bare. In the protector's office, enslaved complainants sought answers to some of their most troubling experiences and given planters' focus on productivity, it is not surprising that disabled enslaved people represented a high proportion of those complainants. Despite low rates of success, disabled slaves utilised their right to complain with a frequency that suggests not only a collective understanding of their legal rights, but also indicates a willingness and desire to exercise control over their bodies. Many disabled and ill complainants attending the office of the protector brought physical evidence of transient and permanent disabilities, and of injuries caused by dangerous labour and punishment, which they likely saw as fodder with which they might resolve their conflicts. The office of the protector was also a space in which ideological conflict occurred, where inconsistent and problematic ameliorative laws came to blows against both enslaver's authoritarian and violent

methods of control, and against the hopes and expectations of disabled enslaved individuals pushed to their limits.

Conflict over the bodies, movements, and labour of enslaved individuals began at a very young age. For instance, the complaints of reproductive women, a topic that is discussed in detail in chapter three, demonstrate the frequency with which conflict over various aspects of motherhood and childrearing occurred; the reports are replete with accounts from mothers who were forced back to work in fields sometimes as early as a few days after giving birth, their infants given to the care of older and sometimes disabled and elderly enslaved women. Conflict also occurred right through to the end of an enslaved person's life. As enslaved individuals reached the end of their labouring life, however, these conflicts became focused on who held responsibility to care for them. Legally speaking, enslavers retained responsibility for non-labouring disabled slaves, though the complaints of individuals no longer able to work demonstrate that this was not necessarily their lived experience.

Ameliorative legislation placed the responsibility of care for disabled, elderly, and ill enslaved labourers on enslavers, though in reality it appears that enslaved people required the intervention of the protector to secure their care. One day in February 1833, a fifty-five-year-old disabled enslaved woman called Patience visited the office of acting Protector of Slaves for Demerara, E.H. Gibbon, to file a multi-faceted complaint on behalf of herself and her son. Patience's owner, Edward Carberry, was a resident of the town and the owner of multiple plantations including the Albert

Town plantation “immediately contiguous to George Town.”[74] Patience explained that when first employed by Carberry, she had been sent out to work in the town and she had provided him with her wages. By 1833, however, Patience was too sick to work and struggled to walk due to having elephantiasis in both of her legs. Finding herself homeless, without medical assistance, and with no way of earning money, Patience told Gibbon that she yearned for the return of her twenty-year-old son, whose name is not recorded in the report, but who Patience said had been “sold… up the Demerary River without his or [her] knowledge,” some time ago.[75] In her complaint, Patience claimed that Carberry had “[not] given [her] any clothes for these last two years,” nor had he provided her with a place to live or an allowance to sustain her. Patience was desperate for support and asked that he “endeavor to do something for [her].”[76] Immediately before she complained, her son had returned as a runaway but was quickly “put into the stocks” until he could be returned up the river. Patience was thus seeking assistance on two fronts; firstly, to force her enslaver into providing the care necessary to address her needs, and secondly to keep her son from being separated from her once again. Unfortunately for Patience, Gibbon was unable to prevent her son from being returned to his new owner, but he did agree to force Carberry into making a suitable offer for her future care.

Interestingly, Carberry suggested that Patience should be granted “asylum” on his Albert Town plantation, free from any expectations of labour, where he claimed she could be properly cared for and provided with medical assistance. Patience

[74] Anon., *The Sessional Papers Printed by order of the House of Lords, or Presented by Royal Command in the Session 1842, Vol V, Accounts and Papers,* (London, 1842), pp. 102-103.
[75] CO 116/161, ff. 172-177. It is not stipulated how long ago her son had been sold, but by the time she complained in 1833, he had returned very briefly as a runaway.
[76] Ibid, f. 173.

appeared to distrust Carberry's offer and was perhaps convinced that she would have to undertake labour on the plantation. Patience therefore refused to move and chose to remain in George Town. Their inability to come to an agreement led Patience to remain in a situation of degradation and homelessness for some time; at the end of her life, and in the absence of labour, Carberry no longer fought for control of Patience's body and well-being, but instead evaded responsibility for it. Eventually, with the assistance of the Protector, it was agreed that Patience would remain in George Town under the care of a woman called Catherine Newman.

This outcome was unusual; amongst 139 cases, only one enslaved complainant besides Patience was placed in the care of an individual other than their enslaver. The other complainant, a woman named Premiere from the Bohemia estate in Berbice, was, like Patience, disabled. Premiere was transferred from the care of her enslaver, Harriet Urlin, to that of Harriet's "male relative and [his] wife," the "expenses paid by H. Urlin."[77] Premiere had complained that she was "sick and [had] sores all over," that she was "neglected by her owner," and "given no food or medical attendance."[78] The acting protector, Power, found in Premiere's favour, choosing not to return her to Urlin. This may have also been an outcome favourable to Urlin, who, like Carberry, was perhaps unwilling to continue to take responsibility for a disabled slave who did not perform any labour. Exactly what is meant by "expenses" is not explained, though we might assume that it refers to payments made for clothes, medicine, and food. In circumstances like Patience's and Premiere's, it proved impossible and impractical for their enslavers to extract labour from them. It was

[77] CO 116/149.
[78] Ibid.

here that the conflict over an enslaved person's labour turned to conflict over who held responsibility for the maintenance of their healthcare and sustenance. When it became clear that a disabled enslaved person was incapable of any form of labour, enslavers found ways to evade responsibility for their care altogether.

Even while disabled labourers remained under the legal authority of their enslavers (i.e., while they remained living on the plantation or within their household and were capable of some form of labour), enslavers were frequently guilty of neglect. For instance, when disabled enslaved complainants Rafael, and Sim, separately attended the offices of Henry Gloster in Trinidad and John McLeod in Berbice, they spoke of the neglect that they suffered at the hands of their enslavers. Rafael stated that, "he [had] ulcers on his feet…and his master… [took] no care of him," while Sim complained that he was "sick with venereal disease…not able to work," and that "no regard was paid to his condition."[79] In another case from Demerara, a fifty-year-old enslaved man named Adam complained to protector Charles Elliot that he "[did] not receive medical care and attention for his sores, which [were] very bad]," and expressed his inability to carry out his grass-cutting work.[80] Rather than inducing Adam's enslaver to provide him with medical aid, Elliot reprimanded Adam and forced him to agree to "take better care of his sores."[81] In these cases we can see that when conflict over labour reached an impasse cause by physical inability, enslavers regularly chose to neglect the healthcare needs of disabled slaves. Further, despite a lack of detailed evidence about the type of medical care offered to disabled slaves in estate hospitals within the reports of the protectors of slaves,

[79] CO 300/ 28, f. 134; CO 116/152.
[80] CO 116/ 159.
[81] Ibid.

treatment was often both inept and far too brief resulting in cyclical conflict and an increased need for medical intervention. Less frequently, the conflict over the healthcare of disabled enslaved individuals who still laboured resulted in intervention at a state or public level.

In 1832, a disabled enslaved woman named Greeta, a thirty-three-year-old field labourer of the Lonsdale Plantation in Berbice, appeared before the protector to complain of her early release from the hospital and her inability to carry out her work. Greeta had spent weeks in the estate hospital, but upon being discharged still felt very unwell. Greeta hoped to receive some compassion from the plantation manager, P. N. McKay, but was immediately put to the field. Her testimony suggests that she was, at least in her opinion, prematurely released and unfairly set to tasks beyond what she could physically perform. One can imagine the mixture of panic and relief Greeta might then have felt when the acting protector of slaves for Berbice, John MacLeod declared that she was to be sent to the colonial barracks to be examined by the medical attendant there. Greeta found herself turned over to the colony's "Undersheriff" who MacLeod instructed to "provide her with nourishment" as well as medical assistance.[82] Here Greeta found the time to recuperate, safe in the knowledge that she would not be forced back into field work at least until she was returned to her owners, William Henry, Gavin Fullerton, and Allan McDonald.

Greeta was fortunate in the response she received from MacLeod, and her experience largely unique. Not only had her medical issues been addressed, but her concerns about her labouring capabilities had been acknowledged and addressed. In

[82] CO 116/150, ff. 78-81.

this way Greeta had secured a double victory over her enslavers. Firstly, she was able to escape the labour expectations placed upon her during her illness. Secondly, she, unlike so many other enslaved complainants, had not been dismissed out of hand and returned to her owners without consideration for her concerns. Even more interestingly, MacLeod had not called for testimonies from witnesses for the defence, removing her enslaver's ability to contest the matter. Greeta gained further control of her body as she was given the opportunity to decide when she was ready to leave the colonial barracks. Days after being admitted to the care of the medical attendant and Undersheriff, Greeta, "declared herself fully recovered," and was only restored to the plantation attorney "on his paying the Barrack fees."[83] Though no further action was taken in support of her case, Greeta had, to some extent, taken control of the conflict over her labour and forced the hand of her owners.

Though conflict was inescapable and pervasive, it did not always result in a negative outcome, and could instead provide an opportunity for autonomous action. Disability and illness could sometimes tip the balance of power in favour of enslaved individuals. The experience of disability in its various forms allowed enslaved people to loosen the grip of their enslavers on their bodies and their labour, allowing disabled slaves to negotiate the terms of their working and living conditions, or even of their medical treatment. The complaint of a twenty-four-year-old field labourer named Venus of the Enfield Plantation in Berbice, demonstrates this. Venus explained to the protector of slaves John McLeod that she was afflicted with Elephantiasis and was "in consequence not able to do field work."[84] Despite her

[83] Ibid.
[84] CO 116/152, ff. 291-296

"readiness to do work about the buildings or any other description of work [that] she [was] capable of performing," Venus complained that her enslaver, Mr. Nicolson, continuously expected her to carry out the same work as the strong gang on the Enfield estate.[85] Venus did not, or could not, identify any witnesses that could be examined to support her claims, and neither Nicolson nor the manager, John McKenzie, were invited to meet with McLeod, though McKenzie did provide a written deposition in which he claimed Venus did "little to no work".[86] Importantly, however, McLeod did instruct Venus's enslavers to seek medical advice about her condition and labouring abilities, after which he requested that her enslavers assign her to more suitable work. As a final act in support of Venus, McLeod "invited the complainant to return if she was unhappy with the new arrangement."[87]

By visiting McLeod without a pass, Venus demonstrated a willingness to disobey Nicolson and McKenzie and disregard their orders about what labour she should, and could, perform. Venus's determination to seek some form of control over her labour and body drove her to travel "a distance of seven miles" to meet McLeod in New Amsterdam.[88] We might consider the physical difficulties Venus undoubtedly experienced in travelling this distance as a disabled individual as a strong indication of her determination to challenge her exploitative enslavers. It is likely that she travelled there through a combination of walking, and by small boats or ferries through adjacent waterways. Her actions show that she held some faith in the limited legal rights she possessed, here meaning the ability to file a formal complaint to the protector of slaves, to settle the issue. At the very least, it seems that Venus viewed

[85] Ibid, f. 291.
[86] Ibid, f. 294.
[87] Ibid, f. 296
[88] Ibid.

the act of complaining as a way of interrupting or impeding her enslaver's authority. Venus understood that her disabling condition, elephantiasis, could be used as a way of forcing Nicolson's hand and that, under the ameliorative legislation that granted her the right to complain, she could claim the benefit of being put to less strenuous work. Venus, like other disabled slaves, inhabited an unstable but sometimes advantageous liminal space between oppression and autonomy that was not available to other enslaved people, but which precipitated a constant process of conflict and compromise between them and their enslavers. These conflicts happened at all stages of life and in multiple different physical and ideological spaces. Further, the conflicts created by disability also impacted disabled slaves' interactions and relationships with members of their communities, both free and unfree.

Multiple complaints demonstrate how disabled and ill enslaved complainants included fellow slaves in the power struggles between them and their enslavers. In such cases we can see the impact of the colliding social and legal realms of conflict on the outcome of complaints; enslaved witnesses called before the protector could positively influence the outcome of a case, especially if a large enough number of witnesses was able to corroborate a complainant's version of events. On the other hand, contradictory evidence provided by enslaved witnesses severely undermined the testimony of an enslaved complainant and highlighted personal grievances. An example of this comes from the 1832 case of an enslaved man named Ben. At fifty-five years old, Ben was a resident of New Amsterdam, Berbice, and worked as a slave for the Town Commissary, Lewis Warren. Ben travelled to see John MacLeod, to file a complaint against Warren for ill treatment and for causing him to become

unwell through an act of violence. The day before filing his complaint Ben felt sick and sought respite from his work. Gathering the courage to face his enslaver, Ben presented himself to Warren, hoping to be excused from labour. Warren presented Ben with “a piece of paper to take to his house,” which Ben understood as a note excusing him from duty. Relieved and exhausted, Ben returned home to rest.

That evening Warren appeared in front of Ben, apparently enraged by the enslaved man’s actions, and set to “kicking him all over”. Describing the ordeal to the Protector, Ben proclaimed that Warren had caused “a sore on his left elbow… occasioned by the kicks he received.” Ben provided MacLeod with the name of a female witness and fellow slave, Quasheba. Unfortunately for Ben, Quasheba was unable or unwilling to support Ben’s complaint, claiming that she “did not see Mr. Warren kick or strike him,” though she was able to confirm that he had returned to the house sick that morning. Quasheba further called upon a second witness who positively denied that Warren had kicked Ben, claiming that he was ‘in the room all the time Ben was there, and Mr. Warren could not have kicked him without his having seen him.”[89]

Ben’s attempts to secure support for his complaint had not succeeded, and for whatever reason both witnesses were unable or unwilling to corroborate his version of events. Further, Warren’s own statement in defence of the accusation only damaged Ben’s case even more; Warren claimed that the note he had given Ben was to be delivered to his housekeeper for Ben to receive medical assistance, but that it was never used. Warren’s response was fairly common— entries from

[89] CO 116/150, f.188.

plantation punishment and offence records include claims that ill slaves were neglectful of their health, that they "concealed sores," or that individuals had "refused to go to the hospital for medical attendance."[90] He called Ben a "bad character," drawing upon a previous episode of ill health during which time he claimed that Ben neglected to care for himself, despite medical care being offered. Worse still, Warren effectively ended Ben's chances of securing a favourable outcome from his complaint by exposing Ben's history of stealing, for which he had been jailed.[91]

The acting Protector wrote in his terminating statement that he had "doubted from the first the truth of the statement made by Ben, but after the investigation, had no hesitation in dismissing the complaint." Beyond the statement given by Warren, MacLeod pointed to the testimony by Quasheba, whom "Ben had called… as a witness on his behalf, [but] who had seen nothing of the affray."[92] It is possible that Ben, and many other ill and disabled enslaved labourers involved in similar conflicts, avoided medical treatment that might allow them to return to their work, or that enslavers were inventing offers of medical aid to hide their neglect. Whatever the truth of Ben's healthcare experiences, the lack of support from the enslaved witnesses suggests that the conflict between himself and Warren had created fissures in his relationship with members of his enslaved community.

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The daily lives of disabled enslaved people were, like those of able-bodied slaves, filled with violence and intensive, strenuous work. Whether they continued to labour in crop fields or carried grass to feed the estate's animals, disabled enslaved

[90] Offence record of Cecilia Virgil, CO 300/22; offence records of Blaise, Philip Chaguan, Jean Grenade, Davy, Cesar, Frederick, Angelique, Ned Warner, CO 300/ 23
[91] Ibid.
[92] CO 116/150 f. 189.

labourers were rarely or only intermittently excused from labour, and were often forced to carry out tasks that for them may have felt physically impossible. By the 1830s, ameliorative practices and pro-slavery writings suggested that care for the disabled (referred to as "sickly," "weakly" or "invalids") went hand in hand with the plantation labour system and used racialised ideas about the physiological differences of Black bodies and the inferiority of their minds to justify their treatment of them. Popular notions about the "sinful" nature of "idleness" fed into the representation of disabled enslaved people as "bad characters," and as "lazy" or "disobedient," leading enslavers to neglect and punish the disabled and the ill rather than treat them.[93] This language was not specific to the institution of slavery. A multitude of derogatory terms had been applied to disabled people (for both cognitive and physical impairments) across many centuries. By the early- to mid- nineteenth century, terms such as "idiot," "monstrosity," "curiosities," were in common use. Unlike enslaved disabled people, however, white disabled people in the nineteenth century Atlantic World, including in Britain and North America, often received long term treatment in medical and social facilities, and many theorists, doctors, and lawmakers believed them to be unable to "care for [themselves] or do 'useful labour."[94]

[93] Collins, *Practical Rules,* (1803), p. 177. Collins refers to idleness as "sinful" in his discussion of gang labour.

[94] Sarah F. Rose, *No Right to Be Idle: The Invention of Disability, 1840-1930s,* (Chapel Hill: University of North Carolina Press, 2017), pp. 14-16. For further discussion of disability, language, representation, and labour in nineteenth century Europe and America see, Leslie J. Reagan, "Monstrous Births, Birth Defects, Unusual Anatomy, and Disability in Europe and North America," in Michael Rembis, Catherine Kudlick, and Kim E. Neilsen eds. *The Oxford Handbook of Disability,* (Ocford: Oxford University Press, 2018), pp. 385-406; and Daniel Blackie, "Disability and Work During the Industrial Revolution in Britain," in *The Oxford Handbook of Disability,* edited by Michael Rembis, Catherine Kudlick, and Kim E. Neilsen, (Oxford: Oxford University Press, 2018), pp. 177-196.

Further, deep-seated economic interests in crop production, and ongoing attempts to control the bodies of enslaved labourers led to the creation of vicious cycles of overwork, physical exhaustion, and punishment. In such environments even disabilities of a transient nature only continued to pose a problem for enslaved labourers in both physical and socio-political terms. Lastly, as the complaints of disabled and ill slaves examined in this chapter demonstrate, their physical health and their labouring capabilities had a two-directional impact on the way that they were represented in the language used by their enslavers and others around them. In this way disabled enslaved labourers might also be stigmatized by their physical health in ways that affected their day-to-day relationships with members of their own communities.

Chapter Three

Self- Care, Healthcare, and Community- Care: Medical Practices Among the Enslaved

In the privacy of her home or perhaps another, secretive space, during what was likely a moment of intense anxiety, an enslaved mother and field labourer named Clarissa inoculated her two-year-old son against yaws. A matter of days later, Clarissa travelled to file a complaint with the protector of slaves, Charles Elliot, against Joseph Edmond, the manager of plantation La Jalousie in Demerara-Essequibo.[1] Clarissa complained that she was incarcerated in the hand and feet stocks over the course of three nights, during which time she was kept from her child. A few days after the inoculation took place, Clarissa's unnamed son was showing symptoms of the disease and had been turned over to the care of the "yaws nurse" in the estate hospital.[2] The child's symptoms were likely caused by the inoculation procedure itself, which may have been the same African-derived procedure documented by Caribbean slaveowners observing their slaves, and by European travellers to the Gold Coast region (modern-day Ghana). The inoculation procedure described by authors such as Jamaican planter Bryan Edwards in 1793 introduced "infectious matter" into a patient's body through small incisions in the thigh, though other techniques were also used en masse by Afro-Caribbean slaves and healers in which the skin was scarified and infectious lesions were opened to encourage the spread of the disease among children.[3] It is also possible that her son

[1] CO 116/158, ff 263-283.
[2] Ibid, f. 270.
[3] Bryan Edwards, *The History, (1*793), p. 128; James Maxwell, *Observations on Yaws, and its Influence in Originating Leprosy: Also, Observations on Acute Traumatic Tetanus, and Tetanus Infantum,* (Edinburgh: MacLachlan, Stewart, 1839). See Katherine Paugh, "Yaws, Syphilis," (2014).

had already been exposed to the disease, which was endemic on slave plantations of the Caribbean, though Edmond reported that at that time "it [was] the only case [of yaws] on the estate with near 400 slaves on it."[4]. Clarissa further explained that her son was "not yet done sucking at her breasts," which were now "causing her great pain" because they were overfull with milk, and complained that though she had been temporarily released from the stocks for labour, she was "never released at all for the purpose of suckling her child."[5]

Elliot called upon Edmond to attend his office, along with the estate's enslaved sick nurse, Mike, and the overseer, John Hunter. In their witness statements, Edmond, Mike, and Hunter explained Clarissa's confinement as being caused by her own refusal to work, claiming that she had continually refused to leave her child's side in the estate hospital, and did not express any concern over or knowledge of the inoculation procedure. In a letter addressed to Elliot, the estate owner, Robert Waterton also claimed that Clarissa was punished due to her refusal to work and for disobedience, making no mention of the fact that she had inoculated her child. He wrote of her punishment that,

> The complainant was placed in the hands and feet stocks for refusing to work. It was explained to her that upon expressing her willingness to go to work she would be liberated and that she would have full liberty to sleep in the same apartment with her child and to be with it one or two hours at noon.[6]

Waterton expressed disbelief that Elliot considered Edmond's treatment of Clarissa to be cruel or inhumane, and explained that she had been given two days to care for her son on the 15th and 16th of August, but that by the 17th she had been ordered to

[4] CO 116/ 158, f.270.
[5] Ibid.
[6] Ibid, f.274.

turn him over to the care of a "woman appointed by [Edmond]," so that Clarissa could return to the field.[7] Despite Waterton's efforts to defend the estate manager, Elliot fined Edmond £150 for three separate counts of the same misdemeanour; according to the "5th Article of the King's Order in Council" for the management of enslaved populations in British Guiana and Trinidad, the confinement of enslaved individuals in the hand and feet stocks overnight was illegal and subject to a fine of no more than £50 per incident. Since Edmond had confined Clarissa for three nights, he was forced to pay the maximum fine or face the Court of Criminal Inquiry. No further information regarding the inoculation of her son was provided in the report.

It is possible that Clarissa's decision to inoculate her child created conflict between her and her enslavers, though if Edmond and Waterton were concerned about it, they did not reveal this to Elliot. This may have been because inoculation procedures had been successfully and widely practiced in the British Americas for more than a century. What is clear from their statements, however, is that Edmond and Waterton had no empathy for Clarissa or her son, describing her desire to remain with him in the hospital as "insolen[ce]".[8] What they inadvertently highlighted in their statements, was the continued and impassioned struggle of an enslaved mother to care for her "ailing" son whilst balancing the labour expectations, and strict medical regulations set by her enslavers. We can imagine Clarissa's experience paralleled in the everyday lives of enslaved people across the Americas, for whom the ability to care for themselves and their families or wider community was impaired by the actions and demands of their enslavers. Over the course of four days, Clarissa made

[7] Ibid.
[8] Ibid.

repeated attempts to be with and to care for her son during his illness, despite the threat of confinement and physical intervention by Edmond, Hunter, and others. What Elliot also captured in his report was a form of familial or self- and community-led healthcare, performed by enslaved laypersons, which pervaded enslaved life, but which worked in both cooperation and conflict with healthcare practices performed or regulated in some way by white enslavers and European scientific ideas.[9]

By inoculating her son, Clarissa participated in a system of medical knowledge exchange in which European, African, Native American, and Afro-Caribbean healthcare practices and ideas collided. Over time, the diffusion of these ideas had tremendous repercussions for the development of medical knowledge and innovation across the Atlantic, and fuelled important scientific and cultural debates about the nature and cause of yaws and venereal disease, among other conditions.[10] This system of medical knowledge exchange is well-documented through the works of contemporary eighteenth- and nineteenth- century doctors, plantation owners, and men of science who lived across the Atlantic world, some of whom wrote about African and Afro-Caribbean healers and medical men and women with astute herbal, spiritual, and medical knowledge.[11] With the same act, Clarissa also participated in a private and somewhat unremarkable and commonplace form of healthcare that was driven by her personal dedication to the preservation of her son's health, and by the

[9] [9] Paugh, "Yaws, Syphilis." Paugh explains that "British doctors working on plantations in the Americas did not fully embrace African therapies for [yaws]," and "many planters refused to tolerate yaws inoculation, despite Afro-Caribbean mothers' persistent use of the practice." And though some British doctors did adopt African practices for the treatment of yaws, for many enslavers, the practice of inoculation by enslaved mothers was an "indulge[nce]" that "ran counter to their goals," and interfered with "the productivity of their labour force," p.19.
[10] Paugh, pp. 2-4.
[11] For example, Mathew Gregory Lewis, *Journal of a West India Proprietor,* (London: John Murray, 1834); John Williamson, *Medical and Miscellaneous Observations, Relative to the West India Islands,* (Edinburgh: Smellie, 1817; and J.W. Alexander to Joseph Black, April 21, 1773, "Joseph Black Correspondence," (University of Edinburgh Special Collections), ff. 58-63.

detrimental environment in which enslaved people lived and worked. Clarissa's complaint demonstrates that she held medical knowledge of a kind that historians do not usually associate with enslaved field labourers. It also highlights the fact that all enslaved individuals, even those without any formal medical training, were required to engage in acts of self- and community- care due to a lack of adequate healthcare on plantations, or because the medical care provided on plantations did not align with their expectations and cultural practices.

This chapter analyses these intertwined systems of medical care, giving particular attention to forms of familial, self- and community- care that are so rarely expressed in the colonial archives, but which are evident within the reports of the protectors of slaves. Clarissa's complaint and her experience of inoculating her two-year-old son "with the yaws matter" and caring for him, speaks to many of the themes explored within this chapter. Though we know very little about how and why Clarissa inoculated her son and how she viewed the significance of the procedure, her complaint, and more precisely her apprehension about the way her enslaver had treated her afterwards, demonstrates just how contentious and unpredictable the medical landscape of slave plantations could be. Clarissa's actions were simultaneously dangerous and necessary, a form of preventative medicine, and an act of love.

Through a discussion of self- and community-care practices, this chapter advances the historical narrative that has thus far defined enslaved healthcare and Black medical knowledge through the writings, deeds, and discoveries of white medical

men.[12] It is in part the complaints of enslaved individuals analysed in this work that allow for a more in-depth understanding of the cultural and medical exchanges that characterised enslaved medical practices. Secondly, this chapter moves away from studies like Schiebinger's, which focuses heavily on the creation of knowledge and examples of scientific experimentation, and instead analyses the mundane, everyday forms of medicine and acts of self- and community- care carried out by enslaved people of all ages and occupations.[13] By focusing on the acts of medical laypeople such as Clarissa and her son—who better represent the medical practices performed by most enslaved individuals—it is possible to improve our understanding of the experiences of slaves for whom medicine and healing was not a profession, but an essential everyday undertaking. Thus, it will reveal more about the private, and often mundane, healthcare practices carried out by enslaved individuals in Trinidad and British Guiana.

As will be seen, this chapter places medical laypeople at its centre, even in its discussion of medical actors, such as the sick nurses Tom, James, Daphnis, and Daphne, and demonstrates that enslaved healthcare experiences were driven and characterised by community and self-care practices that were both reactive and preventative in nature. In widening our historical investigations of healthcare within British slave societies to include the practices of laypeople as well as medical professionals, we gain a new and deeper understanding of just how dynamic and varied enslaved medical experiences were. Sick slaves relied upon the medical know-how and sympathetic feeling of a multitude of actors to cure their ailments, but

[12] Kenneth Kiple, *The Caribbean Slave*, (1985); Richard Sheridan, *Doctors and Slaves,* (1985); Todd Savitt, *Medicine and Slavery*, (1978); Schiebinger, *Secret Cures*, (2017).
[13] Schiebinger, *Secret Cures*, *passim.*

none more so than their own family members and members of their enslaved communities.

The aim of this chapter is therefore not to discount or discredit the work of recognised or trained medical practitioners or the histories that have been written about them. Many of the cases recounted within the reports of the protectors of slaves contain information about medical actors with recognised training, including free and enslaved, Black, and white doctors, apothecaries, healers, and sick nurses, and their part in the enslaved medical experience is well recognised in this work as in others. As scholars of enslaved medicine and healthcare have pointed out in numerous critical studies, the medical landscape of Atlantic World slave plantations was ever-changing, often transactional, and characterised by ever evolving and interconnected knowledge systems and entangled European, African, and Creole practices.[14] And though the sources examined here do not contain much direct evidence of dynamic knowledge exchange or detailed information about medical procedures and medicines, it is likely that those who practiced medicine did so on the basis of knowledge they gained from a variety of sources. However, the complaints of enslaved individuals also demonstrate the pervasive nature of medical knowledge, and the important role that laypeople played in the dissemination and performance of sometimes lifesaving, but most often unremarkable, forms of healthcare on their own bodies as well as on the bodies of their family and friends. Such unremarkable acts of healthcare included the application of herbal remedies and dressings for open wounds, or the brewing of medicinal teas to mitigate

[14] Schiebinger, *Secret Cures,* (2017); Gomez, *The Experiential Caribbean,* (2017); and Fett, *Working Cures,* (2002).

sickness, as well as the provision of physical affection and care. These were omnipresent and effective methods of healthcare that could be performed by anyone, including mothers like Clarissa.

The period 1780-1834 is particularly important to the study of enslaved healthcare practices, not least because of the rich source material derived from the creation of the office of the protector of slaves. As mentioned in previous chapters, British slaveholders' inability to replenish their workforce through the purchase of newly arrived African slaves after 1807 forced them to pay closer attention to the medical needs of their labourers, while British parliamentary attempts to 'ameliorate' slavery in its Caribbean colonies placed a spotlight on healthcare and the material conditions of slave plantations. This combination of cultural and legal change regarding slavery and enslaved life had varied results, and though it did lead to the creation of stricter regulations about the treatment of enslaved populations, slaveholders continued to neglect them. Further, the challenges wrought by the need to maintain their workforce drove many enslavers and British doctors to diminish and discredit the social, cultural, and medical practices and healing abilities of enslaved people. For instance, authors and instigators of pro-slavery reports and interviews, including those written and conducted by Caribbean slaveowner William Hardin Burnley and West Indian merchant Alexander McDonnell, whose work will be investigated later in this chapter, claimed that most enslaved people could not be trusted to care for themselves or each other.[15] Legislative efforts to improve the conditions of Caribbean slaves only strengthened the resolve of slaveholders and their supporters

[15] Alexander McDonnell, *Considerations on Negro Slavery: with authentic reports, illustrative of the actual condition of the Negroes in Demerara,* (London, 1824); William Hardin Burnley, 1825, (479), Vol. XXIII.5, *Minutes of Evidence by Committee of Council of Trinidad, Inquiring into Negro Character*, ProQuest, Parliamentary Papers.

to demonstrate what they argued was the backward, child-like nature of slaves, and assisted them in condoning violence and cruelty.

The impact of these reports was tremendous; while slaveholders and pro-slavery factions paid lip service to amelioration policies in parliament, enslaved people on the ground suffered from a severe lack of basic healthcare and from acts of violence including punishment and being deprived of food and medicine. As historian Anya Jabour argued in her article on healthcare in the British Caribbean during the era of amelioration, slaveholders and white physicians in Trinidad and British Guiana attributed illness among enslaved populations to "racial traits," whilst their efforts to minimize the cost of sugar production had a "disastrous" effect on the health and healthcare of enslaved people.[16] Enslaved laypeople were driven to engage in everyday acts of care by dangerous living and working conditions, a human desire to care for themselves and their loved ones, and often because their enslavers failed to provide them with adequate medical care. Enslavers and white European actors, obscured the true extent of medical knowledge and ability held by enslaved labourers of all occupations, ages, and genders.

The reports of the protectors of slaves and fiscals of Trinidad and British Guiana, however, and more specifically the cases explored within this chapter, can assist historians in uncovering these hidden experiences. A clearer picture of healthcare knowledge emerges from this unexpected place, drawing particular attention to the wide array of individuals who took part in acts of healing and healthcare. These

[16] Anya Jabour, "Slave Health and Health Care in the British Caribbean: Profits, Racism, and the Failure of Amelioration in Trinidad and British Guiana, 1824-1834", *The Journal of Caribbean History,* vol. 28, no. 1 (1994), p.4.

cases demonstrate that enslaved people were extremely medically capable and self-reliant. In stark contrast to the image of the inept, unfeeling, and unintelligent slave that British slaveholders and policy makers painted, enslaved people residing in Britain's West Indian colonies placed much worth and emphasis on their ability to care for themselves and each other. The medical laypeople discussed in this chapter might therefore be more accurately recognised as 'carers' and they will be addressed as such throughout, distinguishing them from medical professionals including Black doctors and sick nurses. Terminology such as 'self-care', 'community-care', and 'healthcare' is used to encompass a broad range of healing acts, including forms of familial care that healed the mind and soul as much as the physical body. In doing so it attempts to normalize a historical narrative that champions essential but unremarkable forms of healthcare that enslaved individuals would have engaged in every day of their lives.

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Violence, Control, and Transactional Care

We should not investigate the medical and caring experiences of enslaved people without first acknowledging its intrinsic link to violence and oppression by white enslavers. Enslavers such as Edmond and Waterton likely recognised the critical importance of specialist slave knowledge about healing, but also deeply mistrusted enslaved individuals' abilities to perform medical procedures and provide adequate care. Many surely worried that unsupervised access to African and Afro-Caribbean forms of healthcare, which included religious and healing practices like obeah, would

challenge their authority, their profits, or pose a threat to their own well-being.[17] In a wide range of scenarios, practices of healthcare among the enslaved were met with brutality and a lack of empathy. Further, the controlling tendencies of enslavers extended beyond the reach of their own hands, as they coerced certain enslaved individuals such as sick nurses and drivers into enforcing their will regarding medical care. The everyday healthcare experiences of enslaved carers can also be characterised through pervasive, contentious interactions with other enslaved individuals whose occupations on Caribbean slave plantations represented the medical and economic interests of white slaveholders.

The reports of the protector of slaves in Trinidad and British Guiana are replete with recorded acts of violence against enslaved individuals during periods of ill-health, or during attempts to care for their loved ones, such as in Clarissa's case. As aforementioned in previous chapters, punishment was common for a wide range of reasons relating to healthcare and illness, including for acts of self-neglect, for neglecting others entrusted to the care of enslaved people, for "feigning sickness," for self-treatment, and for not being able to carry out an expected quota of labour due to illness. Furthermore, violence was omnipresent within the physical landscape, including within settings supposedly reserved for healing. For example, plantation hospitals were as much sites of punishment as they were of healing, with many enslavers choosing to position stocks, including bed, hand, and foot stocks, inside them. Healthcare practices carried out by enslaved people within their own dwellings or on their own terms were not necessarily free of violence and punishment either,

[17] Kathleen Murphy, "Translating the Vernacular: Indigenous and African Healing Knowledge in the Eighteenth-Century British Atlantic," *Atlantic Studies,* Vol.8 (2011), pp. 29-48.

as is evidenced by Clarissa's case and the punishment she received for inoculating her young son. Violence was so intricately entwined with healthcare that slaves who could not recover quickly enough from an illness or injury could reasonably expect to receive some form of punishment and to be returned to their labour far sooner than they were physically able.

It was not only violence that enslaved people had to contend with during episodes of illness. White medical practitioners and enslavers encroached heavily on the healthcare experiences of their enslaved populations for economic purposes and to maintain control of enslaved bodies. As we have seen, this was often done by sheer neglect and the enforcement of labour. At other times, enslavers, and the doctors they employed, attempted to prevent slaves from caring for themselves and others, believing them to be incapable of providing a successful outcome. By refusing to allow enslaved people access to medical aid, and by controlling the circumstances in which enslaved individuals could utilise their own knowledge, enslavers maintained a precarious sense of power over the bodies and healthcare experiences of their slaves. At its core, the plantation healthcare system practiced by enslavers was transactional, driven by business concerns and lacking in empathy. This is evidenced in cases like Clarissa's, in which Waterton and Edmond openly attempted to barter with her to extract labour, in exchange for which she would be allowed time with her ailing child. The business-like nature of enslaver's healthcare practices is also evident in slaveowner's frequent use of drivers and sick nurses to enact their will regarding medical procedures and punishment.

Sick nurses like Mike, who played a key role in incarcerating Clarissa and relaying her experience to the protector, played a dual role on slave plantations as healers and as enforcers of violence and control. Multiple complaints demonstrate that enslavers used sick nurses to restrain, remove, incarcerate, and neglect patients and non-sick labourers for any act of perceived disobedience or insolence, including perhaps for engagement in medical procedures such as inoculation. The witness statements of sick nurses demonstrate that they acted as the eyes and ears of enslavers who wanted to keep track of the movements of enslaved invalids or offenders, and they played a key role in defending enslavers accused of acts of cruelty against ill, disabled, and injured complainants or their family members. Sick nurses held great power to both assist and deter enslaved carers from performing acts of self- and community- care as they quite literally held the keys to the rooms in which sick and disobedient enslaved people were held. Interactions between individuals like Mike and Clarissa in the estate hospital demonstrate the way in which enslaver's economic interests and healthcare practices worked in conflict with the everyday medical needs and medical practices of enslaved individuals; Clarissa continued to seek opportunities to remain in the hospital with her son, whilst Mike was tasked with reporting her infractions to Edmond and Hunter. Enslaved hospitals thus became the central arena in which many of these medical and healthcare conflicts played out, and sick nurses held a dichotomous position through which they could be both tools of oppression and allies.

The reports of many complainants demonstrate that sick nurses held contentious roles that often required them to act violently towards members of their communities. However, a small number of cases show that sick nurses also made attempts to

cooperate with or support the participation of enslaved carers in acts of familial, self- and community- care. Two very different cases highlight the complex nature of the sick nurse's role, the first involved a forty-year-old enslaved woman named Christina of the Highbury Plantation, the second involved a young woman named Amecitia of the Utile and Paisible Plantation, both in Berbice. Christina, a forty-year-old field labourer, attended the office of Berbice's protector of slaves, John MacLeod, to complain against the Highbury plantation manager, John Junor, for refusing to allow her to remain in the estate hospital while sick.[18] After a brief examination by the plantation doctor, Christina became involved in an altercation during which the male sick nurse, Daphnis, forcibly removed her from her sick bed. According to the report, Daphnis attempted to turn Christina away, leading to a fight in which he struck her across the face.[19] Like in many reports of this kind, Christina was clear that Daphnis was acting on Junor's instructions, suggesting a sense of acceptance that the violence and lack of access to healthcare was not entirely Daphnis' fault.[20] Daphnis' treatment of Christina was ultimately transactional—a response to the demands of their enslaver— but nonetheless it was Daphnis that physically stood between Christina and the medical care she needed.

In the case of twenty-four-year-old mother, Amecitia, we see that sick nurses also made attempts to help members of their enslaved communities avoid punishment and labour, or to gain access to sick family members and friends who were being held in the estate hospital.[21] According to the complaint, Amecitia had been "struck by Donald Cameron, the overseer [as] she was going towards the hospital." She

[18] CO 116/153, ff. 256-261.
[19] Ibid, f. 256.
[20] Ibid.
[21] CO 116/150, ff.305-310.

described how Cameron “came behind her and hit her a blow on the neck,” before forcing her into solitary confinement.[22] Cameron later claimed that Amecitia had not carried out a satisfactory amount of work and was punished on that account, though he admitted that she was capable of less than some other slaves as “she has a young child”.[23] Two of the estate’s sick nurses, Tom, and James, were witnesses to the event and provided statements in Amecitia’s defence. Both men pointed out that Amecitia’s son had been unwell with “the fever,” and that he had “been several days previous in the hospital.”[24] Tom and James alerted Cameron to this when he attempted to confine Amecitia in what was possible a futile effort to prevent Cameron from punishing her. Tom later reported to the protector, MacLeod, that Cameron had warned him to “mind his own business” and continued with his punishment of the complainant. In a third witness statement, the estate driver, Edward, explained that Amecitia had been “going toward the hospital to fetch her blanket”—which we might assume had been left there as she tended to her son—and though he denied having seen Cameron strike her, he admitted that Cameron had treated her “rather harshly.”[25] It is not clear exactly what kind of care and support Amecitia was able to give her son while he remained in the hospital, but Tom and James evidently held empathetic feeling toward her situation and were quite likely the ones granting her access to him for acts of familial care.

Sick nurses held positions of relative power respecting enslaved healthcare practices; they were extensions of white authority, who carried out basic acts of medical care, and who also acted as turnkeys and enforcers of physical punishment.

[22] Ibid, ff. 305-306.
[23] Ibid, f. 308.
[24] CO 116/150, f. 307.
[25] Ibid.

In other instances, sick nurses appear to have been able to use their own discretion to support the self- and community- care practices of members of their enslaved communities. The socio-political authority of sick nurses on plantations, similarly to that of drivers, was such that they could use their authority to both mistreat or support sick slaves. Sick nurses and drivers both held what Randy Browne has described as positions of "fragile authority on slave plantations." [26] Browne investigates the role of drivers on plantations, explaining that they "played a crucial role…in part because colonial authority was spread so thinly." Further, Browne demonstrates the way in which drivers "could be both victimizers and victims, they simultaneously reinforced planter power and advocated for their fellow slaves."

In other ways, however, sick nurses were no different to other slaves, and some evidence demonstrates that they too struggled with both access to adequate medical care, and with being able to engage in acts of familial, and self- and community-care.

Daphne, an enslaved sick nurse who likely suffered from a form of arthritis, visited protector of slaves, Henry Gloster in August 1830. Daphne, a resident of the Dinsley Estate, Trinidad, came to complain that she was "afflicted with rheumatism which [had] affected her joints," but that Dr James Keith who "[had] charge of the estate, [would] not give her medicine to cure her alleging that she is incurable."[27] As a sick nurse, Daphne had the care of around eighty-five enslaved labourers working on the sugar estate, including her own children of eight and two years old. She also lamented that she was often unable to attend to her own provision grounds to

[26] Browne, *Surviving Slavery,* (2020), pp. 73-74.
[27] CO 300/25.

sustain herself and her children, and that Keith only provided her with a small allowance of salt fish. It is not clear whether Daphne was the estate's only sick nurse, but it is evident that her labour was very much needed and that Keith was not happy for her to be too long away from her duties. In his statement of defence, Keith claimed that he only wished her to avoid activities that might further damage her legs, which we may also assume included any form of self-care and Afro-Caribbean medical practices not recognised or approved by white medical men. According to Trinidad law, however, enslavers were not required to provide food provisions for their workforce, choosing instead to allocate them with provision grounds and some time for cultivating them.[28] This meant that Daphne was responsible for growing her own food for herself and her family, which was potentially difficult to achieve around the demands of her work as a sick nurse, just as it was for field workers, and was labour-intensive.[29]

The intensity of a sick nurse's workload depended upon several factors including their skill, the needs of their enslavers, and the availability or requirements of local white doctors. As Schiebinger notes in *Secret Cures,* particularly skilful enslaved medical assistants could be tasked with travelling to various plantations alongside white doctors (either as hired help or as the property of medical practitioners), while others remained in plantation hospitals. Some practiced reasonably complex surgical procedures whilst others were only tasked with dispensing medicine and dressing wounds. Looking after the sick could also involve overnight care and might include

[28] Society for the Mitigation and Gradual Abolition of Slavery, *The Petition and Memorial of the planters of Demerara and Berbice, on the subject of manumission, examined: being an exposure of the inaccuracy of the statements, and the fallacy of the views, on which they have proceeded in their recent application to His Majesty in Council,* London, 1827, FD.11/4.
[29] Schiebinger, *Secret Cures*, (2017), pp. 49-77.

looking after the estate's white inhabitants. The latter meant leaving one's own children to be available at all hours. We can imagine that the mental stress of caring for the estate's sick would also have had an impact on sick nurses like Daphne.

Daphne's case highlights a reality that must have been common among all enslaved people involved in the provision of healthcare: she was unable to care for her own physical needs, or the needs of her children, though she was expected to care for other labourers residing on the estate. Illness and injury were a daily occurrence on plantations, and sick nurses like Daphne were caught between demanding labour expectations and self-preservation. This dilemma extended to self-preservation from the brutality of their enslavers. Estate offence records also demonstrate that sick nurses were not safe from the violence that plagued sick patients; like other labourers on a plantation, carelessness in carrying out one's duty, in this case perceived as unauthorized acts of neglect or disregard for conventional medical procedures, was met with severe punishment. As the next section shows, such offences were often recorded as instances of "insolence," "laziness," "self-neglect," or "neglecting the sick," though historians might fairly reason that some reported offences were acts of defiance and of self and community-care.

So-called offender Penda Jenkins, a sick nurse on the Carapichaima Hall plantation in Trinidad, was imprisoned on the estate and subjected to five hours in the hands and feet stocks. Penda's enslaver, who remains unnamed in the offence record, accused her of neglecting the sick patients in her care during the two days before her punishment. More specifically, he claimed she had failed to "mind the sick" and had "[let] out those with sores to expose themselves in wet [conditions]." According

to his report, hospitalised patients had "[walked] in mud" on their way back to their houses, and Penda's enslaver accused her of not having "dressed their sores" before they left. Further to this, at some point during the days leading up to her incarceration Penda was supposed to have abused "two sick negroes Sam and Charlotte."[30] What this apparent abuse entailed is not listed. As with all recorded offences, no evidence of Penda's actions was required to validate the decision to punish her beyond what her enslavers claimed. Penda was not given the chance to formally defend herself against these accusations, and perhaps she would have had no desire to. In some measure, neglecting the sick in her care may have been Penda's own form of rebellion, or perhaps she did not have the knowledge required to treat them. On the other hand, Penda's medical knowledge likely differed from her enslavers in several ways, including the measures taken to treat sores.[31] Regardless of her reasoning, however, Penda's enslavers held certain expectations of Penda in her role as a sick nurse, and her work was assessed and overseen in a manner like the work of field labourers. Even if we can assume that Penda had the necessary skills to carry out her duties in the manner expected of her, her experiences of the role were far more complex.

Evidently, sick nurses held a contentious, dichotomous role on slave plantations. They could simultaneously be associated with healing and physical care, and with neglect and violence. Reported offenders like Penda no doubt made the claims of pro-slavery supporters seem well-founded to British lawmakers and the public; enslavers claimed that enslaved people should not be trusted to care for members of

[30] CO 300/20.
[31] Schiebinger, *Secret Cures*, (2017), pp.50-51.

their own communities, and that they were a danger to themselves and others. And yet, the complaints of enslaved people demonstrate that it was enslavers who were most often responsible for, and accused of, neglect. Complainants who reported that they had been refused medicine, food, and water, or who recounted acts of violence against them during episodes of illness, invariably filed complaints against their white enslavers rather than the enslaved individuals who physically carried out such acts, including sick nurses and drivers. This is reflected in complaints such as those reported by three enslaved people, Premiere, Ernst and Philantrope in Berbice in 1831.

Premiere, a “sickly, unemployed” woman about thirty-five years of age reported that she was sick with sores and was constantly neglected by her owner, given no treatment or food by the estate sick nurse. Premiere was eventually removed from her owner, Harriet Urlin’s care for continued neglect. Ernst and Philantrope visited the protector on behalf of their unwell sisters, Kea and Saire, one of whom had fainted after being placed in bed stocks in the L’Emperance estate hospital by an unnamed sick nurse and had received no medical aid.[32] In both of these cases the complainants accused their enslavers—their owners and the estate managers—of neglect, despite the fact that it was the sick nurses who physically withheld treatment, food, and water. Though the protectors of slaves held the authority to hear cases of one enslaved person against another, complaints involving health concerns appear to have been primarily aimed at white enslavers, providing further evidence that enslaved people understood that the laws of amelioration placed the physical care of enslaved people in the hands of slaveowners.

[32] CO 116/148, and CO 116/149.

The result of all this violence, and of the transactional, inappropriate, and defective care provided by white enslavers and white doctors, was that enslaved individuals regularly turned their attention inward to their own family members, their communities, and even to themselves for the provision of healthcare. As we will see in the following cases, enslaved people provided care in a far more dynamic, responsive, and empathetic manner than their enslavers, and, in their own estimation, in a manner far more successful and reliable. Further, the cases investigated here demonstrate that healthcare and medical procedures were performed by a much wider array of people than historiography has typically shown; healthcare, here meaning self-care and community-care, was the dominion of all enslaved labourers, even those with no formal, recognised training in the European or African sense.

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Self-Care

Whilst amelioration changed the legislation regarding the management of enslaved people in British colonies, it did not necessarily bring about improved living conditions or medical provision on the ground. In his study of Jamaican workhouses between 1788-1833, historian J.R. Ward has recently argued that an increase in the average height of enslaved people demonstrates that ameliorative policies led and implemented by slaveowners did in fact have a positive impact on the overall health of enslaved populations. He goes as far as to say that “writing ‘history from below’, [has[perhaps been carried a little too far,” denouncing what he called “amelioration-

scepticism."[33] However, as the complaints of enslaved individuals clearly show, amelioration very often failed where the healthcare of enslaved individuals was concerned. Sick slaves were frequently met with violence and a lack of basic healthcare. Theoretically, the office of the protector of slaves was erected to remedy exactly this kind of issue to ensure enslavers were taking adequate care of their slaves. In practice, however, the way that the protector functioned made it almost impossible for them to prevent or even accurately measure this type of neglect. Firstly, attending the office of the protector to lodge a complaint was often impractical if not impossible, especially for the sick, and often required people to travel long distances over difficult terrain. Beyond this, slaves required a pass from the estate owner, manager, or overseer to make a complaint; this meant that perpetrators of violence and neglect held the power to grant or refuse an enslaved person's request for an audience with the protector, and without such paperwork, the protector of slaves retained the right to turn away an enslaved complainant. Enslaved people were therefore often reliant on themselves, their communities, and family members for their healthcare.

It is likely that most acts of self-care were performed discreetly, away from the prying eyes of white enslavers, and that they formed a part of the mundane and essential daily tasks carried out by all capable, adult enslaved labourers, and perhaps sometimes by capable children. Further, since these records were not intended for the reporting of self-care or even specifically of healthcare, detailed evidence of such acts is scarce, even in the complaints of sick enslaved people. Nevertheless,

[33] J.R. Ward, "The Amelioration of British West Indian Slavery: Anthropometric Evidence," *The Economic History Review,* vol. 71, no. 4, (2018), pp.119-1226.

examples of self-care do exist, not only in complaints but also in plantation punishment records, such as the case below involving an enslaved woman named Dianna. Dianna was accused of carrying out a medical procedure on her leg, an act of self-care that included self-scarification, followed by the preparation and dispensation of curative herbal medicines, the dressing of a wound, and latterly the provision of some form of ongoing care to prevent infection. There are no complaints that provide an in-depth description of the process that Dianna would have followed to achieve this, though similar offences occur frequently within the plantation punishment records compiled by the protectors of slaves.[34] However, some complaints do provide evidence of enslaved people performing more complex medical procedures such as inoculation and blistering.[35]

Isolated and unwell, Dianna lay for forty-eight long hours in the sick house of the Pampelona Estate in Saint Juan de Aricagua, Trinidad. Restricted in her movement by the punishing, unyielding hold of the bed stocks, Dianna was being punished for, "applying a blister without permission to her leg and refusing to go to work."[36] Dianna's offence and the subsequent punishment were recorded and authorised by Henry Panton, on behalf of the estate's registered owner, Joseph Brunton Esq.

[34] For example, similar cases include the offences of Pierre Noel and Bob Ruddock, each separately accused of "encouraging a sore," CO 300/20; in one report, fifty-three individuals were recorded as having committed offences including "neglecting, concealing, & inducing sores & ulcers," CO 116/157; in another, twenty-eight enslaved people were punished for "Neglecting-Concealing- and Creating sores & ulcers," 116/159; altogether, hundreds of enslaved people were punished for the offence of "neglecting" and "concealing" sores, which likely included acts of self-care like blistering, forty-two in CO 116/162, f.110, fifteen in CO 116/152, f. 52, six in CO 116/ 153, f. 108, thirty-nine in CO 116/160, f. 110.

[35] Schiebinger, *Secret Cures,* (2017), p.130. The reports of the protector of slaves are not the only place that we see evidence of slaves carrying out more complex procedures. Schiebinger highlights the case of "an 'African slave [performing]' a surgical operation to remove subcutaneous chigoes," in Barbados in the 1790s. However, Schiebinger's source, the work of military physician George Pinckard, related primarily to the medical prowess of "Negro doctors," trained to work in plantation hospitals.

[36] CO 300/21, 1826.

Panton's role on the estate is not clear, though evidently he held a position of power; Pampelona Estate had been the site of twenty-four recorded offences committed by enslaved people between April and May 1826, all of which received punishments ranging from a few hours in the stocks to severe whippings with a cart whip, and Panton had authorised punishment for twenty of these. Dianna appears again in the Pampelona Estate returns to the protector of slaves in 1827 for "neglect of duty," for which she received "3 hours in the hand stocks and all night [in the] bed stocks," but no further details of her life or medical knowledge are available.[37]

Information about Dianna remains frustratingly out of reach. Absent from records regarding Brunton's estates, —he also owned the Diamond and Westmoreland Estates in Trinidad—there is no indication of her age, occupation, or any other personal information.[38] What is also unclear from this fragmentary record is why Dianna felt the need to apply a blister to her leg, how she did so, and what the effects were on her original ailment. It is possible that she created a blister to try and create an ailment that would have enabled her to avoid her labour for a while, and that it could be seen as an act of healthcare-based resistance. On the other hand, it could have been a response to an existing medical issue. In the nineteenth century, British medical men believed that the application of a blister, done by applying

[37] CO 300/22.

[38] Dianna is absent from the Slave Registers concerning the Pampelona Estate between 1825-1834, during which time it was owned by Joseph Brunton and later his son, James B. Brunton, "Former British Colonial Dependencies, Slave Registers, 1813-1834", *Office of Registry of Colonial Slaves and Slave Compensation Commission: Records;* Class T 71; (https://www.ancestry.co.uk/search/collections/1129/?f-80100003=brunton; accessed 23.04.2021). Evidence of Joseph Brunton's ownership of the Diamond and Westmoreland estates can also be found in these registers, as well as on the *Legacies of British Slave Ownership* database, (https://www.ucl.ac.uk/lbs/person/view/2146649867, accessed 23.04.2021), and in the final will and testament of his mother, Susannah Brunton, who survived him for a short time and inherited his estates, PROB 11/1757/415. (A transcription of the will appears online at http://willsdb.gukutils.org.uk/HEF/WillsB.html, accessed 23.04.2021).

blistering plasters containing irritants such as mustard-seed and pepper or hot metal to the skin, would aid the symptoms of medical complaints as wide ranging as "simple inflammation, and fevers," to gout, cholera, and even insanity.[39] The use of blistering, bloodletting, and purging within western medical practice was based on the centuries old humoral theory and were the "stock in trade" of the majority of western doctors of the era.[40] It is not clear if Dianna's use of the blistering technique was predicated on the techniques used by white doctors who visited estates like Pampelona, or if her methods represented Afro-Caribbean procedures for similar types of ailments. We also do not know what particular significance the procedure may have held for her beyond a physiological cure, though it does highlight her ability to adapt and react to her own medical needs. Dianna's actions further refute the claims of slave owners and pro-slavery advocates that enslaved people could not care for themselves, and indicate not only a working pharmaceutical knowledge, but also a sound understanding of such a procedure.

Dianna's self-care procedure is not recorded in detail, and similar reports of self-treatment among slaves are not common. However, historians such as Jonathan Roberts have proved that West African medical practitioners and spiritual healers—whose traditions likely formed the basis of West Indian slaves' knowledge systems—also employed techniques such as bloodletting and ritual incision making in forms similar to western inoculation and blistering procedures.[41] It is possible that Dianna acted on a kind of amalgamated knowledge system gained through watching and

[39] Geri Walton, "Medical Blistering in the Georgian Era," (April 17, 2015), [www.geriwalton.com/medical-blistering-in-georgian-era/].
[40] Jonathan Roberts, "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries," *Canadian Journal of African Studies,* Vol. 45, no. 3 (2011), p. 492.
[41] Ibid, pp.493-494.

talking to other enslaved people, and through observing the work of white doctors. She may have been regarded as a resident healer, or even occupied the role of the estate's sick nurse or midwife. On the other hand, Dianna may also have been a field labourer, employed in gruelling labour-intensive work completely unrelated to recognised medical care.

Whatever her reality, Dianna's actions were a bold statement of her ability to self-treat and of her disregard for the medical authority of the plantation doctor and her enslavers. Dianna's medical knowledge went beyond the type of bedside support described in complaints like Clarissa's and Amecitia's, demonstrating a willingness and a fundamental need for some slaves to be hands-on with their own medical care, and, by extension, that of others within their community. Dianna's recorded experience with a type of blistering procedure speaks to the pervasiveness of medical knowledge and practical, procedural know-how amongst enslaved people. It also speaks to the normal, everyday experiences of enslaved people; that they held such knowledge, and that they had reason to use it.

Nonetheless, taken alone, the record books in which Dianna's punishment appears might lead historians to conclude that acts of self-care were rare. These plantation records rarely refer to self-treatment, suggesting perhaps that some enslavers recognised the need for enslaved healing knowledge and viewed successful self-treatment as an inevitable process, especially where access to a doctor was restricted. The lack of evidence about this type of practice may therefore be indicative of enslaver's willingness to cooperate with, overlook, or even support some acts of self-care as part of a wider, low maintenance effort to maintain the

health of their workforce. However, it is also possible that acts of self-care are hidden within the archives, represented as different kinds of offences, including "refusing medicine," and "absenting from the hospital."[42] Punishment logs often reported offences such as "self-neglect," which may indicate instances in which individuals participated in African or Afro-Caribbean based medical practices deemed to be dangerous.[43] Unfortunately, such cases are largely indiscernible from cases of true self-neglect due to a lack of detail. In comparison, the complaints of slaves relay a more nuanced picture of healthcare practices and acts of self-care on slave plantations.

Through the details of some complaints, we see evidence of acts of self-care that may have fallen under the offence categories listed above. Acts such as refusing medicine, though treated as offences by white enslavers, are perhaps more accurately described in our historical analysis as acts of self-preservation, related to but somewhat separate to the acts of self-care described in Dianna's case. These events required enslaved labourers to make decisions about their healthcare that defied the commands of their enslavers, perhaps because they believed that the medical practices available to them through British doctors and their enslavers were injurious or simply ineffective. Further, though evidence of this is somewhat lacking in the reports of these complaints, it is likely that enslaved individuals only refused

[42] Examples found in the Reports of the Protectors of Slaves, British Guiana, CO 116/156, and CO 116/157.
[43] See Katherine Paugh's discussion of inoculation, Paugh, "Yaws, Syphilis," (2014); see also Mathew Gregory Lewis's discussion of a "Obeah-man" named Adam, and his concerns over the use of Obeah to treat various maladies, Matthew Gregory Lewis, *Journal of. West India Proprietor, Kept During a Residence in the Island of Jamaica, 1815-1817,* (London: John Murray, 1834), [https://repository.library.northeastern.edu/downloads/neu:m0410986m?datastream_id=content], pp. 143-145.

care from estate doctors and in plantation hospitals in the knowledge that an alternative mode of care was available to them.

In multiple instances, complainants reported leaving the estate hospital before being cured. Others refused to attend the hospital entirely, choosing instead to return home, a space that might have been somewhat more sanitary than the hospital. We might presume that they left to engage in acts of self- or community-care that they felt were more effective and comfortable, since many saw estate hospitals as sites of correction as much as of healing. In the joint case of Judy, Mary-Ann, and Betsy belonging to Plantation Peter's Hall in Demerara, we see evidence of enslaved individuals questioning or refusing the medical care given to them.[44] In 1829, three field labourers, "aged from eighteen to twenty-one years [of age]," complained to protector A.W. Young that "they were sick and unable to go to work," and were instructed by the plantation a manager to "wait for the Doctor to see them."[45] They obeyed this instruction and waited for Dr Smith, the estate's medical attendant, to visit them in the hospital. Dr Smith told them that "there was nothing the matter with them," and they were told to return to work. All three refused and decided instead to wait to be seen the following morning. Upon a second examination, Dr Smith ordered the estate manager to give Judy, Mary-Anne, and Betsy "salts and barley-water…boiled up for them," and each was given "a calabash full twice a day."[46] According to the complainants, they refused this medicine on the basis that "this was not a proper way to give them salts," which they argued, "ought to have [been given]… with a little water."[47] In other complaints, we see that hospitalised patients

[44] CO 116/156, ff. 262-263.
[45] Ibid, f. 262.
[46] Ibid.
[47] Ibid.

also took control of their own food provisions in an effort to maintain their strength and help treat themselves. For example, in Trinidad an unnamed complainant reported to Henry Gloster that she was unwell and that she had been forced to remain in the sick house on the Peru Estate against her will. The complainant's main grievance was with the fact that she had not received any provisions whilst in the hospital, and that she was forced to "cook some victuals" for herself.[48]

Slaveowner Matthew Gregor Lewis reported a case of an enslaved woman voicing her concerns about the inadequacy of European medical treatment during a visit to his estates in Jamaica in 1815 to 1817. Lewis wrote that an enslaved woman named Bessie, who lived isolated from her husband because of a disease described as the "cocoa-bay," had asked him for a blanket and medicine for her condition, which caused "large blotches and swellings, and which…by degrees, moulder[ed] away the joints of the toes and fingers, till they rot and drop[ped] off".[49] According to Lewis, Bessie admitted to having been treated by a European man named Dr Goodwin but told him that "a white doctor could do her no good…She wanted to go to a black doctor named Ormond."[50] Evidently, enslaved people held strong notions of what constituted proper care and appear to have felt comfortable with accepting or refusing medical care offered by British doctors as they saw fit. Similarly, complaints relating to acts of familial and community-care show that enslaved individuals did not shy from intimate involvement in the medical care of their loved ones.

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[48] CO 300/31.
[49] Lewis, Journal *of a West India Proprietor,* (1834), pp. 144-145.
[50] Ibid.

Family and Community-Care

Beyond acts of self-care, the complaints of slaves abound with examples of family and community-care practices. Enslaved people relied heavily on the knowledge and empathy of their loved ones and those who resided and laboured beside them for their physical and mental health. This was the case for Charlotte, an enslaved labourer on the sugar plantation Cessy, in the quarter of Guapo in Trinidad. Charlotte did not hesitate in her description of the life-saving treatment she received from her sister, an enslaved woman on the same estate, after having been illegally whipped by her master. Charlotte complained of being flogged not once, but on three separate occasions by the estate's owner, Auguste Imbert, with weapons such as the cow skin and the cart whip. On the first occasion of her flagellation, she was in a very poorly state, and was "laid up for two months afterwards."[51] She received no treatment from a doctor or within the plantation sick house and was forced to rely upon the knowledge and good will of her sister, without whom Charlotte claimed she "would have died."

Further investigation of the complaint and of the estate revealed that no doctor was ever present on plantation Cessy, nor in the neighbouring quarters of La Brea, Cedros, Hicacos, or Oropuche, all areas located in south-western Trinidad, and that the enslaved population of the Cessy estate relied upon the care given to them by other residents.[52] Imbert explained that his wife, Victoire, "[attended] always to the sick," since she was "well acquainted with the complaints common to the negroes,"

[51] CO 300/31.
[52] Ibid, f.263. Statement by owner of the estate, Auguste Imbert.

whilst an enslaved woman, also called Victoire, “attend[ed] to the sick,” possibly as her mistresses’ medical assistant.[53] The sick nurse Victoire, stated in her deposition to Pemberton that “her master and mistress take the greatest care of the sick…that the negroes [on Cessy] are very seldom sick…[and] that there is no Doctor hereabouts.” Notwithstanding Victoire’s claims, however, Charlotte told Pemberton that she had “nothing given to her except salts and plantains” when sick, intimating that she had to be responsible for providing any additional medical care and medicine that may have been required.[54]

Having investigated the complaint through a visit to the estate, Pemberton wrote back to Gloster that “everything [he] saw tended to change entirely the impression made on [his] mind by Charlotte’s complaint.” After his visit to Cessy, Pemberton noted that the “negroes looked remarkably clean, healthy and fat…That the negro houses were all extremely comfortable and well situated,” and that the sick house was likewise “clean and comfortable.” Charlotte’s case was dismissed because the various witness statements, including Gideon’s, the driver accused of flogging her, and of Pemberton’s, seemed to discredit her statement. Gloster and Pemberton were satisfied that the medical care given to the enslaved population of Cessy was appropriate and effective, even though no doctor attended them. It seems plausible that Charlotte and her fellow slaves were used to being self-reliant when it came to their medical care. This may not only have been dictated by the fact that no doctor attended the Cessy plantation, since Charlotte’s complaint hints at an understanding that the medical care provided by her sister was just as successful, or perhaps even

[53] Ibid, p. 262.
[54] Ibid, p. 264.

more so, as any ‘white’ medicine in treating her injuries. The fact that examples of family and community-care appear in multiple slave complaints further supports this idea, suggesting a general understanding that care from within one’s own populace was more reliable, or perhaps simply a more comfortable option. As we have already seen, the violence enacted by enslavers likely dissuaded enslaved people from seeking medical treatment from the plantation doctors and managers who oppressed them—the latter were sometimes responsible for dispensing doses of salts and more common medicines for simple complaints before patients reached the plantation hospital. In some complaints we can see that sick slaves used their family or community as their first port of call for health concerns.

One Saturday morning in 1831, a man named William Locker, the manager of an unnamed estate in Trinidad and a driver named Cupid, illegally flogged and brutally beat a young girl called Mary Anne.[55] Locker accused the nine-year-old domestic slave of stealing food; denying her claims to innocence, Locker had her whipped with a “cat-o-nine tails” and a guava stick, before throwing her to the ground, kneeling on her stomach, and “squeez[ing] her very hard.” After her punishment, Mary Anne was locked up in the sick house for two nights before being put back to work in the plantation kitchen. Instead of carrying out her duties, Mary Anne ran away to her parents’ home, which was on the same estate. She arrived on their doorstep, “covered with bumps and [complaining] of pain in her chest” caused by her ordeal.

Mary Anne’s father, Lewis Hall, was at home when she arrived, and was shocked at his daughter’s appearance. Despite the trauma of seeing Mary Anne in such a state,

[55] CO 300/27.

Lewis had the presence of mind to treat her quickly. He reacted with medical-know-how, dosing her with “aloes and table salt”. In a moment that must have been terrifying for them both, Mary Anne proceeded to vomit up blood, a symptom that Lewis combated with lemongrass tea, before allowing her to rest overnight. The following day Lewis returned his daughter to Locker, “[proposing] that she should have a dose of oil.”[56] Lewis’s request was made in vain, however, as Locker threatened him with violence and locked them both up overnight. Once released, Lewis made an appeal to his master, Mr. Lamont, but again his request for medical aid fell upon deaf ears. That morning Lewis resolved to travel to the office of the protector of slaves in Port of Spain.

It took Lewis six days to reach Gloster’s office. He travelled through a landscape that posed many immediate threats to a Black enslaved man absent from his work without permission, but his complaint was urgent, and he had made the hurried decision to leave to help Mary Anne, whose state of health was still fragile. Lewis likely hoped to appeal to Gloster’s sense of propriety and duty in upholding the law, since, under the ‘Order in Council’ in Trinidad of 1824, it was illegal for Locker to whip a female slave.[57] Gloster referred the case to the Court of Criminal Inquiry for further investigation, and he was obliged to attend any subsequent hearing in support of Lewis and Mary Anne. As stipulated by the ‘Order in Council’, the protector of slaves was to be alerted to any “actions, suits, and prosecutions, which may…be brought or commenced in any tribunal or court of justice within [Trinidad],” regarding the mistreatment or murder of a slave. Further, Gloster was legally bound

[56] CO 300/27.
[57] House of Commons, Hansard, *Commons Sitting of Tuesday, March 16, 1824…,* Clause 13.

to “act therein in such a manner as may be most conducive to the benefit and advantage of any such slave.”[58]

If found guilty of the charge of “misdemeanour” for flogging a female slave, Locker faced a fine of between fifty to five-hundred pounds sterling. [59] Sometime later, Lewis and Mary Anne appeared in court to testify against Locker. Though Lewis and Mary Anne both provided the court with detailed testimony, Locker was not convicted. Any expectations or hope for justice that Lewis may have held on to when he first complained to Gloster had been dashed. What happened to Mary Anne and Lewis after this time is unknown, though the record of their violent interactions with Locker provides us with a uniquely vivid account from which we can extract experiential and medical information about a kind of medical experience that was all too common.

Lewis’s ability to prepare medicine and administer it to Mary Anne speaks of a level of medical-know-how that existed outside of the bounds of healthcare practiced by experienced medical practitioners. The extent of Mary Anne’s injuries was such that she required urgent medical attention, and clearly reasoned that she would receive what she needed from her family where her enslavers held less immediate power than in the kitchen where she worked, or in the plantation hospital. Lewis’s knowledge also had to be adaptable enough to match the types of injuries his daughter suffered through the violence enacted upon her body. In this way, enslaved medical knowledge and practice had to be dynamic and responsive enough to contend with the precarity of their physical security. Lewis also put himself in grave

[58] Ibid, Clause 41.
[59] Ibid.

danger of punishment and violence by reacting to the needs of his daughter. His actions required not only courage in the face of retribution, but they required him to remain calm under what must have been extreme pressure.

Lewis Hall and others like him represent a portion of enslaved society that bridged the gap between non-medical labourers and those delegated to recognised medical roles. One can assume that, just as adult laypeople in the present day hold rudimentary knowledge on how to treat common ailments, many adult slaves would have had a basic knowledge of how to care for themselves or others when sick or injured. For instance, the knowledge that some diseases could be contagious, or that neglecting wounds could be fatal, was likely to be held by most adults. Equally, the average labourer had likely been exposed to endemic forms of disease and common types of injuries frequently enough to know which medicines might be used to treat specific ailments. Such knowledge was at least as central to the healthcare experiences of enslaved people as the knowledge and practices of recognised healthcare providers. Ordinary people's knowledge of curative medicine was integral to the inner workings of slave society and to the survival of enslaved populations.

In Mary Anne's case, it was familial bonds that determined who she sought out for medical aid, whilst on other occasions enslaved people enlisted the help of members of their wider communities based on their reputations. In January 1832, Jean Shine, an enslaved man from the Bel Air Plantation in Oropuche, Trinidad, asked Clarisse Jean Baptiste, a local free Black woman, to care for him.[60] Though Clarisse is not identified as a medical practitioner, Jean, a "mal d'estomac negro" who also suffered

[60] CO 300/31.

from sores, and his enslaver, John Fletcher, were clearly confident in Clarisse's ability to care for Jean. Clarisse was "requested… to take charge of [Jean and] to administer medicine." It was agreed that she would receive a "very good supply of food and nourishment for Jean such as Salt Beef and Pork—Barley—Flour—Oatmeal Biscuit—Rum—Wine and whatever she said she required for him," by Fletcher. It was further agreed that a local white doctor named Meikleham would attend Clarisse's beachfront dwelling to check on Jean's progress and prescribe him medicine, demonstrating Fletcher's attempts to both cooperate with and to control Clarisse's attempts to treat him.

Though Jean's symptoms are not described in the account, the more common symptoms of 'mal d'estomac' were indigestion and emaciation, heart palpitations, breathing difficulties, a rapid pulse, and dizziness. In the later stages of the disease, doctors reported a "dropsical effusion" of the abdomen or thorax, which could lead to heart failure.[61] According to nineteenth century British doctor, David Mason, 'mal d'estomac,' was associated with "bad food, and an irregular and inadequate supply [of food]," and with dirt eating. [62] He continued that it was "most frequently…fugitive negroes, who have absconded from their homes," who suffered from this affliction, or those who were too "indolent" or lazy to cultivate their own grounds. Mason concluded, however, that the disorder was not "speedily removed by a regular and abundant supply of food," and therefore that 'dirt,' most often clay, must "really

[61] David Mason, "On Atrophia a Ventriculo (Mal d'Estomac) or Dirt Eating," *Edinburgh Medical and Surgical Journal,* vol. 39, no. 1, (April 1833), pp.291-293. Mason recognised 'dirt-eating' as a common practice of "tropical" places, citing the practice of clay eating by Javanese women during pregnancy. For literature on dirt eating see Hogarth, *Medicalizing Blackness,* (2017), pp. 81- 103; Kiple, *The Caribbean Slave,* pp.96-103; Jerome S. Handler, "Diseases and Medical Disabilities of Enslaved Barbadians," (2006), pp. 33-49.
[62] Ibid.

contain some useful ingredients" that were required by the patient. According to the more common treatments of the time, Meikleham likely prescribed "the administration of emetics and purgatives," followed by "a course of… tonic medicines."[63] Mason described the "best tonic medicines" as "a bitter laxation infusion of *lignum quassiae,* rhubarb, ginger… [and] eight or ten grains of sulphate of iron." In the later stages, when dropsy had developed, Mason recommended "calomel and opium."[64] In the spirit of contemporary white medical practices, Clarisse would also have been expected to prevent Jean from consuming any non-food products, especially dirt, and to keep him engaged in physical activity and good hygiene practices. Whether or not Clarisse adhered to this method of treatment, or what other methods of treatment she might have applied, is unknown.

Given the oversight Jean's enslavers had of his experience under her care, and a lack of details around the medical care Clarisse provided Jean, it is difficult to assess the effectiveness of her treatment. Nevertheless, it seems that the medical care Jean received was only one part of the picture; the location of Clarisse's house also appeared to suit Jean, as Clarisse explained that he "was accustomed to go to the beach at night." Jean's desire to be looked after by Clarisse, and his love of the beach, suggest that his decision to stay there had as much to do with his mental well-being as with his physical health. According to the reports of all involved, the decision to admit Jean to Clarisse's care was initially a success. Five weeks later, however, Jean's body was found floating in the sea.[65]

[63] Ibid, pp. 294-295.
[64] Ibid.
[65] CO 300/31.

Jean Ville, a labourer from the same plantation found Jean Shine's body early in the morning as he made his way to work from his wife's house on a neighbouring plantation. Jean Ville recognised Jean almost instantly and sought the help of the plantation watchman and the overseer. Jean was "dragged from the sea," his body examined, and buried later the same day. John Ville reported that he had seen Fletcher beat Jean, though when and how severely he did not say; the assumption that Fletcher's violence against Jean had somehow caused his death was left unspoken, though the accusation lingered in the tone of Jean Ville's deposition. Tellingly, Fletcher had come under investigation on multiple occasions for ill-treating and abusing slaves, though his role in Jean's death could not be proved. On the other hand, manager of the Bel Air estate, James Denholm, who examined Jean's body after it had been retrieved from the beach, "concluded that [Jean] must have been accidentally drowned by the rise of the tide," or that he was "so far gone with mal d'estomac that he wished rather to die than live."[66] Clarisse may have had a part to play in Jean's death, either through neglect or through the application of dangerous treatments that were not disclosed. Whatever the circumstances of Jean's death, all witnesses questioned by the protector recognised the severity of his disease, which he had suffered under for years and noted that he had not been able to work for some time in consequence of it. Near the end of his life, Jean believed that Clarisse and her home represented his best chance at recovery, or at least his only opportunity for rest and relief, and, from the point of view of his enslavers, perhaps also their best chance of getting him back to work.

[66] CO 300/31.

Further witness statements gathered by Henry Gloster show that the issue of Jean's health and healthcare was not a simple one. For example, Clarisse and her beachfront home was not Fletcher's first choice when seeking medical assistance for Jean; in a letter to the protector, Denholm noted that Jean had previously been "sent to Doctor Thornhill's at San Fernando for several months in order to be cured of his disease, but without effect." Later Jean was able to convince his enslavers to allow him to reside with Clarisse, perhaps in part because it was preferable to having him remain in the estate hospital, and one might assume that she held some kind of local reputation as a capable carer, if not as a medical practitioner or healer. The mystery of Jean's death, and a lack of detailed evidence, obscures the possible truth of Clarisse's success in treating him. On the other hand, it is compelling evidence of the centrality of community-care, whether by enslaved or free Black people, to the medical experiences of enslaved populations, and of the importance of mental health to enslaved people's choices about healthcare. Clarisse's actual ability to cure Jean seems to have been no more important than the comfort he gained from being allowed to be cared for by her, and to remain close to the beach.

Family and community-care was about far more than the act of performing medical procedures; survival and one's physical and mental well-being was underpinned by the very basic human experiences of love, affection, and empathy. One summer evening, as her daily labour picking coffee ceased, eighteen-year-old field labourer, Sarah, from plantation Java in Demerara, walked to the plantation hospital to visit her younger sister, Ann. At the hospital, Sarah began a different kind of labour looking after her sister. Sarah had just recently lost her mother, and was determined

to be beside Ann, who was ill with a fever.[67] On her way to the hospital, Sarah encountered Abram, the sick nurse, and asked him to allow her to sleep there. Abram "sent for the keys of the sick house to allow her to do so." She entered the hospital and "lay down beside the child," in an act that likely provided them both much needed comfort. After a full day of work Sarah was tired but resolved to remain in the hospital to keep a watchful eye over her beloved sister. A little after her arrival, Sarah was aggressively torn from Ann's bedside by Lindore the driver, by order of the manager, Henry J. Seyffert. Despite her best efforts to remain with Ann, Sarah was forced to strip naked before being placed in the "dark room" without a blanket or mattress. She remained there until Abram released her the next morning. Seyffert later refused to give Sarah a pass to complain, forcing her to leave the plantation without one. She reached the office of the protector, Edward H. Gibbon, on the same day to complain. Seyffert did not attend Gibbon's office when called upon to provide a statement in his defence, and the case was then passed to the Crown Advocate "for prosecution at the next Criminal Court."[68] What happened next is unknown.

Sarah's attempts to be beside her sister were no doubt intended to provide them both with comfort and would have given them a sense of mental and physical relief. Her frustrating and heart-breaking experience was shared by complainants Norah and Agnes in Berbice in 1831 and 1832 respectively. Norah, who resided on the New Forest plantation, complained that her daughter, Fanny, was "very ill with [a] sore foot and was forced to wean" after being placed in the plantation hospital. Norah was concerned that Fanny was "not properly attended to" in the hospital, and

[67] CO 116/162.
[68] Ibid.

that she had not been allowed to care for her.[69] Agnes, a task gang labourer on the De Liefde plantation lodged a similar complaint; her young daughter, Wilhelmina had been locked up and isolated overnight in the hospital. Wilhelmina, described by Agnes as "a suckling child," had been found wandering at night and had "not been allowed to feed from [Agnes] while in confinement." The response of Agnes's enslavers to her complaint was that she had risked her daughter's health by allowing her to wander, though their testimony did not state whether anything was wrong with the child when found, or if she had been healthy prior to the incident.

Norah and Agnes's accounts, like Sarah's, are representative of the experiences of many enslaved people who struggled to care for their loved ones in a non-medical context. Without further evidence it is impossible to tell if Norah and Agnes intended to utilise any healing knowledge they may have had, had they been given access to their loved ones, though one might expect that their presence alone would have been of great benefit to their own and their daughters' mental health. Enslaved experiences of mental ill-health have been given only brief scholarly attention, except in a handful of interesting studies such as in Laura Hollsten's article, "Night Time and Entangled Spaces on Early Modern Caribbean Sugar Plantations," which investigates the activities enslaved people undertook in their free time. [70] Hollsten argues that enslaved people likely engaged in a variety of "festivities," "religious ceremonies," and social and physical interactions in part so as to "maximize both

[69] CO 116/148.
[70] Laura Hollsten, "Night-time and Entangled Spaces on Early Modern Caribbean Sugar Plantations," *Journal of Global Slavery*, vol.1, no. 2-3 (2016), pp. 248-273. Several English literature scholars have addressed issues relating to mental illness and mental well-being within the context of slavery and diasporic experiences. For example, in Caroline A. Brown and Johanna X.K. Garvey, eds. *Madness in Black Women's Diasporic Fictions: Aesthetics of Resistance*, (Brooklyn, NY: Palgrave MacMillan, 2017). See also Samantha Longman-Mills, Carole Mitchell, and Wendel Abel, "The Psychological Trauma of Slavery: The Jamaican Case Study," *Social and Economic Studies,* Vol. 68, no. 3&4, (2019), pp.79-101.

their material as well as their physical and mental well-being."[71] Other work, such as Dea H. Boster's, has focused on similar themes in a North American context.[72] Boster's research focuses on mental ill-health as a form of disability and she addresses a lack of engagement on the subject of disability more widely. Whilst Boster recognises that important US focused historiographies such as those of Ira Berlin, Stephanie Camp, Edward Baptist, and John Blassingame have examined related questions about abuse, brutality, agency, and psychological health, she criticises them for their brevity and "problematic" constructs of "able-bodiedness and disability."[73]

What these accounts show, however, is that mental health experiences among the enslaved extended further than to those suffering from psychological disorders or disabilities. Some forms of family and community-care necessarily included acts that might be construed as acts of mental healthcare. What enslaved patients sometimes lacked in terms of access to curative medicines and surgical procedures, may well have been recouped by access to individuals, objects, or settings that brought them peace of mind and comfort. Even pro-slavery accounts of life in amelioration era Caribbean slave plantations appeared to recognise the advantages of allowing one's loved ones to attend to them, although they believed most enslaved people to be incapable of both self-care and of taking care of others. The writings and public speeches provided by pro-slavery actors in medical pamphlets, parliamentary

[71] Hollsten, (2016), pp. 248-273.
[72] Dea H. Boster, *African American Slavery and Disability,* (2013); See also Stephanie Camp and Edward E. Baptist, "Introduction: A History of the History of Slavery in the Americas," in *New Studies in the History of Slavery,* eds. Edward E. Baptist and Stephanie M.H.Camp, (Athens: University of Georgia Press, 2006); Nell Irvin Painter, *Southern History Across the Colour Line,* (Chapel Hill: University of North Carolina Press, 2002); John W. Blassingame, *The Slave Community: Plantation Life in the Antebellum South*, (Oxford: Oxford University Press, 1972); Ira Berlin, *Many Thousands Gone,* (1998).
[73] Boster, *African American Slavery and Disability*, p.6.

debates, and in other publications and places, further demonstrate the complex cultural and physical interactions that took place between enslavers and enslaved populations—most specifically enslaved laypersons—over acts of healthcare.

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Pro-slavery Rhetoric, Amelioration, and Enslaved Healthcare Practices

Parliamentary papers relating to amelioration and those addressing ongoing debates over abolition are teeming with evidence of a widespread rhetoric that depicted the enslaved as medically and mentally inept, incapable of self-care and of caring for others, including their own children. Some publications in defence of slavery depicted a medical, political, and cultural landscape within the Caribbean in which white and Black people lived harmonious, healthy, and happy lives, side by side, under the 'nurturing' system of slavery. Other pro-slavery writers, enraged by evolving legislation in the British colonies, utilised and elaborated on existing tropes about Black enslaved people that they were unintelligent, unfeeling, and often untrustworthy, and that they were content in their social and legal position. This paternalistic rhetoric, evidenced within anti-abolitionist inquiries, sits in stark contrast to the first-hand accounts provided within the reports of the protectors of slaves, and the cases investigated in this chapter. Though not designed to interrogate the healthcare practices of enslaved people, pro-slavery publications offer an important frame of reference for the way in which early nineteenth-century pro-slavery advocates and enslavers constructed a narrative about enslaved healthcare practices that was not only untrue, but which led to the silencing of the enslaved voices that could prove otherwise. Two inquiries, led by William Hardin Burnley and

Alexander McDonnell respectively, are highlighted below to more fully assess the reality of the enslaved medical experience and the challenges enslaved people faced in performing acts of self-care and community-care.[74]

In 1824, Alexander McDonnell, once a merchant in Demerara and later Secretary of the Committee of West Indian Merchants, set out to investigate the conditions of slavery in Demerara- Essequibo, driven by a belief that the "Order in Council in operation in Trinidad," which parliamentarians planned to implement in Demerara-Essequibo, "[was] more injurious than either the government or the public believe[d]."[75] Addressing abolitionist writings, amelioration laws, and the supposed anti-slavery sentiment of the general British public, McDonnell argued that the question of abolition in the West Indies deserved a full and detailed investigation, so that the government might ascertain the value of its West Indian colonies. The focus of McDonnell's writing was the plausibility of enabling a free labour system in the post-abolition British Caribbean, though his inquiries into the nature of slavery in Demerara-Essequibo in the 1820s relied on witness statements from slave owners and colonial doctors. All the witnesses examined by McDonnell described a largely harmonious colonial medical landscape in which enslaved actors were active, willing, and compliant actors in their own healthcare experiences. He described a medical landscape which, though driven and controlled by white enslavers, nonetheless made limited room for enslaved participation in accepted healthcare practices.

[74] Selwyn R. Cudjoe. *The Slave Master of Trinidad: William Hardin Burnley and the Nineteenth-Century Atlantic World.* Boston: University of Massachusetts Press, 2018); and McDonnell, *Considerations on Negro Slavery,* (1824).
[75] McDonnell, p.vi. The Trinidad 'Order in Council' was implemented in Demerara-Essequibo and in Berbice in 1825 and 1826, though with minor alterations to allow for the continuation of certain legal and cultural practices in those colonies, them being former Dutch territories. By 1831, all three were consolidated into one 'Order in Council' that was also implemented in other British colonies including Mauritius, St. Lucia, and Cape Colony.

McDonnell's inquiry included the written testimony of three doctors resident in Demerara and Essequibo, all of whom had the medical charge of upwards of eight-hundred enslaved individuals across multiple plantations. In remarkably similar letters, which McDonnell published in his treatise, all three doctors claimed that sick slaves were guaranteed every possible allowance of food and medicine, that plantation hospitals were comfortable, "airy" places that afforded great opportunity for recovery, and, perhaps most interestingly, that enslaved people, "when seriously ill,… have their own relatives sit by them, and attend to their wants."[76] These claims were supported by the statements of plantation proprietors, whose words were also recorded in McDonell's treatise. In Demerara-Essequibo, according to McDonnell's witnesses, the healthcare practices of plantation societies were superior to those of England insofar as they provided hospitalised slaves with access to family members in a manner that could prove crucial to their physical and mental recovery from illness. Not only this, but the language used by these witnesses suggested a medical landscape in which both white and Black people were openly encouraged to interact, and which, somewhat confusingly, recognised that family and community-care was paramount to the recovery and survival of enslaved patients. Writing of his experiences in Essequibo, Dr Thomas Bell wrote that, "The slaves, when seriously ill, are always allowed to have one or more of their nearest relatives to take care of them."[77]

[76] McDonnell, p. 173.
[77] Ibid, p. 179.

However, the statements of McDonnell's witnesses were misleading in their depiction of a harmonious medical landscape and went only a short way to revealing the depth of enslaved involvement in the medical landscape of Demerara-Essequibo. The complaints of enslaved individuals in those colonies, for example those of Norah and Agnes, reveal that enslaved people faced great difficulty and violence in trying to attend to their loved ones in estate hospitals. Other cases, like Sarah's and Clarissa's, show that the practices of enslavers in other colonies were little different. Further, whilst the narratives of McDonnell's witnesses suggested that hospital visits were a commonplace and accepted cultural and medical practice in Demerara-Essequibo, they made no mention of the forms of familial, self-, and community-led care practices that would have taken place with great frequency out with estate hospitals. Yet again McDonnell and his witnesses seized an opportunity to obscure what the evidence above has told us—that enslaved people were active and successful participants in their own care and the care of those they loved and lived amongst.

According to Demerara based doctor, P.F. Watt, enslaved patients held "no inconsiderable confidence" in the white doctors who attended them, "whom they have known generally for years."[78] In the world described by Bell, Watt, and other witnesses, white doctors were omnipresent and dependable sources of medical care, to which enslaved individuals might provide auxiliary support. Even in their description of plantation hospital sick nurses, who we might consider as informally trained medical practitioners, McDonnell's third witness, Dr Robert Mackie, downplayed their role in the provision of healthcare stating that "[their] province is

[78] Ibid, p.175.

solely to administer medicine."[79] In these ways McDonnell's inquiry is unrepresentative of New World plantation medical systems and of the enslaved healthcare experience, though it tentatively recognised the importance of some level of enslaved involvement in the provision of care. Other authors, such as William Hardin Burnley, went even further in obscuring the effectiveness and the extent of enslaved involvement in acts of self, family, and community-care through the publication of a deeply unfavourable report.

In 1824, William Hardin Burnley, a member of the Legislative Council of Trinidad and an enslaver, launched an inquiry into the nature of slavery in the island. Burnley first arrived in Trinidad in 1798; by 1802 he had taken up permanent residence there and lived on the island until his death in 1850. He became a man of great political and social influence, and after settling into the colonial landscape as a sugar planter, grew rich as the island's largest slaveholder. In his fifty-two years in the colony, Burnley witnessed dramatic change, from international warfare and slave rebellions to legislative and governmental overhauls, as well as the abolition of slavery. However, one of the biggest challenges that he faced was the 1823 'Order in Council' that was introduced in Trinidad to improve the living conditions of the island's enslaved population.[80] Enacted a year later in March 1824, the primary changes wrought by these reforms included the appointment of the protector of slaves office and the implementation of strict regulations relating to the punishment, sale, and education of enslaved people in the colony. Burnley and fellow white planters were startled, threatening to petition the Crown directly to repeal the

[79] Ibid, p. 185.
[80] Cudjoe, *The Slave Master of Trinidad,* (2018), p.31

regulations that they vehemently opposed as disadvantageous to their financial—and perhaps physical—security. When this approach bore no fruit, William Burnley, along with Alexander Duncanson and Francis Pescheir, both members of the island's Board of Council, changed tack; they formed a committee under the oversight of the Council of Trinidad, called the Committee of Council of Trinidad, to investigate the character of the island's enslaved population, aiming to prove that slave owners there treated their slaves better than in other parts of the British Caribbean.[81] If Burnley and others could prove that the 'Order in Council' was more detrimental than pre-existing customs, and that their slaves were more of a danger to themselves and their offspring than slavery itself, they believed that they could reverse the colonial legislation that impinged so heavily on their rights as enslavers.[82]

The result was a series of interviews, led and devised by Burnley, of Trinidad's white elite. Spread over the course of four and half months between December 1824 and April 1825, thirty-one individuals, only one of whom was non-white, from multiple quarters of the colony were called as witnesses in Burnley's investigation. Some witnesses were called upon for questioning on more than one occasion, with

[81] Burnley, *Minutes of Evidence by Committee of Council of Trinidad,* p. 37.
[82] Burnley and McDonnell's investigations formed part of a longstanding British approach to governance, evident in the creation of select committees relating to various aspects of British slavery and the slave trade. See for example, Diana Paton's discussion of the 1832 'Select Committee on the Extinction of Slavery Throughout the British Dominions,' in "Decency, Dependence, and the Lash: Gender and the British Debate over Slave Emancipation, 1830-34," *Slavery and Abolition,* vol. 17, no. 3, (1996), pp. 163-184. Though her focus is on gender, Paton writes of this that, "By the 1830s, the parliamentary committee was a well-established method of enquiring into political problems," and that "such committees appeared to subscribe to a highly empiricist understanding of knowledge production, in which each witness was taken as a bearer of truth," pp. 2-3. See also Diana Paton, *The Cultural Politics of Obeah: Religion, Colonialism and Modernity in the Caribbean World,* (Cambridge: Cambridge University Press, 2015) on 'Obeah and the Slave-Trade Debates'; and Seymour Drescher, *The Mighty Experiment: Free Labour Versus Slavery in British Emancipation*, (Oxford: Oxford University Press, 2002).

questions tailored to the occupation and expertise of the witness; most commonly, topics included diet, clothing, housing, types of labour, marriage, and healthcare. In his interview of Dr Elias Tardy on Wednesday 9th February 1825, Burnley focused on the state of plantation hospitals on the island and the general health of Trinidad's enslaved population. Tardy provided summary evidence of the diseases most commonly affecting the colony's slaves and described the parameters of his role as a doctor to multiple estates serving an estimated total of two thousand enslaved people. Tardy conceded that the plantation hospitals were not always fit for purpose and could be "greatly improved", not least by making them punishment-free spaces.[83] On the other hand, he fed right into Burnley's agenda with his description of enslaved people's ability to care for others. Burnley pointedly asked Tardy if "[slaves] generally show so much feeling and attachment for each other that they can be safely entrusted with the care of each other when in sickness?" to which Tardy replied, "no, they do not; I would not trust a child to the care of its mother".[84]

Planter Antoine Victoire St. Bresson agreed with Tardy on the point of enslaved caregivers. When asked whether he found them "attentive to each other when sick", St. Bresson responded negatively, stating that they were rather "indifferent to the sufferings of each other".[85] He further recalled a case in which an enslaved man, "an incurable cripple…suffering under a loathsome disease" could not "meet with necessary attendance" due to the callousness and nervousness of his fellow slaves. "Only one negro could be induced to go into his house even to give him food," St. Bresson recalled, "notwithstanding every threat and persuasion on the part of their

[83] Ibid, p.42.
[84] Ibid, pp. 42-43.
[85] Cudjoe. *The Slave Master of Trinidad*, (2018), pp. 18-20.

master."[86] St. Bresson's rendition of this story was telling in more ways than one. It reinforced the notion of the indifferent, or even callously uncaring slave, incapable of empathy even under threat from a dangerous white authority, whilst demonstrating the intrinsic, entangled relationship between healthcare and violence. Those individuals being forced to attend to the diseased patient were caught between two different threats to their physical health; to enter the man's dwelling was to risk contagion, whilst disobedience of their enslaver's orders might lead them to be severely punished. In St. Bresson's estimation, abolition was a threat not only to the livelihood of slaveowners, but also to the health of enslaved people.

Burnley's attempts to discredit and diminish the role of enslaved people in their own healthcare practices was somewhat more severe than McDonnell's, leading him to conclude that both white medical practices and slavery itself were important, if not completely necessary, for the maintenance of African and Afro-Caribbean people's health within the colonies of the British Caribbean. However, like McDonnell's investigation, Burnley failed in his attempts to prevent the implementation of the Trinidad 'Order in Council,' and the reports of enslaved individuals living in those colonies demonstrate the ways in which both men neglected to truthfully represent the extent of enslaved people's involvement in their own healthcare, or of the success of their knowledge and practices.

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[86] Ibid.

Medicinal knowledge permeated all aspects of life, even amongst those whose labour had no immediate connection to health or healthcare, such as field labourers. Oral tradition and the ubiquitous exposure of enslaved people to issues of disease, ill health, injury, and abuse, created a world in which individual and community health-management was not only necessary, but was abundant. Whilst economic interests and parliamentary legislation drove many enslavers to provide their enslaved populations with basic medical aid, especially in the period between 1807-1834, the reports of the protector of slaves make clear that enslaved people relied heavily, sometimes solely, on the medical assistance and knowledge of their communities, families, and friends. Self-care, and community-led healthcare was at the heart of the health experiences of enslaved individuals. It permeated and punctuated everyday life and was driven by an incessant need for medical intervention in the face of tremendous physical and psychological endangerment.

The world of healthcare and medicine was as much the dominion of enslaved laypeople as it was of trained physicians and recognised medical men and women. From the perspective of enslaved labourers, white medicine was a force for control and subordination and estate hospitals were places of violence and incarceration. At other times, ineffective white medicine was seen as an auxiliary resource. By focusing on the practices of individual laypeople, as well as the actions of recognised medical actors, we can reveal some of those voices and rebuke the claims of pro-slavery factions who altogether marginalized and diminished them. Such an analysis shows that community and self-care practices were central to the medical experiences of enslaved people and will broaden historians' interpretations of who

took part in acts of healing within enslaved societies, thereby deepening our understanding of the medical landscape of the nineteenth century British Caribbean.

The evidence provided by slaves' complaints and plantation record books also tells us that enslaved people were very capable of self, family, and community-care, and moreover, that they took part in such acts regularly and despite the threat of punishment or violence. Read in contrast to the publications of pro-slavery factions, such complaints provide ample evidence of the everyday experiences of enslaved people. Further, they demonstrate that enslaved healthcare experiences have been too narrowly defined in the current historiography; when we include the actions and experiences of both medical and non-medical actors in our telling of the medical history of Caribbean slavery, we see that their experiences were far more complex than previous historiography has suggested. Rather, the reaction of white, slave-owning colonists to amelioration reveals the push and pull nature of medical care within plantation settings and the extent to which enslaved people were allowed to take care of their own medical needs.

An integral part of every medical interaction or healing experience on New World slave plantations was the struggle for mastery of enslaved bodies and their labouring potential. Enslavers and the enslaved constantly jockeyed for control, especially during episodes of ill-health. But white power and authority could never be absolute; despite enslaver's claims that they could not be trusted to care for themselves, doctors and slaveowners on the ground in the British West Indies relied upon enslaved medical knowledge and ability. All medical experiences in Trinidad and British Guiana were built upon entangled, overlapping systems of knowledge that

traversed the Atlantic in all directions. So-called ‘white medicine’ and its ability to sustain a healthy workforce was undeniably reliant, if not transparently so, on the enslaved themselves.

As has been demonstrated through the case studies investigated above, enslaved people were often forced, through fear of violence and frequent illness and injury, a lack of sufficient medical care, a human need for love and empathy, and the knowledge endowed upon them from generations before, to take charge of their own medical needs. This happened in connection with white medical practices, though self, family, and community-based care practices permeated enslaved life in ways that white medicine could not. Further to this, it is clear from the evidence provided in this chapter that non-medical individuals were as crucial, if not more so, to the physical and mental healthcare of enslaved populations as were trained medical actors.

All these recorded cases demonstrate a wider network of medical knowledge that included enslaved people not traditionally associated with medical care. Clarissa, Clarisse, Dianna, Lewis, Sarah, and others held an understanding of medical procedures that was likely the result of the sharing of basic medical knowledge amongst enslaved communities, as well as their understanding of common, Eurocentric practices. Their knowledge had to be dynamic, adaptative, and enduring in the face of ever-shifting challenges. Violence enacted by multiple different actors, changes in labour methods through industrialisation, influxes of new diseases or bouts of epidemic disease were just some of the events that their medical knowledge and procedural know-how had to react to. Women were especially vulnerable to

these challenges, facing predatory sexual behaviour from enslavers and enslaved males, as well as extreme violence and bodily commodification through childbirth. Their experiences are representative of the ongoing conflict surrounding the medical relations of enslaved individuals, and the oftentimes perilous effects of having and practicing such knowledge. The next chapter will investigate the health, reproductive, and labour experiences of enslaved women.

Chapter Four

Reproductive Women, Coercive Relations, and Women's Labour

On the sugarcane fields of the Prospect Plantation in Berbice, an enslaved woman named Hester engaged in a battle of wills with her enslaver, Campbell Faloon. Hester told the protector of slaves, John McLeod, that she was "seven months gone with child," and complained that she had been set an impossible workload for someone in her "advanced state".[1] Faloon had instructed Hester to cut sugar canes with other members of the "strong gang," which she refused to do. In retaliation for her insolence, Faloon ordered Hester to be "confined in the dark room for ten days". While confined, and despite her vulnerable condition, Hester was to be given "sufficient quantity of plantains and water only."[2] Once released, Hester was returned to the field to carry out the same task and, having cut only "half a cord (four feet)," Faloon confined her again to the bed stocks overnight. According to the laws laid out by Berbice's ameliorative slave code of September 1826, and later by the consolidated 'Order in Council' for improving the conditions of slaves of February 1831, Faloon's lengthy confinement of Hester was illegal, a fact that Hester fully understood. The 1826 code considered lawful any punishment of, "solitary confinement, with or without work, in any fit and proper place, on any estate, or in any place in [Berbice], provided that such place be approved by some duly licensed medical practitioner…and provided that for each offence the period of detention in

[1] CO 116/151, f. 291.
[2] Ibid, p. 294.

such solitary confinement shall not at any time exceed three days." [3] On the day of her release, Hester travelled to file a complaint.

This chapter places a spotlight on reproductive and labouring enslaved women such as Hester. It is rooted in a long-standing historiographical discussion on the gendered nature of slavery and of the place of Black enslaved women in the history of slavery, recognising the particular "double burden" that slaveowners placed on their female labourers to be both "reproductive and productive."[4] The use of the term "reproductive" here refers to enslaved women who bore children, and those who lost children. It does not attempt to re-conceptualise or challenge the established historiography about the lives and experiences of enslaved women, but rather uses the complaints of enslaved women to demonstrate that those arguments are also applicable to life in the colonies of Trinidad and British Guiana, which have received considerably less attention from historians of gender and slavery than older British colonies like Jamaica. Further, it shifts the focus to the period of amelioration, to ask

[3] "An Ordinance for Promoting the Religious Instruction and bettering the State and Condition of the Slave Population in His Majesty's Colony of Berbice." A copy of this exists in the House of Commons Papers, 1826-1827, (008), XXVI.1, *Papers in Explanation of Measures for the Melioration of the Condition of the Slave Population in the West Indies and South America, Part II,* [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=643f26d8-770c-4275-b91a-a4ed8b7909a6&rsId=17DAF05EF23#426]; House of Lords Papers; Orders, 1830, (282), *An Order of the King in Council for Consolidating the Several Laws Recently Made for Improving the Condition of Slaves in his Majesty's Colonies of Trinidad, Berbice, Demerara, Saint Lucia, Cape of Good Hope, and Mauritius,* CCLXXXII. [1], [*https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=e07d0d07-6dc4-4df3-9c7a-1afaa239fa2b&rsId=17D8F42B392].* pp. 206-207.

[4] David B. Gaspar, and Darlene C. Hine, *More than Chattel: Black Women and Slavery in the Americas,* (Bloomington: Indiana University Press, 1996), p. x; Richard H. Steckel, "Women, Work, and Health under Plantation Slavery in the United States," in *More than Chattel: Black Women and Slavery in the Americas,* edited by David B. Gaspar and Darlene C. Hine, pp.43-60; Camillia Cowling, Maria Helena Pereira Toledo Machado, Diana Paton, and Emily West, (2017), "Mothering Slaves: Comparative Perspectives on Motherhood, Childlessness, and the Care of Children in Atlantic Slave Societies," *Slavery & Abolition,* Vol. 38, no. 2. 223-231; Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica,* (Philadelphia: University of Pennsylvania Press, 2017); Barbara Bush, *Slave Women in Caribbean Society, 1650-1838*, (Kingston, Jamaica: Heinemann Caribbean, 1990); Hilary Beckles, *Natural Rebels: A Social History of Enslaved Black Women in Barbados,* (New Brunswick, N.J: Rutgers University Press, 1989).

how the increased regulation of slavery impacted reproductive health. The health, reproductive, and labouring experiences of women is considered as a separate chapter within this dissertation not only because of the uniquely female experience of conception, childbirth, and child-rearing, but because to ignore the impact of gender on the social, political, and legal frameworks that shaped slavery would be to overlook the reality of enslaved life.[5] It is both a history of the gendered division of labour and of the reproductive experiences of labouring women on slave plantations of Trinidad and British Guiana. As with previous chapters, this chapter considers the impact of amelioration on the everyday healthcare experiences of enslaved people. It analyses the intersection between enslaved women and ameliorative law, highlighting the ways in which amelioration was a gendered imperial project.

Between the rise of slave trade debates in the 1780s and the abolition of slavery in 1834, enslavers, lawmakers, and abolitionist activists worked in different ways to promote and implement ameliorative and pronatalist practices that were supposed to simultaneously improve the conditions of slavery (in abolitionist's eyes as a path to freedom) and to stabilise and increase enslaved populations. The reforms of the ameliorative era of British slavery, which were unmistakeably gendered in nature, were based primarily in improving three facets of enslaved life: healthcare, cultural values, and legal 'rights'.[6] Ameliorative healthcare reforms, at least theoretically, encouraged enslavers to implement better medical practices including the building of

[5] Beckles, "Black Female Slaves and White Households in Barbados," in David B. Gaspar and Darlene C. Hine, eds., *More than Chattel: Black Women and Slavery in the Americas,* (Bloomington: Indiana University Press, 1996), pp. 112-125.

[6] By "reforms", I mean the establishment of the office of the Protector of Slaves, and the introduction of multiple laws that provided the Crown and its colonial officials oversight of the relationship between the enslaved and British slaveowners, including over their punishment and general treatment. These reforms were outlined in various iterations of regulatory bills or "Orders in Council" by the King and parliament, which promised enslaved people the opportunity of redress.

plantation hospitals on every estate, properly outfitted and staffed to deal with high rates of mortality, disease, and injury, as has been discussed in previous chapters. Through them imperial lawmakers and abolitionists also sought out ways of improving the material conditions of enslavement for all, not least of all for reproductive women and their infants.[7] Faced in the late eighteenth and early nineteenth centuries with declining and sickly populations across the Caribbean and the prospect of a lack of replenishing cargoes of newly enslaved Africans, British slave owners turned their attention more fervently than ever to the reproductive potential of their female labourers.[8] Whilst it is true that slave owners were concerned with the reproductive potential of female enslaved labourers from the very beginning of the slave trade, in practice they did very little to ensure that women could bear, deliver, and raise healthy children.[9] In this historical moment, however, slaveowner's livelihoods rested on their ability to successfully maintain and naturally increase their existing slave populations, a reality often seemed in discord with their pursuit for authority and the extraction of hard labour. As historian Diana Paton has argued, abolition and the era of "second slavery" brought with it "legislative provisions" that improved conditions for successful childbearing and child-rearing within enslaved populations, as well as increasing "material incentives for women to have children, and in some cases punishments for those who did not,"

Across the Atlantic, in the fields of British Caribbean slave plantations, and in the grand halls of the British Parliament, slaveholders, supporters of slavery, and even abolitionists concerned themselves with the reproductive lives of enslaved Black

[7] Turner, *Contested Bodies,* (2017), pp.19-20.
[8] Morgan, *Laboring Women,* (2004).
[9] Diana Paton, "Gender History, Global History, and Atlantic Slavery: On Racial Capitalism and Social Reproduction," *The American Historical Review*, (in press, 2022), pp.50-55.

women. As historian Sasha Turner has argued, abolitionists created a paradox in the way that they "perceived and represented young, Black female bodies, and in particular, how they legitimized and sought to extend colonial rule and the benefits it generated to the mother country by controlling these women's reproductive lives." [10] According to Turner, an important part of the abolitionist agenda included the stimulation of natural increase. This chapter extends this notion through an examination of the complaints of enslaved reproductive women in the under-studied colonies of Trinidad and British Guiana to demonstrate that the everyday health and labour struggles that enslaved women faced were similar across the British Caribbean.

The case studies investigated here also demonstrate the fluidity and shortcomings of ameliorative laws pertaining to reproductive, childbearing women, and women who suffered child loss, which slaveholders bent, twisted, and reimagined in ways that ensured the ongoing productivity of their female enslaved populations, and which also protected enslavers from criminal prosecution for acts of sexual assault and rape. This chapter will show just how fragile this system was by considering how enslaved women approached their reproductive health and labour using their own forms of resistance and agency. Finally, this chapter will investigate the relationship between ameliorative law, labour exploitation, medicine, and reproduction, all of which converged to create a uniquely gendered and racialised experience of slavery for Black women labouring in the British Caribbean.

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[10] Turner, *Contested Bodies,* (2017), p.4.

Doctor David Collins, whose work is discussed in chapters one and two, conceded that British planters had in the past been "less attentive to…increase by procreation," than they might otherwise have been if "they had, had their own stock only to depend upon," and if the price of buying new African captives had not been so comparatively cheap. As abolition loomed closer, however, Collins wrote that, "the price of new negroes being three times as great as it was forty years ago, and a possibility that we may be finally excluded from that source of supply," had forced them to reconsider their approach.[11] Collins's advice mirrored that of other pro-amelioration proprietors and authors of pro-slavery works, providing detailed information on how to maintain a healthy, productive, and reproductive workforce.[12] Enslaved women were at the heart of plantation management guides like Collins's, their childbearing experiences and their humanity turned mechanical and perfunctory. Addressing the issue of how enslavers might increase their enslaved populations, Collins wrote that,

> I believe, it will be found, that without any other means than the general ones recommended with respect to diet, lodgings, and labour, your negroes will be preserved in a state of fecundity, that will enable them to present you with a sufficient number of annual recruits, to repair the mortality of your gang.[13]

[11] Collins, *Practical Rules,* (1803), pp. 151-152.
[12] Joshua Steele, *Mitigation of Slavery, in Two Parts,* (London, R. and A. Taylor, 1814). Guides for more 'humane' management of slave plantations developed in the 1780s, some of which laid the groundwork for the labour organising concepts that can be seen in Collins' and Steele's works, and which represent emergent Enlightenment ideas about agricultural science. See for instance, George Turnbull, *Letters to a Young Planter; or Observations on the Management of a Sugar-Plantation. To which is added, The Planter's Kalendar (sic). Written on the Island of Grenada, by an old planter,* (London, Stuart & Stevenson, for J. Strachan, 1785); and Edwin Lascelles et al., *Instructions for the Management of a Plantation in Barbadoes and for the Treatment of Negroes*, (London; 1786). For an in-depth study of the impact of Enlightenment philosophy and industrialisation on the management of enslaved populations and Atlantic world plantations see, Justin Roberts, *Slavery and the Enlightenment in the British Atlantic, 1750-1807*, (Cambridge; Cambridge University Press, 2013), pp. 26-79.
[13] Ibid, p. 155.

The language used by Collins here further highlights the way in which enslavers viewed the reproductive potential, and the perceived reproductive duty of their female workforce; the natural process of reproduction and child-rearing became a battleground with complex, moving parts. Slaveowners fought a political battle against abolitionists and imperial lawmakers who threatened to obliterate their livelihoods; enslaved women fought directly and indirectly with enslavers, drivers, and white doctors to gain more control over their bodies and their reproductive and productive labour; at other times, the intimate health concerns of reproductive and infertile or breastfeeding enslaved women aligned with the emerging pronatalist policies of the British imperial government and their enslavers. All these realities are evident within the complaints of enslaved women laid before the protector of slaves.

Ameliorative legislation provided enslaved reproductive women with a forum in which their concerns about labour and childbearing might be better heard. The complaints filed by enslaved women to the protectors of slaves reveal the common, gendered labour issues that reproductive women faced, such as not being given sufficient time to care for themselves and their children, being made to work the same hours as other enslaved people or being unduly and illegally punished during pregnancy. The complaints of enslaved pregnant women and enslaved mothers also highlight the disconnect between colonial slave codes backed by the British Parliament and the Crown, the rhetoric of pro-slavery planters' guides, and the real-life experiences of those women.

While policy makers matched notions of amelioration and better treatment of enslaved people with improved legal, property, and manumission rights, enslavers,

and authors of plantation management guidebooks such as Collins spoke and wrote about improving the conditions of enslavement on the ground in greater detail. The latter utilised language that focused heavily on improving the efficiency and profitability of their estates as well as the reproductive potential of their enslaved populations, while government despatches between colonial governors and various administrators in the Colonial Office demonstrate a concern among parliamentarians that neglecting to improve the conditions of slavery could have disastrous consequences. Enslaved people, including reproductive women, were keenly aware of the protections and advantages that these slave codes, and by extension, the British government, afforded them, not least as such laws related to their labour and punishment, and their complaints demonstrate that proprietors oftentimes did not abide by either the laws or the guidance mentioned above.

Theoretically, the protectors of slaves and their assistants were positioned to bridge the gap—though in a limited way—between the disconnected spheres of ameliorative legislation and pro-amelioration writings, the practices of slaveowners, and enslaved people's lived experiences. However, even in the early 1830s, at the height of the protectors' powers, enslaved complainants continued to report similar issues with excessive violence, cruelty, and overwork. Protectors often served their own agendas when deliberating on a complaint or sided with white enslavers even in cases involving the maltreatment or illegal punishment of pregnant and mothering slaves, and of young children. The complaints examined in this chapter, like those analysed by Randy Browne in his work on Berbice, demonstrate that enslaved people, including reproductive women, living in Trinidad and British Guiana more

often failed to achieve a favourable outcome than they were successful.[14] Despite demonstrating an understanding that reproductive women should be spared excessive punishment and gruelling labour, protectors showed a general reluctance to prosecute enslavers accused of abusing women, and enslaved female complainants repeatedly confirmed that their everyday experiences were marred by violence and overwork. What these complaints also show is that enslaved women were not deterred from complaining even though positive outcomes were rare. Their testimonies are evidence of commonly view among enslaved women that enslavers held certain obligations toward them, and that the act of complaining was a tool they could use to weaken white authority, making public the shortcomings and cruelty of their enslavers. Reading between the lines, a handful of complaints examined here may also be seen as evidence that enslaved women, and most especially reproductive women, held certain powers of authority due to their importance to the survival of slavery after 1807.

Enslaved women inhabited multiple important roles on slave plantations; they were labourers, healers, midwives, cooks, wives, and mothers, amongst other things, whose work very often continued “after-hours,” and whose lives and labour were dictated by their enslaver’s view of their potential to procreate. Every part of Black women’s experiences of slavery, of which reproduction was an important component, was shaped by the desires and ambitions of men. Black enslaved women lived under the ever-present threat of sexual exploitation and sexual assault by both white slaveowners and Black enslaved men, and endured a level of oppression, specifically in relation to intimate healthcare practices like childbirth and

[14] Browne, *Surviving Slavery,* (2020), p.58.

breastfeeding, that their male counterparts did not. When a slaveowner died, it was not only their existing slaves that were inherited by an apparent heir, but with them the reproductive potential of an estate's female population. As Jennifer L. Morgan has argued, "enslaved women lived their lives in the crux of slaveowner's vision of themselves as successful white men…[and] women's lives under slavery in the Americas always included the possibilities of their wombs."[15] Enslaved women lived lives full of coercion—coerced into undertaking various forms of labour, coerced into marriage and motherhood, coerced by violence in ways that led to illness, injury, and miscarriage, and very often coerced into long and short-term sexual relationships with white men.

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Pregnancy and the Commodification of the Womb

In many respects Hester's complaint against her enslaver was unexceptional. Hester was ordered to complete work that she was physically incapable of performing, and Faloon's reaction to punish her through confinement speaks of a centuries old fight by enslavers to assert control and authority over the lives and bodies of their enslaved labourers. Although she carried with her the promise of future profits in the form of a new enslaved child, which might have been jeopardised by strenuous labour, Faloon had judged her to be capable of providing him with immediate profit by cutting canes. The choice between allowing Hester to preserve her health and energy whilst pregnant or to keep her working in the field was the same choice that faced all enslavers with reproductive populations. Evidence from absentee planters

[15] Jennifer L. Morgan, *Laboring Women,* (2004), pp.1-3.

and in plantation management guidebooks suggests a widely held understanding that pregnant women who undertook lighter work had a higher chance of successfully reproducing healthy infants than those who were put to hard labour. For instance, Edward Long wrote that, "I will not deny that those Negroes breed the best, whose labour is least, or easiest."[16] However, whilst some slaveowners and pro-amelioration factions spoke of a need to prevent pregnant women from being put to strenuous work during and immediately after the gestational period for fear of causing a miscarriage, the records of the protector of slaves illustrate that many pregnant enslaved women did not escape such tasks.

Further, Hester's refusal to attempt such back-breaking work whilst pregnant is also important, but not unusual, evidence of the ways in which enslaved people asserted their own agency and autonomy; it represents a form of resistance and self-preservation that was far more common than the waging of all-out war against white colonial occupiers. Hester's complaint further highlights the difficulty of the work that enslaved field workers, and specifically those labouring on sugar plantations, performed. It was physically draining, dangerous, and incessant work that even the strongest members of an enslaved workforce struggled to undertake.[17]

It is unsurprising, therefore, that acts of resistance like Hester's happened frequently. According to the half-yearly report for July-December 1832, in Berbice, 719 enslaved people (290 women and 419 men) were punished for offences relating to a lack of

[16] Long, *A History of Jamaica,* p. 437. See also Kenneth Morgan, "Slave Women and Reproduction in Jamaica, c. 1776-1834," *History (London),* 91.302 (2006), pp. 231-253, for further examples.
[17] Newman, *A New World of Labor,* (2013); Richard S. Dunn, *Sugar and Slaves: The Rise of the Planter Class in the English West Indies, 1624-1713,* 2nd ed., (Chapel Hill; University of North Carolina Press, 2012); and Daniel B. Rood, *The Reinvention of Atlantic Slavery: Technology, Labor, Race, and Capitalism in the Greater Caribbean*, (New York; Oxford University Press, 2017).

work including “refusing to work,” “Disobedience,” “Insolence,” and “insubordination.” This is 9.3% of the total number of offences reported in this period, which was 7,714. Of the 719 mentioned above, 36 individuals were punished for “refusing to work”, including 24 women (of which Hester was one) and 12 men. It is not clear from these records why these 24 women refused to perform their work, though it’s possible that some of them were also pregnant, breastfeeding, caring for infants, or had recently miscarried.[18]

However, Hester’s case is striking. Her confinement for ten days was severe for this type of punishment. In his testimony to the protector, Faloon said that he had only confined Hester for six days, which, though less than the length of time Hester claimed to have been confined for, was still illegal. Faloon therefore faced a fine of up to £40 for his actions. The 1826 Berbician slave code through which the punishment of confinement was promoted, highlighted various methods of punishment that were deemed effective, but were believed to cause the minimum amount of physical damage to enslaved people’s bodies. Such punishments included confinement in stocks, plantation hospitals, or dark rooms for a period of up to three days.[19] In every respect, Hester’s case against Faloon appeared to indicate illegal punishment and abuse of an enslaved woman, which carried a risk of causing the loss of her unborn child, and ultimately of capital. Despite this, Faloon was only fined £10, and the support that he received from multiple white actors demonstrates the fragility of colonial slave codes and ameliorative rhetoric when implemented on the ground.

[18] CO 116/151.
[19] The 1826 Berbice Slave Code, in *The Berbice Royal Gazette*, (Sept. 30, 1826), reprinted in Alvin O. Thompson, *A Documentary History of Slavery in Berbice, 1796-1834,* (Georgetown, Guyana: Free Press, 2002), pp. 206-208.

Through three separate interactions, we see that Faloon was able to circumnavigate the legal healthcare obligations he held towards Hester in her state of pregnancy, and that he did so with the help of white authorities including colonial officials. Firstly, Faloon provided McLeod with evidence that Hester's original period of confinement in the dark room had been ordered by John Alves, Civil Magistrate in Berbice, on the 11th of October, 1832 rather than by him, for "insolence" and only completing "1/4 of her work".[20] Alves' order was for Hester and a woman named Venus to be confined together in the dark room for eight days (a different length of time than claimed by both Hester and Faloon), but Faloon made sure to explain that he had released Hester after six days as she had promised good behaviour. Whether Hester was confined for six, eight, or ten days is somewhat immaterial since all exceeded the maximum confinement period of three days outlined in the 1831 'Order in Council.'[21]

Secondly, Faloon also later addressed a letter to "His Excellency the Governor…forwarded by the acting Protector," in which he claimed not to have had any knowledge of Hester's second period of confinement within the stocks. It was this second period of confinement that lay at the centre of McLeod's legal dispute with this case.[22] In his letter he asked forgiveness for being what McLeod called "perfectly ignorant." At every turn Faloon attempted to present himself as a considerate and kindly enslaver, which appears to have been sufficient evidence to

[20] CO 116/151, f.297
[21] House of Lords Papers, 1830 (282), CCLXXII [1], *An Order of the King in Council for Consolidating the Several Laws Recently Made for Improving the Condition of Slaves in his Majesty's Colonies of Trinidad, Berbice, Demerara, Saint Lucia, Cape of Good Hope, and Mauritius,* ProQuest, U.K. Parliamentary Papers, [https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=10673&groupid=105399&pgId=e07d0d07-6dc4-4df3-9c7a-1afaa239fa2b&rsId=17D8F42B392].
[22] Ibid.

convince both the protector and the Governor that Faloon should receive the lesser fine of £10.

Thirdly, Faloon utilised the medical authority of the estate's physician, Dr D. Taylor, to prove that Hester was in fact capable of performing the work that he had assigned to her, regardless of the claims she made about her own body and physical ability. Taylor wrote to McLeod that, "I certify that the pregnant woman Hester was perfectly able to perform the task allotted to her on the 11th Instant (October), on which day I had an opportunity of seeing her at Plantation Prospect."[23] In Taylor's estimation, Hester appeared to be about three months pregnant rather than seven, which Faloon used as an excuse for assigning her to cut canes, and which suggests an awareness that such work might not be suitable for a woman in the later stages of pregnancy. Faloon claimed that "[Hester] was perfectly competent to do a full task & that she was only 3 months in child (sic)," and explained that this type of work was "set to…others in the same situation."[24] This exchange, and the disagreement between Faloon and Hester over the gestational age of her unborn child further highlights the fact that enslaved people, not least pregnant women, held rather precise ideas both about what constituted appropriate labour, and about their right to be treated in accordance with any changes in their health, be that pregnancy, miscarriage, illness, or disability. Though we cannot be sure whether Hester was "seven months gone with child" or "only [three]", Hester likely felt that her rights, what Emília Viotti da Costa has called the "unspoken contract" between enslaved people and their enslavers, had been breached. Hester was not alone in this way of thinking; multiple

[23] Ibid, p. 296.
[24] Ibid, p. 294.

complaints by enslaved pregnant women calling for the mitigation of hard labour tasks include reference to gestational age, suggesting that such concerns were part of a "public transcript," held by slaves, that outlined how they should be treated.[25]

Given the weight of the evidence provided by her enslavers, McLeod saw fit to return Hester to Prospect and to her work in the field. He added only one note of warning to Faloon that if he should neglect to pay the £10 fine ordered by the Governor, McLeod would be forced to proceed against him. The fine applied to Faloon, however insignificant it may have been to him financially, was a sign of the potential power enslaved people now held to challenge the absolute authority of their masters and was likely the kind of result that would have encouraged enslaved women and others to continue to seek justice through the ameliorative parliamentary orders of the 1820s and 1830s.

Hester's experience, including her attempts to curb the labour demands of her enslavers, was shared by many reproductive women whose complaints are recorded with the reports of the protector of slaves. Her case demonstrates the public nature of all enslaved women's reproductive health experiences, and the extent to which British lawmakers and medical practitioners, as well as enslavers meddled in enslaved women's reproductive experiences. British medical discussions of race, reproduction, and disease mixed with the political aims of pro-natalist and pro-amelioration factions to create an environment in which Black enslaved women's reproductive potential, and hence their childbearing experiences, became imbued with ideas about the "moral reformation of enslaved labourers [and]… the

[25] Emília Viotti da Costa, *Crowns of Glory, Tears of Blood,* (1994), p. 74.

stabilization of the British imperial economy." Contemporary medical texts contended that "people of African descent were prone to sexual promiscuity, venereal disease, and infertility," all of which anti-abolitionist forces aimed to rectify through emerging amelioration policies.[26] Further, the perceived economic value of enslaved women's bodies convinced slaveholders and medical practitioners that their systemic invasion of enslaved women's private medical experiences was justified.

Black enslaved women suffered under extremely exploitative conditions in which their labour—meaning both their work and their ability to bear and birth enslaved children—was constantly commodified, weighed, examined, and monitored. What is more, the treatment and exploitation of both reproductive and non-reproductive women within the institution of plantation slavery highlights the racialised way that British slaveholders conceived of motherhood and work. As Morgan explains, "hard labour, daily and relentless, underlaid all ideologies of race and reproduction," and the placement of Black enslaved women in the fields was "hardly incidental."[27] Lastly, the experiences of women like Hester, as with all those whose complaints this chapter investigates, underline the ways in which medicine and the legal frameworks of slavery and, later, amelioration and abolition, worked hand in hand to expose, exploit, and oppress Black women's bodies.

In the late stages of her pregnancy, twenty-five-year-old enslaved woman Bella found herself sick in the plantation hospital of the Highbury estate, Berbice.[28] Bella

[26] Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition,* (Oxford: Oxford University Press, 2017), p. 13.
[27] Morgan, *Labouring Women*, (2004), pp. 144-146.
[28] CO 116/148, f.257.

remained in the hospital for eight days and endured being blistered and bled by the estate's white medical practitioner to cure her undescribed illness. The unnamed doctor allowed Bella only "three boiled plantains, twice a day" for sustenance, leaving her malnourished as well as poorly. When she finally left the hospital, Bella was forced back to work where she received "a full task" equivalent to that of stronger and non-pregnant slaves. Unable to perform the tasks required of her, the estate manager later placed Bella in the dark room. Once released, Bella travelled to the office of the protector of slaves, Charles Elliot, to file a complaint. The case was passed to the assistant protector, J. Boas, for investigation, due to his proximity to the Highbury estate.[29]

When called upon for questioning, the estate manager, John Ross, refused to accept Bella's version of events. He claimed that "Bella [did] not work with the strong women, but with the Creoles, at light work." Exactly what Ross meant by "light work," or how labour was divided upon the Highbury estate is not elaborated in the record of this complaint, though it seems possible that work on this and many other plantations was divided based on gendered notions of Black women's strength, race, or colourism, as much as by individual's perceived resilience, intellect, and physical ability. Further, Ross claimed that Bella, like all sick enslaved people in the plantation hospital, received "everything that the Doctor directs for them," and that they were "particularly attended to." The insinuation in Ross's statement was that Bella's diet and medical treatment whilst in the hospital was dictated by the medical expertise of the estate's doctor rather than by any generalised policies in place on the plantation,

[29] Ibid, f. 258.

though undoubtedly the two often worked in unison, and that she was afforded suitable treatment to aid her complaints.

What is not recorded, however, is a detailed account of the way in which the estate doctor would have handled and examined Bella. In her womb Bella carried valuable capital and every day she spent within the hospital was a day in which her enslavers lost out on her labour. It is likely that the estate doctor, and perhaps even the hospital sick nurse, Trumi, spared Bella no dignity when examining and treating her. As Deirdre Cooper Owens has demonstrated in her work focusing on slavery and gynaecology in the American South, white doctors "generally shared the assumption that Black women were immodest about the display of their bodies, and… examined Black women's breasts, stomachs, and genitalia without reserve."[30] The treatment of pregnant, reproductive, and miscarrying women within plantation hospitals was part of a larger and incessant process of assessing enslaved women's economic value, both real and projected, and of ensuring their productivity.

Enslaver's views of Black women are illuminated through cases like these, in which historians can see the extent to which white medical practitioners and plantation owners attempted to remove all sense of autonomy and bodily control from enslaved labourers, and especially from women. For instance, despite her condition and the fact that she was not in hospital for punishment, Bella had no control over her own diet, and perhaps any other part of her treatment. Further, Ross's response to Bella's complaint teamed with the fact that assistant protector Boas dismissed her case, is

[30] Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynaecology,* (Athens, Georgia: University of Georgia Press, 2017), p.79.

evidence of how enslavers viewed Black enslaved women, and enslaved people more widely, as “untrustworthy” and “insolent.”

Another case from 1832 in George Town, Demerara illustrates similar themes. Twenty-six-year-old pregnant slave named Patience complained to protector of slaves Charles Elliot that she was “far gone with child and required to do work, which she [could not] perform.”[31] Patience claimed that she was about to be placed in stocks for not completing her work, but she made the last-minute decision to travel to Elliot’s office instead, believing her punishment to be unfair. In the process of investigating Patience’s complaint, Elliot gathered evidence from the manager, Mr. McPherson, who claimed that Patience was a “most rebellious, headstrong, and impertinent slave, [who] will wait for no directions and will attend to none.” McPherson further stated that Patience was expected to remain indoors and only do what work she was capable of during her pregnancy, but that notwithstanding this, Patience had refused to do work even before she had become pregnant. Elliot dismissed the complaint, a common response to complaints of all types, but one which in this instance demonstrates the relationship between categorisations of Black female enslaved labourers, medicine, and reproduction.

Despite the economic importance of ensuring natural increase among reproductive enslaved populations, and the harm that could be caused through work such as sugar production, being pregnant was not reason enough to prevent enslaved women from being put to difficult physical labour. In some cases, female complainants highlighted ancillary health concerns that ailed them during pregnancy,

[31] CO 116/152.

and which also prevented them from performing their work. The fact that pregnant women and enslaved mothers included these additional medical details in their complaints shows that they held certain expectations about how their complaint might improve their working conditions, and that they understood that their gestational status had only so much bearing on their labour and everyday experiences. Francina, another twenty-six-year-old pregnant enslaved woman of the Belle Air plantation in Demerara, appeared before protector of slaves, Charles Elliot, only two months after Patience.[32] She complained that "she [was] four or five months pregnant and unable to perform her work," which involved weeding the fields. Aside from this, Francina explained that she was "subject to a giddiness in the head," which made her labour even more taxing. Notwithstanding her condition, the plantation manager, William Gainfort, regularly threatened to put her into confinement in consequence of her inability to work, though she allowed that she had not been put into the stocks lately. Francina "[hoped] the protector [would] speak to Mr. Gainfort for her," to persuade him to put her to lighter work and prevent his threatening behaviour.[33]

As a rebuttal Gainfort responded that Francina "had not been required to do any other than light work about the yard for the last three or four months," and claimed to have already had Francina examined by a medical practitioner for the purposes of ascertaining her labouring ability. Gainfort added that "he had not inflicted punishment of any description on [Francina]…since the month of December," and claimed she had always been "considerately treated." Adding to Gainfort's defence

[32] 116/159, f.299.
[33] Ibid, f. 301.

was the certified oath of Belle Air's overseer, George Plaster, who swore that "the woman Francina…[had] not done one third of the work allowed by Law for women in her state of pregnancy for the last four months."[34] The medical practitioner who examined Francina, a surgeon by the name of A. MacAlister, confirmed Francina's "state of gestation" and suggested that she was capable of performing the type of light work that she had been assigned, which he described as "weeding."[35] No commentary was added regarding Francina's "giddiness" or of any treatment she had or might receive.

In comparison to other complainants like Hester, who suffered severe punishment when pregnant for incomplete or unacceptable work, Francina's experience appears somewhat inconsequential. However, Francina's struggle with Gainfort, MacAlister, and Plaster, indicates the issues that faced pregnant enslaved women expected to perform physical labour, and of the intersection between ameliorative law and medical oppression on slave plantations. Gainfort's estimation of Francina's workload was that it was "light" and manageable for someone in her state of health, and Plaster's assertion that the work she carried out was legally sanctioned demonstrates the way that legislative and cultural ideas about race and gender underpinned all aspects of slavery, including reproduction and labour.[36] The medical examination carried out by MacAlister, a performative act designed to show compliance with parliamentary and colonial law, and which almost always provided "evidence" in support of white enslavers, shows the wide reach of racialised political and cultural thinking that underpinned the health and labour experiences of enslaved

[34] Ibid, p.302.
[35] Ibid.
[36] Jennifer L. Morgan, *Laboring Women,* (2004), pp. 144-145.

Black women. As Morgan has aptly argued, "[The] entire system of hereditary racial slavery depended on slaveowner's willingness to ignore cultural meanings of work that had been established in England, and to make Africans work in ways that the English could not conceive of working themselves."[37]

Francina's recorded experience, though not replete with the violence we have come to expect of such complaints, is instructive; in it we can see the way in which the British Parliament and others responsible for the enslavement of Black women constructed arbitrary and unreasonable medical, political, and cultural criteria against which reproductive women's physical ability might be measured to satisfy economic goals. Her ordeal, through which she became vulnerable to the unwanted probing of a white medical practitioner, further demonstrates a pervasive, institutional, and abstract form of violence that existed within the very foundations of racial slavery. Francina's unfreedom extended beyond the labour she performed into her own womb. However, what is also clear from these complaints is that enslaved women applied very specific boundaries to the type and amount of labour that they would perform during pregnancy even when ameliorative legislation did not enforce regulations of that nature. What many lawmakers, enslavers, and even abolitionists promoting the improvement of the conditions of slavery did not account for, was that enslaved women, and perhaps especially enslaved mothers, were willing and sufficiently informed to act in ways that diverged from official regulations and the authority of their masters, to protect themselves and their infants.[38]

[37] Morgan, *Laboring Women,* (2004), p.146.
[38] Turner, *Contested Bodies*, (2017), speaks to similar themes in her discussion of the birthing rituals of enslaved women which were misunderstood by both enslavers and abolitionists, who both emphasised the importance of enslaved women's access to European medical practitioners during the reproductive process, in ways that "clashed with how enslaved people approached maternal and neonatal care," p.25.

In other cases we can see the ways in which the same systemic violence and exploitative medical and labour regimes impacted upon the lives and bodies of women who had birthed children, were raising infants, or who had suffered a miscarriage. Taken together, they demonstrate some of the ways in which enslaved women asserted their authority as mothers and retained control of their bodies during the processes of pregnancy, lactation, and child-rearing.

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Enslaved Mothers, Infant Care, and Child-loss

The complaints of enslaved mothers captured within the reports of the protectors of slaves highlight that the treatment of women and the expectations placed upon their labour were not drastically altered by either pregnancy, child-loss, or by the successful delivery of enslaved infants. Despite ameliorative rhetoric that advocated leniency and close medical attention for expectant and new mothers, the complaints of reproductive enslaved women demonstrate that their everyday experiences of healthcare and labour were not all that different to enslaved men or non-reproductive women. Rather, their complaints betray the fact that enslavers expected enslaved women at every stage of the reproductive cycle to continue to perform difficult and demanding labour whilst also caring for themselves and their nursing offspring, and that their use of punishment upon the bodies of such women was often liberal. This expectation also extended to women who had suffered a miscarriage or stillbirth.

In October 1830, a woman named Franky from the Mount Pleasance Estate in Trinidad attended the office of the assistant protector of slaves, William Harley.[39] Franky visited Harley alone, though her complaint represented the concerns of five different women upon the estate, including herself and her two sisters, neither of whom were named. Twenty-six-year-old Franky was a field slave and had "a child at the breast and three others" to care for. In her complaint, Franky demonstrated that ameliorative guidelines respecting the care of "suckling" children and new mothers were often ignored by enslavers in favour of maintaining their usual level of work. Unfortunately for Franky, her rights as a new mother with a breastfeeding infant were not legally protected within the Trinidad 'Order in Council' of 1824. The best line of attack that Franky had against Doherty, which she used, was to claim that she had been unlawfully punished, though this was very difficult to evidence. Pregnant women's and new mothers' labouring conditions were not protected by law, but Doherty and Franky would have operated under an awareness of what pro-slavery and amelioration supporters suggested was suitable for them.

The manager of the estate, Mr. Doherty, initially reprimanded Franky for "turning out too late" to the field, an accusation that she refuted, and he later had her placed in stocks for the same. According to the writings of contemporary supporters of amelioration in the West Indies such as Alexander McDonnell, heavily pregnant and newly delivered mothers should only be put to light work such as members of the weak gang might perform, and after giving birth women should not be expected to return to their full quantity of work until they were proven to be healthy enough to

[39] CO 300/25.

undertake it.[40] Once returned to the field, McDonnell and others suggested that breastfeeding women should not be expected to "turn out" with the rest of the gang in the morning, but that they should be allowed extra time (most often between half an hour to an hour) to care for and feed their infants. Women like Franky were also to be allowed time to breastfeed infants and young children during the working day and were to be given extra allowances of food and clothing. Whether or not such guidelines were followed, however, depended upon the decisions of individual enslavers. Franky's complaint demonstrates that Doherty, and the estate owner, Mr. Armstrong, had not implemented such practices. Franky explained to Harley that neither she nor the other four women that she represented had been "allowed time to suckle their children" whilst working in the field and complained that she had not been given time for breakfast.

Franky's case was eventually dismissed after being investigated by Harley, who wrote that he had visited the estate and found the complaint to be "groundless."[41] It is not clear what parameters Harley used to judge this, as no statements from Doherty or Armstrong are included within the record, and Harley did not extrapolate on what his findings were when he visited Mount Pleasance. However, what is clear is that Franky was unable to prove that she had been unlawfully or cruelly treated by Doherty, and that her word was not enough to convince Harley otherwise. And though it might have been possible for Franky to build a stronger case against her enslavers using official testimony from her fellow enslaved mothers, it seems unlikely that it would have changed the outcome of Harley's investigation. Enslaved mothers

[40] Alexander McDonnell, *Considerations on Negro Slavery: with Authentic Reports, Illustrative of the Actual Condition of the Negroes in Demerara,* (London, 1824) pp.147-148; and Collins, *Practical Rules,* (1803), pp.155-156.
[41] CO 300/25.

like Franky were at the mercy of unpredictable enslavers; amelioration was a fluid, often ineffective, and extremely unreliable system in which the grievances of enslaved people were rarely redressed. The fact that five enslaved mothers were represented by this single complaint suggests that Doherty and Armstrong's treatment of Franky was not driven by any personal ill-will but rather by a more general approach to the management of enslaved women and children on the Mount Pleasance Estate. Franky's response to Doherty's punishment of her speaks to her bravery and the complexity, volatility, and violence of the political and social landscape of slavery, through which enslaved people travelled.

Despite the pro-natalist rhetoric espoused by supporters of amelioration and enslavers, the experiences that are recorded within the protectors' reports demonstrate that many enslaved women, mothers, and children received little to no protection where their health or labour was concerned. A little over three years after Franky filed her complaint, a similar case occurred on the Hampshire Plantation in Berbice. Bridget, a thirty-year-old woman complained that she had "been placed in bed stocks for two days and three nights for not completing [her] full task."[42] Bridget had a six-month-old baby at the breast who required her care and attention, which prevented her from completing the work expected of her by her enslaver, William Cort. When called to the office of John McLeod, Cort admitted that he had confined Bridget just as she had stated. In Cort's estimation, Bridget deserved the punishment "for having repeatedly refused to do her proper quantity of work because she [had] a suckling child."[43] The language used by Cort suggests that he believed Bridget

[42] CO 116/153, f. 230.
[43] Ibid, f. 231.

should have been able to complete her work, which is not detailed in the record, because her child was already six months old, and because he had previously reduced the labour expected of her to "one half of the usual task". Bridget's reaction is evidence that even the reduced workload was still too much for a new mother, and perhaps also suggests that she held scrupulous notions of how she should be treated whilst caring for her child.

Strikingly, Cort commented that Bridget believed that "the power of punishing her had been taken away from her owner," though quite what he meant by this is not clear. It is possible he was referring to Bridget's attempt to rebel against him, which he highlighted by claiming that she had "verbally opposed being confined and threatened the driver with her cutlass if he attempted to lay hold on her." On the other hand, Cort may have been referring to what he called "the modes of punishment" that were sanctioned within the Proclamation of the Governor published on the 12th January 1832, which Bridget and other members of the enslaved population were likely aware of.[44] Cort defended his actions further by stating that, "he erroneously considered the meaning" of the legislation that referred to the use of bed stocks. In concluding this complaint, McLeod wrote that he considered Cort to be "[generally] kind" and that his biggest mistake in his treatment of Bridget had been in his "misinterpretation" of the law. McLeod had therefore "[taken] it upon himself to

[44] The date of this proclamation was given within McLeod's record of Bridget's complaint. I have not found a copy of the 1832 proclamation, but it is likely to be a similar iteration of the new 'Order in Council' of 1830 for the improvement of the condition of slaves in Trinidad, Berbice, Demerara, St. Lucia, and to the east. Within an 'Order of the King-in-Council' from the House of Lords Sessional Papers it was stated that the 'Order in Council' of 1824 (and its various iterations enacted in the aforementioned colonies that were implemented between 1824-1829) would be "respectively revoked, repealed and annulled," in favour of "one law, applicable to all the said Colonies, such… as it is necessary to make for improving the condition of Slaves therein." House of Lords Papers; Orders, Vol. 282, CCLXXXII. [1], *An Order of the King in Council for Consolidating the Several Laws Recently made for Improving the Condition of the Slaves in His Majesty's Colonies of Trinidad, Berbice, Demerara, St. Lucia, the Cape of Good Hope, and Mauritius,* (1830), pp. 1-20.

impose the minimum fine…of £10," and "reprimanded [Bridget] for not attending to her master's work." In a final demonstration of the ineffective and limited reach of ameliorative legislation, McLeod utilised this opportunity to remind Bridget that "the power of punishing was still vested in [her] owner."[45]

The complaints of enslaved women such as Franky and Bridget, though not overtly medical in nature, do represent common issues that affected the health of mothers and infants. Children kept from their mothers due to labour expectations or punishment might go without food or necessary healthcare, such as in the cases of Norah and Agnes considered in the previous chapter, whose young, breastfeeding children likely physically suffered as a result of being kept away from their mothers. Further, though the psychological impact of such acts is difficult to measure given the limited information recorded in the archive, it seems reasonable to assume that it would have been distressing and psychologically difficult for both parties to endure. The economic desires of enslavers were at odds with the ameliorative rhetoric that was supposed to govern the management of enslaved mothers and children and ensure the maintenance of their health and ability to labour. However, the accounts that they provided the protectors of slaves in their respective colonies demonstrate a ubiquitous belief amongst enslaved women that certain allowances should be made for them during and after pregnancy, leading them to act in ways that might improve their situation. These beliefs, and enslaved women's awareness of ameliorative rhetoric, punctured geographical boundaries and appear in complaints recorded within both Trinidad and British Guiana.

[45] Ibid, p. 233.

Two enslaved women, Maria, and Labeth, from the Dinsley estate in Trinidad, visited Henry Gloster in March 1831 to complain against their enslaver, James Keith.[46] Whether or not they had travelled there together is not clear. These women, both of whom had infants aged six months or less and at least five more children between them, filed very similar complaints. Both complained that they were not "allowed any time to take care [of their] infant[s]," and that Keith forced them to "go into the field at the same time as the other Negroes." They stated that the "space of time allowed them [for breakfast] was so short that [they had] not time…to cook the child's food," and explained that they had often been forced to remain in the fields all day. Labeth's complaint, which was slightly more detailed than Maria's, further stated that "her two eldest children as well as herself [were] allowed no time to work their Grounds."[47]

This was not the first time that Gloster had heard complaints against Keith; as mentioned in chapter three, the sick nurse of the Dinsley estate, Daphne, had likewise complained about Keith's tendency to keep her at her work to the detriment of her and her children's health and diet. Labeth also filed a second complaint against Keith on behalf of her ten-year-old daughter, Monique, who was unduly punished with the hand and feet stocks after she left the estate to care for her father who was "very ill."[48] Gloster investigated Maria and Labeth's complaint in person and later wrote that he found the women to be "negligent" in their duty. Gloster dismissed their case after Keith "pledged himself that a similar occurrence should not take place," though not without first reminding him that "the extra time given to nurses in

[46] CO 300.26, ff. 333-346.
[47] Ibid, f.340.
[48] CO 300/25 and CO 300/26, f. 347.

the morning was for the benefit of their children and that [Keith] had no right to exact labour [from them] …during that time."[49]

Men like James Keith operated within a system that recognised the inherent dangers involved in pregnancy and infancy among Caribbean slave populations, and which nonetheless aimed to keep enslaved women as productive as possible for as long as possible. Ameliorative policies of the 1820s and early 1830s were "implicitly pronatalist," and included safeguards for women that encouraged them to reproduce such as lighter work, increased food and clothing allowances, and legal protection from flogging.[50] However, planters' economic ambitions and the amount of labour required for successful crop production often outweighed proprietors' desire to implement safe and effective measures to support reproductive mothers and increase their workforce. Further, despite pro-slavery rhetoric that praised the mild nature of West Indian slavery and the desirability of enslaved life over the tribulations faced by the British peasantry, enslaved populations in the British Caribbean continued to decline across the whole period of plantation slavery in part due to planter's ongoing disregard for reproductive women's health and labour limitations.[51]

It is perhaps unsurprising that enslavers and medical practitioners such as Dr Collins viewed pregnancy as a necessary inconvenience; it removed otherwise able labouring women from the rigorous tasks usually given to them and was physically hazardous for both pregnant women and infants. Collins' guide suggested that the

[49] CO 300.26, f.345.
[50] Diana Paton, "Maternal Struggles," (2017).
[51] Barry W. Higman, *Slave Populations of the British Caribbean, 1807-1834,* 2nd ed., (Kingston, Jamaica: University of the West Indies, 1995), and Diana Paton, "Gender History, Global History, and Atlantic Slavery," *The American Historical Review,* vol. 1, no. 27, (2022), pp. 51-53.

process of procreation, from pregnancy to birth to raising healthy infants, was fraught with dangers, most of which stemmed from the immoral actions and "ardent constitutions," of enslaved Black women themselves.[52] Such dangers included abortion, which can be read here as meaning both miscarriage and what we might understand today as purposeful abortion; sickness; and even the death of reproductive mothers.

According to pronatalist guides like Collins', enslavers and enslaved women were both responsible for successful management of enslaved people's procreation journeys, from the union of two enslaved people and the process of conception to the successful birth of a living infant. Realistically, however, enslavers and white medical practitioners congratulated themselves on yielding the profits of the flesh, and their actions were perhaps best honoured through the publication of their findings and through the duplicate actions of other proprietors and European doctors. Enslavers were encouraged by medical practitioners to take an active role in maintaining not only a healthy enslaved population, but also a fertile one. Collins himself dedicated a chapter of his work to a discussion of fertility and reproductive cycle of enslaved women, and the medical management of any related physiological issues. On the other hand, enslaved women were held solely responsible for unsuccessful procreation journeys. For example, discussions of infertility, miscarriage or "abortion" in works such as Collins' and McDonnell's were couched in racialised and sexist language that vilified Black women, painting them as lusty, mischievous, and even evil.[53] Collins wrote that enslaved women were

[52] Collins, *Practical Rules,* (1803).
[53] Ibid, pp. 155-158.

"dispose[d]…to be liberal of their favours," and that those who "resigned themselves to the indiscriminate caresses of men, [were] seldom very prolific."[54] On this basis, he suggested, enslavers should expect that a large proportion of their female population would not contribute to their procreation agendas. Collins also warned of abortions "excited by the art of the negro herself."[55]

In cases of accidental "abortions," here referred to as miscarriages, Collins perceived there to be two possible causes, "internal weakness, or external injury." Where "internal weakness" was suspected, Collins encouraged planters to strengthen the "constitution" of their reproductive enslaved women through a "nourishing diet, the cold bath, and steel and bitters…and very moderate labour." Avoiding external injury required slaveowners to prevent pregnant women from carrying "heavy loads" and to avoid "over work[ing] themselves," though it appears that slaveowners were inconstant in their treatment of reproductive women, choosing to adhere to such advice only when it benefited them to do so.[56]

The complaints filed by enslaved reproductive women show that, at every stage of their reproductive journeys, their ability to remain productive was of the highest concern to their enslavers despite the risks that plantation labour posed. And though complaints involving miscarriage are less common within the reports of the protector of slaves than those regarding continuing pregnancies and infant care, some do offer a glimpse into the way in which mothers who suffered the loss of a pregnancy were treated. One such case is that of Martha, a thirty-six-year-old field labourer from the

[54] Ibid, p. 155.
[55] Ibid.
[56] Ibid.

Highbury Plantation in Berbice who complained that she was unable to perform field work “in consequence of a late miscarriage,” and asked protector of slaves, John McLeod to “intercede on her behalf.”[57] In response to Martha’s complaint, McLeod contacted a local medical practitioner, named Dr Byass, to “examine the complainant and state what work she [was] capable of performing.” Byass responded in favour of Martha’s enslavers, stating that “[she] had, had a miscarriage two months before and had been in the hospital,” and that she was “fully capable of doing as much work as the other females.”[58]

A lack of detailed evidence about Martha’s miscarriage leads us to speculate that her loss, which happened in the late stages of pregnancy, may have been brought about by her ongoing labour (that is plantation work) or by a lack of sufficient care. It is also possible that her loss was caused by an unidentified or undiagnosed health condition. However, Martha’s experience at the hands of McLeod and other white authorities after her miscarriage is very telling; in the span of two short months, Martha had lost her unborn child and had been forced back into the field to work. Recovery from the loss of a late-stage pregnancy was likely slow and difficult for Martha, causing her problems returning to physical labour. After complaining, Martha became subject to an invasive and undignified examination of her body by a white man who represented the arbitrary and oppressive medical system that existed within British Caribbean colonies, and which helped enslavers maintain control over the labour and healthcare of their enslaved populations.

[57] CO 116/153, ff. 445-447.
[58] Ibid, p. 447.

What Byass did not discuss in his examination report was the psychological trauma inflicted upon Martha due to the loss of her child, and the impact that, that may have had on her ability to labour.[59] The silence of the archive should not be seen as testimony of enslaved women's indifference towards the death of a foetus, infant, or child, though contemporary authors of pro-slavery literature often claimed otherwise. Rather, women like Martha bore their physiological and mental scars for all to see when they filed complaints or refused to undertake their labour. Her decision to complain was a sign not only of her comprehension of the ways that the Berbice slave codes might work in her favour, but also signifies her willingness to take her healthcare and the management of her grief into her own hands. What is still excluded from within the archive is evidence of the community of grieving mothers that Martha likely depended on for mental and physical care, on the Highbury estate. However, enslavers and their medical accomplices were concerned only with what could be physically seen and measured when inspecting the bodies of seemingly healthy productive slaves, while the records of the protector acted as hollow evidence that ameliorative regulations had been followed.

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Coercive Relations

At every turn, enslavers, medical practitioners, and British policy makers attempted to assert control over the bodies and labour of enslaved women. In their haste to ensure the natural increase of enslaved populations, or to satisfy their own sexual

[59] Sasha Turner, "The Nameless and the Forgotten: Maternal Grief, Sacred Protection, and the Archive of Slavery," *Slavery & Abolition,* Vol. 38, no. 2, (2017), pp. 232-250.

desires, slaveowners subjected enslaved women with reproductive potential to acts of oppression and exploitation that were not limited to their productive labour. For example, Black enslaved women and girls were extremely vulnerable to rape, sexual violence, and coercive or transactional relationships by both white enslavers and Black enslaved men, the results of which for some women was unplanned pregnancy.[60] Cases of rape are not common within the complaints of women who visited the protector of slaves, perhaps in part because of the difficulty that women faced in proving them, but examples of what historians might interpret as coercive or transactional sexual relationships sometimes appear.

White enslavers justified the abuse of enslaved women and girls, painting them as perpetrators of sinful behaviour rather than victims of sexual abuse, and as innately immodest and unchaste. Slaveowners and pro-slavery writers made Black women look like untrustworthy and incapable mothers, apparently unfit to look after themselves or their children. Simultaneously, however, the same slaveowners and British policy makers viewed Black enslaved women's bodies as particularly capable of procreation, and hence sought to control and protect their breeding ability by any means necessary. One case, that of enslaved women Mary O'Brien, a washer woman and domestic slave in Port of Spain, Trinidad, demonstrates the complex, transactional sexual relations that were formed between potential perpetrators and their victims.

[60] Turner, *Contested Bodies,* (2017), pp. 168; 215- 230. Thomas Thistlewood's diary contains a multitude of references to rape, sexual assault, and sexual coercion: see Burnard, *Mastery, Tyranny, and Desire,* (2009), pp. 132-176. Browne, *Surviving Slavery,* (2020), pp. 215-226; Camillia Cowling, Maria Helena Pereira Toledo Machado, Diana Paton, and Emily West, "Introduction," in "Mothering Slaves," vol. 38, no. 2 (2017), pp. 228-229.For discussions of rape and sexual assault in an American context see Sharon Block, *Rape and Sexual Power in Early America,* (Chapel Hill: University of North Carolina Press, 2006), Darlene Clark Hine, "Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissemblance," *Signs*, vol.14, no.4, (1989), pp. 912-920.

Mary, a mother who had once cohabited with her enslaver, a deceased man named Patrick O'Brien, travelled to Henry Gloster's office to file a complaint on behalf of her child. Mary explained that she had once belonged to O'Brien and that "during his lifetime she had a child for him." She went on to explain that a private agreement had been formed between herself and O'Brien, in which she had secured her child's freedom from birth and would later secure her own, and stated that she had "nursed the two children of Mr. O'Brien who claim her as a slave."[61] However, since her enslaver's death, Mary had been forced to wash the clothes of the "natural children of Mr. O'Brien, and to attend upon them."[62] Mary further explained that she had been "long ill and [was] hardly able to support herself" or her youngest child, Mary Louise, who was not fathered by O'Brien, but who was enslaved by him and his heirs. Whilst enslaved by O'Brien's heirs, Mary complained that she had not been "provided with a room nor with clothes or medicine when she [was] sick."

It is clear from the wording of Mary's complaint that she believed herself to be entitled to her freedom not only because of her agreement with O'Brien before his death, but also because she had nursed his children and had carried and birthed him a living son. This clearly meant little to O'Brien's executor, John Shine, or to Gloster; though Mary's son, whose age at the time of the complaint is not reported, is listed as the "reputed" son of O'Brien and had been free for ten years. Mary was not able to prove O'Brien's intention to manumit her. Shine later provided testimony claiming that Mary had been "refractory" in her complaint and that she had been afforded

[61] CO 300/25, f.424. This is the second version of Mary's complaint against John Shine and the heirs of Patrick O'Brien, in which Mary adds that she nursed O'Brien's children and claims to have been put up for sale.
[62] CO 300/25, f. 221.

every “indulgence,” including medicine, clothing, and a “very good room in her late master’s premises.” What is more, Shine maintained that Mary and her daughter were “the least productive part of the property of [O’Brien’s heirs],” and showed no empathy in later putting them up for sale. Gloster was convinced by Shine’s statement and dismissed the case stating that Mary was “in appearance remarkably active, strong and healthy.”[63]

Mary’s experience marries together a few of the themes explored within this chapter, not least the “double burden” that enslaved women endured in order to be both reproductive and productive for their white enslavers. Mary’s burden of labour (which included her usual work as a domestic slave as well as rearing and nursing her own and other children) carried on beyond the lifespan of her enslaver as she and her enslaved daughter came to be owned by his legitimate children. And though we cannot fully know the nature of her relationship with O’Brien, or of the sexual encounter they shared that resulted in her pregnancy and the birth of her son, it was undoubtedly exploitative. Finally, her medical experiences, the lack of medical treatment that she received, and her ongoing enslavement speak to the ways in which enslaver’s reproductive and economic goals intersected with ameliorative legislation, ameliorative rhetoric, and medicine to undermine, control, and exploit enslaved women.

Historians should not overlook the ways in which women such as Mary utilised their positions to perform acts of agency and resistance, or in political acts aimed at protecting themselves and their children from the brutality of their enslavement. The

[63] Ibid, f. 224.

records of the protector of slaves contain invaluable evidence of enslaved women asserting themselves through acts of agency. The act of complaining was an important part of the process of resisting oppression through which enslaved women highlighted the failure of their enslavers to adequately care for them and their children; the female complainants in these cases were searching for control over their labour, their bodies, and for the autonomy to bear and raise their children in a manner that reflected their own cultural and medical values. Beyond this, the act of reporting a grievance points to their knowledge of changing legislation in Trinidad and British Guiana, the sharing of knowledge and advice between members of the enslaved communities, and to a strong sense of their 'rights' (both legislated and imagined) under the new, ameliorative regime.[64] As Viotti da Costa observed, "complaints also reveal the world [enslaved people] wished to create within the limits imposed on them by their masters."[65] The most common form of resistance that appears within these records were enslaved women's' refusal to carry out their work, a resistance technique shared by many complainants in this period, not just women. In Mary's case, it is possible that she recognised the potential benefits of bearing O'Brien's child and acted in such a way as to secure her freedom, though we have no way of knowing this from Gloster's report. What is more tangibly clear, however, is that Mary saw her relationship with O'Brien, and the child she bore him, as a form of labour for which should be compensated.

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[64] Viotti da Costa, *Crowns of Glory,* (1994), pp. 72-73.
[65] Ibid.

The experiences of enslaved Black women, and specifically of Black women with perceived reproductive potential, were unique among the medical experiences of enslaved labourers more generally. The dual commodification of women's wombs and bodies by white enslavers and medical practitioners created a system and culture in which Black enslaved women's health and reproductive experiences were publicly scrutinized, exploited, assaulted, and controlled. The end of the British transatlantic slave trade in 1807, and the rise of ameliorative approaches to slavery beginning in the late eighteenth century, married together new rhetoric regarding the management of enslaved populations with pronatalist policies that perpetuated the exploitation of enslaved women's bodies with arguably more fervour than at any other point in British slavery, as slaveholders and policy makers scrambled to rescue an economic system on the brink of abolition. Black women, their labour, and their reproductive potential, sat at the crux of this system, which literally could not survive without them; histories of enslaved Black women inform and underpin all histories of transatlantic slavery.

Conclusion

The complaints of enslaved people like Charlotte, King, Simon and Hippolyte, Clarissa, and Hester, among many others, demonstrate the strengths, weaknesses, and ultimate failure of the programme of amelioration. It is through their voices rather than through the writings of British lawmakers, planters, or even abolitionists, that we can more clearly see how ameliorative legislation did and did not work for the benefit of enslaved people in nineteenth-century Trinidad and British Guiana. The content of enslaved people's complaints, the pains that they took to attend the office of the protectors and their assistants, and the fact that they continued to complain over many years, show that enslaved people were aware, in part or in whole, of the laws that affected them and of how to exercise their limited rights. Of course, their actions had often limited and varying results. The political and moral beliefs of protectors could have a big impact on the outcome of an enslaved person's complaint, and, as has been shown in this study, most complaints ended with dismissal. However, by participating in the act of complaining, enslaved people set intangible, but clear, boundaries around common issues including the type of labour they would perform, what healthcare they deemed acceptable, and their access to food and other provisions. Sometimes enslaved complainants set similar boundaries for loved ones and friends who were unable to advocate for themselves. A lack of discernible change in the nature and content of enslaved people's complaints over time indicates that enslaved knowledge of amelioration remained strong throughout the period leading up to abolition, and that the experimental programme was a failure.

In the last forty-years, an increasing amount of emphasis has been placed on the writing of more comprehensive and inclusive histories that uncover the Afro-

Caribbean and Black Atlantic experiences. Buried in works by European colonizers, and in older, Euro-centric studies, fragmentary evidence of the enslaved experience has been difficult and sometimes impossible to grasp. Despite this, scholars such as Randy Browne, Saidiya Hartman, Simon Newman, Marisa Fuentes, and Vincent Brown, have utilised several different strategies to provide narratives that centre enslaved individuals and the communities and networks of knowledge that they created in bondage.[1] This study adds to these works by utilising similar strategies to uncover more about the medical history of enslavement in the era of amelioration, and of the everyday medical experiences of enslaved populations in the British Caribbean.

It has long been understood that white practitioners of medicine played a central role in the enslavement of African people from the point of their capture and forced migration from West Africa to their ultimate deaths in Atlantic World plantation societies. The published works of many of these practitioners did much to shape European understandings of chattel slavery, race, and human physiology, and have continued to shape historians' view of enslaved medical knowledge and practices, as well as enslaved people's experiences of ill-health, birth, labour, living conditions, and death. However, a new wave of historical enquiry into transatlantic slavery and medicine, such as the work of Pablo Gomez and Londa Schiebinger, has fundamentally altered our understanding of enslaved medical, botanical, and

[1] Brown, *The Reaper's Garden,* (2008), and "Spiritual Terror and Sacred Authority," (2003); Hartman, *Lose Your Mother,* (2008), and "Venus in Two Acts," (2008); Fuentes, *Dispossessed Lives,* (2016); Newman, "Breaking Free," (2019): pp.33–40; and Browne, *Surviving Slavery,* (2020).

scientific knowledge.[2] In different but nonetheless effective ways, both Gomez and Schiebinger have brought into sharp focus the importance of Black medical actors in the creation and development of Atlantic World medicine across the sixteenth, seventeenth, and eighteenth centuries.

This study combines many of the approaches and frameworks used in these seminal works, though it also offers a novel approach to the study of slavery and medicine. Far from being a traditional history of medicine, it applies a social historical lens to its analysis of enslaved medical experiences, considering the emotions, reactions, and interactions of enslaved people to a multitude of everyday healthcare experiences. Among these are experiences typically considered by historians of medicine, such as instances of disease and the preparation and application of medicine. However, it also analyses other events and experiences relating to ill-health, including instances of family members caring for loved ones through acts of community- and self-care, which should be considered as central and inextricable features of enslaved healthcare just as worthy of historical investigation. A key component of this study is the reports of the protectors of slaves, through which we can glimpse the more ubiquitous and often hidden realities of enslaved medical practices and healthcare.

The reports of the protectors of slaves help us to understand enslaved healthcare experiences in ways that are often missed through consultation with other archives. While the medical tracts of British and European doctors offer tantalising glimpses of the kind of medical knowledge and procedural know-how of enslaved healthcare

[2] Pablo Gomez, *The Experiential Caribbean,* (2017); Londa Schiebinger, *Secret Cures of Slaves,* (2017).

practitioners, most tell us very little about how enslaved people experienced acts of medicine and instances of disease, injury, or chronic illness. Conversely, the complaints of enslaved people found in the protectors' reports allow historians to create new, intimate, and in-depth narratives using approaches such as Hartman's "critical fabulation". Through them we can gain a keener understanding of the lives, coping mechanisms, and daily challenges that faced individuals living with disease and disabilities. Though not written by the enslaved themselves, the details included in the complaints recorded by protectors provide rare insights into the lives of those who were likely listed as "sickly" or "weakly" on slave registers and plantation ledgers, or who appear as nameless patients in scientific treatises dealing with West Indian diseases. In their complaints historians of British Caribbean slavery and medicine can find evidence of how enslaved individuals characterised and categorised illness, what they thought about the care that they received, and how they reacted to a lack of care and inadequate care.

This study also moves beyond the work of other historians in its consideration of non-medical actors. It demonstrates the importance of medical care and healthcare practices beyond those enacted by medical professionals or medically trained individuals. It demonstrates that all enslaved people, regardless of their occupation on plantations and within slavery societies were engaged in practices of healing to some extent. Through verbal interactions with enslavers and protectors, enslaved complainants advocated for their own medical needs and the needs of their family members and friends. They spoke of their diet, their housing, clothing provisions, and the conditions of their labour. Mothers fought for the time to nurse and feed their children in between their work, or for the right to see and care for their sick children

held in estate hospitals. Siblings and sometimes other relations did the same for those they loved. Enslaved people of all ages also engaged in physical acts of care, prescribing, preparing, and applying medicines for various injuries, illnesses, and ailments. Inoculation procedures were performed in the private sphere of enslaved households as well as en masse by those caring for an estate's youngest inhabitants. Verbal and physical acts or interactions of healing that have been erased by the formal medical works of the British Caribbean's most well-known doctors come to life through the complaints of enslaved people.

An investigation of the reports of the protectors of slaves, amelioration, and enslaved people's complaints, which are currently under-utilised in the historiography of the British Caribbean, presents an opportunity to re-evaluate dynamics of power within the system of slavery. Emphasising the complaints of enslaved people living and labouring in the period of amelioration allows us to centre the Black enslaved experience in an analysis of abolitionist and pro-slavery debates in a way that avoids thinking about enslaved people merely as victims (as in the abolitionist tradition). Investigations of the experiences of enslaved people as active complainants and advocates for the improvement of their health, labour, and living conditions, allow historians to better understand the extent of enslaved people's participation in the development of ameliorative legislation on the ground, and shows that power relations between enslaved people and their enslavers were more complex than acts of violence, resistance, or submission. In the era of amelioration, dynamics of power between enslaved people and their enslavers were defined as much by the political and legal understanding of enslaved people and slaveowners as it was by their physical interactions. It was the development of limited rights for enslaved people,

and the way in which they exercised them, that historians should consider to be the most important change to the system of slavery in this era.

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The Failed Experiment

When Foreign Secretary George Canning addressed the House of Commons in March 1824, he claimed that, through the abolition of the slave trade and with the newly ratified ameliorative legislation, he would be able to demonstrate that the "House" had "done much for the welfare of the Slave, with the least possible hazard to the interests of his Employer."[3] Using medical language, Canning described a process of "curing" and "remed[ying]" the "horrors" of slavery in Britain's Crown Colonies and beyond. In his view, amelioration was the medicine and enslavers the physicians. "If the condition of the Slave is to be improved," he counselled the House, "that improvement must be introduced through the medium of his master," and then "they will feel the benefit of change"."[4]

Seven years later, the editors of the *Anti-Slavery Reporter* (ASR) provided an "analysis of the official Reports [of the protectors of slaves] printed by the House of Commons."[5] According to the ASR, earlier versions of the protectors reports "were of the most meagre and unsatisfactory descriptions," and yet "enough was necessarily told to excite suspicions," that enslaved populations of the British Caribbean were

[3] George Canning to British Parliament, House of Commons, *Amelioration of the Condition of the Slave Population in the West Indies,* (March 1824), vol. 10, cc.1093-1094, [https://api.parliament.uk/historic-hansard/commons/1824/mar/16/amelioration-of-the-condition-of-the], accessed 08/05/2023.
[4] Ibid, cc. 1109-1110.
[5] The Anti-Slavery Reporter, Vol. IV, No. 84, (July 1831), pp. 1-4.

not as “contented” and “happy,” as pro-slavery factions might have had the public believe.[6] Rebutting the notion of a cheerful and joyful enslaved population, the ASR provided its readers with an analysis of “a fair sample of [cases]” and complaints from the Crown Colonies of Demerara, Berbice, Trinidad, St. Lucia, Cape of Good Hope, and Mauritius. Through these, the editors hoped to “convey to [their] readers a tolerably correct idea” of the kinds of complaints made by enslaved people, and ultimately, of the true nature of their enslavement.[7]

Among this limited sample was an analysis of the complaint of an enslaved woman from Demerara named Acouba, a “sickly” woman “full of scrofulous sores.”[8] Acouba attended the office of Demerara’s then-protector, Colonel Aretas William Young, to complain that “her master was too bad.” Acouba had “lost some money” and “not finding it, she was put into the stocks in order to be taken to gaol.” Likely enraged by the monetary loss, Acouba’s enslaver, Mr. Sills, took the opportunity of Acouba’s incarceration in stocks to flog her. Rather than deny the claim, Sills admitted to the illegal act, stating that he “merely *touched* her with a whip.”[9] In a society defined by violence and control, we might imagine that Sills thought of flogging as a cure for Acouba’s perceived negligence and disobedience, and that he cared very little for the ameliorative legislation championed by men like Canning.

This was not the first time that Acouba had had reason to complain against her enslaver. Seven weeks earlier she had attended Young’s office to complain of ill-treatment and a lack of medical attendance. Acouba suffered from a “severe

[6] Ibid.
[7] Ibid.
[8] Ibid, pp. 9-10.
[9] Ibid.

ulceration of the right cheek" and "a very high state of inflammation" in her right eye and had received no medical attendance from either her enslaver or an appointed medical professional.[10] The surgeon of the gaol later advised that "without great care she would lose [the eye]." Acouba was not the only one to have suffered from a lack of medical care under Sills' management; she preferred her first complaint "on her own behalf, and that of her brother afflicted like herself with sores, and that of her husband, also diseased." The complaint highlighted multiple problems with Sills' management of his ill enslaved labourers, including that they suffered from an "insufficiency" of food and other allowances, physical violence, and poor healthcare.

Sills was clearly a violent and temperamental man, prone to treating enslaved people illegally, and yet the intervention of British amelioration did nothing to dissuade him or mitigate his cruelty. Unfortunately for Acouba, Young dismissed the complaint, offering only a mild condemnation of Sills' treatment of her and her family. Writing of the complaint, Young stated that "the Protector having found the statements…to be incorrect, dismissed the complaint, directing Mr. Sills to provide [Acouba] with such medical attendance and care as [she] stood in need of."[11] Neither the protector nor the ASR provided information on what happened next.

One imagines that if Acouba and the hundreds of other enslaved complainants whose real-life concerns are laid bare in these reports were asked their opinion on the success of the amelioration experiment, they might have labelled it a logistical, cultural, and political failure. The implementation of ameliorative legislation did little

[10] Ibid.
[11] The Anti-Slavery Reporter, p. 10.

to change the way that enslavers managed their enslaved populations across the colonies of British Guiana and Trinidad. Even with the help of assistant protectors in far-flung parts of the colonies, overseeing the daily interactions of enslaved labourers and estate managers and proprietors was a logistically impossible task and protectors often could not or would not ensure that complainants' conditions improved. Similarly, little could be done to prevent managers and overseers from falsifying the punishment records that they submitted to the protector at half-yearly intervals, and protectors appear to have been rarely willing to implement fines or escalate cases to the colonies' civil or criminal courts. Amelioration likewise did little to curb the violent tendencies of many slaveowners, managers, and overseers. Except for pronatalist intervention and the building of estate hospitals, cultural attitudes toward the management of ill, pregnant, elderly, disabled, and 'troublesome' enslaved people remained largely unchanged over time. Evidently, amelioration also did little to disperse the political fervour of abolitionists.

In the halls of the British Parliament, pro-slavery factions scrambled to defend an institution increasingly at risk and sought to define its merits using a language and ideas borrowed from enlightenment ideology and the economic growth of Britain as an imperial power. While amelioration was lauded by some as the beginning of a new social order that could protect the British economy and assuage abolitionist's moral concerns, its implementation in the British Caribbean worked only to highlight the steadfast nature of the old social order. The complaints of enslaved people showed exactly what slaveowners and pro-slavery factions hoped to hide; that enslaved people were not treated with the care and compassion that enslavers claimed they were, that many did not live in happy contentment with their legal and

social position, and that slave societies of the British Caribbean were inherently violent, deadly, and brutal places. Despite the intervention of amelioration in the British Crown Colonies, and the introduction of limited political rights for enslaved people, slavery in British Guiana and Trinidad was not all that different to slavery across the British Caribbean and the Atlantic World.[12]

Nine months after the ASR provided its readers with an analysis of the complaints of enslaved people in Britain's Crown Colonies, the Governor of British Guiana (the newly united colonies of Berbice and Demerara-Essequibo), Benjamin D'Urban, wrote a summary of the protectors of slaves reports for the period June- December 1831. In it he wrote that the report "shews a very considerable increase in the number of punishments inflicted upon Slaves," from the previous six months.[13] D'Urban went on to list the numbers of punishments given to enslaved people, broken down by categories such as male, female, punishment type including flogging, and punishments for certain kinds of offences including "non-performance of duty and neglect in the field."[14] He named the managers and proprietors who most frequently punished their enslaved populations, or who recorded the highest instances of punishment on their estates. He also highlighted the number of lashes that those proprietors and managers inflicted on their male enslaved labourers, appearing to lament the "constant use of the lash on the [colony's estates]."[15]

[12] Randy Browne, *Surviving Slavery,* (2020), pp. 190-191. Browne makes this point about the colony of Berbice, though it is also true of Demerara-Essequibo and Trinidad. Of this he writes, "If we look past the distinctive features of nineteenth century Berbice… it looks very similar to other Atlantic slave societies… Understanding the slave society that developed in Berbice…can therefore illuminate some of the most important features of Atlantic slavery writ large."
[13] CO 116/158, f.2.
[14] Ibid, f. 2.
[15] Ibid, f. 3.

D'Urban's summary pinpointed an insurmountable issue; that planters were not willing to give up the power that they yielded from the use of the whip, despite the legal interventions of Crown officials. Espousing support for protector of slaves Charles Elliot's "admonition" of violent managers, he wrote that,

> Even if no higher motive than mere policy could be urged against constant and severe punishments by the whip, yet that this ought to deter the Planters from an intemperate use of their authority, since the frequency of its application destroys the moral effect and produces a callousness which upon every account it is desirable to prevent.[16]

As emancipation approached, the issue of punishment and violence remained a constant concern of protectors and other officials. In a letter to D'Urban's successor, Governor James Carmichael-Smyth, British Guiana's last protector of slaves, Edward H. Gibbon, wrote, "Now that slavery is about to cease, allow me in behalf of the Slaves to thank Your Excellency for a great amelioration in their condition."[17] Gibbon spoke particularly of Carmichael-Smyth's ban on the use of the cart whip in November 1833, calling it a "powerful, Instrument of torture."[18] The cart whip, Gibbon claimed, could cause "more bodily pain…by five lashes…than by thirty-nine from the Cat [o'nine tails] on the shoulders, which [Carmichael-Smyth] substituted in its stead."[19] Gibbon's remarks, penned in the amelioration era's dying days, betray no irony about the idea that the cat o'nine tails should be seen as a marked improvement to the use of the cart whip, and that British officials determined the improvement of slavery by the levels of pain suffered by enslaved people.

[16] Ibid, ff. 3-4.
[17] CO 116 /163, f. 595.
[18] Ibid, f. 596.
[19] Ibid.

What men like Gibbon, Canning, D'Urban and others did not outwardly admit, was that amelioration did very little to improve the lives, working conditions, or health of enslaved populations. However, the complaints of enslaved people like Acouba, Charlotte, King, Simon, Hippolyte, Clarissa, Hester, and most of those mentioned here, demonstrate that they, far more so than any others, understood the limits and the benefits that British amelioration offered them. Enslaved complainants explained time and time again, over multiple years, and often in very similar ways, that amelioration did not have a transformative effect upon their health and the provision of healthcare across the colonies of Trinidad and British Guiana—mortality rates remained high and birth rates remained low in the British Caribbean throughout the nineteenth century. It did, though, provide an important legal platform from which they could challenge the authority of their enslavers and seek an improvement to the terms of their labour, their living conditions, their access to medicine, and their everyday lives.

Bibliography

Manuscript Sources

The National Archives, Kew, London

CO 300/19- 33, Reports of the Protector of Slaves, Trinidad.

CO 116/142-164, Reports of the Protector of Slaves, British Guiana.

National Records Scotland, Edinburgh

John Cameron (Berbice), CS96/972.

John Cameron (Berbice), CS96/973

The University of Edinburgh Library, Special Collections, Edinburgh

J. Alexander, (April 1773), "Correspondence, including A.J. Alexander to Professor Joseph Black, concerning the treatment of yaws in Grenada," Edinburgh University Special Collections, EL.SC Vol.1 ff. 58-64, (Gen 873/1, No. 51-98).

Society for the Mitigation and Gradual Abolition of Slavery, *The Petition and Memorial of the planters of Demerara and Berbice, on the subject of manumission, examined: being an exposure of the inaccuracy of the statements, and the fallacy of the views, on which they have proceeded in their recent application to His Majesty in Council.* London, 1827, FD.11/4.

Databases

Centre for the Study of the Legacies of British Slavery, UCL, https://www.ucl.ac.uk/lbs/.

Former British Colonial Dependencies, Slave Registers, 1813-1834, The National Archives, images 630-633, accessed via https://www.ancestry.co.uk/imageviewer/collections/.

"Slave Voyages", *The Trans-Atlantic and Intra-American Slave Trade Database*, https://www.slavevoyages.org/.

Published Primary Sources

Parliamentary Papers

House of Commons Papers,1824 (003) XXIV. “Papers in Explanation of Measures for Melioration of Condition of Slave Population in the West Indies and South America 1823-24.”

House of Commons Papers,1828 (577) XXIII. “Second Report of the Commissioners of Enquiry into the Administration of Criminal and Civil Justice in the South American Colonies: Demerara, Essequibo, and Berbice.”

House of Commons Papers, 1828 (010) XXVII. “Papers in Explanation of Measures adopted for Melioration of Condition of Slave Population in HM Possessions in West Indies, South America and Mauritius.”

House of Commons Papers, 1831-32 (009) XLVI. “Papers in Explanation of the Measures Adopted for the Melioration of the Condition of Slave Population in His Majesty’s Possessions in the West Indies, on the Continent of South America, and at Mauritius.”

House of Commons Papers, 1831-32 (649) XLVI. “Papers in Explanation of the Measures Adopted for the Melioration of the Condition of Slave Population in His Majesty’s Possessions in West indies and on the Continent of South America.”

House of Commons Papers,1837 (521) LII. “Papers in Explanation of the Measures Adopted by His Majesty’s Government, for Giving Effect to the Act for the Abolition of Slavery Throughout the British Colonies, Part IV (1). Jamaica, Barbados, British Guiana.”

House of Commons Papers, (479) Vol. XXIII. *Minutes of Evidence by Committee of Council of Trinidad, Inquiring into Negro Character*,

House of Commons Papers, 1825, (008 010) XXVI.205, XXVII.1, *Papers in Explanation of Measures for Melioration of Condition of Slave Population in W. Indies and S. America, 1825.*

House of Commons Papers, 1826-1827, (008), XXVI.1, *Papers in Explanation of Measures for the Melioration of the Condition of the Slave Population in the West Indies and South America, Part II.*

House of Lords Papers; Orders, 1830, (282), *An Order of the King in Council for Consolidating the Several Laws Recently Made for Improving the Condition of Slaves in his Majesty’s Colonies of Trinidad, Berbice, Demerara, Saint Lucia, Cape of Good Hope, and Mauritius,* CCLXXXII. [1].

William Hardin Burnley, 1825, (479), Vol. XXIII.5, *Minutes of Evidence by Committee of Council of Trinidad, Inquiring into Negro Character*, ProQuest, Parliamentary Papers.

Thomas Picton, *Ordinance: for Regulating the Treatment of Slaves,”* (June 1800), CO 295/14.

The 1826 Berbice Slave Code, in *The Berbice Royal Gazette*, (Sept. 30, 1826), reprinted in Alvin O. Thompson, *A Documentary History of Slavery in Berbice, 1796-1834.* Georgetown, Guyana: Free Press, 2002.

The Anti-Slavery Reporter, Vol. IV, No. 84, (July 1831).

Anderson, Thomas. *A Probationary Essay on Tropical Fever, as Observed in the Island of Trinidad, During Uninterrupted Practice there, from the Year 1816 up to 1838.* Edinburgh: Edinburgh Print Co., 1839.

Anon., *The Sessional Papers Printed by order of the House of Lords, or Presented by Royal Command in the Session 1842, Vol V, Accounts and Papers.* London, 1842.

Barclay, Alexander. *A Practical View of the Present State of Slavery in the West Indies, Containing More Particularly an Account of the Actual Condition of the Negroes in Jamaica*. London: Smith, Elder,1826.

Canning, George & Great Britain. Parliament. House of Commons, 1824, *Speech of the Right Hon. George Canning, Secretary of State for Foreign Affairs, &c. &c. &c.: on laying before the House of Commons the papers in explanation of the measures adopted by His Majesty's government with a view of ameliorating the condition of the Negro slaves in the West Indies, on Wednesday the 17th March 1824; to which is added, an order in council for improving the condition of the slaves in Trinidad.,* London: Lupton Relfe: Hatchard and Son.

Chisholm, Colin. *An Essay on the Malignant Pestilential Fever introduced into the West Indian Islands from Boullam, on the coast of Guinea, as it appeared in 1793 and 1794. By C. Chisholm, M.D., and surgeon to His Majesty's ordnance in Grenada; To which is annexed, a description of the American Yellow Fever, which prevailed at Charleston in 1748, in a letter from Dr John. Lining.* London: printed for C. Dilly, in the Poultry, 1795.

Clarkson, Thomas. *An Essay on the Slavery and Commerce of the Human Species, particularly the African. Translated form a Latin Dissertation, which was honoured with the first prize in the University of Cambridge for the year 1785.* London: J. Phillips, 1786.

Coleridge, Henry Nelson. *Six Months in the West Indies in 1825.* London: William Tegg, 1826.

Collins David. *Practical Rules for the management and medical treatment of Negro slaves, in the sugar colonies.* London: printed by J. Barfield for Vernor and Hood, in the Poultry, 1803.

Dauxion Lavaysse, Jean J. & Blaquière, Edward. *A statistical, commercial, and political description of Venezuela, Trinidad, Margarita, and Tobago: containing various anecdotes and observations, illustrative of the past and present state of these interesting countries; from the French of M. Lavaysse: with an introduction and*

explanatory notes, by the editor [Edward Blaquière]. London: G. and W.B. Whittaker, 1821.

Foot, Jesse. *A Defence of the Planters in the West-Indies: Comprised in Four Arguments, On Comparative Humanity, On Comparative Slavery, On the African Slave Trade, and, On the Condition of Negroes in the West-Indies*. Piccadilly, London, J. Debrett: 1792.

Grainger, James. *An Essay on the more common West-India Diseases; and the remedies which that country itself produces: To which are added, some hints on the management, &c of Negroes*. London, T. Becket and P.A. De Hondt, 1764.

Lascelles, Edwin, et al. *Instructions for the Management of a Plantation in Barbadoes and for the Treatment of Negroes*. London 1786.

Lewis, Matthew Gregory. *Journal of a West Indian Proprietor, Kept during a Residence in the Island of Jamaica*, [1834], ed. Judith Terry, Oxford World's Classics. Oxford: Oxford University Press, 1999.

Ligon, Richard. *A True and Exact History of the Island of Barbadoes: Illustrated with a map of the island: as also the principal trees and plants there: set forth in their due proportions and shapes: drawn out by their several and respective scales: together with the ingenio that makes the sugar: with the plots of the several houses rooms and other places: that are used in the whole process of sugar-making: viz. the grinding-room, the boyling-room, the filling-room, the curing-house, still-house, and furnaces: all cut in copper.* London: Printed by Humphrey Moseley, 1657.

Long, Edward. *The History of Jamaica: Reflections on its Situation, Inhabitants, Climate, Products, Commerce, Laws and Government*, volumes 1, 2, & 3. McGill-Queen's University Press, 2002.

Luffman, John. *A Brief Account of the Island of Antigua, Together with the Customs, and Manners of its Inhabitants, as well White as Black: As also an Accurate Statement of the Food, Cloathing, Labor, and Punishment, of Slaves. In Letters to a Friend, Written in the Years 1786, 1787, 1788*. London, 1789.

Mason, D., "On Atrophia a Ventriculo (Mal d'Estomac) or Dirt Eating." *Edinburgh Medical and Surgical Journal,* vol. 39, no. 1, (April 1833): 290-295.

MacNeill, Hector. *Observations on the Treatment of the Negroes, in the Island of Jamaica; Including some Account of their Temper and Character; with Remarks on the Importation of Slaves from the Coast of Africa: in a Letter to a Physician in England*. London: printed for G. G. J. and J. Robinson, 1800.

Maxwell, James. *Observations on Yaws, and its Influence in Originating Leprosy: Also, Observations on Acute Traumatic Tetanus, and Tetanus Infantum.* Edinburgh: MacLachlan, Stewart, 1839.

McDonnell, Alexander, *Considerations on Negro Slavery: with authentic reports, illustrative of the actual condition of the Negroes in Demerara,* London, 1824.

Pinckard, George. *Notes on the West Indies: written during the expedition under Sir Ralph Abercromby…* London, 1780.

Prior, James. *The Life of Oliver Goldsmith, M.B, Vol.1*. London: John Murray, 1838.

Ramsay, James. *An Essay on the Treatment and Conversion of African Slaves in the British Sugar Colonies*. London: 1785.

Sloane, Hans. A *Voyage to the Islands Madera, Nieves, S. Christophers and Jamaica…Wherein is an Account of the Inhabitants, Air, Waters, Diseases, Trade &c of that Place*. London: Printed by B.M for the Author, 1707.

Steele, Joshua, 1700-1791, Clarkson, Thomas, 1760-1846, Dickson, William. Correspondence. *Mitigation of Slavery, in Two Parts*. London: R. and A. Taylor, 1814.

Thistlewood, Thomas. *Diary of Thomas Thistlewood*. London: 1781.

Trapham, Thomas. *A Discourse of the State of Health in the Island of Jamaica with a Provision therefore calculated from the air, the place, and the water: the customs and manner of living &c.* London: Printed for R. Boulter, 1679.

Turnbull, Gordon. *Letters to a Young Planter; or, Observations on the Management of a Sugar-Plantation. To which is added, The Planter's Kalendar (sic). Written on the Island of Grenada, by an old planter*. London: Stuart and Stevenson, for J. Strachan, 1785.

Williamson, John. "Medical and Miscellaneous Observations, Relative to the West India Islands." *The Edinburgh Review,* vol 28, no. 56, (1817): 340-371.

Secondary Sources

Abruzzo, Margaret. *Polemical Pain: Slavery, Cruelty, and the Rise of Humanitarianism.* Baltimore: Johns Hopkins University Press, 2011.

Alleyne, Mervyn. *Roots of Jamaican Culture,* (London: Pluto Press, 1988).
Michael Oliver and Colin Barnes, *The New Politics of Disablement.* Basingstoke; Palgrave MacMillan, 2012.

Altnick, Henrice. *Representations of Slave Women in Discourses on Slavery and Abolition, 1780-1838*. New York: Routledge, 2007.

Alston, David. "'The habits of these creatures in clinging one to the other': Enslaved Africans, Scots, and the Plantations of Guyana." In *Recovering Scotland's Slavery Past: The Caribbean Connection,* edited by Tom Devine, 99-123. Edinburgh University Press, 2015.

- *Slaves and Highlanders: Silenced Histories of Scotland and the Caribbean*. Edinburgh: Edinburgh University Press, 2021.

Bailey, Ann C. *African Voices of the Atlantic Slave Trade: Beyond the Silence and the Shame.* Boston: Beacon Press, 2005.

Bankole, Katherine. *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana*. New York: Garland, 1998.

Barringer, Tim, Forrester, Gillian, and Martinez-Ruiz, Barbaro. "Catalogue: Life and Labor in Jamacia, 1807-34," in Amy Meyers, ed., *Art and Emancipation in Jamaica: Isaac Mendes Belisario and His Worlds,* (Yale Center for British Art; 2007), pp. 311-361.

Barry, Boubacar. *Senegambia and the Atlantic Slave Trade.* Cambridge: Cambridge University Press, 1997.

Beckles, Hilary, and Shepherd, Verene, ed. *Caribbean Slave Society and Economy: A Student Reader*. Kingston, Jamaica: Ian Randle, 1991.

Beckles, Hilary. *Natural Rebels: A Social History of Enslaved Black Women in Barbados*. New Brunswick, NJ: Rutgers University Press, 1989.

- *Centering Woman: Gender Discourses in Caribbean Slave Society*. Kingston, Jamaica: Ian Randle Publishers, 1999.

- "Property Rights in Pleasure: The Marketing of Enslaved Women's Sexuality." in *Caribbean Slavery in the Atlantic World,* edited by Verene Shepherd and Hilary Beckles, 692-701. Princeton, NJ: Markus Wiener Publishers, 2000.

- "Black Female Slaves and White Households in Barbados." in *More than Chattel: Black Women and Slavery in the Americas,* edited by David Barry Gaspar and Darlene Clark Hine, 112-125. Bloomington: Indiana University Press, 1996.

- 'The Hub of Empire': The Caribbean and Britain in the Seventeenth Century," in *The Oxford History of the British Empire: Volume I: The Origins of Empire: British Overseas Enterprise to the Close of the Seventeenth Century*, edited by Nicholas Canny. Oxford: Oxford University Press, 1998.

Berlin, Ira. *Many Thousands Gone: The First Two Centuries of Slavery in North America*. Cambridge, MA: Harvard University Press, 1998.

Blackburn, Robin. *The Overthrow of Colonial Slavery, 1776-1848*. London: Verso, 1988.

Blackie, Daniel. "Disability and Work During the Industrial Revolution in Britain," in *The Oxford Handbook of Disability,* edited by Michael Rembis, Catherine Kudlick, and Kim E. Neilsen. Oxford: Oxford University Press, 2018.

Blassingame, John W. *The Slave Community: Plantation Life in the Antebellum South*. Oxford: Oxford University Press, 1972.

Block, Kristen. *Rape and Sexual Power in Early America*. Chapel Hill: University of North Carolina Press, 2006.

- *Ordinary Lives in the Early Caribbean: Religion, Colonial Competition, and the Politics of Profit*. Athens: University of Georgia Press, 2012.

Brereton, Bridget. *A History of Modern Trinidad, 1783-1962.* Kingston, Jamaica: Heinemann, 1981.

Brown, Caroline A., and Garvey, Johanna X.K., ed. *Madness in Black Women's Diasporic Fictions: Aesthetics of Resistance*. Brooklyn, NY: Palgrave MacMillan, 2017.

Brown, Christopher Leslie. *Moral Capital: Foundations of British Abolitionism*. Chapel Hill: University of North Carolina Press, 2006.

Brown, Kathleen M. *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia*. Chapel Hill: University of North Carolina Press, 1996.

Brown, Vincent. *The Reaper's Garden: Death and Power in the World of Atlantic Slavery*. Cambridge, Harvard University Press, 2008.

- "Spiritual Terror and Sacred Authority in Jamaican Slave Society." *Slavery and Abolition*, vol. 24, no.1 (2003): 24-53.

- *Tacky's Revolt: The Story of an Atlantic Slave War*. Cambridge, Mass.: The Belknap Press of Harvard University Press, 2020.

Browne, Randy. *Surviving Slavery in the British Caribbean*. Philadelphia: University of Pennsylvania Press, 2020.

Boster, Dea, H. *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860.* New York; Routledge Publisher, 2013.

Bush, Barbara. *Slave Women in Caribbean Society, 1650-1838*. Bloomington: Indiana University Press, 1990.

- "Defiance or Submission? The Role of the Slave Women in Slave Resistance in the British Caribbean." *Immigrants and Minorities*, vol. 1 (March 1982): 16-39.

Bush-Slimani, Barbara. "Hard Labor: Women, Childbirth, and Resistance in British Caribbean Slave Societies," *History Workshop Journal,* vol. 36, no. 1 (1993): 83-99.

Burn, William Laurence. *Emancipation and Apprenticeship in the British West Indies*. London: Jonathan Cape, 1970.

Burnard, Trevor. *Mastery, Tyranny, and Desire,* pp. 128-188; and David B. Davis, *Inhuman Bondage: The Rise and Fall of Slavery in the New World.* Oxford: Oxford University Press, 2006.

- *Hearing Slaves Speak.* The Caribbean Press, 2010.

Burnard, Trevor, and White, Sophie eds. *Hearing Enslaved Voices: African and Indian Slave Testimony in British and French America, 1700-1848.* New York: Routledge, 2020.

Burnard, Trevor, and Lean, John. "Hearing Slave Voices: The Fiscal's Reports of Berbice and Demerara-Essequibo." *Archives,* vol. 27, no.107 (2002): 120-33.

Burnard, Trevor, and Candlin, Kit. "Sir John Gladstone and the Debate over the Amelioration of Slavery in the British West Indies in the 1820s." *Journal of British Studies,* vol.57, no. 4 (2018): 760-782.

Byrd, Michael W., and Clayton, Linda A. *An American Health Dilemma.* Vol. 1, *A Medical History of African Americans and the Problem of Race: Beginnings to 1900*. New York: Routledge, 1991.

Camp, Stephanie M.H., and Baptist, Edward E., "Introduction: A History of the History of Slavery in the Americas." In *New Studies in the History of Slavery,* edited by Edward E. Baptist and Stephanie M.H. Camp. Athens: University of Georgia Press, 2006.

Camp, Stephanie. *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South.* Chapel Hill: University of North Carolina Press, 2004.

Candlin, Kit. *The Last Caribbean Frontier, 1795-1815*. London: Palgrave MacMillan, 2012.

Canny, Nicholas. The Origins of Empire: An Introduction," in *The Oxford History of the British Empire: British Overseas Enterprise to the Close of the Seventeenth Century,* edited by Nicholas Canny, Alaine Low, William Roger Louis. Oxford: Oxford University Press, 1998.

Carney, Judith A. *In the Shadow of Slavery: Africa's Botanical Legacy in the Atlantic World.* Berkeley, University of California Press; 2009.

Carretta, Vincent. *Equiano, the African: Biography of a Self-Made Man*. Athens, Georgia: Georgia University Press, 2003.

- "Response to Paul Lovejoy's 'Autobiography and Memory: Gustavus Vassa, Alias Olaudah Equiano, the African,'" *Slavery & Abolition*, vol. 28, no. 1 (2007): 115-119.

Craton, Michael. *Testing the Chains: Resistance to Slavery in the British West Indies*. Ithaca: Cornell University Press, 1982.

- *Searching for the Invisible Man: Slaves and Plantation Life in Jamaica.* Cambridge, Mass: Harvard University Press, 1978.

Craton, Michael and Walvin, James. *A Jamaican Plantation: The History of Worthy Park*, *1690-1970*. London: W.H. Allen, 1970.

Cooper Owens, Deirdre. *Medical Bondage: Race, Gender, and the Origins of American Gynaecology*. Athens, Georgia: The University of Georgia Press, 2017.

Cooper Owens, Deirdre and Fett, Sharla. "Black Maternal and Infant Health: Historical Legacies of Slavery." *American Journal of Public Health,* vol. 109, no. 10 (2019): 1342-1345.

Conrad, Robert, E. *Children of God's Fire: A Documentary History of Black Slavery in Brazil.* Princeton, NJ: Princeton University Press, 1983.

Cowling, Camillia. *Conceiving Freedom: Women of Color, Gender, and the Abolition of Slavery in Havana and Rio de Janeiro.* Chapel Hill: University of North Carolina Press, 2013.

Cowling, Camillia., Machado, Maria Helena Pereira Toledo. Paton, Diana, and West, Emily. "Mothering Slaves: Comparative Perspectives on Motherhood, Childlessness, and the Care of Children in Atlantic Slave Societies." *Slavery & Abolition,* vol. 38, no.2 (2017): 223-231.

Covey, Herbert. *African American Slave Medicine: Herbal and Non-Herbal Treatments*. Latham, MD: Rowman and Littlefield, 2007.

Cudjoe, Selwyn R. *The Slave Master of Trinidad: William Hardin Burnley and the Nineteenth-Century Atlantic World.* Boston: University of Massachusetts Press, 2018.

Curran, Andrew. *The Anatomy of Blackness: Science and Slavery in an Age of Enlightenment*. Baltimore: The Johns Hopkins University Press, 2011.

Curtin, Philip. *The Atlantic Slave Trade: A Census*. Madison: University of Wisconsin Press, 1969.

Da Costa, Emília Viotti. *Crowns of Glory: The Demerara Slave Rebellion of 1823.* Oxford: Oxford University Press, 1994.

Davis, David Brion. *The Problem of Slavery in the Age of Revolution, 1770-1823*. Oxford: Oxford University Press, 1999.

- *Inhuman Bondage: The Rise and Fall of Slavery in the New World.* Oxford: Oxford University Press, 2006.

De Barros, Juanita, Palmer, Steven, and Wright, David, ed. *Health and Medicine the circum-Caribbean, 1800-1968*. New York: Routledge, 2009.

De Barros, Juanita. "'Setting things Right': Medicine and Magic in British Guiana, 1803-38." *Slavery & Abolition*, vol. 25, no. 1, (2007): 28-50.

DeCorse, Christopher R. *West Africa During the Transatlantic Slave Trade: Archaeological Perspectives*. Bloomsbury Academic, 2001.

De Verteuil, A., *Seven Slaves and Slavery: Trinidad 1777-1838*. Port of Spain: St. Mary's College, 1992.

- *Great Estates of Trinidad.* Port of Spain: Litho Press, 2000.

Dierksheide, Christa B. *The Amelioration of Slavery in the Anglo-American Imagination, 1770-1840.* Charlottesville: University of Virginia Press, 2014.

Draper, Nicholas. *The Price of Emancipation: Slave-Ownership, Compensation, and British Society at the End of Slavery*. Cambridge: Cambridge University press, 2010.

- "The Rise of a New Planter Class? Some Countercurrents from British Guiana and Trinidad, 1807-33," *Atlantic Studies,* vol. 9, no.1, (2012): 65-83

Drescher, Seymour. *Abolition: A History of Slavery and Antislavery*. Cambridge: Cambridge University Press, 2009.

Domingues da Silva, Daniel B. *The Atlantic Slave Trade from West Central Africa, 1780-1867*. Cambridge: Cambridge University Press, 2017.

Dunkley, D. A. *Agency of the Enslaved: Jamaica and the Culture of Freedom in the Atlantic World*. Lanham, MD: Lexington, 2013.

Dunn, Richard S. *Sugar and Slaves: The Rise of the Planter Class in the English West Indies, 1624-1713,* 2nd edition. Chapel Hill: University of North Carolina Press, 2012.

- "A Tale of Two Plantations: Slave Life at Mesopotamia in Jamaica and Mount Airy in Virginia, 1799-1828." *William and Mary Quarterly,* vol. 3, no. 34, (January 1977): 32-65.

Dubois, Laurent, and Garrigus, John D. *Slave Revolution in the Caribbean, 1789-1804: A Brief History with Documents.* Boston and New York: Beford/ St. Martin's, 2006.

- *Avengers of the New World: The Story of the Haitian Revolution*. Cambridge, Mass.: Harvard University Press, 2005.

Eltis, David. *Economic Growth and the Ending of the Transatlantic Slave Trade*. New York: Oxford University Press,1987.

- *The Rise of African Slavery in the Americas.* Cambridge: Cambridge University Press, 2000.

- "Mortality and Voyage Length in the Middle Passage: New Evidence from the Nineteenth Century," *The Journal of Economic History,* vol. 44, no. 2, (1984): 301-308.

Eltis, David and Engerman, Stanley. "Was the Slave Trade Dominated by Men?" *Journal of Interdisciplinary History,* vol. 23, no. 2, (Autumn, 1992): 237-257.

Epstein, James. *Scandal of Colonial Rule: Power and Subversion in the British Atlantic During the Age of Revolution*. Cambridge: Cambridge University Press, 2012.

Fergus, Claudius. "The Trinidad Question and Britain's First Slave- Trade Abolition Legislation." *The Arts Journal*, vol. 3, no. 1 (2007): 121-138.

- *Revolutionary Emancipation: Slavery and Abolitionism in the British West Indies*. Baton Rouge: Louisiana State University Press, 2013.

Fett, Sharla M. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill: University of North Carolina Press, 2002.

Freeburg, Christopher. *Counterlife: Slavery After Resistance and Social Death.* Durham: Duke University Press, 2020.

Frederickson, Mary E., and Walters, Delores M., ed. *Gendered Resistance: Women, Slavery, and the Legacy of Margaret Garner,* foreword by Darlene Clark Hine. Urbana: University of Illinois Press, 2013.

Fuentes, Marisa J. *Dispossessed Lives: Enslaved Women, Violence, and the Archive*. Philadelphia: University of Pennsylvania Press, 2016.

Gaspar, David Barry and Hine, Darlene Clark, ed. *More than Chattel: Black Women and Slavery in the Americas*. Bloomington: Indiana University Press, 1996.

Geggus, David. *The Haitian Revolution: A Documentary History.* Indianapolis: Hackett, 2014.

Gensini, Gian Franco and Conti, Andrea A., "The Evolution of the Concept of 'Fever' in the History of Medicine: From Pathological Picture Per Se to Clinical Epiphenomenon (and Vice Versa)." *Journal of Infection,* vol. 49, no.2 (2004): 85-87.

Green, William A. *British Slave Emancipation: The Sugar Colonies and the Great Experiment 1830-1865*. Oxford: Clarendon, 1976.

Greene, Jack P. *The Quest for Power: The Lower Houses of Assembly in the Southern Royal Colonies, 1689-1776.* Chapel Hill: University of North Carolina, 1963.

- “Political Mimesis: A Consideration of the Historical and Cultural Roots of Legislative Behaviour in the British Colonies in the Eighteenth Century,” *The American Historical Review,* vol. 75, no. 2, (1969): 364-367.

Gómez, Pablo. *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic*. Chapel Hill, University of North Carolina Press: 2017.

Hamlin, Christopher. *More Than Hot: A Short History of Fever*. Baltimore: Johns Hopkins University Press, 2003.

Handler, Jerome, “Slave Medicine and Obeah in Barbados, ca. 1650 to 1834.” *New West Indies,* vol. 74, (2000): 57–90.

- “Diseases and Medical Disabilities of Enslaved Barbadians: From the Seventeenth Century to around 1838: Part II,” *The Journal of Caribbean History,* vol. 40, no. 1 (2006): 33-49.

Handley, Becca. “Progress towards Yaws Eradication: Successes and Challenges,” blog post (June, 2020) on The Royal Society of Tropical Medicine and Hygiene website, [https://rstmh.org/progress-towards-yaws-eradication].

Hartman, Saidiya. Lose Your Mother: a Journey along the Atlantic Slave Route. New York; 2007.

- *Wayward Lives, Beautiful Experiments: Intimate Histories of Social Upheaval.* New York; 2019.

- “Venus in Two Acts,” *Small Axe,* vol. 12, no. 2 (2008):1-14.

Hill, Winston S. “A Constitution Contested: Governors, Assemblies, and Imperial Politics in Jamaica and New York, 1675-1730,” Ph.D Diss., Proquest Dissertations Publishing (2021).

Higman, Barry W. *A Concise History of the Caribbean*. New York: Cambridge University Press, 2011.

- *Slave Populations of the British Caribbean, 1807-1834,* 2nd edition. Kingston, Jamaica: University of the West Indies, 1995.

- “Household Structure and Fertility on Jamaican Slave Plantations: A Nineteenth Century Example.” *Population Studies,* vol. 27, no. 3 (1973): 527-50.

Hine, Darlene Clark. “Rape and the Inner Lives of Black Women in the Middle West.” *Journal of Women in Culture and Society,* vol. 14, no. 4 (1989): 912-920.

Hogarth, Rana A., *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840*. Chapel Hill: The University of North Carolina Press, 2017.

Hollsten, Laura. “Night Time and Entangled Spaces on Early Modern Caribbean Sugar Plantations.” *Journal of Global Slavery*, vol.1, (2016): 248-273.

Hunt-Kennedy, Stefanie. *Between Fitness and Death: Disability and Slavery in the Caribbean*. Urbana: University of Illinois Press, 2020.

- “Let them be young and stoutly set in limbs’: Race, Labor, and Disability in the British Atlantic World,” *Social Identities: Special Issue: Disability and Colonialism: (Dis)encounters and Anxious Intersectionalities,* vol. 21, no. 1, (2015): 37-52.

Hyles, Joshua R. *Guiana and the Shadows of Empire: Colonial and Cultural Negotiations at the Edge of the World.* Lexington Books: 2013.

Jabour, Anya. “Slave Health and Health Care in the British Caribbean: Profits, Racism, and the Failure of Amelioration in Trinidad and British Guiana, 1824-1834”, *The Journal of Caribbean History,* vol. 28, no. 1 (1994): 1-26.

Jackson, Bruce and Hand, Wayland D. “The Other Kind of Doctor: Conjure and Magic in Black American Folk Medicine.” In *Down by the Riverside: Readings in African American Religion*, edited by L.G. Murphy, 260-72. New York: NYU Press, 2000.

James, C. L. R. *The Black Jacobins: Toussaint Louverture and the San Domingo Revolution.* London: Secker & Warburg, 1938.

John, A. Meredith. *The Plantation Slaves of Trinidad, 1783-1816: A Mathematical and Demographic Enquiry*. Cambridge: Cambridge University Press, 1988.

Johnson, Walter. “On Agency.” *Journal of Social History,* vol. 37, no. 1 (2003): 113-124.

Jones, Jacqueline. *Labour of Love, Labour of Sorrow: Black Women, Work, and the Family from Slavery to the Present.* New York: Basic Books, 2009.

Kananoja, Kalle. *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500-1850*. Cambridge: Cambridge University Press, 2021.

Kazadi, Walter M., Asiedu, Kingsley B., Agana, Nsiire and Mitja, Oriol. “Epidemiology of Yaws: An Update.” *Clinical Epidemiology,* vol.6, (2014):119-128.

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

Kiple, Kenneth F. and Virginia H. Kiple. “Black Tongue and Black Men: Pellegra and Slavery in the Antebellum South.” *Journal of Southern History,* vol. 43, no. 3 (1977): 411-28.

Klein, Herbert S., *The Middle Passage: Comparative Studies in the Atlantic Slave Trade,* (New Jersey: Princeton University Press, 1978).

Knight, Franklin W. *General History of the Caribbean*. Vol. 3. London: UNESCO, 1997.

Kopperman, Paul E. “The British Army in North America and the West Indies, 1755-83.” In *British Military and Naval Medicine, 1600-1830,* edited by Geoffrey L. Hudson, 51-86. Amsterdam: Rodopi, 2007.

Laguerre, Michel. *Afro-Caribbean Folk Medicine*. South Hadley, MA, Bergin and Garvey; 1987.

Laughton, J.K. “Elliot, Sir Charles,” *Oxford Dictionary of National Biography.* Published online, September, 2004.

Lean, John H. “The Secret Lives of Slaves: Berbice, 1819-1827.” Ph.D. Diss., University of Canterbury, 2002.

Longman-Mills, Samantha, Mitchell, Carole, and Abel, Wendel, “The Psychological Trauma of Slavery: The Jamaican Case Study,” *Social and Economic Studies,* Vol. 68, no. 3&4, (2019), pp.79-101.

Lovejoy, Paul. “Autobiography and Memory: Gustavus Vassa, alias Olaudah Equiano, the African,” *Slavery & Abolition,* vol. 27, no.3 (2006): 317-347.

- “Issues of Motivation—Vassa/Equiano and Carretta’s Critique of the Evidence,” *Slavery & Abolition,* vol. 28, no. 1 (2007): 121-125.

Lowe, Lisa. “The Intimacies of Four Continents,” in *Haunted by Empire: Geographies of Intimacy in North American History*, edited by Ann Laura Stoler. Durham: Duke University Press, 2006.

Luster, Robert E. *The Amelioration of the Slaves in the British Empire, 1790-1833*. New York: P. Lang, 1995.

Mason, John Edwin. “The Slaves and Their Protectors: Reforming Resistance in a Slave Society, the Cape Colony, 1826-1834.” *Journal of Southern African Studies,* vol.17, no.1, (1991): 103-128.

Mathieson, William L. *British Slavery and its Abolition 1823-1838*. Chicago: Papamoa Press, 2019.

Matthews, Gelien. “Trinidad: A Model Colony for British Slave Trade Abolition.” *Parliamentary History*, vol. 26, no. 1 (2007): 87-96.

Maxfield, Luke, Corley, James E., and Crane, Jonathan S. “Yaws,” In *StatPearls,* edited by StatPearls Publishing. Treasure Island, FL; Stat Pearls Publishing, 2022.

McDonald, Roderick A. *Between Slavery and Freedom: Special Magistrate John Anderson's Journal of St. Vincent during the Apprenticeship*. Philadelphia: University of Pennsylvania Press, 2001.

McKittrick, Katherine. *Dear Science and Other Stories.* Durham, NC: Duke University Press, 2021.

Miller, Joseph. "Retention, Reinvention, and Remembering: Restoring Identities through Enslavement in Angola and Under Slavery in Brazil," in *Enslaving Connections: Changing Cultures of Africa and Brazil in the Era of Slavery,* edited by José C. Curto, and Paul E. Lovejoy. Amherst, NY: Humanity Books, 2004.

- "The Imbangala and the Chronology of Early Central African History," *Journal of African History,* vol. 13, no. 4 (1972): 549-574.

Mintz, Sidney. "Slave Life on Caribbean Sugar Plantations: Some Unanswered Questions." In *Slave Cultures and the Cultures of Slavery,* edited by Seymour Drescher and Stephan Palmie. Knoxville: University of Tennessee Press, 1995.

Mitchell, Elise. "Unbelievable Suffering: Rethinking Feigned Illness in Slavery and the Slave Trade," in *Medicine and Healing in the Age of Slavery,* edited by Sean Morey Smith and Christopher D.E. Willoughby. London: LSU Press, 2021.

Morgan, Kenneth. *Slavery and British America: From African to America*. Oxford: Oxford University Press, 2007.

- "Slave Women and Reproduction in Jamaica, c. 1776-1834," *History (London),* 91.302 (2006): 231-253

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

Morgan, Philip D. "Ending the Slave Trade: A Caribbean and Atlantic Context," in *Abolitionism and Imperialism in Britain, Africa, and the Atlantic,* edited by Derek R. Peterson. Ohio University Press, 2010.

Mortimer, Ian. *The Dying and Doctors: The Medical Revolution in Seventeenth-Century England*. Woodbridge, Suffolk: 2009.

Murray, D.J. *The West Indies and the Development of Colonial Government*, *1801-1834,* (Oxford: Clarendon Press, 1965).

Murphy, Kathleen. "Translating the Vernacular: Indigenous and African Knowledge in the Eighteenth- Century British Atlantic." *Atlantic Studies*, vol. 8, no. 1 (2011): 29-48.

Muskateem, Sowande. *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage.* Urbana: University of Illinois Press, 2016.

Newman, Simon P. *Freedom Seekers: Escaping from Slavery in Restoration London*. London: University of London Press, 2022.

- *A New World of Labor: The Development of Plantation Slavery in the British Atlantic.* Philadelphia: University of Pennsylvania Press, 2013.

Newson, Linda A. *Making Medicines in Early Colonial Lima, Peru: Apothecaries, Science, and Society.* London: Brill, 2017.

Nisbet, Stuart M. "Early Scottish Sugar Planters in the Leeward Islands, c. 1660-1740." In *Recovering Scotland's Slavery Past: The Caribbean Connection,* edited by Tom Devine, 62-81. Edinburgh, Edinburgh University Press, 2015.

Numbers, Robert L., and Todd L. Savitt. *Science and Medicine in the Old South*. Baton Rouge: Louisiana State University Press, 1989.

Nwokeji, G. Ugo. *The Slave Trade and Culture in the Bight of Biafra: An African Society in the Atlantic World.* Cambridge: Cambridge University Press, 2010.

Painter, Nell Irvin. *Southern History Across the Colour Line*. Chapel Hill: University of North Carolina Press, 2002.

Paton, D., *No Bond but the Law: Punishment, Race, and Gender in Jamaican State Formation, 1780-1870.* Durham: Duke University Press, 2004.

- *The Cultural Politics of Obeah: Religion, Colonialism, and Modernity in the Caribbean World*. Cambridge: Cambridge University Press, 2015.

- "Maternal Struggles and the Politics of Childlessness under Pronatalist Caribbean Slavery." *Slavery & Abolition,* vol. 38, no.2 (2017): 251-268.

- "Decency, Dependence and the Lash: Gender and the British Debate over Slave Emancipation, 1830-34." *Slavery and Abolition,* vol.17, no. 3 (1996): 163-84.

- "Gender History, Global History, and Atlantic Slavery: On Racial Capitalism and Social Reproduction." *The American Historical Review*, vol. 127, no. 2 (2022): 726-754.

- "The Driveress and the Nurse: Childcare, Working Children, and Other Work Under Caribbean Slavery," *Past & Present,* vol. 246, Supplement 15, (2020): 27-53.

Paquette, R. L., and Smith, M.M., eds. *The Oxford Handbook of Slavery in the Americas*. Oxford: Oxford University Press, 2010.

Paugh, Katherine. *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition*. Oxford; Oxford University Press, 2017.

- *Rationalizing Reproduction: Race, Disease, and Fertility in the British Caribbean and the Atlantic World During the Age of Abolition, 1763-1833*. PhD diss., University of Pennsylvania, 2008.

Penningworth, Dylan C., “My People, My People” The Dynamics of Community in Southern Slavery.” In *New Studies in the History of American Slavery*, edited by Edward E. Baptist and Stephanie M. H. Camp, 166-178. Athens: University of Georgia Press, 2006.

Petley, Christer. *White Fury: A Jamaican Slaveholder and the Age of Revolution*. Oxford: Oxford University Press, 2018.

Pickstone, John V. “Dearth, Dirt, and Fever Epidemics: Re-writing the History of British ‘Public Health,’ 1780-1850,” in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence,* edited by Terence Ranger and Paul Slack, 125-148. Cambridge: Cambridge University Press, 1992.

Pirohakul, Teerpa, and Wallis, Patrick. *Medical Revolutions? The Growth of Medicine in England, 1660-1800*. The London School of Economics and Political Science, 2014.

Phillips, Ulrich B. *American Negro Slavery: A Survey of the Supply, Employment and Control of Negro Labor as Determined by the Plantation Regime,* [Foreword by Eugene D. Genovese]*.* Baton Rouge: Louisiana State University, 1966.

Price, Richard. *Maroon Societies: Rebel Slave Communities in the Americas.* Baltimore: The Johns Hopkins University Press,1979.

- *An Anthropological Approach to the Afro-American Past: A Caribbean Perspective.* Philadelphia: Institute for the Study of Human Issues, 1976.

Quarshie, Nana Osei. “Spiritual Pawning: “Mad Slaves” and Mental Healing in Atlantic-Era West Africa,” *Comparative Studies in Society and History,* vol. 65, no. 3 (2023).

Reagan, Leslie J. “Monstrous Births, Birth Defects, Unusual Anatomy, and Disability in Europe and North America,” in Michael Rembis, Catherine Kudlick, and Kim E. Neilsen eds. *The Oxford Handbook of Disability,* (Oxford: Oxford University Press, 2018): 385-406.

Rediker, Marcus. *The Slave Ship: A Human History.* New York: Viking, 2007.

Roberts, Jonathan. “Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries,” *Canadian Journal of African Studies,* vol. 45, no. 3 (2011): 480-523.

Roberts, Justin. *Slavery and the Enlightenment in the British Atlantic, 1750-1807*. New York: Cambridge University Press, 2013.

- “Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries.” *Canadian Journal of African Studies,* vol. 45, no. 3 (2011): 480-523.

Rood, Daniel B. *The Reinvention of Atlantic Slavery: Technology, Labor, Race, and Capitalism in the Greater Caribbean*. New York: Oxford University Press, 2017.

Rose, Sarah F. *No Right to Be Idle: The Invention of Disability, 1840-1930s.* Chapel Hill: University of North Carolina Press, 2017.

Rout, Jr., Leslie, B. *The African Experience in Spanish America.* Princeton, NJ: Markus Wiener, 2003.

Sarkar, P.K., and S. Ballantyne, S. "Management of Leg Ulcers." *Postgraduate Medical Journal,* no. 76 (2000): 674-682.

Savitt, Todd. L. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: University of Illinois Press, 1978.

Schiebinger, Londa. *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth- Century Atlantic World*. University of Stanford Press, 2018.

Schwarz, Suzanne. "Scottish Surgeons in the Liverpool Slave Trade, in the Late Eighteenth and Early Nineteenth Centuries." In *Recovering Scotland's Slavery Past: The Caribbean Connection,* edited by Tom Devine, 145-165. Edinburgh: Edinburgh University Press, 2015.

Senior, Emily. *The Caribbean and the Medical Imagination, 1764-1834: Slavery Disease and Colonial Modernity*. Cambridge, Cambridge University Press; 2018.

Sharpe, Jenny. *The Ghosts of Slavery: A Literary Archaeology of Black Women's Lives.* Minneapolis: University of Minnesota Press, 2003.

Sheridan, Richard B. *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies*. Cambridge: Cambridge University Press, 1985.

Sidbury, James. "Resistance to Slavery," in The *History of Slavery, edited by* Gad Heuman, and Trevor Burnard. London: Routledge, 2010.

Smallwood, Stephanie. *Saltwater Slavery: A Middle Passage from Africa to American Diaspora*. Cambridge, MA: Harvard University Press, 2007.

Smith, Billy G. *Ship of Death: A Voyage that Changed the Atlantic World.* New Haven: Yale University Press, 2013.

Spence, Caroline Q. "Ameliorating Empire: Slavery and Protection in the British Colonies, 1783-1865," Ph.D Diss. Harvard University, 2014.

Steckel, Richard H. "Women, Work, and Health under Plantation Slavery in the United States." In *More than Chattel: Black Women and Slavery in the Americas,* edited by David Barry Gaspar and Darlene Clark Hine, 43-60. Bloomington: Indiana University Press, 1996.

Stewart, Larry. “The Edge of Utility: Slaves and Smallpox in the Early Eighteenth Century”, *Medical History,* Vol. 29, no. 1, (1985): 54-70.

Stoler, Ann Laura. *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*. Princeton, N.J.: Princeton University Press, 2009.

Thompson, Alvin O. *A Documentary History of Slavery in Berbice, 1796-1834.* Georgetown, Guyana: Free Press, 2002.

Thornton, John. *Africa and Africans in the Making of the Atlantic World, 1400-1800.* Cambridge: Cambridge University Press, 1998.

- “The Coromantees: An African Cultural Group in Colonial North America and the Caribbean,” *The Journal of Caribbean History,* vol. 31, no. 1 (1998): 161-178.

Titus, Noel. *The Amelioration and Abolition of Slavery in Trinidad, 1812-1834*: *Experiments and Protests in a New Slave Colony.* Bloomington: Author House 2009.

Turley, David. *The Culture of English Antislavery, 1780-1860*. New York: Routledge, 1991.

Turner, Mary. “The British Caribbean, 1823-1838: The Transition from Slave to Free Legal Status.” In *Masters, Servants, and Magistrates in Britain and the Empire*, *1562-1955*, edited by Douglas Hay and Paul Craven, 303-322. Chapel Hill: University of North Carolina Press, 2004.

- “The 11 O’clock Flog: Women, Work and Labour Law in the British Caribbean,” *Slavery & Abolition,* vol. 20, no.1, (1999): 38-58.

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

- “The Nameless and the Forgotten: Maternal Grief, Sacred Protection, and the Archive of Slavery,” *Slavery & Abolition*, vol. 38, no. 2 (2017): 232-250.

Vansina, Jan. “The Foundation of the Kingdom of Kasanje,” *Journal of African History,* vol. 4, no. 3, (1963): 355-374.

- “More on the Invasions of Kongo and Angola by the Jaga and the Lunda,” *Journal of African History*, vol. 7, no. 3 (1966): 421-429.

Vinson, Ben, and Graves, III, Greg. “The Black Experience in Colonial Latin America,” in *Oxford Bibliographies,* (April 2018).

Wadsworth, James. “Historiography of the Structure and Functioning of the Portuguese Inquisition in Colonial Brazil,” *History Compass*, vol. 8, no. 7 (2010): 636-652.

Walton, Geri. “Medical Blistering in the Georgian Era,” (April 17, 2015), [www.geriwalton.com/medical-blistering-in-georgian-era/].

Ward, J.R. “The Amelioration of British West Indian Slavery: Anthropometric Evidence,” *The Economic History Review,* vol. 71, no. 4, (2018): 119-1226.

Wheat, David. *Atlantic African and the Spanish Caribbean, 1570-1640.* Chapel Hill: University of North Carolina Press, 2016.

Williams, Eric. *Capitalism and Slavery.* Chapel Hill: University of North Carolina Press, 1944.

Wisecup, Kelly. “The Promise of the Tropics: Wealth, Illness, and African Bodies in Early Anglo-Caribbean Medical Writing,” in *Literary Histories of the Early Anglophone Caribbean*, edited by Aljoe, N. N.., Carey, B., Krise, T.W. Cham: Springer International Publishing, 2018.