

Medical Imaginaries and the Emergence of Biopolitics on the Saint Domingue Plantation

Arielle Alterwaite

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First Reader: Matthew Connelly

Second Reader: Carl Wennerlind

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Introduction

Now all this began to be discovered in the 18th century.... At this moment, what I will call “biopolitics” ... was invented. It is at this moment that we see appear problems like those of ... the modification of the relation between birth and mortality. It is at this moment that there appeared the problem of knowing how we can bring people to have more children, or at any rate how we can regulate ... the growth rate of a population. --Michel Foucault¹

In 1778, M. Bouvier, a French doctor, recently stationed on the plantation of M. Bertrand in the Artibonite region of Saint Domingue, wrote a report for the *Gazette de médecine pour les colonies* in which he observes that there are lazy blacks (*Negres paresseux*) who feign illness in order to avoid work, and others who succumb to illness because of the harsh labor conditions.² He mentions in particular a young “*Negresse*” who, despite her “lovely figure,” was perpetually lethargic and pain-ridden, especially during her menstrual cycle. The overseers of the estate had not been persuaded about her illness, and whipped her when she complained about work. But Bouvier writes that several other enslaved women at the complex assured him that the young woman was indeed ill, and that according to the *hospitalière* (the plantation nurse, also enslaved and female) the cause of the malady was likely the presence of a dead fetus in her womb.³

Bouvier notes that he decided to suspend the administration of all medicine to the woman and, breaking with precedence, summoned the *hospitalière* for a diagnosis. The latter examined the woman and proclaimed that there was indeed a foreign body inside her. Bouvier and the *hospitalière* then proceeded to perform several extractions of small bones and other

¹ Michel Foucault, “The Meshes of Power” (1976), in Jeremy W. Crampton and Stuart Elden, eds., *Space, Knowledge and Power: Foucault and Geography* (New York, NY: Routledge, 2007), 161.

² M. Bouvier, untitled report, in Julien-François Duchemin de l'Étang, ed., *Gazette de médecine pour les colonies* (Le Cap, Saint Domingue, 1778-79), 6. Unless otherwise noted, all translations are my own.

³ *Ibid.*

unrecognizable objects from the young woman's urethra and vagina. The woman soon passed away, and an autopsy revealed further masses of bones and other parts of what seemed to be an unborn child.

Bouvier's report makes a point to acknowledge the accuracy of the *hospitière's* diagnosis, and concludes with near certainty that the young woman had undergone an unsuccessful abortion. He also calls for an investigation of how the abortion might have been procured, how future incidents similar to this one might be avoided, and to what extent the woman's fate was due to faults in the management of the estate.⁴

The bodies of enslaved women were often the focus of French medical treatises like Bouvier's report. My thesis will explore the development of medical knowledge as it pertained to enslaved women on plantations in Saint Domingue. Over the course of the eighteenth century, the health and reproductive potential of these enslaved women became the subjects of French medical literature written in the colony. This development reflected the emergent desire for demographic and reproductive control. My argument, in brief, is that an analysis of that medical knowledge reveals the ways in which the identity and status of enslaved women shifted during these years in the colonial imagination.

Saint Domingue was France's most prized colony, producing major cash crops of sugar, coffee, and indigo. Almost all of the labor was performed by enslaved workers. In the early eighteenth century, slave owners and their physicians often speculated on the reproductive potential of these workers, but repeatedly concluded that, from an economic standpoint, there

⁴ Ibid.

was little incentive for them to encourage child-bearing. Slaves were in constant supply whereas the costs of biological reproduction were relatively high.⁵

This was not the case as the eighteenth century progressed. A gradual shift in priorities occurred as population growth gained value in relation to dramatic increases in the purchase price of slaves. European nations competed for success in the lucrative slave trade and plantation production, and both the demand and price of slaves increased concurrently.⁶ Thus with strong economic incentive from within the localized colony, doctors began to provide medical care centered around encouraging healthy slave pregnancies. What had once been perceived as a detriment to the efficiency of the plantation became highly desirable. Events such as the Seven Years' War (1756-1763) between France and Britain emphasized the ways in which increasingly globalized conflict had reverberating economic effects. The war, and especially the tumultuous years following its escalation in 1760, made it difficult for France to import new slaves to Saint Domingue. Records reveal that during the war plantation owners complained about the lack of resources and labor, and that this resulted in an increase of illegal trade with the British and the Dutch.⁷ With the onset of yet another war between France and Britain in 1778, colonial officials once again began to notify authorities in France about severe shortages.

In one such instance, M. Robiosc, a plantation foreman, grumbles about a dearth of money, slaves and food. Robiosc describes how his compromised situation has forced him to

⁵ James E. McClellan, *Colonialism and Science: Saint Domingue in the Old Regime* (Baltimore, MD: Johns Hopkins UP, 1992), 53.

⁶ David Eltis, Frank D. Lewis, and David Richardson, "Slave prices, the African slave trade, and productivity in the Caribbean, 1674-1807" (*Economic History Review*: LVIII, 4, 2005), 698.

⁷ Hugh Thomas, *The Slave Trade: the Story of the Atlantic Slave Trade, 1440-1870* (New York, NY: Simon & Schuster, 1999), 266; Trevor G. Burnard, and John D. Garrigus. *The Plantation Machine: Atlantic Capitalism in French Saint-Domingue and British Jamaica* (Philadelphia, PA: U of Pennsylvania, 2016), 88.

convert sugar fields into potato crops for the sustenance of the slaves, to the great detriment of his business.⁸ He also reports that an unprecedented number of the enforced laborers were dying, and that there had been no births among the population in the past year. Robiosc concludes his missive with the request that the French owner immediately return the slaves he had recently relocated to France to replenish the rapidly diminishing labor supply on the plantation.⁹

Accounts of widespread illness and death in the colony are found in other letters written by the overseers of different plantations during these years. One document even tells of a foreman sending slaves to the hospital for treatment; a highly unusual act since hospital fees in Saint Domingue in years prior often had exceeded the price of a slave, with little guarantee that the medical care would be successful.¹⁰ Even if in-between times of violent conflict France could replenish the colony with slaves, this came at an increased cost and created circumstances that begged for other solutions to sustain the perpetual violence and death of its plantations.

It was in this context of a potentially dwindling labor pool that medical practitioners became directly involved in managing the reproductive potential of enslaved laborers on the plantation complex in a way that accords with what philosopher Michel Foucault, writing specifically about the end of the eighteenth century in the wake of the inadequacies of disciplinary power, describes as “biopolitics.” Biopolitics, according to Foucault, is a productive form of power relations that “regulates” a population and manages their productivity, turning that population into “a machine for producing, producing riches, goods, producing other

⁸ Robiosc. Letter written in 1778. Papiers privés tombés dans le domaine public registres. Paris, France: Archives Nationales. Box Code: T//1113/9.

⁹ Ibid.

¹⁰ Letter written in 1778. Papiers privés tombés dans le domaine public registres. Paris, France: Archives Nationales. Box Code: T//1089 – T//1090. Londa Schiebinger, *The Secret Cures of Slaves: People, Plants and Medicine in the Eighteenth-century Atlantic World* (Stanford, CA: Stanford UP, 2017), 143.

individuals.”¹¹ The changes brought about by the emergence of biopolitics on the Saint Domingue plantation would dramatically reduce the amount of time that women - whose labor had been crucial for the desired rate of agricultural production - would spend in the fields. Since it was known that the arduous conditions of plantation life led to infertility and infant mortality, it recommended that slave owners divert time and resources away from the production of commodities in order to ensure successful biological reproduction. Plantation masters would also need to give greater purview to doctors such as Bouvier who, in addition to preventing and curing infectious diseases amongst Europeans and enslaved people alike, would now be charged with the responsibility of promoting an increased birthrate among the enslaved population.

Yet, the biopolitical shift to an emphasis on reproduction generated dilemmas of its own. If pregnancies were to be encouraged, then slave owners and doctors would have to reckon with the problem of abortion on the plantations. Previously when enslaved women were valued mostly for their field labor, plantation owners had strongly discouraged pregnancies and women were tacitly forced to abort. But as the regime turned toward encouraging biological reproduction, enslaved women began to abort their offspring as a form of rebellion.¹² Added to this was the dilemma of status recognition. As noted above, Bouvier’s account clearly reveals that he relied on the diagnoses and medical knowledge of both the *hospitalière* and other enslaved women on the plantation. This recognition of their intellectual labor directly contradicted the sub-human status afforded to these women. A crisis emerged not only of power and knowledge, but also of identity and subject formation.

¹¹ Foucault, “The Meshes of Power,” in *Space, Knowledge and Power*, 161.

¹² Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World*. (Cambridge, MA: Harvard U Press, 2004), 149.

After 1760, plantation owners and physicians in Saint Domingue began to promote the biological reproduction of their labor force. Both French physicians and the enslaved midwives who utilized herbal remedies to increase the chances of a healthy pregnancy received additional resources they needed to conduct their work.¹³ In 1764, the French government sent midwives to Saint Domingue from France, because the colony's laws forbade slaves, and even free people of color, from performing this practice. This did not mean that enslaved women did not continue to carry out the duties of midwives on the island. But the mainland's effort to provide Saint Domingue with midwives from France highlights a lack of respect for the skills enslaved women might have in assisting in childbirth, and possibly even a fear that these women threatened the authority and credibility of the colony's physicians and surgeons.¹⁴ Doctors and other medical professionals held positions that were commissioned and paid for by the French government. Although there were no teaching hospitals in Saint Domingue, the profession published medical journals and formed learned societies on the island, such as the *Gazette de médecine pour les colonies* (1778), and the The Cercle des Philadelphes (1784- 1792). Yet, for most of the colonial history of Saint Domingue, individual physicians, and especially the royally appointed medical practitioners, published their medical findings in journals back in France.¹⁵

This thesis draws on the research of Judith Carney and Jennifer Morgan, as well as on Bernard Moitt's work on the French Antilles.¹⁶ These scholars have reconstructed how enslaved women were utilized and abused in manners that extended far beyond their physical labor in the

¹³ Weaver, *Medical Revolutionaries*, 55.

¹⁴ McClellan, *Colonialism and Science*, 134.

¹⁵ Schiebinger, *The Secret Cures of Slaves*, 22.

¹⁶ Judith Ann Carney, *Black Rice: The African Origins of Rice Cultivation in the Americas* (Cambridge, MA: Harvard U, 2001); Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia, PA: U of Pennsylvania, 2004); Bernard Moitt, *Women and Slavery in the French Antilles, 1635-1848* (Indianapolis, IN: Indiana UP, 2001).

fields. As Morgan argues, the symbolic significance and realities of biological reproduction under conditions of slavery requires an investigation of the ways in which reproduction and enslavement shaped each other's meanings and formed the identities of the affected women. This project is also informed by the work of historians Londa Schiebinger, Karol Weaver, and James McClellan, who have elaborated on the medical practices of Saint Domingue.¹⁷ Weaver gives agency to the nameless women who performed crucial roles as healers; McClellan makes a case for the importance of the medical community of Saint Domingue in realizing the necessary intersection between colonialism and science; and Schiebinger places Saint Domingue within the context of other French and British colonies in the Atlantic world to analyze the circulation, ethics and racial nature of medical knowledge as formed within a broad colonial medical complex. Central to the beginnings of this modern context is the specific political and economic order that historians such as Vincent Brown, Jeremy Popkin, and Philip Curtin, as well as Schiebinger and McClellan, identify as the "plantation complex," as an economic and political order that manifests itself in slave plantations across the colonies.¹⁸

Londa Schiebinger's *The Secret Cures of Slaves* has laid the important groundwork of this thesis both historically and in relation to other primary source material. Schiebinger discusses the role of slaves in the production of medical knowledge in both the French and British West Indies during the seventeenth century, with a heavy emphasis on the British

¹⁷ Londa Schiebinger, *The Secret Cures of Slaves: People, Plants and Medicine in the Eighteenth-century Atlantic World* (Stanford, CA: Stanford UP, 2017); Karol K. Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-century Saint Domingue* (Urbana, IL: U of Illinois, 2006); James E. McClellan, *Colonialism and Science: Saint Domingue in the Old Regime* (Baltimore, MD: Johns Hopkins UP, 1992).

¹⁸ Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, MA: Harvard UP, 2010); Jeremy Popkin, *You Are All Free: The Haitian Revolution and the Abolition of Slavery* (New York, NY: Cambridge UP, 2010); Philip Curtin, *The Rise and Fall of the Plantation Complex* (Cambridge, UK: Cambridge UP, 1990).

colonies of Jamaica and Antigua. Schiebinger, both in this text and in her previous publications on colonial botany, focuses on the movement of medicinal knowledge and cures, and in doing so argues for a framework that spans across the Atlantic to show the various ways in which slaves had a significant effect on medicine and, in turn, the effects that this knowledge had in Europe. In her comparative analyses, Schiebinger places scientific and medical knowledge as significant to the Atlantic World, and as necessary to a comprehensive understanding of the “Atlantic World Medical Complex.” Schiebinger’s other publications, *Colonial Botany Science, Commerce, and Politics in the Early Modern World*, and *Nature's Body: Gender in the Making of Modern Science*, also provide a foundation for this thesis in these text’s emphasis on botanical herbs as medical cures and as valued colonial products to be exported and traded. This thesis diverges from Schiebinger’s as it focuses on the emergence of biopolitics in Saint Domingue specifically, and reads medical texts as cultural and political texts, rather than as scientific tracts. It tracks the important ways in which the subject, rhetoric, and discourse of the medical texts changes over the course of the eighteenth century.

When Schiebinger’s scholarship is paired with Karol Weaver’s *Medical Revolutionaries: The Enslaved Healers of Eighteenth-century Saint Domingue*, the prevalence of Saint Domingue as a site in which the effective cures for tropical diseases are produced becomes apparent. Weaver focuses on medical knowledge in Saint Domingue as self-contained to the island and to the microcosm of the plantation. She genders her argument by highlighting the significance and prevalence of women slave healers. Weaver stresses the role of enslaved women as the primary providers of medical knowledge on the island but demonstrates less concern for how French medical practitioners developed their practice. Placed in dialogue with Schiebinger, Weaver also

does not look at the way in which the discourse of medical knowledge changed over the course of Saint Domingue's colonial history.

Another secondary source of particular note, is McClellan's *Colonialism and Science: Saint Domingue in the Old Regime*. McClellan provides the institutional background for the way in which medicine operated on the island and in relation to the greater medical community in the metropole. Medical practice in Saint Domingue was intensely institutionalized, and McClellan argues that it provides an indicator for a variety of economic and political factors essential to an understanding of the plantation economy.

In *The Plantation Machine: Atlantic Capitalism in French Saint Domingue and British Jamaica*, Trevor Burnard and John Garrigus discuss the "plantation machine" in order to emphasize the role that plantations played in the production not only of commodities, but also as the recipients of greater political and economic change.¹⁹ Scholars like Vincent Brown, in *The Reaper's Garden: Power and Death in the World of Atlantic Slavery*, highlight the importance of the plantation complex as the most central component to an historical account of how the modern world came to be. Finally, the recent writing of historians Paul Cheney and Pierre Force comprehensively describe the dynamic between the microcosm of the plantations of Saint Domingue and the broader Atlantic world. Cheney and Force analyze individual plantation complexes and families, not as self-contained units, but as parts of a greater narrative about the formation of capitalism and the modern Atlantic world.²⁰

¹⁹ Trevor Burnard and John Garrigus, *The Plantation Machine: Atlantic Capitalism in French Saint Domingue and British Jamaica* (Philadelphia, PA: U Pennsylvania UP, 2016).

²⁰ Paul Burton Cheney, *Cul De Sac: Patrimony, Capitalism, and Slavery in French Saint-Domingue* (Chicago, IL: U Chicago UP, 2017); Pierre Force, *Wealth and Disaster: Atlantic Migrations from a Pyrenean Town in the Eighteenth and Nineteenth Centuries* (Baltimore, MD: Johns Hopkins UP, 2016)

This thesis' methodologies rests on reading primary sources 'against the grain.'

Unfortunately, it cannot rely on the writings of enslaved people, and in order to explore the topic, the voices of these men and women have to be reconstructed through European doctors and plantation owners. Several scholars have addressed this silence and void through the use of similarly biased primary sources. Judith Carney (*Black Rice*) and Jennifer Morgan (*Laboring Women*) give a perspective to the nameless enslaved women whose minds, as well as their bodies, were necessary in order for the plantation's success. Both of these scholars are able to reenact the knowledge that enslaved women possessed, and demonstrate how that knowledge was permitted and was then appropriated by slavers and plantation owners. Morgan, specifically places women at the center of the story of how race is constructed, and focuses on cultural myths born out of the plantations and the status of enslaved women as both producers and reproducers.

Reading an archive written by white men in power about black women reveals much about the author but very little about the subject. This thesis can only hope to discuss the ways in which enslaved women appeared in the writings of French colonials in order to ensure the functionality and profitability of slavery, but it can do little to divulge their lives, thoughts, and voices that have, for so long, violently been excluded from history.

The books and journal articles of doctors in Saint Domingue will provide the bulk of this thesis' primary source material. Not only does it leverage different medical texts and different excerpts from authors who have written close to the topic of medical knowledge in Saint Domingue, but it analyzes the development of these colonial doctor's differing medical opinions. These medical texts will be read not for their scientific content, but as cultural texts. This thesis engages with the texts of French medical practitioners and seeks to expose their arguments that range from the living conditions of slaves, to the biological foundations of race, to whether or not

enslaved women should be encouraged to reproduce, to whether or not the cures of slaves should be allowed. These debates are situated chronologically, and are theorized using Foucault's notion of the biopolitic to the plantation medical complex of Saint Domingue.

To explore the shifting conditions of enslaved women and changes in population control in Saint Domingue in the eighteenth century, this thesis compares the writings of Jean Damien Chevalier, Poupée Desportes, Julian Lafosse, and other medical publications of the time. Chevalier and Desportes were both appointed as the *Médecins du Roi* of Saint Domingue, the chief doctors in charge of all institutionalized medical practices on the island. Chevalier wrote *Sur les maladies de St. Domingue* in 1723, and Desportes published *Histoire des Maladies de S. Domingue* in 1770.²¹ In 1787, Lafosse circulated his tract, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue*, which features an in depth discussion of pregnancy, disease and slavery.²² Particular attention is paid to the important ways in which Lafosse's medical text, in which the conditions of the plantation, the significance of biological reproduction, and the health and well-being of the slaves is discussed, departs from those of Chevalier and Desportes. Each author constitutes a respective chapter of the thesis, supplemented by other contemporary medical texts and plantation documents written during their respective times. The organization is chronological, and will track the shifting identity of enslaved women over the course of a sixty-year period.

²¹ Jean Damien Chevalier, *Lettres a M. de Jean I. Sur les maladies de St. Domingue. II. Sur les plantes de la même île. III. Sur le remora et les halcyons* (Paris, France: Chez Durand libraire, 1752); Poupée Desportes, *Histoire des Maladies de S. Domingue* (Paris, France: Chez Lejay libraire, 1770).

²² J.F. Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir* (Paris, France: Chez Royez, 1787).

The changing role of enslaved women in Saint Domingue in the eighteenth century is symptomatic of major shifts in the Atlantic World. Medical documents as the century progressed reveal that by the end of the century, enslaved women enjoyed an improved status on the plantations, where their roles as midwives and healers were valued and regulated, and it was not uncommon for them to be solicited for knowledge by medical practitioners who recognized that their services were beneficial to the new needs of the plantation complex. Medical documents also indicate that the discipline and violence upon which this complex was based as it sought to define the enslaved laborers as less than human slowly but steadily came into conflict with the growing need for conditions conducive to biological reproduction as the century progressed. This conflict was especially acute in the case of enslaved women who were the prime subjects of the newly emergent form of biopolitics in Saint Domingue that saw them, to paraphrase Foucault, as machines for the production of other individuals.

Chapter One: For it is better to be Breastfed by Goats

Written in 1723 and published thirty years later, Chevalier addresses *Sur les maladies de St. Domingue* to both King Louis XV and Chevalier's beloved colleagues. Chevalier declares that he has fulfilled their wish: once his observations are published, the public will finally be informed of diseases of Saint Domingue and how to treat them: "These observations not only serve those physicians that are determined to journey into the Western Isles of America, but also those of all of Europe."²³ A landmark medical study that Chevalier wrote in his third year as *médecin du roi*, the knowledge contained in its pages is meant to be exported outside the colony. Rather than a work of original discovery, *Sur les Maladies* is an empirical study detailing the diseases and cures prevalent on the island. In the first three years of his government post, Chevalier traveled to many plantations in order to gather medical observations about diseases and their remedies. He then documented findings so that his knowledge could be circulated to a deeply invested audience back in France.

The tropical diseases specific to Saint Domingue are only regarded as localized because they are particularly frequent and dangerous on the island. Chevalier argues that, "in view of the fact that the Spaniards brought diseases from Santo Domingo to their homes, everyone knows that these diseases have become naturalized in all climates."²⁴ According to Chevalier, the Spanish should be blamed for the transportation of colonial diseases back to Europe. It would take a French intervention in order to provide cures for unwanted sicknesses resulting from increasing globalization. Therefore, Saint Domingue would serve as the colonial laboratory from which extracted cures would gain their real value once they had been exported back to the

²³ Chevalier, *Lettres a M. de Jean I. Sur les maladies de St. Domingue. II. Sur les plantes de la même île. III. Sur le remora et les halcyons*, 1,2.

²⁴ *Ibid.*, 2.

metropole.

Beginning in the early 1700s, medicine and medical practice in Saint Domingue were institutionalized by departments of the royal government. The French *Code noir*, was implemented in 1685 under the auspices of outlining the respective duties of masters and their slaves. Article XXVII, as a royal decree, required masters to seek treatment and care for their ill slaves, and this in turn would require a sufficient medical foundation.²⁵ Tropical illnesses were such a threat to the prosperity of the colony and its plantations, that the crown invested significant public resources into the establishment of responsible medical practices. In 1701, France appointed the island's first *médecin du roi*, a title that Chevalier held twenty years later. Appointments to this title, whose responsibilities were concerned with gaining control over the medical affairs of the colony, were based on an individual first completing a comprehensive education in France's university system followed by several years of medical practice on Saint Domingue's plantations. After the appointment of the first *médecin du roi*, physicians, surgeons, and other medical practitioners were considered to be partially employed by the government, and it became illegal to practice any medicine without an official license.²⁶

Chevalier begins his text, meant to be a culmination of his experience as head of medical affairs on Saint Domingue, by delineating three categories for the illnesses he has detected inside the colony. The first comprises ailments "specific to *Blancs*; ... the second, those that are specific to *Negres*; ... [and] the third, those that are common to both groups."²⁷ Chevalier maintains that

²⁵ Louis XIV, *Le code noir ou Edit du roy, servant de reglement pour le gouvernement & l'administration de justice & la police des isles françoises de l'Amerique, & pour la discipline & le commerce des negres & esclaves dans ledit pays*. (Versailles: 1685). 8.

²⁶ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 128-130.

²⁷ Chevalier, *Lettres a M. de Jean I. Sur les maladies de St. Domingue. II. Sur les plantes de la même île. III. Sur le remora et les halcyons*, 2.

the reason why *Negres* and *Blancs* are afflicted by different diseases has to do with their physical makeup and he later cites the diseases acquired by slaves, not whites, during the Middle Passage as an example.²⁸ The descriptions of ailing *Negres* as well as afflicted *Blancs* are meant to be useful to anyone concerned with medical issues, regardless of race. Chevalier even justifies his use of the terms *Negres* and *Blancs*. As he explains, “*Blancs*... are what one calls Europeans on the islands.” Europeans, the audience to which his treatise is addressed, are only categorized as *Blanc* when placed in the same space as enslaved *Negres*.

For the diseases particular to *Negres*, Chevalier further divides them into three categories: “Those that afflict new arrivals, children & adults.”²⁹ Chevalier’s discussion of children born to enslaved parents is not focused on increasing the birth rate or insuring their survival into a healthy adulthood fully capable of extreme laboring conditions. Rather, his treatise places emphasis on the effect that social conditions can have on the health of children, especially when born to “inadequate” mothers. For example, the children newly born to *Negresses* are especially susceptible to contracting “Jaw-ache,” or tetanus, and most do not live to see two weeks. If contracted, death is almost certain, however Chevalier stresses that there are plantations on which the disease is significantly more common than others, where the children born to some *Negresses* are doomed to perish, while the children born to others do not suffer the illness.³⁰

Chevalier then describes a variety of ways in which the incompetency of *Negresses* can cause their children to contract “Jaw-ache”. Physicians devoted much of their medical practice to tetanus in the service of the plantation complex by preserving the health of slaves specifically. Tetanus was a disease that the emergent medical institutions of Saint Domingue placed at the

²⁸ *Ibid.*, 7.

²⁹ *Ibid.*, 7.

³⁰ *Ibid.*, 7, 8.

forefront of medical research.³¹ Chevalier, contributing to this project, attributes the methods *Negresses* utilize to give birth to be the most common cause for the disease's contraction. Using crude, traditional methods, "The *Negresses* give birth in their huts; which they fill with continuous smoke, made possible by the absence of a chimney."³² The heat of the fire causes the newborns to sweat profusely throughout their first night outside the womb. In the morning, after the flames have subsided and they are exposed to fresh air for the first time, "this makes an impression on the delicate nerves of these young creatures."³³ First the jaw stiffens, and when babies can no longer take the nipple, their entire body becomes immobile until blood no longer circulates throughout the body. In this case, the excessively smoky huts and the ignorance of *Negresse* mothers provide a cautionary tale.

Yet another cause of tetanus Chevalier attributes to "the passions of the mother and the manner with which she has lived through her pregnancy."³⁴ If an expectant *Negresse* is angry, excessively drinks alcoholic sugar-cane juice (referred to as Tafia), and eats too many spicy peppers, according to Chevalier, then her babies will most certainly contract tetanus. The enslaved women that are "more regulated" are less likely to encounter the disease once their children are born. This being said, Chevalier also contends that enslaved midwives pose a serious threat to the health of newborns. They often tighten the umbilical cord to a point of excess, after severing it with a medicinal thread that should not be used.³⁵ When the malpractice of expectant enslaved mothers and midwives is combined, the child's contraction of tetanus is all but

³¹ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 292-295.

³² Chevalier, *Lettres a M. de Jean I. Sur les maladies de St. Domingue. II. Sur les plantes de la même île. III. Sur le remora et les halcyons*, 34.

³³ *Ibid.*, 35.

³⁴ *Ibid.*, 35.

³⁵ *Ibid.*, 36.

inevitable. Chevalier goes on to cite the ancient Greek physician, father of medicine, Hippocrates, in Latin, as further proof of the seriousness of the illness: *In tetano ex vulnere aeger haec patitur*.³⁶ The patient, recovered from his wound, suffers from tetanus.

In order to prevent the contraction of tetanus in children, Chevalier proposes that *Negresses* be sent away to healthy plantations to give birth. If this is not possible, then the three causes outlined above are to be addressed on an individual basis: “The first precaution would be to not allow [Negresses] to have fire....a learned surgeon should also show midwives how to tie the umbilical cord...however in terms of preventing Negresses from getting angry, drinking Tafia, stuffing their chili stews, it's not easy.”³⁷ Ideally children should be removed from their mothers as quickly as possible and be given to a trained nurse maid. Throughout his discussion of tetanus, Chevalier views the disease as a nuisance caused by the ineptitude of enslaved women. Rather than express concern for dwindling slave populations, Chevalier is preoccupied with the “nuisance” that the death of black infants brings due to the hindrances on plantation labor that they cause. However, the experimental setting of the plantation nonetheless provides valuable information for the study of disease as one to which Europeans also succumb.

Chevalier earlier highlighted the importance of discontinuing the traditional medical practice of bloodletting for both *Blancs* and *Negres*: “No doctor a bit versed in the practice of medicine would want to bleed the foot in case of inflammation of the liver, the kidneys, the bladder, the *uterus*, the intestines, or whatever lower part it may be.”³⁸ Here Chevalier again generalizes the study of the body beyond its application in the colonies, instead using the plantation as a place where this knowledge is produced. The word “uterus” is italicized in the

³⁶ *Ibid.*, 36.

³⁷ *Ibid.*, 37.

³⁸ *Ibid.*, 12.

text, and listed along with other organs situated in the lower half of the body. Despite Chevalier's limited discussion of pregnancy, he mentions this organ outside of the context of race. The uterus, he writes, is a defining organ of all women, not just those that are enslaved, and should not be treated by bloodletting. The text makes no mention whatsoever of a need to improve the rate of biological reproduction.

Nonetheless, Chevalier recognizes the rampant sexual activity within the plantation complex. He assures the reader that the only disease common to both *Blancs* and *Negres* on the island is venereal disease (specifically syphilis): "There is perhaps no country where venereal disease is so common as in these islands. All the male and female slaves bring it from Guinea, and the children who are born infected with it, generate others even more afflicted than themselves."³⁹ Chevalier reveals that there are "very few Blancs who do not engage with these *Negresses*" and it would be a miracle if these white men did not contract the sexually transmitted disease. These men, in turn, "Give a present to their wives; *mali corvi, malum ovum*."⁴⁰ From a bad crow, comes a bad egg. Chevalier does not entertain the possibility and implications of white men impregnating or infecting black slaves, and instead *Negresses* are viewed as the transmitters of disease. These men should know better than to have sex with enslaved women, since, according to Chevalier, they are diseased creatures from uncivilized lands. The children that are born to the wives of the colonists, "Carry the sins of their fathers."⁴¹

Yet, even parents who are "wise" are not able to protect their children from venereal horror because they use *Negresses* as nurse maids. The most obvious solution, in Chevalier's

³⁹ Ibid., 48.

⁴⁰ Ibid., 48.

⁴¹ Ibid., 48.

opinion, is to treat “these creatures before children are given to them to nurse.”⁴² In order to cure them of venereal disease, Chevalier recommends that these enslaved women be properly *cleaned* in an elaborate process. This cleansing can be successfully achieved well-before the birth of the master’s child. It becomes another question, then, how to maintain the “wise-ness,” or sexual virtue of these enslaved women. For Chevalier, “This is almost impossible: there is only one way to preserve their innocent victims from corruption: to feed them by the goats.”⁴³ In short, it would be better to have the children of *Blancs* breastfed by livestock than dirty and perverting *Negresses*.

Although contracted by both *Blancs* and *Negres*, venereal diseases’ most obvious physical manifestation is in *Negres*. “They often are usually filled with pustules, (that they call *pians*); this is because they have thicker skin that they expose to the fresh air in the morning and the evenings, and to the greatest strength of the sun.”⁴⁴ Chevalier says that *Blancs* rarely have *pians* for the opposite reason. When the obvious pustules of *Negres* become lacerated they emit a noxious yellow pus that eventually forms a crust of the same color. Chevalier’s highlighting of the pustules’ visibility on the bodies of slaves, encourages the revulsion that the projected male readership is meant to experience when imagining enslaved women’s bodies. This further emphasizes the sin *Blancs* commit when they sleep with *Negresses*; not only on moral grounds in terms of the violation to both enslaved women and their own wives, but on medical grounds in terms of the physical harm it causes their future white children. It is interesting to note that a 1775 medical text published in Paris on venereal disease would question the veracity of

⁴² Ibid., 49.

⁴³ Ibid., 49.

⁴⁴ Ibid., 50.

Chevalier's claim that syphilis affects *Blancs* differently from *Negres*.⁴⁵ The text cites Chevalier's authority on the diseases, but questions his treatment of the pustules, citing a variety of other methods that have proven more effective. Unlike Chevalier's text, it stresses the relevance of venereal disease in *Negres* to the treatment of the disease in France.

Chevalier saves the self-proclaimed highlight of his entire publication to the very end of his text. As promised, he provides a detailed description of the disease of a man, forty-two years old, who became so afflicted with illness that he was unable to manage his plantation. The nameless man appeared to be suffering a variety of symptoms caused by a unknown illness resulting in fever, chills, diarrhea, and hallucinations. Thankfully, Chevalier writes, a very kind couple, the Fontelays, were able to take charge of the entire complex. The reader is expected to understand that Chevalier would often call upon this family to run a plantation if his patients required immediate aid.⁴⁶

Chevalier goes on to detail the many cures he subjected the man to, including, but not limited to bleeding and other forms of purging. The man entered into a catatonic state of apparent rest, until, "Eight or ten days later, he became completely deranged. This disturbance manifested itself in songs, hysterical laughter, and diatribes, where, in each instance, he imitated the language of *Negres* with a gaiety and facility he had never before possessed."⁴⁷ This transformation was paired with attempts to engage in pillow-fights as well as "a hundred other extravagances," and from that day onwards the man was bound and required constant supervision.

⁴⁵ *Le médecin de soi-même ou méthode simple et aisée pour guérir les maladies vénériennes* (Paris, France: De L'Impimerie de Michel Lambert, 1775), 229.

⁴⁶ *Ibid.*, 99.

⁴⁷ *Ibid.*, 100.

Chevalier then proceeds to hint at a possible epidemic among all those confined to the plantation: “Around this time there was a disease that to this day remains unknown that carried off a large number of slaves.” In the plantation of two-hundred slaves, around twenty to thirty fell ill every day. Although these slaves exhibited similar outward manifestations of the disease, Chevalier does not discuss any psychological effects of the illness.⁴⁸

It is at this point that Chevalier abruptly ends the *pièce-de-résistance* of his medical tome, with much still shrouded in mystery. The sensationalized case has an element of horror which again acts as a warning to French audiences. Less concerned with an epidemic that took the lives of hundreds of enslaved people, Chevalier’s focus is on the illness of a single white man. Notably this man’s sickness resulted in a misplacement of identity: he began to act like a slave. It is at this moment in the narrative that the man is no longer treated as a patient, but as a slave. He is bound and chained, removed from humanity, and Chevalier no longer concerns himself with finding him a cure.

⁴⁸ *Ibid.*, 101.

Chapter Two: Our Asclepius the Slave

Pouppé Desportes was appointed as the *médecin du roi* in 1732, and until his death at the age of 43 in 1748, he wrote and conducted research for his main body of work.⁴⁹ Published posthumously twenty years after Chevalier's *Sur les maladies de St. Domingue*, in 1770, Pouppé Desportes' slant in the three-volume *Histoire des Maladies de S. Domingue* is considerably distinct from Chevalier's. Desportes chooses to extensively detail the "medical" differences in temperament, physiognomy, physical strength, and relation to labor, between the slaves originating from distinct geographic zones of West Africa:

The *Sénégalois* or the *Poulards* are the most ingenious, but they are lazy and weak of the chest. The *Bambara* is big, strong, but very greedy. The *Aradas* and the others of the Côte d'Or, with the exception than the *Mines*, are medium sized, strong, hard workers, sober, proud but less industrious of those of Senegal. The *Mine* is big, well made, and has a proud appearance. He submits himself with difficulty to work, and kills himself in order to exempt himself or take revenge for the slightest punishment. The people of this nation imagine they will return to their country after death: and this imagination is also common to some other Nations. The *Congos* are small and thickset; they have a wide but fat chest. These savages are naturally the enemy of work. Among them the women cultivate the earth. We estimate many *Negresses* come from the Congo.⁵⁰

Importantly, Desportes' observations do not recommend that any of the Africans he describes be left behind. Rather, the report presents its findings as a way to counter the natural tendencies of the enslaved laborers.⁵¹ It reads like a guide to obtaining the best productive and reproductive results.

Desportes stresses the importance of dedicating a section of his treatise to an understanding of the diversity and diseases among *Negres*. Instead of viewing slaves as a

⁴⁹ Desportes, *Histoire des constitutions épidémiques de Saint-Domingue, et de la description de la fièvre jaune*, 286.

⁵⁰ Desportes, *Histoire des Maladies de S. Domingue : Tome Second*, 268, 269.

⁵¹ *Ibid.*, 269.

comprehensive whole, Desportes states that *Negres*, like people in Europe, “Come from different regions... and seem to differ in temperament, character, morals & customs.”⁵² Desportes outlines three principle geographic areas of Africa that supply slaves (the coast of Senegal, the Gold Coast, and the Congo), and within each region lists the tribes that are native to them. He maintains that one should not avoid the purchase of blacks from nations whose people are notoriously corrupted, but details his method of purchasing the most productive slaves.

Among Desportes’ recommendations he outlines physical manifestations that indicate especially bad character. These include, “An extremely frizzy head, a small forehead or low forehead, sunken eyes, or large ears.”⁵³ No justification is provided for these insights, and they are paired with the advice to also avoid, “Long necks with high shoulders placed too far forward, with a narrow chest, and a short sternum, are sure signs of a bad chest. Thin legs, long, & flat feet, should also be avoided. Such *Negres* never become strong, and are more susceptible than others to the ulcers and swelling of the legs.”⁵⁴ Physical indicators are representative for future failure of slaves to be productive laborers and reproducers. Desportes’ immediate trepidation is that slaves will not be able to work the fields if they are lazy, stubborn, or rebellious, or if they have pain in their legs. Following from this is a concern that these traits will continue to be passed on for generations to come.

Desportes addresses his multi-volume medical study to a more general audience than Chevalier’s limited intended readership, and does so with another set of goals in mind. He begins with, “As a rule, in Europe we only speak of America as a country where fortune seems to lavish its favors. This part of the world is such a seductive attraction and is the depository of so many

⁵² *Ibid.*, 267

⁵³ *Ibid.*, 270.

⁵⁴ *Ibid.*, 270.

treasures that it seems to avoid all dangers.”⁵⁵ He maintains that there has long been an indifference to science and wonders of nature that exist within the colonies, and argues for these islands to finally gain value in and of themselves. As Karl Marx would echo nearly a century later, the surplus capital gained from colonial products, would lay the foundation for sufficient economic and industrial growth throughout the world.⁵⁶ Rather than view Saint Domingue as a depository, Desportes contends that the colony’s value as a driving force of the production of scientific and medical knowledge must be acknowledged and mined.

In order to support his methodology, Desportes argues for, “The promotion of the plantation. In doing so, great care must be given, for the exposure of vicissitudes, and the fear and the sorrow, change in a short time [the plantation’s] natural constitution, so that, no matter how robust it is, it is bound to succumb to these misfortunes.”⁵⁷ Desportes references the inherent violence of the plantation in order to emphasize the need for reform so that European scientific progress and systematization can be fully established. In an important shift from Chevalier, disease and death in Saint Domingue should not be studied so that the knowledge gained can be applied back in France. Rather, science and medicine on Saint Domingue must be studied so that its plantations could advance their own systems of production, and in turn deliver the wealth back to the metropole.

One way in which Desportes’ reform oriented medical text manifests itself is in its analysis of disease. Desportes argues that the reason why the same disease afflicts *Blancs* less harshly than *Negres* is not because the physical composition of *Negres* is of a lesser biological quality, but because they are subject to harsher work and life conditions: “More exposed to the

⁵⁵ Desportes, *Histoire des Maladies de S. Domingue : Tome Premier*, 26.

⁵⁶ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 12.

⁵⁷ Desportes, *Histoire des Maladies de S. Domingue : Tome Premier*, 26.

insults of air, more slaughtered by the fatigues of the work, accustomed to bathe still covered with sweat, or on the ground, they must naturally be more subject to disease than the whites.”⁵⁸ Another problem of plantation management, Desportes highlights, is the malnourishment of slaves. *Negres* can grow a variety of nourishing crops like cassava, potatoes, okra, yams, and maize. However, the time required to cultivate these foods conflicts with time spent growing and producing sugar cane, coffee, and indigo. As a result, their masters have the, “Inhumanity to rob them of the time that is customarily given to them to cultivate the food they need. They are left with little resources, and as a result use part of the night to look for some other bad foods, more likely to harm them than to fortify them.”⁵⁹ The arbitrary will and punishment of masters, does little to promote the overall health and productivity of their labor force.

Venereal disease is a category of illness that especially warrants the study of plantation organization and management. Like Chevalier, Desportes’ preoccupation with the sexually transmitted disease spans many pages, however his analysis and conclusions are notably different. Although Chevalier is not directly cited, Desportes raises questions that seem to challenge the logic of Chevalier’s propositions. Desportes asks: “Why are so many children, both the nursed, and the weaned, afflicted, while a large number of nurses have, neither before nor during their pregnancy, any signs of the disease? Even if we take five children who have a *Negresse* wet nurse, only two of these children will become infected.”⁶⁰ Desportes maintains that the disease is most prevalent among *Negres* and that *Blancs* only contract the disease if they have intercourse with or are breastfed by black women. Desportes further argues that the disease is

⁵⁸ *Ibid.*, 33.

⁵⁹ Desportes, *Histoire des Maladies de S. Domingue : Tome Seconde*, 16.

⁶⁰ *Ibid.*, 63.

environmentally produced within specific institutions. He maintains that the disease was not and is not prevalent within African nations, and only appears within the plantation complex.

The cure of this disease rests on three factors: the temperament of the afflicted, the symptoms of the disease, and the moment when the patient first begins treatment. Desportes does not elaborate on any one of these cures except for the problem of temperament. Specifically, “The quality of the women who communicate this disease also contributes a great deal to its severity,” with *Mulâtresses* of mixed race being “the worst,” followed by *Negresses* and only then, in the rarest of cases, *Blanches*.⁶¹ Compared to the frequent discussion of *Negresses* as special medical cases, this is the only mention, in the six hundred and seventy-four paged volume, of *Mulâtresses* (women of mixed-race) and *Blanches* (white women). Although enslaved black women are the obvious subjects of Desportes’ medical treatise, other women who occupy different places within the colonial framework are mentioned only briefly for comparative purposes.

Enslaved black women greatly preoccupied Desportes as the main subjects of his medical inquiries. Whereas for Chevalier, *Negresses* provided expendable bodies that could be experimented upon once they became ill, there is a shift in rhetoric that can be detected in Desportes’ desire to develop sure cures for diseases specific to them. For example, Desportes recounts a *Negresse* who felt splitting pains in her abdomen over many years. This agony was the result of poorly treated Gonorrhoea, and not only prevented her from working, but also from becoming pregnant. Desportes examined her closely, and found several pustules around her reproductive “parts.” After an eight-day regimen of various salves, Desportes departed the plantation for another job. However, six months later, this nameless woman not only became

⁶¹ *Ibid.*, 67.

thin, but “the toes of her feet were covered in ulcers . . . and her shameful parts were covered in purulent and pitiful *pians*.” Desportes despaired at the thought of failure, and was determined to undertake a cure for her disease. After keeping her for four months under close scrutiny, and treating her with a variety of herbal oral remedies, Desportes was able to rid her of the disease. Six months later, the *Negresse* was reportedly in the best health of her life: she had become fat and fertile.⁶²

Throughout his medical text, Desportes insists that the cures of enslaved people should not be disregarded. Desportes argues that although they are predominately herbal cures, and are therefore quite unlike the treatments of French surgeons, they are representative of a specialized knowledge of medicinal plants on the island. Specifically, in order to find a cure for “spasms,” Desportes admits to seeking out a nameless slave healer’s cure. “I made every effort to discover his secret, to which I succeeded in gaining his pupil, who brought me all the plants which he used, and gave me the report of the manner in which our Asclepius employed them.”⁶³ In his account, Desportes gives the enslaved man the name of the Greek hero and god of medicine: Asclepius. The son of Apollo, Asclepius bore a staff entwined with snakes, a symbol of medicine that has endured for many centuries. Desportes confesses that the expertise of *Negres* is mysterious, presumably because they are meant to produce agricultural goods, not intellectual labor. In this ignorance of the expertise of slaves, European doctors “shall find much embarrassment.”⁶⁴

The hundreds of thousands of enslaved people imported to Saint Domingue brought with them traditional cures and medical practices from Africa. Paired with the residues of indigenous

⁶² *Ibid.*, 74.

⁶³ *Ibid.*, 164.

⁶⁴ *Ibid.*, 164.

medicine, enslaved people developed a range of cures that French doctors relied on and appropriated out of necessity.⁶⁵ An estimated nineteen subfamilies from fifteen different botanical families were brought to Caribbean colonies from Africa, some of which were used for food, and others as medicine.⁶⁶ Botanical gardens in Saint Domingue, as opposed to elsewhere, were not established for the leisurely strolls of the elite, but so that the herbal cures of enslaved people could be cultivated and turned to profit.⁶⁷ Successful cures were first to be exported to Paris in the form of a medical treatise, and then later in their physical form.⁶⁸ Within his own medical publication, Desportes' devotes the entire third volume of the text to medical cures in which he extensively details indigenous "Caraïb" and African remedies.⁶⁹ Medical practitioners like Desportes at least implicitly acknowledged the intellectual powers of a people simultaneously considered to be machines of production.

Desportes argues for the appropriation of the intellectual products of enslaved people, in the same way in which he discusses the need for systematized plantation practices. The stress on the slave trade in the last third of the century put great pressure on the French to generate an effective labor force, and therefore an increased amount of attention was given to facilitating and managing biological reproduction. If Chevalier, writing in the 1720s, had discussed pregnancy only as an aside, recommending that enslaved midwives be taught how to surgically cut umbilical cords and be forbidden from burning the cords as was customary in their native lands, Desportes, writing half a century later, devotes a whole section of his text to instructions on how

⁶⁵ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 136.

⁶⁶ Schiebinger, *Secret Cures of Slaves*, 16.

⁶⁷ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 291.

⁶⁸ Schiebinger, *The Secret Cures of Slaves*, 155.

⁶⁹ *Ibid.*, 46.

to promote a healthy pregnancy from conception to birth. The beginning of a greater emphasis on pregnancy can be ascertained from Desportes' discussion of tetanus.

Desportes does not focus his discussion of tetanus on the ineptitude of *Negresse* mothers. Many infants die from the disease due to, "The poor cleanliness and abundant smoke that is always present in the houses of the Negres, as well as the freshness of the night... these houses being made of poor materials."⁷⁰ In order to combat chilly nights, mothers build fires inside their huts, however; during the night these fires inevitably die out due to a lack of materials and the extreme fatigue of their tenders. Desportes attributes the disease to the sudden change between the extreme temperatures. His argument is that if the plantations were organized differently, infant mortality would be greatly lowered.

This is not to say that Desportes' calls for reform ignore sensationalized stories of strange births. Desportes chooses to provide one such account when he remembers how a *Negresse* gave birth to a dead baby the size of a six-month old child. Four days later, she gave birth to another child, equally large, but this one very much healthy and alive. For each birth, her water broke and she went into two separate labors. However, after the birth of the first child, its umbilical cord remained attached to the second the child and was not cut until four days later. The *Negresse* had been very ill throughout the course of her pregnancy, and it was discovered that the second child was so strong that it caused both her and its sibling to suffer.⁷¹ This narrative speaks to the incredible emergent reproductive potentials of enslaved women; not only are they able to bear two enormous children, but they can easily withstand freakish circumstances. The subject of

⁷⁰ Desportes, *Histoire des Maladies de S. Domingue : Tome Seconde*, 159.

⁷¹ *Ibid.*, 241.

medical imaginaries, the reproductive potential of black women actively begins to be produced and explored.

Chapter Three: The Fruits of their Labor

J.F. Lafosse's *Avis aux habitants des colonies, particulièrement a ceux de l'isle S.*

Domingue (1787), has an entirely different tone than Chevalier's or Desportes' texts. Written a mere four years prior to the onset of the Haitian revolution, Lafosse observes that the "cry of humanity" has persuaded him to make all sections of his medical treatise relevant to the health and well-being of slaves. Compassion for the plight of the enslaved can be detected throughout. Notwithstanding, he still felt compelled to add that "the colonies cannot exist without their slaves," and therefore, the health of the latter is crucial for the wellbeing of France.⁷² In the words, of Lafosse's contemporary Jean-Barthélemy Dazille, "Without *Negres* there is no cultivation, no production, and no wealth."⁷³ One of the comparatively few official physicians on Saint Domingue, Lafosse writes his text as a *correspondant* of the Société Royale de Médecine in Paris.⁷⁴ After the onset of revolution, Lafosse returned to France to teach medicine at the University of Montpellier. His petition to improve the conditions of the enslaved population, calling for the laborers to be provided adequate medical care and food provisions, is underpinned by the belief that production flourishes when plantations are properly managed and the forced laborers are accorded the facilities they need to stay healthy.

Lafosse, ignoring the inherent contradiction of the following logic, calls for enslaved people to be treated humanely in order for them to continue to perform under conditions that are nothing short of dehumanizing. Nonetheless, it is highly revealing of the changing conditions that he, unlike Chevalier and Desportes, does not highlight the medical differences between

⁷² Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 56.

⁷³ As cited in Schiebinger, *The Secret Cures of Slaves*, 117.

⁷⁴ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 145

blacks and whites, and instead refers to the bodies of the enslaved laborers on the plantation that are the central focus of his medical text in general terms—namely, as human.

Importantly, Lafosse is writing about and practicing medicinal cures in the years following the Seven Years' War. The year 1766 marked the end of the Seven Years' War and the establishment of a permanent military presence in Saint Domingue. The first force consisted of 5,400 men, and six years later, these numbers still totaled more than 4,000. These official military companies combined forces with free mulatto (mixed-race) soldiers. *Mulatto* units were especially designated the task of tracking down and punishing escaped and wayward slaves.⁷⁵ This increase in military presence was paired with the bolstering of government and legal mechanisms on the island. As a result, scientific and medical enterprises officially became less of a private business and more about instating control over the vast majority (over 80 percent) of its population: enslaved people.⁷⁶

Throughout the war, as well as in the decade after its end, a series of slave's poisonings of their masters plagued the plantation complexes of Saint Domingue. The most famous of these cases was conducted by the slave Macandal from 1758-59. During these years, Macandal's reputation grew as a rebellious figure whose use and cultivation of poisonous herbs would kill whites once and for all. It is unclear whether or not the escaped slave Macandal actually poisoned his master, or any other plantation masters, but all the same his image loomed large in the minds of French colonists. Paranoia that their slaves would use their expertise of medicinal plants against them became a firmly established belief that persisted long after Macandal's

⁷⁵ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 41.

⁷⁶ *Ibid.*, 45.

execution.⁷⁷ Ironically, rather than fear of foreign invasion, the turmoil and violence during and after the Seven Years' War was internal to Saint Domingue.⁷⁸ The need for greater institutional control of the plantations was made evident, and not only did this result in greater military and government presence, but it also had resounding effects on medical practice.

With a focus on the humane treatment of enslaved people, Lafosse's approach initially might seem contrary to the prevalent fear of slave rebellions. However, for Lafosse, the humane treatment of slaves emerges as a mechanism in which plantation owners gained greater control over their slaves. An example of this is seen in Lafosse's preoccupation with the treatment of enslaved children. He writes, "I have so often witnessed the sad and cruel effects of the negligence of the proprietor...and I could not recommend enough that they witness the feeding of these children before their very eyes."⁷⁹ Malnourishment, as a result of improper plantation organization, is a prevalent problem that results in widespread death. Lafosse cites one instance that resulted in the loss of 12 to 15 young slaves over the short course of a single season. He advises that another way to avoid this unfortunate matter is to ensure that babies and children are looked after while their fathers and mothers work.⁸⁰ His suggestion entails different roles be created on the plantation and be filled by slaves. This would transform slaves' labor away from earlier forms of productive field-work. Notably, Dazille also warned against the indiscretions of

⁷⁷ Burnard and Garrigus, *The Plantation Machine: Atlantic Capitalism in French Saint Domingue and British Jamaica*, 101-106.

⁷⁸ *Ibid.*, 135.

⁷⁹ Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 76.

⁸⁰ *Ibid.*, 76.

plantation masters, and argued that if these planters were to properly serve the state, then they would treat their slaves with humanity to avoid unnecessary deaths.⁸¹

Later on in the text, Lafosse again emphasizes the need for the expansion and restructuring of the plantation. He acknowledges that while most planters wait a period of time to assign their slaves to different laboring roles, sometimes based on the request of the enslaved person, this distribution of labor must be accomplished with great care. For labor beyond field work the choice requires, “The most scrupulous attention, since it is of great consequence to entrust them with the role of giving others good advice and setting a good example.”⁸² Lafosse recognizes the dangerous effects an increase in “authority” among *Negres* can cause, and warns against potential abuse. Although the specific dangers remain unclear, Lafosse is obviously concerned with the organizational power that slaves placed in these positions can have on the rest of the plantation population.

One such new position mentioned by Lafosse is meant to aid with the transition of other slaves into the plantation culture. Lafosse states the job should be held by several slaves who have proved their loyalty to their masters, and should temporarily be placed in charge of newly purchased slaves. Not only will these roles save time, but they will also instill “a kind of dignity” among the fortunate few who hold them.⁸³ Of course this dignity is meant to be enhanced with rewards for good behavior, but Lafosse makes a point to stress the importance that these *Negres* take pride in their work. “The justice and humanity granted to the power of the [Negre] representatives allows them to appreciate the obligations the planters have to fulfill, and they will

⁸¹ As cited in Schiebinger, *The Secret Cures of Slaves*, 140.

⁸² Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 102.

⁸³ *Ibid.*, 104.

in turn be capable of leading the *Negres* of others with as much interest, care and zeal as if they belonged to them in their own right.”⁸⁴ Justice and humanity acts as an insurance, whereby placing slaves into similar roles of authority as their masters is meant to dissuade them from rebellion. Lafosse continues to discuss the significant effects that proper plantation management and the humane treatment of slaves have on the productivity of the plantation. However, the main reason for his concern with these unusual forms of hierarchical labor is large population size. Increasingly larger slave populations flourish when the administration of the plantations is good.

Lafosse is not the only doctor from late 1770s actively preoccupied with the inhumane treatment of enslaved people. An entire section of the *Gazette de médecine pour les colonies* discusses various reforms that planters should invest in to improve the living and working conditions of enslaved people. *Negres* should not sleep on the ground, and should have adequately constructed spacious cabins to prevent exposure to the elements and overcrowding. The doctor prescribes that, “Each family have a large enough calabash to contain enough water for two days, because considering that water sources are far, and that *Negres* are lazy, they do not go to it.”⁸⁵ Instead, the purported sloth of enslaved laborers leads them to drink from infected ponds meant for cattle. Sturdy blankets should also be purchased, as well as boilers so that they can properly cook their food. Furthermore, *Negres* and *Negresses* should be visited by the surgeon of the plantation every three to four months to prevent and treat any outbreaks of venereal disease, “otherwise the *atelier* is poisoned.”⁸⁶ It is unclear what the exact translation of

⁸⁴ *Ibid.*, 104.

⁸⁵ Julien-François Duchemin de l'Étang, ed., *Gazette de médecine pour les colonies*, 14.

⁸⁶ *Ibid.*, 14.

atelier should be, but the word conjures images of a fully organized and functioning workshop. Planters are instructed to gain control over the bodies and health of their slaves.

For Lafosse, humane medical treatment and working and living conditions is especially warranted for enslaved women, for it is they who can increase the labor pool.⁸⁷ Scholars estimate that throughout the 1770s, the population of enslaved men and women grew exponentially in comparison to decades past. This eventually culminated in an especially dramatic spurt from 1780-1790. At this time, the population of slaves was growing faster, and in significantly greater numbers, than any other group in the colony. Ultimately, two thirds of Saint Domingue's enslaved population were born in Africa, and a staggering one third born on its plantations.⁸⁸ In the years after the Seven Years' War, the ratio of enslaved men to women also dramatically shifted. Whereas enslaved men long represented the majority of enslaved people on plantations, by the 1780s women often constituted the majority.⁸⁹

Very much entrenched in and in favor of the change in the colony's demographics, Lafosse advises that women who become pregnant "should be treated with kindness and complacency if we wish to preserve their fruit and favor the population."⁹⁰ Lafosse says he has observed unmentionable violence inflicted upon pregnant *Negresses*, always witnessed by plantation proprietors. However, a more common occurrence he is willing to discuss is how late into a pregnancy enslaved women should be subject to work the fields. In Lafosse's opinion,

⁸⁷ Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 118.

⁸⁸ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 50-51.

⁸⁹ Moitt, *Women and Slavery in the French Antilles*, 31,32.

⁹⁰ Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 113.

women should not be expected to labor four months before they are supposed to give birth. If *Negresses* are forced to work, and especially if they are violently punished, this will result in the death of their unborn child and will greatly jeopardize their own health. Lafosse advises that pregnant slaves should be given, “The same attentions which some inhabitants have for wet-nurses; that is to say, to allow them their evenings, to go to the garden before sunrise, and to retire as soon as they go to bed.”⁹¹ In each instance, both wet-nurses and expectant mothers should be provided more time so that they can properly care for their infants, even if this results in a temporary decrease in the available productive labor force.

Elsewhere, Lafosse proposes that slaves in conjugal relationships be allowed to make and drink the strong alcoholic liquor of *Tafia* in order to encourage sexual activity leading to pregnancy.⁹² Lafosse notes that when planters recognize and accept that enslaved men and women sneak off into the night to drink and fornicate, their actions no longer become illicit. Instead of defining their behavior as disorderly and full of seditious debauchery, slaves should be encouraged to drink and make merry so that their population can flourish. Of course, Lafosse adds, if these meetings occur between a man and a wife from different plantations, and disturb the greater union of their respective homesteads, then their master should intervene accordingly. In this example, the plantation is discussed as a patriarchal household and an indivisible whole. The master of the plantation has ultimate control over the population of slaves that reside within it, and this power is manifested over the bodies of enslaved men and women. Specifically, where these bodies can go in space, and how these bodies develop in time.

⁹¹ *Ibid.*, 113.

⁹² *Ibid.*, 111.

Although Lafosse recommends encouraging *Negresses* to have sex, he specifically excludes enslaved wet nurses from his proposal. In addition to training in child nutrition in order to diminish infant mortality,⁹³ wet nurses should not be allowed to “liberally communicate” with their husbands. Above all, they must not become pregnant, for fear that they favor their child over the many infants they are required to feed. Lafosse says to, “Never forget, that it is often from breast-feeding that strength and vigor of temperament depend...and it a part of physical and moral faculties.”⁹⁴ Moral temperament plays an important role in the quality of breast milk, and wanton sexual acts that have no reproductive purposes should be prohibited. Later on, Lafosse notes that even if wet-nurses become pregnant, they usually lose the child due to the large quantities of breast milk they produce.⁹⁵ Enslaved women designated to be wet nurses, are subject to different standards of physical regulation. Their bodies must be directed so that they continue to produce, rather than reproduce, as efficiently as possible.

By the end of the colonial period in 1791, there were only twenty-six practicing physicians throughout the colony,⁹⁶ physicians sometimes charged 10 livres per year per slave for regular inspections and 150 livres per treatment (the minimum price of a slave was 2,200 livres),⁹⁷ the role of these enslaved wet nurses, as well as, enslaved midwives gains greater significance. Although it was illegal for enslaved or free people of color to act within a medical capacity, this did not prevent enslaved women from providing necessary medical care within the private confines of the plantation.⁹⁸ To get an idea of the limits of medical legal enforcement,

⁹³ *Ibid.*, 74-76.

⁹⁴ *Ibid.*, 74.

⁹⁵ *Ibid.*, 117.

⁹⁶ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 133.

⁹⁷ Schiebinger, *The Secret Cures of Slaves*, 55.

⁹⁸ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 134.

there were an estimated six to eight hundred plantation surgeons who successfully practiced without a license in Saint Domingue in 1791.⁹⁹ Paradoxically, these legal transgressions within the plantation complex, would serve to promote the larger institutionalized economic project of the entire colony. This being said, even within the ordinance of 1764 that prohibited slaves from practicing medicine, there was a caveat that allowed slaves to treat people depending on “the particulars of the case.” Specifically, slaves could treat snakebites and *Negresses* were allowed to serve as midwives throughout the colony.¹⁰⁰ The reality was that *Blancs* relied on *Negresses* for both their own health care, as well as, the survival of their slaves. This resulted in the presence of enslaved women nurses (*infirmières*) and plantation hospital managers (*hospitalières*). Recall the nameless *hospitalière* Bouvier relied upon to address the reproductive health of his patient. The plantation *hospitalière* was arguably the most valuable slave on the plantation, and her important status opened up many possibilities of rebellion.¹⁰¹ Allusions to these enslaved women in their medical texts provided a semblance of control.

Enslaved women allowed to practice as *hospitalières* and midwives bridged a dual identity present throughout Atlantic slave institutions. When they cured enslaved men and women and delivered newborns into the world they supported the very institution that kept them in chains. However, enslaved women with medical knowledge also emerged as leaders who existed in opposition to the plantation complex. Their mental labor allowed traditional African and Indigenous medical practices to flourish, and their production of medical knowledge defied

⁹⁹ Schiebinger, *The Secret Cures of Slaves*, 78.

¹⁰⁰ The ordinance of 1764, Article 16 as cited in Schiebinger, *The Secret Cures of Slaves*, 129.

¹⁰¹ Moitt, *Women and Slavery in the French Antilles*, 66-68.

their objectified identity.¹⁰² Their privileged position allowed them to conduct various forms of medical sabotage; the most obvious within the context of the late 1700s being abortions.

Although neither Chevalier nor Desportes felt the need to directly address the topic, Lafosse, writing near the end of the century, bemoans abortions as all too frequent occurrences, and suggests that enslaved women be bled late into the pregnancy to combat their “sanguine and lively temperament.”¹⁰³ Wet nurses who became pregnant, he notes, still tended to abort their fetuses for fear of being disciplined for not being able to continue to perform their plantation duties while rearing their own children. As he puts it, the wet nurses “resort to violent means to have an abortion in order to avoid the punishment that they believe they cannot avoid, which could result in the loss of the new fruit.”¹⁰⁴ The value of the “new fruit” is even greater considering that native-born slaves, already Creolized, were worth, on average, 25 percent more than slaves born in Africa.¹⁰⁵

Lafosse laments the continued loss of biological production (“new fruit”) that the vestiges of the regime of disciplinary power still incur, and seeks to rectify the situation by advocating for the more productive form of biopolitical power relations. But his language also hints at the fear that in the context of this new form of power relations abortion might be put to use as a weapon for rebellion and defiance against the slave owners—precisely because it denies them “new fruit.” Abortifacients were outlawed and were not recognized by the European medical community and therefore they did not pass into the globalized medical world. It would not be in

¹⁰² Weaver, *Medical Revolutionaries*, 74.

¹⁰³ Lafosse, *Avis aux habitants des colonies, particulièrement a ceux de l'isle S. Domingue, sur les principales causes des maladies qu'on y éprouve le plus communément, & sure les moyens de les prévenir*, 89.

¹⁰⁴ *Ibid.*, 117.

¹⁰⁵ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 53.

best interest of European nations for women to have access to these botanical tools.¹⁰⁶ For this reason, physicians like Lafosse, although concerned with herbal medicine, does not describe the ways in which women would procure their abortions.

The extent to which the increased control of enslaved women’s bodies had an impact on individual plantations is limited. Birth rate statistics discussed in secondary sources show that fertility remained low among slaves in Saint Domingue, often only totaling around three births per year on plantations that had populations over one hundred.¹⁰⁷ This being said, and in consideration of the difficulty in conducting demographic studies on localized plantations with differing age and gender makeups, enslaved women remained the subjects of French medical treatises even if it meant they were to be blamed for the failing of newly desired high birth rates. The following table records the birth rate and death rate of slaves on a plantation from the Limonade region of Saint Domingue in 1780:¹⁰⁸

The table is a handwritten record titled "Naissances & Morts des Nègres." for the year 1780. It is organized into columns for months, dates, names of deceased individuals, names of enslaved women who gave birth, and names of the children born. The names of the deceased are categorized by gender and age group: Nègres, Négrillons, Nègreses, and Négrittes. The names of the women are listed under "Noms des Nègreses Accouchées," and the names of the children are listed under "Noms des Enfants Nés," with sub-columns for "Mâles" (males) and "Femelles" (females).

1780		Noms des Nègres Morts.				Noms des Nègreses Accouchées.	Noms des Enfants Nés.	
Mois	Dattes.	Nègres.	Négrillons.	Nègreses.	Négrittes.		Mâles.	Femelles.
Jan	5	Lejandy						
Jan	24	Cerant						
May	22	Ignace						
Jun	28	Scipion						
July	18							
July	20							
Aug	15							

¹⁰⁶ Schiebinger, *Plants and Empire*, 229.

¹⁰⁷ Moitt, *Women and Slavery in the French Antilles*, 90-91.

¹⁰⁸ Table written in 1780. Papiers privés tombés dans le domaine public registres. Paris, France: Archives Nationales. Box Code: T//1089 – T//1090.

Although four enslaved men and three enslaved boys passed away, there were no reported deaths of enslaved women, and no reported births. Included on the very next page is a detailed report of the births of horses, mules, and cattle, with more promising results:¹⁰⁹

Naissances des Chevaux, Mulets & Bêtes à Cornes. 5

Mois.	Dates.	Juments.	Poulains.		Mulets.		Vaches.	Veaux.	
			Mâles.	Femelles.	Mâles.	Femelles.		Mâles.	Femelles.
		<i>Crimin</i> 1.					<i>Madelon</i>		1.
		<i>Tranqui</i>			1.		<i>Sarance</i>	1	
		<i>Houblont</i>					<i>Calorie</i>	1	
		<i>Massara</i>					<i>Boisou</i>		1
		<i>Capadime</i> 1.					<i>Jurane</i>		1
		<i>Latin</i>					<i>Janeton</i>		1
		<i>Bigare</i>					<i>François</i>	1	
							<i>M. Cato</i>	1	
							<i>La Noir</i>	1	
							<i>Marmetad</i>		1
							<i>Jérôme</i>		1
							<i>Latina</i>		1

Compared to the seven deaths of various livestock reported from that year, the birth of almost twenty animals far exceeds the death rate. The placement of these tables next to one another in the report draws a stark contrast between the fertility of animals and the enslaved population. For these reasons, plantation owners would blame enslaved women and abortions, instead of the dehumanizing violence of slavery, for the low birth rates.¹¹⁰

As if to address this misplaced diagnosis, medical practitioners like Lafosse instead argue for a new a form of institutionalized slavery. The infertility of slaves further emphasizes the significance of the fact that the reproductive potential of enslaved women preoccupied the imaginations of French doctors. This was a notion that grew in tandem with the desire to generate the biological reproduction of the enslaved labor pool following the Seven Years' War.

¹⁰⁹ Ibid.

¹¹⁰ Moitt, *Women and Slavery in the French Antilles*, 93.

French medicine may have initially arrived to Saint Domingue as a result rampant tropical illnesses, but medical practice soon developed into a powerful instrument of eighteenth-century colonialism. The struggle was played out on the bodies of women whose value now came to be seen not just as that of cheap labor but also in reproductive terms. The writings of eighteenth-century medical practitioners reveal the emergence of biopolitics, especially as the operation of the slave trade came under increasing duress as the century progressed.

Conclusion

In 1790, Saint Domingue had 560,000 inhabitants; the same number as the then total combined populations of contemporary Pennsylvania and New York. This, along with its size, at the time, made it one of the most densely populated place in the New World. Of these 560,000 people, 500,000, nearly 90 percent, were enslaved.¹¹¹ On August of 1791, the enslaved people of Saint Domingue revolted. Over the course of their twelve-year fight for freedom, these men and women would face their masters, soldiers, government officials, not to mention later invasions by Spanish, British, and French militia.¹¹² The Haitian revolution was a successful overthrow of political and institutional forms of power led by the very people those systems had long controlled.

The emergence of biopolitics on Saint Domingue is an indicator of changes in colonial practices of power. The increasing biological and demographic regulation, regardless of its success on individual plantations, occupied the efforts of French colonizers as the eighteenth century progressed. Whereas Foucault theorizes biopolitics in terms of the slave-like conditions it produced, this thesis is about how the medical discourse of power was so explicitly discussed within the plantation complex. In addition to its violent negation of human beings, the institution of slavery necessarily recognized the humanity of the men and women it commodified for its own purposes. At the extremes of human existence, enslaved people were the subjects of medical texts written for the rest of the world.

Rather than advance Enlightenment ideals towards human freedom, medical practice on Saint Domingue reinforced the chains of human bondage. At the same time, as French medical

¹¹¹ McClellan, *Colonialism and Science: Saint Domingue in the Old Regime*, 3.

¹¹² James, *The Black Jacobins*. ix, 88, 290., Laurent Dubois, *Avengers of the New World*, 1-7, 303.

practitioners sought to increase biological reproduction and production, they were forced to see the subjects of their regulative practices as human beings. This had an especially profound effect on the identities of enslaved women. Seen as machines of production, they were granted new forms of rebellion by means of abortion, poisonings, and knowledge. As Weaver argues, the enslaved healers of Saint Domingue were vital players in the destruction of the very dominating economic and political system that had long dehumanized them. In the words of one doctor, writing in 1778, addressed to a French plantation owner: “Your lights are too piercing, Sir, to not see the disasters that these abuses [of mistreating your slaves] lead to.”¹¹³ The light of Enlightenment knowledge obscures, rather than reveals, its subject. This blindness manifested itself in the ways in which Enlightenment medicine and its biopolitical discourse of control presented a different status for enslaved women.

Haiti’s first novel is the story of revolution. It tells the tale of two brothers, Romulus and Remus, who gain freedom for themselves, their people, and their land. Set on the island whose slave name is Saint Domingue, *Stella* is a literary retelling of the Haitian revolution that communicates the story of a nation founded on the principles of freedom and equality despite the devastation and violence of its past. The author, Émeric Bergeaud, begins a chapter with the following reflection:

History is a river of truth that follows its majestic course through the ages. The Novel is a lake of lies, the expanse of which is concealed under water; calm and pure on the surface, it sometimes hides the secret of the destiny of people and societies in its depths...¹¹⁴

¹¹³ Julien-François Duchemin de l’Étang, ed., *Gazette de médecine pour les colonies*, 14.

¹¹⁴ Bergeaud, *Stella: A Novel of the Haitian Revolution*, 17.

If History, a continuously flowing river, cannot be captured in its true form, it can only be revealed to us, in glimpses, through its tangible forms. Like the Novel, medical documents from Saint Domingue have revealed much about how enslaved women existed and were constructed in the idealized writing of medical practitioners. As seen within these medical texts, the conflict played out on the bodies of women came to cast them as the main subjects of biopolitics. Enslaved women came to be viewed not only as vessels for disease, but as vessels of reproduction. In the end, the late eighteenth century colonial ideal of enslaved women as both productive field laborers and biological reproducers was not fully realized. But this did not prevent these women from preoccupying the imaginaries of medical practitioners.

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