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What was Black Nostalgia?

Jonathan D.S. Schroeder

The African recently arrived from his homeland will likely preserve memories of his many past lives, and...will more than ever be predisposed to suffer from nostalgia. And so, in particularly exceptional circumstances, it is a mistake, a mistake of calculation, and of interest, not to treat him with docility and favor, to burden him with difficult labor, and to exercise upon him the same severity as is proper for old slaves. From such a mistake can a comparison between the time of liberty and captivity be born, between the past of the homeland, the present of the foreign land, and the continuous future of slavery, which, in not a few cases, will be fatal to the interests of the master, and to the life of the slave.

– Joaquim Manoel de Macedo, *Considerações sobre a Nostalgia* (Brazil, 1844)

Do you remember Africa?

O cleave the air, fly away home.

I knew all the stars in Africa.

Spread my wings and cleave the air.

– Robert Hayden, “O Daedalus, Fly Away Home” (U.S.A., 1943)

Two months after going into hiding in a white friend’s attic, a slave mother sees her children in the moonlight. All that day, the lives of Linda Brent’s children had hung in the balance. Now night had come and their future was decided and still she had received no news. Had her plan succeeded? Had her children’s white father managed to buy them from Dr. Flint via a slave trader? Or had the spiteful old doctor rejected the offer? Worse yet, had he discovered her plan? Her thoughts and emotions heightened to the breaking point by the sensory deprivation of her solitary confinement and the anticipation of losing her children, she writes:

And now I will tell you something that happened to me, though you will, perhaps, think it illustrates the superstition of slaves. I sat in my usual place on the floor near the window, where I could hear much that was said in the street without being seen. The family had retired for the night, and all was still. I sat there thinking of my children, when I heard a low strain of music. A band of serenaders were under the window, playing ‘Home, sweet home.’ I listened till the sounds did not seem like music, but like the moaning of children. It seemed as if my heart would burst. I rose from my sitting posture, and knelt. A streak of moonlight was on the floor before me, and in the midst of it appeared the forms of my

two children. They vanished; but I had seen them distinctly. Some will call it a dream, others a vision (*Incidents* 138).

So intently does Linda listen to John Howard Payne's iconic 1823 song, with its famously repetitive refrain ("Home! Home! sweet, sweet home! There's no place like home! There's no place like home!"), that she hears the "moaning" of her children and then sees "their spirits" in a "streak of moonlight." From night into day, the "vision of the night kept constantly recurring to [her] thoughts," compounding the misery of her confinement. And then, finally, the suspense is broken: her children have not become specters of capitalism. They are coming home.

For slave physicians like Harriet Jacobs's owner, James Norcom, who was privately trained by Benjamin Rush in Philadelphia and who served as the basis for Dr. Flint in *Incidents in the Life of a Slave Girl* (1861), one diagnosis existed for this type of intensely moving scene: nostalgia.¹ In marked contrast to its current status today, in eighteenth- and nineteenth-century Europe and the Americas the concept of nostalgia served as the exemplary disease of forced mobility. It was exclusively used to diagnose sailors, soldiers, convicts, slaves, and other groups whose labor forcibly separated them from home. Above all, it was diagnosed in the white ethnics and black Africans who made up the bulk of this labor force and whose "excessive" reactions to compulsory mobility were said to reveal a latent vulnerability to this deadly variety of melancholic insanity.

Nostalgia was known to induce hallucinations of home so rapturous and voluptuous, so powerful and all consuming that individuals inadvertently killed themselves while under its spell. These deaths fall into two varieties. In long-eighteenth century medical writings, victims withdraw from the fear and loathing of exile, becoming so absorbed in spiraling fixations on images of the absent home that they grow insensible to other objects, refuse to leave bed, and finally starve to death, their last words almost always, "I want to go home! I want to go home!" (Hofer 1688). Not

for nothing was the disease variously classified in nosologies—systematic tables of illnesses organized on the principles of a Linnaean taxonomy—as a disease of the imagination, a disease of volition, and a disease of the defective or false appetites, and frequently placed alongside bulimia, anorexia, and forgotten disorders like *pica* (eating what is not food).² In the 1790s, by contrast, physicians begin to describe a new version that they linked to suicide, in particular spectacular leaps into the open air and “into” the home scenes that the nostalgic’s dazzled imagination had projected onto the landscape or seascape below.

Linda does not jump to her death, however. Rather, she ultimately reads her vision as a prophecy telling her to move to a better hiding place, nearer her children and further from the doctor’s penetrating eye. She is not diagnosed with nostalgia, which would have instead defined this vision as a hallucination, the joint product of a deranged mind and depraved body. Nor is she ensnared in a paramedical security apparatus that was built to control the slave’s movements in order to prevent suicide, which for slaveowners represented financial loss and an end to slavery in a nightmarish holocaust of self-destruction. And yet the fact that she has gone into hiding is not the primary reason why she escapes diagnosis. She escapes because she is an American.

This essay reads Harriet Jacobs’s nostalgia in terms of the global histories of medicine and slavery. In tracking the dispersion of the concept from Europe to the Americas from the 1790s through the 1860s, it most starkly shows that nostalgia was repressed as a diagnosis in black slaves in the Anglophone Americas.³ In the French, Portuguese, and Spanish-speaking Americas, by contrast, the concept was regularly used in slave medicine and plantation management. It is this bifurcation that makes this such a compelling case study, as it presents new routes for recovering—and distinguishing—divergent histories of racial and ethnic formations in the Americas. What follows here highlights the pivotal role that medical conceptualizations of movement played in

ingraining differences within bodies and consequently excluding them from the rank of the human and the liberal concept of freedom.⁴

By comparing anecdotes from Brazil, Cuba, Haiti, Martinique, and elsewhere, my essay begins by reconstructing the transformation of an ethnic disability into a racial disability. While “naturally melancholic” ethnic groups were said to die when compulsory mobility sent them spiraling into a vortex of memory and desire, slave physicians redefine nostalgia as a more extreme two-part temperamental and *appetitive* disorder. The black body was consequently racialized as subject to a more powerful nostalgic desire, fully primed by a love of home and a love of freedom of movement (recall that in Locke it is the animal and the animal-like savage, not the citizen, whose movement is unlimited). In place of the ethnic’s vulnerability to compulsory mobility, what triggers black nostalgia is compulsory *immobility*—captivity itself. Through this reconceptualization, a new mode of biopolitical narrative emerges. The ethnic laborer dies from wanting to return home, the black slave wants to die to return home.

This was not merely a transformation at the level of theory, but emerged from a practical redescription of the disease that was directed towards arresting practices of resistance among the enslaved. While both the ethnic and racial versions of nostalgia belong to a strikingly shared network of justification that helped mark these bodies as incapable of the “forms of movement” that, as Hagar Kotef writes, “encapsulate the liberal notion of nonauthoritative order: self-regulated, contained, and anchored to the land,” it is also important to recognize that ethnic nostalgia was easily assimilated within this order (89). In particular, it served as the narrative engine for the sentimental reproduction of “vanishing” native populations as tragic emblems of national belonging. By contrast, black nostalgia would not be recuperated until much later, and then unofficially, in works like Robert Hayden’s “O Daedalus, Fly Away Home” (1943) and Octavia Butler’s *Kindred* (1979).

For in slavery, we find a far more “*active effort to deny and thwart*” transgressive movements and manifestations of freedom (*Ibid* 5). Indeed, the varieties of self-destruction attributed to nostalgia bear an uncanny resemblance to modern-day forms of resistance, as we hear of flying suicides, mass suicides, and hunger strikes, which can easily be construed as ways of using the power of death to resist being reduced to someone else’s disposable life. These acts of resistance amidst suffering have remained legible because by fitting nostalgia to slavery’s necropolitical economy, physicians could not help but weave them into their new account. My term “black nostalgia” is meant to capture the double edge of this concept, which stands as a grim memorial to the combat that physicians and African Americans have waged over the meaning and significance of suffering, death, and freedom.

Out of this dense pattern of word and deed emerge two figures of black resistance and suffering that continue to haunt the Americas: the flying African and the starving African. In confronting these two figures of the nostalgic death, Jacobs’s narrative mounts a sophisticated critique, demonstrating above all that what was exceptional about American medicine was its neglect of the affective health of the black body. In narrating just such a body’s deterioration over the course of nearly seven years of concealed immobility, *Incidents* suggests that slavery made it nearly impossible to acknowledge black manifestations of freedom by confounding them with illness. At the same time, it shows that forms of protest were often only available to slaves in spaces close to death. This essay works through nostalgia’s history in order to show how these spaces became illegible and how we might read them once again.

1. Racializing Nostalgia

In their entry for “Nostalgie, Maladie du Pays, *ou* Heimweh” in the 1774 supplement to the *Encyclopédie*, Albrecht von Haller and Jean-Jacques Rousseau declared that no adequate

explanation for the “genre of fantasy” known as nostalgia existed. In enjoining physicians to discover why some people are naturally melancholic, the two Swiss savants hoped to answer why nostalgia affected “the Swiss more remarkably than other nations” (519). Beginning in the 1750s, the new field of medical geography drew concepts from geography, stadial history, and economics together to isolate the unique geographic features of diseases and their probability in native inhabitants. The Swiss consequently became a problem that promised not just an answer to how nostalgia occurred, but also, much more sweepingly, a theory of how places produced disease.

Medical geographers explained “the Swiss malady” as a consequence not of positive environmental features, but a negative one: scarcity. They argued that the Swiss had become synonymous with nostalgia because their alpine home lacked arable land, thereby requiring them to leave home to supplement food supplies via shepherding and other pastoral practices. These forays were read as episodes of dispossession that intensified the Swiss *amor patriae*.⁵ As Oliver Goldsmith wrote of the “bleak Swiss” in *The Traveller, or a Prospect of Society* (1765), “every want, that stimulates the breast, / becomes a source of pleasure when redrest” (12). In other words, medical geographers created a causal chain that linked scarcity, semi-nomadic mobility, and a larger capacity for love to account for the prevalence of nostalgia among the Swiss under conditions where mobility was both compulsory and restrictive. “Between 1450 and 1850,” John Casparis writes, “over one million young men left the countryside or towns of what today is Switzerland to serve as contract laborers in some mercenary army of Europe” (593).

The Swiss model, in which the inhabitants of a resource-scarce environment are affectively chained to the home *by* the home, served as the prototype for the ethnic population, providing physicians with a set of abstract criteria that allowed them to assign pathological risk factors for nostalgia to a whole host of new groups, like Scottish Highlanders, Tyroleans,

Laplanders, the Irish, and the Turkish. “Nostalgic insanity,” the British physician Thomas Arnold wrote in 1782, “[t]his unreasonable fondness for the place of our birth, and for whatever is connected with our native soil, is the offspring of an unpolished state of society, and not uncommonly the inhabitant of dreary and inhospitable climates, where the chief, and almost only blessings, are ignorance and liberty” (266). This model gave physicians the tremendous, easily abused power to read the histories of entire populations forwards and backwards in time merely by examining the surfaces of their bodies for signs of home. Backed by medicine’s new powers, nostalgia became a variable by which populations could be subdivided and, as Michel Foucault writes, “considered as a set of processes to be managed at the level and on the basis of what is natural in these processes” (70). It was in this biopolitical narrative form that nostalgia became useful to Atlantic slavery, which had made a business of displacement.

Beginning in the 1790s, ethnic nostalgia was introduced into the black Atlantic as a tool for managing the negative affect of captive populations and neutralizing their counter-conduct. Across the Americas, new paramedical regimes of sanitation, hygiene, and exercise were designed and installed to guard against the onset of pathological homesickness and neutralize the practices of counter-conduct that began to be linked to it, like the soldier’s desertion and the slave’s escape. While white soldiers were said to die from the disease across the Americas, it is only in the French, Portuguese, and Spanish-speaking Americas that nostalgia appears as a cause of death in slaves. “Particularly in the eighteenth-century Caribbean and in South America,” Terri Snyder writes:

slave self-destruction was increasingly viewed as a symptom of pining rather than as a result of a stubborn temperament—a change that also reflects emerging views of suicide as [a] consequence of mental disease, not a product of a willful temperament or diabolical

inspiration. The tendency toward suicide by slaves was labeled ‘nostalgia’ and had a distinct set of symptoms that still continued to encompass temperamental stubbornness. Slaves who manifested medical nostalgia killed themselves through outright refusals: they would not eat or move and by these actions they deliberately courted death (50-1). More precisely, all cases of black nostalgia were said to take a long time to develop, but not all end with starvation. In the case of *Le Rôdeur*, an illegal French slaver that sailed from the Bight of Biafra to Guadeloupe in 1819, slaves “leaped over-board into the ocean,” driven by the ravages of physical illness and by, as William Wilberforce put it before Parliament, “*nostalgia*, a term which our translators could not comprehend, but which meant a passionate desire to revisit their native land” (*New Annual Register* 221). For non-Anglophone slave physicians, this “flying” death was the other endpoint of black nostalgia: sudden, spectacular extinction.

Nostalgia was actually first linked to slaves by the British naval physician Thomas Trotter in 1792 when he invented a neologism, “scorbutic nostalgia,” to describe what he believed to be a new kind of illness. “The cravings of appetite,” he wrote, “not only amuse their waking hours, with thoughts of green fields, and streams of pure water; but in dreams they are tantalized by the favourite ideas; and on waking, the mortifying disappointment is expressed with the utmost regret, with groans, and weeping, altogether childish” (44-5). Jonathan Lamb writes that “Trotter first became interested in the affective aspect of the disease when working as a surgeon on the Liverpool slave ship *Brookes* in 1783, bound for the Gold Coast and Antigua” (111). In the initial stages of the voyage, many of the Africans, having awoken to find that they were in a slave ship and not home as they had been in their dreams, developed a passionate nostalgia that Trotter noticed was inevitably followed by scurvy and a number of suicides, “one of which was conducted with a *stoick* enthusiasm, and plainly evinced the innate love of freedom

of uncivilized beings” (62-3). Erasmus Darwin soon after reinforced these links between the affective disorder of nostalgia, the appetitive disorder of scurvy, and suicide (Darwin 367). And in 1803, Thomas Winterbottom, a British physician who had been stationed in Sierra Leone, wrote that “NOSTALGIA affects the natives of Africa as strongly as it does those of Switzerland; it is even more violent in its effects on the Africans, and often impels them to dreadful acts of suicide” (174-5). Melancholic sailors and slaves, driven to suicide by repeated dreams of their lost home, would serve as a recurrent trope in humanitarian poems like William Wordsworth’s “The Brothers” (1800), James Montgomery’s *The Voyage of the Blind* (1822), and Henry Wadsworth Longfellow’s “The Slave’s Dream” (1842). Yet it is significant that Anglophone writers never again gave the slave’s spectacular death the name nostalgia.⁶

This connection between nostalgia and slavery was not severed by non-Anglophone colonial writers, however. In 1798, Francisco Barrera y Domingo published an immense medical tome devoted to the subject of the diseases of slaves, in which he expressed great interest in nostalgia as a principal cause in the high suicide rate of Cuban slaves.⁷ In an apparent extension of Trotter and Darwin, the Spanish-born physician wrote that when Africans are unable to “fling themselves overboard,” they either “sadden until they die” if they cannot “find pleasure in some deception,” or they land and “grow silent and wait for an opportunity to absent themselves from their companions and throw themselves into wells, rivers, or the sea; since they are of the belief that by doing this they will free themselves of Europeans and return to their lands” (69). In a telling detail that connects this text to European environmental medicine, he reassured readers that he had “investigated the cause, in its initial origin, with the geographic method” (70).⁸

In 1809, the French naturalist Michel-Étienne Descourtilz used extraordinarily similar language in a detailed case history of an “Amina negress” who had been recently purchased

along with her two infants to work on a plantation in Haiti. He wrote that one day she went missing from work and was later seen walking along the banks of the River Ester.⁹ Every so often she stopped to “measure the depth of the water, emit sighs, lift her eyes to the sky, and beat her chest.” Her actions “excited the interest” of the plantation owner, who began treating her with great “care” [*ménagement*], “regarding the emanation of her regrets as dependent on nostalgia, or *maladie du pays*.” Despite his best efforts to “mak[e] her forget her future,” one morning she was found drowned along with her two infants, whom she had bound to her chest and whose cries had alerted nearby fishermen to the “approach of death” (130-32). In both anecdotes, nostalgia no longer refers to a self-destructive fixation on returning home, but rather, to a fixation on self-destruction itself.

Whereas Barrera had written that suicide was supposed to free slaves from their European captors and allow them to return home, Descourtilz was more explicit about what this meant: certain African groups believe in metempsychosis, in particular that death would allow their souls to return to Africa. Descourtilz, who had been impressed into service as a physician in Dessalines’s army during the Haitian Revolution, cited the “Aminas and Ibos” as particularly prone to nostalgia because of this belief. They often “drown themselves in groups, or in a single-file line, fully persuaded that after their death, they will be transported to their country, and recover the rank, fortune, parents, and friends of which the fate of war has deprived them.” In drawing upon the centuries-old European belief in the African belief in transmigration, one that was ascribed to many groups besides the Igbo and Mina, these physicians made it possible to see the slave’s resolution to die as an extreme version of nostalgic fixation on home. In the process, they attempted to neutralize these fatal actions before they could be read as a political act of self-dispossession with the potential to destroy the very basis of slavery in human property. With the

label “nostalgia,” slave self-destruction was described as a racialized version of nostalgic insanity. Even as the figure of the flying African has become an integral part of the folklore and art of the diaspora, it is quite likely that it was invented in the Americas, not Africa, forged and reforged in these deadly contact zones.¹⁰ For while overseers in Brazil, Jamaica, and the United States adopted the practice of “cut[ting] off the suicide’s head, for the slaves believed that a headless spirit was unable to go back to Africa,” physicians also wrote that Chinese indentured laborers en route to Cuba in the 1850s and 1860s committed suicide due to “their Buddhist notion that their souls, immediately after death, return to their native country” (Karasch 280-81; Auchinchloss 189).

In the early-nineteenth century, medical accounts of the flying African tended to give way to a new figure: the starving African. This is the figure that historians have most often associated with the slave’s nostalgic suicide. As Louis A. Pérez Jr. writes, “Africans newly arrived in Cuba (*bozales*) often withdrew into themselves, overcome with inconsolable sorrow, refused all food and drink, displayed only the most tenuous interest in living, and soon languished dying” (33-4). Though written about as early as the 1760s, slave self-starvation only assumed prominence alongside a new emphasis on disease prevention and affective management of captive populations.¹¹ And though anorexia had always accompanied the disease in its final stages, it acquires a new priority and prominence with the racialization of nostalgia. In Brazil, self-starvation was known as the “*banzo*,” an Afro-Brazilian word apparently shared by plantation owners, slaves, and physicians like the Portuguese doctor Luiz Antonio de Oliveira Mendes, who wrote about it in 1793. According to historian Katia M. de Queirós Mattoso, “Slaves who decided that they wanted to die stopped eating, lost weight, and faded away: this was the so-called *banzo*, or slow suicide, a kind of terminal nostalgia” (140). By the 1820s the

word was translated in Brazilian Portuguese dictionaries as nostalgia or *saudade* (longing or pining) and was said to “afflic[t] the slave with frightening energy,” such that “one feels that this sickness of the soul can kill just as easily as the most terrible illnesses of the body.” (Denis 502).¹²

By joining this appetitive disorder with the affective disorder of nostalgia, physicians discredited the deaths of African slaves, which were now recast as involuntary byproducts of insanity rather than political acts of resistance. In an early example of scientific racism, the German naturalist Carl von Martius justified why the combination of the “the powers of nutrition” and the “depression of spirits” resulted in especially powerful episodes of nostalgia in African slaves:

This nostalgia of the black man... manifests itself in a deep melancholy, which in most cases leads to death. But while the exterior of the Indian scarcely betrays what he is suffering internally, and he seems reduced to the condition of an automatic machine, which can produce only one idea, that of flight, the negro displays an unusual elevation in all the feelings connected with his state. He broods with incessant fondness over his own melancholy thoughts, lives in an exstatic remembrance of the past, which his fancy unceasingly paints in the fairest colours, refuses to take nourishment, and appears busied with suicidal zeal and resolution in putting an end, as soon as possible, to his miserable condition by death. Nevertheless, the negro is much slower than the Indian in becoming the victim of such destructive emotions, and he often wastes away for months... (55)

Von Martius claims that the bodies of African and indigenous Brazilian are both imbalanced, but in diametrically opposed ways, with the black body characterized by too much room for nervous excitement and the indigenous body too little. The African’s exalted, hallucinatory state (which

today might be seen as a symptom of vitamin deficiency) is specifically said to result from the interplay of two different imbalances in the body. Von Martius argues that the African possesses both an enlarged capacity for feeling and a stronger “plastic system,” which makes it possible for him to endure the symptoms of a state of nostalgic insanity—decreased sensitivity to external objects, slow and apparently involuntary motions, and anorexia. The flying death’s supernatural refusal of slavery and the zombie’s horrific reminder of it constitute two sides of the same coin in nostalgia, both grim testaments to the power of black resistance, the intensities of black suffering, and slavery’s need to redefine the black body as incapable of self-management.

2. Policing Nostalgia

The series of paramedical security mechanisms that slave physicians designed to neutralize slave self-destruction were built upon this racialized version of nostalgia. In particular, physicians and colonial officials sought to control nostalgia’s symptoms and triggering conditions, as evidenced by the example of Descourtiz’s plantation owner, whose vigilance is precisely directed at diagnosing and treating the “unseasoned” woman to prevent her self-destruction. Nostalgia had become a disease to be prevented through vigilance and management, even as the object of prevention had changed to a new object, suicide. Given that white European soldiers frequently suffered from the disease in the colonies as well, these writers first worked to draw additional racial distinctions on the basis of affective, physiological, and environmental differences.

In a section on “Maladies of Negroes and Hygiene to Follow” in *Statistique de la Martinique* (1822), Félix Renouard wrote that “we believe that nostalgia [is] the principal cause of all the maladies which can affect the Negroes of Africa, when one transplants them to the Antilles and America.” Renouard argued that nostalgia affected Europeans and Africans equally, but in opposite ways, as the effects of the tropical climate are as harmful to Europeans as the

effects of enslavement to Africans. While Europeans “arrive in the Antilles full of fugitive hope of a brilliant fortune,” the African arrives “torn from his household gods [*pénates*], from his home-loving habits, to be transplanted across the seas.” Yet because only the European suffers from the difference of climate, since the climates of Africa and the West Indies were said to be equivalent, his transition to a tropical climate is said to be as harmful as the transition from freedom to enslavement does an African’s: “both have to experience the maladies of the climate.” In tracing their apparently shared disease to two different underlying processes, Renouard thus maintains the “extreme difference” of the two populations (273-277).

The affective management of captive slave populations was designed and implemented on the basis of these racial differences. The “hygiene” that Renouard prescribed for nostalgic slaves shows how the preventive and utilitarian objectives of plantation medicine both elaborated upon and departed from European medical geography. In particular, he recommended continuing the same diet for the first few months, working slaves gently, only increasing the length of the workday by a half hour each month, giving them a variety of tasks, with the goal of “occupying principally their imagination,” and, “finally, studying their character and habits.” It is revealing of the necropolitical economy of the plantation system that these regimens were diametrically opposed to those suggested in American and French military medicine, which prescribed “employment” and “amusement” to counteract the conditions of idleness and boredom said to represent the principle causes of nostalgia and other self-destructive fixations (e.g. vices like gambling and drinking).¹³ The military’s hygienic exercises served to prevent the soldier from becoming an economic burden requiring his discharge and simultaneously damaging the overall “health” of the military population. “Employment” thus served to keep the mind of the soldier “occupied” with specially designed regimens that doubled as a form of self-improvement,

helping soldiers unlearn their predisposition to melancholic fixation. The objective, of course, was to maintain the largest possible healthy fighting population.

By contrast, Renouard's exercises follow a different principle of utility: the maximization of the productive labor of the slave. For him, nostalgia is triggered by excessive work and excessive specialization of labor, conditions that exacerbated the transition from free to compulsory mobility, but that could be managed. The dangers of boredom and idleness do not enter into these calculations at all. Rather, these "seasoning" exercises follow from the assumption that Africans were often suffering from nostalgia upon arrival, a notion that had a fairly long precedent. For example, in the *Encyclopédie Methodique*'s entry for "Afrique," Albrecht Von Haller (who also co-authored the "Nostalgie" entry in *L'Encycopédie*) wrote that though the Malagasy were often stereotyped as "lazy," they were in fact quite "industrious" at home in Madagascar. He attributed this discrepancy to the fact that nostalgia was particularly prevalent among "eastern blacks" during the Middle Passage, and consequently, due to their imaginative absorption, they regularly missed work upon arrival on the plantation (316). Indeed, in 1803, when a Portuguese frigate named the *Joaquín* arrived in Montevideo with only 30 survivors among the 301 East Africans who had boarded the ship in Mozambique, royal officials convened a medical commission of five surgeons – two British doctors, a Spaniard, a Swiss Italian, and an American – who decided that the slaves had "died from an intestinal illness aggravated by *nostalgia*, *melancolia*, and *cisma*, or a brooding form of mourning" (Grandin 42-46). A decade later, a visiting German naturalist wrote that "many [Africans] waste away from nostalgia before reaching the Brazilian shores. For this reason, when a ship counts 50 or more deaths, which is not uncommon, it can be admitted that a third part were murdered by extreme love of the homeland." In the Valongo, the main slave market in Rio de Janeiro, slave dealers

sought to combat the nostalgia of recently arrived slaves and convince buyers of their health by feeding them chili peppers, forcing them to dance and sing “in the mode of their natal lands,” as “they know that by a lack of movement and by nostalgia the infamous lucre wastes away.” (Freiryess 223, 130).¹⁴ Thus, the moderate labor proposed by Renouard was almost certainly designed to alleviate symptoms of nostalgia developed during the Middle Passage. If suicide threatened slaveholders with a dispossession beyond their control, these prescriptions represented a way of controlling the slave in advance through the management of his motions and emotions.

Possibly the most dramatic example of preventive medicine is found in a lengthy entry in a Brazilian medical dictionary from 1851, where nostalgia is defined as “[a]n affect very frequent among the blacks recently arrived from the coast of Africa.” As in Martinique, the author writes that the severity of the disease depends upon several factors:

The greater the difference is between the world they have left behind and the world in which they are placed, and the more that the occupations and duties and treatment to which they are subjected contrast with the independence of their former life...the more painful the situation is of blacks torn from their native country, the more they tend to develop the longing [*saudades*] for the homeland, and the more prominent is their nostalgia (Chernoviz 92).

The collection of symptoms announcing the disease, while more graphic than usual, had become standard: irritation and aversion to work, a habitual state of sadness, fevers, a downcast countenance, emaciation (loss of appetite, “sunken and hollow” eyes, and the wasting away of the body). To prevent the disease’s progression, the author prescribed a course of acclimation

similar to Renouard's: "treating [slaves] with mildness, moderating punishments, giving them permission to amuse themselves." Yet the entry also recommends a kind of early 'talking cure':

Far from trying to draw his attention to the cause of your problems, it is useful to talk to him about his, but doing this with benevolence, entering into his ideas, elegizing the country that he has left behind. This conversation can't help but interest him, and may weaken and even destroy a sentiment that, repressed or combatted, would have acquired an irresistible force.

In this example, sympathetic conversation does not serve the purpose of training the slaveholder to reform his preconceived judgments from the point of view of an impartial spectator. Rather, a simulation of sympathy is staged as a biopolitical strategy for compelling the slave to speak, one that follows from a long-running theory that the nostalgic is so withdrawn into his imagination that he is only capable of responding to objects that correspond with his memories of home.

What conversation about home is supposed to do, then, is reverse the slave's withdrawal from the world and begin a process of convalescence that will save him from approaching self-dispossession. If the disease has reached a more advanced stage, however, the author recommended the only cure for nostalgia ever considered foolproof: permitting the patient to return home. Yet again, however, an apparent token of kindness turns out to be made in bad faith:

Nostalgics have been cured by the simple conviction that they can go, whenever they want, to their homeland; and for this reason, when this so happy measure, so prompt in its results, is impractical, nonetheless one should try and make the patient believe that there are safe ways of getting him what he so ardently desires. A sensible improvement in their state will be the certain consequence of this white lie, which finally brings him back to health.

The false promise, this “white lie” (*innocente engano*), has all the force of a speech act, yet what it is supposed to bring about is not the content of the promise, but rather the cure that organizes the entire encounter between master and slave. For in New World slavery, the only cure for nostalgia is the acceptance of captivity. Techniques for dominating nostalgic slaves in Brazil, Cuba, Haiti, and Martinique ran from the mild to the extreme, from moderation of the workload to corpse mutilation designed to destroy religious beliefs in transmigration (Brown 133). By pathologizing slave self-destruction as an extreme animal reaction to extreme mistreatment, physicians produced a discourse around nostalgia that defined black self-destruction as a symptom of disease, while simultaneously policing it through regimes of utilitarian management and spiritual terror.

The only published account in which an American slave is diagnosed with nostalgia, Jesse Torrey’s *A Portraiture of Domestic Slavery in the United States* (1817), is notable for its failed attempt to turn this strategy in on itself. A humanitarian and physician trained, like Norcom, under Rush, Torrey tells the story of a slave named Anna who in 1815 jumped out of the garret window of a three-story brick tavern. Like Horniblow’s Tavern in Edenton, North Carolina, where the Jacobses spent their childhoods, Miller’s Tavern in Washington, D.C. served as a conduit of the U.S. slave trade. Leading up to the incident, Anna and her children had been sold and temporarily imprisoned in the attic, where they were forced to await “transportation to Georgia.” When Torrey heard about what then transpired, his “agitation” became so great that he ran across town to interview her before she died. Somehow she had survived, though her spine and arms were badly broken.¹⁵ Her testimony appears as follows:

‘They brought me away with two of my children, and wouldn’t let me see my husband—they didn’t sell my husband, and I didn’t want to go;—I was so confus’d and ’istracted,

that I didn't know hardly what I was about—but I didn't want to go, and I jumped out of the window; but I am sorry now I did it;—they have carried my children off with 'em to Carolina' (emphasis in original, 43).

This additional detail was enough for Torrey to diagnose Anna. By connecting her self-description (“*confus'd and 'istracted*”) with her situation (forced from home, separated from her husband, and held captive within a confined space), he concluded that she had been driven insane. With notable caution, he diagnoses her via a footnote to Darwin’s entry for nostalgia and Rush’s remark that “the slaves imported into the West Indies from Africa, frequently become distracted, when they are about to commence the toils of perpetual slavery, on the plantation” (45). And by describing Anna’s suicide attempt as an involuntary movement of her body, the moderate humanitarian assured readers that Anna’s suicide attempt had not been a deliberate attempt to undermine slavery’s basis in human property. Rather, he rested his case for amelioration on the same claim that physicians from Martinique to Montevideo made: that nostalgia was “fatal to the interests of the master, and to the life of the slave,” when the black body was put in a position that it was singularly unequipped to handle. In Torrey’s case, this is not a call for better management within slavery, but for better management through its abolition.

An image accompanies Torrey’s account, illustrated by a Swiss naturalist named Alexander Rider (see Figure 1). Anna is figured in the act of jumping out of the window, yet does not seem to fall at all. Rather, she hovers in the moonlight like an angel or a ghost haunting the scene of her own death, proleptically indicating her future. She is disproportionately large, the size of two or three women. Rather than a mere lapse in geometric perspective, however, it seems that her exaggerated size represents an uncanny rendering of the nostalgic black body, caught between history’s gravity and the ballooning desire to fly away home. For Torrey, the

tragedy is that Anna's desire cannot stall the gruesome chain of destruction that history sets off in her body.

3. Black Nostalgia

For Harriet Jacobs, this is not the problem at all. *Incidents* refuses ascriptions of natal weakness, and instead critiques the racialization of the black body and its uneven treatment in American slave medicine. Indeed, though the subject of very little scholarship, medical discourse is pervasive in *Incidents*. Linda Brent's "chief persecutor" is Dr. Flint, "a physician in good repute and practice," as the *National Slavery Anti-Standard* put it. Flint, in turn, was a fictionalized version of Jacobs's owner, Dr. James Norcom, who was a graduate of the University of Pennsylvania and who "was the private pupil of the most eminent and distinguished Physician of his day—BENJAMIN RUSH, by whom DR. NORCOM was greatly admired and who almost venerated his Preceptor," to the point that he named one of his children Benjamin Rush Norcom. Following the advice of Rush and other teachers, Norcom went on a voyage of three years to the "East Indies...visiting Calcutta and several other places in that region of the Globe":

During this time he practised much on shipboard and among the natives of the places he visited. He was very diligent in enquiring into the character and peculiarities of the climate, localities, and people visited by him; the phenomena and varying types of disease as presented in the different portions; and the great care with which he noted down information of this character enabled him to collect statistics and acquire knowledge that was very useful to himself... (Satchwell 174-5).

Upon returning home, Norcom published works on jaundice, pneumonia, smallpox, fevers, as well as tetanus (which he cured in a slave by tobacco enemas). Just as Norcom's training and travels connect him to colonial flows of Enlightenment medical knowledge, his hometown of Edenton, the former

colonial capital of North Carolina, remained closely intertwined with the Caribbean and South America.

For her part, Jacobs was a lifelong nurse, caretaker, and educator. Five months after the republication of her autobiography in England in April 1862 (as *The Deeper Wrong*), she went to work as a special agent of the Friends at the L'Ouverture Hospital to help the "sick Freedmen" who had come to Washington, D.C. as refugees or "contrabands." Over the next seven years, she established and ran the Jacobs school in Alexandria, Virginia, and raised money in New England and England for the Savannah Freedmen's Orphan Asylum, "providing orphan children with homes, in nursing the sick, in assisting the able-bodied to find work, and in encouraging all in habits of industry and self-reliance" (*Freedmen's Record* 19). In these efforts, she sought to give emancipated slaves and orphans access to school supplies like paper and writing slates, household items including bedding, and, ultimately, the beginnings of a home.

Just as Jacobs' "energies were exhausted in caring for [the freedpeople's] physical needs," her narrative describes how Linda becomes ill. After her shoes are taken away because they grate on Mrs. Flint's "refined nerves," she gets a cold. After Dr. Flint dashes her hopes of freedom, she is bedridden by illness for weeks, her illness sympathetically transmitted to her baby, whose "little limbs were often racked with pain." She faints while being berated, is snakebitten when forced to hide in a bush, and is stricken ill "for several days" from her night concealed under the floorboards. In a special act of narrative revenge on Norcom, who had published "Observations on the Fevers of North Carolina" in 1814, she writes of the "burning fever" and "severe headache" that ensued after her night in "Snaky Swamp" exposed to the heat, "hundreds of mosquitos," which "poisoned [her] flesh," the terror of snakes, and the greater dread of the "white men in that community called civilized." All this happens before she undergoes her most severe trial, her nearly seven-year

concealment in the garret, which she endures until the “bodily pain and anguish of spirit” became too much to bear. “The change it made in her” body, her brother John wrote on first seeing her in the North, “was enough to make one’s soul cry out against this curse of curses, that has so long trampled humanity in the dust” (283).

While tremendous critical attention has been paid to many of these scenes, scholars have tended to ignore the role that physical ailment plays in *Incidents*. Yet it is arguably by tracing how spiritual anguish produces bodily pain that we begin to understand how the narrative constructs the incident as a genre that is opposed to medical knowledge and plantation management. Recall how slave physicians intervened in the “natural” processes of the black body, as when Norcom sends Linda’s daughter a biscuit and glass of milk at night after discovering that separation from her mother had made her so homesick that she had almost died after falling asleep under the “great house” next to a large snake. In this instance, Ellen’s separation is treated as a contingent condition, which may or may not trigger her homesickness. By contrast, the genre of the incident designates a necessary condition of disease in slavery itself. For if the black body is no longer the bearer of a special vulnerability to compulsion, it is still forcibly subjected to extreme privations, extreme affect, and periods of total immobilization via physical ailments.

Jacobs’s narrative speaks to the broader concerns of this essay by virtue of representing the neglect of the affective health of African-Americans as a catalyst for organic illness. As Todd L. Savitt notes, “not one medical writer in the entire [South] ventured beyond the publication of a few articles on the subject of black medicine,” a far cry from treatises like Barrera’s 894-page tome (16). While the non-diagnosis of diseases like nostalgia suggests that black Americans were exempt from some of the medical policing found in other slave societies, *Incidents* demonstrates that they were still subject to quite similar assumptions about their bodies. For example, after discovering that Linda

has escaped to New York, Dr. Flint, in keeping with a pattern of false enticements and seemingly random threats, writes her a letter that lavishly draws the scene of her aunt's death, which she immediately takes as a transparent attempt to draw her back home to North Carolina. "Verily, he relied too much on 'the stupidity of the African race.'" Her narrative of a self-imposed seven-year confinement explicitly contradicts the assumptions that were made explicit in the non-Anglophone racialization of nostalgia, and which remain implicit here, as it forcefully demonstrates Linda's capacity to sever her local attachments to family and to endure the pain of displacement within the very domestic scene that continuously promises reunion.

Yet it is important to recognize that this concealment continues to operate both as a space of resistance and as a space of dying. For while an optimistic reading of Linda's concealment might focus on how she performs her qualifications as a liberal subject and human being, this reading ignores the deterioration of her body. It would mean ignoring the fact that, across the Americas, the slave was forced to manifest her freedom from a position that physicians had either conflated with disease or ignored altogether, but which always required paying a severe price. Sick from "freedom," Linda can only perform her right to be free within a space of confinement that still contains the potential to destroy her, body and soul.

To face page 43.



A. Rider del.

“— but I did not want to go, and
I jump’d out of the window. —”

Designed and Published by J. Torrey Jun^r Philad^a 1817

Figure 1. From Jesse Torrey, *A Portraiture of Domestic Slavery in the United States* (1817).

¹ On James Norcom and the Jacobs family's relationship to feminist health reform and slave medicine, see Sarah L. Berry's "'[No] Doctor but My Master': Health Reform and Antislavery Rhetoric in Harriet Jacobs's *Incidents in the Life of a Slave Girl*," *Journal of Medical Humanities* (2014): 1-18.

² As a disease of imagination, see Johannes Hofer's *Dissertatio Medica De NOΣΤΑΛΓΙΑ, Oder heimwehe* (1688); as a disease of volition, see Erasmus Darwin's *Zoonomia; or the Laws of Organic Life* (1796), 367; as a disease of the defective or false appetites, see William Cullen's *Nosology; or, a systematic arrangement of diseases* (1800), 162-64. Norcom could trace his pedigree directly to Cullen, who had trained Rush in Edinburgh from 1766 to 1768.

³ Cristobal Silva's "Nostalgia and the Good Life," *The Eighteenth Century* (2014): 123-128, is notable within the history of medicine and Atlantic studies for its use of historical epistemology, which he deploys to show that military and plantation medicine treated "displaced European and African bodies" in fundamentally different ways. Other notable examples include Warwick Anderson's *Colonial Pathologies: Tropical Medicine, Hygiene, and Race in the Philippines* (2006) and Mark Harrison's *Climates and Constitutions: Health, Race, Environment and British Imperialism in India 1600-1850* (2000). I highlight these works because most historians of medicine fail to address imperial and colonial contexts. Conversely, historians of slavery rarely engage with the histories of medicine and emotion.

⁴ Mel Y. Chen asks: "[W]hat background assumptions or structures must be present, or serve as support, for these dehumanizations to do their imaginative work? At the least, what seems almost certainly operative in both these cases is a reference cline (a graded linear scale) resembling a "great chain of being" an ordered hierarchy from inanimate object to plant to nonhuman animal to human, by which subject properties are differentially distributed (with humans possessing maximal and optimal subjectivity at the top). When humans are blended with objects along this cline, they are effectively 'dehumanized,' and simultaneously de-subjectified and objectified." Chen, Mel. Y. *Animacies: Biopolitics, Racial Mattering, and Queer Affect* (2012), 40.

⁵ See Oliver Zimmer's "In Search of Natural Identity: Alpine Landscape and the Reconstruction of the Swiss Nation," *Comparative Studies in Society and History* (Oct. 1998): 637-665.

⁶ The late-eighteenth century Anglo-American connection between nostalgia and cachexia, or dirt-eating, was also fleeting (as was the roughly synonymous use of "fixed melancholy" for nostalgia). On the latter subject, see Ramesh Mallipeddi. *Spectacular Suffering: Witnessing Slavery in the Eighteenth-Century British Atlantic* (2016).

⁷ See Julio Ramos. “La Ley es Otra: Literatura y Constitución del Sujeto Jurídico María Antonia Mandinga en el Archivo de la Ley,” *Esplendores y Miserias del Siglo XIX: Cultura y Sociedad en America Latina* (1995), 215.

⁸ On Barrera, see Adrian López-Denís’s “Melancholia, Slavery, and Racial Pathology in Eighteenth-Century Cuba,” *Science in Context* (June 2005): 179-199.

⁹ “Amina slaves” were given this name “because they had been shipped from the area surrounding Elmina Castle,” in what is today Ghana. They “enjoyed a reputation for being a rebellious and troublesome property. They battled their masters, refused to labor, absconded from plantations, created maroon communities, and committed suicide rather than countenance slavery. Traders and planters complained that Amina slaves were mutinous, treacherous, self-important, and not afraid to die, but no one had ever described them as inclined to forget.” Saidiya Hartman. *Lose Your Mother: A Journey Along the Atlantic Slave Route* (2008), 92.

¹⁰ For an overview, see Daniel E. Walker’s “Suicidal Tendencies: African Transmigration in the History and Folklore of the Americas” *Griot* (1999). Other scholars of African religion have argued that suicide, or certain forms anyway, were incompatible with African beliefs in transmigration.

¹¹ “Africans transported to the colonies, no sooner cast their eyes on the hated shores, than they refuse sustenance, and often plunge into the main from a notion that their departed spirits regain their liberty.” Sutherland, Alexander. *Attempts to Revive Antient Medical Doctrines* Vol. 1 (1763), 175.

¹² Luiz Antonio de Oliveira Mendes. “Discurso Academico ao Programma,” *Memorias Economicas da Academia Real das Sciencias de Lisboa, Para Adiantamento da Agricultura, das Artes, e da Industria em Portugal, e suas Conquistas*. Book 4 (1812), 1-65. On the history of banzo, see Ana Maria Galdini Raimundo Oda’s “Escravidão e nostalgia no Brasil: o banzo,” *Revista Latinoamericana de Psicopatologia Fundamental* (Dec. 2008): 735-61.

¹³ For the history of nostalgia in French medicine in the nineteenth century, see Thomas Dodman’s *What Nostalgia Was: War, Empire, and the Time of a Deadly Emotion* (2017); Lisa O’Sullivan’s “Place, Loss, and Longing: Clinical Nostalgia and the Boundaries of Identity in 19th Century France” (2007); and Michael Roth’s “Dying of the Past: Medical Nostalgia in Nineteenth-Century France,” *Hist. Mem.* (1991): 5-29.

¹⁴ See also Cláudio de Paula Honorato. “Valongo: O Mercado de Escravo do Rio de Janeiro, 1758-1831” (2008), 117.

¹⁵ For additional information about the case, see Terri Snyder’s *The Power to Die*, 1-6.

For their constructive and incisive critique, I would like to thank Lauren Berlant, Bill Brown, Kevis Goodman, Jonathan Lamb, and participants in the “Empire of Nostalgia” symposium at Vanderbilt University and the Nineteenth-Century Workshop “Population” conference at Rutgers University.

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