Time, Productivity, and Race in Plantation Management and Medicine

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ABSTRACT: By the mid-nineteenth century, plantation enslavers in Louisiana and Cuba had developed a new form of plantation management. Clock-time discipline, hierarchical divisions of labor, and the scientific authority of numbers, as filtered through accounting technologies like the plantation ledger, helped planters see enslaved people's health in seemingly precise terms of time, productivity, and race. In this cruelly meticulous system, some elite physicians saw a potential scientific foundation for medicine.Using plantation business records, agricultural trade periodicals, physician correspondence, medical publications, and memoirs , this article examines plantation management of enslaved health; physician appreciation of its quantitative, supposedly rigorous methods; and the intersections of management science and racial science in physician writing, where there were noticeable differences between Louisiana and Cuba. Physicians in both places believed that, under judicious management, Black people's bodies were naturally inclined to productivity, but in Cuba, there were different degrees of Blackness that needed to be taken into consideration.

KEYWORDS: slavery, medicine, race, plantation management, Louisiana, Cuba

On September 8, 1852, an enslaved woman named Charity gave birth at Marydale Plantation in Tensas Parish, Louisiana, some 250 miles up the Mississippi River from New Orleans. According to the diary of her enslaver, Alexander Blanche, another enslaved woman named Fanny began "nursing Charity's baby" on the same day. Charity was sent back to the cotton field. Like many plantation enslavers, Blanche had designated wet nurses who fed and cared for newborns so that their mothers could go back to work immediately. Charity was one of his fastest pickers, so Blanche had a plan in place to preserve her productivity after she gave birth. But something went wrong. Charity's child died on September 13, after living just five days. Then, Blanche marked Charity "sick" from September 13 until October 11. He did not note the causes of the child's death or Charity's sick time, but it seems likely that the two were related. Perhaps both Charity and her child became ill and only Charity survived. However, Blanche did record the total number of workdays that he had "lost" while Charity was sick, which was twenty-seven days.¹

Blanche's meticulous accounting of Charity's sick time and her infant's brief life shows how plantation enslavers used time discipline and productivity to interpret the health of enslaved

¹ See the daily entries for September 8 through October 11 in Blanche's diary in Alexander Blanche Papers, Mss. 3342, Louisiana and Lower Mississippi Valley Collections, Louisiana State University Archives, Baton Rouge (hereafter cited as LLMVC); for enslaver treatment of enslaved pregnancy and their designation of enslaved "wet nurses," see, for example, Bonnie A. Lucero, *Race and Reproduction in Cuba* (Athens: University of Georgia Press, 2022); Stephanie E. Jones-Rogers, "'[S]he Could . . . Spare One Ample Breast for the Profit of Her Owner': White Mothers and Enslaved Wet Nurses' Invisible Labor in American Slave Markets," *Slavery and Abolition* 38, no. 2 (April 2017): 337– 55; Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017); Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, Mass.: Harvard University Press, 2006); Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004).

people. By the mid-nineteenth century, cotton and sugar producers in large slave societies like Louisiana and Cuba had developed a new form of plantation management built on clock-time discipline, hierarchical divisions of labor, and the scientific authority of numbers, as filtered through accounting technologies such as the plantation's central ledger.² These tools helped enslavers visualize enslaved people's bodies as rational objects that could be repaired in a methodical fashion. One technique for repairing enslaved people's bodies was what plantation enslavers called "sick days" or "sick time," which was a closely monitored period of time away

² Numerous historians have argued that nineteenth-century plantation slavery represented a departure from previous forms of Atlantic slavery in terms of its uses of accounting technology and its methods of organization, which, among other innovations, contributed to an acceleration of agricultural production in places like Louisiana and Cuba. Louisiana and Cuba were not the only slave societies to experience these changes, but they were exemplary, given that both had large plantation economies that took off in the first several decades of the nineteenth-century thanks in part to a transfer of plantation technology, expertise, and enslaved people from Haiti following the Haitian Revolution (1791–1804). For the history of plantation accounting, see Caitlin Rosenthal, Accounting for Slavery: Masters and Management (Cambridge, Mass.: Harvard University Press, 2018); on changes in plantation management, see, for example, Daniel Rood, The Reinvention of Atlantic Slavery: Technology, Labor, Race, and Capitalism in the Greater Caribbean (Oxford: Oxford University Press, 2017); Daniel W. Tomich, ed., New Frontiers of Slavery (Albany: State University of New York Press, 2017); Tomich, Through the Prism of Slavery: Labor, Capital, and World Economy (Lanham, Md.: Rowman & Littlefield, 2004); José Piqueras, "Machines, Modernity, and Sugar: The Greater Caribbean in a Global Context, 1812–50," J. Global Hist. 9, no. 1 (2014): 1–25; Ada Ferrer, Freedom's Mirror: Cuba and Haiti in the Age of Revolution (Cambridge: Cambridge University Press, 2014); Edward E. Baptist, The Half Has Never Been Told: Slavery and the Making of American Capitalism (New York: Basic Books, 2014); Walter Johnson, River of Dark Dreams: Slavery and Empire in the Cotton Kingdom (Cambridge, Mass.: Harvard University Press, 2013); María Dolores González-Ripoll Navarro and Izaskun Álvarez Cuartero, eds., Francisco Arango y la Invención de la Cuba Azucarera (Salamanca: Prensa de la Universidad de Salamanca, 2010); Richard Follett, The Sugar Masters: Planters and Slaves in Louisiana's Cane World, 1820–1860 (Baton Rouge: Louisiana State University Press, 2005); James O. Breeden, Advice among Masters: The Ideal in Slave Management in the Old South (Westport, Conn.: Greenwood, 1980); Manuel Moreno Fraginals, El Ingenio: el Complejo Económico Social Cubano del Azúcar, 3 tomos (Havana: Editorial Ciencias Sociales, 1978); Franklin W. Knight, Slave Society in Cuba during the Nineteenth Century (Madison: University of Wisconsin Press, 1970); William K. Scarborough, The Overseer: Plantation Management in the Old South (Baton Rouge: Louisiana State University Press, 1966).

from normal work duties. Like time discipline itself, sick time was not unique to nineteenthcentury plantation slavery, but in this particular context, plantation enslavers imagined it as a way to "preserve" if not "improve" enslaved health by ensuring that sick people would miss fewer days of work overall.³ Regardless of what enslaved people might have to say on the matter, in the eyes of the planter, fewer "days lost" to illness meant more productivity, which meant healthier enslaved workers. Sick time thus helped plantation enslavers believe they were understanding enslaved health in precise terms, making it measurable and seemingly controllable. Such ideas can be found in plantation business records and agricultural periodicals across the lower Mississippi River Valley and western Cuba. They can also be found in physician writing.

In this cruelly systematic management of enslaved health, some physicians saw a scientific foundation for medicine. During the early to mid-nineteenth century, most people did not view medicine as particularly scientific or prestigious. Some academically inclined physicians believed medicine could achieve such qualities with the development of more quantitative or otherwise exact methods for understanding illness and healing the body. Plantation technologies like clocks, tables, and ledgers helped enslavers track the hours and days

³ Scholars have noted that the imposition of time discipline played a key role in slavery's acceleration. Dale Tomich writes that "increases in output [on Caribbean sugar plantations in the nineteenth century] were achieved by more closing integrated economies of time, time discipline, and the intensification of work" in *Slavery in the Circuit of Sugar: Martinique and the World-Economy, 1830–1848* (Albany: State University of New York Press, 2016), 48; see also Mark Michael Smith, *Mastered by the Clock: Time, Slavery, and Freedom in the American South* (Chapel Hill: University of North Carolina Press, 1997); this scholarship builds on E. P. Thompson's pioneering study of "time discipline," or the imposition of synchronic forms of clock time and work discipline, which, according to Thompson, began during the Industrial Revolution and aided in the creation of both modern capitalism and the modern state. See "Time, Work-Discipline, and Industrial Capitalism," *Past & Pres.*, no. 38 (December 1967): 56–97.

each enslaved person spent working, eating, sleeping, birthing, suffering from sickness and injuries, and recovering. Such data were then used to calculate productivity, which was primarily measured in the amount of time worked and the number of commodities produced. But such data also represented numerical understandings of enslaved health. In a time before the widespread use of laboratory sciences or the scientific method in medicine, this seemed to physicians to be a precise way of understanding enslaved people's health conditions as well as the prevalence of disease(s) within a certain population.⁴ Plantation quantification of health data was thus similar to some forms of French medical statistics that had become more prominent in Western medicine during the early nineteenth century, and especially in Louisiana and Cuba, where many leading physicians had ties to Paris.⁵ Moreover, with its predictable procedures and clear hierarchies of knowledge and power, the plantation—perhaps not unlike the Parisian clinic—seemed to physicians to be an ideal environment for testing medical practices.

Most of the physicians discussed here were members of the medical elite in Cuba and Louisiana. They regularly published in medical journals and typically lived in cities like Havana and New Orleans, though this did not stop them from proclaiming intellectual authority over

⁴ Physicians were not alone in their belief that plantation management had become more rigorous. Scholars of plantation management have shown that accountants, lawyers, chemists, engineers, and agronomists often had high opinions of the systematic approaches to management that plantation owners were adopting in the nineteenth century. See, for example, Rosenthal, *Accounting for Slavery* (n. 2); Rood, *Reinvention of Atlantic Slavery* (n. 2); Piqueras, "Machines, Modernity, and Sugar" (n. 2).

⁵ On the history of medicine in this period, generally, and the influence of French medicine in early and mid-nineteenth-century American medicine, specifically, see John Harley Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 1998); on the importance of medical statistics, see James H. Cassedy, *American Medicine and Statistical Thinking, 1800–1860* (Cambridge, Mass.: Harvard University Press, 1984).

rural healers who probably saw more time on plantations than they did. These men still thought, like most medical practitioners in the mid-nineteenth-century Americas, that there were important differences in health and disease based on local environments.⁶ They knew no plantation environment was exactly the same as another, but they could believe that plantation management was consistent across environments. As such, they treated time discipline, productivity, and other planter-imposed conditions as established facts upon which they could produce widely applicable medical knowledge.

Historians of medicine and slavery have long acknowledged the seemingly "unshakable bond between slave health and plantation productivity" that existed in physician discourse, as well as the fact that white male physicians often served as extensions of enslaver surveillance and violence. Indeed, the dehumanization of Black people under racial slavery predisposed white physicians to see white enslavers as trustworthy and to disregard enslaved people's understandings of their health and suffering. Scholars have demonstrated that many white physicians not only defended slavery but also owned enslaved people themselves, regularly deploying their beliefs in Black inferiority to justify such actions.⁷ This broader context cannot

⁶ The enduring importance of local medical knowledge is discussed in Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004); and John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Mass.: Harvard University Press, 1986); and for the persistence of place and environment in nineteenth-century understandings of the body, see Conevery Bolton Valenčius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York: Basic Books, 2002).

⁷ For the quote, see Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: University of North Carolina Press, 2017), 116; for the argument that white male physicians served as plantation "medical police," see Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 173–74. This article builds on previous histories of medicine and slavery,

including those of Hogarth and Fett, as well as Christopher D. E. Willoughby, Masters of Health: Racial Science and Slavery in American Medical Schools (Chapel Hill: University of North Carolina Press, 2022); Elise A. Mitchell, "Morbid Crossings: Surviving Smallpox, Maritime Quarantine, and the Gendered Geography of the Early Eighteenth-Century Intra-Caribbean Slave Trade," William Mary Ouart. 79, no. 2 (2022): 177–210; Pablo Gómez, "Pieza de Indias: Slave Trade and the Quantification of Human Bodies," in Objects of New World Knowledge: A Cabinet of Curiosities, ed. Mark Thurner and Juan Pimentel (London: University of London Press, 2021); Gómez, The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic (Chapel Hill: University of North Carolina Press, 2017); Sean Morey Smith and Christopher D. E. Willoughby, eds., Medicine and Healing in the Age of Slavery (Baton Rouge: Louisiana State University Press, 2021); Dierdre Cooper Owens, Medical Bondage: Race, Gender, and the Origins of American Gynecology (Athens: University of Georgia Press, 2017); Londa Schiebinger, Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World (Stanford, Calif.: Stanford University Press, 2017); Carolyn Elizabeth Roberts, "To Heal and to Harm: Medicine, Knowledge, and Power in the Atlantic Slave Trade" (Ph.D. diss., Harvard University, 2017); Sowandé Mustakeem, Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage (Champaign: University of Illinois Press, 2016); Stephen C. Kenny, "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange," Bull. Hist. Med. 87, no. 1 (2013): 32-62; Kenny, "A Dictate of Both Interest and Mercy?? Slave Hospitals in the Antebellum South," J. Hist. Med. Allied Sci. 65 (2010): 1-47; Gretchen Long, Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation (Chapel Hill: University of North Carolina Press, 2012); Jim Downs, Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction (Oxford: Oxford University Press, 2012); Niklas Thode Jensen, For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803–1848 (Copenhagen: Museum Tusculanum Press, 2012); Peter McCandless, Slavery, Disease, and Suffering in the Southern Lowcountry (Cambridge: Cambridge University Press, 2011); Karol Weaver, Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue (Champaign: University of Illinois Press, 2006); Stowe, Doctoring the South (n. 6); Katherine Bankole, Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana (London: Taylor & Francis, 1998); Richard B. Sheridan, Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834 (Cambridge: Cambridge University Press, 1985); Todd L. Savitt, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia (Champaign: University of Illinois Press, 1978); and for the history of medicine in nineteenth-century Cuba, specifically, see Lucero, Race and Reproduction in Cuba (n. 1); Manuel Barcia, The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade (New Haven, Conn.: Yale University Press, 2020); Jennifer L. Lambe, Madhouse: Psychiatry and Politics in Cuban History (Chapel Hill: University of North Carolina Press, 2016); Ferrer, Freedom's Mirror (n. 2); Alejandra Bronfman, "On Swelling: Slavery, Social Science, and Medicine in the Nineteenth Century," in Obeah and Other Powers: The Politics of Caribbean Religion and Healing, ed. Diana Paton and Maarit Forde (Durham, N.C.: Duke University Press, 2012), 103–20; Michele Reid-Vazquez, The Year of the Lash: Free People of Color in Cuba and the Nineteenth-Century Atlantic World (Athens: University of Georgia Press, 2011); Steven Palmer, "From Plantation to Academy: Slavery and the Production of Medicine in

be discounted, but it does not fully explain why thinking about enslaved health through the lenses of time and productivity, specifically, appealed to physicians in the mid-nineteenth century. They were not merely attempting to corner the plantation medical marketplace. By the mid-nineteenth-century, many plantation enslavers in Louisiana and Cuba already believed that white men with anatomical training were the best medical experts, even if they still relied on enslaved healers, local doctors, or their own knowledge for most medical cases on their plantations.⁸ Proslavery politics, racism, and general agreement with planters on ideas of medical expertise certainly helped physicians to see things from the planter's perspective, but there were also important intellectual reasons behind the pervasiveness of management concepts in medical writing. This trend reflected the fact that physicians had come to view plantation management as a reliable framework for their own knowledge production, and especially medical knowledge about Black people.

the Nineteenth Century," in *Health and Medicine in the Circum-Caribbean, 1800–1968*, ed. Juanita de Barros, Steven Palmer, and David Wright (London: Routledge, 2010); Armando García González, *Cuerpo Abierto: Ciencia, Enseñanza y Coleccionismo Andaluces en Cuba en el siglo XIX* (Madrid: Editorial CSIC, 2010); González, *El Estigma del Color: Saberes y Prejuicios Sobre las Razas en la Ciencia Hispano Cubana del siglo XIX*, 2 tomos (Santa Cruz de Tenerife: Ediciones Idea, 2008); Adrián López Denis, "Disease and Society in Colonial Cuba, 1790–1840" (Ph.D. diss., University of California, Los Angeles, 2007); López Denis, "Melancholia, Slavery, and Racial Pathology in Eighteenth-Century Cuba," *Sci. Context* 18, no. 2 (June 2005): 179–99; Pedro M. Pruna Goodgall, *La Real Academia de Ciencias de La Habana 1861–1898* (Madrid: CSIC, 2002); César A. Mena Serra and Armando F. Cobelo, *Historia de la Medicina en Cuba, Tomo I: Hospitales y Centros Benéficos en Cuba Colonial* (Miami: Ediciones Universal, 1992); Mena Serra and Cobelo, *Tomo 2: Ejercicios y Enseñanzas de las Ciencias Médicas en la época Colonial* (Miami: Ediciones Universal, 1993); José López Sánchez, *Vida y Obra del Sabio Médico Habanero: Dr. Tomás Romay Chacón* (Havana: Editorial Librería Selecta, 1950).

⁸ See Palmer, "From Plantation to Academy" (n. 7); Fett, *Working Cures* (n. 7); Bankole, *Slavery and Medicine* (n. 7).

The notion that one could develop a managerial-medical system for "preserving" enslaved people's health made sense to enslavers and physicians because these ideas fit with what they believed to be true about Blackness. Both groups believed that Black people were "naturally" equipped to endure hard labor in hot, tropical climates. By the 1840s, many doctors throughout the Atlantic world argued that there was no single "human race" but rather multiple original "races" with inherent physical, mental, and moral differences, some of which remained largely intact no matter climatic or environmental conditions. According to this "polygenist" view, people of the "African race" could withstand brutal working conditions better than other races and could even achieve their best health in a well-functioning slave labor system. Such discourse was used to justify enslavement and, later, to explain why emancipated Black people were supposedly worse off health-wise once they were out of the paternalistic cocoon of slavery.⁹ With racial science and managerial ideas of enslaved health at their disposal, physicians

⁹ For medical ideas about Blackness during this period, see Leslie A. Schwalm, *Medicine*, Science, and Making Race in Civil War America (Chapel Hill: University of North Carolina Press, 2023); Willoughby, Masters of Health (n. 7); Hogarth, Medicalizing Blackness (n. 7); Terence D. Keel, "Religion, Polygenism, and the Early Science of Human Origins," Hist. Hum. Sci. 26 (April 2013): 3-32; for the rise of polygenist theories in U.S. medical education during the 1830s and 1840s, see Willoughby, Masters of Health (n. 7); and Christopher D. E. Willoughby, "His Native, Hot Country': Racial Science and Environment in Antebellum American Medical Thought," J. Hist. Med. & Allied Sci. 72, no. 3 (July 2017): 328-51; for the use of medical ideas of Blackness in proslavery arguments and slavery apologia thereafter, see Downs, Sick from Freedom (n. 7); for more on medicine, race, and slavery in the nineteenth-century Atlantic world, see, for example, Lucero, Race and Reproduction in Cuba (n. 1); Christopher D. E. Willoughby, "Running Away from Drapetomania: Samuel A. Cartwright, Medicine, and Race in the Antebellum South," J. Southern Hist. 84, no. 3 (2018): 579-614; Urmi Engineer Willoughby, Yellow Fever, Race, and Ecology in Nineteenth-Century New Orleans (Baton Rouge: Louisiana State University Press, 2017); Cooper Owens, Medical Bondage (n. 7); Lundy Braun, Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics (Minneapolis: University of Minnesota Press, 2014); González, El Estigma del Color (n. 7); Harriet A. Washington, Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present (New York: Doubleday, 2008); Todd Savitt, Race and Medicine in

in Cuba and Louisiana believed that they could prove that Black people were racially suited for slave labor by showing that there were scientific ways to measure and foster their supposedly robust productive capacities.

To explain how notions of time, productivity, and race came together in this way, this article examines the management of enslaved health in Louisiana and Cuba from roughly 1840 to 1870, highlighting the language, methods, and technologies that plantation enslavers used to produce health data. I then analyze management concepts in physician writing to show how physicians created therapies that focused not on healing the enslaved body per se but on increasing its measurable productivity. Last, I demonstrate the intersections of management science and racial science in physician writing. Here, there were noticeable differences between Louisiana and Cuba. Physicians in both places believed that Black people's bodies were naturally conducive to productivity, but in Cuba there were different degrees of Blackness that needed to be taken into consideration.

Plantation enslavers tracked the hours, days, and weeks that enslaved people missed when they were sick in an attempt to evaluate production in the present and make adjustments that might increase productivity in the future. Alexander Blanche of Marydale Plantation in Louisiana often described his most successful workdays in terms of their lack of enslaved sick time, such as on July 14, 1852, when he had "no sick ones today, for the first day in sometime" and on August 9 of that year when he had "only one sick at present."¹⁰ For Blanche, these

Nineteenth- and Early-Twentieth-Century America (Kent, Ohio: Kent State University Press, 2007); Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazil* (Durham, N.C.: Duke University Press, 1999); and Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997).

¹⁰ See entries for July 14 and August 9 in Blanche's diary, Alexander Blanche Papers, LLMVC.

notations conveyed that most enslaved people were working consistently and that he was doing an adequate job of maintaining their health. All of this thinking rested on his use of the clock, the calendar, and accounting ledgers, which helped him determine how to manage enslaved health according to the seasonal rhythms of cotton production.

Planters like Blanche relied heavily on time and accounting in their attempts to arrange all aspects of enslaved people's lives toward boosting commodities production. This numbersdriven, seemingly omniscient management style was exemplified in Joseph Acklen's "Rules in the Management of a Southern Estate." Acklen owned more than a thousand people on several cotton and sugar plantations across Louisiana and Mississippi. In 1857–58, his "rules" appeared in *De Bow's Review*, a trade journal of "agricultural, commercial, and industrial progress" that enjoyed wide circulation in the U.S. South from 1846 until 1884. Founded by the wealthy enslaver James De Bow of New Orleans, the magazine was firmly proslavery and even after emancipation continued to serve as a forum for plantation management knowledge.

One of Acklen's first rules for creating a successful cotton enterprise built on Black enslaved labor was hiring an overseer who understood time discipline and its relationship to medical surveillance. "Order and system must be the aim of everyone on this estate, the maxim strictly pursued of a time for everything and everything done in its time, a place for everything and everything kept in its place, a rule for everything and everything done according to rule," he explained, adding that "in this way labor becomes easy and pleasant."¹¹ In addition to keeping time, it was the overseer's responsibility to maintain the efficiency of the plantation by

¹¹ Joseph S. A. Acklen, "Rules in the Management of a Southern Estate," *De Bow's Rev.* 21 (December 1856) and 22 (April 1857): 617–20 and 376–81, respectively. For the quote, see 617.

overseeing daily hygiene regimens and health checks of enslaved people: "After rising, do not idle about, but go directly to the business of the day. If any of the negroes have been reported sick, without delay see what ails them, and that proper medicine and attendance are given."¹² The fact that the first item of "business of the day" was the counting of sick enslaved people and swiftly making arrangements for their treatment shows that it was a core managerial task. As Acklen explained, "The preservation of the health of the negroes, and the care of them when sick, will require your best attention."¹³

Across the Gulf of Mexico, Cuban plantation enslavers described time discipline as an essential part of "scientific agricultural production" that, along with proper division of labor, could reduce enslaved people's exhaustion. In August 1859, the periodical *El Eco de Matanzas*, which circulated in the plantation-heavy jurisdiction of Matanzas, just to the east of Havana, ran an article discussing the application of "Adam Smith's principles of production" in Cuban sugar mills, including time discipline and the division of labor. The article quoted one anonymous sugar planter as saying that "the main benefits produced by the division of labor" were not just "an increase in production" but also the fact "that workers do not waste time changing occupations, place, position, or instruments, nor are they distracted by new objects."¹⁴ When enslaved people were subjected to such practices, their "spirit and body acquire extraordinary ability to perform simple and continuously repeated operations for many hours."¹⁵ In other

¹⁵ Ibid., 42.

¹² Ibid., 619.

¹³ Ibid., 367.

¹⁴ "Division del Trabajo en los Ingenios," *El Eco de Matanzas*, August 7, 1859, 40–45. For "scientific agricultural production," "Adam Smith's principles of production," and the benefits of the "division of labor," see 41.

words, enslaved people would be able to overcome exhaustion and produce more sugar during each shift. Apparently, Cuban plantation enslavers had figured out afix for labor exhaustion, at least for their purposes, long before Progressive Era factory managers, physiologists, and psychologists began investigating the problem of "industrial fatigue."¹⁶ However, this alleged cure for fatigue hinged on notions of Black inferiority and the sense that such inferiority justified forcing people to work "continuously."

The *Eco* article went on to explain that these management practices were "palliative" if not a "remedy" for plantations suffering high death rates. Enslaved mortality had become a greater concern for Cuban enslavers since at least 1821, when Spain finally closed the Atlantic slave trade to the island (Louisiana enslavers reacted similarly after the United States ended their involvement with the trade in 1808).¹⁷ The article mentioned the trade in unfree Chinese laborers (which began in Cuba in 1847) as one means of alleviating the problem of enslaved death. But for the enslavers who did not hold Chinese labor contracts, "the lack of arms demands that they [time discipline and the division of labor] be applied as palliative, or hopefully, as a remedy."

¹⁶ For Progressive Era discourse on the laboring body and "industrial fatigue," see Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York: Basic Books, 1990); and more recently Emily K. Abel, *Sick and Tired: An Intimate History of Fatigue* (Chapel Hill: University of North Carolina Press, 2021); Steffan Blayney, "Industrial Fatigue and the Productive Body: The Science of Work in Britain, c. 1900–1918," *Soc. Hist. Med.* 32, no. 2 (May 2019): 310–28; Robin Wolfe Scheffler, "The Power of Exercise and the Exercise of Power: The Harvard Fatigue Laboratory, Distance Running, and the Disappearance of Work, 1919–1947," *J. Hist. Biol.* 48, no. 3 (Fall 2015): 391– 423; Vicky Long, *The Rise and Fall of the Healthy Factory: The Politics of Industrial Health in Britain, 1914–60* (New York: Palgrave Macmillan, 2011).

¹⁷ Scholars have shown that the closure of the Atlantic slave trade not only was concerning for enslavers but also prompted them to hire more white physicians, believing that physicians would be better equipped to maintain enslaved laborers who could no longer be easily replaced. See Fett, *Working Cures* (n. 7); and Fraginals, *El Ingenio* (n. 2).

This was supposedly "much more doable today with the improvements in plantation governance, record-keeping, and sugar-making technologies."¹⁸ A similar claim about the health-sustaining benefits of new management practices could be found in *Revista de la Habana*, a biweekly covering science, arts, and commerce in Cuba. In 1854, *Revista* editors claimed that the enslaver elite of the island, as well as "foreign visitors," acknowledged that Cuba's plantations were cutting-edge operations that far exceeded what was possible on "farms of the same kind in the United States and even in Brazil" when it came to their ability to "preserve" enslaved labor.¹⁹

As a vital step in this "preservation" of labor, Cuban plantation enslavers carefully counted all "work days" as well as "sick days," which they often called "days lost." On large sugar plantations, overseers typically counted work and sick time on a daily basis and reported it to plantation administrators, who would then summarize the plantation's productivity data in weekly or monthly letters to the owner of the plantation. In some cases, the plantation owner lived in Havana or as far away as London or New York.²⁰ Even in the last decades of slavery in Cuba, as Cuban nationalists revolted against Spain in the Ten Years' War (1868–78), managers

¹⁸ "Division del Trabajo en los Ingenios" (n. 14), for both quotes see 43; background on the trade in unfree Chinese laborers in Cuba can be found in Kathleen M. López, *Chinese Cubans: A Transnational History* (Chapel Hill: University of North Carolina Press, 2015); Daniel Rood has illustrated how Cuban sugar planters changed their racialized labor systems (and subsequently their understandings of race) to incorporate Chinese laborers. See *Reinvention of Atlantic Slavery* (n. 2).

¹⁹ Revista de la Habana: Periódico Quincal de Ciencias, Literature, Artes, Modas, y Teatros, etc. Tomo I: Septiembre 15, 1853–Marzo 1, 1854 (Havana: Imprenta del Tiempo, 1854). For "foreign visitors," "farms of the same kind," and "preservation," see 7.

²⁰ On the managerial hierarchy of large Caribbean sugar plantations and their oft-absentee owners, see Rosenthal, *Accounting for Slavery* (n. 2), esp. 23–31.

on large plantations had not deviated from such vertical reporting procedures or from their habits of seeing enslaved health through the prisms of time discipline and productivity.²¹

Several examples of this can be found in the correspondence of José Blanco, who was the administrator of the Santa Rosalía sugar plantation in the Cienfuegos jurisdiction of Cuba, some 140 miles southwest of Havana. In a letter to the owner of Santa Rosalía, José was pleased to report that the plantation had been particularly productive in March 1876: "It is my honor to tell you that we have had the boilers have been going all month long and we have produced 24 barrels as of 5 this morning. We worked on the morning of Sunday 28th so that you have a total of 26 days of work this month." This steady streak of work time was evidence that the plantation system as a whole was in good health. Blanco wrote that "the cane fields, the milling, and the slaves" were "more robust and healthier than this time last year."²²

José María Perez, an overseer at Santa Rosalía in the 1860s and 1870s, wrote to the owner of Santa Rosalía about the days enslaved people had "lost" while in the infirmary and whether or not they were working fast enough to make up that time. Whereas José Blanco's correspondence showed a positive correlation between enslaved health and work time, Perez's correspondence showed the opposite as well as the lengths managers would go to make sure that all time lost was recovered. On June 18, 1879, Perez wrote that "yesterday afternoon a strong

²¹ As Rebecca J. Scott has argued, Cuban enslavers did everything in their power to retain their slavery-based systems of sugar production after emancipation because they still believed that slavery was the most productive labor system. See *Slave Emancipation in Cuba: The Transition to Free Labor, 1860–1899* (Princeton, N.J.: Princeton University Press, 1985).

²² For both quotes, see letter dated March 30, 1876, in Cartas de José Blanco a Manuel Blanco sobre cuestiones del ingenio (Ingo. Santa Rosalía, Febrero 28—Julio 12, 1876), C. M. Lobo No. 15, Biblioteca Nacional de Cuba José Martí, Havana (hereafter cited as BNJM).

shower fell and the water turbines were shooting spent cane," but apparently enslaved health was not cooperating and the plantation was still losing workdays: "There are no new developments regarding the stomach aches. There were 16 in the infirmary this morning."²³ Perez knew that the days lost to stomachaches in June needed to be made up in July, and thus it would be necessary to force enslaved people to work on Sundays and holy days, when they were otherwise expected to attend mass. On July 16, Perez noted that he had been making the formerly sick enslaved people work on Sundays and some "feast days" to make up for "the days they have missed."²⁴

The strategy of recording and then recovering days lost to enslaved illness gets at the core purpose of plantation sick time: it was not time for enslaved people to heal but time set aside to medically manage their conditions enough for them to return to work. The general idea of rest as a remedy was not new, but what was distinct about this form of "sick time" was that it was grounded in notions of productivity, race, and racism. It was a remedy for lost work time, if anything. The fact that plantation enslavers almost never mention enslaved people's thoughts on sick time reflects their racist, paternalistic views of Black people. It was a foregone conclusion that planters, or those they had deputized with their authority (e.g., overseers, physicians), would decide how much sick time was necessary, not enslaved people.

Thomas Affleck, who was one of the most influential figures in plantation management in the U.S. South, was a great promoter of this meaning of sick time. Affleck owned several cotton and sugar plantations in Mississippi, Louisiana, and Texas and regularly wrote on

²³ For both quotes, see letter to Manuel Blanco dated June 18, 1878, in Cartas a Manuel Blanco sobre incidentes en diversos trabajos del ingenio, con la empleomanía y con la dotación y las necesidades que se presentan (Ing. Santa Rosalía, Enero 5–Diciembre 27, 1879), C. M. Lobo No. 10, BNJM.

²⁴ See letter dated July 16, 1878, in ibid.

plantation management practice in agricultural trade journals. In 1847–48 he published *Cotton Plantation Record and Account Book: Suitable for a Force of 80 Hands, or Under* as well as *Sugar Plantation Record and Account Book.* Both texts were part instructional manual and part preprinted ledger containing various accounting tables and fill-in forms. Affleck's texts were widely popular in the lower Mississippi Valley and went through several editions before the Civil War.²⁵

In his article "The Duties of an Overseer," published in *De Bow's Review* in 1855, Affleck claimed that maintaining enslaved health was one of the most pressing managerial problems and that sick time was one of the overseer's most useful tools for addressing that problem. "The health of the negroes under your charge is an important matter," he wrote, for "much of the usual sickness among them is the result of carelessness and mismanagement."²⁶ Affleck believed an overseer should be able to "competently manage" the majority of medical cases, but if not, he should "send for a physician."²⁷ He also provided several recommendations for medical care, many of which focused on reducing inflammation and irritability and improving enslaved people's behavior. Finally, Affleck suggested periods of "rest and quiet, to prevent undue excitement in his [an enslaved person's] system" and reduce the likelihood of a "whole catalogue of diseases." Where some therapies like bleeding and purging might be "more likely to be productive of injury than benefit," these periods of rest away from work did not, in Affleck's opinion, carry the risk of worsening the condition, which might result in even more

²⁵ For a discussion of Affleck's cotton record book and the circulation of preprinted accounting forms throughout the South, see Rosenthal, *Accounting for Slavery* (n. 2), esp. 71–79.

²⁶ Thomas Affleck, "The Duties of an Overseer," *De Bow's Rev.* 18, no. 3 (March 1855): 339–45,
340.

²⁷ Ibid., 340.

sick time.²⁸ Instead, a diligent overseer could decide to sacrifice some work time upfront, avoiding a longer interruption in production and making a record that could be used to ensure accountability later on.

Another strategy for mitigating time lost was to move sick and nursing enslaved people into new subdivisions in the plantation workforce so that they could continue to be productive even if they were not able to perform the major commodity-producing tasks. In the late 1850s, Robert Ruffin Barrow owned more than a dozen sugar and cotton plantations across Louisiana and Texas. Records from his sugar plantation Residence in Terrebonne Parish (about sixty miles southwest of New Orleans) demonstrate that his managerial staff created work "gangs" of enslaved people with specific health conditions. Residence managers assigned all enslaved people to a specific role or work gang using a table titled "classification of han[d]s," which was edited on a weekly, monthly, and seasonal basis.²⁹ This table helped Barrow and his staff picture the "balance of hands" across each work gang and how enslaved people's health conditions impacted the status of each task. When measles swept through the plantation in December 1857, just before the sugar harvest was scheduled to begin, head overseer Ephraim Knowlton formed a "measles" gang made up of enslaved people who were suffering from the disease but, according to Knowlton, could still perform lighter tasks that would ensure the "cutting" began on time.³⁰ At other points during the year, Knowlton created a "suckler's gang" of nursing enslaved women, as he believed that these women could be put to work "cleaning cane fields" and "clearing ditches"

²⁸ Ibid., 343.

²⁹ See, for example, "Classification of Han[d]s for December 3rd 1857," vol 1: 179 in Plantation journal, original and typed transcription, 2 volumes (1857), Robert Ruffin Barrow Papers, MSS 2407-2, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

³⁰ For discussion of the measles outbreak and "measles gangs," see ibid., 1:183–88.

while they nursed enslaved children.³¹ Reallocating nursing women in this way helped minimize the cost of sick time, and it also meant that these women could be made into doubly productive laborers, recuperating some work time in the short term while they contributed to the long-term productivity of the plantation via the reproduction of enslaved people.

Some plantation enslavers enforced hygienic standards with the explicit goal of reducing sick days. Joseph Toole Robinson owned the cotton plantation Willow Point in Red River Parish in northwest Louisiana. Robinson ran a smaller operation than Acklen, Affleck, Blanco, or Barrow, but he was an avid consumer of preprinted account books. For the years of 1854–55, he used a copy of J. Randolph's best-selling *Plantation and Farm Instruction, Regulation, Record, Inventory and Account Book* as his primary reference book, ledger, and daily journal. Like Affleck's account books, Randolph's was both educational and functional. Robinson's copy includes handwritten bracketing Randolph's recommendation that managers perform weekly inspections of enslaved people's cabins to ensure that they were "clean and in good order" and Randolph's suggestion that enslaved people "put on clean clothes every Sunday morning."³² Lack of cleanliness and injury resulting from wearing torn clothing could easily inhibit the pace of production. For the year of 1859, Robinson had a copy of Affleck's *Cotton Planation Record and Account Book* and made extensive use of its standardized table of "Physician Visits to the

³¹ For "suckler's gang," see ibid., 2:2; "measles gangs" and "suckler's gangs" on Barrow's plantation are also mentioned in Rosenthal, *Accounting for Slavery* (n. 2), 115; for more on the gang labor system, see Phillip D. Morgan, "Task and Gang Systems: The Organization of Labor on New World Plantations," in *Critical Readings on Global Slavery*, ed. Damian Alan Pargas and Felicia Roşu (Leiden: Brill, 2017), 1263–93.

³² See Robinson's daily journal for 1854–55 in vol. 1, series IV, Joseph Toole Robinson Papers, Mss. 1314, LLMVC.

Sick" (figure 1). Here, he recorded the dates of physician visits; the cost of their services; the enslaved people they attended and what they treated; and, crucially, enslaved people's sick time, which was noted in the column called "date when the patient entered and left the hospital." As this table suggests, the cost of enslaved illness in work time was just as important to Robinson as the cost of the physician's bill.



Figure 1. Table of physician visits, enslaved patients, and their sick time for the year of 1859 at Willow Point Plantation. Joseph Toole Robinson Papers, Louisiana and Lower Mississippi Valley Collections, Louisiana State University Archives, Baton Rouge, vol. 5, series IV.

Robinson's use of preprinted record books is significant because it shows how average plantation enslavers learned about the management of enslaved health in part by doing it with mass-produced accounting technologies. Moreover, the fact that cotton and sugar plantation enslavers used the same concepts, language, and data management techniques points to the scalability of plantation management science. Sugar plantations usually had ten times the number of enslaved people that cotton plantations had, plus more managerial staff, hired mechanics, and machinery to meet the demands of a much more complicated production process.

Managerial ideas also had traction outside of plantation discourse, as seen in the papers of Dr. Joseph S. Copes, a well-known physician and medical reformer in Louisiana. In addition to his medical career, Copes ran side businesses in contract enslaved labor, insurance, and legal services. After receiving his medical degree in 1833 from Jefferson Medical College in Philadelphia, Copes moved to Mississippi to open a practice in the booming cotton economy. In 1835, he married the widow of a wealthy enslaver, acquiring both enslaved people and cotton plantations. He relocated with his family to New Orleans in the late 1840s and continued to manage his plantation holdings from afar. In New Orleans, Copes became an active member of several Anglophone medical institutions and an administrator at Charity Hospital, where he helped establish the hospital's first Board of Physicians and Surgeons in 1851.³³ In 1855, he cofounded the Mechanics Institute of New Orleans, which was a vocational school that, in the words of the founders, aimed to enhance the "intellectual and moral habits of workers." From its inception, the Mechanics Institute had a large Black student population, and it soon became an

³³ See the biographical summary that accompanies his papers in Joseph S. Copes Papers, MS 733, Louisiana Research Collection, Tulane University, New Orleans (hereafter cited as LaRC).

important site of Black labor and political organizing, much to the dismay of its founders. In 1866, the school also became the site of a racial massacre. On July 30, a group of Freedmen gathered at the institute to protest the state legislature's refusal to extend voting rights to Black men. A mob of white rioters, many of whom were former Confederate soldiers, attacked the protesters, killing somewhere between thirty-five to fifty Black people and injuring as many as one hundred fifty.³⁴

Copes's interest in reforming Black laborers may have grown out of his knowledge of plantation management, including the notion that maintaining Black enslaved people's bodies, minds, and habits was necessary for maintaining productivity. In 1851, Copes "hired out" several Black enslaved people to work in a brick factory in Biloxi, Mississippi. His correspondence with the overseer of the factory demonstrates that he used the same ideas and language that plantation enslavers used to managed enslaved sick time. On February 23, 1852, overseer Walter G. Baylor provided Copes with a table of "lost time of your hands" from June 10, 1851 "up to the present time" (figure 2). Baylor was reporting on the health of enslaved people, but he included only the most important information, which was the amount of work time each person had missed and how much it had cost Copes. The sick days of Edmond, Osborne, Willis, Becky, Cloe, Esther, Sally, Adeline, and Ned had cost Copes a total of \$63.31 and one-third cent in profits and a grand total 204.5 working days. "As you see I have mad[e] the distinction between lost time

³⁴ For "intellectual and moral habits of workers," see letter from Copes's cofounder colleague, Dr. David Macaulay (October 14, 1848) in Joseph S. Copes Papers, LaRC; for more on Black political and labor organizing in New Orleans and the 1866 massacre, see W. E. B. Du Bois, *Black Reconstruction* (New York: Russell and Russell, 1935), esp. chap. 11, and James G. Hollandsworth, *An Absolute Massacre: The New Orleans Race Riot of July 30, 1866* (Baton Rouge: Louisiana State University Press, 2004).

from sickness & from accidents, causalities, &ce," Baylor explained. Perhaps Copes wanted time lost to workplace injuries and deaths to be distinguished from sick time because the former indicated someone could be found at fault, such as an overseer like Baylor, or an enslaved person, who might then receive extra punishment beyond having to make up the work time at some point in the future.

The present list is made out from 10 the funce to The 23 Feby-Edmont- 112 Days sixten of & about & Days (un off) 182 = 644 Osborne- 3 20 20 & 14 with pign off 17 = 1.68 Bucky - 8. Do Do Cloc - 38. Do 3 = 1.68 8 = 2.66 38 = 12.66 Clor -- 38. Der & other -- 22. Der & immitte & 22 Days in Your 74 = 24.66 Sally - 37. Do aduline - 8. Do Ned - 1. Do as you see I have mad The Distinction between lost time from orekenel & from accidents casuaties de - That governay be at no lofe to account for the surre total

Figure 2. Letter from Walter G. Baylor to Joseph S. Copes with a table showing the cost of enslaved sick days in both dollars and work time (February 23, 1852). Joseph S. Copes Papers, Louisiana Research Collection, Tulane University, New Orleans.

As this example shows, enslaved Black patients were not merely sick people in the eyes of white physicians. They were also the embodiment of their master's work time that was in the process of expiring. Copes's methods of thinking about and dealing with enslaved people's

illness using time, race, and productivity reflected typical plantation management practices of the day. But it is clear that these were typical medical ways of thinking, too.

New Orleans physician Erasmus Fenner was one such medical thinker. Fenner was founding editor of two highly influential medical publications in the antebellum South: the New Orleans Medical and Surgical Journal (1844–1952) and Southern Medical Reports (1849–51). In the second volume of Southern Medical Reports, Fenner published an article by noted management writer Thomas Affleck titled "On the Hygiene of Cotton Plantations and the Management of Negro Slaves." To introduce the piece, Fenner praised Affleck as one of the "most scientific agriculturalists in the Southern States" and claimed Affleck's efforts to "introduce more system and order in the management of plantation affairs" were particularly useful for medicine. Fenner was especially impressed with the "Plantation Record," which he described as "a blank book which has been admirably arranged" to carry out precise "calculations" of agricultural production. In Fenner's mind, the record book could also produce precise calculations of enslaved illness, leading to better health outcomes for enslaved people. Fenner stated that Affleck's article, "in connection" with a paper from New Orleans physician Samuel Cartwright in the same Southern Medical Reports volume, was to be "the beginning of a series, to appear from year to year, which, we trust, will promote the true interest of the master and ameliorate the condition of the slave." According to Fenner, this joint intellectual venture between medicine and what he called "scientific agriculture" would yield great contributions to "medical science."³⁵ It is not exactly clear what Fenner meant by the "true interest of the

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³⁵ For all quotations describing Affleck, his "scientific" approach to agriculture and its value for "medical science," see the editor's note prefacing Thomas Affleck, "On the Hygiene of Cotton Plantations and the Management of Negro Slaves," *Southern Med. Rep.* 2 (1851): 429–36, 429.

master." Perhaps he was referring to enslavers' desires to extract as much labor from enslaved people's bodies as possible. What is clear, however, is that Fenner believed enslavers like Affleck had devised a standardized way to collect and consider enslaved health data and that this—combined with Samuel Cartwright's racial medical knowledge about Black people constituted valuable "medical science."

Physician acceptance of the segmenting of time according to production was critical to this viewpoint. Steven Stowe has argued that physicians in the nineteenth-century U.S. South conceived of time in relation to medical practice by thinking about how long symptoms persisted; how long they spent on various medical cases; and how quickly they were able to treat maladies at hand, seemingly bringing order to the hospital or the sickroom. Stowe posits that physician experiences of this "case time" shaped how they thought about illness and their own identities as "modern" healers. The physicians in Louisiana and Cuba who wrote about plantation management sometimes drew evidence from past cases, and the temporality of those cases may have factored into their thinking in some way. For example, the number of sick days taken in cases where the patient seemed to recover quickly might influence how physicians would use sick time to manage the same condition in the future. However, it is clear that these physicians were thinking about both time and their patients in terms of an explicit realm of production (the plantation) and a specific socioeconomic context (racial slavery). Plantation environs could differ from one to the next, but management technologies and methods of data collection as well as the racial makeup of the labor force appeared to be largely consistent from one plantation to the next. Moreover, plantation time discipline was standardized via clocks, ledgers, and calendars (to say nothing about plantation enslavers' near monopoly on violence,

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which was central to the imposition of time discipline, too). Conversely, case time was built on the physician's individual experiences and was, as Stowe writes, "his alone to relate."³⁶ Plantation time discipline was a more fixed meaning of time that could provide a seemingly universal basis for making medical knowledge.

The creep of plantation ideas of time and productivity into medicine was most evident in physician writing about sick time. Samuel Cartwright understood that the goal of sick time for enslaved people was a reduction in "days lost" to illness over the longer term. Cartwright was born in Virginia and practiced medicine in Alabama and Mississippi before settling in New Orleans. He wrote extensively on racial science and medicine during the 1850s, becoming a widely cited thinker on "diseases of negros." As Christopher Willoughby has argued, Cartwright saw knowledge of Black people's bodies as a special expertise that was vital to the present and future of the medical profession.³⁷

Cartwright's writings also illustrate that he saw plantation management as a rigorous intellectual enterprise. In the introduction to his 1851 *De Bow's Review* article titled "The Diseases of Negroes—Pulmonary Congestions, Pneumonia, &c.," Cartwright described how plantation enslavers who regularly implemented sick time had some of the healthiest and most productive enslaved people. He claimed that allowing enslaved people some time off from work was an important prevention against health conditions that accompanied "hard usage" and "overtasking." By contrast, letting sick enslaved people languish "without inquiring into the causes" of illness and, if necessary, removing them from the workforce for a certain amount of time was

³⁶ Stowe, *Doctoring the South* (n. 6), esp. 169–91, and for "his alone to relate," see 176.

³⁷ For background on Cartwright, see Willoughby, "Running Away from Drapetomania" (n. 9).

evidence of "bad government." According to Cartwright, the temporary reprieve from work supposedly interrupted the "continuance" of symptoms such that they would not progress any further and may even begin to lessen.³⁸ Thus, sick time was a valuable medical intervention not because it helped Black patients heal but precisely because it diminished symptoms and reduced the duration of illness. Cartwright was not just extolling the virtues of "proper management" to flatter his audience, many of whom would have been enslavers. He understood the managerial logic that undergirded the practice of sick time—chiefly, the preservation of productivity—and he considered that logic to be a factual foundation that would inform his analysis of how pulmonary conditions manifested in Black people.

As was the case with Cartwright's writing on the topic, physician notions of sick time often contained two underlying ideas: the idea that work itself was therapeutic for Black people and the idea that the accumulation of working days under "good management" was one of the best measures for prolonging their health. Although physicians often plainly acknowledged the extreme brutality of slave labor, they emphasized that using the tools and techniques of management science to keep enslaved people working could actually prevent many of the ill effects of slavery. Together with sick time, cleanliness, and an ascetic lifestyle, continuous work supposedly helped enslaved people recover quickly or perhaps even avoid illness altogether.

Cuban physicians were convinced that work was a cure for Black people, especially those who had been deemed "mad." Labor as treatment was a consistent theme at Mazorra, an asylum located just outside of Havana, which was founded in 1857 and remained Cuba's only public

³⁸ Samuel A. Cartwright, "The Diseases of Negroes—Pulmonary Congestions, Pneumonia, &c.," *De Bow's Rev.* 11 (1851): 209–13. For all quotes, see 213.

psychiatric hospital until the Cuban Revolution in 1959. Although the institution itself as well as the definition of madness changed over time, for more than one hundred years Mazorra physicians emphasized that *locura* or "madness" often resulted from a dearth of strenuous labor, particularly when it presented in enslaved and free Black patients. As Jennifer Lambe has argued, the centrality of work treatment throughout Mazorra's history was an artifact of the institution's "umbilical connection to African slavery." Not only was Mazorra founded on a sugar plantation, but many of its early patients were ordered to work in the sugar mill and in factories making tiles and bricks. These patients included poor people, *emancipados* (formerly enslaved people), and people who had been captured while fleeing slavery.³⁹

In many ways, physician discourse on the health benefits of work supported a kind of social amnesia surrounding the atrocities of slavery. Like the medicalization of Blackness, the management of enslaved health functioned as an ongoing justification for exploitation, while at the same time pathologizing the violence and trauma of slavery. It made enslaved people's suffering into problems of time, "habit," and malingering, all of which could be solved with the duo of a good manager and a competent physician. Indeed, part of what made management science appear sound to physicians was the fact that it almost always tapped into the notion that Black people's bodies had their own medical "peculiarities" that could become known to white male physicians. Management science, like racial science, gave physicians a seemingly objective framework for diagnosing and treating enslaved Black patients. The medicalization of Blackness

³⁹ Lambe, *Madhouse* (n. 7), for "umbilical connection," see 8; see also Jennifer L. Lambe, "A Century of Work: Reconstructing Mazorra, 1857–1959," *Cuban Stud.*, no. 43 (2015): 90–117.

that had been underway since the eighteenth century, giving physicians another realm of scientific inquiry—the science of production—wherein they could perform expertise in the medical care of Black people.⁴⁰

In Cuba, this process looked different than it did in Louisiana because Blackness, race, and ethnic identity worked differently there.⁴¹ Before putting forth suggestions for improving enslaved health, Cuban physicians had to consider the breakdown of African "nations" (meaning African ethnic/cultural subgroups) on the plantation. How many enslaved Black people were born in Cuba (also known as *ladinos*), and how many were new arrivals to the island (*bozales*)? Were there any bound Chinese laborers (*asiaticos*) on the plantation? These were not necessarily pressing questions for Louisianan physicians, who usually took for granted that all enslaved people were Black and all plantation workers were enslaved unless otherwise specified.

Cuban physician Juan Santos Fernández and French-born physician Henri Dumont were especially interested in categorizing labor differences in relation to what they conceived to be

⁴⁰ For more on the medicalization of Blackness in the first half of the nineteenth century, see Hogarth, *Medicalizing Blackness* (n. 7) and Willoughby, *Masters of Health* (n. 7).

⁴¹ Several scholars have argued that ideas of race were more localized and layered in antebellum Louisiana compared to the rest of the U.S. South due in part to Louisiana's unique imperial history, its legal system, and its large free Black population. See, for example, Alejandro de la Fuente and Ariela J. Gross, *Becoming Free, Becoming Black: Race, Freedom, and Law in Cuba, Virginia, and Louisiana* (Cambridge: Cambridge University Press, 2020); Kenneth R. Aslakson, *Making Race in the Courtroom: The Legal Construction of Three Races in Early New Orleans* (New York: New York University Press, 2014); Jennifer M. Spear, *Race, Sex, and Social Order in Early New Orleans* (Baltimore: Johns Hopkins University Press, 2009). On ideas of Blackness, race, and ethnic identity in nineteenth-century Cuba, which profoundly influenced Cuban society despite the fact that there were comparatively fewer explicitly racial laws than there were in Louisiana, see de la Fuente and Gross, *Becoming Free, Becoming Black*; Bonnie A. Lucero, *A Cuban City, Segregated: Race and Urbanization in the Nineteenth Century* (Tuscaloosa: University of Alabama Press, 2019); Verena Martinez-Alier, *Marriage, Class, and Colour in Nineteenth-century Cuba: A Study of Racial Attitudes and Sexual Values in a Slave Society* (Cambridge: Cambridge University Press, 1974).

differences in Black racial identities. It is important to note that racist attitudes toward Black people heavily influenced Fernández and Dumont's perceptions of race and ethnicity. Neither had much interest in the processes of identity formation happening within Afro-Cuban communities (and the same can be said for white physicians in Louisiana).⁴² However, Fernández and Dumont claimed to be reliable observers of racialized health and illness, and they produced knowledge that many plantation enslavers, leading physicians, and racial science thinkers consumed. Both men toured sugar plantations in western Cuba during the 1860s and wrote extensive accounts of their experiences. Fernandez's memoir, *Recuerdos de mi vida* (Memories of my life), and Dumont's medical anthropological study, *Antropologia y Patologia Comparadas de los Negros Esclavos* (Comparative anthropology and pathology of Black slaves), demonstrate how they wove together their knowledge of management science, racial science, and the racial hierarchy of Cuban society to work out medical insights that might increase productivity.

⁴² Many scholars have written about processes of racial and ethnic identity formation within Afro-Cuban communities. See, for example, Aisha K. Finch and Fannie Rushing, eds., *Breaking the Chains, Forging the Nation: The Afro-Cuban Fight for Freedom and Equality, 1812–1912* (Baton Rouge: Louisiana State University Press, 2019); Aisha K. Finch, *Rethinking Slave Rebellion in Cuba: La Escalera and the Insurgencies of 1841–1844* (Chapel Hill: University of North Carolina Press, 2015); Manuel Barcia, *The Great African Slave Revolt of 1825: Cuba and the Fight for Freedom in Matanzas* (Baton Rouge: Louisiana State University Press, 2012); Manuel Barcia, *Seeds of Insurrection: Domination and Resistance on Western Cuban Plantations, 1808–1848* (Baton Rouge: Louisiana State University of North Carolina Press, 2006); Matt D. Childs, *The 1812 Aponte Rebellion in Cuba and the Struggle against Atlantic Slavery* (Chapel Hill: University of North Carolina Press, 2006); Philip A. Howard, *Changing History: Afro-Cuban Cabildos and Societies of Color in the Nineteenth Century* (Baton Rouge: Louisiana State University Press, 1998); Manuel Moreno Fraginals, "Africa in Cuba: A Quantitative Analysis of the African Population in the Island of Cuba," in *Comparative Perspectives on Slavery in New World Plantation Societies*, ed. Vera Rubin and Arthur Tuden (New York: New York Academy of Sciences, 1977), 187–201.

Fernández was born to a sugar planting family in Matanzas in 1847. He studied medicine at the University of Havana in the late 1860s before eventually receiving his degree from San Carlos College of Medicine in Madrid in 1872. After studying ophthalmology in Paris until 1875, Fernández returned to Havana, where he became a prominent medical reformer and founded Cuba's first surgical journal, Revista Crónica Médico-Quirúrgica (1875–1940).43 Around this time, he began writing his memoir. Although he made his primary residence in Havana, Fernández used his childhood and young adulthood in the Cuban countryside to declare himself an expert in plantation medicine. He claimed that Cuban plantations had given him access to "abundant clinical material and good renumeration"-the "clinical material" being enslaved people's bodies.⁴⁴ This experience also exposed him to plantation management of enslaved people. Fernández praised their "meticulous governance" over the "great endowments of slaves" in "those infirmaries of the great mills." He also appreciated that enslavers "looked for the best doctor to treat them [enslaved people] and paid him well if they got sick." Fernández acknowledged the violence of sugar labor and high death rates at numerous points in his memoir. But he insisted that where cutting-edge medical governance could be found, enslaved people's health and "their labors [were] more productive and efficient."⁴⁵

⁴³ For biographic details on Fernández, see Steven Palmer, "Beginnings of Cuban Bacteriology: Juan Santos Fernández, Medical Research, and the Search for Scientific Sovereignty, 1880—1920," *Hisp. Amer. Hist. Rev.* 91, no. 3 (2011): 445–68; and Palmer, "A Cuban Scientist between Empires: Peripheral Vision on Race and Tropical Medicine," *Can. J. Lat. Amer. Carib. Stud. / Rev. can. étud. lat.-amér. et caraïb.* 35, no. 69 (2010): 93–118.

⁴⁴ Juan Santos Fernández, *Recuerdos de mi vida*, 2 tomos (Havana: Lloreda y Ca. and Suarez, Carasa y Ca., 1918–1920). For "abundant clinical material and good renumeration," see 1:310.

⁴⁵ For all three quotations, see ibid., 1:311.

Furthermore, Fernández maintained that plantation enslavers had knowledge about racial medicine that could not be taught in medical schools. He recalled one interaction with a sugar plantation owner in Matanzas who had started out as an overseer at another plantation but was now "the landowner of a property worth more than three hundred thousand pesos." When Fernández told him that he was a physician, the unnamed enslaver took Fernández to his infirmary and showed him "with an example" that he (the enslaver) "did not need to waste time studying medicine" like Fernández did. Fernández did not explain who or what the "example" was, but given the context, this encounter likely involved an enslaved person of African descent. The enslaver boasted that he "had often given lessons to doctors" in the curing of "whitlow," a blistering skin infection that was supposedly "very frequent in the black slaves," but less frequent in "*mulatos*," whose mixed European and African lineage supposedly made them less susceptible to the condition. Fernández remarked that this was one of his "first lessons in pathology," which almost made him reconsider a career in medicine, since it was clear that one could produce meaningful medical knowledge as a plantation enslaver.⁴⁶

Such declarations about racialized differences in disease, labor, and pain were very appealing to Cuban physicians, many of whom wanted to know how Blackness translated into fitness for medical experimentation. As Fernández saw it, plantation enslavers had proven that "fully black" enslaved people, especially those who had grown up in Africa, possessed the most "resilient" bodies, capable of working long hours tirelessly and without breaking down (provided they had proper managerial and physician oversight). Meanwhile, *mulatos* were supposedly much weaker on average and possessed "extremely poor physical and moral nature" that made

⁴⁶ For all quotes in this paragraph, see ibid., 1:15–16.

some plantation enslavers want to avoid using them for sugar work altogether.⁴⁷ From this, Fernández determined that "black slaves" were the ideal candidates for experiments with painful medical treatments, such as the "cure" for berry bug infestations. This treatment involved cutting open the patient's flesh to extract the tiny insect that had buried itself there. The open wound would require some time to heal, but such an intervention would supposedly prevent more serious conditions that could inhibit work. According to Fernández, "black" enslaved people were suitable for this "treatment" not just because it was "lawful to do everything to them," but also because their skin was very tough and they would hardly feel the scalpel.⁴⁸

Henri Dumont was similarly fascinated with the relationships between race, health, and labor. By the time he came to Cuba in 1860, he was already an established physician who had practiced in France and the French Caribbean for nearly two decades. A graduate of the Paris Medical School who also taught at the University of Havana, Dumont's particular medical interests lay in discovering the processes by which people became immune to diseases and how those processes differed according to "biological" origins. Spending over two years in the sugarproducing jurisdictions of western Cuba, Dumont conducted countless medical examinations of Black enslaved people, studied their behavior, and conversed with plantation enslavers and slave traders. He began organizing his field notes in 1866 and had most of *Antropología y Patología*

⁴⁷ For the comparison between "fully black slaves" and "*mulato*" plantation workers, see ibid., 1:41–42.

⁴⁸ For the discussion of berry bug treatments, see ibid., 1:333. The false notion that Black people have thicker skin and thus feel less pain remains one of slavery's most enduring legacies in medicine. See Hogarth, *Medicalizing Blackness* (n. 7); Washington, *Medical Apartheid* (n. 9); and Roberts, *Killing the Black Body* (n. 9).

Comparadas de los Negros Esclavos written by 1876.⁴⁹ Although the focus of Dumont's book was disease immunity, his descriptions of Black people almost always related back to questions of labor and production. For him, examining differences in work and productivity was a concrete way of figuring out the racial biology of immunity.

Dumont believed he could determine which of Cuba's "African races" were biologically suited for hard labor and strict managerial oversight. Or, put a different way, he believed he could ascertain which "race" had the inherited characteristics that would help them stay healthy and productive for the longest period of time. He had heard from plantation enslavers that Lucumí enslaved people, whom he described as "descended from the Yoruba people of West Africa," were the healthiest and the most effective workers of all "black races." According to Dumont, they took great care of their hygiene on their own and also possessed physical characteristics that made them fit for hard labor no matter the environment they worked in. He stated that Lucumís were tall, strong, and "infatigable," and though they occasionally suffered from anemia and suicide, their "disposition and musculature" enabled them to "develop the capacity for hardest labor." For this reason, Lucumís could be found "in all the warehouses and mercantile depots of Cuba's ports, as on the plantations."⁵⁰ However, Dumont suggested that Carabalís were comparable to Lucumís in terms of health and manageability and that enslavers

⁴⁹ Henri Dumont, *Antropología y Patología Comparadas de los Negros Esclavos* (1876), trans. I. Castellanos (Havana, 1922). For Dumont's biography and interests, see 2–6. Biographical information on Dumont can also be found in Manuel Rivero de la Calle, "Henri J. Dumont. Precursor de los estudios antropológicos en Cuba," *Conferencias y Estudios de la Historia y las Ciencias*, Nu. 4 (Havana: Academia de las Ciencias, 1978), n.p. Periódicos, BNJM.

⁵⁰ For Dumont's description of Lucumí enslaved people, see Dumont, *Antropología y Patología Comparadas de los Negros Esclavos* (n. 49), 21–28.

should consider them ideal workers, too. He noted that Carabalís and Lucumís came from neighboring regions in West Africa, and like Lucumís, Carabalís were strong, intelligent, and hard workers, but were even more likely to comply with overseers.⁵¹ According to Dumont, the Black enslaved people who should be avoided included Minas, whom he described as hailing from the Gold Coast region of West Africa. From his perspective, Minas were weak, "delicate," and more susceptible to practically all diseases and also "greatly exaggerate their state and pain, if it exists at all."⁵²

Dumont's interest in the medical differentiation of Afro-Cuban peoples was not entirely new. In the 1790s, a Spanish surgeon named Francisco Barrera y Domingo claimed to have found several distinct subgroups of Black people working on sugar plantations in western Cuba and set out to analyze differences in health and disease across those groups. In 1798, Barrera published a nearly nine-hundred-page treatise on the illnesses and diseases found on Cuban plantations. According to Adrian López Denis, the treatise became a popular medical text in Cuba despite the fact that Barrera was a surgeon who never studied medicine in a university setting. The great extent of his knowledge trumped his lack of education, no doubt due in part to the fact that such knowledge was directly relevant to the growing plantation economy. Barrera

⁵¹ For Carabalís, see ibid., 33–36.

⁵² For Minas, see ibid., 29; Dumont did not provide sources for his proclamations about the geographic and ethnic origins of any of these so-called African races, but his perceptions largely align with the ways in which enslavers described different groups of Black enslaved people. On enslaver perceptions of Afro-Cuban ethnic differences in this period, see Finch, *Rethinking Slave Rebellion in Cuba* (n. 42), 24–28.

influenced how different groups of Black people endured common plantation illnesses, from tetanus and diarrhea to suicide.⁵³

In the decades between Barrera and Dumont, the rise of biological notions of race and the increasingly systematic management of enslaved health on plantations had moved Cuban physicians to think about the relationship between inherited racial characteristics and production, specifically. The apparent rigor of management science and the seemingly controlled environment of the plantation made physicians like Dumont feel that they were studying racial biology in the most objective setting, where the true nature of their human subjects would become manifest. Such experience could then be used to make medical knowledge that would be applicable wherever Black people could be found or wherever their labor was needed.

Other than his descriptions of various "African races," the influence of management science can be seen in Dumont's "doctor's questionnaire." Designed for physicians and enslavers, the questionnaire was a tool for investigating the racial/ethnic background of enslaved patients as well as their health status and how those two things might combine to influence their ability to work (figure 3). After determining which African "race" the patient belonged to, the interrogator would ask, "How long has it been since you came from your land?" Natal and temporal distance from the African continent apparently impacted both health and fitness for labor. Next came a series of questions about the body: "Are you sick?" "Where are you hurting?" "Does your head hurt?" "Your belly?" "Your chest?" "Your back?" "Do you feel hot?" "Weak?" "Fatigued?"; and then questions about hygiene, such as "What have you been eating?" After

⁵³ Adrian López Denis, "Melancholia, Slavery, and Racial Pathology in Eighteenth-Century Cuba," *Sci. Context* 18, no. 2 (June 2005): 179–99.

going through these prompts, the physician or enslaver would perform a full examination of the patient's body to swiftly identify any health problems.⁵⁴ Further emphasizing that he was thinking about saving enslavers' time when he created the questionnaire, Dumont provided translations of all questions in the Lucumí dialect. This seemed eminently practical to Dumont because, other than Spanish, Lucumí was "the most spoken in the warehouses, sugar mills, and hospitals of Cuba," all of which were crucial realms of production for the slavery economy.⁵⁵ Dumont knew that both enslavers and physicians would appreciate having a surveillance technology that could quickly and methodically investigate health, even if the enslaved patients did not speak Spanish.

⁵⁴ All quotes can be found in the questionnaire, see Dumont, *Antropología y Patología Comparadas de los Negros Esclavos* (n. 49), 65.

⁵⁵ For the quote about the prevalence of Lucumí language in Cuban production zones, see ibid.,64.

XXXI.

Cuestionario médico en lengua lucumí.

Español.

Lucumf.

4.17

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¿Cómo estás ?	.Areó lé.
Cuánto tiempo hace que viniste	
de tu tierra?	You lo de léy.
Estás enfermo?	Etin scó.
Dónde te duele?	Voló un duan.
Te duele la cabeza?	Oú on ramé.
Te duele la barriga?	Yno nomé.
Te duele el pecho?	"Aiyá on domé.
Te duelen las coyunturas?	La cué vé.
Te duelen las muelas?	Acocoro ondomé.
Te duelen los oídos?	Eti on romé.
¿Te duelén las espaldas?	Eriri ondomé.
Tienes fiebre?	Oyoyó omomé.
¿Tienes frío?	Otá tu omomé.
¿Sientes calor?	Oru onpá oló.
¿Sientes escalofrío?	Ará on se guiri.
Te sientes débil?	Onyé coyé.
Tienes fatiga?	Etin sco linó.
Saca la lengua	Yanguán sodé quenlí.
¡Tienes ganas de comer?	Ofé conyé yé.
Tienes hambre?	Eví unpamí.
No tienes apetito?	Emé ofé yé.
¿Qué quieres comer?	Qui lo fée yé.
Qué has comido?	Qui lo yé tino voyá.
Has comido mango?	Oyé oró.

Figure 3. Dumont's "doctor's questionnaire" showing questions in both Spanish and Lucumí. Henri Dumont, *Antropología y Patología Comparadas de los Negros Esclavos* (1876), trans. I. Castellanos (Havana, 1922), 64.

Dumont's wide-ranging comparisons of Black enslaved people made an impression on

the medical elite in Havana. In the late 1860s, Dumont became a friend of Cuban physician

Nicolás Gutiérrez, who was the head of the Royal Academy of Sciences in Havana.⁵⁶ In 1870 Dumont presented his research to the academy, where it was commended for its usefulness to both the medical community and the economy. The ongoing Ten Years' War was hastening the decline of slavery in Cuba, but war had not diminished the economic importance of medical knowledge about Black people. One physician member of the Royal Academy noted that Dumont's study showed the kind of comprehensive research into "different races that populate the island" that was possible under slavery. He maintained that Dumont's work would be especially valuable to future researchers who would not be able to study Black people's health under such ideal conditions of managerial control, without which "the habits of these races will soon be lost for science and history."⁵⁷ Essentially, he believed that Dumont's work was preserving fleeting racial medical knowledge that would be unavailable, at least in a direct sense, without slavery. It would surely be applicable after slavery, though, because leading Cuban physicians—like most white elites on the island—were assuming that Black people would still make up the majority of the laboring class.

Cuban physicians did have more to consider than their Louisianan counterparts when it came to race, but it is clear that physicians in both places believed that timing, measuring, and comparing the productive capacities of Black workforces was a scientific way of making medical

⁵⁶ For Dumont's relationships with Gutiérrez and the Royal Academy, see Rivero de la Calle, "Henri J. Dumont" (n. 49), n.p.

⁵⁷ See the comments from "Dr. Montané" on the significance on Dumont's work in "Informe acerca de una obra intitulada 'antropología y patología comparadas de loshombres de color africanos que viven en la isla de Cuba,' presentada a la academia con opción a uno de sus premios anuales," *Anales de la Real Academia de Ciencias, Médicas, Físicas y Naturales de la Habana. Real Academia de Ciencias Médicas, Físicas y Naturales de La Habana* 13 (Havana: La Antilla, 1876), 122–36. For both quotes, see 122–23.

knowledge about Black bodies. One important reason for this was that physicians believed plantation enslavers had developed precise methods for studying and controlling enslaved health and that these methods could also be used in medicine. The image of managerial authority also made the plantation seem like an ideal environment for medical knowledge production and experimentation. Physicians thus used time discipline and productivity to cast an air of scientific accuracy over their own knowledge production. In doing so, they helped to forge a conceptual link between Blackness, health, and productivity that—like other forms of racial medical knowledge made under slavery—would persist long after emancipation.

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