

Health and Slavery in Puerto Rico Illuminated by NT Jensen's *For the Health of the Enslaved*

Jensen, Niklas Thode. For the health of the enslaved: Slaves, medicine and power in the Danish West Indies, 1803-1848. Copenhagen, Denmark: Museum Tusulanum Press, 2012. 352 pages, 7 color plates, 3 halftones, 5 maps, 40 tables; 6 3/8 x 9 1/2 paperback, distributed by University of Chicago Press, \$70.00 ISBN 978-87-635-3171-9

African slavery supplied the manpower for Caribbean plantation economies, and medicine provided the means to palliate the effects of overwork, deprivation, and neglect. Niklas Jensen's outstanding analysis of conditions relating to the health of slaves in the Danish West Indies (now U.S. Virgin Islands) from 1803 to 1848 addresses the health service in St. Croix, structured around the enslaved workers; the colonial administration's policies to promote the health of slaves; and the power relationships between the administration, the planters, and the enslaved. Jensen proposes that the primary cause of excess mortality of slaves in St. Croix may have been insufficient nutrition rather than epidemics or poor hygiene. The historiography of health and medicine in Puerto Rico is almost silent on matters relating to slavery, but the sparse information available reveals similarities with St. Croix. The slaves' need for medical attention may have attracted foreign practitioners, and the diet was deficient in calories and essential nutrients. Jensen's analysis expands our knowledge of the determinants of the health of the enslaved. A deep archival examination of the subject in Puerto Rico might show how the universal fundamentals of slavery, adapted to the specific determinants of the island's economy, shaped the health of captive and free residents. [*PR Health Sci J* 2014;33:31-33]

Key words: Slavery, History of medicine, St. Croix, Puerto Rico, Niklas T. Jensen

African slavery provided the manpower for Caribbean plantation economies. In a system that considered the enslaved only as valuable property, slave holders used their investment for maximum productivity, and spent a minimum on maintenance. Medicine was the means to palliate the effects of overwork, deprivation, and neglect, and has been called "an integral part of the slave-based sugar production process" (1). Niklas Jensen has published an outstanding analysis of the political, social, and medical conditions relating to the health of slaves in the Danish West Indies (now U.S. Virgin Islands) from 1803 to abolition, 1848. The book is beautiful, well-written, and carefully researched. In addition, it may be especially interesting to this journal's readers for its contribution to an almost unexplored subject in Puerto Rico.

Most slave populations in the Caribbean were unable to maintain their numbers through reproduction (Jensen, p. 15). Jensen addresses key issues related to such population dynamics, including how health services in St. Croix were structured around the enslaved workers; the colonial administration's policies to promote the health of slaves; and the power relationships, in the field of health, between the administration, the planters, and the enslaved. Furthermore, Jensen offers as comparison the British and the French West Indies.

The Danish archives preserve not only birth and death records, but also doctors' annual medical reports, plantation

hospitals' monthly tallies, and administrative documents of royal farms. In addition, St. Croix's visitors often published their impressions, with particular attention to slavery and the health of the population. Jensen examines these sources for the analysis of events and concepts, and for the statistical examination of trends and differences. He also integrates and contrasts beliefs (Danish and African), laws, practices, ecology, economic motivations and power relations as determinants of health status.

The health care system for slaves was structured in three sectors: the professional, with European-trained plantation doctors in private practice and estate hospitals; the folk, with Afro-Caribbean healers, including the Obeah (religious) practitioners, herbalists, and nurses; and the popular, composed of relatives, friends, and neighbors. The professional sector was lucrative, and therefore well-populated, to the point that the ratio of persons per doctor was lower (better) in St. Croix than in Denmark throughout the period of study (p. 58-59, figure 2.11).

The four most common categories of disease afflicting slaves were fevers, pains and injuries, gastrointestinal diseases, and boils and sores. Many illnesses were caused by the living conditions, such as pains and injuries from fieldwork (Jensen's analysis excludes the subject of bodily punishment), and gastrointestinal complaints from poor-quality food and well-

water (the rainwater in the cisterns was normally reserved for Euro-Caribbeans, p. 141).

The Danish, British, and French governments somehow established a similar minimum weekly food ration for adult slaves - 5 pounds of corn meal and 6 salted herring (p. 159), but as Jensen shows, the rations only covered an estimated two-thirds to three-quarters of the required energy, and were deficient in protein, fat, vitamins and minerals. Health policies for vaccination against smallpox succeeded in preventing smallpox epidemics in St. Croix, but not in St. Thomas, which had a different economic and social structure. In contrast, the administration's effort to train and examine enslaved midwives for the plantations met with limited success (p. 255). Jensen proposes "the cautious hypothesis" that the primary cause of excess mortality of slaves in St. Croix may have been insufficient nutrition rather than epidemics or poor hygiene (p. 187, 253).

The book is lavishly illustrated with tables, graphs and color reproductions of contemporary images. Extensive textual and numerical data are processed with analytic clarity and statistical sophistication. There are three statements I would have explained more broadly. The term "West Indian rose", used almost synonymously with "elephantiasis" and not seen in the enslaved before age 25 years, is explained as filariasis, the mosquito-transmitted parasitic disease, but also as erysipelas, the bacterial infection (p. 93-95). It may also represent a conflation with pellagra (*mal de la rosa*, in Spanish), a nutritional deficiency that produces diarrhea, dementia, and dermatitis, highly prevalent in communities that rely on a corn diet (2). Intestinal worm infestations were due to poor hygiene, not only in the handling of foodstuffs (p. 89), but through contamination of soil and water with human feces. Edema and dirt eating (both less frequent in St. Croix than in the British islands, p. 112) may be connected as symptoms of iron deficiency and severe intestinal worm infestation.

Jensen's comparisons did not include the Spanish islands - Cuba and Puerto Rico. There are important differences with St. Croix: larger islands, different metropolitan culture, no royal plantations, later conversion to a sugar economy, and longer duration of slave importation and slavery. There are also differences between those two islands. Ownership of slaves in the nineteenth century was regulated by local rules based on a document issued in Madrid in 1789 (3, 4). Cuba enjoyed a "super-abundance" of medical practitioners; there was a medical school, and the needs for slave medical care attracted many foreigners (5).

Puerto Rico was a late and minor actor in export agriculture, compared to Cuba. Even so, slavery, which was abolished as late as 1873, always included a large number of inhabitants (over 51,000 persons at its peak in 1846, or 1 out of every 8 persons in the population). Surprisingly, the historiography of health and medicine in the Island is almost silent on matters relating to slavery. A bibliography of the colonial era lists eleven Cuban

publications on the medical problems of slaves or "different races" from 1817 to 1879, but none from Puerto Rico (6). It is unlikely that newspapers carried such articles, because press censorship allowed no mention of slavery, according to A. S. Pedreira (7). Even official regulations seem to have infrequently touched the issue, as shown by the few cited in the comprehensive history of African slavery in Puerto Rico by Díaz Soler, and local histories of medicine and public health by Arana Soto (8-10). A later historian of slavery, Andrés Ramos-Mattei, noted in 1986 the lack of surviving detailed information on slaves' quarters and plantation hospitals (11).

Some diseases of the slaves in Puerto Rico were described by Abbad (written ca. 1775) and Romero (1866) (12). Edward Emerson's journal mentions (7 April, 1831) that "the rose" was prevalent among slaves in Puerto Rico (13). A detailed roster of conditions affecting slaves in Cuba has been compiled by Vázquez and Menéndez de León (1986) (14). George Flinter, in his books of 1832 and 1834, intended to demonstrate that slaves in Spanish islands lived in better conditions than European peasantry or slaves in other European possessions. He decried, though, the scarcity of licensed medical practitioners in Puerto Rico (15, 16).

Three decades later, Renato de Groussourdy, who had practiced medicine for ten years throughout the Caribbean (including Puerto Rico), published *El médico botánico criollo* (1864), or as he also called it, "Popular and domestic medicine of the Antilles". Its four volumes provided a complete medical library for an estate without a resident physician (17). Another French doctor, Henri Dumont, after a "tourné" to provide service around Cuban plantations, moved to Puerto Rico. The examination and treatment of hundreds of indigent patients furnished him with material to write a description of the island's geographic divisions and their attendant pathologies (1875-1876) (18).

The sparse information available for Puerto Rico reveals some similarities with St. Croix. The slaves' needs for medical attention may have attracted foreign practitioners and may explain why our current knowledge on local health and medicine in the 1860s is in part derived from books written by traveling physicians. Regulations regarding adult slaves in Puerto Rico stipulated a daily (not weekly, as in St. Croix) food supply composed of "6-8 plantains (or their equivalent in sweet potatoes, yams or other roots), 8 ounces of meat, [salted] codfish or Atlantic mackerel, and 4 ounces of rice or other common legume" (19).

In practice, the diet was based on cornmeal, served with codfish or rice and beans, and complemented with plantains (20). According to Ramos-Mattei, many documents attest to slaves' protests for lack of food. He considered that the diet provided "instant energy, but was deficient in essential nutrients" (21). The detailed analysis of conditions in Saint Croix is consistent with such deficiencies.

Jensen's analysis expands, in depth and breadth, our knowledge of the determinants of the health of the enslaved. This is a magnificent example of how careful research in a well-documented small area (St. Croix) can shed light on the history of a large and diverse region (the Caribbean). The analysis also demonstrates, without resort to sentimentalism or bloody images, the calculated abusiveness of slavery in its denial of the basic requirements for health and survival unless there was some benefit for slave owners. A deep archival examination of the subject in Puerto Rico might show how the universal fundamentals of slavery, adapted to the specific determinants of the island's economy, shaped the health of enslaved and free residents.

Resumen

La esclavitud africana suministró la mano de obra para las economías de plantación del Caribe, y la medicina sirvió para paliar los efectos del exceso de trabajo, la privación y el abandono. Niklas Jensen ha publicado un análisis extraordinario de las condiciones relacionadas a la salud de los esclavos en las Indias Occidentales Danesas (ahora U.S. Virgin Islands) de 1803 a 1848. Examina los servicios de salud en St. Croix, estructurados para atender la servidumbre africana; las políticas de la administración colonial para promover la salud de los cautivos, y las relaciones de poder entre la administración, los hacendados y los esclavizados. Jensen propone que la causa primaria para el exceso de mortalidad en los esclavos de St. Croix podría encontrarse en la dieta insuficiente más que en las epidemias o las deficiencias de higiene. La historiografía de la salud y la medicina en Puerto Rico casi no menciona los asuntos relacionados a la esclavitud, pero la poca información disponible revela parecidos con St. Croix. La necesidad de atención médica de los esclavos puede haber atraído a médicos extranjeros, y la dieta no proveía suficientes calorías y nutrientes esenciales. El análisis de Jensen amplía nuestros conocimientos sobre los factores determinantes de la salud de los esclavizados. Un examen archivístico profundo del tema en Puerto Rico podría mostrar cómo las características fundamentales universales de la esclavitud, adaptadas a los determinantes de la economía de la Isla, moldearon la salud de los residentes, siervos y libres.

José G. Rigau-Pérez, MD, Academia Puertorriqueña de la Historia, Assistant Professor ad honorem, Departments of Pediatrics and Epidemiology, Schools of Medicine and Public Health, University of Puerto Rico Medical Sciences Campus, San Juan, Puerto Rico. Email: jos.rigau@gmail.com

References

- Palmer S. From the plantation to the Academy: Slavery and the production of Cuban medicine in the nineteenth century. In: De Barros J, Palmer S, Wright D, editors. *Health and medicine in the circum-Caribbean, 1800-1968*. New York: Routledge, 2009. p. 53-75.
- Kiple K. *The Caribbean slave. A biological history*. New York: Cambridge University Press, 1984. p. 93-96, esp. p. 94: "this wide range of protean symptoms [...] prevented earlier physicians from recognizing pellagra as a disease".
- Caro Costas AR. La Real Cédula de 1789 y dos reglamentos antillanos sobre la educación, trato y ocupación de los esclavos. *La Torre (Universidad de Puerto Rico)* 1973; 31:103-130.
- La Torre M de. Reglamento sobre la educación, trato y ocupaciones que deben dar a sus esclavos los dueños o mayordomos de esta isla, [...] 12 de agosto de 1826. *Boletín Histórico de Puerto Rico* 1923;10:262-273.
- Palmer, p. 60.
- Guerra F. *Bibliografía médica americana y filipina. Período formativo*. Madrid: Ollero y Ramos, 1999. 2 vols.; 2: items CU 76, 269, 392, 393, 429, 548, 639, 729, 755, 770, 856.
- Pedreira AS. *El periodismo en Puerto Rico*. San Juan: Edil, 1982. p. 186.
- Díaz-Soler LM. *Historia de la esclavitud negra en Puerto Rico*. 3rd ed. San Juan: Ed. Universidad de Puerto Rico, 1970, reissued 2005. Chapter 7, p. 145-166, at http://books.google.com.pr/books?id=PcwmLZ1_4SUC&printsec=frontcover&dq=Historia+de+la+esclavitud+negra+en+Puerto+Rico&hl=en&sa=X&ei=EpbuUblXkoj2BKfygOAJ&redir_esc=y#v=onepage&q=Historia%20de%20la%20esclavitud%20negra%20en%20Puerto%20Rico&f=false. Accessed 23 July 2013.
- Arana-Soto S. La sanidad en Puerto Rico hasta 1898. San Juan: Academia Puertorriqueña de la Historia, 1978. p. 25 (1627), 28 (1766), 60-62 (1855), 120-122 (1803), 308-309 (1843).
- Arana-Soto S. *Historia de la medicina puertorriqueña hasta 1898*. San Juan: s.e., 1974. p. 427-428 (1860).
- Ramos-Mattei A. Las condiciones de vida del esclavo en Puerto Rico: 1840-1873. *Anuario de Estudios Americanos (Escuela de Estudios Hispano-Americanos, Sevilla)* 1986; 43:377-390.
- Abbad y Lasiera I. *Historia geográfica, civil y natural de la isla de San Juan Bautista de Puerto Rico*. Anotada por José Julián Acosta y Calvo. Estudio introductorio por Gervasio L. García. Madrid: Doce Calles, 2002, p. 537-556.
- Emerson EB. *The Caribbean journal and letters, 1831-1834*. Edited by José G. Rigau-Pérez, 2013. Url: <http://bibliotecadigital.uprrp.edu/cdm/ref/collection/librosraros/id/1701>
- Salvador-Vázquez M, Menéndez de León C. Higiene y enfermedad del esclavo en Cuba durante la primera mitad del siglo XIX. *Anuario de Estudios Americanos (Escuela de Estudios Hispano-Americanos, Sevilla)* 1986; 43:419-445.
- Flinter JD. *Examen del estado actual de los esclavos de la isla de Puerto Rico*. New York: Imprenta Española del Redactor, 1832. Facsimilar ed., San Juan: Instituto de Cultura Puertorriqueña, 1976.
- Flinter GD. *An account of the present state of the island of Puerto Rico*. London: Longman, Rees, Orme, Brown, Green, and Longman, 1834. Facsimilar ed., Academia Puertorriqueña de la Historia, 2002. p. 250-251.
- Grosourdy R de. *El médico botánico criollo*. Paris: Brachet, 1864. 4 vol.
- Dumont E. *Ensayo de una historia médico-quirúrgica de la Isla de Puerto Rico*. Habana: La Antillana, 1875-1876. 2 vol.
- La Torre, p. 265; Flinter (1834), p. 244 (the fish was salted).
- Díaz-Soler, p. 161-162.
- Ramos-Mattei, p. 384-386.