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The Health of Enslaved Workers in Dazille's Observations

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Jean-Barthélemy Dazille, *Observations sur les maladies des nègres, leurs traitements et les moyens de les prévenir* (Paris: Didot le jeune, 1776)

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Commentary

Jean-Barthélemy Dazille's *Observations sur les maladies des nègres, leurs traitements et les moyens de les prévenir* was published in 1776.[1] The timing is significant: 13 years after France's ignominious defeat in the Seven Years War and 13 years before the start of the French Revolution. While France had lost most of its colonial holdings following the war, it maintained control of its most profitable colonies in the Caribbean. Colonies such as Saint-Domingue, Martinique, and Guadeloupe generated enormous profits for the French state—and did so by exploiting an enormous number of enslaved workers. The plantation regime in the Caribbean was among the cruelest and most brutal systems of slavery in world history, with horrifying mortality rates.[2] Plantation owners and managers chose to buy new slaves rather than care for those they already enslaved. Following the Seven Years War, however, administrative officials sought to reform and stabilize the practice of slavery. The question that many enslavers posed in the decades after the war, then, was how to continue to extract

maximum profits from enslaved workers? This gruesome calculus drives Dazille's work.

The text underscores a truism in the history of medicine: that the history of contagious diseases, and particularly ideas about how diseases spread and who they afflicted, is inseparable from larger political, economic, and cultural histories. Dazille's *Observations sur les maladies des nègres* sought to understand the particular health problems experienced by enslaved workers as a means to strengthen and expand the institution of slavery and make it more profitable. Dazille reasoned that if the enslaved spent less time sick, had longer life spans, and had more and healthier children, their owners would reap greater profits and so too would the state.[3]

The timing is also significant, in that the last decades of the 18th century were a key turning point in the rise of race science and medicine.[4] Medical professionals debated whether or not race determined pathology. Were the illnesses of the enslaved influenced by the climates they lived in, and particularly their forced migration from one environment to another? Was disease produced by their living and working conditions, which were especially hellish for enslaved workers on 18th-century Caribbean plantations? Or—and this (incorrect) idea would go on to have a long, dangerous, and deadly history—was there something particular to their biology that made them prone to certain afflictions? At the very end of the 18th century, some medical authors argued that racial difference explained why enslaved Africans and people of African descent suffered from certain diseases while white colonists did not, and vice versa.[5] As the 18th century gave way to the 19th, scientists and physicians became increasingly (and wrongly) convinced that racial difference was the *sine qua non* for explaining pathology and the spread of disease; the idea that Africans and people of African descent were prone to specific afflictions, such as dirt-eating, became widespread.[6]

I am writing this essay in January 2021, with the COVID pandemic in full swing. This moment is a perfect reminder of the legacy and continued prevalence of medical racism, and demands that we pay attention to how the past reverberates in the present. As Rana Hogarth has shown, members of the United States medical community became convinced that people of African descent were immune from yellow fever. This idea developed in the second half of the 18th century and crystallized during the notorious 1793 yellow fever epidemic in Philadelphia. Belief in this immunity was so strong that Benjamin Rush, the famous physician and patriot, asked Black residents of the city to help care for the ill and bury the dead. Black people were *not* immune to yellow fever, and many died doing the work they had been asked to do. Unfortunately, the 1793 epidemic was not a blip, and the assumption that people of color and especially Black people have fundamentally different health

care needs than white people persists. Despite the fact that scientists now know that race has no biological basis, studies show that doctors, nurses, and medical students continue to believe, for example, that Black patients have different pain thresholds. Such mistaken ideas result in more suffering, morbidity, and mortality for Black patients.[7]

The history of 18th-century medicine provides an ideal lens for understanding the development of ideas of racial difference. As Suman Seth has shown for the British Empire, concepts of “race-medicine” developed slowly. For many decades, medical authors assumed that place and habituation were the key factors explaining individuals’ susceptibility to diseases. When someone moved from temperate England to the more tropical West Indies, doctors assumed they needed to suffer a “seasoning sickness” which would help their body acclimate to their new climate. Experience, or becoming seasoned to a place, was thus a determining factor in health and sickness. Only in the last decades of the 18th century—in response, Seth argues, to the threat that Britain’s nascent abolitionist movement posed to the continued profits of slavery and thus the British Empire—did doctors argue that race itself caused disease.[8]

Jean-Barthélemy Dazille (1738–1812) was, of course, not British. He was French, and all of his training and work took place in French contexts.[9] He journeyed to nearly every corner of the French Empire: as a naval surgeon in Quebec and Cayenne; as surgeon-major on the Île de France (Mauritius); and, most famously, as royal physician in Saint-Domingue (Haiti). In addition to the 1776 *Observations sur les maladies des nègres*, Dazille also wrote the 1788 *Observations on tetanus...preceded by a discourse on the means to perfect practical medicine in the tropics, followed by observations on the health of pregnant women in these regions*. A combative figure focused on hospital reform and improving the health of the enslaved, Dazille encapsulates major trends in late 18th-century French medicine.[10] In the remainder of this essay, I will focus on why Dazille wrote this book and what its major arguments, structure, and evidence suggest about race, medicine, and empire on the eve of the age of revolutions.

One particularly interesting element of Dazille’s text is the dedication he wrote to Antoine de Sartine, the minister of the Navy. This immediately clues us in to Dazille’s purpose: to write a text for the state, one that will be useful in expanding and making more powerful and profitable France’s empire. Dazille’s dedication includes standard forms of flattery, praising Sartine as uniquely virtuous and effective. It is likewise replete with other features of 18th-century texts: sympathetic effusions about “humanity”; references to the importance of experience and utility in guiding medical and scientific investigations; appeals to the public as the beneficiary of new advances in knowledge and empire. But most significant is how Dazille characterizes slavery.

The dedication juxtaposes moral condemnation—it is “Europe’s greed” that “condemns [Africans] to slavery” and makes them “the unhappiest and most neglected part of the human race”—with the cold calculation of profits and utility. While Dazille’s criticism of slavery might lead some readers to assume he supported abolition, he never voiced support for any such measure. Quite the opposite, in fact: as the text goes on to show, Dazille’s entire purpose in identifying the causes, treatments, and means to prevent disease amongst enslaved Africans and people of African descent was to make them better and more efficient workers, to increase the profits that enslavers could extract from their enslaved work force. While he sprinkled references to slaves’ happiness and unhappiness throughout the text, his fundamental purpose was utilitarian rather than humanitarian. While Dazille noted that slaves were unhappy and unhealthy, and argued that something must be done to address this problem, his focus was not on slaves’ happiness and health per se but rather how much more useful they could be to their enslavers and the French state if they received better medical care. He condemned slavery but worked to improve and enable it, not to eliminate it.

Dazille’s introduction to the text puts this juxtaposition in even sharper relief. He asserts that colonies have but two purposes, generating wealth and strength; this vision leaves little room for concerns about humanity. He also states unflinchingly that the surest path to wealth is to have a large population of enslaved Black people: “without Blacks (*Nègres*), there can be no crops, no products, no wealth.” France’s erstwhile colony in Canada, ceded to the British following the Seven Years War, seemed to Dazille clear evidence of this rule. Without a large population of enslaved Africans and people of African descent, Canada had never been impressively wealthy; it certainly didn’t contribute to France’s imperial wealth in the same way the Caribbean sugar colonies did. Identifying the diseases that afflicted enslaved workers was thus a vital imperial project, one that Dazille promised would reap impressive returns for planters and the state alike. Dazille saw the spread of disease as undermining France’s imperial project and yet also as something he felt confident could be managed with sufficient education, experience, and centralized policy. That the book was published with approval by the French crown, which closely regulated the publication of books and censured any that were seen as dangerous or contrary to the interests of the state or the church, underscores the utility of this text in the eyes of the state.

Observations sur les maladies des nègres is an important lens into the age of Enlightenment and particularly the complicated intersection of enlightenment, improvement, exploitation, and empire. While Dazille’s medical treatise might not immediately call to mind the Enlightenment of Rousseau or Voltaire, he repeatedly used the term “*éclairé*” (enlightened) in his writing to describe the kind of medicine

that he thought would preserve the largest number of lives and generate the most profits. Ideas about “useful” knowledge that could be used to “improve” society were major themes of Enlightenment philosophy and were among the century’s most salient leitmotifs. Dazille’s text is thus not peripheral to the Enlightenment but an important example of how Enlightenment modes of thought, cultures of scientific practice, and determination to be useful and publicly-oriented could operate in and sustain colonial contexts.

The Enlightenment was not purely rational and calculating, and neither was Dazille’s text. The Enlightenment was as much about sensibility—weeping over novels, wallowing in pity for the less fortunate—as it was about skepticism, empiricism, and reasoning about how to build a better world. Likewise, while Dazille stressed over and over again that his ideas would be useful and profitable to the state, he returned often to the theme of the “unhappy” enslaved person in his text. Happiness—the right to pursue it, but more generally the natural right to avoid *unhappiness*—was a major theme of Enlightenment thought. It was evoked as a major reason for being, a pursuit worth focusing on in this life rather than waiting for the bliss and solace to come in the afterlife. It was particularly cited by those who supported moral causes, such as the campaign for religious toleration. At the same time, much Enlightenment philosophy explored the social and affective ties that bind people together, and pity and empathy were feelings of particular interest. Feeling these feelings deeply demonstrated one’s sensitivity and thus one’s virtue. Abolitionists and anyone seeking to criticize or reform slavery in the 18th century often drew upon these ideas. By evoking the unhappiness of the enslaved, Dazille participated in much bigger conversation about slavery, unhappiness, and the obligation of feeling individuals to do something to help the less fortunate. (That very few of those individuals argued in favor of immediate and unconditional abolition is worth underscoring; their texts continued to be marred by racism and faulty assumptions.) It is also worth noting slaves’ *unhappiness* as a call to action was not matched by insisting that the enslaved had a right to pursue happiness, in the positive sense of the term. The text is more focused on removing causes of unhappiness than thinking about what would spark joy.

For Dazille, the key to alleviating unhappiness was to prevent disease and mitigate its effects with rest and remedies. As J. R. McNeill has shown, disease was a fundamental imperial problem, with illnesses such as yellow fever and malaria having a sharp impact on the victory or defeat of armed forces and even the failure of colonies.[11] Dazille, a surgeon in Guyane, would have been all too familiar with this idea; during the notorious Kourou expedition, two-thirds of colonists died within a few months. Indeed, one “lesson” that French colonists and the French state drew from the Kourou catastrophe was that a colony’s success depended on having a large workforce of

enslaved Africans or people of African descent; they convinced themselves that people of African descent survived better in tropical climates; they claimed that the Kourou disaster justified their continued and increasing reliance on enslavement and “proved” racial biological difference.[12] Dazille’s text, focused as it is on the diseases that particularly afflicted Black people, was part of this transition.

The book is organized topically by disease and provides concrete recommendations, including specific recipes for remedies. In general, Dazille counseled better food, especially more varied diets; better hospitals, equipped with proper beds and a good deal of clean bedding; and better clothing, designed to protect from the massive temperature swings that could be common in certain locales. The text shows how ideas of racial difference were hardening in the late 18th century but were not yet set. Within the chapters, Dazille shifted readily from general discussions of diseases and bodies to the particular conditions of slavery (which is to say, not biological difference) that resulted in the poor health of enslaved Africans. But at the same time, he did make references to Africans’ “*libertinage*” (“loose morals”), which could potentially make them ill because they would “exhaust” themselves in seeking out their romantic partners, even across long distances, after a grueling day of work. This not only speaks to Dazille’s assumption that Africans had certain fixed characteristics but also his refusal to see them as fully human; as much recent scholarship on slavery has shown, it was precisely these intimate relationships that enabled the enslaved to hold on to their humanity, to forge affective ties that mattered enormously to them.[13] But it is not just recent scholarship—many in the 18th century considered a highly affective family life to be one of life’s greatest consolations and indeed a fundamental driving force uniting human society. That Dazille did not consider the emotional needs of the enslaved when writing of their intimate relationships only underscores the limits of his own empathy.

This is a text that has much to teach us about the history of contagion, the diseases that afflicted people in the 18th century and that were particularly associated with enslaved African workers. But perhaps its most useful function is that it lays bare the social and cultural contexts that always shape our understanding of diseases: who catches them, how we treat them, and why we should care about the illnesses of others.

Translation

Jean-Barthlème Dazille (1738–1812)

Observations sur les maladies des nègres (1st edition, 1776)

OBSERVATIONS ON ILLNESSES AMONG BLACK PEOPLE[14]

Excerpt translated by Susan Emanuel

Dedication

Landowners in the Colonies, who are Cultivators of foodstuffs that were once considered useless but are now essential, have expanded the Nation's Commerce & who impose a kind of tribute in Foreign lands, all too often see their hopes dashed by the mortality among slaves. The State thereby also loses in proportion to—and comparable with—what is suffered by private interests.

Africans, whom Europe's greed condemns to slavery, are the unhappiest and most neglected portion of the human race despite their utility. We are summoned to help them by Humanity, by private interest, and by [good] policy.

Oh Humanity, Monseigneur, who but you best understands its voice! Therefore [your] speaking in its favor and writing in support of it, demonstrate the meriting of being the sort of Minister who in other posts has always known how to respect humanity and to rescue it everywhere through [the force of] burning sentiment.

I have been taught by sustained experiments and an ever-alert sense of observation those skills that might contribute to preserving these unhappy beings. They would be less [miserable] if they could enjoy better health and if they were better treated when they fall ill. I confidently share these thoughts with the Public, [trusting that] your cherished name will lead people to adopt them. Given my experience, I do not doubt that they will be useful.

Introduction

The population of a colony determines its degree of prosperity. If the population is numerous, this gives the colony strength and wealth; a meager or middling population indicates both poverty and lassitude.

In general, every colony exists—or should exist—for these two purposes, Strength & Wealth; these are their two main goals. Wealth flows back into the Kingdom & contributes powerfully to its general prosperity; Strength protects these advantages from external enemies, independently of military help from the metropole that is always uncertain and tardy.

It is especially true that only in an abundant population of Black people can colonies find the fundamental source of their opulence, for without Black people, there can be no crops, no production, no wealth.

A colony that is exclusively populated by Europeans after several years could indeed become a Strong colony, but it will be strong only; Wealth will never play its part. Such was the case in Canada.

According to this thesis, we see that the introduction of Black people into a colony is the major route to, and fundamental to, its prosperity, and that there are effective means for preserving these unfortunate beings. These include investigating the cause of the diseases that afflict them, tracing those diseases back to their source as well as how they progress and culminate, while indicating the ways of treating them. These will result in stopping the frightening depopulation of the species, which is of concern and useful to Colonists in particular, as well as to the Commerce of the Nation in general & to the prosperity of the State.

Such is the goal of this Book: may I fulfill it perfectly; may those who practice the art of healing in the colonies recognize, as I do through daily experience, that the methods I present here for the treatment of the diseases of Black people are the most effective ones. In addition, I wish many inhabitants of the colonies would perceive that reducing the causes of these illnesses is [already] within their grasp! It would offend their delicacy were they to envision such a reduction as coming solely from self-interest. For the care they would demonstrate in implementing this project would express a nobler and satisfying motive coming from their hearts, since colonists will also be performing acts of humanity and charity.

Therefore, the man of the [healing] arts, when arriving in a colony, must examine the lay of the country, note the elevated spots, the swamps and their distance from dwellings or towns, the winds which normally dominate, the quality of the waters, plus the mode of life of the inhabitants, their morals [*mœurs*], their food, their work, their manner of dress.

Acquiring these insights [*lumières*] and making them useful to humanity requires a learned and hard-working man who loves his work.

This initial knowledge will lead him to study that which is most closely related to the men whom he must help, such as their dispositions, and everything that causes differences among them. He will seek the dominant humors that constitute and particularly characterize them. Our temperaments come from those of our fathers & mothers, but they are modified according to the food [we eat] & the air [we breathe]. The ideas and opinions that are offered to us, or that we acquire for ourselves, are also differentiated by how these causes are combined—hence the striking diversity in each individual depending to how these temperaments have been extended into the brain and other parts of the body, their durability in [anatomical] tissues and in the

arrangement of nerves, and likewise in the quality and quantity of the fluids that put these fibers into play by imparting movement to them.

Thus the Physician should not restrict himself to the study [*connaissance*] of man, his composition, his state of health and illness: he must also apply himself to knowing all the bodies that surround us, how they act on us, & how contact with them, mediated or immediate, can be harmful or useful.

Knowledge of the [topography] and of what the land produces is closely linked with knowledge about diseases. The inhabitants of low-lying and humid areas, surrounded by water, are necessarily subject to the illnesses produced by the relaxation of solids and the stagnation of fluids. On the contrary, those who live in dry and arid areas that are burnt by the sun are subject to the opposite sort of illness, which result from erethism (apathy), dryness, and the excessive action of solids.

Moreover, both groups are more or less disposed to these opposing diseases on account of the diversity of their dispositions. Thus many inhabitants of rainy lands, especially those where the water remains stagnant, have distended bellies, haggard faces, skinny and unsteady legs, and a disposition prone to edemas. By contrast, inhabitants of dry areas have dry and contractile fibers; they are thinner, more sanguine, and more prone to inflammation, particularly to acute inflammation.

Experience, that sure guide for Medicine, proves that every place in the world is more or less salubrious. The intense heat of the Torrid Zone, which was incorrectly assumed to be the primary cause of disease amongst inhabitants & especially suffered by those newly arrived from Europe, in fact merely enhances [other] causes by activating them to some degree. Thus the inhabitants of the island of Saint-Domingue,[15] situated from the 17th to the 20th degree of latitude, were (and still are) subject to violent illnesses; while inhabitants of Pondichery,[16] situated at the 12th degree of the same latitude, are exempt, so to speak, although the heat there is much greater because that city is situated closer to the Equator and so is built on sand, which [as is the case with] reflections, acts to concentrate, consolidate, and reflect sunlight. However, Pondichery is far from swamps, whereas the towns & districts in Saint-Domingue that are recognized to be unhealthy are close to them.

The same observation holds for the island of Cayenne[17] in Guyana; the inhabitants of plantations near swamps experience very serious diseases, while those who live in dwellings that are more fortunately situated, particularly in breezy spots favored by running water, are practically exempt.

[...]

From these details, we see to what dangers that men living near stagnant water are

exposed. Learned people know this truth, and concur. When the cause of the problem is understood, the solution is simple, & perhaps even easier to put in practice than one might think: drain the swamps or clear a channel for the water to flow with the help of different machines that modern Physics has invented, & which other nations have learned to use to their great advantage.

It is a sad & striking truth for humanity that since time immemorial it has been observed that every time rivers overflow, the water that remains in the shallows becomes corrupted and infects the atmosphere, which in turn causes an infinite number of diseases. The Nile in Egypt, the Danube in Hungary, the Rhône, Garonne, and Loire in France have provided too many disastrous examples of such flooding.

Having reviewed the cause of diseases common to all people in the colonies, let us now turn to those particular to Black people, which in even the most contrasting climates nevertheless produce the same effects, resulting in the same depopulation. We may observe everywhere the fact that insufficient diet, lack of clothing, and an excessive workload, all tend to destroy the annual product of Black people, which was the goal of importing them.

Since the mortality of Black people is approximately the same throughout the world, in unhealthy lands as well as in the most salubrious climates (in places where other men live exempt from illness, so to speak), we can reasonably conclude that this excessive mortality is the result of causes particular to them, [even] in these diverse climates.

The cassava root makes up their primary food source; but all the ways this root is prepared, in the Isles of France and Bourbon,[18] are in fact most unsuitable for nutrition, and I will demonstrate disadvantages of cassava. Then I will give more details regarding the other causes of diseases among Black people in these colonies [in the South Pacific]. But what I say will be applicable to all climates, because, as mentioned above, these causes exist equally throughout the far-flung possessions of the nations of Europe, everywhere that cultivation is performed by slaves, and which everywhere produce the same effects and the same ailments, which become more serious because of the number and concurrence of other causes of disease common to all men.

The Isles of France and Bourbon are situated between the 20th and 22nd degrees of meridional latitude. Long, steep mountain ranges, with their tops covered by trees, cross their interiors; these mountains block the vapors from the sea, separating the clouds from which rain falls on the plains on both sides. A great number of rivers run down these mountains, which flow freely to the ocean and thus irrigate every corner of these islands year-round. One finds no swamps, no stagnant water at all: these

islands are regarded, rightly, as some of the healthiest lands in the habitable parts of the earth. Nevertheless, most Blacks (*Noirs*)[19] in the colonies die as a result of putrid and verminous sicknesses, of dysenteries and suppuration in the lungs; it is rare that they are attacked by purely inflammatory illnesses.

The prime cause of these different diseases of Black people is their food, which generally consists of cassava roots crudely grated, put into a pancake, often badly or insufficiently cooked [...] These bland, uniform, poorly prepared, non-fermented foods, which produce putrescent humors, are the source of the illnesses described above.

Another, no less determining cause, are sudden shifts from hot to cold. The air in the Isles of France and Bourbon is subject to such frequent and rapid changes that the Black people, who are almost always poorly attired, cannot help suffering from these abrupt shifts.

To these first two causes of typical diseases among Black people we may add those deriving from their ways of living and working. Born [into this way of living] and reaching an advanced age without [their acquiring] principles, it is very difficult for good habits to be inspired in them. They are also very inclined towards sexual freedom [*libertinage*]; extreme laziness is one of their dominant vices. All in all, their need to work and their awkwardness and lack of skill in amorous pleasures account for the hardship of their enslavement.

The labor to which the Black people are subjected is nearly continuous and often very arduous, sometimes even beyond their strength. Those Masters who require such heavy work must understand their true interests very poorly, because the little rest that they permit their slaves and the bad food allotted to them do not provide necessary respite from labor and leave them anxious and exhausted.

Sexual freedom [*libertinage*] is all the more dangerous among the Black people in that to satisfy it, they often travel far by night in order to seek out the object of their desires; thus they are wasting the time that they should be spending in their only repose, instead of pursuing the aforementioned pleasures, which will be followed by difficult chores. The result is a level of exhaustion from which is it difficult to save them.

Another penchant which tends no less to destroy them is for strong liquor. [Drinking] originates in the exhaustion they feel and results in accidents that are even more dangerous because the liquor they consume is extremely acrid when newly made; it is an *eau-de-vie* made from cane sugar called *taffia* or *guildive*, which in fact they

should be permitted to use only after it has been aged for two years in a barrel or after it has been distilled.

From this exposition, it easy to see why people who are badly nourished, poorly clad, exposed to insults from the unhealthy air, subjected to almost continual labor, and immoderately attracted to the pleasures of sex and strong liquor, cannot maintain their health. We should also note that they do not survive long; diseases assail them and erroneous treatments do the rest. Thus we observe the shocking depopulation that must strike every witness, and which it is so important to stop.

END

Notes

[1] Jean-Barthélemy Dazille, *Observations sur les maladies des nègres, leurs traitements et les moyens de les prévenir* (Paris: Didot le jeune, 1776).

[2] Laurent Dubois, *Avengers of the New World: The Story of the Haitian Revolution* (Cambridge: Harvard University Press, 2004), 39–40.

[3] In this sense, his text fits Malick Ghachem’s model of “strategic ethics”—pragmatic efforts to ensure slavery’s stability and efficacy. Malick W. Ghachem, *The Old Regime and the Haitian Revolution* (Cambridge: Cambridge University Press, 2012), 8.

[4] Andrew Curran, *Science and Slavery in an Age of Enlightenment* (Baltimore: Johns Hopkins University Press, 2013); Sean Quinlan, “Colonial Encounters. Colonial Bodies, Hygiene and Abolitionist Politics in Eighteenth-Century France,” *History Workshop Journal* 42, no. 1 (October 1996): 107–26; Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: University of North Carolina Press, 2017); Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge: Cambridge University Press, 2018).

[5] I follow Kimberlé Crenshaw in leaving “white” uncapitalized because, as she notes, “[white] is not a proper noun, since whites do not constitute a specific cultural group.” Kimberlé Crenshaw, “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color,” *Stanford Law Review* 43, no. 6 (July 1991): 1244n6. Thank you to Tiffany Florvil for this reference.

[6] Hogarth, *Medicalizing Blackness*, 81–132.

[7] Rana A. Hogarth, “The Myth of Innate Racial Differences Between White and Black People’s Bodies: Lessons from the 1793 Yellow Fever Epidemic in Philadelphia,

Pennsylvania,” *American Journal of Public Health* 109 (2019): 1339–41.

[8] Seth, *Difference and Disease*, 91–111; 241–76.

[9] On French colonial science and medicine more broadly, see James McClellan and François Regourd, *The Colonial Machine: French Science and Overseas Expansion in the Old Regime* (Turnhout: Brepols, 2011); James McClellan, *Colonialism and Science: Saint Domingue and the Old Regime* (Chicago: University of Chicago Press, 2010).

[10] For an illuminating episode in Dazille’s career, see Megan Vaughan, *Creating the Creole Island: Slavery in Eighteenth-Century Mauritius* (Durham: Duke University Press, 2005), 73–74.

[11] J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620–1914* (Cambridge: Cambridge University Press, 2010).

[12] Emma Rothschild, “A Horrible Tragedy in the French Atlantic,” *Past & Present* 192, no. 1 (August 2006): 67–108.

[13] Sophie White, *Voices of the Enslaved: Love, Labor, and Longing in French Louisiana* (Chapel Hill: University of North Carolina Press, 2019); Jessica Marie Johnson, *Wicked Flesh: Black Women, Intimacy, and Freedom in the Atlantic World* (Philadelphia: University of Pennsylvania Press, 2020).

[14] Dazille used the term “*Nègres*” throughout; this term was common in 18th-century French texts and is translated here as “Black people.”

[15] The island now known as Haiti in the French Antilles in the Caribbean Sea.

[16] A French colonial settlement in India.

[17] The capital of French Guyana in the north of South America.

[18] Corresponding to Reunion and Mauritius, French colonies in the South Pacific.

[19] This is the only place in this extract where Dazille uses this term.