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Pharmaceutical Captivity, Epistemological Rupture, and the Business Archive of the British Slave Trade

The archival record of the transatlantic slave trade poses a methodological challenge to researchers who wish to center the lives of enslaved people in their scholarship. In more recent years, such archival scrutiny has evolved into its own vibrant field of inquiry concerning the politics of the archive. This article contributes to this burgeoning field by studying the pharmaceutical dimensions of the British slave trade and examining the underexplored relationship between captivity and drugs that articulated across the Atlantic world. By performing three different readings of a slave ship drug invoice—as a textual artifact, epistemic argument, and narrative of loss—I argue that the drug invoice stimulates new illness narratives of captive Africans in the historiography of the British slave trade.

Keywords: drugs, slave trade, Igbo, medicine, archives

In 1790, a young Igbo girl named Akeiso, from southeastern Nigeria, was kidnapped and trafficked from a region known as the Bight of Biafra, most likely on the British slave ship *Prince*, and was sold in

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Jamaica.¹ Her narrative was recorded by Jamaican plantation owner Robert Johnston in the early nineteenth century, sometime between 1810 and 1830.² Only four hundred words of her narrative remain, a fragment of a memoir, written on two large leaves of French-made paper, decorated with a watermark of a fleur-de-lis, and housed at the Historical Society of Pennsylvania.³ Upon arrival in Jamaica, Akeiso was stripped of her name, and she appears in the archive as Florence Hall. Akeiso's brief narrative represents a rare first-hand account of an African girl's experience of the Middle Passage. She recalled that:

[They] stripped us of all our beads, and shells, and while the naked children were permitted to walk about the ship, the men and women were chained and kept in darkness below. Our food was sparing, and ever bad. Our punishment was frequent and severe, and death became so frequent an occurrence, that at last it passed on, without fear on the dying or grief on those left behind, as we believed that those who died, were restored to their people and Country.⁴

Although African girls and women typically function as "mute figures" in the archives, the narrative offers a glimpse into Akeiso's lived experience on a British slave ship with insufficient food, brutal punishments, the omnipresence of death, and the hope of returning home.⁵ Little more is known of the enslaved girl who would become Florence Hall and tell her personal history to a Jamaican enslaver.

As historians of the slave trade have articulated during the past twenty years in particular, the archival record of the transatlantic slave trade poses a methodological challenge to researchers who wish to center the experiences of enslaved people in their scholarship.⁶ In more recent years, such archival scrutiny has evolved into its own vibrant field of inquiry concerning the politics of the archive.⁷ In this

¹ Randy M. Browne and John Wood Sweet, "Florence Hall's 'Memoirs': Finding African Women in the Transatlantic Slave Trade," *Slavery & Abolition* 37, no. 1 (Jan. 2016): 212.

² Browne and Sweet, 207–209.

³ Browne and Sweet, 207, 210.

⁴ Browne and Sweet, 216.

⁵ Nicole N. Aljoe, "Creole Testimonies in Caribbean Women's Slave Narratives," in *Caribbean Literature in Transition, 1800–1920*, ed. Evelyn O'Callaghan and Tim Watson, vol. 1 (Cambridge, 2021), 34.

⁶ See for example, Sylviane A. Diouf, ed., *Fighting the Slave Trade: West African Strategies* (Athens, 2003); Marcus Rediker, *The Slave Ship: A Human History* (New York, 2007); Stephanie E. Smallwood, *Saltwater Slavery: A Middle Passage from Africa to American Diaspora* (Cambridge, MA, 2007); Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, MA, 2008); Sowande' M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (Chicago, 2016).

⁷ See, for example, Saidiya Hartman, "Venus in Two Acts," *Small Axe* 12, no. 2 (July 2008): 1–14; Jennifer L. Morgan, "Archives and Histories of Racial Capitalism: An Afterword," *Social Text* 33, no. 4 (125) (Dec. 2015): 153–61; Christina Sharpe, *In the Wake: On Blackness and*

literature, “the archive” is typically rendered in the collective singular to signify an aggregate of textual sources—the documentary evidence that forms the bedrock of much historical praxis and which is foundational to traditional disciplinary methodologies. For historians of slavery and the transatlantic slave trade, the aggregate of textual sources on which scholars primarily rely, “the archive,” obscures the complex life-worlds of enslaved people, who are instead represented as “spectacularly violated, objectified, disposable, hypersexualized, and silenced.”⁸ Alternative methods have been devised that allow researchers to defy the evidentiary constraints of the sources and reimagine their possibilities. Scholars are engaged in “critical fabulation,” “reading along the bias grain,” engaging in “wake work,” and identifying “null value.”⁹ Jennifer Morgan describes the methodological approach, writing, “the archive is a site of violent dispossession, a point of departure, not a conclusion; so to navigate that archive is to foreground the speculative, to juxtapose the record with the imaginary, to leave the questions unanswered.”¹⁰ In this way, the archive in the collective singular means more than just the well-worn scraps of paper that historians of slavery and the slave trade intrepidly seek out and pour over. The archive points us toward a tangible set of theoretical, methodological, and interpretative maneuvers that historians of the Black past intentionally construct with the written record as they seek to rehabilitate the historical dispossession of the enslaved and read beyond their “textual subjugation.”¹¹

This article contributes to and extends the methodological project of the archive by thinking through an aspect of the Middle Passage that Akeiso did not comment on, and which remains little studied in the historiography: the pharmaceutical dimensions of the British slave trade. I call attention to the underexplored relationship between captivity and drugs that articulated across the Atlantic world.¹² This article contributes to

Being (Durham, 2016); Marisa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia, 2016); Jessica Marie Johnson, “Black New Orleans Is the Center of the World,” *The Journal of African American History* 103, no. 4 (Sep. 2018): 641–51; Jessica Marie Johnson, *Wicked Flesh: Black Women, Intimacy, and Freedom in the Atlantic World* (Philadelphia, 2020); Jennifer L. Morgan, *Reckoning with Slavery: Gender, Kinship, and Capitalism in the Early Black Atlantic* (Durham, 2021), 1–27.

⁸ Fuentes, *Dispossessed Lives*, 5.

⁹ See Hartman, “Venus in Two Acts,” 11; Fuentes, *Dispossessed Lives*, 7; Sharpe, *In the Wake*, 11–22; and Johnson, *Wicked Flesh*, 13.

¹⁰ Jennifer L. Morgan, “Accounting for ‘The Most Excruciating Torment’: Gender, Slavery, and Trans-Atlantic Passages,” *History of the Present* 6, no. 2 (2016), 186.

¹¹ For “textual subjugation” see Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill, 2017), 20.

¹² Throughout I use the words “drug,” “pharmaceutical,” and “medicine” interchangeably. In the eighteenth century, pharmaceutical related to the practice of pharmacy or a medicinal substance. Drugs often referred to animal, mineral, and plant substances that would be manufactured into a medicine. Thus, drugs were synonymous with *materia medica*. If a single drug

recent historiography of the Atlantic slave trade that demonstrates new interest in the intellectual, economic, political, and social forces that conspired in the large-scale medicalization of life, regimes of health surveillance, bio-political exigencies of racial capitalism, and cultures of healing and curing in West and West Central African slave trading zones. A handful of excellent monographs published over the past six years have stepped into this fertile research agenda bringing new, sustained scrutiny to science and medicine in the context of the Atlantic slave trade.¹³

This article begins the unfinishable project of imagining “what cannot be verified” so as to elaborate on Akeiso’s story and that of other unnamed captives trafficked from the Biafran region in the late eighteenth-century British slave trade.¹⁴ Privileging the experiences of girls and women, this article takes as its point of departure the 1792 voyage of the slave ship *Fame*. The *Fame* arrived in the Caribbean, one and a half years after Akeiso landed in Jamaica and traced a similar itinerary. The *Fame* sailed from Bristol and purchased enslaved people in the Bight of Biafra, including girls.¹⁵ At the center of this article is the drug invoice from the voyage. This article performs three readings of the drug invoice: as a textual artifact, epistemic argument, and narrative of loss. I argue that the drug invoice stimulates new illness narratives for captive Africans in the historiography of the British slave trade. The business archive is thus centered as a valuable addition to the politics of the archive and its methodological and ethical strategies.

In the context of medicine and health, the historiography of the British slave trade has been largely dominated by the structuring knowledge of biomedicine.¹⁶ This article expands the interpretative agenda of

(e.g., a plant) was consumed on its own, it would be classed as a “simple medicine” or a “simple” for short. There was certainly slippage between the usage of drug and medicine during this period. Such parsing, however, has little relevance for this article.

¹³ Sowande’ M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (Chicago, 2016); Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia, 2017); Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition* (New York, 2017); Benjamin Breen, *The Age of Intoxication: Origins of the Global Drug Trade* (Philadelphia, 2019); Zachary Dorner, *Merchants of Medicines: The Commerce and Coercion of Health in Britain’s Long Eighteenth Century* (Chicago, 2020); Kalle Kananoja, *Healing Knowledge in Atlantic Africa* (Cambridge, 2021); Jim Downs, *Maladies of Empire: How Slavery, Imperialism, and War Transformed Medicine* (Cambridge, MA, 2021).

¹⁴ Hartman, “Venus in Two Acts,” 12.

¹⁵ For voyage information on the slave ship *Fame*, see *The Transatlantic Slave Trade Database* (hereafter TASTD), Voyage Identification #18138, accessed 17 Sep. 2022, <http://slavevoyages.org>.

¹⁶ See, for example, Philip D. Curtin, “Epidemiology and the Slave Trade,” *Political Science Quarterly* 83, no. 2 (June 1968): 190–216; Kenneth F. Kiple and Brian T. Higgins, “Mortality Caused by Dehydration during the Middle Passage,” *Social Science History* 13, no. 4 (Dec. 1989): 421–37; Kenneth F. Kiple, *The Caribbean Slave: A Biological History* (New York, 1984); Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of*

drugs and disease in the historiography by dislodging disease ecology, historical epidemiology, and lingering residues of biohistory as privileged analytical approaches. As Sharla Fett explains, biomedical approaches are ill-equipped “to analyze the experiential or political dimensions of health. Nor are they conducive to serious analysis of popular or indigenous healing knowledge embedded in alternative epistemologies.”¹⁷ Building on rich literature that has figured the slave ship as a locality of dispossession—as even an ontological rift in the very nature of being itself—this article includes productive attention to the medical, scientific, and cultural knowledge systems that were undone in the lives of captive Africans.¹⁸ Thus, rather than approach drugs only as pharmacological agents, the article broadens the investigative field by locating curative substances within the religious, intellectual, cultural, and social worlds of which they were (a)part.¹⁹ I offer the concept of “pharmaceutical captivity” to signify forced drug consumption, therapeutic violence, and the impossibility of therapeutic choice for enslaved people. Throughout, I use terms such as “therapeutics” and “therapeutic encounter,” which might strike some readers as inappropriate given the medical violence involved. However, this article broadens the semantic field of therapeutics, so that it might include the many past and present forms of neglect, violence, harm, and coercion embedded in medicine and healthcare. To do so requires destabilizing the assumption that curing signifies caring and that to heal means to do no harm.

Methodological Challenges and “Imaginative Interpretative Praxis”

Studying Akeiso and other captives trafficked from the Bight of Biafra poses a methodological challenge because of unsettled questions concerning ethnic identity. In current literature, scholars lack consensus concerning the proportion of Biafran captives who would have identified as Igbo, Ibibio, Ijaw, Efik, or other ethnic groups, or what forms of cultural and social belonging such categories espoused.²⁰ For instance, Akeiso self-

Slavery in the British West Indies, 1680–1834 (New York, 1985); Robin Haines and Ralph Shlomowitz, “Explaining the Mortality Decline in the Eighteenth-Century British Slave Trade,” *The Economic History Review* 53, no. 2 (2000): 262–83.

¹⁷ Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, 2002), 11.

¹⁸ See, for example, Smallwood, *Saltwater Slavery*, 33–64; Brown, *Reaper’s Garden*, 13–59; Alexander X. Byrd, *Captives and Voyagers: Black Migrants Across the Eighteenth-Century British Atlantic World* (Baton Rouge, 2008), 17–56; Mustakeem, *Slavery at Sea*.

¹⁹ See, for example, Pablo F. Gómez, “Incommensurable Epistemologies? The Atlantic Geography of Healing in the Early Modern Caribbean,” *Small Axe: A Caribbean Journal of Criticism* 18, no. 2 (44) (July 2014): 98.

²⁰ For a range of perspectives on Igbo identity and its meaning in Africa and the Americas, see, for example, Alexander Byrd, *Captives and Voyagers*, 18–19, 21, 29–31; D. B. Chambers,

identified as “Eboe” (i.e., Igbo), but did Igbo carry specific cultural meanings that she brought from her Biafran homeland? Was Igbo instead, as historian Alexander Byrd suggests, an ethnic descriptor that may have marked her as an outsider?²¹ Had she adopted the ethnic label later in life, as part of her diasporic identity? Even if most captives trafficked from the region were Igbo and Ibibio, the process of enslavement functioned within an interregional commercial system amid a shifting demography, which undoubtedly fostered crisis-driven cultural, social, and linguistic adaptations among many ethnic groups.²² Also, a range of distinct social, cultural, environmental, and spiritual factors would have informed the experiences of girls and women on the slave ship *Fame*. Were they from patrilineal or matrilineal societies? Were they from a militaristic warrior-slaving society, like Ohafia-Igbo, or displaced migrants? Had they been torn away from the forest-savanna mosaic, or had they dwelled in the moist semi-deciduous forest? Not knowing such rudimentary information refracts the grave limitations of the archive while indicating the necessity of this article’s speculative endeavor, which seeks “to eke out extinguished and invisible but no less historically important lives.”²³ While I utilize textual sources that largely concern the Igbo, other methodological approaches would be invaluable, including ethnography, oral history, and material culture that might include the Igbo as well as other ethnic groups. This is a humble offering, which represents an open invitation to scholars who might build on and revise the inquiry.

Writing history from the perspective of the “not-quite-knowable” and constructing narratives centered on what cannot be verified thus places historians on shaky ground. Rather than chasing certainty, one is required to embrace what some consider to be the unseemly orthography of the question mark. Rather than considering “suppositional wonderings” and reasoned speculation as supplemental to a historical

“The Significance of Igbo in the Bight of Biafra Slave-Trade: A Rejoinder to Northrup’s ‘Myth Igbo,’” *Slavery & Abolition* 23, no. 1 (April 2002): 101–20; Michael A. Gomez, *Exchanging Our Country Marks: The Transformation of African Identities in the Colonial and Antebellum South* (Chapel Hill, 1998), 114–115, 124; David Northrup, “Igbo and Myth Igbo: Culture and Ethnicity in the Atlantic World, 1600–1850,” *Slavery & Abolition* 21, no. 3 (Dec. 2000): 1–20; Vincent Carretta, *Equiano, the African: Biography of a Self-Made Man* (Athens, 2005), 309–10; Chima J. Korieh, “African Ethnicity as Mirage? Historicizing the Essence of the Igbo in Africa and the Atlantic Diaspora,” *Dialectical Anthropology* 30, no. 1/2 (2006): 91–118; John Nwachimereze Orij, *Traditions of Igbo Origin: A Study of Pre-Colonial Population Movements in Africa*, (New York, 1994), 5.

²¹ Byrd, *Captives and Voyagers*, 18–19, 21, 29–31.

²² Femi Kolapo, “The Igbo and Their Neighbours During the Era of the Atlantic Slave-Trade,” *Slavery and Abolition* 25, no. 1 (April 2004): 116.

²³ James H. Sweet, *Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World* (Chapel Hill, 2011), 4; Marisa J. Fuentes, *Dispossessed Lives*, 7 (emphasis in the original).

inquiry, these practices exist at the exuberant center.²⁴ Unsettling disciplinary norms, the historian carefully pushes the speculative project just beyond the limits of what the sources can support, refusing to cede such ground to fields like literary studies. The speculative approach taken in the third section of this article performs what I call imaginative interpretive praxis, which imagines and interprets historical fragments within and through a temporally undisciplined, multidisciplinary source base. By intentionally embracing the imaginative, I call attention to the integral, yet under-appreciated, role that rigorous imaginative labor represents in the craft of academic history. As Leslie M. Harris reminds us, “there is no perfect archive, where every historical question is answered clearly and without the need for *interpretation* and *imagination*. There are only more or less difficult archives.”²⁵ As the level of difficulty increases, the imaginative burden deepens, yet this allows historians to tentatively enter the life-worlds of those whom we can never truly know.

The Drug Invoice as a Textual Artifact: Pharmaceutical Commodities and the Slave Trade Medicine Chest

On Thursday, July 12, 1792, the slave ship *Fame* departed the Bight of Biafra from Old Calabar in southeastern Nigeria. By the 1780s, one out of every five captives shipped to the Americas departed from the Bight of Biafra.²⁶ The region was responsible for supplying the single largest source of captives for the British during the second half of the eighteenth century.²⁷ Ships from Bristol and Liverpool glutted the waterways and tried to outbid one another for African people. Captives arrived at the coast having traveled through inland waterways, mangrove swamps, creeks, humid tropical forests, and caves.²⁸ Unlike most departure ports in West and West Central Africa, the Bight of Biafra trafficked a higher proportion of women and children.²⁹ In fact, 70 percent of the

²⁴ For “suppositional wonderings,” see Paul E. Bolin, “Imagination and Speculation as Historical Impulse: Engaging Uncertainties within Art Education History and Historiography,” *Studies in Art Education* 50, no. 2 (2009): 110.

²⁵ Leslie M. Harris, “Imperfect Archives and the Historical Imagination,” *The Public Historian* 36, no. 1 (2014), 79 (emphasis in the original).

²⁶ Carolyn A. Brown and Paul E. Lovejoy, “The Bight of Biafra and Slavery,” in *Repercussions of the Atlantic Slave Trade: The Interior of the Biafra and the African Diaspora*, ed. A. E. Afigbo, Carolyn A. Brown, and Paul E. Lovejoy (Trenton, 2011): 4.

²⁷ Ndubueze L. Mbah, *Emergent Masculinities: Gendered Power and Social Change in the Biafran Atlantic Age* (Athens, 2019), 94; G. Ugo Nwokeji, *The Slave Trade and Culture in the Bight of Biafra: An African Society in the Atlantic World* (New York, 2010), 5.

²⁸ Johnston Akuma Kalu Njoku, “Before the Middle Passage: Igbo Slave Journeys to Old Calabar and Bonny,” in *Repercussions of the Atlantic Slave Trade*, 57–70.

²⁹ Audra A. Diptee, “‘A Great Many Boys and Girls’: Igbo Youth in the British Slave Trade, 1700–1808,” in *Igbo in the Atlantic World: African Origins and Diasporic Destinations*, ed. Toyin Falola and Raphael Chijioko Njoku (Bloomington, 2016): 112.

captives on board the *Fame* were girls or women, and soon they began to die.³⁰ Mortality rates were significantly higher than other slave trading regions, and the *Fame* experienced a 33 percent mortality rate.³¹ Although average mortality on slave ships during this period was 5.7 percent, the number doubled for ships departing from the Bight of Biafra; however, mortality on the *Fame* was nearly three times what was considered typical for Biafran departures.³² It was a deadly passage.³³

After a fifty-three-day sea voyage, the *Fame* arrived at the island of Grenada, and the ship's captain, William Jenkins, wrote to the vessel's owner, Bristol merchant house James Rogers & Company. The captain stated, "I am Sorry to Say I Believe there was Never a Worse Cargo of Slave Ships from Africa." He apologized for the financial loss that his employer would sustain from the thin and desperately ill survivors. Some of the captives were going blind, and others were losing their fingers and toes. "God Knows I hope I Never Shall Experience the Uneasyness of Mind as I have this Pasedge," Jenkins lamented.³⁴ It was such a disastrous voyage that the sales agents, Munro McFarlane & Company, believed it was simply too cruel to ship the enslaved to Jamaica for sale.³⁵ From such correspondence, the researcher learns more about the toll the voyage took on the distraught captain, the disturbed sales agents, and the disappointed merchant rather than on the experiences of the captives on board, who float into the background as empty, tragic victims with no stories of their own.

The drug invoice from the *Fame* offers an alternative vantage point. This rare textual artifact is one of approximately twelve itemized drug invoices present in the James Rogers Papers, which accounts for 21 percent of the company's slave trading voyages. As is typical, the invoice was written on long narrow paper, roughly 9 inches wide by 14 inches long and folded in half lengthwise, emphasizing the substantial number of entries it contains, as drug after drug appears on line after line, traveling the full length of the narrow paper and continuing to the bottom of the next page. Drug invoices were written in abbreviated

³⁰ TASTD, Voyage Identification #18138, accessed 17 Sep. 2022, <http://slavevoyages.org>.

³¹ Browne and Sweet, "Florence Hall's 'Memoirs,'" 214.

³² Herbert S. Klein and Stanley L. Engerman, "Slave Mortality on British Ships, 1791–1797," in *Liverpool, the African Slave Trade, and Abolition: Essays to Illustrate Current Knowledge and Research*, ed. Roger Anstey and P. E. H. Hair (Liverpool, 1976): 117.

³³ For more on mortality rates in James Rogers's vessels, see Kenneth Morgan, "James Rogers and the Bristol Slave Trade," *Historical Research* 76 (May 2003): 189–216.

³⁴ Letter from William Jenkins to James Rogers, Sep. 4. 1792, James Rogers Papers, C 107/5, The National Archives (hereafter, TNA).

³⁵ Letter from Munro McFarlane & Co. to James Rogers, Sep. 4, 1792, TNA, Rogers Papers, C 107/5.

pharmaceutical Latin.³⁶ The slave ship *Fame* carried a mixture of plant, animal, mineral, and chemical drugs, which reflected the range of materia medica in the British pharmacopoeia.

Plant-based drugs included Peruvian bark, rhubarb, ipecacuanha, and chamomile flowers:

℥6 *Pulv. Cort. Opt.*

[6 pounds powdered *Cortex Peruvianus*, Peruvian bark (*Cinchona officinalis* L.), best quality; imported from South America.]

℔i *Pulv. Rhei*

[1 pound powdered rhubarb (genus *Rheum*); typically imported from India, Russia, and China.]

℥xii *Pulv. Ipecac.*

[12 ounces powdered ipecacuanha (*Carapichea ipecacuanha* (Brot.) L.Andersson); imported from South America.]

℔ii *Flor. Chamem.*

[2 pounds *Flores Chamæmeli*, chamomile flowers (*Chamaemelum nobile* L.), in dried form; cultivated in London.]

Animal-derived drugs included preparations of hartshorn:

℔fs *Spt. C.C.*

[1/2 pound *Spiritus Cornu Cervi* (a volatile, aromatic liquor distilled from the antlers of a stag, or male deer [hartshorn], although in practice the antlers of both male and female deer were used. Deer shed their antlers each year and the antlers were gathered locally and brought to apothecary shops.)]

Chemical salts included preparations of potassium nitrate, potassium hydrogen tartrate, and sodium sulfate:

℔i *Spirit Nitri Dulc*

[1 pound *Nitri spiritus dulcis* (sweet spirit of nitre: potassium nitrate [KNO_3]), prepared with sodium sulfate (Na_2SO_4), sulfuric acid

³⁶ See my translations in brackets underneath the drug examples, to which are added brief annotations. For geographical origins of the drugs, I rely heavily on John Hill, *A History of the Materia Medica: Containing Descriptions of All the Substances Used in Medicine* (London, 1751).

(H_2SO_4) and *Vinosus rectificatus spiritus* (rectified spirit of wine, which contains 95 percent alcohol).]

℞ii *P. Crem Tart*

[2 pounds *Pulvis Cremor Tartari* (powdered cream of tartar: potassium hydrogen tartrate [$\text{KC}_4\text{H}_5\text{O}_6$]).]

℞x4 *Sal. Glauberi*

[14 pounds sodium sulfate (Na_2SO_4).]

Drugs derived from heavy metals included mercury and lead preparations:

℥3 *Merc. Præcip. Rub.*

[3 ounces *Mercurius Præcipitatus ruber* (red precipitate of mercury: mercuric nitrate [$\text{Hg}_2(\text{NO}_3)_2$]; mercury combined with diluted nitric acid, heated to a powder).]

℞fs *Sacch. Saturnii*

[1/2 pound *Saccharum Saturni* (sugar of lead: lead acetate [$\text{Pb}(\text{CH}_3\text{COO})_2$]; white lead boiled with distilled vinegar until crystallized).]

Opiate preparations, such as:

℥ii *Opii Puriss*

[2 ounces pure opium; typically imported from Egypt and India.]

℞i *Tr. Thebaic*

[1 pound *Tinctura Thebaica* (vulgo *Laudanum Liquidum*); opium mixed with 100 proof spirit (50 percent alcohol).]

Oils, resins, and syrups included gum resins tapped from trees, castor oil, turpentine oil, and peppermint essential oil:

℞i *Bals. Traumatic.*

[1 pound *Balsamum Traumaticum*; a compound balsamic medicine, largely comprised of gum resins from three trees: *Stryax benzoin* D., *Stryax officinalis* L., and *Myroxylon balsamum* (L.) Harms, to which is added *Aloe perryi* B. (Socotrine aloe), and *Vinosus rectificatus spiritus* (rectified spirit of wine, which contains 95 percent alcohol).]

℔ii *Ol Ricini*

[2 pounds *Oleum Ricini* (castor oil).]

℔ii *Ol Terebinth*

[2 pounds *Oleum Terebinthina* (turpentine oil).]

℥fs *Ol Menthæ pip*

[1/2 ounce *Oleum Menthæ Piperitidis essentielle* (essential oil of peppermint leaves).]

Located to the left of each entry are a series of symbols indicating the specific amount of each drug provided, according to apothecary's weights:

℔ (libra) = pound fs (semi) = half ℥ (uncia) = ounce

In total, the drug invoice contains seventy-one different drugs, weighing ninety-seven apothecary or troy pounds.³⁷ The nearly 100 pounds of drugs were manufactured in April (date unspecified), just prior to the *Fame's* departure on April 15, 1792. The entire drug purchase came to £14.10s.8d.³⁸ The archives reveal that slave trade drug contracts were considered lucrative for pharmaceutical providers, but from the perspective of slave traders, the capital invested in drugs was minimal compared to the overall outfitting of a voyage.³⁹ Drugs were among the least expensive goods on British slave ships, and accounted for only 1 to 3 percent of outfitting costs.⁴⁰ Such a relatively small financial

³⁷ The apothecary pound and troy pound differ from the international avoirdupois pound (the standard unit of weight most in use today). The apothecary pound and troy pound both measure twelve ounces to the pound, whereas in the avoirdupois system sixteen ounces equals a pound. The apothecary and troy pound each are equal to approximately 0.82 of the avoirdupois pound. All references to pounds are in apothecary pounds.

³⁸ This refers to pounds, shillings, and pence: 12 pence equals 1 shilling; 20 shillings equals 1 pound.

³⁹ See, for example, Royal African Company drug contracts won by John Markham and Job Matthews in 1720, which provided them with a little more than £500 each for six months of work, and this was not their only income stream. For comparison, the average family annual income in England was anywhere from £31 to £46 pounds by the middle of the eighteenth century. See, for example, Peter H. Lindert and Jeffrey G. Williamson, "Reinterpreting Britain's Social Tables, 1688–1913," *Explorations in Economic History* 20, no. 1 (Jan. 1983): 102.

⁴⁰ I arrive at my estimate based on scattered documentary evidence, which includes the store ship *Hannibal* in Outwards Invoice Book, 1720–1721, unpaginated front matter, T70/922, TNA; Outwards Invoice Book, 1715–1720, 26 Aug. 1720, f. 95, T70/921, TNA; and Minute Books, Committee of Shipping, 1720–1721, unpaginated, 13 Sep. 1720, T70/135, TNA. For Cape Coast Castle in 1750, see Annual Accounts of the Company Trading to Africa, 1750–1759, f. 3–5, Bristol Record Office, SMV/7/2/1/2. For the slave ship *Swift*, see Volumes of Accounts for Managing Voyages of Bristol Ships, Voyage Accounts for the *Swift*

investment held oversized significance because drugs were deemed requisite for the preservation of “a great many White mens Lives and. . . ye Slaves bought.”⁴¹ From the merchant’s perspective, drug invoices represented a business strategy that sought to minimize risk and maximize profits amid the hazards of human trafficking. Drugs comprised a weighty contribution to slave ship provisions. The *Fame* was a 119-ton ship, carrying nearly 100 pounds of different drugs, whereas the company’s slave ship *Pearl* was a 370-ton vessel that carried 112 different drugs weighing just over 373 pounds.⁴² Thus, pharmaceuticals on slave ships could reach nearly four hundred pounds, and a well-stocked dispensary was very much a part of the slave ship’s wooden world.

As a textual artifact, the drug invoice might be read from the merchant’s perspective, by way of substance, volume, cost, and use. Doing so would offer a valuable, though fragmentary, glimpse into Britain’s drug manufacturing sector, its global reach, and the breadth of drugs carried on slave ships. The volume of drugs is a representative example of the nature of slave trade drug supply for thousands of slave ships and store ships that departed British waters.⁴³ As such, there are indications that the pharmaceutical demands of the slave trade contributed to the drug manufacturing sector through the private industry of businesses spread throughout British port cities. Similarly, the drug invoice from the *Fame* refracts the global nature of British-manufactured pharmaceuticals, as the source refers to raw materials culled from various parts of the world, including South America, Egypt, China, India, and Russia, intimating global commodity chains that warrant additional multisited and multilingual research. As curative substances, the drug invoice reminds us of what historians of medicine have long known: the British pharmacopoeia privileged powerful purgatives to expel toxins from the body through sweat, urination, defecation, and vomiting. The classification of drugs reveals that 36 percent were chemical remedies, which brings key developments in European chemistry into the slave trade’s medical chest, prompting questions into the relationship between slave trading and the “chemical revolution.” If one were to peer more closely at the specific drugs and their quantities, the researcher might ask why there were as many as

(1759–1760), Cost of 1st Outset, 39654/1, Bristol Record Office. For the slave ship *Apollo*, see Copy of Letter of Instruction, Slaver *Apollo*, 1762, MS 11532, Manx National Heritage Library and Archives.

⁴¹ Abstracts of Letters Received from Africa and the Indies by the Committee of Goods, 1697, 1702–1714, letter from Hoesley Freeman, William Hicks, and Thomas Peck, Cape Coast Castle, 16 May 1702, f. 11, T70/2, TNA.

⁴² For the drug invoice for the slave ship *Sarah* (TASTD Voyage ID 18054), see James Morgan & Company, 10 Aug. 1789, Rogers Papers, C 107/6, TNA.

⁴³ For volume, see for example Letter to Mother, 30 Oct. 1764, f. 2-3, Joshua Dixon Letter Book, MS 2196, Wellcome Library.

3,840 doses of pure opium on a ship carrying 225 people, for a voyage that lasted a total of seven months.⁴⁴

While such avenues of inquiry ought to be studied, following that trail can place the researcher largely at a distance from the enslaved people at the center of this “odious commerce.”⁴⁵ Instead, to draw closer to the girls and women on the *Fame*, to eke out invisible lives, it is necessary to explore the relationship between captivity and drugs. Shifting the reading of the drug invoice from a textual artifact to an epistemic argument offers insight into how curative substances were not only global commodities but also tasked with commodifying the body. In doing so, it sets the stage for examining how enslaved girls and women encountered pharmaceutical captivity as well as the epistemological ruptures and subaltern therapeutics that might have occurred on the slave ship *Fame*.

The Drug Invoice as an Epistemic Argument: Pharmaceutical Captivity and the Idea of the Interchangeable Body

Therapeutics in the eighteenth century existed within a new epistemological register. In the traditional Galenic perspective, diseases represented individualized entities, and the restoration of health required highly personalized therapeutics tailored to “the unique physiological conditions of each person’s constitution.”⁴⁶ The needs of Britain’s fiscal-military state, however, required a labor force that could be treated economically, efficiently, and effectively. Bodies were being pressed into service in the military, the merchant marine, overseas chartered corporations, and the slave trade.⁴⁷ These bodies of empire operated as part of a new epistemic project that, by necessity, rejected personalized approaches to medicine. Bodies became curable through a different epistemological register, one that simplified, regularized, and standardized diagnostic and therapeutic practices. The shift has been described by Harold Cook as a move from the “body individual to the body universal.”⁴⁸ Following this therapeutic logic, the drug

⁴⁴ For dosage, see John Quincy, *Pharmacopœia Officinalis et Extemporanea*, 15th ed. (London, 1782), 186.

⁴⁵ Neil Douglas, *The African Slave Trade, or, a Short View of the Evidence, Relative to That Subject Produced Before the House of Commons in 1791* (Edinburgh, 1792), 141.

⁴⁶ Andrew Cunningham, “Tomas Sydenham: Epidemics, Experiment and the ‘good Old Cause’,” in *The Medical Revolution of the Seventeenth Century*, ed. Roger Kenneth French and Andrew Wear (New York, 1989), 177; Harold J. Cook, “Practical Medicine and the British Armed Forces after the ‘Glorious Revolution,’” *Medical History* 34 (1990): 2.

⁴⁷ Dorner, *Merchants of Medicine*, 5.

⁴⁸ Harold J. Cook, “Markets and Cultures: Medical Specifics and the Reconfiguration of the Body in Early Modern Europe,” *Transactions of the Royal Historical Society (Sixth Series)* 21 (Dec. 2011): 124.

invoice on the slave ship *Fame* might be interpreted within an epistemic frame, whereby drugs were not meant to treat the person but the disease, not the individual but an exchangeable body.⁴⁹ The drug invoice thus signals new ideas about the human body as a commodified, controllable, interchangeable object meant to further the needs of empire.⁵⁰ Captives like Akeiso on board the *Fame* had been turned into medical abstractions, bodies devoid of a past, estranged from biography and family history, spirit divorced from flesh, an object of exploitation, a depersonalized patient, a form of capital.

I suggest, however, that the idea of interchangeability has limitations when it becomes the predominant vantage point through which researchers study therapeutics in the British Atlantic world. It coaxes the researcher to assume that “biological bodies are the same in all settings, and that pharmacological action is located in the medical substance that is ingested.”⁵¹ For instance, suppose a sailor and an enslaved woman were both treated for dysentery on the same slave ship, with like substances and appropriately dosed. To ascribe interchangeability to the two individuals abstracts the biological body from the broader social and cultural fields that cohere in the curative encounter, and which impacts therapeutic meaning, efficacy, and possibility.⁵² In other words, profoundly dissimilar experiences and meanings accumulated in the therapeutic encounter on British slave ships, which the idea of interchangeability may obscure. Indeed, the idea of interchangeable bodies is further destabilized when one considers how captivity and drugs were newly aligned in the British slave trade. An argument could be made that enslaved girls like Akeiso did not, in fact, possess a “universal body” that was interchangeable with other laborers of empire. Compared to the Royal Navy, the East India Company, and the merchant marine, enslaved people’s bodies existed in a *sui generis* system that conjoined captivity with drugs and therapeutics with violence as normative processes on an institutionalized scale for more than one hundred years. When Britain’s slave trade is compared with the Royal Navy, parish workhouses, prisons, and the convict labor trade, no other population was subjected to such regularized therapeutic coercion, violence, and

⁴⁹ Dorner, *Merchants of Medicine*, 5.

⁵⁰ Cook, “Practical Medicine,” 2.

⁵¹ Susan Reynolds Whyte, “Mothers and Children: The Efficacies of Drugs,” in *Social Lives of Medicines*, ed. Sjaak van der Geest, Anita Hardon, and Susan Reynolds Whyte (New York, 2002): 33.

⁵² Charles Rosenberg, “The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America,” *Perspectives in Biology and Medicine* 20, no. 4 (Summer 1977): 485–488; Anita Hardon and Emilia Sanabria, “Fluid Drugs: Revisiting the Anthropology of Pharmaceuticals,” *Annual Review of Anthropology* 46, no. 1 (Oct. 2017): 127.

force.⁵³ Sickness might be met with the same levels of arbitrary violence that cascaded across social relations on a British slave ship. Thomas Aubrey wrote that sick slaves were kicked, punched, and beaten so often during their illnesses that some would cry out and “creep under one of the Platforms and hide themselves, and dye [die] there.”⁵⁴

If drugs were considered necessary to compel life and curtail mortality of human beings who had been turned into vendible goods, the drug invoice for the *Fame* was an extension of the system of control, containment, and domination exercised against individuals who had become valuable objects of exchange in the transatlantic marketplace. Like the rigging that was erected to prevent captives from jumping overboard and the large crews that merchants hired to maintain surveillance, forced drug consumption was considered necessary to preserve the health and lives of captive Africans.⁵⁵ Pharmaceutical captivity, as an expression of forced drug consumption and therapeutic violence, was part of the catastrophe that structured illness events during the Middle Passage. For instance, a gunner named James Morley, who had served on six slave ships, testified before a parliamentary committee:

I have seen the surgeon's mates on giving them medicines, force the pannikein [*sic*] between their teeth, and throw it over them, in a manner that not one half of it has gone into the mouth; this was done when the poor wretches have been wallowing or sitting in their blood or excrements, hardly having life; and this with blows with the cat; damning them for being sulky Black b—. ⁵⁶

While pharmaceutical captivity was intended to compel life, it is worth asking: Was it effective? Were girls and women on the slave ship *Fame* forced to live? In other words, what is the relationship between pharmaceutical captivity and pharmaceutical efficacy? In resisting the urge to dismiss eighteenth-century therapeutics based on current biomedical perspectives, it becomes possible to give productive attention to these questions.⁵⁷

⁵³ See, for example, Peter McRorie Higgins, “Genitourinary Medicine and Surgery in Prisons during the Period of Reform,” *BJU International* 95, no. 9 (2005): 1192–1195; Joe Sim, *Medical Power in Prisons: The Prison Medical Service in England 1774–1989* (Philadelphia, 1990); Angeline Brasier, “Prisoners’ Bodies: Methods and Advances in Convict Medicine in the Transportation Era,” *Health and History* 12, no. 2 (Jan. 2010): 21; John White, *Journal of a Voyage to New South Wales* (New York, 2004); Derek J. Oddy, “A Surgeon-Superintendent’s Experiences on a Convict Transport: The Voyage of the Emperor Alexander to Van Diemen’s Land in 1833,” *The Mariner’s Mirror* 96, no. 3 (2010): 303–16.

⁵⁴ T. Aubrey, *The Sea-Surgeon, or the Guinea Man’s Vade Mecum* (London, 1729), 129–30.

⁵⁵ Smallwood, *Saltwater Slavery*, 34.

⁵⁶ Testimony of James Morley, *Minutes of Evidence on the Slave Trade*, Vol. 73 (1790), Apr. 23, 1790, 160, House of Commons Parliamentary Papers, hereafter, “HCPP.”

⁵⁷ For the importance of historicizing therapeutics, see, for example, John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (repr., Princeton, 2014), ix, 4; Guenter B. Risse, “The Road to Twentieth-Century Ther-

Indeed, the therapeutic context of late eighteenth-century British medicine suggests that captivity would have threatened efficacy. The human body was understood to be a reactive organism, dynamically related to its environment, and every part of the body mutually influenced the whole.⁵⁸ Therefore, social, environmental, and psychological factors were implicated in disease, cause, and cure. Some slave ship captains testified before a parliamentary committee that the conditions of captivity, such as madness, depression, physical bondage, and environmental toxins, caused disease and rendered drug treatments ineffective. Surgeon Alexander Falconbridge described the impossibility of curing dysentery while the causes remained, which were “a diseased mind, sudden transitions from heat to cold, breathing a putrid atmosphere, wallowing in their own excrement, and being shackled together.”⁵⁹ Falconbridge added that he offered palliative care by administering large doses of opium, but never a cure.⁶⁰ Similar testimony was offered by surgeon Isaac Wilson, who testified that the drugs administered to captives afflicted with dysentery were ineffective if they also suffered from depression.⁶¹ “Some who were taken ill, and who had not that melancholy on them, medicines were administered to them with a very good effect,” Wilson explained.⁶² The others, however, who wished to die, did die.

From this perspective, we might consider whether the drug invoice from the slave ship *Fame* represented an assemblage of potentially useless substances weaponized, at times, in vain. Is the drug invoice an unstable array of consumable remedies that struggled to realize their goal of compelling life? If the ability to compel life is in question, captive girls and women on the *Fame* may have had the power to resist living and effectuate death with greater agency than is currently recognized in the historiography. The distinction typically made between dying of disease and committing suicide may be more fluid than previously imagined. I ask a question that I will return to at the end of this article: What drove enslaved girls and women to remain

apeutics: Shifting Perspectives and Approaches,” in *The Inside Story of Medicines: A Symposium*, ed. Gregory Higby and Elaine Condouris Stroud (Madison, 1997): 51–76; Charles Rosenberg, “The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America,” *Perspectives in Biology and Medicine* 20, no. 4 (Summer 1977): 485–487.

⁵⁸ Rosenberg, “The Therapeutic Revolution”; J. Worth Estes, “The Therapeutic Crisis of the Eighteenth Century,” in *The Inside Story of Medicines: A Symposium*, ed. Gregory Higby and Elaine Condouris Stroud (Madison, 1997): 31.

⁵⁹ Testimony of Alexander Falconbridge *Minutes of Evidence on the Slave Trade*, Part 2, Vol. 72, (1790), 303, HCPP.

⁶⁰ Testimony of Alexander Falconbridge, 337, HCPP.

⁶¹ Testimony of Isaac Wilson, Mar. 6 1790, *Minutes of Evidence on the Slave Trade* Part 2, Vol. 72 (1790), HCPP, 274.

⁶² Testimony of Isaac Wilson, 275, HCPP.

alive, to choose life, and to hold onto desperate possibilities for an uncertain future?

The Drug Invoice as a Narrative of Loss: *Dibia*, Epistemological Rupture, and Broken Belonging

In *The Price for Their Pound of Flesh*, Daina Ramey Berry asks, “What did the enslaved think?” Berry argues that “their awareness and intellect have always been present in the historical record,” but few scholars have asked that question. “Much of the existing literature is about what enslaved people *experience*,” Berry continues, “but if we attempt to add their engaged understanding, this narrative changes.”⁶³ As a concept, pharmaceutical captivity signifies an experiential dimension to therapeutic violence on British slave ships: that of forced drug consumption. However, exploring what enslaved girls and women thought, probing their “engaged understanding” about drugs, disease, and shipboard therapeutics more broadly, allows the researcher to place the experiential within a broader field of cognition, by which is meant “the action or faculty of knowing.”⁶⁴ This section of the article puts archival fragments from the eighteenth century into conversation with twentieth- and twenty-first-century philosophical, anthropological, ethnobotanical, food studies, and religious studies literature to explore the knowledge systems that might have been undone, and the surreptitious care work that might have occurred amid the therapeutic violence of the slave ship. The remainder of this article dwells on the interstices of the not-quite-knowable to allow vulnerable historical subjects the opportunity for presence rather than ongoing erasure.⁶⁵ This approach unsettles the goal of accurate historical reconstruction. Instead, imaginative interpretative praxis represents an ethical methodological gesture toward redress.⁶⁶

The drug invoice for the slave ship *Fame*, as discussed above, signified the abstraction of the human body, commodified in service to the political economy of empire. Such an approach to health management represented a radical departure for Biafran girls and women. It abstracted the body from its thick presence within a multilayered, holistic sense of being, which represented an epistemological rupture. When

⁶³ Daina Ramey Berry, *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave, in the Building of a Nation* (Boston, 2017), 4–5 (emphasis in the original).

⁶⁴ *Oxford English Dictionary Online*, s.v. “cognition,” accessed 14 May 2023, <https://www.oed.com/view/Entry/35876?redirectedFrom=cognition#eid>.

⁶⁵ Sweet, *Domingos Alvares, African Healing*, 4; Fuentes, *Dispossessed Lives*, 7 (emphasis in the original).

⁶⁶ I take inspiration from Fuentes, *Dispossessed Lives*, 12.

“communal individuality” is the ontological norm, to then be isolated from the community and to have one’s physical body extracted from all that gives it life might be akin to nonbeing.⁶⁷ Current philosophers of Igbo culture explain that “being is conceived as communion,” and that “to be is to belong.”⁶⁸ Such belonging tethers the individual within a web of familial, social, environmental, and cosmic relations that, when imbalanced or fractured, cause illness, suffering, and misfortune.⁶⁹ Health among the Igbo was comprised of one’s relations with “family and community members; the medicine deity (*agwu*), the earth deity (*ala*), the ancestral cult spirits (*ofufe ndi ichie*).”⁷⁰

A discrete moment of fracture might be evident when Akeiso and other captives were loaded on board and stripped of all their “beads and shells.”⁷¹ Rather than being merely decorative, these items may have been ritually significant amulets that served as spiritual protection or preventative medicine. Slave trade captain Hugh Crow observed such “charms” in the Bight of Biafra, and current research describes ritual objects worn around the waist or fingers to strengthen one’s life-force, prevent or cure illness, and increase one’s sense of well-being.⁷² Without the beads or shells as sources of extrahuman protection through deities or ancestors, perhaps Akeiso and her fellow captives felt truly alone. We might posit, therefore, that the diseases that assaulted their bodies may have been expected in such a disordered universe. Given extreme levels of distress and dislocation, how could health be possible when health was seated within a web of harmonious relationality? In addition to a fundamental sense of isolation and nonbeing, slave ships often forced enslaved girls and women to endure serial rape, brutal beatings, forced feeding, pregnancy, and continual scenes of death. As self-identified Igbo Olaudah Equiano recalled, “the shrieks of the women, and the groans of the dying, rendered the whole scene of

⁶⁷ Ikechukwu Anthony Kanu, “Being Qua Belongingness: Towards an African Cultural Redefinition,” *AMAMIHE Journal of Applied Philosophy* 10, no. 1 (2012): 228.

⁶⁸ Emmanuel Onyedikachi Okoro, “The Logic of Symbolism in Igbo African Medicine: A Hermeneutical Approach,” *Igwebuike: An African Journal of Arts and Humanities* 2, no. 1 (2016): 44; Kanu, “Being Qua Belongingness,” 228.

⁶⁹ Okora, “The Logic of Symbolism,” 46.

⁷⁰ Patrick Iroegbu, “Healing Insanity: Skills and Expert Knowledge of Igbo Healers,” *Africa Development/Afrique et Développement* 30, no. 3 (2005): 81.

⁷¹ Browne and Sweet, “Florence Hall’s ‘Memoirs,’” 216.

⁷² Hugh Crow, *Memoirs of the Late Captain Hugh Crow of Liverpool* (London, 1830), 196, 206; William F. Daniell, *Sketches of the Medical Topography and Native Diseases of the Gulf of Guinea, Western Africa* (London, 1849), 92; Emeka E. Okonkwo, “Traditional Healing Systems Among Nsukka Igbo,” *Journal of Tourism and Heritage Studies* 1, no. 1 (2012): 71; Obiajulu Mulumba Ibeabuchi, “The Theory of Forces as Conceived by Igbo-Africans,” *Filosofia Theoretica: Journal of African Philosophy, Culture and Religion* 2, no. 1 (2013): 292.

horror almost inconceivable.”⁷³ In this context, perhaps the *presence of health* would have been more shocking and destabilizing than its absence. Whether suffering from bloody stools, partial blindness, or the loss of their fingers and toes, wasting away in the midst of a living death may have functioned to painfully, brutally affirm the fracturing of their being.

On the slave ship *Fame*, girls and women must have felt uniquely untethered from all traditional sources of care, knowledge, and meaning. What was happening to them, and why? What, or who, had caused this horror? They had been violently thrust into a state of not knowing. Resolving the epistemological dilemma would likely have required a *dibia* (an expert healer), particularly one who was skilled in divination. Divination may have been the most important knowledge system that enslaved girls and women would have longed for in their distress. Divination would have enabled them “to reach beyond the endless limitations of the human mind” by consulting extrahuman forces who could give them credible knowledge about their situation.⁷⁴ The cause for their captivity, suffering, and anguish—the answer to the questions “why” and “why me”—could be approached through divination, which was meant to begin the healing process.⁷⁵ Divination might reveal malicious forces that needed to be quelled, such as “extrahuman wrath (*iku ofo na iju ogu*), witchcraft (*ita amusu*), sorcery (*nshi na aja*), or curse (*iba onu*).”⁷⁶ However, given the conditions on the slave ship, a deep sense of fatalism may have gripped many. How could their spirit worlds be accessed? What ritual expert could perform the rites? Without the ability to offer sacrifices to spiritual entities, how could any restorative or reparative healing work be enacted?⁷⁷

The historiography of the British slave trade generally assumes that the performance of communal rites and rituals was impossible or improbable. The absence of evidence makes this a reasonable assumption. However, it is likely that some among the captives may have been *ndị dibia* (expert healers, pl.).⁷⁸ In the seaport of Old Calabar, where the *Fame* departed, *ndị dibia* were typically older women.⁷⁹ Could

⁷³ Olaudah Equiano, *The Interesting Narrative of the Life of Olaudah Equiano, or Gustavus Vassa, the African*, 9th ed. (London, 1794), 52.

⁷⁴ Patrick E. Iroegbu, *Healing Insanity: A Study of Igbo Medicine in Contemporary Nigeria* (Bloomington, 2010), 381, 385.

⁷⁵ Iroegbu, 384.

⁷⁶ Iroegbu, 81.

⁷⁷ Ibeabuchi, “The Theory of Forces,” 291.

⁷⁸ For pluralizing the term *dibia* see Chidi Ugwu, “Amidst Clinical Dissonance: Offensive Agency as a Survival Strategy in Plural Southeastern Nigeria,” *Africa Spectrum* 58, no. 1 (April 1, 2023): 57, n. 4.

⁷⁹ Daniell, *Sketches of the Medical Topography*, 113.

divination, or other forms of ritualistic healing, have occurred? Slave ship captain Hugh Crow recounted that during one of his slaving voyages from the Bight of Biafra, an enslaved man who was a healer desired to attend to the sick. The captain recounted, he “begged very strenuously for a male fowl, and on receiving it he killed it by cutting its throat. He then threw himself into many strange postures, and while muttering some incantations over the sick men, he sprinkled the blood on their heads. They were mightily pleased with this ceremony, although they were in a dying state.”⁸⁰ Although Crow ridiculed the therapeutic event, it allows for a rare glimpse into an underexplored possibility concerning West African therapeutics in the British slave trade. Whether the ceremony was meant to restore health or offer a pathway to a peaceful death, the enslaved healer brought a certain measure of comfort to the dying captives. On other British slaving vessels, if such permissions were less common, could alternative therapeutic encounters have occurred, hidden in plain sight? Is the drug invoice from the *Fame* the best, or only window, into shipboard medical therapeutics in the British slave trade?

Igbo medicine (*Ogwu Igbo*) includes a wide variety of medicinal plants, animals, and minerals. Wet cupping at the temples was widely practiced for headaches and other cerebral ailments.⁸¹ Scarification followed by hot fomentations served as effective analgesic remedies.⁸² Expelling toxins from the body through sweat frequently occurred through steaming, heated sand baths, and hot water ablutions.⁸³ These practices might be variously accompanied by prayer, divination, libations, dance, or song, with the intention of mutually shaping and “co-shaping the individual body, social life, and the life-world.”⁸⁴ Slave ship surgeons relied on local healers to cure captives while on the coast, and nineteenth-century doctors commented on the efficacy of certain Igbo medical treatments.⁸⁵ It, therefore, would not be unreasonable to imagine that West African therapeutics might have been present on the ship in ways that went unrealized and unremarked upon in the archive. However, given tight levels of control, vigilant surveillance, brutal punishments, gender separation, limited time on deck, sexual assault, profound grief, and limited resources, surely there were formidable constraints impacting captives’ physical, mental, and spiritual abilities to engage in therapeutic work.

⁸⁰ Crow, *Memoirs*, 227.

⁸¹ Crow, *Memoirs*, 199, 225, 227; Daniell, *Sketches of the Medical Topography*, 94.

⁸² Daniell, 95.

⁸³ Daniell, 120.

⁸⁴ Iroegbu, “Healing Insanity,” 81.

⁸⁵ Testimony of Alexander Falconbridge, 304–305, HCPPP; Daniell, *Sketches of the Medical Topography*, 119–20.

Food, however, represents a potential site for surreptitious care and subaltern therapeutics. Food represented an important medicinal across Atlantic Africa, and in the context of the British slave trade, women captives were typically tasked with daily food preparation.⁸⁶ Several African foodstuffs consumed on British slave ships held deep medicinal and ritual significance with the potential for sacred power, such as the yam. The yam was the most significant food crop for ships departing the Bight of Biafra, with approximately ten thousand to fifty thousand yams loaded onto each vessel.⁸⁷ As enslaved women prepared the yams, they may have considered it to be a cure for specific ailments, like diarrhea.⁸⁸ Could a captive woman hide yam leaves in her hand and secretly administer them to a feverish invalid, placing a leaf in their mouth and forcing them to chew? Might the yam leaf have been applied as an external treatment for the skin disorders so rampant on the *Fame*?⁸⁹

Observers noted how much the captives from the Bight of Biafra appreciated eating yam. Hugh Crow was surprised that dying captives eagerly ate palm oil and *fufu* (yam boiled and pounded into a paste).⁹⁰ For sick and dying captives, their desire for yam may have been about more than satiating physical appetite. In the absence of divination and formal healing rituals, the yam may have functioned as a therapeutic that began rebuilding connections with the spirit world. Yam (*Dioscorea* spp.) was not only a dominant food crop in the region, and considered “the king of all crops,” but also was a sacred plant.⁹¹ Yam is considered a symbol of life and relates to spiritual forces, including the yam deity *Ifejioku*.⁹² For the captives on board, yam may have also connected them

⁸⁶ Robert L. Hall, “Food Crops, Medicinal Plants, and the Atlantic Slave Trade,” in *African American Foodways: Explorations of History and Culture*, ed. Anne Bower (Urbana-Champaign, 2008): 30; John Mark Ogu, “Ethics of Folk Medicine among the Igbo,” *Developing World Bioethics* 22, no. 4 (2022): 205.

⁸⁷ Stephen D. Behrendt, “Markets, Transaction Cycles, and Profits: Merchant Decision Making in the British Slave Trade,” *The William and Mary Quarterly*, Third Series, 58, no. 1 (Jan. 2001): 182.

⁸⁸ Emeka E. Okonkwo, “Traditional Healing Systems Among Nsukka Igbo,” *Journal of Tourism and Heritage Studies* 1, no. 1 (2012): 78.

⁸⁹ A. A. Aiyeloja and O. A. Bello, “Ethnobotanical Potentials of Common Herbs in Nigeria: A Case Study of Enugu State,” *Educational Research and Review* 1, no. 1 (2006): 18; A. B. Nwauzoma and Magdalene S. Dappa, “Ethnobotanical Studies of Port Harcourt Metropolitan, Nigeria,” *ISRN Botany* 2013 (June 2013): 5.

⁹⁰ Crow, *Memoirs*, 227.

⁹¹ Jude Ejikeme Obidiegwu and Emmanuel Matthew Akpabio, “The Geography of Yam Cultivation in Southern Nigeria: Exploring Its Social Meanings and Cultural Functions,” *Journal of Ethnic Foods* 4, no. 1 (March 2017): 33.

⁹² Ikechukwu Anthony Kanu, “Sacred Trees/Plants: The Greening of Igbo-African Religion,” in *African Indigenous Ecological Knowledge Systems: Religion, Philosophy and the Environment*, ed. Ikechukwu Anthony Kanu (Bloomington, 2022), 81; Nelson Udoka Ukwamedua and Moris K. O. Edogiaweri, “The Typology of Spirits in Igbo-African Ontology: A Dis-

with the presence of the Mother. Yam is ultimately a gift from the earth goddess (variously *Ala*, *Ani*, or *Ana*), the “Great Mother,” who is one of the dominant deities in the region.⁹³ *Ala* is the goddess of land, fertility, and agriculture, as well as the guardian of morality.⁹⁴ As captive women boiled and pounded thousands of yams during the voyage, it may have allowed them to connect with the Great Mother, to venerate her through their cookery, to pour prayers into the food that it might give captives strength, and to be reminded of the Igbo proverb *Na Nwe Mmadu Nine! Ana Nwe Anyi* (Ana, the owner of all humankind, yes, Ana is the owner!).⁹⁵ For the captives, the taste of yam might have reminded them of the intercessory powers of the Great Mother. As “Queen of the Underworld,” captives may have pleaded with her to help them return to earth (*ilo ta uwa*), to enter the land of the ancestors, which was a homecoming event rooted in their belief in endless life through reincarnation.⁹⁶ For captives thrust into a state of nonbeing, the Great Mother embodied closeness, belonging, and community.⁹⁷

However, the drug invoice for the *Fame*, which included a device called a “turn screw” that cost one shilling and forced open the mouths of captives while breaking their teeth, cannot help but recall the violence of pharmaceutical captivity. The relationship between captivity and drugs turned enslaved people into commodities who were forced to consume global pharmaceuticals. Their diseased bodies contained Chinese, Turkish, and Russian rhubarb, while the camphor they swallowed came from Japan and Indonesia. Captives experienced the effects of Indian opium, North African senna, and British chamomile flowers. While on the *Fame*, captive girls and women had their first experience with the “new world” from South American cinchona, guaiacum, and ipecacuanha that touched their tongues. Indeed, many of the drugs the enslaved consumed on British slaving vessels were laced with sugar

course in Existential Metaphysics,” *Idea: Studia Nad Strukturą I Rozwojem Pojęć Filozoficznych* 29, no. 2 (2017): 323.

⁹³ Patrick Iroegbu, *Introduction to Igbo Medicine and Culture in Nigeria* (Raleigh, 2010): 26; Ukwamedua and Edogiaweri, “The Typology of Spirits,” 319.

⁹⁴ J. N. Oriji, “Transformations in Igbo Cosmology during Slavery: A Study of the Geneses of Place-Names, Totems & Taboos,” *Cahiers d’Etudes Africaines*, no. 4 (2010): 954; Paulinus O. Agbo, Christian Opata, and Malachy Okwueze, “Environmental Determinant of Religious Names: A Study of Úgwú and Naming among the Nsukka-Igbo People of Nigeria,” *HTS Theological Studies* 78, no. 3 (2022): 4.

⁹⁵ Anthony Udoka Ezebuio, Anthony Chimankpam Ojimba, and Cajetan Ihesiaba, “Ala: An Embodied Spirit and Unifying Reality/Concept in Igbo-African World-View,” *Journal of African Studies and Sustainable Development* 4, no. 5 (Nov. 2021): 128.

⁹⁶ Gladys Ijeoma Akunna, “An African Igbo Perspective on Mourning Dances and Their Application to Dance/Movement Therapy,” *American Journal of Dance Therapy* 37, no. 1 (June 1, 2015): 47; Ezebuio, Ojimba, and Ihesiaba, “Ala: An Embodied Spirit,” 148.

⁹⁷ Ezebuio, Ojimba, and Ihesiaba, 124–125.

from plantation regimes that would become their new home. Laboring on sugar plantations wrought destruction upon thousands of captive Africans, yet during their seaborne imprisonment, sugar was intended to help keep them alive before life in the sugar colonies might lead to their premature death. During their waterborne captivity, captives ingested the globe, so to speak, incorporating within them the world order in which they were forced to live and the pharmaceutical markets they helped sustain.

For the girls and women who survived the slave ship *Fame*, did they choose life over death? If they could resist efforts to compel life, if pharmaceutical captivity thwarted efficacy, what made them turn away from death and the promise of returning home? Perhaps they were guided through a song, a dream, a prayer, a taste of yam, the hope of escape, or new kin relations they developed on board. That some chose to live is part of the reason why this author has breath in her body. Although researchers might never know the answers to these questions, we ought to continue to ask.

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