Enterprise & Society (2023), 24: 4, 956–964
doi:10.1017/eso.2023.39

KROOSS PRIZE DISSERTATION SUMMARIES

Sick Time: Medicine, Management, and Slavery in Louisiana and Cuba, 1763–1868

Liana DeMarco

Capitalist ideas of productivity became central to medicine under slavery. They shaped how physicians treated enslaved patients, crafted a scientific basis for medicine, and conceived of themselves as professionals. Between the late-eighteenth-century and the mid-nineteenth-century, white male physicians in Louisiana and Cuba distinguished themselves from other healers: first, by aligning with Spanish colonialism, and then, by making themselves essential to a new form of plantation management that used clock-time discipline, hierarchical divisions of labor, and complex accounting systems. These technologies helped planters track the hours and days each enslaved person spent working, eating, sleeping, birthing, suffering from sickness and injuries, and recovering. This in turn enabled precise interpretations of enslaved health in terms of productivity, which was primarily measured in work time and the number of commodities produced. Physicians, who were seeking a rigorous intellectual foundation for medical knowledge production, latched onto planter methods of calculating and controlling enslaved health. One of those methods was what planters and physicians called "sick time," which was an allotment of time away from work intended to manage illness enough for enslaved people to return to work. However, as physicians used plantation management to cast an air of scientific accuracy over their knowledge, enslaved people reconfigured their own medical practices to make themselves less visible and countable. Fugitive practices involving trees, animals, and natural springs helped enslaved people to heal by taking their own forms of sick time.

Keywords: management, medicine, slavery, race

This dissertation shows how capitalist ideas of productivity became central to medicine in the slave societies of nineteenth-century Louisiana and Cuba. Drawing on nineteen archives across Cuba, Spain, and the United States, I argue that productivity thinking grew out of physicians' perceptions of plantation management, which influenced how they treated enslaved patients, crafted a scientific basis for medicine, and conceived of themselves as professionals. During the acceleration of racial slavery in Cuba and Louisiana (ca. 1790–1840),

Published online November 06, 2023

planters increasingly used sophisticated technologies such as clock-time discipline, hierarchical divisions of labor, and multilevel accounting systems. Previous business historians and scholars of capitalism and slavery have argued that these technologies enabled greater control and exploitation of enslaved labor.[1] I demonstrate that such tools gave planters the means to precisely interpret how enslaved people's health impacted production, often by calculating each person's "working days" versus their "sick days." I also argue that changes in plantation management cannot be fully understood without attention to changing ideas of scientific expertise, especially medical expertise. Seeing themselves as science-informed capitalists, planters in Cuba and Louisiana began to seek white, male, university-trained physicians to serve as consultants in the maintenance of enslaved people's bodies.

Physicians, far from simply adhering to planter expectations to get their business, came to believe that there was a rigorous foundation for medicine in slavery management. Much like racial science, which was becoming more influential in the Atlantic world during this period, management science—particularly its ability to quantify health and illness in terms of productivity—gave physicians a seemingly objective framework for diagnosing and treating enslaved Black patients. By the mid-nineteenth-century, physicians were using slave productivity to judge the efficacy of different therapies they developed for the plantation, one of which was what they called "sick time." This was a temporary reprieve from work that was designed to get enslaved people back to work as soon as possible, even if those people had not actually healed.

The mutually constitutive relationship between management and medicine was a transnational historical development, and thus could be found in many slave societies during the nineteenth-century. However, Louisiana and Cuba shared histories of Spanish colonialism and French medical influence, which shaped the great extent to which physicians came to see themselves as experts in the management of enslaved health, its quantification, and its economic utility. I also emphasize that neither productivity nor time discipline (the imposition of synchronic forms of clock time and work discipline) were unique to plantation slavery. Clocks, ledgers, and other productivity-measuring tools could be found in many sites of production, including the factory, during the nineteenth-century and earlier.[2] What was unique about the plantation was the ways in which planters tried to use these tools to control not just labor, but also enslaved people's health and racial differences. The notion that one could use management science, technology, and medical expertise in this way had much to do with the institution of racial slavery, which formed the basis of plantation production in places like Louisiana and Cuba, but not factory production in "free labor" societies like nineteenth-century Britain and the northern United States.

Previous historians of medicine and slavery have shown that slavery empowered white male physicians at crucial moments when the modern medical profession was taking shape.

1. Rosenthal, *Accounting for Slavery*; Rood, *Reinvention of Atlantic Slavery*; Tomich, *New Frontiers of Slavery*; Tomich, *Through the Prism of Slavery*; Piqueras, "Machines, Modernity, and Sugar"; Baptist, *Half Has Never Been Told*; J. Roberts, *Slavery and the Enlightenment*; Johnson, *River of Dark Dreams*; González-Ripoll Navarro y Cuartero, *Francisco Arango y la Invención de la Cuba Azucarera*; Follett, *Sugar Masters*; Smith, *Mastered by the Clock*; Breeden, *Advice Among Masters*; Fraginals, *El Ingenio*; Knight, *Slave Society in Cuba*; Scarborough, *Overseer.*

2. Thompson, "Time, Work-Discipline, and Industrial Capitalism."

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

Most argue that these physicians often served as extensions of enslaver surveillance and violence.[3] Many scholars have also noted that plantation physicians developed racist ideas of the enslaved body that can still influence how doctors treat Black patients today.[4] But to date, no historian has attempted to explain why productivity became a standard interpretative frame for white physicians who studied enslaved health and illness, and practiced on enslaved people's bodies. These physicians were not merely defending slavery, though many of them did support the institution and some owned enslaved people. Proslavery sentiments certainly helped physicians to see things from the enslaver's perspective, but there were important intellectual reasons behind the pervasiveness of managerial concepts in medical thought and practice. This trend reflected the fact that physicians had come to view plantation management as an objective basis for their own knowledge production. In this way, the planation and plantation management predated the laboratory and biology, which would become the central scientific foundations for medicine in the late-nineteenth-century.

Previous scholars have also shown that physicians participated in the making of economic abstractions of the enslaved body, including the price of enslaved flesh. Enslavers often called upon white doctors to examine enslaved people and determine whether or not they were "sound in body and mind." "Soundness" was an overall measure of an enslaved person's physical health, mental health, and moral character, which factored into the pricing of that person's body in the slave market. Physician knowledge was needed not just for the initial purchase of an enslaved person, but also for calculations of the enslavers' total assets and insurance policies that could be taken out on enslaved lives. It was not uncommon for doctors to be present at slave insurance negotiations, sometimes at the behest of the buyer and other times as representatives of insurance firms.[5]

Unlike the market-driven meanings of enslaved health seen in pricing and insuring, managerial meanings of enslaved health had more to do with how enslaved people were understood within a system of production in which productivity, not price, was the most important economic abstraction. Some sale documents show that an enslaved person deemed medically "unsound" in body, mind, or character might still fetch a high price if it could be demonstrated that the person had been a good worker in the past. In April 1860, Louisiana planter Augustus Koenig purchased an enslaved woman named Annette, whom a physician had "fully

3. Willoughby, *Masters of Health*; Smith and Willoughby, *Medicine and Healing*; Gómez, "Pieza de Indias"; Gómez, *Experiential Caribbean*; Barcia, *Yellow Demon of Fever*; Cooper Owens, *Medical Bondage*; Hogarth, *Medicalizing Blackness*; C. E. Roberts, "To Heal and to Harm"; Lambe, *Madhouse*; Kenny, "Development of Medical Museums"; "'Dictate of Both Interest and Mercy'?"; Bronfman, "On Swelling"; Palmer, "From Plantation to Academy"; Downs, *Sick from Freedom*; Washington, *Medical Apartheid*; López Denis, "Disease and Society"; López Denis, "Melancholia, Slavery, and Racial Pathology"; Stowe, *Doctoring the South*; Fett, *Working Cures*; Bankole, *Slavery and Medicine*; Savitt, *Medicine and Slavery*.

4. See Willoughby, *Masters of Health*; Cooper Owens, *Medical Bondage*; Hogarth, *Medicalizing Blackness*; Braun, *Breathing Race into the Machine*; Curran, *Anatomy of Blackness*; Washington, *Medical Apartheid*; Peard, *Race, Place, and Medicine*; D. Roberts, *Killing the Black Body*; historians of women, gender, and slavery have also analyzed racialized and gendered ideas of the enslaved body that still influence medical care for Black people today. See, for example, Turner, *Contested Bodies*; Paugh, *Politics of Reproduction*; Mustakeem, *Slavery at Sea*; Morgan, *Laboring Women*; Camp, *Closer to Freedom*.

5. For the concept of "soundness," see Fett, *Working Cures*, esp. ch. 1; for more on physician involvement in slave pricing and insuring, see Berry, *Price for Their Pound of Flesh*; Boster, *African American Slavery and Disability*; Bergad, "Slave Prices in Cuba"; Genovese, "Medical and Insurance Costs."

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

guaranteed against the inhibitory vices and maladies prescribed by the law with the exception of a disease which she had two years ago, which manifested itself in fits having the character of madness, and of which he [the physician] is unable to say that she is cured." Knowing this, Koenig still decided to purchase Annette for the full price of $900 because he was "well acquainted" with "the service she has done in years past."[6] Acknowledging that there may have been circumstances left unsaid that influenced Koenig's decision but had little to do with Annette's health or work history, the relationship between health, soundness, and price in this example appears atypical without a consideration of how planters could view health in relation to production. Koenig may have believed that Annette's past productivity was a better indication of her value than the medical designation of "unsoundness."

Physicians who viewed enslaved health along similar lines often emphasized that their medical knowledge was valuable for "preserving" or "maintaining" the enslaved workforce and the plantation system as a whole. In the 1840s, a group of Cuban physicians stated that they aimed to create a "comprehensive" body of medical knowledge that would be useful for "preserving the health of the slaves" but would not "inhibit the work that they do" or "the amount of sugar they produced."[7] Similarly, one Louisianan physician explained that the primary purpose of "maintaining" enslaved health was that it would help planters "save time and money." Allowing enslaved people some time to rest when they were ill—also known as sick time—was a large upfront cost, but ultimately, that cost "would soon be saved out of doctor's bills and the sick-list."[8] Seeing enslaved health at the level of the workforce may not have been necessary for the pricing of enslaved people's bodies. However, such perspectives were vital for managers and physicians who wanted to increase the efficiency of those bodies.

In revealing such connections between plantation management and medicine, my project advances scholarship in both business history and the history of medicine, but it is not only a study of the "masters" and their professional allies. I also analyze the ways in which Black healers engaged with medical professionalization and show how enslaved people responded to the medicalization of their productivity.[9] I begin the dissertation by examining medicine and public health in Spanish-controlled New Orleans and Havana, where there was widespread acceptance of Black healers and their environment-based understandings of the body up until the late-eighteenth-century. At that point, Spanish colonial officials began to believe that white physicians and their anatomical medical practices were needed for managing the health of enslaved populations. However, even as physician and enslaver power increased in both urban and rural spaces, people of African descent developed new medical practices

6. Act of Sale of slave Annette or Nanette, age thirty-three years, by Emile Guérin, New Orleans, to Augustus Koenig, New Orleans (April 10, 1860), folder 44, MS 44, Historic New Orleans Collection.

7. Expediente promovido con el fin de mejorar el sistema de los negros esclavos en nuestros campos y continuando sobre el fomento de la ganadería (1846). Legajo no. 945/no. orden 33311, Fondo Gobierno Superior Civil, Archivo Nacional de la República de Cuba.

8. McTyeire, "Plantation Life."

9. Here, I am building on the work of historians of medical knowledge production in the Black Atlantic. See, for example, Mitchell, "Morbid Crossings"; Smith and Willoughby, *Medicine and Healing*; Schiebinger, *Secret Cures of Slaves*; C. E. Roberts, "To Heal and to Harm;" Gómez, *Experiential Caribbean*; Ferrer, *Freedom's Mirror*; Long, *Doctoring Freedom*; Reid-Vazquez, *Year of the Lash*; Covey, *African American Slave Medicine*; Weaver, *Medical Revolutionaries*; Fett, *Working Cures*; Bankole, *Slavery and Medicine*; Gomez, *Exchanging Our Country Marks*; Fontenot, *Secret Doctors.*

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

based in fugitivity (the act of escaping or eluding slavery). Using a speculative methodology that builds on the path-breaking work of historian Marisa J. Fuentes, I argue that fugitive practices with plants, animals, weather, and water became important ways for enslaved people to heal by making themselves less visible and countable.[10] Such environmental and interspecies relationships helped enslaved people transcend the violence of slavery; challenge planter and physician expectations of the Black body; and abscond from the plantation, if only temporarily, thus taking their own form of sick time.

In court testimonies, plantation records, and narratives of formerly enslaved people, I locate the experiences of enslaved people like Catalina Gangá, who worked in an infirmary on a sugar plantation in western Cuba during the 1840s. There, she assisted her enslaver—a university-trained physician—as he attended sick and injured enslaved people. She did the laundry and stocked her enslaver's supplies, but Catalina was also collecting plants that Black people in Cuba and West Africa had long used to heal their bodies and conceal themselves from harm.[11] I also tell the story of an enslaved man named Dempsey, who, much to the annoyance of his overseer, repeatedly fled his Louisiana plantation and went to a nearby swamp, where he searched for a remedy for his "crippled" leg. Many swamps in Louisiana were known to enslaved people for both their healing waters and their communities of runaway slaves. One day, Dempsey left for the swamp and never returned.[12] These examples suggest how enslaved people shaped the social, intellectual, and spatial limits of plantation management and medicine, and at times subverted these institutions. However, subversion did not lead to widespread disruption. White male physicians became the preferred experts for the maintenance of laboring bodies, and remained so—on plantations and in prisons, factories, service industries, and offices—long after emancipation.

Indeed, the notion that healing can be measured in work time rather than patient sentiment, and the idea that a return to work signifies good health, have endured. In Cuba, the socialist state guarantees workers the "right" to paid sick time. In the capitalist United States, where there is no state guarantee of paid sick time, employers may choose to extend this "benefit" to their employees. In both cases, an important function of sick time is still to preserve if not increase productivity that benefits someone else: the state or the employer. Historians of Cuban medicine have argued that labor activism and physician nationalism in the early-twentieth-century primed Cubans to believe they had a right to take time off of work to recover their health.[13] So too, scholars of U.S. labor history have shown that New Deal liberals and welfare capitalists eventually agreed that employers should provide some health benefits for their workers (though many workers, women's groups, and activists criticized the linking of

10. Fuentes, *Dispossessed Lives.*

11. Statement of Catalina Gangá in Contra los autores y cómplices del levantamiento de negros esclavos ocurrido en 5 de noviembre último por parte de las dotaciones de los Ingenios Triunvirato y Ácana en la jurisdicción de Matanzas (1843). Legajo no. 30/no. de orden 3, Fondo Comisión Militar Ejecutiva y Permanente, Archivo Nacional de la República de Cuba.

12. Dempsey's activities are discussed in correspondence between his overseer and the owner of the plantation. See David Flowers to George Matthews (August 15, 1835), Edward Butler Family Papers, Lower Louisiana and Mississippi Valley Collection, Louisiana State Archives.

13. Rodríguez, *Right to Live in Health.*

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

such benefits with private employment).[14] Then, in the postwar period, employee collective bargaining forced employers to provide more assistance with the burdens of ill-health, including access to sick days without fear of termination.[15] Such histories often frame sick time as a progressive, or even class-conscious, project. However, there is another history of this concept and a deeper historical explanation for the routing of health through work, which shows how both were once management strategies used on enslaved people.

The medico-managerial view of the Black laboring body lingers today, too, especially in the United States. The COVID-19 pandemic has illustrated intersections between anti-Black racism in the American labor hierarchy—particularly when it comes to who is deemed an "essential worker"—and our health care systems, in which Black people have suffered disproportionate numbers of hospitalizations and deaths due to the disease. The pandemic has also exposed the starkly pro-business stances of many medical and public health institutions. My dissertation helps us connect these pressing issues of racialized health disparities and labor exploitation and situate them in historical context. Once it is in book form, I believe this research will be valuable not only to historians of medicine, slavery, and business, but also to medical students, public health workers, patients, and activists who are striving to dismantle health and labor injustice in the present.

Liana DeMarco holds a Ph.D. in History from the Program in the History of Science and Medicine and the Department of History at Yale University. She is currently a Mellon Postdoctoral Fellow in African American Studies at Wesleyan University. E-mail: ldemarco@wesleyan.edu.

Bibliography of Works Cited

Books

Bankole, Katherine. *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana*. London: Taylor and Francis, 1998.

Baptist, Edward. *The Half Has Never Been Told: Slavery and the Making of American Capitalism*. New York: Basic Books, 2014.

Barcia, Manuel. *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade*. New Haven, CT: Yale University Press, 2020.

Berry, Daina Ramey. *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave in the Building of a Nation*. Boston: Beacon Press, 2017.

Boster, Dea H. *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800–1860*. London: Routledge, 2013.

Braun, Lundy. *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics*. Minneapolis: University of Minnesota Press, 2014.

Breeden, James O., ed. *Advice Among Masters: The Ideal in Slave Management in the South*. Westport, CT: Greenwood Press, 1980.

14. Klein, *For All These Rights*.
15. Winant, *Next Shift*.

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

Camp, Stephanie. *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South*. Chapel Hill: University of North Carolina Press, 2004.
Cooper Owens, Deirdre. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. Athens: University of Georgia Press, 2017.
Covey, Herbert C. *African American Slave Medicine: Herbal and Non-Herbal Treatments*. New York: Lexington Books, 2007.
Curran, Andrew S. *The Anatomy of Blackness: Science and Slavery in an Age of Enlightenment*. Baltimore, MD: Johns Hopkins University Press, 2011.
Downs, Jim. *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction*. Oxford: Oxford University Press, 2012.
Ferrer, Ada. *Freedom's Mirror: Cuba and Haiti in the Age of Revolution*. Cambridge, UK: Cambridge University Press, 2014.
Fett, Sharla M. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill: University of North Carolina Press, 2002.
Follett, Richard. *The Sugar Masters: Planters and Slaves in Louisiana's Cane World, 1820–1860*. Baton Rouge: Louisiana State University Press, 2007.
Fontenot, Wonda. *Secret Doctors: Ethnomedicine of African Americans*. New York: Bergin & Garvey, 1994.
Fraginals, Manuel Moreno. *El Ingenio: el Complejo Económico Social Cubano del Azúcar.* 3 tomos. La Habana, CU: Editorial Ciencias Sociales, 1978.
Fuentes, Marisa. *Dispossessed Lives: Enslaved Women, Violence, and the Archive*. Philadelphia: University of Pennsylvania Press, 2016.
Gomez, Michael A. *Exchanging Our Country Marks: The Transformation of African Identities in the Colonial and Antebellum South*. Chapel Hill: University of North Carolina Press, 1998.
Gómez, Pablo F. *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic*. Chapel Hill: University of North Carolina Press, 2017.
González-Ripoll Navarro, María Dolores, and Izaskun Álvarez Cuartero, eds. *Francisco Arango y la Invención de la Cuba Azucarera*. Salamanca, ES: Prensa de la Universidad de Salamanca, 2010.
Hogarth, Rana. *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840*. Chapel Hill: University of North Carolina Press, 2017.
Johnson, Walter. *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom*. Cambridge, MA: Harvard University Press, 2013.
Klein, Jennifer. *For All These Rights: Business, Labor, and the Shaping of America's Public-Private Welfare State*. Princeton: Princeton University Press, 2003.
Knight, Franklin W. *Slave Society in Cuba During the Nineteenth Century*. Madison: University of Wisconsin Press, 1970.
Lambe, Jennifer L. *Madhouse: Psychiatry and Politics in Cuban History*. Chapel Hill: University of North Carolina Press, 2016.
Morgan, Jennifer L. *Laboring Women: Reproduction and Gender in New World Slavery*. Philadelphia: University of Pennsylvania Press, 2004.
Mustakeem, Sowande' M. *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage*. Champaign: University of Illinois Press, 2016.
Paugh, Katherine. *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition*. Oxford: Oxford University Press, 2017.
Peard, Julyan G. Race, *Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazil*. Durham, NC: Duke University Press, 1999.

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

Reid-Vazquez, Michele. *The Year of the Lash: Free People of Color in Cuba and the Nineteenth-Century Atlantic World*. Atlanta: University of Georgia Press, 2011.
Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Pantheon Books, 1997.
Roberts, Justin. *Slavery and the Enlightenment in the British Atlantic, 1750–1807*. Cambridge, UK: Cambridge University Press, 2013.
Rodríguez, Daniel A. *The Right to Live in Health: Medical Politics in Postindependence Havana*. Chapel Hill: University of North Carolina Press, 2021.
Rood, Daniel. *The Reinvention of Atlantic Slavery: Technology, Labor, Race, and Capitalism in the Greater Caribbean*. Oxford, UK: Oxford University Press, 2017.
Rosenthal, Caitlin. *Accounting for Slavery: Masters and Management*. Cambridge, MA: Harvard University Press, 2018.
Savitt, Todd L. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Champaign: University of Illinois Press, 1978.
Scarborough, William K. *The Overseer: Plantation Management in the Old South*. Baton Rouge: Louisiana State University Press, 1966.
Schiebinger, Londa. *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World*. Palo Alto, CA: Stanford University Press, 2017.
Smith, Sean Morey, and Christopher D. E. Willoughby, eds. *Medicine and Healing in the Age of Slavery*. Baton Rouge: Louisiana State University Press, 2021.
Smith, Mark M. *Mastered by the Clock: Time, Slavery, and Freedom in the American South*. Chapel Hill: University of North Carolina Press, 1997.
Stowe, Steven. *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*. Chapel Hill: University of North Carolina Press, 2004.
Tomich, Dale W. *New Frontiers of Slavery*. Albany: State University of New York Press, 2017.
———. *Through the Prism of Slavery: Labor, Capital, and World Economy*. Lanham, MD: Rowman & Littlefield, 2004.
Turner, Sasha. *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica*. Philadelphia: University of Pennsylvania Press, 2017.
Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday, 2008.
Weaver, Karol Kimberlee. *Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue*. Champaign: University of Illinois Press, 2006.
Willoughby, Christopher. *Masters of Health: Racial Science and Slavery in U.S. Medical Schools*. Chapel Hill: University of North Carolina Press, 2022.
Winant, Gabriel. *The Next Shift: The Fall of Industry and the Rise of Health Care in Rust Belt America*. Cambridge, MA: Harvard University Press, 2021.

Articles, Chapters in Books, and Dissertations

Bergad, Laird W. "Slave Prices in Cuba, 1840–1875." *Hispanic American Historical Review* 67, no. 4 (November 1987): 631–655.
Bronfman, Alejandra. "On Swelling: Slavery, Social Science, and Medicine in the Nineteenth Century." In *Obeah and Other Powers: The Politics of Caribbean Religion and Healing*, edited by Diana Paton and Maarit Forde, 103–120. Durham, NC: Duke University Press, 2012.
Genovese, Eugene D. "The Medical and Insurance Costs of Slaveholding in the Cotton Belt." *Journal of Negro History* 45, no. 3 (July 1960): 141–155.

https://doi.org/10.1017/eso.2023.39 Published online by Cambridge University Press

Gómez, Pablo F. "Pieza de Indias: Slave Trade and the Quantification of Human Bodies." In *Objects of New World Knowledge: A Cabinet of Curiosities*, edited by Mark Thurner and Juan Pimentel. London: University of London Press, 2021: 47–50

Kenny, Stephen C. "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange." *Bulletin of the History of Medicine* 87, no. 1 (2013): 32–62.

———. "'A Dictate of Both Interest and Mercy'? Slave Hospitals in the Antebellum South." *Journal of the History of Medicine and Allied Sciences* 65, no. 1 (2010): 1–47.

Long, Gretchen. *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. Chapel Hill: University of North Carolina Press, 2012.

López Denis, Adrián. "*Disease and Society in Colonial Cuba, 1790–1840.*" PhD diss., University of California Los Angeles, 2007.

———. "Melancholia, Slavery, and Racial Pathology in Eighteenth-Century Cuba." *Science in Context* 18, no. 2 (June 2005): 179–199.

McTyeire, H. N. "Plantation Life—Duties and Responsibilities." *DeBow's Commercial Review of the South and West* 29, no. 3 (September 1860): 357–368.

Mitchell, Elise A. "Morbid Crossings: Surviving Smallpox, Maritime Quarantine, and the Gendered Geography of the Early Eighteenth-Century Intra-Caribbean Slave Trade." *William & Mary Quarterly* 79, no. 2 (2022): 177–210.

Palmer, Steven. "From Plantation to Academy: Slavery and the Production of Medicine in the Nineteenth Century." In *Health and Medicine in the Circum-Caribbean, 1800–1968*, edited by Juanita de Barros, Steven Palmer, and David Wright. London, UK: Routledge, 2010: 53–75

Piqueras, José. "Machines, Modernity, and Sugar: The Greater Caribbean in a Global Context, 1812–50." *Journal of Global History* 9, no. 1 (2014): 1–25;

Roberts, Carolyn Elizabeth. "*To Heal and to Harm: Medicine, Knowledge, and Power in the Atlantic Slave Trade.*" PhD diss., Harvard University, 2017.

Thompson, E. P. "Time, Work-Discipline, and Industrial Capitalism." *Past & Present*, no. 38 (December 1967): 56–97.

Archival Sources

Archivo Nacional de la República de Cuba, Havana, Cuba
Historic New Orleans Collection, New Orleans, Louisiana
Louisiana State Archives, Baton Rouge, Louisiana

Cite this article: DeMarco, Liana. "Sick Time: Medicine, Management, and Slavery in Louisiana and Cuba, 1763–1868." *Enterprise & Society* 24, no. 4 (2023): 956–964.