DISEASE AND EMPIRE: WOMEN & CAREGIVING IN COLONIAL JAMAICA 1850-1920

DISEASE AND EMPIRE: WOMEN & CAREGIVING IN COLONIAL JAMAICA, 1850-1920

By: SANDRIA L. GREEN-STEWART, BA., MA.

A thesis submitted to the School of Graduate Studies in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy

TITLE: Disease and Empire: Women & Caregiving in Colonial Jamaica, 1850-1920

AUTHOR: Sandria L. Green-Stewart, BA (York University), MA (York University)

SUPERVSIOR: Dr. Juanita De Barros

NUMBER OF PAGES: 288

LAY ABSTRACT

This study examines the management of epidemics and disease in post-slavery Jamaica by highlighting the contributions of female caregivers, such as informally and formally trained nurses and Afro-Jamaican folk healers. It argues that caregiving provided by the government medical system and Afro-Jamaican folk healing developed from the mid-nineteenth to the early twentieth century in response to the challenges of adjusting to emancipation, frequent epidemics and encounters with disease. However, the government's efforts to contain epidemics and disease were inadequate because of a shortage of medical practitioners, insufficient medical infrastructure, and white medical elites' racial and class prejudices toward the labouring class. Nursing developed in parallel with establishing public hospitals and medical institutions in the urban centre as sites to control the labouring-class to mitigate epidemics and disease in post-slavery Jamaica. British, Euro-American, and Afro-Jamaican female caregivers deployed religious and medical services (caregiving) that reinforced and challenged racial, class and gender hierarchies during the post-slavery period in Jamaica.

ABSTRACT

This research about women's caregiving experiences in Jamaica uses the conceptual frameworks of intersectionality and anti-racist feminist perspectives to interpret and analyze the experiences of informal and formally trained nurses and folk healers in post-slavery Jamaica. This study explores how race, colour, class, gender, citizenship, and national identity intersected to define and shape women's experiences as caregivers in Jamaica between the 1850s and the 1910s. By integrating scholarly interpretations about a plural health system with case studies about the management of diseases and developments in nursing, this research presents an inclusive analysis of female caregivers (British, Euro-American, and Afro-Jamaican nurses and folk healers) in post-slavery Jamaica.

The late nineteenth to the early twentieth centuries was the period of the "new" imperialism characterized by the growth of caregiving and medical philanthropy in aiding the expansion of imperial pursuits and the civilizing mission of empires (British and US). Caregiving reveals how gender, race, class, and national identity intersected to shape the management of diseases in post-slavery Jamaica. On the one hand, formal caregiving was a tool for empire-building through colonial medical policies that aimed to heal the bodies and "civilize" the mentality of colonized peoples. On the other hand, informal caregiving empowered oppressed people to reshape cultural customs by adapting healing and religious practices to challenge British imperialism and claim citizenship.

ACKNOWLEDGEMENTS

The stories about survival and resilience passed on by the women of my family—great-great-great-grandmothers (whose mothers were born enslaved women), grandmothers, and mothers—inspired this study about women's social, political, and cultural activism during the post-slavery period in Jamaica. Accomplishing the goal of researching and writing this dissertation took the assistance of my village, which comprised many people who assisted me and to whom I am grateful. First, I want to thank my Ph.D. committee members at McMaster University, Dr. Juanita De Barros, Dr. Karen Balcom, Dr. Stephen Heathorn, and Dr. Ellen Amster (former member). I appreciate the time you took to read several drafts of the chapters and provide helpful advice, feedback, and insightful comments. Special thanks to Dr. De Barros, my Ph.D. supervisor, for your continued sage advice and insight throughout this process.

My gratitude to the many archivists and librarians I have interacted with since 2015. Thank you to the archivists and librarians at McMaster libraries and archives for their assistance in obtaining sources for my dissertation. To the archivists and librarians in the UK at the National Archives of the United Kingdom, the Wellcome Library, the Oxford Weston Library at the University of Oxford, the Florence Nightingale Museum at St. Thomas Hospital, London, and the British Library in London, thank you for your expertise in assisting me in locating relevant sources. To the archivist and librarians in Jamaica at the Jamaica National library, the University of the West Indies libraries at Mona, and the Jamaica Archives and Record Departments, thank you for helping me uncover valuable sources.

Thank you to my family and friends who supported me throughout the process of researching and writing this dissertation. Thank you to my children, Alecia, D'Andra, and D'Vantae, for understanding, especially when I could not fulfill my parental obligations because I was trying to meet deadlines. D'Andra, I want to especially thank you for your kindness and the many times you listened to me vent my frustrations. To my husband, Denroy, thank you for assuming some of the responsibilities at home that allowed me time to focus on this project. To my mom, Celestina, you are my rock. I dedicate this dissertation to you. Thank you for your prayers, confidence in my abilities, and constant support. To my siblings, aunties, uncles, cousins, nieces and nephews, and in-laws at home, Jamaica, the US, and London, thank you for your kind words of support and your hospitality as I pursued research away from home. To Lolita, thank you for your help while I visited London, England, to conduct archival research. To my friend, Sharon, thank you for opening your home in Jamaica to me and checking on my progress from time to time. Finally, I am grateful for the memories of my late grandparents, Charlotte (Chatty) and Cyril (Papa), who from a young age inspired my curiosity in history and instilled the belief that my voice matters.

TABLE OF CONTENTS

LISTS OF FIGURES AND TABLES

LIST OF ABBREVIATIONS

BELRA	The British Empire Leprosy Relief Association
BNA	British Nurses Association
BWIR	British West Indies Regiment
CNA/ONA	Colonial Nursing Association/Overseas Nursing Association
CDC	Centre for Disease Control and Prevention
CDA	Contagious Disease Act
DMO	District Medical Officer
DNF	District Nurses' Fund
IHBRF	International Health Board of the Rockefeller Foundation
JA	Jamaica Archives
JNU	Jamaica Nursing Union
KPH	The Kingston Public Hospital
LSHTM	The London School of Hygiene and Tropical Medicine
MDT	Multidrug Therapy
MO	Medical Officer
NB	Nurses' Bureau
NCO	Non-Commissioned Officer
NLJ	National Library of Jamaica
ORS	Oral Hydration Solution
OWL	Oxford Weston Library at Bodleian Libraries
PMO	Parochial Medical Officer
RF	Rockefeller Foundation
SMO	Superintending Medical Officer
SOF	Society of Friends (Quakers)
TNA	The National Archives (UK)
UFC	United Fruit Company
VJH	Victoria Jubilee Lying-in Hospital
WHO	World Health Organization
WIR	West Indies Regiment
WSSC	Women's Social Services Club

DECLARATION OF ACADEMIC ACHIEVEMENT

Sandria L. Green-Stewart is the sole author of this thesis.

Introduction

Women's colonial experiences in Jamaica as caregivers–nurses (informally and formally trained), missionaries, deaconess sisters, and folk healers–were mediated by race, colour, class, gender and citizenship, as well as by the changing socio-economic and political realities of the mid-nineteenth to the early twentieth centuries. This study explores the contributions of Jamaican, British and Euro-American formally and informally trained nurses who delivered medical services in Jamaica's informal and formal medical systems from the 1850s to the 1910s. I argue that formal and informal caregivers were shifting categories of women's responsibilities as nurses and folk healers in response to post-slavery Jamaica's changing socio-economic and political circumstances, frequent epidemics and colonial regulations and expectations.

Caregiving reveals how gender, race, class, and citizenship intersected to shape Jamaica's post-slavery colonial medical landscape and the plantation colony. Caregiving provided by trained nurses (British, Euro-American and Jamaican women) working in government medical institutions reinforced government medical strategies for managing disease and controlling the labouring class in support of the priorities of the British Empire. Conversely, caregiving allowed Afro-Jamaican informally trained nurses and folk healers to adapt cultural customs to solve the problems of disease and poverty in response to epidemics and the inadequacies of the government medical infrastructure. Caregiving empowered freed people as cultural activists to define freedom and claim social and political citizenship.

The changing socio-economic and political circumstances of Jamaica's post-slavery plantation society shaped women's experiences as caregivers and citizens in the colony. The 1833 Emancipation Act formally ended slavery throughout the British Empire on August 1, 1838. The transition from slavery to emancipation precipitated economic decline and socio-political tensions in the post-slavery period. Notably, the introduction of the 1846 Sugar Duties Act led to a reduction in the price of sugar that eventually accelerated the decline of the sugar industry in Jamaica. In addition to market conditions, unrest over low wages, high taxes, lack of access to land ownership, and socio-political inequality all conspired to create a post-slavery society in turmoil. The 1865 Morant Bay Rebellion was a watershed moment in Jamaica, showing that the colony's small white political elite denied freed people's demands for full citizenship.[1]

In addition to challenges related to socio-political inequalities, efforts to manage diseases and epidemics tended to exacerbate racial and class anxieties in the colony. Medical strategies imported to Jamaica from Britain to control diseases and epidemics in the nineteenth century did not adequately meet the medical needs of the colony's people. Yet, colonial public health strategies were beneficial because they led to sanitary and social reforms and the development of hospitals and medical infrastructure in the capital city of each parish in the colony. At the same time, implementing imperial health and medical policies in the post-slavery colony was a fraught undertaking that contributed to the failures of emancipation. A shortage of medical physicians, limited access to western

[1] Thomas Holt, *The Problem of Freedom: Race Labor and Politics in Jamaica and Britain, 1832-1938* (Baltimore: The Johns Hopkins University Press, 1992), 117-118; Gad Heuman, *Brief Histories: The Caribbean* (New York: Oxford University Press, 2006), 112-115.

medicine and abject poverty necessitated that freed people be pragmatic in meeting their medical needs. Their beliefs in Afro-Jamaican folk healing traditions and a desire to survive disease in the post-slavery plantation society with an inadequate medical infrastructure motivated freed people to seek alternative medical solutions.

However, freed people's search for solutions to their medical needs challenged "British cultural imperialism."[2] Cultural historians Brian Moore and Michele Johnson defined British cultural imperialism as the '"self-styled "superior" brand of culture 'made in England'" and imported to Jamaica.[3] British imperial social policies and measures deployed to manage disease in Jamaica originated from middle-class Victorian beliefs and values. Consequently, imperial medical policies were both the tools to heal the bodies of the labouring class and the means to enlighten and "civilize" "backward" Afro-Jamaicans. Still, freed people as cultural activists practised their healing traditions and medical remedies based on fragmentary African cultural beliefs and customs adapted to the circumstances in Jamaica. Afro-Jamaicans merged British and Afro-Jamaican cultural beliefs and traditions to find solutions to disease and poverty. However, freed people's cultural activism challenged the government and social elites who sought to control caregivers, caregiving practices, and medical services recipients in the colony.

Jamaica's health, medicine, and healing systems, like elsewhere in the British Caribbean, were influenced by the cultural practices of its diverse populations –

[2] Brian L. Moore and Michele A. Johnson, *Neither Led nor Driven: Contesting British Cultural Imperialism in Jamaica, 1865-1920* (Kingston: UWI Press, 2004), 311.
[3] Ibid.

Indigenous peoples, Europeans, Africans, and Asians.[4] The colonial experiences of Jamaica's diverse inhabitants have collectively defined the colony's medical, labour, socio-political and cultural histories since the fifteenth century. The conquistadors captured Jamaica from the Indigenous peoples in 1494 to secure resources for Spain. The British expanded its empire, conquering Jamaica from the Spaniards in 1655, which along with Barbados, St. Kitts, Nevis, and Antigua, formed the British Caribbean in the seventeenth century. Jamaica's labour history is intricately linked to the development of agricultural plantations, such as the sugar trade from the seventeenth century and the banana industry from the late nineteenth century. The "sugar revolution" that began in Barbados in the 1640s led to the sugar monoculture in the Caribbean buttressed by the transatlantic slave trade and European economic interest in tropical plantations to satisfy British sugar consumption.[5] By the 1740s, Jamaica and Saint Domingue (Haiti in the French Caribbean) were the world's largest sugar producers.[6]

Forced migration introduced about 10.7 million Africans to the Americans from 1501 to 1867 to exploit unpaid labour on sugar plantations in the region.[7] Historians David Eltis and David Richardson have noted that an estimated 30,000 Africans were brought to the Americas annually for over three and a half centuries to labour on

[4] Juanita De Barros, Steven Palmer and David Wright, *Health and Medicine in the Circum-Caribbean, 1800-1968* (New York: Routledge, 2009), 1-2; Michel Laguerre, *Afro-Caribbean Folk Medicine* (Massachusetts: Bergin & Garvey Publishers, 1987), 22-26; Arvilla Payne-Jackson and Mervyn C. Alleyne, *Jamaican Folk Medicine: A Source of Healing* (Kingston: University of West Indies Press, 2004), 107-114; Mervyn C. Alleyne, *Roots of Jamaican Culture* (London: Pluto Press, 1988), 88-91.
[5] Barry W. Higman, "The Sugar Revolution," *The Economic History Review*, Vol. 53, No. 2 (May 2000), 213.
[6] David Eltis and David Richardson, *The Atlas of the Transatlantic Slave Trade* (New Haven: Yale University Press, 2010), 1.
[7] Eltis and Richardson, *The Atlas*, 15.

agricultural estates.[8] This conservative estimate does not account for Africans traded by Portuguese slave merchants to Brazil or who were brought illegally in the Americas (including Cuba, Puerto Rico, and the United States) after the 1807 Slave Trade Act abolished the slave trade throughout the British Empire.[9] The long-term effect of the dislocation of Africans to the Americas resulted in the creation of the African diasporas today.

The transition from slavery to freedom between 1790 and 1834 initiated a process to "civilize" enslaved people in preparation for full emancipation. The anti-slavery movement introduced a series of humanitarian and economic changes to gradually end chattel slavery in the British Caribbean.[10] These changes came about due to pressure by abolitionists, enslaved people's resistance to slavery through rebellions (the 1816 Bussa's rebellion in Barbados, the 1823 Demerara slave revolt in British Guiana, and the 1831 Baptist War in Jamaica), economic decline, and planter-led reforms.[11] During the Amelioration period (1823 to 1834), the British parliament introduced some slight improvements to the conditions of enslaved people. Consequently, the period saw a reduction in some of the cruelty of slavery; for example, the reduction in women's

[8] Eltis and Richardson, *The Atlas*, 15-19, estimate that the total embarkations from 1501 to 1867 were 12, 521,000 Africans and the total disembarkations were 10,703,000 Africans, which means that about 1,818,000 Africans died on route to the Americas.
[9] "African Laborers for a New Empire: Iberia, Slavery and the Atlantic World," *Lowcountry Digital History Initiative (LDHI)*, accessed May 30, 2021, http://ldhi.library.cofc.edu/exhibits/show/african_laborers_for_a_new_emp/launching_the_portuguese_slave
[10] Seymour Drescher, *Capitalism and Antislavery: British Mobilization in Comparative Perspective* (New York: Oxford University Press, 1987).
[11] Eric Williams, *Capitalism and Slavery* (London: Andre Deutsch LTD, 1944), 135-136; Holt, *The Problem of Freedom*, 14-23; Trevor Burnard and Kit Candlin, "Sir John Gladstone and the Debate over the Amelioration of Slavery in the British West Indies in the 1820s," *Journal of British Studies*, 57 (October 2018), 760–782; Heuman, *Brief Histories*, 80-84.

flogging. Marriage and families were encouraged and protected among enslaved people.[12] However, although some conditions improved for enslaved people, humanitarianism was not the primary focus of the planter class. Instead, amelioration served two goals: the first was to implement a pronatalist agenda to encourage reproduction, an effort by the plantocracy to sustain labour in response to the end of the slave trade in 1807. The second goal of amelioration was to Christianize the enslaved population as a part of the civilizing mission of the British Empire.[13] The framers of amelioration attempted to rehabilitate enslaved people in preparation for gradual emancipation and to ensure a sustainable, compliant labour force.

The 1833 Slavery Abolition Act to outlaw slavery in the British Caribbean led to emancipation in 1838. However, slavery continued in the French, Dutch, Hispanic Caribbean, Southern US, and Brazil until the late nineteenth century. Between 1834 and 1838, apprenticeship delayed full freedom throughout the British Caribbean. Apprentices continued to labour without pay for as much as forty-five hours per week.[14] Historian Thomas Holt suggests that the framers of the apprenticeship system infantilized the enslaved people and attempted to "civilize" them as compliant labourers. Instead of paying apprentices wages, planters continued to extort free labour from them during the period, resulting in a system that only benefitted the planters. Holt correctly concludes

[12] Holt, *The Problem of Freedom*, 18; Diana Paton, *No Bond but the Law: Punishment, Race and Gender in Jamaican State Formation, 1780-1870* (Durham: Duke University Press, 2004), 83-90.
[13] Caroline Quarrier Spence, "Ameliorating Empire: Slavery and Protection in the British Colonies, 1783–1865" (PhD diss., Harvard University, 2014). 24.
[14] Gad Heuman, "The Legacy of Slavery: The World of Jamaican Apprentices," *Proceedings of the Ninth Annual Gilder Lehrman Center International Conference at Yale University* (November 1-3, 2007), 1-2.

that apprenticeship was a failed experiment because not much had changed in the relations between the "master" and the enslaved.[15]

Like elsewhere in the British West Indies, Jamaica's post-slavery society became more demographically complex with the migration of indentured labourers to offset a labour shortage after slavery ended. Freed men and women withdrew their labour from the agricultural estates, opting instead to cultivate family plots of provision grounds to feed their family and then sell the excess to their local market networks. Over time, a rural peasantry emerged in Jamaica, reducing the quantity of labour available to the plantocracy. By 1860, only about 40,000 or nine percent of the Jamaican labouring class worked on the sugar estates.[16] The plantocracy petitioned the British colonial government to introduce indentured immigrant workers into the British West Indies to counteract the immediate post-slavery labour shortage. Subsequently, between 1845 and 1917, Jamaica received 36,142 labourers from South Asia, 1,152 from China, and 11,396 recaptured Africans from Sierra Leone, all of whom laboured on plantations in Jamaica.[17]

Female indentured immigrants made up a significant part of the post-slavery populations of the British Caribbean, including Jamaica, Trinidad, British Guiana, and Surinam. Social historian Verene Shepherd shows that women comprised between 10 and

[15] Holt, *The Problem of Freedom*, 56.
[16] Walton Look Lai, *Indentured Labor, Caribbean Sugar: Chinese and Indian Migrants to British West Indies, 1838-1918* (Baltimore: The Johns Hopkins University Press, 1993), 6. Lai cites William G. Sewell, *The Ordeal of Free Labour in the British West Indies*, (New York: Harper & Brother Publisher, 1861), 254.
[17] David Northrup, *Indentured Labor in the Age of Imperialism, 1834-1922* (Boston: Cambridge University Press, 1995), 25; Verene Shepherd, "Emancipation through Servitude: Aspects of the Indian Women in Jamaica, 1845-1945," in *Caribbean Freedom: Economy and Society from Emancipation to the Present*, eds. Hilary Beckles and Verene Shepherd (Kingston: Ian Randle Publishers, 1996), 245.

49 percent of South Asians who entered Jamaica from 1845 to 1943.[18] Planters and the government elites assessed South Asian women's suitability for plantation society based on racial, class, and gender stereotypes. The planter class perceived single independent indentured South Asian women as sexually dangerous because of the overrepresentation of South Asian men amongst indentured workers, especially during the early years of the migration scheme.[19] However, by the early twentieth century, the Indian government responded to public pressure to protect the "'chastity of Indian women'" against sexual immorality.[20] As a result, the indentureship program between the British West Indies and India ended in 1917.[21]

The socio-economic circumstances and the changes in the demographic composition of the immediate post-slavery society influenced the systems of health and medicine that developed in Jamaica. Although western medicine was the dominant medical model in the colony, Afro-Jamaican folk medicine had developed as a popular source of healing among the labouring class by the mid to late-nineteenth century. Afro-Jamaican healing traditions, or Afro-Jamaican folk medicine, were derived from the residual African folk healing/spiritual customs that survived the Middle Passage. Afro-Jamaican religious/medical practices represented more than the means to survive disease; they symbolized freed people's socio-political activism as they defined freedom in

[18] Shepherd, "Emancipation through Servitude," 245-247; Verene Shepherd, "Indian Female in Jamaica: An Analysis of the Population Censuses, 1861-1943," *Jamaican Historical Review*, 18 (1993), 18-30.
[19] Rhonda Reddock, "Indian Women and Indentureship in Trinidad and Tobago, 1845-1917: Freedom Denied," *Caribbean Quarterly*, Vol 54, No. 4 (2008), 41-68; P.C. Emmer, "The Position of Indian Women in Surinam," *Boletín de Estudios Latinoamericanos y del Caribe*, No. 43 (December 1987), 115-120; Verene Shepherd, "Emancipation through Servitude," 245-250.
[20] Reddock, "Indian Women and Indentureship in Trinidad and Tobago," 64
[21] Ibid.

cultural and social terms. Afro-Jamaican healing traditions refer to the intergenerational transfer of cultural beliefs, customs, and rituals related to healing and caregiving, which was different from the formal medical system. Indo-Jamaicans also developed an informal system of health and religion in the Caribbean; however, that is outside the scope of this research.

The development of a plural system of health services in Jamaica began during the slavery period. Medical services provided by plantation hospitals, or "hothouses," were administered by white, black, and mixed heritage doctors, doctresses, nurses, midwives, and medical assistants. An alternative system of health that provided medical services away from the plantations also existed among enslaved Afro-Jamaicans.[22] Historian Richard Sheridan and others describe the development of an informal health system in the British West Indies based on the retention of West African folk medical traditions. Women played a crucial role in dispensing herbal remedies alongside medical services provided by white doctors on the plantations.[23] Sheridan reports that some medicinal plants used in Jamaica were used in Africa, indicating that some West African healing practices had survived the Middle Passage.[24] Sheridan and historian Sharla Fett demonstrate that black folk medicine in the British West Indies and the Southern United

[22] Richard B. Sheridan, *Doctors and Slaves: A medical and Demographic History of Slavery in British West Indies, 1680-1834* (Cambridge: Cambridge University Press, 1985), 73; Sharla M. Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantation* (Chapel Hill: University of North Carolina Press, 2002), 60-83.
[23] Michael Craton, "Death, Disease, and Medicine on Jamaican Slave Plantations: The Example of Worthy Park, 1767-1838," *Social History*, Vol 9, No. 18 (1976), 237-255; Kenneth Kiple, *The Caribbean Slave: A Biological History* (New York: Cambridge University Press, 1984), 151-155; Sheridan, *Doctors and Slaves*, 72-97*;* De Barros, Steven Palmer and David Wright, *Health and Medicine in the Circum-Caribbean;* Juanita De Barros, *Reproducing the British Caribbean: Sex, Gender, and Population Politics after Slavery* (Chapel Hill: University of North Carolina Press, 2014) 1-4.
[24] Sheridan, *Doctors and Slaves*, 95.

States comprised a dual health care system. In such a system, medical services for enslaved people included treatment by white doctors in the slave hospitals and "self-treatment" by black practitioners based on West African medical traditions.[25] In Jamaica, freed people developed a similar plural system of health services based on western medicine and Afro-Jamaican folk medicine to meet the medical needs of oppressed people.

Freed people continued to develop the plural health system during the post-slavery period as they defined freedom in cultural terms. Jamaica's post-slavery syncretic religious and medical forms developed from fragmented memories of African religious and medical rituals integrated with Euro-Christian customs taught by the missionaries and western medical practices learned in the hothouses during the slavery period.[26] Afro-Jamaican religious/medical traditions were in flux as freed people adapted to their encounters with colonial rule during the immediate post-slavery period. Despite the establishment of hospitals in the late nineteenth century, an increase in the number of trained nurses and the provision of limited social assistance through the poor laws to the elderly and indigents, the government medical system could not adequately meet the health and medical needs of freed people.[27] Rural freed people's efforts to preserve their

[25] Sheridan, *Doctors and Slaves*, 96*;* Fett, *Working Cures*, 73-75.
[26] Philip D. Curtin, *Two Jamaicas: The Role of Ideas in a Tropical Colony, 1830-1865* (Cambridge: Harvard University Press, 1975), 114; Moore and Johnson, *Neither Led nor Driven*, 51-59; James M. Phillippo, *Jamaica, its Past and Present State* (London: John Snow Paternoster Row, 1842), 263, accessed June 30, 2019, https://archive.org/details/jamaicaitspastpr00philuoft.
[27] Margaret Jones, *Public Health in Jamaica, 1850-1940: Neglect, Philanthropy and Development* (Kingston: University of the West Indies Press, 2007), 34-50; B.W. Higman, ed., *Jamaican Censuses for 1844 and 1861* (Mona: History Department, University of the West Indies, 1980), 8-9 and 40-56; *Census of Jamaica and its Dependencies, 1891 & 1911* (Kingston: Government Printing Office, 1892 & 1912), Abstract G.

healing practices were critical to surviving disease because they often did not have access to western physicians and medicines in the post-slavery period. For instance, the number of medical doctors practising in the colony fell from 200 in 1833 to 50 in 1861. By 1900, there were still only 100 physicians in the colony.[28] Patrick Bryan suggests that a shortage of doctors in Jamaica during the post-slavery period forced freed people to seek medical assistance from Afro-Jamaican folk healers (Myalists, Obeahmen, Revivalists, herbalists, informally trained nurses, and elderly midwives). [29] Afro-Jamaican medical women (such as informally trained freelance nurses like Mary Seacole) provided nursing services incorporating a blend of Afro-Jamaican herbal remedies and comfort procedures to care for patients who could afford to pay for medical services in the post-slavery period.

Jamaica's 1867 Public Health Act aimed to "promote and enforce public health" by establishing health boards to develop the colony's public health system.[30] But public hospitals were not established in the capital town of each parish in Jamaica until the late nineteenth century. The history of public hospitals intersects with the history of nursing in Jamaica and throughout the British Empire. As the number of public hospitals increased in Jamaica, nurses were required to staff them. Elite white women, the clergy, and the colonial medical authorities responded to this demand for nurses by recruiting and training "the better class" of middle-class white and mixed-race women for nursing in Jamaica. In this context, "better class" meant white or proximity to whiteness. However,

[28] Patrick Bryan, *The Jamaican People, 1880-1902: Race, Class and Social Control* (Jamaica: University of the West Indies Press, 2000), 166.
[29] Ibid, 166-167.
[30] "No. 6 of 1867 A Law to Establish Boards of Health, S 21, 22 & 24," accessed April 30, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1026&context=jamaica.

by the late nineteenth century, nursing had become a viable occupation for black middle-class women who acquired the necessary educational qualification and had established connections to the Anglican Church to become formal caregivers in public hospitals. Nevertheless, public hospitals were seen by freed people as embedded in the system of colonial control. Freed people associated the post-slavery hospitals with the slavery-era "hothouses" as a part of the colonial system to control inmates/patients and protect white colonial elites, British soldiers and settlers from disease.

The development of nursing in Jamaica paralleled efforts to professionalize nursing worldwide. Between the 1860s and the 1910s, nursing throughout the British Empire transformed from a vocation for mostly older, untrained freelance women (often affiliated with religious missions) into a secular, organized and licensed occupation for educated middle-class young women. By the early twentieth century, modern nursing was regulated by the state. However, religious and secular organizations, like the Deaconess Order to Jamaica and the Colonial Nursing Association (CNA), collaborated with imperial medical authorities to recruit and train the "right" women for nursing.[31] The CNA in London established the standards for recruiting, training, and deploying British nurses to the colonies to improve the nursing profession throughout the British Empire.[32]

The development of nursing was a part of the growth in caretaking professions worldwide from the late nineteenth to the early twentieth centuries. In colonial Jamaica, elite and middle-class white women, functioning as informal agents of empire, assumed

[31] "Logbook of Deaconess Home, 1890-1921," Ecclesiastical 5/1/28 JA; "Records of the Colonial Nursing Association, 1895-1949", MSS. Brit. Emp. s. 400 / 120 / 1, fols., 10-15 OWL.
[32] "Records of the Colonial Nursing Association, 1895-1949", MSS. Brit. Emp. s. 400 / 120 / 1, fols., 10-15 OWL.

the right to "civilize" working-class mixed-race and black women and girls. For example, British nurses (deaconess sisters, the CNA) and Euro-American Quaker missionaries assumed opportunities to teach middle-class women of colour and labouring-class girls in the colony to be "good" caregivers. As informal agents of empire, upper and middle-class white women deployed discourses about womanhood and caregiving based on Victorian gender ideals to regulate the behaviours and labouring lives of women of colour in the colony. As part of formal caregiving, nursing was crucial to support colonial priorities in Jamaica.

How Does this Research fit with the Current Scholarship?

Since the 1960s, the historiography of medicine, health, and disease has shifted focus on the "progress and the triumph over disease" to explore new questions about the social impact of diseases and epidemics on diverse populations.[33] In 1962, medical historian Charles E. Rosenberg introduced a method of examining and analyzing the social effects of disease on societies in response to urbanization and developments in transportation.[34] Rosenberg's social history of the nineteenth-century cholera epidemics explores the social and cultural impacts of managing the disease in the United States.[35] In the 1970s, the social history of medicine focused on diverse historical actors, such as

[33] Gert Brieger, "The Historiography of Medicine," in *Companion Encyclopedia of the History of Medicine, Vol 1*, eds. W.F. Bynum and Roy Porter, (New York: Routledge, 1993), 24.
[34] Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962), 2.
[35] Rosenberg, *The Cholera Years*, 133-172.

physicians, nurses, patients (Indigenous and subject peoples), and the social relevance of caregivers and caregiving in colonial landscapes.[36]

By the 1980s, medical historians shifted focus to examining the colonies in the Americas, Africa, and Asia as complex societies with cultural traditions and medical practices rather than mere sources of diseases (such as tropical diseases) that portrayed the tropics as different from the temperate zones.[37] Caribbean cultural historians began to ask questions about imperial medicine and the social, political, and cultural impact of disease on the slave plantations of the Caribbean.[38] For example, historians like Kenneth Kiple explored slave health and demography in the Caribbean and the Southern United States to demonstrate how culture and disease defined the colonial medical experiences of the enslaved, settlers, and colonial elites.[39] Caribbean anthropologists and historians also explored the agency of Afro-Caribbeans in addressing matters of health and disease despite colonial efforts to control all aspects of their lives.[40]

---

[36] Leonard Barrett, "The Portrait of a Jamaican Healer: African Medical Lore in the Caribbean," *Caribbean Quarterly,* Vol. 19, No. 3 (September 1973) 6-19; Philip D. Curtin, *The Image of Africa: British Ideas and Action, 1780-1850* (Madison: The University of Wisconsin Press, 1973).

[37] David Arnold, ed., *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988); Roy MacLeod and Milton Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the experience of European Expansion* (New York: Routledge, 1988); Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900-1900* (New York: Cambridge University Press, 1986); Sheridan, *Doctors and Slaves*, 72-97 and 279-280.

[38] Michael Craton, "Death, Disease and Medicine on Jamaican Slave Plantations," 237-255; Kiple, *The Caribbean Slave;* Kenneth F. Kiple "Cholera and Race in the Caribbean," *Journal of Latin American Studies*, Vol. 17, No. 1 (May 1985) 157-177; Sheridan, *Doctors and Slaves, 292-318.*

[39] John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press,1981); Kiple, "Cholera and Race in the Caribbean," 157-177; Sheridan, *Doctors and Slaves, 72-96, 268-290.*

[40] Nadine Wilkins, "Doctors and Ex-slaves in Jamaica, 1834-1850," *Jamaica Historical Review,* 17 (1991), 19-30; Laguerre, *Afro-Caribbean Folk Medicine*; William Wedenoja, "Mothering and the Practice of 'Balm' in Jamaica," in *Women as Healers: Cross-Cultural Perspectives,* ed. Carol Shepherd McClain (New Brunswick: Rutgers University Press, 1989), 76–97.

In the 1990s, scholars began to use an interdisciplinary approach, incorporating anthropology and sociology to interrogate how medical discourses informed the colonial project in tropical colonies. Historians like Michael Worboys and David Arnold emphasized how disease management helped construct and control racialized colonized bodies in the colonies to benefit imperial powers.[41] Worboys argues that the term "tropical" in tropical disease was about the ideological association of disease causation with geographic locations more than social, economic, or political factors.[42] Worboys and Arnold argue that imperial medical administrators perceived tropical diseases (e.g., leprosy, cholera, plague, and yaws) in Asia, Africa, and the Caribbean as alien or "other." Tropical colonies and diseases were defined by geographic (flora and fauna, humidity, bad air) and cultural differences (poverty and backwardness) and as opposite to civilized Europe.[43] Historians explored how cultural identity discourses informed disease management strategies/policies and medical knowledge about diseases and patients in tropical colonies.[44] Still, historians such as Juanita De Barros, Steven Palmer, and others argued that the history of medicine, health, and empire (although a growing field of

[41] Michael Worboys, "Germs, Malaria and the Invention of Mansonian Tropical Medicine: From 'Diseases in the Tropics' to 'Tropical Diseases,'" in *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, ed., David Arnold (Atlanta: Rodopi B.V., 1996), 181-207; David Arnold, "Introduction: Tropical Medicine Before Manson," in *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900, ed., David Arnold* (Amsterdam: Rodopi B. V.,1996), 1-19.
[42] Worboys, "Germs, Malaria and the Invention of Mansonian Tropical Medicine," 197-199.
[43] Worboys, "Germs, Malaria and the Invention of Mansonian Tropical Medicine," 183-184; Arnold, *Warm Climates and Western Medicine*, 5-7; David Arnold, "Cholera and Colonialism in British India," *Past & Present*, No. 113 (November 1986), 124-126.
[44] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991); Worboys, "Germs, Malaria and the Invention of Mansonian Tropical Medicine," 181-207; Andrew Cunningham and Birdie Andrews, eds., *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997).

inquiry in former colonies and dominions, such as India, South Africa, and Canada) was still lacking in the Caribbean context.[45]

However, the 2000s brought substantial growth in the literature about the history of health, medicine, and empire from the Caribbean.[46] Caribbean medical historians, including De Barros, Palmer, and Margaret Jones, interrogate how race, class, gender, and national identity intersected to define men and women's medical and public health experiences in the British Caribbean. They explore how the failures of the post-slavery period complicated the efforts of marginalized people to solve problems of disease in the British Caribbean.[47]

A feminist framework emphasizes women's participation in health care services by interrogating how identities defined the performance of their roles as nurses in the government medical institutions. Although British nurses were subordinate to white male medical officers, they assumed the responsibility of regulating women of colour, thus reinforcing social hierarchies throughout the British Empire.[48] Feminist scholars explore

[45] De Barros, Palmer and Wright, *Health and Medicine in Circum Caribbean*, 3.
[46] David Killingray, "'A New Imperial Disease': The Influenza Pandemic of 1918-1919 and its Impact on the British Empire," *Caribbean Quarterly* 49, No. 4 (December 2003), 30-49; Rita Pemberton, "A Different Intervention: The International Health Commission/Board, Health, Sanitation in the British Caribbean, 1914-1930," *Caribbean Quarterly*, Vol. 49, No. 4 (December 2003), 87-103; Jones, *Public Health in Jamaica*; De Barros, Palmer and Wright, *Health and Medicine in the Circum-Caribbean*; Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*, (Ann Arbor: University of Michigan, 2010); Rita Pemberton, "Dirt, Disease and Death: Control, Resistance and Change in the Post-emancipation Caribbean," *Hist. cienc. saude-Manguinhos*, Vol 19 (Dec 2012), 47-58, accessed April 10, 2019, http://dx.doi.org/10.1590/S0104-59702012000500004; De Barros, *Reproducing the British Caribbean*; Emily Senior, *The Caribbean and the Medical Imagination, 1764-1834* (Cambridge: Cambridge University Press, 2018).
[47] Jones, *Public Health in Jamaica, 64-86*; De Barros, *Reproducing the British Caribbean;* Palmer, *Launching Global Health.*
[48] Sheryl Nestel, "(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa," *Journal of Medical Humanities*, Vol. 19, No. 4 (1998), 257-277; Hermi Hyacinth Hewitt, *Trailblazers in Nursing Education: A Caribbean Perspective, 1946-1986* (Kingston: Canoe Press, 2002); Jane Robinson,

how caregiving was connected to social and political citizenship rights and government responsibilities by analyzing how race, class and gender interconnect with the ethics of care delivered to marginalized people.[49] Caribbean scholars highlight the roles of medical women—such as nurses, philanthropists, social reformers, and Afro-Jamaican traditional healers—to show how identities were constructed, maintained, and challenged in the British Empire.[50] However, more study is needed to explore women's different caregiving experiences by examining how the categories of caregivers developed in the immediate to late post-slavery period. By examining women's caregiving contributions in the formal and informal health and medical systems in colonial Jamaica, historians seek to present a

Mary Seacole: The Charismatic Black Nurse Who Became a Heroine of the Crimea (New York: Carroll and Graff Publishers, 2004); Margaret Jones, "Heroines of Lonely Outposts or Tools of the Empire? British Nurse in Britain's Model Colony: Ceylon. 1878-1948," *Nursing Inquiry*, Vol. 11, No. 3 (2004), 148-160; Anne Marie Rafferty, "The Seduction of History and the Nursing Diaspora," *Health and History*, Vol. 7 No. 2 (2005); Anne Marie Rafferty, and Diana Solano, "The Rise and Demise of the Colonial Nursing Service: British Nurses in the Colonies, 1896-1966," *Nursing History Review*, No. 15 (2007), 147-154; Carrie Howse, ""The Ultimate Destination of All Nursing": The development of District Nursing in England, 1880-1925, *Nursing History Review*, Volume 15, (2007); Jessica Howell, Anne M Rafferty, & Anna Snaith, "(Author)ity abroad: The Life writing of colonial nurses," *International Journal of Nursing Studies*, No. 48 (2011), 1155-1162; Jessica Howell, "Nursing Empire: travel letters from West Africa and the Caribbean," *Studies in Travel Writing*, 17: 1(February 2013), 6277, doi: 10.1080/13645145.2012.747797; Bethabile Lovely Dolamo, and Simeon Keyada Olubiyi, "Nursing Education in Africa: South Africa, Nigeria, and Ethiopia Experiences," *International Journal of Nursing and Midwifery*, Vol. 52, No. 2 (March 2013), 14-21; Julie A. Fairman, Patricia D'Antonio and Jean Whelan, *Routledge Handbook on the Global History of Nursing* (London, England: Routledge Press, 2013); Sneha Sanyal, "Emergence of Nursing as a Profession in Nineteenth-Century Bengal," *Social Scientist,* Vol. 45, No. 3 /4 (March-April 2017), 69-86.

[49] Ruth Lister, *Citizenship: Feminist Perspectives*, 2nd ed. (New York: Palgrave, 2003); Paul Kershaw, "The 'Private' Politics in Caregiving: Reflections on Ruth Lister's Citizenship: Feminist Perspectives," *Women's Studies Quarterly*,Vol. 38, Issue 1&2 (2010b), 302–11.

[50] Barrett, "The Portrait of a Jamaican Healer," 6-19; Laguerre, *Afro-Caribbean Folk Medicine*; Margarite Fernandez Olmos and Lizabeth Paravisini-Gebert, *Healing Cures: Art and Religion as Curative Practices in the Caribbean and its Diaspora* (New York: Palgrave, 2001); Payne-Jackson and Alleyne, *Jamaican Folk Medicine*; Patsy Sutherland, Roy Moodley, and Barry Chevannes, eds., *Caribbean Healing Traditions: Implications for Health and Mental Health* (New York: Routledge, 2013).

more comprehensive portrait of medical women's social, political, and cultural activism.[51]

This dissertation adds to the scholarship on the history of nursing, health and medical services by highlighting the contributions of medical women (such as informally and formally trained nurses and Afro-Jamaican folk healers) in managing the problems of disease and epidemics in post-slavery Jamaica. The aim is to undertake an inclusive and nuanced interpretation of the plural medical and health systems, which comprise formal (British-Jamaican medical establishment) and informal (Afro-Jamaican folk healing) medical systems. Both systems of medical services were viable options for freed people. Most importantly, this study focuses on the development of nursing from the 1860s to the 1910s, a period overlooked by nursing historians due to a scarcity of sources about nurses and nursing during this period. Nursing historians in the British Caribbean tend to focus on nursing education, regulation, and organizing developed by local nurse leaders in response to the specific social demands of the region beginning in the immediate post-World War II era.[52]

This research uses the conceptual frameworks of intersectionality, the "grammar of difference," anti-colonial and anti-racist feminist perspectives to interpret the construction of identities based on ideas about caregiving and citizenship in post-slavery

[51] Olmos and Paravisini-Gebert, *Healing Cures*; Payne-Jackson, and Alleyne, *Jamaican Folk Medicine*; Sutherland, Moodley, and Chevannes, *Caribbean Healing Traditions*, 2013.
[52] Pamella Hay Ho Sang, "The Development of Nursing Education in Jamaica, West Indies, 1900-1975," PhD Diss., Columbia University Teachers' College, 1985; Pearl I. Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," PhD Diss., Texas Tech University, 1993; Hewitt, *Trailblazers in Nursing Education*.

Jamaica.[53] The theoretical framework of intersectionality provides a method to analyze how ideas about gender intertwined with assumptions about race, colour, class, sexuality, and citizenship within colonial spaces.[54] The aim is to interrogate the construction and perpetuation of women's socio-political inequality and exclusion as formal caregivers and citizens. For this project, the idea of race is conceptualized as a social, political, and cultural construct about stereotypes perceived as "natural" differences between the colonized and the colonizer.[55] Caregiving was a tool the colonial state used to reinforce British cultural values (British imperialism) and determine which caregivers were legitimate and included in the colonial medical system.

However, historians Ann Stoler, Frederick Cooper, and Catherine Hall argue that the "grammar of difference" or the perceptions of "otherness" were unstable colonial categories about identities that subject peoples challenged in resisting white supremacy.[56] Oppressed peoples resisted colonial efforts to sustain volatile classifications that determined who obtained (citizenship) status and privileges in the colonies. These "tensions of empire" were exacerbated because subject peoples were "capable of

---

[53] See Kimberle Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*, Issue 1, Article 8 (1989), 139-167; Ann L. Stoler and Frederick Cooper, eds., *Tensions of Empire: Colonial culture in a Bourgeois World* (Berkeley: University of California Press, 1997), 6-7; Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination, 1830-1867* (Chicago: University of Chicago Press, 2002), 17-18; Njoki Wane, Jennifer Jaqire, and Zahra Murad, eds., *Ruptures: Anti-colonial & Anti-racist Feminist Theorizing* (Netherlands: Sense Publishers, 2013), 61-63.
[54] Crenshaw, "Demarginalizing the Intersection of Race and Sex, 139-167; Stoler and Cooper, *Tensions of Empire*, 6-9; Hall, *Civilising Subjects*, 17; Dea Birkett, "The White Woman's Burden" in the "White Man's Grave" The Introduction of British Nurses in Colonial West Africa," in *Western Women and Imperialism*, eds. Nupur Chaudhuri and Margaret Strobel (Bloomington: Indiana University Press, 1992), 177-188.
[55] Evelyn B. Higginbotham, "African-American Women's History and the Metalanguage of Race," *Signs*, Vol. 17, No. 2 (Winter 1992), 253-254; Nyan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkley: University of California Press, 2001), 5.
[56] Stoler and Cooper, *Tensions of Empire*, 5-7; Hall, "Introduction to Civilising Subjects," in *The Feminist History Reader* ed. Sue Morgan (New York: Routledge, 2006), 346.

circumventing and undermining the principles on which extraction or capitalist development was based."[57] In other words, enslaved and freed people resisted colonial rule by adapting strategies that satisfied their socio-economic and cultural expectations. For instance, at the end of slavery in Jamaica, freed people withdrew their labour from the plantations. They demonstrated social citizenship by creating employment opportunities away from the estates, developing a rural peasantry and internal market networks with the surplus of ground provisions.[58] Freed people exercised individual rights to choose how they engaged in economic pursuits as social citizens.

In addition to an informal market system, freed people in Jamaica forged a pluralistic religious/medical system based on disparate cultural customs and beliefs to challenge and reshape British cultural imperialism.[59] Afro-Jamaican medical women developed a form of caregiving that integrated western medicine and Afro-Jamaican folk medicine, despite legal suppression and intermediaries' efforts to stamp out "primitive" practices. The more popular informal Afro-Jamaican religious/medical system competed with European Christianity and western medicine, thereby exacerbating tensions between the elites and members of the labouring class during the post-slavery period. As Afro-Jamaicans sought to exercise cultural freedom, they resisted the civilizing mission of the British Empire during the post-slavery period.

---

[57] Stoler and Cooper, *Tensions of Empire*, 5.
[58] T.H. Marshall, "Citizenship and Social Class," in *Inequality and Society*, eds., Jeff Manza and Michael Saunder (New York: WW Norton and Co., 2009), 149. Marshall defines social citizenship as the right to economic welfare, security and social services, such as education.
[59] Moore and Johnson, *Neither Led nor Driven*, 311.

This project uses an anti-racist feminist analysis to explore the interconnections between race, class, and gender to interpret women's different experiences as caregivers. It translates black women's experiences with oppression and their erasure as historical actors as a legacy of colonialism. Anti-black racism has its basis in slavery and colonialism that continue to devalue and disadvantage black women based on assumptions about gender, race, and class identities.[60] The black feminist perspective interrogates interlocking forms of oppression, including "patriarchy, white supremacy/racism, classism, ableism, heterosexism" in combination with the legacies of slavery, colonialism, and imperialism.[61] The anti-racist feminist perspective and anti-colonial discourse are useful analytical tools to interrogate how slavery, imperialism, and colonialism oppressed, marginalized, and obscured black women's contribution as caregivers in colonial Jamaica.

The construction of knowledge, meanings, and identities in the colonial context was multifaceted and mutable. As sociologist Temitope Adefarakan argues, the construction of meaning was multilayered and informed by multiple experiences with

[60] Lucille Mair, *A Historical Study of Women in Jamaica 1655-1844* (Kingston: University of the West Indies Press, 2006), 190-233; Verene A. Shepherd, eds., *Caribbean Slavery in the Atlantic World: A Student Reader* (Kingston: Ian Randle Publishers, 2000), 702-703; Barbara Bush, "White 'ladies', coloured 'favourites' and black 'wenches'; some considerations on sex, race and class factors in social relations in white Creole Society in the British Caribbean," *Slavery & Abolition: A Journal of Slave and Post-Slave Studies (*13 Jun 2008), 245-262; David Este, Christa Sato and Darcy McKenna, "The Coloured Women's Club of Montreal, 1902-1940: African-Canadian Women Confronting Anti-Black Racism, *Canadian Social Work Review / Revue canadienne de service social*, Vol. 34, No. 1 (2017), 83-84.

[61] George J. Sefa Dei and Alireza Asgharzdeh, "The Power of Social Theory: The Anti-Colonial Discursive Framework*," The Journal of Educational Thought (JET) / Revue de la Pensée Éducative*, Vol. 35, No. 3 (December 2001), 297-301; Temitope Adefarakan, "(Re) Conceptualizing 'Indigenous' from Anti-Colonial and Black Feminist Theoretical Perspectives: Living and Imagining Indigeneity Differently," *Counterpoints*, Vol. 379 (2011), 43.

colonialism and imperialism.[62] Adefarakan suggests a way to reconceptualize discourses about empowerment, resistance, and human rights challenges to the dominating regimes and oppressive European colonialism and imperialism in the Atlantic world. She discusses the importance of recognizing how the indigeneity of the African diasporas included knowledge and identities that inform anti-colonial and black feminist perspectives.[63] In this sense, the discourse of empowerment recovers marginalized black women from obscurity and centres them as co-creators of knowledge and experienced social activists resisting colonial regulations.

Reconceptualizing women's caregiving experiences with imperialism and colonialism from the mid-nineteenth to the early twentieth centuries is a way to theorize how systems of oppression were imagined, maintained, reinforced, and resisted. Edward Said defines imperialism as the "practice, the theory, and the attitudes of a dominating metropolitan centre ruling a distant territory."[64] Nupur Chaudhuri and Margaret Strobel describe colonialism as a "form of imperialism" based on the development of settlements through "military, economic and political controls."[65] Chaudhuri and Strobel implicated British and Euro-American women as social reformers and missionaries in the colonial mission to "civilize" Indian women in British India to construct knowledge and cultural identity.[66] Similarly, Said also argues that colonial systems for constructing knowledge

[62] Adefarakan, "(Re) Conceptualizing," 34-35.
[63] Ibid. Adefarakan calls for the redefinition of indigeneity to include the diverse experiences (connected to worldviews, culture, and connection to the land) of indigenous peoples and diasporic indigeneity.
[64] Edward W. Said, *Culture and Imperialism* (London: Chatto & Windus, 1993), 8.
[65] Nupur Chaudhuri and Margaret Strobel, eds., *Western Women and Imperialism: Complicity and Resistance*. Bloomington: Indiana University Press, 1992), 2; Said, *Culture and Imperialism*, 8.
[66] Chaudhuri and Strobel, *Western Women and Imperialism, 119-190.*

and cultural identity supported British imperialism.[67] However, Said was less concerned with how gender and class differences intersected with ideas about race to preserve privilege and challenge imperial policies in creating knowledge and identities in the colonies. This omission is problematic because it suggests that domination and privilege were identical for men and women and denied socio-economic inequalities within colonial societies. An anti-colonial perspective examines how ideas about race, class, and gender differences mediated women's struggle for privileges and defined their caregiving experiences in the colonial context.

Women's different medical, cultural, political, and social experiences demonstrate how they (black, mixed-race, women of colour and white women) carved out spaces for themselves in the colonial medical landscape as intermediaries. The imperial and local intermediaries operating in Jamaica from the mid-nineteenth to the early-twentieth centuries (including medical officials, philanthropists, the clergy, and upper and middle-class white women, such as British nurses and Euro-American Quakers' missionaries) assumed the responsibility to regulate the behaviour of subject people in the colony. Afro-Jamaican informally trained nurses and folk healers/revivalist mothers were also local intermediaries because they navigated between the culture of the dominant class and the culture of the dominated people. They assumed the responsibility as caregivers, even from outside the colonial medical establishment and sometimes counter to colonial rule. From the mid-nineteenth to the early twentieth centuries, managing disease in Jamaica

[67] Said, *Culture and Imperialism,* 1-72.

exacerbated racial, class and gender conflicts even as diverse women played intermediary roles as caregivers, informal agents of empire and resistors of colonial rule.

Key Terms

This study uses several terms to describe the roles of practitioners/caregivers who operated inside and outside the formal medical system in Jamaica. The terms Afro-Jamaican folk healer and Afro-Jamaican religious/medical practitioner are used interchangeably to refer to an unlicensed practitioner who used Afro-Jamaican healing rituals and herbal remedies to heal the sick. However, the term Afro-Jamaican religious/medical practitioner can refer to an Obeah practitioner, a Myalist, a Revival mother/father or a Kumina practitioner. The terms plural system of health and plural medical system refer to integrating western medical practices with Afro-Jamaican folk healing in combination or as an alternative. A plural medical system denotes an informal Afro-Jamaican folk medical system that coexisted alongside dominant western medicine. However, the prevailing medical authorities perceived the informal medical system with disdain and implemented policies to suppress it.

Nursing refers to formal and informal caregiving primarily performed by women based on their experiences and training. Before the 1860s and the development of formal nursing training programs, older women (white, mixed-race, or black) who lacked formal training but had a penchant to care for others performed the role of nursing. An informally trained nurse was typically an Afro-Jamaican (black or mixed-race) woman trained by a grandmother or mother figure about Afro-Jamaican herbal remedies and rituals. An informally trained nurse could also garner medical knowledge from observing

western medical physicians, as is the case of Mary Seacole. From the 1890s to the 1910s, formally trained nurse/midwives operating in Jamaica (creole white, mixed-race and in a few cases black women) were trained at public hospitals in Britain, Jamaica or the United States. British matrons and head nurses in Jamaica during the early twentieth century were typically formally trained at St. Thomas Hospital in London.

The term informal agent(s) of empire refers to those who implemented and reinforced British imperialism in Jamaica through education/training, Christianity, and western medical services. British nurses, deaconess sisters, and Euro-American missionaries aimed to reform (or "civilize") subject peoples in the colony using Christian education and western medicine. Although some of these middle-class women were not employed by the colonial government in Jamaica, they worked as intermediaries and reinforced the dominant social hierarchies within the colony. British, Euro-American and Jamaican trained nurses used religious education and medicine to support the British Empire and US imperial pursuits by initiating social reforms and training that reinforced Victorian ideals of gender and class in the colony.

Caregiving is a central thread throughout this study. Trudie Knijn and Monique Kremer define caregiving as paid professional or unpaid obligations to provide "social, psychological, emotional and physical" support to those in need of care.[68] Knijin and Kremer, among other scholars, associate caregiving with identity, socio-political rights, obligations and altruism that emphasize women's activism and the emergence of the

[68] Trudie Knijn and Monique Kremer, "Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship," *Social Politics,* Vol. 4, No. 3 (January 1997), 330.

modern state apparatus in industrial countries during the postwar era.[69] However, this work uses caregiving as a collective term to describe women's responsibilities as folk healers, informally and formally trained nurses (British, Euro-American, and Jamaican) in controlling disease and the labouring-class within and outside the government medical establishment during the post-slavery period. Caregiving included government strategies and social control for managing disease and regulating subject people in support of the priorities of the British Empire. Caregiving could be nurturing and therapeutic but also controlling and punitive, reflecting the oppressive colonial society. Conversely, caregiving was also a means for freed people to claim social rights through cultural activism.

This study discusses several racial, class and national identities that require clarification. Black woman refers to a woman of African descent, such as an Afro-Jamaican woman. Mixed-race or mixed heritage are terms used interchangeably that typically refer to the progeny of black and white parents but can also refer to the offspring of a black or white parent and a South Asian or Chinese parent. The term women of colour refers to a group of racial identities that are not white, including African descent, mixed-race, South Asian, or Chinese. Euro-American women are white women, typically a US national of European descent regardless of class or religious identity (including non-black such as Jewish). Creole is a specific term that denotes a person's place of birth

[69] Knijn and Kremer, "Gender and the Caring Dimension," 328-361; Seth Koven, and Michel Sonya, *Mothers of a New World: Materialist Politics and the Origins of Welfare States* (New York: Routledge, 1993), 10; Ruth Lister, "Inclusive Citizenship: Realizing the Potential, Citizenship Studies, Vol. 11, No. 1 (February 2007) 49-61; Kershaw, "The "Private" Politics in Caregiving," 302-303.

linked to an origin/descent; for example, people of European, African, or Asian descent born in Jamaica are hyphenated, such as Afro-Jamaican.

Sources and Methodology

This dissertation relies on archival research conducted at The National Archives of the United Kingdom, the Wellcome Library, the Oxford Weston Library at the University of Oxford, the Florence Nightingale Museum at St. Thomas Hospital, London, the British Library in London, the Jamaica National library, the libraries of the University of the West Indies at Mona, and the Jamaica Archives and Record Departments, Spanish Town, Jamaica. This project uses colonial government sources (e.g., census data) and colonial records, including governor's dispatches, departmental reports of Jamaica, annual medical reports, institutional reports, gazette, papers, letters of colonial medical practitioners, and social reformers. These primary sources are archival material essential to glean insights about the past medical experiences within colonial Jamaica from the mid-nineteenth to early twentieth centuries.

Newspapers, such as *The Gleaner* (1865-1920), *Colonial Standard and Jamaica Dispatch* (1883-1890), *The Jamaica Advocate* (1891-1900), and the *Jamaica Times* (1889-1920) provide editorials about the elite class and their work with religious, medical, and social institutions in Jamaica. Newspapers are valuable sources of public opinion about health and medicine and historical snapshots about popular culture. However, newspaper editors' cultural and social biases and those who contributed to editorials will be interrogated to interpret public opinions and perspectives about class, gender, and national identity.

Online open sources such as the *British House of Commons Parliamentary Papers Online*, Florida International University collections of laws (http://ecollections.law.fiu.edu), online nineteenth-century medical reports (https://archive.org), and annual reports of the Rockefeller Foundation (RF) (https://assets.rockefellerfoundation.org) among others, are sources about government and philanthropic organizations. These online open sources are repositories of primary sources and information on parliamentary discussions, relevant legislation, medical documents, and annual reports for international organizations like the RF and the Iowa Society of Friends (Quakers) during the early twentieth century. In addition to primary sources, the project uses scholarship about colonial medical and health histories, women's history, nursing history, public health history, the history of epidemics and diseases, and literature on Afro-Jamaican religious/medical traditions.

Outline of Chapters

Disease and Empire: Women & Caregiving in Colonial Jamaica, 1850-1920, is divided into four chapters exploring women's caregiving experiences in post-slavery Jamaica from the mid-nineteenth to the early twentieth centuries. Chapter one establishes the nature of post-slavery Jamaican plantation society through a survey of historical analyses about the development of Afro-Jamaican religious/medical traditions. It explores the development of a plural system of health services that merged Afro-Jamaican religious and medical customs with European Christianity and western medical practices. The chapter shows that the post-slavery period was pivotal in developing Afro-Jamaican religious/medical traditions as freed people defined freedom and citizenship through

cultural activism. The chapter explores anthropological, sociological, ethnographical, and historical interpretations of the fragmentary evidence of enslaved and freed people's past spiritual and medical experiences. This exploration of subject people who did not leave written documents about their worldviews is significant to understanding their past experiences. It examines imperial legislation and public opinions about Afro-Jamaican religious/medical traditions to demonstrate that ideas about Obeah, Myalism, and Revivalism were dynamic responses to socio-political changes. The chapter uses a case study of one female Afro-Jamaican traditional healer, a revivalist mother, to show the transformation of Afro-Jamaican religious/medical traditions in response to disease. This case also shows that although the revivalist mother was a caregiver in her community, government officials perceived her practice as illegal and a challenge to western medicine and the civilizing mission of the British Empire.

Chapter two examines the challenges of managing epidemics and diseases in Jamaica during the post-slavery period. It argues that the 1852 cholera pandemic, the 1872 smallpox epidemic and the early twentieth-century encounter with hookworm disease exacerbated racial and class tensions around disease causation and mitigation strategies in colonial Jamaica. The government medical infrastructure was extremely inadequate to meet the medical needs of the Jamaican population during the mid to late nineteenth century. In addition, the medical elites perpetuated racial, gender and class prejudices against the members of the labouring class, contributing to their suffering and deaths when epidemics occurred. By the early twentieth century, medical knowledge and infrastructure had improved, but the attitudes of medical officials toward the labouring

class remained prejudicial. Although women, such as informally and formally trained nurses, were critical to managing epidemics and administering treatment protocols to resolve disease problems, their contributions were marginalized and obscured in the medical reports of this period. Such obscuration of medical women's contributions in the medical record poses a challenge to historians' interpretation of the nineteenth-century medical landscape.

Chapter three examines the evolution of nursing and caregiving more broadly to explore women's different and changing experiences as caregivers in Jamaica. It argues that caregiving supported the expectations and missions of the British Empire. The chapter demonstrates that nursing in Jamaica developed from informally trained, unpaid labour, religious charity, and coerced duty into a trained paid profession for middle-class women to care for the sick from the mid-nineteenth to the early twentieth centuries. Through collaboration with the medical establishment, the clergy, elite women and the nurses' union, nursing developed as a career opportunity for "deserving" middle-class white and mixed-race women in Jamaica as elsewhere in the British Empire. The professionalization of nursing and the development of government hospitals to "promote and enforce public health" coincided in British Jamaica.[70] Urban public hospitals were sites to train nurses as primary caregivers to deliver varying medical services in public institutions in the colony. However, during the nineteenth century, public hospitals in

[70] "No. 6 of 1867 A Law to Establish Boards of Health, S 21, 22 & 24," accessed April 30, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1026&context=jamaica.

Jamaica, like penal institutions, were places to confine and control the labouring class inmates/patients to manage diseases and protect the white elites in the colony.

Chapter four examines the dual international crises of the First World War and the 1918-1919 influenza pandemic, both of which occurred within the context of major geopolitical shifts in the Caribbean. These crises allowed white middle-class women (British and Euro-American nurses), like their nineteenth-century predecessors, to act as informal agents of empire in the early twentieth century. The chapter is divided into two sections. The first part argues that upper and middle-class white women redefined and claimed citizenship by appropriating the rhetoric about duty, service, sacrifice and patriotism to the British Empire. Middle-class women boosted their public profile through demonstrations to rally working-class women of colour to encourage Jamaican men to volunteer to fight in the First World War. At the end of the First World War, middle-class women received the vote, while working-class women had to wait another 25 years for voting privileges.[71]

The second part of the chapter is a case study of the Iowa Society of Friends (Quakers), a group of primarily Euro-American middle-class women who provided medical services to labourers affected by the 1918-1919 influenza pandemic in the northeastern banana-producing parishes in Jamaica. Like their late-nineteenth-century predecessors (the deaconess sisters and British matrons), the Quaker nurses used Christian education and caregiving to support the civilizing mission of empires in the

[71] Dalea Bean, *Jamaican Women & The World Wars: On the Front Lines of Change* (Switzerland: Palgrave Macmillan, 2018), 115-149.

twentieth century. The Quakers and the United Fruit Company (UFC) collaborated to sustain labour (Afro/Indo-Jamaicans and South Asian indentured labourers), managed diseases and trained students in the banana plantation parishes in Jamaica.

The UFC, the Quakers and the Rockefeller Foundation in Jamaica represented cooperation between the Jamaican government and American business and medical philanthropic interests to "civilize" "backwards" people and broker access to labour, infrastructure, and agricultural resources in the British colony. Medical women played critical roles in supporting the imperial mission by providing Christian education, nursing training and medical services (caregiving) to "civilize" the labouring class in Jamaica during the late nineteenth to the early twentieth centuries.

Photo of Rose Ann Forbes, The Revivalist Mother

Source: Diana Paton, Obeah Histories, https://obeahhistories.org/rose-ann-and-george-forbes-jamaica-19101916/[1]

Chapter 1: Reclaiming Afro-Jamaican Folk Healing Traditions in Post-Slavery Jamaica

This chapter explores Afro-Jamaican religious/medical traditions as cultural activism in response to the post-slavery period's social, economic, and political changes. It argues that Afro-Jamaican religious/medical traditions were tools of cultural activism as freed people defined freedom through spiritual and medical choices and the demand for full citizenship. Anthropologists and Mayan scholars Edward F. Fischer and R. McKenna Brown define "cultural activism" in the context of the Pan-Mayan movement as the assignment of meanings to traditional symbols to construct, define, revive, and

[1] Martha Beckwith, *Black Roadways: A Study of Jamaican Folk Life* (New York: Negro Universities Press, 1929). The original photo of Mammy Forbes appears in Beckwith's book after the title page.

expand identity.[2] Similarly, Afro-Jamaican religious and medical traditions were adaptations and transformative tools representing freed people's efforts to define freedom culturally, socially and politically. Afro-Jamaican religious/medical practitioners, such as the revivalist mothers, reclaimed, adapted, and deployed Christian beliefs and Afro-Jamaican folk medicine to survive disease and challenge oppression in post-slavery Jamaica.

This chapter surveys scholarly debates about Afro-Jamaican religious/medical practitioners and traditions by examining competing narratives about the origins, definitions, and development of Obeah, Myalism, and Revivalism during the post-slavery period. It emphasizes that the development of Afro-Jamaican healing traditions and folk medicine was intricately embedded in Afro-Jamaicans' beliefs and responses to the socio-political dynamics of the slavery and post-slavery periods in Jamaica. According to Moore and Johnson, Afro-Jamaican worldviews originated from the West African "antecedent cosmology" that integrated the sacred and the secular realms into their everyday lives.[3] In other words, Afro-Jamaicans incorporated beliefs about the sacred (spirituality based on West African beliefs in the spirits of the ancestors and the Euro-Christian belief in the holy trinity) with the secular world (the oppression of slavery and colonialism) to solve real-world problems such as poverty and disease. Anxiety about the prevalence of epidemics and diseases was one of the real-world challenges that freed people grappled with during the immediate post-slavery period. As will be discussed in

[2] Edward F. Fischer, and R. McKenna Brown, eds., *Maya Cultural Activism in Guatemala* (Austin: University of Texas Press, 1996), 11-14. The Pan-Mayan movement is a cultural and political quest by Indigenous Guatemalans to unify the different Mayan groups of Guatemala.
[3] Moore and Johnson, *Neither Led nor Driven*, 14.

chapter two, a shortage of medical practitioners coupled with an inadequate government medical system and the cultural biases of medical officials resulted in inhumane patient care (caregiving) that contributed to the suffering of poor Jamaicans during epidemics in the British colony.[4] The inadequacies of the government medical system characterized some of the failures of the post-slavery period. As a result of the government's failures to provide social services, freed people sought solutions through Afro-Jamaican folk medicine to meet their health needs.

Jamaica's medical system can be described as pluralistic because Afro-Jamaicans combined Afro-Jamaican healing traditions and western medicine to meet their medical needs. However, historians of colonial medicine argue that since the mid-nineteenth century, western medicine acquired the authority of objective scientific methods. Consequently, the perceived prestige and neutrality of medical science bolstered the idea of the "new imperialism," which redefined and expanded the civilizing mission in the colonies as a tool of empire.[5] As David Arnold posits, western medical practitioners attempted to assert their "superior or monopolistic rights over the body of the colonized" by disparaging traditional healers such as "'witchdoctors' and spirit mediums in Africa or Vaidyas and hakims of Hindu and Islamic medicine."[6] A similar process was at work in

[4] Lewis Bowerbank, *The Terror of the Tents or Quarantine Restrictions as Imposed and Enforced in Jamaica during the Prevalence of Smallpox under so-called Paternal Government* (Kingston: Geo Henderson & Co., 1872), accessed September 2, 2018, https://archive.org/details/b21297903/page/n4; Bryan, *The Jamaican People*, 166; Jones, *Public Health in Jamaica*, 10-32.
[5] David Arnold, "Medicine and Colonialism" in *Companion Encyclopedia of the History of Medicine*, Vol. 2, eds. W.F. Bynum and Roy Porter (New York: Routledge, 1993), 1408; Richard Drayton, *Nature's Government: Science, Imperial Britain and the 'Improvement' of the World* (New Haven and London: Yale University Press, 2000), 223.
[6] Arnold, "Medicine and Colonialism," 1406-1408.

post-slavery Jamaica. The colonial government implemented legislation to outlaw Afro-Jamaican religious/medical traditions (Obeah, Myalism, and Revivalism), categorizing them as "backwards" and nefarious.

Despite colonial policies to suppress Afro-Jamaican religious/medical traditions, freed people exercised their rights and freedom to choose their faith. In this sense, freed people claimed citizenship rights through cultural activism. Sociologist T.H. Marshall, theorizing about British social class, identifies three types of linear citizenship: civil, political, and social. Marshall defines civil citizenship as the necessary individual rights and freedoms, such as liberty of the person, freedom of thought, speech, and faith. Political citizenship is the right to participate (voting rights) and exercise political power (holding public offices). Social citizenship is defined as the right to economic welfare, security, and social services.[7] Social citizenship is connected to the modern welfare state (industrial countries) around employment reforms, childcare services and family wages that emerged in the postwar era.[8] However, from the early to late post-slavery period, social services, such as education and medical services, were provided by disparate networks of Christian missions and civic organizations in Jamaica. This haphazard provision of social services meant that freed people relied on their own resourcefulness, Afro-Jamaican folk medicine and religious/medical philanthropy from missionaries to meet their medical needs

[7] Marshall, "Citizenship and Social Class," 148-150.
[8] Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Massachusetts: Harvard University Press, 2010), 1-11; Knijn and Kremer, "Gender and the Caring Dimension," 329.

Subsequently, the colonial state apparatus offered limited public medical services after 1867 with the implementation of the Crown Colony government in the aftermath of the 1865 Morant Bay Rebellion. But the colony's deficient medical infrastructure, a shortage of medical practitioners and fraught management of disease, as the case studies about the government's handling of epidemics revealed, suggest that the inadequacies of government medical service were catalysts for freed people's socio-political activism. In this respect, freed people's quest to meet their medical needs was critical in their struggle to define freedom as political and social citizens.

Marshall's linear, sequential ordering of citizenship assumes that individuals could claim political and social citizenship sequentially after attaining civil citizenship (individual liberty and freedom). However, as historian Gad Heuman shows, the experience of enslaved people did not align with Marshall's successive categories of citizenship. Heuman shows that bonded people lacking civil citizenship claimed social citizenship by engaging in labour unrest and demanding wages during the apprenticeship period in Jamaica.[9] Similarly, during the immediate post-slavery period, freed people in Jamaica redefined social citizenship through their cultural activism and the development of Afro-Jamaican religious/medical traditions, although they were denied political citizenship. Despite the challenges of Marshall's lineal description of citizenship, his categories offer a way to analyze the actions of freed people who did not leave written documents about their thoughts.

[9] Gad Heuman, "Apprenticeship and Emancipation in the Caribbean: The Seeds of Citizenship," in *Race and Nation in the Age of Emancipations, Race in the Atlantic World, 1700–1900*, eds. Whitney Nell Stewart and John Garrison Marks, (Georgia: University of Georgia Press, 2018), 107-121.

Citizenship can be understood as an ongoing performative quest by oppressed peoples to redefine and claim statuses and privileges in the colonial context. Historian Frederick Cooper shows that various oppressed populations, such as enslaved people in the Americas, subjects of imperial powers in Africa and Asia and free people of colour (Haiti), were denied full citizenship at various periods of imperial history.[10] Cooper explains that citizenship in the imperial political context was not a fixed category but was changeable and uncertain, requiring ongoing claims to rights and statuses.[11] Similarly, sociologist Mimi Sheller echoes the sentiments that citizenship as a practice was an unstable category of limited rights that were not guaranteed. Sheller uses the example of the Haitian Revolution to discuss the "racial politics of citizenship" as a successful claim of freedom, although full citizenship remained elusive.[12] Therefore, freed people were not guaranteed political citizenship in the post-slavery period, but they claimed social citizenship by adapting cultural traditions to meet their socio-economic, spiritual and health needs. As shall be discussed throughout this dissertation, full citizenship remained elusive, unstable, and uncertain for freed people in post-slavery Jamaica.[13]

Scholarly interpretations of Obeah, Myalism, and Revivalism reveal how freed people exercised agency and demanded social citizenship through cultural activism. However, anthropologists Kenneth Bilby and Jerome Handler warn that the recorded evidence about Obeah is filtered through colonialism and racism. They caution historians

[10] Frederick Cooper, "Citizenship and Empire: Europe and Beyond," in *Citizenship, Inequality, and Difference: Historical Perspectives* (Princeton: Princeton University Press, 2018), 57-60.
[11] Cooper, "Citizenship and Empire," 41.
[12] Mimi Sheller, "Citizenship and the Making of Caribbean Freedom," *NACLA Report on the Americas*, 38:4 (2005), 30-34.
[13] Cooper, "Citizenship and Empire," 57; Sheller, "Citizenship and the Making of Caribbean Freedom," 30.

that Eurocentric cultural beliefs about witchcraft and sorcery in Britain have distorted historical accounts about the social relevance of Afro-Jamaican religious/medical traditions to marginalized freed people.[14] Consequently, interrogating historical perspectives about the development of Afro-Jamaica religious/medical traditions is as much an academic pursuit as it is a political act.

Scholarly Perspectives About Afro-Jamaican Religious/Medical Traditions

The literature on Afro-Jamaican religious/medicine focuses on the definitions, origins, and the development of Obeah, Myalism, and Revivalism in Jamaica. Scholarly perceptions about the definitions and development of Afro-Jamaican religious/medical traditions had their origins in ideas about retentions or re-creations of West-Central African religions and healing traditions and the influences of Christianity (the civilizing mission) and colonial rule.[15] Anthropologists, sociologists, ethnographers, and historians interpret the fragmentary evidence of the past spiritual and medical experiences of enslaved and freed people who did not leave written documents. Scholars attempt to interpret past behaviours and aspirations of formerly enslaved people by examining

[14] Kenneth M. Bilby and Jerome S. Handler, "Obeah: Healing and Protection in West Indian Slave Life," *The Journal of Caribbean History*, 38, 2 (2004), 155-156.
[15] Orlando Patterson, *The Sociology of Slavery: An Analysis of the Origins, Development and Structure of Negro Slave Society in Jamaica* (New Jersey: Fairleigh Dickinson University Press, 1967, 183; Kamau Braithwaite, *The Development of Creole Society in Jamaica 1770-1820* (London: Oxford University Press, 1971), 162; Monica Schuler, "*Alas, Alas, Kongo:" A Social History of Indentured African Immigration into Jamaica, 1841-1865* (Baltimore: The Johns Hopkins University Press, 1980), 30-33; Alleyne, *Roots of Jamaican Culture*, 89-91; Barrett, "The Portrait of a Jamaican Healer," 6-19; Moore and Johnson, *Neither Led nor Driven*, 52-67; Jean Besson and Barry Chevannes, "The Continuity-Creativity Debate: The Case of Revival," *New West Indian Guide /Nieuwe West-Indische Gids*, Vol. 70, No. 3/4 (1996), 210; Barry Chevannes and Patsy Sutherland, *Caribbean Healing Traditions: Implications Health and Mental Health* (New York: Routledge, 2015).

accounts written by the elites and seventeenth to nineteenth-century commentators.[16] Accordingly, colonial government documentation, such as court cases, medical reports, department reports, and early-twentieth-century ethnographic fieldwork, reflect a primarily middle-class and Eurocentric perspective about subjugated people and their beliefs. The lack of firsthand information about the lived experiences of freed people contributes to misunderstanding and competing interpretations about the worldviews of Afro-Jamaicans. However, twentieth and twenty-first-century scholars judiciously read sources against the grain to propose nuanced interpretations of the past, despite the lack of written sources about the aspirations of enslaved and freed people.

There are conflicting scholarly analyses of Afro-Jamaican religious/medical traditions (Obeah, Myalism, and Revivalism). European perspectives about Afro-Jamaican religious/medical practices and practitioners influenced the meanings and symbolism associated with them within the colony. Eighteenth and nineteenth centuries European scholars and commentators tended to portray Afro-Jamaican religious/medical traditions as superstitious, dangerous, and backward.[17] The tendency was to conflate Obeah, Myalism, and Revivalism as nefarious practices without acknowledging the beneficial aspects of folk medicine or healing traditions to Afro-Jamaicans. For example, James Phillippo, in his 1843 book, *Jamaica, its Past and Present State*, described Obeah

[16] Woodville Marshall, "'We be wise to many tings:' Blacks' Hopes and Expectations of Emancipation," in *Caribbean Freedom: Economy and Society from Emancipation to the Present*, eds., Hilary Beckles and Verene Shepherd (Kingston: Ian Randle, 1996), 12-14

[17] Phillippo, *Jamaica, its Past and Present State* 263; Joseph J. Williams, *Voodoos and Obeahs: Phases of West India Witchcraft* (Bingham, New York: Vail-Ballou Press, Inc.1932), 116, accessed February 8, 2019, http://www.sacred-texts.com/afr/vao/index.htm; Beckwith, *Black Roadways.*

and Myalism as "superstitious credulity, dark and magical rites" that hampered the spiritual and moral development of Afro-Jamaicans.[18]

Phillippo was a British Baptist missionary and anti-slavery advocate who lived and worked in Jamaica from 1820 until he died in 1879. Phillippo was a staunch advocate for civilizing enslaved and freed people in the colony through Christianity. The Baptist missionary defined Obeah as a type of witchcraft used to exact revenge or protect against theft.[19] However, by associating Obeah with theft and praedial larceny, Phillippo suggested that poverty was pervasive within the colony during the immediate post-slavery period. Such abject poverty among freed people was evidence of the socio-economic failures of the post-slavery period.

The elitist standpoint that suggested Afro-Jamaican cultural customs were nefarious became entrenched in the meanings and symbolisms perpetuated about Obeah, Myalism and Revivalism. Such belief fueled colonial efforts to civilize black Jamaicans. Phillippo indicated that even with the improvements made by missionaries to "civilize" freed people, Myalism remained a challenge to progress during the post-slavery period. Phillippo did not differentiate Obeah from Myalism; instead, he believed that the latter was a part of the former.[20] However, Phillippo hinted at the healing elements of Myalism when he suggested that the Myal-men who worked as medical attendants on the estate hospitals during slavery acquired medical knowledge that they merged with their religious beliefs to defraud the poor after emancipation.[21] The Baptist missionary did not

[18] Phillippo, *Jamaica, its Past and Present State*, 247.
[19] Ibid., 247.
[20] Ibid., 248.
[21] Ibid., 263.

recognize the social benefits of Myalism in providing essential medical services to rural patients who did not have access to western medicine. Phillippo's nineteenth-century analysis of Obeah and Myalism built on Edward Long's scholarship about the Jamaican people as backward. Long, an eighteenth-century Jamaican-born historian of British descent, described the history of the Afro-Jamaican people from the European perspective as backward and dangerous.[22] As cultural historian Diana Paton argues, such views about Afro-Jamaicans and their religious/medical traditions came from privileged people with cultural power.[23] The elites who controlled social and political power used their prestige to entrench the symbolism and meanings of Afro-Jamaican religious/medical traditions as nefarious through colonial ordinances and historical accounts.

While early twentieth-century scholars tended to perceive Obeah, Myalism, and Revivalism as nefarious, some were more sympathetic toward the Afrocentric healing practices.[24] Several contemporary scholars writing about the development Afro-Jamaican religious/medical traditions refer to Martha Beckwith's ground-breaking ethnographic research in Jamaica as significant in interpreting the cultural practices of poor, illiterate Afro-Jamaicans.[25] Beckwith, a Euro-American folklorist and ethnographer, spent summers in Jamaica between 1919 and 1924 conducting academic research about the development of Obeah, Myalism, and Revivalism. Beckwith's research focused on

---

[22] Edward Long, *The History of Jamaica: General Survey of the Ancient and Modern State of that Island* (London: T. Lowdner, 1774) 416-417, accessed August 10, 2017, https://archive.org/details/historyjamaicao01longgoog

[23] Diana Paton, *The Cultural Politics of Obeah: Religion, Colonialism and Modernity in the Caribbean World* (Cambridge: Cambridge University Press, 2015), 3.

[24] Beckwith, *Black Roadways;* Williams, *Voodoos and Obeahs.*

[25] Moore and Johnson, *Neither Led nor Driven*, 54; Diana Paton, "Obeah Histories," accessed May 30, 2021, https://obeahhistories.org/rose-ann-and-george-forbes-jamaica-19101916/

superstitious "Jamaican negro[es]" who she argued were indifferent to British civilization, unlike the mixed-race people on the island.[26] Beckwith described black Jamaicans differently from "the coloured people," who she claimed despised black superstitions.[27] According to Beckwith, the mixed-race people theoretically were equal to whites as the "better classes" of the island.[28] Although Beckwith's description of black Jamaicans is unsettling, her ethnographic work remains relevant to understanding the social context of Afro-Jamaican religious and medical practices of the early twentieth century.

Beckwith described Obeah in Jamaica as the African religious practice of employing the spirit (shadow) of the dead to harm or set a "duppy" on someone.[29] According to Beckwith, Obeah served the specific purpose of harming through supernatural means. Although Beckwith spent a substantial amount of time describing animal cruelty and sacrifice concerning Obeah, she concluded that such acts were not as pervasive as avenging grudges and harming others.[30] Conversely, Beckwith saw Myalism as the means to remove Obeah spells through spirit possession. Still, she suggested that the Myalists' work with the spirit world caused some confusion because those who had ulterior motives, such as Obeah practitioners, also used belief about the spirit world to defraud.[31] She argued that the Myal people in Jamaica, like the West African medicine men, developed knowledge about herbal medicine to cure illnesses through secret rituals

[26] Beckwith, *Black Roadways*, x.
[27] Ibid.
[28] Ibid.
[29] Ibid., 104.
[30] Ibid., 105-135.
[31] Ibid., 143.

and spirit possession.[32] Beckwith acknowledged that Myalism included curative elements of Afro-Jamaican folk medicine. She argued that the Afro-Jamaican religious/medical traditions included "sympathetic magic" of healing developed by black Jamaicans.[33] Beckwith described Revivalism as a direct descendant from Myalism, particularly the Myalists' ritual related to the spirit world employed to combat the hostile forces of Obeah. She demonstrated that since 1820, Revivalism had incorporated Christian teachings brought to Jamaica by British Baptist missionaries.[34] Beckwith suggested that Afro-Jamaican religious/medical traditions were mutable and could employ spiritual beliefs and herbal remedies to harm or heal.

Another American ethnographer, Joseph J. Williams, researched Afro-Jamaican religious/medical traditions in Jamaica during the early twentieth century. The Jesuit priest, missionary and anthropologist lived in Jamaica during the 1920s. His research for the 1932 book, *Voodoos and Obeahs: Phases of West India Witchcraft* interpreted Afro-Jamaican religious/medical customs based on late eighteenth-century accounts of white planters. He described Obeah as witchcraft or sorcery originating from the Ashanti (Twi) word Obayifo, which meant a wizard or a witch.[35] Williams believed that Obeah was used to murder through poisoning or revenge for wrongdoings and oppression.[36] Like Phillippo and Beckwith, Williams associated Obeah with disruptive anti-social behaviours, vengeance, poison, and a tool for rebellion. Williams fixated on the implements of the

[32] Ibid., 157.
[33] Ibid., 26, 57.
[34] Beckwith, *Black Roadways*, 158-59
[35] Williams, *Voodoos and Obeahs*, 120 -137.
[36] Ibid., 137-139.

Obeah practitioners, such as "rags, feathers, bones of cats, …. a large earthen pot or jar, close covered, and concealed under her bed."[37] To him, these devices symbolized danger and were evidence of the disruptive and loathsome Afro-Jamaican religious/medical practices.

On the other hand, William described Myalism as the religion of the Ashanti people of West Africa. He acknowledged that Myal men/priests and Myal women cured people harmed by the Obeah man.[38] Beckwith and Williams, unlike Phillippo, perceived that Myalism was different from Obeah as a healing practice, but they remained dubious about its healing capacity and social benefits to Afro-Jamaicans.

Since the 1960s, scholars debating representations of Obeah, Myalism, and Revivalism in Jamaica have explored ideas about African cultural retentions and theories about adaptation/syncretism gravitated toward more nuanced interpretations of the development of Afro-Jamaican religious/medical traditions during slavery and the post-slavery periods.[39] Scholars like Philip Curtin, Orlando Patterson, Mervyn Alleyne and others perceive Afro-Jamaican religious/medical traditions as evolving from the memories of African religious and medical practices in conjunction with European medical and Christian traditions. They portray Afro-Jamaican religious/medical traditions as tools that enslaved and freed people used to challenge oppression, survive diseases, and preserve their way of life.[40]

---

[37] Ibid., 116.
[38] Williams, *Voodoos and Obeahs*, 145.
[39] Patterson, *The Sociology of Slavery*, 183; Braithwaite, *Development of Creole Society*; Schuler, "*Alas, Alas Kongo,"* 30-33; Alleyne, *Roots of Jamaican Culture*, 91; Besson and Chevannes, "The Continuity-Creativity Debate," 209-228.
[40] Curtin, *Two Jamaicas*; Patterson, *The Sociology of Slavery;* Alleyne, *Roots of Jamaican Culture.*

Scholarly debates about Afro-Jamaican religious/medical traditions during the 1960s, like the early twentieth century, continue to portray Obeah as nefarious and Myalism as its antithesis. For example, in 1969, Patterson, a late-twentieth-century Jamaican sociologist, waded in the discussion about Obeah as a nefarious Afro-Jamaican practice. Like Beckwith and Williams, Patterson defined Obeah as witchcraft or sorcery associated with disruptive behaviours, poison, and rebellion.[41] However, Patterson perceived Obeah as a tool that subjugated people used to demonstrate agency in seeking solutions to resist oppression. In contrast, Beckwith perceived Obeah as Afro-Jamaicans' innate cultural backwardness or superstition. Patterson, Beckwith and Willaims believed that Myalism was approximate to "West African good medicine," the means to remove or cure the opposing force of Obeah.[42] Additionally, Patterson described Myalism as a cult in which the "myal weed" and the myal dance were performed as important healing rituals.[43] For Patterson, Obeah and Myalism represented opposite ends of the spectrum of good and evil, and Afro-Jamaicans used both to challenge their enslavement and colonial rule.

Patterson's contribution to scholarship about Afro-Jamaican religious/medical tradition is significant because he was one of the first scholars to emphasize Myalism and Obeah as evidence of Afro-Jamaicans' agency against oppression. He shows that Myalism was a means to finding solutions to disease problems, thereby establishing the positive benefits (medical and healing) of West African cultural retentions.[44] The

[41] Patterson, *The Sociology of Slavery*, 185-186.
[42] Patterson, *The Sociology of Slavery*, 185; Beckwith, *Black Roadways*, 142.
[43] Patterson, *The Sociology of Slavery*, 186-188.
[44] Ibid., 185-186.

perception that Afro-Jamaican religious/medical traditions were beneficial to its people was expounded by later scholars, such as Kamau Braithwaite in 1971 and Monica Schuler in 1980.[45]

However, the differences between Obeah and Myalism were not always apparent. Colonial lawmakers and observers were not privy to Obeah's secrecy, so they could not tell the differences between its rituals and those of Myalism. Also, like Myalism, Obeah adapted to Christianity and the influences of the "civilizing mission" of empire. This adaptation suggests that Obeah and Myalism were unstable categories of Afro-Jamaican religious/medical traditions. As we will see from more contemporary scholarly analyses, the narrative about Obeah as negative/harmful and Myalism as positive/cure was more complex for various reasons, including the secrecy of the practice. Freed peoples responded to the changing circumstances of slavery and colonialism in complicated ways.[46]

Since the 1970s and 1980s, scholars exploring the development of Afro-Jamaican religious/medical traditions have problematized the conflation of Obeah, Myalism, and Revivalism as nefarious. Anthropologists, ethnographers, linguists, and social and cultural historians have interpreted the development of Obeah, Myalism and Revivalism as African cultural traditions recreated in Jamaica to respond to the changing socio-political conditions in the British colony.[47] The development of Obeah, Myalism, and

[45] Braithwaite, *Development of Creole Society*; Schuler, *"Alas, Alas Kongo."*
[46] Paton, *Cultural Politics of Obeah*, 149; Bilby and Handler, "Obeah," 153-154; Jerome Handler, "Anti-Obeah Laws of the Anglophone Caribbean, 1760s to 2010," *Obeah Laws, Liverpool*, Vol 6c (2011), 1.
[47] Sydney Mintz and Richard Price, *An Anthropological Approach to the African American Past* (Boston: Beacon Press, 1976); Braithwaite, *Development of Creole Society*, 298; Schuler, "*Alas, Alas Kongo,"* 30-33, 41-44; Barrett, "The Portrait of a Jamaican Healer," 6-19.

Revivalism in Jamaica represents religious and medical syncretism that continued to evolve since the Middle Passage and slavery based on retained elements of cultures from West Africa.[48] Anthropologists argue that Afro-Jamaicans integrated fragmentary African religious and medical practices with European cultural influences (Christianity and western medicine) and mediated by the colonial experiences (legal suppression, poverty, racial inequality, and disease) in the Caribbean.[49] Social and cultural historians Schuler and others have argued that poor Afro-Jamaicans recreated West/Central African cultural practices and used them as tools to challenge their marginalization.[50] These scholars show that enslaved and freed people used Obeah, Myalism, and Revivalism to solve real-world problems. As the case of the revivalist mother shows, Afro-Jamaican religious/medical practices were tools of cultural activism in helping freed people deal with oppression, poverty and diseases.

Since the 1990s, scholars have argued for a broader definition of Obeah. The Afro-Jamaican religious/medical practice has become a catchall term that could be neutral and incorporate disparate beliefs and practices related to manipulating supernatural forces by practitioners for personal benefits to harm or cure.[51] Handler and Bilby defined Obeah as diverse beliefs and practices related to controlling and channelling supernatural or spiritual powers to bring "good fortune, protecting against harm and avenging wrongs."[52]

---

[48] Braithwaite, *Development of Creole Society*; Schuler, "*Alas, Alas Kongo"*; Alleyne, *Roots of Jamaican Culture.*
[49] Alleyne, *Roots of Jamaican Culture,* 138-139*;* Laguerre, *Afro-Caribbean Folk Medicine,* 22-23.
[50] Schuler, "*Alas, Alas Kongo,"* 30-33 & 41-44; Barrett, "The Portrait of a Jamaican Healer," 6-19; Moore and Johnson*, Neither Led nor Driven*, 52-67; Besson and Chevannes, "The Continuity-Creativity Debate," 210.
[51] Bilby and Handler, "Obeah," 154; Paton, *Cultural Politics of Obeah,* 149.
[52] Bilby and Handler, "Obeah," 153-154; Handler, "Anti-Obeah Laws of the Anglophone Caribbean," 1.

This definition portrays Obeah as a dynamic practice adapted to the skills of its practitioners and the demands of those who sought their advice. Like Bilby and Handler, Paton agrees that not one single definition is sufficient to capture the meaning of Obeah. Rather, she explores the cultural, political, and social implications of "the ritual manipulation of spiritual power."[53] Paton, like Patterson, suggests that Obeah was a way for the oppressed to exert some control over their lives. Like Bilby and Handler, Paton agrees that the secrecy of Obeah rituals, knowledge about the medicinal properties of herbs, and the perceived potential to change the personal circumstances of those who sought the practitioners' advice were defining qualities of Afro-Jamaican religious and medical traditions.[54]

The current trend in the historiography of Afro-Jamaican healing and medical traditions focuses on the legal, political, and social implications of Obeah. Scholars such as Bilby, Handler, Danielle Boaz, Paton, and others, have examined how the legal suppression of Afro-Jamaican religious and medical practices since the late eighteenth century constructed meanings and determined the development of Obeah, Myalism, and Revivalism in Jamaica and the British Caribbean.[55] Jamaica's government and social elites used legal ordinances, newspaper editorials, pamphlets, books, and Christian

[53] Paton, *Cultural Politics of Obeah*, 2.
[54] Bilby and Handler, "Obeah," 154; Paton, *Cultural Politics of Obeah*, 148-149.
[55] Danielle N. Boaz, "'Instrument of Obeah:" The Significance of Ritual Objects in the Jamaican Legal System, 1760 to the Present" in *Materialities of Ritual in the Black Atlantic*, eds., Akinwumi Ogundiran and Paula Saunders (Bloomington: Indiana University Press, 2014), 144-158; Handler, "Anti-Obeah Laws," 3-5; Moore and Johnson, *Neither Led nor Driven*, 51-64; Diana Paton, "Obeah Acts: Producing and Policing the Boundaries of Religion in the Caribbean," *Small Axe*, 28 (2009), 5; Diana Paton and Maarit Forde, eds., *Obeah and Other Powers: The Politics of Caribbean Religion and Healing* (Durham: Duke University Press, 2012), 172-197; Paton, *Cultural Politics of Obeah*, 148.

education as civilizing tools to shape public opinions around the belief that Afro-Jamaican religious and medical practices were nefarious and dangerous.

The mandate of the civilizing mission in colonial Jamaica was to socialize Afro-Jamaicans to accept that it was prudent to reject their "backward" cultural practices. Colonial and imperial elites enforced cultural hegemony using the authority of the state apparatus (legal ordinances and Christian education) and popular media to ascribe negative meanings and symbolisms to Afro-Jamaican religious/medical traditions. In this sense, cultural hegemony supported the civilizing mission. Jackson Lears, a cultural and intellectual historian, argues that the dominant class uses ideological control to enforce moral authority through "legitimating symbols" to gain consent from the subordinating group.[56] The white ruling elites attempted to indoctrinate Afro-Jamaicans through law enforcement, Christianity, and the school system to believe and accept the propaganda that Afro-Jamaican religious/medical traditions were dangerous/harmful. Sociologist David Grazian concurs with Lear that cultural hegemony sought to manipulate the subordinate class to accept the values of the dominant class. Grazian defines cultural hegemony as "a soft power that quietly engineers consensus around a set of myths that we have come to take for granted."[57] Lears and Grazian refer to the Marxist philosopher Antonio Gramsci's theory of cultural hegemony. Gramsci argues that the dominant class uses the state's coercive apparatus and prestige to maintain ideological control over the subordinate class. According to Gramsci, the highest form of cultural hegemony is

[56] T. J. Jackson Lears, "The Concept of Cultural Hegemony: Problems and Possibilities," *The American Historical Review,* Vol. 90, No. 3 (Jun. 1985), 569.
[57] David Grazian, *Mix it Up: Popular Culture, Mass Media and Society* (New York: W.W. Norton, 2010), 60-61.

ideological control–a form of "spontaneous consent" by the subordinate group.[58] In the Jamaican context, the meanings and symbolism conveyed by the myth about Obeah, Myalism and Revivalism became incrementally embedded in legislation, western medicine and Christian education to determine the everyday experiences of Afro-Jamaicans. The elites attempted to coerce Afro-Jamaicans (through legislation) to reject Obeah, Myalism and Revivalism as illegal and harmful in their efforts to civilize them.

Propaganda materials, such as anti-Obeah pamphlets, were examples of the "soft power that quietly engineers consent" about the dangers of Obeah and the rejection of Afro-Jamaican cultural beliefs and customs among the Jamaican people.[59] Obeah pamphlets described Obeah practitioners' physical characteristics and detailed their alleged atrocities to reinforce cultural hegemony and craft meanings about Afro-Jamaican religious/medical traditions and practitioners. Popular Jamaican newspaper editorials and pamphlets that portrayed Afro-Jamaican religious/medical practices as malevolent and dangerous served to justify the criminalization of practitioners and those who used their services. Anti-Obeah literature circulated through Jamaica publicizing practitioners' confessions about unspeakable harm to others, including heinous crimes such as murder during the 1890s.[60] One pamphlet, about the "Full confession of the Great Obeahman,"

[58] Antonio Gramsci, *Selections from the Prison Notebooks*, trans. Quintin Hoare and Geoffrey Nowell Smith (New York: International Publishers, 1971), 145, accessed July 15, 2019, http://abahlali.org/files/gramsci.pdf.
[59] Grazian, *Popular Culture, Mass Media and Society,* 61.
[60] Moore and Johnson, *Neither Led nor Driven*, 22; "The Late Obeahman, John Nugent's Roll Book found at last: All his customers fully exposed"; "The Awful Death and Confession of Old Mother Austin" died June 25, 1892, MST 1842, No1(b) NLJ.

was written in the voice of an Obeahman, who allegedly boasted of practising for 42 years, during which time he killed 241 persons and harmed 655 others.[61]

According to Moore and Johnson, these pamphlets written in the language and medium of the elite class were influential. This writing style carried authority, so most Jamaicans accepted the literature as fact. The pamphlets were persuasive because they contained explicit details about Obeah atrocities, the Obeah practitioner, and the victims.[62] The pamphlets were bought, read and shared by Jamaicans of all races and classes. Rumours about the heinous acts of Obeah practitioners could inspire dread, confusion, and belief among the illiterate labouring class in rural communities as well as wealthy residents. Anecdotes about Obeah confused wealthy citizens. For instance, Moore and Johnson argue that "'decent'" residents named in the Obeah literature were alarmed that they became fodder for ignorant residents.[63] As a result, members of the upper and middle-class pressured the Legislative Council to outlaw and prohibit the composition and distribution of Obeah literature in Jamaica from 1898.[64]

Anti-Obeah material served as a civilizing tool to change Afro-Jamaicans' purportedly primitive worldviews and superstitious mindset. For example, in 1891, Herbert Thomas anticipated his pamphlet, *Something about Obeah*, would help eliminate superstition much like the "forces of religion and education."[65] Thomas, a white police

[61] "The Full Confession: The Great Obeahman Old George Elleth, A Native of Hampton Road, Porus" MST 1842 No. 2 NLJ.
[62] Moore and Johnson, *Neither Led nor Driven*, 22-23.
[63] Ibid, 23.
[64] Ibid.
[65] Herbert T. Thomas, *Something About Obeah* (Kingston: Mortimer DeSouza, 1891), 3-5, accessed January 15, 2021, https://ufdc.ufl.edu/AA00022366/00001/pdf.

constable in Jamaica, displayed at the 1891 Jamaica International Exhibition a collection of Obeah paraphernalia confiscated during arrests for alleged Obeah. However, the exhibition organizers decided to remove Thomas' display because they believed the Obeah paraphernalia would frighten rural people away from the exhibition.[66] It was likely that the exhibition organizers did not want to display representations of Obeah because such matters did not enhance the image of the colony as a part of the British Empire.

Obeah pamphlets, such as the one written by Thomas in the late nineteenth century, were cultural artifacts that helped create meanings about Obeah and perpetuated cultural hegemony. Thomas hoped that his pamphlet would help expose the dangers of Obeah and inspire "primitive" people to change their ways. As an agent of the state, Thomas was empowered by his job as an inspector of the Jamaican Constabulary. His middle-class status as a white law enforcer in the colony suggests he influenced public opinion about Obeah and Obeah practitioners. In the introduction of his pamphlet, Thomas acknowledged that the images and stereotypes he presented in the text were critical to conveying danger.[67]The police constable described two images of the Obeah man: 1) an "ignorant, depraved and benighted" African with a disability; and 2) a man of "striking good physique and respectable appearance."[68] Thomas portrayed the Obeah man as an insidious chameleon who could deceive others because of his unsuspecting appearance (feeble/poor vs. strong/dashing). His description also suggested that any Afro-

[66] Diana Paton, "The Trials of Inspector Thomas: Policing and Ethnography in Jamaica," in *Obeah and Other Powers: The Politics of Caribbean Religion and Healing*, eds. Maarit Forde and Diana Paton (Durham: Duke University Press, 2012), 177-178.
[67] Thomas, *Something About Obeah*, 1.
[68] Ibid.

Jamaican male could be an Obeah man. From Thomas' perspective, the Obeah woman did not exist or was not a threat to civilization. However, Thomas's omission of women in his discussion about Obeah underscores the erasure of women in historical accounts.

Anti-Obeah legislation was the most pervasive way the government elites coerced consent among Afro-Jamaicans to reject Afro-Jamaican religious/medical traditions. Scholars discussing anti-Obeah legislation agree that Obeah prohibition aimed to outlaw Afro-Jamaican religious/medical traditions as harmful rituals linked to poison, rebellion, and fraudulent healing practices from the mid-eighteenth century. Handler, Boaz, Paton, and others argue that the 1760 Tacky's War, a revolt of enslaved people, was the catalyst for a series of anti-Obeah laws meant to suppress rebellion, political activism, and the administration of poisons.[69] Historians Sasha Turner Bryson and Paton argue that during Tacky's War, Obeah allegedly played a significant role in inciting the rebels to kill their white oppressors.[70] Tacky (Coromantee chief, alleged Obeah priest and an experienced military strategist) encouraged the insurgents to carry out the attacks armed with "protective powders and charms and sworn secret blood oaths." The ritual drew on West African spiritual practices.[71] Bryson argues that the Tacky rebellion was significant because it provides insights into the conflicts and negotiations between the oppressed and

[69] Handler, "Anti-Obeah Laws of the Anglophone Caribbean," 3; Boaz, "Instruments of Obeah," 145; Paton, *Cultural Politics of Obeah*, 39; Sasha Turner Bryson, "The Art of Power: Poison and Obeah Accusations and the Struggle for Dominance and Survival in Jamaica Slave Society," *Caribbean Studies*, Vol. 41 (2013): 64.
[70] Bryson, "The Art of Power: Poison and Obeah," 64; Boaz, "Instruments of Obeah," 145-147; Paton, *Cultural Politics of Obeah*, 39.
[71] Bryson, "The Art of Power: Poison and Obeah," 64; Diana Paton, "An Act to Remedy the Evils arising from Irregular Assemblies of Slaves, Jamaica 1760," accessed March 28, 2018, https://obeahhistories.org/1760-jamaica-law/; Michael Craton, *Testing the Chains: Resistance to Slavery In the British West Indies* (New York: Cornell University Press, 2009), 125-130.

the oppressor. The uprising led to the criminalization of Obeah linked to witchcraft, poison, and insurgence.[72]

Caribbean scholars Handler, Paton, and De Barros, argue that lawmakers in the British West Indies – including Jamaica, British Guiana, and Barbados – intensified prosecuting Obeah charges after slavery ended.[73] Paton and Handler show that throughout the British Caribbean, Obeah was prosecuted in conjunction with other ordinances, such as the Penal Codes, Criminal Codes, Police Acts, Vagrancy Acts, Summary Conviction Laws and the Medical law.[74] Boaz, Handler, and Paton argue that Obeah suppression was an attempt by the colonial state to control the actions of freed people.[75]

The 1898 Anti-Obeah legislation explicitly defined Obeah and Myalism as nefarious practices:

> "Obeah" shall be deemed to be of one and the same meaning as "Myalism;" A person practising Obeah" means any person who, to effect any fraudulent or unlawful purpose, or for gain, or for the purpose of frightening any person, uses, or pretends to use any occult means, or pretends to possess any supernatural power or knowledge.[76]

By conflating Obeah and Myalism, the anti-Obeah Act gave law enforcers and the courts sweeping power to convict and punish anyone suspected of practising Obeah and Myalism. The Obeah Act criminalized all aspects of Afro-Jamaican healing practices,

---

[72] Bryson, "The Art of Obeah," 62-65.
[73] Juanita De Barros, "Dispensers, Obeah and Quackery: Medical Rivalries in Post-Slavery British Guiana," *Social History of Medicine,* Vol. 20 No. 2, (2007), 253; Handler, "Anti-obeah Laws," 3; Paton, *Cultural Politics of Obeah*, 148; John Savage "'"Black Magic'" and White Terror: Slave Poisoning and Colonial Society in Early 19th Century Martinique," *Journal of Social History*, Vol. 40, No. 3 (Spring, 2007), 635-662.
[74] Paton, "Obeah Acts," 5-7; Handler, "Anti-Obeah Laws," 3-5.
[75] Boaz, "Instrument of Obeah," 143-145; Handler, "Anti-Obeah Laws," 3-5; Paton, "Obeah Acts," 5-7.
[76] *The Obeah Act*, 1898, Section 3, accessed January 20, 2018, http://ufdc.ufl.edu/AA00014142/00001/1j.

including Revivalism. The practitioners of the Afro-Christian sect merged Christian principles with Afro-Jamaican spirituality and healing traditions (Myalism) to heal the sick and eliminate Obeah. Still, practitioners of Revivalism were subjected to criminalization by the Anti-Obeah ordinance. Handler argues that the 1898 Obeah Act defined "the instrument of Obeah" in vague terms as, "'anything used or intended to be used.'" [77] Such vague wording ensured more convictions making it was easier to lay charges for Obeah in Jamaica.[78] Anyone found guilty of practising or seeking the advice of the Obeah/Myalist practitioner could be whipped, fined, or imprisoned with or without hard labour.[79] The law was used to punish both the practitioners and those who sought their services. However, this did not completely deter Afro-Jamaicans from pursuing Afro-Jamaican healing traditions.

Despite the social and legal suppression of the Afro-Jamaican religious/medical traditions and practitioners, freed people continued to practise their cultural traditions. Afro-Jamaicans adapted to the pressures of colonialism and the civilizing mission of the British Empire by recreating aspects of the Afro-Jamaican religious/medical practices that supported their way of life. In doing so, freed people exercised freedom as social citizens.

Reclaiming Afro-Jamaican Religious/Medical Traditions: The Great Revivals

The 1841 and 1861 Great Revivals in Jamaica and subsequent revivals in 1874, 1886 and 1906 significantly transformed Afro-Jamaican religious and medical

[77] Handler, "Anti-Obeah Laws," 7.
[78] Diana Paton, "The Obeah Law, 1898 (Jamaica)," *Obeah Histories*, accessed January 20, 2021, https://obeahhistories.org/1898-jamaica-law/.
[79] *The Obeah Act*, 1898, section 5, "Punishment for Consulting for fraudulent purpose, person practising Obeah," accessed July 16, 2019, https://ufdc.ufl.edu/AA00014142/00001/2j

traditions.[80] Scholars such as Philip Curtin, Hall, and others argue that the work of missionaries influenced the great revivals among freed people during the British and North American Revival movements of the nineteenth century.[81] The Jamaican Great Revivals were pivotal in establishing the Afro-Christian sect, Revivalism, in the colony. Revivalism represented the integration of Myalist beliefs and healing traditions with Euro-Christian beliefs and customs to find solutions to the socio-political challenges of the post-slavery period in Jamaica.[82]

Myalism was a tool that Afro-Jamaicans used to confront disease, poverty and socio-political injustice the black community encountered. Freed people used Afro-Jamaican religious/medical practices to overcome the pressures imposed by the colonial system, adjust to emancipation, and preserve their mental and physical health and wellbeing.[83] Schuler argues that in the 1840s, African indentured labourers introduced African cultural influences to resist European values and control and cope with poverty and diseases.[84] For Schuler, Myalism was an example of a West African religious worldview that challenged "poverty, corruption, illness, failure, and oppression."[85] She argues that the Myalists' worldview perceived "tragic experiences of life" such as morbidity and mortality as socio-political evils to be eradicated to restore a sense of normalcy in the community.[86] Myalism, therefore, was a social and cultural response to

[80] Moore and Johnson, *Neither Led nor Driven*, 55; Paton, *The Cultural Politics of Obeah*, 148.
[81] Curtin, *Two Jamaicas,* 170; Hall, *Civilising Subjects*, 242; Moore and Johnson, *Neither Led nor Driven*, 54-55; Paton, *Cultural Politics of Obeah*, 150.
[82] Moore and Johnson, *Neither Led nor Driven*, 51-55.
[83] Schuler, "*Alas, Alas, Kongo,*" 30-44; Moore and Johnson, *Neither Led nor Driven*, 51-66.
[84] Schuler, 33-34.
[85] Ibid.
[86] Ibid., 33.

the socio-economic circumstances of low wages, labour competition, poverty and the prevalence of epidemics during the post-slavery period in Jamaica. Myalism helped maintain informal community networks as people of African descent sought to comprehend and negotiate their positions within the colonial state dominated by the white elite class.

Myalism transformed into Revivalism, a movement that represented the syncretism of Afro-Jamaican beliefs and healing traditions with Christian values resulting in the "Africanization of Christianity."[87] According to Moore and Johnson, Revivalism integrated African spiritual beliefs with knowledge about herbal remedies to heal the sick and remove misfortune.[88] The prevalence of epidemics, such as cholera in 1851-1852 and smallpox in 1871-1873, were health crises that overwhelmed the inadequate government medical system in post-slavery Jamaica. To rural freed people, Revivalism supplemented western medicine and, in some cases, replaced it. As discussed in chapter two, the government's medical services were inadequate to meet the medical needs of Jamaica's rural, remote communities from the mid to the late nineteenth century.[89] Afro-Jamaican folk healers filled this gap by providing medical services and care to the sick.

During the immediate post-slavery period, Afro-Jamaicans redefined spiritual and healing practices through their experiences with depressed socio-economic conditions,

[87] Moore and Johnson, *Neither Led nor Driven*, 51.
[88] Ibid.
[89] S.P. Musson, *The Handbook of Jamaica, 1893* (Kingston: Jamaica, 1893), 194, accessed September 2015, https://books.google.bf/books?id=grwCAAAAYAAJ&printsec=frontcover&hl=fr&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.

political inequality and encounters with British missionaries.[90] Freed people resisted the civilizing effects of Christian missionaries in Jamaica to chart their cultural awakening. Curtin, Hall, and Moore and Johnson examine the role of missionaries in the civilizing mission based on colonial expectations that freed people adopted Euro-Christian values to fill the planters' need for compliant, productive labourers.[91] From 1820 onward, British missionaries (the Baptist Missionary Society and the Presbyterian Church) intensified their efforts to Christianize Afro-Jamaicans and, later, indentured workers through social reforms in education and social services.[92] Although the missionary movement gained momentum during the 1840s, by the 1860s, the established churches (Anglican, Methodist and Baptist) in Jamaica lost a quarter to a half of their members to the Afro-Christian sect.[93]

Freed people made social and political choices that supported their cultural beliefs and values, thereby contradicting colonial expectations as activists. The Native Baptist movement originated in the Baptist Mission Society in Jamaica. Black Jamaican Baptist leaders developed the Afro-Christian sect in collaboration with African American Baptist missionaries George Lislie/Leile, Moses Baker, and George Gibbs before the 1830s.[94] By the 1860s, the Afro-Christian sect grew faster than the Euro-Christian congregations throughout the island. For example, Native Baptists made up about half of the people who

[90] Schuler, "*Alas, Alas, Kongo*," 33; Holt, *The Problem of Freedom*, 168-175; Hall, *Civilising Subjects*, 243.
[91] Curtin, *Two Jamaicas*, 170; Hall, *Civilising Subjects*, 242; Moore and Johnson, *Neither Led nor Driven*, 167-168; Paton, *Cultural Politics of Obeah*, 148.
[92] See Hall, *Civilising Subjects*, 174-198; Scots Kirk, "Minutes of the Lay Association and Meeting," *Presbyterian Church, Jamaica*, 1800-1855, Ecclesiastical 2/20/10 JA.
[93] Curtin, *Two Jamaicas*, 168-172.
[94] Ibid., 32.

attended church in Kingston.[95] The Native Baptists blended Afro-Jamaican religious/medical traditions with European Christianity to form the Afro-Christian sect. Afro-Jamaicans practiced their preferred forms of spirituality and healing traditions by incorporating drumming, dancing, expressive singing, Biblical scriptures, herbal remedies, and the significance of water to purify and heal the body.[96]

The Native Baptist sect was a training ground for black Baptist leaders, which inspired their socio-political activism for racial equality and social justice. Black Baptist leaders joined forces with black political leaders to demand freedom and rights during slavery and the post-slavery period, as was evident in the 1831 Baptist War and the 1865 Morant Bay Rebellion.[97] The Baptist Mission Society trained black "native pastors" to lead their congregations in Jamaica. Still, British Baptist leaders worried that the young pastors were not ready for leadership, especially not in the town stations.[98] Ironically, the black Baptists thought that justice and equality were possible as Christians, but in reality, socio-political equality was elusive in their everyday lives in post-slavery Jamaica. Freed people's discontentment over low wages, high taxation and rent, lack of access to land,

[95] Ibid., 168.
[96] Beckwith, *Black Roadways*, 160; Moore and Johnson, *Neither Led nor Driven*, 67-70.
[97] Holt, *The Problems of Slavery*, 13-17. The 1831 Baptist War began in western Jamaica and was named after a black Baptist leader, Samuel Sharpe, who along with the artisan class led the rebellion. Holt argues that the Baptist Rebellion was an important catalyst for the British parliament to implement immediate abolition. See also Heuman, *Brief Histories*, 112-115. The 1865 Morant Bay Rebellion was led by Paul Bogle, a native Baptist deacon, and George William Gordon, a mixed-race representative to the House of Assembly.
[98] Hall, *Civilising Subjects*, 237-238.

and the prevalence of disease created the conditions that inspired black dissidents in the Baptist church to assert leadership in the quest for equality.[99]

The Native Baptist sect employed cultural and political activism, which found expression in the 1841 and the 1861 Great Revivals, giving rise to Revivalism in Jamaica.[100] The missionaries who worked with Afro-Jamaicans since 1820 realized that their mission to civilize black Jamaicans had failed.[101] Freed people left the British Baptist churches for the Native Baptist congregations signalling their discontentment with Euro-Christianity and their search for socio-political equality in the post-slavery plantation society. Freed people's cultural and political activism inspired The Great Revivals in Jamaica—a two-phase process for freedom and socio-political rights. The 1841 Great Revival began in the western part of the island led by the Black Native Baptists, a decade after the 1831 Baptist War and the struggle for emancipation. The second phase of the Revivalism Movement in Jamaica continued in the 1861 Great Revival that began in the southern parish of St. Elizabeth. The movement spread westward and eastward to St Thomas parish.[102] By 1865, the Morant Bay Rebellion, led by Black Baptist leader Paul Bogle and George William Gordon, a mixed-race

[99] O. Nigel Bolland, "Systems of Domination after Slavery: The Control of Land and Labor in the British West Indies after 1838," *Comparative Studies in Society and History*, Vol. 23, No. 4 (Oct. 1981), 591-619; Michael J. Craton, "Reshuffling the Pack: The Transition from Slavery to other forms of Labor in the British Caribbean," *New West Indian Guide/Nieuwe West-Indische Gids* vol. 68 no. I & 2 (1994): 23-75.
[100] See Hall, *Civilising Subjects*, 241-245 and Schuler, "*Alas, Alas Kongo," 104-105* for discussions of Myalism-Revivalism and the Great Revivals during 1841 and 1861 in Jamaica. Schuler examines the role of African indentured workers in transforming Afro-Jamaican religious/medical traditions to challenge poverty and malnutrition in 1841. Hall explores the important role of black Baptist leaders in the 1861 Great Revival.
[101] Curtin, *Two Jamaicas*, 172; Moore and Johnson, *Neither Led nor Driven*, 171.
[102] Curtin, *Two Jamaicas*, 171.

representative of the House of Assembly, challenged socio-political inequality in Jamaica.[103]

The 1865 Morant Bay Rebellion in St. Thomas served as a watershed moment in highlighting Afro-Jamaicans' challenge to the political monopoly of the small elite white settlers and colonial administrators in the British colony. On October 11, 1865, Baptist deacon, Bogle led a protest march with several hundred protesters to the courthouse in Morant Bay, the parish capital. The marchers were freed people and their descendants protesting socio-political injustice (restricted voting rights), poverty, and the rumour that the planters intended to re-enslaved them. Protesters burned the Morant Bay courthouse and several buildings during the two-day rebellion. When the dust settled, twenty-five people were killed during the uprising.

The Morant Bay Rebellion has become known in infamy as one of the most brutal suppressions in the British Caribbean. Historian Franklin Knight describes Governor Edward John Eyre's retaliation to the 1865 Morant Bay Rebellion as a brutal suppression that resulted in the execution of nearly 500 peasants, the flogging of 600 people and the burning of 1,000 houses.[104] Knight suggests that the rural black peasants' demand for political equality fueled white settlers' fears of another Black Republic, similar to the 1804 Haitian Republic.[105] In the aftermath of the Morant Bay massacre, martial law and the colonial oligarchy's power were augmented through the Crown Colony government in

[103] Schuler, "*Alas, Alas Kongo*," 104-106.
[104] Franklin Knight, *The Caribbean, the Genesis of a Fragmented Nationalism* (New York: Oxford University Press, 1990), 209.
[105] Knight, *The Caribbean*, 208-209.

Jamaica in 1867. Crown Colony government essentially denied democratic rights and political citizenship to black and mixed-race Jamaicans.[106]

In addition to being denied the right to vote and hold public office (political citizenship), economic welfare, security and social services, such as medical services (social citizenship), were at best limited and at worst non-existent to Afro-Jamaicans during the immediate post-slavery period.[107] Although the Crown Colony government declared plans to implement public hospitals in 1867, that did not materialize until the late nineteenth century. During that period, freed people imagined the Afro-Christian sect as a strategy to survive poverty and diseases. The case of the revivalist mother, Mammy Forbes, illustrates how Afro-Jamaican religious/medical practitioners imagined and deployed cultural practices and customs to solve social problems in the post-slavery Jamaican society. The frequent occurrence of epidemics and diseases (such as cholera and smallpox in 1851-1852 and smallpox in 1871-1873) resulted in high morbidity and mortality rates among the poor and labouring class and created anxiety about survival.[108] An inadequate government medical infrastructure and a paltry social services system (poor relief) forced poor rural patients to seek alternative medical services, such as those provided by the Afro-Jamaican folk healers.

---

[106] See Holt, *The Problem of Freedom,* 303-305 and Heuman, *Brief Histories*, 114-115 for the argument that Crown Colony government in Jamaica resulted in denial of democratic rights to the black majority and the bolstered of the interests of the white minority. Crown Colony Government was implemented in Jamaica in the aftermath of the 1865 Morant Bay Rebellion. The Jamaica House of Assembly was dissolved, and a legislative council consisting of members of the plantocracy and the governor, who was appointed by the Crown, became the governing authority in Jamaica. A privy council was also appointed, and parochial boards were nominated by the government.

[107] Marshall, "Citizenship and Social Class," 150.

[108] Jones, *Public Health in Jamaica*, 64-90.

The Case of the Revivalist Mother

From 1871 to the 1930s, Rose Ann Forbes, also known as 'Mammy Forbes,' operated a well-known balm yard in Blake's Pen district, at the Manchester and St. Elizabeth border in southern Jamaica.[109] Leonard Barrett defines a balm yard as a revivalist "healing centre specializing in herbal medicine, a place where the sick were bathed in herbal mixtures."[110] The balm yard/revivalist mother conducted church services and consulted with believers about their spiritual and medical concerns at the balm yard. The revivalist healer prescribed herbal remedies consisting of bush teas and herbal baths to cure disease and prevent/remove misfortune/bad luck.

Mammy Forbes was one of three generations of Afro-Jamaican women involved in the family business of folk healing in the Afro-Jamaican religious/medical tradition. The revivalist woman learned about herbal remedies and Afro-Jamaican traditional healing customs from her mother and, in turn, passed the skill to her daughter.[111] Forbes' mother was an enslaved woman who was said to have been an expert in "bush" remedies. Forbes herself reportedly received her calling to heal the sick in 1871, when smallpox arrived on the island. Subsequently, her daughter, Mother Rita, carried on the revivalist healing tradition into the late twentieth century after Forbes' death in 1930.[112]

---

[109] Barret, "Portrait of a Jamaican Healer," 7; Diana Paton, "Rose Ann Forbes," accessed August 12, 2017, https://obeahhistories.org/rose-ann-and-george-forbes-jamaica-19101916/. The author of this study uses the word "mammy" as it is applied in the Afro-Jamaican context to refer to an empowered woman or mother/grandmother figure. This meaning contrasts with the southern American vernacular which derogatorily referred to an African American woman who worked as a nursemaid for white children.
[110] Barret, "Portrait of a Jamaican Healer," 7.
[111] Beckwith, *Black Roadways*, 172; Barret, "Portrait of Jamaican Healer," 9-10.
[112] Ibid.

Mammy Forbes claimed social citizenship through her efforts to provide social services to rural patients in need of medical services. Forbes' family background and religious experience were pivotal to her calling to Revivalism. Barrett states that Forbes left the Anglican Church to form a revivalist band because she was dissatisfied with the coldness of its rituals.[113] By choosing to leave the Anglican church, Forbes exercised freedom of thought and faith which are some of the tenets of civil citizenship described by Marshall.[114] The revivalist mother practiced citizenship by exercising the right to choose how she wanted to express spiritual beliefs and freedom of religion.[115] The revivalist mother was a social citizen who provided care to poor rural patients who needed medical services.

The balm yard mother's practice exemplified the process of religious and medical syncretism in which Afro-Jamaican religious/medical traditions were blended with Christianity, resulting in "Africanized Christianity" and healing rituals.[116] The Revivalist's practice incorporated Biblical scriptures, the Christian doctrine of the Trinity (belief in the Father, Son, and Holy Spirit), Christian rituals of immersion baptism, fellowship, and prayer, alongside Myalism rituals of drumming and singing, dancing, spirit possession, and glossolalia.[117] Forbes blended her Christian beliefs and customs acquired as a former member of the Anglican Church with Afro-Jamaican spirituality and

[113] Barrett, "Portrait of Jamaican Healer," 6.
[114] Marshall, "Citizenship and Social Class," 148.
[115] Mimi Sheller, "Performances of Citizenship in the Caribbean," in *Routledge Handbook of Global Citizenship Studies*, eds. Engin F. Isin and Peter Nyers (New York: Routledge, 2014), 286-287.
[116] Moore and Johnson, *Neither Led nor Driven*, 51.
[117] Barrett, "Portrait of Jamaican Healer," 6; Moore and Johnson, *Neither Led nor Driven*, 51-58.

healing traditions that she learned from her mother to establish her practice as a Revivalist mother.

Jamaica's revivalist balm yard traditions emphasized Godliness, cleanliness, and healing as fundamentals of the Afro-Jamaican Christian sect and folk healing practices. Forbes and her band members dressed in white clothing, symbolizing '"foresight'" or clairvoyance and their dedication to Godliness.[118] The use of water rituals in various Afro-Caribbean healing practices, such as Shango in Trinidad and Tobago and Revivalism in Jamaica, was symbolic of regeneration and healing.[119] Water rituals in the revivalist tradition paralleled the Euro-Christian sacrament of baptism, which symbolizes repentance and healing. In her 1920 study of Jamaica's folk medical traditions, Beckwith observed that the "healing stream" or healing water/spring was a source of health to the sick and essential to leaders of revivalist bands.[120] In addition to the healing properties of water, the traditional healer deployed knowledge about herbs and plants to perform the act of cleansing to rid the body of illness and misfortune. Through individual consultations with believers who sought medical advice, the balm yard mother prescribed herbal remedies and healing baths to cure disease and the effects of Obeah. In this sense, balm yard healing subscribed to the tropes of cleanliness as a prerequisite to restoring health and good fortune.

[118] Beckwith, *Black Roadways*, 160.
[119] Angelina Pollak-Eltz, "The Shango Cult and Other African Rituals in Trinidad, Grenada, and Carriacou and their possible influence on the Spiritual Baptist Faith," *Caribbean Quarterly*, Vol. 39, No. 3 /4 (September-December 1993), 20.
[120] Ibid., 167.

The revivalist balm yard served a critical function to preserve the health of rural residents because disease and epidemics were a constant scourge that Jamaican residents encountered during the slavery and post-slavery periods. Kiple argues that all residents of Jamaica, regardless of race and class, were affected by the social and medical consequences of epidemics and diseases.[121] The *Daily Gleaner's* frequent reports about epidemics and diseases reflected Jamaicans' preoccupation with diseases. The popular newspapers offered advice about remedies and suggested precautions for residents and visitors to the island. For instance, during the early months of 1871, the *Daily Gleaner* warned about the increase in deaths from smallpox in Jamaica:

> The deaths from smallpox continued to increase the numbers returned by the Registrar General, having been in the last seven weeks respectively, 135, 188, 168, 196, 211, 218, and 227. The deaths from all causes were 1633 or eight more than in the previous week.[122]

The newspaper's report on smallpox suggested that the Jamaican public expected information about disease updates. As discussed in chapter two, the fear of contagion exacerbated racial and class prejudices and tensions about managing the smallpox epidemic in St. Andrew in 1871-1873.[123] Jones argues that Jamaica's inadequate government medical services hampered efforts to control epidemics. This negligence caused suffering and high death rates in the colony.[124] Historians Patrick Bryan and Nadine Wilkins demonstrate that 28 years after slavery ended, freed people struggled to

---

[121] Kiple, *The Caribbean Slave*, 1-5.
[122] "Smallpox," *The Daily Gleaner*, March 23, 1871.
[123] H.F. Figueroa, *A Full Report of the investigation into the charges of Doctor Bowerbank in reference to the late outbreak of Smallpox in St. Andrew* (Kingston: Office of the Colonial Standard and Jamaica Despatch, 1873), 72-78, accessed August 12, 2017, https://archive.org/details/b21297903. See chapter 2 for full discussion on the 1871-1873 smallpox epidemic in Jamaica.
[124] Jones, *Public Health in Jamaica*, 85.

obtain medical services because the number of doctors practising in the colony had fallen by 75%.[125] Rural parishes were more affected by the shortage of medical doctors in Jamaica than in urban centres. For instance, St. Elizabeth parish had one doctor for 37,777 residents, compared to Kingston, where 23 doctors ministered to 27, 359 residents in 1861.[126] Ten years later, with the threat of a smallpox epidemic, the fate of rural patients in St. Elizabeth was tied to the herbalists, bush doctors, and revivalist mothers rather than to the one public hospital in the parish capital Black River.

It was not a coincidence that Mammy Forbes received her calling to heal the sick in 1871 when smallpox began to ravage Jamaica. The decision to become a folk healer was likely inspired by previous outbreaks, such as the 1851-1852 cholera epidemic, which killed about 10% of her mother's generation.[127] Schuler shows that freed people resorted to Afro-Jamaican religious/medical practices to deal with their tragic encounters with epidemics and the attendant high death toll impacting their community during the mid-nineteenth century.[128] Forbes' response to the 1871-1873 smallpox epidemic suggests that a similar phenomenon occurred in the late nineteenth century. Forbes assumed the responsibility to use Afro-Jamaican religious/medical traditions to help her community survive the crisis of epidemic. The 1871-1873 smallpox epidemic resulted in 4,868 recorded infections, representing almost 1% of the island's population in 1871.[129]

---

[125] Bryan, *The Jamaican People,* 166; Wilkins, "Doctors and Ex-slaves," 19-30.
[126] Barry Higman, ed., *The Jamaican Census 1841 & 1861* (Mona: University of the West Indies, 1980), 55-56.
[127] Gavin Milroy, *Report on Cholera in Jamaica 1850-51* (London: House of Commons, May 1854), 33, accessed July 15, 2019, https://archive.org/stream/b24751376#page/17/mode/1up.
[128] Schuler, "*Alas, Alas, Kongo*," 32-44.
[129] Jones, *Public Health in Jamaica,* 76.

The Jamaican balm yard traditions embody connections between healing and women's responsibilities as caregivers. The gendered relationship between the revivalist mother and those who sought her advice signified their desire for care to "overcome suffering, relieve distress and regain wellbeing," working together as patient and healer/mother figure in the Afro-Jamaican community.[130] A balm yard practitioner could be a mother figure, a shepherd or a father figure, such as Alexander Bedward, 1848-1930, of the popular Bedwardites Revivalist band in St. Andrew during the 1890s.[131] The surrogate mother figure was a healer and leader of her followers/family members—children or sisters/brothers of the band.[132] Although Forbes' husband, George Forbes, was involved in her revivalist practice, she was the spiritual healer, leader and mother of the community/band. Forbes' gender shaped her status as a revivalist mother/caregiver.

William Wedenoja suggests that the relationship between the patients and the balm yard mother was premised on a maternal dependency. The revival mother performed a "ritualized extension of mothering" and caregiving to her band members in a parent-child relationship.[133] In other words, the revivalist mother performed the essential role of mothering – nurturing and healing – (bathing and counselling) those in her band as patients/family members who needed care. The revivalist mother served a pragmatic

[130] Wedenoja, "Mothering and the Practice of 'Balm' in Jamaica," 76; Barrett, "Portrait of a Healer," 6-9; Besson and Chevannes, "Continuity-Creativity Debate," 209.
[131] Beckwith, *Black Roadways*, 167-169
[132] Ibid., 159-160.
[133] Wedenoja, "Mothering and the Practice of 'Balm' in Jamaica," 76-89. Also see Marietta Morrissey, "Explaining the Caribbean Family: Gender Ideologies and Gender Relations," in *Caribbean Portraits: Essays on Gender Ideologies and Identities*, ed., Christine Barrow (Kingston: Ian Randle Publishers and the centre for Gender and Development Studies, University of the West Indies, 1998), 81 for a discussion on the definition of the matrifocal family type in the Caribbean which positioned the mother as the primary economic support for her children.

purpose as a healer and mother to those who needed her medical and spiritual knowledge. Her followers related to her because of shared experiences with oppression, suffering and membership in a community.

The balm yard/revivalist healer challenged colonial authority because she undermined western medical practice by healing without medical accreditation. Forbes and her husband were charged for practising medicine without a license (breaking the 1908 Medical Act) with implication to the Obeah's 1898 Anti-Obeah Act.[134] The judge who fined Forbes for "practising without a medical license" advised her to destroy her implements of Obeah. The judge warned Forbes if the police found bottles and feathers at her home, she would be charged for Obeah. [135] In sentencing the revivalist mother, the judge referred to Section 7 of the 1898 Obeah Law, which gave the state the right and "The Power to Search for [the] Instrument of Obeah."[136] The clause gave the police authority to obtain evidence of Obeah practice. As a result, the police frequently planted decoys because witnesses were unwilling to testify in court against Obeah practitioners. The police used undercover investigations to search for the implements of Obeah (vials, coins, animal teeth, feathers, and herbal medicine) to obtain evidence for the court so that Obeah charges could be successfully laid against an accused.[137]

---

[134]"Medical Law: Charge of Practicing Medicine against a Woman," *The Gleaner*, August 5, 1910, 14; "Under arrest at Mandeville: Resident of Blake's Pen, Manchester is held as Obeahman" The *Gleaner*, March 7, 1916, 10.

[135] The *Gleaner*, August 5, 1910, 14.

[136] *The Obeah Act*, 1898, Section 7: Power to Search for Instrument of Obeah, accessed August 12, 2017, https://ufdc.ufl.edu/AA00014142/00001/2j

[137] The following are some court cases that were reported in *The Gleaner* about charges of Obeah based on entrapment: "The Obeahman," *The Gleaner*, December 24, 1896, 6; "Spanish Town Obeah and Revivalism, *The Gleaner*, June 28, 1899, 7; "Obeah Charges: How District Constable became a Client," *The Gleaner*, November 16, 1908, 1; "Obeah case at the Supreme Court," *The Gleaner*, November 8, 1917, 29. All these cases used decoys to gain evidence for the court.

The charge against Forbes for contravening the 1908 Medical Law and the fine for practising medicine without a licence suggests that the court perceived her folk healing practice challenged the dominant western medicine. However, the court assumed that Forbes' practice was associated with Obeah, even if the evidence did not support that assumption. Forbes' case suggests that as a caregiver in the revivalist tradition, her practice was illegal on two counts; it breached a medical regulation and was associated with the Anti-Obeah ordinance. Forbes' legal encounter reveals the extent to which the colonial government attempted to stamp out Afro-Jamaican folk medicine during the late nineteenth century. However, the criminalization of the revivalist mother did not halt her practice. Forbes continued as a revivalist mother until the early twentieth century when Mother Rita, her daughter, continued the practice.

A Plural System of Health in Post-Slavery Jamaica

Afro-Jamaican traditional healers often integrated western medicine with Afro-Jamaican herbal and home remedies to care for the sick. The experience of an Afro-Jamaican female patient born in the late nineteenth century provides one example of this kind of medical integration.[138] In an interview, the ninety-one-year-old Miss Fan reported that she could not attend school when she was twelve because one of her toes became infected and bled whenever she walked. The elderly Afro-Jamaican woman recounted that after making several visits to the doctor without any success, and despite her mother's disapproval, she sought the advice of the revival healer in her community. She

[138] Brodber, *Life in Jamaica in the Early Twentieth Century.* Miss Fan of Rock Spring, Trelawny, was born around 1882. She was 12 years old in 1894 and about 91 years old at the time of the interview.

reported that the Afro-Jamaican traditional healer prescribed "wild oil nut, three leaves of man wise slip (probably known by another name), dry iodoform, and one oval blue."[139] Miss Fan reported that her toe had begun to heal by the third time of dressing it with the medicine from the folk healer.[140]

Miss Fan's account of her experience with the revivalist healer reveals that some traditional healers used local herbal remedies, household items and western medicine to heal their patients. Miss Fan recalled that the folk healer prescribed iodoform, a compound known as "tri-iodomethane, a yellow, crystalline solid belonging to the family of organic halogen compounds, and used as an antiseptic component of medications for minor skin diseases."[141] Miss Fan purchased this substance at a government dispensary established in Jamaica in 1876 as a part of the government medical services.[142] The oil nut plant prescribed is used to make castor oil, which medical practitioners prescribed worldwide to treat many conditions, including skin and intestinal problems.[143] Miss Fan reported that the "leaves of man wise slip" were eaten by goats, suggesting that the shrub was not poisonous and, like the "oval blue," were familiar to her. Blue is derived from the indigo plant and is a household product used to whiten laundry. The indigo derivative has

[139] Brodber *Life in Jamaica Collection*, Miss Fan of Rock Spring, Trelawny, 1973-1975.
[140] Ibid.
[141] "Iodoform," *Britannica*, accessed September 2, 2016, https://www.britannica.com/science/iodoform.
[142] Jos C. Ford and A.A. C. Finlay, eds., *Jamaica Handbook* (Kingston: Government Printing Office, 1906), 485, accessed May 14, 2018, https://archive.org/stream/handbookjamaica00unkngoog#page/n494/mode/1up.
[143] "Castor Oil," *Encyclopedia.com*, 2018, accessed November 4, 2017, https://www.encyclopedia.com/science-and-technology/chemistry/organic-chemistry/castor-oil.

astringent properties used in healing by reducing bleeding.[144] All of the prescribed medicines were local remedies.

Miss Fan's narrative about the Afro-Jamaican healer's prescription conflicts with the dominant cultural script that suggested traditional healers used "magic," the occult or incantations to defraud unsuspecting patients.[145] Although unscrupulous Afro-Jamaican folk healers made false claims and performed rituals causing harm to those seeking medical services, Miss Fan's account demonstrates there was another narrative.[146] Miss Fan recounted a narrative that suggests that the local revivalist healer relied on an intimate knowledge of herbs, western pharmaceuticals and home remedies. The prescription of herbal remedies along with the astringent and antiseptic compounds purchased from a government dispensary suggests that traditional healers sometimes deployed medical knowledge that integrated Afro-Jamaican herbal remedies with western medicine. Miss Fan's account of her experience strongly indicates that some Afro-Jamaican folk healers were pragmatic in solving health problems using a combination of western medicine and folk medicine to foster healing. However, Miss Fan's mother's disapproval of the traditional healer speaks to the complex relationship between Afro-

---

[144] "Laundry Blue," *Old & Interesting*, accessed September 5, 2016, http://www.oldandinteresting.com/laundry-blue.aspx; "Indigo A Magical Dye," http://blogs.ubc.ca/barber/files/2016/01/Indigo-A-magical-dye.pdf. Laundry blue was used in laundering clothes during the nineteenth century before modern laundry detergent was manufactured. However, Blue is still used to whiten clothes. It is derived from indigo or from powdered blue smalt- ground glass containing cobalt. Blue has an astringent property used to reduce bleeding and to promote healing.

[145] See John Parkin, MD, *Statistical Report of the Epidemic Cholera in Jamaica* (London: Macintosh Printer, 1852), 19, accessed August 12, 2017, https://archive.org/stream/b21297812#page/19/mode/1up. The British physician argues that Afro-Jamaican patients preferred to seek the advice of an Afro-Jamaican traditional healer than a western physician because of superstition.

[146] Moore and Johnson, *Neither Led nor Driven*, 63. Moore and Johnson discussed incidents reported in *The Gleaner* during the late nineteenth century about cases of Afro-Jamaican folk healers who used dangerous remedies that resulted in harm to patients.

Jamaicans and traditional healers. Perhaps Miss Fan's mother had internalized the dominant narrative that defined the revivalist healer as dangerous, or she had encountered a fraudulent folk healer.

In analyzing the credibility of accounts produced by interviewees, oral historians suggest that it is crucial to consider the effects of time passing on memory and the interviewee-interviewer relationship.[147] Miss Fan's memory of an event that had happened about eighty years ago may have been affected by the passing of time and the interaction with the interviewer. She may have misremembered parts of the events or was selective in recounting the narrative to the young educated interviewer. The interviewer's class and age differences may have influenced how the interviewee retold the event. Even though the interviewee likely shared racial identity with the interviewer, it was possible that Miss Fan made some assumptions about the interviewer's age and class and adjusted her response accordingly. However, Karen Flynn explains that while exaggeration, silences, omissions, and gaps in memory must be acknowledged and interpreted, the interviewees' narratives should emphasize how the experiences shaped their identities.[148]

Despite the subjectivity of the interview process, Miss Fan's account is essential to understand aspects of the past actions of those who do not leave written accounts of their experiences. Miss Fran's report demonstrates that she, a poor rural Afro-Jamaica patient drew on western medicine and Afro-Jamaican traditional healing systems to meet her medical needs during the late nineteenth to the early twentieth century. Miss Fan's

[147] John Ernest, ed., *The Oxford Handbook of the African American Slave Narrative* (New York: Oxford University Press, 2014), 21-32.
[148] Karen Flynn, *Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora* (Toronto: University of Toronto Press, 2011), 14-15.

account suggests she was an active participant in a pluralistic medical system that relied on Afro-Jamaican healing traditions when western medicine did not meet her needs.

The patients who used Afro-Jamaican traditional healing were motivated by various reasons and came from different social backgrounds. Contrary to the belief that the users of folk medicine were stereotypically from the "lower orders," some middle-class Jamaicans also sought medical advice from the traditional healer.[149] Barrett argues that Jamaican elites and middle-class residents did not publicly admit that they sought the services of Afro-Jamaican healers like Rose Forbes.[150] Perhaps, the upper and middle-class individuals who covertly sought the aid of the Afro-Jamaican healers were concerned about being judged as superstitious by their counterparts. However, contemporary perceptions about the medical benefits of folk medicinal remedies and therapies continue to evolve. Herbal medicines, such as cannabis and water rituals like hydrotherapy, are twenty-first-century holistic treatment protocols that practitioners and patients integrate into their search for wellness.

Conclusion

The historical scholarship about Afro-Jamaican religious/medical traditions emphasizes ongoing debates about the definition, the origins, and the development of Obeah, Myalism and Revivalism in Jamaica based on changing circumstances in the British plantation colony. Scholars continue to ask new questions and propose nuanced interpretations of the past experiences of marginalized people who did not leave written

[149] Thomas, *Something about Obeah*, 8.
[150] Barrett, "The Portrait of a Jamaican Healer," 7.

records about their thoughts. Scholarly interpretations that explore the complexities and tensions of Jamaica's colonial medical landscape also consider the strategies employed by freed people as they strove to define freedom in cultural and social terms as agents of change despite legal suppression. Obeah, Myalism, and Revivalism were strategies that freed people employed to solve disease problems and challenge social and political crises, thereby defining freedom in cultural terms.

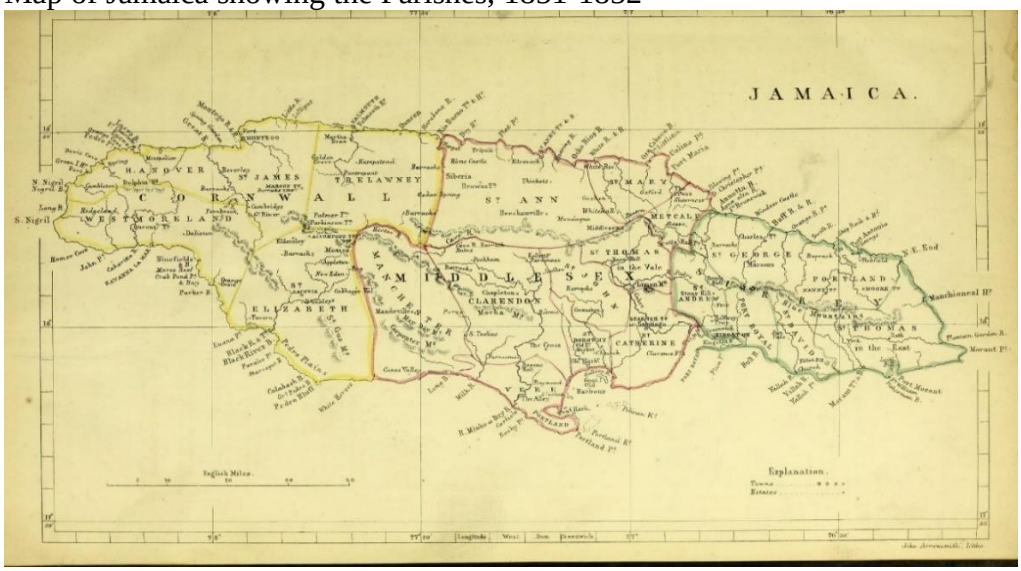
This study examines scholarly interpretations of the experiences of Afro-Jamaican patients and practitioners as a part of the colonial political, legal, and medical landscape and freed people's quest for full citizenship (political and social) in post-slavery Jamaica. It argues that freed people claimed full citizenship by adapting Afro-Jamaican religious/medical traditions, although the white elites denied them political citizenship, and social citizenship was limited. The revivalist mother represented freed people's reclamation of Afro-Jamaican healing traditions as an overt expression of freedom and a strategy to survive hard times and disease. The term 'reclaimed' is not intended to indicate that freed people abandoned or disremembered Afro-Jamaican religious/medical beliefs. Rather, it is a metaphor that symbolizes freed people's conscious and deliberate actions in recreating Afro-Jamaican spiritual and medical traditions to adapt to and resist colonial rule. Freed people as cultural activists challenged inequality, poverty, and diseases through religious beliefs and medical practices. In this sense, freed people claimed political and social citizenship through cultural activism.

The next chapter explores the government medical system through the lens of the 1852 cholera epidemic, the 1872 smallpox outbreak, and encounters with hookworm

disease in the early twentieth century in Jamaica. It argues that from the mid to late-nineteenth century, government medical and social services were inadequate and fraught in Jamaica.[151] Strategies to manage disease were racialized, political and singled out the poor for surveillance and control. White elitist assumptions about labouring class people resulted in omission, suffering and death from epidemics in post-slavery Jamaica.

[151] Kershaw, "The 'Private' Politics in Caregiving: Reflections on Ruth Lister's Citizenship," 302-303.

Map of Jamaica showing the Parishes, 1851-1852



Source: Gavin Milroy, Report on Cholera in Jamaica ordered by the House of Commons

Current Map of Jamaica showing Parishes and Capitals

Source: World Atlas, https://www.worldatlas.com/maps/jamaica

Chapter 2: The Scourge of Epidemics & Disease in Post-slavery Jamaica, 1850-1920

Thirteen years after enslaved people of African descent in the British Empire were granted emancipation in 1838, Jamaica experienced its worst cholera epidemic. The 1851-1852 cholera epidemic caused the death of up to 50,000 people, representing a loss of about 13% of the Jamaican population.[1] But this outbreak was not an anomaly; the British colony experienced frequent epidemics, sometimes concurrently. In fact, in 1852, cholera and smallpox outbreaks coincided in Jamaica.[2] Twenty years later, between 1871 and 1873, the colony experienced a smallpox outbreak that infected 4,868 and killed 797 of the island's population of 506,000.[3] Smallpox was a frequent visitor to the island during the slavery and post-slavery periods, striking in 1831, 1868, 1871, 1886 and 1892, resulting in high morbidity and mortality rates among the residents of Jamaica.[4] Disease continued to be a formidable threat to Jamaica's labouring classes in the early twentieth century despite biomedical development, the establishment of government public hospitals in the capital of each parish and an increase in the number of trained nurses to deliver medical services. Hookworm disease (ancylostomiasis) infected about 70.52% of the population tested for the disease. Hookworm disease often did not kill its victims, but the chronic disease caused lethargy in agricultural labourers. In response, the

[1] Milroy, *Report on Cholera in Jamaica*, 33, Parkin, *Statistical Report of the Epidemic Cholera in Jamaica,* 6, reported that the human toll from cholera was between 40,000-50,000 persons.
[2] Milroy, *Report on Cholera in Jamaica,* 87-90.
[3] Jones, *Public Health in Jamaica,* 76
[4] Jones, *Public Health in Jamaica,* 66; Correspondence between the Board of Health and Colonial Secretary Office about Epidemics: Letters from Henry Irving on 29 January 1868 to the Colonial Secretary Office about concerns over the proximity of Savanna-la-Mar and the existence of a cholera epidemic. Also, a letter from a public meeting in Lucea re resolutions passed about cleaning town thoroughfares, cholera hospital and burial grounds and the process of disinfecting, dated 8 September 1892, Local Gov. 2/4/8/2 JA.

International Health Board of the Rockefeller Foundation (IHBRF) and Jamaican medical officials implemented a campaign to eradicate the disease to improve agricultural labour in the colony.[5]

High morbidity and mortality rates from disease among the labouring population suggested that caregiving was not a priority of Jamaica's government during the immediate post-slavery period. In Jamaica, as throughout the British Caribbean, government medical services were unable to keep pace with the frequent occurrence of epidemics from the mid-nineteenth to the early-twentieth centuries. These outbreaks led to high morbidity and mortality rates throughout the region.[6] This study of smallpox, cholera and hookworm disease demonstrates the social, political, and cultural challenges of managing disease in post-slavery Jamaica from the mid to late nineteenth and early twentieth centuries. Cholera and ancylostomiasis, "diseases of the poor" and the labouring class, were associated with the socio-economic determinants of diseases—overcrowded living conditions, a lack of proper sanitation facilities, contaminated water and food, unsanitary working conditions, and inadequate access to medical services.

On the other hand, regardless of race and class, everyone was vulnerable to smallpox, although the disease was preventable through judiciously implemented and

[5] "Annual Report on the work carried out in the government Bacteriological Laboratory, April 1918 to March 1919," Jamaica, BWI., 156, CO 140/245, 156 TNA.
[6] Patsy Sutherland, "The History, Philosophy, and Development of Caribbean Healing Traditions," in *Caribbean Healing Traditions: Implications for Health and Mental Health*, eds. Patsy Sutherland, Roy Moodley, and Barry Chevannes (New York: Routledge, 2013), 15-28; Jones, *Public Health in Jamaica*, 87-114; De Barros, *Reproducing the British Caribbean*, 40-66.

maintained vaccination programs.[7] The failure of the Jamaican government to diligently enforce a consistent vaccination program created the opportunity for smallpox to become endemic during the late nineteenth century. Therefore, freed people had to resort to their resourcefulness to meet their medical needs in the face of frequent epidemics and the inadequacies of Jamaica's health care system. As discussed in chapter one, Afro-Jamaicans adapted Afro-Jamaican folk remedies to meet their medical needs and survive diseases as cultural activists.

This chapter argues that the management of epidemics and diseases amplified the challenges of managing health crises and thus exposed the complexities of administering an empire. It examines how the management of diseases exacerbated social conflicts in the post-slavery period, as freed people sought to survive encounters with diseases in a society that could not meet the medical needs of all its residents. Imperial strategies to mitigate the spread of disease, such as quarantine procedures, placed restrictions on everyone in the colony. However, in addition to being the targets of mitigation measures to control diseases, the labouring class was subject to medical officials' racial and class prejudices. Colonial medical officials blamed the poor and the labouring population for spreading disease through their purportedly primitive cultural practices. Such perceptions convinced poor patients they could not trust government medical services and

[7] Michael Worboys, "Germs, Malaria and the Invention of Mansonian Tropical Medicine: From 'Diseases in the Tropics' to 'Tropical Diseases,'" in *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, ed., David Arnold (Atlanta: Rodopi B.V., 1996), 512; Arnold, "Medicine and Colonialism," 1393; Arnold, "Cholera and Colonialism in British India," 118; S. R. Duncan, Susan Scott and C. J. Duncan, "The Dynamics of Smallpox Epidemics in Britain, 1550-1800," *Demography*, Vol. 30, No. 3 (August 1993), 405-406; Steven Palmer, "Migrant Clinics and Hookworm Science: Peripheral Origins of International Health,1840–1920," *Bulletin of the History of Medicine*, Vol. 83, No. 4 (Winter 2009), 678.

practitioners. These biases contributed to the indignities and suffering of poor patients. In this sense, disease management exacerbated an already tenuous situation fueled by racial and class prejudices and inadequate medical infrastructure, compounded by urban/rural disparities of medical services in the colony.

In addition to racial biases, gender and class assumptions conspired to undermine the contributions of medical women on the frontlines of disease management in Jamaica during the nineteenth century. Informally trained nurses provided direct patient care in private service and the government hospitals during the 1851-1852 cholera epidemic and the 1871-1873 smallpox outbreak.[8] However, medical reports often minimized and obscured women's caregiving efforts during these epidemics. Nineteenth-century medical reports written by medical officers highlighted the credentials and responsibilities of their male counterparts. However, these annual medical reports did not disclose nurses' credentials and tended to gloss over the contributions of the matrons and nurses to the medical department. The reports that addressed female caregivers referred only to British matrons who were recently appointed, promoted, transferred between institutions, or returned to Britain on vacation. Epidemiological reports portrayed informally trained hospital caregivers as ignorant, incompetent, and untrustworthy. For instance, informally trained nurses in smallpox hospitals were deemed responsible for spreading contagion because of inadequate quarantine procedures.[9] Such negative descriptions of informally

[8] Lewis Bowerbank, *The Terror of the Tents or Quarantine Restrictions as Imposed and Enforced in Jamaica during the Prevalence of Smallpox under so-called Paternal Government* (Kingston: Geo Henderson & Co., 1872), 13-14,accessed September 2, 2018, https://archive.org/details/b21297903/page/n4; Figueroa, *A Full Report of the investigation into the charges of Doctor Bowerbank*; 42-43.
[9] Figueroa, *A Full Report of the investigation into the charges of Doctor Bowerbank*; 42-43.

trained nurses who worked in the deplorable smallpox hospitals during the 1871-1873 smallpox epidemic were especially problematic when medical officers refused to enter them. The obscuration of women's medical contributions in nineteenth-century medical reports poses a challenge to historians' understanding of the roles of female caregivers as essential team members of the medical landscape.

The early twentieth century saw some improvement in the level of care offered to the labouring class in Jamaica due to development in the germ theory of disease, the establishment of government hospitals and an increase in the number of trained nurses. Still, the labouring class continued to be the targets of surveillance measures to control diseases. During the period, improvements in scientific, medical, technological, and administrative strategies to manage diseases fueled the quest to expand agricultural resources for Britain and the US markets. The relationship between American medical researchers, business interests in the banana trade, and the colonial government in Jamaica represented a shift toward international cooperation between imperial powers.[10] However, this cooperation originated from imperialists' preoccupation with profitability at the expense of the labouring class. When agricultural labourers became ill, as they frequently did, medical officials vilified them for spreading disease.

Jamaica's history of disease emphasizes high morbidity and mortality rates among the Indigenous, enslaved, freed, settler, and indentured populations in the Caribbean region since the arrival of European colonizers in the fifteenth century. Within a century

[10] Peter Clegg, *The Caribbean Banana Trade: From Colonialism to Globalization* (New York: Palgrave MacMillan, 2002).

of Europeans' arrival in the region, smallpox, measles, typhus, and cholera decimated its population from around fifteen million to 1.5 million.[11] Preserving the health of enslaved people of African descent who replaced Indigenous labour was inconsequential to planters who found it more cost-effective to replace them by purchasing more people for chattel slavery than spend money on medical services for the enslaved population.[12] The reckless disregard for the health of labouring people of colour continued beyond slavery, as the 1851-1852 cholera epidemic and the 1871-1873 smallpox epidemic demonstrate.

The 1851-1852 Cholera Epidemic: Filth and Social Decay

The case study of the 1851-1852 cholera epidemic reveals the government and medical elites' reckless disregard for the health of the labouring class (Afro-Jamaicans; African and Asian indentured labourers) in post-slavery Jamaica. The argument here is that the colonial government in Jamaica failed to adequately manage the cholera epidemic, causing suffering and death among the labouring class. The 1851-1852 cholera epidemic entered Jamaica from Panama on September 27, 1851, via an American steamer *en route* from Chagres on the Isthmus of Panama to New York City.[13] The first death from cholera in 1851 was reportedly on the ninth day after the Prawle brothers returned to Jamaica from Panama with their deceased father's clothing. Allegedly, Nanny Johnston, a middle-aged washerwoman from Port Royal, contracted cholera from the clothing of the

[11] Nathan Nunn and Nancy Qian, "The Columbian Exchange: A History of Disease, Food, and Ideas," *The Journal of Economic Perspectives,* Vol. 24, No. 2 (Spring 2010), 164-165.
[12] Kiple, *The Caribbean Slave*, 104-105. Kiple shows that Baron von Humboldt, a German polymath, geographer, naturalist, explorer, and author reported on the status of slavery in early 19th century Cuba. See, Alexander von Humboldt, *The Island of Cuba* (New York: Derby & Jackson, 1856), 227-228, accessed January 20, 2021, https://archive.org/details/islandofcub00humb/page/228/mode/1up.
[13] Milroy, *Report of Cholera in Jamaica,* 37.

deceased Mr. Prawle.[14] However, Gavin Milroy – the British epidemiologist who investigated the disease in Jamaica - disagreed and suggested that Johnson's living condition, "a filthy hovel close to the beach," contributed to her death from cholera.[15] Johnston's case suggests that during the mid-nineteenth century, identifying the source of cholera contagion to promptly mitigate the spread of the disease was impeded by unreliable information about the disease and the implicit biases of medical officials toward freed people.

The cholera epidemic followed the paths of maritime transportation, international trade and the migration of people. In the Americas, cholera followed migrant labourers who constructed railroads on the Isthmus of Panama during the California gold rush between 1848 and 1855.[16] Afro-Caribbean migrant workers travelled to Panama for employment and business opportunities during the period. For example, in 1851, Mary Seacole, an informally trained nurse/doctress, visited her brother, Edward, a hotelier in Panama. Perhaps Seacole's absence from medical reports about Jamaica's deadliest cholera epidemics justified why her work with cholera has come to be associated with Cruces, Panama, rather than Kingston, Jamaica, where she worked as a nurse/doctress for most of her life. While in Cruces, Panama, Seacole claimed to diagnose and treat cholera patients using Afro-Jamaican folk remedies (cinnamon in water and lime juice) and

[14] Ibid.
[15] Milroy, *Cholera in Jamaica*, 12, 36; Brian T Higgins and Kenneth F. Kiple, "Cholera in Mid-Nineteenth Century Jamaica," *Jamaica Historical Review*, Vol. 17 (1991), 35-36.
[16] John Haskell Kemble, "The Gold Rush by Panama, 1848-1851," *Pacific Historical Review,* Vol. 18, No. 1 (February 1949), 46; Mitchel Roth, "Cholera, Community, and Public Health in Gold Rush Sacramento and San Francisco," *Pacific Historical Review,* Vol. 66, No. 4 (November 1997), 527-551.

western medicine (calomel and mustard poultices).[17] As shown later in the chapter, British epidemiologists attending cholera patients in Jamaica during the 1851-1852 epidemic also used these remedies.

Mid-nineteenth-century epidemic mitigation efforts in Jamaica were stalled by ineffective coordination of surveillance and containment measures to minimize the spread of disease. Milroy indicated that based on documented accounts, there were earlier reports of cholera in the colony, such as in August 1849 when a soldier of the 2nd West Indies Regiment (WIR) at Port Royal suddenly became ill with symptoms of cholera, but he eventually recovered.[18] Milroy reported that despite several reported cases of cholera, the naval surgeon did not immediately inform the board of health that there was a possible outbreak of the disease in Port Royal until the fall of 1851.[19] Further, once cholera cases were reported, the local boards of health became embroiled in disagreements over who was responsible for dealing with the situation. The dispute among the local boards of health became so disruptive that some members withdrew from meetings while the epidemic ravaged the island.[20] As a result of the medical officials' inability to work effectively and expeditiously to coordinate containment procedures between Jamaica's parochial boards of health, cholera spread throughout the island with deadly consequences.

---

[17] Mary Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands* (London: James Blackwood Paternoster Row, 1857), chapter iii & iv, accessed January 20, 2021, https://digital.library.upenn.edu/women/seacole/adventures/adventures.html.
[18] Milroy, *Cholera in Jamaica,* 6.
[19] Higgins and Kiple, "Cholera in nineteenth century Jamaica," 36.
[20] Milroy, *Report on Cholera in Jamaica,* 14.

The literature on cholera accentuates the global spread of the disease with swift and deadly consequences, causing socio-economic disruption and exacerbating social/cultural conflicts and contributing to social unrest during the nineteenth century.[21] Asiatic cholera originated in India in 1817, spreading to Europe (Paris, 1832, Britain, 1831, 1849, 1854, and 1866); the US in 1832, 1849, and 1866; Cuba in 1833, 1849 and Jamaica in 1851 and 1854.[22] Charles Rosenberg argues that the development of trade and transportation during the nineteenth century facilitated the distribution of cholera from Asia to Europe and the Americas.[23] Rosenberg discussed the impact of historical changes (including religious influences, urbanization, demographics, public health and medical strategies) in fostering the spread and determining the responses to cholera in the US in 1832, 1849 and 1866. In Britain, Burrell and Gill show that cholera sparked riots in Liverpool and other towns during 1832 because some Britons believed doctors were killing patients to practice dissection on their corpses.[24] However, the public would later learn that overcrowding, unsanitary conditions, inadequate sewage systems, and contaminated water supply contributed to cholera in Liverpool and worldwide.[25]

Scholars writing about nineteenth-century cholera epidemics in the British Empire examine how colonial governments' inefficiency in handling the disease exacerbated

[21] Arnold, "Cholera and Colonialism in British India,"*118-151*; Rosenberg, *The Cholera Years;* Higgins and Kiple, "Cholera in Mid-Nineteenth Century Jamaica," 31-47; Sean Burrell and Geoffrey Gill, "The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection-Medical Distrust and Civil Unrest," *Journal of the History of Medicine*, Vol 60, Issue 4 (Oct. 2005), 478-498;
[22]Parkin, *Statistical Report on Cholera in Jamaica*, 30-33; Rosenberg, *The Cholera Years*, 4; E. Ashworth Underwood, "The History of Cholera in Great Britain," *Proceedings of the Royal Society of Medicine*, Vol XLI, 165 (Nov. 3, 1947), 168-169.
[23] Rosenberg, *The Cholera Years*, 1-2.
[24] Burrell and Gill "Liverpool Cholera Epidemic," 479.
[25] Ibid, 480-481.

social conflicts and hardship in the colonies. Government mitigation strategies were ineffective in minimizing the human toll of cholera during this period. In his work on cholera in India, David Arnold examines the social, cultural and political context to conclude that colonial priorities and access to resources shaped the government's slow response to manage the deadly disease.[26] Rita Pemberton contends that the 1852 cholera epidemic in Jamaica exacerbated race and class prejudices against the labouring class as the elites blamed the disease on the "'dirty' habits of the freed Africans."[27] She argues that the cholera epidemic in the British Caribbean generated fear, panic and misery among the labouring class and the political and social elites. However, the plantocracy was concerned about disruption to labour and attempted to use medical services as a bargaining chip to secure labour in the region.[28]

The 1851-1852 cholera epidemic in Jamaica was a part of the third Asiatic cholera pandemic (from 1846 to1860) that caused suffering and death worldwide, including in Asia, Europe, and the Americas. Brian Higgins and Kenneth Kiple conclude that the 1851-1852 cholera pandemic took its highest toll on a per capita basis in Jamaica compared to other regions of the world.[29] The human toll of the epidemic in Jamaica stood between 25,000 and 50,000 persons, representing up to 13% of the Jamaican population.[30] There were so many deaths from the disease in Jamaica that corpses were

[26] Arnold, "Cholera and Colonialis in British India," 119, 150-151.
[27] Pemberton, "Dirt, Disease and Death," 48.
[28] Ibid.
[29] Higgins and Kiple, "Cholera in Mid-Nineteenth Century Jamaica," 42.
[30] Milroy, *Report on Cholera in Jamaica*, 33; Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 6, reported that the human toll from cholera was between 40,000-50,000 persons. Higgins and. Kiple, "Cholera in Mid-Nineteenth Century Jamaica," 42 cite Governor Grey's report of Dec 1851 which listed the number of deaths between 25,000 to 30,000.

left unburied on the streets or buried in mass graves because of a shortage of gravediggers.[31] This situation only worsened the spread of the disease and the attendant mortality throughout the colony. In comparison, England's death rate during the 1848-1849 epidemic was 30 per 10,000 or 0.003%.[32] Although England and Jamaica were markedly different in population size and medical infrastructure, the comparison shows the severity of the epidemic in the British colony.

Nineteenth-century ideas about contagion, anti-contagion/anti-quarantine and contingent contagion informed the medical approaches employed and the failures of quarantine protocols to halt the spread of cholera in the 1830s.[33] Parkin and Milroy were contingent contagionists and, like their contemporaries, Edwin Chadwick (1800-1890) and John Snow (1813-1858), argued that cholera was found in specific geographical and social circumstances. The British medical officials argued that cholera was associated with filth, overcrowding and contaminated air quality which introduced poisons into the body.[34] Although physicians and researchers understood that external factors caused cholera in the environment, it was not until 1854 that Snow discovered that the specific cause of cholera was contaminated water supply from London's sewage system. Snow's finding disproved the miasma theory, but it was not immediately accepted until the late nineteenth century when Robert Koch (1843-1910) assigned the cause of cholera to the

[31] Milroy, *Report on Cholera in Jamaica*, 17; Parkin, *Statistical Report on Cholera in Jamaica*, 30.
[32] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 6.
[33] Valeska Huber, "The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851-1894," *The Historical Journal*, Vol. 49, No. 2 (June 2006), 456-457.
[34] Stephanie J Snow, "Commentary: Sutherland, Snow and Water: The Transmission of Cholera in the Nineteenth Century," *International Epidemiological Association*, 31 (2002), 909; Parkin, *Statistical Report of the Epidemic Cholera in Jamaica,* 40-42.

cholera bacterium. Still, the germ theory of disease did not eclipse the miasmatic view of infection until after the late nineteenth century.

The Jamaican government's management of cholera in 1851-1852 relied on British experiences with cholera epidemics in 1832 and 1848-1849. The earlier outbreaks in Britain tested responses to cholera as British medical authorities developed mitigation procedures (such as sanitary and quarantine programs) and established health boards to coordinate medical officials in charge of controlling the spread of the disease in Britain. When cholera broke out in Jamaica, the British government despatched Gavin Milroy and John Parkin to the colony to work with local medical officials to manage the epidemic.

Milroy's experience with cholera as a medical superintending inspector with the English Board of Health during the 1848-1849 cholera epidemic in London meant he was familiar with the disease before the 1851-1852 outbreak in Jamaica.[35] Parkin, in turn, was an honorary fellow of the Royal Academies of Medicine and Surgery in Madrid, a corresponding member of the Medical Society of Barcelona and a fellow of the Royal Peloritan and Chirurgical Society, London.[36] On the ground in Jamaica, Milroy and Parkin observed local social conditions, tracked the course of cholera throughout the colony, compared the ravages of cholera in Jamaica with previous cholera pandemics in Europe and Asia and reported their findings to the imperial government. The British epidemiologists recommended measures to manage the epidemic in Jamaica and prevent future outbreaks.

[35] Obituary of Gavin Milroy, M.D., F.R.C.P., *The British Medical Journal*, Vol. 1, No. 1313 (February 27, 1886), 425-426; De Barros, *Reproducing the British Caribbean*, 30.
[36] Parkin, *Statistical Report of Cholera in Jamaica*, (title page).

The British epidemiologists, like their contemporaries, subscribed to miasmic theories about the causation and transmission of cholera. Milroy claimed that the causes of cholera were poverty, filth, and poorly ventilated huts.[37] He expressed disgust about the filthy public thoroughfares of Jamaica's capital city in 1851:

> Kingston has always been noted for its number of half-starved dogs. It is no uncommon thing to see the carcass of one of these unfortunate brutes lying in the middle of a street with a troop of the vulture crows, which are ever wheeling about the city, tearing it to pieces, while the air all around is tainted with the most putrid effluvia.[38]

The British physician painted a picture of decay and filth as the prime contributors to disease in Jamaica. Milroy believed sanitary measures, such as cleaning garbage and animal carcasses from the streets and residents' homes, effectively prevented the disease from spreading.[39]

Parkin's research on cholera in Jamaica focused on the western parishes of the island, where he conducted experiments to test different treatment protocols for cholera. He was interested in exploring how cholera affected the patients at various stages of the disease progression. Parkin described the symptoms of cholera in his 1852 notes directed to the Hanover and Westmoreland Boards of Health in western Jamaica as:

> the collapsed countenance; blueness of the body, particularly in Europeans, but scarcely perceptible in the negro; shrunken fingers; wrinkled, shrivelled skin; total suspension of all the secretions, particularly the biliary, faecal, and renal, the non-generation of animal heat, with icy coldness of the extremities and tongue; arrest of the circulation, and total cessation of the pulse.[40]

Parkin's assessment of the symptoms of cholera was similar to Seacole's evaluation of

[37] Milroy, *Report on Cholera in Jamaica,* 57.
[38] Ibid., 39.
[39] Ibid., 110.
[40] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 12.

a cholera patient in Cruces in 1851. Seacole described a patient who had died from cholera in Cruces, Panana, in the following way: "The distressed face, sunken eyes, cramped limbs, and discoloured, shrivelled skin were all symptoms which I had been familiar with very recently."[41] Seacole was referring to her encounters with cholera patients in Jamaica. Like Seacole, Parkin described the symptoms of cholera akin to dehydration presented by the patient's discolouration and shrivelled extremities and skin. However, Parkin's assessment of cholera patients in Jamaica pointed to some of the challenges western physicians encountered in diagnosing symptoms on a racially different body. The physician could not easily detect some symptoms on the body of black patients because they presented differently than white patients. Parkin indicated that along with dehydration, heart failure due to low blood circulation shut down the vital organs in the body of its victims, causing death in cholera patients. Like Milroy and Seacole, Parkin believed that cholera was a poison in the body caused by contaminated air, filth, dirt, and miasma.[42] According to the World Health Organization, cholera is "an acute cholera diarrhoeal disease" caused by the Vibrio cholerae bacteria that can cause death shortly after its onset.[43]

[41] Seacole, *Wonderful Adventures of Mrs Seacole*, Chapter iv.
[42] Milroy, *Report on Cholera in Jamaica*, 76; Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 43; John Parkin, *The antidotal treatment of the epidemic cholera with Directions, General and Individual, for the Prevention of the Disease* (London: John Churchill and Sons, 1866), 10, accessed Dec 15, 2019, https://babel.hathitrust.org/cgi/pt?id=chi.81758943&view=1up&seq=26; Seacole, *Wonderful Adventures of Mrs Seacole*, Chapter iv.
[43] "Cholera Facts," WHO, accessed March 31, 2021, https://www.who.int/news-room/fact-sheets/detail/cholera#:~:text=Cholera%20is%20an%20extremely%20virulent,kill%20within%20hours%20if%20untreated.

Cholera spread quickly throughout Jamaica in 1851-1852 with deadly consequences. The infection rate of Jamaica's 1851-1852 cholera epidemic was alarming at 6% higher than India in 1817-1824 and 16% higher than Europe in 1849.[44] The factors contributing to the elevated infection rate in Jamaica were related to the post-slavery plantation society's complex social, political, and economic conditions. The epidemic travelled alongside the coastal parishes from Port Royal to Kingston, Spanish Town, westward to Falmouth, Montego Bay and Lucea, and southward to St Elizabeth and Clarendon.[45] Parkin reported that cholera had spread over the entire island within four months except for the southern parish of Manchester. Unlike western parishes, residents of Manchester did not suffer from the ravages of the cholera epidemic because the parish lacked a significant waterway, river, or port used for maritime transportation connection in the mid-nineteenth century. Conversely, the parish of Westmoreland was affected by cholera despite the effort of the local board of health in implementing a sanitary cordon. Special constables surveilled the parish's boundaries to restrict the movement of anyone suspected of being sick.[46]

However, a sanitary cordon did not prevent the spread of cholera when the infrastructure to prevent water contamination was not in place. As discussed later in the chapter, the International Health Board of the Rockefeller Foundation (IHBRF) collaborated with the Jamaican government to develop a nationwide system of pit latrines after 1918. Until then, the colony's waterways and drinking water supply were

[44] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica, 5, 12-14.*
[45] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 1-2; Milroy, *Report on Cholera in Jamaica*, 7-14. Also, see map of Jamaica or page 78 of this work.
[46] Milroy, *Report on Cholera and Sanitary Conditions*, 26.

susceptible to contamination from human and animal waste, contributing to the spread of cholera and hookworm diseases.

In addition to unsanitary working and living conditions and contaminated water, nineteenth-century treatment protocols for cholera were rudimentary and often downright dangerous. Cholera treatment included purging the poison from the body using calomel followed by a dose of castor oil as an early measure during the onset of the disease. Physicians also administered roasted coffee or bicarbonate of soda and lime juice (effervescing draughts) to eradicate the cholera poison from patients' bodies.[47] Historians Kiple and Higgins correctly argue that the purging effects of calomel made cholera patients sicker, which likely contributed to a faster death from dehydration.[48] Today's cholera treatment includes "oral rehydration solution (ORS)," a mixture of sugars and salts in water. The mixture is drunk in large amounts or administered through intravenous fluid replacement in severe cases.[49] The ORS mixture provides hydration to prevent death in cholera patients.

The mid-nineteenth century debate about appropriate treatment for cholera was critical to generate information about medicine to arrest the disease and minimize the death rate. Parkin's clinical experimentation in Jamaica suggested the search for medical information about cholera in 1852 was crucial. The British physician documented

[47] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 16-19; Milroy, *Report on Cholera in Jamaica*, 110.
[48] Higgins and Kiple, "Cholera in Mid-Nineteenth Century Jamaica," 37.
[49] Cholera – Vibrio Cholera Infection, CDC accessed March 31, 2021, https://www.cdc.gov/cholera/general/index.html#one; Cholera, WHO, accessed March 31, 2021, https://www.who.int/news-room/fact-sheets/detail/cholera#:~:text=Cholera%20is%20an%20extremely%20virulent,kill%20within%20hours%20if%20untreated.

individual cholera cases for 200 patients in western Jamaica by charting the symptoms, disease progression, medication administered and whether the patient died or survived.[50] Parkin administered various medications, including calomel, charcoal, chalk mixture, soda and acid effervescence draughts, to determine an effective therapeutic for cholera. He concluded that carbonic acid gas had "superior efficiency" in curing cholera victims.[51]

The potential of biomedical evaluation had not begun to take hold among epidemiologists during the mid-nineteenth century cholera epidemic. However, cholera treatment suggests that medical knowledge about the disease was in flux during this period. Physicians could not ensure that the sick did not die from the disease despite experimenting with treatment protocols. Parkin's experimental treatment protocols employed a biomedical therapeutic model by purging the blood using carbonic acid gas to purify the contaminated stagnated blood of cholera patients.[52] In hindsight, Parkin's experimental treatment raised ethical questions about patients' informed consent and harm. Human experimentation was especially problematic when the test subjects were formerly enslaved illiterate patients suffering from a fatal disease, such as cholera. Human experimentation was a part of the control mechanism of the oppressive slavery and colonial regimes that disregarded the health and social wellbeing of the labouring class.

The patient-physician relationship between white physicians and labouring class people of colour was characterized by mutual distrust. Parkin believed that freed people

[50] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica, 57-60.*
[51] Ibid., 60-61
[52] Ibid., 61.

were culpable for their high death rate from cholera because of "the apathy and prejudice or superstition of the negro who frequently had more faith in Obeah or Myal men and his charms and incantations than the doctors and his remedies." He attributed the high death toll among poor Afro-Jamaicans to their failure to seek medical assistance at the onset of symptoms. [53] However, the British physician also indicated that two-thirds of cholera patients admitted to the hospital in the parish of Westmoreland died. Parkin reported that in July 1852, 49 of 69 cholera patients admitted to the hospital perished.[54] The public hospital's high death rate (70%) did not reassure poor, illiterate Afro-Jamaicans they could trust Western medicine or physicians. Still, Afro-Jamaicans' distrust of the medical officials in the 1851-1852 cholera epidemic was not unlike that of the Liverpool rioters during the 1832 outbreak in the UK. The 1832 Liverpool rioters directed their anger against medical officials because they believed that cholera victims were hospitalized and killed to be used by doctors for "anatomical dissection."[55] Although Afro-Jamaicans did not publicly protest against the medical officials, they avoided western medical officials and resorted to Afro-Jamaican folk medicine and practitioners, like the revivalist mother.

Like Parkin, Milroy criticized poor Afro-Jamaicans for spreading cholera because of their purportedly primitive cultural practices, poverty, and distrust of western physicians. He claimed that Afro-Jamaicans disliked cool air and kept their windows and doors closed, promoting filth and improper ventilation.[56] Historian Christienna Fryar noted that Milroy "combined sanitary prescription with moral sermonizing" and

[53] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 19.
[54] Ibid., 26.
[55] Burrell and Gill, "The Liverpool Cholera Epidemic of 1832," 478-498.
[56] Milroy, *Report on Cholera in Jamaica*, 134.

assumptions about British cultural values to interpret the actions of freed people toward cholera.[57] Fryar took issue with Milroy's discussion of disease causation that emphasized the tropes of filth and superstition resulting from freed people's inability to adjust to post-slavery realities.[58] She argues that cultural differences and poverty were not the only factors contributing to the disease. Fryar suggests that the inadequate government public health system and the socio-economic determinants of diseases contributed to ill health among poor Jamaicans.

Milroy and Parkin made several recommendations to the Jamaican government to address the social issues of poverty, the "backwardness" of the labouring class, the lack of coordination between health boards, inadequate medical supplies, and the unsanitary conditions of the island's thoroughfares and hospitals.[59] Their recommendations aimed to prevent future outbreaks of cholera. The British epidemiologists interpreted Jamaica's deadly encounter with cholera as a manifestation of the social and economic failures of the post-slavery plantation society and an indication of Afro-Jamaicans' moral failings.[60] Although Milroy and Parkin blamed the poor for spreading cholera, they also condemned the colonial government for not providing adequate infrastructure and medical supplies.

Milroy was appalled at the lack of adequate coordination of sanitary measures to maintain public spaces, such as public thoroughfares in the urban centre, where garbage was often piled high. Milroy was especially critical that the Jamaican government did not

[57] Christienna D. Fryar, "The Moral Politics of Cholera in Post emancipation Jamaica," *Slavery & Abolition*, Vol. 34, No. 4 (2013), 601.
[58] Ibid., 604-605.
[59] Milroy, *Report on Cholera in Jamaica*, 79-109; Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 61.
[60] Fryar, "The Moral Politics of Cholera, 603.

take appropriate measures to clean the streets and establish suitable hospitals with medical supplies for cholera patients.[61] He recommended sanitary inspectors, compulsory vaccination for all residents, registration of births and deaths, nuisance removal, and the implementation of Diseases Prevention and Medical Relief Acts.[62] Milroy recommended that the Jamaica House of Assembly legislate a central board of health to monitor sanitary regulations and coordinate efforts to mitigate epidemics throughout the island. He believed that the best way to manage epidemics and diseases was through sanitary reforms and improving the social and moral conditions of the poor.[63] Milroy's recommendations emphasized the social repercussions of poverty and filth as the means to manage cholera and prevent future epidemics.

Conversely, Parkin was more concerned about treating the disease. Still, Parkin criticized the colonial government for contributing to the deadly cholera epidemic because of the neglect of public hospitals. The British physician condemned the Jamaican colonial government for the unsanitary conditions and inadequate medical supplies necessary to isolate and treat the disease at government hospitals.[64] Milroy and Parkin correctly concluded that poverty, inadequate medical services and the unsanitary conditions of the island's infrastructure contributed to spreading cholera. However, they also faulted poor Afro-Jamaicans for spreading the deadly disease because of their moral and cultural failures.

[61] Milroy, *Report on Cholera in Jamaica*, 79-80.
[62] Ibid., 110-116.
[63] Ibid., 116.
[64] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 15.

Epidemics remained constant threats to the residents of Jamaica, particularly those living in poverty and unsanitary conditions with limited access to medical services. Cholera visited the island during several outbreaks in Lucea, Hanover, between 1868 and 1892.[65] In 1892 the Island Medical Report indicated that overcrowding and the lack of ventilation in tenements in Kingston and the "carelessness and indifference of the native population" contributed to increasing cholera death rates from 18.3% in September to 39.1% in February 1892.[66] However, the higher death rate during the rainy months was due to flooding, which caused the sewage system to overflow, contaminating the water supply. The island medical report of 1892 demonstrated that medical officials continued to blame the poor for spreading diseases rather than emphasizing the need to improve the public infrastructure (public drainage and sewage and the water supply) to mitigate epidemics.

This examination of the 1851-1852 cholera epidemic in Jamaica reveals the failure of the colonial government to manage the disease effectively to minimize morbidity and mortality among the labouring class. It was not unusual for more than one epidemic to occur concurrently in Jamaica. In 1851-1852 while Jamaicans encountered cholera, they simultaneously battled a smallpox outbreak. Milroy recommended establishing a central health board to coordinate vaccination administration to prevent

[65] Correspondence between the Board of Health and Colonial Secretary Office about Epidemics: Letters from Henry Irving on 29 January 1868 to the Colonial Secretary Office about concerns over the proximity of Savanna-la-Mar and the existence of cholera epidemic; also letter from public meeting in Lucea re resolutions passed about cleaning town thoroughfares, cholera hospital and burial grounds and process of disinfecting, dated 8 September 1892, Local Gov. 2/4/8/2 JA.

[66] "Annual Report on the Island Medical Department for year ended March 31, 1892," 4-,5 CO 140/209, 5, TNA.

future smallpox epidemics.[67] However, the Jamaican government failed to implement a vaccination program thoroughly. Two decades later, a large proportion of the population remained unvaccinated when smallpox revisited Jamaica. The inaction of the colonial and imperial governments underscored a disregard for the health needs of the labouring class, suggesting that caregiving was not a priority in the colony. Unfortunately, these inadequacies continued to plague the British colony, as we shall see in the case of the 1871-1873 smallpox outbreak**.**

Smallpox Epidemic, 1871-1873: Failures and Omissions

Just as the government in Jamaica ignored calls to improve public infrastructure to combat cholera in 1852, it also disregarded medical recommendations to prevent future smallpox outbreaks. Consequently, the management of the smallpox epidemic in the late nineteenth century demonstrated some continuities with government inaction resulting in the failures and omissions of the medical establishment in post-slavery Jamaica. The medical elites and government officials in Jamaica failed to provide adequate medical support for the poor and labouring class, causing suffering and death of those infected by smallpox.

On September 7, 1871, a male Cuban passenger on the French Steamer from Santiago de Cuba arrived in Kingston, Jamaica, with smallpox. Thus, the 1871-1873 smallpox epidemic began in Eastern Jamaica.[68] The Jamaican smallpox outbreak was part of the 1870-1874 global smallpox pandemic coinciding with the Franco-Prussian War

[67] Milroy, *Report on Cholera in Jamaica,* 79; Jones, *Public Health in Jamaica,* 68.
[68] Figueroa, *Investigation into the charges of Doctor Bowerbank,* 2.

outbreak, 1870-1871. The disease spread throughout Paris because vaccination rates (50%) and revaccination (35%) were low and failed to provide herd immunity. About a quarter of the French army was affected by smallpox, with a fatality rate of 18.7%.[69] The smallpox epidemic spread to London, Liverpool, North England and South Wales mining districts from 1870 to 1872, then to the US in 1870-1873 and Jamaica in 1871-1873.

Between September 1871 and May 1872, the smallpox disease incubated in the parish of St. Andrew and St. Thomas in the Vale (now St. Catherine parish) without immediate action to mitigate the spread of the disease in Jamaica.[70] Despite Milroy's earlier warnings about smallpox twenty years before, a large portion of Jamaica's population remained unvaccinated against smallpox in 1871. According to Dr. Lewis Q. Bowerbank, a white Jamaican physician and former custos of St. Andrew, the boards of health delayed implementing proper quarantine measures to restrict holding wakes and funerals. As a result of such delay, the disease spread within the parish and beyond.[71] Bowerbank wrote several letters to inform E. Rushworth, the Colonial Secretary of State for the Colonies, expressing urgency to invoke mitigation measures because smallpox had spread throughout the parish of St. Andrew and "the people [were] dying like rotten sheep."[72]

---

[69] J. D. Rolleston, "The Smallpox Pandemic of 1870-1874," *Proceedings of the Royal Society of Medicine*, Vol. 27, No. 2 (December 1933), 177; Matthew Smallman-Raynor and Andrew D. Cliff, "The Geographical Transmission of Smallpox in the Franco-Prussian War: Prisoner of War Camps and Their Impact upon Epidemic Diffusion Processes in the Civil Settlement System of Prussia, 1870-71," *Medical History*, 46 (2002), 241-264.
[70] Bowerbank, *The Terror of the Tents*, I.
[71] Ibid., I.
[72] Bowerbank, *The Terror of the Tents*, 1-11.

The history of smallpox indicates that the disease was one of the oldest and most deadly, with cases appearing in antiquity.[73] The disease was brought to Europe from the Levant in 1291 in the bodies of the crusaders.[74] Smallpox was introduced to the Americas in the sixteenth century by Spanish conquistadors.[75] Nunn and Qian show that 80% to 95% of the Indigenous population in the Americas died from smallpox and hard labour within the first 100-150 years after the first contact with Europeans.[76] Smallpox was spread around the globe by international trade, colonialism, migration, and exploration. Smallpox played a significant part in the demographic transformation of the circum-Caribbean and was a frequent, deadly scourge in the region during both the slavery and post-slavery periods. Kiple, Schuler, Jones and others have demonstrated that smallpox was constantly reintroduced in the Caribbean through the slave trade during the seventeenth to the nineteenth centuries. Indentured labourers and migrants reintroduced the disease to Cuba, Jamaica, Santo Domingo, and Puerto Rico in 1865, 1868, 1871, 1884 and 1911 to 1913.[77]

Scholarship about smallpox delineates its spread worldwide, the development of prevention measures, the politics and success of vaccination, and the advancement of

[73] Hopkins, *Smallpox in History*, 14.
[74] F. Fenner, D.A. Henderson, I. Arita, Z. Jezek, and I.D. Ladnyi, *Smallpox and its Eradication* (Geneva: World Health Organization, 1988), 210.
[75] Donald R. Hopkins, *The Greatest Killer: Smallpox in History* (Chicago: University of Chicago Press, 1983), 13-21; Abba M. Bebhehani, "The Smallpox Story: Life and Death of an Old Disease", *Microbiological Reviews*, Vol. 47, No. 4 (December 1983), 455-509; Nunn and Qian, "The Columbian Exchange," 165.
[76] Nunn and Qian, "The Columbian Exchange," 165.
[77] Kiple, *The Caribbean Slave*, 144-145; Jones, *Public Health in Jamaica*, 68; Schuler, "*Alas, Alas Kongo*," 33-50; As per letters from Henry Irving, Colonial Secretary, to Chair of Hanover Board of Health, January 23, 1869; John Deleon, PMO to John Allwood, Esq. Board of Health, Lucea, dated 26 September 1886; "Epidemics, smallpox, cholera, diphtheria, 1868-1884; 1911-1913," letters from the Local & Central Boards of Health to the Colonial Secretary Office about smallpox epidemics, Local Gov 2/4/8/2 JA.

biomedicine in eliminating the disease.[78] Since the 1980s, researchers have used interdisciplinary approaches to interrogate smallpox's political, social, and cultural implications across racial, class, gender, and geographic boundaries.[79] In colonized parts of the world, such as West Africa, India, and the British Caribbean, scholars have shown that local power dynamics and oppressive measures targeted subject peoples of colour and shaped how medical officials dealt with smallpox.[80] Scholars have also pointed to the ineffective colonial health systems to manage smallpox outbreaks with minimal success.[81] Colonial measures to mitigate smallpox overlapped with systems of control, worsening the circumstances of oppressed peoples because of the failures and omissions of the colonial medical officials charged with preserving health.[82] For example, smallpox coexisted with famine and colonial conflicts in Kenya, exacerbating the suffering of subject peoples due to the disease.[83] The British Indian experience with smallpox reveals

---

[78] J. A. Dudgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," *British Medical Journal* (May 25, 1963), 1367-1372; Eugenia W. Herbert, "Smallpox Inoculation in Africa," *The Journal of African History*, Vol. 16, No. 4 (1975); Hopkins, *Smallpox in History*; Bebhehani, "The Smallpox Story"; Ann G. Carmichael and Arthur M. Silverstein, "Smallpox in Europe before the Seventeenth Century: Virulent Killer or Benign Disease?" *Journal of the History of Medicine and Allied Sciences*, Vol. 42, No. 2 (April 1987), 147-168; A. J. Mercer, "Smallpox and Epidemiological-Demographic Change in Europe: The Role of Vaccination," *Population Studies*, Vol. 39, No. 2 (Jul. 1985), 287-307; Stefan Riedel "Edward Jenner and the History of Smallpox and Vaccination," *Baylor University Medical Center Proceedings*, 18:1 (2005), 21-25, DOI:10.1080/08998280.2005.11928028.

[79] Arnold, *Colonizing the Body*, 116-158; David Arnold, "Smallpox and Colonial Medicine in Nineteenth Century India," in *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988); Marc H. Dawson, "Disease and Social Change: Smallpox in Kenya, 1880-1920," *Social Science & Medicine Part B Medical Anthropology*, Vol 13, Issue 4 (Dec 1979) 245-250.

[80] Arnold, "Smallpox and Colonial Medicine' Dawson, "Smallpox in Kenya;" Elaine Willis and Kenneth Kiple eds., *Plague, Pox and Pestilence: Disease in History* (New York: Marboro Books, 1997).

[81] Jones, *Public Health*, 64-86.

[82] Dawson, "Smallpox in Kenya, 1880-1920," 245-250; Arnold, "Smallpox: The Body of the Goddess," 116-158: David Arnold and Peter Robb, eds., *Institutions and Ideologies: A SOAS South Asia Reader* (New York: Routledge Curzon, 1993), 224-244; William M. Schneider, "Smallpox in Africa during Colonial Rule," *Medical History*, Vol 53 (2009), 193-227.

[83] Dawson, "Smallpox in Kenya," 245-250**;** Schneider, "Smallpox in Africa during Colonial Rule," 193-227.

how the disease and Indigenous religious rituals coexisted uneasily with imperial medical practices.[84] In the British Caribbean, smallpox management added to the already tenuous social, economic, political, and cultural challenges of the region during the slavery and post-slavery periods.[85] Developments in smallpox prevention in industrial countries raised concerns about individual liberty and the right to choose. As a result, since the 1990s, scholars have explored popular resistance to compulsory vaccination, quarantine, and isolation measures. Historians have examined the political and social conflicts over spatial separation and the rise of the germ theory of disease and bacteriology to diagnose, treat and prevent infections.[86]

Development in preventing and managing smallpox was incremental. Medical knowledge about the pathology of smallpox developed in the late eighteenth century. The germ theory of disease development in the late nineteenth century aided in diagnosing, treating, preventing and eliminating smallpox. Physicians understood that smallpox spread through direct contact with an infected person's contaminated clothing and bedding. Physicians determined the symptoms of the disease were high fever, chills, and nausea followed by sores in the mouth and skin rashes called pustules on the face, limbs, and sometimes the entire body.[87] The social challenges of smallpox survivors included living with the disfigurement of their faces and extremities caused by smallpox pustules.

---

[84] Arnold, "Smallpox and Colonial Medicine in Nineteenth Century India," 45-65; Arnold, "Smallpox: The Body of the Goddess," 116-158: Arnold and Robb, eds., *Institutions, and Ideologies,* 224-244; Harish Naraindas, "Preparing for the Pox," 304-339.
[85] Willis and Kiple, *Plague, Pox and Pestilence;* Jones, *Public Health in Jamaica*, 64-86.
[86] Vaughan, *Curing their Ills,* 43-45; Alison Bashford, "Foreign Bodies: Vaccination, Contagion and Colonialism in the Nineteenth Century," in *Contagion: Historical and Cultural Studies* (New York: Routledge, 2001), 39-60; Riedel, "Edward Jenner and the History of Smallpox and Vaccination," 21-25.
[87] Hopkins, *Smallpox in History,* 3-5; Arnold, *Colonizing the Body*, 116.

Smallpox caused blindness in some victims. The disease also affected internal organs, such as the liver, lungs, heart, and intestines.[88] Apart from the physical scars and injuries that smallpox caused, efforts to manage the disease exacerbated political conflicts about individual and collective human rights around vaccination.

The trajectory of smallpox prevention was one of medical success despite the challenges of inconsistently administered vaccination programs and the political resistance of anti-vaccinators in the nineteenth century.[89] Smallpox was preventable through variolation or inoculation, practised in many parts of Africa and Asia from the sixteenth century. The variolation procedure was performed by applying the scabs or pus (called lymph) from someone affected by smallpox onto the punctured skin of an unaffected person. The transfer of lymph to an uninfected individual produced a mild case of smallpox and provided subsequent immunity for the disease.[90] Arm-to-arm inoculation continued even after Edward Jenner developed the smallpox vaccine from cowpox in 1798. By 1800, the cowpox vaccine against smallpox was introduced to the British navy, followed by public vaccination with the 1840 Vaccination Act in Britain.[91] However, physicians and patients did not readily accept vaccination, and in 1853, the British

[88] Arnold, *Colonizing the Body*, 116.
[89] Dudgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," 1367-1372' Nadja Durbach, *Bodily Matters The Anti-Vaccination Movement in England 1853-1907*(Durham: Duke University Press), 2005, 69-74; "World Free of Smallpox," *Centres for Disease Control and Prevention,* accessed August 15, 2020, https://www.cdc.gov/smallpox/history/history.html#:~:text=Almost%20two%20centuries%20after%20Jenner,achievement%20in%20international%20public%20health. As per the WHO, on May 8, 1980, the World Health Assembly declared smallpox eradicated worldwide.
[90] Arnold "Medicine and Colonialism," 1409; Arthur Boylston, "The Origins of Inoculation," *Journal of the Royal Society of Medicine* (July 2012), 310, doi: 10.1258/jrsm.2012.12k044; Herbert, "Smallpox Inoculation in Africa," 539-559.
[91] Dudgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," 1367.

parliament made vaccination compulsory in Britain and its colonies. Compulsory vaccination programs aimed to increase immunity against smallpox among populations.[92]

Nevertheless, compulsory vaccination programs, like quarantine and sanitary measures to manage epidemics, came with challenges to human rights because of state intervention and control that anti-vaccinators and subject people saw as oppressive. During an epidemic, medical authorities targeted the poor and labouring class to control disease to protect the elite class. As will be seen in the case study of Bowerbank's charges against the government medical officials in Jamaica, the 1871-1873 smallpox exposed suffering and death among the labouring class due to the government's mismanagement of the epidemic.

Bowerbank Charges: "Failures and Omissions" of Government Medical Services

On June 6, 1872, eight months after the first case of smallpox reached the parish of St. Andrew, Dr. Bowerbank sent a letter to the Honourable E. Rushworth, the colonial secretary for the colonies, requesting that he informed Governor Grant that smallpox was ravaging the parish. The letter noted that wakes and funerals were being held for people who died from smallpox and stressed the importance of immediate mitigation procedures to restrict such gatherings to contain the spread of the epidemic.[93] Bowerbank sent three more letters to Rushworth (on June 21st, 24th, and 26th) advising him about the urgent nature of the outbreak. Subsequently, Bowerbank brought charges against the Jamaican government for its incompetence in controlling the smallpox outbreak in St Andrew.

[92] Bashford, "Vaccination, Contagion and Colonialism," 51; Jones, *Public Health in Jamaica*, 67; Dudgeon, "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries," 1368.
[93] Letter from Bowerbank to Hon, E. Rushworth, Colonial Secretary of Colonies, June 6, 1872, Bowerbank, *Terror of the Tents*, 1-2.

Lewis Quier Bowerbank, MD and Fellow of the Royal College of Physicians, was a white Jamaican born in the parish of Clarendon in 1814. Bowerbank was a part of the Jamaican elite class. His father was an Anglican rector of St. Catherine.[94] Bowerbank studied medicine at the University of Edinburgh and London before returning to Jamaica in 1836 and practised medicine in Spanish Town and Kingston. He served as a member of the island's Central Board of Health and a custos or Chief Magistrate for Kingston in 1862. Bowerbank was a complicated British-Jamaican who advocated for "class and colour separation," but his religious background made him a critic of indiscretions committed by blacks and whites.[95]

In 1872 Bowerbank criticized what he perceived as the failures and omissions of the Jamaican government in mitigating the spread of smallpox in the parish of St. Andrew. He brought six charges against the government and the Central Board of Health for negligence in causing smallpox to spread beyond the parish of St. Andrew. The physician also condemned the government's failure to provide adequate care for smallpox patients.[96] Bowerbank's indictments were endorsed by 105 eyewitness accounts and testimonials that supported the claims that "the authorities did not take proper measures to

[94] "The History of Medicine in Jamaica," *The Medical Association of Jamaica Supplement of the Gleaner*, June 13, 1991, 3.
[95] Extracts from the Colonial Office in Jamaica" by L. Q. Bowerbank (1865), 9, accessed January 20, 2021, https://ufdc.ufl.edu/AA00069316/00001/2x; "The History of Medicine in Jamaica," *The Gleaner*, June 13, 1991, 3 & 14. Bowerbank and Governor Eyre are remembered in infamy for arresting and charging George William Gordon (a current Jamaican national hero recognized posthumously for his political justice struggle) with treason for his role in the 1865 Morant Bay Rebellion. The hasty trial and hanging of Gordon and other freedom fighters (including Paul Bogle, the Native Baptist deacon) are permanent reminders in Jamaica's history of the brutal suppression of the 1865 rebellion.
[96] Bowerbank, *The Terror of the Tents*, 102-104; Figueroa, *Investigation into the Charges by Bowerbank*, 18-26.

suppress smallpox and provide caregiving to the patients."[97] Consequently, on October 29, 1872, Henry Drake, judge of the Kingston District Court, began arbitration proceedings to investigate the Boards of Health for their mismanagement of the smallpox outbreak.[98]

The charges brought against the medical authority were specific to the situation in St. Andrew, but they had implications for managing future epidemics throughout the island. For instance, Bowerbank condemned the inconsistent application of the Quarantine Act as local officials granted clean bills of health to some ships when smallpox was within proximity to the Kingston Wharf. According to Bowerbank, some ships from St. Thomas (a Danish colony in the Caribbean) were placed under quarantine restrictions, while those from New York were exempted.[99] Bowerbank, like his contemporaries, recognized that quarantine could temporarily impede trade. However, he believed that the Jamaican government should consistently and astutely monitor international ports for diseases.[100] As discussed in chapter three, the Green Bay Lazaratto was established in 1881, ten years later, to monitor maritime transportation and immigration into Jamaica.

Bowerbank's first and second charges focused on the negligence of the medical authorities and government administrators in implementing consistent quarantine and isolation protocols. He also complained that mitigation procedures were "injuriously,

[97] Bowerbank, *Terror of the Tents*, 11-20; Figueroa, *Investigation into the Charges by Bowerbank*, 18-26.
[98] Figueroa, *Investigation into the Charges by Bowerbank,* 1-2.
[99] Figueroa, *Investigation into the Charges by Bowerbank,* 51.
[100] Eugenia Tognott, "Lessons from the History of Quarantine, from Plague to Influenza A," *Emerging Infectious Diseases Journal,* Vol. 19, No. *2 (*February 2013) 254-259, doi: 10.3201/eid1902.120312.

oppressively and cruelly" enforced.[101] For instance, gravely ill smallpox patients were forced from their homes against their will to enter the unsanitary smallpox hospitals, where up to 56% of patients died.[102] Bowerbank perceived that the constable posted at the smallpox tent at Half Way Tree inconsistently monitored quarantine regulations and caused hardship for some patients and staff. For example, nurse James Marshall was terminated for standing in the quarantine area while nurse Amelia Smith went home at night and spread the disease to her family.[103] Such inconsistency in applying quarantine measures was problematic because it allowed smallpox to spread within the community.

The medical elites in Jamaica did not effectively deploy medical resources, services and supplies to mitigate smallpox and keep the patients safe. Bowerbank's third, fourth, and fifth charges addressed these inadequacies of medical supplies at the poorly designed smallpox tents. The temporary smallpox hospitals were situated in public thoroughfares at Half Way Tree and Sterling Castle in the parish of St. Andrew.[104] Apart from the lack of adequate food, bedding, and medical supplies, the investigation contended that the smallpox tents were inappropriately situated and managed. The bell-shaped tents were unsuitable because they were too small, too hot, improperly vented, lacked a sewage system and proper drainage, had no running water and no flooring. There were also no toilet and bathroom facilities.[105] Bowerbank took issue with the location of the tents because they were too close to public streets, private homes, and schools,

[101] Figueroa, *Investigation into the Charges by Bowerbank,* 19.
[102] Figueroa, *Investigation into the Charges by Bowerbank*, 46.
[103] Figueroa, *Investigation into the Charges by Bowerbank, charge No. I & II (h, g, j, K), 19.*
[104] Ibid., 20-24.
[105] Figueroa, *Investigation into the Charges by Bowerbank,* charge No III (d-g), 20-21; Bowerbank, *Terror of the Tents,* 13-15.

thereby exposing the public to the disease.[106] Bowerbank charged that the tents did not have the necessary amenities such as cooking utensils, bedpans, urinals, and clothing for the patients or supplies for laundering, washing patients, and preparing meals.[107]

Nurses were critical to delivering patient care in smallpox hospitals. In nineteenth-century Britain, smallpox was termed a "'nurse's disease'" because nurses were likely to contract the disease due to close contact with smallpox patients and the absence of proper infection control techniques.[108] Like in Britain, informally trained nurses and former smallpox patients volunteered to care for smallpox patients at the temporary hospitals in Jamaica.[109] These informally trained nurses were not adequately monitored and supported by the medical officers who refused to enter the smallpox hospitals during the 1871-1873 outbreak. Still, the nurses were portrayed as ignorant and careless instead of being lauded for their courage to work in the unsanitary smallpox hospitals where only 44% of patients survived.[110] Bowerbank complained that untrained nurses with no previous experience were hired at the smallpox hospitals, although trained nurses were available.[111] However, it was not surprising that the small number of trained nurses available in Jamaica during the 1870s (primarily white and mixed-race middle-class women) were unwilling to work in the filthy smallpox tents among such highly contagious patients. Additionally, the

[106] Figueroa, *Investigation into the Charges by Bowerbank,* charge No III (a-c), 20; Bowerbank, *Terror of the Tents,* 15.
[107] Figueroa, *Investigation into the Charges by Bowerbank,* charge No III (h-i), 21: Bowerbank, *Terrors of the Tents*.
[108] Margaret Currie, "Smallpox Nursing in Britain Part 1: Disease, Patients, their Nurses and Places of Care," *International History of Nursing Journal,* Vol. 6 No. 1 (2001), 52.
[109] Margaret Currie, "Smallpox Nursing in Britain, Part II: Nursing Care and Nurse Training," *International History of Nursing Journal*, Vol. 6 No. 2 (2001), 59-60.
[110] Figueroa, *Investigation into the Charges by Bowerbank,* 46.
[111] Figueroa, *Investigation into the Charges by Bowerbank,* 21, 23.

smallpox patients at these temporary hospitals were poor and labouring class patients of colour. Wealthy smallpox patients could afford to pay for a doctor's visit at home, thereby avoiding the filthy tents.

The untrained nurses who provided patient care and carried out domestic duties such as preparing meals and laundering without running water or a drainage system were likely black labouring-class men and women.[112] Black medical women were less likely to work in government hospitals during the mid to late nineteenth century because they lacked formal training as nurses. As discussed in chapter three, the government nurses' training programs targeted middle-class white and mixed-race women and excluded black women. However, in an emergency, like an outbreak of smallpox, when medical practitioners were scarce and refused to enter the smallpox tents, black women and men took the opportunity to work as informally trained nurses. In contrast, middle-class white and mixed-race women avoided the deplorable unsanitary government hospitals, including the smallpox tents. The atrocious conditions of the tents, lack of medical supplies, long hours of hard labour without adequate breaks, and inadequate remuneration were deterrents for middle-class female caregivers. The working conditions in the tents were so filthy that some informally trained nurses complained that the Half Way Tree and Sterling Castle hospitals were unsanitary and extremely hot. They also reported that the smoke from the kerosene lamps almost suffocated the patients. [113] As a result of such

[112] Ibid., 21.
[113] Ibid., 24.

dreadful conditions at the temporary smallpox hospitals, smallpox patients often refused to enter them.

Charge six specifically addressed violations to Law No. 6 of 1867: The Public Health Act. Bowerbank charged the medical authorities for failing to perform their duties, thereby exacerbating the suffering and incidents of mortality. He specifically named Dr. Cargill of the St. Andrew Board of Health, and Dr. D. P. Ross, the acting Superintending Medical Officer (SMO) of the island medical establishment, indicating that they "failed by acts of omission and commission to perform their duties."[114] Bowerbank argued that it was unethical for medical officers to refuse medical services to the poor unless those registered with the poor law administrators or admitted to the deplorable smallpox tents.[115] As a result, people afflicted with smallpox who chose to remain in their homes did not receive medical service unless they could afford to pay for it. Bowerbank took offence at medical officers Cargill and Ross, who refused person-to-person contact with smallpox patients and instead asked the nurses to report to them from outside the tents.[116] Bowerbank was outraged that Dr. Cargill heeded his supervisor's instruction that it was unnecessary to provide direct contact with smallpox patients.[117]

The investigation concluded that the medical officials were culpable for improper care of smallpox patients, and they did not adequately supervise the untrained nurses at the smallpox tents. Such inadequate patient care suggests that the medical officials did not prioritize caregiving to the labouring class patients. Such negligence was inhumane and

[114] Ibid., 25.
[115] Ibid., 22-26.
[116] Figueroa, *Investigation into the Charges by Bowerbank,* Charge No. II, (h) 19, Charge IV, 44.
[117] Ibid., 23.

added to the indignity and suffering of the patients. However, according to Jones, Drs Cargill and Ross received light reprimands because the committee and governor argued that the epidemic created onerous situations that overburdened the medical officers. Further, Jones correctly observes that Dr. Ross, as the acting SMO, was also secretary of the health board. Hence his membership on the investigation team was a conflict of interest.[118] Although the committee and the governor acknowledged that the medical officers acted unethically by refusing to provide direct care to poor smallpox patients, they were lenient with their colleagues.

The Bowerbank investigation demonstrates that the smallpox hospitals contributed to the 56% mortality rate due to poor design, filth, lack of medical supplies, lack of trained medical practitioners and incompetent management. [119] Bowerbank's investigation shows that the death rate at the Half Way Tree smallpox hospital was almost 60% higher than patients who remained at home. The patients at the Half Way Tree smallpox tents were poor and labouring class residents who could not afford private care. However, the number of deaths from smallpox patients admitted to government hospitals was dubious because government medical officials did not thoughtfully document this grim situation. Bowerbank challenged the returns published in *The Gazette* on July 11th and 27th, 1873, indicating that the number of cases and death rates from the smallpox epidemic was incorrect and fabricated because the smallpox hospitals did not document patients admitted to the tents.[120] Bowerbank suggested that the medical officials attempted to

[118] Jones, *Public Health in Jamaica*, 77.
[119] Ibid., 41-43, 47.
[120] Ibid., 25.

cover up the magnitude of their incompetence in responding to the smallpox epidemic by understating the number of morbidity and mortality caused by the disease.

The case of smallpox in St. Andrew in 1871-1873 exposed the challenges of managing public expectations about disease containment in a post-slavery society shaped by racial, class, and gender inequality. Enforcing quarantine orders led to conflict between the police and the parochial medical officers about controlling the behaviours of poor Jamaicans to mitigate the spread of disease. Bowerbank disagreed that investing the police rather than the local boards of health with the power to enforce quarantine restrictions was beneficial to smallpox patients. He also noted that compelling the sick to go to a smallpox hospital was illegal, demoralizing, and caused the poor to "distrust and despise" the medical and police officers.[121] As discussed in chapter three, Afro-Jamaicans perceived post-slavery government hospitals as places of confinement because of their medical experiences during slavery.[122] It was not unreasonable then that descendants of formerly enslaved people avoided the government hospitals, a place that reminded them of enslavement and where they were more likely to die than survive.

Afro-Jamaican patients' experiences with western physicians and the high death toll from unsanitary smallpox tents shaped how they generally perceived western medicine. White physicians' disdain toward poor patients of colour (typically Afro/Indo-Jamaicans and South Asians) contributed to patient-physician distrust. If patients of colour avoided white physicians out of fear of being scolded, diseases were more likely to

[121] Figueroa, *Investigation into the Charges by Bowerbank*, 54-56.
[122] Sheridan, *Doctors and Slaves*, 269.

be left untreated, increasing the potential to spread throughout the colony. Bowerbank was concerned that the inhumanity of disease mitigation efforts undermined the trust of the labouring population toward western physicians and government hospitals. He worried that the indignities that poor Jamaican patients experienced in the smallpox tents and the high mortality rate intensified distrust in the government medical service.[123] Bowerbank suggested that if patients distrusted white physicians, they were less likely to follow their advice or take the prescribed medicine.[124] Bowerbank acknowledged that the poor preferred folk medicine to treat smallpox and other diseases such as yaws.[125] However, he believed it was detrimental to compel the poor to seek medical aid from the improperly administered and unsanitary smallpox hospitals. Bowerbank concluded that the government had a responsibility to make medical services available to all residents, including those inclined to use alternative systems of health.[126] As discussed in chapter one, Afro-Jamaicans developed an alternative health system to meet their medical needs due to frequent epidemics and an inadequate medical system. The 1851-1852 cholera epidemic taught Afro-Jamaican patients they were more likely to die in government hospitals than at home. The 1871-1873 smallpox epidemic heightened Afro-Jamaicans' distrust of white physicians and western medicine.

In addition to Afro-Jamaicans' heightened distrust of the government medical system, the smallpox epidemic intensified white animosity toward Afro-Jamaican cultural practices considered dangerous in an epidemic. Afro-Jamaican burial customs such as

[123] Figueroa, *Investigation into the Charges by Bowerbank,* 46-47.
[124] Ibid., 49.
[125] Ibid., 48.
[126] Ibid., 48-49.

nightly gatherings, drumming and singing during wakes occurred more frequently due to rising deaths from the smallpox epidemic. White residents complained that the loud singing and drumming disturbed the peace. For instance, James Derbyshire and W.G. Astwood, white upper-class citizens of Kingston, wrote letters supporting Bowerbank's investigation, confirming that wakes and gatherings were occurring when smallpox incubated among the people of St. Andrew, Kingston, and St. Catherine. The gentlemen complained that the all-night singing and "screaming Psalms" during the wakes were nuisances.[127] However, their letters did not specifically mention any concern about the spread of the disease in the community. This omission suggests that the two men were more concerned about eliminating the noise because it interrupted their rest than any concern with the spread of the epidemic. As shown in chapter four, white middle-class residents reacted to Kumina, the burial ritual observed during the 1918-1919 influenza pandemic in Fellowship district in the parish of Portland similarly.

Restricting Afro-Jamaican cultural customs, such as wakes ("dead yard" or "Nine Night") during an epidemic exacerbated racial and class resentment as government authorities sought to prevent Afro-Jamaican residents from gathering to alleviate the spread of disease.[128] To poor and labouring class Afro-Jamaicans, wakes and burial customs were crucial to foster a sense of community in coping with the tragic

[127] See Figueroa, *Investigation into the charges of Doctor Bowerbank*, 57-59 - letter from James Derbyshire Esq. to Bowerbank, Kingston, August 26, 1872, and letter from W.G. Astwood, Esq. to Bowerbank, Kingston, August 27, 1872.

[128] Nine Night or "dead yard" were and still are important burial rituals in the Afro-Caribbean - practised in Belize, Antigua, Grenada, Dominica, Jamaica, Guyana, Trinidad, and Haiti, among other places in the Caribbean. The nine-nights are community gatherings at the home of the deceased to comfort the relatives of the deceased through singing, drumming, Bible readings, sharing jokes and anecdotes about the deceased.

circumstance of the epidemic. Afro-Jamaicans likely resented being singled out for surveillance and control. However, wakes and funerals were large gatherings where the hosts served food and drinks. Such meetings heightened the potential for spreading disease. While the concern that groups of people gathering over extended periods would spread the disease within the community during the smallpox epidemic was justified, Bowerbank hoped that restrictions should be enforced tactfully and consistently.

However, despite the best intentions of epidemic mitigation restrictions, social control was directed at the labouring class to protect colonial elites and white settlers in colonial societies. By exclusively focusing on aspects of cultural activities in which poor Jamaicans engaged during the smallpox epidemic, the Bowerbank investigation suggests an elitist bias in mitigation efforts. The investigation called for the prohibition of nine nights/wakes performed primarily by poor and labouring class Afro-Jamaicans. Conversely, the investigation was silent about mass gatherings that involved middle-class and elite Jamaicans, such as attending church services and schools in the parish of St. Andrew. After all, smallpox disease was a threat to all population groups. Bowerbank's exposé of the unsanitary temporary smallpox hospitals and the callous treatment of smallpox patients suggest that little had improved since the 1851-1852 cholera outbreak. The investigation also called into question the Central Board of Health's mismanagement of vaccination and revaccination programs in the colony.[129]

The government's message about vaccination was confusing to Jamaican residents when access to the smallpox vaccine was inadequate to prevent future outbreaks. Even

[129] Bowerbank, *Terror of the Tents*, 78.

before the 1871-1873 smallpox outbreak, medical officials were concerned about the lack of vaccination to prevent future smallpox epidemics. W. A. Whitelocke, Chairman of the Municipal Board of Hanover, confronted the Colonial Office about the ongoing encounters with smallpox in western Jamaica and the need to fund vaccination three years before the 1871-1873 outbreak.[130] However, the government elites lacked the political will and resources to implement and monitor vaccination programs throughout the island. The shortage of smallpox and childhood vaccines and inspectors to enforce compliance meant that informally trained midwives likely continued to practice inoculation in rural areas.

Despite implementing the 1872 amendment to the Vaccination Act, which made vaccination compulsory for children in Jamaica, it was too late for medical officials to administer a vaccination program throughout the colony to address the 1871-1873 outbreak. The 1872 Jamaican Vaccination Act, like the 1867 Vaccination Act in Britain, stipulated the procedure for vaccination and revaccination and the penalty of twenty shillings for failing to ensure that children were vaccinated.[131] However, administering vaccination and revaccination programs throughout the colony was impossible, especially considering the abject poverty of rural residents. Apart from the challenges of reaching rural populations because of impassable roads due to inclement weather, the supply of

[130] Letter from Henry Irving, Colonial Secretary Office to W A. Whitelocke, Chairman of the Municipal Board of Hanover, July 16, 1868, Epidemics, smallpox, cholera, diphtheria – 1868-1884; 1911-1913, Loc Gov. 2/4/8/2 J.A.
[131] See "Jamaica Law 29 of 1872: A Law to Amend the Law Concerning Vaccination," 163-165, accessed March 30, 2019, https://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1027&context=jamaica; Durbach, *Bodily Matters,* 8-9.

vaccines in the colony was often inadequate in quantity and degraded in quality.[132] It was also impossible to implement a penalty for lack of vaccination on a population that could hardly afford food.

In the aftermath of the 1871-1873 smallpox epidemic, the Jamaican government enacted and amended several ordinances to manage future outbreaks. However, medical officials did not consistently implement a vaccination program throughout the colony. Several smallpox outbreaks between 1887 and 1889 in western Jamaica and other parishes on the island suggest that population immunity was low due to the colony's inadequate immunization and revaccination rates.[133] Until 1909, an adult revaccination program was not established in Jamaica. The SMO suggested adults be vaccinated twice, once in childhood and sometime again in adulthood, but did not establish how to monitor this expectation.[134]

In the late nineteenth century, administering a smallpox vaccination program in Jamaica was not a priority for the imperial government and the medical establishment of the colony. The SMO and medical officers in Jamaica often complained that lymph supplies received from London occasionally deteriorated because of humid conditions.[135] Deteriorated lymph did not provide its recipient with immunity to smallpox. In addition to

[132] "Blue Book Report for year ending September 30, 1880," xxi, CO 140/-183 XXI TNA; "Report of the Island Medical Department, 1881-82," 132, CO 140/ 183, 132 TNA.
[133] John Deleon, (PMO) Report on the Epidemic of smallpox in the western medical district of Hanover, November 7, 1886 to August 22, 1887 & September 2, 1889 to the members of the Local Board of Health indicated 209 active cases in the parish during 1887 and 110 cases in 1889, Epidemics, smallpox, cholera, diphtheria – 1868-1884: 1911-1913, Loc Gov 2/4/8/2 JA.
[134] "Report on Island Medical Department for year ended 31st March 1909," 255, CO 140/237, 255 TNA.
[135] "Island Medical Department Annual Report for the Financial year 1879-1880," 132, CO 140/178, 132, TNA;" Island Medical Department Annual Report 1883-84," 121, CO 140/189, 121, TNA; Jones, *Public Health in Jamaica*, 73.

poor quality lymph obtained in the colony, the physicians claimed to be overwhelmed by frequent disease outbreaks. According to John Pringle, officiating superintending medical officer in 1893, the vaccination rate was low because the district medical officers in Jamaica had to suspend administering and monitoring vaccination to tend to more urgent matters, such as the 1892-1893 cholera outbreak.[136]

Despite the government's inability to secure an adequate supply of vaccines, the SMO lamented that the Jamaican public was indifferent toward vaccination. Pringle was especially concerned about the lack of response from the adult population who "were not well vaccinated" and were not protected against smallpox.[137] However, Jones argues that Afro-Jamaicans' perceived indifference toward vaccines suggests black Jamaicans continued to practise inoculation despite government prohibition against inoculation.[138] Unlike the political campaign of British anti-vaxxers, Afro-Jamaicans did not engage in an overt political struggle against vaccination. Instead, labouring class Afro-Jamaicans ignored the colony's vaccination program because they did not think it was beneficial. Conversely, middle and working-class British conscientious objectors led the British antivaccination campaigns that asserted that the state had no right to restrict their civil liberty through compulsory vaccination. British anti-vaccinators claimed mandatory vaccination was harmful to children and oppressive to the poor because of the fines and charges against those who refused to comply with the 1853 Vaccination Act.[139]

---

[136] "Report on he Island Medical Department for the year ended the 31st of March 1893," 109, CO 140/209, 109, TNA.
[137] "Report on the Island Medical Department for the year ended the 31st of March 1907," 217, CO 140/234, 217 TNA.
[138] Jones, *Public Health in Jamaica*, 75.
[139] "The Vaccination Question," *The British Medical Journal*, Vol. 1, No. 1017 (Jun. 26, 1880), 977-978.

The inoculation/variolation versus vaccination narrative represents the eventual triumph of scientific medicine over folk healing traditions. Bashford argues that over time inoculation became associated with "feminine and feminized folk tradition."[140] The history of smallpox inoculation underscores women's role as caregivers, especially mothers or folk healers. For instance, inoculation was brought to Europe by Lady Mary Wortley Montague, who observed the practice in Constantinople while she was there in the 1720s with her husband, the British Consul. On returning to England, Lady Montague introduced inoculation as a preventative measure against smallpox.[141] The inoculation process included applying the scabs or pus from someone affected by smallpox onto the punctured skin of an unaffected person, which produced a mild case of smallpox and provided subsequent immunity for the disease.[142]

Even after the smallpox vaccine was developed, inoculation continued to prevent smallpox in Jamaica during the nineteenth century. Between 1801 and 1807, Lady Nugent (the wife of Jamaican governor Sir George Nugent) documented the process of inoculating her children against smallpox in her journal. On Nov 17th, 1802, she wrote that she was thinking about inoculating her "dear boy" by "giving him smallpox."[143] Nugent's journal entry indicates that inoculation was practised by elite women even after Edward Jenner discovered cowpox as a vaccine for the disease in 1798. Until the late

[140] Bashford, "Medicine, Gender and Empire," 114-116.
[141] Boylston, "Origins of Inoculation," 309.
[142] Ibid., 310.
[143] Frank Cundall, ed., *Maria Nugent Journal: Jamaica, One Hundred and thirty-eight years ago* (London: The West Indies Committee, 1939), 171, accessed May 20, 2018, http://www.slavery.amdigital.co.uk.libaccess.lib.mcmaster.ca/Contents/DocumentDetails.aspx?documentid=37335&sectionid=65801&imageid=65856&searchmode=true&hit=first&searchrequest=doc.

eighteenth century, smallpox prevention in Jamaica and elsewhere also included an arm-to-arm technique or a practice of ingesting lymph from an infected person to provide immunity against the disease.[144]

However, medical officials discouraged the arm-to-arm technique because they were concerned about blood-borne diseases transmission through human lymph. For example, in 1893, SMO John Pringle suggested that "arm-to-arm vaccination" should be suspended in Jamaica until the government could guarantee the quality of human lymph. Pringle was concerned that lymph collected from individuals affected by syphilis and yaws would spread disease from person to person.[145] Still, Durbach shows that in 1893 there were only two public vaccination stations in London that used calf lymph.[146] Such limited calf lymph production meant that it was likely that the lymph sent from London to Jamaica in 1893 was not solely calf lymph. However, the 1898 Vaccination Act introduced the mandatory use of calf lymph in the UK.

The management of the 1871-1873 smallpox epidemic in Jamaica, like the 1851-1852 cholera epidemic, exposes the government's failure, omission, and ultimate incompetence in providing adequate patient care and support (caregiving) to prevent suffering and death among the poor and labouring class. However, as will be discussed, during the early twentieth century, the government's disregard for the health of the labouring class slightly improved due to the development in medical procedures to assess and treat disease, expansion of the government medical services and an increase in the

[144] Bashford, "Vaccination, Contagion and Colonialism," 50; Jones, *Public Health in Jamaica*, 67.
[145] "Report on he Island Medical Department for the year ended the 31st of March 1893," 109, CO 140/209, 109, TNA.
[146] Durbach, Bodily Matters, 126.

number of trained nurses in the colony. In addition, the international crises of the early twentieth century (World War I and the 1918-1919 influenza pandemic) entrenched ongoing cooperation between the British colonial government and American medical philanthropy for "the prevention and relief of suffering" of "backward" people to sustain labour in the colony.[147]

The "New" Imperial Frontier: Hookworm Disease in Jamaica, 1913-1920

By the early twentieth century, disease management in Jamaica became the new frontier to achieve the imperialists' aspirations for sustainable labour and administer a profitable colony. The management of epidemics and disease in Jamaica was influenced by international debates led by scientists, physicians, and politicians about quarantine, vaccination, contagion versus anti-contagion theories of disease, and international trade development from the mid-nineteenth to the early twentieth centuries. Development in bacteriology (the germ theory of disease) had applications for human pathology, veterinary medicine, and horticultural science worldwide and in Jamaica. Bacteriology was particularly important to the colony to improve the labour force and the quality and quantity of plants and animals imported to Britain.

Consequently, the island medical department added a government bacteriologist in 1910 in Jamaica.[148] Dr. H. Harold Scott, a British pathologist, botanist, and author, became Jamaica's first government bacteriologist reporting to the SMO. He was also the fermentation chemist at the Department of Agriculture in Kingston for four years, starting

[147] "House of Representatives Approve of Rockefeller Fund," *The Gleaner*, February 7, 1913, 1.
[148] Report on the Island Medical Department for the year ended 31st March 1911," 233 CO 140/241, 233, TNA.

on January 6, 1911.[149] Scott was responsible for ensuring a clean water supply, robust livestock, safety of distillery products, and the development and administration of vaccination in the colony.[150] Knowledge about bacteriology was vital to improve the quality and quantity of commodities (e.g., beef, tea, cinchona, sugar, fruits, rum, and lumber) destined for markets in Britain and the US. Bacteriology was also crucial to introduce new methods of diagnosing and treating illnesses, like hookworm disease, to sustain labour efficiency for exploiting the colony's natural resources. Development in bacteriology also impacted nurses' responsibility as a part of the medical team administering treatment protocols to eradicate diseases, such as hookworm disease.

Scott's work in Jamaica's veterinary, agricultural, distillery, and public hospital sectors represents some ways scientific medical knowledge was developed and tested in the colony. His work also shows that the colonial experience drove scientific developments in the metropole. Scott's work experience in Jamaica during the 1910s preceded his positions as an honorary fellow of the Royal Society of Edinburg and director of the Bureau of Hygiene and Tropical Diseases in London in 1930.[151] British medical officials could use their colonial service to advance their careers in Britain. But more importantly, Scott's work in bacteriology reflected how scientific medicine and public health developments aided the "new imperialism" through the cooperation between

[149] "Report of Government Bacteriologists, January 6 – March 31, 1911," CO/140/241/239-334 TNA; "Pathologist Laboratory Report," H.H Scott, MD, Government Bacteriologist to the Superintending Medical Officer, April 25, 1912, CO 140/242, 142-144, TNA; "Government Bacteriologist Report," H. H. Scott, for year ended March 31, 1914, CO 140/243, 465-468, TNA.
[150] "Report of Government Bacteriologist," H.H. Scott, April 25, 1912, CO140/212, 142-144, TNA.
[151] "Report of Government Bacteriologist, January 6 – March 31, 1911," CO/140/241/239-334 TNA; Letters to Dr. H.H. Scott about cases of vomiting sickness in Jamaica, GB 0809 Scott/01/13 LSHTM.

hegemonic powers to achieve imperial agendas from the late nineteenth to the early twentieth century.[152]

American and British imperial powers intensified their efforts to find therapeutics for tropical diseases like malaria, yellow fever, and hookworm from the late nineteenth to the early twentieth century. The imperialists aimed was to propagate "civilization" to economically poor and culturally "backward" populations (namely people of colour in the Americas, Asia, and Africa) while sustaining cheap labour forces in the colonies.[153] The result was a "new" imperial strategy led by hegemonic powers to harness science and medicine to expand empires globally. For example, the London School of Tropical Medicine was established in 1899 due to growing concerns about diseases and colonial bodies throughout the British Empire. Similarly, the International Health Commission of the Rockefeller Foundation (IHCRF) was incorporated in New York by John D. Rockefeller in 1913 to "promote the well-being of mankind throughout the world."[154]

The history of the Rockefeller Foundation (RF) worldwide represents the blending of medical philanthropy with imperial pursuits to civilize "backwards" people in the tropics. The RF Sanitary Commission for the Eradication of Hookworm Disease was established in 1909 to research parasitology, sanitary reforms, and public health

[152] David Harvey, "The "New Imperialism": Accumulation By Dispossession," *Socialist Register,* Vol. 40 (2004), 76; Daniel R. Headrick, *Technology, Environments, and Western Imperialism, 1400 to Present* (Princeton: Princeton University Press, 2009), 243-249.
[153] E. Richard Brown, "Public Health in Imperialism: Early Rockefeller Programs at Home and Abroad," *American Journal of Public Health,* Vol. 66, No. 9 (1976), 897; Stephen W. Tweedie, "Viewing the Bible Belt," *Journal of Popular Culture,* Vol XI, Issue 4 (Spring 1978), 865-867 https://doi-org.libaccess.lib.mcmaster.ca/10.1111/j.0022-3840.1978.1104_865.x; Ettling, *The Germ of Laziness.*
[154] "The Rockefeller Foundation Annual Report, 1913-1914," 7, accessed August 4, 2021 https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1913-1914-1.pdf,

campaigns to eradicate hookworm disease (Ancylostomiases) in the Southern US.[155] Four years later, the IHCRF extended its mandate to eradicate hookworm disease globally as a part of its public health initiatives. The International Health Board of the Rockefeller Foundation (IHBRF) was established in 1916 to provide philanthropy, medicine, health services, population science, agricultural and natural science, arts and humanities, social sciences, and international relations globally.[156] By 1924, the RF campaign to eradicate hookworm operated in 52 countries, six continents, and 29 islands, including British Guiana (the first campaign outside the US), Trinidad, and Jamaica.[157] In 1927, The IHBRF became the International Health Division.[158]

The mission of the IHBRF signalled American imperial pursuit for world domination through medical philanthropy. The IHBRF's mandate purported '"to promote the wellbeing and to advance the civilization of the people of the United States and its territories and foreign lands, in the dissemination of knowledge, in the prevention and relief of suffering…"'[159] However, the RF's goal of educating and "civilizing" "backwards" people worldwide underscored its imperial pursuits to improve the health of

[155] Brown, "Public Health in Imperialism," 898; *Rockefeller Foundation Archives online,* accessed June 30, 2017, http://rockarch.org/.
[156] "The Rockefeller Foundation Annual Report, 1916," 12-47, accessed June 30, 2017, https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1916-1.pdf
[157] "Hookworm: Exporting a Campaign," *The Rockefeller Foundation: A Digital History* online, accessed March 21, 2019, https://rockfound.rockarch.org/hookworm-exporting-a-campaign; "The Rockefeller Foundation Annual Report, 1919," 83, *The Rockefeller Foundation* online, accessed March 25, 2019, https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1919-1.pdf; Brown, "Public Health in Imperialism," 898.
[158] "The Rockefeller Foundation: A Digital History," *Rockefeller Archives*, accessed June 30, 2017, https://rockfound.rockarch.org/history.
[159] "House of Representatives Approve of Rockefeller Fund," *The Daily Gleaner*, February 7, 1913, 1.;

the world's poor through American scientific medical innovations.[160] Richard Brown argues that the RF's international work also served the interests of the US and European countries by expanding the "economic and political control" in the countries where the RF set up health programs.[161]

Jamaica's connection with the IHBRF to eradicate hookworm disease in the colony in the early twentieth century represents cooperation between American medical philanthropy and the government of the British colony. The colonial government in Jamaica, the plantocracy, and the medical establishment believed that hookworm disease reduced labour productivity. During the slavery period, plantation owners and medical officials were perplexed about diseases caused by various species of worms, like hookworm. The problem was that the parasites reduced the vitality and productivity of labourers.[162] John Ettling argued that hookworm disease was the "germ of laziness" affecting poor rural white southerners. A person who suffered from hookworm disease appeared sickly, weak, emaciated and disfigured.[163] Although the disease rarely killed its victims, it rendered them weak and listless. The disease also caused malnutrition and anemia due to iron depletion and blood loss.[164] Agricultural jobs that involved tilling contaminated soil without appropriate clothing or footwear were conducive to the spread

[160] Brown, "Public Health in Imperialism," 897; Also see "The Rockefeller Foundation Annual Report, 1913-1914," 11-13, *The Rockefeller Foundation* online, accessed March 20, 2019, https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1913-1914-1.pdf.
[161] Brown, "Public Health in Imperialism," 898.
[162] Sheridan, *Doctors and Slaves*, 216-218.
[163] Ettling, *The Germ of Laziness*, 2-3.
[164] Brown, "Public Health then and Now," 898.

of hookworm.[165] The larvae enter a human's body through ingestion or the skin (bare feet or handling) contaminated water, soil and food.[166] Like cholera, hookworm disease was a poor person ailment associated with malnutrition, contaminated water and food, overcrowded living arrangements, the lack of proper latrines and sanitation facilities, and agricultural and mining labour.[167]

The politics of hookworm disease emphasized racial, class, and geographic differences reinforcing stereotypes about marginalized people's susceptibility to diseases and criminality. Migrants to the Caribbean unknowingly brought the worms in their bodies, spreading hookworm disease from one country to another. Historian Rita Pemberton suggests that hookworm disease rates were high in Trinidad and British Guiana, countries with the highest number of East Indian immigrants in the British West Indies.[168] The assumption here is that indentured labourers, like the enslaved Africans before them, arrived in the Caribbean with hookworms in their bodies that then passed into the soil because of improper sewage and latrine facilities. Since hookworm disease was prevalent in congregate settings like plantations, schools, and prisons, the IHBRF campaigns to eradicate the disease in Jamaica targeted the labouring class and children.

Since the 1840s, post-mortems have revealed the pathology of worms on the human body. The pathology of hookworm disease led to discoveries, experimental

[165] "Annual Report of the Rockefeller Foundation, 1919," 143-146, accessed March 25, 2019, https://assets.rockefellerfoundation.org/app/uploads/20150530122049/Annual-Report-1919.pdf.
[166] "Parasites- Hookworm," *Centres for Disease Control and Prevention,* accessed September 20, 2018, https://www.cdc.gov/parasites/hookworm/gen_info/faqs.html.
[167] Palmer, "Migrant Clinics and Hookworm Science," 690.
[168] Pemberton, "A Different Intervention," 91-92.

treatment and clinical research to eradicate the disease.[169] Physicians, planters and government officials believed that the hookworm disease contributed to degeneration, laziness, and inefficiency among populations of poor rural agricultural labourers overrepresented in hookworm disease cases. The colonial elites in Jamaica needed little convincing that a program to eradicate hookworm could improve labourers' efficiency and increase the colony's profitability. Dr. P.B. Gardner, the RF representative in Jamaica, informed attendees at one of his lectures that hookworm disease "reduces vitality and lessens the economic efficiency of our people."[170] Gardner confirmed to the governor and members of the medical boards who attended his talk that the RF's campaign to eradicate hookworm in Jamaica was essential to preserve labour productivity.

Historians writing about hookworm disease in the circum-Caribbean since the 2000s have employed social and cultural-historical approaches to demonstrate how the disease was imbricated with imperialism. Historians have examined collaborations between the American RF and imperial powers to eradicate the disease to improve peoples seen as economically backward since the early twentieth century.[171] Historians Palmer and Rosemarijn Hoefte analyze the interactions of the American RF and imperial powers (Dutch and British) in South America and the British Caribbean in eradicating

[169] Palmer, *Launching Global Health*, 9.
[170] Ettling, *The Germ of Laziness*, 1-9; "Opening a Campaign," *The Gleaner*, June 20, 1919, 8.
[171] Palmer, *Launching Global Health*; Rosemarijn Hoefte, "The Difficulty of Unhooking the Hookworm: Rockefeller Foundation, Grace Schneiders-Howard, and Public Health Care in Suriname in the Early Twentieth Century," in *Health and Medicine in the Circum-Caribbean, 1800-1968*, eds. Juanita De Barros, Steven Palmer and David Wright (New York: Routledge, 2009), 211-226; Palmer, "Migrant Clinics and Hookworm Science," 676-709.

hookworm disease among the labouring class.[172] Similarly, the Jamaican experience with the RF campaign to eliminate hookworm disease in the early twentieth century reflected cooperation between American philanthropy and the colonial government in Jamaica to solve the disease problem. In the early twentieth century, the management of hookworm disease emphasized personal hygiene and the individualization of disease causation based on ideas about race, class, gender, and geography. Government and medical researchers blamed the poor and working-class individuals for spreading diseases because of their moral failings and socio-economic circumstances. Conversely, government officials were less diligent in holding the plantocracy accountable for sanitary work conditions.

This study of hookworm eradication efforts in Jamaica builds on scholarship about the racialization of the disease linked to class and geography. Palmer examines how the RF combined the goal to eradicate hookworm with educating people of the tropics and sub-tropics in the "culture of hygiene." He demonstrates that clinical research influenced public health strategies deployed to cure diseases that affected people of colour in the Caribbean and poor whites in the Southern US.[173] The Jamaican experience with hookworm disease eradication shows that the racialization of disease was a process that targeted rural agricultural labourers (Afro/Indo-Jamaicans and South Asian indentured labourers) for surveillance and control. Hookworm disease eradication campaign aimed to ensure a healthy labour force to optimize economic profits in the British colony.[174]

---

[172] Palmer, *Launching Global Health*; Palmer, "Migrant Clinics and Hookworm Science"; Hoefte, "The Difficulty of Unhooking the Hookworm."
[173] Palmer, *Launching Global Health*, 6-7; Palmer, "Migrant Clinics and Hookworm Science," 677.
[174] See message by Dr D.P. Gardner, representative of the International Health Commission of the Rockefeller Foundation to political and medical authorities in Kingston in *The Gleaner*, June 20, 1919, 11.

This research interrogates women's participation as professional nurses and caregivers in managing diseases in the early twentieth century. Trained nurses and medical officers were collaborators translating western medical knowledge to illiterate rural workers and administering treatment protocols and follow-up to complete the treatment cycle in the IHBRF's campaign to eradicate hookworm disease in Jamaica. However, as Palmer shows, the contribution of nurses was muted by the authoritative voices of male medical officers who penned the medical reports.[175] The marginalization of medical women's voices and participation makes it difficult for historians to fully interpret the medical landscape to incorporate nurses as agents of change in the early twentieth century.

The colonial government in Jamaica and the IHBRF established a collaboration to improve the health of the colony's labouring class in the early twentieth century. The RF's campaign to eradicate hookworm in Jamaica was initiated on April 3, 1914, when the Jamaican government, through the Colonial Office in London, requested that the RF send a representative to the island to establish a collaboration for treating hookworm disease.[176] After a delay due to the constraints of the First World War, the Legislative Council welcomed Dr. H.H. Howard, the RF director of the West Indies commission to Jamaica in May 1918.[177] Three months later, Dr. M.E. Connor – a parasitologist and RF researcher focusing on malaria, yellow fever, and hookworm disease in Latin America

[175] Palmer, *Launching Global Health*, 12.
[176] "Rockefeller Foundation Annual Report, 1914," 62, accessed March 25, 2019, https://assets.rockefellerfoundation.org/app/uploads/20150530122040/Annual-Report-1913-1914.pdf
[177] "Island Medical Department for the year ended 31 March 1919," CO 140/254, 139-142, TNA. "Interesting Interview with Dr. Connor of Rockefeller Institute," *The Gleaner*, August 6, 1918, 6; Pemberton, "A Different Intervention," 90.

and the Caribbean – followed up to conduct a preliminary survey of hookworm disease in Jamaica.[178] Connor's visit to Jamaica consolidated collaboration between the island's colonial government and the RF to conduct scientific research in human parasitology and sanitation projects as part of the colony's public health goals in the early twentieth century. During the preliminary survey, Dr. Scott, the government bacteriologist in Jamaica, oversaw testing 3,467 specimens for hookworm disease collected from Jamaican residents, including school children and prisoners. The survey revealed that 85.66% of the samples tested positive for various types of ova, and 70.52% had hookworm.[179] The initial findings confirmed that hookworm disease was a threat to the vitality of the Jamaican people and that a campaign to eradicate the parasites was necessary.

Hookworm disease research and eradication programs were racialized and political. They singled out the poor and labouring class for surveillance and control to achieve imperial pursuits (economic profits and world domination). Researchers established a causal relationship between diseases, intelligence, and criminal behaviours in Jamaica's poor and labouring class, typically Afro/Indo-Jamaicans and South Asian indentured labourers. Government elites and the planter class were concerned about reducing praedial larceny among labourers to minimize their loss from theft of agricultural products throughout the British West Indies. *The Gleaner* reported that British Guiana (the first British West Indian colony to develop a campaign to eradicate

[178] Letter from Fredrick F. Russel to Dr. M.E. Connor, February 14, 1928, *The Rockefeller Foundation: A Digital History*, accessed March 21, 2019, https://rockfound.rockarch.org/digital-library-listing/-/asset_publisher/yYxpQfeI4W8N/content/letter-from-frederick-f-russell-to-dr-m-e-connor-1928-february-14.

[179] "Annual Report on the work carried out in the government Bacteriological Laboratory, April 1918 to March 1919," Jamaica, BWI., 156, CO 140/245, 156 TNA.

hookworm in the region) reduced praedial larceny incidents in the districts that participated in the hookworm eradication campaign.[180] Such preoccupation with praedial larceny informed Connor's preliminary investigation into hookworm at the Spanish Town Prison in 1918. The initial investigation proved the need to eradicate hookworm disease and its attendant evils to the Jamaican government and the planter class.

Connor suggested a causal relationship between hookworm disease, intelligence, and criminal behaviours in Jamaica. He reported that 98% of the prison population tested positive for hookworm disease. The RF researcher connected hookworm disease with illegal activities in the following 1918 report:

> you will find that the fact that practically all these prisoners are infected with hookworm is something more than a mere coincidence. Here you have praedial larceny and rioting and other misdemeanours, and we find that the persons convicted of these things are infested with hookworm parasites. There is surely some connection between the two things. You must understand that the hookworm affects the mental as well as the bodily development of its victims.[181]

Connor surmised that mental development, criminal activities, and hookworm disease were not coincidental. Essentially, Connor constructed a racial and class profile of hookworm disease patients by associating the disease with poverty, intellectual deficiency, and criminality. Such a profile defined the ideal hookworm disease patients based on personal failings rather than the victims of poor working conditions, overcrowding and unsanitary congregate living settings.

[180] "Opening A Campaign: How It Injures US," *The Gleaner*, June 20, 1919, 8.
[181] *The Gleaner*, August 6, 1918, 6; "Island Medical Department Report for the year ended March 31, 1919," 143 CO 140/254, 143 TNA.

Connor's analysis that hookworm disease "affects the mental, as well as the bodily development of its victims" in Jamaica echoed his contemporaries, who argued that the disease caused low intelligence in children.[182] Early twentieth-century views that poverty, crime, and disease were mutually reinforcing had their basis in eugenics theories about degeneration based on race and class susceptibility to disease and criminal mentality.[183] In his study on San Francisco's Chinatown in the throws of the tuberculosis epidemic in the 1930s and 1940s, Nyan Shah argues that Chinese Americans were characterized by race, class, spatial geography, and the politics of public health measures used to control the disease.[184] Shah conceptualizes race as a social and political construct about differences deployed to justify socio-political inequality and subordination.[185] In Jamaica, as elsewhere in the tropics, the medical elites characterized illiterate poor agricultural labourers of colour as susceptible to hookworm disease because of ignorance, filth and personal social failures.[186] However, the RF researchers and the government elites failed to consider the "complex issues of poverty and social inequality" of

[182] For example, see C. W. Stiles, "Intestinal Infections: The School Grades Attained by 2,166 White School Children (1,062 Boys, 1,104 Girls) in the City of X, Classified by Age, Sanitation, and Intestinal Parasites," *Public Health Reports (1896-1970),* Vol. 30, No. 28 (Jul. 9, 1915), 2060-2067; W.G Smillie and Cassie R, Spencer, "Mental Retardation in School Children infested with Hookworm," *The Journal of Educational Psychology*, Vol 15, No. 5 (May 1926), 314; *The Gleaner*, June 20, 1919, 8.
[183] Rudolph Matas, *The Surgical Peculiarities of the American Negro: A statistical Inquiry based upon records of the charity Hospital of New Orleans LA., 1884-1894* (Philadelphia, 1896). Reprinted from *Transactions of American Surgical Association*, Vol. 14, 1896, accessed July 20, 2017, https://archive.org/stream/b28717983#page/n4/mode/1up/; Smillie and Spencer, "Mental Retardation in School Children," 317-320.
[184] Shah, *Contagious Divides,* 1-16.
[185] Ibid., 5.
[186] Pemberton, "A Different Intervention," 90-94; "Results of Investigation of Rockefeller Commission," *The Gleaner*, November 12, 1918, 13.

plantation societies like Jamaica.[187] Praedial larceny was a symptom of the socio-economic deprivation freed people struggled against during the immediate post-slavery period. The white planter class and government elites maintained "systems of domination" through rent/wage, high taxation, lack of access to land and coercive labour practices to control freed people. Such dire socio-economic conditions resulted in extreme poverty and unrest in the British West Indies.[188]

In the early twentieth century, Jamaica's hookworm eradication campaign was a part of the measures to sustain labour to administer a profitable colony. Hookworm researchers hypothesized that the disease contributed to the low birth rate because the disease caused infertility due to sterility, impotence, and miscarriages. The RF suggested that when treatment of the disease was successful, the birth rate was "stimulated in [a] marked degree."[189] For the colonial government in Jamaica, the rationale for hookworm disease eradication was practical. If hookworm disease threatened population growth, then the colonial government had a reason to intervene. Improving fertility levels and the birthrate was beneficial to the government in Jamaica which was interested in securing a sustainable labour force in the aftermath of World War One.

In addition to declining birth rates due to hookworm disease, early twentieth-century scientists and imperial powers were concerned about the adverse effects of the disease on children's mental and physical development. Researchers in human

[187] Jill C. Briggs "'Jamaica Advancing?' The Rockefeller Tuberculosis Commission and the Tensions Between Research and Eradication," *Department of History, UC Santa Barbara* (2010), 4, accessed January 22, 2021, http://rockarch.issuelab.org/resources/27878/27878.pdf
[188] Bolland, "Systems of Domination after Slavery," 591-619.
[189] "Rockefeller Foundation Annual Report, 1918," 127, accessed March 27, 2019, https://assets.rockefellerfoundation.org/app/uploads/20150530122047/Annual-Report-1918.pdf.

parasitology conducted experiments to demonstrate that hookworm disease harmed children's cognitive development.[190] A 1914 report by the United States Bureau of Education detailed that hookworm disease damaged southern rural children's mental and physical development. The report showed that rural children with hookworm disease attended school irregularly, which negatively impacted their intellectual development.[191] Connor made similar connections between hookworm disease and children's development in his 1918 investigation in Jamaica. The RF researcher concluded that "a child with hookworm can never develop properly; mentally and physically [because] he is debilitated and poisoned."[192] Connor believed that the long-term effects of hookworm disease inhibited the mental and physical development of future generations of labourers. The RF's focus on birthrates and children's psychological and physical development indicates that its officials were concerned about the immediate and long-term effects of the disease on local populations, specifically potential future labourers.

The campaign to save current and future labourers in Jamaica from hookworm disease was initiated and executed as a collaborative effort between the colonial government of Jamaica and representatives of the RF. The governor of Jamaica, Sir W. H. Manning, announced the campaign against hookworm disease in the Jamaica Legislature

[190] Smillie and Spencer, "Mental retardation in school children infested with hookworms," 314-321; Hastaning Sakti, Catherine Nokes, W. Subagio Hertanto, Sri Hendratno, Andrew Hall, Donald A. P. Bundy and Satoto, "Evidence for an association between hookworm infection and cognitive function in Indonesian school children," *Tropical Medicine and International Health*, Vol. 4, No. 5 (May 1999), 322–334.
[191] J.N.O. Ferrel, *The Rural School and Hookworm Disease*, *The United States Bureau of Education*, 593:20 (1914), 7-20, accessed February 25, 2021, https://files.eric.ed.gov/fulltext/ED541673.pdf; Hoyt Bleakly, "Disease and Development: Evidence from Hookworm Eradication in the American South," *The Quarterly Journal of Economics*, Vol. 122, Issue 1 (Feb 2007), 73-117.
[192] "Interesting Interview," *The Gleaner*, August 6, 1918, 6; "Rockefeller Foundation Annual Report, 1918," accessed March 27, 2019, https://assets.rockefellerfoundation.org/app/uploads/20150530122047/Annual-Report-1918.pdf.

in 1918.[193] Governor Manning outlined to the House of Assembly the phases of the scheme by specifying the roles of the RF and the responsibilities of local medical representatives.[194] Cost-sharing arrangements between the colonial government in Jamaica and the RF established funding responsibility for the campaign against hookworm disease. The RF paid the costs to conduct the initial survey and for the necessary staff, such as medical practitioners, nurses, orderlies, microscopists, and clerks for treating the disease. The government of Jamaica provided funds for appointing a superintending inspector and sanitary inspectors, procuring the necessary drugs and stationery, and covering incidental expenses.[195] Jamaica's Legislative Council earmarked £2,000 to build latrines throughout the island as a preliminary sanitation project towards eradicating hookworm disease in Jamaica during the next fiscal year.[196]

Building pit latrines throughout the colony was the most challenging initial step of the hookworm eradication campaign. Some estate owners refused to provide the funds to build latrines willingly. These rogue estate owners made Dr. L.O. Crosswell's job as coordinator of the project very difficult. Crosswell, a former medical officer for Kingston, was appointed as a superintending inspector to oversee the program to construct latrines for families and institutions, such as schools and workplaces without privies. Jamaica's central and local boards of health were tasked with the challenge of coordinating the various parochial boards of health to get on board with the construction project in their

[193] "First Year's Record of Jamaica Imperial Association: Report to be Presented," *The Gleaner*, February 18, 1919, 13.
[194] "Island Medical Department Report for the year ended 31 March 1919," CO 140/254, 214, TNA.
[195] "Central Board of Health report for the year ended 31 March 1919," CO 140/254, 237, TNA.
[196] Ibid.

respective medical districts. [197] While some parochial boards quickly organized their teams to execute the project to build latrines within the year, others did not. For instance, the Spanish Town Parochial Board decided to employ veterans of the British West Indies Regiment (BWIR) to construct latrines throughout the parish.[198] However, in the parish of Clarendon, the May Pen Parochial Board convened a meeting to evaluate the dismal progress in building latrines and upgrading sanitary measures in the parish a year after the project was launched.[199]

The construction project was delayed because of the inaction of some residents and large estate owners in May Pen.[200] T.B. Thompson, chair of the May Pen Parochial Board, expressed concerns that the estate owners in Vere, one of the districts targeted for hookworm eradication, had not cooperated with the board's request to build latrines on their properties. Subsequently, the May Pen Parochial Board passed a resolution to build latrines, noting that it would seek redress through the courts if the estates did not cooperate.[201] The United Fruit Company (UFC) was one of the largest estate owners operating in the town of Vere in the parish of Clarendon. As discussed in chapter four, the UFC was a significant part of the American plantocracy developing the banana industry in Jamaica from the 1860s.[202] Large estates refused to provide funding to build latrines in southern Jamaica, resulting in delays to the RF project to eliminate hookworm disease.

---

[197] "Island Medical Department Report," 1919, CO 140/254, 143 TNA.
[198] "Monthly Meeting of Saint Catherine Parochial Board: The Hookworm Fight," *The Gleaner,* October 10, 1919, 6.
[199] "Meeting of Parochial Board of Clarendon," *The Gleaner,* August 16, 1919, 21
[200] Ibid.
[201] Ibid.
[202] Holt, *The Problem of Freedom*, 370-371.

Resistance toward the RF campaign was not unusual in South American countries. Hoefte identified similar resistance by imperial and local government administrators in Suriname to build latrines as a prerequisite to the RF campaign against hookworm disease in that country.[203] Ultimately, the May Pen Parochial Board of Health threatened to sue the large estates to gain their compliance with sanitary reforms on their properties.

The southern parish of Clarendon was an agricultural belt that produced sugarcane and fruits for overseas markets in Europe and the US. The parish's ties to the agricultural sector made it appropriate for the RF hookworm disease eradication campaign. The agrarian history of Clarendon at the end of slavery in 1838 shows that the parish was home to over twenty-nine sugar estates. However, by the end of WWI, only three large estates remained: Moneymusk, Vere Estates and Amity Hall Estate. The UFC owned all three estates, which the American company converted to banana, coconut, and pineapple plantations. As discussed in chapter four, by the 1870s, bananas had replaced sugar as a primary agricultural resource of the colony. The American business interests in the fruit industry ushered in a new trade relationship between the British and American imperial empires. During the late nineteenth century, the Jamaican banana industry was a subset of the US overseas trade development in the Caribbean and Latin American countries.[204]

The RF's decision to focus its hookworm eradication campaign in Clarendon was strategic because of the access to a large population of agricultural labourers free of

[203] Hoefte, "The Difficulty of Unhooking the Hookworm," 217.
[204] Charles Morrow Wilson, *Empire in Green and Gold: The Story of the American Banana Trade* (USA: Henry Holt & Company, 1947); Steve Striffler and Mark Moberg, eds., *Banana Wars: Power, Production, and History in the Americas* (Durham: Duke University Press, 2003); Noel Maurer, *The Empire Trap: The Rise and Fall of U.S. Intervention to Protect American Property Overseas, 1893-2013* (Princeton: Princeton University Press, 2013), 150; Holt, *The Problem of Freedom*, 370.

intervention from other medical missions on the island. As the third-largest parish in Jamaica, Clarendon consisted of substantial Afro/Indo-Jamaican and South Asian indentured agrarian workers. They laboured on sugarcane, banana, and coconut plantations in the agricultural districts of Vere, Lionel Town, and Race Course. The RF had access to over 14,000 hookworm cases in Clarendon. In addition to a large population of agricultural labourers, the parish was relatively free of American religious/medical missions, such as the Iowa Quakers, who operated churches, schools, orphanages, and health stations in the northeastern parishes, as chapter four discusses.[205] Therefore, the American medical researchers of the RF did not encounter conflicts with other American medical missions in Clarendon. This way, the RF could evaluate its progress without variable interferences from other non-government groups like the Quakers.

After some delay in building pit latrines throughout the parish as a preliminary sanitary strategy, the inaugural campaign against hookworm disease in Jamaica began in Clarendon on February 24, 1919. Dr. P.B. Gardner, an American representative of the RF, was the project's lead researcher in Clarendon. Gardner and his local team – comprising a medical officer, three clerks, four microscopists, ten dispensing nurses, and two caretakers – began their operations to eradicate hookworm disease in the agricultural districts of Vere, Lionel Town, and Race Course.[206] The local medical staff performed clinical evaluations and administered treatment protocols. The local team worked together with the RF representatives to educate patients about sanitary measures, the disease, and

[205] See chapter 4 for discussion of the role of the Quakers' health and education missions in collaboration with the United Fruit Company in the northeastern banana parishes.
[206] "Work of Central Board of Health" *The Gleaner*, December 2, 1920, 10; "Central Board of Health Report for year ended March 31, 1920, Hookworm," 342, CO 140/258, 342 TNA.

treatment protocol. The District Medical Officer (DMO) and professional nurses educated the residents about hookworm disease and treatment measures through lectures and handbills circulated before the treatment protocol. The medical officers made home visits to each patient and prescribed Thymol to treat hookworm disease.[207]

In the early twentieth century, the treatment of hookworm was both controversial and experimental as physicians and researchers searched for efficacious treatment protocols. It was not clear that the RF representative disclosed to poor and working-class people that they were involved in experiments to determine the efficacy of treatment protocols. According to the Rockefeller Foundation's annual reports, the list of approved medications for hookworm disease included chloroform, eucalyptus, beta-naphthol, thymol and oil of Chenopodium.[208] However, "thymol with an equal part of sugar milk" was used exclusively in May Pen in 1919 because it was cheaper than Chenopodium. [209] The RF's decision to administer thymol in Clarendon was informed by earlier experimentation in Trinidad to determine the efficacy of "pure thymol and thymol with varying proportion of lactose."[210] In 1917, B. E. Washburn, State Director of the IHBRF, concluded from experimentations conducted in Trinidad from 1914 to 1917 that thymol was the most effective when finely powdered and mixed with an equal amount of milk.

[207] "Central Board of Health Report for year ended March 31, 1920, Hookworm," 342, CO 140/258, 342 TNA.
[208] "Methods of Treating Hookworm Disease," *Rockefeller Annual Report, 1919*, 159, accessed January 22, 2020, https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1919-1.pdf.
[209] "Central Board of Health Report for year ended March 31, 1920, Hookworm," 342, CO 140/258, 342 TNA.
[210] B.E. Washburn, "Use of Thymol in Treatment of Hookworm Disease," *JAMA* LXVIII:16, (1917), 1162-1163. doi:10.1001/jama.1917.0427004015000; Index of Benjamin E. Washburn's Papers, 1905-1960, accessed March 25, 2019, http://dimes.rockarch.org/xtf//search?browse-all=yes;f1-geogname=Jamaica

His experiment showed that 49.1% of individuals who received the mixture of thymol and milk were cured after two doses.[211] But Washburn's findings challenged Charles Wardell Stiles' conclusions in 1909. Stiles was an American parasitologist and a founding member of the Rockefeller Sanitary Commission in the southern US. The parasitologist maintained that "if the patient absorbs too great a quantity of thymol, alarming symptoms and even death may occur."[212] Stiles was concerned that at least one case of thymol poisoning resulted from a patient who drank milk on the same day.[213] Although thymol was used to treat hookworm disease in the US until the 1940s, its use to treat hookworm disease in Jamaica in 1919 was still in the experimental stage, raising critical questions about clinical research and informed consent. Thymol is no longer used to treat hookworm disease. The current treatment for hookworm disease includes Anthelminthic medications or vermicides, a combination of antiparasitic drugs. The drugs are administered for a duration of one to three days.[214]

Clinical experimentation with thymol is problematic when considered in the context of colonial systems of control over the lives of subject peoples for profit and development in medical ethics. Like the case of John Parkin's experimental use of carbonic acid gas to treat cholera in 1852, administering experimental thymol treatment in 1919 raised ethical questions about human experimentation to find treatment protocols for

[211]Ibid.
[212] Charles Wardell Stiles, "The Treatment of Hookworm Disease," *Public Health Reports, 1896-1970*, Vol. 24, No. 34 (August 20, 1909), 1191.
[213] Ibid.
[214] "Parasites – Hookworm Treatment," *Centres for Disease Control and Prevention (CDC)*, accessed January 22, 2021, https://www.cdc.gov/parasites/hookworm/treatment.html.

disease.[215] The ethical dilemma of clinical experiments conducted under the guise of providing beneficial medical care to poor, illiterate, oppressed people is undeniable today. The ethical issues around full disclosure included revealing side effects and possible harms caused by medication were considerations that medical researchers developed in the post-World War II era for conducting clinical research.[216] However, the vulnerability of illiterate, poor and working-class patients as unwitting test subjects in clinical experiments for efficacious medication was problematic, unethical and oppressive, having long-term effects on the patient-physician relationship. Joan Tronto identifies four elements of ethical care in the patient-practitioner relationship: "attentiveness, responsibility, competence, and responsiveness."[217] Tronto suggests that competent caregiving includes more than taking care of a medical problem without providing care to the individual. She perceives care/caregiving as a two-way relationship, where the caregiver and patient understand each other to offer and receive empathetic service.[218] As corollaries of ethical caregiving, mutual trust and empathy toward the labouring class in the colonial Jamaican medical experience were problematic at best. As seen from the 1851-1852 cholera epidemic and the 1871-1873 smallpox epidemic, white physicians' racial and class biases against labouring class patients fostered distrust, resulting in suffering and death among the poor. As will be shown, most rural agricultural labourers

[215] Parkin, *Statistical Report of the Epidemic Cholera in Jamaica*, 61.
[216] Nilay Kanti Das and Amrita Sil, "Evolution of Ethics in Clinical Research and Ethics Committee," *Indian Journal of Dermatology,* Vol. 62, No. 4 (Jul-Aug 2017), 373-379.
[217] Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), 127.
[218] Tronto, *Moral Boundaries*, 19-21 & 123-133.

in Clarendon refused hookworm treatment because they distrusted western practitioners and medicine.

Despite some setbacks, the third phase of the campaign to eradicate hookworm disease in Clarendon proceeded from the towns to the rural districts under new research leadership. On January 24, 1920, Dr. Gardner was replaced by Dr. B.E. Washburn as head of the campaign to eradicate hookworm in Jamaica. Washburn was an American doctor and prolific writer. He worked for the IHBRF in Trinidad from 1914 to 1917, in North Carolina from 1917 to 1920 and in Jamaica from 1920 to 1937.[219] In Clarendon, Washburn directed the campaigns in eighteen rural districts. The RF team examined 14,444 cases, which represented a remarkable 98.5% of the total population of 14,652 in the areas mapped for the project. The infection rate was 34.4% or 4,969 cases of those examined, and 30.7% or 4,434 were treated.[220] The treatment rate was higher for the towns at 34.7% and as low as 15.1% in the rural districts.[221]

Rural residents were less enthusiastic about the campaign to eradicate hookworm in Clarendon, perhaps because they were unfamiliar with Euro-American medicine, therefore, did not trust it. The population of rural Clarendon was mostly poor Afro/Indo-Jamaicans and south Asian indentured agricultural labourers, some of whom were illiterate. Afro-Jamaicans living in rural districts were more likely than their urban counterparts to rely on Afro-Jamaican folk medicine to treat diseases. As discussed

[219]Index: Benjamin E. Washburn's Papers, 1905-1960, accessed March 25, 2019, https://dimes.rockarch.org/collections/o9iEoSZXZq3oAF8FDDB6JY?category=&limit=40&query=washburn

[220] "Jamaica Hookworm Campaign: Report for the months of July and August 1920," 297-298, CO 140/254 TNA.

[221] Ibid.

before, Afro-Jamaican rural residents were more likely to rely on herbal remedies to cure illnesses because of a lack of western doctors and government hospitals in these communities. The hookworm disease was no exception. A lack of access to western medicine in rural areas combined with cultural beliefs, resistance and distrust of western medicine resulted in a lower participation rate.[222]

Nurses were an essential part of the medical team of practitioners, working with physicians, researchers and bacteriologists to implement the program to eradicate the hookworm disease in Clarendon during 1919. They worked directly with hookworm patients. The ten nurses involved in the RF project were assigned to a district, village, or settlement between 500 and 700 persons.[223] The nurses travelled on bicycles throughout the parish to make home visits. They assigned each home a number and recorded each resident's name, age, and gender. The nurses also explained how hookworm disease was spread from person to person. The nurses left a small tin container with each person, including instructions on preparing a fecal specimen for testing. The nurses collected the specimen the next day and took it to the central office laboratory for analysis. The nurses made daily reports and completed records for each patient. They also ensured that the patients took the oral Thymol correctly to obtain the correct result. The nurses worked closely with the microscopists and clerks to validate the result of each patient. At least two microscopists examined each specimen to verify the results. The clerks prepared a treatment book by entering the pre and post-test and the results of all treatments

[222] See Bowerbank, *The Terror of the Tents*, 11-20; Bowerbank's charges against the Jamaica medical authorities for negligence during the 1871-1873 smallpox epidemic in St. Andrew.
[223] "Work of Central Board of Health" *The Gleaner*, December 2, 1920, 10; "Central Board of Health Report for the year ended March 31, 1920," 342, CO 140/254TNA.

administered to patients. A person was cured of hookworms when he/she submitted a negative specimen one week after treatment. All cured patients and those who did not test positive for hookworm disease received a certificate.[224]

Although it is impossible to determine the RF nurses' identities, it is reasonable to speculate that they came from diverse social backgrounds by the early twentieth century. The precise identities of the professional nurses who worked in the RF campaign to eliminate hookworm disease in Jamaica are not listed in the documentation about the project. However, Jamaica's nursing history provided some clues to assess the identities of the trained nurses who worked in the project. From the late nineteenth century onward, Jamaican nurses were selected from upper and middle-class white or mixed-race women who were educated and Christian.[225] During this period, nurses were trained in Jamaica, Britain, or the US and practised in the colony's government hospitals and medical institutions. But, Afro-Jamaican informally trained nurses have been associated with caregiving in Jamaica since the slavery period. Patrick Bryan demonstrates that black middle-class Jamaican women entered the nursing profession in the late nineteenth century because white and mix-raced middle-class women did not always consider nursing a prestigious career.[226] Black middle-class women obtained the required education and qualifications to train as nurses because of their long-standing interest in

[224] "Central Board of Health Report for the year ended March 31, 1920," 342, CO 140/254 TNA.
[225] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 68. Gardiner quotes an excerpt from a speech given by Enos Nuttall, Archbishop of Jamaica, 1891 in which he sets out the criteria for selecting the "right" women for nursing. Nuttall defined "the right women" as white upper and middle-class women and mixed-race strong young respectable women. Also, see chapter 3 for discussion of the development of nursing in Jamaica.
[226] Bryan, *The Jamaican People,* 216-238.

the profession. By the early twentieth century, when the RF campaign to eradicate hookworm disease was underway, trained nurses were drawn from diverse social backgrounds (white, mixed-race and black middle-class women) in Jamaica.

The nurses of the RF's campaign to eliminate hookworm disease throughout Clarendon played critical roles as clinical caregivers and social support. They interacted directly with patients to translate the benefits of treatment and deliver medicine to cure hookworm disease. Helen L. Rogers, an RN instructor at Temple School of Nursing, helps us appreciate nurses' clinical and social roles as caregivers to treat hookworm disease in hospitals in the rural southern US. Rogers argues that one of the primary duties of nurses treating patients with hookworm was to provide education about the disease and explain how their compliance with the rules of personal hygiene would defeat the disease.[227] She suggests that the nurses offered hookworm patients support that was invasive and time-consuming. Treating hookworm disease involved coordinating various aspects of the patients' daily activities, such as collecting stool samples before and after treatment and administering multiple doses of the medication required to treat the disease. Therefore, the patient-nurse relationship was crucial to implementing the campaign to eradicate hookworm disease. Despite nurses' critical roles in treating hookworm disease, their contributions were undervalued and obscured in reports that did not recognize their participation.

[227] Helen L. Rogers, "Nursing Care in Hookworm Disease," *The American Journal of Nursing*, Vol. 40, No. 11 (November 1940), 1200.

The medical and government elites could not convince owners of large plantations to participate in the project voluntarily. Two years after the project began, some owners of large estates in Clarendon still refused to repay the parochial board for constructing latrine facilities for labourers. On December 16, 1920, there was a special meeting of the May Pen Parochial Board to discuss estimates of costs for the following year's campaign against hookworm disease in Clarendon parish. The colonial secretary and the inspector of the hookworm campaign advised attendees that sanitary inspectors should enforce stricter sanitation regulations in the parish. The more stringent regulations required that the health board hire more sanitary inspectors to ensure sanitary measures to avoid hookworm reinfection. The board was advised to establish a plan to recover the "sanitary conveniences" costs from uncooperative estate owners.[228]

Despite the challenges, the RF continued its project to eradicate hookworm disease in several parishes in Jamaica until 1928, when the focus shifted to tuberculosis.[229] The 1919 campaign to eliminate hookworm disease in Clarendon achieved mediocre success in urban districts. However, based on the low treatment rate of rural patients (15%), the project failed to persuade rural residents to accept treatment for the disease.[230] As a result, a large percentage of rural residents remained susceptible to hookworm disease, at least from the perspective of the medical officials. The RF's efforts to eradicate hookworm disease reveal an ethical dilemma around clinical experimentation

[228]"Parish Business of Clarendon: Special Meeting of Parochial Board held last week to deal with estimates," *The Gleaner*, December 21, 1920, 11.
[229] Briggs "'Jamaica Advancing?' 1-8.
[230] "Jamaica Hookworm Campaign: Report for the months of July and August 1920," 297-298, CO 140/254 TNA.

among the labouring poor, which may have been a factor of mistrust of the project. Overall, the project made some sanitary improvements in the parish; a substantial number of residents in Clarendon were able to construct pit latrines in their homes, which reduced soil and water contamination. However, the planters, who refused to contribute to the sanitary conveniences on their estates, demonstrated a reckless disregard for workers' health and wellbeing.

Conclusion

This study of cholera, smallpox and hookworm highlights shifts and continuities in managing disease in post-slavery Jamaica between the mid-nineteenth and early twentieth centuries. During the mid to the late nineteenth century, the Jamaican government's strategies to mitigate cholera and smallpox epidemics failed to provide dignified patient care to prevent suffering and death among the poor and labouring class. However, by the early twentieth century, the government had begun to pay slightly more attention to the health of the labouring class. By cooperating with the Rockefeller Foundation to sustain the labour force, the Jamaican government adapted medical services as a tool of empire in the twentieth century.

Medical services were racialized, political and singled out the poor and labouring population for surveillance and control. The medical elites targeted the labouring class to manage disease because of their purported ignorance, filth, laziness, and criminality. Afro/Indo-Jamaican and indentured labourers were obligated to improve personal hygiene and sanitary conditions to prevent diseases. However, blaming the labouring class for spreading disease shifted the responsibility for public health from the plantocracy and the

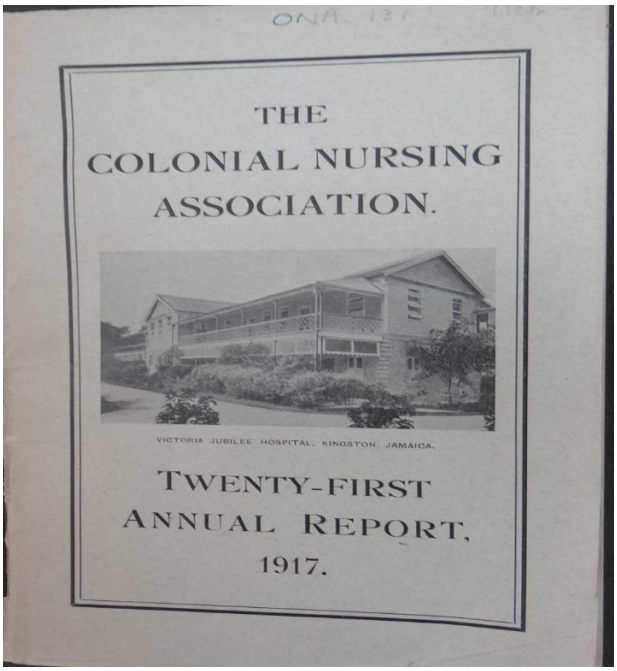
political and medical elites to the poor. The contributing factors to morbidity and mortality included unsanitary living and working conditions, inadequate waste disposal systems/sewage, contaminated water, inconsistent vaccination programs and a flawed medical system. These causes of diseases were the responsibilities of employers (estate owners) and the Jamaican government, especially after the 1867 Public Health Act made health care a part of the state apparatus. As the RF campaign to eradicate hookworm disease in southern Jamaica shows, some estate owners shirked their responsibility to provide a sanitary work environment. The planters' response suggests a disregard for the health of labourers in the twentieth century, a continuity from the slavery and immediate post-slavery periods.

Although women as caregivers delivered patient care during epidemics and treated disease, mid to late-nineteenth-century medical sources tended to obscure the crucial caregiving contributions of informally trained nurses. This trend continued in the early twentieth century, despite the increased number of trained nurses available in Jamaica. Unlike medical men, the identities and credentials of trained nurses were not always disclosed in medical records. The obscuration of medical women (informal, formally trained nurses and Afro-Jamaican folk healers) from historical records creates gaps in analyses of the medical landscape and women's contributions as caregivers.

The next chapter continues to explore women as caregivers (informal and formally trained nurses) in government medical institutions in Jamaica. It argues that nursing was a changing category of caregiving that provides a framework to interpret white, mixed-race and black middle-class women's diverse experiences as caregivers in

Jamaica's public medical institutions. The development of nursing from 1860 to 1920 in Jamaica is associated with expanding government medical services through hospitals and public institutions that confined and controlled inmates/patients to manage diseases and protect British soldiers, colonial officials and white settlers.

Photo of Victoria Jubilee Lying-in-Hospital, 1891



Source: Victoria Jubilee Lying-in-Hospital, Kingston, Jamaica, established in 1891. Annual Reports of the Colonial Nursing Association, 1897-1920, Bodleian Weston, Oxford University

Chapter 3: Women and Health: The Development of Nursing in Jamaica, 1860-1920

Nursing in Jamaica developed from a vocation for freelance informally trained nurses to a profession of trained nurses staffing the government hospitals and institutions that provided medical services. Before the 1890s, informally trained nurses were typically Afro-Jamaican or mixed-race medical women, although informally trained British nurses also served the colony during this era.[1] Informally trained nurses were instructed in the art of caregiving by older female family members, such as mother or grandmother figures.

[1] Margaret Jones, "The Most Cruel and revolting Crimes: The Treatment of the Mentally ill in Mid-Nineteenth-Century Jamaica," *Journal of Caribbean Studies* 42(2), (2008), 290. Jones shows that Mrs. Judith Ryan was an informally trained British matron at the Kingston Lunatic Asylum in 1861 when the scandal about patient abuse was made public.

Informally trained nurses typically practised in rural areas after the late nineteenth century, when the professionalization of nursing was in full swing in Jamaica. Between the 1860s and the 1890s, the government established nursing training programs at urban public hospitals in Kingston to recruit and train white and mixed-race middle-class women for nursing. Trained nurses worked within the government medical establishment (public hospitals, asylums and penitentiaries) that were spaces to confine inmates/patients to manage diseases to protect the white elite class.

Caregiving was racialized, political and punitive, reflecting Jamaica's oppressive slavery and post-slavery periods. The matrons (typically British nurses) of public institutions, such as the Victoria Jubilee Lying-in Hospital, the Lock Hospital, the Green Bay Lazaretto, and Lepers' Home, cooperated with police constables to control and monitor recipients of medical services. The inmates/patients, typically labouring class men and women, were confined to these institutions so as to segregate them from the rest of the population - including British soldiers, colonial administrators and white settlers - to contain diseases. The police also helped enforce access to limited medical resources in the British colony. In such cases, the nurses' duties to provide care overlapped with law enforcement as a remnant of the hothouses or slave hospitals of the slavery period. Consequently, caregiving in Jamaica during the post-slavery period served the dual purposes of social control to manage diseases and enforce compliance to colonial medical policies and legal regulations.

This chapter recenters female caregivers (formally and informally trained nurses) as contributors in the colonial medical landscape in Jamaica as agents of social change. It

investigates the development of nursing from the mid-nineteenth to the early twentieth century in the British colony.[2] This study adds to Jamaican nursing scholarship by exploring the changing categories of nursing to interpret women's (black, white, and mixed-race) different caregiving experiences in colonial Jamaica during the post-slavery period. It argues that nursing development in post-slavery Jamaica offers a framework to interpret women's changing statuses and caregiving experiences defined by race, colour, class, gender, and national identities.

The chapter describes the nursing practices of two relatively well-known informally trained nurses/doctresses who worked outside the Jamaica medical establishment in the late eighteenth and the mid-nineteenth centuries. It examines how Afro-Jamaican medical women practised nursing in the slavery and immediate post-slavery periods. The chapter delineates the development of nursing in Jamaica after the 1850s by focusing on British and Jamaican nurses working in public hospitals and institutions, such as the Lock Hospital and the Victoria Jubilee Lying-in Hospital. As mentioned before, it is impossible to identify the credentials, names, race and class of most of the nurses who worked in the government hospitals during the mid-nineteenth to the early twentieth centuries because government records primarily listed the names and credentials of medical officers and sometimes matrons overseeing these institutions.

[2] Ho Sang, "The Development of Nursing Education in Jamaica"; Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands"; Hewitt, *Trailblazers in Nursing Education*; Claire Duncan, Valerie Hardware, Jean Munroe and Norma Woodham, *A Road to Excellence: The History of Basic Nursing Education at the University Hospital of the West Indies, Jamaica, 1949-2006* (Kingston: Canoe Press, 2017).

From the late nineteenth to early twentieth centuries, the professionalization of nursing developed through training programs initiated by the medical establishment, the clergy, elite women, and the early organizing efforts of trained nurses. British nurses of the Deaconess Order and Colonial Nursing Association recruited, trained, and supervised "deserving" middle-class white, mixed-heritage and few black women in Jamaica. The medical, social, and clerical elites imagined nursing as an occupation for women of the "better class" in Jamaica.[3] By "better class," the nursing leaders meant white upper and middle-class women and educated mixed-race Christian women. Although early nursing recruitment strategies excluded black women, the slight did not discourage black middle-class women from entering the profession between the late nineteenth and the early twentieth centuries. Black middle-class women entered the nursing profession because of their interest in the profession, and they acquired the required education qualifications and connections to the Anglican Church.[4] The chapter demonstrates that developments in nursing during the period under review reveal some ways informal and formal caregiving changed over time. However, nursing recruitment and training programs reinforced Victorian ideas of gender, class, race, and standards of caregiving.[5]

As a part of women's history and the histories of health, medicine, labour and Christianity, nursing underscores women's responsibility to care for family members,

[3] "Annual Reports of the Public Hospital for years ending March 31, 1886 & 1887," CO 140/199, 63 TNA. Charles Mosse, Superintending Medical Officer, at the Kingston Public Hospital in 1887 desired to recruit a "better class" of women to nursing.
[4] Bryan, *The Jamaican People,* 233; *Deaconess Logbook,* October 16-Dec 20, 1893, Ecclesiastics 5/1/28 1893 JA. Mrs. Slader was recommended to the Deaconess Home by Reverend E.J. Wortley.
[5] *Deaconess Log/Duty Book*, February 3, 1891-1920; Ecclesiastical 5/1/28 1891 JA; "Early Records of the Colonial Nursing Association, 1895-1949," MSS. Brit. Emp. S. 400 / 120 / 1, fols. 10-15 OWL

neighbours, employers, and strangers out of obligation, traditional gender expectations, and Christian charity. Nursing worldwide originated from "the mother's care" of infants in the home.[6] Nursing historians suggest that cultural, economic, and political constraints determined how women cared for others since antiquity, thus influencing nursing development.[7] Josephine Dolan argues that from the early Christian era, the nursing sisters of the Byzantine Deaconess Order cared for the poor, the sick, the old, and the young while also supporting the families of the deceased through acts of charity, demonstrating selfless dedication to God and others.[8] The religious sisters were inspired by Christian obligations to provide service and charity as unpaid, informally trained caregivers/nurses.

Conversely, the enslaved "wet nurses" or "nursemaids" in the antebellum Southern US and West Indian plantation societies cared for others from a position of bondage.[9] The paradox of an enslaved wet nurse as a caregiver was that she nurtured or nursed even though she was deemed chattel. During slavery, "wet nurse" and "nursemaid" were categories of household help in which enslaved women nurtured and breastfed their mistresses' babies. The problem was that enslaved women could be denied the opportunity to breastfeed their own babies because they were bounded to suckle the

[6] Patricia M. Donahue, *Nursing: The Finest Art*, 3rd ed. (Missouri: Mosby Elsevier, 2011), 6.
[7] Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York: Cambridge University Press, 1987), 2; Josephine A. Dolan, *History of Nursing* (Toronto: W.B. Saunders Company, 1968), 67.
[8] Dolan, *History of Nursing*, 66-68. Dolan argues that nursing during the early Christian era was founded on the notion of charity for the poor and sick.
[9] Emily West and R.J. Knight, "Mothers' Milk: Slavery, Wet-Nursing, and Black and White Women in the Antebellum South," *Journal of Southern History*, Vol. 83, No. 1 (February 2017), 39. Wet nursing as practiced by different cultures involved the employment of women to breast feed another woman's baby because the mother was unable or unwilling to do so.

mistress's baby. In this sense, the enslaved mother and her baby were doubly oppressed due to caregiving obligations to nurture others.

Since the 1970s, nursing scholars have focused on the history of the development of nursing education in the Caribbean, often presenting a fragmentary and rudimentary picture of early nursing development due to sparse historical records.[10] As a result, the history of nursing in the Caribbean has tended to focus on the post-World War II development of nursing education, emphasizing the responses of local nurses to the specific social demands of the British Caribbean. The sparse historical record about women's household responsibilities and nursing as a vocation obscures the early history of nursing in the colony.

Women transitioned from carrying out domestic responsibilities in the home to working in the wards of public hospitals and institutions that delivered medical services in Jamaica, mirroring nursing development worldwide.[11] Since the 1980s, nursing scholars have explored the social history of nursing by examining how early nursing responsibilities in the hospital imitated women's unpaid domestic labour at home. Historian Kathryn McPherson argues that early nursing in Canadian hospitals was not a radical departure from women's work within the private domestic sphere.[12] Mary Poovey

[10] Ho Sang, "The Development of Nursing Education in Jamaica"; Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands;" Hewitt, *Trailblazers in Nursing Education;* Gertrude H. Swaby, *The Profession of Nursing: A Brief Historical Survey with Special Reference to Jamaica and the Caribbean* (Jamaica: Stephen's Litho, 1980); Duncan, Hardware, Munroe and Woodham, *The History of Basic Nursing Education at the University Hospital of the West Indies*.
[11] Reverby, *Ordered to Care*, 3; Mary Poovey, *Uneven Development: Ideological Work of Gender in Mid Victorian England* (Chicago: Chicago University Press, 1988), 14; Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: University of Toronto, 1996), 1-10.
[12] McPherson, *Bedside Matters*, 18.

argues that British nurses, like Florence Nightingale, occupied the boundary between "normal" domesticity and "abnormal" working women.[13] According to Poovey, white women's day-to-day responsibility of managing the domestic duties of the home extended to the hospital. However, she suggests that before the professionalization of nursing, nurses (unlike lady doctors) did not challenge the authority of medical men. In other words, medical men saw early nursing as a domestic service that did not compete with their responsibilities in hospitals. Still, Poovey argues that early nurses transferred skills developed in the home (such as caregiving and supervising sanitary conditions) to paid work in the hospital, thereby "enhancing the reputation of activity that was devalued because it was traditionally women's work."[14] Indeed, nursing was a means to transform white women's work from the drudgery of unpaid domesticity in the home into meaningful employment in caring for the poor in the hospital. Poovey's analysis addresses the gender and class implications of a career for white middle-class women entering formal nursing for the first time. However, for women of colour, nursing in the public hospital represented a continuity of their marginalization based on race, gender, and class even as they challenged their exclusion as trained nurses.[15]

Since the 1990s, nursing historians have used the theoretical framework of intersectionality to explore how assumptions about race, class, gender, sexuality,

[13] Poovey, *Uneven Development*, 14.
[14] Ibid.
[15] Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995); Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession* (Bloomington, Indiana University Press, 1989).

geography and citizenship shaped the development of nursing internationally.[16] For example, Darlene Clarke Hine examines the professionalization of Afro-American nurses from 1890 to 1950 despite racial segregation, class disparities, and the regional politics of the US.[17] Nursing historians from the 2000s onward continue to embrace an interdisciplinary approach to interpret the professionalization of nursing from the colonial and international contexts. Feminist scholars explore themes of feminism, internationalism, imperialism, immigration, and transnationalism in the development of nursing concerning national and international boundaries.[18]

This study of nursing adds to scholarship by examining how assumptions about race, colour, class, gender, and citizenship intersected to define women's different experiences as informally and formally trained nurses in Jamaica from the 1860s to the 1910s. Before the development of contemporary nursing, the patients of Afro-Jamaican informally trained nurses considered them skilful practitioners during slavery. However, as professional nursing developed in the post-slavery period, medical and nursing leaders did not consider Afro-Jamaican women good enough to be professional nurses. Black women were excluded from nursing because of racist assumptions that associated Afro-Jamaican women with ignorance, untrustworthiness, and superstition. Conversely, British

[16] Hine, *Black Women in White*; Anne Marie Rafferty and Jane Robinson, *Nursing History and the Politics of Welfare* (New York: Routledge, 1996); Mignon Duffy, "Reproducing Labor Inequalities: Challenges for Feminists Conceptualizing Care at the Intersection of Gender, Race, and Class," *Gender & Society*, Vol. 19, No. 1 (February 2005), 66-82, DOI: 10.1177/0891243204269499.
[17] Clark Hine, *Black Women in White.*
[18] Flynn, *Beyond Borders*; 127-163; Jones, "Heroines of Lonely Outposts or Tools of the Empire," 148-160; Rafferty, "The Seduction of History and the Nursing Diaspora," 2-16; Rafferty and Solano, "The Rise and Demise of the Colonial Nursing Service," 147-154.
" Fairman, D'Antonio, and Whelan, *Routledge Handbook on the Global History of Nursing*.

nurses exemplified Victorian womanhood through "symbols of Britishness" (whiteness, language, Christianity morality and deportment), reinforcing British culture and social hierarchies in the British colony.[19] British nurses were tasked with reforming the "colonial other" (mixed-race and black nurses) to uplift the reputation of the nursing profession in colonial Jamaica.

Early Nursing: Informally Trained Nurses in Colonial Jamaica

Afro-Jamaican medical women were skilful informally trained nurses and the forerunners to professional nurses in Jamaica. During slavery, free and enslaved Afro-Jamaican women provided medical services in private service and plantation hothouses or hospitals to treat wealthy patients and enslaved people.[20] In the late eighteenth century, Afro-Jamaican medical women were considered skilful caregivers by their prominent patients. However, such perceptions of informally trained nurses changed after the nursing profession developed between the mid-nineteenth and early-twentieth centuries. Informally trained Afro-Jamaican medical practitioners were increasingly at odds with the colonial medical establishment.

The challenge for historians writing about the individual experiences of enslaved and freed medical women is the lack of sources about their opinions because enslaved peoples were not permitted to learn to read and write and therefore did not leave written documents. As such, enslaved medical women are typically voiceless and faceless in the archives. However, historians have uncovered their work through the writings of their

[19] Howell, "Nursing Empire," 62-77.
[20] Sheridan, *Doctors and Slaves*, 269-270.

famous patients, who often documented their encounters with these skillful caregivers.[21] For example, Couba Cornwallis and Sarah Adam, the first known documented Afro-Jamaican informally trained nurses, were mentioned in letters written by prominent military commanders who encountered them during slavery. Sarah Adam was a matron at the Naval Hospital at Port Royal, but no record of her training or practice in the late eighteenth century has been recovered.[22] Conversely, informally trained nurse Mary Seacole documented her experiences as a caregiver during the post-slavery period.

Couba Cornwallis (? - 1848) Afro-Jamaican Nurse during Enslavement

Cuba, Cubah or Couba Cornwallis, was a formerly enslaved woman, a housekeeper, and an alleged lover of Captain William Cornwallis, who manumitted her. Couba got her last name from Cornwallis, indicating a master-slave relationship. She was one of Jamaica's earliest documented informally trained nurses who practised during the late slavery period. Couba cared for British royalty in the late eighteenth century, including the young Prince William, Duke of Clarence (later King William IV). She also cared for military heroes, like Captain (later Admiral) William Cornwallis and the future Vice-Admiral Horatio Nelson. Couba became known as a skilful nurse through Nelson's letters that mentioned her to his friends.[23] From these letters, military historians

[21] Colin White, *Nelson, The New Letters* (London: Boydell Press, 2005), 144; Colin White, *The Nelson Encyclopedia* (London: Stackpole, 2002), 106; Mike Jay, *The Unfortunate Colonel Despard* (London: Bantam Press, 2004), 95; Richard Hill, *A Week in Port Royal* (Montego Bay: The Cornwall Chronicle Office, 1855) 3, accessed September 22, 2016, https://archive.org/details/aweekatportroya00hillgoog/page/n20/mode/1up.

[22] Hill, *A Week in Port Royal*, 3; Duncan, Hardware, Munroe and Woodham, *The History of Basic Nursing Education at the University Hospital of the West Indies*, 6.

[23] White, *Nelson, The New Letters*, 114; White, *The Nelson Encyclopedia*, 106; Jay, *The Unfortunate Colonel Despard*, 95-97; Hill, *A Week in Port Royal*, 2-4. N.B. I chose to refer to Couba Cornwallis by her first name because it acknowledges that her identity was separate from her enslaver, Captain Cornwallis whose last name she bore.

extrapolated that in 1780 Couba successfully treated then Captain Nelson with Afro-Jamaican remedies when he fell ill with dysentery, malaria, and tropical sprue (inflammation of the small intestine) during an expedition to Nicaragua.[24]

Couba was portrayed as motherly, skillful, and caring, even to those who did not experience her caregiving skills personally. In 1855, Richard Hill (an influential Jamaican returning to the island to recuperate from pneumonia) waxed nostalgic about an earlier Port Royal and "the motherly lodging housekeeper, the Couba of Nelson's correspondence, and Sarah Adams, the matron of the naval hospital."[25] Although Hill never met these caregivers (Couba died in 1848), his reflection was likely inspired by his state of poor health and his desire to be cared for by skilful nurses while he recuperated at Port Royal. Hill's reminiscence harkened back to the period when voiceless, and faceless enslaved women cared for the sick, including prominent military patients.

Couba's changing status, first as an Afro-Jamaican enslaved woman and later as a freed medical woman, demonstrated that her position in the slave society destined her for exploitation and oblivion as a caregiver. Today, numerous monuments and many written documents honour Nelson, a white male military official. However, in historical accounts, Couba remains a marginalized, faceless, and voiceless medical woman. There are no images of Couba, neither are there any written documents from her perspective or about her life before she encountered Nelson.

[24] White, *Nelson, The New Letters*, 144; White, *The Nelson Encyclopedia*, 106; Mike Jay, *The Unfortunate Colonel Despard*, 95; Hill, *A Week at Port Royal*, 3.
[25] Hill, *A Week in Port Royal*, 2.

Couba's personal beliefs and worldviews can only be assumed from disparate references to her healing practice offered to prominent British military men. Historical accounts about Couba are limited to what historians have gleaned from reading the communication from elite military men who encountered her as a nurse or stayed as guests at her lodging house in Port Royal. Historians make assumptions about her belief in Afro-Jamaican religious/medical traditions, suggesting that her practice was associated with Obeah because she used Afro-Jamaican herbs.[26] However, it is unclear to what extent Couba believed in Afro-Jamaican religious/medical traditions or how these beliefs influenced her role as a nurse. As discussed in chapter one, Obeah is a catch-all term associated with harm, poison, shadow catching and healing, which has been criminalized in Jamaica since the 1760s.[27] In 1780, when Couba cared for Nelson, Obeah was an illegal ritualistic practice linked to poison and rebellion.[28] However, Afro-Jamaican folk healing and anti-social manifestations (including fraud, resisting colonial rule and oppression) became intertwined as nefarious in anti-Obeah legislation.

Second-hand accounts of Couba's practice suggest that her caregiving responsibilities involved Afro-Jamaican traditional healing practices and nursing procedures of her time.[29] For example, Couba likely used Afro-Jamaican and Indigenous

[26] Ian Bernard, "Cubah Cornwallis (?-1848)," October 2010, accessed on April 10, 2016, https://www.blackpast.org/global-african-history/cubah-cornwallis-1848/; Jay, *The Unfortunate Colonel Despard*, 95.
[27] Braithwaite, *The Development of Creole Society in Jamaica 1770-1820*, 162; Bilby and Handler, "Obeah," 153; Handler, "Anti-Obeah Laws of the Anglophone Caribbean," 1; Moore and Johnson, *Neither Led nor Driven*, 51.
[28] Paton, *The Cultural Politics of Obeah*, 31-32; Diana Paton, *Obeah Histories*, accessed April 10, 2016, https://obeahhistories.org/1760-jamaica-law/.
[29] White, *Nelson*, 9.

herbal remedies, such as cinchona or "Jamaica Bark," an eighteenth-century medicine. The drug was used as an emetic for purging, a popular way to rid the body of fevers.[30] She also used "isolation and heated blankets" in her nursing practice.[31] Using warm towels was a nursing procedure to enhance the healing process by increasing the patients' comfort, especially for those suffering from fevers and ague caused by malaria. According to Dolan, before the advent of hot water bottles and heating pads, medical practitioners used stone jugs with hot water to comfort the sick in the eighteenth century.[32] Couba's nursing practice was a hybrid of Afro-Jamaican herbal remedies and eighteenth-century nursing procedures. Yet, Couba's "magic" was based on her knowledge and prescription of herbal medicines that were distinctively Afro-Jamaican. The development of informal nursing techniques continued in the immediate post-slavery period.

Mary Seacole (1805-1881): Post-slavery Nursing with Global Implications

Mary Jane Seacole, nee Grant (1805-1881), was a freelance Jamaican nurse and doctress during the mid-nineteenth century. She was born a free woman of African and European heritage. Seacole claimed she was trained in the art of Afro-Jamaican folk medicine by her mother, an Afro-Jamaican bush doctress.[33] Seacole's mother was the owner of Blundell Hall, a boarding house located on East Street, Kingston. Unlike Couba Cornwallis, Seacole documented her experience as an informally trained nurse in her

[30] Thomas Dancer, *The Medical Assistant, or Jamaica Practice of Physic designed chiefly for the use of Families of Plantations* (Kingston: Alexander Aikman, 1801), 93-94, 363, accessed April 2, 2018, https://ia800305.us.archive.org/12/items/2551003R.nlm.nih.gov/2551003R.pdf.
[31] *The Unfortunate Colonel Despard*, 95.
[32] Dolan, *History of Nursing*, 170.
[33] Seacole, *Wonderful Adventures*, 2-3.

autobiography, *Wonderful Adventures of Mrs. Seacole in Many Lands.* She articulated her perspectives and experiences as a skilful mixed-race medical practitioner, apothecary and entrepreneur. She also recounted her encounters with racial, gender, and class discrimination in Jamaica, Panama, Britain and Crimea.

Seacole became known for her ability to combine Afro-Jamaican herbal remedies with mid-nineteenth-century western medical therapeutics and skillfully used both to care for her patients in Jamaica, Panama, and Crimea.[34] She reportedly used the following:

> Indigenous pharmacopeia of Jamaica to manufacture herbal cures using properties of fruits like pomegranate and guava, sage leaves to treat yellow fever, lemongrass to cool fevers, ginger to treat diarrhoea, liquorice roots to treat colic and infections; cinnamon stems as antiseptic and vanilla to flavour foods and drinks.[35]

Seacole's medical practice was not described as "magic" because she used fruits, spices and Western medicine (calomel and opium) to treat her patients. Her autobiography did not associate her medical practice with Christianity or Afro-Jamaican religious/medical traditions. In this sense, her medical practice can be considered a hybrid of western medicine and Afro-Jamaican healing traditions without the overlay of religiosity. Seacole's nursing practice was akin to a secular form of healing influenced by Afro-Jamaican healing traditions and western medicine.

Couba Cornwallis and Mary Seacole were Afro-Jamaican medical women whose nursing practices demonstrate how informal nursing developed in Jamaica from the late eighteenth to the mid-nineteenth century. The freelance informal nurses based their

[34] Ibid.,146-177. Seacole describes her work in the Crimean War where she set up a hospital to care for British and French military involved in the war, 1853-1856.
[35] Audio visual Exhibition of Mary Seacole located at the *Florence Nightingale Museum*, St. Thomas Hospital, London, UK, June 15, 2015.

practices on Afro-Jamaican cultural customs and the late eighteenth to mid-nineteenth century medical traditions. Although Couba's practice was associated with the "magic" of Obeah because she used Afro-Jamaican herbal remedies, she also incorporated nursing procedures in her practice. Similarly, Seacole's practice represented a hybrid of western medicine and Afro-Jamaican herbal remedies. The Afro-Jamaican nurses contributed to the development of their vocation despite racial, class, and gender limitations during the slavery and immediate post-slavery periods. The expansion of government hospitals and medical institutions in Jamaica represents another phase in the development of nursing in the British colony.

Public Hospitals and Trained Nurses: Control of the Inmates/Patients 1860-1920

The growth of government hospitals in Jamaica precipitated the development of nursing from the 1860s to the 1910s. During this period, British matrons, creole white, mixed-raced and a few black middle-class trained nurses staffed government medical institutions to control and regulate indigent and labouring-class inmates/patients in colonial Jamaica to manage diseases. Jamaican nursing evolved from Afro-Jamaican freelance informally trained nurses and the patronage of upper and middle-class white women to a profession aligned with the modern state apparatus responsible for public health services. The public hospitals, homes for the poor, and penal institutions that delivered medical services in Jamaica were sites for controlling diseases by confining inmates or patients. The inmates/patients of public medical institutions, such as the Kingston Lunatic Asylum, the Lock Hospital, and the Lepers' Home, were poor whites, Afro/Indo-Jamaicans and South Asian labourers. The inmates/patients were separated by

race and class from the general population and confined to control the spread of diseases (venereal disease, yaws, and leprosy). As the number of public hospitals and institutions providing medical services increased from the 1860s to the 1890s, trained nurses were needed to staff them.

Between the 1860s and the 1890s, nursing transformed worldwide from small-scale, untrained, and freelance labour for a few women into an organized and regulated occupation for educated middle-class young women. Nursing scholars generally agree that modern nursing in the United Kingdom was influenced by the German deaconesses of Kaiserswerth, who trained the first generation of nursing professionals. The German deaconesses trained the well-known British nurse Florence Nightingale (1820-1910) in 1851. Nightingale's pioneering work in nursing helped develop the profession throughout the British Empire.[36] But even before Nightingale, Elizabeth Fry (1780-1845), a Quaker social reformer who worked in philanthropy and social welfare for prisoners and the homeless, had influenced the development of nursing in Britain.[37]

Early nurses and social reformers initiated and developed social welfare programs through the patronage of upper-class women. From the 1860s to the 1880s, British nurses worked with the indigent, the sick, prisoners, and poor and working-class women and children in Britain to improve their social and medical wellbeing.[38] Nursing services

[36] Joyce Schroeder MacQueen, "Florence Nightinglae's Nursing Practice," *Nursing History Review*, Vol. 15 (2007), 30.
[37] Emma R. Pitman, Elizabeth Fry (London: W. H. Allen & Co.1884), 29-38, acessed August 5, 2019, https://books.scholarsportal.info/en/read?id=/ebooks/ebooks5/ia5/ebooks/oca2/8/elizabethfry00pitmuoft#page=3
[38] Vern L. Bullough and Bonnie Bullough, *The Emergence of Modern Nursing* (London: Macmillan Company, 1969), 73; Bonnie G. Smith, "The Contribution of Women to Modern Historiography in Great

included social welfare assistance provided at the public hospitals, penal institutions, and the poor law institutions in cities like London. A similar trajectory of nursing linked to philanthropy was evident throughout the British Empire.

The development of nursing in the colonies supported empire-building through philanthropic endeavours that reinforced racial, class and gender hierarchies and sought to civilize "primitive" peoples.[39] British nurses of the Colonial Nursing Association (CNA) migrated to western Canada, Australia, South Africa and British colonies in Asia, Africa, and the Caribbean from 1896 to 1966. The medical authorities, clergy, upper and middle-class white women, British and Jamaican nurses in the colony collaborated to develop recruitment and training programs to increase the quality and quantity of trained nurses in Jamaica. Urban public hospitals, such as the Kingston Public Hospital (founded in 1776) and the Victoria Jubilee Hospital (founded in 1891), contributed to nursing pedagogy and practice based on British social and cultural values. From the 1890s to the 1910s, urban public hospitals hired British matrons through the Deaconess Order and the CNA to train and supervise creole white women, mixed-race, and black middle-class women. Nursing recruits had to demonstrate Christian values, connections to the established churches (e.g. Anglican, Baptist) or prominent upper-class white residents (such as physicians), and possess the required educational background before acceptance to training programs.

Britain, France, and the United States, 1750-1940," *The American Historical Review,* Vol. 89, No. 3 (Jun. 1984), 709-732; Michael Traynor, "A historical description of the tensions in the development of modern nursing in nineteenth-century Britain and their influence on contemporary debates about evidence and practice," *Nursing Inquiry* 14: 4 (2007), 299-305; Helen Sweet, "Establishing Connections, Restoring Relationships: Exploring the Historiography of Nursing in Britain," *Gender & History*, Vol. 19 No.3 (November 2007), 565-580.

[39] Howell, "Nursing Empire," 70; Howell, Rafferty and Snaith, "(Author)ity Abroad," 1159.

The number of trained nurses increased with population growth and the expansion of government medical services in urban centres between 1861 and 1911. Table 1 shows there was no category for nursing in Jamaica in 1841. However, household servants made up about 5% of the population, of which 5,181 (25% of servants) were men. The category of domestic/household servants included informally trained nurses/caregivers.[40]

Table 1: Number of Nurses in Jamaica during 1841, 1861, & 1911

Paid Occupations	1841	1861	1911
Nurses & Matrons	No category	125[41]	1, 541
Domestic/Household Servants	20, 571	18, 817[42]	35,701
Total Population	377,433	441,264	831,383

Sources: Higman, *The Jamaican Census* 1841, 1861 & *Jamaica Census, 1911*

By 1861, there were 125 nurses (including matrons and midwives), while domestic workers fell by 9%, despite population growth. In the 1860s, nurses were primarily informally trained, although at least one rudimentary training program–the Lady Barkly Institution–trained nurses at the Kingston Public Hospital between 1857 and 1867. Between 1861 and 1911, trained nurses grew exponentially, driven by population growth and women's desire to participate in the medical landscape. By 1911, only 28 men reported nursing as a profession, suggesting nursing had become a career for women by the early twentieth century.[43] Between 1910 and 1920, trained nurses worked in the government hospitals in each parish of Jamaica. Trained nurses also worked in

[40] Higman, *Jamaica Census, 1841*, 8-9.
[41] Higman, *The Jamaican Census 1841 & 1861*, 54-56, refers to 3 categories related to nursing: matrons (7) midwives (77), and nurses (41.)
[42] Higman, *The Jamaican Census 1861* refers to 8 categories related to domestic service – cooks (103), domestic (6,221), domestic servants, washer women, laundress (189), housekeeper (55), household servants (806), house servants (2,886), servants (5,971) and washerwomen (2,586).
[43] *The Jamaica Census, 1861, 1911*.

government institutions that provided medical services, such as the Kingston Insane Asylum and the prisons. Trained nurses worked as visiting nurses in the urban area and parochial nurses in rural areas.

In addition to population growth in Jamaica, nursing recruitment and training initiatives at urban public hospitals during the late nineteenth to the early twentieth centuries contributed to the expansion of the profession.[44] During 1886-1887, the KPH trained fourteen "supernumerary" head nurses. One was promoted as matron of the Falmouth Public General Hospital, four became head nurses, and seven remained in training at the end of the year.[45] However, medical officials were concerned about the type of recruits attracted to the nursing profession. John Pringle, Acting Chief Medical Officer and Director of the KPH, worried about the quality of nurses at the hospital:

> Nursing staff continues to be [obtained] from [the] more educated and respectable female classes, but the moderate inducements to this important class of Servants limit to a certain extent the field from which persons possessing the more eligible qualifications can be selected.[46]

Pringle believed that the recruitment strategy for nursing failed to attract the right kind of women because of low wages and poor working conditions at the public hospital. Pringle referred to nurses as "servants," suggesting he perceived the nurse's duties were domestic rather than medical service. Accordingly, the medical officer sought to hire "patient, cheerful, efficient, kind, and considerate" women to be trained as nurses.[47] The medical officer highlighted personal qualities rather than skills and knowledge as requirements to

---

[44] *Jamaica Census, 1841-1891 and 1911*; there was no Jamaican census in 1901.
[45] "Annual Report on the Public Hospitals for the year ended 30th September 1887," 113, CO 140/199, 113 TNA.
[46] Ibid.
[47] Ibid.

perform the duties of a nurse. Further, the characteristics (cheerful, kind) highlighted by the medical officer were stereotypes that defined women of the "better class" as "good" caregivers. The concept of the "good nurse" had racial and class connotations of whiteness or proximity to whiteness, morality and demeanour. Black women were not considered "good nurses" because medical and social elites' racist assumptions portrayed them as superstitious, ignorant, and uncouth, therefore, unfit for the profession.

Medical and social elites had to convince white upper and middle-class white women that nursing was a prestigious profession. Late nineteenth-century nursing responsibilities in the public hospitals involved arduous domestic labour, including cleaning, washing, and meal preparation, which did not appeal to upper and middle-class white women. In addition to hard labour, the working conditions of public hospitals were unsanitary and dangerous for single white women.[48] Medical and social elites had their work cut out for them; they had to improve the status of nursing and public hospitals to attract the right women to the profession. However, white women's indifference toward nursing and the unsanitary public hospital created spaces for middle-class black women who acquired the necessary literacy skills to meet nursing requirements.

As the Jamaican population became more literate, trained nurses were drawn from educated middle-class women. A key social factor in increasing the number of trained nurses in Jamaica was the growing literacy rate from 11.4% in1861 to 40.6% in 1911.[49] The increase in literacy rate was due to missionaries, philanthropists and government

[48] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 67; Bryan, *The Jamaica People*, 234.
[49] Higman, *Jamaica Census, 1841 & 1861*, "Table 9," 20; *Census of Jamaica and its Dependencies, 1911*, Education of the People, Abstract L, 10.

literacy programs and the establishment of educational institutions to improve the circumstance of freed people. In response, freed people saw education as a vehicle for personal improvement that enabled them and their children to adapt to the demands of a free society. Some Afro-Jamaicans believed that learning to read and write was required to function effectively in a free society, especially when they were previously denied the opportunity to read and write during enslavement.

Increasingly women in Jamaica saw literacy as a means to meet the education requirement for professional nurses. From the late nineteenth to the early twentieth century, more women in Jamaica became literate, resulting in a larger pool of educated middle-class white, mixed-race and black women available for nursing. Between 1883 and 1911, the literacy rate for females stood at 60.9% of the literate population, while educated males made up 43.3%.[50] Although census data did not provide literacy data by race, black women likely increased their literacy rate as a part of the overall increase in women's literacy during this period. Historically, Afro-Jamaican women, as shown before, demonstrated a propensity for nursing even before the post-slavery period. In this sense, black middle-class women improved the likelihood of meeting requirements for nursing, and as Bryan shows, they entered the nursing profession during this period.[51]

Caregiving or Confinement?: Government Medical Institutions in Jamaica

The growth in the numbers of public hospitals and trained nurses to staff them were indications that the government medical services expanded during the post-slavery

[50] *Jamaica Census Data, 1861-1911*; Bryan, *The Jamaican People*, 234.
[51] Ibid.

period. However, government hospitals and medical institutions symbolized racial segregation, oppression, and control of the labouring class to manage diseases. Inmates/patients (Afro/Indo Jamaicans and South Asian indentured labourers) at some government hospitals and medical institutions faced unsanitary conditions, inadequate medical supplies and medicine, and abuse from medical practitioners in charge of their care.[52] In this respect, caregiving reflected the oppressive post-slavery plantation society. Still, caregiving was a strategy to heal the bodies of the sick to sustain the colony's current and future labour force.

The development of government medical infrastructure was a slow and inconsistent response to managing frequent outbreaks of epidemics in Jamaica. In 1852 Sir Charles Darling, the governor of Jamaica, declared during the opening session of the Jamaica Legislature: "The want of a sufficient number of medical practitioners was universally felt throughout the island by almost the entire body of inhabitants, whether high or low, rich or poor."[53] Governor Darling appealed to medical officials in London and on the island to address Jamaica's shortage of medical practitioners. In part, the governor expressed concern for the health of white colonial administrators and the colony's labouring populations while drumming up interest in recruiting personnel for Jamaica's medical health system.[54] The governor's appeal came in the wake of the devastating 1851-1852 cholera epidemic that had killed between 10% and 13% of the Jamaican population. British epidemiologist Milroy recommended establishing health

[52] Bowerbank, *Terror of the Tents*, 11-20; Figueroa, *Investigation into the Charges by Bowerbank*, 18-46
[53] "Jamaica Handbook, 1883-84", 119, CO 140/189, TNA.
[54] Musson, *The Handbook of Jamaica, 1893, 188.*

boards in 1852, but it took the government in Jamaica fifteen years to act.[55] In 1867 Governor Sir J.P. Grant enacted a law to develop central and municipal health boards throughout the colony.

> The preamble of the 1867 Law to Establish Boards of Health states its purpose as:
>
> to make more effectual provision for improving the sanitary condition of this island and for taking precautions against the introduction, origin, or spread of epidemic, endemic, and contagious or infectious disease amongst the population.[56]

By December 1867, the government retained thirty-five medical officers to serve the forty-five medical districts in Jamaica.[57] The 1867 law also set out the procedures for appointing nurses and medical attendants to care for the sick.[58] The act outlined the blueprint for the government medical services in Jamaica by establishing public hospitals and the procedures to hire and train nurses to support them.

The development of hospitals in Jamaica was part of the public health reforms implemented by the Crown Colony government (established shortly after the 1865 Morant Bay Rebellion). According to Jones, the colonial government in Jamaica endeavoured to reproduce the system of governance in Britain by establishing parochial boards responsible for social services and tax collection.[59] The colonial government assumed the provision of health and medical services as a part of the state responsibility for the Jamaican population. However, as chapter two discussed, the 1871-1873 smallpox

[55] Milroy, *Cholera in Jamaica*, 130-132.
[56] No. 6 of 1867: A Law to Establish Boards of Health, The Laws of Jamaica, 1867, 13, accessed February 2, 2021, https://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1026&context=jamaica.
[57] Ibid., 188-194.
[58] Section 23 of No. 6 of 1867: A Law to Establish Boards of Health, 21.
[59] Jones, *Public Health in Jamaica*, 5.

epidemic demonstrates that the Jamaican government failed to provide adequate medical service to the labouring class, causing suffering and death among the poor.

Government hospitals and medical institutions that developed in Jamaica's post-slavery period retained some features of the slave hospitals. "Hot" houses or slave hospitals were places of confinement to ensure sick enslaved people were not feigning illness and provided minimal medical services to heal the enslaved. Slave hospitals were modelled on a penal system of monitoring the inmates/patients who were sometimes runaway enslaved people. White doctors staffed slave hospitals and, in some cases, black doctors or doctresses and black nurses, ensuring that inmates/patients were not feigning illness to avoid labour on the plantations.[60] In this sense, the slave hospitals served double duty as penal institutions and provided rudimentary medical services to sustain labour on the plantations. Sheridan demonstrates that the quality of medical care and food provided to inmates/patients at the slave hospitals in the British West Indies varied depending on the generosity of planters and whether they were absentees or resided in proximity to the hothouses.[61] However, after the abolition of the slave trade in 1807, planters in colonies, like Barbados, saw slave hospitals as the means to preserve black labour.[62]

The remnants of the slave hospitals continued to tie caregiving to confinement and law enforcement to segregate the labouring class from the white population to manage diseases and ensure a sustainable labour force in the post-slavery period. Post-slavery public hospitals and public institutions, such as district prisons, constabulary stations,

[60] Sheridan, *Doctors and Slaves*, 269-272.
[61] Ibid., 271-273.
[62] Ibid., 277.

county jails, insane asylums, and homes for the poor formed a disjointed medical and non-medical services network. [63] These government institutions offered medical services to sick prisoners, the insane and people with contagious diseases, often in inhumane, unsanitary conditions. For instance, the Kingston Lunatic Asylum was established as a segregated slave hospital in 1779. Post-slavery government hospitals modelled from the "hothouses," "sick houses," or slave hospitals served as constant reminders to freed people and their descendants about the trauma of enslavement.

Public hospitals were established in Jamaica between the late 1860s and the early twentieth century to monitor and treat contagious diseases, such as syphilis, leprosy, and framboesia (yaws). By 1881, there were 18 public hospitals located in the capital towns of the 14 parishes of Jamaica.[64] The development of public hospitals by the colonial government was a public health strategy based on social control and disease surveillance in the colony.[65] Medical staff at institutions such as the Lock Hospital, and the Leper Home, worked with the police to confine inmates/patients to control diseases.

The Kingston Public Hospital and Insane Asylum

Jamaica's first public hospital, the Kingston Public Hospital (KPH), was founded on December 14, 1776, initially serving "poor transient Europeans" and free people.[66] The KPH was adjacent to the colony's first slave hospital, built three years later in 1779

[63] See "Annual Report on Island Medical Department, 1879-1880", 132-133, CO 140/181 TNA.
[64] Jones, "The Most Cruel," 298-299.
[65] "Annual Report of the Island Medical Department for the Year ended 30th September 1880", 132-133, CO 140/180-2, 132-133, TNA; "Annual Report of the Island Medical Department for the Year ended 30th September 1881", 49, CO 140/183, 49 TNA.
[66] Rana Hogarth, "Charity and terror in eighteenth-century Jamaica: The Kingston Hospital and Asylum for Deserted 'Negroes,'" *African and Black Diaspora: An International Journal,* Vol. 10, No. 3 (2017), 292.

to serve the enslaved population. A hurricane destroyed both hospitals in 1784. While the KPH reopened that same year, the Kingston Hospital and Asylum for Deserted Negroes to serve the city's enslaved population reopened four years later.[67] Historian Rana Hogarth argues that the first slave public hospital was "an emblem of whites' collective control of slaves and free blacks under the guise of altruism."[68] In other words, while the slave hospital represented a form of charity, it was also a symbol of racial segregation, oppression, and control.

During the post-slavery period, the KPH and Lunatic Asylum served the colony's labouring class, including Afro/Indo-Jamaicans and South Asian indentured labourers. However, the deplorable conditions at the insane asylum inspired calls for reform that led to its eventual relocation in 1862.[69] Between 1858 and 1861, Dr. Bowerbank, a white Jamaican physician and politician, conducted an investigation that exposed the unsanitary conditions, overcrowding, and patients' abuse at the Kingston Lunatic Asylum and the adjoining KPH. Consequently, the asylum became embroiled in scandal.[70]

The so-called "1860 Ann Pratt scandal" revealed a "picture of neglect, abuse and corruption" at the Kingston Lunatic Asylum.[71] The incident is a prime example of how cruelty overshadowed patient care in this facility and reveals that the nurses acted as prison wardens more than caregivers. Pratt was a mixed-race woman from Lucea, Hanover, in western Jamaica, and an inmate/patient at the Kingston Lunatic Asylum.

---

[67] Hogarth, "Charity and terror in eighteenth-century Jamaica," 281.
[68] Ibid., 282.
[69] "Mental Health – The Silent Revolution," *Medical Association of Jamaica Supplement, The Gleaner,* June 13, 1991, 6.
[70] Fryar, "Imperfect Modes," 709-727.
[71] Jones, *Public Health in Jamaica,* 1.

During her time at the asylum, she complained about physical abuse that she and other inmates/patients had experienced from the matron and nurses. Pratt complained that the British matron, Mrs. Judith Ryan, and several nurses at the asylum had physically and verbally abused her by tanking, beating, depriving her of food, and calling her derogatory names.[72] Pratt alleged that the British matron referred to her as a "mulatto bitch" before ordering the nurses to tank her brutally or administer some other indignity as retaliation for her complaint to the medical officers.[73] The patient suggested that her racial identity contributed to her abuse at the asylum.

The authorities' response to Pratt's case was an anomaly in that officials believed her report about the verbal and physical abuse she encountered at the insane asylum. According to Jones, although the medical officials of the asylum maligned Pratt's character as "an unmarried mother and a non-attendee at church," the colonial officials believed her complaint.[74] Her complaint resulted in the dismissal of the matron, the nurses involved, and two medical officers from the asylum. Such penalty was incongruent with white supremacist colonial plantation societies that believed whites over people of colour. Pratt's complaints led to the 1863 Jamaican commission on psychiatric nursing practice in the colony and elsewhere in the British Empire, which initiated measures to

[72] Jones, "The Most Cruel," 291.Tanking was an inhumane and obsolete procedure used by psychiatric nurses to subdue patients who were believed to be acting inappropriately. The procedure was carried out by holding an inmates/patient's head under water until she became unconscious. Jones argues that the practice was an outdated part of the medical/penal system that enforced confinement and punishment over cure in asylums throughout the colonies during the 19th century. Tanking was banned in Britain since the British asylum reforms in the early nineteenth century, but it was still being used in Jamaica during the mid-nineteenth century.

[73] D.R. Trench, *Official documents on the case of Ann Pratt, the reputed authoress of a certain pamphlet, entitled Seven Months in the Kingston Lunatic Asylum and what I saw there* (Kingston: Jordon & Osborn, 1860), 11-13, accessed October 15, 2016, https://archive.org/stream/b21451011#page/n13/mode/2up

[74] Jones, "Most Cruel," 297.

improve nursing standards in line with Britain.[75] The Pratt case represents the patient perspective, usually missing from historical accounts. The case reveals that nurses articulated racist views, and their actions shaped the medical experiences of inmates/patients as horrifying and demeaning during the mid-nineteenth century. However, most importantly, the case demonstrates that although caregiving provided some medical services to sick inmates/patients, it could also be punitive.

The Lock Hospital and the Contagious Disease Act

Like the Kingston Insane Asylum, the Lock Hospital confined inmates/patients, mostly poor women, suspected of prostitution and infected with venereal diseases. The Lock Hospital in Jamaica was a colonial government institution that employed medical services to monitor women's bodies and control diseases through government intervention. The hospital was established in Kingston in 1867 by the War Office for "the better prevention of contagious diseases."[76] Lock hospitals were established in the metropole and colonies for the compulsory isolation and detention of women suspected of prostitution. The institution forced treatment on women alleged to be prostitutes and working-class inmates/patients with syphilis and other sexually transmitted diseases.[77] During the fiscal year 1879-1880, the Lock Hospital in Jamaica admitted a high number of inmates/patients at its launch during that year.[78]

[75] Trench, *Official documents on the case of Ann Pratt*, 7-13; Jones, "The Most Cruel," 290-309; Fryar, "Imperfect Modes," 724-726.
[76] "Governor Despatch No. 146 November 1867" CO 137/476/18 TNA.
[77] Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), 71-76.
[78] "Annual Report of the Lock Hospital, 1879-1880" CO 140/181 TNA.

The constabulary force in Jamaica assisted medical practitioners in enforcing the Contagious Disease Act (CDA) provisions. The CDA was used to force women suspected of prostitution to register with the police and submit to an invasive medical examination. The police arrested women suspected of prostitution and detained them at the Lock Hospital. The medical officer and nurses then assessed and treated them for venereal diseases. British matron and nurses asserted their authority to regulate and administer punishment to these inmates/patients, typically poor women of colour. Nurses at the Lock Hospital shared with male medical officers a sense of superiority about personal ideas of punishment. The "power dynamics" between inmates/patients and practitioners in the public hospital mirrored the wider colonial society.[79] In other words, the nurses, likely white or mixed-race middle-class women, assumed authority over the alleged prostitutes in their charge, poor women of colour suffering from venereal disease. Caregiving was a means of control through punishment within a power dynamics that placed inmates/patients at the mercy of those in control of their medical service. In this sense, caregiving at the Lock Hospital was a punitive form of social control, although it provided medical assistance to the inmates/patients to cure disease.

The CDA in Jamaica aimed to cure disease among working-class women to protect the British troops from contagious disease in locations adjacent to garrisons. For instance, the CDA was enforced in Kingston, Spanish Town, and St. Andrew because British troops were located in these parishes. However, in 1875 the CDA was

[79] Denise Challenger, "A Benign Place of Healing? The Contagious Diseases Hospital and Medical Discipline in Post-slavery Barbados," in *Health and Medicine in the Circum-Caribbean, 1800-1968,* eds., Juanita De Barros, Steven Palmer and David Wright (New York: Routledge, 2009), 111-115.

discontinued in Spanish Town because the troops relocated elsewhere on the island.[80] Such a decision suggests that the government and military leaders were more concerned about preventing disease among the British army and navy than they were concerned about eliminating prostitution among poor women in Jamaica or protecting the health and welfare of women.

White supremacist assumptions about race, gender, class, and sexuality informed British imperial policies regulating prostitution to control contagious diseases in Jamaica.[81] Geographer Philip Howell argues that prostitution in the British Empire, defined by class and gender, was "racialized sexuality."[82] The labouring classes (people of colour) were seen as irresponsible and different from the self-regulated white upper and middle classes. Further, the CDA regulations treated men and women differently.[83] Historian Denise Challenger notes that male medical officers used stereotypes about the sexuality of poor black women to define them as "dangerous infected centres and harmful." These biased assumptions justified the increased surveillance and repression in the Contagious Disease hospital in post-slavery Barbados.[84] Moore and Johnson show that at the turn of the twentieth century, poor women of colour who migrated to the urban centres likely resorted to prostitution to earn a living when they failed to secure

[80] "Governor Sir H.W. Norman to Sir Henry Holland, February 21, 1887," Contagious Diseases Ordinances, 1887, No. 8, Jamaica, *House of Commons Parliamentary Papers Online*, ProQuest, 2005, 16.
[81] Philip Howell, "Prostitution and racialised sexuality: the regulation of prostitution in Britain and the British Empire before the Contagious Diseases Acts," *Environment and Planning D: Society and Space*, volume 18 (2000), 321-339; Challenger, "A Benign Place of Healing?" 98-120; Brian Moore and Michele Johnson, "'Fallen Sisters'? Attitudes to Female Prostitution in Jamaica at the turn of the Twentieth Century," *Journal of Caribbean History*, Vol 34, 1 &2 (2000), 46-47.
[82] Howell, "Prostitution and racialised sexuality," 323.
[83] Howell, "Prostitution and racialised sexuality," 323-335.
[84] Challenger, "A Benign Place of Healing?" 98-120.

employment opportunities.[85] Prostitution was associated with poverty, promiscuity, and lack of employment opportunities. The social elites believed that poor and working-class women were most vulnerable to prostitution because of unemployment and perceived laziness. As a result, social reformers assumed the responsibility to educate "fallen" working-class women and girls about venereal diseases to reform them.[86]

In 1886, the British Parliament repealed the CDA in response to intense debate and public pressure asserted by British feminists and their allies to end the criminalization of disease.[87] This repeal impacted policies in the colonies. In Jamaica, the Legislative Council, the commodore of the navy, and the brigade surgeon argued against repealing the CDA in the colony. They suggested that repealing the act in Jamaica would be "a public calamity."[88] Jamaica's government and military elites prioritized protecting the British soldiers stationed on the island against contagious disease. Likewise, some members of the Jamaica Legislative Council protested that "a large proportion of the lower orders of the people" suffered directly or indirectly from contagious diseases.[89] The Jamaica Legislative Council concurred with the military leaders that the CDA should be extended throughout the island and not removed from the statutes.[90] The protesters were

[85] Moore and Johnson, "'Fallen Sisters,'" 46-47.
[86] "The Fallen Daughter of Jamaica," *Jamaica Times*, April 20, 1901, 8. The term fallen was connected to Euro-American discourses about social purity, personal hygiene, and Christian doctrine that informed strategies to rescue poor and working-class women who had fallen from the grace of God because of prostitution.
[87] Margaret Hamilton, "Opposition to the Contagious Diseases Acts, 1864-1886," *Albion: A Quarterly Journal Concerned with British Studies*, Vol. 10, No. 1 (spring, 1978), 14-27.
[88] "Letter from H. Knaggs, the Brigade Surgeon to Henry W. Norman, the Brigade of the Major, Jamaica, December 3, 1886," *House of Commons Parliamentary Papers*, ProQuest, 2005, 17.
[89] "Letter from Governor Sir H. W. Norman to Sir H. T. Holland, Secretary of State for the Colonies, Enclosure 2. No. 27: Protest of elected members of legislative Council," Jamaica, May 3, 1887, *House of Commons Parliamentary Papers*, ProQuest, 2005, 50.
[90] Knaggs to Norman, 1886, 18.

adamant that Jamaica should be exempted from repeal because they believed that the CDA protected the British troops stationed in the colony.[91] The Jamaica Legislative Council members and the military elites blamed poor women for prostitution and spreading disease and sought to protect the British army by enforcing the CDA in Jamaica.

Conversely, the medical officer, the colonial secretary, and the governor favoured the repeal because they were concerned about the cost associated with administering the CDA throughout the island. Dr. Charles B. Mosse, the island's SMO, argued that the enforcement of the CDA in Kingston and St. Andrew was ineffective in mitigating the spread of venereal diseases because it was impossible to track migratory populations traversing the parishes. He was also concerned that the government could not fund the enforcement of the CDA throughout the island.[92] Governor H.W. Norman argued that since the CDA was repealed in Britain, it should also apply to "a civil population in a British dependency" because otherwise, it would be unfair, he concluded.[93] The governor used the rhetoric of equal treatment for colonial subjects in line with Britons to justify repealing the CDA in Jamaica.

Repealing the CDA in Jamaica had implications for the Lock Hospital in Kingston. The hospital closed after the CDA was revoked on May 21, 1887, due to changes in the funding arrangement between the colonial government and the British

[91] "Letter of Protest of elected members of legislative Council, Jamaica," May 3, 1887, *House of Commons Parliamentary Papers*, ProQuest, 2005, 50-51.
[92] "Letter from the Superintending Medical officer to the Colonial Secretary, Island Medical Office, January 5, 1887," Encl. 3 No 8, Jamaica, *House of Commons Parliamentary Papers Online*, ProQuest, 2005, 17-18.
[93] "Governor Sir H.W. Norman to Sir H.T. Holland, Kings House, May 23, 1887," No. 27 Jamaica, *House of Commons Parliamentary Papers Online*, ProQuest, 2005, 49-50.

Imperial Army stationed on the island. Previously, the hospital was partially funded by the imperial army in Jamaica. However, Jamaica's governor thought it appropriate to withdraw his request for a financial contribution from the military from then. As a result, the Lock hospital was slated to close at the end of the 1886/1887 fiscal year.[94]

Despite confining inmates/patients as criminals, the Lock Hospital provided some essential medical services, if only to the small proportion of the urban population, poor women infected with a contagious disease. A year before the lock hospital closed, it admitted 57 patients treated for syphilis and gonorrhea, 16 patients treated for syphilis, and eight patients treated with various sexually transmitted diseases.[95] However, the closure of the Lock Hospital meant that patients with sexually transmitted diseases were treated at the general public hospitals, thereby not isolating and treating patients like criminals.

The politics of controlling women's bodies through the CDA reflected a double standard that singled out women for control while men (soldiers) received less scrutiny. Caregiving, in this sense, was punitive to women and gave a pass to men for the same offence. Alison Bashford describes the colonial response to the treatment for venereal diseases and other contagious diseases, such as leprosy, as an imperial inconsistency with liberal British rule and the need to control subjects throughout the colonies and dependencies.[96] Bashford alludes to the contradictions of liberalism and the civilizing mission of empire against draconian applications of laws that restricted the liberty and

[94] "Administrator Colonel W.C. Justice to Sir H.T. Holland, Kings House, February 16, 1887, No. 10, Jamaica," *House of Commons Parliamentary Papers Online*, ProQuest, 2005, 18.
[95] "Annual Departmental Report, Lock Hospital, 30th September 1887," 63, CO 140/199 63, TNA.
[96] Bashford, "Medicine, Gender and Empire," 129.

freedom of subject peoples in the guise of providing medical service. Bashford and Hogarth suggest that focusing disease control on the poor was a symbol of oppression disguised as altruism.[97] Another example of imperial inconsistency with British liberalism was the management of leprosy in Jamaica during the late nineteenth century period.

The Lepers' Home: From Incurable to Curable

The Lepers' Home was one of the publicly funded institutions in Jamaica that hired nurses and medical attendants to provide minimal medical services to indigent inmates/patients suffering from leprosy and yaws. The home offered paltry government medical services to an impoverished population that was no longer productive labour for the British Empire. The case of the lepers' home demonstrates that caregiving was not the government's priority in the early years of the home. Caregiving involved the confinement of inmates/patients to isolate leprosy suffers from the public to mitigate the spread of the disease. However, based on medical advances in treatment protocols, caregivers supported inmates/patients in curing a disease that medical officials deemed incurable less than a decade earlier. In this respect, caregiving was adaptable to developments in medical knowledge and shifts in medical officials' perspectives about the disease.

An 1859 Act of the Legislative Council and Assembly of Jamaica established the provision for a Leper's Home for the "reception and accommodation of persons afflicted

[97] Bashford, "Medicine, Gender and Empire," 129; Hogarth, "Charity and Terror in eighteenth-century Jamaica," 282.

with leprosy or yaws."[98] The 1865 amended Act incorporated "similarly diseased persons" housed in the home. The Act established that the government could purchase land in St. Catherine, St. Andrew, Port Royal, Kingston or St. Davis to settle persons with leprosy yaws or similar diseases.[99] The Lepers' Home was eventually established in 1870 in the parish of St. Catherine to cater to the needs of indigents afflicted with leprosy, framboesia (yaws), and elephantiasis. The inmates/patients were housed in huts isolated from the public to " segregate and remove" them from the general population.[100] The aim was to protect white residents and minimize the spread of disease among the labouring class. The huts were reportedly "dreary and desolate," lacked flooring, proper ventilation, latrines, bathroom, and laundry facilities.[101] The accommodations were as filthy as the temporary hospitals constructed a year later during the 1871-1873 smallpox epidemic.

Leprosy or Hansen's disease is a chronic infectious disease caused by Mycobacterium leprae (M. leprae) bacteria. There are two types of leprosy: tuberculoid leprosy (less severe and contagious) and lepromatous leprosy (more acute and spreadable). Lepromatous leprosy may affect the kidneys, testicles, eyes, and nose. Symptoms include skin sores or lesions, lumps and bumps that can be disfiguring,

---

[98] "An Act to provide for the establishment of a Leper's Home," CAP. VIII, *Laws of Jamaica, 1859*, 36, accessed March 20, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1021&context=jamaica.

[99] "An Act to provide for the establishment of a Leper's Home and the proper care of lepers, and similarly diseased persons," CAP. XIII, *Laws of Jamaica, 1865*, 710, accessed on March 20, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1021&context=jamaica.

[100] Gavin Milroy's letter to Governor Grant, 2 May 1872, "Office of the Island Medical Establishment", 209, CO 137/465, 201-216, TNA; Stephen Snelders, Leo van Bergen and Frank Huisman, "Leprosy and the Colonial Gaze: Comparing the Dutch West and East Indies, 1750–1950," *Social History of Medicine Social History of Medicine*, (December 20, 2019), 3, https://doi-org.libaccess.lib.mcmaster.ca/10.1093/shm/hkz079.

[101] Dr. D.P. Ross to the Colonial Secretary, "Office of Colonial Medical Establishment, 13th August 1872" CO 137/465, 217-230 TNA.

numbness of the skin due to nerve damage, and muscle weakness.[102] Victims of leprosy endured social isolation and stigma by family members and friends because of the physical symptoms of the disease.[103] In the nineteenth century, leprosy was assumed to be hereditary, transmitted from parents to offspring.[104] Today, leprosy remains a threat to health, even though treatment for the disease includes antibiotics (multidrug therapy (MDT)). According to the World Health Organization, in 2018, leprosy remained a challenge globally.[105]

Reforms in the assessment and treatment of leprosy have been ongoing since the mid-nineteenth century. As early as 1867, the findings by the Royal College of Physicians, the colonial secretary of state and experienced medical men in British Guiana and Trinidad reported that leprosy was not hereditary.[106] Following the 1872 investigation of the Lepers' Home, Dr. Gavin Milroy proposed a series of reforms to incorporate the home as a part of Jamaica's poor law system to provide "relief to destitute infirm persons."[107] Milroy proposed a name change for the home - from the Leper's Home to "Colonial Infirmary" or "Colonial Asylum."[108] The proposed name change reflected a shift in attitude about leprosy and the government institutions that catered to

[102] Gavin Milroy, "Extract from a Report on Leprosy and Yaws in the West Indies," *Selections* (February 2, 1874), 51-53; Brian H. Bennett, David L. Parker, and Mark Robson, "Leprosy: Steps Along the Journey of Eradication," *Public Health Reports*, Vol. 123 (March-April 2008), 198-205.
[103] Bennett, Parker, and Robson, "Leprosy," 198.
[104] Milroy, "Extract from a Report on Leprosy," 51.
[105] "Leprosy," *World Health Organization*, accessed September 3, 2020, https://www.who.int/news-room/fact-sheets/detail/leprosy.
[106] Dr. Gavin Milroy letter to Governor Grant, 2 May 1872, "Office of the Island Medical Establishment, 1872", 201-215 CO 137/465, 201 TNA.
[107] Ibid., 213.
[108] Dr. Ross to Colonial Secretary, "Office of Island Medical Establishment, 13th August 1872", 217-225, CO 137/465, 217 TNA.

inmates/patients with the disease. It also paved the way for colonial asylums to become treatment centres for leprosy and "the eventual eradication of the disease."[109]

During the late nineteenth century, leprosy went from an incurable to a treatable disorder. Milroy reported in 1872 that there was no treatment for leprosy and that a quarter of the lepers admitted to the Lepers' Home at Hellshire, St. Catherine died from extreme weakness and exhaustion connected to ulceration.[110] Milroy lamented that "it was almost impossible to exercise medical care or supervision of the sick."[111] However, as early as 1878, the Lepers' Home integrated non-leper patients and began experimenting with treatment protocols to discharge patients cured of leprosy. Some of the earlier experimental treatments, such as Chaulmoogra oil, produced minimal success and did not cure leprosy.[112] However, Anti-Leprin, prepared by Bayer & Co. of London, was used to treat leprosy with some successful results by 1888.[113] Treatment protocols for leprosy developed after the 1880s when the bacteriological theory of disease causation became more standardized in assessing, evaluating and treating diseases. By 1892 the Lepers' Home housed 126 inmates/patients with leprosy disease, of which 26 were admitted that year and 16 patients discharged.[114] Integrating non-leper inmates/patients,

[109] Michael Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940," *Nature and Empire: Science and the Colonial Enterprise*, Vol. 15 (2000), 214.
[110] Dr. Gavin Milroy letter to Governor Grant, 2 May 1872, "Office of the Island Medical Establishment, 1872", 201-215 CO 137/465, 201 TNA.
[111] Ibid., 209.
[112] "Annual report of the Lepers' Home for the year 1879-80," 153, CO 140/180, 153, TNA.
[113] Ibid.
[114] "Annual Report of Lepers Home ending 31st March 1912," 196, CO 140/240/196 TNA.

such as those with lupus, psoriasis, chigoes, and babies without disease with leprosy patients at the home, suggests that the disease was controllable.[115]

The shift in perceptions about the cause of the disease (hereditary), contagion and treatment protocols supported the notion that leprosy was manageable with modern medicine. By the early twentieth century, the Lepers' Home administrators believed that recovery and dismissal rates of leprosy inmates/patients were related to efficacious medication, a balanced diet, and the cleanliness of the residents and the facility. Inmates/patients were less likely to die from leprosy because of improved caregiving based on advances in medicine, proper nutrition and social benefits of the home. The death rate among inmates/patients with leprosy at the Lepers' Home in St. Catherine fell from 25% in 1872 to 17% in 1920.[116] Not only were inmates/patients less likely to die from leprosy, but they lived longer with the chronic disease. For instance, one inmate/patient resided at the home for 39 years and one month.[117]

The government Lepers' Home was managed by several medical practitioners, including nurses and a medical officer responsible for coordinating care for the inmates/patients at the home with limited funding. The medical staff supplemented the home's budget by coordinating the inmates/patients to provide some services for themselves. During the fiscal year 1886-1887, the staff at the Leper Home included one medical attendant, one matron, one superintendent and dispenser, four nurses, one cook,

[115]"Annual Report of the Lepers' Home for the year 1888-89," CO 140/ 202, No. XI TNA.
[116] Dr. Ross to Colonial Secretary, "Office of Island Medical Establishment, 13th August 1872", 217-225, CO 137/465, 217 TNA; "Annual Report for Leper's Home Report for the year ended 31st March 1920," 68, CO140/254, 68-72, TNA.
[117] "Annual Report of the Lepers' Home, 1886-87," CO 140/ 197 276, TNA.

one porter and watchman, three labourers, and one washerwoman.[118] Miss Margaret McPherson, the matron, Huntly Peck, medical attendant and nurses coordinated medical services at the home. The nurses organized social, domestic, and economic activities at the lepers' asylum.[119] The nurses, housekeeping staff, and inmates/patients contributed to the operation of the home by supplementing its paltry funding from the government. For example, inmates/patients performed housekeeping duties and cultivated food to reduce these expenditures.[120]

The nurses who worked in unsanitary conditions with leprous inmates/patients had to reconcile the occupational hazards of contagious diseases in their line of work. Given the poor working conditions of the Lepers' Home and the occupational risk of catching leprosy, it was little wonder that white and mixed-raced middle-class women did not perceive nursing as a prestigious career. From historical data, it is impossible to determine the identities of the nurses and housekeeping staff who worked at the Lepers' Home. However, it is reasonable to assume that by the late nineteenth century, the staff of the lepers' home likely included informally and formally trained nurses of diverse backgrounds—creole white, mixed-race, and Afro/Indo Jamaican women.

Despite the efforts to efficiently manage the Lepers' Home, the staff who worked closely with patients with leprosy were vulnerable to contracting the disease. The case of Father Damien de Veuster, a Belgian priest who died from leprosy in 1889 while working with leprosy patients in Hawaii, amplified the concern of medical practitioners and

[118] "Annual Report of the Lepers' Home for the year 1886-87," CO 140/ 197 276, TNA.
[119]"Annual Report for Leper's Home Report for the year ended 31st March 1920," 68, CO140/254, 68-72, TNA.
[120] "Annual Report of the Lepers' Home, 1886-87," CO 140/ 197 276, TNA.

researchers about contagion among those who worked with patients with leprosy.[121] In 1946, Leonard Rogers, a founding member of the Royal Society of Tropical Medicine and Hygiene, analyzed 700 cases of leprosy infection from the literature on leprosy during the period 1860 to 1920 to determine the rate of contagion. His findings revealed that one-fifth of infections occurred while living in the same house and attending leprosy patients. Only 7 or 1% of cases of infection resulted from direct contagion while operating on a leper. Rogers concluded that contagion was rare among caregivers working in "well-organized" lepers' asylum.[122] Rogers' findings suggested that leprosy was contagious if medical practitioners failed to take proper precautions to prevent the spread of the disease. Rogers's results remain relevant, as indicated by the Centre for Disease Control and Prevention (CDC). According to the CDC, leprosy is spread through prolonged, close contact with a person with the disease.[123]

Over the 50 years that the government lepers' institution existed in Jamaica, perceptions about the inmates/patients and the disease shifted from segregation/incurable to integration/curable. This shift in perception about leprosy meant that early-twentieth-century medicine could heal the bodies of those previously thought to be incurable outcasts. Development in the treatment of leprosy suggests that caregiving was adaptable to improvement in medical knowledge and treatment procedures to manage the disease. Consequently, the British Empire Leprosy Relief Association (BELRA), established in

[121] Sanjiv Kakar, "Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine," *Medical History* Vol. 40 (1996), 218.
[122] Leonard Rogers, "Progress in the Control of Leprosy in the British Empire." *British Medical Journal*, London, (June 1, 1946), 826.
[123] "Hansen's Disease (Leprosy) Transmission, *The CDC*, accessed February 10, 2021, https://www.cdc.gov/leprosy/transmission/index.html.

1923, disseminated information about the disease to raise the profile of leprosy as a tropical disease and humanitarian cause linked to race, geography, and "backwardness."[124] Today leprosy is controllable with antibiotics, although tropical regions of the world—Africa, Asia and Brazil (South America)—continue to report active cases of the disease.[125]

The Green Bay Lazaretto: Disease Surveillance at the Port of Entry

Like the Lepers' Home, the Green Bay Lazaretto was a place of confinement for disease surveillance and control to protect the population from the harm of disease. The Green Bay Lazaretto opened on April 5, 1881, in the parish of St. Catherine. The Green Bay Lazaretto was a facility that processed travellers based on class and gender considerations. The facilities consisted of five blocks which included accommodations for the various categories of travellers, a hospital, matron and servant quarters, a kitchen, and a storeroom. The hospital accommodated eight male and six female patients, a dispensary, and rooms for attendants and lavatories.[126] The lazaretto was a part of international measures to enforce quarantine/isolation laws by monitoring maritime transportation of immigrants to control diseases worldwide. The lazaretto was an essential part of the network of government medical institutions for surveillance and monitoring disease to protect its citizens in Jamaica. For example, in 1881, the arrival of passengers on the SS California from Panama (where smallpox existed) heightened Jamaican

[124] Worboys, "The Colonial World as Mission and Mandate," 218; Kathleen Vongsathorn, "Gnawing Pains, Festering Ulcers, and Nightmare Suffering: Selling Leprosy as a Humanitarian Cause in the British Empire, c. 1890-1960," *Journal of Imperial and Commonwealth History*, 40(5) (December 1, 2012), 863–878, accessed March 30, 2018, doi: 10.1080/03086534.2012.730839.
[125] "Who Is at Risk," accessed August 10, 2021, https://www.cdc.gov/leprosy/transmission/index.html
[126] Sinclair, *Jamaica Handbook, 1884-1885*, 135.

authorities' fears about the spread of the epidemic from the American continent and West Indian islands to Jamaica.[127]

The medical staff of the Green Bay Lazaretto were the arbitrators of the Quarantine Law, determining how diseases and bodies were categorized and processed before they entered the colony. The staff included a medical attendant, a matron, several nurses, orderlies, and cooks. Due to a shortage of medical practitioners in the public institutions in Jamaica, nurses were sometimes relocated to different institutions to fill the demand for medical services and disease surveillance in the colony. Consequently, a head nurse was transferred from the KPH Training School for Dispensers and Nurses to the Green Bay Lazaretto at its launch in 1881.[128] The health officer, matron and nurses were the gatekeepers who monitored its port of entry for contagious diseases. The health officer was responsible for making daily visits to the Lazaretto to implement measures to mitigate the spread of infection by isolating sick travellers from those not showing symptoms. The health officer and nurses examined visitors for diseases and determined if they were confined for treatment or allowed to enter the country expeditiously. The matron managed the daily operation and supervised the nurses, orderlies, and cooks, overseeing frequent sanitizing, cleaning, ordering supplies, and preparing meals.[129] The medical practitioners performed a similar role as the immigration officials at American

[127] "Annual Report of the Island Medical Department for the year ended 30th September 1881," 47 CO 140/183 TNA.
[128] "Annual Report of the Island Medical Department for the year ended 30th September 1881", 47 & 65, CO 140/183 TNA; Augustus C. Sinclair, ed., *Jamaica Handbook, 1884-1885* (London: Edward Stanford, 1884), 135.
[129] S.P. Musson and T. Laurence Roxburgh, eds., *Jamaica Handbook, 1892* (Kingston: Govt. Printing Press, 1893), 180.

ports of entry, such as Angel Island and Ellis Island in the US, enforcing measures for disease surveillance at international ports of entry.[130] The nurses and medical staff at the Green Bay Lazaretto provided caregiving, employing disease surveillance and social control to protect the colony's residents from disease.

The colonial medical establishment in Jamaica implemented regulations to control contagious diseases that threatened the British Army and endangered white colonial administrators and settlers in the colony. Trained nurses contributed to monitoring inmates/patients confined at public hospitals and government institutions to manage diseases that affected the labouring classes, thereby supporting the expectations of colonial elites and the planter class. As we have seen, the government and social elites were concerned that contagious diseases, such as venereal disease, leprosy, yaws, and hookworm, could reduce the immediate supply of labour and future labour force if left unchecked.

The Victorian Jubilee Lying-in Hospital: Dedicated to Mothers and Infants

The high incidence of infant mortality in Jamaica threatened the profitability of the colony; therefore, government action was critical. Medical elites believed that untrained midwives and ignorant mothers contributed to the problem of maternal and infant mortality.[131] The colonial government established an urban public maternity hospital to train and deploy midwives throughout the island to address the dire issue of infant mortality. The maternity hospital offered mothers and infants medical services

[130] Erika Lee and Judy Yung, *Angel Island: Immigrant Gateway to America* (New York: Oxford University Press, 2010).
[131] De Barros, *Reproducing the British Caribbean,* 60-73.

(caregiving) that supported the colonial priority of ensuring adequate healthy future labourers and soldiers to benefit the British Empire.

The Victoria Jubilee Lying-in Hospital (VJH) was Jamaica's first government maternity hospital established in 1891 to provide training in midwifery and maternity and obstetric services for working-class and poor urban women. The hospital was a monument to the Golden Jubilee of Queen Victoria, a woman, mother, and sovereign of Jamaica and the British Empire. Through generous contributions by the Jamaican public, supplemented by the Jamaican legislature, the hospital opened on May 15, 1891. The maternity hospital accommodated 12 patients and 14 pupil nurses at its launch.[132] The VJH was the second training hospital nurses and midwives in Kingston and the first dedicated to serving women. The establishment of the maternity hospital suggests that caregiving was essential to preserve mothers and babies, thereby ensuring future labourers and citizens for the colony.

During the late nineteenth to the early twentieth century, British medical officers and British matrons administered the VJH, established to provide caregiving to labouring-class patients (females and infants) in the urban centre. The succession of British matrons at VJH began with Miss Davis, appointed as the hospital's first matron by the Secretary of State and arrived in Jamaica on January 26, 1891. She held certificates from the Obstetrical Society of London Hospital, the London Hospital, and the City of London Lying-in Hospital.[133] Second in command was Miss McGahan, the assistant matron who

[132] "Report on the Victoria Jubilee Lying-in Hospital for the year ended March 31, 1893," 27-28 CO 140/209 27-28 TNA; "The Victoria Jubilee Hospital," *The Daily Gleaner*, July 27, 1893, 4.
[133] Ibid.,

took over as matron when Miss Davis went to Britain on sick leave for the "restoration of her health."[134] From 1913 until about 1920, Elaine Thompson, British nurse of the Colonial Nursing Association, was the matron at the VJH.[135]

The VJH, like the Kingston Public Hospital, developed a nursing training program that incorporated theory and practical training in the hospital wards. The training program in Jamaica was modelled on hospitals in Britain, such as St. Thomas Hospital in London. At VJH, pupil nurses performed duties on the wards, including attending to patients and infants, administering medicines, taking temperatures, and monitoring the patients assigned. Each pupil nurse had a caseload working with patients during the day or night shifts. They attended all cases of labour occurring in the institution and assisted the matron and medical officers when necessary. Apart from the practical component of nursing training, there were also lectures and demonstrations, including models and diagrams of human anatomy.[136] The late nineteenth to early twentieth-century nursing program design provided theoretical and practical on-the-job training, much like today's nursing programs.

Almost from its inception, the VJH struggled with overcrowding. Like other public medical institutions, such as the Lock Hospital, the British matron and assistant matron enlisted help from the police to regulate the limited capacity and control patients

[134] "Annual Report of VJH by Chas Mosse, Chief Medical Officer and Director, 1891", 107 CO 140/205, 107 TNA.
[135] Letter from Miss M.E Thompson to Miss Dalrymple Hay, Secretary of Colonial Nursing Association, January 17, 1913, MSS. BRIT. EMP S 400/140/5 1910-1950 OWL.
[136] "The Victoria Hospital," *The Gleaner*, June 7, 1892, 3; "The Victoria Jubilee Hospital," *The Gleaner,* July 27, 1893, 4. The newspaper articles outline the history of the maternity hospital from its inception in 1891 and describes the responsibilities of the nurses, including their training curriculum.

admitted to the VJH. However, unlike the Lock Hospital, VJH patients willingly registered to receive medical services; in this sense, VJH patients differed from the inmates/patients confined to protect the population from disease. The maternity hospital could not adequately meet the demand of poor and working-class women who increasingly sought maternal services at the hospital. As a result of overcrowding at the hospital, the administrators deployed a ticket system to regulate admission. Subsequently, the matron had the right to refuse entry to women who did not register for access or failed to contact a poor law inspector if they could not pay. In such cases, the police removed the women, even if they were about to give birth. These women were left without medical service because the police claimed they did not have the authority to make alternative arrangements, such as taking them to the almshouse.[137] The dismal situation of women being turned away from the VJH at the imminent stage of parturition placed mothers and unborn infants in danger of death and potentially contributed to maternal and infant mortality.

Although the VJH increased capacity by adding eight more beds in 1899, overcrowding remained a growing problem at the hospital. In that same year, the matron reported that some patients were lying on the floor because all the beds were occupied.[138] The table below shows the increasing number of patients admitted and nurses trained at the VJH over the first 15 years of operation:

[137] "The Victoria Hospital," *The Gleaner*, June 7, 1892, 3.
[138] "The Maternity Hospital," *Daily Gleaner*, December 9, 1899, np.

Table 2: Patients Admitted and Nurses Trained at VJH, 1891-1907

Fiscal Years	Number of Patients Served	Number of Nurses Trained
1892-1893	89	4
1893-1894	219	11
1894-1895	239	6
1895-1896	217	5
1896-1897	378	8
1897-1898	444	*11
1898-1899	500	10
1899-1900	581	9
1900-1901	483	9
1901-1902	785	8
1902-1903	651	*9
1903-1904	813	9
1904-1905	655	11
1905-1906	415	9
1906-1907	441	6

Source: Annual Reports, VJH, 1892-1907. *Estimates based on the previous year's figure.[139]

Table 2 shows that the number of patients admitted to the maternity hospital in the first fifteen years of operation was highest in 1903-1904 when 813 patients, representing a 25% increase over the previous year.[140] The increase in the number of urban women who chose to deliver their babies at the public maternity hospitals was likely due to the education and prenatal/postnatal programs provided to poor women by locally trained nurses. Yet, the hospital could not adequately serve all the women who required its services. This inadequacy suggests that the informally trained nurses and nanas (informally trained midwives) continued to provide maternity care to urban and rural women.

[139] Data collated from "Annual Reports of the Victoria Jubilee Lying-in Hospital, 1892-1907," CO 140/209-235 TNA.
[140] "Annual Report of the Victoria Jubilee Lying-in Hospital for the year ended March 31, 1904," 58 CO 140/226, 58, TNA.

The VJH trained about 125 nurses during the first fifteen years of services, an average of eight nurses annually.[141] The medical officials anticipated that trained nurses would return to their parishes as midwives and general nurses throughout the island. However, some nurses who returned to rural parishes as parochial midwives had trouble receiving wages from the parochial boards.[142] Consequently, they worked as freelance midwives charging their patients for their services. The inadequate number of trained parochial nurses in rural districts meant that rural women who could not afford to pay for the services of certified midwives remained at risk. At least from the perspective of colonial officials who deemed informally trained midwives a threat to the safety of poor infants and mothers, the failure to serve all mothers who needed care was a disappointment.

Subsequently, the clergy and government medical authorities intensified their efforts to recruit and train nurses in Jamaica between the late nineteenth and the early twentieth centuries. The first stage of nursing professionalization consisted of recruitment and training programs to improve the quality and quantity of nurses in Jamaica. The Deaconess Order to Jamaica and the Colonial Nursing Association played significant roles at this stage of nursing professionalization.

Toward Professionalization of Nursing: The Deaconess Order to Jamaica, 1890-1920

The process to professionalize nursing through recruitment and training was realized through collaboration between Jamaican medical and social elites who attempted

[141] "The Maternity Hospital," *The Gleaner*, December 9, 1899, np. The article indicated that 70 nurses were trained in the first years of VJM operation. See Table 2 which shows the annual numbers of patients admitted and nurses trained at the Victoria Jubilee Lying-in Hospital.
[142] Ibid.

to replicate British cultural values and gender expectations in the colony. The Deaconess Order to Jamaica, a subset of the diocese of the Anglican Church, established its goal to recruit and train morally upstanding, educated, young upper and middle-class white and mixed-race women for nursing in the colony.[143] In 1890 Archbishop Enos Nuttall established the Deaconess Order under the patronage of the Anglican Diocese of Jamaica. Nuttall was an English missionary and former Wesleyan minister who lived in Jamaica from 1862 until he died in 1916. He was appointed Bishop of the Anglican Church in 1880 and Archbishop of the West Indies from 1893 to 1897. The mission of the Deaconess Order to Jamaica, a non-ordained ministry for women, was "the care of our Lord's poor and sick; the education of the young; the religious instruction of the neglected; the work of moral reformation and duties of a kindred nature."[144] In Kingston, the Deaconess Home modelled its work in education and caregiving to the poor and sick on the British Deaconess Orders in London during the early nineteenth century.[145] The founding sisters of the Deaconess Order to Jamaica were two British nurses, Kate Vick and Isabel (Isabella) Eloise Wise. Archbishop Nuttall recruited the British sisters from Mildmay Park Deaconess Mission in London, England, to establish the Deaconess Home in Kingston.[146]

---

[143] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 68.
[144] J.B. Ellis, *Jamaica Diocese: A Short Account of its History, Growth and Organization* (London: Northumberland Ave., 1913), 159.
[145] The work of the British Deaconess Order began in Britain with the pioneering work of Elizabeth Fry (1780-1845) and Florence Nightingale (1820-1910), who were trained by the German Kaiserswerth Sisters. Sisters Kate and Isabel belonged to the same tradition through the Mildmay Park Mission Hospital in London. "Our History," *Mildmay*, 2017, accessed January 15, 2017, https://www.mildmay.org/about-us/our-history/.
[146] "The establishment of the Church," *The Diocese of Jamaica & Cayman Island*, accessed January 15, 2017, http://www.anglicandioceseja.org/?page_id=381; Judith Daniel, *The Anglican Deaconess Order*

The deaconess sisters were responsible for organizing, supervising, developing, and teaching the nursing program to young women of good reputations throughout the island. On February 3, 1891, Sister Kate took charge of the female ward in the Kingston Public Hospital. As the head nurse, Sister Kate expertly trained eight nurses at the public hospital in her first year there.[147] The deaconess sisters established many years of collaboration between the Deaconess Home and the KPH in training nurses for public hospitals and institutions in Jamaica. In October 1908, the Deaconess Order opened a nursing hostel to train nurses and provide caregiving to Jamaicans of all races and classes.[148] The nursing hostels served a substantial portion of the urban population, and in 1914 the institution admitted 96 patients, including 44 surgical cases and 13 typhoid patients.[149]

On the advice of Archbishop Nuttall, the deaconess sisters developed a process to recruit and train young women of "the better classes" for positions as trained nurses destined to work in the public hospitals and public institutions or as visiting/district nurses who made home visits. In an 1891 speech, the Archbishop set out the criteria for recruiting the right women workers:

> We are training two distinct classes of women workers; (1) those who are to be Deaconesses may be white or coloured, but they must be ladies. Some of these are being trained as (a) Parochial Deaconesses; others as (b) Nursing Deaconesses; others as (c) Teaching Deaconesses. (2) the second class, called Nurse Associates,

---

Centenary Magazine, 1890-1990: Servant for Christ Sake (Kingston: Herald Ltd., 1990), 5-10, Pam 262.143 Jamaica Churchman NLJ;Daniel, *The Anglican Deaconess Order Centenary Magazine*, 5-10; Gardner, *Development of Nursing Education*, 68.

[147] "*Deaconess Hom*e Logbook*,"* Kingston, Jamaica, *February 3, 1891*, Ecclesiastics 5/1/28 JA.

[148] Deaconess Home Logbook," Kingston, Jamaica, October 1908, Ecclesiastical 5/1/28 JA.

[149] "Deaconess Nursing Hostel Logbook," Kingston, Jamaica, 1914, Ecclesiastical 5/1/28 JA.

> consists of healthy, strong, devout coloured women between 20 and 30 years of age.[150]

Nuttall's speech contributed to the ongoing debate about nurse recruitment in Britain and its colonies during the latter part of the nineteenth century. In Britain, an ageing Florence Nightingale advocated for nursing as a vocation that drew upon purportedly innate womanly attributes (genteel, devout, caring) as criteria for selecting the right women to nurse. On the other hand, the British Nurses Association (BNA) promoted nursing as a career, requiring medical skills, training, and regulation through registration.[151] Nuttall imagined two categories of nurses and female workers based on the requirements of whiteness and class distinctions. The first category of nurses was to be drawn from a superior "lady" class of white or "coloured" ladies. The Archbishop defined the superior nursing category by whiteness or its proximity and lady-like quality, which equates to Britishness.

Conversely, the Archbishop characterized the second category of nurses (nurse associates) as an inferior "servant" class of young, strong, healthy women of mixed heritage. The Archbishop described the subordinate "servant" class of nurses by physical attributes and Christian dedication. Embedded in the Archbishop's speech is the notion that nursing should mirror society's social hierarchy based on whiteness as superior and the gradation of whiteness–mixed-race–as subordinate.

---

[150] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 68. Gardiner quotes an excerpt from an 1891 speech given by Enos Nuttall, Archbishop of Jamaica, in which he sets out the criteria for selecting two classes of women (white and mixed-race) for nursing in Jamaica.
[151] Birkett, "The White Woman's Burden in the White man's Grave," 178.

The colonial process of constructing categories and hierarchies that "othered" and excluded those judged as unworthy by informal agents of empire and their intermediaries were based on racial, class and gender assumptions about differences.[152] The Archbishop's speech completely ignored black women's history of caregiving since enslavement because he believed they were incapable of being trained for nursing. As a part of the social and cultural elites, the archbishop's anti-black perception of black women as unworthy recruits for nursing was damaging, reinforcing them as "other." Nuttall's anti-black sentiment was exclusionary and reinforced stereotypes about black women as primitive, superstitious, immoral, uncoachable and devoid of the social status and deportment required for the nursing profession. The negative stereotypes about Afro-Jamaican women persisted despite their experience as informally trained caregivers and nurses since the slavery period.[153]

The Deaconess Order's nursing recruitment procedures reinforced the social hierarchies of the post-slavery society based on patriarchy and assumptions about race and class differences. The Deaconess Home in Kingston recruited young middle-class white and mixed-raced women between the ages of 18 and 30 from all parishes of Jamaica.[154] Recruits had to be referred to the Deaconess Home by prominent members of their communities, such as their local ministers or doctors. The reference requirement for nursing meant that poor black women who were not affiliated to the Anglican church or

[152] Stoler and Cooper, *Tensions of Empire*, 5-7; Hall, *Civilising Subjects*," 17.
[153] See *Jamaica census* data for 1861 and 1891 which show the number of people who could read and/write increased by 34.4% of the population in 1861 and by 45.7% in 1891.
[154] *Logbook of the Deaconess Home, 1891-1920,* Ecclesiastics 5/1/28 1891-1920 JA.

an upper or middle-class Jamaican were excluded as candidates for nursing because they lacked the necessary social connections.

The probationary period prepared nursing recruits to become social and morally upstanding nurse trainees fit for the profession. The probationary period was a two to three-month stay at the Deaconess Home in Kingston and, after 1908, the Deaconess Nursing Hostel. Probationers had to prove that they possessed the right temperament and aptitude for nursing training. Nursing recruits wore a uniform to signify their aspiration for the profession and distinguish them from other trainees at the home. Probationers performed required housekeeping tasks while completing preliminary training requirements and attending regular Bible Studies.[155] If a probationer failed the moral and educational standards required for nursing, they were reassigned to other responsibilities, such as parochial deaconesses, or had to leave the home. A parochial deaconess made home visits to parishioners as a companion to the sick or sometimes collaborated with the poor law inspector to support those needing social assistance.[156] Sometimes probationers and trainees left the program because of illness or to pursue another career. For example, eighteen-year-old Christine Osbourne from Stony Hill was admitted to the Deaconess Home as a nurse trainee on October 4, 1892. However, after spending three years at the Deaconess Home, she left on August 7, 1895, because "her health [had] broken down."[157]

Although it was unclear what had contributed to Osbourne's ill health and her ultimate decision to leave the Deaconess Home, her three years (as a probationer and

[155] *Ibid.*
[156] *Logbook of the Deaconess Home, 1892-1908*, Ecclesiastics 5/1/28 1892-1908 JA
[157] *Logbook of the Deaconess Home, August 6 ,1892 – August 7, 1895*, Ecclesiastics 5/1/28 1892-1895 JA.

nurse trainee) there followed a strict routine of learning nursing procedures and practises while demonstrating Christian values. The Deaconess Home's nursing training program included theory courses and practical training at the KPH, the VJH and the Deaconess Nursing Hostel. Nurse associates received placements with middle-class families or public hospitals to complete their training as midwives. For instance, on January 12, 1891, Rose Findlay arrived at the Deaconess Home as a nurse associate probationer. A year later, Findlay became a private nurse to Mr. Roxborough at Half-Way Tree, Kingston. She later completed four months of training in midwifery at the VJH.[158] The Deaconess Nursing Hostel collaborated with the public hospitals to ensure appropriate training for all its trainees. After nursing training, a trained nurse worked as a visiting nurse to wealthy and poor patients or a junior nurse at public hospitals.[159]

In addition to recruiting and training young white and mixed-race women throughout Jamaica, the Deaconess Home served British nurses visiting the island to assume matron and head nurse positions at government hospitals and medical institutions. The probationary period at the home helped British nurses determine if they possessed the appropriate skill set to work as matrons or head nurses and to acquaint them with the island's people and climate. Some experienced nurses who worked at local institutions also resided temporarily at the Deaconess Home as probationers when considering promotions. On October 16, 1893, Mrs. Slader, recommended by Reverend E. J. Wortley went for one month's probation as matron for £20 per year at the Deaconess Home. She

[158] Logbook of the Deaconess Home, *January 12, 1891 – January 15, 1892*, Ecclesiastics 5/1/28 1891 JA.
[159] Ibid.

left the home on December 20.[160] It was likely that Mrs. Slader secured a position as a matron at one of the public hospitals or public institutions that provided medical services, such as the Lepers' Home or a penitentiary on the island.

While the Deaconess Nursing Hostel dispatched trained nurses to patients who could afford to pay for their services, there was a shortage of qualified nurses at the public hospitals. The daily logs of the Deaconess Home reveal that providing private nurses to upper class and middle-class patients in urban Jamaica for a fee quickly outpaced the philanthropic mission of the Deaconess Order in providing care for those in need.[161] Dr. Mosse, the SMO of the Kingston Public Hospital, observed that the nurses trained by the Deaconess Home mainly offered services to the "well-to-do sections of the community at a special rate of fee."[162] Mosse's observation suggests that the Deaconess Nursing Hostel's trained nurses were incentivized to work in private service rather than the public hospitals that did not pay "a special rate" to nurses. Mosse recommended that the government extend the training facilities at the KPH to train more nurses to solve the nursing shortage at public hospitals.[163] Subsequently, through the advisement of Dr. Mosse, the governor hired matrons and head nurses from London (through the Colonial Nursing Association) to train and supervise nurses in the colony.[164] The agreement

[160] *Logbook of the Deaconess Home, October 16-December 20, 1893*, Ecclesiastics 5/1/28 1893 JA.
[161] *Logbook of the Deaconess Home, 1891-1920*, Ecclesiastics 5/1/28 1891-1920 JA.
[162] Dr. C.B. Mosse, Superintending Medical Officer to Governor Henry Arthur Blake, September 3, 1896, CO 137/575/18506 TNA.
[163] Governor's Despatch #18506 C.B. Mosse to Joseph Chamberlain, Secretary of State for the Colony, August 11, 1896, CO 137/575/18506 TNA.
[164] Mosse to Governor Blake, September 3, 1896, CO 137/575/18506 TNA.

between Jamaica and the CNA to provide matrons for public hospitals in the colony began in 1910 when the first British matron arrived to work at the KPH.

Toward Professionalization of Nursing: Colonial Nursing Association, 1896-1920

Like the Deaconess Order to Jamaica, the Colonial Nursing Association (CNA) recruited and trained deserving Jamaica middle-class women for nursing. The CNA was established in London, England, in 1896 when the first British nurse was dispatched to Mauritius. A year before, Mabel W. Piggott, wife of the procurer and advocate-general of Mauritius, proposed to the Colonial Office an association to provide British colonies with trained British nurses.[165] Colonial officials in London were aware of a shortage of formally trained nurses in many isolated territories. As a result, the CNA was established to provide British expatriates with the necessary medical assistance. The London officials came to see the value of British nurses in maintaining the health of colonial officials and their families in the colonies. Further, the shortage of nurses in the British colonies meant that medical officers could not perform their work effectively.[166] Joseph Chamberlain, the colonial secretary, took a personal interest in the proposal and, with the help of several British aristocrats, established the CNA in 1896 renamed the Overseas Nursing Association (ONA) in 1919.[167]

Between 1896 and 1966, about 8,400 British women worked as nurses throughout the British Empire through the programmes offered by the CNA/ONA.[168] The CNA

[165] "Records of the Colonial Nursing Association, 1895-1949," MSS. Brit. Emp. s. 400 / 120 / 1, fols., 10-15 OWL.
[166] Ibid.
[167] Ibid.
[168] Rafferty and Solano, "The Rise and Demise of the Colonial Nursing Service," 147.

established a "British nursing empire" that influenced nursing practices throughout the British Empire.[169] It recruited British women as nurses for both government and private employment throughout the colonies of the British Empire starting in 1896. At the request of the Colonial Office, British nurses were recruited for posts in colonial government hospitals in British colonies and dependencies in Africa, Asia, and the West Indies, as well as in dominions, such as Australia, South Africa, and Canada. In London, recruits for the CNA initially emphasized character and morality over professionalism. Historians Anne Marie Rafferty and Diana Solano argue that CNA recruiters in London were more inclined to select "lady spinsters" who were sometimes less qualified but were considered respectable and more appropriate for nursing than their younger counterparts.[170] British nurses completed courses in tropical medicine before they were assigned abroad. Their passage to remote destinations was paid by subscriptions generated through membership to the association in London.[171]

British upper and middle-class women in London saw the CNA as a system to organize women's caregiving services to support the British Empire. British nurses were recruited, vetted, and prepared for service throughout the British Empire by several committees in London, such as the Executive Committee, the Nursing Committee, and the General-Purpose Committee. The committees comprised upper and middle-class British women who contributed to the British Empire by recruiting and training appropriate British nurses deployed to British colonies. The Executive Committee

[169] Ibid., 148.
[170] Ibid., 149.
[171] "Minute Books of the Executive committee of the CNA," MISS. BRIT. EMP. S 400/1 Minute Book Vol. 1, May 1896-June 1903, OWL.

established the rules governing the selection and training of nurses, securing placement abroad and generating subscriptions to fund the activities of the CNA. The Nursing Committee comprised British nurses who worked with the Executive Committee, was responsible for interviewing candidates for assignments abroad, reporting on nurses' progress in the colonies, and disciplined nurses who did not meet expectations because of misconduct, incompetence, or unsatisfactory reports. The committees met for regular meetings and published annual reports about their activities, suggesting that British citizens had a vested interest in the empire.[172]

By the end of the first decade of the twentieth century, Jamaica welcomed a small number of British nurses through the CNA. The government in Jamaica hired British matrons and head nurses to train and supervise local nurses at the public hospitals in Kingston.[173] Miss Whittingham was the first British nurse recruited through the CNA to work at the Kingston Public Hospital in 1911.[174] Two years later, Miss M.E. Thompson was appointed matron at the Victoria Jubilee Lying-in Hospital in Kingston. Thompson replaced Miss Davis, the first British matron at the maternity hospital, who became ill and returned to London.[175] Thompson's tenure at the maternity hospital lasted until the end of the second decade of the twentieth century.

[172] Minute Books of the Executive Committee" MISS. BRIT. EMP. S. 400/1-10, 1896-1920 OWL; "The Nursing Committee" MISS. EMP. S 400/19-36, 1899-1915, OWL.
[173] Letter from Governor Grant to J. Chamberlain, Secretary of States for the colonies, August 12, 1896, CO 137/575, 18506 & 18510, TNA.
[174] "Colonial Nursing Association Annual Report, 1911", 12, MSS. BRIT. EMP S 400/118: 1909-1911 OWL.
[175] Letter from Miss M.E Thompson to Miss Dalrymple Hay, Secretary of Colonial Nursing Association, January 17, 1913, MSS. BRIT. EMP S 400/140/5 1910-1950 OWL.

Women's experiences as caregivers were circumscribed by race, colour, gender, class, and national differences within colonial society and mediated by white male authority figures. British nurses in the colony were moral authorities over creole nurses. Yet, British nurses were subordinate to patriarchy (white imperial male dominance) in the public hospital. British nurses who migrated to the colonies through the CNA represented the British Empire through their personal lives, professionalism, and supervision of local nurses. Medical officials and CNA leaders expected British nurses to reflect lady-like respectability and reinforce class status and racial hierarchy in the colony.[176] Young single British nurses who failed to demonstrate proper deportment exemplifying respectability as Englishwomen were penalized and terminated from their contract in the colony.[177]

British nurses who did not comply with the strict guidelines of the CNA and the colonial medical officers who supervised them in the colony could have their contracts revoked. Young nurses who felt that they could let off steam in a tropical country, far away from home, found that they became fodder for gossip, scandal, and termination if they spent their leisure time pursuing immodest activities. In 1916 Matron Whittingham, a matron at the KPH, was terminated because her boss believed she did not care about her work. Dr. Errington Ker, Superintending Medical Officer at the KPH, reported that Whittingham, the first CNA nurse to Jamaica, was more interested in socializing at bridge

[176] Birkett, "The White Woman's Burden," 183' Rafferty and Solano, "The Rise and Demise of the Colonial Nursing Service," 149-151.
[177] Letter from Dr Errington Ker, Superintending Medical Officer, Kingston Public Hospital to Miss Middleton, Secretary of the CNA, January 1st, 1916, requesting a proper English woman nurse to replace the outgoing matron. MSS. BRIT. EMP.S. 400/140/5 July 1910-1950, OWL.

and dance parties at hotels and bars than modelling Britishness as a British matron in the colony. The SMO complained that Whittingham was not suitable for the position of matron because she lacked the professionalism and respectability that the role required.[178] Dr. Ker requested a replacement matron from the CNA, "a lady by birth and education," who would be an appropriate model of an Englishwomen.[179] He insisted that the new matron model professionalism and Britishness to local nurses. The SMO expected the new matron to be pious and modest even during her time off work. Whittingham's termination was an indication that as a CNA nurse in the colony, she could not enjoy the personal social freedoms she assumed the tropics would offer.[180] Whittingham's case suggests that British nurses were subject to surveillance by the colonial patriarchal authorities in the British colony.

Medical officials and CNA leaders expected British nurses who migrated to the colonies to model Britishness to the local population and teach local women to be proficient nurses. Even though British nurses worked in socially and culturally different environments, they were expected to expeditiously adjust to the alien setting and people. Despite the beauty of flora and fauna of the tropics, British nurses had to acclimatize to the humid weather and the purported "indolence" of the local nurses in the public hospitals in the colony.[181] When Thompson, matron at the VJH, arrived in Jamaica in

[178] Letter from Dr. Errington Ker, Superintending Medical Officer, Kingston Public Hospital to Miss Middleton, Secretary of the CNA, January 1, 1916, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950, OWL.
[179] Dr. Ker to Middleton, January 1, 1916.
[180] Birkett, "The White Women's Burden," 186.
[181] Mona E. Thompson, Matron of Victoria Jubilee Lying-in Hospital to Miss M.E. Dalrymple-Hay, Secretary of the Colonial Nursing Association, January 17, 1913, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950 OWL.

1913, she was excited about the island's beauty. Still, she was troubled by the "lazy and untrustworthy" local nurses, who she criticized as requiring constant supervision.[182] Thompson's description of Jamaican nurses as "lazy" was a trope that denoted a racial stereotype indicating that black and mixed-race nurses lacked dutifulness and competence as caregivers. The matron complained that the local nurses required constant "vigil" to regulate and improve the standard of nursing in the colony.[183] Thompson demonstrated professional superiority, which informed her identity as a British matron and positioned her differently from those she supervised at the public maternity hospital in Jamaica.[184] The British matron's responsibility for improving the standard of nursing in Jamaica while modelling Britishness for local nurses consolidated her position as an informal agent of the British Empire.

Thompson's perception of Jamaican nurses reinforced racial and class stereotypes about them, supporting a white supremacist narrative that black and mixed-raced nurses were incompetent, therefore, not appropriate for professional nursing. A year after she arrived in Jamaica, Thompson informed her boss, Miss Middleton, then secretary of the CNA, that she was relieved that two white nurses – "a few better class [of] nurses" – had joined the VJH staff in Kingston.[185] Thompson believed that her white colleagues were better suited to nursing and would improve the quality of nursing at the hospital compared to black and mixed-race nurses. However, her prejudice against nurses of colour was not

[182] Thompson, to Dalrymple-Hay, January 17, 1913, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950 OWL.
[183] Ibid.
[184] Howell, "Nursing Empire," 71.
[185] M.E. Thompson, Victoria Jubilee Hospital to Miss Middleton, CNA., February 16, 1914, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950 OWL.

an exception in colonial Jamaica. Thompson's response to the Jamaican nurses in 1914 mirrored the sentiments of John Pringle, SMO of the KPH, who in 1887 sought to recruit a "better class" of women to nursing.[186] For Thompson and Pringle, middle-class white women were more professional and dutiful than their black and mixed-race counterparts. They portrayed white nurses as "the better class" of women befitting the stereotypes of a "good" nurse. Although Thompson did not provide specific examples of untrustworthiness to justify her assumptions about her black and mixed-race colleagues, she categorized them differently from white nurses based on race and class.

Thompson also made racial and class assumptions about the working-class patients she served at the VJH. The British matron's perceptions about mothers and their offspring echoed racist beliefs about personal characteristics and immorality during the early twentieth century. Thompson described the racial features of "the little darlings born white" and observed their dark complexion on their fingers, toenails and behind the ears.[187] Thompson's observations of the racial features of the babies of mixed heritage born at the VJH reiterated contemporary concerns about racial purity and miscegenation debated by social elites in Britain and its colonies. Perhaps Thompson was looking for signs of racial degeneration in the mixed-race infants. The matron and her boss in London were likely aware of the 1904 British Committee on Physical Deterioration that sought to correlate the complex social issues of illiteracy and poverty to physical deterioration

[186] See "Annual Reports of the Public Hospital for years ending March 31, 1886 & 1887," CO 140/199, 63, TNA.
[187] Mona E. Thompson, Matron of Victoria Jubilee Lying-in Hospital to Miss M.E. Dalrymple-Hay, Secretary of the Colonial Nursing Association, January 17, 1913, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950 OWL.

among London's urban poor citizens.[188] The 1904 British Committee on Physical Deterioration was established in response to the "military disaster" of the Second Boer War, 1899-1902 and the search for "national efficiency" to address Britain's need for healthy soldiers and citizens.[189] The committee focused on the dire social conditions of the British urban poor. Still, the findings had implications for the British Empire in assessing the need for healthy labourers to exploit resources in the colonies and soldiers to defend the British Empire. However, as we will see in chapter four, the recruitment of Caribbean volunteers for World War One was hampered by poor health and physical unfitness.[190]

It was salient that the British matron was curious about the physical characteristics of the mixed-race babies raising the spectre of their mothers' immorality in Jamaica. In looking for the signs of racial differences in the infants in her charge, Thompson exposed the broader concerns about racial impropriety among Afro-Jamaican women during the early twentieth century. From a Victorian perspective, the matron was appalled that 75% of her patients were unmarried women and girls between 13 and 50 years of age.[191] Like the social elites, clergy and colonial lawmakers, the matron was aware of the illegitimacy question and the low percentage of Christian/legal marriages among working-class

[188] Bentley B. Gilbert, "Health and Politics: The British Physical Deterioration Report of 1904," *Bulletin of the History of Medicine*, Vol. 39, No. 2 (March-April 1965), 143-153.
[189] Gilbert, "British Physical Deterrioration Report of 1904," 143.
[190] Howe, "Military Selection and Civilian Health," 35-49.
[191] Mona E. Thompson, Matron of Victoria Jubilee Lying-in Hospital to Miss M.E. Dalrymple-Hay, Secretary of the Colonial Nursing Association, January 17, 1913, MSS. BRIT. EMP.S. 400/140/5 July 1910-1950 OWL.

women in the colony.[192] Thompson's letter confirmed to her boss in London that Afro-Jamaican women required reform.

Like the nurses of the Deaconess Order, the British matron of the CNA modelled caregiving to nurse trainees at the government hospitals in the urban centre. The British nurses supervised and taught British nursing theories and procedures to local nursing students selected for nursing schools at the public hospitals and Anglican nursing hostel in Kingston. Medical officers, nursing administrators and the social elites expected local trainees and trained nurses to be like "Englishwomen," demonstrating piety, humility, and modesty as trustworthy servants of the British Empire.[193] While the government, medical and clerical elites imagined nursing as a profession for a selected class of women, the locally trained nurses also contributed to defining the public profile of nursing as a reputable profession in Jamaica. Developing recruitment and training programs was the first step in nursing professionalization. The second step was organizing through a union comprised of trained nurses.

Early Organizing, 1904-1920: The Nurses' Bureau and the Jamaica Nurses' Union

The Jamaica Nurses' Union (JNU), established through the Nurses' Bureau (NB), founded in 1904, was a part of professional unions, such as the (Jamaica Union of Teachers, 1894), developed in Jamaica from the late nineteenth to the early twentieth

[192] See the following public debate about illegitimacy in Jamaica during the early twentieth century: "Evolution and Illegitimacy," *The Gleaner*, May 4, 1898, 4; "The History of the Illegitimacy Curse," *The Gleaner*, January 6, 1903, 5; "Mr. Alfred Cork writes on the Question of Illegitimacy Here," *The Gleaner*, September 15, 1915, 13; "Mr. R. E. Clarke & Illegitimacy Question," *The Gleaner*, June 18, 1917, 26.
[193] "Deaconess Home Logbook*,"* Kingston, Jamaica, *1891-1920*, Ecclesiastics 5/1/28 JA; Dr. Ker to Middleton, January 1, 1916; Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 68 Gardiner cites Nuttall's 1891 speech about the criteria of women for nursing in Jamaica.

century. The Nurses' Bureau (NB) was an organization comprised of government officials, medical doctors, trained nurses, the clergy, and private individuals who donated funds, with the objectives:

> to facilitate communication between nurses, doctors, and patients (2) to maintain district nurses to work among the sick poor. (3) to improve the conditions under which nurses can obtain suitable accommodation, to facilitate thrift and to form a Nursing Provident Association.[194]

The founding members of the NB were Enos Nuttal (the Anglican Archbishop of Jamaica) as the chair, Mrs. K.H. Bourne (the wife of Governor Bourne) as the secretary and other elite Jamaicans as subscribing members. The NB was a committee to support the Jamaica Nurses' Union and the District Nurses' Fund (DNF). The committee convened monthly to evaluate reports on the status of fieldwork conducted by district nurses who made home visits to patients in the urban areas. The committee also determined criteria for membership to the JNU, that is, trained nurses in good standing. The annual report of the NB committee was published in *The Gleaner*. Public reporting of the NB's meetings suggested that the activities and fiscal responsibility of the committee interested the editor of the newspaper and its readership.

Public accountability (publicizing NB's annual reports in the local newspaper) contributed to raising the profession's reputation in Jamaica and helped raise funds for the DNF. If the public was aware of the valuable work trained nurses were doing for their communities, they were likely to support them. By 1904, the number of trained nurses in Jamaica had grown incrementally, and professional nurses exerted a significant presence

[194] "Jamaica Nurses' Union: Presentation of Interest Report," *The Gleaner,* December 5, 1906, 6.

in the medical landscape. For instance, between 1892 and 1904, the VJH alone had trained about 100 nurses.[195] In addition to the VJH and the KPH, the Deaconess Nursing Hostel also trained nurses. Although the nursing profession was in its infancy in 1904, nursing had the potential to become an essential part of the colonial medical landscape. The public had a vested interest in the nursing profession.

Trained nurses were responsible for uplifting the profession's reputation in the colony. Nursing leaders established the JNU to support trained nurses' moral, social, and professional status on the island.[196] In 1906, there were 37 JNU members, which "represented a large proportion of the best nurses in the colony."[197] Middle-class status, educational background, and Christian values characterized the idea of Jamaica's "best nurses." It is difficult for historians to evaluate the racial profile of trained Jamaican nurses in 1906 because there were no documented racial data in nursing reports. However, based on the criteria that nursing leaders expected of nurse trainees, it is safe to estimate that a majority of the formally trained nurses were creole white and mixed-race women, and a minority were black middle-class women. However, the medical officials did not attract enough middle-class white and mixed-race women to the profession to meet the growing demand for medical services. White and mixed-race middle-class women were not attracted to the profession because of poor working conditions and low wages at public hospitals.[198] This gap created space for black middle-class women who

[195] "Annual Reports of the Victoria Jubilee Lying-in Hospital, 1892-1907," CO 140/209-235 TNA.
[196] *The Gleaner,* December 5, 1906, 6.
[197] Ibid.
[198] See "Annual Reports of the Public Hospital for years ending March 31, 1887," CO 140/199, 63 TNA.

acquired the necessary education and connections to the Anglican church to enter the nursing profession in the late nineteenth century.[199]

The JNU was an exclusive social and professional club for middle-class women of Jamaica's nursing profession during the early twentieth century. Membership to the JNU was limited to formally trained nurses who had to prove they possessed the proper moral and professional qualifications. By 1916, there were 96 applications for membership to the nurses' union from trained nurses on the island.[200] A trained nurse had to prove moral conduct and professional qualifications to the Nurses Bureau to be considered for membership to the JNU. For example, trained nurses applying for membership had to provide recommendations from the matron who taught them. The union leaders intended to foster a sense of camaraderie among young women trained as nurses and socialized them to be respectful and professional. Union leaders arranged frequent meetings and social gatherings to develop exclusivity and "comradeship and spirit de corps" between nurses.[201] The nurses' union reinforced the social hierarchy of the colony based on the economic privilege of class, race, and colour as determinants of who was included or excluded in the professional nurses' fraternity. By the early twentieth century, nursing had become a profession for young, educated middle-class women and effectively

[199] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 70; Bryan, *The Jamaican People,* 234; *Logbook of the Deaconess Home, 1892-1908,* Ecclesiastics 5/1/28 1892-1908 JA. The Anglican church, through the Deaconess Order, established high schools for girls in Jamaica, such as St Huges High School for Girls in Kingston (1899) and the St Hildas Diocese High School for Girls in St Ann (1906). These schools for girls were headed by Deaconess sisters and the high schools were likely feeders to the Deaconess Nursing Hostel in Kingston for girls looking to pursue a career in nursing after graduating high school.

[200] "Jamaica Nurses Union and District Nursing Fund Annual Report," *Daily Gleaner*, December 7, 1916, 10.

[201] "Jamaica Nurses' Union," *The Daily Gleaner*, December 5, 1906, 6.

excluded informally trained nurses and nanas who lacked formal education and nurse training.

The JNU, although an exclusive social club for trained nurses in good standing, also advocated for improved working conditions and fair wages for trainees and trained nurses in public hospitals, district nurses and those in private service. The JNU leaders negotiated with patients and hospital administrators on behalf of its members for fair wages, improved working conditions, frequent rest periods, and accommodation.[202] The JNU, through the NB, bargained for living accommodations for nurse trainees, particularly for those who came into Kingston from rural parishes. As a result, Lady Swettenham, the governor's wife, and members of the NB donated funds to improve the trainee living quarters at the KPH. The money was used to repair and equip bedrooms for six probationers in a building adjoining the matron's quarter at the hospital.[203] The probationary nurses and trainees were subsequently housed on the premises of the public hospital for a minimal fee while they completed preliminary training requirements.[204]

The JNU advocated for equitable remuneration based on nurses' particular qualifications and experiences.[205] The nurses' union negotiated more equitable payment arrangements between private nurses and their patients, established a scale of charges for services based on training and experiences, and decided the terms of the agreement

[202] *The Daily Gleaner*, December 5, 1906, 6.
[203] Ibid. Lady Swettenham was the wife of Frank Swettenham, governor of Jamaica between 1904 and 1907. Like her predecessors, she continued the tradition of elite women, such as Ladies Barkly and Musgrave, who were patrons of social reforms and health services.
[204] *The Daily Gleaner*, December 5, 1906, 6.
[205] "Report of Jamaica Nurses' Union," *The Daily Gleaner*, December 14, 1911, 3; "Jamaica Nurses' Union Rules," *The Gleaner*, December 13, 1915, 10.

between the nurses and patients before service began.[206] However, nurses' dissatisfaction with remuneration continued to be a significant concern for the JNU even after the First World War. For example, in 1919, the JNU argued for higher income in response to the hazards of the profession.[207]

While not a full-fledged labour union, the JNU was similar to professional and artisan organizations of the late nineteenth century and foreshadowed the trade unions developed in the 1930s in the Caribbean.[208] Although it did not claim to be a political organization, the nurses' union was more than a social organization for qualified nurses. Unlike modern labour unions, union members did not stage public protests or make overt demands for economic and social benefits. The profession's reputation was still fragile during this period. Therefore, public demonstrations to demand benefits would have been perceived by the public as uncouth and unladylike activities. Such public displays would have tarnished the profession's reputation in the early twentieth century.

Trained nurses collaborated with the Jamaican government to provide limited social assistance to the poor in the urban centre during the early twentieth century. The NB established the District Nurses Fund to support nurses who laboured in the community to provide medical service to the poor in urban settings outside the public hospitals. District nurses visited the homes of sick and infirm poor and working-class urban Jamaicans. They worked with the Colonial Poor Relief Office and referred cases to

[206] "Report of Jamaica Nurses' Union," *The Daily Gleaner*, December 14, 1911, 3.
[207] "Jamaica Nurses' Union Annual Report," *The Gleaner*, December 23, 1919, 8.
[208] Lauren Marsh, Marva A. Phillips and Judith Wedderburn, "Gender and Trade Union Development in the Anglophone Caribbean," *Caribbean Quarterly*, 60:3 (2014), 39-57, DOI: 10.1080/00086495.2014.11672525; Bryan, *The Jamaican People*, 239-265.

the Inspector of Poor for follow-up. District nurses reported unsanitary conditions observed at private and public premises in the city for follow-up and remediation by public health authorities. To receive the services of the district nurses, organizations or individuals made referrals to the NB. The NB decided who received medical services based on social needs in the community. In 1906, the NB hired two district nurses who made 6,400 visits and handled 630 cases in Kingston and St. Andrew for the year.[209] The district nurses submitted weekly and monthly reports to the NB detailing each patient in their caseload, including the number of deaths, individuals admitted to the public hospital, and new cases admitted during the week. For example, district nurse Clarke reported at the December 1916 meeting of the JNU that she served 120 patients, including 67 new patients added during the month. She completed 300 home visits and arranged one admission to the hospital and one admission to the almshouse.[210]

The district nurses were a part of the Jamaican public health system that delivered outreach medical services to the public. Like the nurses involved in the Rockefeller Foundation campaign to eradicate hookworm in 1918-1927, the district nurses were the foot soldiers of the public health movement, helping to enforce sanitary projects while catering to the medical needs of the sick in their homes or the public institutions. District nurses received wages from donations and subscriptions to the NB through the DNF until the early twentieth century.[211] The NB used donations to support the work of the district nurses by paying their wages and providing a small fund for food and medical comfort for

[209] *The Gleaner*, December 5, 1906, 6.
[210] "Meeting of Nurses' Union," *The Gleaner*, December 9, 1916, 10.
[211] Ibid.

patients. In 1910, the committee agreed to provide district nurses with funds to procure immediate medical aid in emergency cases.[212] The DNF also catered to medical needs and provided limited social welfare services to poor inner-city patients.

The NB advocated on behalf of the JNU and the district nurses through the DNF to defend the interests and credibility of the trained nurses. For instance, in response to criticism levied against nurses who refused to attend patients during the 1919 influenza pandemic, the NB argued it was unfair because nurses were seen as a sort of servant, "not a skilled minister and alleviator of suffering, [or] the indispensable assistant of the doctor."[213] The NB's argument stressed that it was hypocritical for the public to expect poorly paid nurses, who were often treated as mere servants rather than important caregivers, to expose themselves to the dangers of contagion during the epidemic without acknowledgement or remuneration. The NB also criticized the public for the low funds donated for district nurses indicating that "Jamaicans had not developed a strong sense of social obligation, a feeling of practical sympathy for the unfortunate members of our population."[214] In advocating for better wages, nurses attempted to shift the burden of caring for the poor from themselves to public responsibility. Such defence of nurses suggests that while not technically a labour union, the JNU advocated for its members like a trade union. However, in 1946, the Jamaica General Trained Nurses Association

[212] "Jamaica Nurses' Union Report," *The Gleaner*, March 31, 1910, 17.
[213] *The Gleaner*, December 23, 1919, 8.
[214] Ibid.

(JGTNA) was established and became a formidable labour union with bargaining rights. JGTNA changed to the Nurses Association of Jamaica (NAJ) in 1966.[215]

By the early twentieth century, several improvements to the nursing profession made trained nurses indispensable to the Jamaican medical landscape. Nursing training initiatives had begun to pay dividends in the colony. Trained nurses managed mitigation efforts to control epidemics and disease, such as working with the Rockefeller Foundation project to eradicate hookworm disease in southern Jamaica.[216] They provided essential medical services that kept colonial officials and settlers healthy and ensured a sustainable labour force in Jamaica. Whether working in urban or rural districts, trained nurses were essential foot soldiers in the battle to mitigate disease and strengthen the public health system in Jamaica. While trained nurses provided necessary medical services and caregiving, they also reinforced the racial and class hierarchies of the British colony.

Conclusion

Whether practised by formally or informally trained personnel, nursing created spaces for middle-class women (white, mixed-race, and a minority of black) to participate as caregivers in Jamaica. Afro-Jamaican informally trained nurses, Couba and Seacole, used Afro-Jamaican herbal remedies to heal their patients in the late slavery and immediate post-slavery periods. Couba's medical practice may be shrouded in obscurity because it was associated with the "magic" of Obeah. However, her "so-called" magic

[215] Gardner, "The Development of Nursing Education in English-Speaking Caribbean Islands," 90; "Historical Highlights of NAJ," accessed February 10, 2021, http://najtrevennion.org/sites/default/files/Historical%20Highlights%20of%20NAJ.pdf.
[216] Please see chapter 2 for discussion of nurses involved with the RF's project to eradicate hookworm in Jamaica during 1919-1928.

was knowledge of herbal remedies and the application of eighteenth-century nursing techniques. Seacole also used Afro-Jamaican herbal remedies, combining them with "western" medicine to create a hybrid medical practice. Seacole's practice represents an evolution in nursing different from that of her predecessor, Couba. The "magic" of Seacole's practice was her knowledge of mid-nineteenth-century western medicine that she blended with Afro-Jamaican pharmacopeia to cure the sick. Although she was a mixed-race woman without formal medical training, she became known worldwide for caregiving in Crimea, Panama and Jamaica. The preeminent informally trained Afro-Jamaican nurses were the forerunners to nursing development in Jamaica.

The growth in government medical services delivered by public hospitals and medical institutions created employment opportunities for British and locally trained nurses in the colony. However, government institutions were sites to segregate and monitor indigent and labouring-class inmates/patients to control diseases. As such, the government medical services mirrored racial and class disparities of an oppressive colonial society. Caregiving delivered in government institutions included measures to confine, regulate and provide limited medical care to the poor and labouring class inmates/patients to protect British soldiers, white settlers, and the labour force from diseases.

The professionalization of nursing in Jamaica was driven by the increased demand for trained nurses to work in public hospitals. Nurse training began in the 1860s when rudimentary training programs were developed and taught at the Kingston Public Hospital

under the patronage of elite women.[217] By the turn of the twentieth century, a further evolution of nursing was well underway, led by the Deaconess Order of the Anglican Church in Jamaica and the government medical establishment through the Colonial Nursing Association. Between the 1890s and the 1910s, nursing in Jamaica shifted from a vocation for middle-aged, informally trained Afro-Jamaican women to a profession for young, educated, white, mixed-race, and a few middle-class black women. Locally trained nurses led the second phase of professionalization through the JNU and the DNF under the leadership of the NB. The nurses' union advocated for improved working conditions, equitable remuneration, and benefits for its members, thus representing an early form of labour unionizing in Jamaica.

Despite efforts to train nurses in urban hospitals, the parochial boards could not guarantee that once trained, nurses would find work in their communities in rural Jamaica. The rural parish of St Thomas served as an example of such disparity in medical services where only 15 accoucheuse/midwifery nurses worked in the parish to serve a population of 39,330. Conversely, 69 midwives served 59,674 in Kingston in 1911.[218] As chapter four shows, Quaker missionaries often augmented the government medical services in rural parishes by attaching medical care to Christian missions. Colonial officials and the clergy anticipated supplying a cadre of trained nurses to improve the quality of medical services delivered throughout the island. However, this approach did

[217] "Contribution of Sir Anthony Musgrave," accessed November 20, 2021, http://www.jamaicanfamilysearch.com/Samples2/fred06.htm Lady Musgrave was Governor Musgrave's wife. She established the Women's Self Help Society to develop local industries and employment for working-class women in 1879.
[218] *Jamaica Census, 1911,* 29-32.

not take hold as expected because urban-rural disparities in funding arrangements and the challenges of providing medical services in remote rural areas continued to derail their efforts.

The next chapter examines the roles of British and Euro-American nurses as informal agents of empires in responding to the international crises of World War One and the 1918-1919 influenza pandemic. The global crises occurred alongside geopolitical and economic shifts in the Caribbean, influencing middle-class women's war mobilization and their efforts to redefine citizenship based on women's service and patriotism to the British Empire. The chapter argues that middle-class women deployed war mobilization, Christian education and medical philanthropy to support the civilizing mission of the empires. The presence of Euro-American (Quakers) missionaries and the American fruit company (United Fruit Company) in Jamaica signalled the emergence of cooperation between American and British imperial powers in brokering access to labour, infrastructure, and natural resources in the British colony.

Chapter 4: Nurses & Empire: War Mobilization, Citizenship, and the Flu, 1914-1920

The dual international crises of the First World War and the 1918-1919 influenza pandemic, along with development in American-Caribbean relationships, influenced women's responses to war, citizenship, disease, and empire in the early twentieth century. As seen throughout this study, British nurses (deaconess sisters and CNA nurses), acting as informal agents of empire, used recruitment and training programs and caregiving to reinforce British cultural values to civilize labouring class Jamaicans in the nineteenth and early twentieth centuries. This chapter argues that British and Euro-American nurses, as informal agents of empire, mobilized responses to the crises of war, disease and "primitive" cultural customs in support of British and US imperial interests.

The chapter is divided into two parts, each relating to nurses' participation in the international crises of war and disease in the early twentieth century. The first section focuses on the First World War by examining how middle-class women in Jamaica used public speeches and letter-writing campaigns to articulate their support for the British Empire and, in the process, redefined citizenship for middle-class Jamaican women. Middle-class women in Jamaica demonstrated service and patriotism to the British Empire by encouraging men to volunteer for the frontlines. This section argues that the First World War gave middle-class women the opportunity to redefine citizenship linked to duty, service, sacrifice, patriotism, and attachment to the British Empire.[1]

[1] Nicoletta F. Gullace, "*The Blood of Our Sons:" Men, Women, and the Renegotiation of British Citizenship during the Great War (*New York: Palgrave Macmillan, 2002), 1-13; Janet S. K. Watson, *Fighting Different Wars: Experience, Memory and the First War in Britain* (Cambridge: Cambridge University Press, 2004);

The second section focuses on another crisis, the 1918-1919 influenza pandemic and its impact on working-class Indo/Jamaicans and South Asian indentured labourers. It is a case study about the Iowa Society of Friends (Quakers) led by mostly middle-class Euro-American women who provided caregiving and Christian education to labourers in the northeastern banana-producing parishes in Jamaica. The history of the Quakers in Jamaica intertwined with that of the United Fruit Company (UFC), an American multinational corporation that developed the banana industry in Latin America and the Caribbean from the late nineteenth to the early twentieth centuries. The development of the banana trade in Jamaica by US business interests supported by American medical/religious philanthropy signalled the emergence of the US presence in the British colony.

World War One: In Service to the British Empire

The scholarship on colonial subjects' participation in the First World War analyzes the intersection of gender, race, class, empire, and citizenship in interpreting war experiences on the home front and the frontlines. The literature on Caribbean people of colour in the First World War highlights the service, sacrifice and patriotism of men who volunteered to fight and the women who assumed responsibility for the home front.[2] While the efforts of all British subjects were required to win the war, white military

Richard Smith, *Jamaican Volunteers in the First World War: Race Masculinity and the Development of National Consciousness* (Manchester: Manchester University Press, 2004), 55-78; Bean, *Jamaican Women & The World Wars*, 67-83.

[2] Smith, *Jamaican Volunteers*, 55-77; Glenford Howe, "Military Selection and Civilian Health: Recruiting West Indians for World War I," *Caribbean Quarterly*, Vol. 44 No.3 /4 (September/December 1998), 35-49; Bean, *Jamaican Women & The World Wars*, 59-86.

leaders were hesitant to enlist men of colour despite their long history of combat.[3] Like their British counterparts, middle-class women in Jamaica appropriated the rhetoric of duty, service, sacrifice, and patriotism to inspire women's participation on the home front and encourage men to volunteer for the war.[4]

Despite white military leaders' efforts to restrict the service of men of colour throughout the British Empire, by the end of WWI, over four million of them had participated in combat and non-combat roles.[5] Smith argues that the campaigns to recruit volunteers from Jamaica targeted creole white men, but black and mixed-race middle-class men also responded to the call.[6] Smith explores the impact of race, gender, and "national consciousness" in inspiring Jamaican volunteers for the First World War to argue that Jamaican men of colour displayed a sense of belonging to the British Empire. Glenford Howe argues that the high rejection rates among Caribbean volunteers for the war revealed broader health, disease, and medical issues in the British Caribbean during the early twentieth century.[7] Howe shows that the high rates of rejection (up to 71% in British Guiana and 66% in Jamaica) were often due to illiteracy, physical defects (including flat feet and excessively low body weight), and venereal disease.[8] Although

[3] Smith, *Jamaican Volunteers*, 100-151; Howe, "Military Selection and Civilian Health," 35-49.
[4] Bean, *Jamaican Women & the World Wars*, 87-114; Gullace, "*The Blood of Our Sons:" 117-141;* Watson, *Fighting Different Wars, 17-58.*
[5] Glenford D. Howe, "A White Man's War? World War One and the West Indies," *BBC*, accessed September 20, 2020, http://www.bbc.co.uk/history/worldwars/wwone/west_indies_01.shtml*;* Talat Ahmed, "The British Empire and the First World War: The Colonial Experience," *International Socialism*, Issue 152 (October 7, 2016), accessed September 20, 2020, https://isj.org.uk/the-british-empire-and-the-first-world-war-the-colonial-experience/; "Race, Empire and Colonial Troops," *British Library World War One*, accessed September 20, 2020, https://www.bl.uk/world-war-one/themes/race-empire-and-colonial-troops.
[6] Smith, *Jamaican Volunteers*, 73.
[7] Howe, "Military Selection and Civilian Health," 35; Smith, *Jamaican Volunteers*, 60.
[8] Ibid., 36-37.

black Jamaican men volunteered to serve, white military leaders and imperial officials were fearful that training black colonial subjects for war could undermine "imperial rule" and "white superiority and invincibility" during the post-war period.[9]

Afro-Jamaican men anticipated that wartime sacrifice would improve socio-political conditions in the post-war era.[10] The returning veterans' war experiences with racism on the frontlines empowered them to challenge their continued socio-economic inequality in the British colony. Smith shows that Jamaican veterans returning from World War One had higher expectations for economic well-being and demanded land ownership and better employment opportunities.[11] The Afro-Jamaican veterans drew inspiration from the political activism of African American veterans and, within an atmosphere of Garveyism and black nationalism, demanded rewards for military sacrifice and service to the empire.[12] However, during the inter-war years, discontentment among returning veterans over the economic hardship and failed expectations fueled unrest in the Caribbean.[13]

While military scholars tend to focus on the recruitment and participation of men, including men of colour, on the frontlines of the First World War, feminist scholarship explores the involvement of middle and working-class women in supporting the British

[9] Smith, *Jamaican Volunteers*, 7.
[10] Ibid., 5-7.
[11] Ibid., 152-166.
[12] Smith, *Jamaican Volunteers*, 163-166; Marcus Garvey, "Address at Newport News (1919)," in *Classical Black Nationalism: From the American Revolution to Marcus Garvey*, Wilson J. Moses, ed. (New York: New York University Press, 1996), 240-250; Jessica L. Adle, "The Service I Rendered was just as True": African American Soldiers and Veterans as Activist Patients," *Am J Public Health.* 107:5 (May 2017), 675–683.
[13] Ahmad, "The British Empire and the First World War," np.

Empire on the home front.[14] British feminist scholars have examined how some middle-class women used the war conditions to re-articulate their demands for citizenship rights.[15] Nicoletta Gullace argues that British militant suffragists did not abandon women's agitation for suffrage during the war. Instead, they demonstrated their loyalty to the nation through war work as the means to undermine anti-suffragist sentiments and increase support for their cause.[16] In Jamaica, middle-class women became the face of mobilization efforts in the colony during the war. Caribbean gender historian Dalea Bean argues that Jamaican women of all races and classes were encouraged to contribute to the war effort through fundraising, producing food and war materials (such as making "comfort" items for the frontline), and encouraging men to volunteer service.[17] This project shows that middle-class women in Jamaica raised their public profile through marches and demonstrations to mobilize volunteers for the war effort and redefined citizenship for themselves.

Public Demonstrations: Britishness as Symbols of the British Empire

On October 21, 1915, nurses of the Red Cross Society began Trafalgar Day celebrations with a fundraising parade through the streets of downtown Kingston. The day-long celebration occurred a year and four months after WWI started. The parade served the dual purpose of supporting the war effort in the colony and commemorating the Battle of Trafalgar. The celebration was a stark reminder of British military success

[14] Bean, *Jamaican Women & the World Wars*; Philippa Levine, "Battle Colors: Race, Sex, and Colonial Soldiery in World War I," *Journal of Women's History,* Vol. 9 No. 4 (Winter, 1998), 104-130.
[15] Gullace, "*The Blood of Our Sons,"*; Watson, *Fighting Different Wars*; Jane Marcus, *Suffrage and the Pankhursts* (London: Routledge, 2002).
[16] Gullace, *"The Blood of our Sons,"* 120.
[17] Bean, *Jamaican Women & the World Wars*, 59-83.

over the French and Spanish fleets in 1805. The parade included the Girl Guides, the Boys' Scouts, the Fire Brigade, the Ambulance Brigade, the municipal ambulance, nurses, and the Salvation Army. Also in attendance was the governor of Jamaica, William H. Manning; Kingston's mayor, H.A.L. Simpson; the Jamaica War Contingent Committee chair, William Wilson; and the attorney general, John Branch. The parade included a large contingent of nurses wearing Red Cross badges, including Miss Constance Douet, Miss Annie Douglas, and Sister Madeline of the Deaconess Order. The large crowd of men, women and children of Kingston and St Andrew gathered to watch the spectacle at East Parade, Kingston. The spectators were entertained by marches and drills. The onlookers also listened to speeches by government officials who urged them to do their part for the war effort.[18]

The political officials in Jamaica used the rhetoric of service and sacrifice to mobilize support for the British Empire by appealing to racial, gender and national unity through public demonstrations. The public spectacles were part of a propaganda effort to increase public awareness about the war, recruit volunteers, and raise funds for the First World War. The organizers of the patriotic demonstration appealed to the public to subscribe liberally to the Red Cross Society to support the nurses who cared for the wounded and sick soldiers and sailors who were fighting for liberty on the battlefields.[19] Jamaica's governor and attorney general made speeches that strategically evoked the

[18] "Funds for Red Cross, And War Recruits Raised in City on Trafalgar Day," *The Gleaner*, October 22, 1915, 1; "A Large Army of Badge Sellers Worked all Day Industriously in the Cause of the Great British Organization," *The Gleaner*, October 22, 1915, 6; "Young Men are Reminded of what Britain Has Done for Them, and Their Duty to The Empire at the Present," *The Gleaner*, October 22, 1915, 6.
[19] "Funds for Red Cross, and War Recruits Raised in City on Trafalgar Day," *The Gleaner*, October 22, 1915, 1 and 6.

image of soldiers "bleeding and wounded and suffering in the various hospitals on the battlefields."[20] Their addresses appealed to Jamaican men about their duty to sacrifice and suffer for the country and king. The speeches emphasized that service and sacrifice were obligations of the Jamaican people. The images made clear that bravery and loyal devotion to the King and Empire were traits of the volunteer citizen-soldiers. During his speech, Governor Manning declared his gratitude to the empire's soldiers of colour:

> We should show our gratitude not only to those who are fighting at the present time in Flanders, and our Indian soldiers and our African soldiers and all the soldiers who go to make the Army of our great and vast Empire.[21]

The governor's reference to soldiers of colour fighting on the frontlines was strategic and meant to show that WWI was not only a white man's war. Manning portrayed the army as a place for all soldiers, including Afro-Jamaican men. The governor persuaded Afro-Jamaican men that, like their African and Indian brothers, they had to do their part to protect the empire.

The Trafalgar Day celebration recreated symbols of Britishness in Jamaica to appeal for loyalty to the empire. Historian Anne Rush argues that from the late nineteenth to the early twentieth centuries, the British Caribbean used ceremony and everyday acts to promote what she termed Britishness or British identity and pride in the British Empire "through schools, churches, and at public events."[22] *The Gleaner,* one of Jamaica's newspapers, was an institution that publicized symbols of Britishness by featuring the Trafalgar celebrations on the front and page six of the daily paper. As Bean argues, *The*

[20] *The Gleaner*, October 22, 1915, 6.
[21] Ibid.
[22] Anne Spry Rush, *Bonds of Empire: West Indians and Britishness from Victoria to Decolonization* (New York: Oxford University Press, 2011), 9.

Gleaner was the conservative voice of loyal British elites, aiming to mobilize Jamaicans to demonstrate loyalty to the British Empire during the First World War.[23]

Women's War Mobilization in Jamaica

Middle-class women raised their public profile and became the face of Jamaica's war effort. Jamaica successfully recruited black volunteers for the First World War despite high rejection rates and racial discrimination on the frontlines. Between 1914 and 1918, approximately 15,204 West Indian volunteers (including over 10,000 Jamaicans) served in the labour corps as construction battalions and white officers during WWI.[24] Despite the high rejection rate of West Indian volunteers and the hesitancy of military officials at the War Office who argued that WWI was a white man's war, black and mixed-race Jamaican men enlisted to serve.[25] Jamaican volunteers for the First World War were motivated by the opportunities for employment, adventure, and travel abroad. But personal obligation and duty to the British Empire also inspired their war participation. Working-class Afro-Jamaican men denied political citizenship in Jamaica volunteered to serve on the frontline. Smith argues that Afro-Jamaican men anticipated that their military service would lead to improved socio-economic and political conditions in the post-World War era.[26]

---

[23] Bean, *Jamaican Women & The World Wars*, 34.
[24] Smith, *Jamaican Volunteers*, 80; Howe, "Military Selection and Civilian Health," 35.
[25] Smith, *Jamaican Volunteers*, 79. Smith cites a War Office minute in which Sir Arthur Sloggett declared "Neither women nor coloured troops could be used in Field Ambulances or convoys to replace medical personnel. Strength, coolness and courage in addition to technical training are required." Howe, "Military Selection," 36.
[26] Smith, *Jamaican Volunteers*, 146.

War recruitment propaganda connected ideas about service, sacrifice, patriotism, country/nation/empire, race, class, and gender to citizenship. Propaganda served a pro-imperial purpose throughout the First World War by appealing to the Jamaican people to support the war to defend liberty. The military and government elites appealed to young men of the colony to rally around the flag and join their brothers in supporting "our country cause."[27] The pleas for Jamaican men to volunteer for the First World War valorized voluntary service and personal sacrifice on the frontlines to defend the nation/empire.

Although citizenship was primarily tied to the white male body, the First World War gave middle-class women and subject men of colour the opportunity to redefine citizenship linked to service, sacrifice, patriotism, and attachment to the British Empire.[28] The First World War allowed Afro-Jamaican men to demonstrate sacrifice and service to the British Empire as citizens-soldiers. Likewise, middle-class women in Jamaica followed the lead of British middle-class women to redefine citizenship as "service to the nation/empire" and incorporated women's patriotism as mothers sacrificing their sons.[29] Middle-class women in Jamaica redefined citizenship through their service as mothers and wives of soldiers and their efforts to encourage men to volunteer for the war.

British nurses like Anne Douglas helped reframe Jamaican women's service to the British Empire as patriotic. Douglas' background and service as a British Red Cross nurse exemplified women's sacrifice and patriotism to the empire. Douglas was born in 1864 in

[27] *The Gleaner*, October 22, 1915, 6.
[28] Gullace, *"The Blood of Our Sons,"* 1-13; Watson, *Fighting Different Wars*, 71-104; Smith, *Jamaican Volunteers*, 55-78; Bean, *Jamaican Women & The World Wars*, 67-83.
[29] Gullace, *"The Blood of our Sons,"* 3.

County Down, Ireland, to a military family, and as such, she was no stranger to colonial appointments. She was a British Red Cross nurse who volunteered for the Anglo-Boer War in 1900. Douglas was trained as a nurse at St. Bartholomew's Hospital in London and worked as an army reserve at the Princess Christian's Army Nursing Services.[30] She also worked as a matron at the Kingston Asylum for the Insane and the KPH in Jamaica.[31] Her nursing career and WWI recruitment efforts made Douglas a decorated agent of empire in Jamaica. She dedicated her life to serving the British Empire in the colony.

Douglas demonstrated service and patriotism to the British Empire, and in doing so, she redefined citizenship to include women's sacrifice for humanity. Douglas volunteered with the recruitment committee in Jamaica to encourage men to enlist in the war. She emphasized volunteering was a part of their duty to the Empire. She visited several parishes throughout the island and spoke to audiences inspiring young men to "come forward with the hearts of true Jamaicans—the hearts of true Britishers—to show their King what they could do."[32] She compared the patriotism of the people of Jamaica to Britons in service to their king, united by their sacrifice to save humanity from "tyranny." According to Douglas, the Jamaican people and Britons were bounded by patriotism, loyalty and service to the King and the British Empire. Douglas' nursing service in the 1899-1902 Anglo-Boer War consolidated her image as a worthy example of a patriot for the empire. Douglas was an appropriate representative to inspire Jamaican volunteers for

[30] "Boer War Nurses," *Nurses on the VELDT*, accessed March 29, 2021, https://boerwarnurses.com/boer-war-nurses-record/?pdb=7981.
[31] "Public Hospital Report for the year ended 31st March 1919," 165, CO 140/254, 165, TNA.
[32] "Parade of Nurses," *The Gleaner*, October 22, 1915, 7; "Miss Douglas Speaks," *The Gleaner*, April 17, 1916, 13.

the cause because she shared the spirit of the British and Jamaican people.[33] The British nurse was a shining example of patriotism, loyalty, duty, service, and sacrifice to persuade Jamaican recruits to enlist for the war.

Active recruitment for volunteers intensified throughout all parishes of Jamaica after July 1916. By this period, the casualty rates of the First World War were outpacing new recruitment numbers. British and Canadian recruitment officials began to push for conscription and relaxed volunteer recruitment criteria to meet the demands of the war effort.[34] The selection criteria for war volunteers were eased across the British Caribbean to encourage volunteers and prevent conscription in the region.[35] In Jamaica, the District Recruiting Committee scoured the remote districts of Ulster Spring, Warsop, Troy, Albert Town, and Alexandria, among other communities in Trelawny and the neighbouring St. Ann, for volunteers.[36] Trelawny, the home of a large population of Jamaican Maroons, supplied over one hundred and thirty recruits, many of whom had signed up for training within one week of recruitment.[37] The recruits from Trelawny included fourteen non-commissioned officers (N.C.Os), drummers, and "brawny and valiant fighters."[38] Despite reporting a very high rejection rate of 19.7% due to poor physical fitness, malnutrition, and disease (the highest on the island), Trelawny was declared to be "fully meeting its

[33] *The Gleaner*, April 17, 1916, 13.
[34] Adrian Gregory, *The Last Great War: British Society and the First World War* (Cambridge: Cambridge University Press, 2008), 93; Sarah-Jane Mathieu, *North of the Color Line: Migration and Black Resistance in Canada, 1870-1955* (Chapel Hill: University of North Carolina, 2010), 106-107.
[35] Howe, "Military Selection," 36.
[36] "The Campaign in Jamaica for Recruits," *The Gleaner*, December 20, 1916, 13; *The Gleaner*, July 1, 1916, 13.
[37] *The Gleaner*, December 20, 1916, 13
[38] Ibid.

duty to the Empire."[39] Trelawny's high rejection rate was likely due to poverty and inadequate medical infrastructure in the rural Maroon territory. The extensive recruitment campaigns in Jamaica revealed that Afro-Jamaican men in remote rural communities were eager to serve in the British Empire.

The colonial authorities in Jamaica demanded patriotism, service and sacrifice from everyone in support of liberty for the empire. Service and sacrifice became the rallying cries of public marches and letter-writing campaigns in Jamaica to support the war. Even children were encouraged to support the brave men fighting to defend humanity. For example, eleven-year-old Beryl Fouche of Halfway Tree, Kingston, declared her support for "our brave fellows who are fighting for us."[40] The letters of support for the war effort, such as the one from young Beryl, were intended to increase donations to the Jamaican Relief War Fund.[41] The Jamaica Gleaner newspaper publicized donations to support the war effort, such as the Trafalgar Day gift of £10,000 from The Patriotic League of Britons Overseas to the Admiralty. The Patriotic League of Britons Overseas was an expatriate organization of Britons in the US, China, Brazil, Abyssinia, Jamaica, and elsewhere in the British Empire, of which the King was a patron. The Jamaican funds were used to purchase seaplanes. The League also collected donations from its members and (in conjunction with its sister society, the Over-Seas Club) contributed to purchasing more than 100 aircraft for the British government.[42] Donations

[39] *The Gleaner*, Dec 20, 1916, 3; Howe, "Military Selection," 40.
[40] "Letter from a child," *The Gleaner*, August 24, 1914, 6.
[41] "Funds Grow Steadily, Letter from "Retreat" of Constant Spring," *The Gleaner,* August 26, 1914, 6; "The Jamaica Relief War Fund," *The Gleaner,* October 1, 1914, 13. The JRWF stood at £6,067 three months after the First World War began.
[42] "The Patriotic League of Britons Overseas," *The Gleaner,* November 20, 1916, 6.

by Jamaicans and British expatriates illustrated their sense of duty to the British Empire and the war effort. *The Gleaner* also publicized the tireless efforts of upper and middle-class white women who recruited volunteers, organized fundraisers, and organized working-class women of colour to prepare gifts of jelly and marmalade and sewed and knitted comfort clothing mittens and gloves for soldiers on the frontlines.[43]

War demanded service and sacrifice from soldiers on the frontlines and civilians on the home front. The soldiers who faced disease, danger, injury, and death on the frontlines sacrificed their lives and wellbeing to win the war against "tyranny." However, the sacrifices of women—encouraging their sons, fathers, brothers, and husbands to volunteer and maintain the home front in the absence of men—were also important services to the war effort. Women of the British Caribbean—including Jamaican mothers, wives, sisters, daughters, and grandmothers—mourned the deaths of over 1,900 servicemen of the BWIR.[44] Middle-class women in Jamaica, such as British nurses, made public speeches appealing to Jamaican women to encourage men to volunteer for the war. In this sense, middle-class women and their working-class sisters in Jamaica redefined service, sacrifice and patriotism to the British Empire through their war efforts on the home front.

The Jamaican "Women's Movement:" "Loyalty in the King's Service"

WWI mobilization empowered middle-class women to demonstrate public support for the war through their visibility in public spaces. British nurses in Jamaica adopted

[43] Bean, *Jamaican Women*, 70-78.
[44] Smith, *Jamaican Volunteers*, 122.

British war messages about sacrifice, "loyalty in the King's service," patriotism, and attachment to the empire. The visibility of middle-class women in public spaces at parades, marches, and meetings to encourage volunteers fostered public awareness about the war. Middle-class women, such as British nurses, became the face of the effort to mobilize support for the war in Jamaica. Women redefined their service to the British Empire as patriotic through public performances of Britishness in Jamaica. During the afternoon of Wednesday, May 23, 1917, the Working Women's March was in full swing as middle and working-class women, including nurses, united in sending a strong message to the men of Jamaica that the King needed their service for the war effort.[45] The parade was the idea of Brigadier-General, L.S. Blackden, Commander of the BWIR in Jamaica. Blackden recruited elite and middle-class white women - such as Judith de Cordova, Mrs. L. de Mercado (whose husbands belonged to the merchant class in Jamaica), Mrs. L.S. Blackden (wife of Brigadier-General Blackden), and British nurses, such as Sister Madeline Thomas and Annie Douglas - to organize the march. Douglas wrote a public letter appealing to "the clerks, typists, teachers, nurses, market women, coal women, fruit carriers, servants and those belonging to the different lodges" to participate in the working women's demonstration.[46] *The Gleaner* portrayed the women's march as a sisterhood of middle-class and working-class women united to support the war.[47] Women of all classes and races from Kingston and St. Andrew were encouraged to demonstrate their willingness to support the war publicly.

[45] "Women's Effort to Stimulate Voluntary Recruitment Here," *The Gleaner*, May 22, 1917, 6.
[46] "Miss Douglas' Letter to Working Women, May 21, 1917," *The Gleaner*, May 22, 1917, 6.
[47] *The Gleaner*, May 22, 1917, 6; "Women's Movement to Gain Recruits for Contingents," *The Gleaner*, May 23, 1917, 6.

The objective of the pageant was to encourage Jamaican men to volunteer to fight overseas as part of their duty to the British Empire. The parade occurred when casualties were high, and volunteers were urgently required to defend the British Empire. The event was a final effort before possible conscription in the British Caribbean. The march was a call to the women of Kingston to do their duty to "get the men out to fight the right fight for their King and country—for humanity against Prussian Kultur that seeks to oppress the world."[48] Parade floats displayed signs with the slogan: "Jamaica requires 10,000 men."[49] The sign indicated the degree of sacrifice that the King and Empire required from the colony's men of colour, including black, mixed-race, and white men.

Patriotism and British pride were on full display in the colony as thousands of residents lined the streets and children waved British flags.[50] The marchers gathered in front of the statue of Queen Victoria located at the south of Parade in downtown Kingston to reflect on the late Queen, the mother of King Edward VII and grandmother of the current King of "our Great Empire."[51] The symbols of the monarchy (Queen Victoria's statue and references to the king) and phrases like "duty to God" and "blessed flag flying" evoked Britishness and British civilization in the British colony.[52] These patriotic actions and symbolism recreated a British atmosphere that suggested the Jamaican people shared connections to the British people. If Jamaicans were related to Britain, then they had a responsibility to defend the British Empire.

---

[48] "Women of Jamaica Start War Campaign," *The Gleaner,* May 25, 1917, 1.
[49] "A Brilliant Scene," *The Gleaner,* May 25, 1917, 6.
[50] *The Gleaner*, May 23, 1917, 6; Rush, *Bonds of Empire,* 2**.**
[51] "Speeches before Statue of Queen Victoria," *The Gleaner,* May 25, 1917, 6.
[52] *Ibid.*

The British nurses Annie Douglas and Madeline Thomas delivered speeches at the working women's march, embodying patriotism to the Jamaican people. Their addresses were intended to inspire the Jamaican people to support the British Empire's war efforts. The British nurses appealed to Jamaican women to sacrifice and serve the king by encouraging men to volunteer. They maintained that gendered sacrifice and service at the home front and the frontlines were essential to winning the war. Douglas persuaded Jamaican women to be courageous and do their part to serve King and country.[53] Douglas told Jamaican women that weeping would not win the war. Instead, she encouraged women to be brave and convince men to serve the empire. She asked women to reassure men that as wives and mothers, they were strong and courageous, capable of taking care of the home front while men served on the frontlines.[54] In this regard, Douglas suggested that both men and women had roles as patriots in service to the nation/empire. She alluded that women, like men, could claim citizenship.

Sister Madeline Thomas echoed Douglas' message about the sentiment that women's service and sacrifice to the empire on the home front were equal to men's patriotism to the King on the frontlines. In this sense, the nurse indirectly suggested that women, like men, were citizens, as exemplified by their patriotism to the nation/empire. Thomas, like Douglas, was a British nurse who was part of the middle echelon of colonial society. At the time of her speech, the deaconess sister had been an administrator at the Deaconess Home in Kingston since 1901.[55] As an informal agent of empire, she asserted

[53] "Annie Douglas' speech to women in Kinston," *The Gleaner*, May 25, 1917, 6.
[54] *The Gleaner*, May 23, 1917, 6.
[55] *Logbook of the Deaconess Home, 1891-1920,* Ecclesiastics 5/1/28 1891-1920 JA.

authority in the colony by educating working-class women and girls of Jamaica. She recruited and trained nurses at the Kingston Public Hospital and the Deaconess Nursing Hostel in Kingston.

Thomas' speech entitled "The Call to Win" encouraged working-class Jamaican women to persuade men to enlist to serve their country and the British Empire. She argued that if women did their part, they would share in the victory when the war ended and rejoice with men in the "victory for righteousness, justice and liberty."[56] Thomas advised Jamaican women to courageously perform their duties on the home front to share the "victory" at the end of the war. She told the female audience that it was their duty to reassure men who volunteered for the frontline that their families would not suffer while they served overseas. Thomas argued that women were capable and could fill the gaps in the home, community, and the nation. Like Douglas, Thomas represented women's service and sacrifice on the home front as important as men's service and sacrifice on the frontlines.

Further, Thomas implored Jamaican women of all races and classes to follow the example of European women in sacrifice and service on the home front while men were away fighting the war. The deaconess sister informed her audience that some upper and middle-class European women in France and Britain who lived in "ease and comfort" before the war were tilling the ground and acting as letter carriers, drivers, and servants in hospitals supporting the war effort.[57] The deaconess sister was notifying women in

[56] "The Women's War Demonstration a Complete Success," *The Gleaner*, May 25, 1917, 6.
[57] Ibid.

Jamaica that they, like their European counterparts, had to do their part and sacrifice for the nation/empire on the home front. Thomas aimed to convince women of all races and classes that as an army of wives, mothers, and sisters, they should put aside their need for safety and comfort and focus on "the land of their birth, Jamaica and the big family of the British Empire and England."[58] Thomas used a metaphor about family to show that Jamaicans were connected to the Britons in the war effort. She suggested that by offering their sons and husbands, women of the British Empire serve the nation/empire.[59] Thomas's clarion call for allyship between Jamaica and England in patriotism to the nation/empire can be conceptualized as a redefinition of citizenship that incorporated women.

Douglas and Thomas invoked images that supported their messages about women's service, sacrifice and patriotism to the British Empire. In doing so, the British nurses redefined women's obligation to serve the British Empire at home while men served on the frontlines as patriotic. Thomas persuaded working-class women to empower themselves by reading and thinking critically about the causes and consequences of losing the war.[60] Thomas and Douglas appealed to Jamaican women of all classes and races to sacrifice their individual needs for safety as their men fought on the frontlines. This appeal about women's sacrifice on the home front was a direct claim for women's citizenship.

[58] *The Gleaner*, May 25, 1917, 6.
[59] Gullace, *"The Blood of our Sons,"* 3; *The Gleaner*, May 25, 1917, 6.
[60] *The Gleaner*, May 25, 1917, 6.

This historic gathering of women of all races and classes demonstrated that the women of Jamaica, regardless of race and class, were interested in the war effort. *The Gleaner* described the working women's demonstration as "a red-letter day in Kingston," one that would be remembered for many years and a moment that represented "a genuinely democratic milestone in Jamaica's history of the Great War."[61] The editor of *the Gleaner* dubbed the demonstration the "women's movement" to unite Jamaicans across racial and class lines to support the war and recruit Jamaican volunteers.[62] The public demonstration raised the public profile of Jamaican middle-class women and empowered them to claim citizenship connected to women's duty, service, sacrifice and patriotism to the British Empire.

The Struggle for the Women's Vote in Britain and Jamaica

The British suffragist movement showed elite and middle-class women throughout the British Empire that British women could claim nationalism and successfully negotiate citizenship. In Britain, the struggle for women's voting rights was led by two prominent suffragist organizations, the National Union of Women's Suffrage Societies (NUWSS), led by Millicent Fawcett, and the Women's Social and Political Union (WSPU), led by Emmeline Pankhurst.[63] The NUWSS renamed the National Union of Societies for Equal Citizenship in 1919, primarily a movement for upper and middle-

[61] *Ibid.*
[62] Ibid.
[63] E. Sylvia Pankhurst, *The Suffragette: The History of Women's Militant Suffrage Movement, 1905-1910* (Boston: The Woman's Journal, 1911), https://babel.hathitrust.org/cgi/pt?id=hvd.rslelk&view=1up&seq=15; Millicent G. Fawcett, *Women's Suffrage: A Short History of a Great* Movement (New York: The Dodge Publishing, 1908), https://babel.hathitrust.org/cgi/pt?id=uc1.$b258936&view=1up&seq=15.

class university-educated British women attracted to Fawcett's pacifist and legal campaigns. Although the WSPU was also dominated by elite and middle-class women, through Pankhurst, the WSPU took on a more radical stance. Pankhurst's socialist position was borne from her conviction that women's subordination must be eliminated and that the franchise could improve their status for society to advance.[64]

The WSPU and the NUWSS changed their tactics to prioritize the war effort over their suffragist activism during the war. The British suffragists' strategy paid off. On February 6, 1918, the Representation of the People Act granted voting rights to British women over 30 years who satisfied the property criteria as owners or renters (individually or with husband) of at least £5. The Act granted the vote to all men over 21 years of age. According to Gullace, older upper and middle-class British women achieved the vote because they demonstrated loyalty, service, and patriotism during the war. While women like men demonstrated patriotism during the war, Gullace argues that many young women were excluded from the 1918 women's vote because their paid work was not seen as service to the nation.[65] She argues that the Representation of the People Act in 1918 shows that denying voting rights to young patriotic women in Britain was a strategic political move designed to prevent a female electoral majority while rewarding men for military service.[66]

The Jamaican women's movement for the vote was far less militant and generated less public debate than the movement in Britain. Still, upper and middle-class women in

[64] Pankhurst, *The Suffragette*.
[65] Gullace, *"The Blood of our Sons,"* 9.
[66] Ibid., 77.

Jamaica responded to the British suffragist movement and demonstrated their interest in voting. Middle-class women in Jamaica used letter-writing campaigns to engage in public discussion about Jamaican women's vote. As early as September 1916, the editor of *The Gleaner* published an editorial questioning: "How will the women vote?" DeLisser wondered how Jamaican women would react when the British Parliament passed an act granting British women the right to vote.[67] Although the editor claimed that Jamaican women were not as interested in the suffrage movement as British women, he assumed Jamaican women would want the vote once it was granted to their British sisters. Still, DeLisser wondered if Jamaican women would oppose men and seek political offices after gaining the vote.[68] Such pondering suggests that the editor believed that the Jamaican women's vote could complicate male/female relationships.

The Jamaican women's movement to publicly discuss the women's vote was led by upper and middle-class women who made speeches and wrote letters to express their opinions about women's suffrage. As a result, teachers, nurses, mothers, nuns, and upper and middle-class women, including visitors to Jamaica, participated in public debates about women's franchise in the colony. Marian Turner, a British teacher at the St Hilda's Diocesan High School for girls in Brown's Town, St. Ann, suggested that the women of Jamaica educate themselves and widen their outlook and intellect to actively share in the responsibilities of citizenship when they gain the vote. Turner recommended that Jamaican women establish a Women's Suffrage Society throughout the island to explain

[67] "How will the women vote?" *The Gleaner*, September 19, 1916, 8.
[68] Ibid.

the privileges and responsibilities of enfranchisement and prepare women for the new power of the vote.[69] Turner's advice to women about educating themselves echoed the sentiment of the British nurse Madeline Thomas who appealed to Jamaican women during the working women march.[70] Thomas, like Turner, called for women to raise their awareness by reading about world events and issues as the means to empower themselves as citizens.

The public discussion about the Jamaican women's suffragist movement raised the issue of women's leadership. A. E Biscoe, who identified as "An English Woman," suggested that "an enthusiastic broadminded public-spirited tactful woman" leader was needed for Jamaica's women's suffrage movement.[71] Like Turner, Biscoe believed that elite and middle-class women in Jamaica, like their British counterparts, should become actively involved in the women's suffrage movement to educate women about their responsibility and influence policymakers in the colony. She recommended a mass meeting at Ward Theatre in Kingston to establish a Women's Community Club with headquarters in the urban centre and branches throughout the island.[72]

Nellie Latrielle, a Women's Social Service Club leader, added her voice to the public debate about women's suffrage in Jamaica. Latrielle explicitly connected the Jamaican discussion to the British suffrage movement that resulted in the February 6,

[69] "Opinions of our Readers on Enfranchisement for Women Here: Discussion of Proposal to Give Women Privilege of Voting in Elections for Legislature, *The Gleaner*, August 28, 1918, 4.
[70] *The Gleaner*, May 25, 1917, 6.
[71] An English Women's View," *The Gleaner*, August 28, 1918, 4
[72] Ibid.

1918 Representation of the People Act.[73] Latrielle was particularly critical of the eligibility criteria to vote. She noted that although she did not pay taxes or own property, she was still interested in voting. The social reformer opposed the idea of "no taxation without representation," which implied that only those who paid taxes on a property should vote. She suggested that most women in Jamaica wanted to vote, even if they did not pay taxes.

Middle-class women in Jamaica saw the women's vote as the means to achieve political and social empowerment. Latrielle argued that, as in Britain, Jamaica required a qualified, intelligent, capable female leader who could calmly and with dignity challenge male politicians and educate women about their responsibilities as citizens. The social reformer and feminist referred to the example of Britain's Mrs. Pankhurst to support her view that a new era for women as citizens had arrived:

> We need a true vision of what life demands of us in this new era of emancipation as a people - as citizens, as individuals, and if we fail to rise to these tremendous issues of life today how grievously we shall fail![74]

Latrielle believed that the Jamaican women's vote would empower women and ultimately free them from male domination. As a feminist who advocated to improve the plight of working-class women, Latrielle argued that the colonial government failed to provide social services for poor women in Jamaica. She suggested women's engagement in politics would improve the socio-economic circumstances of working-class women in the

[73] "The Representation of the People Act, 1918," accessed August 10, 2021, https://www.nationalarchives.gov.uk/wp-content/uploads/2018/02/26151058888_e6c018f6e3_o.jpg
[74] "Votes for Women," *The Gleaner*, August 26, 1918, 13.

colony. In this sense, Latrielle tied the women's vote (political citizenship) to women's empowerment and improvement of Jamaica's social conditions (social citizenship).

Although middle-class women's speeches and letter-writing campaigns may have contributed to raising awareness about Jamaican women's aspiration for the vote, it is difficult to determine the ultimate impact middle-class women's advocacy had on the Jamaican parliament's decision. On Wednesday, May 14, 1919, the Legislative Council in Jamaica passed the Franchise Act, which gave 3,000 upper and middle-class women twenty-five years old who paid at least £2 in taxes the right to vote.[75] Male citizens had to be at least twenty-one years old and paid 10s in taxes or earned an annual income of £50 to be eligible to vote.[76] There was little discussion about the women's franchise in the Jamaican Assembly, suggesting that politicians in Jamaica followed their British parliamentary counterparts in granting the women's vote.[77]

Although working-class women assisted middle-class women in supporting the war effort, they did not receive the reward for their service, sacrifice and patriotism to the empire. It is also noteworthy that elite women did not challenge the exclusion of working-class women from the voters' rolls. According to Bean, the "class consciousness" of elite women in Jamaica eclipsed any idea of sisterhood with working-class women in their demands for the vote.[78] In essence, granting the vote to upper and middle-class Jamaicans

[75] "Woman Suffrage Granted," The *Gleaner*, May 16, 1919, 8; Bean, *Jamaican Women & The World Wars*, 115.
[76] Bean, *Jamaican women & the World War*, 115.
[77] The *Gleaner*, May 16, 1919, 8
[78] Ibid., 125.

reinforced gender, racial, and class hierarchies in the British colony by denying working-class women and men the opportunity to exercise political rights.

Influenza Pandemic, 1918-1919: The Quakers' Nursing Missions in Jamaica

Even before the First World War ended, the global community, including Jamaica, encountered a formidable medical crisis, the 1918-1919 influenza pandemic affected about 500 million people worldwide and about 70,000 in Jamaica.[79] In the aftermath of the First World War, the world adjusted to the high human toll from war and disease. In Jamaica, war mobilization exposed the enduring issues of physical unfitness due to poor health and disease in the early twentieth century.[80] As discussed in chapter two, government mitigation efforts could not minimize mortality from cholera and smallpox epidemics from the mid to late nineteenth century. However, chapter three demonstrates that hospital infrastructure development and scientific medical advances slightly improved medical services to the labouring class in the early twentieth century. During this period, imperial powers adapted medical philanthropy to ensure the profitability of empires (British and US) to exploit resources in the colonies.

Geopolitical changes in the Caribbean and Central America from the late nineteenth to the early twentieth centuries introduced an increased American presence through trade relations and religious/medical philanthropy in Jamaica. American business interests exploited the fruit industry in Jamaica, supported by American medical

[79] Naill P.A.S. Johnson and Juergen Mueller, "Updating the Accounts: Global Mortality of the 1918-1920 "Spanish" Influenza Pandemic," *Bulletin of the History of Medicine*, 76 (February 2002), 115; Annual and Quarterly reports of the Society of Friends, 1918-1922," Ecclesiastical 5/8/4 JA; "Jamaica Registrar General Department, Report for the year ending 31 December 1918," CO 140/254, 11, TNA; "Island Medical Department Report for the year ended March 31, 1919," 143 CO 140/254, 143 TNA

[80] Howe, "Military Selection and Civilian Health," 35.

philanthropy and mediated by the Jamaican and US governments. The International Health Board of the Rockefeller Foundation's campaign to eradicate hookworm disease in southern Jamaica was a part of disease mitigation efforts to sustain a healthy labour force in the post-World War One period. As discussed in chapter two, trained nurses were crucial to implementing the IHBRF campaign against hookworm in the agricultural districts in Southern Jamaica. Similarly, in the northeastern parishes of Jamaica, the United Fruit Company (UFC) collaborated with the Society of Friends (Iowa Quakers) to provide medical services to Afro/Indo-Jamaicans and South Asian indentured labourers during the 1918-1919 influenza pandemic.

The history of the American Quakers intertwined with the UFC's interest in the banana trade in Jamaica from the late nineteenth to the early twentieth centuries. The Euro-American missionaries and the American multinational fruit company in Jamaica fostered the merging of religious/medical and economic interests in ensuring a sustainable labour force for the banana industry. For instance, the Quakers rented properties from the UFC to house their schools, orphanages and church in Fellowship, Portland, serving the labouring class in the banana-producing parishes.[81] The UFC and the Quaker missionaries worked together to mitigate the effects of the 1918-1919 influenza pandemic among South Asian indentured and Afro/Indo-Jamaican plantation labourers. Both the UFC and Quaker missionaries had vested interests in helping the labouring class survive the pandemic. For the UFC, the disruption of the flu pandemic reduced the size of the labour force, which meant a slowdown in banana production and the distribution of the fruit to

[81] Lora P. Arms, "Fourth Report for Fellowship, December 31, 1918," Ecclesiastical 5/8/4 JA.

British and American markets. A reduction in labour could diminish the company's profitability because of the labour-intensive nature of banana production. For Quaker missionaries, the influenza pandemic interrupted church and school attendance, limiting the opportunity to proselytize.[82] On the other hand, the flu pandemic brought the Quaker nurses closer to labourers, allowing them to render caregiving through spiritual/medical support as they sought to disrupt primitive cultural values and customs.

Historians agree that the influenza pandemic of 1918-1919, dubbed the Spanish Flu, circulated globally in three waves beginning in the spring of 1918. The second wave occurred from August to December 1918 and was the deadliest.[83] The 1918 H1N1 Influenza virus was contracted through respiratory droplets (through coughing, sneezing, and talking) from an infected person within close contact. By the time the pandemic had burned out, about 500 million people were infected, resulting in about 50 million deaths worldwide. The pandemic mostly affected young men and women between 15 and 44 years of age.[84] The demographic consequences of the flu were most dire among people in their prime working and reproductive age range. High morbidity and mortality rates raised concerns about labour sustainability and the reproduction of future generations of

[82] Lora P. Arms, "The Fourth Quarter Report of Annotto Bay Station, St Mary," Dec 4, 1918, Ecclesiastical 5/8/4 JA.
[83] Mark Osborne Humphries, "Paths to Infection: The First World War and the Origins of the 1918 Influenza Pandemic," *War in History*, 21 (1) (2013), 56.
[84] Johnson and Mueller, "Updating the Accounts: Global Mortality of the 1918-1920," 115. Johnson and Mueller show that estimates of deaths from the 1918-1920 influenza varied over time, but they argue that the estimate of 50 million is substantially lower than the actual human toll. Humphries, "Paths to Infection," 57 argues that the estimate ranges between 20 to 50 million. Francois Heran, "The Lost Generation: Demographic Impact of the Great War," *Population & Society*, No. 510 (April 2014) shows recent estimates of causalities of the Great War stood at 10 million, 14% of the 74 million that were mobilized.

labourers and soldiers. Combined with the high causalities of the First World War, the high rates of infection and death resulting from the flu were globally devastating.[85]

Scholars studying the 1918-1919 influenza pandemic have investigated its geographic origin, spread, social impact, and human toll.[86] Researchers have pointed to the U.S., Europe, and Asia as possible spots where the pandemic started. However, despite the origin of the "Spanish 'Flu," the highly contagious disease devastated populations worldwide. Historians have examined the impact of the pandemic, using a comparative and multidisciplinary framework to analyze the social, medical, political, and cultural effects and explore mitigation strategies for future pandemics.[87] As demonstrated in earlier chapters, diseases like cholera and smallpox have been the catalysts to initiate public health interventions and sanitation procedures to respond to future outbreaks. Similarly, several flu outbreaks in the mid-twentieth century have renewed interest in studying the 1918-1919 influenza pandemic to manage future

[85] Elizabeth Brainerd and Mark V. Siegler, "The Economic Effects of the 1918 Influenza Epidemic," (Discussion Papers 3791, CEPR. Discussion Papers presented at Centre for Economic Policy Research, June 2002), 11, accessed September 10, 2018, http://www.birdflubook.org/resources/brainerd1.pdf.
[86] J.S. Oxford, A. Sefton, R. Jackson, W. Innes, R.S. Danless and N.P.A.S. Johnson, "World War I may have allowed emergence of "Spanish" Influenza," *The Lancet Infectious Diseases* Vol. 2 (February 2002), 111-114; Howard Phillips, "The Re-appearing Shadow of 1918: Trends in the Historiography of the 1918-19 Influenza Pandemic," *Canadian Bulletin of Medical History*, Vol. 21:1 (2004), 121-134; Guy Beiner, "Out in the Cold and Back: New-Found Interest in the Great Flu," *Culture and Social History*, 3:4 (2006), 496-505; Howard Phillips and David Killingray, "Introduction," in eds. Phillips and Killingray, *The Spanish Influenza Pandemic of 1918-19: New Perspectives* (New York: Routledge, 2003), 1; Humphries, "Paths to Infection," 58; John M Barry, "The site of origin of the 1918 influenza pandemic and its public health implications," *Journal of Translational Medicine* 2, 3 (2004), 1-4, accessed July 1, 2017, https://doi.org/10.1186/1479-5876-2-3.
[87] Phillips and Killingray, "Introduction"; David Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," *The Society for the Social History of Medicine*, Vol 7, No. 1 (1994), 59-87; Crosby, *America's Forgotten Pandemic*.

epidemics.[88] Since the early 2000s, there has been an increase in scholarship about influenza, written mainly by scientists expressing concern about global preparedness for future outbreaks of flu-like pandemics.[89] Currently, scholars examine the lessons of the 1918-1919 influenza pandemic to gain insights into the current coronavirus pandemic (COVID-19).[90] The mitigation strategies of the COVID-19 pandemic suggest that public health measures (sanitization, isolation, quarantine and vaccination) initiated in the nineteenth and the early twentieth centuries continue to be relevant to minimize the spread of disease in the twenty-first century.[91]

Jamaica's experiences with diseases such as cholera, hookworm and influenza have disproportionately affected the labouring class because of the social complexities of poverty, poor diets and unsanitary and overcrowded living conditions. Large estate owners like the United Fruit Company hired thousands of Afro/Indo-Jamaican workers and South Asian indentured labourers to perform the labour-intensive tasks of cultivating,

---

[88] Crosby, *America's Forgotten Pandemic*, 314-316; Alfred W. Crosby, *Germs, Seeds and Animals: Studies* in *Ecological History* (New York: M.E. Sharpe, 1994); Oxford, Sefton, Jackson, Innes, Danless and Johnson, "World War I may have allowed emergence of "Spanish" Influenza," 111-114; Phillips, "The Re-appearing Shadow of 1918," 121-134; Beiner, "New-Found Interest in the Great Flu," 496-505.

[89] Richard J. Webby and Robert G. Webster, "Are We Ready for Pandemic Influenza?" *Science,* Vol 302, Issue 5650 (Nov 28, 2003), 1519-1522; Eric Toner and Richard Waldhorn, "What Hospitals Should do to Prepare for an Influenza," *Biodefense Strategy, Practice, and Science,* Vol. 4 No. 4 (December 18, 2006), https://doi.org/10.1089/bsp.2006.4.397; S. Briand, A. Mounts, and M. Chamberland, "Challenges of global surveillance during an influenza pandemic," *Public Health,* Vol 125, No. 5 (May 2011), 247-256.

[90] Daihai He, Shi Zhao, Yingke Li, Peihua Cao, Daozhou Gao, Yijun Lou and Lin Yang, "Comparing COVID-19 and the 1918–19 influenza pandemics in the United Kingdom," *International Journal of Infectious Disease* 98 (2020). 67-70; David J. Muscatello and Peter B. McIntyre, "Comparing mortalities of the first wave of coronavirus disease 2019 (COVID-19) and of the 1918-19 winter pandemic influenza wave in the USA," *International Journal of Epidemiology* (Sep 15, 2020), 2089-2091, https://doi.org/10.1093/ije/dyaa186.

[91] "Coronavirus Disease (COVID-19) Advice for the Public," *World Health Organization,* accessed Feb 20, 2021, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public; "COVID-19: How to Protect Yourself and Others," *Centres for Disease Control and Prevention,* accessed Feb 20, 2021, https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html.

harvesting and transporting fruits. The banana industry required a healthy and robust labour force to ensure labour efficiency and profitability for investors. As we will see, the UFC and Quaker missionaries were driven to sustain labour in the banana-producing parishes—St Mary, Portland and St Thomas—during the 1918-1919 influenza pandemic.

The Development of Jamaica's Banana Trade: The UFC & Quaker Missionaries

The United Fruit Company has been synonymous with Jamaica's banana industry since the late nineteenth century. The UFC's presence in the colony signalled the consolidation of relationships between the Jamaican government and US business and medical/religious interests over shared concerns for a healthy and civilized labour force in the British colony. The American business interests in the banana industry driven by profit dovetailed with the American missionaries' desire to civilize "backward" peoples using Christian education and medical philanthropy. The establishment of the UFC in Jamaica reflected the American sphere of influence (political and economic) in the Caribbean region after the 1860s. US intervention in the Caribbean and Latin America included the 1898 Spanish-American War, the building of the Panama Canal between 1904 and 1915, and America's invasion and occupation of Haiti from 1915 to 1934. American imperialism in the Caribbean was inspired by the American perception of its divine right (its so-called "manifest destiny") to exert control in this region. In the late nineteenth and early twentieth centuries, the "new" imperial order influenced American economic interests in the Caribbean and Latin American banana trade.[92]

[92] Michel Gobat, "Introduction," in *Empire by Invitation: William Walker and Manifest Destiny in Central America* (Cambridge: Harvard University Press), 2018. Gobat argues that William Walker, an American mercenary who deposed the president of Nicaragua to assume power from 1856-1857 represented an

The United Fruit Company developed economic interests in Jamaica's banana industry and maritime transportation during the late nineteenth century. By the beginning of the twentieth century, the banana trade had outpaced the sugar industry as a significant agricultural resource of the colony.[93] Eric Williams, among other scholars, argues that the West Indian sugar industry had been in decline since the late eighteenth century due to geopolitical, technological, and humanitarian developments resulting in economic changes within the British Empire.[94] However, in the nineteenth century, free trade, and the loss of control over coerced labour, were the final blows to an already declining sugar industry.[95] By the second half of the nineteenth century, bananas, coffee, and citrus replaced sugar as the primary agricultural exports in Jamaica.

The growth of the banana industry in Jamaica developed from the island's peasantry (smallholding farmers) in the island's coastal regions. Historian John Soluri examines the expansion of the banana industry in Jamaica from 1870 to 1900 to show connections between small-scale land ownership and large estate development in the banana-producing parishes in Jamaica.[96] Soluri shows that in 1879 only one banana estate was located near Port Antonio in the coastal parish of Portland. Still, by the 1890s, "shippers, merchants, [and some] former sugar planters," and peasant farmers operated more than one hundred banana plantations along the island's western, northern, and

example of manifest destiny in the Americas. Manifest Destiny is the idea that the US was destined by God, to expand its dominion and spread democracy and capitalism across the North American continent.

[93] Holt, *The Problem of Freedom*, 348.

[94] Williams, *Capitalism and Slavery*, 209-211; Holt, *The Problem of Freedom*, 117-122.

[95] Holt, *The Problem of Freedom*, 122.

[96] John Soluri, "Bananas Before Plantations: Smallholders, Shippers and Colonial Policy in Jamaica, 1870-1910," *Iberoamericana (2001-)* Nueva época, Año 6, No. 23 (Septiembre de 2006), 144.

eastern coastal regions.[97] Between 1883 and1884, more than 90% of the smallholdings in the parish of Portland that cultivated bananas, coffee, and ground provisions were less than 10 acres. However, bananas replaced ground provisions and coffee as Portland's primary agricultural produce within three years.[98] Peasant farmers contributed significantly to the banana trade in Jamaica, but the large estate owners, such as the UFC, controlled the industry. By 1887, the UFC was one of the largest property owners in Jamaica and had acquired about 13,000 acres of land in the banana-producing parishes.[99] The UFC was a significant employer of Afro/Indo-Jamaican and South Asian indentured labourers. The UFC also purchased fruits from Afro-Jamaican peasant men and women for markets in the US and Britain.

The development of Jamaica's banana industry was driven by American economic interests (most notably, the UFC), which forged new colonial relationships between the imperial powers over access to resources and labour on the island. Marcelo Bucheli and others argue that during the period 1900 to1940, the idea of a "Banana Republic" came to be associated with the economic, political and social instability of Central American economies involved in the banana trade. United States corporations seeking to exploit cheap labour, infrastructure, and the region's natural resources influenced these shifts in the Caribbean.[100] The colonial government in Jamaica and lawmakers in Washington

[97] Soluri, "Bananas Before Plantations," 148.
[98] Ibid., 145-148.
[99] Ibid., 148-149.
[100] Marcelo Bucheli, "Multinational Corporations, Totalitarian regimes and Economic Nationalism: United Fruit Company in Central America, 1899-1975," *Business History*, Vol. 50, No. 4 (July 2008), 433-443; Avi Chomsky, "Afro-Jamaican Traditions and Labor Organizing on United Fruit Company Plantations in Costa Rica, 1910," *Journal of Social History*, Vol. 28, No. 4 (Summer, 1995), 837-838; Mark Moberg,

facilitated the banana trade relationship with private US fruit companies to regulate infrastructure and access to labour in the British colony.[101] The American government negotiated with the colonial government for access to infrastructure (e.g., wharves, waterways, railroads, and roadways) required to ship the bananas overseas.[102]

To secure a sustainable source of labour, the colonial government in Jamaica established an ongoing relationship with the Indian government to provide indentured labourers for the agricultural estates in the colony between 1845 and 1917. The American fruit company hired 2,745 South Asian indentured labourers from India between 1899 and 1906 to work on banana estates.[103] The Jamaican government monitored the working conditions of indentured labourers on the large estates in the colony. Government inspectors checked water quality, the disposal of waste matter, the number of latrines, and the number of deaths reported on each estate during the end of the second decade of the twentieth century.[104] The colonial government reported to the Indian government about South Asian indentured immigrants' welfare in the colony and ensured that employers upheld the contractual obligations.[105] The Jamaican government's arrangement for contract labour benefitted the agricultural sector in the colony, including the American

"Crown Colony as Banana Republic: The United Fruit Company in British Honduras, 1900- 1920," *Journal of Latin American Studies*, Vol. 28, No. 2 (May, 1996), 364-368.

[101] "Debate in Council on the Government Pier: United Fruit Coy Fairly Treated," *The Gleaner*, February 28, 1914, 6.

[102] "UFC Conflict over Wharf Privileges," *The Gleaner*, September 23, 1913, 9.

[103] Holt, *The Problem of Freedom*, 353.

[104] E.G.O Nixon, MOH to Lawson Gifford, Actg. Chairman, Central Board of Health, Highgate, April 10, 1919, CO 140/254, 250-251 TNA.

[105] "Immigration Department Report for year ended 31st March 1920," 138-147, CO 140/256, TNA.

fruit company that desired a large number of workers for labour-intensive banana production.

The history of Jamaica's banana industry intertwined with the history of the American Quakers during the late nineteenth to the early twentieth centuries. American captain and businessman Lorenzo D. Baker arrived in Jamaica in 1881, as did Evi Sharpless and William Marshall of the Iowa Quakers. Baker, the "Godfather of the Jamaican banana trade and foremost friend of Jamaica," shared a religious belief in evangelizing "backward" people that fit together with the work of the Quakers' mission.[106] According to Holt, Baker saw his work in Jamaica as a "divine, evangelical mission," a calling from God.[107] As we will see, Sharpless, like Baker, believed that Christianity and economic interests were compatible with civilizing "backwards" people. Baker established the Boston Fruit Company in 1883 and acquired the Tropical Trading and Transport Company to form the UFC in 1899.[108]

Baker and his family were deeply involved in northeastern Jamaica's economic, social, and political life. Lorenzo D. Baker Jr was appointed as the US consular agent to St. Mary in 1885. The UFC built research laboratories to promote the banana business and housing, hospitals, and schools for employees and their children. The UFC invested in research to develop disease-resistant crops, insecticides, and fungicides.[109] The UFC

[106] Duncan Rea Williams, "Quakers of Iowa, Part IV: Benevolent and Educational Enterprises," accessed November 10, 2019, http://drwilliams.org/iDoc/IowaQuakers/Part4Chapter4.htm#341.
[107] Holt, *The Problem of Freedom*, 350.
[108] Jesse T. Palmer, "The Banana in Caribbean Trade," *Economic Geography*, Vol. 8, No. 3 (July 1932), 265.
[109] "United Fruit Company Photograph Collection," accessed June 25, 2017, http://oasis.lib.harvard.edu/oasis/deliver/deepLink?_collection=oasis&uniqueId=bak00103.

also provided support to several philanthropic and women's organizations in Jamaica. For instance, during the 1917 working women's demonstration to motivate volunteers for the war effort, the UFC loaned lorries and cars for the parade along the streets of Kingston.[110] During the flu epidemic, the Quaker school at Fellowship was suspended for over two months so UFC's employees could use the building as a temporary hospital for influenza patients.[111] The UFC and the Quaker missionaries had a mutually beneficial relationship that supported their missions for a healthy labour force, educating, and Christianizing (civilizing) Afro/Indo-Jamaicans and South Asian indentured labourers.

The Quakers had a long history in Jamaica, beginning in 1658 when religious dissenters and pacifists arrived from England.[112] Quakerism was founded in England in the 1650s by George Fox (1624-1691) and was based on a philosophy of equal human worth before God, human rights, social justice, pacificism, and freedom of conscience. Fox visited Jamaica in 1671 while on a visit to the Americas. The sect's historical significance became especially apparent during the abolitionist era.[113] In 1837 Joseph Sturge (1793–1859)–an English Quaker, abolitionist, and activist–visited several islands of the British West Indies and Martinique, including Jamaica. Sturge and Thomas Harvey (1812-1884) reported on the conditions of the colonies during the period of Apprenticeship (1833-1838) and concluded that "nothing less than unfettered freedom

[110] "Women's Effort to Stimulate Voluntary Recruiting Here," *The Gleaner*, May 22, 1917, 6.
[111] Lora P. Arms, "Fourth Quarter Report for Fellowship, December 1918," Ecclesiastical 5/8/4 JA.
[112] Rufus M. Jones, ed., *George Fox: An Autobiography* (Philadelphia: Ferris and Leach, 1909), 210, accessed November 1, 2019, http://www.gutenberg.org/files/43031/43031-h/43031-h.htm.
[113] Paul H. Williams, "The Story of the Quakers Part IV-The Jamaica Connection," *The Gleaner*, April 22, 2017; Jones, *George Fox: An Autobiography*.

[could] save the colonies."[114] The British Quakers advocated for complete emancipation for enslaved people in the British Caribbean. During the abolition period, the number of followers of Quakerism grew to over ten thousand in Jamaica, but the numbers began to dwindle following emancipation.[115]

Quakerism was revitalized in Jamaica in the late nineteenth century through the Iowa Quakers, whose mission was Christian proselytizing. As mentioned previously, the Americans, Sharpless and Marshall of the Iowa Quakers arrived in Jamaica in 1881to establish Quaker missions in the British colony.[116] Sharpless found the first mission station in Cedar Valley, St. Thomas, within three years of his arrival in Jamaica, followed by the Happy Grove Mission Station in Portland, in 1885. The Happy Grove School and orphanages for boys and girls were established in 1889.[117] In 1893 Arthur H. Swift of Worcester, Massachusetts, arrived on the island to administer the Seaside Mission Station and school in Portland. Reverend Swift was the superintendent of the Jamaica Society of Friends until his sudden death in 1909. Two years later, his wife, Hortense Alma Swift, took over the leadership of the Society of Friends in Jamaica. That same year, the Quaker missions in Jamaica came under the governance of the American Friends' Board of Foreign Missions.[118]

---

[114] Sturge and Harvey, *The West Indies in 1837*, 378.
[115] Ibid., 342.
[116] Duncan Rea Williams, "Quakers of Iowa, Part IV: Benevolent and Educational Enterprises," accessed November 10, 2019, http://drwilliams.org/iDoc/IowaQuakers/Part4Chapter4.htm#341.
[117] Paul H. Williams, "The Story of the Quakers Part IV-The Jamaica Connection," *The Gleaner*, April 22, 2017; Williams, "Quakers of Iowa."
[118] Louis Thomas Jones, *The Quakers of Iowa* (Iowa City: The State Historical Society of Iowa), 239, accessed November 12, 2019, https://archive.org/details/quakersofiowa00jonerich/page/238.

The Quakers established schools, orphanages, clinics, and church missions in the banana-producing districts of Seaside, Burlington, Fellowship, Orange Hill, Orange Bay, Port Antonio, Amity, Happy Grove, and Cedar Hurst, all in the northeastern coastal parishes of St. Mary, St. Thomas, and Portland.[119] Under the leadership of Hortense Swift, the Quaker missions comprised an army of primarily Euro-American women missionaries who worked as nurses, teachers, social workers, and pastors in the banana plantation communities. Like American missionaries in India, the Quaker missionaries in Jamaica engaged in religious, educational, and medical initiatives that aimed to convert the "heathens," educate working-class children and provide essential medical services to control diseases.[120] The relationship between the Quakers and the UFC was mutually beneficial as it pertained to the health of labourers in the banana-producing parishes. During the influenza pandemic, the Quakers' school and orphanage buildings leased from the UFC served as temporary hospitals for labourers who became ill.[121] As previously discussed, the UFC had a vested interest in maintaining a healthy plantation workforce because banana production was labour intensive. Similarly, the Quakers were motivated by the prospect of having access to large congregations and school populations.

The Quaker missionaries established industrial schools to train future workers to satisfy the demand for skilled labour in Jamaica's banana industry. Mission schools taught the children of indentured labourers and working-class Afro/Indo-Jamaicans to be

[119] "Annual Reports and Quarterly Reports to Board of Society of Friends, 1918-1922," Ecclesiastical 5/8/4 JA.
[120] Leslie A. Flemming, "A New Humanity: American Missionaries' Ideals for Women in North India, 1870-1930," in *Western Women and Imperialism: Complicity and Resistance*, eds., Nupur Chaudhuri and Margaret Strobel (Bloomington: Indiana University Press, 1992), 193-194.
[121] Lora P. Arms, "Fourth Report for Fellowship, December 31, 1918," Ecclesiastical 5/8/4 JA.

morally upstanding and productive workers. The Happy Grove School and Orphanage, operated by the Quaker missions in the parish of Portland, educated the children of indentured workers and Afro/Indo-Jamaicans workers in agricultural science, domestic science, scripture, bookkeeping, shorthand, and geometry. The Quaker mission schools in Jamaica networked with matriculating schools in London and the US to ensure nursing standards, bookkeeping, and shorthand. For example, students who studied shorthand at the Happy Grove school matriculated with the Phonetic Institute of Bath, England. In 1918, the school expressed pride that six of its pupils received certificates for speed and theory in shorthand from that institution.[122] Bookkeeping and shorthand were essential skills that benefited the large banana estates seeking these positions. Accordingly, the Quakers filled the demand for workers by training bookkeepers and stenographers for the banana estates in Jamaica.

The Quakers' schools provided a gendered skill training curriculum for girls and boys that maintained the gender division of labour in the plantation colony. Cultural scholar Janet Cramer argues that the American missionary philosophy incorporated Christian beliefs that women's "highest purposes" revolved around the home as wife and mother.[123] The American Quakers in northeastern Jamaica subscribed to that philosophy and instructed girls in home economics, dressmaking, child care, and nursing skills. For

[122] Alsina M. Andrews, "4th Quarter Report of Happy Grove School, St. Mary, December 31, 1918," Ecclesiastical 5/8/4 JA.
[123] Janet M. Cramer, "White Womanhood and Religion: Colonial Discourse in the U.S. Women's Missionary Press, 1869-1904," *Howard Journal of Communication*, 14:4 (2003), 210. The Progressive Era reforms were 1890-1920 US policies about equal legal rights for women around (divorce, property, employment) and workers rights (minimum wage laws for women workers, instituted industrial accident insurance, restricted child labor, and improved factory regulation).

example, during the 1918-1919 school year, the Happy Grove school employed Miss Gladys Smith, a domestic science teacher, to teach the girls homemaking skills. The female students performed housekeeping duties and laundry work while at the school. The older girls learned to cut and sew uniforms, waistcoats and skirts, and other garments. According to an English system taught at the Happy Grove school, the younger girls learned to cut undergarments without patterns. The girls also learned buttonhole making, crocheting, and design as parts of the school curriculum.[124]

The Quakers taught girls to be caregivers, wives and mothers in the home and boys to be productive workers on estates. The Quakers' school curriculum instructed boys in agricultural skills, bookkeeping, and stenography. Although the Quaker schools delivered a similar curriculum as the government school system in Jamaica, they also emphasized Christian values, homemaking and agricultural skills. The missionaries were proud of their efforts in teaching the children to be good Christians and productive labourers. In this sense, the missionaries supported the civilizing mission of the empire by socializing labour class children in Christian values to be efficient labourers, good parents and devote church attendees.

The Quakers' Nursing Mission: Influenza Pandemic, 1918-1919

The influenza pandemic entered Jamaica in early October 1918 via a banana boat that brought the infection from North America to ports in Port Antonio and Montego Bay.[125] The flu reached the banana-producing estates in Portland parish and the coastal

[124] Rev M.S. Hinckle, "Report of Central Station for Quarter ending June 30, 1918, Happy Grove Orphanage," Ecclesiastical 5/8/4 JA.
[125] Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 69.

railway lines towards Hope Bay and Port Antonio by October 14, 1918.[126] Influenza severely disrupted trade, estate production, and social and cultural life in Jamaica. Within a few days of the flu entering the island, *the Gleaner* reported that "coolie labour on the estates has been reduced almost to vanishing point" in Port Antonio, the capital town of Portland, a banana-producing parish in the northeast coastal region of the island.[127] South Asian indentured workers and working-class Afro/Indo-Jamaicans were most vulnerable to influenza and other diseases (cholera and hookworm) because of their dire socio-economic circumstances and unsanitary and overcrowded congregate living conditions.

The influenza pandemic caused mortality, morbidity and disrupted church and school missions in the banana-producing parishes. Lora P. Arms was a Euro-American nurse at the Quaker medical mission in St. Mary and Portland parishes between 1915 and 1934. She surmised that the death rate in Port Antonio was between 12 and 20 persons per day.[128] Arms reported that schools and churches were closed for several weeks during October and November because of the flu. [129] For three weeks in October, almost all the children at the orphanage and school at Happy Grove became sick with influenza.[130] The entire Boys' Department at Happy Grove School was suspended for three weeks when all of the boys at the school became sick with flu.[131]

---

[126] "Island Medical Department Report for the year ended March 31, 1919," CO 140/254, 143 TNA; Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 68.
[127] "The Flu in St. Mary," *The Gleaner*, October 20, 1918, 3.
[128] Arms, December 4, 1918.
[129] Lora P. Arms, "The Fourth Quarter Report, Annotto Bay Station, St. Mary, December 4, 1918," Ecclesiastical 5/8/4 JA; Norma Elaine Henderson, "A Study of Friends' Mission in Jamaica," BA Divinity (Asbury Theologian Seminary, 1955), 89.
[130] Alsina M. Andrews, "4th Quarter Report of Happy Grove School, St. Mary, December 31, 1918," Ecclesiastical 5/8/4 JA.
[131] Ibid.

The second wave of the 1918-1919 influenza pandemic between October and December 1918 was the catalyst to mobilize the Quakers' medical missions to address the health and social needs of the sick and dying in the northeastern banana-producing districts. Arms made home visits to administer medicine and prayed for the sick, even as family members died from flu, leaving children without one or both parents. The case of a three-month-old baby girl taken in by the Annotto Bay Orphanage in November 1918 after her mother died of influenza and her father became gravely ill was most distressing to the Quaker nurse.[132] Arms treated a five-month-old baby boy brought to the orphanage by his father after his mother had died of the flu. She observed that the infant was "more dead than alive a week ago."[133] Mary E. Allen, a Euro-American nurse at the Quaker missions at Happy Grove district in the parish of Portland since 1895, cared for influenza patients at the local hospitals and made home visits to care for the sick.[134] Allen, like Arms, visited the homes of church members to care for children and family members who became ill from the flu virus and other diseases.[135]

The Quakers' nurses provided essential medical assistance to individuals and families affected by the flu, even if their primary goal was to proselytize. The Quaker nursing mission provided critical medical aid to labourers affected by the influenza pandemic and outbreaks of malaria, yaws, and hookworm disease coinciding in the

[132] Lora P. Arms, "The Fourth Quarter Report, Annotto Bay Station, St. Mary, December 4, 1918," Ecclesiastical 5/8/4 JA
[133] Ibid.
[134] Mary E. Allen, "4th Quarter Report of Happy Grove Orphanage Dept, Dec 31, 1918;" Arms, "The Fourth Quarter Report, Annotto Bay Station, Dec 1918," Ecclesiastical 5/8/4 JA.; Jones, *The Quakers of Iowa*, 238-239; Henderson, "A Study of Friends' Mission in Jamaica."
[135] Allen, Dec 31, 1918.

banana-producing districts.[136] The Quaker nurses worked in hazardous disease conditions to provide essential and life-saving medical services to patients in rural Jamaica. Their work among working-class people of colour was inspired by Christian dogmas about sacrifice and service for Christ. The Quakers' medical and philanthropic work symbolized their Christian devotion to humanity as role models to convert "ignorant backward" peoples to Christianity.[137] The tireless efforts of Quakers' missionaries to rescue and care for flu patients were motivated by their desire to save so-called "primitive" people from depravity and sin. The Quaker nurses employed caregiving as a mechanism to connect with members of their missions and non-Christian labourers in the rural plantation districts. The Quaker nurses provided essential medical services/caregiving to members of their church congregations at their homes and the public hospitals. They also offered medical aid to people in the community, including labourers on the banana estates in St. Mary, Portland, and St. Thomas, who were not congregants of the Quaker missions. The Quaker nurses demonstrate that although caregiving was altruistic, it was a means to convert labourers to Christianity. In this sense, the Quaker caregivers had an ulterior motive—to fulfill their duty to God by saving sinners.

The flu took a high human toll among South Asian indentured labourers in Jamaica's northeast, western, and southern banana-producing parishes.[138] Arms observed that 50 graves in the public cemetery near Annotto Bay, St Mary parish stood as a memorial to those who died of influenza.[139] The death toll on the largest estates

[136] J.M. Hoover, "Personal Report for 1919, Dec 31, 1919," Ecclesiastical 5/8/4 JA.
[137] Cramer, "White Womanhood and Religion," 210-212.
[138] Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 68.
[139] Ibid.

throughout the island stood at approximately 853 South Asians and 329 Afro-Jamaican labourers.[140] By the end of November, the disease slowed down in Jamaica, but it continued to take its toll on the island for at least two more months. The Island Medical department reported that the flu pandemic resulted in between 4,000 and 6,000 deaths and over 70,000 cases of illness on the island.[141] These statistics indicated that about 8% of the Jamaican population was affected by influenza in 1918.[142] The Registrar General reported 5,022 deaths from influenza and 547 from pneumonia, but Jamaica's overall mortality figures were likely underestimated.[143] The medical officer of Port Maria challenged the officially recorded death rate of 254 in the parish of St. Mary as "unreliable . . . and [suggested that] 2,000 would be nearer the mark."[144] The discrepancy in reported deaths resulted from a lack of community and government services in some rural districts. Family members may not have reported the death of loved ones to the authorities due to inconsistent reporting channels. In addition, essential services, including death registration, the police, the coroner, and district medical officers, were overwhelmed and may not have recorded all deaths from the flu in remote communities.

[140] "Jamaica, Immigration Department, Report for the Year ended 31 March 1919" CO140/254, TNA; Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 69.
[141] "Annual and Quarterly reports of the Society of Friends, 1918-1922," Ecclesiastical 5/8/4 JA; "Jamaica Registrar General Department, Report for the year ending 31 December 1918," CO 140/254, 11, TNA; "Island Medical Department Report for the year ended March 31, 1919," 143 CO 140/254, 143 TNA.
[142] See *CARICOM Capacity Development Programme (CCDP)* by Canadian International Development Agency & CARICOM, 2009, 4, Table (i) Population Size and Growth: 1844−2001, accessed September 20, 2020, http://www.caribbeanelections.com/eDocs/statistics/jm_stats/jm_population_housing_census_2000.pdf.
[143] "Jamaica, Registrar's General's Department, Report for the Year ending 31 December 1918," CO140/254, 11, TNA.
[144] Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 70.

The Quakers' missionaries interpreted the high morbidity and mortality rates from flu through the lens of their religious convictions and middle-class Euro-American assumptions about race and class. They believed working-class people of colour could not survive the influenza pandemic without their help because they were ignorant and ungodly. Nurse Arms reported that only a few church members had died among the large number (over one hundred) South Asian indentured labourers who died of the flu in the districts around Fellowship.[145] Fellowship is a rural district in Portland that was home to a large population of working-class Afro/Indo-Jamaicans and South Asian indentured labourers who worked on the banana estates in the community. The Quaker nurse implied that South Asians who did not attend the Quakers' church missions did not receive medical support and likely died of the flu because of their supposed primitive ways.[146] Cramer suggests that colonial tropes deemed subject people backward, helpless, and need to civilize through Christianity, western education and medicine.[147] Likewise, the Quaker missionaries implied that South Asian labourers who died due to the pandemic were sinful, immoral and needed to be rescued and saved.

The Quaker nurses and missionaries blamed the high death toll from influenza on the cultural beliefs of the immigrants and Afro/Indo-Jamaican workers. Nurse Arms suggested that most of those who died were non-Christians, and some had returned to their "heathen beliefs and customs."[148] Superintendent Swift of the Quaker mission in Jamaica offered a similar explanation about the personal failures of South Asians who

[145] Arms, Annotto Bay Station, Dec. 1918.
[146] Ibid.
[147] Cramer, "White Womanhood and Religion," 219.
[148] Lora P. Arms, "4th quarter report of Port Antonio and Burlington, Dec 1918," Ecclesiastical 5/8/4 JA.

died from the flu and pneumonia. However, she acknowledged that socio-economic conditions also played a role.[149] Swift believed that sin, degradation, immorality, vice, superstition, social customs, caste systems, restlessness, and poor economic conditions contributed to morbidity and mortality among working-class labourers.[150] The Quakers' superintendent complained that vagrancy, illegitimacy (teenage motherhood), intemperance, diseases and a flawed educational system inhibited the Quakers' missions in Jamaica.[151]

The Quaker missionaries deployed a discourse of social purity and hygiene in combination with Christian beliefs and middle-class ideas about womanhood to interpret the social circumstances of working-class women in the rural plantation districts. The Quakers' missionaries felt working-class women and girls were immoral and needed rescuing from sin because of illegitimacy and teenage pregnancy. The missionaries believed that ignorance and disease mutually reinforced social conditions that resulted in sin and death. Cramer and Flemming argue that white missionary women othered subject working-class women of colour (as depicted in publications and racial uplift projects), advancing a colonial discourse about race, class and gender ideals of womanhood based on whiteness.[152] White missionaries interpreted the culture of subject peoples through their lenses of whiteness and Christian values.[153] Similarly, the Euro-American Quaker

[149] H.A. Swift, "4th Quarter Report from Orange Bay, Portland," December 31, 1918, Ecclesiastical 5/8/4 JA.
[150] Ibid.
[151] E. Alma Swift, "Statement of conditions for the Board: Annual Report 1918," December 1918; Lora P. Arms, "Annual Report – Statement of Hindrances, Obstacles and Differences in Connection with Work, December 31, 1918," Ecclesiastical 5/8/4 JA.
[152] Cramer, "White Womanhood and Religion," 220; Flemming, "A New Humanity," 195.
[153] Cramer, "White Womanhood and Religion," 210-212; Flemming, "A New Humanity," 192.

missionaries expected working-class people of colour (South Asians and Afro/Indo-Jamaicans) to subscribe to middle-class behaviours and gender norms. The Quakers expected the labouring class to attend church regularly, be married before having children, and be educated as productive labourers and obedient Christians.

The early twentieth-century influenza pandemic, and encounter with hookworm disease, like the cholera epidemic in the mid-nineteenth century, mainly affected poor and labouring-class residents. Indentured agricultural labourers lived in overcrowded barracks on the estates, making them more susceptible to contracting diseases like influenza. Although poverty did not directly cause the flu, poor socio-economic circumstances (overcrowding and inability to pay for medical assistance) contributed to morbidity and mortality from disease. G.I. Lecesne, DMO of Annotto Bay in the parish of St. Mary, was appalled by the level of poverty among South Asian immigrants during the influenza pandemic. The DMO reported that most flu patients "sent in from estates, and country parts were in rags and [in] many instances had not had food for some time."[154] Such abject poverty reflected a broader failure of the government in Jamaica to ensure that employers provided adequate remuneration and facilities for estate labourers.

"Primitive" Cultural Practices: "Revival Craze" in Northeastern Jamaica

Despite the stark socio-economic realities of the plantation society, the Quaker missionaries in Jamaica during the early twentieth century echoed the sentiments of earlier social elites about the cultural and moral failures of the labouring class causing

[154] Killingray, "The Influenza Pandemic of 1918-1919 in the British Caribbean," 69; Central Board of Health, Report for year ended March 31, 1919," 251-252, CO 140/254 TNA.

disease. The Quakers were concerned that "Obeah, Heathenism, Hinduism, Mohammedanism, Millennial Dawnism teaching by educated Indians and the circulation of their literature" hindered their missionary work and contributed to spreading diseases.[155] Quaker missionaries Arms and Swift suggested that Afro-Jamaican religious traditions, Hinduism, Islam, Jehovah's Witness and the South Asian caste system made Christian conversion difficult.[156] Swift argued that Hindu beliefs about the permanence of their caste limited South Asians' acceptance of the egalitarianism of Christian values. However, the notion of the Christian principle of equality of all humans was only an aspiration at best and hypocritical at worst.

The missionaries worried that the "revival craze" that emerged during the pandemic endangered the moral and spiritual welfare of the communities of Portland and St. Thomas.[157]Superintendent Swift described the Obeah practitioner in Orange Bay as "a prophet of the devil," words that demonstrated the seriousness with which she and other Quakers saw this development.[158] She described the Obeahman as a criminal who had lived in the community for years. The superintendent thought it was despicable that some members of the Quaker congregations, "people we had never known to fall in with Obeahism ... were beside themselves giving way to bodily extortions and great excitement prevails."[159] Essentially, the Quaker superintendent worried about what she

[155] Lora P. Arms, "Statement of Hindrances, Obstacles and Differences in Connection with Work, December 31, 1918," Ecclesiastical 5/8/4 JA.
[156] E. Alma Swift, "Statement of conditions for the Board, Annual Report," December 31, 1918, Ecclesiastical 5/8/4 JA; Arms, "Statement of Hindrances," 1918.
[157] H.A. Swift, "4th Quarter Report, Orange Bay, Portland, December 31, 1918," Ecclesiastical 5/8/4 JA.
[158] Swift, "4th Quarter Report, Orange Bay, Portland, December 31, 1918."
[159] Ibid.

perceived as Obeah's impact on Quakerism. She believed that the district's nightly singing, dancing, and chanting were inspired by the "darkness of Obeah and witchcraft," which reduced church attendance. She construed the public meetings held by the alleged Obeahman and his followers as symbolizing "the devil's plans against the church."[160] The missionaries regarded the nightly performances of the Obeahman and his followers as disruptive to the community's social order and, more importantly, to the Quakers' proselytizing work. Reverend Swift interpreted the attraction of members of her congregation to the Afro-Jamaican religious meetings as a rejection of the church.

The nightly loud singing, drumming, and shouting were manifestations of Kumina ceremonies practised in eastern Jamaica. Cultural scholars like Schuler, Dianne M. Stewart, and others describe Kumina as an Afro-Jamaican custom that originated in central Africa (Congo) and was introduced to eastern Jamaica by Bakongo indentured Africans in the mid-nineteenth century.[161] Kumina was performed privately or publicly as a memorial or burial ceremonial ritual using the drums.[162] Caribbean scholars argue that Kumina was different from Myalism, although both believed in the ancestral spirit and shadow world. Myalism merged with Christianity during the 1841 and 1861 Revival Movements in Jamaica to become Revivalism.[163] However, Kumina remained a relatively authentic African religious practice, showing limited syncretism with

[160] Ibid.
[161] Schuler, "*Alas, Alas, Kongo*," 71, 76; Dianne M. Stewart, *Three Eyes for the Journey: African Dimensions of Jamaican Religious Experience* (New York: Oxford University Press, 2005), 142; Kenneth M. Bilby and Fu-Kia Bunseki, "Kumina: A Kongo-Based Tradition in the New World," in *A Reader in African-Jamaican Music, Dance and Religion*, eds. Markus Coester and Wolfgang Bender (Kingston: Ian Randle Publishers, 2015), 473-528.
[162] Schuler, "*Alas Alas, Kongo*," 71.
[163] Moore and Johnson, *Neither Led nor Driven*, 93; Monica Schuler, *"Alas, Alas, Kongo,"* 71-77.

Christianity and colonization.[164] Stewart indicates that Kumina emphasized connection to the ancestor and retained Africanness in Jamaica in response to colonialism.[165]

Kumina was a complex African worldview that incorporated religious beliefs and considerations for health, death, and the afterlife.[166] Therefore it was not a coincidence that it had relevance to Afro-Jamaicans trying to cope with death and illness during the influenza pandemic. The Kumina practitioners believe that the spirit/soul resides in the person and, at death, either transcended to Nzambi Mpunga (God Almighty) or became a shadow/duppy or malevolent spirit. The duppy wanders the earth and can harm the living. Thus, a proper burial is required to prevent the duppy from roaming and harming the living.[167] Bilby and Bunseki argue that Kumina represents a continuity between the ancestral dead and the living. They show that Kumina is about relationships and community and is a means to support the living.[168] Working-class Afro-Jamaicans drew on the Kumina ceremony as part of their cultural traditions to cope with tragic events such as the 1918-1919 influenza crisis.

As discussed in chapter one, working-class Afro-Jamaicans relied on Afro-Jamaican religious/medical traditions to respond to high morbidity and mortality crises in their community. Schuler argues that Myalism helped Afro-Jamaicans cope with post-slavery hardships such as natural disasters like flooding and droughts in the 1840s, and epidemics that killed primarily young, strong men.[169] In the cases of cholera and smallpox

[164] Moore and Johnson, *Neither Led nor Driven*, 93; Bilby and Bunseki, "Kumina," 487.
[165] Stewart, *Three Eyes for the Journey*, 144-145.
[166] Stewart, *Three Eyes for the Journey*, 142-144; Bilby and Bunseki, "Kumina," 473-488.
[167] Moore and Johnson, *Neither Led nor Driven*, 93; Bilby and Bunseki, "Kumina," 473-487.
[168] Bilby and Bunseki, "Kumina," 473-487.
[169] Schuler, *"Alas, Alas, Kongo,"* 42.

epidemics during the mid to late nineteenth century, Afro-Jamaicans resorted to their medical and burial practices for survival and solace. During the 1918-1919 influenza pandemic, the sudden onset of illness and death from the flu caused anxiety among the Orange Bay working-class residents. Resorting to Afro-Jamaican practices was a way to find comfort and healing for the community in customary cultural practices.

Restriction of large gatherings of people, such as burials, wakes, school attendance, and church gatherings, exacerbated cultural conflicts, although helpful in mitigating influenza spread. However, it is noteworthy that the Quaker missionaries did not refer to restrictive regulations for burials to minimize the spread of disease in their reports about the "revival craze."[170] However, the missionaries were annoyed about the nuisance (loud noises at night) and the fear of "barbarism" that Afro-Jamaican religious rituals inspired. As chapter two demonstrated, Afro-Jamaicans practised cultural customs by holding wakes during the smallpox outbreak in St Andrew. However, white upper-class residents of the parish complained about the all-night singing and "screaming Psalms" for nine nights as a nuisance.[171] The Quaker missionaries had a similar response to alleged Obeah rituals and nightly meetings in the rural districts of Portland and St Thomas during the influenza pandemic.

In the aftermath of the influenza pandemic, the Quaker missionaries focused on polytheizing among South Asian indentured labourers to boost church and school attendance. The missionaries worried about losing church members and students to death

[170]. Swift, "4th Quarter Report from Orange Bay, Portland, December 31, 1918."
[171] See Figueroa, *Investigation into the charges of Doctor Bowerbank*, 57-59 - 1872 letter from James Derbyshire Esq. to Bowerbank, Kingston, August 26, 1872: letter from W.G. Astwood, Esq. to Bowerbank, Kingston, August 27, 1872.

due to the flu or those transferred to other plantations on the island to meet labour demand. As a result, they initiated new strategies among South Asian indentured labourers to increase church and school attendance. The new initiatives included a plan to separate newly arrived South Asians from creoles and appoint an Indian catechist to address the language barriers.[172] The Quakers thought it critical to attract newly arrived South Asians before they formed alliances with seasoned indentured labourers and Afro/Indo-Jamaican workers.

The Quakers employed 'a divide and conquer strategy' to separate Afro/Indo-Jamaicans from newly arrived South Asian indentured labourers to increase their chance of converting Hindus to Christianity. In this sense, the missionaries used Christianity as a civilizing tool to stamp out "primitive" cultural customs. Like their predecessors (British nurses), Quaker missionaries were informal agents of empires (British and American) using Christian education and medical missions to convert "heathens." The Quaker nurses offered medical aid to Afro/Indo-Canican plantation workers and South Asian indentured labourers to proselytize them to Christianity. In this respect, caregiving and Christian conversion were civilizing tools.

Conclusion

The circumstances of the early twentieth century influenced women's participation as informal agents of empires and mediators of socio-political changes in response to war, disease and "primitive" cultural practices in colonial Jamaica. Middle-

[172] M.S. Hinckle, "Report of Central Station for quarter ending June 30, 1918, Happy Grove Orphanage," Ecclesiastical 5/8/4 JA.

class women used public demonstrations to rally Jamaican men to volunteer for WWI. British nurses deployed the rhetoric of service and sacrifice on the home front and the frontlines to redefine citizenship for themselves, like their British Middle-class female counterparts. However, even before the war ended, another global crisis–the 1918-1919 influenza pandemic–caused mortality and social disruption in Jamaica. The mostly middle-class white women of the religious/medical missions of the American Quakers collaborated with the UFC to mitigate the effects of the influenza pandemic and maintain social order among working-class people in St. Mary, Portland, and St. Thomas.

The history of the Quakers overlapped with the history of the UFC and the advent of US religious/medical philanthropy and business interests in Jamaica from the late nineteenth to the early twentieth centuries. Like their predecessors, such as deaconess sisters and the CNA nurses, the Quaker missionaries assumed the role of moral authorities to reinforce social order in the northeastern banana-producing parishes during the twentieth century. The primarily white middle-class American women employed Christian philanthropy that included caregiving in attempting to order the social and cultural lives of working-class Afro/Indo-Jamaicans and South Asian indentured labourers.

Photo of Society of Friends (Quakers) Church at Hector River, Portland, Jamaica

Source: http://jamaica-gleaner.com/article/news/20170422/story-quakers-part-iv-jamaica-connection

Conclusion

This project has explored how women as caregivers (informally and formally trained nurses and Afro-Jamaican folk healers) responded to disease, political, cultural and social crises in post-emancipation Jamaica in the mid-nineteenth and early twentieth centuries. It argued that caregiving included colonial medical policies and public health strategies that sought to control disease to heal the bodies and civilize the minds of oppressed people as a part of imperial pursuits to expand empires (British and American). However, caregiving also empowered freed people as cultural activists in their quest to define freedom and claim citizenship. Caregiving was a category of women's responsibilities defined by assumptions about gender, race, class, national identities, and expectations of empire. This work has shown that assumptions about race intersected with gender and class ideas to determine who was included or excluded as legitimate caregivers and citizens.

This project explored four interconnected themes about women's caregiving colonial experiences related to folk medicine, informal and formal nursing and government medical services to manage epidemics and disease between the mid-nineteenth and early-twentieth centuries. First, women were central in providing caregiving in private service and government medical institutions. Afro-Jamaican informally trained nurses and folk healers worked outside the government medical structure to shape caregiving as pluralistic health and medical systems. Informally trained nurses merged Afro-Jamaican herbal remedies with nursing practices and western medicine to care for their patients during the late slavery period and the immediate post-

slavery era. During the late nineteenth century, Afro-Jamaican folk healers, such as the revivalist mother, integrated Afro-Jamaican herbal remedies and healing traditions with Christian beliefs to meet their communities' spiritual and medical needs. During the same period, British, Euro-American and Jamaican professional nurses who worked in government medical institutions and philanthropic organizations that provided medical services to the labouring class expanded formal nursing in Jamaica.

The colonial experiences of caregivers were markedly different and contradictory despite the similarities of their mission to heal the sick. The case studies of British nurses (Deaconess Order and Colonial Nursing Association), Euro-American Quaker nurses, and the Afro-Jamaican informally trained nurses and revivalist mothers demonstrated that female caregivers reinforced or resisted the social boundaries within the post-slavery plantation society. As a spiritual healer and leader, the revivalist mother combined Afro-Jamaican herbal remedies with Christian beliefs to heal the sick. The revivalist mother circumvented colonial policies and the civilizing mission by reshaping/adapting Christian customs and Afro-Jamaican folk traditions to meet medical needs. However, the colonial legal authorities vilified her as a deviant and charged her for practising medicine without a license.[1] The criminalization of the revivalist mother suggested that the colonial legal authorities punished her for competing with the formal medical establishment.

Conversely, British nurses (including deaconess sisters and CNA nurses) and Euro-American nurses (Quaker missionaries) epitomized Victorian gender ideals as

[1] "Medical Law: Charge of Practicing Medicine against a Woman," *The Gleaner*, August 5, 1910, 14; "Under arrest at Mandeville Resident of Blake's Pen, Manchester is held as Obeahman" *The Gleaner*, March 7, 1916; "Obeah Worker," *The Gleaner*, April 5, 1916, 3; "Woman convicted for Black Art in Mandeville Yesterday," *The Gleaner*, April 5, 1916, 5.

legitimate caregivers. Although subordinate to male authority, middle-class white medical women operated within the boundaries of colonial law as respectable intermediaries. Female informal and formal caregivers, such as deaconess sisters, Quaker missionaries and revivalist mothers, practised a gendered medical/religious caregiving to the sick. They used Christian beliefs and medicine (western medicines and herbal remedies) to heal. However, the deaconess sisters and the Quaker missionaries as informal agents of empires (British and US) supported the civilizing mission by converting "heathens" to Christianity, training "deserving" women as professional nurses, and socializing future labourers in middle-class gender and class norms.

The second theme argued formal caregiving was racialized, political and mirrored the oppressive post-slavery plantation society. The management of epidemics and diseases in Jamaica from the mid to late nineteenth century reveals some failures of the government medical services in providing adequate, dignified and ethical patient care to the poor and labouring class. By the early twentieth century, advances in medical science, development of government medical infrastructure and increased access to trained nurses assured slight improvement to medical services to heal the bodies of the labouring class. However, caregiving continued to single out the labouring class for blame, surveillance and control.

Government official strategies to manage epidemics and diseases in Jamaica exposed the social, political, and cultural challenges of administering an empire. The Jamaican experiences with cholera in 1852, smallpox in 1872, venereal disease and leprosy from the 1870s to the 1880s, and influenza and hookworm disease in the early

twentieth century demonstrated that mitigation strategies included social controls that exacerbated racial, class, gender, and geographic tensions about cultural values and public health expectations. Medical officials blamed high morbidity and mortality rates from epidemics and diseases on the ignorance and superstition of the poor and the labouring class. However, government medical officials and the planter class were culpable for inadequate medical services and working conditions that contributed to diseases causing death and suffering among the labouring class.[2]

Geopolitical shifts in the relationship between the US and the governments of the Caribbean region fostered cooperation between the colonial government in Jamaica and American business interests and medical philanthropy for "the prevention and relief of suffering" of "backward" people to exploit natural resources.[3] The colonial government in Jamaica aimed to sustain labour by managing hookworm disease to eradicate laziness and criminality. The International Health Board of the Rockefeller Foundation's project to eradicate hookworm disease in Jamaica implemented sanitary measures such as building pit latrines and conducted questionable clinical experiments to find efficacious medication for hookworm, but failed to address the social complexities of poverty and social inequality in the plantation society.

The third theme examined formal caregiving supporting empire-building from the late nineteenth to the early twentieth century. The development of professional nursing coincided with the establishment of public hospitals and medical institutions to address

[2] Milroy, *Report on Cholera in Jamaica*, 110-116; Parkins, *Statistical Report of the Epidemic Cholera in Jamaica*, 15; Figueroa, *Investigation into the Charges by Bowerbank*, 41-43.
[3] "House of Representatives Approve of Rockefeller Fund," *The Gleaner*, February 7, 1913, 1.

the public health crisis of epidemics (cholera and smallpox) and diseases (venereal disease and leprosy) in the late nineteenth century. But government medical institutions were sites to confine and monitor the indigent and labouring class inmates/patients to control diseases and protect white colonial officials, British soldiers and settlers in the colony.

The development of nursing and government hospitals resulted in a slight improvement to medical services for working-class Jamaicans. As government hospitals increased, more trained nurses were required to work in them. Nursing (informally and formally trained) as changing categories of caregiving provided a framework to analyze women's different experiences and responsibilities during the slavery and post-slavery periods. The informally trained freelance nurses Couba Cornwallis and Mary Seacole were forerunners to formal nursing in Jamaica during the late slavery and immediate post-slavery periods. The informally trained nurses were skilful caregivers who cared for prominent military officials, British royalty and international patients during the late eighteenth and the mid-nineteenth centuries. Although Couba and Seacole worked outside the medical establishment in Jamaica, their medical skills were essential to healing the bodies of the sick. They represented the evolution of nursing from the late eighteenth to the mid-nineteenth centuries in the colony.

Professional nurses were critical to supporting imperial pursuits in the colony, ensuring the health of government and social elites and the labouring class. Trained nurses in the government hospital and medical institutions provided caregiving that healed the bodies of the labouring class. Still, caregiving was a means to control the poor

and could be punitive, reflecting the oppressive colonial plantation society. During the 1860s, the case of the Kingston Lunatic Asylum revealed that nursing, nurturing and caregiving were not always synonymous. Like the penal system of the slavery "hothouses," the insane asylum deployed draconian measures to control inmates/patients in unsanitary conditions while providing rudimentary caregiving.

The history of public hospitals in Jamacia indicates that by 1881, there was at least one government hospital in the capital of each parish. The establishment of hospitals increased the demand for trained nurses to deliver patient care to the labouring class and the colonial elites in the colony. From the 1890s, nursing developed as a profession for young middle-class women (white and mixed-race) through the collaboration of the medical establishment, elite women, the clergy, and British nurses (the Deaconess Order to Jamaica and the Colonial Nursing Association). However, black middle-class women also pursued professional nursing because they acquired educational qualifications and social connections to the ruling elites. By the early twentieth century, locally trained nurses of the Jamaica Nurses Union and the District Nurses' Fund through the Nurses' Bureau consolidated nursing in Jamaica as an honourable profession for a selected cadre of women.

The emergence of US imperial interests tied to business/trade, scientific medicine, and religious philanthropy in the Caribbean from the late nineteenth to the early twentieth centuries was precipitated by geopolitical shifts in the region. Early twentieth-century medical strategies to cure the diseases of the labouring class were driven by imperialists' desire to expand their empires based on the idea of the "new imperialism." The quest for

world domination through imperial pursuits and medical philanthropy aimed to control disease while civilizing "backward" people to sustain labour worldwide.[4] The International Health Board of the Rockefeller Foundation's campaign to eradicate hookworm disease in rural southern Jamaica and the medical missions of the Quakers during the 1918-1919 influenza pandemic in northeastern parishes consolidated the imperial mission to civilize "backward" populations through medical philanthropy and scientific research.[5] The American Quakers collaborated with the American multinational corporation, United Fruit Company, to mitigate disease and "backwards" customs among Afro/Indo-Jamaican and South Asian indentured labourers.

The fourth theme of this study explored how the struggle for citizenship was multidimensional, dynamic and performative in the post-slavery British colony. On the one hand, freed people and their descendants claimed full citizenship but were denied political citizenship, and social citizenship was limited. The 1865 Morant Bay Rebellion symbolized that the white political elites in Jamaica denied freed people political citizenship. However, freed people and their descendants used cultural activism to challenge racial and class inequality in their quest for social citizenship during the immediate post-slavery period. They claimed social citizenship by exercising the freedom to choose Afro-Jamaican religious/medical traditions as a counterbalance to the inadequacies in the government medical services. The clashes between cultural beliefs (the Revivalism Movement) and the colonial mission to civilize freed people (through

[4] *The Gleaner*, February 7, 1913, 1.
[5] "The Rockefeller Foundation Annual Report, 1913-1914," 11-13, *The Rockefeller Foundation* online, accessed March 20, 2019, https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1913-1914-1.pdf; "Logbook of Deaconess Home, 1890-1921," Ecclesiastical 5/1/28 JA.

Christianity and western medicine) represented freed people's performance of social citizenship during the immediate post-slavery period in Jamaica. Freed people and their descendants developed/adapted Afro-Jamaican medical/religious traditions to meet medical and spiritual needs and, in doing so, acted as social citizens.

On the other hand, upper and middle-class women redefined citizenship to include women's duty to the British Empire during the First World War. Like their British counterparts, middle-class white women (British nurses) in Jamaica used public demonstrations during war mobilization to redefine citizenship as women's service and patriotism to the British Empire on the home front and the sacrifice of their sons and husbands on the frontlines. Additionally, middle-class women in Jamaica were interested in the women's vote. Although the quest for the women's vote in Jamaica was not as formidable as in Britain, middle-class women publicly wrote letters to discuss their preoccupation with the issue. In doing so, middle-class women in Jamaica successfully staked their claim to citizenship during the early twentieth century.

This study about mid-nineteenth to early twentieth-century encounters with epidemics and diseases in colonial Jamaica demonstrates that disease management remains a relevant concern in the twenty-first century. Contemporary clinicians, researchers, epidemiologists, national governments, and international authorities employ quarantine/isolation measures, sanitary measures, personal hygiene, and physical distancing to mitigate the person-person transmission of the COVID-19 pandemic. However, these epidemic mitigation strategies were established over a hundred seventy years ago during the nineteenth century. As we have seen from the COVID-19 pandemic,

anxiety over the spread of the disease continues to exacerbate racial and class tensions. Like the nineteenth-century labouring class, twenty-first-century working-class people are most vulnerable to infection due to the socio-economic determinants of disease, namely, occupational hazards, unequal access to health services and vaccination and distrust in scientific medicine. Alongside their male counterparts, women's participation as caregivers—physicians, Registered Nurses, Respiratory Therapists and Personal Support Workers—continues to be essential in maintaining the health and social wellbeing of those affected by disease today.

Future Research

My current research establishes the grounds for future investigation in social justice, gender, caregiving, migration, citizenship, and Black nationalism (Garveyism and Pan-Africanism), focusing on nursing development as a part of the labour and nationalist movements in the British Caribbean from the 1930s to the 1970s. The US Civil Rights Movement and the International Women's Movement are lenses through which I will explore the case study of nursing development in Jamaica during the post-WWII era. This research will employ intersectionality, the anti-racist feminist perspectives and a post-colonial theoretical framework to interrogate development in international feminism from the post-World War II era to the 1970s.

Bibliography

Primary Sources:

The National Archives (London)
CO 140/181-258 – Departmental Reports 1878-1920
CO 137/465 – 575- Governors' Despatches 1870-1896
CO 139/139/105 – Jamaica Acts 1865-67
CO 141/41 *Jamaica Gazette* – 1878

The London School of Hygiene and Tropical Medicine, UK, (LSHTM)
Letters to Dr. H.H. Scott about cases of vomiting sickness in Jamaica, GB 0809 Scott/01/13 LSHTM

Oxford Weston Library at Bodleian Libraries (OWL)
"Early Records of the Colonial Nursing Association, 1895-1949," MSS. Brit. Emp. S. 400 / 118 -180/ 1, fols. 10-15 OWL
Canada – Edmonton Mission Hansard" (X) 69, 133, 103; "Winnipeg District Nurse" (X) 19; BL MSS.BRIT.EMP.S 400/31-36, 1911-1915 OWL

Florence Nightingale Museum:
Afro Jamaica Herbs and Spices, Audiovisual Exhibition of Mary Seacole located at the *Florence Nightingale Museum,* St Thomas Hospital, London, UK, 2015

National Library of Jamaica – NLJ
MST 1842 No. 1, 1(b) & 2 NLJ

Archives of Jamaica (JA)
Local Gov. 2/4/8/2-4 1868-1920 JA
Deaconess Log/Duty Book, 1890-1920; Ecclesiastical 5/1-8/4-28 1891 JA
"Annual and Quarterly Reports of the Society of Friends, 1918-1922," Ecclesiastical 5/8/4 JA

Newspaper Sources:
The Gleaner (Kingston, Jamaica)
Jamaica Times Newspaper (Jamaica)
New York Times (New York, US)
Jamaica Advocate (Jamaica)

Government of Jamaica Sources:
Jamaica Census 1841, 1861, 1871, 1881, 1891 and 1911
Musson, S.P. *The Handbook of Jamaica, 1893*. Kingston: Jamaica, 1893.

Digital Parliamentary Papers

"Administrator Colonel W. C Justice to Sir H.T. Holland, Kings House, February 16, 1887, No. 10, Jamaica." *House of Commons Parliamentary Papers Online*, ProQuest, 2005.

"Despatch from Governor Eyre to the Right Hon. Edward Cardwell, M.P. Papers laid before the Royal Commission of Inquiry by Governor Eyre." London: George Edward.

Eyre and William Spottiswoode. *House of Commons Parliamentary Papers Online*, June 1866, ProQuest, 2005.

"Governor Sir H.W. Norman to Sir Henry Holland, February 21, 1887." Contagious Diseases Ordinances, 1887, No. 8, Jamaica. *House of Commons Parliamentary Papers Online*, ProQuest, 2005.

"Governor Sir H.W. Norman to Sir H.T. Holland, Kings House, May 23, 1887." No. 27 Jamaica, *House of Commons Parliamentary Papers Online*, ProQuest, 2005.

"Letter from H. Knaggs, the Brigade Surgeon to Henry Norman, the Brigade of the Major, Jamaica, December 3, 1886." *House of Commons Parliamentary Papers*, ProQuest, 2005.

"Letter from W.C. Justice, Colonel Commanding the Troops to Sir Henry Norman, Governor of Jamaica, December 6, 1886." *House of Commons Parliamentary Papers*, ProQuest, 2005.

"Letter of Protest." Elected members of Legislative Council, Jamaica, May 3, 1887. *House of Commons Parliamentary Papers*, ProQuest, 2005.

"Letter from the Superintending Medical officer to the Colonial Secretary, Island Medical Office, January 5, 1887." Encl. 3 No 8, Jamaica, *House of Commons Parliamentary Papers Online*, ProQuest, 2005.

"Lunatic Asylum Act, 1853." *House of Commons Parliamentary Papers Online*, ProQuest, 2005.

Online Open Access Sources

The 1907 Earthquake in Jamaica killed 800 persons in Kingston. Accessed on April 3, 2019, https://www.flickr.com/photos/caribbeanphotoarchive/sets/72157608711016140/.

1910 Jamaica Directories for Estates and Plantations – St. Mary. Accessed September 20, 2020, http://www.jamaicanfamilysearch.com/Members/1910d28.htm.

1910 Jamaica Directories for Estates and Plantations – Portland. Accessed Sept 20, 2020, http://www.jamaicanfamilysearch.com/Members/1910d29.htm.

1910 Jamaica Directories for Estates and Plantations – St. Thomas. Accessed Sept 20, 2020, http://www.jamaicanfamilysearch.com/Members/1910d31.htm.

Bernard, Ian. "Cubah Cornwallis (?-1848)." Accessed April 10, 2016, http://www.blackpast.org/gah/cubah-cornwallis-1848#sthash.MgRYmPco.dpuf.

"Boer War Nurses." *British Army Nurses*. Accessed October 1, 2018, http://britisharmynurses.com/wp/boer-war-nurses/.

Bowerbank, Lewis. *The Terror of the Tents or Quarantine Restrictions as Imposed and Enforced in Jamaica during the Prevalence of Smallpox under so-called Paternal Government.* Kingston: Geo Henderson & Co., 1872. Accessed September 2, 2018, https://archive.org/details/b21297903/page/n4.

Brainerd, Elizabeth and Siegler, Mark V. "The Economic Effects of the 1918 Influenza Epidemic." Discussion Papers 3791, CEPR. Discussion Papers presented at Centre for Economic Policy Research, June 2002. Accessed September 10, 2018, http://www.birdflubook.org/resources/brainerd1.pdf.

CARICOM Capacity Development Programme (CCDP) by Canadian International Development Agency & CARICOM, 2009, 4, Table (i) Population Size and Growth: 1844−2001. Accessed September 20, 2020, http://www.caribbeanelections.com/eDocs/statistics/jm_stats/jm_population_housing_census_2000.pdf.

Clarke, Reverend Frances E. *Christian Endeavour in All Lands*. Munich, Bavaria, 1906. Accessed Dec 15, 2018, https://archive.org/details/christianendeavo00clar/page/n36.

Cundall, Frank. *Maria Nugent Journal: Jamaica, One Hundred and thirty-eight years ago*. London: The West Indies Committee, 1939. Accessed May 20, 2018, http://www.slavery.amdigital.co.uk.libaccess.lib.mcmaster.ca/Contents/DocumentDetails.aspx?documentid=37335&sectionid=65801&imageid=65856&searchmode=true&hit=first&searchrequest=doc.

Dancer, Thomas. *The Medical Assistant, or Jamaica Practice of Physic designed chiefly for the use of Families of Plantations*. Kingston, Alexander Aikman, 1801.

Accessed April 2, 2018, https://ia800305.us.archive.org/12/items/2551003R.nlm.nih.gov/2551003R.pdf.

"Diocese of Jamaica and the Grand Cayman, Mothers' Union." Accessed January 5, 2019, http://www.anglicandioceseja.org/?page_id=682.

Ellis, J. B. "The Project Canterbury, Diocese of Jamaica: A Short Account of its History and Organization." London Society for Promoting Christian Knowledge, 1913. Accessed April 20, 2017, http://anglicanhistory.org/.

Figueroa, H.F. *A Full Report of the investigation into the charges of Doctor Bowerbank in reference to the late outbreak of Smallpox in St. Andrew*. Kingston: Office of the Colonial Standard and Jamaica Despatch, 1873. Accessed September 2, 2016, https://archive.org/stream/b21297897#page/n3/mode/1up.

"Full Text of The Diocese of Jamaica: A Short Account of its History, Growth an Organization." 1913. Accessed March 25, 2017, https//archive.org/stream/dioceseofjamaica/.

Gramsci, Antonio. *Selections from the Prison Notebooks*. Translated by Quintin Hoare and Geoffrey Nowell Smith. New York: International Publishers, 1971. Accessed July 15, 2019, http://abahlali.org/files/gramsci.pdf.

Harvard University Open Library. *Contagion Historical Views of Diseases and Epidemics.* Accessed October 22, 2015, http://ocp.hul.harvard.edu/contagion/cholera.html.

"Hookworm: Exporting a Campaign." *The Rockefeller Foundation: A Digital History* online. Accessed March 21, 2019, https://rockfound.rockarch.org/hookworm-exporting-a-campaign.

Howe, Glenford D. "A White Man's War? World War One and the West Indies." *BBC*. Accessed September 20, 2020, http://www.bbc.co.uk/history/worldwars/wwone/west_indies_01.shtml.

Humboldt, Alexander von. *The Island of Cuba*. New York: Derby & Jackson, 1856. Accessed Jan 20, 2021, https://archive.org/details/islandofcub00humb/page/228/mode/1up.

Hurston, Zora Neale. *Tell My Horse: Voodoo and Life in Haiti and Jamaica*. HarperCollins ebook accessed January 22, 2018, https://gpreview.kingborn.net/513000/11e24eeed4a544d49333b84b92cb6bfc.pdf.

Index of Benjamin E. Washburn's Papers, 1905-1960. Accessed March 25, 2019, http://dimes.rockarch.org/xtf//search?browse-all=yes;f1-geogname=Jamaica.

Jamaican Laws: Law 5 0f 1898, The Obeah Law, 1898, Accessed April 20, 2018, http://ecollections.law.fiu.edu/do/search/?q=1898&start=0&context=4465971&facet=.

Jamaica Law 29 0f 1872: A Law to Amend the Law Concerning Vaccination. Accessed March 30, 2019, https://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1027&context=jamaica.

Johnson, George. "On the Pathology and Treatment of Cholera." *Medico-Chirurgical Transactions*, Vol. 50 (1867): 103-126. Accessed March 20, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147922/.

Jones, Louis Thomas. *The Quakers of Iowa*. Iowa City: The State Historical Society of Iowa. Accessed Nov 12, 2019, https://archive.org/details/quakersofiowa00jonerich/page/238.

Jones, Rufus M., ed. *George Fox: An Autobiography*. Philadelphia: Ferris and Leach, 1909. Accessed November 1, 2019, http://www.gutenberg.org/files/43031/43031-h/43031-h.htm.

"Law 7 of 1875 – A Law to regulate Burials within the Limits of Towns and to provide for their Discontinuance in certain cases." Accessed April 20, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1032&context=jamaica

Law 8 of 1874 A Law in aid of Law 1867; Law 7 of 1875, a Law to regulate Burials within the Limits of Towns and to provide their Discontinuances of certain cases; and Law 13 of 1877, a Law in Aid of the Sanitary Law. Accessed May 7, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1032&context=jamaica

"Law 49 of 1908: The 1908 Medical Act." Accessed April 20, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1071&context=jamaica

Letter from Fredrick F. Russel to Dr. M. E. Connor. February 14, 1928. Accessed March 21, 2019, https://rockfound.rockarch.org/digital-library-listing/-/asset_publisher/yYxpQfeI4W8N/content/letter-from-frederick-f-russell-to-dr-m-e-connor-1928-february-14.

Matas, Rudolph. *The Surgical Peculiarities of the American negro: A statistical Inquiry based upon records of the Charity Hospital of New Orleans LA., 1884-1894.* Philadelphia, 1896. Reprinted from the *Transactions of American Surgical*

Association, Vol. 14, 1896. Accessed July 20, 2017, https://archive.org/stream/b28717983#page/n4/mode/1up/.

Milroy, Gavin. *Report on the Cholera in Jamaica and on the General Sanitary Condition and Wants of the Island.* London: George Edward Eyre & William Spottiswoode, 1853.

_____. *A copy of the Report made by Dr. Milroy to the Colonial Office on the Cholera Epidemic in Jamaica, 1850-1851*. London: Ordered by the House of Commons, to be printed, May 11, 1854. Accessed Dec 20, 2017, https://ia800308.us.archive.org/20/items/b24751376/b24751376.pdf.

_____. "Extract from a Report on Leprosy and Yaws in the West Indies." *Selections* (February 2, 1874): 51-53.

Mott, D.C. "The Quakers of Iowa." *Annals of Iowa*, Vol. 4, No. 4 (January 1900). Accessed Nov 10, 2019, http://iagenweb.org/history/annals/1900-Jan.htm.

"No. 6 of 1867 A Law to Establish Boards of Health, S 21, 22 & 24." Accessed April 30, 2018, http://ecollections.law.fiu.edu/cgi/viewcontent.cgi?article=1026&context=jamaica

"Official Documents on the Case of Ann Pratt: The Reputed Authoress of a Certain Pamphlet, entitled "Seven Months in the Kingston Lunatic Asylum and What I saw There." Kingston: Jordan & Osborn, 1860. https://archive.org.

Parkin, John. *Statistical Report of the Epidemic Cholera in Jamaica*. London: Highley & Son, 1852. Accessed August 12, 2017, https://archive.org/stream/b21297812#page/6/mode/1up.

Parkin, John. *The antidotal treatment of the epidemic cholera with Directions, General and Individual, for the Prevention of the Disease*. London: John Churchill and Sons, 1866. Accessed Dec 15, 2019, https://babel.hathitrust.org/cgi/pt?id=chi.81758943&view=1up&seq=26.

Paton, Diana. "Obeah Histories." Accessed January 20, 2017, https://obeahhistories.org/1898-jamaica-law/.

Phillippo, James M. *Jamaica, its Past and Present State*. London: John Snow Paternoster Row, 1842. Accessed December 4, 2017, https://archive.org/stream/jamaicaitspastpr00philuoft#page/248/mode/1up.

"Rockefeller Foundation Annual Reports, 1914-1920." *The Rockefeller Foundation* online. Accessed March 25, 2019, https://www.rockefellerfoundation.org/annual-reports/.

Rockefeller Archive Center online. Accessed June 30, 2017, http://rockarch.org/collections/rf/.

Sturge, Joseph and Harvey, Thomas. *The West Indies in 1837*. London: Hamilton, Adams & Co. Paternoster Row, 1838. Accessed November 10, 2019, https://archive.org/details/westindiesinbei01harvgoog/page/n9.

"The Jamaican Maroons." Accessed February 10, 2019, http://www.nlj.gov.jm/history-notes/The%20Maroons%20edited%20final.htm.

The Mildmay Park Mission Hospital in London. Accessed January 15, 2017, https://www.mildmay.org/about-us/our-history/.

"The Surgical Peculiarities of the American Negro: A Statistical Inquiry based upon the records of the Charity Hospital of New Orleans, La, 1884-1894." Accessed June 20, 2017, https://archive.org/stream/b28717983#page/n3/mode/2up.

Thomas, Herbert T. *Something About Obeah*. Kingston: Mortimer DeSouza, 1891. Accessed January 15, 2021, https://ufdc.ufl.edu/AA00022366/00001/pdf.

Tortello, Rebecca. "The History of the Salvation Army in Jamaica: Christian Soldiers." Accessed January 20, 2019, http://old.jamaica-gleaner.com/pages/history/story0075.html.

Trench, D.P. *Official documents on the case of Ann Pratt, the reputed authoress of a certain pamphlet, entitled Seven Months in the Kingston Lunatic Asylum and what I saw there.* Kingston: Jordon & Osborn, 1860. Accessed October 15, 2016, https://archive.org/stream/b21451011#page/n13/mode/2up.

"United Fruit Company Photograph Collection." Accessed June 25, 2017, http://oasis.lib.harvard.edu/oasis/deliver/deepLink?_collection=oasis&uniqueId=bak00103.

"Who's Who, Jamaica, 1908, George A Douglas Obituary." Accessed Oct 2, 2018, http://www.jamaicanfamilysearch.com/Members/whoswh07.htm.

Williams, Duncan Rea. "Quakers of Iowa, Part IV: Benevolent and Educational Enterprises." Accessed Nov 10, 2019, http://drwilliams.org/iDoc/IowaQuakers/Part4Chapter4.htm#341.

"World Health Organization – Influenza." Accessed October 19, 2019, https://www.who.int/influenza/en/.

Oral History

Erna Brodber Collection. *Life in Jamaica in the early Twentieth Century: A Presentation of Ninety Oral Accounts*. Sir Arthur Lewis Institute, UWI, Mona (1973-1975).

Secondary Sources:

Abel, Christopher. "External Philanthropy and Domestic Change in Colombian Health Care: The Role of the Rockefeller Foundation, ca. 1920-1950." *The Hispanic American Historical Review*, Vol. 75, No. 3 (August 1995): 339-376.

Adefarakan, Temitope. "(Re) Conceptualizing 'Indigenous' from Anti-Colonial and Black Feminist Theoretical Perspectives: Living and Imagining Indigeneity Differently." *Counterpoints*, Vol. 379 (2011): 34-52.

Adle, Jessica L. '"The Service I Rendered was just as True:' African American Soldiers and Veterans as Activist Patients," *Am J Public Health*, 107:5 (May 2017), 675–683.

Ackerknecht, Erwin H. "Anticontagionism Between 1821 and 1867." *Bulletin of the History of Medicine*, Vol 22, No. 5 (1948): 562-593.

_____. *A Short History of Medicine*. Baltimore, MD: Johns Hopkins University Press, 1955.

Ahmed, Talat. "The British Empire and the First World War: The Colonial Experience." *International Socialism*, Issue 152 (October 7, 2016). Accessed September 20, 2020, https://isj.org.uk/the-british-empire-and-the-first-world-war-the-colonial-experience/.

Akurang-Parry, Kwabena O. "Aspects of Elite Women's Activism in the Gold Coast, 1874-1890." *The International Journal of African Historical Studies*, Vol. 37, No. 3 (2004): 463-482.

Allen, Richard. "The Social Gospel and the Reform Tradition in Canada, 1890-1928." *The Canadian Historical Review*, Vol. 49, No. 4 (December 1968): 381-399.

Alleyne, Mervyn C. *Roots of Jamaican Culture*. London: Pluto Press, 1988.

Altink, Henrice. "Deviant and Dangerous: Pro-Slavery Representations of Jamaican Slave Women's Sexuality, c. 1780–1834." *Slavery and Abolition*, Vol. 26, No. 2 (August 2005): 271-288.

Aluwihare-Samaranayake, Dilmi and Paul, Pauline. "The Influence of gender, ethnicity, class, race, the women's labour movements of the development of nursing in Sri Lanka." *Nursing Inquiry*, Vol. 20, Issue 2 (2013): 133-144.

Anderson, Patricia. "Protection and Oppression: A Case Study of Domestic Service in Jamaica." *Capital and Society*, Vol. 24, No. 1 (April 1991): 10-39.

Anderson, Warwick. *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines*. Durham: Duke University Press, 2006.

_____ "Excremental Colonialism: Public Health and the Poetics of Pollution." *Critical Inquiry*, Vol. 21, No. 3 (Spring, 1995): 640-669.

Arnold, David. "Cholera and Colonialism in British India." *Past & Present*, No. 113 (November 1986): 118-151.

_____. *Imperial Medicine and Indigenous Societies.* Manchester: Manchester University Press, 1988.

_____. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkley: University of California, 1993.

_____. "Medicine and Colonialism." In *Companion Encyclopedia of the History of Medicine*, Vol 2, edited by W.F. Bynum and Roy Porter, 1393-1416. New York, Routledge, 1993.

_____ "Introduction: Tropical Medicine before Manson." In *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*. Atlanta: Rodopi, 1996.

Arnold, David and Robb, Peter, eds. *Institutions and Ideologies: A SOAS South Asia Reader*. New York: Routledge Curzon, 1993.

Bailey, Susan F. *Women and the British Empire: An Annotated Guide to Source*s. New York: Garland Publishing Inc. 1983.

Balfour, Margaret I., and Young, Ruth. *The Work of Medical Women in India*. New York: Oxford University Press, 1929.

Baly, Monica E. *Florence Nightingale, and the Nursing Legacy*. London: Croon Helm, 1986.

Baronov, David. *African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange.* Philadelphia: Temple University Press, 2008.

Barrett, Leonard. "The Portrait of a Jamaican Healer: African Medical Lore in the Caribbean." *Caribbean Quarterly,* Vol. 19, No. 3 (September 1973): 6-19.

Barriteau, Eudine. "Theorizing Gender Systems and the Project of Modernity in the Twentieth-Century Caribbean." Feminist Review, No. 59 (Summer 1998): 186-210.

Barrow, Christine. "Men, Women and Family in the Caribbean, A Review." In *Gender in Caribbean Development,* edited by Patricia Muhammad and Catherine Shepherd, 149-163. St. Augustine: UWI Press, 1988.

Barry, John M. "The site of origin of the 1918 influenza pandemic and its public health implications." *Journal of Translational Medicine,* 2, 3 (2004): 1-4. Accessed July 1, 2017, https://doi.org/10.1186/1479-5876-2-3.

Bashford, Alison and Levine, Philippa. "Eugenics and the Modern World." In *The Oxford Handbook of the History of Eugenics,* edited by Allison Bashford and Philippa Levine, 3-26. New York: Oxford University Press, 2010.

Bashford, Alison. "Medicine, Gender and Empire." In *Gender and Empire*, edited by Philippa Levine, 112-133. Oxford: Oxford University Press, 1992.

_____ "Vaccination, Foreign Bodies, Contagion and Colonialism in the Nineteenth Century." In *Contagion: Historical and Cultural Studies,* edited by Alison Bashford and Claire Hooker, 39-128. New York: Routledge, 2001.

Bean, Dalea. *Jamaican Women & The World Wars: On the Front Lines of Change*. Switzerland: Palgrave Macmillan, 2018.

Bebhehani, Abba M. "The Smallpox Story: Life and Death of an Old Disease." *Microbiological Reviews,* Vol. 47, No. 4 (December 1983): 455-509.

Beckles, Hilary and Shepherd, Verene. eds. *Caribbean Freedom: Economy and Society from Emancipation to the Present.* Kingston: Ian Randle Publishers, 1996.

Beiner, Guy. "Out in the Cold and Back: New-found Interest in the Great Flu." *The Journal of Cultural and Social History* 3:4 (2006): 496-505.

Beckwith, Martha. *Black Roadways: A Study of Jamaican Folk Life*. New York: Negro Universities Press, 1929.

Bennett, Brian H. Parker, David L. and Robson, Mark. "Leprosy: Steps Along the Journey of Eradication." *Public Health Reports,* Vol. 123 (March-April 2008): 198-205.

Besson, Jean and Chevannes, Barry. "The Continuity-Creativity Debate: The Case of Revival." *New West Indian Guide,* Vol. 70, No. 3/4 (1996): 209-228.

Bhattacharya, Nandini. *Contagion and Enclaves: Tropical Medicine in Colonial India*. Liverpool: Liverpool University Press, 2012.

Bilby, Kenneth M., and Handler, Jerome S. "Obeah: Healing and Protection in West Indies Slave Life." *Journal of Caribbean History*, 38, 2 (2004): 153-183.

Bilby, Kenneth M., and Bunseki, Fu-Kia. "Kumina: A Kongo-Based Tradition in the New World." In *A Reader in African-Jamaican Music, Dance and Religion,* edited by Markus Coester and Wolfgang Bender, 473-528. Kingston: Ian Randle Publishers, 2015.

Birkett, Dea. "The White Woman's Burden" in the "White Man's Grave" The Introduction of British Nurses in Colonial West Africa." In *Western Women and Imperialism*, edited by Nupur Chaudhuri and Margaret Strobel, 137-157. Bloomington: Indiana University Press, 1992.

Birkenhead, Lord Cohen. "Medical Education in Great Britain and Ireland, 1858-1967." *British Journal of Medical Educ*ation 2,2, (1968): 87-97.

Bleakly, Hoyt. "Disease and Development: Evidence from Hookworm Eradication in the American South." *The Quarterly Journal of Economics,* Vol. 122, Issue 1 (Feb 2007): 73-117.

Boaz, Danielle N. "'Instrument of Obeah": The Significance of Ritual Objects in the Jamaican Legal System, 1760 to the Present." In *Materialities of Ritual in the Black Atlantic*, edited by Akinwumi Ogundiran and Paula Saunders, 143-158. Bloomington: Indiana University Press, 2014.

Bolland, O. Nigel. "Systems of Domination after Slavery: The Control of Land and Labor in the British West Indies after 1838," *Comparative Studies in Society and History*, Vol. 23, No. 4 (Oct. 1981), 591-619.

Bonnici, Maj W. "The Blue Epidemic Cholera-Some Aspects of Treatment in the Mid 19th Century." *Journal of the Royal Army Medical Corps,* Vol 139 (1993): 76-78.

Boris, Eileen. "What about the Working Mother?" *Journal of Women's History*, Vol. 5 No. 2 (Fall, 1993): 104-109.

_____. "The Power of Motherhood: Black and White Activist Women Redefine the Political." In *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*, edited by Seth Koven and Sonya Michel, 213-245. New York: Routledge, 1993.

Boylston, Arthur. "The Origins of Inoculation." *Journal of the Royal Society of Medicine* (July 2012): 309-313. doi: 10.1258/jrsm.2012.12k044.

Braithwaite, Kamau. *The Development of Creole Society in Jamaica 1770-1820*. London: Oxford University Press, 1971.

Brereton, Bridget. "Women and Gender in the Caribbean (English-speaking) Historiography: Sources and Methods." *Caribbean Review of Gender Studies*, Issue 7 (2003): 1-18.

_____. "Recent Development in the Historiography of the Post-Emancipation Anglophone Caribbean." In *Beyond Fragmentation: Perspectives on Caribbean History*, edited by Juanita De Barros, Audra Diptee and David Trotman, 187-188. Princeton: Marcus Wiener Publishers, 2005.

Brereton, Bridget and Yelvington, Kevin. *The Colonial Caribbean in Transition: Essays on Post- Emancipation Social and Cultural History*. Kingston: University of the West Indies Press, 1999.

Briand, S. Mounts, A., and Chamberland, M. "Challenges of global surveillance during an influenza pandemic." *Public Health*, Vol 125, No. 5 (May 2011): 247-256.

Brieger, Gert. "The Historiography of Medicine." In *Companion Encyclopedia of the History of Medicine*, Vol 1, edited by W.F. Bynum and Roy Porter, 24-44. New York: Routledge, 1993.

Briggs, Charles L. "Theorizing Modernity Conspiratorially: Science, Scale, and the Political Economy of Public Discourse in Explanations of a Cholera Epidemic." *American Ethnologist,* Vol. 31, No. 2 (May 2004): 164-187.

Briggs, Jill C. "'Jamaica Advancing?' The Rockefeller Tuberculosis Commission and the Tensions Between Research and Eradication." *Department of History, UC Santa Barbara* (2010). Accessed January 22, 2021, http://rockarch.issuelab.org/resources/27878/27878.pdf.

Briggs, Laura. *Reproducing Empire: Race, Sex, Science and US Imperialism in Puerto Rico*. Berkley: University of California Press, 2002.

Brock, Thomas D. *Robert Koch, a Life in Medicine and Bacteriology*. New York: Science Tech Publisher, 1988.

Brooker, Simon. "Estimating the global distribution and disease burden of intestinal nematode infections: Adding up the numbers – A review." *International Journal for Parasitology*, 40 (2010): 1137–1144.

Brown, Richard E. "Public Health in Imperialism: Early Rockefeller Programs at Home and Abroad." *American Journal of Public Health,* Vol. 66, No. 9 (1976): 897-903.

Brown, Spencer H. "A Tool of Empire: The British Medical Establishment in Lagos, 1861-1905." *The International Journal of African Historical Studies*, Vol. 37, No. 2 (2004): 309-343.

Brundage, John F. and Shanks, G. Dennis. "Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic." *Emergency Infectious Disease Journal*, Volume 14, Number 8 (August 2008): 1187-1192.

Bryan, Patrick. *Philanthropy and Social Welfare in Jamaica*. Kingston: Institute of Social and Economic Research, 1990.

_____ *The Jamaican People, 1880-1902, Race, Class and Social Control*. Jamaica: University of the West Indies Press, 2000.

Bryson, Sasha Turner. "The Art of Power: Poison and Obeah Accusations and the Struggle for Dominance and Survival in Jamaica Slave Society." *Caribbean Studies*, Vol. 41 (2013): 61-90.

Bucheli, Marcelo. "Multinational Corporation, Totalitarian Regimes and Economic Nationalism: United fruit Company in Central America, 1899-1975." *Business History*, Vol. 5 No. 4 (July 2008): 433-454.

Bullough, Vern L., and Bullough, Bonnie, eds. *The Emergence of Modern Nursing*. London: Macmillan Company, 1969.

Burnard, Trevor. *Mastery, Tyranny and Desire: Thomas Thistlewood and His Slaves in the Anglo-Jamaican World.* Chapel Hill: University of North Carolina Press, 2004.

_____. "'Rioting in goatish embraces': Marriage and improvement in early British Jamaica." *The History of the Family*, 11 (2006): 185-197.

Burnard, Trevor and Candlin, Kit. "Sir John Gladstone and the Debate over the Amelioration of Slavery in the British West Indies in the 1820s." *Journal of British Studies*, 57 (October 2018): 760–782.

Burk, James. "The Citizen Soldier and Democratic Societies: A Comparative Analysis of America's Revolutionary Civil Wars." *Citizenship Studies*, Vol. 4, No. 2 (2000): 149-165.

Burrell, Sean and Gill, Geoffrey. "The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest," *Journal of the History of Medicine and Allied Sciences*, Vol. 60, Issue 4 (Oct 2005), 478-498.

Burton, Antoinette M. "The White Woman's Burden: British Feminists and "the Indian Woman" 1865-1915." In *Western Women and Imperialism*, edited by Nupur Chaudhuri and Margaret Strobel, 137-157. Bloomington: Indiana University Press, 1992.

Bush, Barbara. *Slave Women in Caribbean Society 1650-1832*. Bloomington: Indiana University Press, 1990.

_____. "White 'ladies', coloured 'favourites' and black 'wenches'; some considerations on sex, race and class factors in social relations in white Creole Society in the British Caribbean." *Slavery & Abolition: A Journal of Slave and Post-Slave Studies (*13 Jun 2008): 245-262.

Bynum, W.F. & Porter, Roy, eds. *Companion Encyclopedia of the History of Medicine Vol. 1 & 2*. New York: Routledge, 1993.

Cain, P. J. and Hopkins, A. G. "Gentlemanly Capitalism and British expansion overseas II: new imperialism 1850-194S." *Economic History Review*, 2nd Series, XL (1987): 1-26.

Caplan, Arthur L. "The Concept of Health, Illness and Disease." In *Companion Encyclopedia of the History of Medicine*, Vol. 1, edited by W.F. Bynum and Roy Porter, 233-248. New York: Routledge, 1993.

Carmichael¸ Ann G. and Silverstein, Arthur M. "Smallpox in Europe before the Seventeenth Century: Virulent Killer or Benign Disease?" *Journal of the History of Medicine and Allied Sciences,* Vol. 42, No. 2 (April 1987): 147-168.

Chafetz, Janet Saltzman. "The Gender Division of Labor and the Reproduction of Female Disadvantage: Toward an Integrated Theory." *Journal of Family Issues,* Vol 9, No. 1 (March 1988): 108-131.

Chalhoub, Sidney. "The Politics of Disease Control: Yellow Fever and Race in Nineteenth Century Rio de Janeiro." *Journal of Latin American Studies*, Vol. 25, No. 3 (October 1993): 441-463.

Challenger, Denise. "A Benign Place of Healing? The Contagious Diseases Hospital and Medical Discipline in Post-slavery Barbados." In *Health and Medicine in the Circum-Caribbean, 1800-1968*, edited by Juanita De Barros, Steven Palmer and David Wright, 98-120. New York: Routledge, 2009.

Chapman, Peter. *Bananas: How the United Fruit Company Shaped the World*, New York: Canongate, 2007.

Chaudhuri, Nupur and Strobel, Margaret, eds., *Western Women and Imperialism: Complicity and Resistance*. Bloomington: Indiana University Press, 1992.

Chevannes, Barry and Sutherland, Patsy. *Caribbean Healing Traditions: Implications Health and Mental Health*. New York: Routledge, 2015.

Chomsky, Avi. "Afro-Jamaican Traditions and Labor Organizing on United Fruit Company Plantations in Costa Rica, 1910." *Journal of Social History*, Vol. 28, No. 4 (Summer, 1995): 837-855.

Clausen, Christopher. "Mencken and the Bible Belt." *Menckeniana*, No. 70 (Summer 1979): 7-11.

Clegg, Peter. *The Caribbean Banana Trade: From Colonialism to Globalization.* New York: Palgrave Macmillan, 2002.

Colby, Jason M. *The Business of Empire: United Fruit, Race and U.S. Expansion in Central America*. Ithaca: Cornell University Press, 2011.

Colon, Alice and Reddock, Rhonda. "The Changing Status of Women in Contemporary Caribbean." In *General History of the Caribbean: Caribbean in Twentieth Century*, Vol. 5, edited by Bridget Brereton and Teresita Martinez-Vergne, 465-505. Kingston: UNESCO Publishing, 2003.

Cooper, Frederick. "Citizenship and Empire: Europe and Beyond." In *Citizenship, Inequality, and Difference Book: Historical Perspectives*, 41-92. Princeton: Princeton University Press, 2018.

Craddock, Susan. "Sewers and Scapegoats: Spatial Metaphors of Smallpox in Nineteenth-Century San Francisco. *Social Science & Medicine* Vol 41, No. 7 (1995): 957-968.

Cramer, Janet M. "White Womanhood and Religion: Colonial Discourse in the U.S. Women's Missionary Press, 1869-1904." *Howard Journal of Communication*, 14:4 (2003): 209-224. DOI: 10.1080/716100431.

Craton, Michael. "Death, Disease and Medicine on Jamaican Slave Plantation: The Example of Worthy Park 1767-1838." *Social History*, Vol 9, No. 18 (1976): 237-255.

_____. "Reshuffling the Pack: The Transition from Slavery to other forms of Labor in the British Caribbean," *New West Indian Guide/Nieuwe West-Indische Gids* vol. 68 no. I & 2 (1994): 23-75.

_____. *Testing the Chains: Resistance to Slavery in the British West Indies.* New York: Cornell University Press, 2009.

Crosby, Alfred W. *The Columbian Exchange: Biological and Cultural Consequences of 1492*. Westpoint: Greenwood Publishing Group, 1972.

_____. *Ecological Imperialism: The Biological Expansion of Europe, 900-1900.* New York: Cambridge University Press, 1986.

_____. *America's Forgotten Pandemic: The Influenza of 1918*. Cambridge: Cambridge University Press, 1989.

_____. *Germs, Seeds and Animals: Studies* in *Ecological History*. New York: M.E. Sharpe, 1994.

Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum*, Issue 1, Article 8 (1989): 139-167.

Cundall, Frank. Ed., *Lady Nugent's Journals, 1801-1815*. London: Institute of Jamaica, 1939.

Cunningham, Andrew and Andrews, Birdie, eds. *Western Medicine as Contested Knowledge.* Manchester, Manchester University Press, 1997.

Curtin, Philip. *Two Jamaicas: The Role of Ideas in a Tropical Colony, 1830-1865.* New York: Harvard University Press, 1975.

_____. *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*. New York: Cambridge University Press, 1989.

_____. "Disease and Imperialism." In *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, edited by David Arnold, 99-107. Atlanta: Rodopi, 1996.

_____. *Disease and Empire: The Health of European Troops in the Conquest of Africa*. Cambridge: Cambridge University Press, 1998.

Curtin, Philip D. "Epidemiology and the Slave Trade." *Political Science Quarterly*, Vol. 83, No. 2 (Jun. 1968): 190-216.

_____. *The Image of Africa: British Ideas and Action, 1780-1850.* Madison: The University of Wisconsin Press, 1973.

D'Antonio, Patricia, Fairman, Julie A., and Whelan, Jean. *Routledge Handbook on the Global History of Nursing*. London, England: Routledge Press, 2013.

Daniel, Judith. *The Anglican Deaconess Order Centenary Magazine, 1890-1990: Servant for Christ Sake*. Kingston: Herald Ltd., 1990.

Das, Nilay Kanti and Sil, Amrita. "Evolution of Ethics in Clinical Research and Ethics Committee," *Indian Journal of Dermatology,* Vol. 62, No. 4 (Jul-Aug 2017), 373-379.

Dasgupta, Biplab. "Urbanisation and Rural Change in West Bengal." *Economic and Political Weekly*, Vol. 22, No. 8 (February 21, 1987): 337-344.

Davidovitch, Nadav and Greenberg, Zalman. "Public Health, Culture, and Colonial Medicine: Smallpox and Variolation in Palestine during the British Mandate." *Public Health Reports* (1974-), Vol. 122, No. 3 (May-Jun. 2007): 398-406.

Davidson, Cathy N. "Preface: No More Separate Spheres!" *American Literature*, Vol. 70, No. 3, No (Sep. 1998): 443-463.

Dawson, Marc H. "Disease and Social Change: Smallpox in Kenya, 1880-1920." *Social Science & Medicine Part B. Medical Anthropology,* Vol. 13, Issue 4(Dec 1979): 245-250.

De Barros, Juanita. "Dispensers, Obeah and Quackery: Medical Rivalries in Post-Slavery British Guiana." *Social History of Medicine,* Vol. 20 No. 2, (2007): 243-261.

_____. *Reproducing the British Caribbean Sex, Gender, and Population Politics after Slavery*. Chapel Hill, University of North Carolina Press, 2014.

De Barros, Juanita, Palmer, Steven and Wright, David, eds. *Health and Medicine in the Circum-Caribbean, 1800-1968.* New York: Routledge, 2009.

Dechesnay, Mary. "Jamaican Family Structure: The Paradox of Normalcy." *Family Process,* 25 (1986): 1-5.

DeGruy, Joy. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing.* Milwaukie: Uptone Press, 2005.

Dei, George J. Sefa and Asgharzdeh, Alireza "The Power of Social Theory: The Anti-Colonial Discursive Framework." *The Journal of Educational Thought (JET) / Revue de la Pensée Éducative*, Vol. 35, No. 3 (December 2001): 297-323.

Dempsey, Brian. "Making the Gretna Blacksmith Redundant: Who Worried, Who Spoke, Who was Heard on the Abolition of Irregular Marriage in Scotland?" *The Journal of Legal History*, Vol. 30, No. 1 (April 2009): 23-52.

Dennis, Rutledge M. "Social Darwinism, Scientific Racism and the Metaphysics of Race." *The Journal of Negro Education*, Vol. 64, No 3 (summer, 1995): 243-252.

Devereux, Cecily. "The Maiden Tribute" and the Rise of the White Slave in the Nineteenth Century: The Making of an Imperial Construct." *Victorian Review*, Vol. 26, No. 2 (2000): 1-23.

Diamond, Jared. *Guns, Germs and Steel: The Fates of Human Societies*. New York: W. W. Norton & Company, 1999.

Diffee, Christopher. "Sex and the City: The White Slavery Scare and Social Governance in the Progressive Era." American Quarterly, Vol. 57, No. 2 (Jun. 2005): 411-437.

Dolamo, Bethabile Lovely, and Olubiyi, Simeon Keyada. "Nursing education in Africa: South Africa, Nigeria, and Ethiopia experiences." *International Journal of Nursing and Midwifery*, Vol. 52, No. 2 (March 2013): 14-21.

Dolan, Josephine A. *History of Nursing.* Toronto: W.B. Saunders Company, 1968.

Donahue, M. Patricia. *Nursing: The Finest Art,* 3rd ed. Missouri: Mosby Elsevier, 2011.

Drayton, Richard. *Nature's Government: Science, Imperial Britain and the 'Improvement' of the World*. New Haven: Yale University Press, 2000.

Drescher, Seymour. *Capitalism and Antislavery: British Mobilization in Comparative Perspective*. New York: Oxford University Press, 1987.

_____. *The Mighty Experiment: Free Labor versus Slavery in British Emancipation*. New York: Oxford University Press, 2002.

Dudgeon, J. A. "Development of Smallpox Vaccine in England in the Eighteenth and Nineteenth Centuries." *British Medical Journal* (May 25, 1963): 1367-1372.

Duffy, John. *Epidemics in Colonial America*. Baton Rouge: Louisiana State University Press, 1953.

Duffy, Mignon. "Reproducing Labor Inequalities: Challenges for Feminists Conceptualizing Care at the Intersection of Gender, Race, and Class." *Gender & Society*, Vol. 19, No. 1 (February 2005): 66-82. DOI: 10.1177/0891243204269499.

Duncan, Claire, Hardware, Valerie, Munroe, Jean and Woodham, Norma. *A Road to Excellence: The History of Basic Nursing Education at the University Hospital of the West Indies, Jamaica, 1949-2006*. Kingston: Canoe Press, 2017.

Duncan, S. R., Scott, Susan and Duncan, C. J. "The Dynamics of Smallpox Epidemics in Britain, 1550-1800." *Demography*, Vol. 30, No. 3 (August 1993): 405-423.

Durbach, Nadja. *Bodily Matters: The Antivaccination Movement in England, 1853-1907*. Durham: Duke University Press, 2005.

Ehrenreich, Barbara & English Deirdre. *Witches, Midwives and Nurses: A History of Women Healers*. New York: The Feminist Press, 1975.

Ellis, J.B. *Jamaica Diocese: A Short Account of its History, Growth and Organization*. London: Northumberland Ave., 1913.

Ellis, Patricia. Women, Gender and Development in the Caribbean: Reflections and Projections. Kingston: Ian Randle, 2003.

Eltis, David and Richardson, David. *The Atlas of the Transatlantic Slave Trade*. New Haven: Yale University Press, 2010.

Emmer, P.C. "The Position of Indian Women in Surinam." *Boletín de Estudios Latinoamericanos y del Caribe*, No. 43 (December 1987): 115-120.

Erkoreka, Anton. "Origins of the Spanish Influenza Pandemic (1918-1919) and its relation to the First World War." *Journal of Molecular and Genetic Medicine* 3 (2) (2009): 190-194.

Ernest, John. ed. *The Oxford Handbook of the African American Slave Narrative.* New York: Oxford University Press, 2014.

Este, David. Sato, Christa and McKenna, Darcy. "The Coloured Women's Club of Montreal, 1902-1940: African-Canadian Women Confronting Anti-Black Racism,

Canadian Social Work Review / Revue Canadienne de service social, Vol. 34, No. 1 (2017), 81-99.

Ettling, John. *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South.* Massachusetts: Harvard University Press, 1981.

Fairman, Julie, D'Antonio, Patricia, and Whelan, Jean C., eds. *Routledge Handbook on the Global History of Nursing.* New York: Routledge, 2013.

Farooqui, Amar. "Urban Development in a Colonial Situation: Early Nineteenth Century Bombay." *Economic and Political Weekly*, Vol. 31, No. 40 (October 5, 1996): 2746-2759.

Fawcett, Millicent G. *Women's Suffrage: A Short History of a Great Movement*. New York: The Dodge Publishers, 1908. https://babel.hathitrust.org/cgi/pt?id=uc1.$b258936&view=1up&seq=15.

Feinstein, Rachel A. *When Rape was Legal: The Untold History of Sexual Violence During Slavery*. New York: Routledge, 2019.

Fenner, F., Henderson, D.A., Arita, I., Jezek, Z., and Ladnyi, I.D. *Smallpox and its Eradication*. Geneva: World Health Organization, 1988.

Ferree, Myra Marx. "Beyond Separate Spheres: Feminism and Family Research." Journal *of Marriage and the Family; Vol. 54, No. 4 (*Nov 1990): 866-884.

Fett, Sharla M. *Working Cures: Healing, Health and Power on Southern Slave Plantations*. Chapel Hill: University of North Carolina Press, 2002.

Field, M.J. *Religion and Medicine of the Ga People*. London: Oxford University Press, 1937.

Findlay, Eileen. *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1902*. Durham: Duke University Press, 1999.

Fischer, Edward F. and Brown, R. McKenna, eds., *Maya Cultural Activism in Guatemala*. Austin: University of Texas Press, 1996.

Flemming, Leslie A. "A New Humanity: American Missionaries' Ideals for Women in North India, 1870-1930." In *Western Women and Imperialism: Complicity and Resistance*, edited by Nupur Chaudhuri and Margaret Strobel, 191-206. Bloomington: Indiana University Press, 1992.

Flynn, Karen. *Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora*. Toronto: University of Toronto Press, 2011.

Ford-Smith, Honor. "Women and the Garvey Movement in Jamaica." In *Garvey: His Work and Impact*, edited by R Lewis and P. Bryan,73-83. Kingston: ISER/UWI, 1988.Accessed December 20, 2020. https://babel.hathitrust.org/cgi/pt?id=mdp.39015024906797&view=1up&seq=95&size=125

Fryar, Christienna D. "The Moral Politics of Cholera in Post emancipation Jamaica." *Slavery & Abolition*, Vol. 34, No. 4 (2013): 598-618.

_____. "Imperfect Modes: The Kingston Lunatic Asylum Scandal and the Problem of Postemancipation Imperialism." *Journal of British Studies*, No. 55 (Oct 2016): 709-727.

Gardner, Pearl I. "The Development of Nursing Education in English-Speaking Caribbean Islands." Ph.D. Diss., Texas Tech University, 1993.

Garvey, Marcus. "Address at Newport News (1919)," in *Classical Black Nationalism: From the American Revolution to Marcus Garvey,* Wilson J. Moses, ed. New York: New York University Press, 1996, 240-250.

Gilbert, Bentley B. "Health and Politics: The British Physical Deterioration Report of 1904," *Bulletin of the History of Medicine,* Vol. 39, No. 2 (March-April 1965), 143-153

Glenn, Evelyn Nakano. *Forced to Care: Coercion and Caregiving in America*. Massachusetts: Harvard University Press, 2010.

Gluck, Sherna. "What's so Special about Women? Women's Oral History," *Frontiers: A Journal of Women Studies*, Vol. 2 No. 2 (Summer, 1997), 3-17.

Godden, Judith, "'The Good Sweet Maid': Sister Probationer Nora Barton at the Sydney Infirmary, 1869-72, *Labour History*, No. 80 (May 2001), 141-156.

Grazian, David. *Mix it Up: Popular Culture, Mass Media and Society*. New York: W.W. Norton, 2010.

Green, Anna. "Individual Remembering and 'Collective Memory': Theoretical Presumptions and Contemporary Debates." *Oral History,* Vol. 32, No. 2 (Autumn 2004): 35-44.

Gregory, Adrian. *The Last Great War: British Society and the First World War*. Cambridge: Cambridge University Press, 2008.

Gullace, Nicoletta F. "*The Blood of Our Sons": Men, Women and the Renegotiation of British Citizenship during the Great War*. New York: Palgrave Macmillan, 2002.

Hall, Catherine. *Civilising Subjects: Metropole and Colony in the English Imagination, 1830-1867*. Chicago: University of Chicago Press, 2002.

_____. "Introduction to Civilising Subjects." In *The Feminist History Reader,* edited by Sue Morgan, 339-350. New York: Routledge, 2006.

Hamilton, Margaret. "Opposition to the Contagious Diseases Acts, 1864-1886." *Albion: A Quarterly Journal Concerned with British Studies,* Vol. 10, No. 1 (Spring, 1978): 14-27.

Handler, Jerome. "Anti-Obeah Laws of the Anglophone Caribbean, 1760-2010." *Obeah Laws, Liverpool,* V6c (2011): 1-12.

Hannaway, Caroline. "Environment and Miasmata." In *Companion Encyclopedia of the History of Medicine* Vol. 1, edited by W.F. Bynum and Roy Porter, 292-308. New York: Routledge, 1993.

Hardy, Anne. "Cholera, Quarantine and the English Preventive System, 1850-1895." *Medical History*, Vol. 37 (1993): 250-269.

Harrison, Mark. *Climates and Constitutions: Health Race, Environment and British Imperialism*. New Delhi: OUP, 1999.

Harvey, David. "The "New Imperialism": Accumulation By Dispossession," *Socialist Register*, Vol. 40 (2004), 63-87.

Haynes, Douglas M. "Social Status and Imperial Service: Tropical Medicine and the British Medical Profession in the Nineteenth Century." In *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900,* edited by David Arnold, 208-226. Atlanta: Rodopi, 1996.

He, Daihai, Zhao, Shi, Li, Yingke, Cao, Peihua, Gao, Daozhou, Lou, Yijun, and Yang, Lin. "Comparing COVID-19 and the 1918–19 influenza pandemics in the United Kingdom." *International Journal of Infectious Disease* 98 (2020): 67-70.

Headrick, Daniel R. *Technology, Environments, and Western Imperialism, 1400 to Present,* Princeton: Princeton University Press, 2009.

Heran, Francois. "The Lost Generation: Demographic Impact of the Great War." *Population & Society,* No. 510 (April 2014): 1-4.

Henderson, Norma Elaine. "A Study of Friends' Missions in Jamaica," BA Divinity, Kentucky, Asbury Theologian Seminary, 1955.

Henry, Frances and Wilson, Pamela. "The Status of Women in Caribbean Societies: An Overview of their Social, Economic and Sexual Roles." *Social and Economic Studies*, Vol. 24, No. 2 (JUNE 1975): 165-198.

Hepler, Allison. *Women in Labor: Mothers, Medicine and Occupational Health in the US 1890-1980*. Columbus: Ohio University Press, 2000.

Herbert, Eugenia W. "Smallpox Inoculation in Africa." *The Journal of African History*, Vol. 16, No. 4 (1975): 539-559.

Heuman, Gad. *Brief Histories: The Caribbean*. New York: Oxford University Press, 2006.

_____. "The Legacy of Slavery: The World of Jamaican Apprentices." *Proceedings of the Ninth Annual Gilder Lehrman Center International Conference at Yale University*. November 1-3, 2007.

_____. "Apprenticeship and Emancipation in the Caribbean: The Seeds of Citizenship." In *Race and Nation in the Age of Emancipations: Race in the Atlantic World, 1700–1900*, edited by Whitney Nell Stewart and John Garrison Marks, 107-120. Georgia: University of Georgia Press, 2018.

Hewitt, Hermi Hyacinth. *Trailblazers in Nursing Education: A Caribbean Perspective, 1946-1986.* Kingston: Canoe Press, 2002.

Higginbotham, Evelyn B. "African-American Women's History and the Metalanguage of Race." *Signs*, Vol. 17, No. 2 (Winter 1992): 251-274.

Higgins, Brian T. and Kiple, Kenneth F. "Cholera in Mid-nineteenth Century Jamaica." *Jamaica Historical Review*, Vol. 17 (1991): 31-47.

Higman, B.A. ed., *Jamaica Census, 1841 and 1861*. Kingston: UWI Press, 1980.

Higman, Barry W. "The Sugar Revolution." *The Economic History Review*, Vol. 53, No. 2 (May 2000): 213-236.

_____ "Domestic Service in Jamaica since 1750." In *Muchachas No More: Household Workers in Latin America and the Caribbean*, edited by Alsa M Chaney and Mary G. Castro, 37-66. Philadelphia: Temple University Press, 1989.

Hill, Richard. *A Week in Port Royal*. Montego Bay: The Cornwall Chronicle Office, 1855.

Hine, Darlene Clark. *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession*. Bloomington, Indiana University Press, 1989.

Ho-Sang, Pamella Hay. "The Development of Nursing Education in Jamaica, West Indies, 1900-1975." Ph.D. Diss., Columbia University Teachers' College, 1985.

Hoefte, Rosemarijn. "The Difficulty of Unhooking the Hookworm: Rockefeller Foundation, Grace Schneiders-Howard, and Public Health Care in Suriname in the Early Twentieth Century." In *Health and Medicine in the Circum-Caribbean, 1800-1968*, edited by Juanita De Barros, Steven Palmer and David Wright, 211-226. New York: Routledge, 2009.

Hoefte, Rosemarijn and Meel, Peter, *Departing from Java: Javanese Labour, Migration and Diaspora.* IAS Press, Nordic Institute of Asian Studies, 2018.

Hogarth, Rana. "Charity and terror in eighteenth-century Jamaica: The Kingston Hospital and Asylum for Deserted 'Negroes.'" *African and Black Diaspora: An International Journal*, Vol. 10, No. 3 (2017): 281-298.

Holt, Thomas C. *The Problem of Freedom: Race, Labor and Politics in Jamaica and Britain, 1832-1938*. Baltimore: Johns Hopkins University Press, 1992.

Hopkins, Donald R. *The Greatest Killer: Smallpox in History*. Chicago: University of Chicago Press, 1983.

Howe, Glenford. "Military Selection and Civilian Health: Recruiting West Indians for World War I." *Caribbean Quarterly*, Vol. 44 No.3 /4 (September/December 1998): 35-49.

Howell, Jessica, Rafferty, Anne M. and Snaith, Anna. "(Author)ity abroad: The Life writing of colonial nurses." *International Journal of Nursing Studies*, No. 48 (2011): 1155-1162.

Howell, Jessica. "Nursing Empire: travel letters from West Africa and the Caribbean." *Studies in Travel Writing*, 17(1) (February 2013): 62–77. doi:10.1080/13645145.2012.747797.

Howell, Philip. "Prostitution and Racialised Sexuality: the Regulation of Prostitution in Britain and the British Empire before the Contagious Diseases Acts." *Environment and Planning D: Society and Space,* Vol. 18, (2000): 321-339.

Howse, Carrie. ""The Ultimate Destination of All Nursing": The development of District Nursing in England, 1880-1925." *Nursing History Review,* Volume 15, (2007): 65-94.

Huber, Valeska. "The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851-1894." *The Historical Journal*, Vol. 49, No. 2 (June 2006): 453-476.

Huisman, Frank and Warner, John Harley. *Locating Medical History: The Stories and Their Meanings,* Baltimore: Johns Hopkins University Press, 2004.

Hume, John Chandler, Jr. "Colonialism and Sanitary Medicine: The Development of Preventive Health Policy in the Punjab, 1860-1900." *Modern Asian Studies*, Vol. 20, No. 4 (1986): 703-724.

Humphries, Mark Osborne. "Paths to Infection: The First World War and the Origins of the 1918 Influenza Pandemic." *War in History*, 21 (1) (2013): 55-81.

Jackson, John P. and Weidman, Nadine M. "The Origin of Scientific Racism." *The Journal of Blacks in Higher Education*, No. 50 (winter, 2005): 66-79.

Jackson, Will & Manktelow, Emily J. eds., *Subverting Empire: Deviance and Disorder in the British Colonial World.* New York: Palgrave Macmillan, 2015.

Jamieson, Elizabeth M. et al. eds., *Trends in Nursing History: Their Social, International, and Ethical Relationship*. Philadelphia: W.B. Saunders Company, 1966.

Jay, Mike. *The Unfortunate Colonial Despard*. London: Bantam Press, 2004.

Jayawardena, Kumari. *Feminism and Nationalism in the Third World.* London: Zed Books, 1986.

Jei, Cui, Han, N., Streicker, D., Li, G., Tang, X., Shi, Z., Hu, Z., Zhao, G., Fontanet, A., Guan, Y., Wang, L., Jones, G., Field, H.E., Daszak, P., and Zhang, S. "Evolutionary relationships between bat coronaviruses and their hosts." *Emerging Infectious Diseases*, 13, 10 (October 2007): 1526-1532. doi:10.3201/eid1310.070448. PMC 2851503. PMID 18258002.

Johnson, Michele A. "'Young Women from the Country': A Profile of Domestic Servants in Jamaica, 1920-1970." In *Working Slavery, Pricing Freedom: Perspective from the Caribbean, Africa and the African Diaspora*, edited by Verene A. Shepherd, 396-415. New York: Palgrave, 2002.

_____. "Problematic Bodies: Negotiations and Terminations in Domestic Service in Jamaica, 1920-1970." *Left History,* 12.2 (Fall/Winter 2007): 84-112.

Johnson, Naill P.A.S. and Mueller, Juergen. "Updating the Accounts: Global Mortality of the 1918-1920 "Spanish" Influenza Pandemic." *Bulletin of the History of Medicine*, 76 (February 2002): 105-115.

Jones, Margaret. "Heroines of Lonely Outposts or tools of the empire? British nurse in Britain's model colony: Ceylon. 1878-1948." *Nursing Inquiry*, Vol. 11, No. 3 (2004): 148-160.

_____. *Public Health in Jamaica, 1850-1940: Neglect, Philanthropy and Development*. Kingston: University of the West Indies Press, 2007.

_____. "The Most Cruel and revolting Crimes: The Treatment of the Mentally ill in Mid-Nineteenth-Century Jamaica." *Journal of Caribbean Studies* 42(2), (2008): 290-309.

Kakar, Sanjiv. "Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine." *Medical History,* Vol. 40, (1996): 216-230.

Kamara, G.M., "Regaining our African Aesthetics and Essence through African Traditional Religion." *Journal of Black Studies,* 30, 4 (2000): 502-511.

Kaplan, Amy. "Manifest Domesticity." *American Literature,* Vol. 70, No. 3 (September 1998): 581-606.

Kelm, Mary-Ellen. *Colonizing Bodies: Aboriginal Health and Healing in British Columbia,1900-50*. Vancouver: UBC Press, c1998.

Kemble, John Haskell. "The Gold Rush by Panama, 1848-1851." *Pacific Historical Review,* Vol. 18, No. 1 (February 1949): 45-56.

Kepner, David Charles Jr. and Soothill, Jay Henry. *The Banana Empire: A Case Study of economic Imperialism*. New York: Russell & Russell, 1935.

Kershaw, Paul. "The 'Private' Politics in Caregiving: Reflections on Ruth Lister's Citizenship: Feminist Perspectives." *Women's Studies Quarterly*, Vol. 38, Issue 1&2 (2010b), 302–11.

Killingray, David. "'A New Imperial Disease': The Influenza Pandemic of 1918-1919 in the British Caribbean." *The Society for the History of Medicine* (1994): 59-83.

_____. "'A New Imperial Disease': The Influenza Pandemic of 1918-1919 and its Impact on the British Empire." *Caribbean Quarterly* 49, no. 4 (December 2003): 30-49.

Kiple, Kenneth F. "Cholera and Race in the Caribbean." *Journal of Latin American Studies*, Vol. 17, No. 1 (May 1985): 157-177.

_____. *The Caribbean Slave: A Biological History*. New York: Cambridge University Press, 1984.

_____. "Response to Sheldon Watts: Yellow Fever Immunities in West Africa and the Americas in the Age of Slavery and Beyond: A Reappraisal." *Journal of Social History*, Vol 34, No. 4 (Summer 2001): 967-974

Kiple, Kenneth F. and Ornelas, Kriemhild Conee. "Race, War and Tropical Medicine in the eighteenth-century Caribbean." In *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, edited by David Arnold, 65-79. Atlanta, Rodopi, 1996.

Knight, Franklin. *The Caribbean, the Genesis of a Fragmented Nationalism*. New York: Oxford University Press, 1990.

Knijn, Trudie and Kremer, Monique. "Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship," *Social Politics,* Vol. 4, No. 3 (January 1997), 328-361.

Koven, Seth, and Sonya Michel. "Womanly Duties: Maternalist Politics and the Origin of Welfare States in France, Germany, Great Britain and the United States, 1880-1920." T*he American Historical Review* 95, No. 4 (October 1990): 1076-1108.

_____. *Mothers of a New World: Materialist Politics and the Origins of Welfare States*. New York: Routledge, 1993.

_____. "The Ambivalence of Agency: Women, Families, and Social Policy in France, Britain, and the United States." *Journal of Women's History* 9 (1997): 164-173.

Ladd-Taylor, Molly. "Toward Defining Maternalism in U.S. History." *Journal of Women's History*, Vol. 5 No. 2 (Fall 1993):110-113.

Laguerre, Michel. *Afro-Caribbean Folk Medicine*. Massachusetts: Bergin & Garvey Publishers Inc., 1987.

Laite, Julia Ann. "The Association for Moral and Social Hygiene: abolitionism and prostitution law in Britain (1915–1959)." *Women's History Review* Vol. 17, No. 2 (April 2008): 207-233.

Langley, Lester D. *The Banana wars: An Inner History of American Empire, 1900-1934.* Lexington: University Press of Kentucky, 1983.

Latour, Bruno. *The Pasteurization of France*. Cambridge, MA: Harvard University Press, 1988.

Lears, T. J. Jackson. "The Concept of Cultural Hegemony: Problems and Possibilities." *The American Historical Review,* Vol. 90, No. 3 (Jun. 1985): 567-593.

Lee, Erika and Yung, Judy. *Angel Island: Immigrant Gateway to America*. New York: Oxford University Press, 2010.

Levine, Philippa. *Victorian Feminism, 1850-1900.* London: Hutchinson, 1987.

_____. "Battle Colors: Race, Sex, and Colonial Soldiery in World War I." *Journal of Women's History,* Vol. 9 No. 4 (Winter, 1998): 104-130.

_____. Prostitution, *Race and Politics: Policing Venereal Disease in the British Empire*. New York: Routledge, 2003.

_____. ed. *Gender and Empire.* Oxford: Oxford University Press, 2004.

_____. "Anthropology, Colonialism, and Eugenics." In *The Oxford Handbook of The History of Eugenics,* edited by Alison Bashford and Philippa Levine, 43-61. Oxford: Oxford University Press, 2010.

Lister, Ruth. *Citizenship: Feminist Perspectives*, 2nd ed. New York: Palgrave, 2003.

Livesay, Daniel A. "Children of Uncertain Fortune: Mixed-Race Migration from the West Indies to Britain, 1750-1820." Ph.D. History diss., University of Michigan, 2010.

Look Lai, Walton. *Indentured Labor, Caribbean Sugar: Chinese and Indian Migrants to British West Indies, 1838-1918*. Baltimore: The Johns Hopkins University Press, 1993.

Long, Edward. *The History of Jamaica: General Survey of the Ancient and Modern State of that Island.* London: T. Lowdner, 1774. Accessed August 10, 2017, https://archive.org/details/historyjamaicao01longgoog.

Lorcin, Patricia M. E. "Imperialism, Colonialism Identity, and Race in Algeria, 1830-1870: The Role of the French Medical Corps." *Journal of Science History*, Vol. 90, No. 4 (December 1999): 653-679.

Luk, Jeffrey, Gross, Peter and Thompson, William W. "Observations on Mortality during the 1918 Influenza Pandemic." *Clinical Infectious Diseases, Vol* 33 (2001): 1375-1378.

MacLeod, Roy and Lewis, Milton. *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*. New York: Routledge, 1988.

Macpherson, Anne. "Colonial Matriarchs: Garveyism, Maternalism, and Belize's Black Cross Nurses, 1920–1952." *Gender & History*, Vol.15 No.3 (November 2003): 507–527.

Mair, Lucille Mathurin. *A Historical Study of Women in Jamaica 1655-1844*. Kingston: University of the West Indies Press, 2006.

Manson-Bahr, Philip. *Patrick Manson: The Father of Tropical Medicine*. Edinburg: Thomas Nelson & Sons Ltd, 1962.

Marcus, Jane. *Suffrage and the Pankhursts*. London: Routledge, 2002.

Marks, S. "What is Colonial Medicine?" *Social History of Medicine*, 10 (1997): 205-220.

Marsh, Lauren, Phillips, Marva A. and Wedderburn, Judith. "Gender and Trade Union Development in the Anglophone Caribbean." *Caribbean Quarterly*, 60:3 (2014): 39-57. DOI: 10.1080/00086495.2014.11672525.

Marshall, T.H. "Citizenship and Social Class." In *Inequality and Society*, edited by Jeff Manza and Michael Saunder, 148-154. New York: WW Norton and Co., 2009.

Marshall, Woodville K. "'We be wise to many tings': Blacks' Hopes and Expectations of Emancipation." In *Caribbean Freedom: Economy and Society from Emancipation to the Present*, edited by Hilary Beckles and Verene Shepherd, 12-20. Kingston: Ian Randle Publishers, 1996.

_____. "Peasant Development in the West Indies Since 1838." In *Caribbean Freedom: Economy and Society from Emancipation to the Present*, edited by Hilary Beckles and Verene Shepherd, 99-106. Kingston: Ian Randle Publishers, 1996.

Massiah, Joycelin. "Foreword." In *Working Miracles: Women's Lives in the English-speaking Caribbean*, edited by Olive Senior, xi-xiii. Bloomington & Indianapolis: Indiana University Press, 1991.

Matthew, Smallman-Raynor, Peter, Haggett, and Andrew, Cliff. *World Atlas of Epidemic Diseases*. New York: Oxford University Press, 2004.

Mathieu, Sarah-Jane. North of the Color Line: Migration and Black Resistance in Canada (Chapel Hill: University of North Carolina, 2010.

Maurer, Noel. *The Empire Trap: The Rise and Fall of U.S. Intervention to Protect American Property Overseas, 1893-2013*. Princeton: Princeton University Press, 2013.

McClain, Carol Shepherd. ed. *Women as Helpers Cross-Cultural Perspectives*. New Brunswick, Rutgers University Press, 1989.

McDonald, Lynn. "Florence Nightingale and Mary Seacole: Nursing Bitter Rivalry." *History Today*, Vol. 62 Issue 9, (September 2012): 244-248.

_____. *Mary Seacole: The Making of the Myth*. Toronto: Iguana Books, 2014.

McPherson, Kathryn. *Bedside Matters, the Transformation of Canadian Nursing, 1900-1990*. Toronto: Oxford University Press, 1996.

Meisel, Seth. "From Slave to Citizen-Soldier in Early-Independence Argentina." *Historical Reflections / Réflexions Historiques*, Vol. 29, No. 1 (Spring 2003): 65-82.

Melling, Joseph & Forsythe, Bill. Eds., *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*. New York: Routledge, 1999.

Mercer, A. J. "Smallpox and Epidemiological-Demographic Change in Europe: The Role of Vaccination." *Population Studies,* Vol. 39, No. 2 (Jul. 1985): 287-307.

Miller, Errol. "Gender and the Family: Some Theoretical Considerations." In *Gender and Family in the Caribbean: Proceedings of the Workshop Family and the Quality of Gender Relations,* edited by Wilma Bailey, 1-31. Kingston: Institute of Social and Economic Studies, University of the W.I., 1998.

Mintz, Sydney and Price, Richard. *An Anthropological Approach to the African American Past*. Boston: Beacon Press, 1976.

Mitchinson, Wendy. *The Nature of their Bodies: Women and their Doctors in Victorian Canada.* Toronto: University of Toronto Press, 1990.

Moberg, Mark. "Crown Colony as Banana Republic: The United Fruit Company in British Honduras, 1900- 1920." *Journal of Latin American Studies,* Vol. 28, No. 2 (May 1996): 357-381.

Mohammed, Patricia. "'But Most of all mi Love me Browning:' The Emergence in Eighteenth and Nineteenth Century Jamaica of the Mulatto Woman as the Desired." *Feminist Review*, No. 65 (Summer, 2000): 22-48.

Momsen, Janet H., ed. *Women & Change in the Caribbean: Pan-Caribbean perspectives*, Kingston: Ian Randle, 1993.

Morgan, Sue. *The Feminist History Reader*. New York: Routledge, 2006.

Moore, Brian L. and Johnson, Michele A. "'Fallen Sisters'?: Attitudes to Female Prostitution in Jamaica at the Turn of the Twentieth Century." *The Journal of Caribbean History* 34, nos. 1-2 (2000): 46-70.

_____. "*Squalid Kingston" 1890-1920: How The Poor Lived, Moved and had their Being*. Kingston: The Social History Project, Department of History, UWI, 2000.

_____. *Neither Led nor Driven: Contesting British Cultural Imperialism in Jamaica, 1865-1920*. Kingston: University of the West Indies Press, 2004.

_____. "'Married but not Parsoned': Attitudes to Conjugality in Jamaica, 1865-1920." In *Contesting Freedom: Control and Resistance in the Post-Emancipation Caribbean*, edited by Gad Heuman and David Trotman,197-214. London: Macmillan, 2005.

Morrissey, Marietta. "Explaining the Caribbean Family: Gender Ideologies and Gender Relations." In *Caribbean Portraits: Essays on Gender Ideologies and Identities*, edited by Christine Barrow, 78-90. Kingston: Ian Randle Publishers & the Centre for Gender and Development Studies, University of the West Indies, 1998.

Morton, Patricia. *Disfigured Images: The Historical Assault on Afro-American Women.* Westport: Praeger Publishers, 1991.

Moses, Yolanda T. "Female Status, The Family and Male Dominance in the West Indian Community." *Signs*, Vol. 3, No. 1 (Autumn, 1977): 142-153.

Muscatello, David J., and McIntyre, Peter B. "Comparing Mortalities of the First Wave of Coronavirus Disease 20019 (COVID-19) and of the 1918 winter pandemic

Influenza Wave in the USA." *International Journal of Epidemiology* (Sep 15, 2020): 2089-2091. https://doi.org/10.1093/ije/dyaa186.

Musson, S.P. *The Handbook of Jamaica, 1893*. Kingston: Jamaica, 1893. Accessed September 2015, https://books.google.bf/books?id=grwCAAAAYAAJ&printsec=frontcover&hl=fr&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.

Musson, S.P. and Roxburgh, T. Laurence, eds. *Jamaica Handbook, 1892*. Kingston: Govt. Printing Press, 1893.

Naraindas, Harish. "Preparing for the Pox: A Theory of Smallpox in Bengal and Britain." *Asian Journal of Social Science,* Vol. 31, No. 2 (2003): 304-339.

Nestel, Sheryl, "(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa." *Journal of Medical Humanities,* Vol. 19, No. 4 (1998): 257-277.

Newman, Brooke N. "Gender, Sexuality and the Formation of Racial Identities in the Eighteenth-Century Anglo-Caribbean World." *Gender and History*, Vol 22, No. 3 (November 2010): 585-602.

Njoh, Ambe J. "Colonial Philosophies, Urban Space, and Racial Segregation in British and French Colonial Africa." *Journal of Black Studies*, Vol. 38, No. 4 (Mar. 2008): 579-599.

Northrup, David. *Indentured Labor in the Age of Imperialism, 1834-1922*. Boston: Cambridge University Press, 1995.

Nunn, Nathan and Qian, Nancy. "The Columbian Exchange: A History of Disease, Food and Ideas." *The Journal of Economic Perspectives,* Vol. 24, No. 2 (Spring 2010): 163-188.

Nuttall, Enos, ed., *Jamaica Churchman.* Kingston: Jamaica, December 1890.

Oakley, Ann. *Experiments in Knowing: Gender and Method in the Social Sciences*. New York: New Press, 2000.

"Obituary: Gavin Milroy, M.D., F.R.C.P." *The British Medical Journal*, Vol. 1, No. 1313 (February 27, 1886): 425-426.

Olmos, Margarite Fernandez and Paravisini-Gebert, Lizabeth. *Healing Cures: Art and Religion as Curative Practices in the Caribbean and its Diaspora.* New York: Palgrave, 2001.

Ono-George, Meleisa. "'Washing the Blackamoor White': Interracial Intimacy and Coloured Women's Agency in Jamaica." In *Subverting Empire: Deviance and Disorder in the British Colonial World,* edited by Will Jackson and Emily J. Manktelow, 42-60. New York: Palgrave and Macmillan, 2015.

Opie, Frederick Douglas. *Black Labor Migration in Caribbean Guatemala, 1882-1923.* Orlando: University Press of Florida, 2009.

Oxford, J.S., Sefton, A. Jackson, R., Innes, W., Danless, R.S., and Johnson, N.P.A.S. "World War I may have allowed the emergence of the "Spanish" Influenza." *Historical Review, The Lancet Infectious Diseases* Vol. 2 (February 2002): 111-114.

Palmer, Jesse T. "The Banana in Caribbean Trade." *Economic Geography*, Vol. 8, No. 3 (July 1932): 262-273.

Palmer, Steven. "Migrant Clinics and Hookworm Science: Peripheral Origins of International Health,1840–1920." *Bulletin of the History of Medicine*, Vol. 83, No. 4 (Winter 2009): 676-709.

_____. *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation.* Ann Arbor: University of Michigan, 2010.

Pankhurst, E. Sylvia. *The Suffragette: The History of Women's Militant Suffrage Movement, 1905-1910.* Boston: The Woman's Journal, 1911. https://babel.hathitrust.org/cgi/pt?id=hvd.rslelk&view=1up&seq=15.

Parsons, Timothy. *The British Imperial Century, 1815-1914: World Perspective*. New York: Rowman & Littlefield Publishers, 1999.

Paton, Diana, and Forde, Maarit, eds. *Obeah and Other Powers: The Politics of Caribbean Religion and Healing*. Durham: Duke University Press, 2012.

Paton, Diana. *No Bond but the Law: Punishment, Race and Gender in Jamaican State Formation, 1780-1870*. Durham: Duke University Press, 2004.

_____. "Obeah Acts: Producing and Policing the Boundaries of Religion in the Caribbean." *Small Axe*, 28 (2009): 1-18.

_____. "The Trials of Inspector Thomas: Policing and Ethnography in Jamaica." In *Obeah and Other Powers: The Politics of Caribbean Religion and Healing,* edited by Maarit Forde and Diana Paton, 172-197. Durham: Duke University Press, 2012.

_____. *The Cultural Politics of Obeah: Religion, Colonialism and Modernity in the Caribbean World*. Cambridge: Cambridge University Press, 2015.

Patterson, Orlando. *The Sociology of Slavery: An Analysis of the Origins, Development and Structure of Negro Slave Society in Jamaica*. New Jersey: Fairleigh Dickinson University Press, 1967.

Payne-Jackson, Arvilla and Alleyne, Mervyn C. *Jamaican Folk Medicine: A Source of Healing*. Kingston: University of West Indies Press, 2004.

Peckham, Robert. "Infective Economies: Empire, Panic and the Business of Disease." *The Journal of Imperial and Commonwealth History*, Vol. 41, No. 2 (2013): 211–237. http://dx.doi.org/10.1080/03086534.2013.789272.

Pelling, Margaret. "Contagion/Germ Theory/Specificity." In *Companion Encyclopedia of the History of Medicine*, Vol 1, edited by W.F. Bynum and Roy Porter, 309-334. New York: Routledge, 1993.

Pemberton, Rita. "A Different Intervention: The International Health Commission/Board, Health, Sanitation in the British Caribbean, 1914-1930." *Caribbean Quarterly*, Vol. 49, No. 4 (December 2003): 87-103.

_____. "Dirt, Disease and Death: Control, Resistance and Change in the Post-emancipation Caribbean." *História, Ciências, Saúde– Manguinhos*, Vol 19 (Dec 2012): 47-58. Accessed April 10, 2019, http://dx.doi.org/10.1590/S0104-59702012000500004.

Pernick, Martin S. "Contagion and Culture." *American Literary History*, Vol. 14, No. 4 (winter, 2002): 858-865.

Perrin, Colin & Anderson, Kay. "Reframing craniometry: human exceptionalism and the production of racial knowledge." *Social Identities*, Vol. 19, No. 1 (2013): 90-103.

Phillips, Howard. "The Re-appearing Shadow of 1918 Trends in the Historiography of the 1918-19 Influenza Pandemic." *Canadian Bulletin of Medical History* Vol. 21:1 (2004): 121-134.

Phillips, Howard, and Killingray, David. "Introduction." In *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, edited by Howard Phillips and David Killingray, 1-25. New York: Routledge, 2003.

Phillips, Peter. "Race, Class, Nationalism: A Perspective on Twentieth Century Social Movements in Jamaica." *Social and Economic Studies* Vol 37, No. 3 (September 1, 1988): 97-124.

Pivar, David J. *Purity Crusade: Sexual Morality and Social Control, 1868-1900*. Westport: Greenwood Press Inc., 1973.

Poirier, Noel B. "A Legacy of Integration: The African American Citizen-Soldier and the Continental Army." *Army History,* No. 56 (February 2002): 16-25.

Pollak-Eltz, Angelina. "The Shango Cult and Other African Rituals in Trinidad, Grenada, and Carriacou and their possible influence on the Spiritual Baptist Faith." *Caribbean Quarterly*, Vol. 39, No. 3 /4 (September-December 1993): 12-26.

Porter, Dorothy. "Public Health." In *Companion Encyclopedia of the History of Medicine* Vol. 2, edited by W.F. Bynum and Roy Porter, 1231-1261. New York: Routledge, 1993.

Porter, Roy. "Religion and Medicine." In *Companion Encyclopedia of the History of Medicine, Vol. 1 & 2*, edited by F. Bynum and Roy Porter, 1449-1468. New York: Routledge, 1993.

Poovey, Mary. *Uneven Development: Ideological Work of Gender in Mid Victorian England*. Chicago: Chicago University Press, 1996.

Prasad, N. Purendra. "Medicine, Power and Social Legitimacy: A Socio-Historical Appraisal of Health Systems in Contemporary India." *Economic and Political Weekly*, Vol. 42, No. 34 (August 25-31, 2007): 3491-3498.

Rafferty, Anne Marie. "The Seduction of History and the Nursing Diaspora." *Health and History*, Vol. 7 No. 2 (2005): 2-16.

Rafferty, Anne Marie and Solano, Diana. "The Rise and Demise of the Colonial Nursing Service: British Nurses in the Colonies, 1896-1966." *Nursing History Review*, No. 15 (2007): 147-154.

Rafferty, Anne Marie and Robinson, Jane. *Nursing History and the Politics of Welfare.* New York: Routledge, 1996.

Ram, Kalpana and Jolly, Margaret, eds. *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*. Cambridge: Cambridge University Press, 1998.

Ramusack, Barbara N. "Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865-1945." In *Western Women and Imperialism*, edited by Nupur Chaudhuri and Margaret Strobel, 119-136. Bloomington: Indiana University Press, 1992.

Reddock, Rhoda. *Women, Labour and Politics in Trinidad and Tobago, A History*. Kingston: Ian Randle, 1994.

_____. "Indian Women and Indentureship in Trinidad and Tobago, 1845-1917: Freedom Denied." *Caribbean Quarterly*, Vol 32, Issue 3-4 (1986): 27-49.

_____. "The first Mrs. Garvey: Pan-Africanism and feminism in the early 20th century." *Feminist Africa*, Issue 19 (2014): 58-77.

Reverby, Susan. *Ordered to Care: The Dilemma of American Nursing, 1850-1945*. New York: Cambridge University Press, 1987.

Richardson, David. *Abolition and its Aftermath: The Historical Context, 1790-1916*. London: Frank Cass and Company Ltd., 1985.

Riedel, Stefan. "Edward Jenner and the History of Smallpox and Vaccination." *Baylor University Medical Center Proceedings*, 18:1 (2005): 21-25, DOI:10.1080/08998280.2005.11928028.

Riley, James C. *Poverty and Life Expectancy: The Jamaican Paradox*. Cambridge: Cambridge University Press, 2005.

Robin, Robert W. "Revival Movement Hysteria in the Southern Highlands of Papua New Guinea." *Journal of Scientific Study of Religion*, Vol 20, No. 2 (Jun 1981): 150-163.

Robinson, Jane. *Mary Seacole: The Charismatic Black Nurse Who Became a Heroine of the Crimea*. New York: Carroll and Graff Publishers, 2004.

Robinson, Ronald and Gallagher, John. "Egypt and the Partition of Africa," in *Historical Problems of Imperial Africa*, edited by Robert O. Collins, 12-16. Princeton: Markus Weiner Publishers, 2007.

Rodney, Walter. A *History of the Guyanese Working People, 1881-1905.* Baltimore: The Johns Hopkins University Press, 1981.

Rogers, Helen L. "Nursing Care in Hookworm Disease." *The American Journal of Nursing*, Vol. 40, No. 11 (November 1940): 1197-1200.

Rogers, Leonard. "Progress in the Control of Leprosy in the British Empire." *British Medical Journal*, London, (June 1, 1946): 825-828.

Rolleston, J.D. "The Smallpox Epidemic of 1870-1874." *Proceedings of the Royal Society of Medicine,* Vol. 27, No. 2 (December 1933): 177-192.

Roopnarine, Lomarsh. "A critique of East Indian indentured historiography in the Caribbean." *Labor History,* 55:3 (2014): 389-401, DOI: 10.1080/0023656X.2014.894226.

Rosen, George. "Levels of Integration in Medical Historiography: A Review." *Journal of the History of Medicine and Allied Sciences,* Vol. 4, No. 4 (Autumn 1949): 460-467.

Rosenberg, Charles E. *The Cholera Years: The United States in 1832, 1849 and 1866*. Chicago: University of Chicago Press, 1962.

_____. "The Therapeutic Revolution: Medicine, Meaning and Social Change in 19th Century America." In *The Therapeutic Revolution: Essays in the Social History of Medicine,* edited by M. Vogel and C. Rosenberg, 1-26. Philadelphia: University of Pennsylvania Press, 1979.

Roth, Mitchel. "Cholera, Community, and Public Health in Gold Rush Sacramento and San Francisco." *Pacific Historical Review,* Vol. 66, No. 4 (November 1997): 527-551.

Rush, Anne Spry. *Bonds of Empire: West Indians and Britishness from Victoria to Decolonization.* New York: Oxford University Press, 2011.

Safa, Helen I. *The Myth of the Breadwinner: Women and Industrialization in the Caribbean*. Oxford: Westview Press, 1995.

_____. "Economic Autonomy and Sexual Equality in Caribbean Society." *Social and Economic Studies,* Vol. 35, No. 3, (September 1986): 1-21.

_____. "The Matrifocal Family and Patriarchal Ideology in Cuba and the Caribbean." *Journal of Latin American Anthropology,* Vol. 10, No.2 (2005): 314-338.

Said, Edward W. *Culture and Imperialism*. London: Chatto & Windus Ltd., 1993.

Sakti, Hastaning, Catherine Nokes, W. Subagio Hertanto, Sri Hendratno, Andrew Hall, Bundy, Donald A. P., and Satoto. "Evidence for an association between hookworm infection and cognitive function in Indonesian school children." *Tropical Medicine and International Health*, Vol. 4, No. 5 (May 1999): 322-334.

Salih, Sara, ed. *Mary Seacole: Wonderful Adventures of Mrs. Seacole in Many Lands*. London: Penguin Books, 1857.

Sanyal, Sneha, "Emergence of Nursing as a Profession in Nineteenth-Century Bengal." *Social Scientist,* Vol. 45, No. 3 /4 (March-April 2017): 69-86.

Savage, John. "'Black Magic' and White Terror: Slave Poisoning and Colonial Society in Early 19th Century Martinique." *Journal of Social History*, Vol. 40, No. 3 (Spring, 2007): 635-662.

Savitt, Todd L and Young, James H. eds., *Diseases and Distinctiveness in American South*. Knoxville: University of Tennessee Press, 1988.

Schlesinger, Benjamin. "Family Patterns in Jamaica and Commentary." *Journal of Marriage and Family,* Vol 30, No. 1 (February 1968): 136-148.

Schuler, Monica. *"Alas, Alas Kongo": A Social History of Indentured African Immigration in Jamaica, 1841-1865*. Baltimore: Johns Hopkins University Press, 1980.

Scott, Anne L. "Physical purity feminism and state medicine in late nineteenth-century England." *Women's History Review*, 8:4 (1999): 625-653.

Scott, Harold H. *A History of Tropical Medicine*. Great Britain: Billing & Sons, 1942. Accessed January 15, 2021, https://archive.org/details/in.ernet.dli.2015.63989/page/n3/mode/1up.

Seacole, Mary. *The Wonderful Adventures of Mrs. Seacole in Many Lands*. London: James Blackwood, 1857.

Seecharan, Clem. *Becchu 'Bound Coolie': Radicalism in British Guiana, 1894– 1901*. Jamaica: University of the West Indies Press, 1999.

Senior, Emily. *The Caribbean and the Medical Imagination, 1764-1834*. Cambridge: Cambridge University Press, 2018.

Senior, Olive. *Working Miracles: Women's Lives in the English-speaking Caribbean*, Cave Hill: I.S.E.R., U.W.I., 1991.

Seth, Suman. *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire*. New York: Cambridge University Press, 2018.

Shah, Nyan. *Contagious Divides: Epidemics and Race in San Francisco's Chinatown.* Berkley: University of California Press, 2001.

Sheller, Mimi. "Citizenship and the Making of Caribbean Freedom." *NACLA Report on the Americas*, 38:4 (2005): 30-34. DOI: 10.1080/10714839.2005.11724498.

_____. "Performances of Citizenship in the Caribbean." In *Routledge Handbook of Global Citizenship Studies*, edited by Engin F. Isin and Peter Nyers, 284-294. New York: Routledge, 2014.

Shepherd, Verene A. "The Dynamics of Afro-Jamaican-East Indian Relations in Jamaica, 1845-1945." *Caribbean Quarterly* Vol; 32, No. 3 (Sep-Dec 1986): 16-19.

_____. "Indian Female in Jamaica: An Analysis of the Population Censuses, 1861-1943." *Jamaican Historical Review*, 18 (1993): 18-30.

_____. "Emancipation through Servitude: Aspects of the Indian Women in Jamaica, 1845-1945." In *Caribbean Freedom: Economy and Society from Emancipation to the Present*, edited by Hilary Beckles and Verene Shepherd, 245-250. Kingston: Ian Randle Publishers, 1996.

_____. *Caribbean Slavery in the Atlantic World: A Student Reader*. Kingston: Ian Randle Publishers, 2000.

_____. *Working Slavery, Pricing freedom: Perspectives from the Caribbean, Africa and the African Diaspora*. New York: Palgrave, 2001.

_____. *Maharani's Misery: Narratives of a Passage from India*, Kingston: University of the West Indies Press, 2002.

Sheridan, Richard B. *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834.* New York: Cambridge University Press, 1985.

Sinclair, Augustus C., ed. *Jamaica Handbook, 1884-1885*. London: Edward Stanford, 1884.

Sires, Ronald V. The Experience of Jamaica with Modified Crown Colony Government." *Social and Economic Studies*, Vol. 4, No. 2 (JUNE 1955): 150-167.

Small, Francine Allisa. "The Racialization of Disease: A Qualitative and Quantitative Study of Race and Ethnicity in Biomedical Research." *Race, Gender & Class*, Vol. 21, No. 1/2 (2014): 36-47.

Smallman-Raynor, Matthew and Cliff, Andrew D. "The Geographical Transmission of Smallpox in the Franco-Prussian War: Prisoner of War Camps and Their Impact

upon Epidemic Diffusion Processes in the Civil Settlement System of Prussia, 1870-71." *Medical History*, 46 (2002): 241-264.

Smillie, W. G. and Spencer, Cassie R. "Mental Retardation in School Children Infested with Hookworms." *Journal of Educational Psychology*, Vol. 17, No. 5 (1926): 314-321.

Smith, Bonnie G. "The Contribution of Women to Modern Historiography in Great Britain, France, and the United States, 1750-1940." *The American Historical Review*, Vol. 89, No. 3 (Jun. 1984): 709-732.

Smith, F.B. "Ethics and disease in the later nineteenth century: The Contagious disease Acts." *Australian Historical Studies* 15:57 (2008): 118-135. DOI: 10.1080/10314617108595460.

_____. "The Contagious Diseases Acts Reconsidered." *The Society for the Social History of Medicine* (1990): 197-215.

Smith, Kevin. "A Fragmented Freedom: The Historiography of emancipation and its aftermath in British West Indies." *Slavery & Abolition*, 16:1 (1995): 101-130.

Smith, Richard. *Jamaican Volunteers in the First World war: Race Masculinity and the Development of National Consciousness*. Manchester: Manchester University Press, 2004.

Smith, Susan. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America*. Philadelphia: University of Pennsylvania Press, 1995.

Schneider, William M. "Smallpox in Africa during Colonial Rule." *Medical History,* Vol 53 (2009): 193-227.

Snelders, Stephen, van Bergen, Leo and Huisman, Frank. "Leprosy and the Colonial Gaze: Comparing the Dutch West and East Indies, 1750–1950." *Social History of Medicine Social History of Medicine*, (December 20, 2019): 1-21. https://doi-org.libaccess.lib.mcmaster.ca/10.1093/shm/hkz079.

Snow, Stephanie J. "Commentary: Sutherland, Snow and Water: The Transmission of Cholera in the Nineteenth Century." *International Epidemiological Association*, 31 (2002): 908-911.

Soluri, John. "Banana before Plantations, Smallholders, Shippers and Colonial Policy in Jamaica, 1870-1910." *Iberoamericana (2001-)* Nueva época, Año 6, No. 23 (Septiembre de 2006): 143-159.

Spence, Caroline Quarrier. "Ameliorating Empire: Slavery and Protection in the British Colonies, 1783–1865." Ph.D. diss., Harvard University, 2014.

Spivak, Gayatri Chakravorty. "Can the Subaltern Speak?" In *Marxism and the Interpretation of Cultures*, edited by Cay Nelson and Lawrence Grossberg, 267-310. Urbana: University of Illinois Press, 1988.

Stewart, Dianne M. *Three Eyes for the Journey: African Dimensions of Jamaican Religious Experience.* New York: Oxford University Press, 2005.

Stiles, Charles Wardell. "The Treatment of Hookworm Disease." *Public Health Reports, 1896-1970*, Vol. 24, No. 34 (August 20, 1909): 1191-1193.

Stiles, C. W. "Intestinal Infections: The School Grades Attained by 2,166 White School Children (1,062 Boys, 1,104 Girls) in the City of X, Classified by Age, Sanitation, and Intestinal Parasites." *Public Health Reports (1896-1970),* Vol. 30, No. 28 (Jul. 9, 1915): 2060-2067.

Striffler, Steve. *In the Shadows of State and Capital: The United Fruit Company, Popular Struggle and Agrarian Restructuring in Ecuador, 1900-1995*. Durham: Duke University Press, 2002.

Stoler, Ann L. and Cooper, Frederick, eds. *Tensions of Empire: Colonial culture in a Bourgeois World*. Berkeley: University of California Press, 1997.

Stoler, Ann L. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*. Los Angeles: University of California Press, 2002.

Strobel, Margaret. *European Women and the Second British Empire*. Bloomington: Indiana University Press, 1991.

Summers, Anne. *Angels and Citizens: British Women as Military Nurses, 1854-1914*. New York: Routledge & Kegan Paul, 1988.

Sutherland, Patsy, Moodley, Roy, and Chevannes, Barry, eds. *Caribbean Healing Traditions: Implications for Health and Mental Health*. New York: Routledge, 2013.

Sutherland, Patsy. "The History, Philosophy, and Development of Caribbean Healing Traditions." In *Caribbean Healing Traditions: Implications for Health and Mental Health,* edited by Patsy Sutherland, Roy Moodley, and Barry Chevannes, 15-28. New York: Routledge, 2013.

Swaby, Gertrude H. *The Profession of Nursing: A Brief Historical Survey with Special Reference to Jamaica and the Caribbean.* Jamaica: Stephen's Litho, 1980.

Sweet, Helen. "Establishing Connections, Restoring Relationships: Exploring the Historiography of Nursing in Britain." *Gender & History,* Vol. 19 No.3 (November 2007): 565-580.

"The Vaccination Question." *The British Medical Journal*, Vol. 1, No. 1017 (Jun. 26, 1880): 977-978.

Thompson, E.P. *The Making of the English Working Class*. England: Penguin Books, 1963.

Tognott, Eugenia. "Lessons from the History of Quarantine, from Plague to Influenza A." *Emerging Infectious Diseases Journal.* Vol. 19 No. 2 (February 2013): 254-259. doi: 10.3201/eid1902.120312.

Tolen, Rachel J. "Colonizing and Transforming the Criminal Tribesman: The Salvation Army in British India." *American Ethnologist*, Vol. 18, No. 1 (February 1991): 106-125.

Tomes, Nancy. "The Private Side of Public Health: Sanitary Science, Domestic Hygiene and the Germ Theory, 1870-1900." *Bulletin of the History of Medicine* 64 (1990): 509-539.

Tomes, Nancy J. and Warner, John Harley. "Introduction to Special Issue on Rethinking the Reception of the Germ Theory of Disease: Comparative Perspectives." *Journal of the History of Medicine and Allied Sciences,* Vol. 52, No. 1 (January 1997): 7-16.

Toner, Eric and Waldhorn, Richard. "What Hospitals Should do to Prepare for an Influenza." *Biodefense Strategy, Practice, and Science,* Vol. 4 No. 4 (December 18, 2006): 397-402. https://doi.org/10.1089/bsp.2006.4.397.

Tooley, Sarah A. Southall. *The History of Nursing in the British Empire*. London: S.H. Bousfield & Co. Ltd., 1906.

Traynor, Michael. "A historical description of the tensions in the development of modern nursing in nineteenth-century Britain and their influence on contemporary debates about evidence and practice." *Nursing Inquiry* 14: 4 (2007): 299-305.

Trebilcot, Joyce. Ed. Mothering Essays in Feminist Theory. New Jersey: Rowan & Allanheld, 1983.

Tronto, Joan. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1993.

Tumpey, Terrence M., Basler, C.F., Aguilar, P.V., Solorzano, A., Swayne, D.E., Cox, N.J., Katz, J.M., Taubenberger, J.K., Palese, P., and Garcia-Sastre, A. "Characterization of the Reconstructed 1918 Spanish Influenza Pandemic Virus." *Science*, Vol. 310, (7 October 2005): 77-80.

Turner, Mary. *Slaves and Missionaries: The Disintegration of Jamaican Slave Society, 1787-1834*. Illinois: University of Illinois, 1982.

Tweedie, Stephen W. "Viewing the Bible Belt." *Journal of Popular Culture*, Vol XI, Issue 4 (Spring 1978): 865-876. https://doi-org.libaccess.lib.mcmaster.ca/10.1111/j.0022-3840.1978.1104_865.

Underwood, E. Ashworth. "The History of Cholera in Great Britain." *Proceedings of the Royal Society of Medicine*, Vol XLI, 165 (November 3, 1947): 165-173.

Vassell, Linnette. "The Movement for the Vote for Women 1918-1919." *Jamaican Historical Review*, No. 18 (January 1993): 40-54.

Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. Cambridge: Cambridge University Press, 1991.

Vickery, Amanda. "Golden Age to Separate Spheres? A review of the categories and chronology of English Women's History." In *The Feminist History Reader*, edited by Sue Morgan, 74-86. New York: Routledge, 2006.

Vogel, Morris J. and Rosenberg Charles E., eds. *The Therapeutic Revolution: Essays in the Social History of American Medicine.* Philadelphia: University of Pennsylvania Press, 1979.

Vongsathorn, Kathleen. "Gnawing Pains, Festering Ulcers, and Nightmare Suffering: Selling Leprosy as a Humanitarian Cause in the British Empire, c. 1890-1960." *Journal of Imperial and Commonwealth History*, 40(5) (December 1, 2012): 863–878. Accessed March 30, 2018, doi: 10.1080/03086534.2012.730839.

Walkowitz, Judith R. *Prostitution and Victorian Society: Women, Class, and the State*. London: Cambridge University Press, 1980.

Wane, Njoki, Jaqire, Jennifer and Murad, Zahra, eds. *Ruptures: Anti-colonial & Anti-racist Feminist Theorizing*. The Netherlands: Sense Publishers, 2013.

Wanrooij, Bruno P. F. "Josephine Butler and Regulated Prostitution in Italy." *Women's History Review* Vol. 17, No. 2 (April 2008): 153–171.

Washburn, B.E. "Use of Thymol in Treatment of Hookworm Disease." *JAMA* LXVIII:16, (1917): 1162-1163. doi:10.1001/jama.1917.0427004015000.

Watson, Janet S. K. *Fighting Different Wars: Experience, Memory and the First War in Britain*. Cambridge: Cambridge University Press, 2004.

Watts, Sheldon. *Epidemics and History: Disease, Power and Imperialism*. New Haven: Yale University Press, 1997.

_____. "Yellow Fever Immunities in West Africa and the Americas in the Age of Slavery and Beyond: A Reappraisal." *Journal of Social History*, Vol. 34, No. 4 (Summer 2001): 955-967.

Weaver, Steven. "Health and Illness in a Rural Community: A Study of Traditional Health Care Practice in the Parish of St. Thomas, Jamaica." Ph.D. Dissertation, Department of Sociology, Psychology and Social Work, Faculty of Social Sciences, UWI, Mona, 2003.

Webby, Richard J., and Webster, Robert G. "Are We Ready for Pandemic Influenza?" *Science*, Vol 302, Issue 5650 (Nov 28, 2003): 1519-1522.

Webel, Mari. "Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania." *The Journal of African History,* Vol. 54, No. 3 (2013): 393-416.

Wedenoja, William. "Mothering and the Practice of 'Balm' in Jamaica." In *Women as Healers, Cross-cultural Perspectives*, edited by Carol Shepherd-McClain, 76-97. New Jersey: Rutgers University Press, 1989.

Weindling, Paul. "The Immunological Tradition." In *Companion Encyclopedia of the History of Medicine*, Vol. 1, edited by W.F. Bynum and R. Porter, 192-204. New York: Routledge, 1993.

Welter, Barbara. "The Cult of True Womanhood, 1820-1860." *American Quarterly*, Vol. 18, No. 2 (Summer 1966): 151-174.

West, Emily and Knight, R.J. "Mothers' Milk: Slavery, Wet-Nursing, and Black and White Women in the Antebellum South." *Journal of Southern History*, Vol. 83, No. 1 (February 2017): 37-68.

White, Colin. *Nelson, The New Letters*. London: Boydell Press, 2005.

_____. *The Nelson Encyclopedia*. London: Stackpole, 2002.

_____. "The Nelson Touch: The Evolution of Nelson's Tactics at Trafalgar." *Journal for Maritime Research*, 7:1 (2011): 123-139. DOI: 10.1080/21533369.2005.9668348.

White, Luise. "They Could Make Their Victims Dull": Genders and Genres, Fantasies and Cures in Colonial Southern Uganda." *The American Historical Review,* Vol. 100, No. 5 (December 1995): 1379-1402.

Wilkins, Nadine. "Doctors and Ex-slaves in Jamaica, 1834-1850." *Jamaica Historical Review*, 17 (1991): 19-30.

William, Bulloch. *The History of Bacteriology*. London: Oxford University Press, 1938.

Williams, Eric. *Capitalism and Slavery*. London: Andre Deutsch LTD, 1944.

Williams, Joseph J. *Voodoos and Obeahs: Phases of West India Witchcraft*. Bingham, New York: Vail-Ballou Press, Inc., 1932. Accessed February 8, 2019, http://www.sacred-texts.com/afr/vao/index.htm.

Willis, Elaine and Kiple, Kenneth, eds. *Plague, Pox and Pestilence: Disease in History*. New York: Marboro Books, 1997.

Wilson, Charles Morrow. *Empire in Green and Gold: The Story of the American Banana Trade*. USA: Henry Holt & Company, 1947.

Worboys, Michael. "Germs, Malaria and the Invention of Mansonian Tropical Medicine: From 'Diseases in the Tropics' to 'Tropical Diseases.'" In *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, edited by David Arnold, 181-207. Atlanta: Rodopi B.V., 1996.

_____. "Colonial Medicine." In *Companion to Medicine in the Twentieth Century*, edited by Cooter Roger Cooter and John V. Pickstone, 67-80. New York: Routledge, 2000.

_____. "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940." *Nature and Empire: Science and the Colonial Enterprise*, Vol. 15 (2000): 207-218.

_____. "Was there a bacteriological Revolution in late nineteenth-century medicine?" *Studies in History and Philosophy of Biological and Biomedical Sciences*, 38 (2007): 20-42.