The physical and health status of runaway slaves announced in *Jornal do Commercio (RJ)* in 1850


The article examines the state of health of a population of runaway slaves, based on announcements published in Rio de Janeiro’s *Jornal do Commercio* in 1850. Two strategies were used. The first entailed analysis of the slaves’ physical characteristics, as described by their masters. Taking into account the slave’s health, the second step was to describe his or her physical problems as viewed by the era’s medical or folk knowledge. This evidence can be traced to procedures found in the slave system, which sought to maximize use of captives.

KEYWORDS: runaways; slaves; newspapers; health.
As early as the 1930s, Gilberto Freyre displayed curiosity about the ads on captive blacks that had been published in newspapers circulating around Brazil in the nineteenth century. Spurred by this interest, Freyre gave a lecture in Rio de Janeiro entitled “Slaves in newspaper announcements during the time of the Empire” in 1934. The next year he published the essay “Bodily deformations of runaway slaves” (Freyre, 1935, cited in Freyre, 1963). According to the author himself, “upon their appearance, the essay and the 1934 lecture in Rio de Janeiro … sparked … little interest on the part of the public” (Freyre, 1963, p. 3). Yet they did catch the attention of a smaller group, who was aware of the significance of Freyre’s observations. Roquette Pinto classified them as “an original, pioneer contribution to the sciences of Man, undertaken by a Brazilian anthropologist, pertaining to Brazilian matters” (p. 3).

It was only in 1963 that Freyre published O escravo nos anúncios de jornais brasileiros do século XIX (Slaves in Brazilian newspaper announcements in the nineteenth century) (Freyre, 1963). The book was the product of years of pioneer research in which he endeavored to understand social and daily aspects of slavery based on a specific source: ads published in newspapers by masters who were looking for their runaway slaves. At that time, this type of approach was a novelty both methodologically and theoretically, and the book did not gain the notice it deserved.

Much later, subsequent to intervening changes in historiography—and despite a number of lingering questions and disagreements—Freyre’s works were reviewed, revived, and eventually recognized for their originality in terms of methodological conception and the use of sources that had previously been disparaged. With an eye on Freyre’s guidelines, some research work and articles were produced on daily life under slavery and on escapes by slaves, with newspapers published in different regions and periods of the nineteenth century serving as their primary source (Graf, 1986; Schwarcz, 1987).

Following in the steps of Freyre, the present analysis relies on this kind of source to research the health and overall physical condition of slaves whose escapes were announced in Rio de Janeiro’s Jornal do Commercio in 1850. The approach is of course the same taken by Freyre and all others who have worked with newspaper ads in an effort to learn about daily life under slavery. However, given the years that have elapsed since the first analyses of this source, we can now venture down new paths thanks to current historiographic production in Brazil and abroad.

The theoretical and methodological conceptions underpinning this text can be seen as fruit of discussions within social and cultural history in a broader sense, that is, of discussions with fields that in some way are neighbors to history—like anthropology, sociology, and literature, among others. Furthermore, this study endeavors as much as possible
to incorporate both current debates regarding groups of African origin as well as issues surrounding analyses of the health of historical populations. It also relies on newspaper images and images produced by artists who were in Rio de Janeiro during the nineteenth century. Few images seek to portray slaves and their illnesses. Nevertheless, if we analyze some well-known scenes drawn on by other researchers, we find that artists back then were in some way concerned with the topic. Henry Chamberlain was one who recorded the topic of slaves in the city. In Figure 1, the artist depicts a group of newly arrived Africans getting fresh air in the guard of an overseer. According to Chamberlain, “these miserable creatures … looked like frightened crows … and it was extraordinary that they still had enough strength to walk” (Chamberlain, 1943). In the foreground of Figure 2, we see a seller and his slaves. A leper appears in the background, with a sore on his leg covered with a banana frond to lessen the unpleasant odor (according to the artist’s own notes); to his right, a black man wears an iron ring around his ankle—the mark of a runaway.

Jornal do Commercio

Rio de Janeiro’s Jornal do Commercio was one of the city’s main papers in the latter half of the nineteenth century. It addressed a broad gamut of topics in its pages, ranging from news about Europe to advertisements on the rental or sale of real estate, machinery, and slaves. The section under analysis was devoted to announcements about runaway slaves. The structure of the ads did not vary, save a few exceptions. They almost always gave the slave’s name, personal characteristics (age, physical appearance, profession, clothing, etc.), where he or she lived, and in some cases the owner’s name. Many offered a reward to whoever found the runaway and took him or her to the indicated address.

One sentence that appears in practically all the ads strikes the eye: “The law shall be strictly enforced on whosoever harbors him.” Given how often this phrase is found in these texts, it would seem indicative of a practice already common throughout the city: residents of urban centers would protect runaway slaves, which in turn suggests likely support of the abolitionist movement. But the declaration in the ads may also have been meant to warn those who might use runaways as cheap labor, as if they were freedmen.

It was not just the Jornal do Commercio that dedicated a section to such ads; they can be found in a number of other newspapers and places. To draw the public’s attention, some of them included small illustrations of runaways (Fig. 3 and 4).

Machado de Assis had already recognized the role these ads played in maintaining the slave order: “Announcements were placed in public papers, specifying the runaway’s features, his name, clothing, physical
handicaps if any, the neighborhood where he had been, and the amount of the reward. If no amount was named, there was a promise: ‘a generous reward will be given’. … The law shall be strictly enforced on whosoever harbors him’ (Assis, 1985a, p. 282).

The use of these ads must always be linked with an effort to discover a bit more about the slaves who ran away; however, since they are merely a sampling, the results should not be taken as absolute. The numbers reflect part of the slaves’ reality, and their import lies in the fact that they allow us a view of this universe. Through this source, we can analyze a variety of information about slavery. We can, for example, observe the profile of the runaways, ascertain how many escaped per year, who they were, their ethnic origin, the prevalence of one or the other gender, some of their cultural behaviors, and the health conditions of this population of fugitives. The data presented in the following pages explore the last issue.

Of the 1,047 total ads published in the Jornal do Commercio in 1850, 409 were selected. From the information they provide on the health or bodies of runaway slaves, it is possible to advance some hypotheses about the runaways’ state of health.

This paper does not intend to analyze the causes behind the escapes; indeed, this source would not afford much progress in this direction. Based on the physical conditions of the runaways, we can only infer that the main reasons for individual or group escapes (at least of the runaways who appeared in the ads) were mistreatment, abusive punishment, poor nutrition, and disrespect of rights. Of course, not every slave who ran away did so because of mistreatment; after all, there was no lack of reasons for trying to escape. Still, to judge by the physical descriptions and the health of the hunted runaways, we can apprehend from these ads that mistreatment was undoubtedly the main motive for fleeing. And by considering their characteristics and health status, we can draw inferences about the situations in which these slaves lived.

According to Karash (2000, p. 404), there were myriad reasons for both Brazilian-born and African-born blacks to flee. Among some of the motives, Karash emphasizes the desire to escape cruel punishment as well as slave resistance when certain agreements were breached or when they were separated from their families. She also states that “the number of escapes by Brazilian and African slaves trying to avoid cruel punishment was almost too high to count” (p. 404).

This source presents another limitation: we can conclude nothing about the slaves’ own perception of their pathologies. It is known that most slaves living in southeastern Brazil in the first half of the nineteenth century came from central-western Africa, and while a variety of ethnic groups were represented, there was a certain cultural identity among them. According to Slenes (1999), their family structure was based on lineages, that is, groups of people with common
ancestors. Furthermore, these societies shared the belief that the universe was ruled by the notions of fortune and misfortune. When all was in order, the result was harmony, health, and well-being, but when an imbalance occurred, misfortune and illnesses would ensue. The only way to bring the universe back into harmony was by turning to those who could act as a bridge between divine beings and humans, to those who had access to sacred objects or ritualistic preparations. It was also believed that disease was caused by misfortune or magic, and that only a counterspell or a protective amulet could free one of evil. A cure was achieved when someone with access to the divine world expelled the evil from a person’s body (Decraemer, Vansina, and Fox, 1976). These views certainly differed greatly from those held by the doctors of that era, and in any case, this type of source does not allow us to recoup such information.

Although there is scant information on the curing practices employed by blacks, Debret identified a type of treatment used right out in the street by blacks possessing specific knowledge (Fig. 6).

**The characteristics of advertised runaways**

Two strategies were used to obtain a panorama of the physical conditions of runaway slaves announced in the *Jornal do Commercio*. One entailed analysis of physical characteristics as described by their masters: marks left by punishment, hair cut, ethnic marks, missing or worn teeth, and so on (Figs. 7-11). Of the 1,047 total ads, 203 provided this kind of information. The other strategy had more to do with the slave’s actual health: verifying the descriptions of the runaway’s physical problems, as viewed by the era’s medical or popular knowledge. There were 206 such cases, which revealed a broad variety of pathological conditions (20%).

In analyzing the pathologies of the runaways, it was necessary to rely on knowledge from the medical field. Specifically, this study used the typology proposed by Mendonça de Souza (Florentino, 1997, p. 271)\(^1\), in which each problem, pathological condition, or lesion is classified according to its anatomical, pathological, or etiological characteristics. Table 1 classifies study data in these terms. The tool was seen primarily as a way of analyzing data on the pathological conditions of the slave population, taking both nineteenth-century medical and lay knowledge into account. With the goal of abstracting as much information as possible from the source, the analysis had two focuses:

- Pathological features: generic information on the pathological condition or illness displayed by the slaves, which could encompass deficiencies; contagious disease; trauma; tumoral, rheumatic, or psychosocial problems; or organic malformation or dysfunction.

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\(^1\) This approach was first used by Florentino (1997, pp. 427ff), who analyzed the slave population in inventories from Rio de Janeiro during 1790-1835.
For instance: “Runaway: a Negro named Luiz, thin and appearing to be aged about 40 years; he has signs of open sores on his legs, and often walks about in the woods” (Jornal do Commercio; Mar. 12, 1850; my emphasis).

- Etiological features: concerning the causal agent of the pathology, when specifically identifiable, for example, burns or viral, bacterial, or parasitic infections, and so on. An example: “R$500 will be rewarded to whomever brings in or brings information on … a Negro man named Pedro, Rebollo nation, beardless, average height, with scabies on his arms” (JC, Mar. 3, 1850; my emphasis).

In addition to providing pathological and etiological information, these ads also let us identify anatomical aspects of the runaways’ principle physical conditions. Some announcements highlight features like these: “injury on head, scar on foot and others.” In this case, while there is no way to know what type of pathology the person suffered from, we know the region of the body where the problem manifested itself:

We beseech Srs. Antonio Borges Rodrigues and C. the favor of declaring whether the Negro man who appeared at their home in Cabeceiros do Brandão, district of Arrozal, boundary of Pirahy, is like this: Benguela nation, average height, thin, aged 18 to 20 years or thereabouts, with one pierced ear, a broken upper front tooth, narrow nose, and the mark of a scar on one of his shinbones. (JC, Mar. 1, 1850; my emphasis)

Considering the source used—a section of ads on runaway slaves—the result is only a sketch, an approximation of reality, since many masters probably failed to list a number of the runaways’ physical features; after all, the sole purpose of these announcements was to identify the person who had escaped, and so only limited information was necessary. The source is clearly different from inventories, where the purpose was to assign a value to the slave and therefore more data was provided on the ‘merchandise’. The goal of publishing an ad in the press was to make the runaways recognizable, and so the focus was on characteristics that would distinguish one slave from many others and increase the likelihood of his or her capture.

In addition to classifying this source a “sketch of reality,” it should also be stated that it does not permit any conclusions regarding the health status of the free population; ergo, there is no way of knowing if the slaves displayed a pathological profile that differed from the rest of the population. From the ads, we can only draw inferences about the physical condition of those who had escaped, while nothing can be concluded about the rest of the slave or free populations. Furthermore, given that there was a tendency for masters to be suspicious about the sicknesses of slaves—which they saw as a ruse
to avoid work—it seems probable that the masters quite often did not worry about mentioning them. It is also true that the very conception of disease has varied over time and depending upon the person who is sick.

Salazar, a slave dealer portrayed in the play O escravocrata (The slave trade), illustrates an idea then held about sickness and slaves: “Negroes do not have leave to be sick. As long as they are breathing, they must be at the hoe, whether they want to or not. For the illness of a Negro, there is one supreme, infallible, and sole remedy: the whip. Give me a dying Negro and a whip, and I will show you if I do not make him lively and nimble with a half dozen lashes!” (Azevedo, Duarte, 1985, p. 184).

Another limitation of these ads is the lay or popular language used, which makes the terms employed to describe pathologies less precise; ideas with equivalent meanings appear time and again, like “bexiguento” (pocky), “bexigoso” (pockmarked), and “com bexigas” (with pockmarks). We know that such information on runaways does not necessarily mean they were actively ill or carriers of the smallpox virus; they may have survived a bout of the disease, which left its marks. It would be reasonable to assume that the ads referred solely to scars, since we would hardly expect a slave with the disease—that is, with his or her health greatly debilitated—to undertake anything as risky as an escape.

All these limitations notwithstanding, the source has its usefulness: it provides us with introductory knowledge of the physical conditions of the slaves who sought an alternative way of life by escaping. Table 1 shows the consistency of pathologies displayed by runaway slaves, announced in the Jornal do Commercio in 1850.

The physical situation of runaways can also be seen from a different perspective. An analysis of the pathologies in terms of human anatomy reveals that injuries affected mainly the arms, legs, and head (Table 2).

Let us analyze Tables 1 and 2 in conjunction. The pathological conditions presented by an individual—slave or not—may have the following consequences, among others:

- Retardation or damaged growth and development: retardation implies economic losses and places a burden on the community, since the individual will not be as productive as expected and in some cases will depend upon others.

- Temporary or permanent incapacitation: the sick person is a consumer and not a producer, placing an onus on other members of the group.

- Death: death brings loss in that the individual cannot return the investment in his or her education and, in the case of slaves, in his or her purchase.
### Table 1 – Pathological conditions presented by runaway slaves announced in the Jornal do Commercio, Rio de Janeiro, 1850

<table>
<thead>
<tr>
<th>Type of disease</th>
<th>Number of slaves</th>
<th>%</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious disease (no details)</td>
<td>22</td>
<td>34,96</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Contagious parasitic disease</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Contagious virus</td>
<td>46</td>
<td>30,43</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Contagious bacterial disease</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>72</strong></td>
<td><strong>34,96</strong></td>
<td><strong>52</strong></td>
<td><strong>20</strong></td>
</tr>
<tr>
<td>Deficiency diseases</td>
<td>19</td>
<td>9,22</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>19</strong></td>
<td><strong>9,22</strong></td>
<td><strong>13</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>Traumas (no details)</td>
<td>47</td>
<td>37</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Traumas – burns</td>
<td>14</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Traumas – broken bones</td>
<td>2</td>
<td>2</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>63</strong></td>
<td><strong>30,58</strong></td>
<td><strong>47</strong></td>
<td><strong>16</strong></td>
</tr>
<tr>
<td>Rheumatic (no details)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rheumatic – joints</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>3</strong></td>
<td><strong>1,46</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>Deformation (no details)</td>
<td>21</td>
<td>17</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Deformation – cross-eyed</td>
<td>8</td>
<td>8</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Deformation – general</td>
<td>9</td>
<td>9</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>38</strong></td>
<td><strong>18,44</strong></td>
<td><strong>34</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>Tumoral (no details)</td>
<td>1</td>
<td>–</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>1</strong></td>
<td><strong>0,49</strong></td>
<td>–</td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>Psychological (no details)</td>
<td>1</td>
<td>1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Psychological – stuttering</td>
<td>5</td>
<td>5</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>6</strong></td>
<td><strong>2,91</strong></td>
<td><strong>6</strong></td>
<td>–</td>
</tr>
<tr>
<td>Undetermined</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>4</strong></td>
<td><strong>1,94</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>206</strong></td>
<td><strong>100</strong></td>
<td><strong>156</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

Source: Jornal do Commercio, Rio de Janeiro, 1850.

### Table 2 – Most commonly injured body areas of runaway slaves announced in Jornal do Commercio, Rio de Janeiro, 1850

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Number of slaves</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arms</td>
<td>30</td>
<td>21,74</td>
</tr>
<tr>
<td>Legs</td>
<td>42</td>
<td>30,43</td>
</tr>
<tr>
<td>Head</td>
<td>50</td>
<td>36,24</td>
</tr>
<tr>
<td>Trunk</td>
<td>16</td>
<td>11,59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>138</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Jornal do Commercio, Rio de Janeiro, 1850.
Since the group of people under analysis in the present study comprised individuals who were purchased so they would be productive, and since it was expected that the investment would soon be recouped, any pathological symptom indicated that the investment was at risk.

Table 2 leads into a discussion of the consequences of physical problems vis-à-vis the fact that the slave represented merchandise purchased by the master with the goal of gaining profit. Yet the concept of incapacity is relative when it comes to slaves. In some cases, a physical limitation might actually mean a big advantage for the master—for instance, blind slaves or slaves with other handicaps might be put on the streets to beg, with the money taken by the master.

As we see in Table 1, the most frequent pathology presented by the slaves appearing in ads in the Jornal do Commercio was infectious disease. The disease cited most often was smallpox, called “bexiga” then. Smallpox is caused by the virus Orthopoxvirus variolae and is passed directly from one person to another, that is, via sweat or sneezing; in other words, secretions from someone with the disease can infect someone who has not been vaccinated.3

A large number of slaves cited in the ads were carriers of variola or bore the scars of the illness—for those who survived it would carry its marks for the rest of their lives.

Of the 72 cases interpreted as contagious diseases, 47 occurred in Africans (65.28%) and 25 in Brazilian-born slaves (34.72%); in 5 cases there is no way of determining origin (6.94%). This evokes the question of ‘spheres of illnesses’, a concept developed by Curtin (1968), who posits that certain areas in the world, owing to their specific characteristics, are more susceptible to the development of diseases caused by bacteria and viruses. When people from these regions come into contact with other human groups, they are biologically incapable of resisting diseases their organisms do not recognize, prompting a high mortality or illness rate.

In the case of slaves, the circumstances were worse because their living situations were epidemiologically favorable to the development of infections: crowded into slave ships and then slave quarters, where sanitary conditions and nutrition were poor, they suffered the effects of heavy physical labor and stress, and, moreover, they had no medical care.

If we analyze the daily lives of a slave population, we know they were subjected to ongoing severe physical or psychological violence (real or imagined) which could lead to stress-related problems. The slightest gesture could bring punishment, food was uncertain, they had minimum rest. These and other circumstances all underscore the same thing: slavery produced human beings who lived at the edge of their physical and emotional limits. Present-day medicine warns us that stress leaves us susceptible to a number of infectious diseases. In

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3 Already in the eighteenth century, the smallpox vaccine had been declared mandatory in Brazil, although this law was not enforced and most people were against the vaccine. Epidemics continued to kill thousands from time to time, and only in the twentieth century was the mandatory vaccination actually enforced, following a campaign led by Oswaldo Cruz.
the words of McKeown (1988, p. 56), “there is good evidence that stress is an important influence in respiratory infections, and it is quite likely that it has an effect in many, perhaps most, infectious diseases.”

Medical problems caused by trauma rank second, encompassing 59 individuals (cf. Table 1). Of these, most ads do not specify the type of injury (42 cases), which means we have no way of knowing what caused the problem. Besides burns and broken bones, the most common traumas among the slave population were wounds provoked by beatings and other means of punishment. All of these elements tie in to the very structure of the slave system in one way or another, since punishment was seen as the method for getting the best performance from the slaves.

When the data were analyzed, a problem arose in defining whether the pathologies mentioned in the ads were the consequence of a disease or of trauma, as in the example of a black boy named João, “marked by signs of pocks” (JC, Oct. 1, 1850), or of Antonio, who had “a scar from a scythe cut on the back of his hand and like scar from the same on his chest” (Aug. 18, 1850). Sometimes, however, the slave is described as presenting a specific problem, as in the case of Fábio, a 10-year-old with burns on his arms, or 40-year-old Luiz, whose elbow was broken, or Manoel, who had a split on the front of his right foot, and so on. For the purpose of this analysis, the approach was to classify only burns, fractures, or wounds as traumas; other marks were taken as evidence of pathologies.

The large number of traumas (63) can be explained by the fact that this was a society where work was arduous and laborers had little protection. Historiography has postulated that after the slave trade ended and the price of slaves rose, they were treated better in hopes of maximizing the master’s investment. Ergo, historians have argued, the escapes that took place in even greater numbers following this improved treatment cannot be accounted for by abuse. But we must bear in mind that the data in question refer only to 1850, date of the Euzébio de Queiroz Law that ended the Atlantic slave trade; similar analyses of later years could determine the pathological status of captives following the end of the slave trade, but these have yet to be undertaken.

### Table 3 – African fugitives with contagious diseases, announced in *Jornal do Commercio*, Rio de Janeiro, 1850

<table>
<thead>
<tr>
<th>Population</th>
<th>Number of slaves</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>19</td>
<td>40.43</td>
</tr>
<tr>
<td>Adult</td>
<td>28</td>
<td>59.57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The ads published in the *Jornal do Commercio* indicated that of 206 individuals, 19 presented signs of some malady caused by a deficiency and 63, by trauma (cf. Table 1). Adding these two categories together provides a more direct picture of the treatment of slaves: 82 individuals (over one-third of our population) probably did not enjoy good living or working conditions. Diseases arising from rheumatic troubles can be linked to tough working conditions (carrying too much weight, resting in inappropriate places, etc.), and psychological diseases may reflect the constant emotional pressures suffered by slaves throughout their lives (cf. Table 1).

Only a few individuals displayed emotional problems (six cases). Of these, three were African and three, Brazilian-born, suggesting that both groups found it hard to adapt to the slave system. Of these six cases, five clearly involved stuttering. Some medical research posits that stuttering can be the result of pressure, fear, or trauma during childhood, and such circumstances certainly were easily encountered at any point in a slave’s life.

Ran away, on the 21st, on the Ladeira do Senado, corner of Paula Mattos St., a Negro boy named Raymundo; he had on a woolen hood, pants and cotton shirt, a shirt of blue flannelette; *he stutters while talking, most specially when afraid*; he took a crate of lard and pomade to sell. The law shall be strictly enforced on whosoever harbors him. (JC, Sep. 24, 1850; my emphasis)

Ran away, on the 10th of February last, in the city of São Paulo, a Negro boy named Salustiano, who was on his way to this City; with these marks: tall, thin, brownish colored, *stutters a little* and is knock-kneed; whoever may know of him, come to Passeio St. no. 17. (JC, Oct. 12, 1850; my emphasis)

An issue that undoubtedly had an influence on the health conditions of the captives was food. However, the source only allows us to explore it indirectly, by identifying certain pathologies that are suggestive of nutritional deficiencies. Food was the focus of much discussion in the nineteenth century, as evident in the literature and in the reports of travelers or theses defended at the medical school in Rio de Janeiro. Bernardo Guimarães, in “Uma história de quilombolas,” narrates a conversation between two runaways about the food given slaves at the plantation where one of them lived:

> – So, malungo [fellow slave], you’re eating so quiet! … Tell me the truth, isn’t this better than eating a gourd of beans with corn mush, seasoned by the devil at your master’s house? …

> – And sometimes not even that … . Our lunch was oranges with flour, and working our fingers to the bone from sun to sun. (Guimarães, 1871, p. 1)
This was also a frequent topic among travelers. In writing about the diet of slaves in Rio de Janeiro in the 1820s, Carl Seidler stated: “In the capital, the usual food of slaves consists of manioc flour, beans, rice, pork fat, and bananas; in the countryside, especially in the poorer homes, sometimes they have to make do for months with oranges and flour” (1941, p. 237). Debret recounted and portrayed the use of corn flour as part of the diet (Fig. 12); he also pointed out that the black women who sold corn mush had to work even when afflicted with a health problem. His lithograph shows a vendor with her head bound, as if she might be suffering from a toothache. Debret had this to say about corn mush: “simple ground flour separated from the bran using a bamboo sieve is called fubá. When boiled in water with no salt, it becomes corn mush, the slaves’ main staple” (Debret, 1989, p. 178).

Studies of nineteenth-century medicine have established that slaves suffered from certain diseases because of their diets, which consisted primarily of beans, corn, and manioc. Even in the light of what was known back then, this was an inadequate diet, as the physician David Gomes Jardim stated, citing his colleague, Dr. Jobim, in a paper on the diseases of the poor classes in Rio de Janeiro. The manioc-based diet of the poor and of slaves was not healthy, since it was considered:

… heavy, hard to digest, poorly prepared, lacking alkaline principles, in a word: unfit as a food and commonly provoking alteration of the humours and a tendency towards foul sicknesses. The manioc flour fed to the Negroes is prepared in a horrible manner, for almost never is all the venomous liquid extracted via pressure, nor is its poor quality corrected by the effects of fire (Jardim, 1847, p. 8).

The doctor reports that when a rancher was asked about his huge losses, prompted by countless deaths among his slaves, he replied that:

to the contrary, he suffered no loss, for when he bought a slave, it was solely with the intent of using him for one year, a period beyond which few could survive anyway; but nevertheless, he made them work so that he not only recovered the capital invested in them, but even made substantial profit! And moreover, what does it matter if the life of a Negro comes to an end under the unbearable work of one year, if we gain the same advantages we would have enjoyed if he had served moderately for a long time? (Jardim, 1847, p. 12)

Manioc played such an important role in the diet that it merited a lithograph by Rugendas, showing in detail how slaves prepared it (Fig. 13).
The German physician Reinhold Teuscher (1853) wrote a thesis for Rio de Janeiro’s Academia de Medicina, grounded in his observations of the living conditions of over 900 slaves living across 5 fazendas in the region of Cantagalo, Rio de Janeiro, over a 5-year period. In terms of the era’s standards, the doctor provides a rather positive view of the living conditions of the slave population. He stated that their houses were dry, with good ventilation, and well built, of stone, lime, and tile, and, further, that their food was “so abundant that everyone could eat as much as he wished. It consisted, for lunch and dinner, of manioc flour mush, beans seasoned with pork fat, and salt-dried meat every two days. Before bed, they have cangica [a porridge of green corn, coconut milk, sugar, and cinnamon]” (p. 6).

Strangely enough, when the doctor addressed the matter of diseases a little further on in the text, he said that a number of “debilitating influences” contributed to diseases among the slaves. In addition to tremendous work, few hours of sleep, sexual excess, and the loss of humours, he also mentioned poor diet and humid dwellings.

Teuscher (1853) also provided information on the work hours of slaves on these fazendas. They would always get up at 4 or 5 in the morning and go to bed at 8 or 9 at night, making the workday 15 to 16 hours long. Considering the rugged work they did come rain or shine and their diet of corn mush, corn flour, and beans (according to the doctor himself), it would be virtually impossible for these slaves to resist very long — bringing to mind the rancher mentioned by David Gomes Jardim, who voiced the logic of the slave’s life expectancy according to nineteenth-century Brazil’s slave system.

Nineteenth-century medicine viewed the health of slaves in terms of the living conditions of most of the poor, free Brazilian population, both urban and rural. The belief was that these two groups shared the same habits and that these habits caused many diseases and many problems. According to doctors, the indiscriminate use of alcoholic beverages, the habit of building houses near rivers and lakes (subjecting them to humidity), or of living in crowded, dirty tenements in the city accounted for a great number of diseases, especially those involving the lungs, like asthma, tuberculosis, and bronchitis.

The slave quarters were just the same: “In addition to being poorly built, placed on muddy lots, opened on all sides, and so filthy that they resemble veritable piggies, they almost never have enough rooms to lodge the slaves adequately, and for this reason they so often fall victims of illnesses that come from the foulness of the air” (Jardim, 1847, p. 14). This medical thesis is not concerned with slavery but with the diseases that spread so rapidly through the population; in many cases, the origin of the disease was traced to the slave population. The document also points out that many people exercised curing practices without having any knowledge of them, thereby depriving physicians of their importance as normatizing agents of the body.
According to Dr. David Gomes Jardim, after beating a slave, overseers would often put a mixture of salt, lime, and peppers on the wound, a potion they claimed would prevent infection. The physician recommended that in such cases the overseer use only clean water followed by the application of Galeno salve, a compound of oil and wax (p. 17).

Much as in the Old World, in nineteenth-century Brazil there was an effort to normatize the body, and medicine took it upon itself to organize the population so that these diseases would not spread through the city:

Society as a whole becomes a target of medical regulation, and health becomes a social issue. Physicians are entrusted not only with treating the sick but above all with supervising the health of the population (procreation, the well-being of mother and child, prevention of epidemics, organization of statistics, advising the population about health concerns, guaranteeing health care, organizing the medical profession, combating charlatanism, etc.). (Soihet, 1989, p. 40)

According to Jardim (1847), charlatanism was a serious problem in the country and in the city as well. It was common practice for those without medical knowledge to use medicine on slaves (and on poor free people as well); this was one of the factors that contributed significantly to an increased mortality rate among slaves:

Knowledge of drugs is useless, and even dangerous, if one does not know where, when, and how they should be used. Nevertheless, men who know nothing of the appropriateness or inappropriateness of applying a certain medicine resort to tartar, and use it on all maladies; and this is often done by a drover, who is accustomed to prescribing for burros, and who judges the nature of man to be identical to that of these animals, and so makes him withstand the same dose: the result is always the death of the infirm (p. 16).

Another factor that boosted the number of deaths among slaves was that the doctor would only be called as a last resort, when there was little or nothing left to be done.

This population’s precarious state of health also left its marks on the body. Of the 1,047 ads published in the Jornal do Commercio in 1850, only 203 mention some kind of physical characteristic (cf. Table 4). Twelve ads were eliminated from the analysis because they mentioned only the clothing worn by the slaves at the time of the escape or the length of their hair (short, long, medium). The remaining 191 ads were divided into 5 groups. The first and second comprised individuals with marks on their bodies or with teeth crafted by themselves (a custom in their African homelands). The third group consisted of slaves bearing property marks made by their masters. The fourth
comprised individuals whose description included both marks and scars; this is the least specific group, since there is no way of knowing what caused the blemishes. The fifth group encompassed slaves showing the marks of punishment on their bodies. Many cases in the fourth and fifth groups could undoubtedly be pooled, but as there is no way of telling whether the scars and marks were the result of punishment, cases were placed in the fifth group only when the ad itself stipulated the cause. An example follows:

Ran away, from the Cidade Nova, Bom Jardim St. no. 65A, on 28th July, a Negro man named Domingos, of the Angola nation, crippled in one leg, his face mottled with white, and many marks of punishment on one of his arms. (JC, Aug. 8, 1850; my emphasis)

Ran away two Negromen, one named Eliziário, Congo nation, who was slave of the late Elias Antônio Lopes; he had on blue pants and a thin white cotton shirt, and signs of having been punished at the house of correction. (JC, Oct. 12, 1850; my emphasis)

When we first look at Table 4, we lend little importance to the signs of punishment, since they represent a relatively small percentage (6.81%). Yet if we analyze the data as a whole, we realize that the violence perpetrated by the system is represented across almost all categories. Even if we cannot determine what caused the marks or scars, they were indeed there and probably were not made by the slaves themselves, since these ads specify when the marks were ethnic in origin, as in the following example: “Ran away, on the 17th inst, from the bakery at Conde St. no. 95A, a Negro man named Manoel, of the Mina Nagô nation; he has three signs of this nation on the bottom of his eyes (JC, May 18, 1850; my emphasis).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of slaves</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marks of nation</td>
<td>34</td>
<td>17.80</td>
</tr>
<tr>
<td>Condition of teeth</td>
<td>39</td>
<td>20.41</td>
</tr>
<tr>
<td>Property marks</td>
<td>9</td>
<td>4.72</td>
</tr>
<tr>
<td>Scars and marks</td>
<td>96</td>
<td>50.26</td>
</tr>
<tr>
<td>Signs of punishment, use of iron chains</td>
<td>18</td>
<td>6.81</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>191</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Jornal do Commercio, Rio de Janeiro, 1850.

The ads that describe runaways as having some kind of scar or mark are quite specific, and in some cases they inform the source of the marks:

Ran away, on the 18th of July, 1847, a slave named Manoel, from Africa, with the following marks: crippled left hand, because he was
hit, leaving him with three closed fingers, average height, brownish colored. (JC, Sep. 24, 1850; my emphasis)

Ran away, from Quitanda St. no. 20, a mulatto named Polydoro, apprentice cabinet-maker, aged 19 to 20 years, tall, thin, dark colored, with a mark on his chin from a horse kick, and walks with a bounce in his step. (JC, Sep. 24, 1850; my emphasis)

Machado de Assis (1985a) also addressed the treatment of household slaves in the city of Rio de Janeiro. He wrote of Lucrécia, an 11-year-old slave girl who belonged to Miz Rita: “Lucrécia was a skinny little Negro girl, a wee spit of a thing, with a scar on her forehead and a burn on her left hand. … Damião noticed that she coughed, but with her mouth closed, muffled, so as not to interrupt the conversation” (p. 276; my emphasis).

In conclusion, given their nature and frequency, we can state that the evidence of pathological conditions found in these announcements of runaway slaves would seem to reinforce the hypothesis that one of the main reasons slaves fled was to escape mistreatment, perhaps meted out to mark the slave’s body and serve as a lesson to him and other miscreants. “Mistreatment” here includes not just physical punishment but also poor diet and the failure to respect rights that had been won.

Identifying mistreatment by masters or overseers as a motivation for fleeing may seem to negate a slave’s status as free agent, but the intent is just the opposite. There has been much discussion about the slave’s role as the historical agent of his process, and the fact that escapes were most often prompted by breaches of the ‘contracts’ between masters and slaves does not mean the impetus behind this initiative can be attributed solely to the dominant layer. Much to the contrary, it means the slave accepted captivity only so long as it was the object of negotiation. When this negotiation became impracticable, the tie was broken. Thus, the slave was as active an agent of his history as possible, no matter how contradictory this may seem.

Something else may be inferred from the use of this source. These indications of the health conditions of a certain population of slaves—in this case, runaways—contribute to relativizing the concept of ‘labor capacity’ within a slave society, in comparison with the concepts of ‘property’ and ‘authority’, likewise determinant of the same order.

In principle, we can imagine that it was not good business to pay a reward for the capture of runaway slaves suffering from diseases that kept them from fully performing their duties. Yet we have seen that their masters would search for even the sickest and offer compensation for their capture. This has nothing to do with economic logic but with the social logic of control over slavery: it was important to recapture the runaways not merely to bring them back to their role in production but so they would serve as an example to others.
Figure 1 – “Sick slaves” (Chamberlain, 1943)

Figure 2 – “The street vendor and his slave” (Chamberlain, 1943)
Figure 3 — Poster of a runaway black. (Laemmert, Rio de Janeiro, 1854)
Figure 4 — Advertising section of the paper *O Liberal de Minas*, published in Ouro Preto, July 3, 1868
Figure 5 – Recaptured slaves, in the lithograph “Punishments,” by Edward Hildebrandt (Moura, 2000, p. 506)

Figure 6 – Lithograph “Negro surgeons,” by Debret (1835)
Figure 7 – Hair cuts of slaves as described in ads. Lithograph “Negro slave women from different nations,” by Debret (1835)

Figure 8 – More hair cuts of slaves as described in ads. Lithograph “Heads of men,” by Debret (1835)
Figure 9 – Lithograph “Mozambicans,” by Rugendas (1835)
Figure 10 – Different ethnic marks. Lithograph “Benguela, Angola, Congo, and Monjolo,” by Rugendas (1835)
Figure 11 – Different dental abrasions, found in the Igreja da Sé, in Salvador (Silva et al., 2001)

Figure 12 – Lithograph “Women vendors of corn”
Figure 13 – Lithograph “Making manioc flour,” by Rugendas (1835) and “Making mush,” by Debret (1835)

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