

“Appalling mortality”: disembarkation, demographics, and African diseases

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Abstract *This article contributes to a better understanding of the conditions which Africans endured immediately after landing in Brazil, taking the study beyond what happened in the slave ships. It highlights the importance of Eastern Africans in the southeast of Brazil, in the beginning of the nineteenth century, something that must be considered in order to do a deeper analysis of identity reinventions, diseases, and healing practices. The background of the suffering of those people can be found in the debates and political negotiations surrounding the prohibition of the Atlantic slave trade and the independence of Brazil.*

Key words *History of disease, Africans, Atlantic slave trade, Enslaved people*

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Introduction

It was in the first decade of its existence that Brazil began to experiment with the shaping and limits of the process of political separation (1822), when authorities, politicians, and journalists began to deliberate over nation building projects, sovereignty, civilization, and the trade of African slaves, and endemic illnesses mobilized doctors, merchants, and foreign representatives. At the court in Rio de Janeiro, in November 1830, accusations were made concerning the “astounding mortality” on board of the ships *Eliza*, *D. Estevão de Athaide*, and *Africano Oriental* which brought slaves from the Eastern coast of Africa. Accusations reached the envoy for British trade, who guaranteed that there was “strong evidence leading to the suspicion that some dead slaves” had been “sold illegally”. The imperial government determined that “investigations should be conducted as soon as possible”¹.

For six months, investigations were carried out into what could have caused such mortality. Inquiries conducted in-depth investigations of the deaths on the ships *Africano Oriental* and *Eliza*. According to witnesses, between embarkation (520) and arrival (420), 19% of the slaves aboard the *Eliza* had perished. And at the time of the testimonials, there were less than 200 remaining, meaning that 62% of the Africans had died. Concerning the *Africano Oriental*, the situation was even more dramatic. Of the 370 Africans embarked on the Eastern African coast, only 260 disembarked in Rio de Janeiro; therefore, 30% had died during the crossing. At the time of the inquiries and investigations, only 57 Africans had survived, resulting in an 85% mortality during embarkation, voyage, arrival, and the initial adaptation period. One of the witnesses guaranteed that according to the responsible physician, all of the missing had died. And that “to the best of his knowledge, the illness which had caused all that mortality had been scurvy dysentery”. After the ship had been seized, the Africans from the *Eliza* who were at the Lazareto hospital were sent to one of the warehouses of the *Valongo*. The *Lazareto*, where the remaining Africans who were on the ship *Africano Oriental* were staying, began to receive the sick Africans from the ship *Athaide*. One witness stated that the Africans had received “that treatment that is regularly given to the enslaved people from the ships”. However, concerning the development of the disease, no other cause could be identified other than “those causes which usually produce disease and conta-

tion aboard the ships from Africa”. The witness finished his statement defining the underlining atmosphere: “it is my concern that the disease is still rampant, to the point that there is rarely a day when no one dies”, and “those who died in the town are said to be taken to the *Misericórdia* (cemetery), but I do not know where those who died outside of town have been buried”².

This article presents reflections – from the standpoint of the diseases and the Atlantic African demographics – which contributes to provide a better understanding of the conditions to which Africans, especially those from East Africa, were subjected to as soon as they disembarked: images about diseases, experiences, and Atlantic mortality, providing possibilities for identity re-inventions, diseases, and healing practices.

Numbers and names of (the) pain

Several studies have shown the impact of diseases and morbidity during the Atlantic crossings. We still know little about the mortality rates and the nature of the illnesses on the African coast – therefore, long before embarking – and we know little about those who perished a few weeks after arriving in the Americas. If the slaves were captured/bought in the African *hinterland*, we can estimate that 10% to 12% perished in the warehouses, trading posts, and beaches before being embarking^{3,4}.

The episode of the ships *Eliza*, *D. Estevão de Athaide*, and *Africano Oriental* occurred at a time when the *Valongo* docks were being closed and trafficking became illegal. Great Britain conditioned the recognition of Brazilian independence to the acceptance of a new treaty for the abolition of the slave trade, since newly independent Brazil had no bounds to prior agreements. After a few years of external pressure and internal debate, in 1826, a treaty to abolish the slave trade was signed and ratified in 1827. In November 1831, a law was approved to prohibit the importation of slaves to the country, establishing punishment to illegal trade⁵. Moreover, the beginning of the second quarter of the nineteenth century coincides with the massive increase in the arrival of Eastern Africans to the ports of Rio de Janeiro.

In the beginning of the nineteenth century, about four in every five ships that left Eastern Africa with an established destination were headed to Brazilian ports, followed by those headed to Cuba and to Plata River, mainly Montevideo. The Eastern Africans who came to the Brazilian Southeast left from such locations/ports as Sofa-

la, Quelimane, Lourenço Marques, Inhambane, among other undetermined places. The investigations conducted by Klein and Karash were pioneering. Using reports from customs, logs from captured slave ships, tax information, prison records, and burial records, Karasch⁶ (p. 46-47) noticed that Eastern Africans already accounted for nearly 18% of the enslaved people imported in the first half of the nineteenth century. The data from *Slave Voyages* poignantly indicate the increase in the Eastern African slave trade. There are records of nearly 3,500 trips during the period of legal trafficking until 1831. Considering that there were about 2,400 trips to southeastern Brazil until 1856 according to the information gathered from the African places of origin, there was a predominance of central Africans (78.6%), followed by Eastern Africans (18%), and then by a smaller portion of Western Africans (3.4%)⁷. It was a growing demography, since between 1817 and 1824 the Eastern Africans were 24.5%, in comparison to the period of 1825-1830 when the percentage was 26.3%, according to Karasch⁶ (p. 49, 52) and Klein⁸⁻¹⁰.

To cross-check the slave ship arrivals and the post-mortem inventories from Rio de Janeiro, consistent investigations appeared in the study by Florentino. Eastern Africans did not account for more than 3.1% in the period of 1795 to 1811. Until 1811, Rio de Janeiro had at most 7% of slaves from Eastern Africa, increasing later to 60% by 1830. Overall, between 1790 and 1830, 110,000 Eastern Africans arrived in the city of Rio de Janeiro. The author's findings about the age profile of that group, based on samples of inventories (1789-1832), were also compelling, indicating a higher concentration of adult males (between 15 and 40 years of age) among the arriving slaves¹¹.

Another way to verify the impact of the arrival of Eastern Africans to Rio de Janeiro are the church records of baptisms of adult Africans from the five largest urban parishes in the town (Candelária, Sacramento, Santa Rita, Santana, and São José). It is possible that hundreds of Africans may have been taken, without baptism, immediately to townships in the countryside. The baptism of the newly arrived Africans produced greater concern among the slave owners, even those who were only temporary, than among the authorities, even among the church authorities who collected taxes. Without ignoring the symbolic and ritual dimensions, the registration of baptism created the first power relationships. Between 1801 and 1830, until the prohibition of

the slave trade, it is possible to see the universe of thousands upon thousands of Africans entering the ports of Rio de Janeiro, who were then split up and taken to all the central areas of the town, to the suburbs, to the coast, and to other regions in the countryside. Within a universe of nearly 16,000 registers of adult African baptisms (considering the identified areas/regions of Africa), our study found 34.1% of Eastern Africans (5,693) in the baptism records. The main location identified as the origin of those Eastern Africans was Mozambique, with more than 89.1% (5,111), followed by *Quelimane* with 9.2% (528), and Inhambane with almost 1% (53), both of which represented important slave trafficking ports on the coast of the Indian ocean¹².

If the baptism records in the parish records offer information about the profile and the patterns of the entry of Africans in Rio de Janeiro, the dispatches of the enslaved people and passports are equally revealing. The newly-arrived Africans in Rio de Janeiro in the nineteenth century were sent to several areas in the countryside of the province, especially the coffee and sugar plantation regions. One study, conducted by João Fragoso and Roberto Guedes, quantified the information produced by the Court's Police Superintendency between 1809 and 1833. Some 43 volumes of records were analyzed, representing records of passports for the enslaved people who arrived at the port of Rio de Janeiro and were sent to the countryside, including locations in the states of Minas Gerais, São Paulo, and Rio Grande do Sul. According to a ruling from the Court's Police, it was mandatory to issue a passport for travelers who left the capital, bound for other regions. Information can be seen regarding sellers, buyers, proprietors, notary publics, the destination of the enslaved and, especially, their number, whether the enslaved had been born in Brazil or in Africa, their gender, whether they were recent arrivals or had been in the country for some time, as well as the identification of nomenclature^{13,14}. Based on those sources, it is possible to go beyond the distribution of those Africans by "regional markets". The perspectives of African demographics acquire other references from that second migratory movement, which practically succeeds the Atlantic trade. Disembarked Africans, generally accounted for by the number of ships that arrived – not necessarily or mandatorily baptized – were identified in police records. The dimensions of merchant control and inspection, along with the police dimension also produced or reproduced codes, senses, signs,

and symbols for the thousands of Africans who undertook another voyage after disembarking at the ports of Rio de Janeiro. Dozens of volumes in the codices 390, 421, 424, and 425 suggest variations and/or confirm African demographic patterns. According to the quantification done in the study mentioned above, there are records, in annual shipments, of 187,000 enslaved Africans, including newly-enslaved people, ladinos, “offsprings” (children born from slaves), as well as sailors. Of the “newly enslaved” – essentially brought from Africa – more than 149,000 enslaved were found only for the period of 1819 to 1833, corresponding to 79.4% of the captives dispatched or the passports issued for their shipment. Most of those were sent to Minas Gerais, 39.6%, and the countryside of Rio de Janeiro, 34%, followed by São Paulo and Rio Grande do Sul, at 15.7 % and 6.9%, respectively. Frago and Guedes highlighted important seasonal variations, differentiated tax rates, fluctuations, omissions, under-registration, and repetitions that can be found in those sources^{13,14}.

The patterns of the Africans arriving in Rio de Janeiro are confirmed by these numbers. It is possible to propose a broader movement of disaggregation from the records of shipments, dispatches, and passports for Africans. Our study took into consideration codices 390, 421, and 425, as well as codex 411 (which added more than 22,000 registries to the sample)¹⁵. Between 1809 and 1833, there were roughly 255,000 enslaved people with passports shipped to other regions, including newly-arrived slaves, ladinos, offspring, and sailors. Of that selection, nearly 14,000 Africans had some kind of identification record and/or place of origin or “nation”. It can be seen that more than 12,000 Africans – the so-called newly-enslaved – were sent from the Court to other regions of Rio de Janeiro (countryside), to São Paulo, Minas Gerais, and Rio Grande do Sul in the period between 1809 and 1831¹³⁻¹⁵.

A comparative view between the parish registers and the registration of shipments of the newly enslaved can be produced for the Eastern Africans. They account for 31.4% of those baptized in urban parishes between 1801 and 1860, while in the period of 1801 and 1830, they were 34.1% of the total number. Those numbers are lower, dropping to 26.8%, when all records from the parishes, both urban and rural, between 1801 and 1860 were analyzed. The main question which may emerge from these initial comparisons is about the slave market in terms of its supply, demand, and African patterns, in addition to

illnesses and the subsequent medical concerns¹⁶ (p. 186).

The variations in the numbers of arrivals, baptisms, and shipments must be cross-checked with the mortality indexes and their fluctuations, especially in the final years of legal slave trafficking. In urban Rio de Janeiro, at the *Valongo* cemetery, which was located next to the port, there were 5,826 burials of “new Africans (“pretos novos”)” only in the period between 1825 and 1829. The complete study by Júlio Pereira, which includes burials records between 1824 and 1830 suggests the impact of mortality articulated with the increase in demographics of Eastern Africans. For the years of 1828 and 1829, Eastern Africans accounted for 26.8% of all Africans buried in the region. The numbers of such Africans buried between 1824 and 1829 witnessed a sharp increase, going from 5 deaths in 1824, to 146 in 1829 (p. 109 and the following)¹⁷.

Dramatic reports gained impact in the literature of travelers and even in the anti-slavery mentality, already in the first half of the nineteenth century. Pascoe Grenfell Hill presented a unique report of his stay for nearly two months in a captured slave ship, which traveled the Mozambique-Brazil route. Details from his account are already defined by the ghastly totals. More than one fourth of the Africans perished, totaling 117, that is, 27%. Hill described what he classified as the “greatest physical suffering”, specifically the “violent and insatiable thirst”. According to the author, the “rain droplets in the sails” and the “wet masts” were disputed by dry throats and lips. For those who became sick, the lack of water was even worse; he saw “some of the sick licking the deck after it was washed with sea water”¹⁸. *O Progresso*, a 140 ton ship (approximately) was captured by the British navy and taken to Freetown in Sierra Leone. After leaving the port of Paranaguá, on the coast of Paraná, bound for Eastern Africa and with a return trip planned for Rio de Janeiro, the vessel was captured in 1842. More specifically, the ship was leaving the vicinity of the Quelimane coast when it was intercepted. It was a slave ship with a Brazilian flag, operating at the time of illegal slave trafficking, under the command of Captain Antonio Rodrigues Chaves. It was captured by the ship, *H.M.S Cleopatra*, commanded by the English captain, C. Wyvill. It was quite fully loaded, with 444 slaves, plus a crew of 10 people including the captain, sailors, and cooks. The customary tragedy with mortality rates around 20-30% was expanded even further, as it was carrying 189 men, 45 women, and

213 children. Considering only the adults, nearly 24% were women. However, in the final tally, 177 Africans had died of smallpox, dysentery, and other causes, resulting in nearly 40% dead. Published under the title “50 days aboard a slave ship”, the diary of Pascoe Hill described, from a first-person point of view, the days, hours, and nights of pain and generalized terror¹⁸. Capela demonstrated that the mortality in the trade of Eastern Africans could range from 25% to 35%. In 1819, a report written by Friar Bartolomeu dos Mártires about ships which left Mozambique bound for the ports of Rio de Janeiro, Pernambuco, and Salvador, pointed towards a 20% death rate still prior to embarkation, and another 25% death rate during the voyages¹⁹ (p. 260-261, 263).

In those diverse environments – the beaches and coastline of Africa, the shipping cargo bays, harbors with improvised arrivals, and the pilgrimage until arriving at the farms – there was no shortage of Atlantic characters: cooks, bleeders, bailiffs, custom officers – many of whom were Africans already inserted in the slave trafficking networks. In many cases, they represented the first translators for thousands of Africans who arrived increasingly in groups and not always became the multitudes. Bernardo must have performed such a role, since his proprietor asked for a license, in 1828, so that the enslaved could work as a bloodletter on the voyage of the ship *Novo Comerciante* to Mozambique, claiming that he “had already done several voyages to the ports of Africa”. It was not possible to discover if Bernardo was from Mozambique or even if he was African, like the 61% of the bloodletters authorized by the inspection authorities.²⁰ It is known, however, that the *Novo Comerciante* went to Eastern Africa in 1829 and returned in the end of the year with 474 enslaved Africans, out of a total of 550 that had embarked in *Quelimane*⁷. It is likely that Bernardo did contribute to the survival of some of the enslaved people who managed to make it to Rio de Janeiro.

Post-arrival expectations were numerous, ranging from the immediate sale to retail merchants at the ports, or to more eager masters searching for ordered items or even the distribution – perhaps already done at time the investment in slaves was planned – to specific farmers and dealers. That would constitute intense times, immediate and complex in the first experiences of the Africans moving throughout the diaspora.

Atlantic illnesses and cures

Epidemics and terrible conditions traveled hand in hand, reaching the ports of arrival. In 1808, Manoel Vieira da Silva, the *fisico-mor* (chief physician) and *provedor-mor* (chief health inspector at the ports) – positions established after the arrival of the Portuguese Court – noted that the slave ships were infamous for the “lack of cleanliness, of treatment, and a large number of people joined together in a small space due to ambition”²¹ (p.77). In 1820, the *cirurgião-mor* (chief surgeon), Domingos Ribeiro dos Guimarães, had already called attention to the spreading of “diseases”, which caused “great mortality”, during the crossing, describing the enslaved people as “piled up in small and poorly ventilated spaces”. Such conditions favored the development of the so-called “maculo” (parasitic diarrhea), dysentery, rebellious ophthalmia, phlegm and mucus fevers, scurvy, edema, rheumatoid fibrosis, purulent tumors, stomach sickness, smallpox, measles, scabies of a contagious nature, and other skin eruptions, which become chronic”²² (p. 109-110).

Mortality rates, profits, supply variations, progresses in nautical technology and slavery demands shared the same context. Since the end of the seventeenth century there were attempts, through legal permits, to regulate the number of Africans in each ship, the number of meals per day, the volume of water per day, medication, and even chaplains on board to hold services and administer the last rites to the dying. The balance between the quantity of slaves, the amount of water, the duration of the voyages, maritime currents, food quality, dexterous pilots, and experienced crews ranged between assumed risks or astounding commercial success. The increased voyage time vs. the unhealthy conditions increased the death averages geometrically²³ (p. 280-283).

Mortality was also impacted by the length of time of the slave voyages. The average trip from Luanda to Rio de Janeiro could take 33-40 days, while the voyages leaving the ports of Mozambique, Inhambane, and Quelimane (Eastern Africa) could take up to 76 days.¹⁵ The concern about the quantity of dead Africans aboard the ships *Eliza*, *D. Estevão de Athaide*, and *Africano Oriental* made total sense. In the end of 1830, a rigorous investigation was conducted, aimed at not letting “those who were criminals, guilty of any fraud, action, negligence, or anything else that may have incurred to cause such sad results, to go unpunished”²⁴. The investigations to ver-

ify the mortality onboard the *Dom Estevão de Athaide* – which took place during the voyage and especially during the time the enslaved were in warehouses before the sale – discovered that there were 286 Africans in the vessel when it went through customs on October 30th. Between that date and November 6th, when the slaves were taken to the warehouse, five more had died. However, in the beginning of December, the cargo was referred to as being only 180 or 190 Africans. That meant a 34% casualty rate, considering those who had made it to Rio de Janeiro alive. The initial explanation from the person in charge was that there were many sick slaves at the time of arrival, and many were sent to the warehouses of *Lazareto*, while others were taken to be cared for at his house or out of the city, in Praia Grande, where some 30 slaves has been taken. The majority of them had perished. According to the tender, they had died of scurvy or diarrhea after being treated by the *cirurgião-mor* (chief surgeon), José Maria, with the help of a barber on the ship²³. Among the witnesses, there were some who guaranteed that the vessel already had excessive contamination during the voyage; 76 Africans were reported dead within the first 30 days after the ship had passed the Cape of Good Hope. It was said that the entire shipment already came with “eye sickness”, and that nearly 60 of the Africans had the disease called “Olanda”; therefore, they could not walk and many of the enslaved people still had eye sickness and the referred “Olanda” disease. We may consider that due to a mistake on the part of the witness or of the officer taking notes, they were referring to the “Luanda disease”, another name for scurvy.

José Francisco Xavier Sigaud (1796-1856)²⁵, one of the most important physicians at the time, called attention to the illnesses. One of the founders of the *Medical Society of Rio de Janeiro*, created in 1829, Sigaud mentioned ophthalmia and scurvy as illnesses particularly related to the Atlantic slave trafficking. He defended the thesis that ophthalmia, imported from Africa in the slave ships, had, on several occasions, produced an actual “epidemic devastation”, spreading rapidly, followed by phlegm, dysentery, and intermittent fevers. As an observer of that time, he observed everything from up close, having witnessed episodes on “frequent occasions and verifying its devastation” onboard the ships and in the *Valongo* market as well. Still in 1830, he commented on “two shipments of contaminated Africans” describing “a large number of benign ophthalmias”. Was he referring to the ships *Eliza*, *D. Estevão de*

Athaide, and *Africano Oriental*? Sigaud pointed out that “general bloodlettings” were conducted, followed by emeto-cathartic, emollient baths and astringent lotions”. Still, there were many cases of blindness²⁵ (p. 255-256), which had many causes, including glaucoma, cataracts, and a lack of vitamin A, and was also associated with diseases, such as smallpox, measles, syphilis, and leprosy. Due to contaminated hands, bacteria would reach the eyes, often causing the loss of vision. In the case of the Africans, ophthalmia was associated with trachoma or onchocerciasis. Also associated with hygiene conditions, trachoma was a viral disease, which affected the conjunctive and the cornea, leaving scars which hampered one’s vision, causing blindness. Onchocerciasis was a parasitic infestation by filaria, its symptoms were nodules on the head and trunk, skin lesions, and strong itching. However, the disease took some time to develop in comparison to trachoma, and it was unlikely for it to cause acute cases of blindness on the ships, according to Karasch⁶ (p. 229-230).

Specifically about scurvy, Sigaud agreed that “it had often been brought to the shores of Brazil by the slave ships”, but he argued that it had rarely spread, “limiting its deadly effects to the Africans piled up onboard those ships, who would die as soon as they set foot in Brazil”. He offered his own testimony, mentioning having seen, in 1829, at the *Morro da Saúde* beach, the arrival of “a shipment of scurvy ridden Africans”. In his tragic description, the author said that “as those poor miserable Africans were taken out of the horizontal position and people made efforts to set them standing up, the sudden lipothymia would appear and, in a few minutes, the Africans would expire without convulsions”^{25,26}. That detailed report motivated us to think about how diseases, symptoms, and bodily and mental aspects of the Africans were observed and immediately translated, in evaluations and reports, by physicians and surgeons. Perceptions of diseases and their origins, as well as expectations of medical interventions were written down, in search of definitions, diagnoses, and treatments. Sigaud’s observations – and possibly information that he sought from ship captains, sailors, and even bloodletters – would become clinical experience.

Not seldom, Africans – not necessarily those who had recently arrived – and those enslaved people who were born in Brazil were cared for at the Santa Casa da Misericórdia. This was yet another location for first-hand observation, since it was the same place where the practical lessons

of the Medical Surgical Academy took place. In 1832, with the creation of the Medical College, the practical lessons were continued at that hospital. People, individuals, bodies of Africans labeled as “ill” were used in the production of knowledge, education, and medical expertise²⁷. Many of the Africans who succumbed to diseases and to the conditions they were being subjected to, were buried in the cemetery of the Santa Casa da Misericórdia, having gone through a hospital or not. Their bodies were taken to be buried with documents issued by block inspectors, judges of the peace or with death certificates signed by doctors or surgeons. In a pioneering investigation conducted with the Santa Casa records in the end of the 1970’s, Karach produced a sample about the Africans buried there in the 1830s and 1840s. In 1833, at the peak, Eastern Africans accounted for 24.8% of the people buried, dropping to 16.8% in 1838 and 15.6% in 1849⁶.

One hypothesis which should be tested further was proposed by Florentino, when he analyzed the age groups, mortality, and logics in the slave trade of Eastern Africans. According to his work, there was “a microbial account, making the Eastern Africans in Brazil more fragile, still not fully adapted in immunological terms” (p. 229)¹¹. Historians often have accepted the idea that the African populations brought in the slave ships were responsible for the spreading of diseases, many of which unknown in the European and American continents. This statement was based on biological consensus crystalized in the health area. Diana Maul de Carvalho problematized that question, remembering the importance of the contexts for the understanding of diseases for historiographic studies. The author criticizes such biological consensus deemed as natural, “increasing the scope for alternative diagnosis and possible scenarios in relation to the health of the studied populations”. Her proposal is to debate “how far the clues of the different sources may take us in an attempt to distinguish between the diseases which pre-existed in the African territory in the nineteenth century, which may have crossed the Atlantic in either direction since the sixteenth century and established themselves on the other shore”. Moreover, it is important to look into the “diseases whose etiological agents were already present, but the outbreak of the disease was made possible or amplified by the slave trade”²⁸.

It is important to relativize the view in which the Atlantic slave trade was the exclusive factor in the spreading of diseases and epidemics. Micro-

bial impacts had conjunctural and demographic connections, and it is essential to consider the climate, the economic regime, demography, property standards, and diet in other dynamics of morbidity and mortality.²⁹⁻³². One could also think about a movement in the opposite direction. Eltis argued that the impact of European epidemiology on the African continent was neglected in studies about the Atlantic trade³³ (p. 161).

In important studies conducted more recently, Kaori Kodama³⁴, Dale Graden³⁵, and Manuel Barcia³⁶ demonstrated the epidemiological impacts of yellow fever on the Atlantic trade, considering the disease, the perceptions of the authorities, the realigned commercial logic, and the political relationships, that is, to also think about the diseases beyond the first impact of slave trafficking and mortality, as well as in terms of epidemiological waves. In Rio de Janeiro, recently purchased Africans – who were taken to the coffee plantation areas of Vassouras and Valença – became victims of cholera. Between 1855 and 1856, cholera caused great mortality among the slave population in the city itself and in the province’s countryside. In the Imperial court, out of the 4,899 cholera victims, 2,523 were slaves. In mid-1856, in only eight days, cholera killed more than 30 slaves at the Rio Seco farm, in the municipality of Rio Bonito. In Barra Mansa, out of 372 people who died, 311 were slaves. In the village of São João do Príncipe, in just a month and a half, between the end of 1855 and the beginning of 1856, 498 people were infected, 164 were free people and 334, captive. From the 160 who died, 108 were slaves (p. 28, 30-31, 35-36, 38, 81)³⁷.

It is possible to think – beyond the scope of medical treatments – how the recently arrived Africans were viewed, as a whole, with greater attention in terms of contagious diseases that could spread, as well as in terms of the way in which they were cared for and the conditions they were submitted to, causing or worsening the illnesses even further, as the report by Sigaud suggests.

Final considerations

Beyond quantification, the death experiences of Africans during the Atlantic trade and the period of adaptation, or even in the plantation or *black town* scenarios, may be doorways through which to identify cosmologies, identity reinventions, and definitions of body, diseases, and healing practices³⁸.

There are still invisible, and yet very important, moments, such as the arrival of enslaved people and especially their shipment to slave markets, warehouses, and storage facilities in the central parts of Rio de Janeiro. Those were cyclical and intense movements with several peak times in the course of a year: the gradual arrival of Africans, removed from the slave ships, the “parading” of the slaves through the streets of the town to arrive at the warehouses and slave markets. Another moment that is not always observed was the sanitation inspection and forwarding to the Lazareto Hospital. That was an opportune period, when in a few days the suffering and difficulties of the trip were augmented and added to the tortuous expectation of the sale and the shipment to places of work, in the cities or in rural and more secluded areas. It was an irreversible time of transformation in the lives of thousands of individuals. Men and women, many still very young, would become *Africans* (in a sense of generic identification), were given new names, and certainly produced their first identities³⁹. Beyond the suffering, losses, and mortality, those times – voyages, arrivals, and shipments to warehouses –

were marked by the pain and the adventures of the diaspora.

Going beyond the tragic dimension, the Atlantic crossings revealed narratives of bodies in dispute and interpretations in movement. The conditions during the voyages are already well-known, but still little is known about the expectations during the trip, and even less about the first observations during arrival. Maritime tragedies happened repeatedly between the fifteenth and nineteenth centuries, becoming even worse with the advent of illegal slave trade.

The episode about *O Progresso* described by Hill and the accusations related to the arrivals and to epidemics onboard the ships *Eliza*, *D. Estevão de Athaide*, and *Africano Oriental* also make us reflect on the limitations of the archives when we think about the impacts of disease and the first views on them. Names and characters were not less important, and pain and trauma are almost always invisible in the sources. Long and tragic voyages took place under inhumane conditions. Moreover, the African views on those processes still remain invisible^{40,41}.

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