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**Subject Formation in the Early Black Atlantic: Disease Narratives of
the Middle Passage**

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The slave trade in the British empire, according to the historian James Walvin, “was the crossroads of major diseases” (119). Through the connections established by the triangular trade, not only goods – and human commodities – were exchanged, but also pathogens from Africa, Europe, and the Americas (Sheridan 109). In the imperial imagination, these pathogenic exchanges recreated the cultural contact zones that characterised and troubled the imperial project. Colonial diseases, established as such through the framework of tropical climates (see Arnold), raised material and discursive questions about the boundaries of British bodies and identities. These questions found an outlet in the disease narrative, a form that emerged to negotiate cultural identities forged within the disease environments of colonialism and the slave trade. In my use of the term disease narrative, I refer to disease, rather than illness, precisely because of its connotations of contagion and the ensuing semantic linkage with colonial environments. Placed in this specific discursive context, the disease narrative can be seen as related to but not identical with the category of “illness narrative” in the Medical Humanities (Vickers), with which it shares a focus on narrative self-making.

The writings of the British military physician George Pinckard, who was first stationed in the Caribbean in 1796, provide one striking example of the disease narrative as I define it. In his *Notes on the West Indies* (1806), discussed at length by Emily Senior, Pinckard relates in a personal episode how he suffered from and survived a case of yellow fever, that “most feared of colonial diseases” (Senior 122) which disproportionately affected newly arriving Europeans. In consequence of his recovery, Pinckard proclaims himself to have become a “*seasoned creole*” (135). In other words, undergoing the illness effects a change in identity: Pinckard has completed the process

of seasoning, i.e., of adapting to the new West Indian environment, and he has in this way become creolised. His identity is no longer purely British, even though Pinckard is careful to guard the boundaries of race. As Senior furthermore notes, "Pinckard constructs a narrative" (126). Building on Senior's work, what I want to foreground in this episode is the basic narrative pattern that is embedded in Pinckard's report of his transformation through illness. Consistent with the trajectory of Campbell's monomyth, which describes the structural pattern of a hero's journey, Pinckard is initiated into a journey of infection, overcomes a moment of fever crisis (Senior 126), and eventually returns from the experience transformed. Colonial discourse of tropical climates, Pinckard's medical knowledge, and his physical experience of a contagious disease distinctly linked to the West Indies here combine into the narrative of becoming a "seasoned creole." It is this recurring pattern of the disease narrative which I aim to probe in the specific context of the transatlantic slave trade.

This article studies two late eighteenth-century eye-witness accounts of the Middle Passage, the forced transportation of enslaved Africans from the West coast of Africa to the Americas that turned ships into "pesthouses in which epidemics raged" (Sheridan 115). The "long list" of Middle Passage ailments includes "dysentery, diarrhea, ophthalmia, malaria, small-pox, yellow fever, scurvy, measles, typhoid fever, [...] yaws, syphilis, leprosy, and elephantiasis," as well as, in the case of enslaved Africans, injuries caused by overcrowding and maltreatment (Sheridan 115). In both writings from 1788 and 1789 respectively, this disease environment is implicitly conceived as a climate analogous to the tropical climate of Pinckard's West Indies. As Senior points out, from the mid-eighteenth century onward, a medical model was dominant according to which disease and colonial climate were intricately linked. Disease, in line with classical medical theory, "came to be associated with bad air – *mal aria*," and "tropical climates were perceived as particularly deadly" (3-4). Although the (European) body facing unknown climates does not become entirely porous in this model, it is thought to be susceptible to various interactions with temperature, humidity, and the air. These material interactions are seen to eventually encroach upon and redefine cultural identities. The self written into being in each text studied below is the result of a narrative negotiation framed through these understandings of disease.

I will discuss sections from slave-ship surgeon Alexander Falconbridge's *An Account of the Slave Trade on the Coast of Africa* (1788) and Olaudah Equiano's slave narrative *The Interesting Narrative of the Life of Olaudah Equiano, Or Gustavus Vassa, The African* (1789). The texts share a historical context, with just one year between their publication, and both served to support the abolitionist campaign. Both Falconbridge's *Account* and Equiano's *Narrative* are (at least in parts) concerned with autobiographical narration as self-formation. The Middle Passage in these first-person accounts charts a passage into subjectivity, driven in each case by the author's experience of disease. Both texts employ the template of the disease narrative, but notably, both also couple it with moments of non-narrativity. I will read these moments as specific to the Middle Passage context, within which they also indicate disparate subject positions for Falconbridge and Equiano. Whereas to Alexander Falconbridge, the white British abolitionist subject, the Middle Passage – albeit an appalling and potentially fatal experience – can form a journey of identity constitution, the case of the formerly enslaved African-born Olaudah Equiano is more ambivalent. As I argue by focusing on a previously neglected segment in Equiano's text, the *Narrative* is invested in a process of subject formation; however, the breaks in Equiano's disease narrative also voice a Black-Atlantic consciousness that situates the Middle Passage as a starting point with no resolution.

Taking its cue from moments of unspeakability and narrative rupture in both texts, this article approaches disease as a material-discursive figure of simultaneous narrativity and non-narrativity. Narrativity here is understood as the degree to which a text is considered to be narrative – i.e., for instance, emplotted, sequential or eventful – or not (see Abbott). Disease, then, features not merely as an extratextual object of representation. Approached through material ecocriticism, disease is the result of material-discursive interactions and as such is a form of story and imagery in itself. From a literary studies standpoint, the potential of these forms to indicate that which cannot be represented is as important as that which is narrativized. Falconbridge's and Equiano's narratives both articulate the disease-ridden conditions on the slave deck as something unspeakable. The unspeakability trope is often found in disease contexts: Davina Höll identifies it in relation to the cholera pandemics of the nineteenth century (51-52), and Susan Sontag, in *Illness as Metaphor* (1977), writes about the silence surrounding the diagnosis of tuberculosis (7). In the case of Falconbridge and Equiano, the disease environment of the ship's belly serves as a trope for the unspeakable horrors of the diseased slave trade as such. I want to suggest that disease – in the form of unspeakability and ruptured narration – thus offers glimpses into the "absent presence" (Webster 73) of the slave trade in British public culture. As a figure of that which is there but cannot be shown, disease thwarts the factual realism of the abolitionist text and so shows the trade to exceed the representational means of those arguing against its dehumanising logic. But I want to be equally clear that both texts do unfold their abolitionist argument through the trope of unspeakability.

Placed in a Black-Atlantic framework, the disease narrative can be more clearly identified as a Western form into which a constitutive "counterculture of modernity" (Gilroy 5) is in-built. In Paul Gilroy's conception of the Black Atlantic, the Middle Passage features as the symbolic point of origin for a Black-Atlantic consciousness formed not by stable origins, but by diasporic rupture and displacement. As a lingering trauma where "[t]ime does not pass, [...] it accumulates" (Baucom 34), the Middle Passage upsets Western colonial temporality. This alternative temporality is not simply the other to Western modernity, however, – an untroubled refuge in tradition – but a "diaspora temporality and historicity [...] that grew inside modernity in a distinctive relationship of antagonistic indebtedness" (Gilroy 191). The Black Atlantic is at once omnipresent and absent; it is part and parcel of but also erodes Western categories such as teleological linearity. This "doubleness" (Gilroy 58) puts on display the complicity of narrative with a universalised conception of temporality, where "narrative illuminates temporality and humans as temporal beings" (Prince 58). Standard narratological approaches do not sufficiently account for the hierarchical scales that have structured much thinking about the category of the human. Even attempts like that of Susan S. Lanser to widen the narratological analysis retain an undifferentiated concept of a "narrative humanity" (357). The disease narrative, on the one hand, complies with such Eurocentrism and stands in the service of hierarchically structured identities; as my reading of Equiano will show, however, disease as a fractured, non-teleological narrative also provides a window onto the Black-Atlantic relationship with Western modernity and its categories.

"I was frequently a witness": Alexander Falconbridge's *Account of the Slave Trade*

Alexander Falconbridge served as a surgeon on four slave ship voyages. In 1788, he published his *An Account of the Slave Trade on the Coast of Africa* as a direct response to these voyages. Unlike some slave-ship surgeons who were staunch defendants of the

trade, Falconbridge and other colleagues testified on behalf of the abolitionists in the parliamentary enquiries into the slave trade (Sheridan 112). The *Account*, accordingly, is an abolitionist treatise aimed at educating the British public on the realities of the slave trade, commissioned by The Society for Effecting the Abolition of the Slave Trade, of which Falconbridge himself was a member. "Intended to lay before the public the present state of a branch of the British commerce," Falconbridge's text operates through the "recital of a number of facts which have fallen under my own immediate observation, or the knowledge of which I have obtained from persons on whose veracity I can depend" (iv). In pursuit of verifiable empirical evidence, Falconbridge's first-person narrative voice presents itself as an authoritative witness to the events described, a key component of abolitionist discourse. Still, despite this factual appearance of the text, one should not overlook the work that went into constructing Falconbridge's position as abolitionist narrator (see also Faubert 149).

Falconbridge's narrator proceeds by abstracting from individual examples, either his own or those reported to him. From his own experience, he relates the "fatal effects of this exclusion of the fresh air" to which he "was frequently a witness" (25). Championing the theory of miasma, Falconbridge identifies the lack of fresh air as a prime reason for the spread of diseases:

[F]luxes and fevers among the [enslaved Africans] ensued. While they were in this situation, my profession requiring it, I frequently went down among them, till at length their apartments became so extremely hot, as to be only sufferable for a very short time. (26)

Rather than presenting an (ostensibly) objective account, though, the author draws extensively on literary techniques. He fashions the slave deck as a miasmatic hell and spatially semanticises his consultations on the deck as journeys into its hell. In a simile conveying the inhumane conditions on board and, by extension, of the deadly system of chattel slavery that equates enslaved humans with livestock, he compares the deck, "covered with [...] blood and mucus," with a "slaughter-house" (26). Finally, Falconbridge invokes a trope of inconceivability, stating that "[i]t is not in the power of the human imagination, to picture to itself a situation more dreadful or disgusting" (26). Faced with the slave ship's disease environment, the narrator chooses to depart from detailed, factual reporting. Disease emerges as a figure of that which cannot be shown. However, unspeakability also becomes the rhetorical choice of the abolitionist author and is thus subsumed in an abolitionist discourse that positions Falconbridge as a witness to disease.

The passage in Falconbridge's *Account* continues to chart an abbreviated version of the disease narrative found in Pinckard's *Notes*. Falconbridge records almost losing his life to the insufferable conditions; they "had nearly proved fatal to [him] also" (26). His narrative voice is nearly forced to stop, and yet, in the author's following description, this existential crisis turns out to be the moment of full initiation. As Falconbridge recalls:

The climate was too warm to admit the wearing of any clothing but a shirt, and that I had pulled off before I went down; notwithstanding which, [...] I was so overcome with the heat, stench, and foul air, that I had nearly fainted; and it was not without assistance, that I could get upon deck. The consequence was, that I soon after fell sick of the same disorder, from which I did not recover for several months. (26)

The intimately personal, corporeal experience – Falconbridge first removes the barrier of his shirt and is then “overcome” by the temperature and smell – initiates him into a sphere of disease and with this, into the Atlantic world and his role of abolitionist. Importantly, the passage maintains an essential difference to the enslaved Africans below deck. Falconbridge almost faints but is taken on deck; he falls ill of “the *same* disorder” (my emphasis) but does not relate the actual experience of disease. The reader only learns about his slow recovery. Given that he is rather evasive about his own involvement in the trade, Falconbridge’s depiction of infection through the diseased trade can also be read as a displaced admission of guilt. This moral framing of the trade as disease and of sickness as punishment for involvement in it is not uncommon in abolitionist discourse (see Senior 8-9). The disease narrative, then, leaves the narrator transformed, from morally dubious slave-ship surgeon to anti-slavery campaigner, while also securing his white British identity. The author of the *Account* writes in the abolitionist voice from the start, but I argue that this sequence stages his conversion into anti-slavery campaigner. It is this completed pattern of the disease narrative which allows Falconbridge to move on in his account from the unspeakability of the diseased trade to other deplorable circumstances during slave ship voyages, especially under conditions of overcrowding.

Falconbridge proceeds in his *Account* in the distanced register of the abolitionist. He relates the instance of one “Liverpool ship” (26), of which he “particularize[s] the circumstances [...] as a more glaring instance of an insatiable thirst for gain” (27). The *Account* shifts from figurative register to numerical knowledge. Abolitionist rhetoric is moralising but also relies on empirical evidence. The author provides exact measurements of the ship’s mass, width and length, store room, and slave deck. The level of detail is reminiscent of the stowage plans for the infamous *Brooks* ship, which were published by the abolitionist campaign in 1789. In the end, the rhetoric reverses but does not do away with the slave trade’s logic of quantification, its conversion of the enslaved body into a “sign and a monetary equivalent” (Baucom 7). The abolitionist epistemological revolt against a system that translates health and disease into (non-)profit falls short, and the unspeakability of disease that pointed beyond fact-based realism becomes an abolitionist trope. For the author Falconbridge, the subject matter of the Middle-Passage-as-disease is contained. This is possible because Falconbridge is only a witness to the Middle Passage. In his role of medical-turned-abolitionist witness, Falconbridge’s narrator is free to enter and leave the disease environment of the slave ship. Equiano’s first person, in contrast to this, occupies a more precarious subject position.

“[E]very thing about me was magic”: Olaudah Equiano’s *Interesting Narrative*

Various literary and cultural frames are at work in Olaudah Equiano’s *Narrative*. Published in 1789, the book and Equiano’s public appearances fuelled the abolitionist campaign, and like Falconbridge’s *Account*, as an abolitionist text, the *Narrative* takes the shape of a factual account. At the same time, Equiano’s narrative has been classified in a number of ways – amongst other things, as a (spiritual) autobiography, captivity narrative, adventure story, or travel narrative (see Carretta, “History of the Book” 142). As an early example of the slave narrative, Equiano’s narrative grapples with the “white envelope” (Sekora), the need to authenticate his writing through a white frame. The 1789 edition of the *Narrative* lacks the paratexts that would become typical of the slave narrative – such as an editor’s preface. Equiano’s text contains the note “written by himself” on the title page, a frontispiece with the author’s portrait, his own preface, and

a list of subscribers, all of which establish his literary identity and voice. Still, whereas the status of Falconbridge's text is secured through its authorship, Equiano's literary voice sits uneasily in a white publishing industry that denies the Black author this very status, an authorship that is premised upon an Enlightenment conception of humanity. The historical debate around Equiano had an unintended comeback in more recent scholarship. Based on sources indicating that he was born into North American slavery (see Carretta, "Question of Identity" 102), Equiano's detailed description of his childhood and kidnapping in Africa as well as of the Middle Passage have come under scrutiny as potential literary fabrications. Whether or not one follows this line of criticism, and relating issues of authenticity and factuality, Equiano's *Narrative* emerges as a multilayered text that operates through a range of templates – including the disease narrative.

Equiano, or *Gustavus Vassa, The African*, does not automatically attain the transformed subjectivity that is inscribed in the colonial disease narrative. Equiano's depiction of the Middle Passage is marked by a striking break in the narrative. In the midst of his account of disease and death during the Middle Passage, the *Narrative* changes the subject and perspective: "During our passage I first saw flying fishes, which surprised me very much" (83). The *aposiopesis* (literally, a lapse into silence) shifts the narrative voice, from Equiano's mature stance of retrospective narrator to Equiano's boyish first-person voice and its adventure-story mode (see Gates 153). The experience of disease during the Middle Passage is not narrativized; in fact, the narrative breaks off. Unlike Falconbridge, who does not provide information concerning his illness but still comes out of it transformed, in Equiano's text, no stable identity emerges. This is notable in a work which is otherwise so concerned with a narrativization that creates its author. Equiano's entire *Narrative* is occupied with the transformation of his identity: the author goes from being "the African," as his title identifies him, to being a Black-British writer whose very ability to write and to participate in literary culture inscribes his full humanity (Gates 156-157). In the slave narrative, as Henry Louis Gates has noted, the writing of the self is bound up with an Enlightenment doctrine that denies the very category of humanity to the enslaved non-subject. According to Gates, "[t]he slave, by definition, possessed at most a liminal status within the human community. To read and to write was to transgress this nebulous realm of liminality" (128). Full subjectivity – and resistance to racial doctrine – emerges from the act of writing, something that the slave narrative stages in the trope of the "Talking Book" (Gates 130), even if the stakes of such writing remain precarious in a field of literary production that is authenticated by whiteness.

Despite these stakes of the text, Equiano's disease narrative performs an initiation that lacks a teleological outcome. Like Falconbridge, Equiano invokes the theory of miasma and locates the slave deck as a disease environment filled with infested air. The author recounts how "the air soon became unfit for respiration, from a variety of loathsome smells, and brought on a sickness among the slaves, of which many died" (79). A little bit further onward in the text, he records that "[m]any a time we were near suffocation from the want of fresh air, which we were often without for whole days together. This, and the stench of the necessary tubs, carried off many" (82-83). The narrator's shifting use of pronouns – "we" versus they, the "many" – establishes a distance between Equiano's singular, fully human, subjecthood and the "many" enslaved Africans who were exposed to the disease environment. But Equiano does not entirely shed the plural pronoun. Equiano, like Falconbridge, is physically initiated into the realm of horror that the slave ship represents, but unlike the former, Equiano also becomes one of the "we."

Similar to Falconbridge, Equiano marks the ship's realm as an otherworldly "world of bad spirits" (70) but draws on an epistemology – because Equiano is still a boy and has not been converted into Christianity – that is Igbo, Equiano's native region, not Christian. Upon arrival, young Equiano faints on deck, and then ingests an alcoholic beverage to restore his vitality (71-72). These transcorporeal exchanges mark his entrance of the slave ship's disease environment. On the slave deck underneath the ship's top deck, Equiano receives "such a salutation in my nostrils as I had never experienced in my life: so that, [...] I became so sick and low that I was not able to eat, nor had I the least desire to taste any thing" (73). It is a physical initiation that yet denies physical needs. As in the often-evoked choice of suicide over survival under the conditions of enslavement (see also Mallipeddi 241), the mere act of existing becomes devoid of agency and hostile to life. Unlike the rite of passage and end to suffering or possibly better afterlife that death promises, the Middle Passage-as-disease creates an ongoing state of suspension. The reader is informed that Equiano stays extremely "low" during the ship's journey (80) but not told about his recovery. This is not the rebirth after an existential threat of illness, a "regaining [of] an existence" as Pinckard experienced it (148).

I argue that when the *Narrative* returns to the voice of Equiano's boyhood self in the moment of *aposiopesis* – which directly follows upon the scene of death "carrying off many" – the text articulates an early Black-Atlantic temporal consciousness of the Middle Passage as an ongoing passage, a recurring concern in what Toni Morrison has called the rememory of late twentieth and twenty-first-century Black diasporic literature. In Equiano's account, instead of the colonial disease narrative and its means of resolution, a discourse of "bare life" (Agamben 184), under which even the conditions for existence become unendurable, takes over. This textual strategy of refusing a chiasmic transition into full humanity, a moment that has been identified as central to narratives of enslavement (Lanser 359), shifts the question of representing "black characters through the same narrative affordances given to white characters" (Lanser 356) to Equiano's questioning of the Western narrative form as such.

The overall construction of Equiano's text, of course, is such that it endows the author with a Western subjectivity. Equiano's account of disease during the Middle Passage is a puncturing of his teleological narrative that contributes to what Gates, building on Bakhtin, has termed the Black diaspora's "double-voiced discourse" (131). In lieu of the restorative disease narrative, the text relates another transformation of Equiano's self. The flying fishes are not the only source of wonder to Equiano's boyhood self:

I also now first saw the use of the quadrant; I had often with astonishment seen the mariners make observations with it [...]. They at last took notice of my surprise; and one of them [...] made me one day look through it. The clouds appeared to me to be land [...] I was now more persuaded than ever that I was in another world, and that every thing about me was magic. (83)

Equiano here learns to read the objects – like the quadrant, a scientific instrument bound up with an inquisitive Enlightenment spirit – that bestow Western subjectivity (see Gates 155-157). His *Bildung* remains a concern of the text and sees him reach mastery of these objects. But importantly, as Gates highlights, the discourse stays double-voiced. Equiano learns to read the objects of Western modernity in two ways: as a

Western subject who derives subjectivity through them *and* as objects that mirror his commodified status and so will not answer to him (Gates 156-157). The quadrant, because the protagonist himself is an object, does not turn him into a masterful, seeing subject. The discursive split between young Equiano's illiteracy in this moment and the matured author Equiano's full command over Western texts performs a double function: while Equiano showcases that he has indeed learned to read these objects, Western modernity also remains a "world of bad spirits," where Equiano's "blackness is a sign of absence" (Gates 169). The Black-Atlantic voice speaks of a "doubleness" in relation to Western modernity, as Gilroy puts it – both "inside" and "outside" of its central categories (58). What Equiano's text stages is the refusal to close the Middle Passage, and instead of such closure, it provides another emerging narrative of double-voiced resistance to the ongoing impact of the Middle Passage's reduction of the enslaved African's humanity.

Conclusion

The role of disease and medical discourse in shaping cultural and literary narratives, genres, and aesthetics is by now well established in literary studies. In the context of eighteenth- and early nineteenth-century British imperialism, scholars like Senior have done important work in bringing to light "how literary and medical discourses were related at this point, [...] how they organized colonial environments and bodies (healthy and sick, literal and figurative) and articulated models of humanity and identity through figures of disease" (1). Alan Bewell points out the degree to which the "colonial experience was profoundly structured by disease, both as metaphor and as reality" (2). What is more, the planes of material reality and colonial metaphor are not easily disentangled since disease is always already culturally framed (Bewell 2). The experience of disease, then, reproduces cultural difference – although not necessarily in a predetermined fashion. In the colonial context, the "communicability" of disease "established a profound link with those being defined as other," and yet, "[d]iseases played a key role in producing difference" (Bewell 17).

The main concern of both Senior and Bewell is with the interactions of colonial discourse, pathogens, and colonised environments. Building on this work, the present article has paid closer attention to the experience of disease – and its textual reproduction – as a narrative form. In its material-discursive intertwinement, the disease narrative can be framed with material ecocriticism as a prototypical "stor[y] of matter" (Iovino and Oppermann 1). The colonial disease narrative negotiates and consolidates identities that are questioned by the transcorporeal experience of contagious disease in the first place. The bodies that are united by a pathogenic environment are still positioned unevenly. Falconbridge's infection with the "same disorder" as the bodies of enslaved Africans does not level difference between them. In this paper, the disease narrative itself has emerged as a form that articulates different but also dual subject positions: as a ruptured narrative, disease captures some of the slave trade's antinomic relation to Western modernity.

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