

The Many Faces of Slavery:
New Perspectives on Slave
Ownership and Experiences
in the Americas

Edited by Lawrence Aje and Catherine Armstrong

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Militarized Slavery: The Creation of the West India Regiments

Tim Lockley

On 17 April 1795, Henry Dundas, Secretary at War, wrote to General Sir John Vaughan, commander-in-chief in the Leeward Islands, authorizing him 'to raise two corps of mulattoes or Negroes to consist of 1,000 rank and file each'.¹ These were the first of what would, within five years, become twelve West India Regiments stationed throughout the British Caribbean. Many of these soldiers were recruited directly from slave ships and, as a result, the British Army became the largest slaveholder in the West Indies by 1802, owning several thousand men. This chapter explores the rationale for the British Army deciding to purchase (and arm) slaves, despite significant and persistent resistance from white planters, and concludes that rapidly spreading ideas about race, climate and disease resistance combined to create an environment whereby the recruitment of enslaved men became a logical, maybe even an inevitable, choice.

Roger Buckley, whose *Slaves in Redcoats* remains the best monograph on the West India Regiments despite being published in 1979, highlights the demographic equation that made military reliance on Whites in the Caribbean impossible. The West Indian islands had very small white populations, barely sufficient to form a small militia if required for defence, and certainly not large enough to repel a determined assault from an invader. The British Army stationed several regiments in the West Indies, but tended to concentrate forces in Jamaica and Barbados, leaving other territories vulnerable with only small garrisons. For Buckley, the use of enslaved men was a natural choice, and should be seen as an extension of the system of slavery that dominated the West Indies.² The elite white men who presided over island assemblies were accustomed to controlling the bodies of black people, using them however they saw fit, and therefore could easily justify using them to make up for a deficiency in military manpower. This argument holds true with regard to militia units, which were under the local control of each island. Indeed, white planters themselves served as officers in militia units, and would therefore most likely be supervising their own slaves. Surrendering enslaved men to the authority and control of an outside body, such as the British Army, was an entirely different matter. As this chapter will demonstrate, other factors were at play in the 1790s. Specifically ideas about tropical diseases and their impact on British troops

began to dominate the discourse about how best to defend imperial possessions in the West Indies.

Military expeditions in the West Indies throughout the eighteenth century faced an enemy far more deadly than rival European powers. According to John Bell, surgeon with the 94th Regiment, '[i]n every war, during the course of this century, in which the forces of Great Britain have been employed in the West Indies, it has unfortunately happened, that the number of those who have perished by disease has, in every instance, greatly exceeded the loss occasioned by the sword of the enemy.'³ John Hunter, who managed the military hospitals in Jamaica between 1781 and 1783, agreed, calculating that 'in less than four years [1777–81], there died in the island of Jamaica 3,500 men; those that were discharged amounted to one half of that number, which make in all 5,250 men, lost to the service in that short period of time, from the climate and other causes of mortality, without a man dying by the hands of the enemy'.⁴ The obvious conclusion was that 'the climate is certainly unfavourable to a British constitution, as it contains the causes of so many diseases, so far peculiar to itself, that those diseases are either not known, or very rarely met with in Britain'.⁵

The actual military impact of high rates of sickness and mortality among regiments in the West Indies prior to 1793 is debatable: it was never sufficient to seriously threaten British control of its possessions for example, but it was clear at the time that the blame could be attached to various tropical fevers that did not exist in Britain. Military surgeons quickly noticed that fevers impacted the various populations in the West Indies differently and that those of African descent were often highly resistant. John Hunter in Jamaica was not alone in thinking that 'the negroes afford a striking example, of the power acquired by habit of resisting the causes of fevers; for, though they are not entirely exempted from them, they suffer infinitely less than Europeans'.⁶

This perceived resistance possessed by those of African descent to tropical diseases had led the army to recruit enslaved men in small numbers since at least the 1740s, using them as 'pioneers' to undertake arduous physical labour. More than 400 participated in the Cartagena expedition of 1740, and during the siege of Havana in 1762 the army eventually obtained via purchase or hire about 2,000 enslaved men for military use. Regimental surgeons recommended '[a]ll drudgery and labour should be performed by negroes, and others, inured to the climate,' and thus the weaponry and ammunition for the siege was hauled into place by '500 blacks purchased ... at Martinico and Antigua for that purpose'.⁷ In each instance, black soldiers were not formally embodied into regiments but instead simply attached to white regiments, and were confined to the sort of labouring work that enslaved people undertook throughout the West Indies. Most significantly, they were dispensed with once the campaign was over: hired slaves were returned to owners, purchased slaves were sold.

The first conclusion that many drew from these expeditions was that 'sickness will prevent European troops succeeding ... where the service exceeds six weeks'.⁸ The second was that the British should look more seriously at using black troops more systematically. John Hunter recommended that throughout the Caribbean 'there should be a certain number of negroes attached to each regiment; or what perhaps would be better, a company of negroes and mulattoes should be formed, who

regiment, to do whatever duty or hard work was to be done in the heat of the day, from which they do not suffer, though it would be fatal to Europeans'.⁹ Significantly, it was through the published writings of military surgeons in the West Indies that ideas about the climatological suitability of those of African descent to West Indian service began to circulate in London, several years before the West India Regiments were founded in 1795. Thus British ministers would have had an awareness of the inhospitable Caribbean climate, and particularly its impact on the strength of white regiments stationed there. The idea of using black troops periodically resurfaced throughout the 1780s. Alex Dirom, Adjutant General to the Governor of Jamaica, believed an easy way to augment the militia with 'the strongest and most active people' would be for slaveowners to bring a few 'trusty' slaves with them to the regular musters 'to be trained and disciplined in the militia'.¹⁰ In 1787, Lt. John Gosling, then serving with the 1st Regiment of Foot in the Caribbean, even outlined a scheme to the Foreign Secretary for recruiting a corps of 'free mulattoes and blacks' precisely because they were 'inured to the climate, [and] are not subject to those diseases so fatal to Europeans'. These men would be 'ever ready for any service' and in particular for 'all duty of fatigue which must ever be, as was the case in the last war in the West Indies, fatally destructive to our soldiery until they become reconciled to the climate'.¹¹

One fully-fledged unit of black soldiers was actually stationed in the British Caribbean before 1795. The Carolina Corps had been created in the later stages of the American Revolutionary war in South Carolina. Fugitives from slave plantations 'attached themselves' to the army and were eventually given weapons and even mounted in order to strike terror among patriots. As the war drew to a close in 1782 and aware that 'many of them, which had taken an active part, had made themselves so obnoxious to their former owners' and now faced 'the severest punishment', army commanders instead decided to relocate 300 of them to St Lucia and, importantly, to retain them as a military unit. In 1783 they were posted to garrison Grenada, where they were deployed against fugitive slaves, and 'found more useful, than the other troops, from being better able to bear fatigue in that climate'.¹²

What forced British commanders in the Caribbean, and their political masters in London, to take the idea of wholesale black enlistment more seriously was the outbreak of a particularly virulent strain of yellow fever in 1793. The virus was transported from Bolama Island off the coast of West Africa by the ship *Hankey*.¹³ The *Hankey* had led an idealistic British colonization effort that sought to demonstrate that slavery did not have to be the defining paradigm of European encounters with Africans. Instead, these colonists wished to establish a colony based on free labour, with native Africans being paid for any work they did. Their idealism proved to be misplaced, partly because of the mistrust of locals who had experienced several centuries of European incursions. What rapidly destroyed the colony, however, was disease. Within weeks of arriving on Bolama island, off the coast of Guinea-Bissau, in July 1792, the first colonists began to fall ill, and by the end of January 1793 only thirteen were left alive.¹⁴ Not all colonists died of disease, some fled the island to take their chances on the mainland, but the majority succumbed to yellow fever, an endemic disease in tropical climates and found throughout West Africa. What made 'Bulam fever'

with only monkeys as hosts. It proved to be even more deadly than the regular strains of yellow fever.

The Bolama strain of yellow fever would probably have remained in Africa but for the *Hankey*. The ship was anchored off the island between July and November 1792, giving plenty of time for a colony of *Aedes Aegypti* mosquitoes, responsible for spreading yellow fever, to establish themselves on the ship. In November and December 1792 the ship meandered around the West African coast before heading first for the Cape Verde islands and then the West Indies. The *Hankey* arrived in Barbados on 14 February 1793, before swiftly moving on first to St Vincent on 16 February and Grenada on 19 February where it would remain until July.¹⁵ Colin Chisholm, surgeon to His Majesty's Ordnance in Grenada, documented the inevitable spread of a 'very fatal fever', firstly to the ships moored closest to the *Hankey* in the harbour of St George's, then to those a little further away. By mid-April the first cases appeared on shore and thereafter the disease became truly epidemic. Chisholm estimated that about two-thirds of the population of St George's became infected and that of those about a fifth perished.¹⁶ Regiments stationed in Grenada also became infected. Worst affected were twenty-seven new recruits for the Royal Artillery who arrived in mid-July. By the middle of August, twenty-one of them were dead.¹⁷

The virus spread quickly throughout the Caribbean islands. The harbour of St George's was full, and some ships probably departed for other ports before the extent of the epidemic became fully known. Others fled in a vain attempt to escape the pestilence. A significant factor in the spread of yellow fever was the slave revolt in St Domingue, which created a large volume of refugees. It was those fleeing St Domingue that brought yellow fever to Philadelphia in the autumn of 1793. Another critical aid to the spread of the disease was the outbreak of hostilities between Britain and France in early 1793. The movement of troops between the various British islands in preparation for assaults on Guadeloupe and Martinique ensured that no island was spared this deadly virus.

Yellow fever had, of course, been a regular visitor to the Caribbean for more than a century but had been just one of a variety of tropical fevers, including malaria, that affected newly arrived Europeans. From 1793, however, this highly virulent strain of yellow fever took centre stage. In the first three months of the outbreak on Dominica, for instance, Dr James Clark recalled 'that eight hundred emigrants, including their servants and slaves, were cut off by this fever; and about two hundred English, including newcomers, sailors, soldiers, and negroes, also fell victims to it, in the same space of time. Few newcomers escaped an attack, and very few of those recovered.' No wonder that local physicians believed it to be 'as quick and fatal as the plague'.¹⁸ The high mortality also began to be noticed in Britain. Whitehall officials naturally received communiqués from both island governors and military commanders, but such was the havoc caused by this outbreak that occasional reports also surfaced in the British press. In August 1793, the London *Times* reported 'the plague, brought from Bulam, which first made its appearance at Grenada, has spread most alarmingly. Eighty persons died in one day at Grenada of this disease.'¹⁹ In early 1794, reports circulated that '[d]uring the last six months Grenada, Tobago, St Vincent's and Dominica, have lost, on the most moderate calculation, one third of their white inhabitants, principally by the yellow fever'²⁰

Almost immediately, military physicians noted that this strain of yellow fever followed other tropical fevers in affecting white people far more than black people. Observing the disaster unfolding in Grenada, Colin Chisholm commented, '[i]t is curious, and may be useful, to observe the gradation of this fatal malady, with respect to the various descriptions of people exposed to its infection. Neither age nor sex were exempted from its attack; but some were more obnoxious to it than others, and the colour had evidently much influence in determining its violence.'²¹ The medical explanation for the selective impact of yellow fever is largely straightforward. Yellow fever was endemic in West Africa, generally manifesting itself as a comparatively mild childhood disease. Native West Africans therefore gained lifelong immunity to future infections because of a childhood illness, and obviously retained that immunity if enslaved and transported to the Caribbean. Children born to enslaved parents in the Americas might also have been infected with yellow fever during infancy, since the virus was certainly present if not continuously then fairly frequently throughout the eighteenth century, and therefore gained the same immunity as their parents.²² This acquired immunity was widely interpreted as being innate by medical practitioners because they did not recognize the relatively mild childhood illness as yellow fever.²³ The error is entirely understandable since it bore little resemblance to the violent and often fatal version that affected adults.

The virulent strain of yellow fever that arrived in the West Indies in 1793 did not completely exempt black people but the mortality rate was comparatively low. Chisholm in Grenada recorded that while 'the disease began to appear among the negroes of the estates in the neighbourhood of town . . . [it] did not spread much among them, nor was it marked with the fatality which attended it when it appeared among the whites'. He estimated 'that only about one in four was seized with it; and the proportion of its mortality was still more trifling, viz, one to 83.'²⁴ Europeans, who were far less likely to have acquired immunity, suffered acutely from this more dangerous strain, with mortality rates upwards of 30 per cent.²⁵

The impact on the British regiments stationed on the various islands was immediate and severe. These soldiers were nearly all born in Europe and few would have had a previous encounter with yellow fever. It is very likely that none had acquired immunity. Surgeon Thomas Reide recalled that the 'army in St Lucia suffered a great deal from sickness; and hardly an officer or private soldier escaped. The mortality was very great.'²⁶ William Pym, serving with the 70th Regiment in Martinique, reported that 'after the appearance of fever in Grenada in 1793, every station for troops, however healthy before, suffered severely from the contagion. Using the muster rolls for each regiment, Pym documented the destruction wrought on the army by yellow fever. In 1794 the 9th Regiment in St Kitts lost 118 men, the 15th Regiment in Dominica lost 93 men, the 13th Regiment in Jamaica lost 136 men, and the 66th Regiment in St Domingue lost 249 men. The 69th Regiment lost 313 men within six months of arriving in St Domingue in 1795. These were exceptional losses, far above the usual mortality in the West Indies. The 9th Regiment, for instance, had lost only seventeen men in six years between 1787 and 1793.'²⁷

With hindsight, the decision by the British to invade St Domingue in September 1793 in the midst of a yellow fever epidemic was disastrous. Despite initial gains made

in partnership with French royalist planters, outbreaks of yellow fever in 1794 and 1795 in particular, devastated newly-arrived regiments. David Geggus has estimated that more than 12,000 British soldiers perished in the five years of the St Domingue campaign. At one point, between August and December 1794, regiments were losing 10 per cent of their men each month. One French planter glumly informed the Duke of Portland that '[t]he small detachments of troops which you send out from time to time, are not even sufficient to supply the ravages of disease'.²⁸ The debilitated state of those who had survived yellow fever left regiments incapable of offensive operations.²⁹

The rapid spread of the new strain of yellow fever among British troops quartered in St Domingue's ports proved especially devastating. *Aedes Aegyptii* is an urban mosquito and therefore it is unsurprising that in Port-au-Prince, according to one report, soldiers 'dropt like the leaves in autumn', and all this 'without a contest with any other enemy than sickness'.³⁰ One military surgeon stationed in St Domingue observed that 'our hospitals contain our garrisons, and the few who carry on duty are languid and convalescent; they are not fit for enterprize or hazard; and nominal armies will never achieve conquests'.³¹ Spurred by the example of the French who had enlisted the support of many thousands of former slaves, and with operations 'unfortunately crippled by the unprecedented sickness prevailing among His Majesty's naval and military forces', British commanders in St Domingue began recruiting small numbers of local 'negroes to be embodied & to act against the Brigands'.³² By late 1794, 400 slaves were 'performing all the most active and laborious services', which, it was hoped, 'would contribute in no small degree, to preserve the health of the regular troops'.³³ Less than a year later, the British forces in St Domingue were so weak they 'could hardly mount a sergeant's guard', and they completely relied on the 'black corps, [to] occupy all the advanced posts'.³⁴

The consensus of medical professionals in St Domingue was that the only possible path to victory against those native to the island was 'by an army of negroes, possessed of the same habits as themselves, but more expert in arms, and led on by such a proportion of European troops as might animate and encourage them'. Hector M'Lean, assistant inspector of hospitals in St Domingue, believed that had this strategy been adopted early in the campaign it 'would have produced the most beneficial effects; the lives of thousands, who have fallen, not by the sword of the enemy, but by the climate, would have been spared; and the conquest of the island would become more certain and more rapid'. M'Lean was convinced that the embodiment of black soldiers as regular troops would 'more effectually . . . diminish the mortality of British soldiers in St. Domingo . . . than all the medical exertions of the most experienced and skilful physicians'.³⁵ Robert Jackson, resident in Port-au-Prince in November 1797 and who observed first-hand the 'blast of pestilence', estimated that about two-thirds of any European garrison would perish from disease each year in St Domingue.³⁶ The British withdrew ignominiously from St Domingue in 1798, having been unable to secure sufficient black troops to retain what little territory they still held.

The situation had been bad in St Domingue, and has attracted scholarly interest because the excessive mortality was concentrated in one place, but in reality was no worse than elsewhere in the Caribbean. Indeed more British soldiers perished collectively in Dominica, Grenada, St Lucia and other Leeward Islands than in

St Domingue. General Charles Grey was forced to postpone one planned attack on a French island, garrisoned by 'four thousand blacks and mulattoes in arms', due to the 'sickness and mortality' that prevailed amongst his troops. There was, he concluded, 'not even a prospect of success'.³⁷ Grey repatriated some units to Britain in late 1794 that were 'very weak, and almost reduced to skeletons' and Grey's replacement in the West Indies, General John Vaughan, reported that the 'great sickness and mortality which has prevailed since May last, has broken the strength of all the regiments'.³⁸ After more than a year of yellow fever whittling away at the army '[t]he whole force in all the islands does not exceed fifteen hundred men', with new regiments tending to 'fall victim to the climate or are in the hospital before another arrives; this renders me incapable of acting decisively and with vigour'.³⁹ Vaughan fretted that he did not know 'where this army may look for further reinforcements' since 'the climate will reduce it in some months, to a similar situation in which it now is'.⁴⁰

The desperate situation of the army revitalized the idea of using black troops, and not just in support or auxiliary roles. With his army disintegrating around him, Vaughan came rapidly to 'the opinion that a corps of one thousand men, composed of blacks and mulattoes, and commanded by British Officers would render more essential service in the country, than treble the number of Europeans who are unaccustomed to the climate'.⁴¹ Those of African descent were already known in military circles to be resistant to tropical diseases, particularly yellow fever. Dr Robert Jackson, who had extensive experience in the West Indies and later became surgeon-general of the army, claimed in 1791 with reference to yellow fever that 'it has never been observed that a negro, immediately from the coast of Africa, has been attacked with this disease'.⁴² Established medical opinion therefore conveniently dovetailed with genuine military need.

In December 1794, having lost Guadeloupe to a French force consisting of 'four to five hundred whites, and four or five thousand blacks, who are all armed with musquets and bayonets', General Vaughan formally proposed to authorities in London that the army should 'avail ourselves of the service of the negroes' and, significantly, as regular troops 'to be in all respects upon the same footing as the marching regiments'. In purely military terms this made perfect sense: 'as the enemy have adopted this measure to recruit their armies, I think we should pursue a similar plan to meet them on equal terms'. It was simply foolish that 'we have been overlooking the support, which by exertion may be derived from opposing blacks to blacks'.⁴³ But the medical rationale was actually even more compelling. Vaughan urged that 'it may be taken into consideration, what great mortality ensues among our troops from the fatigues of service in this climate'. Each British soldier represented an investment of time, training and resources, thus each life saved was 'saving an extraordinary expence to the nation'. Vaughan was 'convinced that unless we can establish and procure the full effect of such a body of men, to strengthen our own troops, and to save them in a thousand situations, from service, which in this country will always destroy them; that the army of Great Britain is inadequate to supply a sufficient force to defend these colonies'.⁴⁴ Moreover military and medical necessity required the units to be properly organized and capable of functioning independently, since it was quite likely that they would be the single healthy regiment at each post

While awaiting official approval for his plan, Vaughan tried to ensure that white troops 'should be spared on every possible occasion' and therefore dispatched the remnants of the Carolina Corps to tackle 'the revolted Negroes at St. Lucia ... to endeavor to drive them from their retreat on a mountain, which was deemed 'a proper enterprize on which to employ the blacks, and to save our own soldiers.'⁴⁵ He also authorized Capt. Robert Malcolm of the 34th Regiment to 'raise a considerable number ... [of] mulattoes and blacks, to be on the same footing as the troops of the line ... paying them as troops are paid.'⁴⁶ The case for black troops was strengthened by a letter, written by eight army physicians, that Vaughan received and duly forwarded to London. These men, 'having had too great occasion to observe the destructive effects of this climate on the health of the soldiers,' deplored that 'too many of the soldiers in spite of our best endeavours fall sacrifices to acute disease'. Even those who did not die immediately were left to 'pine away under lingering chronic' illnesses because the unhealthy climate was an 'insuperable bar' to recovery.⁴⁷ These physicians held out no prospect that white troops would ever thrive in the West Indies.

The weight of opinion from both physicians and military commanders in the West Indies was thus that medical necessity required a formal shift in British strategy. It was not that Britain lacked sufficient troops. Time and again in the 1790s Britain managed to find, equip and train enough men to fight in pursuit of its imperial agenda. There were always jails that could be emptied, or men desperate enough to accept the King's shilling and join up. Men were not the problem, but finding the right kind of men, particularly for tropical service, proved far harder. In April 1795, Dundas wrote that after 'a full and deliberate consideration' the government had decided to accept 'the concurrent opinions of almost every officer of rank who has lately been employed in the West Indies' and proceed with the plan as quickly as possible.⁴⁸ In the intervening period, Dundas had received several letters from Vaughan indicating the effectiveness of black militia units that were operating in St Lucia and Guadeloupe.⁴⁹ Moreover, the issue was raised in a debate on the slave trade in the House Commons on 26 February. William Wilberforce pointed out the weakness of British power in the West Indies since the French 'had formed and disciplined them [their former slaves] to the use of arms' and that as a result they would 'acquire dominion in a climate, where labour, fatigue, and death to our men, were amusement to them.'⁵⁰ Approval from London finally arrived in Martinique on 16 June, providing Vaughan 'much satisfaction'. A letter to Vaughan from General Nicholls in Grenada, reporting that '[t]he dreadful fever raging here has weakened the militia of the town of St. George's so much that I have been obliged to call in two of the militia black compy', completely vindicated his persistence over the recruitment of black troops.⁵¹ Sadly Vaughan's satisfaction was short-lived; he died at the end of July from the same disease, yellow fever, that had rendered his forces so ineffective.

Opposition from colonial legislatures unwilling to provide slaves for the army, as well as the logistical complexity of creating new regiments from scratch, meant that approval from London did not immediately transform the situation. Major-General Irving reported to Henry Dundas in August 1795 that the army was 'greatly diminished by death, exhausted by fatigue & the disorders incident to this inclement climate' and Vaughan's successor as commander-in-chief, Major-General Leigh, echoed this in

October: 'I cannot help lamenting the very distressing state of this army from present sickness and the great loss it has sustained by death.'⁵² Even in Martinique, the headquarters of the army in the Leeward Islands and perhaps the most vulnerable to a French counter-attack, one corps had 'nearly three hundred sick out of five hundred and twenty rank and file.'⁵³ With the plan to raise black regiments 'having in no way succeeded' and 'not a man having been given by any one of the Islands towards completing them,' Leigh co-opted the informal black militias that had been raised in Dominica and St Vincent by local commanders.⁵⁴ These men were to be used for 'local and temporary services' since they offered 'considerable advantages ... in the present state of the colonies.'⁵⁵ A month later, 1,109 black troops, drawn from the Royal Rangers, Guadeloupe Rangers and Dominica Rangers assembled in Barbados. Only eighty-four reported sick.⁵⁶

Sir Ralph Abercromby, who assumed command of offensive operations in the Caribbean in 1796, was well aware of 'the many obvious advantages' offered by black troops, particularly when facing 'four thousand black troops at St Lucia' and 'eight thousand well disciplined troops of colour' in Guadeloupe. As every regimental return seemed to record an ever-diminishing force, Abercromby's hopes of a rapid and successful military campaign against the French islands dwindled. Reporting that 'six British battalions have been nearly annihilated' by 'the great sickness,' his only recourse was the 'completion of the Black Corps' as quickly as possible.⁵⁷ Continued opposition by local legislatures who refused to provide the men, fearing the 'most dangerous consequences' of arming enslaved men, ultimately forced Abercromby to conclude that '[t]he Black West India Regt have not gain'd an inch of ground, and there is no prospect of their being completed, unless the negroes are either purchased here, or upon the coast of Africa.'⁵⁸ Such a policy would involve expense, 'considerably beyond any calculation hitherto made,' but nevertheless Henry Dundas agreed, authorizing Abercromby 'to procure in this manner the number that may be necessary for this purpose.'⁵⁹ Evidently the arguments in favour of black troops – that they had greater resistance to Caribbean diseases and were crucial to Britain's hopes of retaining its colonies – had not diminished in the slightest between 1795 and 1797.

Agents purchasing slaves were instructed to pay higher prices for a 'seasoned recruit' who had been in the West Indies for a period of time and was thus deemed to be accustomed to the disease environment, but the only viable way to assess this was by testing each recruit's knowledge of a European language.⁶⁰ Despite the premium offered for seasoned men, the army found it almost impossible to purchase prime male slaves in the Caribbean. Slavery remained hugely profitable and planters prized young men above all other enslaved people for the work that could be extracted from them. Men sold to the army would need to be replaced, a potentially troublesome business, and considering that many planters fundamentally disagreed with the principle of arming black men, it is not surprising that the army found few willing to sell. Unseasoned men, straight from Africa, were the only remaining recourse and by March 1798 General Cuyler was 'decidedly of opinion that it is preferable to purchase new negroes, rather than to enlist any who have been for a lengthy time in this country.'⁶¹ The perils of this shift became obvious within weeks. The Governor of Dominica observed that at £56 each 'the contract was too low and bad negroes were in consequence given' and as a

result 'they are now dying in dozens at Fort George and I am assured of consumption'.⁶² Nevertheless this policy became the norm and, up to the closing of the transatlantic slave trade in 1807, Roger Buckley estimates that the army spent nearly £1 million on 13,400 enslaved men for the West India Regiments.⁶³

The policy of purchasing men from slave ships to augment those already under arms in informal militia units increased the number of black troops in the British Army to more than 4,000 by 1800. The sickness and mortality statistics reported to the war office confirmed the massive immunity advantage enjoyed by those of African descent. In 1796 the mortality rate for white troops in the West Indies was 34 per cent, but for black troops it was just 3 per cent. Over the next six years mortality rates improved for Whites, and worsened for Blacks, but still the average mortality rate for Blacks of 6 per cent was less than a third of that of Whites at 19 per cent.⁶⁴ A survey of all the West India Regiments in 1798 listed 83.8 per cent of troops as fit and ready for duty, prompting Henry Dundas to urge commanders in the Caribbean 'to make every possible exertion for the completion of the black regiments'.⁶⁵ Completion of the West India Regiments up to their establishment of 500 men each would aid 'the preservation of the health of the European troops, by relieving them in those stations which, from the peculiar causes, are found most noxious to their constitutions, and by performing those duties of fatigue to which they are much better adapted than our own troops'.⁶⁶

Although the army owned these men as slaves, it did not treat them like enslaved people were usually treated in the West Indies. All the men were paid, for instance, and those injured or otherwise incapable of performing their military duties were pensioned off and not sold. The British Army was a curious slaveholder: it fed, housed and equipped its black soldiers in a very similar manner to its white soldiers, and both were subject to (admittedly harsh) military discipline. The problem for the army was that many of the initial recruits to the West India Regiments were not enslaved. A number were free blacks from conquered French islands such as Martinique and Guadeloupe; a few were free blacks from British islands or from British North America who had been evacuated to the West Indies following the American Revolution; some even listed their place of birth as India, England, Scotland and especially Ireland.⁶⁷ The West India Regiments were not as uniformly African in their earliest years as they would later become. With a heterogeneous mix of free and slave, creole and African, and Black and White, it would have been impossible for commanders to try to treat the men they had purchased differently to the other men. Far easier to treat all equally and in line with established military practice.

When John Poyer wrote his *History of Barbados* in 1808 the rationale for the creation of the West India Regiments was absolutely clear in his mind: 'the extraordinary mortality among the British troops in the West Indies, induced the ministry to adopt the scheme of raising black regiments, who, being inured to the climate, were thought to be better adapted to the service than Europeans'.⁶⁸ Increased awareness of black resistance, and white vulnerability, to tropical diseases (particularly yellow fever) was therefore the imperative behind the creation of the West India Regiments. The opposition of local colonial legislatures to armed and trained black men, who might act as an encouragement to the enslaved population to rebel, was overridden by the unanimity of successive commanders-in-chief in the Caribbean and secretaries of

state in Whitehall. The issue was never insufficient white troops, or the distance involved in transporting men from Britain to the West Indies. If those had been the most important factors then the case would surely have been made much earlier in the eighteenth century for the incorporation of slave men into the army. In fact, Britain recruited and shipped tens of thousands of soldiers to the West Indies in the 1790s, more than sufficient to achieve their military goals of conquering the French islands. The problem was that the army simply could not keep enough of them alive to do this. The new and virulent strain of yellow fever introduced in 1793 confirmed in military minds the need for a new approach. Amid much soul searching as to the best way to reduce mortality among white troops, including sending healthier men to begin with, improving diet and accommodation, while reducing rum intake, the solution that ultimately emerged was finding troops who simply did not die in such great numbers. Physicians and surgeons serving in the Caribbean were unanimous that the only men who could do this were Africans.

Notes

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- 3 John Bell, *An inquiry into the causes which produce and the means of preventing diseases among British officers, soldiers and others in the West Indies* (London: J. Murray, 1791), 1.
- 4 John Hunter, *Observations on the diseases of the army in Jamaica* (London: G. Nicol, 1788), 70–1.
- 5 Bell, *An inquiry into the causes*, 8.
- 6 Hunter, *Observations on the diseases*, 24, 192.
- 7 Maria Alessandra Bollettino "'Of equal or of more service': Black Soldiers and the British Empire in the mid-Eighteenth-Century Caribbean", *Slavery & Abolition* 38, no. 3 (2017): 521; Benjamin Moseley, *A Treatise on Tropical diseases on military operations*, 2nd edn (London: T. Cadell, 1789), 184; Patrick Mackellar, *A correct journal of the landing His Majesty's forces on the island of Cuba* (London: Green & Russell, 1762), 6.
- 8 Moseley, *A Treatise on Tropical diseases*, 181.
- 9 Hunter, *Observations on the diseases*, 36.
- 10 Alex Dirom, *Thoughts on the state of the militia of Jamaica Nov 1783* (Jamaica: Douglass & Aikman, 1783), 14.
- 11 John Gosling to The Marquis of Carmarthen, c. October 1787, British Library Add MS 28062 (f.378) in the correspondence of the 5th Duke of Leeds v.3, 1787.
- 12 'Of the Carolina, or Black Corps, serving in the Leeward Islands', CO101/31.
- 13 For a thorough account of the Hankey's voyage, see Billy G. Smith, *Ship of Death: A Voyage that Changed the Atlantic World* (New Haven, CT: Yale University Press 2013).
- 14 Philip Beaver, *African Memoranda relative to an attempt to establish a British settlement on the island of Bulama* (London: C & R Baldwin, 1805), 104, 130, 159, 181, 190.
- 15 Beaver, *African Memoranda* 471

- 16 Colin Chisholm, *An essay on the malignant pestilential fever introduced into the West Indian Islands from Boullam, on the coast of Guinea, as it appeared in 1793 and 1794* (London: C. Dilly, 1795), 82–95.
- 17 Chisholm, *An essay on the malignant pestilential fever*, 95–6, 98.
- 18 James Clark, *A treatise on the yellow fever as it appeared in the island of Dominica in the years 1793–4–5–6* (London: J. Murray, 1797), 2; Chisholm, *An essay on the malignant pestilential fever*, 102; William Wright, *Memoir of the late William Wright* (Edinburgh: William Blackwood, 1828), 372.
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- 20 *Bury and Norwich Post*, 1 January 1794, British Newspaper Archive.
- 21 Chisholm, *An essay on the malignant pestilential fever*, 99.
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- 23 Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: University of North Carolina Press, 2017), 41–3.
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- 25 Chisholm, *An essay on the malignant pestilential fever*, 102.
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- 27 William Pym, *Observations on Bulam Fever which has of late years prevailed in the West Indies, on the coast of America, At Gibraltar, Cadiz and other parts of Spain* (London: J. Callow, 1815), 128, 130–2.
- 28 Malouet to Duke of Portland, c. 20 September 1794, WO1/59.
- 29 Williamson to Dundas, 1 August 1794, WO1/60.
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- 31 Hector M'Lean, *An enquiry into the nature, and causes of the great mortality among the troops at St. Domingo* (London: T. Cadell, 1797), 40.
- 32 Dundas to Williamson, 10 February 1795, Dundas to Williamson, 7 October 1794, both WO1/60.
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- 34 Williamson to Duke of Portland, 6 July 1795, WO1/61.
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- 36 Robert Jackson, *An outline of the history and cure of fever, endemic and contagious* (Edinburgh, Mundell & Son, 1798), 249, 98–9.
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- 38 Grey to Duke of Portland, 5 November 1794, WO1/83; Vaughan to the Duke of Portland, 24 November 1794, WO1/31.
- 39 Vaughan to the Duke of Portland, 19 November 1794, WO1/83.
- 40 Vaughan to the Duke of Portland, 24 November 1794, WO1/31.
- 41 Vaughan to the Duke of Portland, 22 December 1794, WO1/31.
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- 44 Vaughan to the Duke of Portland, 24 November 1794, WO1/31; Vaughan to Dundas, 'Secret No 6', 25 December 1794, WO1/83.

- 45 Vaughan to the Duke of Portland, 26 January 1795, WO1/31; Vaughan to Dundas, 31 January 1795, WO1/83.
- 46 Vaughan to Dundas, 'Secret No 9', 11 January 1795, WO1/83.
- 47 Army surgeons to Vaughan, 23 March 1795, WO1/83.
- 48 Dundas to Vaughan, 17 April 1795, WO1/83.
- 49 See Vaughan to Dundas, 'Secret No 9', 11 January 1795, Vaughan to Dundas, 30 January 1795, Vaughan to Dundas, 31 January 1795, Vaughan to Dundas, 'Secret No 13', 25 February 1795, all WO1/83.
- 50 *The Times*, 27 February 1795.
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- 52 Irving to Dundas, August 1795, Leigh to Dundas, 2 October 1795, both WO1/84.
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- 54 Leigh to Dundas, 5 December 1795, WO1/85.
- 55 Dundas to Abercomby, 9 February 1796, WO1/85.
- 56 Return of a Brigade of Black Troops Barbadoes, 10 March 1796, WO1/85.
- 57 Abercromby to Dundas, 16 January 1797, WO1/86.
- 58 Abercromby to the Governors of Windward & Leeward Islands, 3 January 1797, Ricketts to Abercromby, 18 January 1797, both WO1/86; Abercromby to Dundas, 9 April 1796, WO1/85.
- 59 Abercromby to Dundas, 16 January 1797, WO1/86; Dundas to Abercromby, 28 October 1796, WO1/85.
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- 61 Cuyler to Dundas, 8 March 1798, WO1/86.
- 62 Cochrane to Dundas, 15 May 1798, Cochrane to Dundas, 7 June 1798, both WO1/88.
- 63 Buckley, *Slaves in Redcoats*, 55.
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- 66 Dundas to Trigge, 11 October 1800, WO1/89.
- 67 The earliest muster records of the West India Regiments are far from complete, but a few do survive; see, for example, WO25/653 for the 4th West India Regiment, 1796–1818, and WO25/657 for the 6th West India Regiment, 1797–1806.
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