

1 Medical Necessity and the Founding of the West India Regiments

On 17 April 1795 Henry Dundas, secretary at war, wrote to General Sir John Vaughan, commander in chief in the Leeward Islands, authorising 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 become, within just three years, twelve West India Regiments (WIRs) stationed throughout the British Caribbean. The decision to recruit large numbers of black soldiers into the British army seems, at first glance, to be counter-intuitive since the entire British Caribbean had been constructed and predicated upon the enslavement and brutal oppression of black bodies. Most persons of African descent living in the West Indies would have experienced physical abuse including, but not limited to, beatings, rape and torture. To even contemplate taking some of these people, giving them weapons and training, required confidence that they would direct their aggression solely against foreign enemies and not on their erstwhile enslavers. Yet despite significant and persistent resistance from white planters, rapidly spreading and increasingly urgent ideas about race, climate and disease resistance combined to create an environment whereby the recruitment of black men into the British army became absolutely essential by 1795.

Military campaigns in the West Indies throughout the eighteenth century had faced an enemy far more deadly than rival European powers. As J. R. McNeil has ably demonstrated, mosquito-borne diseases exerted a significant influence over the imperial history of Caribbean. The best laid plans of generals in London repeatedly fell apart as carefully gathered forces melted away before their eyes.² According to John Bell, the surgeon attached to the 94th regiment, ‘In every war, during the course of this century, in which the forces of Great Britain have been

¹ Dundas to Vaughan, 17 April 1795, WO1/83, UK National Archives. N.B.: All WO (War Office) and CO (Colonial Office) references pertain to volumes in the UK National Archives.

² J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620–1914* (Cambridge: Cambridge University Press, 2010), 149–87.

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 for these military surgeons 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 Many considered the most dangerous time to be when a regiment had newly arrived in the West Indies and endured the well-known, but no less dreaded, 'seasoning' fevers. Hunter reported, 'Those who are just arrived from cool and healthy climates, are particularly subject to fevers, as is daily experienced by all new comers. A regiment always loses a greater proportion of men the first year than afterwards'.⁶ The seasoning process, Edmund Burke remarked, ensured that a new regiment 'can never meet the enemy in the field with much more than half their complement'.⁷ Serving with the army in the West Indies gained such a notoriety that by 1788 one author claimed it was well-known back in Britain 'that the soldiers sent to the colonies, provided with every necessary, and experiencing the most humane treatment, decrease most rapidly'. As a result, 'out of one thousand men landed in any one of the islands, five hundred shall be dead or non-effectives in twelve months'. These were not singular occurrences, it was 'the fate of almost every regiment sent to the West Indies', despite 'every possible care and indulgence'. The unavoidable conclusion was that 'the lives of Europeans are considerably abridged by a long residence under the torrid zone'.⁸ Unsurprisingly, some considered it a waste of military

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; see also *London Medical Journal* 3 (1782), 249.

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*, 23.

⁷ Edmund Burke, *An Account of the European Settlements in America* (London: R. J. Dodsley, 1760), II, 119.

⁸ Joseph Woods, *Thoughts on the Slavery of the Negroes* (London: for the author, 1788), 11–12.

resources to transport and maintain large white garrisons in the West Indies 'who die and waste away without any benefit to themselves or their country'.⁹ Few in Britain looked upon military service in the West Indies positively.

Reading the observations of military surgeons from the 1780s, it would be easy to assume that mortality rates for British regiments approached 50 per cent. However, using the muster rolls of regiments stationed in the West Indies, David Geggus calculated that between 1764 and 1786 death rates among British soldiers arriving in the West Indies averaged 14.5 per cent in the first year and 6.6 per cent in subsequent years. Of course, an additional number were sick, and perhaps had to be invalided from service, but this still did not approach anything like 50 per cent.¹⁰ By the mid- to late 1790s, regimental surgeons would actually look back on the 1780s as a remarkably healthy period. With their opinion undoubtedly coloured by the terrible loss of life that occurred after 1793, the level of mortality during the 1780s was now accepted as tolerable. John Weir, in charge of the military hospital in Jamaica, stated that in the 1780s 'the troops were in general healthy, and although fevers were frequent, they were not fatal'. Theodore Gordon in Barbados in the early 1790s agreed: 'The troops I served with enjoyed a high degree of health, especially those corps in which a good system of interior economy was established and preserved; the mortality was very small'.¹¹ Even John Hunter admitted that there were posts in Jamaica, especially 'elevated and mountainous situations', where 'the proportion of deaths was altogether inconsiderable'.¹² This led William Pym, looking back in 1848, to claim, rather unrealistically, that troops based in the West Indies before 1793 enjoyed 'as high a degree of health as in any part of Europe'.¹³

While the actual military impact of high rates of sickness and mortality among regiments in the West Indies prior to 1793 was debatable, it was never sufficient to seriously threaten British control of its possessions for example, it was clear that much of the blame could be attached to the climate and particularly the various tropical fevers that did not exist in Britain. Numerous medical authorities in the eighteenth century had firmly established the negative impact that a tropical

⁹ Burke, *An Account of the European Settlements*, II, 120.

¹⁰ David Geggus, *Slavery, War and Revolution: the British Occupation of Saint Domingue, 1793–1798* (New York: Oxford University Press, 1982), 364.

¹¹ Sir William Pym, *Observations on Bulam, Vomito-Negro or Yellow Fever* (London: John Churchill, 1848), 51–2.

¹² Hunter, *Observations on the Diseases*, 32–3.

¹³ Pym, *Observations on Bulam*, 55.

climate would have on the health of a newly arrived person from a temperate zone. Military surgeons read the same medical texts as their civilian counterparts and quickly agreed that fevers impacted the various populations in the West Indies differently, with those of African descent tending to prove 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’. Hunter was, of course, referring to the belief that those of African descent were able to become perfectly acclimated to a tropical climate, so much so that even those who resided ‘in the marshy parts of the country [were] very little subject to the fever’. Whites, ‘after remaining some time in the West Indies’, he thought, also became ‘less liable to be affected by the causes of fevers’.¹⁴ Although Hunter does not provide hard evidence to support his conclusions, there is a subtle difference in his descriptions of comparative immunity. Whites could become ‘less liable’ via the seasoning process, whereas blacks ‘suffer infinitely less’. This suggests that even among seasoned populations, he believed fever affected whites more than blacks. Yet despite the fact that white vulnerability and comparative black immunity to tropical fevers was a popular theory long before the 1790s, voices advocating a permanent alteration in the composition of British military forces in the region were extremely scarce.

Black soldiers in the British army were not a sudden novelty in 1795. The creation of the WIRs was actually the culmination of several decades of evolving British military policy in the Caribbean. Roger Buckley, whose 1979 monograph *Slaves in Red Coats* remains the best study of the early years of the WIRs, highlights the demographic equation that made military reliance on whites in the Caribbean impossible. 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 preferred solution for much of the eighteenth century was the periodic co-option of enslaved men to bolster island militias. This was a perfectly logical choice and could be seen as an extension of the system of slavery that dominated the West Indies.¹⁵ The elite white men who sat in the island assemblies were accustomed to controlling the bodies of black people, using them however they saw fit, and therefore had every reason to use

¹⁴ Hunter, *Observations on the Diseases*, 24, 192.

¹⁵ Roger Norman Buckley, *Slaves in Red Coats: the British West India Regiments, 1795–1815* (New Haven: Yale University Press, 1979), 2–6.

enslaved men to make up for a deficiency in military manpower. The militia units were under local control, indeed white planters themselves served as militia officers and would thus 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 but it actually occurred on several occasions during the eighteenth century.

Most white West Indians would have agreed with Edward Long ‘that the Negroes, so far from suffering any inconveniences, are found to labour with most alacrity and ease to themselves in the very hottest part of the day’.¹⁶ It is therefore not too surprising that the army had, in a piecemeal fashion, been recruiting enslaved men in small numbers since at least the 1740s, using them as ‘pioneers’ to undertake arduous physical labour for the army. More than 400 participated in the Cartagena expedition of 1740, ostensibly to ‘perform such Drudgery as the Heat of the Climate made difficult for Europeans’, but it was not long before commanders on the ground ‘thought proper to arm most of these people, and to employ them in Night parties to reconnoitre, and disturb any Parties the Enemy might have sent out with the same Intention’.¹⁷ During the siege of Havana in 1762, the army eventually obtained via purchase or hire about two thousand enslaved men for military use. Since regimental surgeons recommended ‘all drudgery and labour should be performed by negroes, and others, inured to the climate’, the weaponry and ammunition for the siege was hauled into place by ‘500 blacks purchased ... at Martineco and Antigua for that purpose’.¹⁸ Once the city had been captured, army commanders were no doubt grateful of the black auxiliaries as within weeks half of the white troops fell sick. In each instance, black men were not formally embodied into regiments but instead simply attached to white regiments in small groups, and, significantly, they were dispensed with once the campaign was over. Hired slaves were returned to owners, purchased slaves were sold.

¹⁶ Edward Long, *History of Jamaica* (London: T. Lowndes, 1774), II, 412.

¹⁷ Maria Alessandra Bollettino, ‘“Of equal or of more service”: black soldiers and the British empire in the mid-eighteenth-century Caribbean’, *Slavery and Abolition* 38 (2017), 514; see also McNeill, *Mosquito Empires*, 149–68.

¹⁸ Bollettino, ‘Of equal or of more service’, 521; Erica Charters, ‘Making bodies modern: race, medicine and the colonial soldier in the mid-eighteenth century’, *Patterns of Prejudice* 46 (2012), 229; Elena A. Schneider, *The Occupation of Havana: War, Trade, and Slavery in the Atlantic World* (Chapel Hill: University of North Carolina Press, 2018), 126–8; Benjamin Moseley, *A Treatise on Tropical Diseases on Military Operations*, 2nd ed. (London: T. Cadell, 1789), 184; Patrick Mackellar, *A Correct Journal of the Landing His Majesty’s Forces on the Island of Cuba; and of the Siege and Surrender of the Havannah, August 13, 1762* (London: Green and Russell, 1762), 6; Stephen Conway, ‘The mobilization of manpower for Britain’s mid-eighteenth century wars’, *Historical Research* 77 (2004), 385.

The most that the commander of the Havana expedition would do for ‘the Negroes that were bought for the Crown at Antigua’ was to order them ‘to be sent to some of the British Colonies to be dispos’d of as it would be a hardship to sell them to the Spaniards contrary to their own Inclinations’.¹⁹ There was no suggestion that the men who had served the army would be freed. Although auxiliary military roles, such as portering, kitchen duty, ditch-digging and latrine duty, became the norm for these men, some in the West Indies began to see a possible future need for a permanent establishment of black soldiers. Edward Long recommended in 1774 that in order to prevent ‘the French or Spaniards from making conquest of our island’, up to 10,000 ‘of the more sensible, able, and trusty’ slaves should be armed and intermixed with the white regiments and used ‘particularly in nocturnal surprizes, harassing skirmishes and ambuscading’.²⁰ Long’s idea did not go any further, but it was clearly not forgotten.

The event that helped more than anything else to crystallise ideas about how differently white and black soldiers reacted to tropical illnesses was the expedition of 1,800 white regular troops, together with black auxiliaries, that the British army mounted against Fort San Juan in Nicaragua in 1780. Thomas Dancer, physician to the forces, confirmed that all ‘those sent upon service ... were at the time of our departure in general good health’.²¹ Soon after besieging the fort, however, a large number of the number of white soldiers fell sick, and matters did not improve once the fort was taken. Hoping to secure good barracks where the sick could be treated, Dancer instead described the fort as ‘calculated only for the purpose of breeding infection’.²² Benjamin Moseley, who also accompanied the expedition, reported: ‘none of the Europeans retained their health above sixteen days, and not more than 380 ever returned, and those, chiefly, in a miserable condition. It was otherwise with the Negroes who were employed on this occasion; a very few of them were ill, and the remainder of them returned to Jamaica in as good health as they went from it’. The same difference in susceptibility to disease was apparent during the short-lived occupation of Fort Omoa in Honduras: ‘On that expedition, half the Europeans who landed, died in six weeks. But very few negroes; and not one, of

¹⁹ Instructions to the Honourable William Keppel, 25 December 1762, CO117/1.

²⁰ Long, *History of Jamaica*, 133, 135; James Lind, *An Essay on Diseases Incidental to Europeans in Hot Climates*, 4th ed. (London: J. Murray, 1788), 143.

²¹ Thomas Dancer, *A Brief History of the Late Expedition against Fort San Juan, so far as It Relates to the Diseases of the Troops* (Kingston: D. Douglass and W. Aikman, 1781), 8.

²² *Ibid.*, 19.

200, that were African born'.²³ Moseley is arguing here that simple possession of black skin provided protection against tropical fevers, with only a slightly diminished level of immunity afforded to those of West Indian rather than African birth. The significant contrast he draws is between anyone with black skin and 'Europeans', by which he meant any white person, not just those newly arrived from Europe. The expedition included 200 creole volunteers from Jamaica as well as detachments from the 60th and 79th regiments. Dancer made a similar point regarding Amerindian allies, observing that 'Cape Indians, who had an admixture of negro blood' proved less prone to sickness than other local people.²⁴

The first conclusion that many drew from the Nicaraguan expedition was that 'sickness will prevent European troops succeeding... where the service exceeds six weeks'.²⁵ The second was that the British should look seriously at using black troops more systematically. John Hunter's residence in Jamaica came more than a decade after Edward Long's, but it is quite likely he read the *History of Jamaica* since he closely followed Long in recommending 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 in every 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'.²⁶ Significantly, it is clear that ideas about the climatological suitability of those of African descent to West Indian service began to circulate in London through the published writings of military surgeons such as Moseley and Dancer.²⁷ British ministers would thus have had an awareness of the inhospitable Caribbean climate, and particularly its impact on the strength of white regiments stationed there, several years before the WIRs were founded in 1795.

The idea of using black troops periodically resurfaced in the decade following the failed Nicaraguan expedition. Alex Dirom, adjutant general to the governor of Jamaica, believed an easy way to augment

²³ Moseley, *A Treatise on Tropical Diseases*, 134.

²⁴ *Ibid.*, 78; and Dancer, *A Brief History*, 12.

²⁵ Moseley, *A Treatise on Tropical Diseases*, 181.

²⁶ Hunter, *Observations on the Diseases*, 36.

²⁷ Michael Joseph rightly stresses the importance of ground commanders in the decision to form the West India Regiments who, after all, reported the ever-decreasing strength of their forces on a monthly basis, but he overlooks the writings of medical personnel in the years before 1795. Michael Joseph, 'Military officers, tropical medicine, and racial thought in the formation of the West India Regiments, 1793–1802', *Journal of the History of Medicine* 72 (2017), 142–65.

the island's military forces with 'the strongest and most active people' would be for slave owners to bring a few 'trusty' slaves with them to the regular musters 'to be trained and disciplined in the militia'.²⁸ In 1787 Lieutenant 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'.²⁹ Unlike Moseley, Gosling retained a hope that white soldiers might become seasoned in time, but there was clearly a growing chorus of voices suggesting that black troops would be a positive addition to British military forces in the West Indies.

One fully fledged unit of black soldiers was actually stationed in the British Caribbean before 1795. Although small, and usually overlooked by historians, the Carolina Corps demonstrated just how effective black troops could be in the West Indies. The Carolina Corps, as the name suggests, had been created in the latter 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, British commanders faced calls to return these fugitive slaves as part of the evacuation agreement. But, 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, newly restored to Britain by the Treaty of Paris, where they were 'to assist in doing the laborious duties' of rebuilding fortifications and military buildings. Additionally, they were deployed against fugitive slaves on the island and 'found more useful, than the other troops, from being better able to bear fatigue in that climate'.³⁰

²⁸ Alex Dirom, *Thoughts on the State of the Militia of Jamaica Nov. 1783* (Jamaica: D. Douglass and W. Aikman, 1783), 14.

²⁹ 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. See also F. Guerra, 'The influence of disease on race, logistics and colonization in the Antilles', *Journal of Tropical Medicine and Hygiene* 49 (1966), 34.

³⁰ 'Of the Carolina, or Black Corps, serving in the Leeward Islands', CO101/31. See also Gary Sellick, 'Black skin, red coats: the Carolina corps and nationalism in the revolutionary British Caribbean', *Slavery and Abolition* 39 (2018), 459–78.

General Edward Mathew, commanding in Grenada, pushed strongly in late 1790 and early 1791 for the Carolina Corps to be doubled in strength and to be given a central role in the military structure of the Leeward Islands command. He readily dismissed fears about the loyalty of armed black men in a slave society as having 'no weight; as experience shews they are not only to be depended upon, but are more inveterate against people of their own colour, than any other troops'. But he based the main thrust of his argument on the greater medical value of black soldiers compared to whites. He estimated 'loss of soldiers in the West Indies, by death, or rendered useless to the service by the climate' at 10 per cent per annum, three times that of the Carolina Corps. Moreover, each black soldier was 'known to be capable of doing more work for a continuance, than Europeans in that climate'.³¹ Recruiting more black soldiers, either volunteers from among black loyalists settled in Nova Scotia or via purchase, who could undertake 'the duties most unfriendly to European constitutions... would probably save the lives of many soldiers, and certainly add much to the comfort, convenience and durability of the troops'.³² Nativity was evidently not thought to be that important; black men born in mainland North America, the West Indies or Africa were all equally suitable. The home secretary in London, Lord Grenville, thought Mathew's plans were 'very desirable' and instructed that 'no opportunity should be lost of enlisting Negroes, or people of colour, to keep that corps as complete as possible'.³³ An attempt was subsequently made to recruit in Nova Scotia, not least because 'a great number... had been employed as Pioneers' during the Revolutionary War' and thus were already accustomed to military life. However, only sixteen new recruits resulted from this mission, despite existing Carolina Corps soldiers being dispatched to explain the benefits of enlistment. Mathew attributed his failure to the simultaneous arrival of an alternative, and ultimately far more attractive, offer from the Sierra Leone company that did not require the men to leave their families and friends behind.³⁴

At the same time that he was learning of the important role of the Carolina Corps in the Leeward Islands from General Mathew, Grenville was requesting the governor of Jamaica, the Earl of Effingham, to consider 'the means of raising black troops in the colony, either as separate

³¹ 'Of the Carolina, or Black Corps', CO101/31.

³² Mathew to Grenville, 22 December 1790, CO101/31.

³³ Grenville to Mathew, 8 March 1791, CO101/31.

³⁴ Mathew to Grenville, 1 March 1791, CO101/31; Mathew to Dundas, 14 January 1792, CO101/32.

corps, or to be attached as additional companies to the regiments'. At a time when war with Spain looked increasingly likely, Grenville considered this to be a 'point of considerable importance, particularly with a view to offensive operations'.³⁵ By October 1790 Grenville told Effingham he had consulted with General Adam Williamson, commander of forces on the island, and they had agreed that 'it seems particularly desirable that a number of Negroes or people of colour should immediately be embodied. ... The utility of a body of men of this description, particularly with a view to the preserving the health of the European troops, when on service, is likely to be very great, that I cannot too strongly recommend it'.³⁶ Grenville was effectively acting as the conduit between the Leeward Islands command and the Jamaican command. Evidence and ideas from General Mathew in Grenada, who had an active black corps under his command, were being filtered via London to General Williamson in Jamaica. Grenville recommended that in the first instance free blacks should be recruited, with planters 'contributing' their slaves 'as an aid to Government' if insufficient free blacks were enlisted. If both of these sources failed to provide enough men to form one company per regiment stationed in Jamaica, then Grenville recommended 'purchasing on the public account a number of Negroes for this object'. Anticipating the objections that would be raised from Jamaican planters 'on many accounts', Grenville nevertheless believed that 'the advantages appear to be so very great, both as a substantial augmentation of effective force, and of affording the means of preserving the lives of the British soldiers, that I am extremely anxious to see it, if possible, carried into effect without delay'.³⁷

The stage had clearly been set for the formation of more units of black soldiers in the West Indies, but when the threat of war with Spain receded in 1790 these plans lost their urgency. Grenville still thought the idea 'would probably be of great advantage to the service if executed to a limited extent', and General Williamson agreed. There were only two choices available to those holding a Caribbean command he thought: either leave European troops on their ships 'as the only sure means of avoiding the diseases of the climate', or embody 'a very considerable corps of blacks'. The latter course was 'absolutely necessary' if any offensive operations were planned.³⁸ By early 1791 Williamson acknowledged that the peace between Britain and Spain 'renders the measure at present unnecessary', but Grenville confided to Effingham that he was

³⁵ Grenville to Effingham, 10 July 1790, CO137/88.

³⁶ Grenville to Effingham, 6 October 1790, CO137/88.

³⁷ *Ibid.*

³⁸ Williamson to Grenville, 14 November 1790, CO137/89.

'inclined to believe that even under the present circumstances of peace, it will be highly advisable to adopt some plan ... in order to preserve the health of the European troops'.³⁹ Effingham agreed that the establishment of a corps of 400 men who could be used in small detachments where needed would be extremely useful.⁴⁰ What is apparent in these conversations is a clear shift from a military to a medical rationale for black troops. The military threat from Spain might have dissipated, but the inhospitable climate remained unchanged.

The plan for recruiting black soldiers was still being discussed when the first reports of the slave uprising in St Domingue arrived in Jamaica in September 1791. The destruction wrought just over a hundred miles away by armed black men, 'who have burnt and destroyed all the plantations for 50 miles in length on both sides [of] the cape', quickly ended any attempt to raise a black corps in Jamaica.⁴¹ Mathew's plan to increase the establishment of the Carolina Corps in Grenada also came to nought, and their numbers continued to decline steadily.⁴² Planter complaints that arming black men was both foolish and dangerous suddenly seemed prescient and evidently far outweighed a desire to reduce mortality among European troops. Even annual regimental mortality rates of 10 per cent were acceptable in the effort to avoid facilitating another St Domingue.

Fears about the havoc armed black troops might wreak, of course, did not diminish the reality of an unfavourable disease environment in the West Indies for white soldiers. Throughout the early 1790s military commanders continued to lament that high mortality rates among white regiments made their jobs more difficult. Lieutenant Colonel Sir William Myers, commanding at Prince Rupert's Head in Dominica, reported in September 1791 that 'both artillery and the 60th regiment are exceedingly unhealthy; their hospital full, and the men dying daily, their disorder a fever of the intermittent kind'. Prince Rupert's Head was one of the best defensive sites in the entire West Indies. Jutting

³⁹ Williamson to Grenville, 19 December 1790; Grenville to Effingham, 7 January 1791, CO137/89.

⁴⁰ Grenville to Effingham, 7 January 1791; Effingham to Grenville, 19 March 1791, CO137/89.

⁴¹ Effingham to Dundas, 7 September 1791, CO137/89. Some have sought to depict the creation of the WIRs as a response to the revolt in St Domingue, whereas the opposite was clearly true: it stopped initial plans in their tracks. G. M. Orr, 'The origin of the West India regiment', *Journal of the Royal United Service Institution* 72 (1927), 129–30.

⁴² George F. Tyson, 'The Carolina black corps: legacy of revolution (1782–1798)', *Revista/Review Interamericana* 5 (1975/6), 661–3. By 1794 Vaughan claimed only 'about a hundred' of the Carolina Corps were fit for duty, though there were 213 men actually listed as members. Vaughan to Dundas, 25 December 1794, WO1/83. Monthly return January 1795, WO17/2486.

into the ocean and dominated by two large hills with commanding views of the sea route between Martinique and Guadeloupe, the Board of Ordnance declared Prince Rupert's 'the only one in the Leeward Islands worthy of consideration as a place of arms'. The problem was that the landward side, abutting the fort at Prince Rupert's, was mainly swamp and a perfect breeding ground for mosquitoes that spread tropical diseases. But while the fort experienced high rates of both mortality and debilitating sickness, to the extent that Myers could 'scarcely find men to do the ordinary duties of the post', he stopped short of recommending the use of black soldiers instead. Even General Mathew, who forwarded Myers's letters to London, and who had enthusiastically championed black soldiers just a year before, was now silent on the issue. St Domingue had changed everything, and radical solutions were off the table. High rates of sickness were simply to be expected and endured in the West Indies, unhealthy posts could be found throughout the islands and became something to work around. In this instance Myers suggested stationing troops elsewhere in Dominica and only bringing them to Prince Rupert's during periods of military alarm.⁴³

What forced British commanders in the Caribbean, and their political masters in London, to reconsider the use of black soldiers was the outbreak of a particularly virulent strain of yellow fever in 1793. The virus was transported from Bolama Island off the coast of Guinea-Bissau in West Africa in July 1792 by the ship *Hankey*.⁴⁴ The *Hankey* had led an idealistic British colonisation effort in Africa 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, the first colonists began to fall ill. On 19 July only six out of eighty-six colonists were reported as sick; thereafter the proportion of sick grew as the numbers of colonists steadily declined. At the end of August, fifteen of the sixty-six remaining colonists were sick; at the end of October, thirty-four of fifty-three survivors were sick – many of whom evidently did not recover. By the end of November, all but one of the twenty-seven

⁴³ Myers to Mathew, 4 and 19 September 1791, in Mathew to Dundas, 10 October 1791; see also Mathew to Dundas, 2 November 1791, CO101/31.

⁴⁴ 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: Yale University Press, 2013); Geggus, *Slavery, War and Revolution*, 352.

remaining colonists were ill with fever, and by the end of January 1793, only thirteen were left alive.⁴⁵ 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 that is found throughout West Africa. What made 'Bulam fever' particularly dangerous was that it had evolved on an island uninhabited by humans, with only monkeys as hosts. It proved to be far deadlier than the regular strains of yellow fever.⁴⁶

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 local 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 the 19 February, where it would remain until July.⁴⁷ Cases of yellow fever did not appear immediately of course. Mosquitoes from the ship first had to bite an uninfected person such as a customs inspector or crewmember from a ship moored alongside, and it took several days for symptoms to appear. And for the epidemic to become established in the town, the local population of urban *Aedes aegypti* had themselves to become vectors by feeding on an infected person, a process that can take up to two weeks.⁴⁸ Nevertheless, once introduced the virus spread inexorably and would continue until there were no more susceptible humans. Colin Chisholm, surgeon to His Majesty's Ordnance in Grenada, documented the spread of a 'very fatal fever', first to the ships moored closest to the *Hankey* in harbour of St George's, then to those a little farther 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

⁴⁵ Philip Beaver, *African Memoranda Relative to an Attempt to Establish a British Settlement on the Island of Bulama* (London: C. and R. Baldwin, 1805), 104, 130, 159, 181, 190.

⁴⁶ On monkeys as a repository for yellow fever, see Smith, *Ship of Death*, 69, and McNeill, *Mosquito Empires*, 49–50. On yellow fever more generally, see Andrew Spielman and Michael D'Antonio, *Mosquito: a Natural History of Our Most Persistent and Deadly Foe* (New York: Hyperion, 2001), and Christopher Wills, *Yellow Fever – Black Goddess: the Coevolution of People and Plagues* (Reading: Addison-Wesley, 1996).

⁴⁷ Beaver, *African Memoranda*, 471.

⁴⁸ When temperatures average 25°C, mosquitoes can pass on the virus after fourteen days, but at 30°C they can pass it on after just ten days. Michael A. Johansson, Neysari Arana-Vizcarrondo, Brad J. Biggerstaff and J. Erin Staples, 'Incubation periods of yellow fever virus', *American Journal of Tropical Medicine* 83 (2010), 183–88.

St George's became infected and that of those about a fifth perished.⁴⁹ Regiments stationed in Grenada also succumbed, partly due to their own incautious behaviour. Some members of the 45th regiment, stationed closest to the *Hankey*, visited the somewhat notorious ship out of 'curiosity'. Several soldiers subsequently died, and not only did they take the virus back to their barracks, they also unwittingly transmitted it to visiting friends from other regiments. Worst affected were twenty-seven new recruits for the Royal Artillery who arrived on Grenada in mid-July. By the middle of August, twenty-one of them were dead.⁵⁰

The virus spread quickly throughout the Caribbean islands. The harbour of St George's was full, and some ships probably departed for other ports, taking either infected mosquitoes or humans with them, before the extent of the epidemic became fully known. Others fled in a vain attempt to escape the pestilence. The governor of Grenada ruefully noted that the 'constant communication' between islands meant that the spread of the disease was 'almost unavoidable'.⁵¹ A significant factor in the spread of yellow fever was the slave revolt in St Domingue that had created a tsunami of refugees. Some fled St Domingue for other Caribbean islands where the epidemic had already taken hold, but ships also brought the virus to St Domingue itself, meaning those leaving the island often took infected people to previously uninfected regions. It was those fleeing St Domingue who brought yellow fever to Philadelphia in the fall of 1793.⁵² 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 it 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,

⁴⁹ 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. Ninian Home, the governor of Grenada, first mentioned the epidemic in a letter dated 2 May 1793, CO101/33.

⁵⁰ Chisholm, *An Essay on the Malignant Pestilential Fever*, 95–6, 98.

⁵¹ Home to Dundas, 16 July 1793, CO101/33.

⁵² On Philadelphia, see J. H. Powell, *Bring Out Your Dead: the Great Plague of Yellow Fever in Philadelphia, in 1793* (Philadelphia: University of Pennsylvania Press, 1949), and Billy G. Smith and J. Worth Estes, *'A Melancholy Scene of Devastation': the Public Response to the 1793 Philadelphia Yellow Fever Epidemic* (Philadelphia: Science History Publications, 1997).

for instance, Dr James Clark recalled the impact on newly arrived St Domingue refugees: 'eight hundred emigrants, including their servants and slaves, were cut off by this fever.... 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'.⁵³ 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 that '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'.⁵⁴ In early 1794 reports circulated that 'during 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'.⁵⁵ Yet the outbreak did not dominate the British press by any means. Indeed, far more accounts were printed of the impact of yellow fever in Philadelphia than in Britain's West Indian islands. This can perhaps be explained by an unwillingness to advertise just how weak British control in the Caribbean actually was when the French were poised to take advantage.

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, 'It 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'. Chisholm rated the most vulnerable to be sailors and soldiers, especially those 'least accustomed to the climate' or 'lately from Europe'; then white civilians, with those 'lately arrived' most likely to fall sick; followed by mixed-race people, black people and finally children 'especially those of colour'.⁵⁶ Interestingly, Chisholm makes no mention of the role that seasoning might have on black people and he

⁵³ 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.

⁵⁴ *Times*, 13 August 1793.

⁵⁵ *Bury and Norwich Post*, 1 January 1794.

⁵⁶ Chisholm, *An Essay on the Malignant Pestilential Fever*, 99-101.

clearly thought that even seasoned whites were more vulnerable to this disease than any black person. And the darker the skin, the more protection was afforded. Physicians in the West Indies were puzzled by this. William Wright, who served first in Jamaica and then as director of military hospitals in Barbados, recorded that ‘people of colour, and negroes, are in a manner totally exempt from this disease’ but could proffer no plausible explanation – ‘that field negroes should not be liable to it is to me inexplicable’.⁵⁷ William Pym, who would become one of the leading experts on yellow fever, was equally bemused as to its selectivity: ‘Why it should attack whites in preference to blacks? Why it should prefer a robust European to a languid Creole? And why it should respect the sable race of the West Indies, yet attack the negroes of North America?’⁵⁸ These questions would tax the finest medical minds of the age throughout the nineteenth century.

Skin colour was thus pointed to by many as a key factor in determining vulnerability to the disease, yet it was not an absolutely guarantee of immunity, as Wright and some others noted. The medical explanation for the selective impact of yellow fever is largely straightforward. Yellow fever was endemic in West Africa, a zone effectively bounded by the Sahara in the north and the Kalahari Desert in the south, and generally manifested itself as a comparatively mild childhood disease. Native West Africans therefore usually gained lifelong immunity from 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 at least fairly frequently throughout the eighteenth century, and therefore gained the same immunity as their parents.⁵⁹ As Rana Hogarth has pointed out, this acquired immunity was widely interpreted as being innate by medical practitioners because they did not recognise the relatively mild childhood illness as yellow fever.⁶⁰ The error is entirely understandable since it bore little resemblance to the violent and often fatal version that affected adults. The small number of

⁵⁷ William Wright, ‘Practical observations on the treatment of acute diseases, particularly those of the West Indies’, *Medical Facts and Observations* 7 (1797), 8–9.

⁵⁸ 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), 154.

⁵⁹ Kenneth F. Kiple and Virginia H. Kiple, ‘Black yellow fever immunities, innate and acquired, as revealed in the American South’, *Social Science History* 1 (1977), 419–36.

⁶⁰ Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: University of North Carolina, 2017), 41–3.

white children born in the Caribbean were also able to acquire immunity to yellow fever in the same manner.

Yet the thought processes of physicians were muddled by the fact that the virulent strain of yellow fever that arrived in the West Indies in 1793 did not completely exempt black people. In Dominica James Clark noted that while 'the negroes who had been long in the town, or on the island escaped ... the new negroes who had been lately imported from the coast of Africa were all attacked by it. I knew a lot of twenty-four fine healthy new negroes all seized with this fever about the same time, one third of whom died in the course of the disease'.⁶¹ In Martinique 'every person of colour, black as well as mulatto, seemed to suffer from fever', while in Guadeloupe the fever 'was violently contagious, and very few escaped it; even the negroes, who have been considered very unsusceptible of fever, were attacked with it'.⁶² The fact that significant numbers of people of West African descent were infected suggests that the Bolama strain of yellow fever was not only new but also different enough from the commonest strains to re-infect people of African origin, even when they had survived a previous bout of yellow fever. Chisholm was adamant that this 'malignant pestilential fever' was not the same as the usual West Indian yellow fever, despite the fact that it shared many of the same symptoms, simply because of higher mortality rates and the rapidity with which the disease killed. In reality the Bolama virus was indeed yellow fever, just a more aggressive and deadly strain. African immune systems, however, effectively had a head start in tackling the new infection and so were far more likely to prove robust enough to defeat it. The consensus view among physicians remained that if black people were not entirely immune, they continued to demonstrate greater resistance to yellow fever than whites, and therefore they possessed an essential biological advantage. This is a key point: immunity was not absolute but comparative, and closely associated with black skin. Chisholm in Grenada recorded that when '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'.⁶³ 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.⁶⁴

⁶¹ Clark, *A Treatise on the Yellow Fever*, 2–3.

⁶² Pym, *Observations on Bulam Fever*, 13, 118.

⁶³ Chisholm, *An Essay on the Malignant Pestilential Fever*, 97.

⁶⁴ *Ibid.*, 102.

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, 'The army in St Lucia suffered a great deal from sickness; and hardly an officer or private soldier escaped. The mortality was very great'.⁶⁵ William Pym, serving with the 70th regiment in Martinique, recorded 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 which just a few years previously had been estimated at about 10 per cent per year. The 9th regiment, for instance, had lost only seventeen men in the six years between 1787 and 1793 and would have been considered a 'seasoned' regiment able to withstand a tropical climate. The fact that this new strain of yellow fever took a heavy toll on regiments that had been in the region for years set alarm bells ringing in London since it challenged the entire premise of 'seasoning'.⁶⁶

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, the army struggled from the outset with 'that never-failing attendant on military expeditions in the West Indies, the yellow or pestilential fever [which] raged with dreadful virulence'.⁶⁷ In what some historians have suggested was a deliberate strategy, black generals such as Toussaint L'Ouverture retreated to the mountains and allowed the yellow fever virus to decimate the enemy.⁶⁸ Further 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. Not all the deaths were caused by

⁶⁵ Thomas Dickson Reide, *A View of the Diseases of the Army in Great Britain, America, the West-Indies and On Board of King's Ships and Transports* (London: J. Johnson, 1793), 191.

⁶⁶ Pym, *Observations on Bulam Fever*, 128, 130–2.

⁶⁷ Bryan Edwards, *An Historical Survey of the French Colony in the Island of St Domingo* (London: John Stockdale, 1797), 149.

⁶⁸ McNeill, *Mosquito Empires*, 250.

yellow fever, the regular illnesses that followed armies were no doubt present as well, and malaria was endemic in the region.⁶⁹ One French planter glumly informed the Duke of Portland, ‘The small detachments of troops which you send out from time to time are not even sufficient to supply the ravages of disease’.⁷⁰ The debilitated state of those who had survived yellow fever left regiments incapable of offensive operations. In late summer 1794 General Williamson reported, ‘We were, from the great illness and mortality among the troops at St Domingue, obliged to postpone all further operations till after the hurricane months are past, and reinforcements can arrive’.⁷¹

The rapid spread of the new strain of yellow fever among British troops quartered in St Domingue’s ports proved especially devastating. *Aedes aegypti* is an urban mosquito, often travelling just a few hundred metres during its entire life cycle, thriving where people congregate in a comparatively confined area.⁷² It is therefore unsurprising that soldiers stationed in Port-au-Prince ‘dropt like the leaves in autumn’, and all this ‘without a contest with any other enemy than sickness’.⁷³ 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’.⁷⁴ Spurred by the example of the French who had enlisted the support of many thousand 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 and to act against the Brigands’. By ‘brigands’ they meant, of course, the mass of formerly enslaved people fighting for their freedom.⁷⁵ By late 1794, 400 black pioneers had been recruited and were ‘performing all the most active and laborious services’ for the regiments, which, it was hoped, ‘would contribute in no small degree, to preserve the health of the regular troops’.⁷⁶

⁶⁹ Geggus, *Slavery, War and Revolution*, 359, 362, 365–6; David Geggus, ‘The cost of Pitt’s Caribbean campaigns, 1793–1798’, *The Historical Journal* 26 (1983), 699–706.

⁷⁰ Malouet to Portland, c. 20 September 1794, WO1/59.

⁷¹ Williamson to Dundas, 1 August 1794, WO1/60.

⁷² McNeill, *Mosquito Empires*, 40–44.

⁷³ Bryan Edwards, *The History, Civil and Commercial of the British Colonies in the West Indies* (London: John Stockdale, 1801) v.3, 174; Edwards, *An Historical Survey*, 164.

⁷⁴ Hector M’Lean, *An Enquiry into the Nature, and Causes of the Great Mortality among the Troops at St Domingo: with Practical Remarks on the Fever of That Island; and Directions, for the Conduct of Europeans on Their First Arrival in Warm Climates* (London: T. Cadell, 1797), 40.

⁷⁵ Dundas to Williamson, 10 February 1795; Dundas to Williamson, 7 October 1794, WO1/60.

⁷⁶ Dundas to Williamson, 6 November 1794, CO1/60.

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 skillful physicians’.⁷⁷

The situation was terrible in St Domingue and has attracted scholarly interest because of its concentration in one place, but the army fared no better elsewhere in the Caribbean. Indeed, more British soldiers perished in Dominica, Grenada, St Lucia and other Windward and 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 among his own troops. There was, he concluded, ‘not even a prospect of success’.⁷⁸ Grey repatriated some army 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, found that ‘the great sickness and mortality which has prevailed since May last, has broken the strength of all the regiments’.⁷⁹ After more than a year of yellow fever whittling away at the army, Vaughan knew that the army would have to scale back its ambitions as ‘the whole force in all the islands does not exceed fifteen hundred men’, with new arrivals 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’.⁸⁰ 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’.⁸¹

The desperate situation of the army revitalised the idea of using black troops, and not just in support or auxiliary roles. With his army

⁷⁷ M’Lean, *An Enquiry into the Nature, and Causes of the Great Mortality*, 2, 3, 5.

⁷⁸ Grey to Williamson, 10 May 1794 in Henry Dundas, *Facts Relative to the Conduct of the War in the West Indies* (London: J. Owen, 1796), 132.

⁷⁹ Grey to Portland, 5 November 1794, WO1/83; Vaughan to Portland, 24 November 1794, WO1/31.

⁸⁰ Vaughan to Portland, 19 November 1794, WO1/83.

⁸¹ Vaughan to Portland, 24 November 1794, WO1/31.

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’.⁸² Because of the campaigns against Cartagena, Havana and Nicaragua, those of African descent were already known in military circles to be more resistant to tropical diseases than Europeans, and particularly to yellow fever. Vaughan would have been personally aware of the high mortality among white soldiers during the Nicaraguan campaign of 1780 since it had taken place during his previous stint as commander in the Windward and Leeward Islands. And military surgeons continued to promote the idea of black immunity to the very illness that was dissolving his army. Dr Robert Jackson, who had extensive experience in the West Indies and later became surgeon general of the army, informed the readers of his widely read 1791 *Treatise on the Fevers of Jamaica* that ‘it has never been observed that a negro, immediately from the coast of Africa, has been attacked with this disease’.⁸³ While that claim was modified somewhat by other authors in 1793 as the Bolama strain of yellow fever took hold, the essence of Jackson’s point, that black people were far less vulnerable to the disease, remained.

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’.⁸⁴ The medical rationale was

⁸² Vaughan to Portland, 22 December 1794, WO1/31.

⁸³ The same protection was usually afforded to creole whites, Jackson thought, though he incorrectly believed that anyone, regardless of skin colour, who travelled to ‘the higher latitudes of America’ or Europe would be susceptible to re-infection on their return to the West Indies. Robert Jackson, *A Treatise on the Fevers of Jamaica, with Some Observations on the Intermitting Fever of America* (London: J. Murray, 1791), 249–50.

⁸⁴ Vaughan to Portland, 22 December 1794, WO1/31; Vaughan to Dundas, 25 December 1794, WO1/83. See also Peter M. Voelz, *Slave and Soldier: the Military Impact of Blacks in the Colonial Americas* (New York and London: Garland, 1993), 171, and David Lambert, “[A] mere cloak for their proud contempt and antipathy towards the African race”: imagining Britain’s West India regiments in the Caribbean, 1795–1838’, *The Journal of Imperial and Commonwealth History* 46 (2018), 630.

actually even more compelling. Black recruits, seemingly unaffected by the epidemics that took such a heavy toll on British regiments, had given the French 'an advantage of the utmost value in this climate', transforming a force of a few hundred into one of several thousand.⁸⁵ Vaughan urged the Duke of Portland, who as home secretary had responsibility for the colonies, to take '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 preserved was 'saving an extraordinary expence to the nation'. In just a few short months, Vaughan had become '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'.⁸⁶ Moreover, military and medical necessity required the units to be properly officered, organised and capable of functioning independently rather than as auxiliaries to white regiments, since it was quite likely that they would be the only 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, now only about a hundred strong, to tackle 'the revolted Negroes at St Lucia ... to endeavour 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'.⁸⁷ He also authorised Captain 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'.⁸⁸ The arguments in favour of black troops were strengthened by a letter written to Vaughan by eight army physicians that he 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

⁸⁵ Vaughan to Dundas, 25 February 1795, WO1/83.

⁸⁶ Vaughan to Portland, 24 November 1794, WO1/31; Vaughan to Dundas, 25 December 1794, WO1/83.

⁸⁷ Vaughan to Portland, 26 January 1795, WO1/31; Vaughan to Dundas, 31 January 1795, WO1/83.

⁸⁸ Vaughan to Dundas, 11 January 1795, WO1/83. Within a month Malcolm had gathered a force of 150 men. January 1795 Return, WO17/2486.

chronic' illnesses because the unhealthy climate was an 'insuperable bar' to recovery. There was no 'seasoning' for British soldiers after 1793, whereby surviving the inevitable bout of sickness during the first few months in the West Indies granted immunity from future illnesses, the disease environment was simply too toxic. Men disembarked, got sick within days, and either died within weeks or remained weak and unable to function as soldiers. The only solution for the sick, they argued, was 'a timely return to a cold climate'.⁸⁹ 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 that medical necessity required a formal and permanent 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 enlist. Men were not the problem, but finding the right kind of men, particularly for tropical service, proved far harder. When every voice from the West Indies stated clearly that simply sending more troops from Britain was a waste of both men and money, the decision for the government should have been obvious. The voices that gave the government pause came from 'some West India planters and merchants in London'. It is not known exactly what form these representations took, but the West India interest in London certainly acted quickly. Vaughan's letter arrived on Henry Dundas's desk on February 11, and eight days later Dundas replied, telling him to 'refrain from proceeding further in levying Bodies of Negroes to be employed under British Officers, until further signification of his Majesty's pleasure'.⁹⁰

Vaughan received Dundas's 19 February letter on 18 April, and while it was not a definitive refusal to his plan, it was a bitter blow. In his reply, written the same day, Vaughan lamented that 'the enemy avail themselves of the aid, not only of the native white men, but of the negroes who are inured to the climate, can brave the dangers of it, and can so easily be procured in such great numbers, whilst we are confined to the use of European troops, few in number, raw in discipline, and exposed to the

⁸⁹ Army surgeons to Vaughan, 23 March 1795, WO1/83.

⁹⁰ Dundas to Vaughan, 17 April 1795, WO1/83. Dundas references his letter of 19 February 1795 in this April letter but a copy does not seem to be extant. Just a month later Dundas reported receiving 'very pressing representations ... from the West India planters' suggesting there was an active line of communication between the West India interest and the government. Henry Dundas to Duke of York, 12 March 1795, WO6/131.

ravages of an unhealthy climate, with which they are unable to contend, and to which they fall such numerous victims'.⁹¹ The imminent loss of the Caribbean colonies would be the result. Indeed, he noted, it was only through the actions of black troops that he had been able to maintain British control of St Lucia and Martinique. Without black troops, however, 'we must remain upon the defensive, which as in this climate, the European troops are constantly diminishing in effectives, will probably lead to more disagreeable consequences'. Vaughan urged the dispatch of more seasoned veterans from Europe because 'it is only filling the hospitals and deceiving yourselves to send out raw, or new raised levies'.⁹² One resident of Martinique was dumbfounded: 'How could the merchants of London be so wrong headed as to urge the Duke of Portland to stop General Vaughan from raising and embodying negroes? Never was a step so fraught with mischief to their own interests. We can only be saved by that system. Negroes are employed on all occasions against us, and it is the only strength the enemy have. Believe me, one regiment of negro soldiers is worth, for real service, any two of the British now in the West Indies'.⁹³ In May Vaughan reported on 'the weakness of our present force which is composed literally of boys and sick men', and confessed 'deep anxiety' about 'the gloomy prospect before me'.⁹⁴ The monthly return of military forces in the Windward and Leeward Islands for May 1795 enumerates the scale of Vaughan's problem. From a supposed force of 5,996, only 3,562 were fit for duty, and between 3 and 5 per cent perished each month.⁹⁵ Unsurprisingly, with the Caribbean having become 'the inglorious grave of so many thousands', one commentator in London believed 'the military spirit ... seems almost extinct'.⁹⁶

Reservations about black regiments among ministers in Whitehall did not last long. Less than two months after ordering a halt to further recruitment efforts, 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 he told Vaughan to proceed with the plan as quickly as possible.⁹⁷ Orders were swiftly out sent from the secretary at war establishing two regiments 'of people of color and negroes' with a 'full complement' of officers 'to be in every respect on the same footing as

⁹¹ Vaughan to Dundas Martinique, 18 April 1795, WO1/83.

⁹² Vaughan to Dundas Martinique, 28 April 1795, WO1/83.

⁹³ 'Letter from Martinique May 15', *Gloucester Journal*, 20 July 1795.

⁹⁴ Vaughan to Dundas Martinique, 19 May 1795, WO1/83.

⁹⁵ May 1795 Return, WO17/2486.

⁹⁶ Ronald Hamilton, *Sketch of the Present State of the Army* (London: J. Owen, 1796), 4.

⁹⁷ Dundas to Vaughan, 17 April 1795, WO1/83.

the marching reg[imen]ts of inf[antry] on the British estab[lishmen]t'. Each regiment would total more than a thousand men when complete, and a month later orders were issued for six further regiments to be raised.⁹⁸ In the intervening period, between initially balking at raising black regiments and granting approval, Dundas had received several letters from Vaughan indicating the effectiveness of informal black militia units that were operating in St Lucia and Guadeloupe.⁹⁹ Moreover, the issue was raised in a debate on the slave trade in the House of Commons on 26 February. William Wilberforce pointed out to the administration the weakness of British power in the West Indies ever since the French 'had formed and disciplined them [their former slaves] to the use of arms', and that as a result newly liberated slaves would 'acquire dominion in a climate, where labour, fatigue, and death to our men, were amusement to them'.¹⁰⁰ Alarmist representations from the West India Committee of Planters and Merchants that 'the putting arms into the hands of negro slaves is a measure pregnant with the most fatal consequences' now fell on deaf ears. Even the claim that 'by giving Negroes an establishment as soldiers they would be taught to consider themselves as equal, while they are effectively superior to the whites, as well from their military discipline and skill, as from their numbers' were outweighed by the overwhelming need to provide the army with functional and effective units.¹⁰¹ Approval from London finally arrived in Martinique on 16 June, providing Vaughan 'much satisfaction'. A letter to Vaughan from General Oliver Nicholls in Grenada, reporting 'the 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.¹⁰² 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 to 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. And all the while yellow fever continued to wreak havoc. Major General Paulus Aemilius Irving reported to Henry

⁹⁸ Windham to Myers, 24 April 1795; Windham to Fauquier, 27 May 1795, WO4/158.

⁹⁹ Vaughan to Dundas, 11 January 1795, 30 January 1795, 31 January 1795 and 25 February 1795, WO1/83. Voelz, *Slave and Soldier*, 133–8.

¹⁰⁰ *Times*, 27 February 1795.

¹⁰¹ West India Committee Archives, University College London (microfilm), Standing Committee Minutes, 27 June 1795.

¹⁰² Nicholls to Vaughan, 22 June 1795, WO1/83.

Dundas in August 1795 that the army was 'greatly diminished by death, exhausted by fatigue and the disorders incident to this inclement climate', and Vaughan's successor as commander in chief, Major General Charles 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'.¹⁰³ 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'.¹⁰⁴ Black recruits into the new WIRs did begin to trickle in, mainly from nearby conquered islands. Very few records survive that list the nativity of soldiers from the 1790s, but a list compiled in 1810 of men serving with the 2WIR notes the date they joined. Of twenty-eight black men who had joined in 1795 and survived until 1810, thirteen were from the recently captured French islands of Martinique and Guadeloupe, five were from British islands and a further eight were born in North America. Just two were born in Africa.¹⁰⁵ The only thing these men shared was their black skin, but the problem was that the numbers enlisted were ridiculously insufficient. The 4WIR only had eleven black recruits by the end of 1796, the 6WIR in St Kitts merely nine. Only the 2WIR, with 266 soldiers, was of a useful size.¹⁰⁶

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 small informal black militias that had been raised in Dominica and St Vincent by local commanders. At the end of 1796, Soler's Black Corps in Martinique had 318 men, Mears's Black Corps in St Lucia had 487 men and Drualt's Black Corps, also in St Lucia, had 288 men.¹⁰⁷ These men were to be used for 'local and temporary services' since they offered 'considerable advantages... in the present state of the colonies'.¹⁰⁸ Indeed they had already proved their worth by assuming garrison duty in Martinique

¹⁰³ Irving to Dundas, August 1795, WO1/84; Leigh to Dundas, 2 October 1795. The nadir of effectives occurred in August 1795 with just 2,706 fit for duty. New arrivals from Britain increased the number of effectives but also caused a spike in mortality, in October it reached 6 per cent per month. August and October 1795 Return, WO17/2486.

¹⁰⁴ Leigh to Dundas, Martinique, 8 October 1795, WO1/84.

¹⁰⁵ Even the two Africans might have been in the West Indies some time: one was aged twenty-six and the other twenty-two at the time of enlistment. Succession book of the 2WIR, WO25/644.

¹⁰⁶ 4WIR Succession book, WO25/653; State of the army, December 1796, WO1/86.

¹⁰⁷ Leigh to Dundas, 5 December 1795, WO1/85; State of the army, December 1796, WO1/86.

¹⁰⁸ Dundas to Abercromby, 9 February 1796, WO1/85.

because 'the regiments at Fort Royal and Marin are in a very weak and sickly state'.¹⁰⁹ Faced with 'the failure of the West India Regiments', the army's quartermaster took a decisive step. More than 3,000 black pioneers had been assembled, in line with previous expeditions, to undertake 'common fatigue duties' for Sir Ralph Abercromby's campaign in the Caribbean. The quartermaster decided to arm and equip 758 of them 'to form a body of native troops so essentially necessary in the present war'. This was the largest single arming of black men in the British Caribbean thus far. When added to the existing black troops serving with the Royal Rangers, Guadeloupe Rangers and Dominica Rangers, Abercromby had a force of 1,109 black troops at his disposal. Importantly, when the force gathered in Barbados, only 84 reported sick.¹¹⁰

Evidence of the efficacy of the policy of using whatever black soldiers could be found comes from St Lucia. The garrison had been more than 4,000 strong in April 1796, bolstered by the recent arrival of reinforcements under Sir John Moore. The insertion of a large group of non-immunes into an endemic yellow fever zone inevitably led to the disease flaring up again. Shortly after his arrival Moore described the forces under his command as 'perfectly healthy', but within a few weeks, as the transmission and retransmission of the disease via infected mosquitoes began to occur, he noted 'the men begin to fall sick' and the situation thereafter deteriorated rapidly. By the end of August, Moore counted the deaths at 'from sixty to seventy a week'.¹¹¹ The commander of Fort Charlotte, overlooking Castries, reported that 'the sickness upon Morne Fortunee and its neighbourhood is dreadful', with 'a bare sufficiency of duty men for the daily guards ... so many of the men, are already too ill to be removed; most of those I fear will fall a sacrifice'.¹¹² Three weeks later the 'dreadful mortality' had spread throughout the forces in St Lucia and Grenada, and 'no abatement whatever has yet taken place in the violence of the disease'.¹¹³ The official record of mortality in the Leeward Islands command between April and October 1796 listed 24,960 hospital admissions in six months, 2,912 of whom perished, mostly in Grenada and St Lucia.¹¹⁴ Even the medical staff

¹⁰⁹ Leigh to Dundas, 5 December 1795, CO1/85.

¹¹⁰ Return of a brigade of black troops Barbados, 10 March 1796, WO1/85.

¹¹¹ J. F. Maurice, *The Diary of Sir John Moore* (London: Edward Arnold, 1904), I, 206, 221, 236.

¹¹² Moore to [Abercromby?], 19 August 1796, WO1/85.

¹¹³ Graham to Dundas, 9 September 1796, WO1/85.

¹¹⁴ 'A return of the numbers sick in quarters and in hospitals with those that have died in the Windward and Leeward Charibbee islands since March last', 17 October 1796, WO1/86.

succumbed and commanders were forced to co-opt the services of civilian physicians. By November only just over a thousand men in St Lucia were fit for duty. However, a military census shows a notable difference between white and black troops on the island. Of 344 soldiers from the 31st regiment, for example, just 16 privates were fit for duty, and in total barely a quarter of the white soldiers who remained alive were able to bear arms. By contrast nearly three-quarters of the 775 black soldiers were fit for duty, and they actually formed the majority of fit soldiers on St Lucia.¹¹⁵ Here was incontrovertible proof that black soldiers had immense value in this toxic disease environment.

Sir Ralph Abercromby, who had 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 successive regimental returns recorded an ever-diminishing force, with his 12,603 effectives in May 1796 dropping to 8,290 by November and monthly mortality rates nudging 10 per cent, Abercromby’s hopes of a rapid and successful military campaign against the French islands dwindled.¹¹⁶ Reporting to Henry Dundas that ‘six British battalions have been nearly annihilated’ by what he termed ‘the great sickness’, Abercromby knew that his only recourse was the ‘completion of the Black Corps’ as quickly as possible.¹¹⁷ Continued opposition by local legislatures who refused to provide the men, fearing the ‘most dangerous consequences’, ultimately forced Abercromby to conclude, ‘The Black West India Regts 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’.¹¹⁸ Such a policy would involve expense, ‘considerably beyond any calculation hitherto made’; nevertheless, Henry Dundas, accepting the severity of the situation, agreed, authorising Abercromby ‘to procure in this manner the number that may be necessary for this purpose’.¹¹⁹ Dundas was slightly astonished that ‘the respective legislatures in so great a proportion of the colonies should have manifested such a decided opposition to a measure supported by the unanimous

¹¹⁵ Distribution of the forces, 13 November 1796, WO1/86.

¹¹⁶ May and November Returns 1796, WO17/2487.

¹¹⁷ Abercromby to Dundas, 16 January 1797, WO1/86.

¹¹⁸ Abercromby to the Governors of Windward and Leeward Islands, 3 January 1797, WO1/86; Ricketts to Abercromby, 18 January 1797, WO1/86; Abercromby to Dundas, 9 April 1796, WO1/85.

¹¹⁹ Abercromby to Dundas, 16 January 1797, WO1/86; Dundas to Abercromby, 28 October 1796, WO1/85.

opinion of every officer of rank and experience who has served in the West Indies, proved by the events of this war to be of the most general utility and advantage'.¹²⁰ As Roger Buckley has pointed out, the determined opposition of island legislators, in Jamaica especially, stemmed from a desire to preserve existing political, racial and economic structures in the West Indies. The Barbados Assembly, for instance, feared that planters would only give up to the army men 'of the worst characters' and that the French would therefore find it easy 'to turn the arms of these black troops, against the inhabitants of their native spot'. They singularly failed to appreciate the larger imperial view that was taken in London.¹²¹

Army recruiters tried a number of novel tactics to fill the ranks of the WIRs, including enlisting Irishmen, recruiting in captured French or Dutch islands, poaching the crews of East India Company ships and trawling Chatham docks in England for emigrant West Indians or black Americans.¹²² They had some successes. When the 7WIR was disbanded in 1816, more men listed their birthplace as the West Indies than in Africa, the most common locations being Guadeloupe and Curacao, and the 4WIR contained rank-and-file soldiers from Ireland, England, Scotland, Holland, Portugal, India and four different Caribbean islands.¹²³ Ultimately, however, it was the decision to purchase African men directly from slave ships to augment those already under arms in informal militia units that rapidly increased the number of black troops in the British army. The 4WIR added 244 recruits during 1797 alone, 158 from Africa, with most of the rest from British, French, Danish and Dutch islands, and 3 registering their birth as North America.¹²⁴ The one thing that the vast majority of those enlisted shared was black, or at least dark, skin. Non-whites from the West Indies, North America, Africa and even India were all deemed to be similarly suitable, again reinforcing the idea that resistance to tropical diseases was equated with black skin. In September

¹²⁰ Dundas to Abercromby, 12 May 1797, WO1/86.

¹²¹ Minutes of the Barbados house of assembly, 17 January 1797, enclosed in Ricketts to Abercromby, 18 January 1797, WO1/86. Buckley, *Slaves in Red Coats*, 43–62.

¹²² For example, forty-six men born in India were enlisted into the 6WIR in late 1797 and early 1798, all recruited in England. Most (twenty-eight) came from Bengal. This was despite a protest from the directors of the East India Company about the loss of their crews. See Huskisson to Brownrigg, 18 September 1797, WO6/131, and the Succession book for the 6WIR, WO25/657.

¹²³ WO25/2740 (4WIR) and WO25/2744 (7WIR).

¹²⁴ WO25/653 in 1797 listed nativity of new recruits as follows: 158 Africa; 36 St Kitts; 12 Montserrat; 10 St Eustatius; 8 Antigua; 7 Tortola; 3 St Croix; 2 Guadeloupe; 1 Martinique; 1 Jamaica; 1 Nevis; 1 Dominica; 1 St Lucia; 1 New York; 1 Charlestown; 1 America.

1798 Lieutenant General Henry Bowyer had six WIRs in his Windward and Leeward Islands command, totalling 1,551 men. Less than a year later, in July 1799, there were 4,000 men in the WIRs serving in the Windward and Leeward Islands, climbing to 4,640 by 1801.¹²⁵

Agents purchasing slaves for the WIRs were instructed to ensure they were 'of a sound body', with specific height and age criteria, even though the 'age of a negro is not easily known'. All recruits had to be approved as being in good health 'by two of the principal medical staff', who would 'certify the said recruit is unexceptionable'. Higher prices were authorised for a 'seasoned recruit' who had been in the West Indies for a period of time, suggesting that army physicians believed that newly imported Africans would need time to become accustomed to the disease environment, even though they originated from a tropical region and were therefore presumed to already possess a degree of immunity to deadly tropical pathogens. Edward Long had recommended that newly imported slaves should be 'always much indulged during the first two or three years after their arrival, being put to the gentlest work, that they may be gradually seasoned to the change of climate'.¹²⁶ Of course, how far planters actually followed this recommendation is debatable, but there was evidently a general belief that despite being highly resistant to tropical fevers, far more so than Europeans, newly arrived Africans would undergo at least a mild form of seasoning.¹²⁷ In any event, despite the premium offered for seasoned men, the army found it almost impossible to purchase prime male slaves in the Caribbean. Unseasoned men, straight from Africa, were the only remaining recourse, and by March 1798 General Cornelius 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'.¹²⁸ But the perils of this shift became obvious within weeks. The governor of Dominica observed that at £56 for each man, 'the contract was too low, and bad negroes were in consequence given'. As a result, 'they are now dying in dozens at Fort George and I am assured of consumption'.¹²⁹

¹²⁵ Return of the West India Regiments, 6 September 1798, WO1/86; Return of the deaths of the rank and file in the Windward and Leeward Islands, 20 November 1800, WO1/90. Monthly return, March 1801, WO17/2492.

¹²⁶ Long, *History of Jamaica*, II, 412.

¹²⁷ Realistically, the only viable way to assess whether a recruit was locally born, or had been in the West Indies a while, was by testing their knowledge of a European language. Heads of Instructions, 26 January 1797, Instructions for the officers and medical staff, WO1/86.

¹²⁸ Cuyler to Dundas, 8 March 1798, WO1/86.

¹²⁹ Cochrane to Dundas, 15 May 1798, Cochrane to Dundas, 7 June 1798, WO1/88.

In reality the problem with those stepping off slave ships was not so much the new diseases they might encounter in the Caribbean, but their poor state of general health on arrival. Being confined below decks on slave ships for several months inevitably resulted in a high mortality rate, approaching 25 per cent in some cases, with dysentery, smallpox and malnutrition taking a particularly heavy toll. Those who, by luck as much as anything else, survived the middle passage certainly did not arrive in the Americas in excellent health. It is therefore hardly surprising that, despite the best effort of army physicians to select only the healthiest individuals as soldiers, it took some time for them to recuperate from the ordeal of the middle passage and that some actually died during the process.¹³⁰ There is no way to know for certain how many of the newly purchased slaves never actually donned the uniform of a WIR soldier. Roger Buckley estimated that the Windward and Leeward Islands command purchased 3,992 slaves before the end of 1800. The military returns record 4,559 members of the WIRs by that date, but 1,109 black soldiers had already been embodied by March 1796, before the purchase policy was implemented. The size of the force in March 1796, augmented by purchases, would amount to 5,101, leaving 542 soldiers unaccounted for. The presumption must be that these men had died before the end of 1800, but no data exists to tell us whether they perished on active service or of disease, nor how many were newly arrived Africans or West Indian creoles.

What became clear very quickly was the massive immunological advantage enjoyed by soldiers of African descent in the West Indies. The earliest data relating to comparative mortality was collected by MP Sir William Young (Table 1.1).¹³¹ The sickness and mortality statistics collated by Young confirmed that the mortality rate for white troops in the West Indies could be as much as tenfold that of black troops and was particularly terrible in 1796, when more than a third of white troops died. Over the ensuing years mortality rates improved for

¹³⁰ Richard B. Sheridan, 'The Guinea surgeons on the middle passage: the provision of medical services in the British slave trade', *The International Journal of African Historical Studies* 14 (1981), 601–25; Raymond L. Cohn and Richard A. Jensen, 'Mortality in the Atlantic slave trade', *The Journal of Interdisciplinary History* 13 (1982), 317–29; Herbert S. Klein and Stanley L. Engerman, 'Long-term trends in African mortality in the transatlantic slave trade', *Slavery and Abolition* 18 (1997), 36–48.

¹³¹ William Young's father (also Sir William Young) had been the first British governor of Dominica. Young personally visited the West Indies during the 1790s, publishing the *West India Commonplace Book* in 1807. He served as governor of Tobago between 1807 and 1815. R. B. Sheridan, 'Sir William Young (1749–1815): planter and politician, with special reference to slavery in the British West Indies', *Journal of Caribbean History* 33 (1999), 1–26.

Table 1.1. 'Returns of Brit Troops in y^e West Indies, from 1795 to 1802 given to W. Y. by J. Sayers Esq^r Com^{rs} [commissary] in y^e West Indies', in Abstract of British West Indian Trade and Navigation from 1773 to 1805

Year	British Troops			Black Corps		
	Force	Dead	Per cent	Force	Dead	Per cent
1796	20,277	7,009	34.6	2,405	75	3.1
1797	14,429	4,145	28.7	2,852	118	4.1
1798	9,989	1,821	18.2	3,058	252	8.2
1799	8,583	1,042	12.1	3,354	258	7.7
1800	9,808	1,387	14.1	4,320	286	6.6
1801	12,785	2,608	20.4	4,604	276	6.0
1802	11,164	1,051	9.4	4,275	299	7.0
Total		19,063			1,564	

Note: British Library MSS Stowe 921.

whites, mainly due to a dearth of reinforcements from Britain, meaning that white troops who survived a bout of yellow fever had become immune from further infections. Reinforcements in 1800 provided fresh victims for the virus, and mortality rates spiked again at 20 per cent in 1801. In addition to the 19,063 dead, a further 3,065 white soldiers were invalided from the service and sent home to Britain. From a low starting point, mortality rates for black troops rose from 3 to 7 per cent. Young does not provide any information on the causes of increased mortality among black troops. It might readily be accounted for by the rigours of active campaigning, including battlefield injuries, or the appearance of dysentery in makeshift camps, but it remains possible that yellow fever contributed to this rise in mortality as well. It has already been established that while possessing greater resistance to tropical diseases than Europeans, black troops were not completely immune. Such was the virulence of yellow fever in St Domingue that in 1797 'a party of the 5th West Indian regiment, consisting of seventeen men and four officers, the greater part of the men some measure inured to a tropical climate, experienced severe attacks of this fever, (one man excepted), in a residence of less than one month'.¹³² But the crux of the issue was the comparative impact on black and white troops. The men of 5WIR might have been sick, but British forces alongside them in St Domingue were so weak they 'could hardly mount a sergeant's guard' and the army completely relied on the 'black corps, [to] occupy

¹³² Robert Jackson, *An Outline of the History and Cure of Fever, Endemic and Contagious* (Edinburgh: Mundell and Son, 1798), 71.

all the advanced posts'. 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.¹³³ The contrast between European regiments and the informal black militias that formed the bulk of the forces under British control in St Domingue was stark: in July 1796 only 224 of 3,491 black soldiers reported sick.¹³⁴ Between 1796 and 1802 the average annual mortality rate for black soldiers in the West Indies was 6 per cent, less than a third that of white soldiers at 19 per cent.¹³⁵

Looking back at these statistics in 1807 when he was about to assume the governorship of Tobago, Young tried to suggest that the mortality 'hath yet been exaggerated in the public opinion' and that the West India station had unjustly earned the reputation of a posting of 'almost certain death'. Attributing the extremely high death toll in 1796 to the arrival of troops 'unseasoned to the climate', 'duties of fatigue and service' that were 'immediate and excessive' and 'barracks and hospitals' that were simply 'insufficient' to meet requirements, Young completely failed to mention yellow fever as the principal cause.¹³⁶ The disastrous campaign in St Domingue was also conveniently forgotten.

The quantitative and qualitative data available to officials at the time, however, only pointed in one direction – that black troops were far more suitable for West Indian service than whites. A survey of all the WIRs 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 and the more particularly so at the present moment as these corps are undoubtedly better calculated for these duties which are so apt to impair the health of European troops when engaged in active service in the West Indies'.¹³⁷ General Thomas Trigge, who succeeded Ralph Abercromby as commander in chief in the West Indies, held no hope

¹³³ Williamson to Portland, 6 July 1795, WO1/61; Jackson, *An Outline of the History and Cure of Fever*, 249, 98–9.

¹³⁴ General return of foreign and black corps July 1796, WO17/1988. The only WIR soldiers to serve in St Domingue were seconded NCOs serving with the black militia corps. See other returns in WO17/1988.

¹³⁵ *Abstract of British West Indian Trade and Navigation from 1773 to 1805*. British Library MSS Stowe 921, p32v.

¹³⁶ Sir William Young, *The West-India Common-Place Book* (London: Richard Phillips, 1807), 219.

¹³⁷ Return of the West India regiments, 6 September 1798, WO1/86; Dundas to Trigge, 17 May 1799, WO1/87.

that the circumstances for European troops would ever improve: 'The regiments in general have been of late, extremely unhealthy, and many of them so much so, as scarcely to be considered fit for service. The present season has been and still threatens to continue very sickly; our loss already has been considerable, and the prospect before us affords very little hope of amendment'. Trigge was particularly concerned about 'the men who have hitherto escaped illness, are now so much worn down and exhausted from fatigue, as to render it, impossible for them to support it for any length of time'.¹³⁸ Dundas once again found himself urging the completion of the WIRs up to their establishment of 500 men each, and using them 'for 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'.¹³⁹ Both statistically by regimental returns, and by the commanders on the ground, the suitability of soldiers of African descent for West Indian service was confirmed.

When John Poyer wrote his *History of Barbados* in 1808, the rationale for the creation of the WIRs 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'.¹⁴⁰ Increased awareness of black resistance, and white vulnerability, to tropical diseases (particularly yellow fever) was clearly the principal imperative behind the creation of the WIRs. The opposition of local colonial legislatures to armed and trained black men, who might act as an encouragement to the enslaved population to rebel or aid possible French invaders, was overridden by the unanimity of successive commanders in chief in the Caribbean and Home Secretaries in Whitehall. The issue was never insufficient white troops or the distance involved in transporting men from Britain to the West Indies.¹⁴¹ 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 enslaved men into the army. In fact, Britain recruited and shipped tens of thousands of soldiers to the West Indies

¹³⁸ Trigge to Dundas, 1 August 1800, Trigge to Dundas, 21 August 1800, WO1/89.

¹³⁹ Dundas to Trigge, 11 October 1800, WO1/89.

¹⁴⁰ John Poyer, *The History of Barbados from the First Discovery of the Island* (London: J. Mawman, 1808), 624.

¹⁴¹ On the ability of the army to recruit large numbers at short notice, see Conway, 'The mobilization of manpower', 377–404.

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. Amidst 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.