Communicating Disease
Literature and Medicine in the Atlantic World

In the modern-day vernacular, the flu can be 'caught', one might 'give' another person a stomach virus, and medical science is said to be in a state of perpetual 'war' in the effort to 'kill' cancer: the imaginative lives of illness pose questions about individual agency, social interaction and the violent colonization of bodies. Figures of disease are harnessed to an array of ideological ends, and the association between colonialism and disease gives metaphorical form to the rampant sickness and staggering death rates which mark the history of the British Empire. Disease often had the final word in defining imperial boundaries, determining the outcome of power struggles and the contours of colonial dominions. At the apex of British colonialism in the Americas between the conclusion of the Seven Years' War in 1763 and the abolition of slavery in 1834, the rapid spread of disease amongst colonist, enslaved and indigenous populations made the Caribbean notorious for being one of the deadliest places on earth, winning it the epithet 'the grave of Europeans'. Understanding medical knowledge and anxieties about illness as shaping colonial existence, this book is a study of colonial disease as it was imagined by the literary and medical texts of the Caribbean. *The Caribbean and the Medical Imagination* considers how literary and medical discourses were related at this point, how they expressed anxieties about illness and how they organized colonial environments and bodies (healthy and sick, literal and figurative) and articulated models of humanity and identity through figures of disease. Working at the interface between literary criticism and the cultural history of colonial medicine, this book reveals the conceptual and linguistic frameworks – aesthetic, philosophical, poetic, political, psychological, racial, religious and scientific – of literary and medical encounters with colonial disease.

As well as new territories in West Africa, the Seven Years' War brought the conquest of Canada, Florida, Dominica, Grenada, Havana, Saint Lucia and Saint Vincent, making Britain the dominant power in the

Atlantic world. It was, as Linda Colley has written, 'the most dramatically successful war the British ever fought.'[1] Colley has shown that the British reaction to the enormous pressures of such a massive increase in global power and territory, as well as the problems of staggering debt, helped to force a 'major reassessment of the meanings of Britishness and of the implications of empire.'[2] A key element in the reconfiguring of identity, knowledge and power that took place at this peak moment of British imperial control, however, and to a far greater extent than has been recognized until recent historical accounts, was disease.[3] The Seven Years' War itself had seen ground lost or gained because of disease.[4] More broadly, as Europeans distributed themselves across the globe, and forcibly distributed others, the colonial encounter between nations merged previously separate pathogenic environments. The British slave ships which, between 1740 and 1807, carried 2.2 million African people from their homes, had an enormous part to play in the transport of pathogens to the Caribbean, and were notorious as breeding grounds for disease.[5] Recent estimates put the death toll for those shipped across the Atlantic (and imprisoned in West African barracoons) at somewhere between 10 and 50 per cent.[6] The grim environment of the slave ship was one of brutal, cramped and unsanitary conditions which meant that contagious fevers, fluxes (dysentery and bowel complaints), measles, smallpox, influenza and parasites could spread above and below deck with exceptional speed.[7] The disease environments Europeans encountered in Africa played a major role in the expansion of the Caribbean sugar plantations, but because the process of shipping African slaves to the Caribbean meant African diseases came too, European health did not fare much better on the other side of the Atlantic. In the Caribbean, the meeting between diverse populations allowed the different diseases found amongst African, European and indigenous populations to prey on the weaknesses of each group. Biological protections and susceptibilities that people had accumulated from generations of prior exposure to, or isolation from, particular pathogens left them vulnerable to the new diseases they were now encountering. As Richard Harrison Shryock puts it, 'Europeans, Africans, and Indians engaged in a free exchange of their respective infections' and the Caribbean functioned as a 'melting pot for diseases'.[8]

In Kingston, the ratio of funerals to baptisms was 7:1.[9] For Europeans, life expectancy in Kingston was not much better than it was in West Africa, where more than 60 per cent of Europeans died within a year and only 10 per cent lived for more than three years.[10] This extraordinarily high death rate was inflicted not by the Maroon Wars and slave rebellions which

disrupted the authority of the Jamaican plantocracy, but by rampant and uncontrollable disease. Death rates across the Caribbean were usually higher than birth rates and, for the most part, neither black nor white populations sustained themselves by natural increase.[11] The exceptions were the Bahamas and Barbados, which saw a natural increase in their slave populations during the early nineteenth century – their much flatter landscapes made them reputedly healthier than other islands.[12] It soon became clear to planters that it was cheaper to buy slaves and work them to death than to raise them from birth – despite the fact that African slaves often arrived in the West Indies in a very poor state of ill health and suffering from diseases contracted on the cramped and filthy slave ships.[13] While Europeans suffered most from fevers (malaria and yellow fever in particular), Africans tended to suffer from different diseases: yaws (framboesia – a highly infectious disease endemic to Africa and resulting in deforming and painful lesions of the bones and skin), leprosy, elephantiasis, Guinea worms, geophagy (dirt eating), as well as dropsies (oedema), fluxes, tetanus and ulcers.[14] But it was the New World indigenous communities who were most fatally devastated by the combined influx of African and European diseases: smallpox, measles, diphtheria, whooping cough, bubonic plague, malaria, typhoid fever, yellow fever, dengue fever, scarlet fever, influenza, Guinea worm, yaws, leprosy and hookworm. The previously isolated indigenous Caribbean people were the group worst affected by the Atlantic pathogenic exchange – partly because the South American mainland was exposed to fewer outsiders and diseases, and partly because some Caribbean landscapes and the nature of the plantation system harboured greater numbers of deadly mosquitoes.[15] On the plantations, the particularly high concentration of people, plants and animals in the lowland tropical areas used for growing sugar – which took up increasing quantities of land – released the contents of what Richard Sheridan has called a 'Pandora's box of debilitating and lethal pathogens'.[16]

Disease was widely understood to originate from climatic conditions. From the middle of the eighteenth century, a reinvigorated Hippocratic model of environment and health emerged as the dominant medical framework, and became allied to the empirical observation of new geographical territories. Earlier versions of Hippocratic epidemiology and meteorology, which focused on a causal relationship between geographic space and health, were expanded, and centred on a hypothesis of aerial contagion according to which dirt and stagnation spread disease via miasmatic particles.[17] Through this theory of inanimate infection, and following Thomas Sydenham's influential work on the significance of

seasonal weather changes, disease came to be associated with bad air – *mal aria*, or what the colonial surgeon Robert Jackson called 'the exhaling surface of the earth'.[18] The geographical focus ushered in an age of regionalized medicine which sought to map localities, climates and environments according to which diseases were found to be present. Within this model of disease, tropical climates were perceived as particularly deadly. Military physician George Pinckard emphasized the expedited progress of disease in the West Indies and colonial medicine's struggle to stem the tide of death:

> In all climates, a sound judgement, and an acuteness of discrimination, together with a correct knowledge of the human frame, are necessary to the successful treatment of diseases: but in the West Indies, where the attack is frequently sudden, and the progress destructively rapid, if the malady be neglected or badly treated, in its incipient stage, medicine becomes inefficient, and, too often, the disease cannot be subdued by all the art of the wisest Physician.[19]

Despite the insufficiency of European medicine's powers in tropical climates, the medicalization of the climate and atmosphere created a new role for physicians in relation to the social and environmental management of disease. Both the need to control disease and the new supervisory role of medical professionals were particularly apparent in plantation societies, and large numbers of doctors and surgeons took upon themselves the project of medically analyzing tropical environments.[20]

Ideas about human difference were also structured by this climatic model of health. From very early in the era of Caribbean plantation slavery, Europeans believed that Africans were particularly immune to the effects of tropical climates, while perceiving themselves as uniquely susceptible to climate-related illnesses. The indigenous peoples of the West Indies were seen as especially vulnerable to other types of diseases, which explained the rapidity of their decline in numbers after European colonization. Fascinated by the fact that Africans, Creoles, Europeans and Indigenes often suffered from different forms of illness, colonial medical practitioners invested in cataloguing and describing these differences. The idea of national character also emerged in relation to the climatic theory of human difference. John Huxham, who had written an influential book on fevers, drew on Hippocratic ideas to claim that 'the Heat of the Torrid Zone exhausts the liquids of the inhabitants', and that the effects altered the 'Temperaments and very manners of men'.[21] Physician William Falconer described the different characters shaped by climatic differences: while individuals from temperate climates were gentle and mild-mannered, those hailing from tropical locations were hot-tempered, violent and vengeful.[22] The

understanding of the relationship between climatic and social differences varied. David Hume's 'Of National Characters' (1748) argued for the distinction of 'moral causes' from 'physical causes' such as climate. For Hume, European national character could be largely explained through moral causes such as rules and manners, which 'run, as it were, like a contagion' – but this did not hold for black people, whose differences indicated that there was an 'original distinction' between the races.[23] Unsurprisingly, then, an important preoccupation for Europeans came to be the question of whether or not the arts and sciences could offset the effects of climate.[24]

Medicine and natural philosophy were undergoing a period of considerable change, and classical theories co-existed with newer ideas and treatments.[25] Key developments in anatomy, pathology, neurology and cardiovascular understanding shifted some of the underlying principles of medicine and natural philosophy, leading to the call for systematic diagnoses of individual diseases as a way to find more effective cures. There was interest in new medical procedures such as smallpox inoculation, and many celebrated William Harvey's work on the circulation of the blood as having 'dispelled the darkness' enshrouding the understanding of the human body.[26] Yet despite major changes in the understanding of the body and the challenges to humoralism presented by new discoveries, treatments for disease remained remarkably unaltered. Physicians still studied the medical doctrines of Hippocrates and Galen, and used the medical treatments introduced by the ancient Greek humoralists, retaining the emphasis on the careful maintenance of the body's natural balance. While defensive regulation of this balance could be ensured through an appropriate regime of diet and exercise, the founding principle of therapeutic treatment was the expulsion of toxic substances from unhealthy bodies. When the body's mechanical processes faltered or were offset, this was usually considered the result of a corruption of the fluids. Many diseases were the result of 'plethora', an excess of matter in the bodily system. Any excess or corrupted matter had to be removed, and it was the physician's role to evacuate contaminating fluids from the body. Phlebotomy, although experiencing something of a decline in popularity, was advocated by the eighteenth-century Dutch founder of clinical education, Herman Boerhaave, and was still practised regularly in Britain and its colonies – along with other heroic medical procedures such as sweating, vomiting, purging and blistering. Such treatments seldom did anything to cure patients of their ills and frequently resulted in harm. Medicaments and palliative treatments – which could include anything from herbal remedies to chemical, mineral and metallic preparations laced with poisonous

ingredients such as mercury or antimony – were not much more successful in their attempts to alleviate pain or treat infection. The majority of surgical operations resulted in septic or gangrenous body parts and frequently caused painful or fatal complications. Overall, in Roy Porter's words, 'medicine's powers to save lives had barely advanced since antiquity.'[27]

Earlier generations of colonists had high hopes for the health and success of European inhabitation of the West Indies. In his *True and Exact History of the Island of Barbados* (1657), planter Richard Ligon appealed for more doctors to treat the island's growing population, which was then establishing the sugar monoculture which would dominate the region for the next two centuries:

> But when able and skilfull Physicians shall come, whose knowledge can make the right experiment and use of the vertues of those simples that grow there, they will no doubt finde them more efficacious, and prevalent to their healths, than those they bring from forraine parts. For certainly every Climate produces Simples more proper to the cure the diseases that are bred there, than those that are transported from any other part of the world: such care the great Physician to mankind takes for our convenience.[28]

While Ligon expressed the hope that Barbados would offer up the natural means of treating its own endemic diseases, Captain Edmund Hickeringill, then secretary to the Governor of Jamaica, dismissed claims that Jamaica was an inherently unhealthy country in *Jamaica Viewed* (1661):

> That the island of Jamaica was rather the grave than the granary to the first *English* Colony … cannot modestly be denied … But that such a Mortality should proceed, either from the *Clime*, being situate in the *Torrid Zone*, (a Heresie unpardonable in the Ancients;) or from any accidental *Malignity* in any of the Elements, peculiarly *entail'd* upon it, whereby it should be less habitable than any other most auspicious Settlement remains here to be controverted.[29]

Hickeringill particularly emphasized the 'suitableness' of the Jamaican climate to 'English Complexions'. But from this early optimism that the Torrid Zone was not inherently or irretrievably diseased, medical opinion shifted so that by the early nineteenth century hopes for the possibility of European acclimatization to the West Indies had faded.[30] In his *Tour through the Island of Jamaica* (1823), Cynric R. Williams remarks satirically that the island 'is a superb country for physicians'.[31] While the West Indies was a place to be approached with both ambition and trepidation, the ravages of yellow fever and malaria were the risk many Europeans were willing to take as the promise of land, status and wealth drew flocks of hopefuls to

Caribbean shores. The eighteenth century had, as Ligon had earlier hoped, swelled the ranks of qualified physicians and trained surgeons, and many of these set forth for the Caribbean colonies with hopes of social advancement and financial gain. But with Africans and Europeans dying in their droves, a wealth of new diseases to treat and callous, parsimonious slave-owners, plantation health care was generally of very poor quality.[32] Until Britain abolished its Atlantic slave trade in 1807, planters attributed the high rates of disease to the spread from imported sick Africans, when in reality brutal work demands, unsanitary conditions and dietary deficiencies accelerated the onset and severity of illness amongst slaves. After 1807, acquiring new slaves was less straightforward, and some planters took steps to improve medical care. Some colonial medics drew attention to the ways in which enslaved people's health was affected by malnutrition, fatigue, poor sanitation and lack of proper clothing and shelter. They urged slave-owners and those involved in transporting people on ships from Africa to improve living conditions and to provide hospitals for sick slaves, as well as pregnant women and mothers. Many chose to ignore this advice, and despite small attempts at improvement medical practice on the plantation failed to do much to treat the overwhelming numbers of diseased and dying enslaved people. Often, slaves preferred to be treated by black doctors and medical attendants, who gained power and influence in some colonies partly because their herbal remedies contained effective drugs. Even when they did not succeed as cures, these treatments seldom harmed the patient, unlike many Western medical treatments. 'In truth', as Kenneth Kiple puts it, 'the slaves would probably have been better off with their own practitioners, for white medicine in the West Indies was, to put it charitably, of low quality.'[33]

The fatal prospects of new diseases loomed large in the intrepid traveller's imagination, as slave-owner and politician John Stewart wrote in 1823:

> Previous to his crossing the Atlantic, [the European traveller] is terrified and alarmed by exaggerated accounts of the intolerable heat of the climate, the unwholesomeness of the atmosphere, the fatal ravages of the yellow fever, the savage and treacherous disposition of the negroes, and the *huge serpents and other venomous reptiles* with which the country is infested. But he is at the same time instigated and encouraged by happier representations – He is told of the riches with which it abounds, the facility with which these may be acquired – in short, the prospect of realizing in a few years, in this land of promise, the fortune of a nabob.[34]

The Caribbean represented both the zenith and the disaster of European imperial endeavour: there were bountiful opportunities to make a fortune, but one had to survive long enough to spend it, and many did not. The rapid

spread of illness and the inability of the medical community to cope with sick populations prompted the rearticulation of national, racial and social identities in terms of the rhetoric of disease and cure as bodies, landscapes and people came to be categorized in terms of health, illness, disease susceptibilities, physical strengths and weaknesses and ideas about contagion and contamination. Many colonist and Creole authors depicted the West Indies as a land of fertile and luxurious abundance – one which would repay its visitors with health and wealth – while others used the medicalization of the Caribbean to legitimize imperial conquest and chattel slavery. Colonial disease invoked questions about social encounter, movement and otherness. Jamaica-based planter Edward Long and other pro-slavery writers drew on ideas about health and illness to situate slave bodies in a medicalizing discourse which explicitly figured blackness as malignant and polluted. The idea of the Caribbean as an inherently diseased set of spaces also provided a convenient justification for colonial intervention and the introduction of European agricultural, medical and social practices.

The threat of colonial illness emerged in literary texts in various ways, but not least in terms of a thematic and figurative focus on the idea of contagion, and abolitionists leant on acute anxieties about the spread of colonial disease. Hannah More's *Slavery: A Poem* (1788) figures abolitionist sentiment in terms of the infectiousness of fellow feeling: 'From soul to soul the spreading influence steals, / Till every breast the soft contagion feels'.[35] Others warned of the medical dangers of slavery to the metropole. William Hutchinson's anti-slavery play *The Princess of Zanfara* (1789) describes the horrific consequences of the crowded, putrid conditions aboard the slave ships that sailed the Middle Passage, picturing them spreading illness as they sailed into English docks:

> New cargoes crowd our shores, and on the beach
> The squalid multitudes are pouring forth,
> From over-loaded ships, which, like the curse
> Of vile Pandora's box, bring forth disease,
> With misery, and pallid want,
> Crippled and maim'd, whose ulcerating sores
> Cling to the canker'd chains, that rankle deep,
> And seek the bone.[36]

Abolitionist writings also imagined in medical terms the moral threat posed to British society by its participation in slavery. The Caribbean, as Kathleen Wilson writes, 'seemed to promise obliteration for the enslaved, the penurious and the prosperous alike. As economic boon and cultural miasma, they hinted at the strangeness and hybridity of

colonial power and the danger it posed to the honour of the English nation and the virtue and integrity of its imperial project.'[37] Anna Letitia Barbauld's poetical *Epistle to William Wilberforce* (1791) conceives of the British national body as infected by the moral 'contagion' of slavery: 'The spreading leprosy taints ev'ry part, / Infects each limb, and sickens at the heart.'[38] The all-consuming greed of colonialism, Barbauld predicts, will degrade society: 'By foreign wealth are British morals chang'd, / And Afric's sons, and India's, smile aveng'd'.[39] Scottish hymn writer and poet James Montgomery, meanwhile, constructs the avarice of profit-hungry sugar planters as a kind of sickness, spread by the slaver's 'fungus form' which 'taints the air', leaving clouds of miasmatic and moral contagion in his wake.[40] For Montgomery, as for Barbauld, the spread of disease (especially the notorious yellow fever, which focused its attentions on susceptible European populations) is the righteous punishment for participation in the slave system.

But this book does not focus on the metaphorical lives of colonial disease in the metropolitan abolitionist imagination. The colonial Caribbean is often taught and written about through an abolitionist lens that risks being employed anachronistically to suggest a beguiling proximity between historical and current anti-slavery perspectives that erases the specificity and nuance of both. Indeed, the particularities of the Caribbean as a set of localized material places with unique literary and cultural histories risks being subsumed within (nonetheless crucial) accounts of Romantic articulations of human violence, suffering and sympathy. Besides this point, a great deal of excellent and important scholarly work already exists which focuses on the history of abolitionist lives and literatures.[41] Instead, this book focuses largely on the limited, erratic, biased and unreliable body of works marked by centuries of violence, erasure and loss that is the colonial archive. Putting colonial spaces, settings, texts and authors in the foreground, *The Caribbean and the Medical Imagination* deals primarily with works by planters, slave-owners, Creoles, travellers, soldiers, physicians and surgeons. Disease defined colonial existence, and this study endeavours to grapple with the daily, constant, gruelling and terrible fact of colonial illness by examining it in its local contexts.

Despite the material and metaphorical relationships between colonialism and disease, as well as the wealth of evidence that has emerged from the burgeoning field of medical humanities that Romantic literature was often grounded in emerging scientific ideas, there has not been a great deal of scholarly attention to the medical concerns of literature written in and

about the colonies. Tim Fulford, Debbie Lee and Peter Kitson have shown that the joint public articulation of colonialism in literature and science 'gave Britons the confidence to imagine and execute further exploration for the benefit of empire.'[42] Jonathan Lamb's *Preserving the Self in the South Seas* and *Scurvy: The Disease of Discovery* have revealed the significance of diseases of travel and colonization to the narrative production of colonial selves. Alan Bewell's meticulous, wide-ranging *Romanticism and Colonial Disease* brought the global significance of colonial disease to the attention of scholars working on the literatures of the period. Bewell uses the history of British anxiety about the spread of illness from the tropical colonies to British shores to contextualize and inform readings of national identities in British Romanticism from William Wordsworth to Mary Shelley. In the context of concerns about 'foreign' diseases, Bewell shows how those in the metropole 'attempted to understand their own biomedical identities in relation to these new, more dangerous disease environments that colonial contact had brought into being.'[43] Here, though, colonial spaces, settings, texts and authors inform metropolitan ones, rather than taking centre stage. Indeed, Bewell notes that his project began with a more colonial focus; the fact that his study redirected to British shores reflects the existence of colonial literatures on the margins of the Romantic canon, despite the interconnections between Romanticism and colonialism – which are so deep – Mary Louise Pratt writes, that 'one might be tempted to argue that Romanticism originated in the contact zones of America, North Africa, and the South Seas.'[44]

This book's focus on a body of texts that emerge from a closer relationship to Caribbean peoples, spaces, settings and social realities enables it to emphasize the great significance of African-Caribbean medical knowledge both on the plantation and in the wider Atlantic world. While the medical practices that Europeans brought with them to the Caribbean were often ineffective or even deadly, the Caribbean became a major entrepôt for botanical, medical and natural philosophical exchange, as new networks of transnational knowledge production emerged at the meeting points between different peoples, species and knowledge forms. Elizabeth Bohls describes the captive spaces of the colonial Caribbean as a 'laboratory for modernity'.[45] As well as the demographic and ecological changes after 1492 that Bohls describes, the Caribbean was, more literally, the site of important knowledge production and cultures of experiment. Work to understand new floras, faunas and geologies prompted the collection of botanical specimens on a massive scale, with both commercial and medical aims.[46] Empire, as Richard Drayton has shown, 'transformed the scope