

# Diseases and Medicine

The greatest threat that the British Army faced in the Caribbean was not from the enemies they fought, but from disease, particularly the dreaded 'fever'. This ailment frequently struck people who were recently arrived in the West Indies from Europe and often proved fatal. Thousands of British troops perished from disease over the course of the seventeenth, eighteenth and early nineteenth centuries. Many of those who did not die were so weakened by illness that they were rendered unfit for service and had to be shipped home to Britain as invalids.

Between December 1799 and January 1803, the rate of death and invalidity caused by disease was such that it was calculated that the entire British garrison in the Windward and Leeward Islands would need to be replaced every six years. In times when there was a large number of troops in the region, such as the French Revolutionary Wars, the death toll could register tens of thousands within the space of a few years. By October 1796, Sir Banastre Tarleton MP claimed, in the House of Commons, that everyone in Britain knew someone who had died serving in the Caribbean. Whilst by no means proven, his claim is supported by huge fatalities amongst the regiments, with the 32<sup>nd</sup> Regiment of Foot losing 32 officers and almost 1,000 other ranks to disease within the space of a single year of service in what is now Haiti.

With the limited medical knowledge of the time still reliant on the writings of such ancient authors as Galen and Hippocrates, there was little understanding of how diseases spread and how they could be prevented or

## Yellow Fever

This disease is normally found in tropical climates, although is now far less prevalent worldwide than it once was and has largely been eliminated in the Caribbean. True Yellow Fever is caused by bites from infected mosquitoes and is believed to have first been introduced to the Caribbean from Africa via captive African slaves. Symptoms can include a high temperature, nausea and headaches. In advanced cases, which can be fatal, symptoms can include haemorrhaging blood and jaundice of the skin, which gives the disease its name. Due to limited medical knowledge in previous centuries, many different illnesses were lumped together under the generic disease of 'fever', although all presented similar symptoms and, in many cases, proved fatal.



A 1800 cartoon showing opposing features of life in Jamaica, relaxation and the demons of disease waiting beneath © The Wellcome Library (CC BY 4.0)

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cured successfully. Some doctors tried a wide array of treatments, which we now know to prove harmful to the healing process: bleeding patients or treating them with such poisonous substances as mercury. Other doctors, more in line with today's medical thought, believed that these were of little benefit or indeed harmful. Yet not all treatments were damaging; the use of quinine, often known as 'Jesuit's bark' successfully treated malaria, although there was a mistaken belief in some circles that it could treat all types of fevers. Preventative medicine was also adopted, with the Army adopting inoculation against diseases like smallpox during the American Revolution, and the benefits of citrus fruits were known in preventing certain diseases, such as scurvy.



A 1784 sketch of Mr. Daniel Massiah suffering from 'Barbados Leg'  
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There were many diseases that could prove debilitating or even fatal. These ranged from 'Barbados leg', a form of elephantiasis, to the lethal dangers of a variety of fevers. To attempt to ward off infection, doctors made many suggestions. Due to the contemporary belief about the nature of diseases, which was before the widespread acceptance of the existence of illness-causing bacteria and viruses, much medical advice featured the need to avoid the swampy areas that are common in parts of the Caribbean; there was a prevailing conviction that swamps and exposed muds produced a miasma, which carried disease. To that end, they recommended that barracks and bases should be built away from these areas, in places with a good breeze to promote air flow. Such doctors as John Rollo, who served with the British Army on St. Lucia in the late 1770s, recommended that, if it was necessary to have a base or camp near a swampy area, fires should be lit between the camp and the swamp so that the miasma would be burnt off. If this proved unfeasible, then fires should be lit near the doorways of the barracks or tents to similarly burn off the miasma and such doorways should be built or erected facing away from the swamp. In the same vein, they also suggested that smoking, a common practice amongst soldiers of the time, could help to ward off these miasmas.

Although modern medicine largely disproves such ideas, many of these doctors nevertheless advocated good common-sense measures that we would commend today, such as ensuring that items should be kept clean, that men should wash regularly and that eating and drinking should both be in moderation. They also lamented the state of much of the barrack accommodation in the Caribbean, which was overcrowded and in poor repair and could often leave the men, both in the ranks and the officers, far more exposed to the elements than desirable. Many medics developed the opinion that military camps at higher altitudes were healthier and thus regiments, which suffered badly from outbreaks of disease, were often sent to mountain stations, if at all possible, in the hope that they could recover their health.

The Army's doctors themselves were as naturally vulnerable to disease as the soldiers and many of them also met their deaths, a situation that exacerbated matters, resulting in a lack of medical personnel to treat the men, a problem which was no doubt much more acute in the remoter postings in the region. Thomas St. Clair recalled meeting an assistant surgeon who had fallen ill with fever 10 days after his arrival in the Caribbean and died 3 days later. Women and children accompanying both officers and regular soldiers also suffered from the ravages of disease and perished. In 1819, during a fever epidemic in Jamaica amongst the 92<sup>nd</sup> Regiment of Foot, 4 out of the 5 officers' wives, 29 amongst the 60 wives of the rank and file and 33 of the 50 children died. One observer, Richard Wyvill, reported, *"I have been quite shocked at seeing three English ladies, wives to some of the officers here, who only three months ago had come to this country as fair as lilies, blooming as roses, now pallid, sallow, and sickly, with the appearance of being ten years older than they really are."*

Hospital buildings were often hard to obtain in the Caribbean, and also tended to suffer from the same lack of healthy conditions as other military buildings in the area. Many soldiers who served in the region dreaded being sent to the hospital for a 'minor' ailment in case they caught one of the dreaded fevers and died. George Pinckard, serving as a doctor and the Army's Inspector of Hospitals in the recently surrendered Dutch colonies

of Berbice and Essequibo during the French Revolutionary Wars, in a letter to Britain, recounted an incident in which a soldier named Chapman, who was quite clearly very ill, insisted that he had no more than a headache and did not want to go to hospital. Pinckard attempted to make the man as comfortable as possible in ordinary quarters, giving him a hammock in which to sleep in a peaceful place, but Chapman unfortunately soon passed away.

There was also a belief amongst many people that alcohol could ward off disease, which led a large number of soldiers to drink copious amounts of rum, not only as a social relaxant but in an attempt to prevent themselves contracting the dreaded fever. Some doctors also prescribed alcohol as a preventative measure and even as a curative, with Doctor George Pinckard drinking both old wine and port when he fell ill with fever whilst serving in Guiana. Although Pinckard survived, the drinking of rum in large quantities did in fact lower the resistance of the men to disease and, in many cases, by drinking regularly to vast excess, led to diseases of the liver. Several doctors realised this and therefore recommended moderation, not just in drink but also in foods eaten. In order to maintain the health of officers living in the West Indies, John Rollo produced a guide and commented that, *“living well and living regular are far from being incompatible. A tasty and nourishing diet, even a generous allowance of wine, may not only be used, but are absolutely necessary to answer the purposes expressed. The moment, however, you go beyond the cheerful glass, that instant you expose yourself, as has been already observed, to every cause capable of producing disease.”*

This was made worse by the fact that soldiers were largely only able to get their hands on so called ‘new rum’, i.e. rum which had not been properly aged by leaving it in a cask for a sufficient period of time. This new rum was far more hazardous to human health than proper rum, being essentially moonshine. There is now evidence to support the theory that many cases that were believed to be some form of fever were in fact lead poisoning. Much ‘new rum’ was distilled using equipment made of lead, which seeped into the liquid during the process, making it poisonous for those who drank it. For years, the Army tried in vain to reduce the dependence of the men on ‘new rum’, but were thwarted by a variety of factors; these included a lack of a safer replacement drink and dishonest commissaries who were in league with ‘new rum’ makers and kept purchasing it to fill Army stores, often in defiance of instructions. Both officers and men in the



The interior of an early 19<sup>th</sup> Century Caribbean Rum distillery

ranks continued to drink themselves into sickness or death and intoxication also led to several incidents of indiscipline amongst both classes. In one case, Lieutenant Dudgeon of the 4<sup>th</sup> West India Regiment, stationed at Fort Andrews in British Guiana, was reported to go to bed at night drunk and turn out to morning parade just as intoxicated; he died after six months. Doctors also called attention to soldiers’ diets, namely the heavy

reliance on salted meat. Thus, there was a drive to improve this unhealthy fare, with more fresh meat being introduced over time, as well as an attempt to ensure that plain, simple, healthy and nourishing meals were produced.

By the time of the wars against France in the 1790s, it was clear that this situation could not continue; not only were men dying in their hundreds, or being rendered permanently unfit for service, but such deaths were also affecting the number of recruits that the Army could raise. The British public’s view of the West Indies as a hotbed of disease was perhaps even worse than

### **West Indian Doctresses**

Army doctors were not the only source of treatment for soldiers in the West Indies. Local women, who practised traditional herbal remedies, were hailed by doctors and soldiers alike as making excellent nurses and many soldiers recovered under their care. Many of these doctresses, if they were free women, ran their own boarding establishments where men could recover. Mary Seacole, for her contributions during the Crimean War, is the most famous West Indian doctress, and she learned her craft from her mother, who ran a boarding establishment in Jamaica.



the reality. Army Doctor George Pinckard described scenes in Southampton before a large expedition left for the West Indies in 1794, with people saying how they pitied the men and that they expected them never to return. The Caribbean acquired the nickname of the 'White Man's Grave'. Men were afraid to take the King's Shilling for fear that they might be sent to the West Indies. However, there was still a need to defend the colonies and so the Army and Government began to look at ways in which the West Indies might be better able to defend themselves through the recruitment of West Indians, particularly those of African descent or origin.



Alexander Tulloch circa 1860s

The furore surrounding the creation of the West India Regiments will be dealt with elsewhere, but from a medical perspective they were as successful as had been hoped, which was confirmed in a study conducted by Henry Marshall and Alexander Tulloch for the Army and Ministry of War in the 1830s. Examining reports from over a twenty year period, they discovered that the observations of earlier doctors were largely accurate and black troops were indeed much less likely to die from fevers and, on the whole, they were far less likely to succumb to disease than European troops. Some officers thought this was, in part, due to them drinking considerably less than white soldiers. However, it was noted that they were more likely to suffer fatally from respiratory ailments than their European counterparts, although their overall death rate was much lower.

This study also identified that certain diseases were more likely to be contracted on individual islands; diseases of the lungs were more prevalent in Barbados and diseases of the liver in others, notably St. Vincent. Marshall and Tulloch's report overturned some popular perceptions in medicine, including what necessarily constituted a healthy location for a military station. They noted that Fort Augusta in Jamaica, that was surrounded by marshy ground, was no less healthy than the base at Stoney Hill, which had traditionally been regarded as a much more salubrious site. The researchers did conclude that the belief that outposts at higher altitudes were healthier was true, so long as such outposts were built above 2000-2500 feet above sea level. This may have been because above these altitudes, mosquitoes are rarely found. They recommended that more elevated stations should be built, which eventually led to the construction of Newcastle Hill Station in the Blue Mountains of Jamaica.



A view of Newcastle Hill Station  
in Jamaica's Blue Mountains

Although over time matters improved as medical understanding developed, the heavy death toll in the Caribbean meant that, whilst a military threat to the British West Indies remained, the British Government and Army wanted to find ways of reducing the death toll from disease. This meant placing an increasing responsibility for the defences of the region on the islands themselves, notably recruiting from the local population, who proved more resistant to the effects of the local diseases.