Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade*. New Haven CT: Yale University Press, 2020. xiv + 281 pp. (Cloth US\$65.00)

In 1843, HMS *Cleopatra*, a Royal Navy vessel charged with suppressing the slave trade, captured the Spanish ship *Progreso* off the coast of Mozambique with 447 enslaved Africans on board. The *Cleopatra*'s surgeon, James Kittle, and his assistant, Henry Piers, set about examining what Kittle called "the most wretched beings [he] had ever seen in a slave vessel" (p. 118). They were mostly children and young adolescents suffering from dysentery, fevers, craw craw, and skin ulcers. Having embarked only the day before from illegal slave-trading depots on the coast, these captives had been crowded onto the ship, exacerbating the chance of infection and death. Kittle and Piers argued with the captain of the *Cleopatra* over whether some of these "Liberated Africans" should be transferred to his ship. They agreed in the end to put fifty of the healthiest ones into its pinnace to relieve the overcrowding on the *Progreso* without endangering the British ship's crew. That done, they used both the knowledge and the labor of the Spanish slave traders they had arrested to help disinfect the ship with "Chloride of lime, hot vinegar and gunpower," and to treat the sick using the medicines from the *Progreso*—including "Macela" (chamomile), "Raiz de Althea" (marshmallow root), and "Gomma Arabica" (gum Arabic)—against stomach worms and to strengthen the bowels. While this could not prevent both sailors and enslaved Africans from dying as their conditions worsened or were passed on to others, the *Progreso* could then be taken into port to be dealt with by one of the Mixed Commission or Vice-Admiralty Courts dotted around the Atlantic and Indian Oceans, and the sick Africans on board transferred to quarantine hospitals or lazarettos, where some would recover and others would die.

This brief history, from the heart of Manuel Barcia's fascinating new book, contains in microcosm the interconnected "slave-trade contact zones" (p. 10) of the nineteenth-century Atlantic world—coastal holding centers, slaveships, antislave trade vessels, and places of quarantine for Liberated Africans—that he investigates in order to write a history of disease in this context and attempts to fight it. The post-1807 illegal slave trade defines the range of actors involved as well as the conditions in which they engaged each other and the various disease environments they moved through and connected. In particular, Barcia argues that the illegality of the trade meant that the conditions for disease to spread and kill were exacerbated. Slave traders were more likely to ship the sick as well as the healthy, and slave trade depots and the ships they supplied were increasingly overcrowded as traders sought to avoid capture and make a

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profit. In a series of richly evidenced chapters, he details the health conditions and medical interventions in the spaces of the slave trade on the African coast (Chapter 1), on illegal slave ships (Chapter 2), on antislavery trade patrol vessels (Chapter 3), and in antislavery trade reception centers, hospitals, and cemeteries (Chapter 4).

While accounts of the Atlantic slave trade in earlier periods have often been written either through quantitative sources or as “national” histories, Barcia has drawn together an impressive array of documentary and archival sources in a wide range of European languages to provide a history adequate to the multiple geographical connections of both the illegal slave traders and those who sought to stop them. This works to underpin a detailed history of both suffering and attempts at cure that is carefully situated within both the specific sites of the nineteenth-century slave trade and its suppression—such as the Ouidah baracoons, the hospital at Kissy in Sierra Leone, or St. Helena’s Rupert’s Valley cemetery—and a transatlantic geography that connected West Africa, Cuba, and Brazil. As well as demonstrating the debilitating and deadly effects of the slave trade on Black bodies, Barcia also emphasizes in his final chapter that the medical response involved a single, if complex and differentiated, circulation of knowledge and practice as everyone sought to deal with the same problems. As the example above shows, antislave-trading medical officers such as Kittle and Piers might learn from Spanish slave traders’ medicines and techniques. Moreover, both might learn from African medical practitioners, active in all of the slave trade’s contact zones, some of whom became surprisingly well known in the nineteenth century. Yet, as Barcia argues, the ways in which these medical advances could make environments safer for Europeans in Africa was also the basis for the colonial ventures that came after the end of slavery.

Miles Ogborn

School of Geography, Queen Mary University of London, London, U.K.

m.j.ogborn@qmul.ac.uk