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## A Diseases and Mortality of White People on the Guinea Coast at the Time of the Slave-Trade<sup>1</sup>

Beware and take care of the Bight of Benin  
For if one comes out, twenty stay in<sup>2</sup>.

The Guinea coast<sup>3</sup> was one of the principal African regions wherefrom slaves were shipped to the New World and where innumerable negroes died as a result of bad and cruel treatment on the 'Path', the march from the interior to the coast and from diseases in the barracoons on or near the shore where they had to wait for the arrival of a slave ship to take them away. For comparison it is of interest to get information about the diseases and the mortality of white people on the Guinea coast on land and on ships. At that time they were in the great majority Europeans.

From the fifteenth century when the Portuguese explored the Gulf of Guinea up to the closing years of the nineteenth century, the Guinea coast had the reputation of being extremely unhealthy for white people (PAZ SOLDÁN, 1941). This evil reputation was fully justified as shown in the following.

Before Cinchona bark and later quinine gradually came into use during the nineteenth century, malaria alone caused the death of very many white people (PAZ SOLDÁN, 1941)<sup>4</sup>.

Besides malaria, dysentery, the 'bloody flux' claimed many victims, especially on crowded slave-ships where crew members got the infection from the slaves. There are many early reports on voyages with information about diseases. In notes 1-3 brief excerpts are given as examples from voyages made in 1552, 1577, and 1588. In the following it will be seen from DANIELL, 1849, that even three hundred years later, in the middle of the nineteenth

<sup>1</sup> Diseases of white people on the east African coast at the time of the slave trade are not discussed here on account of the limited available space. References will be found in COUPLAND, 1938, and DAVIDSON, 1961.

<sup>2</sup> Old doggerel couplet from the days of the slave-trade.

<sup>3</sup> The Guinea coast included Upper Guinea from Senegambia to the Bight of Biafra and Lower Guinea from Calabar through Cameroons, Gabon, Loango to Angola.

<sup>4</sup> Portuguese, unlike other nations in Africa, used Cinchona bark widely after it had been brought by the Spaniards from South America to Europe.

century, malaria was still extremely prevalent and claimed many lives. DANIELL, 1849, p. 60, writes regarding the Benin river: "When I visited this river in 1839, I found two vessels moored a short distance from its mouth, one of which, within the space of five months, had buried two entire crews, a solitary person alone surviving; the other, which had entered at a much later period, had been similarly deprived of one half of its men, and the remaining were in such a debilitated condition, as to be incapable of undertaking any action or laborious duty. Another vessel sailed from this port, previously to my arrival, in such a deplorable state, as to be solely dependent on the aid of Kroomen to perform the voyage homewards."

MANNIX and COWLEY, 1962, in dealing with the Atlantic slave-trade, provided information on health conditions, sickness and mortality of crew members and slaves on slave ships. They also pictured the life of 'factors' on the coast.

Additional information will be found in JAMES POPE-HENNESSY, 1967.

GELFAND in his *Rivers of Death*, 1965, furnished an interesting review of the mortality rate by malaria on the principal British expeditions chiefly on the African west coast from the last quarter of the eighteenth to the second half of the nineteenth century.

An example of the extremely high mortality of Europeans in an African expedition in the first half of the nineteenth century, which is described by GELFAND, concerns the Niger expedition of 1832-34 carried out with the use of two steam-ships with sails: At the outset the total number of Europeans was 41; of these 32 died (apparently from fever).

Even the British Navy, which in the first half of the nineteenth century was very actively trying to suppress the slave trade<sup>5</sup>, had a high death rate among those serving on ships and those stationed on the West African coast. The mortality in the latter group was 54.4 per 1000 and in 1834 of 792 men serving on seven ships of the Navy 204 died ( teste GELFAND, 1965, p. 22).

ALEXANDER BRYSON, who later became Director General of the Naval Medical Service, has the great merit of having emphasized the use of Cinchona bark and later quinine not only for the treatment of malaria but especially also as a prophylactic. The success of BRYSON's recommendations soon became evident.

The sanitary conditions for the crew and officers on slave ships were in general not very different from those on other vessels of the merchant marine. However, there existed certain additional

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<sup>5</sup> The Navy liberated 57,000 slaves between 1825 and 1845.

risks connected with the slave trade. Although the captains tried to remain on the African coast as short as possible, slave ships, in order to obtain the required number of slaves, often had to wait for months until they were filled. In the meantime they frequently remained in the mouth of rivers surrounded by swamps swarming with malaria-carrying mosquitoes. When there were no 'factors' who provided larger numbers of slaves, 'boating', especially on the coast of Upper Guinea, was carried out. Members of the slaver's crew had to go in small boats up the rivers in order to buy slaves inland. It is obvious that this 'boating' system, as it was called, was extremely unhealthy. The small boats had no cover so that in the rainy season the crew was drenched and remained wet for days. They were not only exposed to mosquitoes but, when going on land, might get tick-fever (relapsing fever). There was no proper water supply and by drinking infected water, people got dysentery and occasionally even Guinea worms, which might show themselves long after the vessel had left the African coast.

On board the slave ships' crew and officers frequently became infected by the slaves. Dysentery was greatly feared as it caused many deaths. As an example the 'St. John' (1659) may be mentioned, which is discussed by MANNIX and COWLEY, 1962, p. 63. The vessel went first to the Bight of Biafra and then to the Cameroons. On the return voyage dysentery broke out and the captain and many of the crew died. The surgeon also died and likewise the ship's cooper with the result that the water casks could not be repaired. Only 85 of the original 390 slaves survived.

The cleaning of the rooms where the slaves were kept, full of excrements and other filth, was not only nauseating but also dangerous for those of the crew who had to carry out the task which involved the risk of infection.

Smallpox was another disease which was very much dreaded as it not only often killed a high percentage of the slaves but also members of the crew who were not vaccinated.

The sailors on slave ships often suffered from scurvy on account of their monotonous inadequate saltmeat diet. Scabies was frequently transmitted from slaves to the crew.

On slave ships sanitary conditions and living conditions in general depended as on other merchant marine vessels primarily on the captain. As might be expected, captains of slave ships were with a few notable exceptions often of a hard inhuman kind and had no feeling for the suffering of others. Some were even sadistic monsters who treated not only the slaves but also the crew in an incredible way. Flogging of crew members was common and occa-

sionally resulted in death<sup>6</sup>. It should, however, be pointed out that there were some exceptional captains who were respected and liked by their crew and even to some extent by their slaves (see MANNIX and COWLEY, 1962, p. 139).

Big companies taking part in the slave trade, kept middle-men, so-called 'factors', in small stations on the coast or along rivers. These 'factors' bought slaves from the local merchants or 'kings' and tried to keep them in larger and smaller barracoons ready to be shipped whenever a slave vessel arrived.

Many of these factors were uneducated, degraded people who had no other amusement than heavy drinking and native women. This, together with the hot climate and their exposure to malaria, dysentery and other diseases, ruined them sooner or later. However, like in the case of captains of slave ships, there were a few 'factors' who, very different from the rest, were interested in the native people and their customs, and in the flora and fauna. A few wrote interesting reports which were published and are of permanent value. Here only two outstanding ones may be mentioned: WILLEM BOSMAN, a Dutch trader who became chief 'factor' for the Dutch West India Company at the castle of Elmina. He spent fourteen years toward the close of the seventeenth century in West Africa, travelling along the Guinea coast. He visited Benin and the king of Whydah, who supplied him with a thousand slaves a month. He wrote *A New and Accurate Description of the coast of Guinea* in the form of twenty letters. It was published in Dutch in 1704 and in French and English in 1705.

JEAN (or John) BARBOT designated himself as Agent-General of the Royal Company of Africa and Islands of America at Paris. He made at least two voyages to Guinea between 1678 and 1682. He travelled extensively for his company and made detailed notes of the people and of everything he saw, so that his publication is of considerable interest. As he was by profession interested in the slave trade, he also gave valuable information about details of the trade. He was fully aware of the shortcomings of the negroes, but on the other hand pointed out the often bad and even scandalous behaviour of the foreigners. His work: *A Description of the Coasts of North and South Guinea* was published in volume V of Churchill's Voyages.

For more details regarding BOSMAN and JEAN BARBOT, see MANNIX and COWLEY, 1962, and POPE-HENNESSY, 1967.

It is obvious that explorers and other travellers in unknown regions were exposed to greater risks to their health than persons

<sup>6</sup> For details, see THOMAS CLARKSON, *Abstract of the Evidence*, 1791; also MANNIX and COWLEY, 1962, pp. 141-152.

who lived their regulated life in a place where they could obtain medical help in case of need.

However, the example of Freetown in Sierra Leone in the eighteenth century as described by STORRS, 1929, shows that even under such conditions the mortality rate was very high. STORRS based his statements on COLBERY's *Travels in Africa in the Years 1785–1787*, the publication of a French visitor to Sierra Leone. According to COLBERY malignant fevers and dysentery were frequent and very dangerous, especially for newcomers and intemperate Europeans. He believed that the heavy drinking of strong liquors common at that time among British sailors and soldiers contributed much to their high mortality rate. STORRS checked the records of the Colony of Sierra Leone for the eighteenth and the early years of the nineteenth century and found that the average tenure of office of the officials from the Governor downwards was until well into the nineteenth century less than twelve months; either they died or returned home as invalids.

In the cathedral of Freetown, according to STORRS, memorials to governors and other high officials and to officers of the garrison show that almost all of them died before the age of forty, and save a few who died of wounds all succumbed to diseases connected with the fatal climate and their exposure to infections.

From the information outlined in the foregoing one may draw the conclusion that up to the second half of the nineteenth century the Guinea coast was one of the most unhealthy parts of tropical Africa as far as the white race was concerned. On the other hand, the native Africans on the Gulf of Guinea were strong and healthy. Kroomen worked on many foreign ships including later those of the British Navy and other Africans accompanied Europeans on their expeditions; they remained healthy, whereas many Europeans, especially newcomers, fell ill and often died.

#### Notes

1. "A voyaige made out of England unto Guinea and Benin in Affrike, at the charges of certaine marchants Adventurers of the Citie of London, in the yeere of our Lord 1552." (It was the first voyage to Guinea and Benin.)

Two ships and a pinnace sailed from Portsmouth. They had seven score men and two captains. They anchored before the Benin River, the crew fell ill, sometimes 3, 4 even 5 died in one day.

"And of sevenscore men came home to Plimmouth scarcely forty, and of them many died."

The voyage of M. Thomas Windam to Guinea and the kingdom of Benin Anno 1553. In RICHARD HAKLUYT: The Principal Navigations, Voyages Traffiques & Discoveries of the English Nation, in Twelve Volumes. Vol. VI, Glasgow 1904, pp. 141–154.

2. “The third and last voyage of M. William Towrson to the coast of Guinie, and the Castle de Mina in the yeere 1577.”

They had three ships and a pinnace. On the home voyage they had to abandon one ship near the Cape Verde Islands as it had sprung a leak.

When they checked their men, they found that in all the three ships were not above thirty sound men, near Egland they had not above six mariners and six merchants in health. They lost sails as no men were left to serve them. – In RICHARD HAKLUYT: The Principal Navigations etc. vol. VI, Glasgow 1904, pp. 231–252.

3. “The voiage set forth by Mr. John Newton, and Mr. John Bird merchants of London to the Kindome and Citie of Benin in Africa, with a ship called the Richard of Arundell, and a pinnesse, in the yere 1588, briefly set downe in this letter following, written by the chiefe Factor in the voyage to the foresaid Marchants at the time of the ships first arrivall at Plimouth.”

They were at Benin presented to the King and traded pepper for elephants teeth.

“In this time of our being at Benin (our natures at this first time not so well acquainted with that climate) we fell all of us into the disease of the fever, whereupon the Captaine send me downe with those goods which we alreadie had received to the rest of our men at Goto: (on the Benin River) where being arrived, I found all the men of our pinnesse sicke also . . . I myself was also in such a weake state that I was not able to returne again to Benin.”

He sent the surgeon and another man to Benin who found the captain and the son of Mr. Bird dead and a third man dying. They had to stop taking cargo. – – –

The remaining men gradually got better but on the Azores . . . again fell ill and some died.

Signed “Yours to commaund  
Anthony Ingram”

In RICHARD HAKLUYT: The Principal Navigations etc. in Twelve Volumes. Vol. VI. Glasgow 1904. pp. 458–461.

Additional information on diseases of white people in Africa at the time of the slave trade will be found in publications listed in Part I *Different kinds of Early Documentation* (Notes and References).

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