

BRITISH APOTHECARIES AND THE ATLANTIC SLAVE TRADE 1650 TO 1807

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1. Introduction

In recent years there has been a surge of interest in the history of slavery; large numbers of academic papers have appeared, as have a growing number of slavery museums. But to date there has been little interest shown in the subject by pharmaceutical historians. Yet, at least in Britain, there was an intimate relationship between pharmacy and slavery over many years.

In this paper I explore the relationship between British pharmacy and Atlantic slavery, from its origins to its abolition. Pharmaceutical aspects included supplying medicines to the slave ships, to the forts and settlements on the African coast where the slaves were embarked, and to the plantations in America and the Caribbean where they worked. Apothecaries and druggists often went out to work on the plantations, and a few even became plantation owners. In later years, a number of Quaker apothecaries played key parts in bringing about the abolition of slavery.

2. The origins of the slave trade

The origin of Britain's involvement in slavery goes back to the middle of the sixteenth century (1). William Towerson became the first Englishman to trade in slaves during his first voyage in 1555. Six years later John Hawkins began his incursions into slavery through voyages to West Africa and the Caribbean. Crucially, he had royal support, becoming dubbed 'Queen Elizabeth's slave trader' (2).

It was the explosive growth in the demand for sugar in the middle of the seventeenth century that drove the demand for slave labour. Sugar cane was introduced to Barbados in the mid-1640s by Dutch merchants and planters who had been expelled from Brazil (3). By 1680 the crop had transformed the island into 'the richest colony in English America'. Sugar cultivation spread rapidly to other Caribbean islands, reaching Jamaica in the early eighteenth century.

Other crops also thrived in the region. Cotton, cocoa and rice, amongst others, became significant exports from the West Indies between 1660 and 1850. Cotton became the major export of the southern United States from around 1790. All these activities were extremely labour intensive. The plantation owners found it impossible to recruit sufficient numbers of local people or white immigrants willing to do the work. The only way of meeting the demand for labour was through slavery.

3. The Royal African Company

In 1660 King Charles II granted a charter to a group of English merchants whose objective was to supply the English sugar colonies with 3,000 slaves a year at an average price of £17, or the value of one ton of sugar per slave (4). In 1672 the Company became the Royal African Company, with the King himself as a shareholder. It held a monopoly in English trade to Africa until 1698. After that private merchants entered the slave trade, and as a result shipments of slaves in English vessels rose dramatically. They averaged more than 20,000 a year, reaching 30 to 45,000 a year during the last decade of the 18th century. Almost 11,000 ships were fitted out in the 110 years between 1698 and 1807, transporting around 3 million Africans into slavery (5).

By the late seventeenth century the triangular nature of the trade was well established. Ships left England for Africa laden with goods to be traded for slaves; the slaves were transported to America or the Caribbean; and the ships returned to England laden with cotton, tobacco and other commodities grown on the plantations.

Shipping was a major part of the English economy; they had to be built, manned, repaired and refitted. They provided work for large numbers of artisans, seamen and those involved in supplying ships. There were clearly great opportunities for the apothecaries of the day.

4. The Medicines Contract with the Royal African Company

The ships involved spent considerable time in hostile places with a range of exotic diseases to contend with. Many of the larger ones carried a surgeon. The average cost of putting a slave ship to sea in the mid-eighteenth century was about £4,000, two thirds of which was accounted for by trade goods. As the size of the ships and the price of slaves rose, so did the cost of fitting them out. By the end of the century it had reached £10-12,000 (6).

These figures included the cost of supplying medicines. It could cost between £80 and £90 to fit out one medicine chest. Large numbers of surgeons were employed on ships. Some 500 people qualified as naval surgeons every year (7).

5. Supplying forts and settlements

Medicine chests were needed not just for the ships. Over the years the Royal African Company built 17 settlements in Africa, which were designated as either 'forts' or 'factories' (8). But only two (those of Accra and Cape Coast) were continuously occupied between 1672 and 1713. Seven were ranked as 'forts', designed to be permanent settlements and garrisoned by between 8 and 20 men (9). 'Factories' were unfortified settlements. Each of the forts usually had access to a medicine chest.

6. Supplying the Navy

The growing importance of the trade, and increasing attacks on the slave ships, led to the need for increased protection from the Navy. The trade was protected by an ever increasing Naval fleet. Each ship carried at least one surgeon, and each took with him his medicine chest. Under Admiralty rules all Naval surgeons' chests were to be supplied by the Society of Apothecaries at Apothecaries Hall, who set up a separate company, the Navy Stock, to supply them (10). This was unlike the contracts with the slave ships, which were open to individual apothecaries.

The contract with the Navy was lucrative, and in 1756 the Society of Apothecaries was challenged by an apothecary called William Cookworthy. Cookworthy succeeded in obtaining the contract for the hospital ship *Rupert* at Plymouth, much to the annoyance of the Society. The Navy Commissioners found that the medicines at Plymouth were as good as those supplied by the Society of Apothecaries but much cheaper, and Cookworthy became the Navy's main source of medical supplies (11).

7. Supplying Medicines to the Plantations

By the mid eighteenth century trade links were well established between apothecaries and druggists in England, and the increasing numbers of physicians, apothecaries and plantation owners across America and the Caribbean. One such druggist involved in this trade was William Jones, who practised in Little Russell Street, London, between 1746 and 1756. His activities extended well beyond London, and embraced not only retail and wholesale pharmacy but also banking. He traded with the East India Company, and with agents in many parts of the world, including Tobago and Jamaica (12).

8. Apothecaries working on the Plantations

The expanding American colonies offered promising prospects to apothecaries prepared to move. Several members of the Society of Apothecaries sought the blessing of its Court before setting off. In 1736 Henry Williamson was granted a certificate by the Society recommending him to the trustees of the Colony of Georgia as a suitable person to manage the medicine chest (13). Ten years later, in 1746, William Shirley requested a diploma under the Society's seal as evidence that he had been examined by them, prior to settling in Virginia. Another apothecary, Samuel Danforth, later emigrated to Boston and worked as an inoculator (14).

Not all of those who went out to work in the colonies stayed. It was not uncommon for physicians, surgeons and apothecaries to gain experience overseas for a year or two before returning. One such was John Mudge of Plymouth; he trained as a surgeon and apothecary and practiced in

England for a while before obtaining further medical training. He spent a short period in Jamaica before returning to Truro, where he practised as a physician until 1780, when he moved to London (15).

9. Owners of plantations

The medical arrangements necessary to keep the plantations functioning efficiently were extensive. Most employed both surgeons and apothecaries, who vaccinated the slaves against smallpox, performed surgical interventions, treated intestinal and respiratory ailments, and saved lives (16). Most of the overseas customers of Joseph Gurney Bevan, whose family ran the Plough Court business in London, were medical practitioners, apothecaries, surgeons and physicians, although he also despatched medicines to wholesale druggists.

There were rich pickings on offer to London firms prepared to take the risks (17). One such was another Quaker apothecary, Thomas Corbyn. By the 1750s Corbyn was already trading with large numbers of dealers in many states in America, as well as on several islands in the Caribbean. These included Robert James in Antigua, Cadwallader Evans in Jamaica and Dr Joseph Gamble in Barbados. Large quantities of drugs were made up, packed into chests or casks, insured, and sent down to Bristol to await shipment (18).

A small number of members of the Society of Apothecaries are known to have owned plantations in the West Indies. One such was Thomas Mayleigh, who was also a Quaker (19).

10. The movement to abolish the slave trade

By the mid-eighteenth century groups of people on both sides of the Atlantic were expressing concerns about the morality and justice of slavery. The movement to abolish the slave trade was led by Quakers, especially American Quakers in Philadelphia (20). In Britain, the campaign took off in 1786 when a young graduate called Thomas Clarkson won a prize for an Essay on Slavery. The essay came to the attention of a Yorkshire Member of Parliament, William Wilberforce.

Both Clarkson and Wilberforce had strong associations with apothecaries. A number of initiatives began to be taken to improve the lot of the slave (21). One of these was Dolben's Act of 1788, which restricted the number of Africans that could be carried on British slave ships, and also stipulated that all slave ships should carry a doctor (22). But it was Wilberforce who took up the cause of slavery in Parliament, and as a result of his efforts the Act to Abolish the Slave Trade was passed in 1807.

11. After Abolition of the Slave Trade in 1807

With passage of that Act the apothecaries' contracts to supply the slave ships with medicines ended. Some apothecaries changed their business practices with regard to plantations which still used slaves. Bevan at Plough Court, for example, decided in 1807 that accounts would only be opened there if solid security could be found (23). Another apothecary, William Allen, became an active member of the African Institution, which was formed to foster new trading links with Africa to replace the old slave trade (24). Slavery itself was only abolished in Britain in 1833.

12. Conclusion

So ended pharmacy's long association with the slave trade. For apothecaries and druggists the commercial opportunities were little different to any others. They were no more concerned with the rights and wrongs of slavery than most of their contemporaries. And for the majority of ordinary apothecaries, trying to make a living outside of the main ports, the slave trade largely passed them by.

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