"We were," wrote Doctor David Collins, "less anxious than we ought to have been, for the increasing of our gangs by breeding." Dr. Collins' 1803 manual, *Practical Rules for the Management and Medical Treatment of Negro Slaves in the Sugar Colonies*, is a testament to the crippling fear that took West Indian slaveholders by storm in the early nineteenth century. Slave populations across Caribbean sugar plantations, unlike those of their American cotton plantation counterparts, were in rapid decline. Without a labor force, the entire plantation system was doomed to collapse.

Prior to the end of the Atlantic Slave Trade, the extremely high mortality rate of enslaved peoples in the West Indies was not an issue slaveholders thought they would need to address. Up to 90 percent of slaves died within five years of reaching the Caribbean; however, they could easily be replaced by new shipments of human cargo. Once the slave trade was set to expire, slaveholders flew into a frenzied panic: the prosperity created by the slave system touched everyone, even those who were not directly involved in the trade itself. The collapse of slavery meant the loss of a nearly unquantifiable amount of wealth that would impact not only local economies back in the United Kingdom, but global markets for products such as sugar.

Through my research, I have sought to analyze the rapidly increasing emphasis on slave welfare at the turn of the 19th century. More specifically, I was interested in the focus on increasing the health and longevity of slave women, who had previously been considered undesirable because of their childbearing capabilities. At the turn of the century, however, "breeding" slaves was heralded as the only viable option to maintain slavery in the West Indies; doctors began to argue that healthy slave children could only be accomplished by having healthy slave women.

Collins, in line with other contemporary physicians, cited four main concerns when dealing with the decline of the slave population: "The lesser number of imported females, their sterility, their frequent abortions, [and] the great number of infants who die soon after their birth." Slaveholders' attempts to preserve the health of their slaves contrasted directly with slave communities' means of self preservation, oftentimes leading to clashes between white medical professionals and community healers. In addition, attempts to preserve the physical health of their slaves, slaveholders intensified their reliance on psychological means of torture in lieu of physical violence. Despite attempts to preserve their labor force, slaveholders were ultimately unable to create a self sustaining slave population, leading to the United Kingdom's abolition of slavery in 1833.

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2 Ibid, 153.