ARCHIVES OF SKIN AND BONE: AN ARCHIVAL-ARCHAEOLOGICAL ANALYSIS OF INFECTIOUS DISEASE AND TRAUMATIC INJURY AMONG THE LIBERATED AFRICANS OF SIERRA LEONE

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Abstract

Archives of Skin and Bone:
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This thesis demonstrates how the proper application of theoretical archaeological and osteological methods to archival documents can be both illuminating and vital to create a fuller understanding of those who have been historically silenced. By performing an archival analysis informed by an archaeological background, the first four volumes of the Registers of Liberated Africans from Freetown, Sierra Leone are "excavated." In addition to demographic data, four categories of analysis are presented, including Types of Illness and Symptoms, Types of Trauma, Types of Injury and/or Illness, and Multiple Symptoms and Illness. This data was collected during participation in a much larger transcription project using a unique methodology. The following analysis was conducted using a collection of interdisciplinary theories, including theoretical osteoarchaeology, practical osteology, medical anthropology, archival and linguistic analysis and numerical presentation. Discussions include the frequency of diseases, slave ships and barracoons as disease environments, potential causes for common injuries, the difficulties and evolution of medical language, and the limitations of both archival and archaeological work for medical and trauma investigation. While both archival and archaeological methods miss key information, using them in tandem offers a more complete view of a historical person and their life experiences.

Keywords: Liberated Africans, Sierra Leone, Archive, Slavery, Archaeology, Anthropology, Osteoarchaeology, Trauma, Disease, Illness, Infection, Skeletal

Dedicated to all 1,657 people who informed this project and to the millions lost to history.

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Chapter 1: Introduction

"The human body is material and historical."[1] Osteoarchaeologist Joanna R. Sofaer's statement articulates this interdisciplinary thesis project's inspiration and theoretical basis. The Transatlantic slave trade developed into the most extensive global commercial and capitalist market in recent history, and its foundations remain the basis of many modern enterprises. While many facets of the trade made it a unique and deeply connected system in its day, the principal trade goods were humans: specifically African individuals who were dehumanized, commodified, and traded as material objects.

This thesis is, at its core, an archival analysis. However, by employing a lens informed by biomedical anthropology and osteoarchaeology, the information gathered can help us understand real individuals and how the many recorded illnesses, injuries, and symptoms contained in the archival information may have affected their daily lives. In addition, this approach presents a methodology that can illuminate how the hardships of the slave trade led to their ill health and injury. In this way, this project helps address what Manuel Barcia identified as "the pitfalls of studies focusing on the medical history of the slave trade," which tend to focus on the pre-1807 legal period by highlighting the early years of the illicit trade.[2]

Furthermore, this project has the potential to demonstrate how archaeological and anthropological methods can be applied through strictly theoretical means – excavation and analysis without the excavation and exhumation. In a paper regarding the importance of interdisciplinary studies within archaeology, Josie Gill, Catriona McKenzie and Emma Lightfoot

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[1] Joanna R. Sofaer, *The Body as Material Culture: A Theoretical Osteoarchaeology* (New York: Cambridge University Press, 2006), xiii.
[2] Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020): 17.

explain the motive behind this kind of archival-archaeological exploration as one which attempts to "cast light upon histories that have long been suppressed by trauma, displacement and silence."[3] Integrating theoretical archaeology and practical archival analysis could fill the gaps often present in research concerning historically erased peoples.

Traditional excavation may not be possible in locations where colonial powers have destroyed, hidden, or constructed over locations where those they oppressed lived and died. In cases such as this project, where the bodies of the enslaved may have been disposed of during the Middle Passage or buried in unknown graveyards, archival documents allow us to theoretically reconstruct their bodies at one specific moment, giving a brief insight into the realities of their lived experience. It is important to emphasize what makes this project so different from those which have come before. The implementation of archaeological theory to archival documents provides yet another avenue for humanizing and seeking justice for those who have been dehumanized and erased by history. In many cases, the names and ages provided for enslaved persons in archival documents may be approximations or falsehoods, leaving physical descriptions as the only reliable evidence of their existence. Utilizing archaeology's classic focus on the physical nature of evidence can allow the individuals listed in archives to become more than entries on paper. In a way, they can be given back their physical bodies, potentially along with the justice and dignity they were robbed of.

The archival documents analyzed in this thesis originate from the Public Archives of Sierra Leone, held at Fourah Bay College in Freetown, Sierra Leone. This archive was established in 1895 when Freetown served as the heart of British West Africa for the colonial

[3] Josie Gill, Catriona McKenzie, and Emma Lightfoot, "'Handle with care': Literature, Archaeology, Slavery," *Interdisciplinary Science Reviews* 44, no. 1 (2019): 22. https://doi.org/10.1080/03080188.2018.1543913.

administration.[4] These documents were then moved to military buildings for the duration of the Second World War and were then taken into the care of Christopher Fyfe, who organized the archive.[5] His work continued after Sierra Leone achieved independence in 1961. In 1965, the Sierra Leone Public Archives Office was created by Parliamentary Act to "make provisions for the preservation, arrangement, custody, repair and rehabilitation of all public records which had value for posterity."[6] Following the outbreak of the Sierra Leone civil war, the documents were moved yet again to two different floors of the JFK Building at Fourah Bay College, where the index and organization were lost.[7]

Portions of the documents have been reorganized, and some digitized.[8] Documents from the digitized collection include the registers of births, Registers of Liberated Africans, treaties from 1788 to 1871, and personal journals.[9] The Registers provide access to details of the lives of the enslaved peoples, including information regarding sex, age, and location of enslavement, as well as physical information used in this project to determine the presence of illness and injury. The archive also contains key documents which remain un-digitized, including administrative and economic data, and, perhaps most importantly, documents detailing medical procedures.[10]

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[4] "Sierra Leone Public Archives: Records of Colonial Governors, Police and Court Officials in Freetown and Neighbouring Villages," *Endangered Archives Programme*, accessed October 4, 2022, https://eap.bl.uk/collection/EAP782-1.
[5] "Sierra Leone Public Archives: Records of Colonial Governors, Police and Court Officials in Freetown and Neighbouring Villages," *Endangered Archives Programme.*
[6] Sierra Leone Public Archives Office, "Sierra Leone Public Archives Office," *International Coalition of Sites of Conscience*, accessed October 4, 2022, https://www.sitesofconscience.org/en/membership/sierra-leone-public-archives-office/.
[7] "Sierra Leone Public Archives: Records of Colonial Governors, Police and Court Officials in Freetown and Neighbouring Villages," *Endangered Archives Programme.*
[8] "Nineteenth century documents of the Sierra Leone Public Archives (EAP443)," *Endangered Archives Programme*, accessed October 4, 2022, https://eap.bl.uk/project/EAP443.
[9] "Archival Records from Before the War, after the War: Preserving History in Sierra Leone (EAP284)," *Endangered Archives Programme, British Library,* accessed October 11, 2020, https://eap.bl.uk/project/EAP284/search.
[10] "Nineteenth century documents of the Sierra Leone Public Archives (EAP443)," *Endangered Archives Programme.*

My dataset includes documents which have not been officially digitized and posted by the Endangered Archives Programme as well as those which have. I was given access to a Google Drive full of images of the individual pages of each ledger. These documents have gone through many waves of digitization, and so many images I had access to were intended for internal use, not for publication. One of the distinct advantages of having access to multiple versions of these documents, some in PDF or JPG format, is that what may be obscured on one version may be visible in another. In many cases, especially in the case of Register 1808-1812, comparisons between the colour PDF and black and white JPG documents were required to make out the writing on some of the more damaged pages. The black and white images highlighted the contrast between the ink and the paper, which could sometimes be lost in the colour images.

A Brief History of Fourah Bay College

The history of Fourah Bay College itself is nearly as long as the history of the Registers they hold. The "Christian Institution" which would eventually become the college known today came into being in 1816 on Leicester Mountain.[11] At this time, the Institution was a form of boarding school overseen by the Church Missionary Society (C.M.S.) with approximately six hundred wards who were to spend half the day performing manual labour or housework and the rest of the day studying.[12] In 1818, the "Institution" became officially known as a " Seminary," and in 1820, the students were moved to Regent following a period of dwindling enrollment and changes in leadership.[13] After this period, the institution begins to strongly resemble an early version of the Residential Schools implemented throughout the United States and Canada to

[11] Thomas Josiah Thompson, *The Jubilee and Centenary Volume of Fourah Bay College: Freetown, Sierra Leone* (Elsiemay Prtg. Works, 1930), 9.
[12] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College*, 9.
[13] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 10.

manage what was known as “the Indian Problem.”[14] In 1826, the term “College” began to be associated with the institution, at first, to be a nursery for the college in Islington.[15] It provided a varied curriculum, all of which “was to be grounded on the impregnable rock of Holy Scripture.”[16]

1827 marked the year when the land on which Fourah Bay College stood until the Civil War was purchased.[17] The land was the former estate of Governor Turner, sold cheaply after his death. Until 1807 the land was used as a slave factory, and students were now educated in the former slaver's home.[18] 1840 marked the beginning of the attempts to convert the “Aboriginal tribes of the interior” to the Church, a task which was believed to be best accomplished by Africa’s “own sons.”[19] As a result, the desire to expand the school to accommodate more students grew. In 1845, His Excellency Lieutenant-Governor Fergusson laid the foundation stone, and three years later, in 1848, the famous building at Fourah Bay was ready for students.[20] After ten years of accusations of a “lack of missionary zeal” due to the continued existence of the “unevangelized heathen in its own hinterland” and death after death of Bishops and principals assigned to the school, it was temporarily closed in 1858.[21] In 1876, the College was reopened with a broader curriculum, including secular subjects, and an affiliation with the University of

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[14] An excerpt from the evidence given by Colonel Ord of the Royal Engineers to Her late Majesty’s Government in 1864 regarding the work done by the Church Missionary Society: “...it must be borne in mind that there are other objects, the attainments of which augments greatly the advantages which the maintenance of the Settlement confers; these are, the abolition of human sacrifice and other similar barbarous practices; the removal of that oppression and injustice which too often attend the administration of native laws,...There has been spread widely abroad an appreciation of superiority of European civilization, and of the advantages it brings with it, the results of which, if not yet apparent, there can be no doubt will be seen hereafter.” (Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 31.)

[15] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 13.

[16] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 13.

[17] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 14.

[18] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 14.

[19] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 15.

[20] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 16-17.

[21] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 22-25. “Unevangelized heathen” in this context refers to those who practiced their pre-contact religion and traditions, as well as Islamic groups.

Durham.[22] Despite the expanded curriculum, this was the year that efforts began for the mass conversion of the powerful "Mohammedan," or Islamic, nations which the C.M.S. came in contact with.[23]

Today, there are two colleges of the same name: the Old Fourah Bay College, whose history is described above and is now a UNESCO World Heritage Site, and Fourah Bay College, a public university now located on Mount Aureol in Freetown, where the National Archives are currently housed. According to UNESCO, "[t]he Old Fourah Bay College is perhaps the single most influential institution in Africa in accounting for the penetration and acceleration of the spread of Western education on the continent."[24] Academic use of the building ended in the early 1990s when it was used to shelter people displaced by the 1991-2002 Civil War.[25] In 1999, a catastrophic fire destroyed all wooden structures of the building, leaving only the stone and iron.[26]

A Brief Introduction to the Concept of the Liberated Africans

In the years between 1808 and 1896, local authorities and mixed commissions involving the British, Portuguese, Spanish, Brazilian, French, and American naval authorities began to capture ships suspected of involvement in the slave trade.[27] Over this period, approximately 200,000 enslaved persons were designated "liberated" by these judicial bodies.[28] While a positive system on its surface, the legal method behind liberation was the same as the prize

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[22] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 33.
[23] Thompson, *The Jubilee and Centenary Volume of Fourah Bay College,* 37.
[24] UNESCO World Heritage Convention, "Old Fourah Bay College Building," last modified January 6, 2012, https://whc.unesco.org/en/tentativelists/5744/.
[25] UNESCO World Heritage Convention, "Old Fourah Bay College Building," 2012.
[26] UNESCO World Heritage Convention, "Old Fourah Bay College Building," 2012.
[27] Henry B. Lovejoy and Richard Anderson, "Introduction: "Liberated Africans" and Early International Courts of Humanitarian Effort," in *Liberated Africans and the Abolition of the Slave Trade, 1807-1896*, eds. Richard Anderson and Henry B. Lovejoy (University of Rochester Press, 2020), 1-22.
[28] Lovejoy and Anderson, "Introduction," 1.

system for any sort of contraband condemned by the navy: it became the property of the Crown.[29] The process through which a condemned slave became a Liberated African has been described by Henry Lovejoy and Richard Anderson as an act of simultaneous "emancipation and colonization."[30] While technically free, several stipulations were implemented by the British government. Many 'freed' individuals were given no choice but to enter the British workforce through apprenticeships and recruitment into the armed forces, arranged marriages or forced migration to various colonies.[31]

The concept of Liberated Africans began with the passing of the British Abolition Act of 1807, which "mandated that captives taken from condemned vessels should not be returned to slavery."[32] More specifically, the Act

> forbade all British subjects throughout the United Kingdom and her colonies from buying, selling, transporting, or otherwise transferring the ownership of slaves. Slaves could neither be transported into the Empire from Africa, nor traded among British subjects within the Empire. Furthermore, the Act prohibited British subjects from so much as outfitting a ship for the transport or trade of slaves, rendering all trappings of such a voyage, from ship to shackles, confiscable by the government.[33]

Following this event, the "pioneering" Vice-Admiralty court of Freetown under Chief Judge Robert Thorpe began adjudicating cases involving captured ships and groups seized from the colonies, resulting in the documents examined in this and other projects.[34] Here is also where the first use of the term "Liberated Africans" is found, though it did not come into parliamentary

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[29] Lovejoy and Anderson, "Introduction," 2.
[30] Lovejoy and Anderson, "Introduction," 4.
[31] Lovejoy and Anderson, "Introduction," 4-5.
[32] Lovejoy and Anderson, "Introduction," 7.
[33] Tara Helfman, "The Court of Vice Admiralty at Sierra Leone and the Abolition of the West African Slave Trade," *The Yale Law Journal* 115, no. 5 (2006): 1131, https://www.jstor.org/stable/20455647.
[34] Helfman (2006): 1124.; Andrew Pearson, *Distant Freedom: St. Helena and the abolition of the slave trade, 1840-1872* (Liverpool University Press, 2016), 14.; Lovejoy and Anderson, "Introduction," 8.

use until much later.[35] Freetown was an advantageously positioned location for the adjudication of captured ships due to its relative closeness to the "traditional slaving grounds" of the Gold and Slave Coasts and the Bights of Benin and Bonny.[36] The Vice-Admiralty courts used in these proceedings are described as "juryless tribunals that had existed since the seventeenth century and which were granted jurisdiction over local legal matters relating to maritime activities…by the nineteenth century, they had come to be solely associated with the overseas dominions of the Crown."[37] Mixed Commission courts, which came later and sat between 1819 and 1871, were the result of treaties signed between Britain and other governmental bodies to further liberation and abolition efforts.[38]

Though this project examines only documents from Sierra Leone, "Liberated Africans" were created in many places. As a result, Sean Kelley suggests that their emergence as a group is "best understood not as an event originating in any specific place but rather as one occurring simultaneously in multiple nodes and assuming distinct shape according to local circumstances."[39]

Bringing the Archive to Life

Archival study is often seen as the gold standard for historical evidence, the written word being the point of division between prehistory and history. That said, archives are sometimes considered just dry data. Rather than regarding the Registers and their entries as collections of words on paper, to me, they became large graveyards. The four Registers examined in this

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[35] Sean M. Kelley, "Precedents: The "Captured Negroes" of Tortola, 1807-22," in *Liberated Africans and the Abolition of the Slave Trade, 1807-1896*, eds. Richard Anderson and Henry B. Lovejoy (University of Rochester Press, 2020), 27.
[36] Pearson, *Distant Freedom,* 14.
[37] Pearson, *Distant Freedom,* 17.
[38] Pearson, *Distant Freedom,* 17.
[39] Kelley, "Precedents," 26.

project contain the entries from the eight years between and including 1808 to 1816. These became four imagined plots of land in which previously enslaved persons were buried in distinct periods: 1808-1812, 1812-1814, 1814-1815, and 1815-1816. While many Liberated Africans lived lives beyond recapture and liberation, like an osteologist examining a set of remains, I have access to one static moment in the lives of these individuals – a paper grave, if you will. As I will elaborate in Chapter 2: Methodology, I felt this perspective allowed me to approach each entry with more respect and reverence – as an individual relic of a person rather than merely a catalogued inanimate item.

Chapter 2 additionally discusses the selection methodology employed to create the dataset, including an overview of the format employed in the Registers of Liberated Africans themselves and notes on transcription. This chapter also discusses what constitutes trauma in regard to this project.

Chapter 3 presents the theoretical and practical methods used to organize and analyze the data presented in later chapters. In addition, it will define and expand on key archaeological terms and concepts vital to understanding the theoretical principles used in the field and in this project.

Chapter 4 analyzes the demographic patterns within the ill and injured population. Beginning with the full dataset, the chapter will explore the basic reasons for inclusion within the dataset based on the type of criteria present in the entry description. These will then be further broken down by sex to determine the frequency of each age group and inclusion criteria for each. Finally, a brief overview of each Register will be presented to determine the proportion of entries taken from each volume to create the total dataset and examine the age and sexual division within each source.

Chapter 5 comprises the extensive data collection methodology I have implemented, along with definitions of terms and epidemiological information regarding the known diseases and symptoms documented in the Register entries. This chapter also discusses the issue of those individuals who have been logged as dead and will serve as a reference section for the discussion in later chapters.

Chapter 6 begins the in-depth dataset analysis with a numerical analysis of the illnesses and symptoms present in the dataset, sorted by Register. A discussion section follows in which the findings are considered concerning change over time, and potential reasons for the existence of the presented disease environment are posited. This chapter will also consider potential differential diagnoses for the conditions presented.

Chapter 7 again begins with a numerical analysis sorted by Register for entries documenting physical trauma. Change over time in frequency and language is discussed again, as are possible reasons for the traumas present.

Chapter 8 forms the final analysis chapter. It presents the two much smaller analysis categories together: those who presented with both injuries and illnesses and those who presented with multiple illnesses and symptoms. A discussion takes place, exploring possible reasons for such comorbidities, including the presence of multiple illnesses or multiple visible symptoms for a single illness. In addition, the nature of the Register language and the incomplete nature of the information they provide is considered.

To conclude, final thoughts and possibilities for further research are presented. I also argue for the importance of interdisciplinary studies and more projects like this one in the future, in which complementing, though sometimes competing, fields are brought together to reveal and honour the lives of those oppressed throughout history.

Chapter 2: Methods

This chapter outlines the theoretical and practical methods for selecting and organizing data for this thesis study. Furthermore, it identifies critical concepts through which the dataset has been viewed.

As indicated in the Introduction, this thesis examines how the Registers reflect the lived experiences of the enslaved persons they document from the perspective of the physical body as it appears "exhumed" from a theoretical grave. Despite efforts made during the last century of the slave trade to ensure the preservation of the health of both the crew and the enslaved human cargo, the patterns this project identifies show that symptoms of disease and injury continued to be common. This fact is understood, but this work also demonstrates the efficient use of theoretical archaeology and bioanthropology when applied to archival documents. While it is well known that even in their best shape, slave-carrying ships were little better than floating hellscapes, attempts to reduce risk within the trade were made that entailed disease prevention and preparedness. Prior to 1788, ship captains typically carried and consulted a book of medical recipes in an attempt to address the medical needs of their crew and cargo.[1] According to historian Kevin Siena, there was significant money to be made in the medical marketplace of early London, especially for "pox-cures."[2] With this economic opportunity in mind, it is possible that hundreds of ship surgeons' manuals existed. However, the most frequently cited in the reading for this project appears to have been John Woodall's *The Surgions Mate* [sic] of 1617, T. Aubrey's *The Sea-Surgeon, or the Guinea Man's Vade Mecum* of 1729, and James Lind's *A*

[1] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007), 59.
[2] Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards,' 1600-1800* (University of Rochester Press, 2004), 30.

Treatise of the Scurvy of 1753 and *An Essay on Diseases Incidental to Europeans* of 1768.[3] 1788 brought the passing of the Dolben Act or the Slave Carrying Act of 1788.[4] Among other things, this Act mandated that all ships sailing under the British flag were required to carry a doctor and that doctor was required to keep comprehensive records of death and illness on board.[5] The act was proposed by Sir William Dolben, a representative of Oxford University who, following exposure to work by the Anti-Slave Trade Committee in 1787, estimated that upwards of 10,000 lives could be lost in a short period due to the horrific conditions during the Middle Passage.[6] In addition, searches for "telltale signs of illness" were conducted on the slaves every morning in conjunction with morning washing, weather permitting.[7] Good health could also be "promoted" by sailors via forced dancing as exercise and the forced feeding of those who refused to eat.[8]

Unfortunately, little is known about the specific ships the individuals described in this project came from, so vetting preparations and the crew on board on a ship-by-ship basis is impossible. In some cases, specifically in Register 1808-1812, ship names have been omitted for the majority of the document for unknown reasons. It is possible that scribes simply ran out of

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[3] John Woodall, *The Surgions Mate, or A treatise discovering faithfully and plainly the due contents of the Surgions chest, the uses of the Instruments, the virtues and operations of the Medicines, the cures of the most frequent diseases at Sea: Namely Wounds, Apostumes, Ulcers, Fistulaes, Fractures, Dislocations, with the true maner of Amputation, the cure of the Scurvie, the Fluxes of the belly, of the Collica and Illiaca Passio, tenasmus, and exitus Ani, the Callenture; With a briefe explanation of Sal, Sulphur, and Mercury; with certaine Characters, and tearmes of Arte.* (Edward Griffin for Laurence Lisle, at the Tygers-head in Pauls Church-yard, 1617); T. Aubrey, *The Sea-Surgeon, or the Guinea Man's Vade Mecum. In which is laid down, The Method of curing such Diseases as usually happen Abroad, especially on the Cost of Guinea; with the best way of treating Negroes, both in Health and in Sickness. Written for the Use of young Sea Surgeons, By. T. Aubrey, M.D. Who resided many Years on the Coast of Guine*a. (London: Printed for John Clarke at the Bible under the Royal-Exchange, 1729); James Lind, *A Treatise of the Scurvy. In three parts. Containing An inquiry into the Nature, Causes, and Cure, of that Disease. Together with A Critical and Chronological View of what has been published on the subject* (Edinburgh: Printed by Sands, Murray, and Cochrane, For A. Kincaid & A. Donaldson, 1753); James Lind, *An Essay on Diseases Incidental to Europeans in Hot climates, with the method of preventing their fatal consequences* (Philadelphia: William Duane, 1811.)

[4] Rediker, *The Slave Ship,* 59.

[5] Rediker, *The Slave Ship,* 59.

[6] James W. LeGerfo, "Sir William Dolben and "The Cause of Humanity": The Passage of the Slave Trade Regulation Act of 1788," *Eighteenth-Century Studies* 6, no. 4 (1973): 436-437.

[7] Rediker, *The Slave Ship,* 237.

[8] Rediker, *The Slave Ship,* 237.

time to return and fill in the missing information or that the missing information was never known or communicated. In Appendix A, the dataset has been sorted by ship wherever possible. Information gathered from SlaveVoyages.org[9] concerning the type of vessel and the flag has also been included, when possible, to provide sufficient context.

Selection Methodology: The Registers of Liberated Africans

A Brief Overview of the RLA Format

As mentioned in Chapter 1, the Registers of Liberated Africans (RLA) from Freetown, Sierra Leone, which were created between the years of 1808 and 1816 form much of the dataset for this work. These documents will be referred to as "the Registers" henceforth, with the relevant year when necessary. The hand-written documents are divided into the following columns: "Number," "Name," "Sex," "Age," "Stature," and "Description." The "Number" column refers to the number given to the individual by the Vice-Admiralty court as they were removed from the ship following adjudication and condemnation. The numbered entries in the Registers examined for this work begin with entry number 1 and conclude with entry 9,758. The "Name" column documents what the individual was called or what they called themselves, with attempts to document African names, though typically English names such as Tom and Mary are quite commonly found.[10] This may reflect misunderstanding by the scribes or the renaming practices common on-board slave ships and by owners. According to Padraic Scanlan, any African name that was not "sufficiently easy, clear and distinctive" could be changed to

[9] SlaveVoyages is a collaborative database website that makes data regarding slave vessels and their voyages accessible for the public. Information is available for both the Trans-Atlantic and Intra-American trade in data and infographic format.
[10] "Sources," Liberated Africans, accessed May 15, 2022, https://liberatedafricans.org/sources.php.

whatever the representative scribe preferred.[11] The "Sex" column has four possible entries rather than simply indicating whether an individual is male or female. The possible entries in this four-sex system are "Man," "Woman," "Girl," and "Boy," which assist somewhat in the determination of the age at which an individual is considered an adult. Where the "Sex" column has been left blank in the original documents, "Unknown" has been assigned. The "Age" and "Stature" columns pose an interesting quandary. Many enslaved persons did not know their date of birth, and so many ages were estimated based on physical features, including greying hair and height. Height was also used to determine whether an individual was described using the typical childhood or adult interpretation of their sex.[12] An examination of the age categorization methodology will follow.

The final column, entitled "Descriptions," documents the physical characteristics of each individual. This is the primary source of the information on which this thesis is based. The available descriptions document aspects of physical appearance that could be used for identification, including scarification and body modifications, injuries, signs of illness, physical and mental disabilities, body oddities, and tattoos and brands, which have sometimes been sketched. In the 1808-1812 Register, there is also a column marked "Disposal," in which the details of a liberated person's life following adjudication were noted. However, this appears to have fallen out of consistent use by May of 1810. The final entry with information entered in the "Disposal" column is entry number 761 for a young man named Boottay to note that he was "[Apprenticed to] James Williams May 31st 1810 Sawyer."[13]

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[11] Padraic X. Scanlan, "The Rewards of their Exertions: Prize Money and British Abolitionism in Sierra Leone, 1808-1823," *Past & Present*, no. 225 (2014): 113, https://www.jstor.org/stable/24545165.
[12] Érika Melek Delgado, "Liberated African 'Children' in Sierra Leone: Colonial Classifications of 'Child' and 'Childhood,' 1808-1819," in *Liberated Africans and the Abolition of the Slave Trade, 1807-1896*, eds. Richard Anderson and Henry B. Lovejoy (New York: University of Rochester Press, 2020), 86.
[13] See Appendix A for Recaptive entry number 761.

Alongside this information, details about the ships and dates of capture and adjudication have also been provided where they are available. In some cases, it is missing entirely. Wherever possible, the ships that have been logged along with the dataset in Appendix A were tracked on SlaveVoyages.org. As spelling often varies in the Registers, be it for names of individuals or ships, the search criteria were first narrowed by date. When results were found that had sufficiently similar spelling to the ships listed in the Registers, dates of capture or adjudication were compared. When entered into the Appendix, the Voyage number has been provided and can be used to search the database for the specific ship. I required two points of comparison before making a decision: a matching date and a reasonable approximation of the name of the vessel.

Notes on Transcription

The Registers have not been published and fully transcribed or widely researched in this regard, though they are the subject of many past and present projects. For example, in 1967, a research report concerning the Liberated African Registers from 1808-1860 was published by Richard Meyer-Heiselberg in conjunction with the Scandinavian Institute of African Studies.[14] At the time, the archives were stored at the Fourah Bay University College and were overseen by Professor Peter Kup.[15] The Meyer-Heiselberg document begins with an introduction concerning the state of the archive itself as well as the processes used to document details about each individual at the time the Registers were created, the information being much the same as that provided in the following paragraphs. In his introduction, Meyer-Heiselberg states that his copies

[14] Richard Meyer-Heiselberg, *Notes from Liberated African Department extracts from sources on the trans-Atlantic slaves, 1808-1860, from the archives at Fourah Bay College, the University College of Sierra Leone, Freetown, Sierra Leone*, Uppsala: Scandinavian Institute of African Studies, 1967.
[15] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: I.

of the Registers are incomplete, though they should eventually be transcribed in their entirety to ensure their preservation.[16] He states that his document contains

> all volumes extant of Libarated [sic] African Register supplemented by a volume covering the period of 1821 to 1833 named Disposals of Liberated Africans…plus a number of informations from different letterbooks and return books…I state each registration of ships, and I have furnished the different groups with serial numbers which are not in the register…I have in most cases stated how many adults and how many children in question, moreover I have shown on and off certain examples of the age-composition, names of disposals as well as brand marks. Special information has been included, plus addenda and corrigenda. Names of ships and persons are given in the spelling of the register, now and then another spelling is mentioned, if found.[17]

By his own admission, Meyer-Heiselberg has provided a document which is not only understandably incomplete but also lacks consistency. He goes on to copy correspondence documents detailing staff salaries, landing procedures and census briefs and, with them, concludes his introduction. Immediately, it is evident that there are many issues with the document. The use of a typewriter creates the first unavoidable problem, given the technology available at the time. It is much harder, perhaps even impossible, to format a document the same way as the original Registers with a typewriter. Meyer-Heiselberg has attempted to add his own serial numbers to each recorded ship for ease of reading, but unfortunately, this harms the readability and understanding of the document. When available, the names of the ships are provided, but as for the individuals documented, only the corresponding range of numbers are provided (ex. "slaves-no. 359-487"), followed by the number of men, women, boys and girls within the range.[18] Furthermore, where Disposals have been documented in the Register, they have been copied in unspecific terms, for example: "many entered the military service."[19] As the document continues, certain entries contain more details – specifically those of ships that carried

[16] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: IV.
[17] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: IV-V.
[18] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: 2.
[19] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: 2.

only a few slaves.[20] In some cases, lists of names have been provided, though not in correspondence with specific numbers.[21] This document doubtlessly has value, especially in terms of demographic information. However, both the quality and format of the compiled information are where this project differs.

This thesis employs a selection methodology to collect entries that were transcribed as part of a much larger project. A total of 1,657 entries were selected from a dataset of 9,758 over the course of approximately eight months while preparing the Registers for eventual publication in annotated semi-diplomatic transcription. Each selected entry documents a potential injury or illness suffered by the Liberated African in question. A full catalogue of these entries can be found in Appendix A.

Due to the untranscribed nature of the Registers at the beginning of this project, the data collection process was not as streamlined as much research has become. In the case of this project, each of the 9,758 entries was transcribed from images taken of each physical page of the 1808-1816 Registers. As part of an ambitious project by Walk With Web and Regenerated Identities, the Registers are being transcribed for publication. Specifically, they are transcribed in the original table-style format in which they appear. The transcription process entails copying misspellings, crossed-out entries, and additional jot-notes exactly as they appear, despite the potential difficulties this may pose to readability and efficiency. Two undergraduate students, Charles Cumberland and Zachary Raimundo were active transcriptionists in the team on which I served as a primary transcriptionist. The transcriptions adhere to rules set out by the transcription guide compiled by the Minnesota Historical Society and conventions for Semi-Diplomatic

[20] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: 5. Specifically entries for brig PHEONIX and HMS FAVORITE.
[21] Meyer-Heiselberg, *Notes from Liberated African Department*, 1967: Specifically entry for those seized at Rio Pongas by the Expedition 1814.

transcriptions, with best practices for digital uploading dictated by Walk With Web.[22] It is important to note that the majority of this project was undertaken during the global COVID-19 pandemic. The impact of lockdowns and quarantine was felt worldwide and also formed the context in which the collection methodology for this project was formed. Cloud-based approaches were required for us transcriptionists to see each other's work and to communicate with our global team. Google Drive became the primary engine through which this project was able to progress.

Each Register entry was first recorded in a spreadsheet on Google Sheets. To streamline the process of sorting for two inter-related research projects which drew upon these data, the *Language of Marks* digital humanities project and the *Violence in Iron and Silver* project which are hosted through *Walk With Web*, I refined and developed a specific methodology. Check-box columns precede the spreadsheet's textual entries and sort entries into relevant categories based on the information in the "Descriptions" column. Depending on the scribe, their vocabulary, and their powers of observation, what is detailed in the "Descriptions" column may not accurately describe the individual in question and can vary widely in the record. Nineteenth-century language often provided several names and spellings for various diseases, injuries, and body modifications characteristic of many African geographic areas. An individual entry can have check marks in any number of columns, sometimes requiring more than one column by nature. The categorizations included key considerations from the previously mentioned projects and those that present potential for future scholarship. These categories are "Brand," "Tattoo,"

[22] Lydia Lucas, "Transcribing Manuscripts: Rules Worked Out by the Minnesota Historical Society," *Minnesota Historical Society*, accessed May 25, 2021. http://www2.mnhs.org/library/findaids/CMToolkit/BestPractices/transcribing_manuscripts.pdf; Liza Blake, "Transcription Conventions for Semi-Diplomatic Transcriptions," Early Modern Recipies Collective, accessed May 25, 2021. https://f-origin.hypotheses.org/wp-content/blogs.dir/1392/files/2018/08/Transcription-Conventions.pdf.

"Scarification," "Purrah," "Other Body Mod[ification]," "Skeletal Abnormalities," "Extra Digits," and "Disease Indicators."

My fellow transcriptionists were an invaluable help in finding the entries for this project, and I spent a considerable amount of time doing final revisions and vetting before the analysis began. After the chosen entries were organized into their own spreadsheet, they were compared to the images of the Register documents and the master transcription document for accuracy. When errors were found, they were often the result of misunderstanding the script employed in the Registers or misreadings due to fading and other damage. Following this, the "Descriptions" column of the master document was carefully studied to check for missed entries that fit the criteria for the project. When these were found, they were added to the project spreadsheet in their proper numerical place, and transcription accuracy revisions were conducted. These steps were taken with each of the four Registers that spanned the period between 1808 and 1816.

Thesis Entry Collection

The scope of data collection for this project changed over time. Originally, the intention was to collect only explicit mentions of smallpox, which broadened to the documentation of any kind of disease or illness. Eventually, the scope broadened once more and grew to include mentions of injury and skeletal deformities in addition to diseases. There were many factors in this decision, the most compelling being the desire to discuss a richer medical and life history and explore medical factors that may remain visible in the archaeological record. Key in the decision to include traumatic injuries in the accepted entries was the discovery of Andrew Pearson's work on the interred Liberated African population of Rupert's Valley on the remote island of St. Helena, which became an important resource for both theory and for analytical input.

As for the other projects of which the Registers are a part, the vetting process for each entry involved looking for keywords. Key phrases and words that became standard within the Registers to indicate disease were used to determine whether an entry would merit a checkmark in the "Disease Indicators" column. These included "pockmarked," "pitted," "smallpox," "yellow complexion," "yellowish," "yellow," "sallow complexion," "bowed legs," "internal lump," "spitted with," "wart," "abcese," "abees," "King's Evil." I compiled a non-exhaustive list of common terms for the time period that could be encountered, including "Bad Blood," "syphilis," "bilious fever," "flux," "Cholera," "corruption/corrupted," "dropsy," "dysentery," "French Pox," "Great Pox," "leprosy," "opthalmitis," "ague," "ship fever," "typhus", "variola," "worm fever." Though many of these terms were not encountered within the Registers themselves, I wanted to be sure that commonly ship-borne ailments could be recognized.

Among the first categorizations to be included alongside diseases were those in the "Skeletal Abnormalities" column. These are entries which record the abnormal development of the skeleton compared to how it has come to be understood during the normal growth process of a typical person.[23] If the underlying skeletal architecture of the individual was not or could not be involved in the abnormality, the entry was rejected. The majority of the entries observed involved fingers and toes and were often described as "bent" or "deformed." Another criterion involved mentions of uneven limbs and bowed legs. Also considered were adult heights under 4'5 or extreme heights, for example, those above 6'5, based both on the average heights and the likelihood of having access to the nutrition required to achieve such growth. While not

[23] An important bias to acknowledge for this section is the use of terms such as "normal" and "typical" in regards to skeletal growth. Despite attempts to become more inclusive, the "medical normal" is still largely based on the bodies of Caucasian males.

technically a result of abnormal growth, the removal of bones also falls into this category and was often indicated by phrases such as "[body part] gone," "cut off," and "missing."

Upon broadening the project scope to include injuries, I added more phrases to the criteria. Many descriptions were vague, using terminology such as "cut" or "burned," though some entries were given unlikely specificity. Some individuals were described as being shot with a musket, bitten by a shark, and even cut with the same sword more than once.[24] Discussions of these and other particularly notable entries will follow in their respective analysis chapters.

A Brief Note About Register 1814-1815

This Register was particularly interesting, and somewhat tedious, in terms of transcription. The first 1,592 entries were actually duplicates from the previous 1812-1814 Register. In accordance with best practices, each was transcribed into the appropriate Google Sheet as though it had never been seen before, in the event that more information may have been provided this time. In terms of the criteria for this project, the duplicates did not provide any additional information to existing entries or add new entries to the dataset, which was somewhat surprising. As a result, while the duplicates can be found on the master Walk With Web Google Sheets, they have been omitted in this project to avoid redundancy. New entries began in the Register document following the heading "Seized by Major Appleton in the Rio Nunez Oct. 24. 1814," and so this is where my dataset resumes. All of the analyses for this Register have been conducted with redundancies removed, which will be noted in the analysis chapters.

[24] See Appendix A for Recaptive entries 27, 257, and 3430 respectively.

What Constitutes a Trauma?

In a project such as this one, discussing the specific definition of trauma is important. The trauma documented and discussed here is physical in nature, though there was doubtless significant emotional and psychological trauma as well. To borrow a rule from osteology, it is important to remember that "[s]ometime problems may arise in distinguishing between intentional and accidental bone damage, and even when damage is convincingly intentional, the actual intent may not be obvious."[25] This project does not and cannot explore how or why those individuals examined here have experienced a traumatic injury. While it may seem easy to assume that all injuries result from intentional cruelty given that these individuals were enslaved against their will, it would be scientifically irresponsible. Moreover, it would dismiss the possibility that these people experienced a life before slavery that could have left marks on their bodies.

Physical trauma is broadly defined as a serious bodily injury, with the two main types being blunt force and penetrating trauma.[26] Blunt force trauma commonly involves an object or force striking the body and causing fractures, lacerations and concussions, depending on the area of impact.[27] Penetrating trauma typically involves a sharp object which breaks the skin and results in open wounds of varying depths.[28] The primary reason for including these criteria in the dataset selection is that "severe trauma can, and often does, leave distinctive markers in the skeleton," as will be demonstrated with comparisons to Pearson's work.[29] Though a common

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[25] C. F. Merbs, "Trauma," in *Reconstruction of Life from the Skeleton*, eds. M. Y. Iscan and K. A. R. Kennedy (New York: Alan R. Liss, 1989), 187.
[26] NIH, "Physical Trauma," *National Institute of General Medical Sciences*, last modified July 13, 2020, https://www.nigms.nih.gov/education/fact-sheets/Pages/physical-trauma.aspx.
[27] NIH, "Physical Trauma," 2020.
[28] NIH, "Physical Trauma," 2020.
[29] Robert Jurmain, *Stories from the Skeleton: Behavioural Reconstruction in Human Osteology* (Gordon and Breach Publishers, 1999), 185.

osteological trauma, tooth loss has not been documented for this analysis.[30] However, for the purposes of this project, burns are also considered traumatic injuries, despite being neither blunt force nor penetrating. Burns are not only fairly common but can be horrific injuries of varying severity. There are six commonly recognized degrees of severity, though cases past the third degree are rarely heard of as they are often fatal.[31]

While no doubt emotionally traumatic and painful, for this project, brands are not considered injuries in the same way as miscellaneous burns and thus have not been recorded. According to Katrina Keefer, "[b]randing…is a way to commodify the body and mark it as existing outside the social norm" and "consistently maintains a stigmatic and negative association when applied to humans."[32] Put simply, brands and branding, though an intentional marking of the body as an instrument of power and trauma, are beyond this project's scope for various reasons, including their culturally complex nature. The branding of slaves experienced a sharp increase in practice during the Transatlantic trade, when historically, even in other slave societies, they had been used for judicial or divine punishments.[33] The brands present within the entries of the Registers are those used "by slaveholders and slave traders to mark those they believed to be their property" and to reduce the enslaved to the status of livestock.[34] This destruction of personhood is something that involves intention and symbolism that cannot be accomplished by a simple burn injury. The burns I examine in this project are assumed to be

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[30] Jurmain, *Stories from the Skeleton*, 186.
[31] NIH, "Burns," *National Institute of General Medical Sciences*, last modified July 13, 2020, https://www.nigms.nih.gov/education/fact-sheets/Pages/burns.aspx.
[32] Katrina H. B. Keefer, "Marked by fire: brands, slavery, and identity," *Slavery & Abolition* (2019): 5, https://doi.org/10.1080/0144039X.2019.1606521.
[33] Katrina H. B. Keefer and Matthew S. Hopper, "Following the Trail of the Slave Trade: Branding, Skin, and Commodification," in *Stigma: Marking the Skin in the Early Modern World*, eds. Katharine Dauge-Roth and Craig Koslofsky (Pennsylvania State University Press, 2023).
[34] Keefer and Hopper, "Following the Trail of the Slave Trade," 2023.

injuries. While there is always the possibility that they were intentionally inflicted, they do not carry the same symbolic weight as that of a brand.

A tangentially related reason for excluding branding as a criterion in this project has to do with the fact that many of the ethnic groups from which these enslaved persons were stolen practiced various forms of intentional body marking, including scarification. As these practices involve the intentional cutting or irritation of the skin, sometimes on young children, there may be a knee-jerk reaction to say the practices are somehow cruel, which is a decidedly Western reaction. In reality, all human cultures have practiced some form of body modification, and it is important to regard subjects with a non-Eurocentric eye. Rather than represent just the individual, African marks serve to represent one's social standing, membership within secret societies, personal achievements, and familial relations and could be used as geographic and ethnic identifiers if easily recognizable.[35] Recognizing these signifiers, traders, slaveholders and owners were able to identify slaves by "country mark" and thus determine and categorize them by their "specialties" in vocation based on regional stereotypes.[36]

For example, evidence of the Poro society is mentioned several times throughout the Registers, indicated by the term "Purrah." The distinctive markings associated with this society are representative of "the toothmarks of the Poro spirit, which 'devoured' the initiated boys, who then were educated in adult expectations" by other members and presented as reborn.[37] While there is no suggestion of limitation, historical evidence exists of the society, including all adult males from the Mende, Kpelle, Gola, Temne, Mano, Geh, Gio, Loma, Gbande, Gbunde, Kru,

[35] Keefer, "Marked by Fire," (2019): 2.
[36] Katrina H. B. Keefer, "Group identity, Scarification, and Poro among Liberated Africans in Sierra Leone, 1808-1819," *Journal of West African History* 3, no. 1 (2017): 2, https://www.jstor.org/stable/10.14321/jwestafrihist.3.1.0001; Keefer, "Marked by fire," (2019): 2.
[37] Keefer, "Group identity, Scarification, and Poro among Liberated Africans in Sierra Leone, 1808-1819," (2017): 9-11.

Mande, Sherbo, Vai, Lokko, and Kono groups.[38] According to Keefer, the Poro society's "central role was to establish gender norms and to educate young men on their adult responsibilities," and it is "a complex and pervasive society, incorporating educational systems, governmental authority, a judiciary and enforcement, and a shared membership specific to one gender."[39] These marks are a recognizable and very clear example of body modification being used as a form of enculturation into the broader society. As these markings were intentional and self-inflicted or performed by other Africans for a specific purpose, this project did not record entries that appear to describe scarifications or other intentional body modifications.

Conclusion

This chapter has outlined the process by which a collection of 7,446 individuals became a carefully selected dataset of 1,657. In addition, it has differentiated this project from others that have been conducted previously. It has also presented the limitations of a project such as this one, including the issue of intentional body modifications and branding. Chapter 3: Theory will further enhance the information provided here by delving into the theoretical frameworks through which all of the collected information has been seen, as well as by expanding upon some of the more complex anthropological and archaeological concepts required for this project.

[38] Keefer, "Group identity, Scarification, and Poro among Liberated Africans in Sierra Leone, 1808-1819," (2017): 13.
[39] Keefer, "Group identity, Scarification, and Poro among Liberated Africans in Sierra Leone, 1808-1819," (2017): 15.

Chapter 3: Theory

Due to the nature of anthropology, archaeology, and medicine as disciplines, some of the terminology and language employed in this project may seem quite clinical and detached. This can be understandably problematic when discussing a historically dehumanized group of people. Wherever possible, names will be provided for persons discussed individually. This is also why the full dataset has been included in Appendix A rather than select entries. Each entry represents a human being who was examined in their theoretical grave in my imagined graveyards, and each was approached with the same respect and care with which I approach tangible human remains. Each entry is human and matters, even if they are not discussed individually.

Biomedical Anthropology and Theoretical Osteoarchaeology

As an archaeologist, endeavouring to complete a project that combined my love of medical history and fascination with the human body without any *actual* excavation was a challenge. It seemed as though there were no theoretical frameworks on which I could base my analysis; everything appeared to strictly adhere to its discipline. Eventually, I decided that there was no real reason why archaeological and anthropological methods and frameworks could not be applied in a strictly theoretical or imagined sense. Archaeology students are rarely taught in the field. Unless you happen to be one of the students privileged enough to afford a field school, archaeological methods only ever remain *theoretical*. With this, the imagined graveyard came to be.

In this graveyard, there is a section for each Register group, and within that, a section for each year. Each individual has been neatly interred, and there is no risk of excavation damage to the remains. As I analyzed each entry, I followed a similar process to that of an actual

osteological examination. Sex was established first, followed by age. Then came the reading and analysis of the "Descriptions" column, akin to examining the bones. Finally, the cataloguing within my methodological framework and analysis will be presented in the following chapters. The completion of this manuscript will fulfill what I consider to be my post-excavation report.

Biomedical anthropology is key to my analytical framework. Disease, illness, and injury are part of the universal human experience, no matter how variously common, brief, mild or severe they may be. Anthropology itself studies the variations and commonalities between human groups and cultures and how they change over time.[1] Very basically, it seeks to understand the entire human experience. Medical anthropology regards health and illness, as well as medicine and health care, through the lens of anthropology.[2] For the purposes of this project, the more scientific biological or physical anthropology illuminates the evolutionary and biological realities of being human. When examining a population, medical anthropology considers various life and environmental factors and how they may impact the contagion of disease as well as the response to illness itself. Disease environments are not only conceptualized in anthropology. Historian Manuel Barcia describes them as having had "a profound social, political, economic, demographic, and epidemiological impact on all those who were involved with this [slavery] business in one way or another."[3] These environments can include social arrangements, subsistence practices, economic resources, hygiene, gender roles, religious practice and access to medical care, as well as environmental and biological factors like climate, age, sex, nutrition, and genetics.[4] Key to understanding both health and health care worldwide is

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[1] Andrea S. Wiley and John S. Allen, *Medical Anthropology: A Biocultural Approach* (Oxford University Press, 2017), 2.
[2] Wiley and Allen, *Medical Anthropology*, 5.
[3] Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020): 5.
[4] Wiley and Allen, *Medical Anthropology*, 6-7.

the way that humans and their environments interact with each other.[5] The following paragraphs will further expand on this concept as a theoretical principle and as a tangible, observable interaction.

Medical anthropology first emerged as a discipline in the 1970s, with the biocultural approach developing over the years.[6] The biocultural approach suggests that "[a]n ailment is likely to have a physiological foundation, but its meaning is subject to cultural interpretation and its causes more often than not stem from sociocultural conditions."[7] The theory looks "beyond the body to its interactions with the social and natural environment to ascertain the broader causes of disease."[8] A key part of this project involves looking beyond the page to the imagined body and considering how the culture and environment of the slave trade may have affected them. The specific medical perspective through which this interpretation takes place is Western, or biomedicine, which "developed out of the scientific tradition in eighteenth-century Europe" and "views disease as having a unique biological cause within the body, whether it be a microorganism causing infection, the growth of malignant cells, deficiency of a nutrient, or the failure of an organ because of repeated insults."[9] However, it is well known that health and well-being are cultural constructs. The WHO defines health as "a state of complete social, psychological and physical well-being," which begs the question can anyone ever be truly in good health?[10] Biomedical anthropology also distinguishes between three terms that are very important to this project and are often used interchangeably on a day-to-day basis: disease, illness, and sickness. A *disease* is the physiological presentation of impaired bodily function,

[5] Wiley and Allen, *Medical Anthropology*, 8.
[6] Wiley and Allen, Preface to *Medical Anthropology*, x.
[7] Wiley and Allen, Preface to *Medical Anthropology*, x.
[8] Wiley and Allen, *Medical Anthropology*, 13.
[9] Wiley and Allen, *Medical Anthropology*, 12.
[10] Wiley and Allen, *Medical Anthropology*, 15.

while *illness* is the experience of the symptoms and attempts to alleviate these feelings.[11] Finally, *sickness* is considered a sociocultural role. According to medical sociologist Talcott Parsons, someone in the "sick role" is understood to be exempted from the typical activities undertaken by "well" individuals, but this may also be accompanied by stigma and the creation of an "out-group."[12] In the context of the slave trade, this person might be considered a hindrance or a loss of profit due to an inability to work, or in more extreme cases, a threat to the well-being of the entire human cargo if this person is aboard a slave ship.

This brings us to the various "bodies" that are considered in biomedical anthropology. There are three: the *individual body* or the self, the *social body*, which is between the self and the social world; and finally, the *body politic*, in which "social and political forces exert control over the bodies of individuals in a society and thereby constrain opportunities for optimal health for all."[13] In this project, the individual body refers to each individual enslaved person recorded within the Registers. The social body is the group of Liberated Africans as a whole, including any unrecorded ship crew members. Though the enslaved cargo was truly forced against their will to be there, in a way, the crew was trapped on board for much of the time as well. There is only so much space on a ship, with nowhere to go but overboard when at sea. This, along with the crew's various care duties, brought them into immediate contact with both slaves and disease. It is also possible that members of the crew could be the source of a disease outbreak on board, given that the tropical African climate was so notoriously deadly for Europeans.[14] According to those who left the trade and the anti-slave trade patrols after 1820, "[o]vercrowding, emaciation,

[11] Wiley and Allen, *Medical Anthropology*, 15-17.
[12] Wiley and Allen, *Medical Anthropology*, 19.
[13] Wiley and Allen, *Medical Anthropology*, 22-23.
[14] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007), 171.

disease, and other horrors were integral components of their interactions."[15] Several factors could be identified as the body politic, from the concept of the trade as a whole to the British crown and its navy capturing the ships to the courts adjudicating the cases and preparing the Registers. Given the ambiguous nature of the body politic, the analyses in this project will focus primarily on the individual and social bodies.

The trend of imagined and theoretical bodies continues with the implementation of the work of Joanna R. Sofaer. As an osteoarchaeologist, Sofaer is intimately familiar with the human body. Her secondary interest in studying and analyzing material culture theory produced the theoretical framework that has become foundational in osteoarchaeology and the study of the clandestine trade in human remains. Applying a theory based primarily on the handling of physical remains to a largely archival study may seem incongruous; however, Sofaer's framework is based on the premise that human remains are objects. While she sees the human body as both an individual and part of material culture, of course, the enslaved were regarded as material objects by those who purchased them as well as those who facilitated their trade.

When discussing the materiality of the body, Sofaer does not intend it to be a political or Cartesian reflection on science and medicine. Rather, her intention is literal: the human body can be material simply because it already is. She writes:

> Treating the body as a real material object is often regarded as a dangerous move, being allied to attempts to identify essential truths or basic ontological certainties. Yet, as we have seen, the very contingency of the body resides in its materiality. In this sense, the notion of the body as a form of material culture is not simply a heuristic device. Identifying the body as material culture represents a way of thinking about the body that refers to a specifically archaeological approach resting upon its specific material qualities. It recognizes the need for interpretation of the body, but is not an endless play of signs or the 'add culture and stir' model of material culture…Rather, it is used here to indicate that the skeleton is a site of articulation of the material and social.[16]

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[15] Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020), 124, https://doi-org.proxy1.lib.trentu.ca/10.12987/yale/9780300215854.001.0001.

[16] Joanna R. Sofaer, *The Body as Material Culture: A Theoretical Osteoarchaeology* (New York: Cambridge University Press, 2006), 86-87.

We are real, tangible, movable entities that, just like inanimate objects, can have both a cultural and material identity.[17] It is due to these qualities, unfortunately, that a traffic in human bodies not only *was* possible but remains so.[18] The key to our materiality is our plastic ability. Plasticity refers to "a process of functional adaptation to the environment, where the notion of the environment is understood as comprising both so-called natural and cultural phenomena."[19] Basically, we affect our environment, which, in turn, affects us, and these physical changes are reflected in both soft tissues and bone. Physical actions and experiences have the potential for material consequences, and these are what the Registers have the potential to reveal to us.[20] In contrast to Sofaer's primary work, the Registers do not contain solely osteological evidence. The "Descriptions" column contains information that is gathered from observing the outside of the body, though the skin can also reflect these experience-driven material changes.

Here we engage with the inside:outside dichotomy, which may be the theoretical framework provided by Sofaer that is most influential to this research. This dichotomy can also be described as the living vs the dead or the fleshed vs the unfleshed. By nature, except in cases of mummification or exceptional preservation, archaeology focuses on the inside of the body, namely the skeleton. The distinction "mirrors two contrasting conceptions of the relationship between the body and the subject present in modern cultural history…the notion that what is authentic and essential to the subject lies beneath the skin, requiring the decipherment through

[17] Sofaer, *The Body as Material Culture*, 62-63.
[18] See Evelyn Breda, "Bone Collectors: Personhood and Appeal in the Sale and Trade of Human Skeletal Remains on Facebook" (master's thesis, Florida Atlantic University, 2023).
[19] Sofaer, *The Body as Material Culture*, 71.
[20] Sofaer, *The Body as Material Culture*, 77.

skills of reading and interpretation" and "the notion that the essence and reality of the person is not hidden inside but is fully exposed."[21]

This framework allows us to connect skeletal data and archival data. In osteology, what we refer to as the "osteological text" is the skeleton and the information it provides. Due to the nature of decomposition, the skeleton is often the only aspect of the body that remains after a period of more than a year, extenuating circumstances aside. Sofaer refers to this as "the 'real' body," literally "stripped to its bare essentials."[22] This is key to this project in terms of disease. Many of the diseases documented and analyzed in the following chapters appear primarily on the skin, but for osteologists, "for the disease to be observable and to have penetrated beneath skin and flesh, the disease must have been severe or prolonged and, therefore, all the more real."[23] Typically, archaeologists are striving for embodiment without the skin or protective cover of the bodies they are examining.[24] I, however, am striving for embodiment with no bodies at all. The text upon which I am applying the aforementioned biomedical and osteological theories is a literal archival text. Though the second dataset I have employed, that of Andrew Pearson, which will be introduced below, did involve interaction with human remains, as I only had access to his notes, appendices, and photographs, his group became a secondary archival group. This was then organized in a similar fashion to the entries in the Registers. These can be found in Appendix B.

Context: The Rupert's Valley Dataset

Andrew Pearson's work on the graveyard at Rupert's Valley on St. Helena was important to the development of this project and my subsequent analysis. Not only did it demonstrate how

[21] Sofaer, *The Body as Material Culture*, 45-46.
[22] Sofaer, *The Body as Material Culture*, 46.
[23] Sofaer, *The Body as Material Culture*, 46.
[24] Sofaer, *The Body as Material Culture*, 46-47.

archaeological techniques can be properly applied to a Liberated African population, but it also provided a skeletal sample. While affording a very small representative group, especially compared to the millions forced to endure the slave trade system, it is unique and intricately catalogued.

St. Helena is an incredibly small island that remains very isolated, with its single-runway airport only opening in 2016.[25] The island is only 17 km long by 10 km wide, and its closest continental neighbour is Angola, over 1,800 km east.[26] Despite this isolation, it was immediately identified as a tactically advantageous location when discovered in 1502 by Portuguese captain João da Nova Castella.[27] The island changed hands to the English via the East India Company in 1659, who held it – not counting a brief Dutch possession in 1673 – until 1834, when ownership transferred from the Company to the English Crown.[28] The island's most commonly recognized claim to fame is as the place where Napoleon lived his last years in exile; however, it played a significant role in the mid-to-late years of the Liberated Africans movement. Though continuously used as a convenient depot for ships to resupply, St. Helena did not become a Vice-Admiralty court and landing venue until 1840 following the Slave Trade (Portugal) Act of 1839 and was increasingly used following the Aberdeen Act of 1845.[29]

The issue of what exactly to *do* with the newly landed Africans, most of whom required urgent medical care, is what brought about the Rupert's Valley settlement. The previously abandoned military fortification was occupied by the first Liberated Africans and "an overseer"

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[25] "History of St Helena Airport," *St Helena Airport*, accessed October 20, 2022, http://sthelenaairport.com/about/history/
[26] Andrew Pearson, *Distant Freedom: St. Helena and the abolition of the slave trade, 1840-1872* (Liverpool University Press, 2016), 13.
[27] Pearson, *Distant Freedom*, 13.
[28] Pearson, *Distant Freedom*, 14.
[29] Pearson, *Distant Freedom*, 16-17.

in February of 1841.[30] The location was not ideal and had once been described by the then Bishop of St. Helena, Piers Claughton, as "a desolate valley running down to the sea between bare and bleak hills approached only by a winding path cut in the rock."[31] With a makeshift hospital, stiflingly hot tents and outbreaks of smallpox with every group of new arrivals, it was a rough existence.[32] The final vessel to bring a human cargo arrived in 1863, the *Haydee,* with 584 enslaved individuals.[33] Following this, only ships outfitted for the trade were tried by the court of St. Helena, with the final case closing in 1868 and official duty ceasing in 1872.[34]

Death was very common in the settlements, with an estimated 8,000 people dying between 1840 and the mid-1860s.[35] Rupert's Valley alone is thought to be the final resting place of an estimated 5,000 people.[36] Due to the routine nature of death and burial, there is very little written evidence concerning the interment of bodies, leaving archaeological evidence as the only informative text.[37] Rupert's Valley has two official graveyards, both of which were eventually abandoned in favour of a "bury wherever possible" approach in the 1860s.[38] Pearson's work stems from the proposal to build the aforementioned airport on the island, and his research encompasses the remains from the graveyard located 800 m from the coast.[39] The excavation resulted in "325 articulated human skeletons, [a] volume of disarticulated human bone derived

[30] Pearson, *Distant Freedom*, 25.
[31] Pearson, *Distant Freedom*, 110.
[32] Pearson, *Distant Freedom*, 26-27.
[33] Pearson, *Distant Freedom*, 37.
[34] Pearson, *Distant Freedom*, 37-38.
[35] Pearson, *Distant Freedom*, 147.
[36] Andrew Pearson, "Dataset to accompany the excavation report for a 'liberated African' graveyard in Rupert's Valley, St Helena, South Atlantic," *Journal of Open Archaeology Data* 1, no. 5 (2012): 1, http://dx.doi.org/10.5334/4f7b093ed0a77.
[37] Pearson, *Distant Freedom*, 147.
[38] Pearson, *Distant Freedom*, 147.
[39] Pearson, *Distant Freedom*, 147.; Pearson (2012): 1.

from 14 pit and layer contexts" and "100 artefacts and small finds."[40] Out of respect for the dead, the osteological analysis took place on St. Helena and was conducted by Annsofie Witkin of the University of Bristol and Diana Mahoney Swales of the University of Sheffield.[41] The intention has always been to reinter the remains on the island, though it is unclear whether this has happened in the years since the excavation concluded.[42]

Creating the Individual

The Registers provide a view of the health of a population of Liberated Africans from the outside, documenting only what was visible to the observer's naked eye, essentially creating something comparable to the osteological text. Pearson's population displays the presence of illness and injury and the occupational and lifeways markers from the inside through the reading of the literal osteological text provided by the exhumed group. Furthermore, he has provided tools for ascertaining the age of individuals based on osteological principles.

One of the key considerations for this project is the understanding of age. In Appendix A, as well as in select examples, there are two age categories. "Register Age" refers to the age provided in the Register documents for each individual. "Skeletal Age" refers to an archaeological age categorization used by Pearson in his work on the Rupert's Valley graveyard on St. Helena. To determine Skeletal Age based on the Register entries, the provided age was classified according to ranges determined by the rate of skeletal growth, which will be expanded upon below.

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[40] Andrew Pearson, "St Helena Archaeological Fieldwork 2008 Post Excavation Research Design," *Infernal Traffic: Excavation of a Liberated African Graveyard in Rupert's Valley, St. Helena,* last modified 2012b, DOI: https://doi.org/10.5284/1011174.
[41] Pearson (2012): 3.
[42] Pearson 2012b.

This aging system was added to the dataset analysis due to how individuals were aged during the Registers' original composition. In many cases, enslaved individuals did not know their date of birth or age, resulting in the need for those examining them to provide a best estimate based on appearance. The previously mentioned "four sexes" documented in the Registers also reflect aging methods. No individuals younger than fourteen were categorized as Man or Woman, and no individuals older than thirteen were recorded as Boy or Girl. This suggests that adulthood began at age fourteen. However, this does not mean that these individuals were *culturally* adults at this age, as age classifications for Liberated Africans were influenced by British policies and prize money.[43] While Western childhood tends to refer to a period of immaturity, development and "youth" before adulthood, precolonial African societies viewed children through their position in the broader social hierarchy, not as their numerical age.[44] According to Érika Delgado, "[c]hildren were defined as those who had not yet achieved a level of economic importance permitting the acquisition of wives and the building of their compounds and who had not yet become economically viable agents."[45] In terms of the Registers, however, the definition of a child changed from 1808 onwards.[46] In August 1788, the passage of The Dolben Act attempted to impose limits on the trade and decreed that a child was to be understood as one "who shall not exceed four feet four inches in height."[47] In the Portuguese/Brazilian trade, those three feet high and shorter were considered children.[48] Following the Abolition Act of 1807, children became defined as anyone under fourteen years of

[43] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 82.
[44] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 83.
[45] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 83.
[46] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 85.
[47] The Dolben Act as cited by Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 86.
[48] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 86-87.

age.[49] The Registers largely reflect this final aging decision, with the added benefit of also providing heights. So, the question becomes, why introduce a new aging method?

Osteological or taxonomical aging is a method based on skeletal development and works with a range from prenatal to elderly rather than exact ages.[50] This method is concerned with determining age-at-death. Many aspects of the skeleton can be used to determine age-at-death, from dentition to cranial suture closures or from long bone length to epiphyseal fusion. Very basically, "[e]stimation of age-at-death involves observing morphological features in the skeletal remains, comparing the information with changes recorded for recent populations of known age, and then estimating any sources of variability likely to exist."[51] Long bones located in the arm and leg are commonly used in age estimation. Simply put, immature long bones are in several pieces connected by cartilage and are composed of the bone shaft and the proximal (top) and distal (bottom) epiphyses. Fetal long bones are wholly composed of cartilage, which is then covered by a bone-depositing membrane that becomes the periosteum, a bone-depositing connective tissue.[52] The bone diameter increases due to depositions made layer by layer by the periosteum, a process called ossification.[53] Bone length, however, is increased by the shaft and two epiphyses working in conjunction. The shaft or metaphysis is considered the "primary center of ossification," and the epiphyses are "secondary centers."[54] Between these, on each end of the bone, is a growth plate which grows away from the middle of the shaft, pushing the epiphyses away.[55] Eventually, cell division stops in the tissue of the growth plate, and the epiphyses fuse to the bone shaft, the final flared appearance of long bones being due to remodeling during the

[49] Delgado, "Liberated African 'Children' in Sierra Leone," (2020): 87.
[50] Tim D. White and Pieter A. Folkens, *The Human Bone Manual* (Elsevier Academic Press, 2005): 359.
[51] White and Folkens, *The Human Bone Manual*, 363.
[52] White and Folkens, *The Human Bone Manual*, 46.
[53] White and Folkens, *The Human Bone Manual*, 46.
[54] White and Folkens, *The Human Bone Manual*, 46.
[55] White and Folkens, *The Human Bone Manual*, 46-47.

growth process.[56] While some bones are very late fusing, long bones are typically fused and, thus, have stopped growing by age 24 on average, with fusion for all epiphyses in the postcranial skeleton occurring before age 28 in most cases.[57] As this process typically follows the same timeline for everyone, age-at-death can be estimated based on where the individual in question falls in the fusion process.

As previously noted, many of those described in the Liberated Africans Registers lived lives beyond their examination date. However, as a researcher, I have access to only one moment in their lives. In addition, the osteological range I have chosen is not simply a miscellaneous guideline, but one used in the analysis of a Liberated African graveyard. In his work on the *Infernal Traffic* project, Andrew Pearson implemented an age category key with ten possibilities.[58] It was adapted to seven categories for this project, as there was no possibility of fetuses or pre-term infants being logged, and none of the selected entries described infants (Figure 3.1).[59] The age ranges provide a built-in margin of error, which the numerical ages provided in the Register do not. In addition, it broadens the demographic variety for analysis purposes and facilitates more detailed comparisons of disease and trauma rates within individual Registers and over time.

Young Child	1-6 years
Older Child	7-12 years
Adolescent	13-18 years
Young Adult	19-25 years
Prime Adult	26-35 years
Mature Adult	36-45 years
Old Adult	46+ years

Figure 3.1. Osteological aging key. Adapted from Pearson, 2012.

The addition of the osteological sexing method commonly used in osteoarchaeological analysis was not considered possible or relevant in this case. However, it

[56] White and Folkens, *The Human Bone Manual*, 47.
[57] White and Folkens, *The Human Bone Manual*, 373-374. See Figure 19.6.
[58] Andrew Pearson, "Appendix D4 Osteological Catalogue," *Infernal Traffic: Excavation of a Liberated African Graveyard in Rupert's Valley, St. Helena,* last modified 2012, DOI: https://doi.org/10.5284/1011174.
[59] Pearson, "Appendix D4 Osteological Catalogue," 2012.

should be mentioned that in both Pearson's work and this project, only physical sex is considered, not gender. Creating the individual continues with the sex divisions. The "four sexes" from the original Register entries were maintained, though documentation was simplified. Some entries contained the full words for "Man" or "Woman" if they were located at the top of a new page or designated a change in the documented group. Where this was the case, the word was replaced with the designated letter (M = Man; W = Woman; G = Girl; B = Boy).

Methodological and Theoretical Limitations

As with any methodology, the scope of this project does have its limitations. Chief among these is that the archival documents are colonial in nature and have been analyzed using two colonial methods. As was briefly mentioned earlier in this chapter, the institution behind the Registers can be considered an example of the body politic. With the influential power inherent in this position, it is possible that biases and the use of selective language were imposed on the scribes. This will be further discussed in Chapter 8.

In addition to the potential unreliability of the source material, both archival analysis and archaeology are colonial disciplines. Growing out of the fascination with "antiquities" that developed among wealthy Europeans in the 18th century, archaeology has long been the demonstration of the interaction between "the West and 'the rest.'"[60] When archaeology was first introduced to the world as a science in its own right in the 1870s, the prevailing philosophy was empiricism, favouring the "autonomy of science, and faith in the neutrality of science."[61] While this perspective does have value, it also dismisses Indigenous knowledge and different ways of

[60] Oscar Moro-Abadía, "The History of Archaeology as a 'Colonial Discourse,'" *Bulletin of the History of Archaeology* 16, (2006): 7, 10.5334/bha.16202.
[61] Moro-Abadía (2006): 7.

knowing which are key to understanding a culture and its people. Additionally, it may use the excuse of "emotion restricting progress" to dismiss the objections descendant populations may have to the excavation of their sacred and historical sites. Though both anthropology and archaeology are making efforts, at least in North America, to "de-colonize" their disciplines by integrating Indigenous scholars and field technicians, its colonial past looms large.

The selection and analysis methodology is also focused on keywords that have been collected from mostly British 19th century contemporary sources and modern medical understanding. While comprehensive, these terms do not necessarily reflect how Indigenous African populations may have described or named the same conditions. If documents with more traditional knowledge had been available, it is possible that some of the conditions that were placed into more ambiguous categories may have been identifiable. This presents an opportunity where this specific project could be revisited in the future. Should traditional knowledge become available, the dataset and the Register data at large could be reviewed and potentially more intricately categorized.

Certain aspects of the analysis methodology could be viewed as potentially disrespectful to the studied population, namely the idea of the graveyard. Imagining individuals who, for the most part, lived lives after the day that they were entered into the Registers as dead and in a grave can be viewed as morbid and possibly even insulting. However, this is absolutely not the intention. When human beings have been documented and catalogued in the way that they have been in the Register documents, and again in my dataset, it can be difficult to see them as anything other than a catalogued item. Death, however, always initiates an emotional response. It is this very human reaction to the end of a life that is behind the graveyard idea. By describing these individuals in their graves and encouraging the reader to imagine all aspects of their bodies,

the observer is dramatically reminded that the names and descriptions in the Registers were once real people. The intention of the imagined graveyard is to humanize, to bring the fact of the Slave Trade from an event that happened in history to an event that happened to *people*.

Additionally, I assert that everyone in this dataset matters, but this does not mean that those in the Registers who do not appear in this project do not matter. This methodology was developed to explore a specific idea and while it does that successfully, it is unlikely to be as effective to study those individuals in the Register who fall outside the outlined criteria for this project. The selection and organization method, however, could be modified to sort out different entries for other projects.

Finally, the reality of what can actually be learned must be considered. Despite the goal of creating a more complete view of the life experience of those in the dataset, we as scholars will never be able to discover the whole truth. Specifics about how people came to be in these situations or present with these injuries and symptoms will likely always allude us, and it may even be arrogant to suggest that there is ever a possibility that any discipline can ever discover the "full truth." Despite this occasionally frustrating reality, our efforts to uncover as much of this truth as possible should never stop. To embark on the pursuit of historical information, regardless of which discipline it is done through, is to take on the responsibility of honouring the ancestors of millions of people. This becomes all the more important when there are large descendant populations who actively seek justice and remembrance for their ancestors.

Conclusion

Despite being drawn from various disciplines, the theoretical bases that have been outlined above work well in conjunction with each other to provide a robust theoretical background for this project. Though traditionally a very hands-on or experiential discipline,

staple archaeology and anthropology techniques can be applied theoretically when the evidence is regarded with a trained eye and an open mind. Broadening considerations beyond the individual body to the social body and disease environments allows for an understanding of the data that exists in levels ranging from the microbial to the political.

In addition to the benefits of both the theoretical and methodological practices used in this project, the limitations and potential issues have also been outlined.

Chapter 4: Demographics

The demographic aspects of this project have been collected and organized by the methods outlined in Chapter 2. These charts were created by organizing the data within Google Sheets, which was also used to create the charts displayed in the figures of this chapter. This data analysis method calculates percentages to one decimal point resulting in an accepted margin of error of 0.1%. This chapter will explore the basic components of the utilized dataset in terms of sex, age, and basic reasoning for inclusion in the project. For this section, the dataset as a whole is considered first, not considering the original year divisions of the transcribed Registers, which follow.

It is important to restate some of the observations made in the previous chapter about some of the language used in this section. When discussing the Skeletal Age findings, the descriptive terms used to describe each category (i.e. Young Child, Older Child, Adolescent, Young Adult, Prime Adult, Mature Adult, Old Adult) are taken from the field of osteology and refer only to skeletal and biological growth and development. The term "Prime," in particular, can be especially problematic when attributed to an enslaved individual as it was often associated with commodification. However, in this case, the only implication that someone categorized as a "Prime Adult" has is that they are between the ages of 26 and 35.

Furthermore, I would argue that, despite the apparent clinical nature of these terms, they actually help restore some of the humanity to the individuals described here. As these individuals have been reduced to what can essentially be described as "adult or not adult," implementing the use of words like "Child" or "Adolescent" humanizes otherwise commodified individuals. Describing age with a more diverse vocabulary allows us to associate these individuals with life stages that we are all familiar with and thus allows us to introduce emotions into the

methodology. When seeing "Young Child," one may think of their child. People do not walk around with numerical ages stamped on their foreheads, and therefore we have more of a human association with age categories than we may realize.

Full Dataset

The sex ratio of the dataset reflects the generally understood trend for the slave trade as a whole. Men and boys comprise 74.1% of the dataset, with women and girls forming only 25.6% (Figure 4.1). The remaining 0.3% represent those individuals who did not have a sex designation entered along with the rest of their information. Of the 1,657 collected entries, 920 individuals were entered as adult male, 254 were adult women, along with 308 boys, 171 girls, and four individuals of unknown sex.

Compared to the entirety of the four Registers that form the dataset, the trends common to the general understanding of the slave trade are reflected. When grouped together, the Registers for the years between 1808 and 1816 contain 72.7% men and boys and 27.0% women and girls, with individuals of unknown or unrecorded sex totalling only 0.3% of the demography.

By implementing the skeletal age categorization described in Chapter 2, it was possible to more effectively chart the age ranges present within the dataset (Figure 4.2). As was to be expected given the desired age for the enslaved in the trade on average, the most common age group recorded was Young Adults, with an age range between 19 and 25 years old. This group comprised 27.5% of the dataset (456 individuals in total). Following closely behind with nearly equal ratios are Prime Adults at 23.8% and Older Children at 22.9%. Of the total dataset, 395 individuals fall into the 26-35 Prime Adult age range and 379 fall between the ages of seven to twelve years. Adolescents were also present at 315 individuals, or 19.0% of the total, though

were less represented than was initially expected. The remaining 6.7% of the dataset is composed of 31 Young Children (1.9%), 52 Mature Adults (3.1%), 20 Older Adults (1.2%), and nine persons (0.5%) of unknown age. Those of unknown age are the result of entries that either did not have the age listed or were illegible due to damage.

Before fully analyzing the types of illnesses and trauma present in the dataset, it seemed prudent first to analyze the basic categorizations. Following the creation of the more intricate categorizations of the entries, which will be analyzed in the following chapters, five basic classifications were assigned (Figure 4.3). Trauma encompasses any type of injury and was present in a total of 216 or 13.0% of entries. Cross-listed entries displayed any possible combination of the basic classifications and made up 52 or 3.1% of entries. Undetermined entries encompassed those entries whose descriptions could not be easily attributed to either injury or illness and were present in 169 individuals, or 10.2% of the total collection. The smallest represented group at 36 individuals, or 2.2%, were those presenting a possible genetic condition. These were selected based on the presence of abnormal skeletal development. The largest represented group is those with illness with an obvious majority of 71.5% and 1,184 individuals out of the total 1,657.

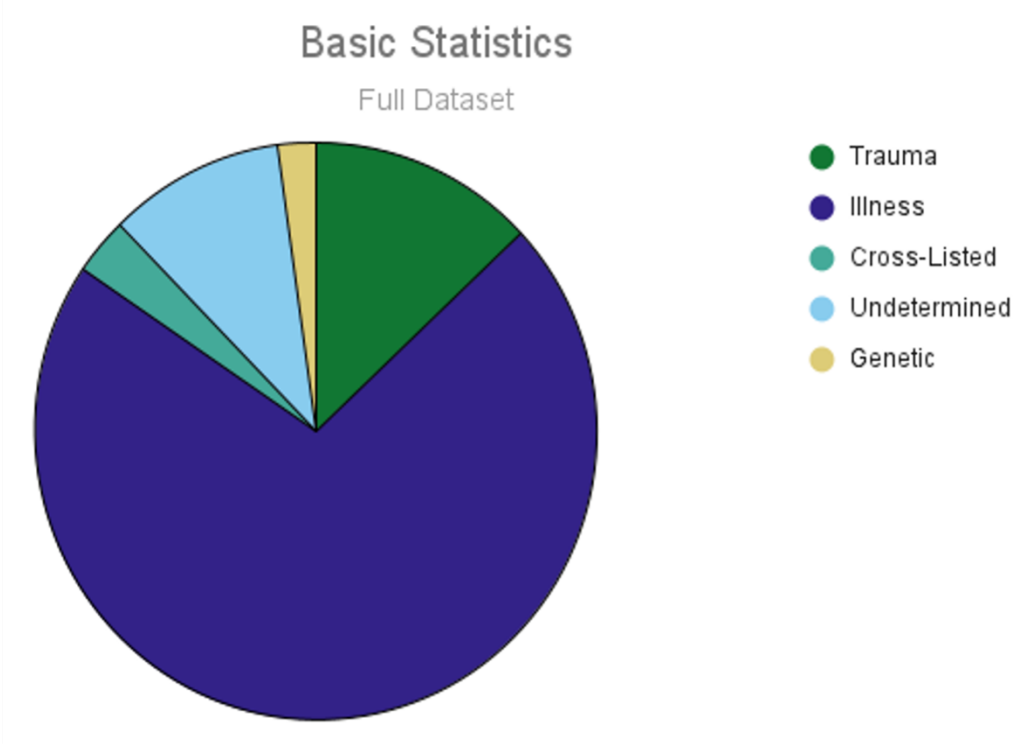

Figure 4.3.

Figure 4.1. Chart demonstrating the sex division of the dataset. M: Man; W: Woman; G: Girl; B: Boy; U: Unknown.

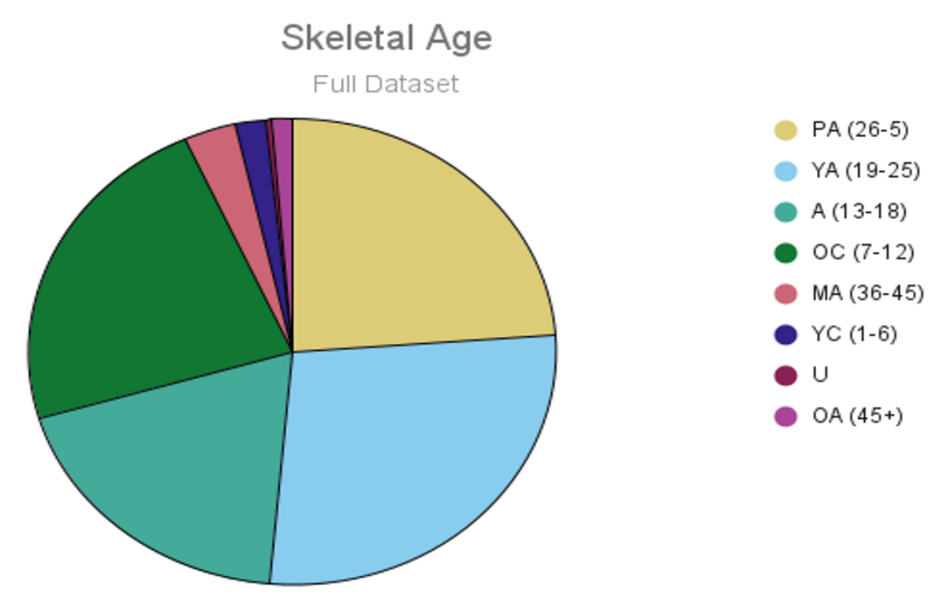

Figure 4.2. Dataset skeletal age division. PA: Prime Adult; YA: Young Adult; A: Adolescent; OC: Older Child; MA: Mature Adult; YC: Younger Child; U: Unknown; OA: Old Adult.

Women & Unknown

For the analyses divided by sex, the four individuals assigned Unknown in the sex category have been added to the individuals classified as Women. This brings the total analysis group to 258 individuals.

Of this group, the largest represented age groups are Prime Adults and Young Adults, both with 82 individuals, representing 31.8% each and 63.6% combined of the total dataset (Figure 4.4). Adolescents represent a further 30.6% in the form of 79 individuals. The remaining 5.8% of the dataset classified as Women or Unknown is composed of twelve Mature Adults (4.7%), two Old Adults (0.8%), and one individual of unknown age (0.4%). The representation of women between the ages of 14 and 35 reflects the generally understood demand for young

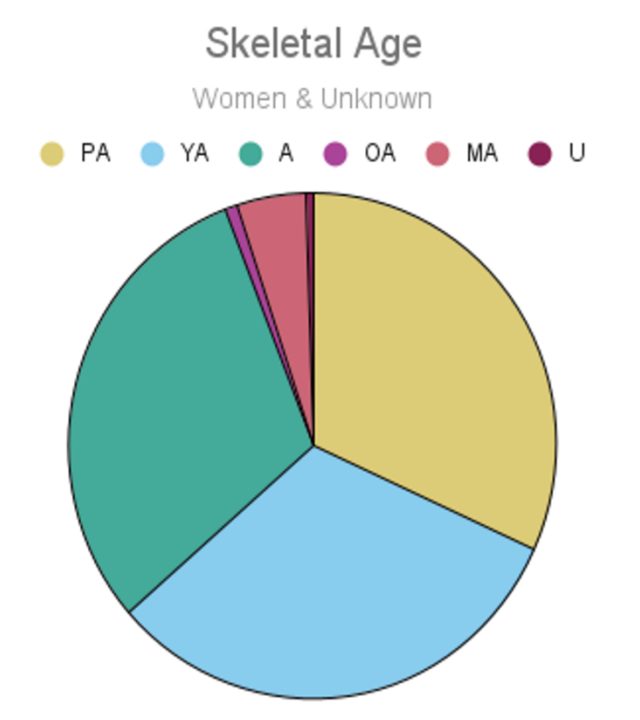

Figure 4.4.

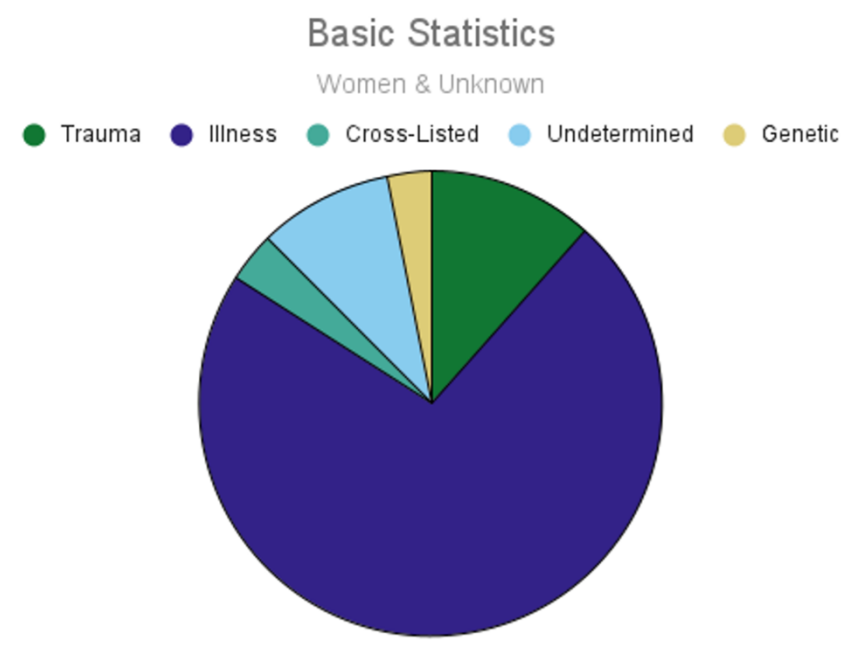

Figure 4.5.

female slaves capable of work and childbearing.[1] According to Sowande' Mustakeem, enslaved women were chosen based on additional criteria including beauty and perceived reproductive ability.[2]

The chart for the basic statistics of this group is very similar to the representative statistics of the dataset as a whole (Figure 4.5). Illness occurs at a rate of 72.5% (187 individuals), with trauma showing a rate of 11.6% (30 individuals). Also present were nine cross-listed individuals (3.5%) and eight who presented a possible genetic condition (3.1%). The remaining 9.3% of this section of the dataset is composed of 24 individuals with undetermined classifications.

Men

Adult men represent the largest group in the dataset at 920 individuals (Figure 4.6). Of this group, the most represented age group is Young Adults, with 372 individuals (40.4%). Following closely behind are Prime Adults, with a representation of 313 individuals (34.0%). The third most represented, though much smaller group, were the adolescent males, with 162 individuals (17.6%). As with the previous group, this is characteristic of the most sought-after age division for enslaved males. Those between the ages of 14 to 35 were assumed to be the most capable of physical labour. The remaining 7.8% of the dataset is composed of 40 Mature Adults (4.3%), eighteen Old Adults (2.0%), and five individuals of unknown age (0.5%). Also present are ten individuals who fall within the Older Child category. It is unknown why individuals between the ages of seven to twelve years of age would be classified as adults despite their logged numerical age. Given the age-determining methods used during the creation of the

[1] Sowande' M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (University of Illinois Press, 2016): 145.
[2] Mustakeem, *Slavery at Sea*, 39.

Registers, it is possible that their criteria were used to justify their adult designation. Nevertheless, these ten individuals will remain in the adult male categorization for the duration of the analysis of this project.

For this group, illness was present at a slightly smaller percentage compared to the dataset as a whole and the dataset for women (Figure 4.7). 633 individuals (68.8%) presented with an illness. Trauma was present in 122 individuals (13.3%), with a further 118 individuals of undetermined status. The remaining 5.1% is comprised of 34 cross-listed individuals (3.7%) and 13 individuals (1.4%) presenting a possible genetic condition.

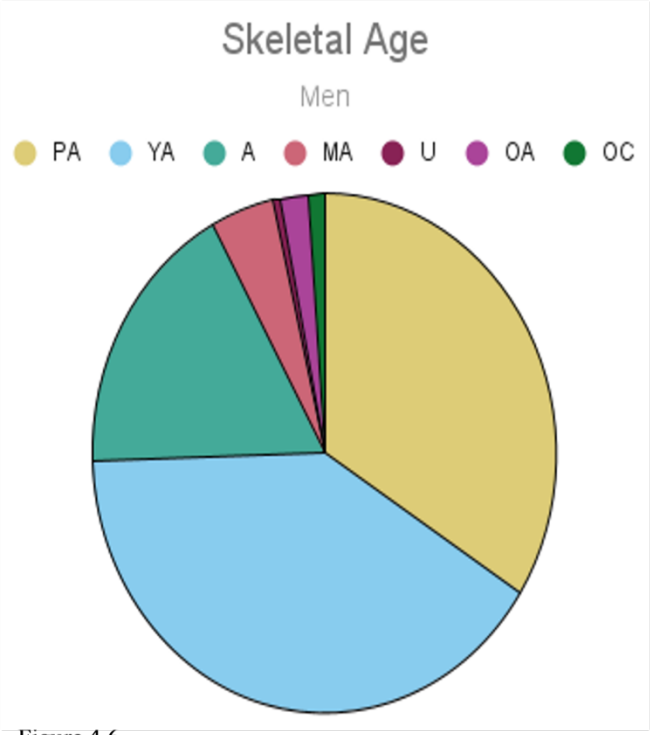

Figure 4.6.

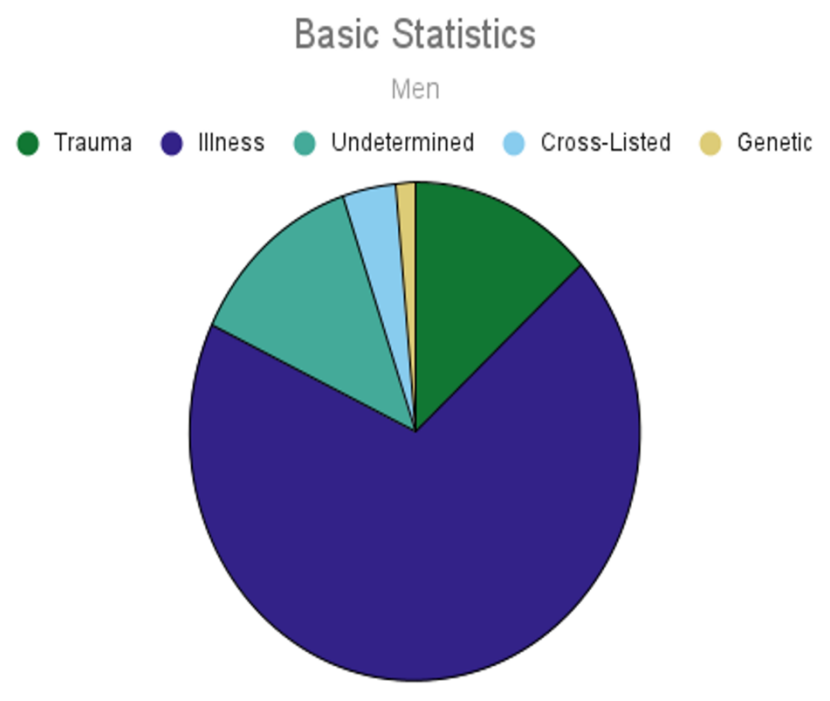

Figure 4.7.

Boys

The group representing boys contains 308 individuals (Figure 4.8). Of this number, 253 individuals (82.1%) are categorized as Older Children. The remaining 17.9% of the dataset group is comprised of 41 Adolescents (13.3%), eight Young Children (2.6%) as well as three each (1.0% each) of individuals listed as Young Adults and with no numerical age. As was noted in the previous classification of adult men, it is assumed that those listed as boys who fall within the Young Adult age category were given such a distinction based on aging methods used at the time of Register creation. These outliers will remain categorized as Boys for this project.

Illness was the most represented classification with 230 individuals (74.7%). The remaining 25.3% is comprised of 44 individuals who displayed trauma (14.3%), thirteen with a possible genetic condition (4.2%), seventeen with a description classified as undetermined (5.5%), and the final four individuals are cross-listed (1.3%) (Figure 4.9).

Girls

The group representing girls contains 171 individuals (Figure 4.10). The represented individuals include 116 Older Children (67.8%), 33 Adolescents (19.3), and 22 Younger Children (12.9%). This group did not present any unexpected age groups once analyzed.

Continuing what has now become an expected trend, illness is the most represented classification in this group (Figure 4.11). 134 individuals presented with a possible illness (78.4%). The remaining 21.6% of the group is comprised of 20 individuals with trauma (11.7%), ten undetermined entries (5.8%), five cross-listed individuals (2.9%), and finally, two individuals presenting a possible genetic condition (1.2%).

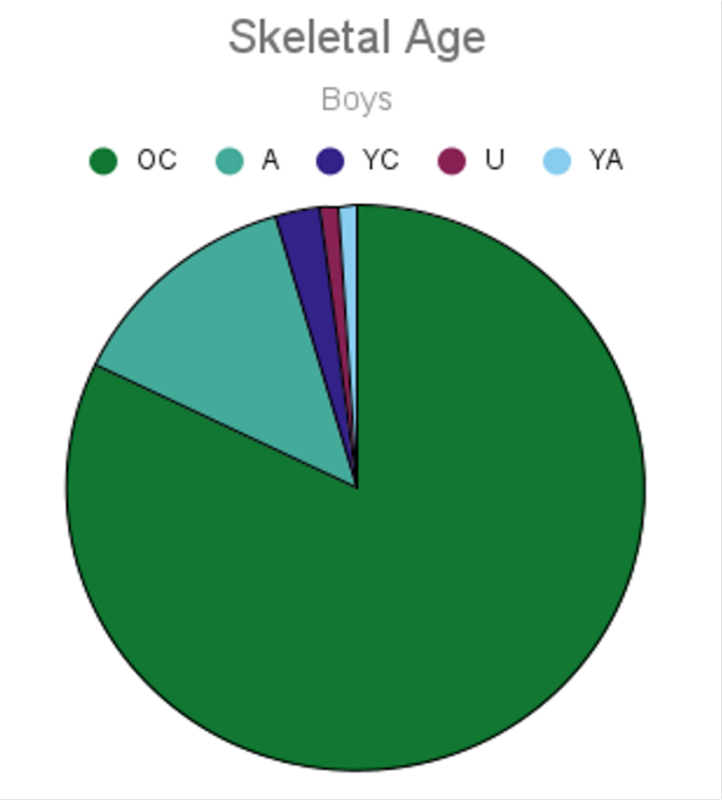

Figure 4.8.

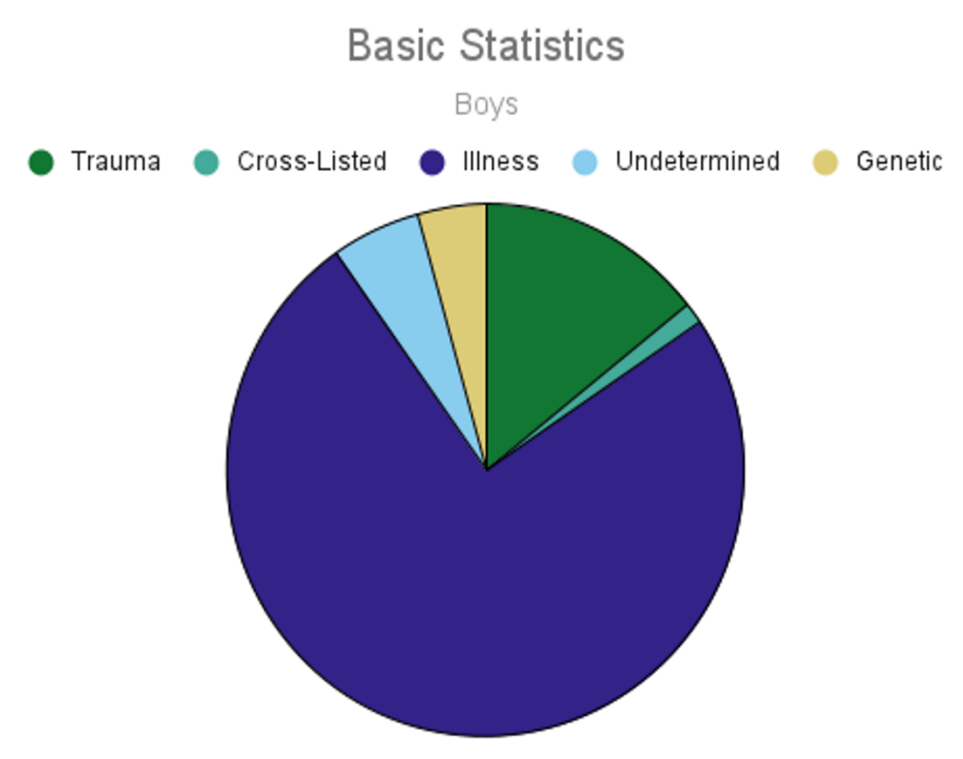

Figure 4.9.

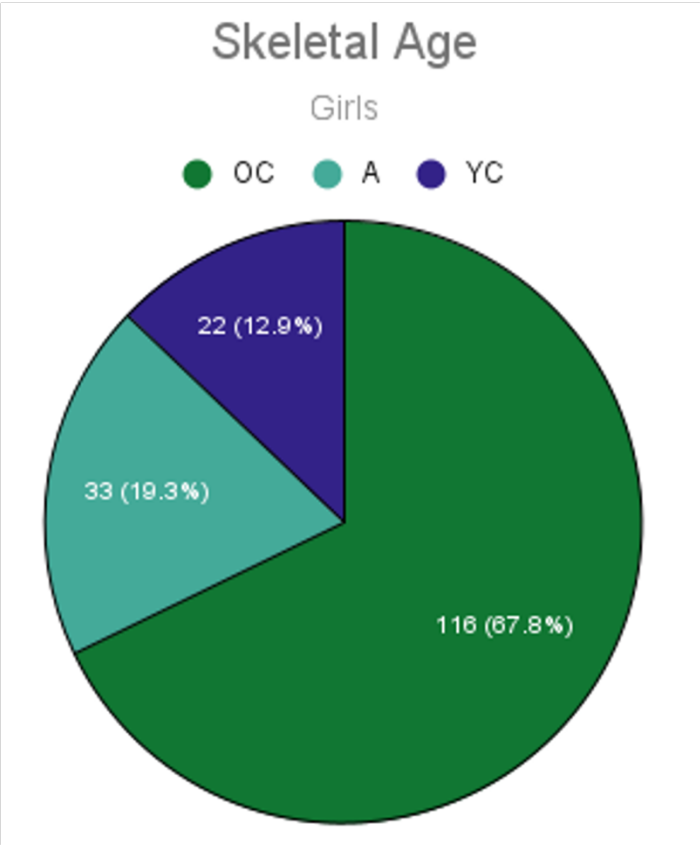

Figure 4.10.

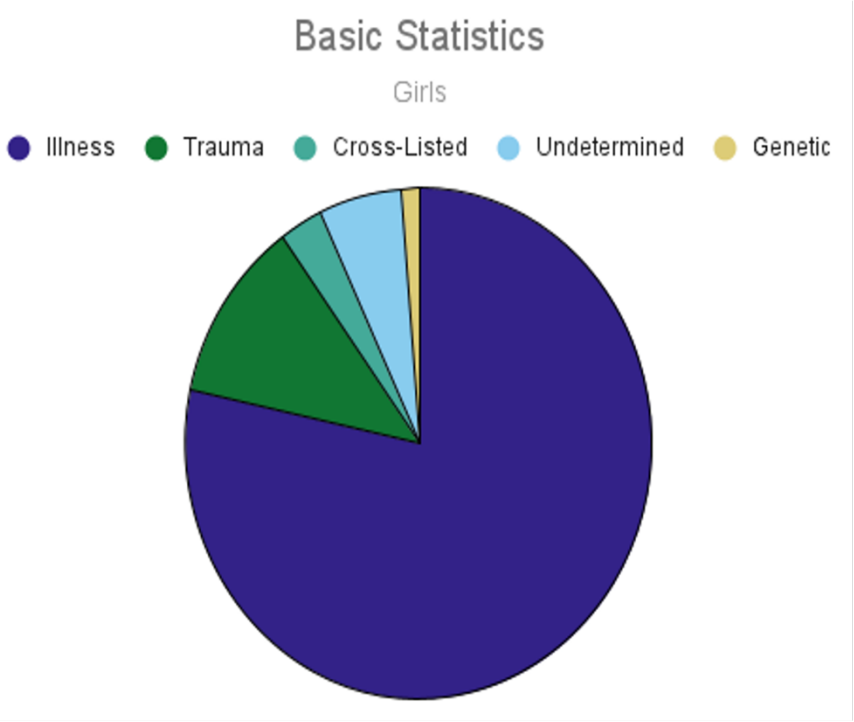

Figure 4.11.

Sex and Age Divisions by Register

1808-1812

The first Register in the dataset provided 624 (37.6%) of the total 1,657 individuals analyzed in this project. These selected entries represent 42.0% of the entire 1808-1812 Register. Of this number, 361 (57.9%) individuals were logged as Men, 117 (18.8%) as Women, 95 (15.2%) as Boys, and 50 (8.0%) were logged as Girls (Figure 4.12). There was also one individual classified as Unknown due to a lack of entry in the associated sex column. In total, 73.1% of this group were classified as male, with the remaining 26.9% were classified as female or unknown.

This Register group also displayed all of the possible skeletal age groups described in the previous chapter (Figure 4.13). Fourteen individuals (2.2%) fell within the Younger Child group,

with an additional 111 (17.8%) classified as Older Children. Adolescents are represented by 131 individuals (21.0%). The largest represented age groups were Young Adults with 195 individuals (31.2%) and Prime Adults with 155 individuals (24.8%). The remainder of the group includes nine Mature Adults (1.4%), seven Old Adults (1.1%), and three persons of unknown age (0.5%). Implementing the "four-sex" system as an aging mechanism results in a total of 478 (76.6%) Adults and 145 (23.2%) Children.

1812-1814

The second Register provided 499 (30.0%) of the total individuals. These selected entries represent 19.9% of the entire 1812-1814 Register. Of these individuals, 311 (62.3%) were logged as Men, and 109 (21.8%) were recorded as Boys. The remaining 79 individuals are composed of 47 (9.4%) Girls and 32 (6.4%) Women (Figure 4.12). This Register did not have any individuals logged without a sex designation. In total, 84.2% of the individuals were classified as male, and 15.8% were classified as female.

This Register also displayed all of the previously discussed age groups (Figure 4.13). Of the 499 individuals, ten (2.0%) were Younger Children, and a surprising 123 (24.7%) were classified as Older Children, the third largest represented group. In contrast, the representative group for Adolescents included only 88 individuals (17.7%). 139 individuals represent the Young Adult group (27.9%), followed by Prime Adults with 112 (22.5%). The remnants of the Register group is composed of fourteen Mature Adults (2.8%), nine Old Adults (1.8%) and three persons (0.6%) of unknown age. Implementing the "four-sex" system as an aging mechanism results in a total of 343 (68.7%) Adults and 156 (31.3%) Children.

1814-1815

This third Register provided 210 (12.7%) individuals to the total dataset after the previously discussed redundancies were removed. These selected entries represent 17.1% of the entire unduplicated portion of the 1814-1815 Register. Of this number, 105 (50.0%) were recorded as Men. Boys were represented by 43 individuals (20.5%), with nearly equal representation with Women at 46 individuals (21.9%). The remaining 16 individuals (7.6%) were Girls (Figure 4.12). This group did not display any individuals of unknown sex. In total, 70.5% of this Register group was recorded as male and the remaining 29.5% were recorded as female.

Each of the previously discussed skeletal age categories were represented by this group (Figure 4.13). Only four individuals (1.9%) classified as Young Children were selected in this Register. Older Children formed the second largest group with 49 individuals (23.4%). 42 individuals were classified as Adolescents (20.1%). Young Adults created the largest group with 54 individuals (25.8%), followed by Prime Adults with 45 individuals (21.5%). The remaining fifteen persons were comprised of 14 Mature Adults (6.7%) and one Old Adult (0.5%). This group did not display any individuals of unknown age. Implementing the "four-sex" system as an aging mechanism results in a total of 151 (71.9%) Adults and 59 (28.1%) Children.

1815-1816

The fourth and final Register provided the remaining 321 persons (19.3%) to the total 1,657 individuals in the complete dataset. These selected entries represent 14.4% of the entire 1815-1816 Register. In this group, 143 individuals were recorded (44.5%) as Male and 62 (19.3%) were recorded as Boys. The remaining groups of Women and Girls were represented by 58 individuals (18.1%) each. No individuals from this Register were of unknown sex

designation. In total, 63.9% of the selected individuals were male and 36.1% were female (Figure 4.12).

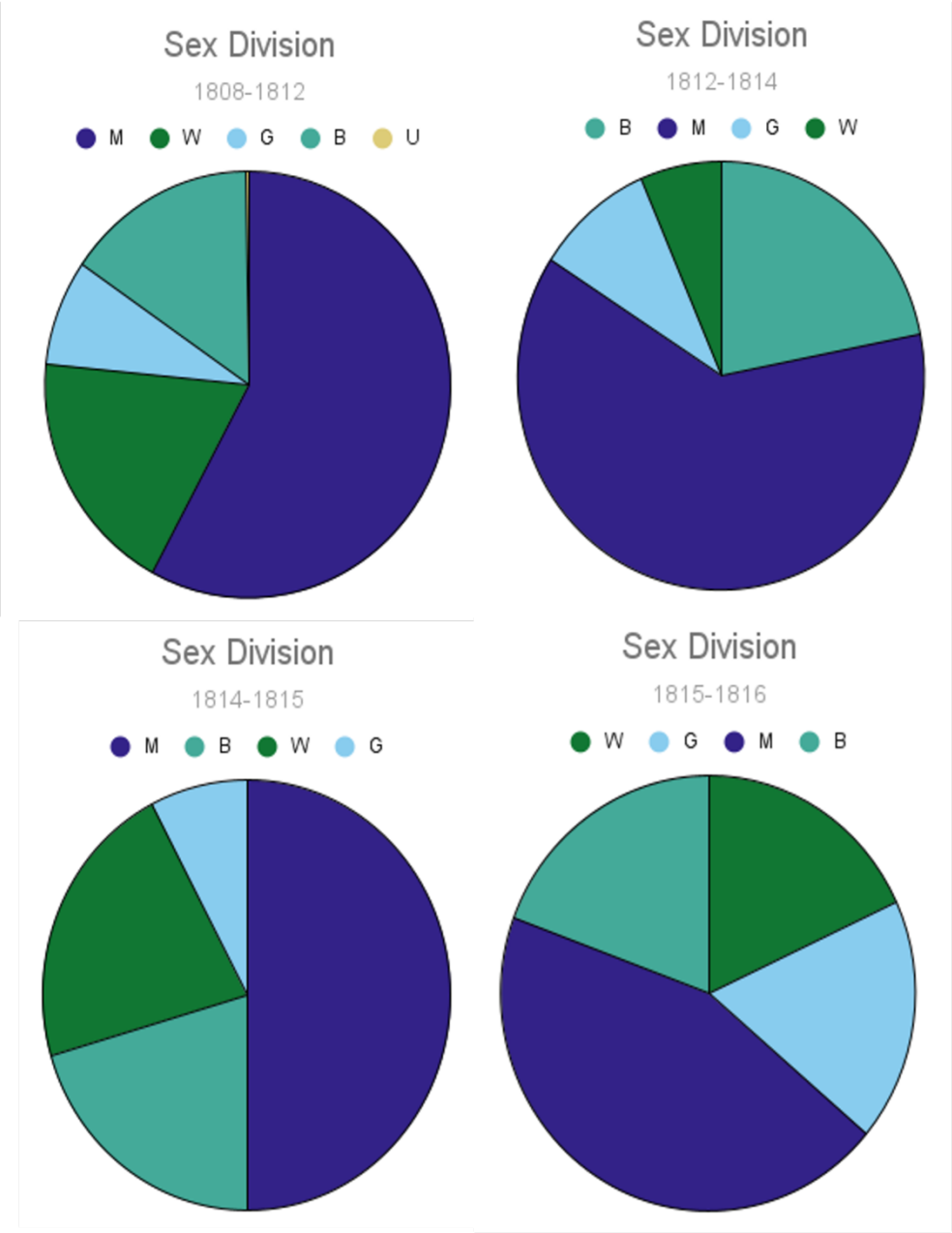

Figure 4.12. Sexual division charts for each of the four Registers in the dataset.

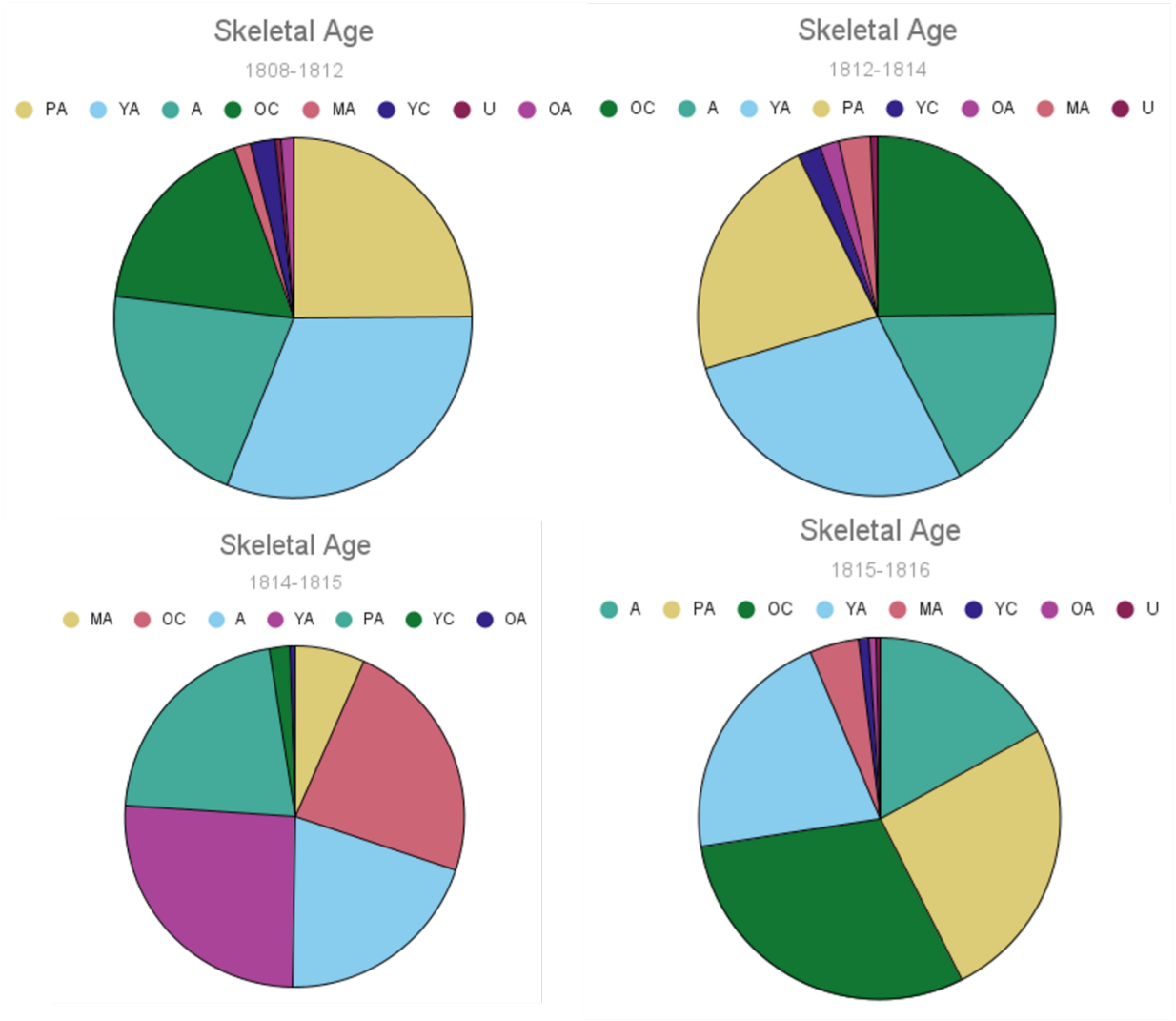

Figure 4.13. Skeletal Age charts for each of the four Registers included in the dataset.

This final group also contained individuals representative of each skeletal age group discussed in the methodology section (Figure 4.13). Younger Children were represented by three individuals (0.9%), and Older Children by 96 (30.0%). Adolescents were represented by 54 individuals (16.9%), Young Adults by 68 (21.3%), and Prime Adults by 82 (25.6%). Finally, there were fourteen Mature Adults (4.4%), two Old Adults (0.6%), and one individual of unknown age (0.3%). Implementing the "four-sex" system as an aging mechanism results in a total of 201 (62.6%) Adults and 120 (37.4%) Children.

Conclusion

The trends demonstrated within the dataset are representative of a trend identified by David Eltis for the final two centuries of the slave trade. Trends for the Gold Coast and the Bights of Benin and Biafra demonstrate that as the trade progressed towards the period of abolition, "the proportion of males and especially the proportion of children in the traffic increased."[3] For the period between 1701 and 1863, the proportion of enslaved males leaving the area had mean percentages between 37.5% and 57.5%, a trend reflected in the dataset composed of the later two Registers.[4] For the first two collected years, the composition of men was slightly higher than Eltis's trends. For the same period, the mean percentages for women composed between 14.3% and 38.6%.[5] Each of the Registers fell into this trend for women with the exception of the 1812-1814 Register, which recorded only 6.4% of individuals as women. Eltis also demonstrated an increase in children. His data suggests a composition of between 3.0% and 18.9% for girls and 6.0% and 25.0% for boys, trends represented in each of the four Registers included in the dataset.[6]

The demographics presented above are the most basic level of analysis for this study. With the demographic context outlined, a more detailed analysis focusing on the specific illness and trauma types can proceed in the following chapters.

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[3] David Eltis and David Richardson, "West Africa and the Transatlantic Slave Trade: New Evidence of Long-Run Trends," in *Routes to Slavery: Direction, Ethnicity and Mortality in the Transatlantic Slave Trade*, eds. David Eltis and David Richardson (Portland: Frank Cass, 1997): 29.

[4] Eltis and Richardson, "West Africa and the Transatlantic Slave Trade," (1997): 31.

[5] Eltis and Richardson, "West Africa and the Transatlantic Slave Trade," (1997): 31.

[6] Eltis and Richardson, "West Africa and the Transatlantic Slave Trade," (1997): 31.

Chapter 5: Data Analysis Terms and Definitions

Upon confirming the consistency and accuracy of entries within the transcribed dataset, each was sorted into four categories (below). This allowed for numerical analysis and graphing. Within each category, specific terms were assigned according to the information provided in the "Descriptions" column. This facilitated an assessment of demographics once sorting was completed. The summary which follows reflects the illnesses and terminology documented throughout the whole dataset. Individual registers may not contain some of the listed language due to variations in scribe, language capabilities, and the evolution of medical terminology. There is a limit on what can be known about each scribal hand, but mortality rates were high in the Freetown colony, and the scribe changed often.

In addition to modern medical resources, older textbooks and pamphlets have been consulted. Despite being considered out of date for medical practice, these resources are beneficial for pinpointing potential causes for listed symptoms as they may use language similar to medical jargon contemporary to the early nineteenth century. For example, what may be referred to as "clinical depression" in modern medical terms may have previously been listed as "malaise" or "morose mood."

Differential Diagnosis

A differential diagnosis in the medical field refers to the methods used to differentiate between possible plausible diagnoses.[1] This usually involves a battery of tests, but in this

[1] Chad E. Cook and Simon Décary, "Higher order thinking about differential diagnosis," *Brazilian Journal of Physical Therapy* 24, no. 1 (2020): 1, doi: 10.1016/j.bjpt.2019.01.010.

context, it refers to other possible causes for the diseases or symptoms based on the described symptoms themselves. There may be several reasons for the prevalence of entries listing symptoms alone rather than naming diseases. It may simply be a lack of medical knowledge, though, the physical examination of the Liberated Africans may have played a part. Severe distrust in those of European descent very likely caused some individuals to hide symptoms to prevent extended contact with European doctors. Upon disembarkation, the Liberated Africans were examined, a process once described by Charles Rawlins:

> The mode of selecting the sick after landing, is to parade them all, and examine each one separately, in a state of nudity; should the skin about the oscofygis [sic] and glutei be found much wrinkled, or the sphincter ani at all relaxed, the individual is immediately sent to hospital as dysenteric…then also all ulcers, wounds or other diseases are ferreted out, much to the annoyance of the Africans, as they cannot divest their minds of their former master's cruelties.[2]

As such, differential diagnoses are always a possibility. Not only could medical evaluations be inconclusive, but many diseases fall under certain categories, and many diseases that are now understood to be clinically distinct were historically lumped together. Barcia explains that:

> Determining how to fight fevers and other maladies was equally a difficult task, especially considering the varied nomenclature that some of them had at the time. Just to cite one among several examples: fevers as a category comprised, among many others, yellow fever (also known as black vomit, bulam fever, and *typhus icterodes*), malaria (remittent fever, intermittent fever), dengue fever (break bond fever), typhus (ship fever, hospital fever), and typhoid fever (slow fever, nervous fever, intermittent fever).[3]

This is one of the primary limitations of archival research. The potential causes for each symptom described below are educated guesses based on contextual and medical research. Differential diagnoses are possible and may be explored in future works.

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[2] Dr Rawlins's Report, PP 1850 (643) XL, p. 91, as cited by Andrew Pearson, *Distant Freedom: St. Helena and the abolition of the slave trade, 1840-1872* (Liverpool University Press, 2016), 190.
[3] Barcia, *The Yellow Demon of Fever*, 13.

The Issue of Death

Throughout the Registers, certain entries simply say that the person has died. In some cases, the person was "[s]ick & died before description could be taken."[4] Some have a description present, followed by a notation that they are, in fact, dead, often in the "Name" column.[5] When these entries are present, they are recorded as "Dead" in each of the following categories for collection and analysis, as it is not always possible to determine if the individual died due to illness, trauma, or natural causes.

These entries are also differentiated from those which appear to document a later death. Often indicated by a superscripted shorthand, "D^{d}" followed by a date, these entries display information that appears to have been added at a much later date than the original entry, based on the dates of death provided.[6] As previously mentioned, this work examines the condition of the Liberated Africans at the time of the original entry. So, these entries have been omitted unless the information in the description column fits the outlined criteria.

Category 1: Type of Illness or Symptom

This category encompasses those with disease indicators clearly described. The individuals in this category may have also displayed an injury, documented in the following category and the combined category for those who displayed both injuries and illnesses.

The first four entries below concern diseases that were known and identified by name:

Smallpox (Variola major, Variola minor)

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[4] See Appendix A for Recaptive entry number 999.
[5] See Appendix A for Recaptive entry number 5046.
[6] See Appendix A for Recaptive entry number 5841.

The original scope of this project was centred around seeking out smallpox specifically. By the time these Registers were written, smallpox was a well-known and identifiable disease worldwide, representing a pervasive risk in the slave trade. Sixteenth-century slave traders involved in the African trade are often credited with being responsible for bringing smallpox to the Caribbean as well as Central and South America while pursuing the triangular trade.[7] Human transmission aside, palaeoepidemiological estimates for the rise of the strain we recognize today suggest that a series of mutations may have taken place or that a variola-like rodent disease jumped the species to humans between 16,000 and 68,000 years Before Present (BP).[8] *Variola major* and *minor* belong to the same pox group as the viruses responsible for vaccinia, cowpox, and monkeypox and, with an average of 3 out of every 10 cases resulting in fatalities, has "slain its millions throughout the ages."[9] Estimates for the last one hundred years before its official eradication suggest that smallpox may have caused the deaths of between 300 million and 500 million people; a toll requiring up to 5 million deaths per year.[10] Despite the death toll with which it is credited, the smallpox virus itself is not as transmissible as other viruses like measles or influenza; however, the conditions of the slave ship created the perfect conditions for proliferation.[11]

During the incubation period, which could last between 7 to 19 days depending on the patient, the smallpox victim was not contagious and may not have realized that they were ill due

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[7] Centers for Disease Control and Prevention, "Smallpox," *Centers for Disease Control and Prevention*, last modified February 20, 2021, https://www.cdc.gov/smallpox/index.html.
[8] Yu Li, Darin S. Carroll, Shea N. Gardner, Matthew C. Walsh, Elizabeth A. Vitalis and Inger K. Damon, "On the origin of smallpox: Correlating variola phylogenetics with historical smallpox records," PNAS 104, no. 40 (2007), https://doi.org/10.1073/pnas.0609268104.
[9] A. B. Christie, "Smallpox," in *A World Geography of Human Diseases*, ed. G. Melvyn Howe (London: Academic Press Inc., 1977), 255.; CDC, "Smallpox," 2021.
[10] Donald A. Henderson, "The eradication of smallpox - An overview of the past, present, and future," *Vaccine* 29, no. 4 (2011), https://doi.org/10.1016/j.vaccine.2011.06.080.
[11] Christie, "Smallpox," 255.

to lack of symptoms.[12] Patients began to become contagious during the stage in which the initial symptoms appear – fever, head and muscle aches, and vomiting – though this is not true for every case.[13] The four-day period in which the "early rash" appeared was the period where the patient was the most contagious.[14] The characteristic rash began in the mouth with spots on the tongue and buccal tissue, which turned into sores that broke open and released the virus directly into the mouth and throat.[15] Following this onslaught of virus, the rash began appearing on the facial skin and often spread to the rest of the body within 24 hours. This spread was sometimes associated with the patient beginning to feel better, though the fever often returned and remained high until the subsequent sores began to scab over.[16] By the fourth day, the rash presented as sores filled with thick, opaque fluid with a dent in the center of the head.[17] By the sixth day, the sores developed into what has now become the characteristic smallpox image. As they rose and became round, firm and pea-like to the touch, the sores became pustules.[18] These pustules are so unique that they have been identified in Egyptian mummies, with smallpox being postulated as the cause of death for Pharaoh Ramses V in 1157 BCE due to the presence of the rash on his preserved facial tissue.[19] Approximately five days after this shift in density and appearance, the pustules began to crust and scab over, with the entirety of the eruption producing scabs around two weeks after the rash first began to present.[20] After a minimum of three weeks, scabs have

[12] CDC, "Smallpox," 2021.
[13] CDC, "Smallpox," 2021.
[14] CDC, "Smallpox," 2021.
[15] CDC, "Smallpox," 2021. Buccal tissue refers to the tissue of the inner cheek.
[16] CDC, "Smallpox," 2021.
[17] CDC, "Smallpox," 2021.
[18] CDC, "Smallpox," 2021.
[19] F. Fenner, D. A. Henderson, I. Arita, Z. Ježek, and I. D. Ladnyi. Smallpox and its Eradication, (Geneva: World Health Organization, 1988): 211, https://apps.who.int/iris/handle/10665/39485.
[20] CDC, "Smallpox," 2021.

fallen off, often leaving behind tell-tale scars. Only after all scabs have fallen off is the patient no longer contagious.[21]

The almost month-long period of contagion is key to the deadliness of the disease during the slave trade period. As previously mentioned, smallpox was not as transmissible as some other well-known diseases in the majority of contexts, despite the extended contagion period. Prior to its eradication in 1980, the virus required "direct and *prolonged* face-to-face contact between people."[22] The virus spread through droplets discharged by a cough or sneeze, as well as through contact with the scabs or fluid discharge from the pustules themselves or through contaminated fabrics such as bedding or clothing.[23] In rare situations, airborne transmission is possible.[24] There is no research to date to suggest that smallpox can be spread by any species other than humans, meaning that only the introduction of new people could cause an outbreak to occur in an otherwise isolated environment.[25]

Yaws (Treponema pallidum pertenue)

Evolutionarily related to others in the *Treponema pallidum* family like syphilis and pinta, Yaws has become an endemic childhood disease in hot, humid, tropical communities where poverty and poor hygiene conditions have created the ideal conditions for spread.[26] Yaws is the most common of the chronic bacterial infections in the *T. pallidum* group, caused by the bacterial subspecies *T. pallidum pertenue* and belongs to a classification group known as the "endemic treponematoses."[27] Despite the similarities in appearance and genus to syphilis, caused by the

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[21] CDC, "Smallpox," 2021.
[22] CDC, "Smallpox," 2021, emphasis mine.
[23] CDC, "Smallpox," 2021.
[24] CDC, "Smallpox," 2021.
[25] CDC, "Smallpox," 2021.
[26] World Health Organization, "Yaws," *World Health Organization*, last modified January 10, 2022, https://www.who.int/news-room/fact-sheets/detail/yaws.
[27] WHO, "Yaws," 2022.

subspecies *T. pallidum pallidum*, Yaws is not transmitted sexually and instead is transmitted through direct contact with open, infected wounds.[28]

Considered an endemic childhood disease for those between 2 and 15 years of age, the initial stages of Yaws include the development of papillomas full of bacteria that, without treatment, become ulcers that may last for months.[29] Both presentations of primary yaws are incredibly contagious and can quickly spread bacteria to others, especially in cases of contact with open wounds.[30] Weeks or months may pass before the progression into secondary yaws, which is characterized by the development of yellowish raised lesions and pain and swelling in the fingers and long bones.[31] A latent stage follows this due to the patient's immune response. If there is no treatment, patients may progress into a tertiary stage in which there is bone and cartilage involvement, leading to permanent disfigurement and disability.[32]

King's Evil (Tuberculous lymphadenitis)

Also known as Scrofula or *Tuberculous lymphadenitis* in modern medical parlance, this moderately common ailment was named after a supposed treatment method that survived into the nineteenth century.[33] In early Medieval England and France, it was believed that the mass that arose in the submandibular region as a result of infected lymph nodes could be cured with the touch of a monarch.[34] These masses had names including strumas, scrofulas, and glands, though

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[28] Howard T. Karsner, *Human Pathology, A Textbook* (Philadelphia: J.B. Lipincott Company, 1938), 293.; WHO, "Yaws," 2022.
[29] Lola V. Stamm, "Yaws: 110 Years After Castellani's Discovery of *Treponema pallidum* subspecies *pertenue*," The American journal of Tropical Medicine and Hygiene 93, no. 1 (2015), accessed July 10, 2022, doi: 10.4269/ajtmh.15-0147; WHO, "Yaws," 2022.
[30] WHO, "Yaws," 2022.
[31] WHO, "Yaws," 2022.
[32] Stamm (2015).
[33] Guillaume Moulis and Guillaume Martin-Blondel, "Scrofula, the king's evil," *Canadian Medical Association Journal* 184, no. 9 (2012): 1061, accessed June 23, 2022, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3381788/.
[34] Moulis and Martin-Blondel (2012): 1061. "Submandibular" refers to the area below the jaw.

the moniker King's Evil was the most popular, as it was believed to be an ailment (evil) that only a king could cure.[35] The practice of kings touching these masses is thought to have begun as early as the reigns of Robert the Pious (996-1031 CE) and Edward the Confessor (1042-66 CE) and to have officially ended around 1789.[36] While there is much academic debate about the starting date of these healing practices, the use of the term in a Register from 1815-1816 demonstrates the term's longevity despite the practice's end.

Due to its prominent role in the immune system, lymph nodes are frequently areas of presentation for illness and infection.[37] Tuberculous lymphadenitis is the most common type of extrapulmonary TB and is caused by *Mycobacterium tuberculosis*, though in some cases, *M. avium* and *M. kansasii* may be the cause, particularly when children are involved.[38] Additional species which may cause tubercular eruptions include *M. bovis*, *M. africanum*, *M. microti*, *M. canettii*, *M. caprae*, and *M. pinnipedii*; even for modern tests, it is difficult to differentiate the strains.[39] In West Africa, up to 50% of human tuberculosis cases are caused by *M. africanum*.[40] Presentation is most common among young adult females of colour along the top of the sternocleidomastoid muscle.[41] The development of tuberculous lymphadenitis occurs in five stages. In the first stage, known as "Hyperplasia," the lymph nodes become enlarged, firm, and

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[35] Frank Barlow, "The King's Evil," *The English Historical Review* 95, no. 374 (1980): 3, accessed June 23, 2022, https://www.jstor.org/stable/569080.

[36] Barlow (1980): 3.

[37] Kristin Fiebelkorn, "Molecular Pathology of Infectious Lymphadenitides," in *Molecular Pathology of Hematolymphoid Diseases*, ed. Cherie H. Dunphy (New York: Springer New York, 2010): 569-595, https://doi-org.proxy1.lib.trentu.ca/10.1007/978-1-4419-5698-9_44.

[38] Chong Karleen and Jeyasakthy Saniasiaya, "Cervical tuberculous lymphadenitis," *BMJ Case Reports* 15, no. 5 (2021), accessed July 3, 2022, http://dx.doi.org/10.1136/bcr-2021-241807.

[39] Fiebelkorn, "Molecular Pathology of Infectious Lymphadenitides," 2010.

[40] Daniel W. Fitzgerald, Timothy R. Sterling, and David W. Haas, "Mycobacterium tuberculosis," in *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*, eds. John E. Bennett, Ralphael Dolin and Martin J. Blaser (Elsevier, 2015): 2788, https://doi.org/10.1016/C2012-1-00075-6.

[41] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2816. The sternocleidomastoid muscle extends from the base of the skull below the ear to the body of the sternum and head of the clavicle, binding all three together.

tender.[42] The second stage is known as "Peri-adenitis," and it is here that the nodes become even larger and take on a rubbery consistency when probed; mobility is also lost.[43] The third stage is characterized by and named after abscess formation. The breakdown of the largest affected node causes the development of a "fluctuant cystic swelling" that may not cause pain until the overlying epidermis is affected.[44] In the fourth stage, the skin overlying the abscess becomes thin and takes on a purplish hue, indicating that the gland below has become necrotic.[45] This stage may vary in some cases; if a "wider area of diffuse œdema" is present, the discolouration of the skin may not be visible.[46] The fifth stage is termed and involves "sinus formation."[47] This stage occurs if no treatment has been administered for the previous stages and the abscess is left to progress.[48]

By itself, *M. tuberculosis* is considered only a moderately contagious disease.[49] It is, however, an opportunistic disease and a great risk for immunocompromised individuals, with 400,000 tuberculosis deaths a year being of this nature.[50] Despite medical efforts, the many forms of tuberculosis cause approximately 8.7 million cases per year, with around 1.4 million of those proving fatal.[51] Disease progression may be encouraged by immunodeficiency, general stress and poor health, and malnutrition, though age, ethnicity, and socio-economic status also

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[42] P. G. Jones and P. E. Campbell, "Tuberculous lymphadenitis in childhood: The significance of anonymous mycobacteria," *British Journal of Surgery* 50, no. 221 (1962): 305, published online December 6, 2005, https://doi-org.proxy1.lib.trentu.ca/10.1002/bjs.18005022112.
[43] Jones and Campbell (1962): 305.
[44] Jones and Campbell (1962): 305.
[45] Jones and Campbell (1962): 305.
[46] Jones and Campbell (1962): 305.
[47] Jones and Campbell (1962): 305.
[48] Jones and Campbell, 1962, 305.
[49] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[50] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2791.
[51] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2791.

play a role.[52] Despite its many iterations, all tuberculosis infection occurs in much the same way: infectious droplets containing nuclei become aerosolized when an infected person sneezes, coughs, or talks.[53] These droplets then remain suspended and can be inhaled by others.[54] Although rare, other modes of infection may occur. The *M. bovis* strain may be encountered through the drinking of contaminated, unpasteurized milk.[55] Pathologists and lab workers may encounter what has been nicknamed the "Prosector's Wart," caused by *M. tuberculosis* contaminating broken skin.[56] There also exist different methods of aerosolization. Healthcare workers may inadvertently aerosolize and inhale the nuclei while irrigating wounds or during autopsy.[57]

As *M. tuberculosis* is believed to have evolved alongside humans, it has reached an "equilibrium" with our immune system in which it depends on our immune response to infection to effectively cause tissue damage, cavities, and aerosol spread.[58] One of the most effective tools is the presence of microbial antioxidants, which impede the activation of macrophages and the development of the T-cell response, allowing the bacteria to survive and replicate within host cells.[59] Tissue necrosis occurs when both the antigen load and the tissue hypersensitivity are high, though tubercular necrosis is often incomplete, instead creating a solid or semi-solid acellular material known as *caseous*.[60]

Dropsy

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[52] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2798.
[53] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[54] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[55] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[56] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[57] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2793.
[58] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2788, 2794.
[59] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2794.
[60] Fitzgerald, Sterling and Haas, "Mycobacterium tuberculosis, (2015): 2795.

Now considered a symptom of a more serious underlying issue, the term dropsy has effectively disappeared from the modern medical vocabulary. What was considered a disease at the time of the Registers was characterized by the abnormal retention of fluids in various bodily tissues; the phenomenon is known today as edema.[61] Other contemporary words existed for this condition, depending on the general location of the fluid accumulation, including "hydrothorax," "ascites," "anasarca," "hydrocephalus," and specifics such as "ovarian dropsy."[62] It has been understood since the mid-nineteenth century that dropsy was a sign of severe organ failure or malnutrition and that, if left untreated, dropsy was always fatal.[63] The failure of the liver and kidneys can cause fluid retention, though the most common cause is heart failure.[64] Due to the nature of the condition, the only way to definitively determine the cause of dropsy was through autopsy.[65]

The pathophysiological causes of dropsy are rooted in the systems of fluid balance and sodium within the body. Three major pressure systems are commonly affected. The hydrostatic/hydraulic pressure and plasma colloid osmotic pressure in the capillaries and surrounding interstitial space.[66] Hydrostatic and hydraulic pressure work together to form blood pressure, the former referring to the gravity action of a fluid column and the latter the movement

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[61] J. Worth Estes, "Dropsy," in *The Cambridge World History of Human Disease*, ed. Kenneth F. Kiple (Cambridge University Press, 2008), 689. https://doi.org/10.1017/CHOL9780521332866.101. Alternative spelling: œdema.
[62] Worth Estes, "Dropsy," (2008): 689.
[63] Worth Estes, "Dropsy," 689.
[64] Worth Estes, "Dropsy," 689.
[65] Worth Estes, "Dropsy," 689.
[66] Worth Estes, "Dropsy," 689.; Andrew L. Clark and John G. F. Cleland, "Causes and treatment of oedema in patients with heart failure," *Nature Reviews Cardiology* 10, no. 3 (2013), accessed July 3, 2022, http://dx.doi.org.proxy1.lib.trentu.ca/10.1038/nrcardio.2012.191.

of a pump (in this case, the heart).[67] Edema occurs when the hydrostatic pressure within a vessel exceeds the colloid osmotic pressure being exerted by the interstitial space.[68]

Originally misunderstood as a disease in itself, we now understand that the epidemiology of dropsy is really that of the underlying disease that caused the fluid accumulation. Unfortunately, it is impossible to determine what disease or cause those recorded as having dropsy may have had, and so for the purposes of this project; it is treated as its own illness.

The following are keywords from descriptions that appear to be symptoms of illness, along with possible causes.

Yellow Complexion

When provided, this symptom is assumed to refer to a literal yellowing of the skin. Today, this condition is known as jaundice. Some variation in the documentation of this symptom exists, including "Yellow Face," "Yellowish complexion," and "Yellow skin."[69] Further variations include specific phrases such as "yellow tinge on her complexion," and "yellowish tinge in face."[70] It is unclear if these variations in phrasing referred to different types of jaundiced appearance or other factors, though it has been posited that "yellow skin" may have been used to describe a person of African descent with albinism.[71] Albinism is not an uncommon condition; the World Health Organization estimates that between 1 in 5,000 and 1 in 15,000

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[67] Alex Darwish and Forshing Lui, "Physiology, Colloid Osmotic Pressure," in *StatPearls [Internet]* (Treasure Island: StatPearls Publishing, 2021). https://www.ncbi.nlm.nih.gov/books/NBK541067/.
[68] Clark and Cleland, 2013.
[69] See Appendix A for Recaptive entries numbered 15, 55 and 374 respectively.
[70] See Appendix A for Recaptive entries numbered 1314 and 2521 respectively.
[71] Laura Rosanne Adderly, "Household Labor and Sexual Coercion: Reconstructing Women's Experience of African Recaptive Settlement," in *Liberated Africans and the Abolition of the Slave Trade*, eds. Richard Anderson and Henry B. Lovejoy (University of Rochester Press, 2020): 184.

people currently have the condition in Sub-Saharan Africa.[72] However, it is difficult to prove and appears far-fetched when looked at numerically. The numbers provided by the WHO suggest the frequency of albinism in the population of the whole of Sub-Saharan Africa is between 0.00667% and 0.02%. Meanwhile, 35.1% of the Register entries collected mention a yellow complexion. This finding, coupled with the known conditions prevalent on-board slave ships, suggests that these entries likely refer to a jaundiced condition. It is also possible that the mention of a yellow complexion refers to someone of Afro-European or Fulani descent. Unfortunately, this is an example of a term which may have multiple meanings and applications.

If it is indeed jaundice, then it is not in itself a disease but a sign of a more serious illness. The characteristic discolouration is caused by an excessive amount of a red blood cell byproduct called bilirubin.[73] Bilirubin is caused by the death of red blood cells and is usually filtered out by the liver to be expelled as stool.[74] Due to the typical movement of bilirubin through the digestive tract, jaundice is often taken to be a sign of issues with the liver, gallbladder, or pancreas.[75] This can be caused by a virus or parasite, certain toxic substances, genetic or chronic conditions, cancer, and severe cases of historically sea-life-related deficiencies like scurvy.[76]

Sallow Complexion

The description of a sallow complexion is taken in this case to mean that the individual's skin has taken on a pale, sickly appearance. Due to multiple uses of this distinct phrasing, it is

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[72] "Albinism: Beyond Race, Ethnicity and Gender," *People With Albinism: Not Ghosts But Human Beings*, accessed July 8, 2022, https://albinism.ohchr.org/about-albinism.html.
[73] U.S. National Library of Medicine, "Jaundice," last modified April 19, 2021, https://medlineplus.gov/ency/article/000210.htm.
[74] U.S. National Library of Medicine, "Jaundice," 2021.
[75] U.S. National Library of Medicine, "Jaundice causes," last modified July 1, 2021, https://medlineplus.gov/ency/article/007491.htm.
[76] U.S. National Library of Medicine, "Jaundice causes," 2021.

assumed to be a different symptom than the previous "Yellow Complexion." As with the previous symptom, this may be another term used to designate race.

Pitted, Pockmarked, Pox

Upon first glance, each of these words appears to describe more or less the same thing. However, each is used distinctly from the other within the same Registers and with the same scribal hand. For example, entries can be found where individuals are recorded as having two or more of these descriptors, solidifying them as unique symptoms.[77] At first, it was assumed that these all suggested enslaved persons with smallpox, though it became clear later on in the Registers that smallpox was something known and could be both identified and named by those examining the Liberated Africans. This encouraged a deeper look into what each word actually means and how this would present on the skin.

Pitted skin appears to have craters or holes. In the case of scar tissue, rather than appearing raised above the normal level of the epidermis, it appears lower. Today this type of skin texture is often associated with severe acne, which can cause this type of atrophic scarring.[78]

Pockmarked skin again refers to indentations in the skin, though the term is considered more closely related to smallpox. The Oxford English dictionary specifically defines a pockmark as "A scar, mark, or pit left by a pustule" originally especially used for cases of smallpox.[79] One of the earliest cited uses of the term in smallpox is in a reproduction of Dr. Thomas Sydenham's work in 1742. In a later version of this work, contributors write, "[t]he pustules of the face are

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[77] See Appendix A for Recaptive entry numbered 8918.

[78] Maya Valeska Gozali and Bingrong Zhou, "Effective Treatments of Atrophic Acne Scars," *Journal of Clinical and Aesthetic Dermatology* 8, no. 5 (2015): 33-40, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4445894/.

[79] "Pockmark," *Oxford English Dictionary,* last modified March 2020, https://www-oed-com.proxy1.lib.trentu.ca/view/Entry/146427?result=1&rskey=q9OGdH&.

succeeded by a scurf, or granny scales, and these sometimes by pits or pock-marks."[80] With this in mind, it is possible that those who have been described as "pockmarked" may have previously recovered from smallpox.

Upon linguistic investigation, "Pox" appears to be considered the step before, or the causative agent of, pockmarks and pits. Defined as "relating to diseases characterized by pocks," or "any of several infectious diseases characterized by a rash of pustules," it can be assumed that those with "pox" as a descriptor may have been exhibiting active symptoms of a viral illness at the time of examination.[81] The earliest use of the term in relation to illness appears to have been in 1476 in a letter from Elizabeth Stonor in which she states that her brother is "sore seke of the poxes" [sic] and that they are "ffull contagious" [sic], though it is unclear what form of pox she is referring to.[82] In addition, Pox has historically been used as a name for syphilis, in conjunction with monikers like French Pox and Great Pox.[83]

Pimples, Abscess, Wart

Pimples are yet another term which seems associated and can be the cause of certain terms previously discussed. Again, the distinct and purposeful use of a different term suggests that this was considered its own unique symptom or affliction. It is possible that this term was describing exactly what it sounds like – acne. Hormonal acne associated with adolescence has been recognized in the writings of Aristotle and Hippocrates, as well as the Ebers Papyrus of

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[80] Thomas Sydenham, *The works of Thomas Sydenham, M.D. on acute and chronic diseases: with their histories and modes of cures; with notes intended to accommodate them to the present state of medicine, and to the climate and diseases of the United States* (Philadelphia: E. Kimber, B. & T. Kite, Johnson & Warner, E. Parker, J. Richardson, and I. Pierce, 1815): 114. http://resource.nlm.nih.gov/2573046R.

[81] "Pox," *Oxford English Dictionary,* last modified September 2022, https://www-oed-com.proxy1.lib.trentu.ca/view/Entry/149197?rskey=5sX6MB&result=1&isAdvanced=false#eid.

[82] Charles Lethbridge Kingsford, *The Stonor letters and papers, 1290-1483; ed. For the Royal historical society, from the original documents in the Public record office, by Charles Lethbridge Kingsford,* (London: Offices of the Society, 1919), http://name.umdl.umich.edu/ACA1723.0001.001.

[83] Craig Thornber, "Glossary of Medical Terms Used in the 18th and 19th Centuries," *History of Medicine*, accessed August 8, 2022, https://www.thornber.net/medicine/html/medgloss.html.

3400 BCE.[84] With the majority of the slave market calling for young men and women, the presence of acne among the mostly adolescent population of the enslaved cargo would not have been unusual.

The term abscess is a rare but present occurrence throughout the examined Registers. One term, "abees," has been assumed to be a misspelling due to context.[85] Abscesses are typically caused by bacteria such as *Staphylococcus aureus* entering a break in the skin and causing an accumulation of pus made up of dead tissue, white blood cells and bacteria.[86] Occurrence can be external or internal and is often associated with a systemic infection that can cause other symptoms like a high fever.[87]

Warts are another skin growth caused by a virus from the human papillomavirus family.[88] The often-well-defined growth occurs due to an overproduction of skin cells caused by the virus.[89] Identified in the 1st century CE, warts are common and contagious and can thrive in moist conditions, like those in the hold of a ship.[90]

Spotted

The differentiation of this term from those that refer to projections and depressions on the skin surface suggests that this symptom is a change in skin colour and appearance rather than texture. Conditions which may cause spotting or patching on the skin can include vitiligo, eczema and psoriasis, all of which can present very prominently on black skin. A spotty

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[84] N. F. Mahmood and A. R. Shipman, "The age-old problem of acne," *International Journal of Women's Dermatology* 3, no. 2 (2017): 71-76, doi: 10.1016/j.ijwd.2016.11.002.
[85] See Appendix A for Recaptive entry number 115.
[86] NHS, "Overview: Abscess," last modified November 4, 2019, https://www.nhs.uk/conditions/abscess/.
[87] NHS, "Overview: Abscess," 2019.
[88] The Editors of Encyclopaedia Britannica, "Wart - dermatology," *The Encyclopaedia Britannica*, last modified July 21, 2022, https://www.britannica.com/science/wart.
[89] The Editors of Encyclopaedia Britannica, "Wart - dermatology," 2022.
[90] The Editors of Encyclopaedia Britannica, "Wart - dermatology," 2022.

appearance can also be caused by a fungal infection known as Pityriasis or Tinea versicolor.[91] This condition presents when the normal yeast living on the skin begins to overproduce and affect pigment development.[92] The affected patches appear lighter on dark skin than the surrounding healthy skin. This condition is a distinct possibility as it is common in tropical and subtropical areas, and the yeast overgrowth responsible is aggravated by heat, humidity, excessive sweating, and weakened immune systems – factors all commonplace in the hold of a slave ship.[93]

Internal Lump

This is assumed to refer to a lump that can be seen externally but does not appear to have an external cause. Causes for these lumps could range in severity, such as cysts, lipomas, abscesses and tumours, though without additional context, it is impossible to identify a cause accurately. In one case, an internal lump is said to be on the "right jaw bone," which could indicate a dental abscess or perhaps a bone tumour, but this is where the specificity ends.[94]

Murky Blood

This term is unique in that it was used only once throughout the whole of the observed dataset. It is also unique in that the phrase does not seem to appear in any contemporary medical literature. It has been observed in Chinese medicine, where it is stated that "'murky' is an attribute of blood: 'if blood is murky and *qi* rough, you swiftly discharge it, then the channels can connect.'"[95] In this case, the murky blood is an affliction that must be cured. Similar

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[91] AAD, "Tinea Versicolor: Overview," *American Academy of Dermatology Association*, accessed August 8, 2022, https://www.aad.org/public/diseases/a-z/tinea-versicolor-overview.
[92] AAD, "Tinea Versicolor."
[93] AAD, "Tinea Versicolor."
[94] See Appendix A for Recaptive entry number 7522.
[95] Elisabeth Hsu, *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch* (Cambridge University Press, 2010): 136, italics original.

phrasing can be found in Avicenna's *Canon of Medicine*, a text that many ship surgeons consulted at the time.[96] The text states that blood may become abnormal and change from its normal red colour due to an "unhealthy body-fluid" or a "putrescent change in a portion of itself…becoming bilious humour."[97] This may also indicate a continuation of the Galenic thought of rot or corruption within the body as a result of blocked, putrefied fluids.[98]

It is also possible that the description arose from a misunderstanding and lack of knowledge. While blood is always red, it is arterial blood that is the characteristic bright red, while venous blood is a much darker colour due to deoxygenation. There is also a very rare condition in which it may appear slightly green. Sulfhemoglobinemia arises from an excessive amount of sulfhemogobin (SulfHb) in the blood, which is not properly converted to hemoglobin.[99] A key cause of this condition is the ingestion of sulphur, which at the time was a key medicine in the ship surgeon's kit. According to John Woodall, sulphur can be used to cure "the asthmaticall, cough, collicke, greefe, and resolution of the members: taketh away itch, breaking out of all the body: cureth tetters or ring-worms, and the scurffe, and cureth rheumes and diltillations." [sic][100] With this in mind, it is possible that this individual had been given sulphur to treat an ailment during the ship's journey, which then resulted in a change in their blood composition.

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[96] John Woodall, *The Surgions Mate, or A treatise discovering faithfully and plainly the due contents of the Surgions chest, the uses of the Instruments, the virtues and operations of the Medicines, the cures of the most frequent diseases at Sea: Namely Wounds, Apostumes, Ulcers, Fistulaes, Fractures, Dislocations, with the true maner of Amputation, the cure of the Scurvie, the Fluxes of the belly, of the Collica and Illiaca Passio, tenasmus, and exitus Ani, the Callenture; With a briefe explanation of Sal, Sulphur, and Mercury; with certaine Characters, and tearmes of Arte.* (Edward Griffin for Laurence Lisle, at the Tygers-head in Pauls Church-yard, 1617): 131.
[97] O. Cameron Gruner, *A Treatise on the Canon of Medicine of Avicenna Incorporating a Translation of the First Book* (The Classics of Medicine Library, 1984): 79.
[98] Kevin P. Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* (Yale University Press, 2019), 21.
[99] Clement A. Finch, "Methemoglobinemia and Sulfhemoglobinemia," *New England Journal of Medicine* 239, no. 13 (1948): 475, doi:10.1056/NEJM194809232391305.
[100] John Woodall, *The Surgions Mate,* 1617: 112.

Extra Digits

Though more fittingly labelled a birth defect than an illness, the presence of extra digits on the hands and feet is classified here as there is no type of injury that would cause the growth of superfluous phalanges. When compared to the previously defined medical normal, a fetus developing a skeletal defect can be considered akin to developing a chronic or lifelong illness. The presence of extra digits is known as Polydactyly, with the unexpected digit labelled "supernumerary."[101] According to the Seattle Children's Hospital, it is a condition which can be treated by an orthopedic surgeon.[102] The supernumerary digit may be fully functional with full bone development and tendon, muscle, and vascular attachment, or it may present as an underdeveloped "nubbin."[103]

Three common types of polydactyly have been identified, and the criteria translate well into archival study. If the supernumerary digit is present on the outside of the thumb or big toe (radial or tibial side), the condition is known as preaxial polydactyly; if on the outside of the little finger or toe (ulnar or fibular side), it is postaxial.[104] Polydactyly presenting as an extra digit in between the thumb and little finger is considered central.[105] These simple definitions aid in identification as entries documenting extra digits often have the location of the supernumerary digit. For example, the presence of "double thumb" may indicate preaxial polydactyly, while "has had five fingers & thumb" may indicate postaxial or central polydactyly.[106]

Bow Legged

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[101] Orthopedics and Sports Medicine, "Polydactyly," *Seattle Children's Hospital Research Foundation*, accessed August 8, 2022, https://www.seattlechildrens.org/conditions/polydactyly/.
[102] Orthopedics and Sports Medicine, "Polydactyly."
[103] Orthopedics and Sports Medicine, "Polydactyly."
[104] Orthopedics and Sports Medicine, "Polydactyly."
[105] Orthopedics and Sports Medicine, "Polydactyly."
[106] See Appendix A for Recaptive entries numbered 894 and 1178 respectively.

Entries of this nature are assumed to refer to the involvement of the skeletal portions of the leg: the femur, patella, tibia and fibula. Gait can cause the appearance of bow-leggedness, for example, the saddle-sore walk characteristic of cowboys in Western movies. However, this is unlikely to have been a cause for documentation. In developing children, bow-leggedness is a normal stage of development that eventually corrects itself, though in adults, it can be a sign of metabolic or hormonal disorders affecting the ossification of the long bones or improperly healed trauma.[107] Osteochondrodysplasias are a group of inherited disorders that can affect the development of bone and cartilage as well as muscle, tendon, and ligament tissue.[108] While the presence of bow legs is characteristic of many of these conditions, it is impossible to determine from the Registers if genetic conditions are the cause. Vitamin deficiency syndromes such as rickets and scurvy are a more likely assumption based on what is known about the nutrition received by enslaved persons from the period of initial capture or sale, through the Middle Passage, to their final destination.

Vision Impaired

This refers to any entry that suggests issues with vision, including blindness or apparent issues with the eyeball itself.

With such a broad collection of described symptoms and no foolproof method to confirm diagnosis, there is the potential to overwhelm and frustrate even the most determined researcher. Though my original list of medical terms to look for was much longer, each of these appeared in

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[107] Lower Extremity Program, "Bowlegs," *Boston Children's Hospital*, accessed August 9, 2022, https://www.childrenshospital.org/conditions/bowlegs.; Tim D. White and Pieter A. Folkens, *The Human Bone Manual* (Elsevier Academic Press, 2005): 323.

[108] Deborah Krakow, "Skeletal Dysplasias," *Clinics in Perinatology* 42, no. 2 (2015): 301-319. https://doi.org/10.1016/j.clp.2015.03.003.

some way in the dataset, making each of them key to the understanding of the lived experiences of Liberated Africans as well as the broader themes relating to the clandestine trade as a whole.

Additionally, this serves as an exercise in general medical investigation. The more medical terminology in historic texts is understood, the easier it becomes to track illnesses and disease through a variety of texts, both archival and modern. As we have experienced with the COVID-19 pandemic, a deeper understanding of disease is often our best defence mechanism. The value of historic sources for the tracking of progression, symptoms and outbreaks should not be discounted. This is especially exemplified by the works of medical historians such as Kevin Siena, whose publications are primarily based on archival research and analysis.[109]

Category 2: Type of Injury

This category encompasses those entries with clearly described injuries.

Burns

As previously noted, for this project, burns have been given the label of traumatic injuries. Today, they are relatively common injuries and can occur in a range of cases from accidental everyday exposures like sunburns to exceptional circumstances like a building fire. Medical professionals use a system of degrees to categorize burn severity, and most laypeople are familiar with the first three degrees. In total, there are six degrees of severity on the burn scale, with levels four through six often being fatal or requiring amputation where possible.

[109] See especially Kevin P. Siena, *Venereal Disease, Hospitals, and the Urban Poor: London's 'Foul Wards,' 1600-1800* (University of Rochester Press, 2004), and Kevin P. Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* (Yale University Press, 2019).

First-degree burns are those such as sunburns that only damage the epidermal layer of the skin and typically heal on their own.[110] Second-degree burns damage both the epidermal and dermal layer of the skin and, due to the depth of damage, often leave scars and may require skin grafts to heal correctly.[111] Third-degree burns are catastrophic to the first two layers of skin and can also destroy sweat glands and hair follicles, and always require skin grafts to heal.[112] The remaining degrees of burns do the same damage as above, though penetrate deeper into the tissues. The fourth degree extends into the fat layer, the fifth into the muscle, and finally, the sixth burns all tissue from the bone.[113]

As destructive as burns are to the body, the most life-threatening time can be after the burn has been sustained. Even a fairly minor burn can cause the body to go into shock, where blood pressure drops and fluid can become trapped, potentially resulting in major organ systems struggling to receive proper oxygenation.[114] Infection is also a major risk. The deeper into the tissue the burn travels, the easier it becomes for opportunistic infections to enter the body and become systemic.[115]

Given the dataset's nature, it is impossible to determine precisely how individuals sustained their burns or how severe they may have been. However, the language used to describe the burns may provide some clues as to potential situations. In an at-a-glance document written by Benjamin Lara for surgeons in 1796, a strict difference is drawn between a burn and a scald. Though the treatment is the same for each, he writes, "[a] burn is from solid substances, but

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[110] NIH, "Burns," *National Institute of General Medical Sciences*, last modified July 13, 2020, https://www.nigms.nih.gov/education/fact-sheets/Pages/burns.aspx.
[111] NIH, "Burns," 2020.
[112] NIH, "Burns," 2020.
[113] NIH, "Burns," 2020.
[114] NIH, "Burns," 2020.
[115] NIH, "Burns," 2020.

considered in the effect on the injured body: a scald is a burn from any hot fluid, or solid when in a fluid state."[116] In some cases, the language used in an entry allows for distinction between burn types to be drawn. This will be further discussed in Chapter 6 following the analysis of traumatic injury types.

As with a few of the other entries in this section, there is some ambiguity to the burn criterion. In addition to Lara's designations between burns and scalds, there is a possibility that some of the entries categorized as "burns" have actually been branded. Between Register 1808-1812 and Register 1812-1814, there are four individuals who are recorded as being marked or burned with a tobacco pipe.[117] There is some speculation among scholars including Katrina Keefer that this may be a sign of an unofficial side-trade, in which whatever was available was used as a brand. For example, on page four of James Carroll's Day Book from his time aboard the *Margaret* in 1718 records that a "Mr. Robert Plunket of Reo Seralion [sic]" brands his slaves "on the left shoulder each with the bowle of a Tobaccoe pipe" [sic].[118]

Shot

These entries refer to those who have been injured as a result of being shot with a firearm. Some entries specifically mention that the individual was shot by a musket or was injured by a musket ball.[119] Considering both this information and the time period in which these documents were written, it is possible that the firearm in question may have been similar to a "Brown Bess." The Short Land Pattern musket was standard issue for the British army and navy from 1740 to 1797 when slight modifications to the barrel allowed the firearm to remain in use

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[116] Benjamin Lara, *A Dictionary of Surgery; or, The Young Surgeon's Pocket Assistant*, (London: Printed for James Ridgway, York-street, St. James's-square, 1796). https://wellcomecollection.org/works/ukmhw5df.
[117] See Appendix A for Recaptive entries numbered 296, 636, 2307 and 4658.
[118] Maryland Province Archives, "The Margaret, 1718," *Georgetown Slavery Archive*, accessed April 3, 2023, https://slaveryarchive.georgetown.edu/items/show/240.
[119] See Appendix A for Recaptive entries numbered 27 and 4335.

until 1839 when the firing mechanism became obsolete.[120] Firearms have long been connected to the slave trade, with England beginning its gun trade with West Africa in 1690, long after the Dutch had begun theirs.[121] Eventually, the demand for firearms was so high that some slave traders would only trade for guns, and some formerly Gold Coasts became Slave Coasts due to the militarization of slave-exporting states.[122]

Blade Injury

These entries are those in which individuals have been injured by a bladed instrument like a sword, cutlass or knife.[123]

Animal Bite

These entries suggest injury by an animal. In this case, the term "animal" non-specifically refers to marine life, land animals, and insects; any injury where a non-human agent may have been involved.

Blunt Impact

These entries are those that suggest blunt-force trauma. This can be indicated either by specifically naming the instrument, a stone, for example, or using language that suggests a form of beating or a strike.[124]

Digit Removed

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[120] Jon Guttman, "Brown Bess Musket: the weapon that won Waterloo," *Military History* 27, no. 5 (2011). https://link.gale.com/apps/doc/A241778989/AONE?u=ocul_thomas&sid=bookmark-AONE&xid=b5c9fb89.
[121] W. A. Richards, "The Import of Firearms into West Africa in the Eighteenth Century," *The Journal of African History* 21, no. 1 (1980): 44, https://www.jstor.org/stable/181483.
[122] Richards (1980): 45-46.
[123] See Appendix A for Recaptive entries numbered 241, 261, and 295.
[124] See Appendix A for Recptive entries numbered 299 and 2139.

These entries are individuals who have lost a finger or toe for unknown reasons. To qualify for this category, the digit must be referred to with traumatic language, including "cut off" or "severed," for example.[125]

Amputation

This type of entry is very similar to, though distinctly different from, the category above. The use of the word "amputation" in any form suggests that the amputated body part was removed intentionally and for a reason, a much different process than removal as a result of an accident or violence.

Eunuch

This is a speculative classification based on the language in the entry.[126] As will be further discussed in the following chapters, it is believed that this individual has undergone castration.

Laceration, Puncture

Entries of this nature have descriptions suggesting a flesh wound in which the skin has been broken but do not specify a cause. Punctures are differentiated from lacerations by language which may indicate a stab-like wound rather than a slice, such as "hole through."[127]

Injury Linked Lameness

This is used to describe individuals who have been previously injured in some way and are now lame or disabled as a result.

Internal Scar

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[125] See Appendix A for Recaptive entries numbered 1000 and 2195.
[126] See Appendix A for Recaptive entry numbered 752.
[127] See Appendix A for Recaptive entry numbered 2321.

It is unclear what this phrase specifically relates to, though it is believed that it may indicate scarring from deep wounds that have previously healed.

Broken Bone

Entries of this type have an explicit mention of a broken bone. Due to the nature of the documents, it is not possible to tell if the documentation refers to an active or unhealed break at the time of recording or a past injury that has previously healed. It is also not possible to determine what type of fracture is present.

Dislocation

These entries concern injuries which occur at the joint, when a bone is pulled from its articular socket.

Bruised

These entries document only the presence of bruising on the skin, not the reason for it. Bruising can appear as a result of many different types of trauma, both external and internal. Bruising may also appear seemingly without reason in people who are severely malnourished.

Missing Appendage

These entries indicate the loss of an entire hand or foot as a result of an unknown or undocumented cause.

Flogged

These entries concern individuals who have been recorded as showing evidence of having been flogged or whipped at some point in their lives.

Ocular Trauma

These entries have documented physical injury to the eyeball or eye socket.

Scalped

It is believed that these entries refer to individuals whose injuries are a result of the rite of warfare in which part of the scalp and hair is removed from the head of an enemy.[128] However, the term "scalping" also appears in Benjamin Lara's pocket guide. According to this document, a form of scalping can be used as a medical procedure, particularly useful for examining the skull itself if fractures are suspected.[129] This language existing in the sense of a medical practice allows for speculation about what is being referred to when this word is used.

It is also possible that these individuals display a form of Igbo scarification used to denote a high rank such as that of an elder or chief. In his *Interesting Narrative*, Gustavus Vassa[130] describes the following:

> My father was one of those elders or chiefs I have spoken of, and was style Embrenche; a term, as I remember, importing the highest distinction, and signifying in our language a *mark* of grandeur. This mark is conferred on the person entitled to it, by cutting the skin across the top of the forehead, and drawing it down to the eye-brows; and while it is in this situation applying a warm hand, and rubbing it until it shrinks up into a thick *weal* across the lower part of the forehead.[131]

The value of tracking traumatic injuries lies in the fact that, like illness, injuries are very much part of the human experience. In addition, unlike most illnesses which may only be visible when the individual is actively infected, injuries may provide a look into lives prior to having been enslaved. As with illnesses, it is not possible to discern a cause nor date an injury from this source alone; however, when used in conjunction with other sources, injuries may help to confirm the identity of an individual. If used in projects such as Suzanne Schwarz's nominal linkage project in which Liberated Africans are tracked after disembarkation through various

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[128] Geoffrey Abbott, "Scalping," *Britannica*, last modified June 19, 2019, https://www.britannica.com/topic/scalping.

[129] Lara, *A Dictionary of Surgery; or, The Young Surgeon's Pocket Assistant*, 1796.

[130] An alternate name for this man is Olaudah Equiano, though Paul Lovejoy posits that, due to his Christian beliefs, Vassa would have preferred the name given to him later in life. Additionally, Lovejoy believes that Olaudah Equiano may not be a complete African name.

[131] Gustavus Vassa, *The Interesting Narrative of the Life of Olaudah Equiano or Gustavus Vassa, The African, Written by Himself* (Union-Street, Mary-le-bone, 1789. Reprinted 2021): 4.

colonial documents, a unique injury could increase the certainty that two individual entries are actually the same person.[132] For example, recaptive 257, a 23-year-old man named Nyradu, is described as having a "Severe bite of a shark on both legs," an injury that is likely to be unique enough to be used as an identifier.[133] Injuries like that of Nyradu are likely to also be visible in the osteological record, thus expanding the potential for post-mortem identification.

Category 3: Injury and/or Illness

This category encompasses those entries whose described symptoms and maladies cannot be easily attributed to either an illness or an injury based solely on the textual description. In addition, those who have both illnesses and injuries documented are placed in this category, effectively combining the entries from the two previous categories. The following are definitions of terms which have not yet been covered in this chapter.

Blister

When the term blister is used, it is assumed that it refers to the same thing it does today. Due to slave quarter conditions and friction from the movement of the ship, the tender fluid-filled bumps would have been fairly common. In addition, those who were kept on deck during the day may have developed sunburns that eventually blistered.

Pain

Entries with this description are assumed to be individuals who have pain but do not appear to have a specific cause. This sort of "invisible pain" could be the result of an internal

[132] Suzanne Schwarz, "Reconstructing the Life Histories of Liberated Africans: Sierra Leone in the Early nineteenth Century," *History in Africa* 39, (2012): 186.
[133] See Appendix A for Recaptive entry numbered 257.

injury or illness which has not appeared or progressed to the point where external symptoms are visible.

Ruptured

This term was foreign to me in a medical sense before this project. The term is an older association: "rupture" appears in both Benjamin Lara and George Motherby's contemporaneous medical dictionaries in relation to the word "hernia." The specific reference is to an abdominal hernia as "consequence of some sudden effort" in which "part of the abdominal contents are forced through the interstices left between tendinous expandisons [sic] of the abdominal muscles…and a tumor is formed" [sic].[134] The so-called "tumor" to which Motherby refers is the "hernia" itself, formed by the process of the "rupture." Many forms of hernia exist, though visibility without surgical intervention suggests those described in the entries are likely either abdominal or scrotal in nature – a *hernia ventralis* or *hernia scrotalis*.[135]

Lost Digit

These entries document those who have a missing digit that has not been specifically described as cut off or removed.

Humpbacked

These entries are assumed to refer to individuals with an irregular curvature to the spine resulting in a rounded or humped section of thoracic vertebrae. This condition, known as

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[134] George Motherby, *A new medical dictionary; or general repository of physic containing an explanation of the terms, and a description of the various particulars relating to anatomy, physiology, physic, surgery, materia medica, chemistry, &c. &c. &c. Each article, according to its importance, being considered in every relation to which its usefulness extends in the healing art*, (London: Printed for J. Johnson, St. Paul's Church-yard; G. G. J. and J. Robinson, Paternoster-Row; A. Hamilton, Jun. and J. Murray, Fleet-street, 1785), https://wellcomecollection.org/works/vbg4yw6u.

[135] Motherby, *A new medical dictionary*, 1785.

kyphosis, can be the result of posture or abnormal development of the entire spine in utero (congenital kyphosis) or the individual vertebrae (Scheuermann's kyphosis).[136]

Skeletal Deformation

These entries encompass all those in which the development of the skeleton has taken an abnormal route. Those previously logged as having "Extra Digits" or being "Bow Legged" are also sorted here. This criterion was placed within this category of Illness and/or Injury as it is possible that some of the deformities described are the result of a poorly healed injury or arthritis rather than solely being a result of birth defects.

Lame

Individuals here are those who have been described as disabled or lame in some way, but no potential reason has been given. Lameness can be the result of injury or illness, particularly those related to malnutrition or deficiency.

Sore

It is believed that entries that describe individuals who have a sore somewhere on their person, it is referring to a wound of some sort. Open sores can result from myriad injuries, and can also be a later symptom of a disease.

Dumb

These entries are assumed to refer to individuals who have some form of mental disability. If taken in the Old English sense, which maintained its definition into the nineteenth century, it may also refer to those who are deaf, mute, or both.[137]

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[136] NHS, "Overview: Kyphosis," *NHS*, last modified May 12, 2022, https://www.nhs.uk/conditions/kyphosis/.
[137] "Dumb," *Oxford English Dictionary*, last modified December 2021, https://www-oed-com.proxy1.lib.trentu.ca/view/Entry/58378?isAdvanced=false&result=1&rskey=tc4qe0&.

In addition, entries, where the condition is not easily attributable to a cause, broaden not only the medical investigation possibilities, but the possible reasons for enslavement as well. Could individuals have been separated into an outgroup and sold because of a disability or affliction? These are questions which could be explored in further projects.

Category 4: Multiple Illness or Symptom

This category contains those entries which document multiple symptoms. These have been separated from the previous illness category to document and track recurring combinations of symptoms. The co-occurrences of symptoms will be discussed in Chapter 8, as each unique symptom has been defined above.

Conclusion

This concludes the in-depth overview of the terms that serve as inclusion criteria for involvement in this project. The following analysis chapters will refer back to the detailed medical information provided here in connection to the daily conditions faced by the enslaved population to explain patterns of contagion and occurrence.

Chapter 6: Types of Illness and Symptoms

This chapter and those that follow concern the analysis relating to the terms and concepts defined in the previous chapter, specifically in terms of frequency and demographic distribution. As in Chapter 4: Demographics, each of the following analysis chapters will begin with an overview of the full dataset to lay out the full analytical context before delving into a more detailed analysis divided by Register year. A discussion of the potential transmission routes and symptom causes will also follow. It is important to note that this chapter will only discuss those entries presenting one illness or symptom. Those that presented with multiple symptoms or illnesses will be discussed in Chapter 8.

In some cases, the individuals discussed in this chapter have also been logged as having an injury. For now, only their illness will be discussed. In Chapter 7, injuries alone will be discussed. Those logged with both injuries and illnesses will also be discussed in Chapter 8 regarding cross-listed individuals and the trends they present.

As we begin the analysis of the data, it is important to consider the overall goals of this project once again. The purpose of this project is not just to present and support the proposal that theoretical archaeology can be used as a valid technique for archival analysis, but also to present the lived experiences of historically erased people. Colonial archives and documents are rich with histories written by the victors – the oppressors – and more often than not, these are people that history remembers. The issue is that this highlights only a very small part of the story, and only by revealing the hidden histories will we be able to develop a fuller understanding of the collective human past. As Nigerian author Chinua Achebe wrote, “[u]ntil the lions have their

own historians, the history of the hunt will always glorify the hunter."[1] This is what drew me to archaeology to begin with: the idea of digging up evidence of those nearly forgotten, to share the story of the lion. The following chapters demonstrate not only the abundance of physical data in the archives but that not all digging requires a shovel and a trowel.

Full Dataset

To illustrate the complete disease environment in which this analysis takes place, a brief overview of the whole dataset is required. Figure 6.1 demonstrates the disease demographics without the year and sex divisions the rest of this chapter will rely on.

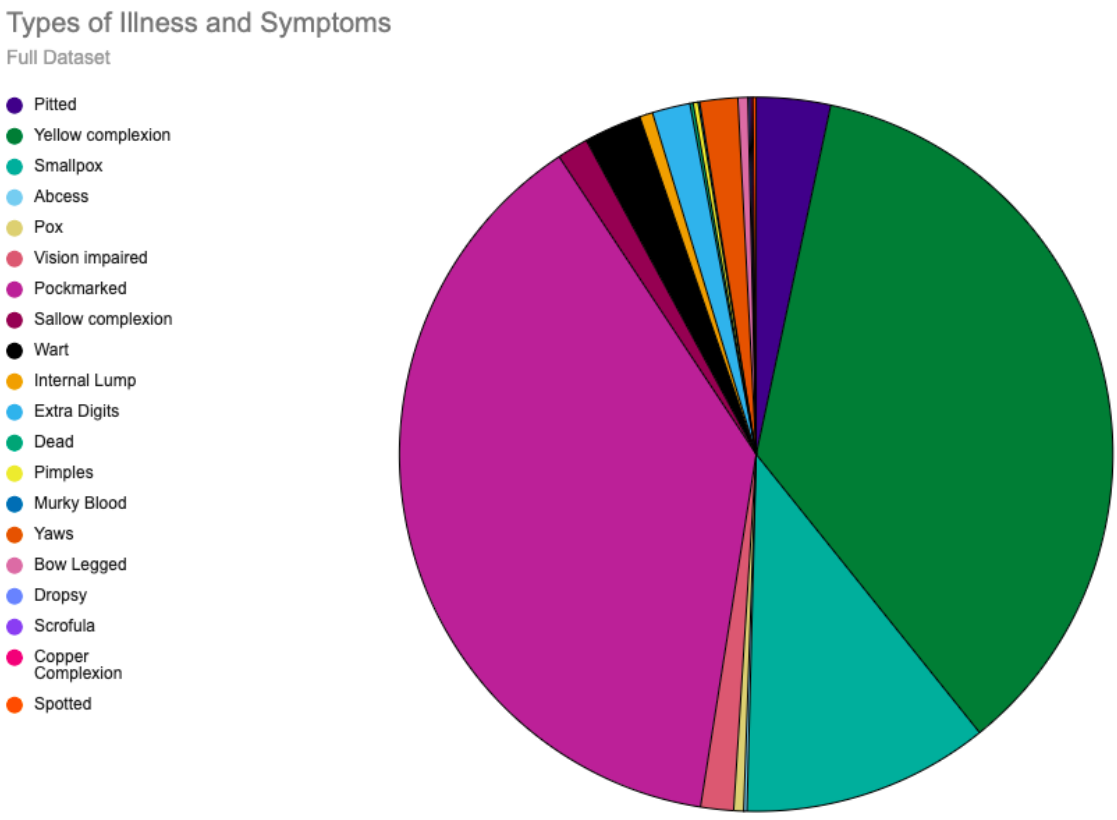

Figure 6.1.

[1] "Chinua Achebe," GoodReads, accessed December 18, 2022, https://www.goodreads.com/author/show/8051.Chinua_Achebe.

In total, 1,215 individuals were analyzed for this section – 73.3% of the total dataset. The two most prominent descriptive terms used throughout the dataset are "Yellow Complexion," with 481 individuals (35.9%) and "Pockmarked," with 512 (38.2%) individuals presenting respectively. Smallpox is the illness most commonly identified by name, with 150 (11.2%) diagnosed individuals recorded.

Register by Register Breakdown

This section will be followed by a discussion where possible factors impacting contagion and disease interactions will be considered.

1808-1812

The first Register included 422 individuals who presented with an illness or 67.6% of the total entries sourced from this Register and 28.4% of the full Register dataset for the years between 1808-1816 (Figure 6.2). The following analysis will focus on these individuals, beginning with the identified illnesses, as in Chapter 5: Data Analysis.

Definitively identified smallpox was present in eleven individuals (2.6%). Yaws was present in only one individual (0.2%). Entries with non-specific described symptoms are much more common in this early Register, possibly due to it being the first of its kind in Sierra Leone.

The most commonly recorded symptom was the presence of Pockmarks, which, as discussed, may indicate a previous infection with smallpox. 246 individuals in total were described with this identifier, representing a significant 58.3% of the individuals recorded in this section (Figure 5.2). The second most prevalent symptom was the presence of a Yellow Complexion, with 99 persons presenting this way (23.5%). In contrast, only six presented with a complexion described as Sallow (1.4%). Pitted skin appeared on 22 individuals (5.2%), with a

non-specific Pox appearing on another single person (0.2%) and Pimples on two more (0.5%). The final symptom appearing on the skin is Warts which appeared on six individuals (1.4%). Internal symptoms included three individuals with Internal Lumps (0.7%), one with Murky Blood (0.2%) and one with a suspected Abscess (0.2%). In addition, nine people were recorded as being Vision Impaired (2.1%), and twelve had Extra Digits on their hands or feet (2.8%). Finally, two persons were recorded as being dead at the time of registering (0.5%). While it is impossible to determine how these individuals died, based on the entries, it is assumed that it was due to illness. One entry, for a man named Tumba of unknown age, stated that he was "Sick & died before description could be taken."[2] The other, for a 24-year-old man named Francisco, simply stated that he was "very sick dead."[3]

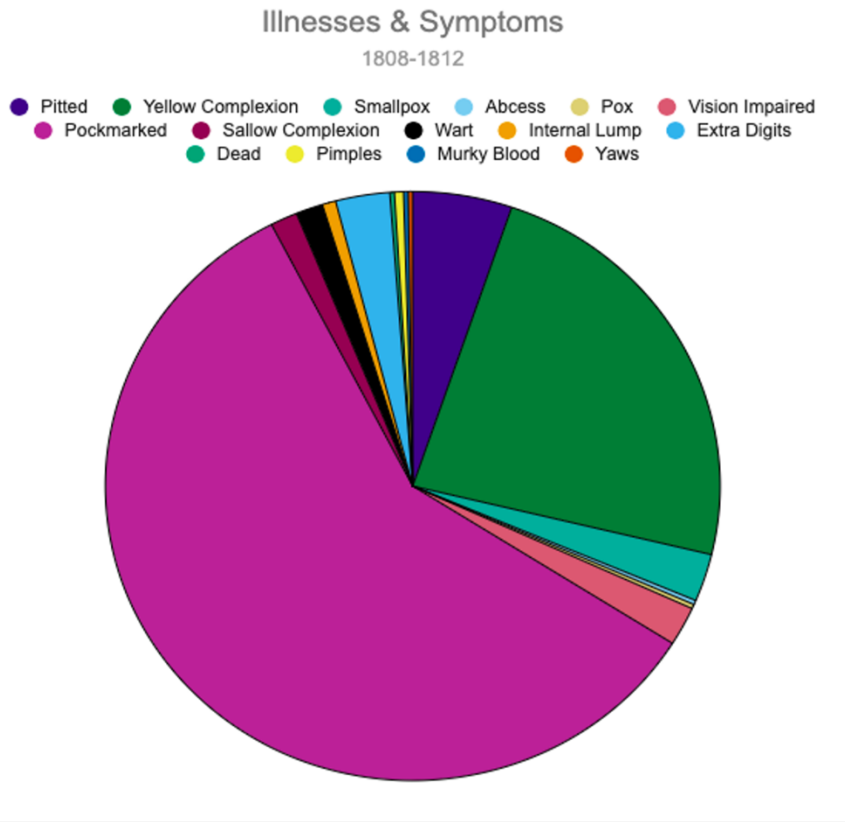

Figure 6.2.

[2] See Appendix A for Recaptive entry number 999.
[3] See Appendix A for Recaptive entry number 3721.

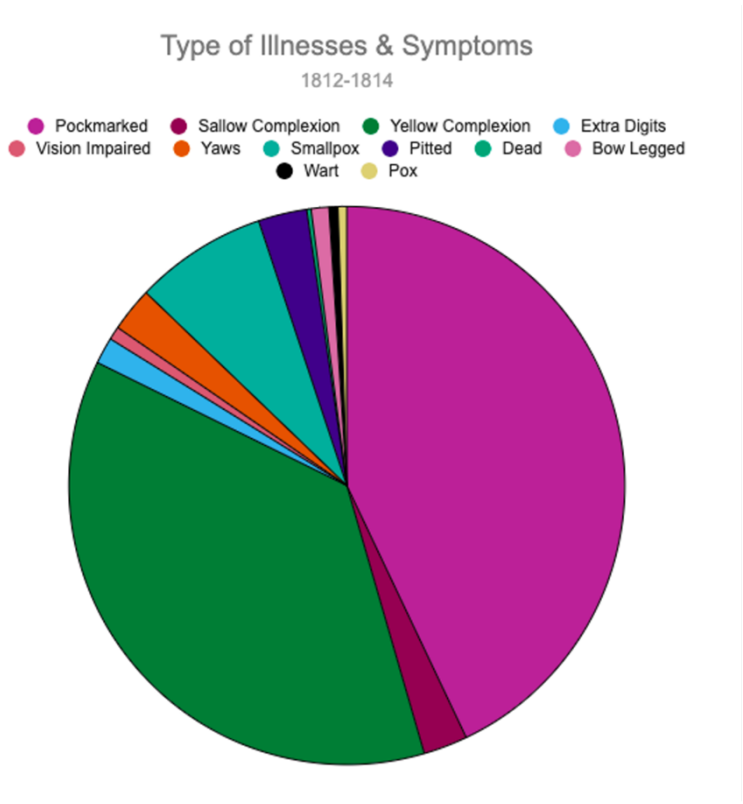

Figure 6.3.

1812-1814

This second Register provided 389 entries with individuals presenting with an illness, 77.6% of the total entries collected from this source and 15.5% of the full Register dataset for the years between 1808 and 1816 (Figure 6.3). The following analysis will focus on these individuals, beginning with the identified illnesses.

Within this Register, 30 individuals (7.7%) presented with definitively identified smallpox, almost three times the amount in the first, larger Register. Yaws was present in ten individuals (2.6%), a tenfold increase from the first Register.

Pockmarks remain the most prominent nonspecific symptom, appearing on 167 individuals (42.9%). In keeping with trends from the previous Register, a Yellow Complexion remains the second most common symptom, appearing on 143 individuals (36.8%). Only ten

individuals were recorded as having a Sallow Complexion (2.6%). Pitted skin appeared on eleven persons (2.8%), with Pox and Warts on an additional two individuals (0.5%) each. This Register lacked the possible internal symptoms recorded in the earlier Register. Also recorded were six individuals with Extra Digits (1.5%), four who were Bow-Legged (1.0%), and three who were Visually Impaired (0.8%). Finally, one individual (0.3%), a 22-year-old man named Jaggan Joss, was recorded as dead at the time of writing.

1814-1815

With redundancies removed, the third Register provided 155 entries with individuals presenting with an illness, 73.8% of the total entries collected from this source and 12.6% of the full unduplicated Register set (Figure 6.4). The following numerical analysis will focus on these individuals, beginning with the identified illnesses.

Smallpox was identified in twelve individuals (7.7%). This is the same ratio as the previous, much larger Register, though presented by a much smaller group of individuals. Yaws was present in two individuals (1.3%). Unique to this Register was the presence of a single individual who was identified as having Dropsy (0.6%).

In contrast to the two previous Registers, a Yellow Complexion was the most prevalent symptom, appearing on 79 individuals (51.0%). Pockmarks presented as the second most common symptom, with 38 individuals displaying them (24.5%). Pitted skin and Warts were also present, with eight (5.2%) and four individuals (2.6%), respectively. Symptoms that could

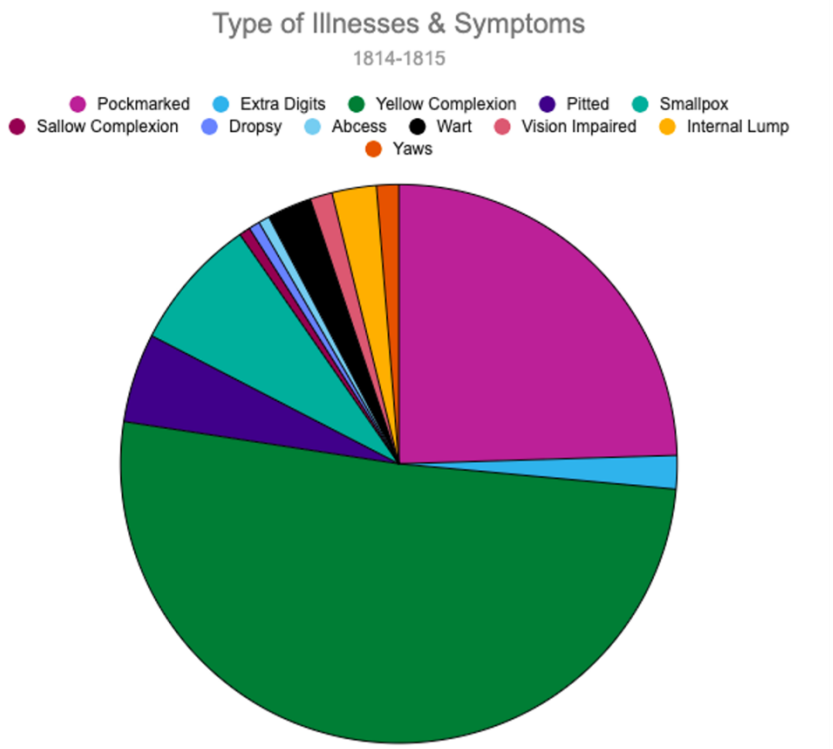

Figure 6.4.

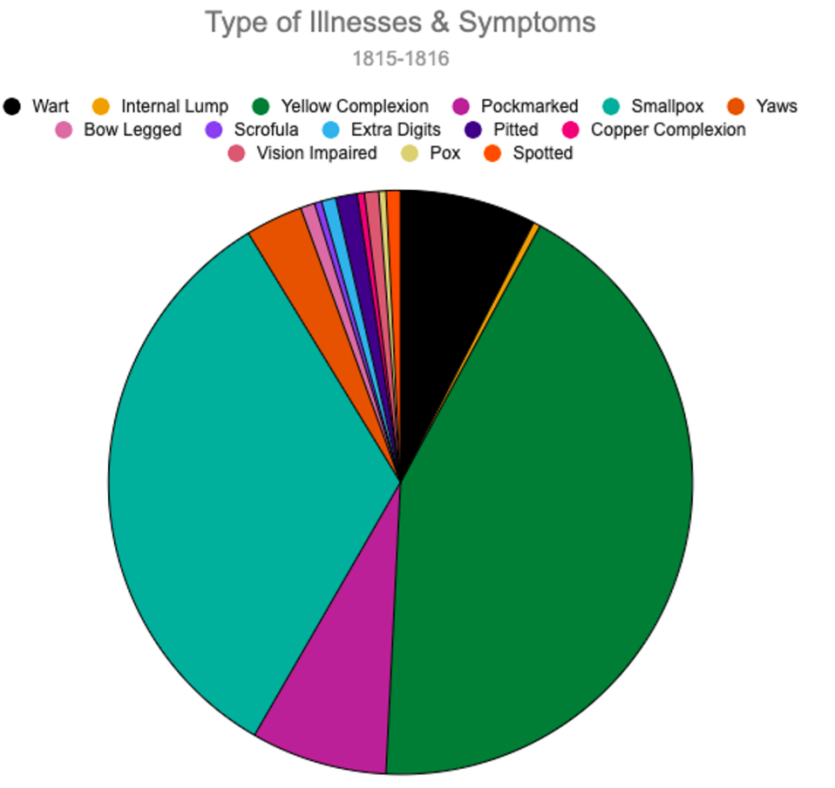

Figure 6.5.

indicate an internal problem include four individuals (2.6%) with Internal Lumps and a single person with an abscess (0.6%). Finally, two individuals (1.3%) were recorded as having a Visual Impairment, and three (1.9%) displayed Extra Digits on their hands or feet. No persons were recorded as deceased at the time of writing this Register.

1815-1816

This fourth and final Register provided 252 individuals presenting an illness or symptom, 78.5% of the total entries collected from this source and 11.3% of the full Register dataset for the years between 1808 and 1816 (Figure 6.5). The following numerical analysis will focus on these individuals, beginning with the identified illnesses.

Smallpox was present in the highest number of individuals of all of the analyzed Registers. 83 individuals were identified definitively, 32.9% of the total potential illness cases, making it the second most commonly appearing criterion. Yaws was present in eight individuals (3.2%). Unique to this Register was the recording of a single individual (0.4%) displaying Scrofula, an illness which had previously not been seen in these documents.

The most common symptom is a Yellow Complexion, as in the previous Register, which was identified in 108 individuals (42.9%). Pockmarked skin and Warts are present in nineteen individuals each (7.5%), bringing them both in as the third most common symptom. Pitted skin is also recorded in three individuals (1.2%). Two new terms for an unusual skin appearance arise in this Register, and one that had previously fallen out of use returns. The term Spotted appears for the first time and is used to describe two individuals (0.8%). A Copper Complexion is also recorded for the first time in one individual (0.4%). The term Pox returns to describe one individual (0.4%) after not being used since the 1812-1814 Register.

Finally, the remaining 2.8% of this section is composed of one individual (0.4%) with an Internal Lump, two individuals (0.8%) with Vision Impairment, two (0.8%) who were Bow Legged, and two (0.8%) presenting with Extra Digits on their hands or feet. There were no individuals recorded as deceased at the time of document creation.

Discussion

The Biological Stress Response

Each Register provided a significant number of sick individuals, with three showing illness in more than 70% of the selected entries. When we begin to consider why illness may have been so prevalent, it is important to consider a potential cause from within the body, which everyone may experience from time to time. The biological stress response is the physiological way the body reacts to stressors, real or imagined.[4] There are few if any, situations that could be more stressful than the experiences enslaved individuals underwent from the moment of capture onwards. In the case of those discussed in this project, the "end" of their story was liberation, but this was doubtless the beginning of yet another incredibly stressful period.

Today, when thinking about stress, finances, interpersonal relationships, and even graduate school may come to mind. These would fall into the category of social or cultural stresses, while infection with a virus would be a biological stressor.[5] The physiological stress response reacts regardless of the type of stress being experienced, even if the stressor does not actually exist. Due to our large brain size and our consciousness, humans are able to activate the stress response by perception even if someone else in the same situation perceives no threat at

[4] Andrea S. Wiley and John S. Allen, *Medical Anthropology: A Biocultural Approach* (Oxford University Press, 2017), 330.
[5] Wiley and Allen, *Medical Anthropology*, 329.

all.[6] Regardless of the reality of the stressor, the stress response is "a stereotypical physiological reaction."[7]

The response is an evolutionary system that could be construed as a "leftover" from times when humans were more consistently a part of the predator-prey food chain. Once described as the General Adaptation Syndrome by Hans Seyle, the basic nature of the response is to be "an efficient means by which organisms can divert resources to adapt" to challenges or stresses by preventing some functions in order to prioritize others.[8] It is a "means by which organisms can maintain their crucial physiological systems within functional limits under diverse sets of conditions."[9] However, if the stress continues, the allostatic load – the cost of maintaining the stress response – increases, leading to negative impacts on overall health.[10]

The stress response begins in the autonomic nervous system, which controls our unconscious actions like blinking, breathing, and keeping our heart beating.[11] This system has two branches: one which is activated during stress, the sympathetic or "fight or flight" nervous system, and the one which is suppressed, the parasympathetic or "rest and digest" nervous system.[12] In a threatening situation, hormones known as epinephrine and norepinephrine are released, causing both the rush of adrenaline and the suppression of nonessential functions.[13] In a truly stressful or threatening situation, energy should only be diverted to essential systems that would aid in the protection of the subject. However, considering the vast amount of functions the

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[6] Wiley and Allen, *Medical Anthropology*, 330.
[7] Wiley and Allen, *Medical Anthropology*, 330.
[8] Wiley and Allen, *Medical Anthropology*, 330.
[9] Wiley and Allen, *Medical Anthropology*, 330.
[10] Wiley and Allen, *Medical Anthropology*, 330.
[11] Wiley and Allen, *Medical Anthropology*, 331.
[12] Wiley and Allen, *Medical Anthropology*, 331.
[13] Wiley and Allen, *Medical Anthropology*, 331.

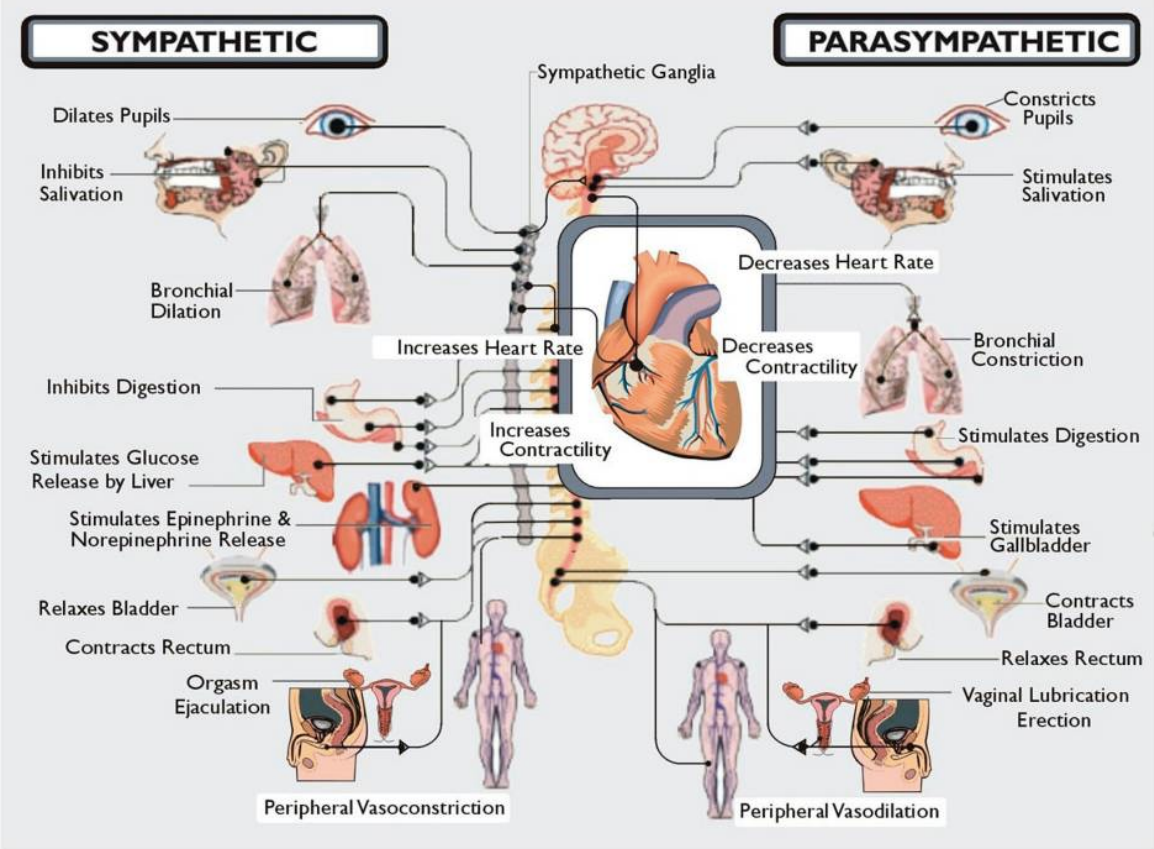

Figure 6.6. Chart detailing the functions of both branches of the autonomic nervous system (Dysautonomia International, 2019).

parasympathetic system controls, it is easy to see how its constant suppression could be disastrous to health (Figure 6.6).

While the nervous system response is immediate, it also triggers a longer-sustaining response controlled by hormones. This response is controlled by the hypothalamus-pituitary-adrenocortical (HPA) axis, which releases hormones over time, the most important of which is cortisol.[14] This cholesterol-based steroid hormone is key because it plays a role in organ and tissue regulation and function.[15] Organs and systems like the kidneys, the immune system, the

[14] Wiley and Allen, *Medical Anthropology*, 332.
[15] Wiley and Allen, *Medical Anthropology*, 333.

liver, muscles, and reproductive organs have cortisol receptors, which, when bound with cortisol, initiate a suppression or stimulation response.[16]

During the initial stress response, the immune system is actually heightened in case the trigger event results in wounds or infection.[17] However, this heightened state is not sustainable. Over time, the effect of cortisol on the immune system is to act as a suppressor rather than a stimulant, and the longer the stressor persists, the farther below baseline immune function will fall.[18] In experiments with mild cold viruses, Sheldon Cohen and colleagues observed that those with higher levels of chronic stress due to life circumstances suffered more intense respiratory symptoms.[19] Additionally, studies have shown that superficial wounds heal much slower in those who are chronically stressed.[20]

Stress can be so detrimental to human health because we have the capacity to think and worry about the future. An animal running from a predator will eventually recover from its stress response until initiated again, assuming it escapes.[21] Humans, however, have created a society which almost requires living in hypervigilance.[22] Enslaved individuals without question lived a life of hypervigilance, especially during periods of transport and other situations where they essentially lived as prey among predators. For this reason, they would have been well-suited to the definition of "predisposition" used by Galen and Gioralomo Fracastoro which suggested that

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[16] Wiley and Allen, *Medical Anthropology*, 333.
[17] Wiley and Allen, *Medical Anthropology*, 337.
[18] Wiley and Allen, *Medical Anthropology*, 338.
[19] Wiley and Allen, *Medical Anthropology*, 338. See also Cohen, S. et al. "Psychological stress and susceptibility to the common cold." *New England Journal of Medicine* 325, no. 4 (1991): 606-612., and Cohen, S. et al. "Reactivity and Vulnerability to stress-associated risk for upper respiratory illness." *Psychosomatic Medicine* 64, (2002): 302-310.
[20] Wiley and Allen, *Medical Anthropology*, 340. See also *Handbook of Human Stress and Immunity*, edited by R. Glaser and J.K. Kiecolt Glaser. New York: Academic Press, 1994.
[21] Wiley and Allen, *Medical Anthropology*, 334.
[22] Wiley and Allen, *Medical Anthropology*, 334.

"predisposed bodies provided fertile soil for invading particles to take root, while other bodies were less welcoming."[23] Though these ideas were, in a way, born of class-system prejudice, the idea that the condition of the body *before* the illness is important remains key to diagnostic medicine.[24] Since Galen and even after humoural medicine was abandoned, it has been believed that one's health depends on the quality of six key aspects of life: breathing, diet, sleep, activity, emotion, and waste evacuation.[25] As displayed here, the chronic nature of the biological stress response in enslaved individuals has the potential to affect each of these six criteria, resulting in a heightened predisposition to serious or frequent illness. This also brings us back to one of the key tenets of medical anthropology described in Chapter 3, repeated insults upon a system or organ will result in the failure of that system or organ.

Sickly Ships and Disease-Ridden Dungeons: Illness in Freed Slaves

As discussed in Chapter 4: Demographics, illness was present in a very significant 71.5% of the full dataset, not including those who presented with other criteria. When compared to the total 7,446 individuals documented throughout the four Registers examined, the total rate of illness is approximately 15.9%, a much lower, but not insignificant number of people. These numbers suggest that more than one out of every ten people was ill. It is important to note that not all of these individuals were freed from slave ships. Some were freed directly from coastal barracoons.

Similar numbers to those found in the dataset can be seen in the work of Andrew Pearson. For ease of analysis, I have categorized his data the same way I organized my own data

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[23] Kevin P. Siena, *Rotten Bodies: Class and Contagion in Eighteenth-Century Britain* (Yale University Press, 2019), 24.
[24] Siena, *Rotten Bodies*, 24.
[25] Siena, *Rotten Bodies*, 25.

for the various Basic Statistics charts. Though his data sample contains only 328 sets of skeletal remains, they reflect the illness trends represented here. From Pearson's excavation, 165 skeletons presented with illness alone. Additionally, all of the 90 cross-listed individuals also presented with at least one illness. This results in a rate of illness of approximately 78.2%. A vast difference between this project and the work of Pearson is, obviously, that his osteologists were able to conduct examinations on physical sets of remains, whereas mine remain imagined. Additionally, as the island of St. Helena where the Rupert's Valley site is located is so small and was such a late addition to the Vice-Admiralty court system, much is known about the conditions faced by the new arrivals. It is also important to note that several of the diseases recorded by Pearson would only be visible when looking directly at the skeleton. For example, Schmorl's nodes, the herniation of one vertebral disk into another, occurs completely within the spine and often has no other symptoms except inflammation and mild discomfort in some cases.[26] This, coupled with the fact that a skeleton cannot be distrustful and fearful of the individual examining them, may help account for the higher rate of disease in Pearson's dataset.

However, one of the key limitations to Pearson's work and practical osteology as a whole is that two of the most common killers among the Liberated African population do not leave traces on the skeleton. Both smallpox and dysentery occupy the status of "main killer" of those on board slave ships, and, indeed, within the Rupert's Valley depot.[27] Regardless, the only evidence of both is in archive documents. Dysentery kills too quickly for it to cause the osteological markers of malnourishment, and even the most severe cases of smallpox typically do not leave an osteological trace.

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[26] Anna Hernández, "Schmorl's Node," *Elsevier*, accessed October 25, 2022, https://www.osmosis.org/answers/schmorls-node.

[27] Andrew Pearson, *Distant Freedom: St. Helena and the abolition of the slave trade, 1840-1872* (Liverpool University Press, 2016), 159.

This said, in less than 5% of cases, a type of secondary bone infection develops from the smallpox virus.[28] *Osteomyelitis variolosa* affects only children and adolescents and is a result of the same *Variola major* virus.[29] Bone lesions often begin in the joints of the post-cranial skeleton and can travel down the shaft, sometimes resulting in the separation of the epiphysis from the rest of the long bone.[30] These lesions and the resulting bone damage are most common in the elbow joint, which may be diagnostically significant when regarding human remains such as the Pearson dataset.[31] One skeleton did present with osteomyelitis of the left tibia.[32] As Skeleton Number 470 is that of an Older Child and the evidence is in proximity to a joint, it is possible that this case of osteomyelitis is of the variant *variolosa*, though, unfortunately it is not possible to know for sure with the present data.

Smallpox is a disease that was perfectly suited to the conditions of the slave trade and this may account for the number of explicit mentions as well as the frequency of symptoms characteristically associated with it. It could thrive in the filthy slave ships and be "transmitted via bodily fluids and contaminated objects such as bedding and clothing."[33] In addition, with the almost month-long period of contagion described in Chapter 5, it is a fair assumption that once smallpox was on a ship, it was unlikely to be avoided regardless of containment measures. This was one of the official reasons for the confiscation and destruction of clothes once the enslaved began boarding the ships.[34] Considering that Edward Jenner's vaccine was in widespread use by

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[28] Douraiswami Balaji, "Osteomyelitis Variolosa: A Case Report," *Journal of Orthopaedic Surgery* 19, no. 1 (2011): 120, https://doi.org/10.1177/230949901101900128.
[29] M. Lefort and P. Bennike, "A Case Study of Possible Differential Diagnoses of a Medieval Skeleton from Denmark: Leprosy, Ergotism, Treponematosis, Sarcoidosis or Smallpox," *International Journal of Osteoarchaeology* 17, (2007): 343, DOI: 10.1002/oa.905.
[30] Lefort and Bennike (2007): 343. The post-cranial skeleton refers to everything below the skull.
[31] Lefort and Bennike (2007): 343.
[32] See Appendix B for entry for Skeleton Number 470.
[33] Pearson, *Distant Freedom,* 171.
[34] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007): 265.

the early nineteenth century, it begs the question of why smallpox remained such an issue among the Liberated Africans.[35] Outlawing the trade seems to have played a part. According to Pearson, during the legitimate trade, vaccination of slaves before embarkation was fairly common, not to mention the long-standing inoculation practices of many African societies.[36] However, once the trade became clandestine, vaccination rates plummeted and smallpox once again became a common ship-borne disease.[37] Here we have a clear situation in which the medical anthropology concepts of the body politic has a real and deadly impact on both the social and individual bodies. The effects of the body politic are then continuously felt in the capture and adjudication of slave ships, the creation of the Register system – and by extension, the archive as a whole – as well as the reintroduction of diseases like smallpox to previously landed populations.

A potential example of this may be found in Register 1812-1814. Though a ship-by-ship analysis for the full dataset is not possible, there are certain ships in this document whose information was included in its entirety and were possible to track on the SlaveVoyages.org database. One, in particular, is the *Bonsucesso*, a Portuguese brigantine owned by Joaquim José de Oliveira.[38] This vessel is very well documented, which allows for a deeper implementation of the findings of this project. In Register 1812-1814 30 individuals were recorded as having smallpox. During transcription, I noticed what seemed to be a significant number of smallpox cases being logged one after another. After some investigation, it appeared that the *Bonsucesso* was the cause of this trend. Of the 30 individuals with smallpox, 21 of them were unwilling passengers of the *Bonsucesso*.

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[35] Pearson, *Distant Freedom,* 173.
[36] Pearson, *Distant Freedom,* 173.
[37] Pearson, *Distant Freedom,* 173.
[38] See https://www.slavevoyages.org/voyage/database, Voyage ID 7511.

According to the database, the brigantine carried a total of 277 slaves, of which 251 arrived in Freetown alive.[39] In total, 8.4% of those who disembarked were ill with smallpox. If the 26 individuals who did not survive the passage died of smallpox, this number could be as high as 17%. With a voyage length of approximately six months, it is very possible that the ship may have gone through several cycles of smallpox infection, depending on when the initial infection occurred. Regardless, a single ship providing 70% of the smallpox cases for a register of 2,512 people suggests that Pearson's observations about the vaccination practices may have been correct.

Additionally, the trends continue to rise as the Registers go on in years. It may appear dubious given some of the numbers; however, the math suggests this is true. First, consider Register 1814-1815. The unduplicated portion of this Register resulted in twelve individuals with smallpox, less than half the number of the previous Register and only one more than the 1808-1812 Register. However, the entries for the unduplicated portion of Register 1814-1815 are dated between the 24th of October 1814 and the 1st of July 1815 – a period of fewer than nine months. An accurate time period for the 1808-1812 Register is difficult to ascertain, as the last several hundred entries have been documented with no mentions of ships nor any other information. However, the assumption is that the document covers a time period of approximately four years, a time period over five times longer than the 1814-1815 Register. This shows an increase from approximately two cases of smallpox per nine-month period to twelve cases per nine-month period: a six-fold increase in just two years.

In between, there is the previously discussed 1812-1814 Register with 30 individuals with smallpox. Again, a more exact timeline for this Register is not possible due to the lack of

[39] See https://www.slavevoyages.org/voyage/database, Voyage ID 7511.

provided dates, however, it is assumed to cover a time period of approximately 24 months. This would result in approximately eleven cases of smallpox per nine-month period, findings nearly on par with the Register for the following year. As was demonstrated above, however, we now know that 21 of these cases arrived at the same time.

If trends from 1814-1815 progressed for the full year, an estimated 21 cases of smallpox would have been recorded. This hypothetical number is dwarfed, however, by the actual numbers from the 1815-1816 Register. The entries for the 1815-1816 Register begins with a continuation of the *Entrepida* from July 1st, 1815 and concludes with entries from *Prince Regent La Nueva Pazú* on August 29th, 1816, a period of just under fourteen months. However, entries with apparent illness did not begin until after the dateline of August 8th, 1815, so there is no overlap with the ships from the previous Register involved in these calculations. This reduces the calculation period to just over thirteen months. During this period, 83 individuals were recorded as having smallpox. If we continue to work with our nine-month time segments, this represents approximately 59 cases of smallpox per nine-month period. This represents an increase of 2.8 times the amount recorded in the 1814-1815 Register. If we compare with the earliest Register considered for this project, we see an increase in smallpox cases of 29.5 times what was observed in the 1808-1812 Register.

There is, of course, room for error. The calculations described above involve full months and numbers rounded to one decimal place. In addition, they assume that all the smallpox identifications made at the time of writing the Registers were correct and that the entries for those with pockmarks or pox were not actually misdiagnosed cases of active smallpox.

Interestingly, the recorded cases of pockmarks, pitted skin, and pox appear to drop in frequency as the Registers proceed in years. As the symptoms are so similar in type and

appearance, they can be grouped and analyzed together. In the first Register, 269 individuals are recorded with these symptoms, the particulars can be consulted above. The second Register shows 180 individuals with the same symptoms. Finally, the third and fourth Registers contain 46 and 23 individuals respectively. Working with the previously established nine-month time periods, the pattern is as follows. During the period of 1808 to 1812, we see approximately 50 individuals per nine-month period who present with pockmarks, pox, or pitted skin. In the following Register for 1812-1814, we see an increase to approximately 69 individuals per nine months. The next two Registers are where the drop in frequency becomes apparent. For the nine-month period recorded in the third 1814-1815 Register, 46 individuals presented with these symptoms. This number drops quite significantly in the final Register, to approximately 16 individuals per nine-month period.

It is possible that the reduction in unspecified pockmark, pox or pitted skin entries and the increase in positively identified smallpox cases may be related. As smallpox became more common, it may have become more easily identifiable for those examining the Liberated African population for the Registers. Additionally, Yaws may also cause pockmarks, pox, and/or pitted skin at various stages of infection.

Yaws is another of the positively identified diseases logged in the Registers, it can also leave traces on the skeleton when allowed to progress to late stages. Andrew Pearson discovered evidence of late-stage Yaws in eight individuals from Rupert's Valley.[40] Skeletons numbered 208, 264, 349, 351, 371, 389, 502, and 507 all displayed signs of the tertiary stage of Yaws.[41] Unfortunately, the available documents do not detail where in the skeleton the evidence of Yaws

[40] Andrew Pearson, "Appendix D4 Osteological Catalogue," *Infernal Traffic: Excavation of a Liberated African Graveyard in Rupert's Valley, St. Helena,* last modified 2012a, DOI: https://doi.org/10.5284/1011174.
[41] Pearson, "Appendix D4 Osteological Catalogue," 2012.

was located. Stage 3 Yaws can present in various parts of the skeleton, including the cranio-facial bones, joints and long bones.[42] The cases of Yaws present in the Registers were likely first or third-stage cases given that the second stage involves a latency period which can last up to ten years. It is also possible that there were more individuals who actually carried the infection, but were in the latent stages so it went undocumented.

Ships and Barracoons as Disease Environments

What made diseases so common and plentiful? The blame rests upon what is known in biological anthropology as the "disease environment." In this case, it would refer to the captured vessels and evacuated barracoons themselves, though the enslaved persons likely passed through several disease environments before arriving at Freetown. In a discussion of the trade of Gola prisoners of war sold to Joseph Hawkins of the *Charleston* in 1794, Marcus Rediker identified two stages of the Middle Passage. The first part occurred on the continent of Africa, involving both overland travel and travel by small watercraft to reach the coast and the ship, and the second part involved the ocean crossing to the destination point.[43] It also helps to remember Sofaer's key points about materiality and plasticity: due to our bodies' material nature, we interact with and are changed by our environments, as we, in turn, change them. As "quintessential slave-trade contact zones," slave ships themselves were once thought to have been the source of yellow fever, however, by itself, a ship is unlikely to cause disease, but human interaction almost assures that it will.[44]

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[42] Tim D. White and Pieter A. Folkens, *The Human Bone Manual* (Elsevier Academic Press, 2005): 320.
[43] Rediker, *The Slave Ship,* 75.
[44] Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020): 33.

As more and more enslaved persons are brought on board, the more an impact there is on the environment. One of the key factors about humans, which was likely lost in the commodification of the African person, is that they are inherently unpredictable. This is not only due to the presence of free will and aspects of our personalities which cause us to sometimes act unpredictably. Our bodies themselves are often unpredictable, especially in new environments. As was previously outlined, the biological stress response has a massive effect on the human body. However, fairly mundane things can often cause unforeseen issues which can then spiral. For example, some people may have violent reactions to diet changes. Given the cramped and unsanitary conditions, even if only one person develops diarrhea, illness could very easily spread to others. The introduction of feces into an environment introduces potential parasites and bacteria which can multiply exponentially in the correct conditions. Avoiding contamination would have been a highly unlikely event, depending on the ship. These conditions are further complicated by the then ongoing debate between contagionists and anti-contagionists about disease cause and prevention. According to Manuel Barcia, these debates were largely political and focused on yellow fever and concerned whether factors such as the sanitizing of human bodies and environments and human behaviour played a factor in the disease experience.[45]

Ships could be especially deadly when not in motion. In his memoir, Gustavus Vassa described his experience of a ship at anchor as the following:

> The stench of the hold while we were on the coast was so intollerably loathsome, that it was dangerous to remain there for any time, and some of us had been permitted to stay on the deck for fresh air; but now that the whole ship's cargo were confined together, it became absolutely pestilential. The closeness of the place, and the heat of the climate, added to the number in the ship, which was so crowded that each had scarcely room to turn himself, almost suffocated us. This produced copious persipitations, so that the air soon became unfit for respiration, from a variety of loathsome smells, and brought on a sickness among the slaves, of which many died, thus falling victims to the improvident avarice, as I may call it, of their purchasers. This wretched situation was again aggravated by the galling of the chains, now become insupportable; and the

[45] Barcia, *The Yellow Demon of Fever,* 169.

> filth of the necessary tubs, into which the children often fell, and were almost suffocated. The shrieks of the women, the groans of the dying, rendered the whole a scene of horror almost inconceivable.[46]

In such an environment, opportunistic infections could very easily take hold, especially with "the necessary tubs," being as disastrous as Vassa claims. Feces, especially diarrhea, can have an enteric pathogen content of up to 10^{10}-10^{12} per gram.[47] Enteric pathogens refer to those that infect the gastrointestinal tract, they also remain stable in food and water, as well as on some surfaces under the right conditions.[48] These can be composed of protozoan parasites, helminths, enteric viruses and bacteria, and indicator bacteria.[49] These are especially insidious contaminators. Feces can cause water-borne and water-washed diseases, further broadening the methods of contagion as well as deadliness. Water-borne refers to the method of contagion being the ingestion of contaminated water, and water-washed refers to disease transmitted person-to-person due to a lack of clean water for washing.[50] Water basins used by slaves to clean themselves would become dirty very quickly and were composed of recycled water.[51] In addition to the dangerous presence of bodily fluids in the water, stagnant water attracted insects like mosquitoes which heightened the chance for disease and bacterial contamination.[52]

Despite warnings and, later, contracts to keep the crew, cargo and ship as clean and disease free as possible, conditions were often "the most desperate…ever experienced by human beings in the modern world."[53] Regardless of whether ships were tightly or loosely packed,

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[46] Gustavus Vassa, *The Interesting Narrative of the Life of Olaudah Equiano or Gustavus Vassa, The African, Written by Himself* (Union-Street, Mary-le-bone, 1789. Reprinted 2021): 24-25.
[47] Charles P. Gerba, "Environmentally Transmitted Pathogens," *Environmental Microbiology* (2009), doi: 10.1016/B978-0-12-370519-8.00022-5.
[48] Gerba (2009).
[49] Gerba (2009).
[50] Gerba (2009).
[51] Mustakeem, *Slavery at Sea*, 62-63.
[52] Mustakeem, *Slavery at Sea*, 63.
[53] Barcia, *The Yellow Demon of Fever, 68.*

quarters below deck provided little space and quickly became filthy. Some captains allowed enough room for enslaved individuals to lay on their sides or be "locked spoonways" in close proximity.[54] According to former ship surgeon Alexander Falconbridge, enslaved individuals "had not so much room as a man in his coffin, neither in length or breadth, and it was impossible for them to turn or shift with any degree or ease."[55]

In discussions of disease environments, the natural environment must also be considered, as it has a major impact on not only human health but the "health" of structures and vessels as well. From the earliest days of colonial endeavours, Sierra Leone and its environs have been described as "White Man's Grave" due to both the diseases Europeans had no natural immunity to and the weather events that aggravated them.[56]

> Alongside the presence of miasma and putrefaction [on board slave ships], other environmental factors were considered to play important roles in the development of unhealthy habitats. Tropical rains, sun rays, heat, dews, charged atmospheres, and the like were often liked to the existence of miasma and morbid exhalations, and on occasion were even blamed for producing them. Of these factors, tropical rains were perhaps the most feared, as the observable relation between rains and fevers was apparent to all those who inhabited and visited the slave-trade contact zones.[57]

The environment created on ships could be so bad, in fact, that a French physician Mathieu Audouard even blamed the vessels themselves for being the source of yellow fever.[58] Unfortunately, the idea of "curing" such an environment at the time of the creation of the Registers presented here, be it a ship used for the trade itself or the policing of it, was rather in vain.[59] It was not until 1841 that more efficient ventilation methods and machines were brought

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[54] Sowande' M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (University of Illinois Press, 2016): 59.
[55] Mustakeem, *Slavery at Sea*, 59.
[56] Barcia, *The Yellow Demon of Fever*, 29.
[57] Barcia, *The Yellow Demon of Fever*, 38.
[58] Barcia, *The Yellow Demon of Fever*, 41.
[59] Barcia, *The Yellow Demon of Fever*, 41.

about by the British, though most had grates and portholes.[60] Without proper ventilation, holds became incredibly hot and damp, which increased the likelihood of respiratory infections and suffocation.[61]

The deadly consequences of the disease environments do not only come from the illnesses themselves. In some cases, the human element of the environment involves an intentional act of violence. In the infamous case of the slave ship *Zong* of 1781, Captain Luke Collingwood implemented extreme disease containment protocols.[62] When the cargo of 470 enslaved individuals began to fall ill, Collingwood and the crew turned to murder to prevent financial losses, as slaves "thrown alive into the sea…would be the loss of the underwriters."[63] After 60 Africans and seven crew members died, 122 slaves were intentionally thrown overboard over three or four days, ten chose to jump to their deaths as well, bringing the wrongful death total to 132.[64] After the case was tried in court, it became an important part of the abolitionist movement.[65]

Conclusion

What can be particularly frustrating about both osteological and archival examination is that neither seems to provide all of the information researchers hope to find. When looking at history, the "full story" always seems to be just beyond our grasp. However, by combining methods this goal becomes much more attainable. Specifically, in terms of this type of medical research, each method has proven to have limitations. Archival data like the Registers cannot

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[60] Barcia, *The Yellow Demon of Fever*, 42.; Mustakeem, *Slavery at Sea*, 61.
[61] Mustakeem, *Slavery at Sea*, 60.
[62] Rediker, *The Slave Ship,* 240.
[63] Rediker, *The Slave Ship,* 240.
[64] Rediker, *The Slave Ship,* 240.
[65] Rediker, *The Slave Ship,* 241.

provide information on illnesses and diseases that may be in the latent stages or that do not present on the skin's surface. Osteological data cannot provide us with information about diseases and illnesses that either do not leave traces on the bones or that kill too quickly to get the chance to.

However, what is clear from the data presented here is that the experience of illness and disease was more than simply “having smallpox” or “displaying a symptom.” Questions arise regarding how the illness was contracted, whether there were active efforts among slave traders and sailors to prevent that specific illness, and whether their lives were threatened not only by the illness but also by the potential actions of the crew to protect the majority of the human cargo. And on a more individual level, was the documented illness the only one the person was suffering from, or were there also conditions not visible from the outside?

Chapter 7: Types of Trauma

This chapter provides information and analyzes the injuries discovered in the dataset. As with the previous chapter, the analysis begins with a look at the full dataset before continuing with a Register-by-Register breakdown.

Some of the individuals discussed in this chapter will appear once more in the next chapter, where the final analysis of individuals with both illnesses and injuries will occur.

Full Dataset

As with the previous chapter, the analysis will begin with an overview of the various trauma types present in the full dataset. Figure 7.1 will demonstrate the demographics of trauma without the year and sex divisions that the rest of the chapter will rely on.

In total, 247 individuals presented with at least one traumatic injury, representing 14.9% of the total dataset. Considering the brutal nature of the trade, this seemed suspiciously low and was at first investigated as erroneous. However, it was eventually accepted as a logical conclusion. These individuals were taken from ships intercepted prior to arrival at their destination ports, where the enslaved persons were then sold. Logically, in order to ensure their human cargo sold for the most amount of money, injuries – at least severe ones – would have been avoided.

The most commonly recorded injuries are burns, appearing on 150 individuals (60.7%). The second most common injury, though at a much lower rate, was removed digits, which appeared on 36 individuals (14.6%). The final injury of significant occurrence was the recording of individuals who had been shot by a firearm. Fourteen individuals (5.7%) in total had sustained

this injury. The final 19% of the dataset is composed of injuries which appear in very few individuals and thus will be more statistically significant when discussed in the following section.

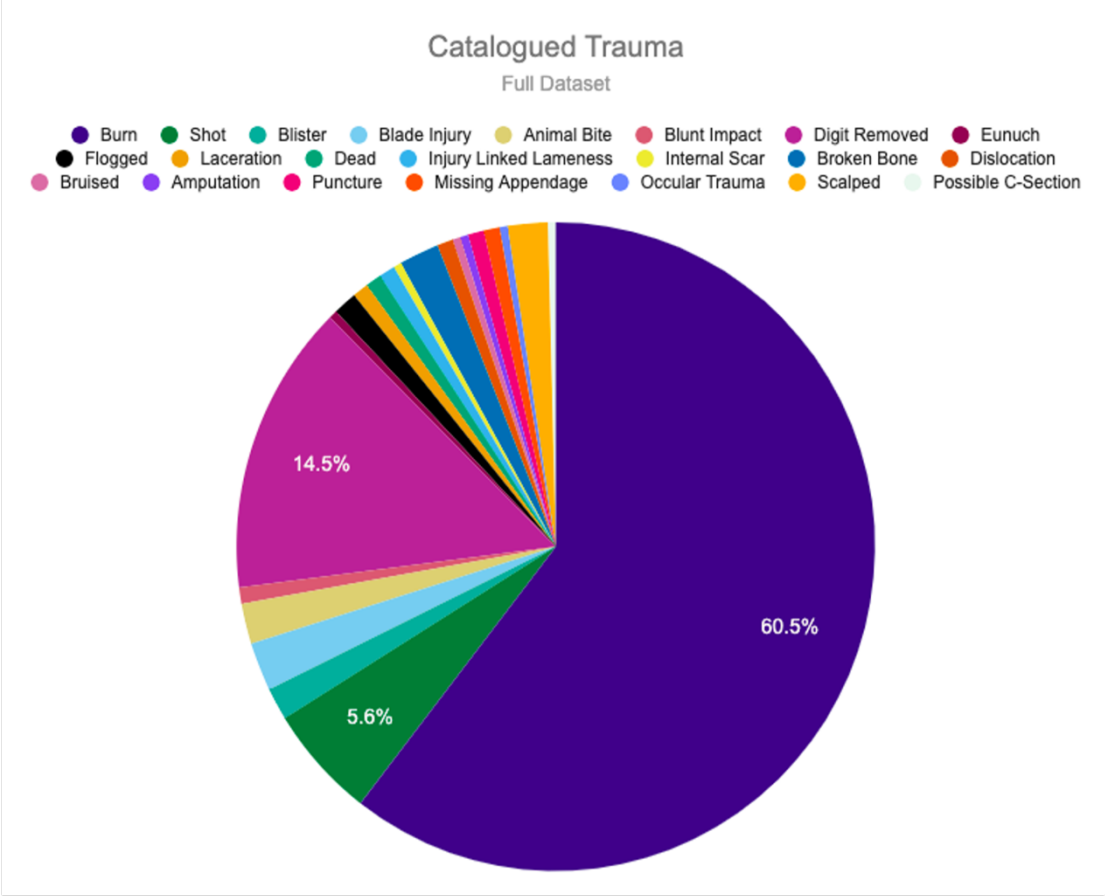

Figure 7.1

Register by Register Breakdown

1808-1812

This first Register records 126 individuals with injuries, 20.2% of the total individuals collected from this source (Figure 7.2). This Register also provided the highest variety of injury types, likely due in part to the size of the Register itself. The rate of burns in this Register was similar to the rate of those in the total dataset. 79 individuals were recorded as having burns, 63.7% of the total injured group. This group also remained consistent in that removed digits were the second most commonly occurring injury, present in fourteen individuals total (11.3%). The Register begins to deviate from the previous pattern after this. In a unique coincidence, two individuals (1.6%) were recorded as having both sustained burns and removed digits. These injuries were logged together in an attempt to track patterns of combined injury. Adding these two individuals to the previous categories, the dataset shows 81 individuals (64.3%) with burns and sixteen (12.7%) with removed digits. The third most common injury in this group were those inflicted by blades. Six individuals had this type of injury (4.8%). There were five individuals (4.0%) who had been shot. Unique to this Register was the logging of blisters, as this term does not appear in any of the other Registers analyzed in this project. Four individuals (3.2%) displayed these and were recorded almost one after another.[1] After this, the term "blister" is not seen again.

The remaining entries are composed of unique entries occurring on one or two individuals. Two individuals (1.6%) presented with broken bones, though due to the nature of the entries, it is difficult to ascertain whether these breaks had occurred in the past and previously

[1] See Appendix A for Recaptive entries numbers 91, 92, 94, and 95.

healed or if they were current at the time of examination. Two additional individuals presented (1.6%) with what were logged as blunt force injuries. The remaining injuries were present on one individual each (0.8%) and included a puncture wound, a dislocation, a bruise, a laceration, and an animal bite, resulting in a total 4.0% of the Register collection. Of particular interest were the following injuries, totalling another 4.0% of the Register collection, each occurring in only one individual (0.8% each). One amputation, one internal scar, one instance of injury-related lameness, one individual who had been flogged, and one potential eunuch.

1812-1814

This second Register provided 61 injured individuals in total, 12.2% of the total Register collection (Figure 7.3).

Burns remained the most common injury with 39 individuals (63.9%) presenting them. The second most common injury also remained consistent with the previous Register, with ten individuals (16.4%) displaying removed digits. As with the full dataset, injuries as a result of being shot are the third most common. Six individuals (9.8%) presented such injuries. The remaining 9.6% of the dataset is composed of injuries presenting on single individuals. There was one instance of a broken bone (1.6%), one puncture wound (1.6%), one injury resulting in lameness (1.6%), one flogging victim (1.6%), and one person with a missing appendage (1.6%). Finally, one individual (1.6%) was recorded as dead due to an unknown cause.

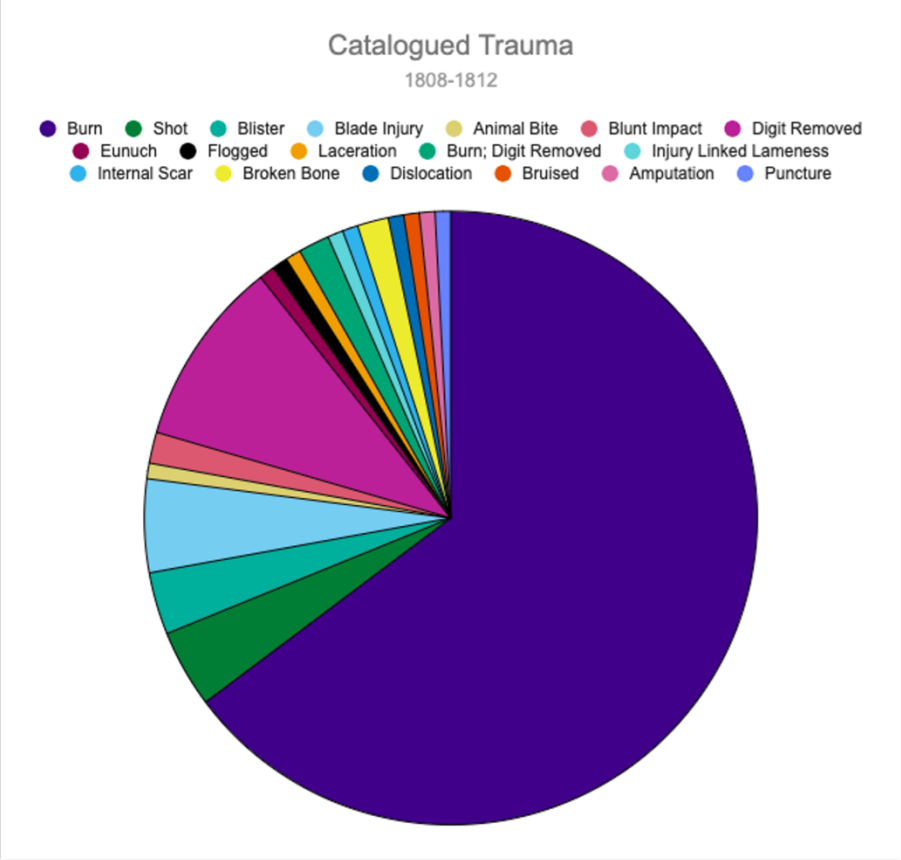

Figure 7.2.

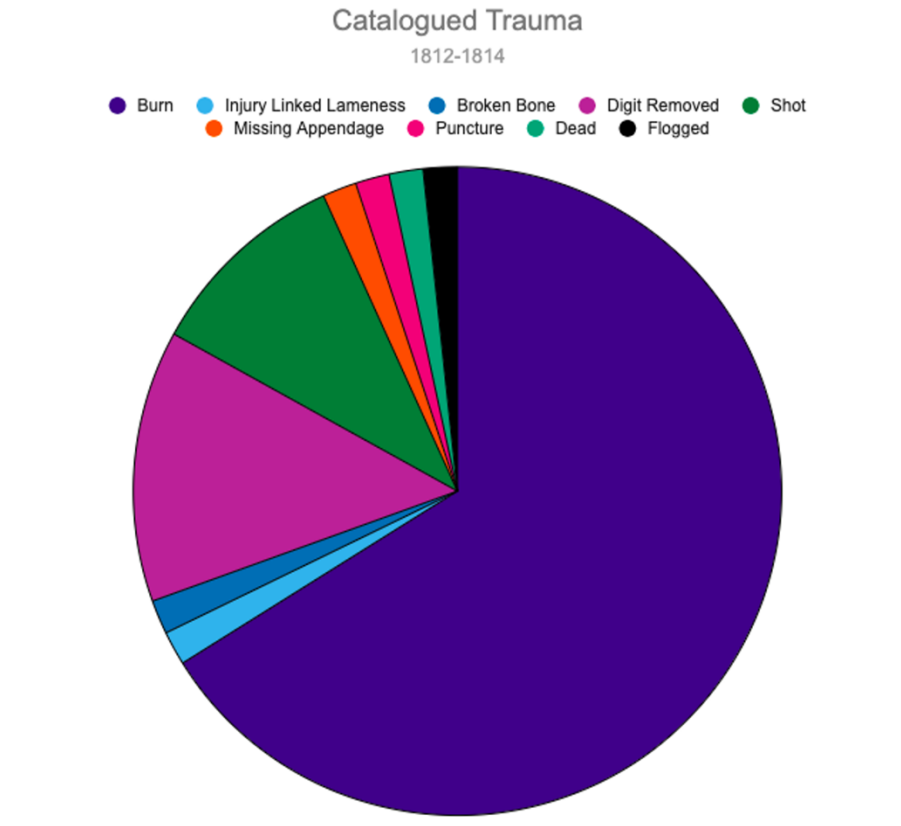

Figure 7.3.

1814-1815

After redundancies were removed, this third Register provided 25 injured individuals in total, 11.9% of the full total Register collection (Figure 7.4).

Despite the much smaller group, the top three injuries present in the previous collection group remain the same. Burns were present on ten individuals (40.0%), removed digits on seven individuals (28.0%), and three individuals (12.0%) who were injured as a result of being shot. This Register is unique for the first appearance of individuals who had been scalped; two individuals (8.0%) were described as such. Before these two, this term had not been seen in the Registers before. The remaining 12.0% of the group is composed of injuries occurring on one individual each. There was one occurrence (4.0%) of dislocation and one (4.0%) of ocular trauma. Finally, there was one individual (4.0%) who presented both burns and lameness as a result of injury. Including this individual, burns occurred on a total of eleven persons (44.0%).

1815-1816

The fourth and final Register provided 39 injured individuals, 12.1% of the total entries taken from this Register (Figure 7.5).

Burns and removed digits remained the first and second most common injuries, occurring in 22 (56.4%) and five individuals (12.8%), respectively. Animal bites became the third most common injury, despite only being present on four individuals (10.3%). Scalping recurs in this

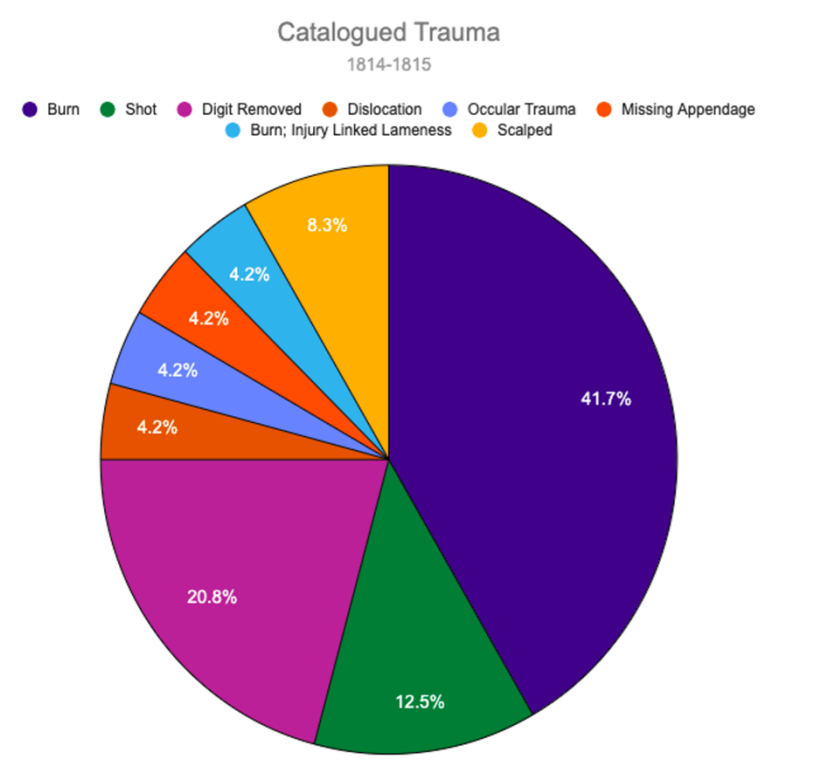

Figure 7.4.

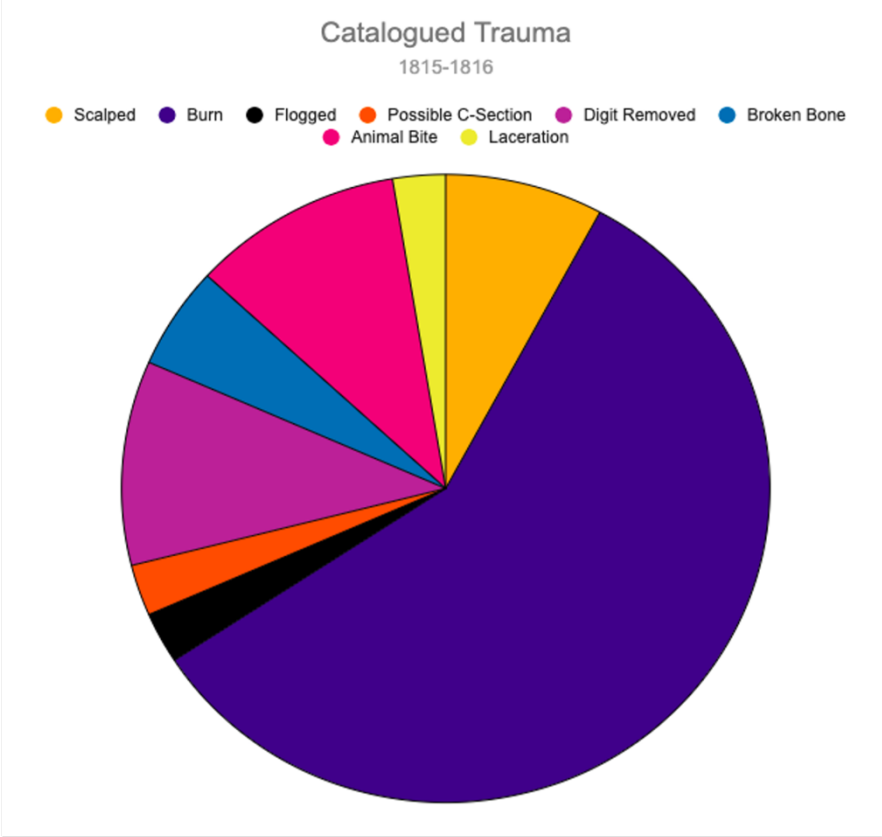

Figure 7.5.

Register, this time on three individuals (7.7%), suggesting that it may be an injury that becomes commonplace in the Registers as the volumes continue. Finally, there were two individuals (5.1%) with broken bones, one with a laceration (2.6%), and one who had been flogged (2.6%). Unique to this Register was also what appeared to be the description of a cesarean section in one individual (2.6%). The entry for this woman, named Dua, describes her as having a "large cut across belly below navel," followed by a notation stating that she is the mother of another Liberated African included in the Register.[2]

Discussion

Despite the apparently low rates of injury within the dataset, violence was prevalent during the slave trade. According to John Newton, the slave trade created violent men and the malicious sentiments were infectious like a disease. When discussing the work of disciplining and controlling the slaves he wrote:

> A savageness of spirit, not easily conceived, infuses itself (though, as I have observed, there are exceptions) into those who exercise power on board an African slave-ship, from the captain downwards. It is the spirit of the trade, which, like a pestilential air, is so generally infectious, that but few escape it[3]

Violence as a form of control was commonplace, not only from the crew towards the enslaved but also from the captain towards the crew.[4] Terror, torture and mistreatment on board ships are well documented and are not the focus of this project. As such, more graphic details will be omitted.

Despite burns being the most common injury in the dataset, the lack of information that accompanies the notation about the individual being burned makes it very difficult to discuss the

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[2] See Appendix A for Recaptive entry number 7826.
[3] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007): 220.
[4] Rediker, *The Slave Ship*, 204-205.

possible method of injury. As a result, the decision was made to focus on injuries for which there was more specific diagnostic information.

Skeletal Trauma

Skeletal trauma is often difficult to see in a living person, especially once it has healed. However, this is often one of the only medical evidence visible in the archaeological record. This is especially exemplified in the dataset compiled from Andrew Pearson's excavation of Rupert's Valley.

The Rupert's Valley dataset showed 15 individuals with various forms of fractures, 4.6% of the total articulated group.[5] Of the individuals with fractures 11 were classified as male or probable male, a significant 73.3% of the group. The remaining fractures were present in two females (13.3%) and two Older Children of undetermined sex (13.3%). These findings are fairly demonstrative of typical sex division trends in skeletal trauma from archaeological sites. In Robert Jurmain's book, comparisons of trauma studies involving skeletal remains showed that male skeletons displayed more fractures than females on an ongoing basis, from prehistoric sites, through Medieval sites as well as in non-human primate studies.[6] This is shown to be especially true in the case of cranio-facial fractures.[7]

This trend is again repeated by the few broken bones described within the Registers. Including instances of dislocation, there are seven breaks recorded. Five (71.4%) of these occurred in male individuals and only two (28.6%) in females. There are, of course, important

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[5] See Appendix B for Skeletons numbered 220, 234, 235, 249, 273, 278, 279, 287, 291, 298, 306, 329, 355, 359 and 375.
[6] Robert Jurmain, *Stories from the Skeleton: Behavioral Reconstruction in Human Osteology* (Gordon and Breach Publishers, 1999), 195-196.
[7] Jurmain, *Stories from the Skeleton*, 195.

limitations to mention in these skeletal comparisons. As was previously mentioned, there is plenty of information missing from the Register entries concerning the type of fractures and whether the fractures were healed or active at the time of documentation.[8] This information, along with the possibility of a much higher number of individuals with fractures, would very likely not be possible to gather from living people without modern imaging technologies.

What is particularly interesting about the Register fractures is that with the exception of one broken leg, all of the entries describe a broken finger or dislocated hand. This could be because they are the most readily apparent. There is also a hand fracture in Andrew Pearson's dataset. Skeleton 235 was found to have a fracture to the fourth metacarpal on the right hand. This specific fracture is one of the many with a nickname in today's medical nomenclature, it is known as the Boxer's Fracture. This fracture is commonly found on the fourth or fifth metacarpal of the dominant hand as a result of force applied to a clenched fist, most commonly by incorrectly throwing a punch, hence the name.[9] Today, 40% of all hand fractures are metacarpal fractures and occur in men at a rate five times that of females, most commonly in adolescent and young men.[10] Though unique fractures such as this one were named in the modern day they can offer some insight into the daily lives of Liberated Africans.

According to the American Academy of Orthopedic Surgeons and urgent care practitioners, hand and finger fractures are some of the most common causes of emergency room visits.[11] Injuries to the hand, wrist and arm have myriad causes, however, they most commonly

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[8] The term "active" in this case refers to an unhealed fracture where the bone may still be remodelling.

[9] Saloni Malik, Tom Herron, and Naomi Rosenberg, "Fifth Metacarpal Fractures," *StatPearls [Internet]*, last modified August 8, 2022, https://www.ncbi.nlm.nih.gov/books/NBK470428/.

[10] Malik et al., 2022.

[11] American Academy of Orthopedic Surgeons, "Finger Fractures," *OrthoInfo*, last modified June, 2022, https://orthoinfo.aaos.org/en/diseases--conditions/finger-fractures/; Michael Bartuseck, "INJURIES TO THE UPPER EXTREMITY DUE TO FALLS ONTO OUTSTRETCHED HANDS (FOOSH)," *The Journal of Urgent*

result from what is known as a FOOSH event, or "falling onto outstretched hands."[12] Given the violence that permeated even the most basic daily occurrences of the slave trade, injuries as a result of falls due to a loss of balance on deck, tripping or pushing would likely have been commonplace. It is also known from John Newton's writings that thumbscrews were occasionally used by captains as punishment for various transgressions.[13] This makes the one broken thumb entered in Register 1812-1814 especially interesting. If the broken thumb on the 48-year-old man known as Quaco was in fact a crush injury, he may have been one of the many unfortunate victims of this specific medieval torture.[14]

Additional injuries to the hands and lost digits on both the hands and feet may be attributed to the use of shackles. Injuries as a result of improper or prolonged use of handcuffs by those in power are still so prevalent in today's society that standardized medical and forensic procedures have arisen for investigation purposes. The most common of these is known as the "Istanbul Protocol," considered the "gold standard for the medicolegal documentation of torture."[15] By examining cases that focus on skin, bone and nerve damage, it is possible to see how some of the injuries that appear in the Registers could have been caused by shackles. Unfortunately, given the limitations of what information can be taken from the Register entries themselves, fracture injuries may be the most telling. The most common fractures that improper use of rigid handcuffs can cause are radial styloid and scaphoid fractures, both fractures which

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Care Medicine, last modified February, 2018, https://www.jucm.com/injuries-upper-extremity-due-falls-outstretched-hands-foosh/.

[12] Baruseck, 2018.

[13] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007), 218-219.

[14] See Appendix A for Recaptive entry number 4242.

[15] Miriam Y. Neufeld, Sarah Kimball, Andrew Stein, and Sondra S. Crosby, "Forensic Evaluation of Alleged Wrist Restraint/Handcuff Injuries in Survivors of Torture Utilizing the Istanbul Protocol," International Journal of Legal Medicine 135, no. 2 (2021), doi: 10.1007/s00414-020-02451-5.

may be described as a "broken wrist" (Figure 7.6).[16] The styloid process of the radius is a slight projection of the distal end of the radius which articulates with the scaphoid just below the thumb.[17] The styloid process is most commonly injured during FOOSH events, however, skeletal immaturity and weakness due to malnutrition can make them susceptible to breakage under the unique pressure exerted by wrist restraints.[18] It is often associated with the overtightening of cuffs. Scaphoid fractures are typical in cases where the individual has been lifted by their overtightened restraints, forcing the metal and the bones of the wrist to bear the brunt of the individual's weight.[19] According to Thomas Clarkson, male slaves were shackled together with "[t]he right-hand wrist of one, and the left of another, are almost brought into contact by these, and fastened together…by a little blot with a small padlock at the end of it…The right ancle [sic] of one man is fastened to the left of another, as the reader will observe, by similar means.."[20] Under conditions like these, it is easy to imagine how a wrist could be broken quite easily by the wrong movement of one or both men. Given this restraint method it is interesting that more broken ankles were not recorded.

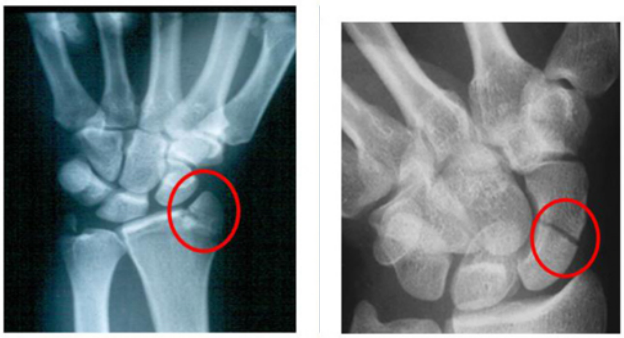

Figure 7.6. An example of a fracture of the styloid process of the left radius (left) and a waist fracture of the left scaphoid (right). (Neufeld et al., (2021). Adapted from Figure 5.)

[16] Neufeld et al., (2021).
[17] Tim D. White and Pieter A. Folkens, *The Human Bone Manual* (Elsevier Academic Press, 2005), 226, figure 13.2.
[18] Neufeld et al., (2021).
[19] Neufeld et al., (2021).
[20] Thomas Clarkson, "The History of the Rise, Progress and Accomplishment of the Abolition of the African Slave-Trade, by the British Parliament (1839)," *Project Gutenberg*, last modified May 16, 2007, https://www.gutenberg.org/files/10633/10633-h/10633-h.htm#chap17.

Shackles and their associated skin injuries may remain visible in the Registers despite the previously described issues regarding terms like "cut" and "scarred." In Chapter 7 of her book, Sowande' M. Mustakeem describes an entry from the journal of the 1792 captain of the slave ship *Fame* which describes an untold number of slaves as "Loasing fingers [and] Toas [sic]."[21] While she asserts that the loss of limbs without violence is rare, Mustakeem suggests that in cases of the loss of a digit on the hands or feet, there may be a much more gradual cause.[22] Gangrene is a condition that many associate with wartime due to the apparent prevalence of "boot rot" or "trench foot" among soldiers. Today, it is commonly understood that anyone can contract gangrene under the right conditions, specifically infected wounds and limited blood flow. Mutsakeem posits that tightened shackles (Figure 7.7) in conjunction with limited movement may have led to reduced or obstructed blood flow to the hands and feet, leading to infections and tissue death.[23] This may have led to the digits degrading to the point of falling off or necessitating the removal of the digit to preserve the limb.

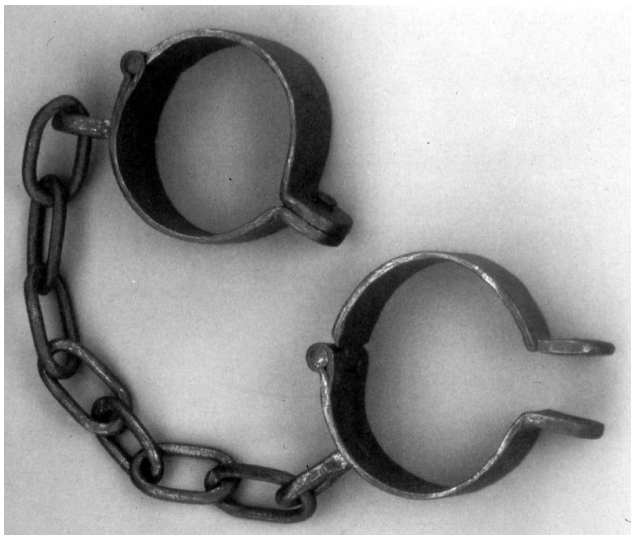

Figure 7.7. Iron slave shackles from an unknown vessel, from the Chicago Historical Society "We The People" exhibit (SlaveryImages.org).

As discussed previously in this chapter, shackles themselves can cause injuries, including ones in the skin which can serve as the point of entry for infections which can lead to gangrenous tissue death. Friction caused by the constant metal against the skin can lead to rubbage and degradation,

[21] Sowande' M. Mustakeem, *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (University of Illinois Press, 2016), 176-177.
[22] Mustakeem, *Slavery at Sea*, 177.
[23] Mustakeem, *Slavery at Sea*, 177.

eventually leading to what is known in the world of medicine for incarcerated patients as a "shackling ulcer."[24] This is a unique variation of pressure ulcer which forms around the circumference of the wrist or ankle as a direct result of shackling.[25] As with other forms of pressure ulcers, such as bedsores, prevention involves frequently changing position or simply removing the offending pressure-creating item.[26] Given the tight quarters below decks where slaves were often kept and the near constant shackling of male slaves to prevent an uprising, it is likely that many of the lost or removed digits recorded in the Registers were a result of shackle-induced gangrene. More specifically, when coupled with the potential fecal contamination described in Chapter 6, gas gangrene and its related sepsis may have been the cause. Originally identified by Hippocrates as "gaseous septicaemia," it is a bacterial infection caused by anaerobic bacteria found in animal waste.[27] The cause and experience is most often associated with the First World War when soldiers engaged in trench fighting in land contaminated with manure and fecal material.[28] The anaerobic environment caused severe infections which often required surgical intervention for amputation of drainage.[29]

Medical Injury

Entry number 2319 for a 25-year-old woman named Paapoo is of special interest to this project, as it records an amputation which falls into a category somewhere between injury and medicine. Any type of surgery is traumatic to the body, so much so that it can be defined in

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[24] Lawrence A. Haber, Lisa A. Pratt, Hans P. Erickson, and Brie A. Williams, "Shackling in the Hospital," *Journal of General Internal Medicine* 37, (2022), https://doi.org/10.1007/s11606-021-07222-5.
[25] Haber et al., 2022.
[26] NHS, "Pressure ulcers (Pressure sores), *NHS*, last modified April 15, 2020, https://www.nhs.uk/conditions/pressure-sores/.
[27] John Kirkup, *A History of Limb Amputation* (London: Springer London, 2007), 18.
[28] Kirkup, *A History of Limb Amputation*, 18.
[29] Kirkup, *A History of Limb Amputation*, 18

general medicine as "controlled injury."[30] This entry specifies the location of the amputation, stating "amputated thumb right hand."[31] The language is particularly interesting because it makes the loss of this thumb different from those who have been categorized as having had a digit removed. For example, the other entries involve language including "severed" or "cut off"[32]

An amputation was also discovered among the individuals excavated in Rupert's Valley. Skeleton 423 was found to have had one of the distal phalanxes of their right foot amputated.[33] According to George McHenry, once the resident surgeon of Lemon Valley, St. Helena, African physicians were quite skilled and could perform amputations "remarkably well."[34]

Amputation has been recognized as a medical necessity in certain cases since the time of Hippocrates in the fourth century CE and has evolved from the practice of simply starving the limb of blood in the hopes that it falls off.[35] In his guide for sea-surgeons, John Woodall describes the preparation for the procedure in the following way

> Amputation or Dismembering is the most lamentable part of chirurgery, it were therefore the honour of aSurgeon never to use dismembering at all if it were pos-sible for him to heale all hee undertooke; but necessitie hath no law: the Patient will declare in his naturall desire to live, the comfort that hee hath by it. Since there-fore it is of necessary use, let the discreet Surgeon be ever prepared for it...If you be constrained to use your Saw,let first your Patient be well informed of the eminent danger of death by the use thereof; proscribe him no cer-tainety of life, and let the worke bee done with his owne free will, and request: and not otherwise. Let him prepare his soule as a ready sacrifice to the Lord by earnest praiers, craving mercie and helpe unfainedly: and forget thou not also thy dutie in that kinde, to crave mercie and help from the Almighty, and that heartily. For it is no small presumption to Dismember the Image of God. [sic][36]

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[30] NIH, "Physical Trauma," *National Institute of General Medical Sciences*, last modified July 13, 2020, https://www.nigms.nih.gov/education/fact-sheets/Pages/physical-trauma.aspx.

[31] See Appendix A for Recaptive entry number 2319.

[32] See Appendix A for Recaptive entries numbers 2195 and 2015.

[33] Pearson, "Appendix D4 Osteological Catalogue," 2012.

[34] Andrew Pearson, *Distant Freedom: St. Helena and the abolition of the slave trade, 1840-1872* (Liverpool University Press, 2016), 21.; Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020): 184.

[35] Kirkup, *A History of Limb Amputation*, 55.

[36] John Woodall, *The Surgions Mate, or A treatise discovering faithfully and plainly the due contents of the Surgions chest, the uses of the Instruments, the virtues and operations of the Medicines, the cures of the most frequent diseases at Sea: Namely Wounds, Apostumes, Ulcers, Fistulaes, Fractures, Dislocations, with the true maner of Amputation, the cure of the Scurvie, the Fluxes of the belly, of the Collica and Illiaca Passio, tenasmus,*

This was accompanied by a list of suggested tools for the procedure.

Amputations performed on Liberated Africans are very well documented in a book by James Boyle, who served as the colonial surgeon in Sierra Leone between 1822 and 1830.[37] Unfortunately, little detail is available about how the procedures were performed in Sierra Leone and St. Helena.

Castration is another form of body part removal that serves a purpose and requires significant medical skill. Register 1808-1812 contains an entry which is believed to describe an instance of castration. Entry number 752 for a 26-year-old man named Corree contains the description "Large navel, a Eanuch."[38] It is assumed that this is a misspelling of the word "Eunuch." Often associated with Islam, creating eunuchs was a "borrowed institution" and they were endowed with special status.[39] The institution of the creation and use of eunuchs was very widespread, including in the Roman Empire in the late period, the Byzantine Empire, Persia, China, India, and sub-Saharan Africa.[40] According to Ehud R. Toledano, African Eunuchs were highly sought after in the Ottoman Empire and were "quite dear."[41] After the Slavic slave markets became Christianized and ended their trade with Muslims and the Turkish converted to Islam and became exempt from slavery in the 11th century CE, sub-Saharan Africa became the

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and exitus Ani, the Callenture; With a briefe explanation of Sal, Sulphur, and Mercury; with certaine Characters, and tearmes of Arte. (Edward Griffin for Laurence Lisle, at the Tygers-head in Pauls Church-yard, 1617): 171-172.

[37] James Boyle, *A Practical Medico-Historical Account of the Western Coast of Africa: Embracing A Topographical Description of its Shores, Rivers, and Settlements, with their Seasons and Comparative Healthiness; together with the Causes, Symptoms, and Treatment, of the Fevers of Western Africa; and a similar account Respecting the Other Diseases which Prevail There* (London: S. Highley, 32 Fleet Street; Oliver & Boyd, Edinburgh; and Hodges & Smith, Dublin, 1831), xi. See especially pages 407-423.

[38] See Appendix A for Recaptive entry number 752.

[39] Ehud R. Toledano, "The Imperial Eunuchs of Istanbul: From Africa to the Heart of Islam," *Middle Eastern Studies* 20, no. 3 (1984): 379, https://www.jstor.org/stable/4283016.

[40] Jan Hogendron, "The Hideous Trade. Economic Aspects of the 'Manufacture' and Sale of Eunuchs," *Paideuma: Mitteilungen zur Kulturkunde* 45 (1999): 137.

[41] Toledano (1984): 380.

only source of eunuchs for the nations that desired them.[42] African Eunuchs in the Empire continued in tradition until at least 1903, as evidenced by the *Register of the Biographies of the Imperial African Eunuchs.*[43] According to Toledano, the tradition began in the mid-sixteenth century and began a period nicknamed the "Sultanate of the African Eunuchs."[44] Though not all eunuchs served in establishments as lavish as the Sultan's personal harem, according to Jan Hogendron, their physical alterations made them a consistently highly priced "luxury item."[45] Due to the dangerous nature of the procedure and the high mortality rates and costs associated with the healing period, a eunuch often sold for more than ten times that of an uncastrated slave.[46]

Three methods of castration are detailed in the Burton translation of *A Thousand and One Nights*; the first, where both the penis and testicles are removed, the second, where only the penis is removed, and the third, the removal of only the testicles.[47] It is believed that most of the African Eunuchs in the Ottoman Empire underwent the first method, a claim supported by the work of Hogendron.[48] This was most commonly performed on boys between the ages of four and twelve, as it was believed that youth led to a better survivability.[49] The actual surgical procedure was often undertaken far away from the Muslim areas that these individuals were destined for. While the sale and purchase of eunuchs was not looked down upon, in Islamic Law the procedure itself is. The Prophet states that "...whoever castrates a slave, him also shall we

[42] Hogendron (1999): 139.
[43] Toledano (1984): 381.
[44] Toledano (1984): 382.
[45] Hogendron (1999): 140.
[46] Hogendron (1999): 143, 150.
[47] Toledano (1984): 382.
[48] Toledano (1984): 382; Hogendron (1999): 142.
[49] Hogendron (1999): 143.

castrate."[50] As a result, "centres of castration" were located far from Muslim trading centres, including locations in Ethiopia and Upper Egypt.[51] In West Africa, these centres existed in Mossi country south of the Niger River bend, Damagaram in the modern Niger Republic, Borno, Nigeria and Baghirmi, Chad.[52]

Conclusion

Though this is no doubt only a small glimpse of the physical traumas sustained by Liberated Africans during this period, it is nonetheless diverse and interesting. Though burns were the most common injury by a significant margin, the nonspecific nature of their descriptions coupled with the potential that some of them may have in fact been brands reduces the ability to discuss them with confidence. Their commonality dispels my original assumption that the most common injury that would be found during this project was flogging-related injuries. Brutal punishment is often one of the first things that come to mind when discussing the slave trade, and while certain individuals did display these exact injuries, seemingly mundane injuries that are encountered every day were much more prominent.

In fact, many of the injuries discussed here are still very common, including those that may indicate mistreatment. Shackle fractures are still very common among detainees, as is the associated radial nerve damage and shackle ulcers, despite the efforts to create restraints that are safer for subjects who may be "aggressively resisting."[53] However, despite modern law enforcement claims, metal shackles can be damaging regardless of the situation in which they are

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[50] Hogendron (1999): 140.
[51] Hogendron (1999): 141.
[52] Hogendron (1999): 142.
[53] Rampart International, "Limiting Liability and Improving Subject Safety with Double Locking Cuffs," *Rampart*, accessed April 5, 2023, https://rampartcorp.com/limiting-liability-and-improving-subject-safety-with-double-locking-cuffs/.

used. As a result, they may have been the cause for many of the injuries indicated by skeletal involvement, as well as sites of infection for serious ailments. In this way, physical trauma, though occasionally difficult to consider, can give very important insight into the lives of those in the past, while also highlighting the ongoing ripples of violence that emanate from these past institutions.

Chapter 8: Injuries and/or Illness and Multiple Symptoms and Illness

This chapter concerns those entries with multiple reasons to be included within the dataset. Each of the following demographic analyses begins with the Illness and/or Injury category before beginning with the Multiple Illness and Symptom category.

The Illness and/or Injury category documents individuals who have been logged with both injuries and illness. While these individuals have already been discussed in the previous chapters in terms of either their illness or injury, here it is possible to view these individuals as a whole to determine if there are patterns within the occurrences. In addition, those whose afflictions cannot be easily attributed to illness or injury as the cause have been included in this section.

The Multiple Illness and Symptom category documents individuals from the dataset who have not yet been discussed. These individuals presented with more than one symptom or illness and were kept separate from the others to track patterns of co-occurring symptoms.

This chapter will also offer a brief discussion of the issue of "invisible illnesses" where a selection of findings from Andrew Pearson's work will be presented as an example of the kind of data that can be overlooked in a purely archival project.

Full Dataset

In total, 201 individuals were sorted into the Illness and/or Injury category, 12.1% of the dataset in total, including those who already appeared in the two previous chapters (Figure 8.1). The most common reason for inclusion was some type of skeletal deformation, which was present in 152 persons, a massive 75.6% of this group. While many individuals are also those

who appeared in the illness chapter for presenting extra digits, several persons were included for more obscure deformations, including those on the torso and head.

Surprisingly, only 67 individuals presented with more than one illness or symptom, just 4.0% of the total dataset (Figure 8.2). The most common co-occurrence of symptoms was the presentation of both pockmarks and a yellow complexion, which occurred in 34 individuals (50.7%). This fits the trend of the broader disease environment this project has revealed, with pockmarks and a yellow complexion consistently being the two most common symptoms over time.

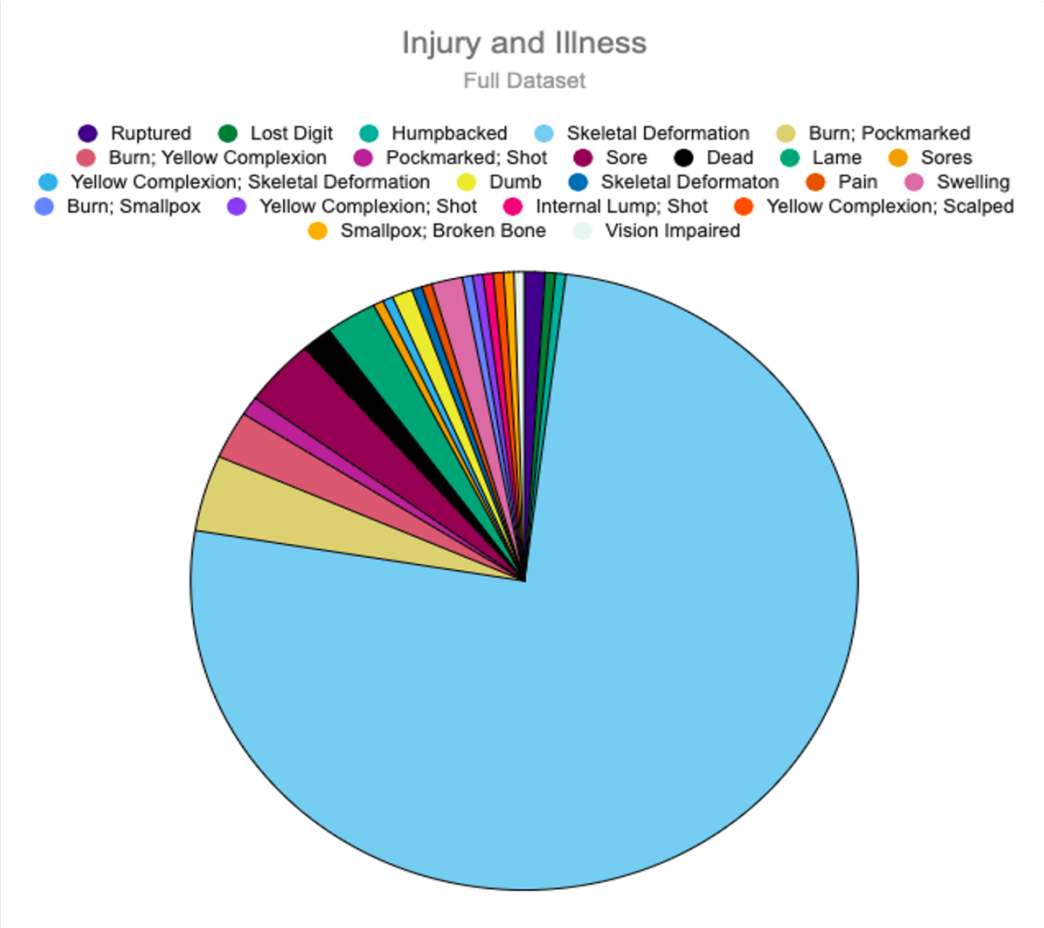

Figure 8.1.

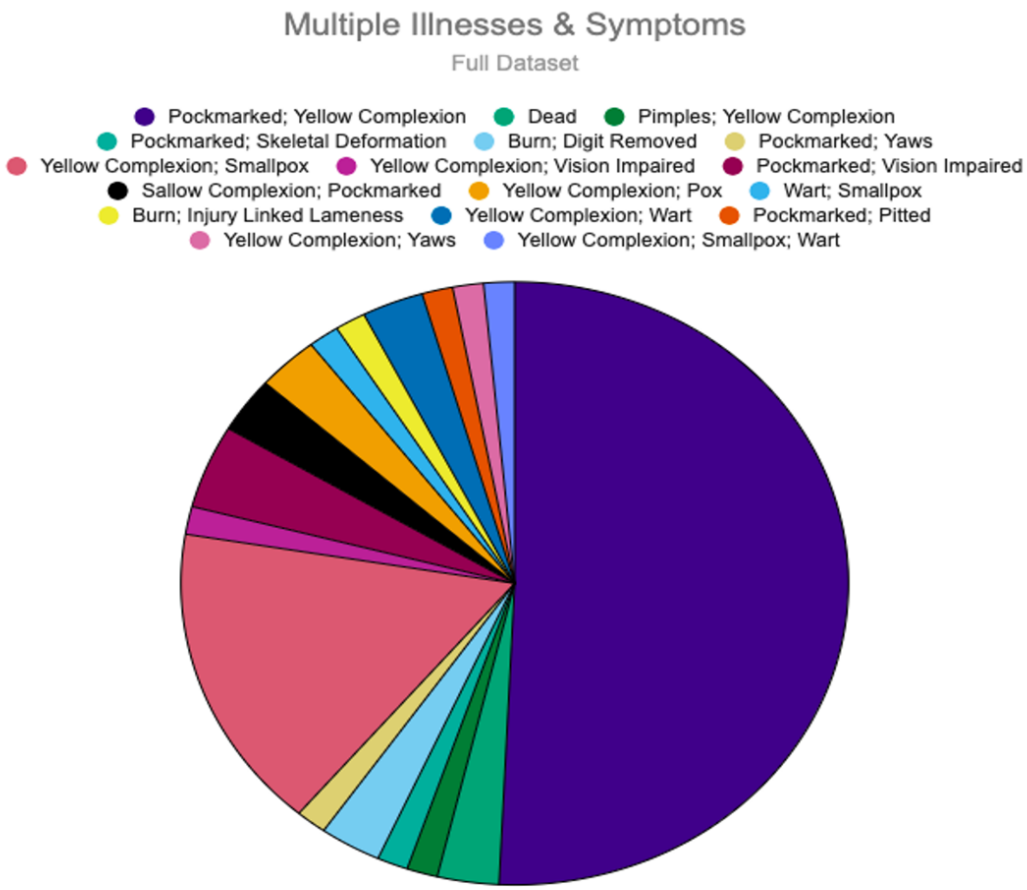

Figure 8.2.

Register by Register Breakdown

1808-1812

We begin this analysis with the Illness and/or Injury category. 81 individuals are described in this category, representing approximately 13.0% of the total collection taken from this Register (Figure 8.3). The skeletal deformation category dominates this Register, with 61 individuals (75.3%) displaying them in some form. The remaining 24.7% is composed of criteria that are present on between one and three individuals. Three individuals (3.7%) presented with both pockmarks and burns. Two people (2.5%) each presented with pockmarks and injuries as a result of being shot, and unspecified sores and lameness. Interesting entries include two people

(2.5%) categorized as "Dumb."[1] Additionally, two individuals (2.5%) were recorded as "Ruptured."[2] One person (1.2%) was recorded as having both burns as well as a yellow complexion. Another (1.2%) is registered with both a skeletal deformation and a yellow complexion. A unique description was given to one individual who was described as "humpbacked."[3] This can be caused by genetic skeletal conditions or conditions experienced throughout life, and so this individual was categorized here. Additionally, there was one individual with a missing digit described only as "lost," and another with unspecified "pain."[4] Finally, the two individuals from the illness chapter who were recorded as "dead" reappear here, as their deaths can still be considered unclassified.

Continuing with the Multiple Illness and Symptom category, 23 individuals are present from this Register, 3.7% of the total entries collected from this Register (Figure 8.4). The most numerous co-occurrence of symptoms was the appearance of both pockmarks and a yellow complexion, which appeared on sixteen individuals (69.9%). Additionally, one person (4.3%) each presented with the following combinations: a yellow complexion and vision impairment, a yellow complexion and smallpox, pockmarks and yaws, pockmarks and skeletal deformation, and finally, pimples and a yellow complexion. The same two dead individuals, Tumba and Francisco appear once more.

[1] See Appendix A for Recaptive entries numbered 1416 and 1453.
[2] See Appendix A for Recaptive entries numbered 278 and 1160.
[3] See Appendix A for Recaptive entry 502.
[4] See Appendix A for Recaptive entries numbered 298 and 2517.

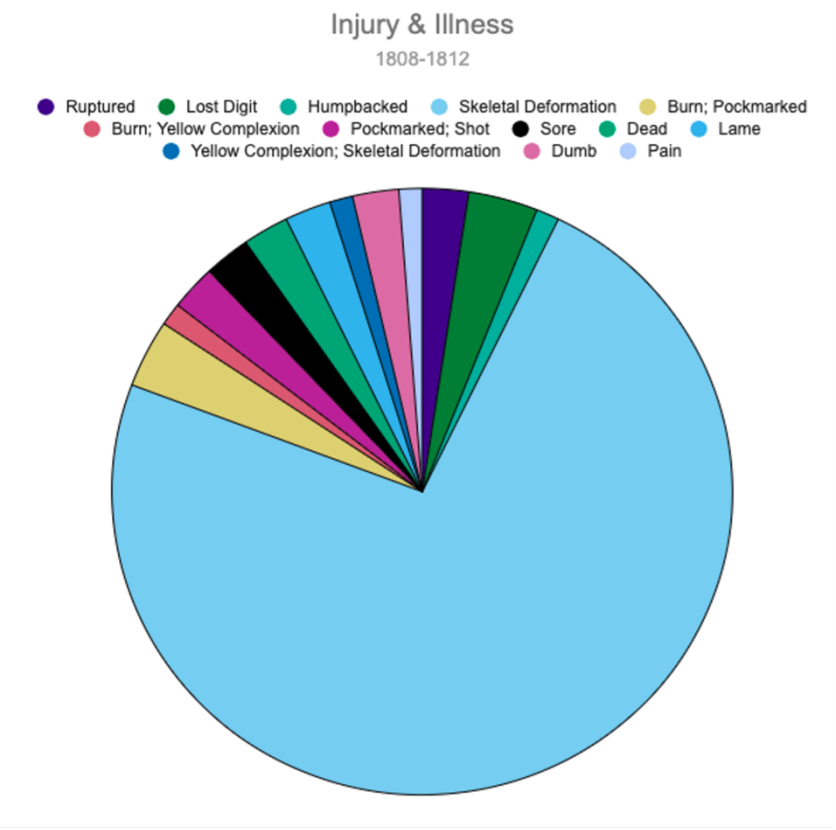

Figure 8.3.

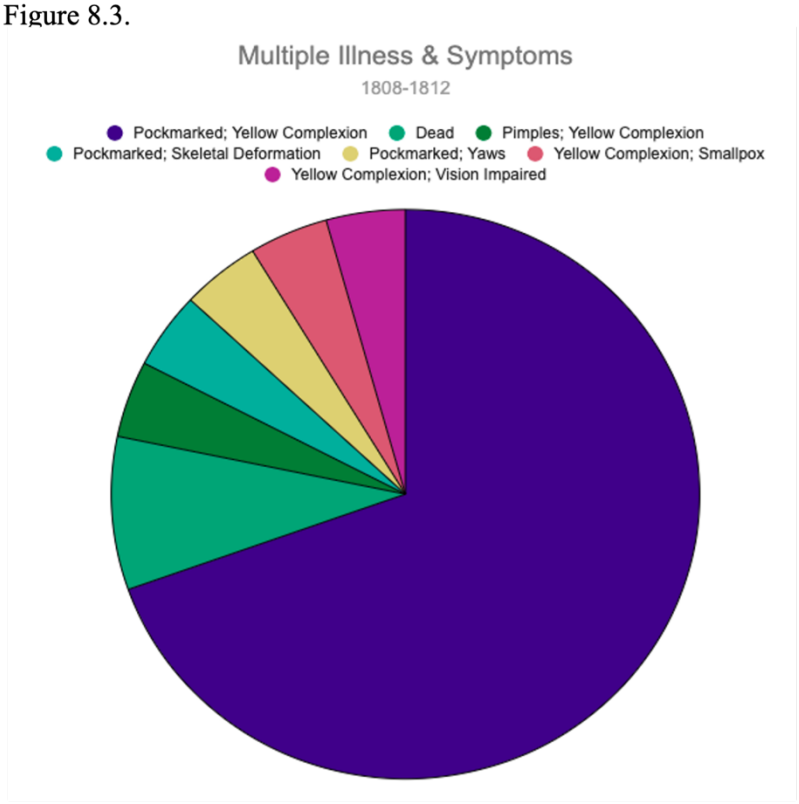

Figure 8.4.

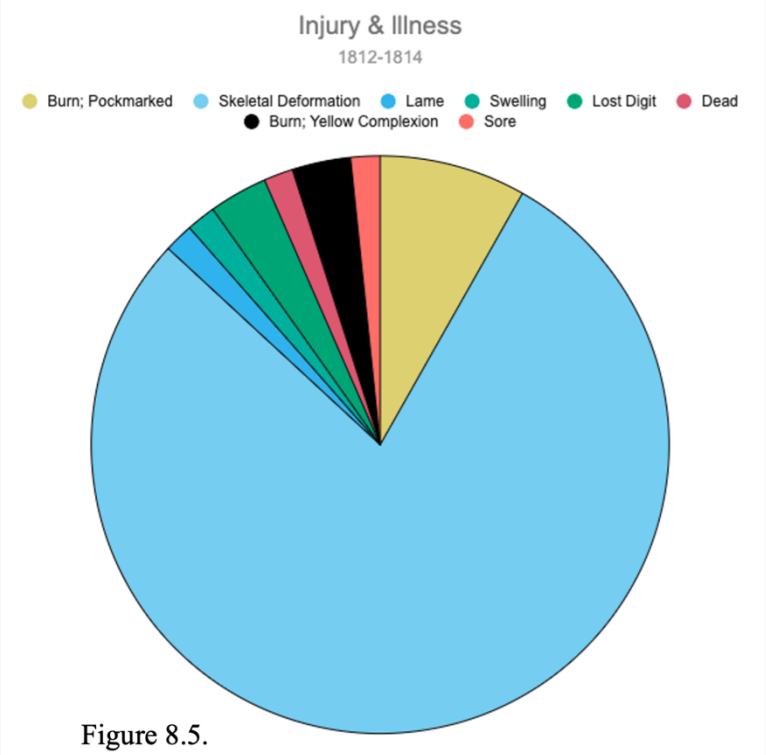

Figure 8.5.

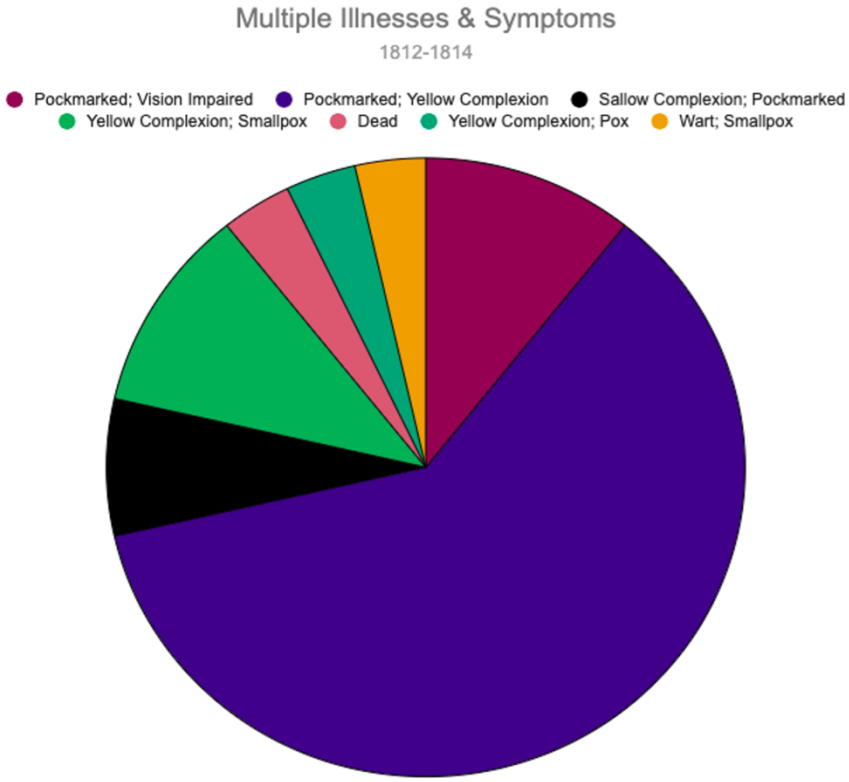

Figure 8.6.

1812-1814

The analysis of this second Register begins again with the Illness and/or Injury category. 59 individuals were collected from this source, 28.1% of the total collected entries from this source (Figure 8.5). Skeletal deformation remained the most prevalent reason for inclusion, appearing in some form in 48 individuals (81.4%). Five individuals (8.5%) presented with both burns and pockmarks. Two people (3.4%) presented with both burns and a yellow complexion. Finally, one individual each presented with unspecified soreness, unspecified swelling, unspecified lameness, and the final individual was the previously mentioned deceased person from the previous chapters.

Continuing to the Multiple Illness and Symptom category, with 28 individuals, 13.3% of the total dataset collected from this source (Figure 8.6). The most common co-occurrence of symptoms continues to be pockmarks and a yellow complexion, appearing on seventeen individuals (60.7%). Three people (10.7%) each presented with the following combinations: a yellow complexion and smallpox, and pockmarks and a vision impairment. Two individuals (7.1%) presented with a sallow complexion and pockmarks. Finally, one person each (3.6%) experienced the following: warts and smallpox, and a yellow complexion and unspecified pox. The one deceased individual, Jaggan Joss, is logged once more as their death remains unspecified.

1814-1815

The analysis of this third Register begins again with the Illness and/or Injury category. Following the removal of redundancies from this portion of the dataset, 34 individuals remain in this category (Figure 8.7), 16.2% of the total entries collected from this source. In total, 23 individuals presented with skeletal deformations in some fashion, forming 67.6% of the total

section. Unspecified soreness was the second most common occurrence, despite only presenting in four people (11.8%). Unspecified swelling was also present in two individuals (5.9%). Finally, one person each (2.9%) presented with the following combinations: unspecified lameness, a burn and smallpox, a yellow complexion and a gunshot wound, an internal lump and a gunshot wound, and a yellow complexion and wounds as a result of scalping.

Continuing to the Multiple Illness and Symptom category, with only nine individuals after redundancies, 4.3% of the total collection from this source (Figure 8.8). Once again, a yellow complexion accompanied by pockmarks was the most common of the multiple symptoms, occurring in four people (44.4%). An additional individual (11.1%) presented this combination as well, though they also had warts. Finally, one person each (11.1%) presented with the following combinations: a yellow complexion and warts, a yellow complexion and smallpox, a yellow complexion and a vision impairment, and a yellow complexion and pitted skin.

1815-1816

The analysis of this final Register begins again with the Illness and/or Injury category. This Register provided 27 individuals to this category, only 8.4% of the total collected entries from this source (Figure 8.9). Once again, the skeletal deformations category is the most numerous, with 21 individuals (77.8%) presenting them in some form. Two individuals (7.4%) presented with both burns and a yellow complexion. One individual each (3.7%) presented with one of the following: unspecified lameness, unspecified soreness, a non-specific vision impairment, and finally, a yellow complexion and smallpox.

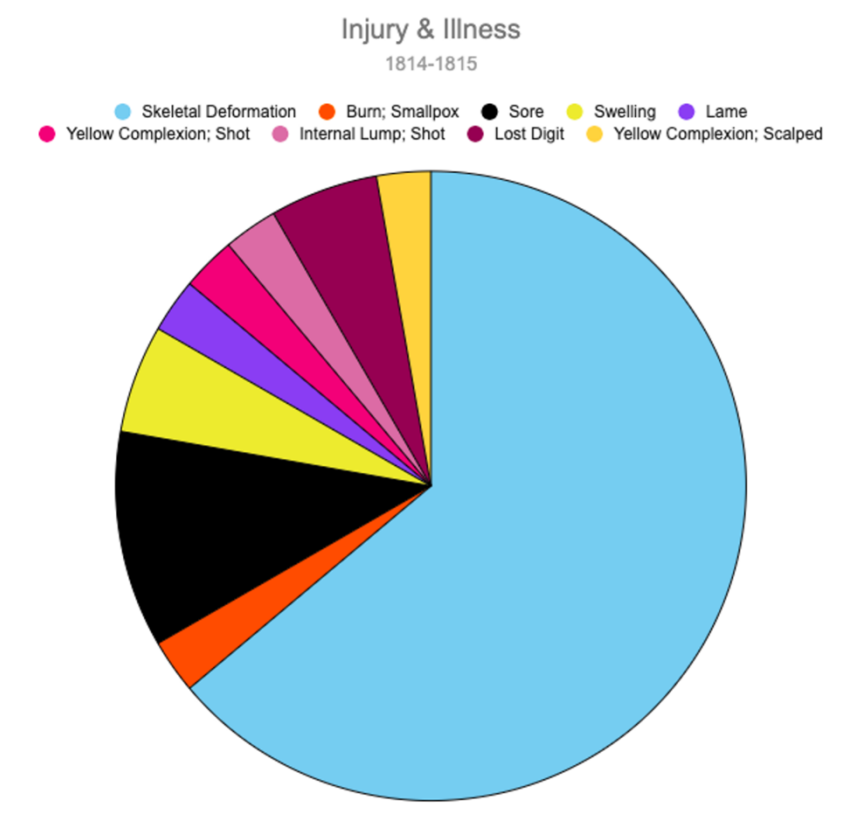

Figure 8.7.

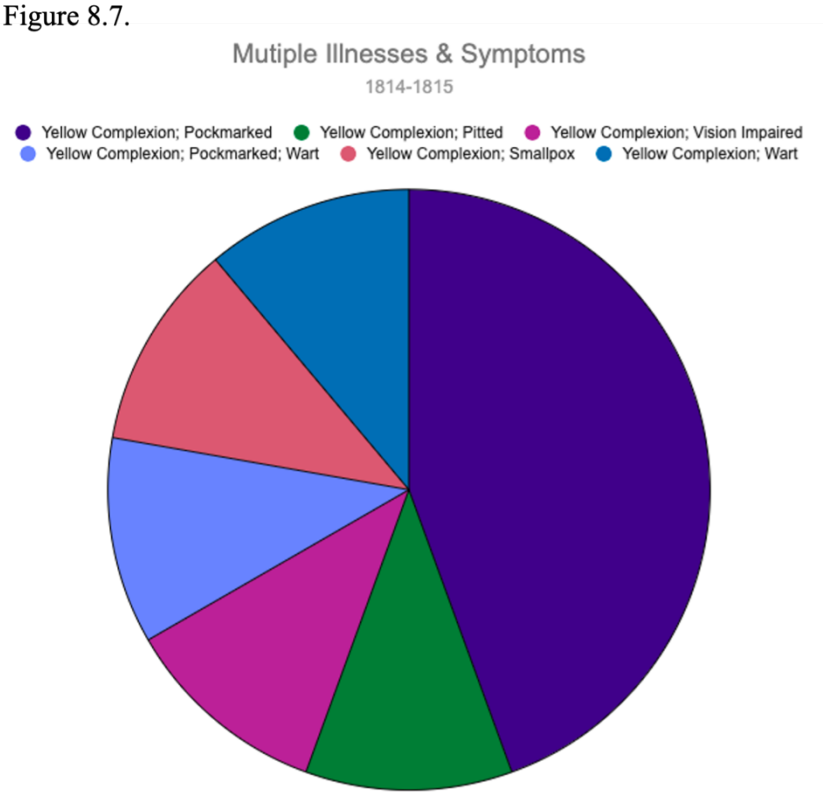

Figure 8.8.

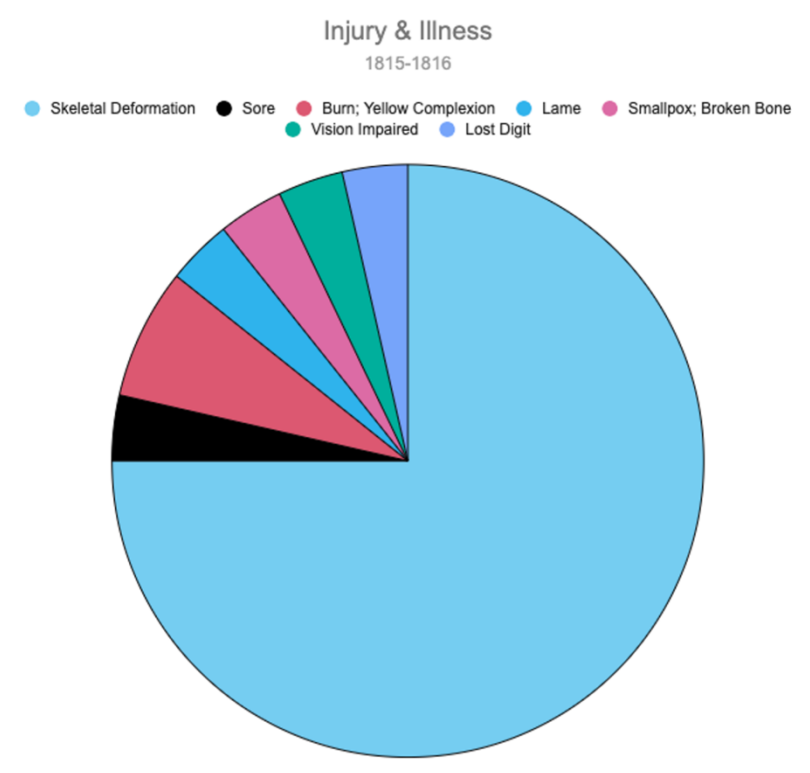

Figure 8.9.

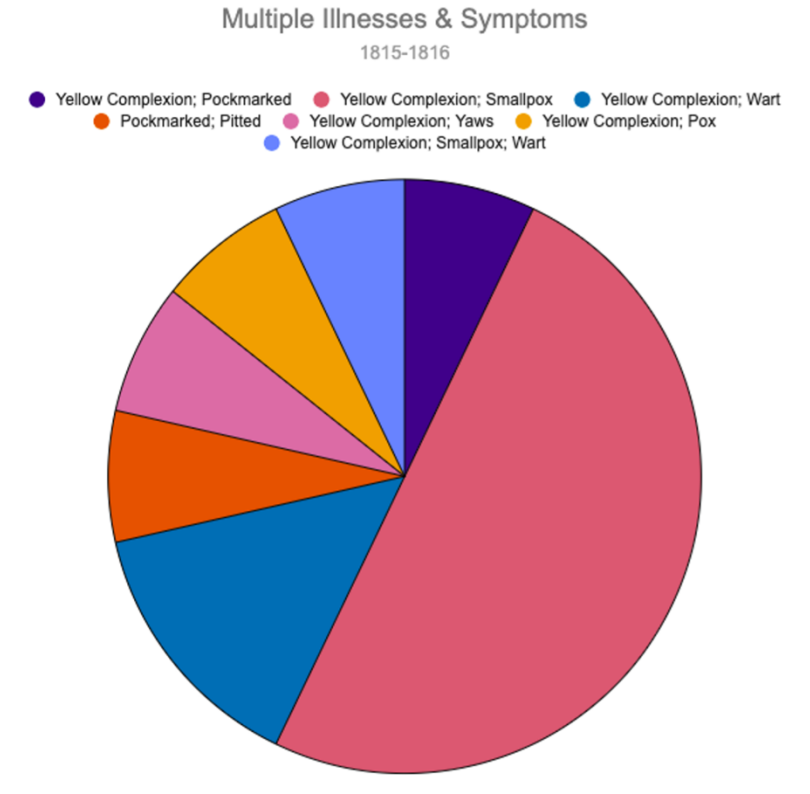

Figure 8.10.

Continuing on to the Multiple Illness and Symptom category we find fourteen individuals, only 4.4% of the total Register collection (Figure 8.10). In contrast to the other Register collections, a new symptom combination appeared in the majority of individuals. Here, a yellow complexion and smallpox appear in the highest number, despite this being only seven individuals (50.0%). One individual (7.1%) also presented with a yellow complexion, smallpox, and warts. Two individuals (14.3%) presented with a yellow complexion and warts. Finally, one person each presented with one of the following: a yellow complexion and pockmarks, a yellow complexion and non-specific pox, a yellow complexion and yaws, and finally, both pockmarks and pitted skin, drawing a definitive difference between the two symptoms.

Discussion

Both categories analyzed in this chapter were part of my original four categories of analysis, though the end result is not what I expected. In the beginning, I expected to see co-occurrences of symptoms that pointed to specific diseases or diseases that commonly presented together. While this did occur in some pairs of symptoms, the sample size is so small that I hesitate to call it statistically significant.

The true benefit of the Illness and/or Injury and the Multiple Symptoms charts is as a visual representation of how much is left unknown in a purely archival study. The lack of information and limitations of terminology has been described many times throughout this project, though these categories may present the best example. This helps to identify a gap in the literature, as well as an instance where different investigation methods may be required. In situations such as those of the individuals described in this chapter, archaeological or forensic intervention may be required to answer the questions that arise regarding varying non-specifics.

The Fickle Nature of Words

It is not uncommon for people to feel as though there are too few words in the English language to adequately describe a feeling or situation. This can be especially true in medical situations where the average person may not be aware of the technical terms used to properly explain the location or severity of their symptoms. In the case of the individuals recorded in this dataset, it is very possible that neither they nor the scribe taking their information knew the terms required to explain an injury or illness in the clearest way. The same language and knowledge barriers that impacted the recording of African names likely impacted other aspects of the documents as well.

We in the English speaking world are also plagued with the issue of homonyms, which can hinder the understanding of documents where it is not possible to ask for clarification. Take, for example, the term "sore" which was used to describe eight individuals in total. This is a term which can be used as a synonym for "pain" or can refer to open wounds or ulcers. Due to the nature of the Registers, it is not possible to determine which definition applies to what person. In its plural form, "sores," it becomes more likely that it is being used to describe wounds, as it implies the presence of distinct occurrences. However, it is also possible that it is being used in the place of "pains," or something similar, to describe instances of soreness. In a dictionary written by Samuel Johnson and John Walker published in 1828, "Sore" is recorded three times, with each definition referring to an area or feeling of different levels of pain.[5] Ambiguity arising from phrasing continues when it comes to entries regarding digits or appendages that are

[5] R. S. Jameson, *A Dictionary of the English Language: By Samuel Johnson, LL.D. and John Walker. With the pronunciation greatly simplified, and on an entirely new plan: and with the addition of several thousand words. By R.S. Jameson, Esq. of Lincoln's Inn. Second Edition, revised and corrected.* (London: William Pickering, Chancery Lane; George Cowie and Co. Poultry, 1828), 682. https://books.google.ca/books?id=z3kKAAAAIAAJ&pg=PP5&redir_esc=y#v=onepage&q&f=false.

described as “missing,” “lost,” “removed,” or “amputated.” “Missing” and “lost” imply there is some mystery in how the body part came to be gone, but how are they different from each other? “Removed” and “amputated” both imply that an action was taken to separate that body part from the body whole, but again, how do they differ? With little known about the scribes themselves it is impossible to know.

What is possible is that this is another instance in which the body politic is exerting its influence over the individual and social bodies. With the abolitionist movement on the rise featuring the mistreatment of slaves as its primary ammunition, negligence may have been hidden where possible. If an otherwise healthy enslaved individual lost a body part as a result of an avoidable injury, the body politic on the ship – in this case, the captain – may decide to create the narrative that the appendage was removed purposefully. This could even be used to suggest that the life of the slave was saved by these actions. It is also possible that the Vice-Admiralty courts, in their role as a body politic, dictated situations where certain language was to be used. As the enslaved were kept onboard captured ships until adjudication, injuries as a result of negligence may have occurred during this period, this time with the British Navy technically at fault. In the case of the slave ship *Zong* was briefly described in Chapter 6, the justification for the wrongful deaths is that the murders of the enslaved cargo would result in a monetary loss for the underwriters rather than the ship owners.[6] Though the claim that the murdered enslaved were killed to save the rest of them due to the dwindling water supply, it was later found that some of the murders occurred after the water was restocked.[7] With this attempted fraud in mind, perhaps

[6] Marcus Rediker, *The Slave Ship: A Human History* (Penguin Books, 2007), 240.
[7] Jeremy Krikler, “A Chain of Murder in the Slave Trade: A Wider Context of the Zong Massacre,” *International Review of Social History* 57, no. 3 (2012), doi:10.1017/S0020859012000491.

it was considered preferable to simply record that, for example, a digit or appendage was purposefully removed than to admit that it fell off as a result of gangrene.

The issue with written sources often lies in the words themselves. It is not possible to definitively determine the motivations or biases of the authors or scribes and, more often than not, each person who reads the document will take away something different from it. Though there may never be one simple answer to solving this problem, I again propose an integration of multiple disciplines. To illustrate my point, I turn again to the work of Andrew Pearson.

Invisible Suffering

This presentation of the St. Helena dataset serves to broaden the scope of disease and injury understanding in its entirety. As previously mentioned, some of the diseases and conditions catalogued in these remains may only be recognized through direct observation of the skeleton. Which begs the question, how many more individuals would have been added to the Register dataset for this project if all of these "invisible" illnesses were suddenly made visible upon the skin?

Pearson categorized his data by dividing the findings into disease types, including Metabolic Disease, Joint Disease, Spinal Joint Disease, Intervertebral Disk Disease, and finally Infectious Disease.[8] While not every one would be completely invisible when the outside of the body is observed, skeletal involvement can be an often overlooked aspect of many diseases. The unfortunate risk taken by overlooking the skeleton is that because bone is continuously formed throughout our lives, they serve as a living archive of all we have experienced.

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[8] Andrew Pearson, "Appendix D4 Osteological Catalogue," *Infernal Traffic: Excavation of a Liberated African Graveyard in Rupert's Valley, St. Helena,* last modified 2012, DOI: https://doi.org/10.5284/1011174.

In terms of Metabolic Disease, the two most commonly recorded diseases are porotic hyperostosis and cribra orbitalia. Both refer to the presence of porosities or small holes in the outer layer of bone on the skull, porotic hyperostosis presenting on the top of the skull and cribra orbitalia presenting on the roof of the eye orbits.[9] The characteristic sponge-like appearance of the bone is very common in ancient human remains, making the two conditions some of the most commonly found in archaeological contexts.[10] As suggested by Pearson's categorization, both are caused by dietary deficiencies. Iron-deficiency anemia was always thought to be the most likely cause of both diseases, however, around the same time Pearson was conducting his excavations, Philip L. Walker and colleagues published a study suggesting that there may be a wider range of causes. Anemias caused by the lack of vitamins A, B_{12} and B_6 as well as folic acid are shown to be equally as likely candidates as they each impact red blood cell production and can lead to the same resorption of marrow.[11] Another key note in Walker's paper is that these deficiencies and their skeletal consequences have been linked to gastrointestinal infections as well.[12] This is especially interesting in the context of the slave trade, where diarrheal diseases were not only extremely common, but ranked as one of the number one shipboard killers. So, while severe dysentery often kills much too quickly to leave skeletal indicators, porotic hyperostosis and cribra orbitalia could be indicative of individuals who survived something similar earlier in their lives.

Pearson's Joint Disease entries are limited to osteoarthritis in various joints, often presenting in multiple locations on a single individual. Also called "wear and tear" arthritis, it is

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[9] Philip L. Walker, Rhonda R. Bathurst, Rebecca Richman, Thor Gjerdrum, and Valerie A. Andrushko, "The Causes of Porotic Hyperostosis and Cribra Orbitalia: A Reappraisal of the Iron-Deficiency-Anemia Hypothesis," *American Journal of Physical Anthropology* 139 (2009):109, DOI 10.1002/ajpa.21031.
[10] Philip L. Walker et al., (2009): 109.
[11] Philip L. Walker et al., (2009): 111.
[12] Philip L. Walker et al., (2009): 115.

the most common form.[13] Though osteoarthritis can cause swelling, making it a disease that is not entirely invisible, it is the cartilage within the joint which breaks down and can eventually change the bones involved.[14] Osteoarthritis can be caused by overuse or injury to a joint, likely a common scenario for slaves who were likely to repeat the same movements or tasks many times every day.[15]

Schmorl's nodes, a disease from the Spinal Joint Disease category, has already been briefly mentioned. The herniation of one disk into another can have several causes including vertebral defect and age-related bone degeneration.[16] However, most are caused by an axial-loading trauma event, also known as a vertical compression injury.[17] This type of injury can result when a person falls and lands on their head, feet, or buttocks, absorbing the force of the fall through the axis of the spine.[18]

Intervertebral Disk Disease (IVD) is a condition of varying severity that affects the cartilaginous layers in between the vertebrae.[19] This condition is unique in that it can present even in pre-adolescent children due to the apparent accelerated aging rate of the tissues involved.[20] While genetics are believed to contribute as much as 70% of an individual's risk of

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[13] Centers for Disease Control and Prevention, "Osteoarthritis (OA)," *Centers for Disease Control and Prevention*, last modified July 27, 2020, https://www.cdc.gov/arthritis/basics/osteoarthritis.htm#.
[14] CDC, "Osteoarthritis (OA)," 2020.
[15] CDC, "Osteoarthritis (OA)," 2020.
[16] Sara Abu-Ghanem, Nissim Ohana, Yasmin Abu-Ghanem, Mohamed Kittani, and Ilan Shelef, "Acute Schmorl Node in Dorsal Spine: An unusual Cause of a Sudden Onset of Severe Back Pain in a Young Female," *Asian Spine Journal* 7, no. 2 (2013): 131, doi: 10.4184/asj.2013.7.2.131.
[17] Abu-Ghanem et al., (2013).
[18] Abu-Ghanem et al., (2013).
[19] James Dowdell, Mark Erwin, Theodoe Choma, Alexander Vaccaro, James Iatridis and Samuel K. Cho, "Intervertebral Disk Degeneration and Repair," *Neurosurgery* 80, no. 3, (2017), doi: 10.1093/neuros/nyw078.
[20] Dowdell et al., (2017).

developing IVD, environmental factors such as malnutrition and repetitive physical loading can also have an impact.[21]

Finally, Pearson presents infectious diseases that are unlikely to be found in the Registers. The two most common will be presented here, as Pearson's work is being presented only as an example of what osteological data can offer. The first is maxillary sinusitis. The bone damage Pearson is referring to is known as osteoblastic osteitis which can form as a result of chronic sinusitis in which the infection has reached the bone layer.[22] Most commonly, these infections are caused by *Staphylococcus aureus*, streptococci, *Actinomyces*, or by a mix of various infectious organisms.[23] Chronic attacks of sinusitis are often difficult to diagnose, even today. It is possible for it to manifest without external symptoms, making it possible that if there were any cases among the Liberated Africans discussed in this project, they may not have been recorded as being sick.[24] In these cases, any telltale signs would be in the extra bone growth of the posterior wall in the maxillary sinus.[25]

New bone growth is also characteristic of periostitis, or a periosteal reaction.[26] Periostitis and "shin-splints" are often incorrectly used interchangeably to describe the condition when it occurs in the lower leg, though it can occur in any bone and is not limited to injury.[27] When periostitis occurs unilaterally in the body, it is likely a localized response to infection, trauma, or a tumor.[28] As in many of the conditions described in Pearson's dataset, this would have gone

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[21] Dowdell et al., (2017).
[22] Ferit Tovi, Daniel Benharroch, Albert Gatot, Yanku Hertzanu, "Osteoblastic Osteitis of the Maxillary Sinus," *Laryngoscope* 102, (1992), 426, https://onlinelibrary.wiley.com/doi/pdf/10.1288/00005537-199204000-00010.
[23] Tovi et al., (1992), 428.
[24] Tovi et al., (1992), 429.
[25] Tovi et al., (1992), 429.
[26] F. Gaillard, H. Knipe, L. Lustosa, et al., "Periosteal reaction," *Radiopaedia*, last modified June 7, 2022, https://doi.org/10.53347/rID-1860.
[27] F. Gaillard et al., "Periosteal reaction," 2022.
[28] F. Gaillard et al., "Periosteal reaction," 2022.

unnoticed by those preparing the Register documents, likely along with the infection, trauma or tumor which caused the onset of the disease.

Conclusion

This final analysis chapter serves as a sort of disclaimer about the efficacy of archival work. Despite the comprehensive selection methodology I had composed and implemented which was described in Chapter 2, there were still entries that proved to be impossible to categorize with certainty. The sheer number of them made them statistically significant and thus merited discussion. Though this project has presented significant amounts of specific data that has not before been seen, there still remains a vast amount of non-specific information that is nonetheless important to creating a complete history.

While the advent of writing remains the point of division between history and prehistory, it is worth remembering that written sources are black and white, but they are also very gray. Within this grey area lies the indeterminacy of language, the biases and mistakes of the unreliable observer, the influence of the political and social bodies, and more often than not only a skin-deep representation – in this case literally.

Chapter 9: Conclusion

The uniqueness of this project lies not only in the methodology which I have devised and applied to it, but in the subject matter itself. The majority of the medical analyses which already exist tend to focus on slavery in the continental United States, or from British territories.[1] This project focuses specifically on documents from Sierra Leone, and while this country was at the time under British control, my analysis focuses on the health of Africans on African soil. In addition, as I described in Chapter 2, the documents that have been analyzed for this project have not yet been published in their entirety, nor have they been presented in the format that I have presented them here.

My primary motivation was to present the much fuller, richer, and respectful life histories that the individuals within my dataset deserve and combining and advocating for cooperation between disciplines is the best way I could see to do so. As I hope to have shown here, both purely archival and purely archaeological methods have their drawbacks, but when used together they have the potential to unearth the "real truth" that we as historians and archaeologists claim to strive for.

Life Made Visible

Despite all of the potential illnesses that those preparing the Registers may have missed due to their formatting, examination procedures and the language available, they are nonetheless priceless because of what they do provide. Because of these documents, tens of thousands of people who would otherwise have been lost to history can be known. Though names may be

[1] Manuel Barcia, *The Yellow Demon of Fever: Fighting Disease in the Nineteenth-Century Transatlantic Slave Trade* (London: Yale University Press, 2020): 19.

inaccurate, the provided physical descriptions allowed for the bodies of these people to be recreated and honoured in the imagined graveyard.

In combining both archival and archaeological work I feel that I have presented a methodology that can be replicated with the rest of the Registers of Liberated Africans. By implementing the "skin deep" archival data with the "bones out" archaeological data, we are able to not only gain a greater understanding of life experience during the early abolition period, but are able to give some humanity back to these individuals by considering all of the material aspects of their bodies. When reading archival entries describing humans as commodities, it is easy to get caught up in the view that they are. While the material qualities of the body are what make it possible to observe both before and after death, it is important to heed Joanna Sofaer's advice regardless of whether one is working in an archive or with human remains. She writes that "practice cannot divide the physical, social or individual body into discrete boxes since each is dependent on the other – they are different facets of the same phenomenon – and archaeologists must make living bodies out of those that are dead. The body is the nexus between biology and culture."[2] Regardless of which side of the divide between the academic fields of history and archaeology one resides, it is important to remember that each entry, name, or set of remains was once a person. Those that survived the passages and hardships were able to bring their cultures with them and revive them where they landed, not because they were able to carry objects with them, but because they arrived bodily in a new space. Though there are many examples of cultural artifacts, culture and experience is meaningless without the human body.

While already a common practice for those working directly with human remains, it is valuable to archival researchers to think beyond the page to the broader context of the whole

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[2] Joanna R. Sofaer, *The Body as Material Culture: A Theoretical Osteoarchaeology* (Cambridge University Press, 2006), 30.

body. Considerations like what stage in skeletal development the individual may have been to how a significant injury or illness may have altered their mobility or appearance could illuminate their likelihood for certain injuries, diseases or social treatment patterns. Life leaves marks on the body, both on the skin's surface and on the bones, and only together do they form the archive of a complete life.

Highlighting Interdisciplinarity

Though this project highlights the compatibility of archival work and archaeology, it also implemented work from other fields including chemistry, medicine, law, and mathematics. When focusing on a single topic or discipline it can be easy to overlook how vital interdisciplinarity is to the evolution of academia. It is especially vital when discussing topics relating to the historically silence and marginalized. No single discipline can provide a satisfactory history of any group, nor should it have to. Human experience does not rely on only one aspect of life, and every life experience is different. It would be a disservice to both history and humanity to try to explain it one way.

The methodology presented here can be applied to other projects. As it focuses on keywords to create a dataset, it could be applied to any archival collection documenting people if it has a sufficient description category. If skeletal data for the study population exists, it may be possible to use it as a comparative sample, as Andrew Pearson's data from St. Helena was used in this project. However, the dataset creation portion can be used on its own for a purely literary analysis based history. To truly reuse the full methodology, the theoretical bases should be reapplied as well. Certain aspects may change base on the goals of the project, however the materiality and plasticity of human bodies will always remain, as will the influence of culture and society upon us.

The limitations of this methodology lie in the colonial institutions that created the documents and the colonial roots of the disciplines used to analyze them. In addition, the skeletal sample size is quite small, which may have led to an overrepresentation of certain life aspects such as disease and injury. There is also the immovable truth that no discipline will ever be able to present the entire truth of history, as some things are simply lost to time. However, we as history-focused academics have a duty to try to present as rich a history as possible.

The beauty of academia is the opportunity for collaboration. As such, this project engages and will continue to engage with work by Dr. Katrina Keefer, Dr. Paul Lovejoy, Dr. Suzanne Schwarz, and doctoral candidate Kartikay Chadha in an effort to reconstruct past lives in a complete and material way.

Appendix A: Dataset One - Entries Indicating Disease from the Registers of Liberated Africans

Register 1808-1812

The Schooner *Marie Paul* of France. Entered into Register as *Maria Paul*. Condemned November 10th, 1808. (Voyage ID: 7539)

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2	Birum	M	PA	30	5'4	Breast burn severely
10	Harrufa	M	YA	19	5'5½	Slightly pitted
15	Demba	M	A	15	4'10¼	Yellow face
21	Samba Job	M	YA	22	5'8	Right ancle burn
25	Hannet	M	PA	30	5'7½	Pitt on right cheek
27	Ensiah	M	PA	30	5'6½	Musquet shot through left thigh
31	Samba	M	YA	19	5'6	Burnt on left cheek
33	Trusab	M	YA	20	5'11	Pitt on right temple
46	Mary	W	PA	28	5'4	Left arm severely burnt
51	Daah	M	YA	25	5'1 3/4	Deep pitt on left temple
54	Barha	M	YA	22	4'11	Small pox in face
55	Fatima	W	YA	24	5'0 1/2	Scar Right arm. melancholy features yellowish complexion
57	Barha	M	A	14	4'11	3 [...] pit on left temple
58	Lecris?	G	OC	10	4'3	3 scars each cheek + pit on left temple

The Schooner *Pennel* of Great Britain. Condemned August 12th, 1809. (Voyage ID: 7557)

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
64	Tom	B	OC	8	4'3	Burn on left thigh
91	Yamnra	M	A	16	5'3	Blister mark on right shoulder
92	Mamadoo	B	A	13	4'11	Blister mark under right ear
94	Jomba	B	OC	10	4'7	Blister mark on throat
95	Celey	B	OC	9	4'1	Blister on left elbow & right arm

Unnamed ship. Condemned November 6th, 1809.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
115	Jimmy	M	PA	27	[No Entry]	2 toes of left foot eaten off by an abees
122	{.}amba	M	YA	20	[No Entry]	Small scar above right eye brow burn behind left shoulder

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
128	Bob		YA	21	[No Entry]	Pox right temple [...] right side face
167	Shasa	B	OC	10	[No Entry]	Left eye half
171	Casar	B	OC	12	[No Entry]	Small pit left temple
183	Sam	B	OC	9	[No Entry]	Pock marks on nose
188	Joseph	B	OC	11	[No Entry]	Pits on left cheek
222	Jenny	G	OC	9	[No Entry]	Severly burnt inside right thigh
232	Mary	G	OC	11	[No Entry]	Small pit on right cheek
237	Jenny	G	OC	9	[No Entry]	Pit on right temple and white spots right lower lip
239	Susan	G	OC	11	[No Entry]	Sallow complexion
241	Mary	G	A	15	[No Entry]	Mark of sword grafs on right side upper lip

The Schooner *Cuba (a) Marianha* of Spain. Entered into Register as *Cuba or Marianna*. Condemned November 19th, 1809. (Voyage ID: 7521)

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
257	Nyradu	M	YA	23	5'8 3/4	Severe bite of a shark on both legs
261	Bumab	M	PA	35	5'9	Cutlass mark on right shoulder
266	Lottee	M	YA	25	5'6 1/2	Cutlass mark on right shoulder
267	Torra	M	MA	40	5'9	Wart below navel
268	Marsadee	M	PA	30	5'9	Pittied with small pox
269	Payendekekee	M	PA	30	5'3	Burnt on the pit of his stomach
273	Musah Kontee	M	YA	20	5'3	Lightly pittied with small pox
278	Ticcam	M	PA	30	5'6 1/2	Badly Rupted
279	Sango	M	MA	45	5'6	Cutlass mark on left Bosom
289	Seenawang	B	A	14	4'8	Posterior badly scorched
293	Bauroorn	B	OC	10	4'1 1/4	Right eye ball shaded
295	La Meena	B	OC	10	4'1 3/4	Long cut of a knife right side
296	Demba	B	OC	10	4'1	Four marks of a red hot tobacco pipe on posterior
298	Maadee	B	OC	9	4'0	Left foot no great toe
299	Mansafulla	B	OC	10	4'2 1/2	Severe scar of a stone right side of crown of head
305	Balice	B	YC	5	3'6 1/2	Slightly Pitted small pox
319	Fenda	W	PA	30	4'10 1/2	Highly pitted with small pox. Heavly Tattooed
328	Caovasayeo	W	PA	30	5'2	Slightly pitted with small pox
336	IjuilCroinla	W	PA	26	5'0 1/2	Pock marked

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
340	Karasum	W	YA	23	5'3 1/2	Face pitted with small pox. Breast tattooed

The Brig *Lucia (a) Albert* of the United States. Entered into Register as *La Lucia*. Condemned April 9th, 1810. (Voyage ID: 7585).

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
374	Kaualeng	M	YA	22	5'3 1/4	8 scars ea side face. Breast Back belly tattooed. yellow skin
382	Bolong	M	YA	23	5'5	Large mark of burn over left eye & 3 d^{o} on back
387	Mansaffulla	M	PA	29	5'7 3/4	3 small scars each side face. Face pockmarked
394	Sam (al) Sofee	M	PA	27	5'6	Face pock mark' back tattoo
396	Segla	M	PA	30	5'6	4 tattoes back of neck yellow skin
398	Kalee	M	A	15	5'1	1 Large burn right shin
400	Jamal	M	YA	20	5'5	Forehead tattooed. Face Pock marked
405	Mamadee	M	YA	25	5'1 1/2	Very small pit left cheek
410	Maca	M	A	14	4'9	Large burn below right knee
411	Balo	M	YA	20	5'0 1/2	Face Pock marked. Round scar left cheek
417	Siaka	M	A	14	4'10	4 small scars left side navel & yellow skin
421	Maea	B	OC	10	4'3 1/2	Pockmarked on Nose
427	Mermenean	B	OC	9	4'4	Face Pock markede yellow complexion
433	Cafsia	B	OC	9	4'4	3 Broad scar each side face. face pockmarked
434	Era	B	OC	10	4'6	Face pockmarked several dents left thigh
436	Samba	B	OC	9	4'2	Scar left cheek. wart on nose
463		W	A	15		Face pockmarked
468	Maria	W	A	14	4'10	Slightly pitted with small pox. belly slighly scarred
471	Fatima	G	OC	8	4'2	2 Broad scars (joined by another) ea side face & burn left side belly
479	Satta	G	OC	9	4'2 1/2	Nose pockmarked scar right side

The Schooner *Doris* of Spain. Condemned July 17th, 1810. (Voyage ID: 7554).

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
490	Doucyu	M	YA	24	5'3	face pockmarked scar left side ba*{page torn}*
502	Fo	M	YA	22	4'11 1/2	Small dent left cheek. rather hump backed. ra*{page torn}* mark top of right shoulder & outside left *{page cut off}*

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
503	Hannuna	M	YA	23	5'3	Yellowish face, long nose,very much pockmarked
508	Sance	M	A	14	4'8	Face highly pockmarked. Very small black dent on forehead
511	Logs	M	A	18	5'3 1/2	top of second toe left foot cut off
514	Tulumenee	M	YA	21	5'4 1/2	Large pit on outside left knee, small dent right side eye
523	Kellatev	B	U	[No Entry]	4'6	3 scars each side face. Dent forehead. Face pockmarked
531	Hanntee	W	YA	24	5'4	3 scars each side face. Pockmarked. Yellow skin
532	Fatima	W	YA	24	4'7	Dark pit right of right {....} and on right cheek
537	Sera	G	OC	7	3'11	2 large burns on back

The Schooner *Mariana* of Spain. Entered into Register as *Marianna*. Condemned May 2nd, 1810. (Voyage ID: 7556).

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
554	Jacka	M	YA	24	5'3	Small scar behind left ear, burn front of leg ancle
559	Siegha	M	YA	22	5'8	dent lower part of back. burn out side left knee
579	Pieva	M	YA	25	5'8 1/2	3 faint scars on jaw and face pockmarked scar left leg
581	Uava	M	PA	26	5'6	2 faint round scars right side back. faint scarification of forehead; yellowish face
585	Kabanghe	M	PA	26	5'7 1/4	Small scar below pit of stomach, burn right foot
589	Whyego	M	PA	26	5'7 1/4	Scar left foot deformed hands
590	Seerea	M	YA	25	5'8 1/4	burn side left foot, small dent side of right eyes
591	Fang	M	YA	25	5'4 1/4	2 scars right side; face pockmarked, 2 large burn left shin
593	Lega	M	PA	30	5'6	scar between shoulder large burn left foot
594	Lemno	M	PA	29	5'6 1/4	face pockmarked. scar side right. Eye large d^{o} above inside right knee
595	Dogua	M	YA	25	5'3	2 scars back left thigh, large burn front left ancle
597	Bara	M	YA	19	5'0 1/4	Long faint scar inside left thigh. burn inside left leg below knee
601	Hauy	M	YA	24	5'4	Face pockmarked Small lump front left arm
608	Jong	M	A	16	5'1 1/2	Large burn above right ancle 2 scars outside left shin
609	Botou	M	A	16	5'1 1/2	Mark back left shoulder round scar side left knee. Burn left foot.
610	Jalla	M	A	16	5'1	Black mark {.....} burn above left ancle.
614	Cauley	M	A	15	4'10 1/2	Large burn side left eye and dent on forehead
616	Tanee	M	A	14	4'7	Dent back of right knee. Nose pockmarked

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
617	Douang	M	A	14	4'7 1/4	Round mark inch before left ear. Half little finger of left hand cut off
619	George	M	A	14	4'6 1/4	2 scars above left ancle on side. Yellowish complection
621	Douallou	M	A	14	4'7 1/2	Scar above left knee, several lumps inside left arm
622	Banna	M	A	15	4'10	Sallow complection
626	Bangueng	B	YC	6	3'6	Large round burn left side belly
636	Bafsey	B	OC	9	4'2	Large burn back of right thigh. tobacco pipe mark on right hip
641	Banna	B	OC	11	4'4	Cut left shoulder, burn left breast.
643	Fay	B	OC	11	4'5 1/2	Large burn left side. A large navel, round scar within right knee
644	Carrafeesa	B	OC	10	4'3	Burn under nose
647	Yalla	B	OC	10	4'3	Face pockmarked, scar right shin. Round ditto outside left knee
652	Manjo	B	OC	9	4'3	Large burn below cheek. Small scar right cheek
658	Tauollo	B	YC	6	3'7 1/4	Small pit right eye. Round scar back left thigh
659	Ba	B	OC	8	3'11 1/2	Nose very slightly pockmarked. Faint mark right cheek scar top of left shoulder
662	Do	B	OC	7	3'11 1/2	Large burn right side. d^{o} above left knee
682	Kanda	W	PA	26	5'1 1/2	Scar one back ditto side of left elbow. yellow skin
686	Bouallow	W	PA	28	5'8	large burn left instep, long cut cheek of right hand
687	Yanggo	W	YA	23	4'8 1/2	large burn back right ancle; yellowish skin
694	Dambia	W	PA	26	5'3	large exessed scar outside left leg. yellowish skin.
695	Guania	W	A	18	4'10 3/4	Burn inside left ancle. face pock marked.
704	Canda	W	A	14	4'6	Dent right shin, face slightly pockmarked, yellow complexion
706	Satteea	W	YA	20	4'8	Burn front right ancle, very small feet
708	Fenda	G	A	13	4'5	Face pockmarked. Scar in a tattoo on forehead
718	Whyero	G	OC	9	4'3 1/4	Large burn back of left hand and wrist

The Schooner *Esperança* of Portugal. Entered into Register as *Osperanza*. Condemned May 14th, 1810. (Voyage ID: 7619).

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
752	Corree	M	PA	26	5'9 1/4	Large navel, a Eanuch
784	Fara	B	OC	10	4'2 3/4	Nose pockmarked: four scars inside left arm above elbow
787	Faeya	B	OC	10	4'2 1/2	Face pockmarked: round scar right thigh

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
798	Corree	B	A	13	4'6 1/2	Face slightly pockmarked, scar left shoulder, several ditto left arm

The remainder of the entries in the 1808-1812 Register were not divided by specific ships, though some unspecified page breaks were present.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
803	Mousa	B	OC	10	4'3 1/2	Scar above navel. has had five fingers & thumb
809	Tewa	W	YA	25	4'7 3/4	Smallest thumb right arm
826	Woueua	M	YA	22	5'3	Face pockmarked. Ditto left shoulder. scarified right ditto tattooed
836	Gnarcaucorra	M	YA	24	5'4	very much pockmarked nose, particularly large scar behind right ancle
843	Corree	M	PA	27	5'9	lump front of right shoulder deformed fingers on right hand
845	Lang	M	YA	25	5'3	large scar under left ear, ditto front left armpit, yellow skin
854	Dacuri	M	YA	20	5'4	Face pockmarked, small dent left breast, round scar above right leg
858	Malango	M	A	17	4'10	face pockmarked, several lumps each knee
859	Fa	M	A	15	5'9	large burn on wrist 3 pillar tattoes on forehead
891	Baia	B	OC	9	4'3 1/2	Small dent of forehead Scar left side, 5 fingers & 1 thumb left hand
894	Kaingiee	B	OC	12	4'5	Small dent lower part left cheek, double thumb right hand
908	Mauga	W	YA	19	4'9	Small wart front of each arm pit
915	Boya	W	YA	24	4'8 1/2	Lump on back scar under left breast. Yellowish skin
922	Sattea	W	PA	26	5'6	Large round scar left yellowish skin
926	Cavew	W	YA	21	4'9	Face pockmarked. Several dents right breast. Yellowish complexion
927	Sarah	G	A	13	4'4	Large scar inside left calfkroo. tattooed on forehead. Very yellow skin
932	Fengain	G	OC	11	4'3	Small mole right side chin. Scar right shin. yellow skin
933	Nanny	G	OC	8	3'10	Small pit right cheek. Scar back each thigh.
936	Timbay	G	A	13	4'7	Round scar on side left knee. Yellow skin
949	Abeam Bramad	M	YA	23	5'4	Face pockmarked. Small ears. mark of musket shot front of left thigh
952	Cassum	M	A	16	5'7	Scar pit of stomach d^{o} left side; d^{o} top of left shoulder, deformed d^{o} side of left eye
954	Miyal	B	OC	10	4'0 1/2	One large sore on shoulder and leg, 2 dents on forehead
958	Coomba	W	PA	29	4'11 3/4	large mark side of left arm: black Mark on right cheek yellow skin

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
966	Englago	W	YA	25	5'3	Round scar left wrist long mark of a whip of forehead curious small toe left foot
973	Demba	M	YA	23	5'0 1/4	Piece cut off on side right arms. Large cut left side neck, several dº right side of below chin
982	Baea	M	YA	25	5'9	Several dents on forehead: faint dº left eyebrow; fingers of left hand larger than those on right.
997	Jam	M	PA	26	5'6 1/2	Yellow complexion. Splled with black cut on right wrist. Scar side of left eye
999	Tumba	M	U	[blank]	[blank]	Sick & died before description could be taken
1000	Mjina	M	YA	24	5'0	Large scar inside right arm. Long cur on forehead: Middle finger of left hand cut off
1006	Embas	W	PA	29	5'1	Face pockmarked: small scar on forehead round ditto right wrist. Mother of Souejae No. 1019
1008	Jora	W	YA	25	4'11	Scar on forehead.. . . pockmarked ditto, yellowish skin
1011	Panda	G	YC	6	3'7 3/4	long dent above left eye ditto left cheek. pit between eyes, deformed left arms
1012		G	OC	7	4'1	face pockmarked, small dent below left breast
1013	Jera	G	OC	8	3'11	small mark right side temple, small mark ride side belly, yellow complexion
1029	Ansimanee	M	A	18	5'3	Small scars behind left ear, large round mark left thigh: yellowish skin
1034	Bonlsua	M	A	15	5'4	Pockmarked left side face: scar left eyebrow. Yellowish skin
1041	Jara	M	A	15	6'1	Nose pockmarking: scar back of left arm above elbow: small long dent on forehead
1042	Sanrenga	B	A	13	4'1 3/4	Face pockmarked: scar front left knee: dº left foot
1046	Furree	B	OC	8	3'11 3/4	2 dents left knee: internal lump right side of belly
1049	Boy	W	YA	25	5'0	2 pimples behind side of left cheek, several scars left side
1053	Balee	W	PA	26	4'11 1/2	Black tattoe @ side with several pimples left arm below shoulders; yellowish skin
1054	Nafeoree	W	YA	25	4'10 1/4	Scarification between breast and belly; scar on back, dº left arm. yellowish skin
1060	Kallec	W	PA	27	4'11	Face thinly pockmarked @ side face scarified: several scars on back
1075	Yajene	M	YA	23	5'8	Face slightly pockmarked, 11 spade tattoes on belly
1077	Wave	M	PA	26	5'6	Yellowish skin, Purrah on back. 2 scars below left of shoulder
1082	Tanba	M	YA	23	5'7	Face pockmarked; long scar above right wrist, Curious navel
1083	Boudananee	M	YA	24	5'6	Legs bum left side back scarified, Marked right calf
1090	Janiles	M	YA	19	5'5 1/2	Face pockmarked, mark front left each

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
1094	dobou	M	PA	32	5'8	Back of neck scarrified "ɔɔɔccc", large internal lump breast right side
1098	Yerree	M	YA	25	5'10	Small pocks on forehead, mark under left cheek, small round scars right cheek
1099	Mamadee	M	YA	20	5'3	Large scar left wrist, yellow skin
1107	Sahae	B	OC	11	4'5 3/4	Small dent right cheek; large round mark lower part of belly; yellowish complexion
1108	Tamunu	B	OC	12	4'4 3/4	Cut right side back, faint d^o left sides belly; yellowish complexion
1115	Alunefo	B	A	13		Face pockmarked: long faint scar each side face: faint scars right breast
1112	Mousu	B	OC	11	4'5 1/2	Large scar left cheek: few sores on back
1130	Sally	W	YA	25	5'4	Back shoulder. V back scarified long tattoo each ___: cresant tattoo on forehead. Yellowish complexion
1134	Kai	W	PA	26	5'0	Face pockmarked: small feet and toes: arms bent inwards
1140	Subera	W	A	14	4'6	Nose pockmarked: Forehead scarified, large scar above right ancle
1147	Bafalee (Nancy)	G	OC	8	4'1 1/2	Black navel top of left shoulder: yellow skin:forehead
1155	Wodccoa	M	PA	26	5'6 1/2	Back lumpified with purrah: 4 scars above left knee. Yellow skin. little finger right hand bent inwards
1157	Tamba	M	PA	27	5'7	Face pockmarked. Yellowish skin. % black tattoos on forehead
1158	Gherrifaro	M	PA	28	5'7 1/4	Breast & back lumpified (?) with purrah: long scar across front right thigh. Yellowish skin
1160	Tamba	M	PA	32	5'6	Very large forehead: round scar right side belly. Ruptured (what does that mean?)
1172	Yemombe	M	YA	22	5'8	Face pockmarked: several round marks left wrist: small cut left cheek
1176	Era	B	OC	12	4'6	Nose pockmarked: scar right side belly. D^o front of right knee
1177	Candaca	B	OC	12	4'5 1/2	Long scar left side forehead: large burn right foot
1178	Jace	B	OC	11	4'6	2 round tattoos outside each eye: five fingers and thumb.
1194	Samba	B	OC	11	4'6	No thumb left hand
1210	Famba	B	OC	8	4'1	Face pockmarked: large navel round dent on forehead
1213	Lucy	W	YA	23	5'3 1/2	Slight scarifacation each side face; fingers of right hand bent inwards
1219	Kiri	W	YA	24	5'0	Wart right eyebrow right side. Scared left shoulder blade: tattooed on forehead
1230	Boy	G	OC	7	3'11	Wart right side nose: long scar front right shoulder
1238	Gibay	M	PA	29	5'3 1/2	Face pockmarked cut on forehead: scar on breast: & 2 ea right arm

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
1240	Dobo	M	PA	30	5'4	Several scars on breast: belly scarified. Fairly pockmarked: round dent left wrist
1247	Kaifa	M	A	17	5'1 1/2	Pit right side nose; several round dents left wrist; scar top of left foot
1250	Ba	M	PA	29	5'1	Round mark back of left arm; top burn below elbow on dº navel scar left side
1258	Gobxy	M	YA	24	5'6	Black mark above left breast: differnt tattoos each arm; 3 long tattoos across left shoulder, Yellow complexion: Purrah marked
1262	Sawanya	B	OC	11	4'5	Faint round dent on forehead: has had five fingers & thumb: Prominent forehead
1267	Curaca	B	OC	8	4'1	Large dent above right eyebrow: Pit on forehead: small round mark right side
1304	Coioa	G	OC	7	3'10	Round dent behind left thigh, several faint marks shoulders; yellowish complexion
1311	Barree	G	YC	6	3'8	2 pits side of left eye, ditto right side stomach. faint mark above left breast
1314	Mauvoolloo	G	YC	6	3'8 1/2	Several faint marks on back; ditto on breast, yellow tinge on her complexion
1319	Luafsia	M	MA	41	5'4 1/2	2 scars side of ea eyes; round pimple below back of neck, round dº above left wrist
1324	Cudjoe	M	YA	24	5'5 1/2	Scars below ea temple, face pockmarks, large marks back of ea hand
1337	Yaou	M	PA	27	5'6	Scar below each temple. Face slightly pockmarked; round scar inside left calf. 2 dº outside right , dº below navel
1356	Wallec	M	PA	28	5'7	Face pockmarked. faint long mark ea cheek. several dº on front of belly, dº elbow above left knee
1359	Amooloo	M	YA	24	5'7 1/2	Face pockmarked, dent on forehead. pockmarked above eyebrow, 2 scars left cheek
1363	Allee	M	YA	25	5'10	Breast scarrified. faint dent side each cheek, 2 scars left side forehead; with finger of left hand bent inward
1369	Seuufsee	M	A	15	4'8 1/2	Long scar left shin: small dº on eyebrows. Large scar left knee: yellowish skin
1370	Mere	M	A	14	4'8	22 long faint scars each cheek. 2 circular scars each temple: face pockmarked
1371	Cobana	M	A	14	4'7	Large round scar front of left ear: 2 large scars back of neck. Yellowish skin
1379	Adam	B	OC	12	4'4	15 long scars ea cheek: a few pockmarks on nose: scar above left elbow
1391	Adama	W	YA	25	4'1	Each cheek scarified: small toe inside little one left foot
1416	Ajuba	G	OC	9	4'2	Small mark outside right elbow, 2 marks right chin. Dumb.
1419	Bunama	M	PA	26	5'3	yellowish complexion, scar & 2 large cuts right side back.
1421	Tenfer	M	A	18	4'9	Face pockmarked; scar above right elbow, dº side of left knee
1422	Cauley	M	A	16	4'11	Small pitted cheeks, scars under right cheek

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
1426	Belal	M	A	14	4'4	Several dents on cheek; scar above left hand, dº behind left back, yellowish complexion
1431	Yenou	M	PA	30	5'5	Face pockmarked, 2 long & round scars right side
1432	Foanda	M	YA	24	5'6 1/2	Top of right thumb cut off, burn right wrist
1434	Foudee	M	PA	29	5'11	Scar front of right shoulder, face very slightly pockmarked
1447	Suree	M	YA	22	5'2	Long cut on face, fingers bent inwards: deformed great toe right foot
1453	Furama	M	A	15	4'8 1/2	Large scar left calf. Dumb.
1469	Mawalloo	M	YA	25	5'6 3/4	Number of scars round navel: has had five fingers and thumb: breast & belly scarified
1477	Sondra	M	PA	31	5'3 3/4	Tattoe on forehead: teeth fild: Purrah on back: nose slightly pockmarked
1480	Pandea	M	YA	24	illegible	Face slightly pockmarked: lump outside left knee: scar outside right calf
1486	Siema	M	YA	25	5'4	Scar between breasts: little fingers bent inwards
1514	Gango	B	OC	11	4'3	Yellowish complexion: dent inside right & dº outside left eye
1545	Mafoura	G	OC	8	4'3 3/4	Number of rough marks on ea cheek: Yellowish complexion
1554	Thomas	M	YA	25	5'6	Large scar on right wrist pockmarked scar top of left shoulder: 5 dº back of dº
1568	Desmba	M	YA	25	5'1 3/4	2 burns near navel: scar right side of back: long dº above dº navel
1569	Dombalee	M	YA	21	5'0 1/2	Scar top of right shoulder: dº between shoulders dº on left arm burn inside of left knee
1572	Mawinga	M	YA	20	5'2 3/4	Burn of right arm: scar on dº wrist: large dº on left cheek
1575	Loovoongoo	M	A	15	4'9	Large burn left side of back: small pockmark'd: 2 burns on left calf
1577	Belmqo	M	A	15	5'	Scar above left elbow: dº between elbow & arm: burn on foot: 2 scars left side [BRAND] on breast
1579	Jack	M	YA	25	4'4	Pockmarked back: dent above left elbow
1586	Frank	M	A	14	4'7	Large faint mark back right ear: 2 scars top of right shoulder: has six fingers on left hand
1592	Loeinba	B	A	13	4'4	Pockmarked on face: faint scar on left breast: large dº on right shin
1604	Seloo	W	YA	21	5'2 1/2	Scar on belly: breast burnt: on left arm scar left shin
1614	Balla	W	A	17	4'10	Large scar on breast: dº on belly: has had 5 fingers and thumbs on left hand
1621	Canbesu	W	A	16	5'0	Failing on left thumb: has had five fingers and a thumb
1639	Masaille	M	PA	27	5'5 1/2	Pockmarked on face, scar on left wrist
1649	Mamadee	M	YA	21	5'8 1/4	Pockmarked, scar back of right hand, dº left of belly

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
1692	Balal	B	OC	9	3'11	Pocked scar on right side; left hips much scarified
1703	Lajou	W	PA	28	5'3 3/4	Pockmarked on face, dent on belly, large scar on left knee, 2 ditto on right leg
1704	Panba	W	PA	26	5'0 1/2	Scar in forehead, pockemarked, scar on right leg
1709	Fatima	W	PA	30	5'6	Pockmarked on face, scar on left shoulder, 2 large scar on leg
1714	Sally	W	PA	27	4'10	Pockmarked: mole under left ear: 2 scars on right knee: 1 d^{o} on right leg.
1719	Loomdr	G	OC	7	3'10	Pockmarked: D^{o} leg much scarified
1724	Masia	W	PA	30	5'1 1/4	Pockmarked: scar on right ear: d^{o} abov d^{o} cheek
1737	Yelluma	G	OC	8	3'11	Pockmarked: dent above navel
1744	Carara	G	OC	9	3'10 1/4	Pockmarked: 2 scars on right leg
1746	Ta	G	OC	7	3'11	Pockmarked: scar on right shoulder
1772	Paca	M	YA	24	5'2 3/4	Scar on arm: Scarified from ea shoulder to pit of stomch & there to navel: a scar inside left elbow which had contracted the arm
1773	Yurua	M	YA	25	5'6 1/2	3 long tattoes across forehead breasts arms belly tattoed, yellow complexion
1806	Manou	M	PA	29	5'2 1/2	Prominent eyebrows, large internal scar under left elbow
1808	Goi	M	A	17	5'0	Large dent left temple, round scar below left knee outside, deformed little finger right hand
1809	Gna	M	A	16	5'0	Large scar left side belly; fingers of each hand deformed
1832	Hombellon	B	A	13	4'5	Partial mark side of left arm, scar on right elbow. Forefinger left hand had been broke
1846	Saonay	W	YA	19	5'1	Scar below right eyes, d^{o} below right breasts, yellowish complexion
1849	Kang	W	A	14	4'7	Pockmarked face, scar right shoulder. faint scarified lumps on side left breast
1855	Kang	G	OC	8	4'4	Deformed back finger right hand, scarified right arms, several scars left side belly
1868	Poatee	M	YA	20	5'1 1/2	Rising above navel, face very slightly pockmarked, scar above right ear
1886	Goa	B	A	13	4'7	Very small scar ea cheek, scar on chin large burn right knees
1896	Deanghee	M	A	15	4'7	Large burn side of arm, scar left side
1897	Soomba	M	A	18	4'6	Face slightly pockmarked, lump between breasts, scared on ea arm, scar on belly
1899	Boobas	M	PA	28	5'3 1/2	Face pockmarked. Shot in left arm below shoulder. Scar on hands
1905	Jara	M	YA	19	5'2 1/2	Small scar front of left shoulder. face slightly pockmarked
1908	Matto	M	YA	24	5'4 1/4	Face pockmarked: fourth toe left foot very short. Scar left side
1914	Cogola	M	YA	25	5'5	Large burn inside right knee: large scar outside right ancle

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
1917	Boadee	M	PA	26	5'0 1/2	Second toe of right foot cut off: scar left side neck: small dº side of chin: scarified
1919	Gomey	M	A	18	4'11 1/2	Little finger left hand cut off but the base. 2 scars on right eyebrow
1926	Macoo	M	A	15	4'10 1/4	Scared on belly, face slightly pockmarked
1939	Dooloo	W	YA	23	5'6	Face each side pockmarked. Four cuts right shoulder blade
1943	Sucla	W	YA	22	5'1	Several pockmarks on face: dent between eyebrows: large neck. Scar left shin
1944	Laconga	W	A	17	5'1 1/2	Scarified on each temple: large scar below left breast: dent side of right eye: scar above dº forehead: yellow complexion
1947	Minecma	W	A	15	4'9	Circular scars top each eat; face slightly pockmarked
1949	Paca	W	A	14	4'8 1/2	3 large burns on belly
1950	Hella	W	A	14	4'9	Several pockmarks on face: dent on small of back
1952	Luango	W	A	14	4'8 1/4	Yellow complexion: scar front of left arm below shoulder. 2 dº on left shoulder: large scar top of left foot
1956	Mangana	G	OC	10	4'1 3/4	Face pockmarked; third finger left hand short
1958	Najo	M	PA	28	5'5	Pockmarked scar right arm: ear right ditto
1959	Macqua	M	YA	21	5'9	Cut down forehead. pockmarked left side face and back of left arm
1968	Booboo	W	PA	26	5'0 1/2	Faint markings each cheek: large scar right breast: Yellowish complexion
1976	Cuendâmâ	M	A	18	5'6 1/2	Foremost fingers pockmarked on centers
1979	Cobanang	M	PA	26	5'2 1/2	Pockmarked. Scar behind left thigh
1982	Nacoi	M	A	16	5'11 1/2	Scar on left knee: 2 scar on breast; fingers of left hand deformed
1992	Mrcarau	M	YA	24	5'10 1/4	Large round forehead; face pockmarked; yellow complexion
1993	Bill Bry	M	PA	26	5'5 1/4	Face pockmarked: scar back of left hand
1994	Mousa	M	PA	26	5'3 1/2	Face pockmarked: prominent mouth. 2 scar below left knee
1995	Senegal	M	YA	25	5'10 3/4	Scar on cheek: dejointed right hand: several scars on side left calf
1998	Jandano	M	OA	50	5'5	Scar side of right eye long: dº right side cheek. prominant right burn breast along side
2003	Mousa	M	YA	25	5'4	3 scars each cheek: 5 dº down breast: 3 round of lumps on belly: deformed fingers
2006	Tamba	M	A	16	5'4 1/4	Scar side of right eye. Yellow complexion: very long fingers
2008	Cabay	M	A	17	5'5	Both hands burnt: large scar on side right knee: dent left side back
2011	Lapoo	M	YA	24	5'8 1/2	Large dent under left eye: scar on right shoulder blade: yellowish complexion

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2015	Marawa	M	PA	26	5'4 3/4	Little finger right hand cut off: right hand white
2019	Curama	M	PA	28	5'1 3/4	dent on forehead: [BRAND] on arm; large burn front right thigh
2024	Mausa	M	OA	49	5'2 1/2	[BRAND] on each cheek [MARK] on forehead: has had 5 fingers & thumb
2032	Belal	B	OC	11	4'4	Pockmarked: yellowish complexion
2036	Maysa	B	OC	9	4'4 1/4	Large navel: dent side of right eye: yellowish complexion
2040	Anthony	B	A	13	4'7	Scar left shoulder, ditto left side, murky blood
2042	Golla	W	PA	30	4'8 1/2	Breasts each scarified, left hand burnt and on shoulder blades
2054	Mamadee	M	PA	30	5'11	Pockmarked face; large part of right ear eaten away by the Yaws: scar left ancle
2055	Beallee	M	PA	29	5'7 1/2	Pockmarked, 2 scars pit of stomach, 1 d^{o} top of right shoulder
2057	Fesa	M	PA	28	5'10	Scar left side part of each fingers of left hand, deformations little toe left foot
2064	Jamba	M	PA	30	5'8	2 scars left side, little finger of left hand bent sidewards
2066	Moritah	M	PA	30	5'7	Very much pockmark'd, scar right cheek: yellowish tinge in complexion
2069	Mamadee	M	YA	22	3'8	Pockmarked: yellowish tinge in complexion: small scar top of left shoulder
2074	Maca	M	PA	26	5'8	Burn on ea breast, crescent dent left hand, top cut off the second toe left foot
2085	Jalla	M	PA	32	5'3 3/4	Scar right side chin, 2 d^{o} right side forehead: top of thumb left hand cut
2089	Cacuta	B	OC	9	4'4	Scar left hip, face slightly pockmark'd
2092	Demba	B	OC	9	4'6 1/2	Scars back of left knee, scar down eyebrows, yellowish complexion
2096	Dyia	W	PA	28	5'7 1/2	Large burn back of right arm, small scar left side mouth
2104	Adeseep	W	PA	32	5'4	Pockmarked, finger of right hand deformed a little
2108	Sera	W	PA	28	4'10	Pockmarked: scar side of right elbow, 2 dents on left calf
2119	Jenung bay	W	PA	35	5'1 1/2	Little finger of left hand deformed
2121	Chama	G	YC	6	3'10	Delicate yellow complexion, a Foolah girl
2122	Panza	G	OC	9	4'7 1/2	Large scar right side forehead, side bruised of from forefinger of right hand
2128	Balla	M	YA	24	5'10	High forehead, cast in the left eye
2139	Halek	B	A	13	4'10	Three strikes on ea side of face
2147	Pendes	G	YC	5	3'2	A burnt mark on her breast
2160	Sella	B	OC	9	4'6	Face marked with smallpox
2182	Neany	W	YA	20	5'3	Blind of the right eye
2192	Suan	M	YA	24	5'6 1/2	Pockmarked small scars on forehead 1 ditto below right ear

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2195	Jack	M	PA	28	5'9 1/4	Nine cuts down left & eight down right cheek: severed toe left foot
2196	Mana	M	YA	25	5'6	Scar on ea temple little finger of left hand bent inwards
2211	Tagbeea	W	PA	30	5'0	2 scars ea temple, black tattoe ea ditto arm ea cheeks, yellowish complexion
2214	Padro	M	YA	20	5'6	Pockmarked: scar down right ear, ditto right shoulder blade
2215	Aouthenie	M	YA	25	5'4 1/2	Large scars, little finger bent inwards
2220	Sawa	M	PA	28	5'8 1/2	Pockmarked: scarred down face, 2 large scars between breasts
2230	Alladelkes	M	MA	40	5'4	Pockmarked: scar right side back
2244	Corromis	M	PA	29	5'5	Scar left back; several dº right side; dº middle finger right hand deformed
2252	Ale	M	YA	24	5'5	Pockmarked; scarred down face, large scar under right ear
2256	Andaneanee	M	PA	34	5'4	Scared on face, lump on belly, middle finger of left hand deformed
2257	Ale	M	PA	34	5'10 1/2	Long much pockmarked: scarred on face, [Brand] left breast.
2259	Juan	M	PA	26	5'3	Scarred on cheek, dent side of left eyes & left side of nose. Little of forefinger of left hand bent
2292	Jeaqum	M	PA	30	5'6 1/2	Large scar neck. Several pits of small pox on face
2296	Mamman	B	OC	9	4'6 1/2	Yellow complexion: pockmarked: scar right arm above elbow
2307	Aisuto	W	YA	20	5'4	Number of scars each cheek: burn of pipe on breast: short toes left foot?
2313	Fatina	W	PA	28	5'2	Face pockmarked & numbers of scars down & across cheeks; number of round dents left atm
2314	Outa	U	YA	23	5'0	Much pockmarked: ditto scar each cheek large right shoulder
2316	Areivo	W	YA	25	5'2	Scar down forehead: large pockmarked on face: scar between breasts
2318	Abadai	W	YA	24	5'3	Face much pockmarked; dº small scar right breast
2319	Paapoo	W	YA	25	4'9 1/2	Scar between eyebrows: scared cheeks: amputated thumb right hand
2320	Berrst	W	PA	27	5'0	Face pockmarked: Scarified very much on each cheek ...
2321	Afsibee	W	YA	22	5'7 3/4	Scared on cheeks: hole through upper left belly; much scarified
2323	Abac	W	PA	30	5'3	6 scars down forehead: pockmarked: scar left breast
2327	Abo	G	A	14	4'7 1/2	Scar down forehead: dents on temple. pipe burn on right breast
2336	Feulenindo	M	PA	34	5'0 1/2	Pockmarked: 6 scars on cheek; 8 dents right arm below elbow
2337	Domingo	M	YA	25	5'7	Pockmarked; dent right arm below elbow

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2339	Scwis	M	YA	19	5'0	Pockmarked; scarified right elbow
2353	Antono Santa	M	YA	24	5'8	Face pockmarked, large scar d^{o} between eyebrows. Cut fingers & left hand dent
2358	João Ferreira	M	PA	26	5'4 1/4	Scar on cheeks & pockmarked; Forefingers of left hand bent inwards
2361	Susa	M	PA	33	5'0 1/2	Little finger right hand bent inwards; scared on temples
2368	Dumang	M	YA	20	5'5 1/2	3 pocks below right eyebrow? scar left side back
2371	Yegumbaba	M	PA	35	5'8	Face pockmarked; 2 large scars acros cheeks; large d^{o} down belly, arms & thighs & across belly
2379	Laiba	M	PA	29	5'5 1/4	Face pockmarked: 3 scars across each cheek: scar back of neck: shoulders
2381	Madder	M	PA	28	5'6 1/2	Slightly pockmarked: scared down forehead & face: 2 large scars front of left thigh
2392	Mamman	M	PA	30	5'11	Pockmarked: Scared down face: scar below left shoulder blade
2394	Dalla	M	PA	26	5'5 1/2	Face pockmarked: scared down face: round cuts on forehead
2397	Maddu	M	PA	28	5'3 1/4	Scared down face & arms: 5 d^{o} down breasts: musket shot around left side back
2398	Adam	M	PA	26	5'2 1/4	Face pockmarked: scared down face: small scar above right knee
2401	Mammec	M	YA	23	5'3	Yellowish complexion: foolah hair: scar left side
2405	John	M	YA	24	5'2	Yellowish complexion, mark front right arm
2409	Lawa	M	A	18	5'2 1/2	Face pockmarked slightly: and slight scarred on cheeks
2419	Maddrr	M	A	17	5'1 1/2	Scared on face; Slightly pockmarked: cut above left eye
2420	Garaba	M	A	16	4'10 3/4	Brow slightly pockmarked
2423	Marawa	M	YA	19	5'2 1/2	faintly pockmarked & scared on face
2424	Aonashiua	M	OC	10	4'11 1/2	Pockmarked & scared on face: scared on belly: scarified side belly
2435	Emmaloo	M	A	16	5'2	Scar under bellow: [BRAND] below navel: yellowish complexion
2445	Yoba	M	PA	33	6'0 1/2	dent right cheek: yellowish complexion
2452	Cabee	M	OA	46	5'7 1/2	Burn above left ear: cheeks & temples scared: scar right side nose
2463	Hannah	W	PA	30	5'1	Face pockmarked & scarred: tattoe from each ear to eye: Breasts scarred
2465	Gaddoo	W	PA	27	5'0 1/2	Pockmarked: face scarred: belly & breasts tattoed
2474	Guruman	W	PA	27	5'3 1/4	Hollow navel: fingers each hande severaly bent: number of scars down each cheek
2475	Ekeela	W	YA	25	5'3	Curious tattoed on face, belly breast and arms: forefinger right hand broke
2476	Edo	W	PA	30	5'1	Pockmarked: 8 scars down forehead: belly, breast, arms and back tattoed: [BRAND] on back

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2477	Oja	W	YA	24	5'4 1/2	Pockmarked: scarred down each cheek
2479	Mandaywa	W	YA	24	4'9	Pockmarked: belly much tattoed. Large scar left elbow
2486	Audo	W	YA	24	5'0	Yellow burn forehead: 1 d^{o} dimple, belly and round tattoe scar top of finger left hand
2490	Laamee	W	PA	26	4'11	Pockmarked: 2 large scars down each cheek: 1 ditto across right cheek: temples scarred
2491	Ai-sa	W	YA	25	5'0 1/2	Much pockmarked: number of scars down each cheek & forehead: dent right cheek: 18 long scars down belly & sides
2493	Adamma	W	A	17	4'10 3/4	Slightly pockmarked: Cheeks scarred: 2 round scars on back
2509	Otra	M	YA	24	5'4 1/2	3 tattoed down forehead & nose: [BRAND] on breast: large burn left breast
2517	Jnogeei	M	PA	29	5'5 1/2	Faintly scared between shoulders: Pain on his head
2518	Scolee	M	A	18	5'3 3/4	Scars down forehead:finger of each hand deformed
2521	Aloeu	M	YA	24	4'11 1/4	Scarred each temple: cut between eyebrows: Yellowish tinge in face
2534	Wandaleu	M	A	17	5'2	Scar left eyebrow: little finger of right hand deformed
2536	Ono	M	YA	19	5'4 1/2	Tattoe down forehead: 5 black spots each temple. yellowish complexion
2541	Buches	M	YA	25	5'3 1/2	Scathed: cut inside right elbow
2550	Oggee	M	PA	29	5'6 1/2	Scar under right cheek: deformed fingers
2551	Echee	M	PA	28	5'8	Scathed: 2 scars left cheek: 1 d^{o} each breast
2564	Wadooma	M	YA	25	5'3 3/4	Tattoed down forehead & on temples: 4 spots under ea eye little finger of right hand deformed
2583	A-mkay	M	A	18	4'11 1/2	Scarred ea temple: large scar right breast deformed fingers right hand
2594	Oboo	M	PA	28	5'4	Yellowish tinge in complexion: small poc [?]
2613	Adumbe	M	A	18	5'1 1/4	Deformed fingers: scar ea temple: 2 scars inside left leg
2635	Ajew	M	YA	22	5'7 1/4	3 semicircular scars ea side navel: scar right shoulder blade: yellow complexion
2640	Aquago	M	YA	24	5'1	Deformed fingers right hand: scar with white spots right shin
2646	Mo	M	YA	21	5'3 3/4	Scar left side cheek: d^{o} under right cheek: deformed fingers right hand
2650	Apa	M	YA	21	5'4 3/4	Deformed fingers: scar below left knee
2655	Cansa	M	A	17	5'4	Thick lip: Deformed finger left hand
2658	Eme	M	A	18	5'2 1/2	Scar right side forehead: 2 dents on left & on right cheek: deformed little finger right hand
2659	Carcme	M	MA	38	5'5	Small scar left side mouth: deformed finger left hand
2660	Epoo	M	A	17	5'1 1/2	Scar on temple. pipe mark left breast

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2661	Eniang	M	YA	25	5'4	Tattoo left arm & down back: small finger of left hand deformed
2665	Abiagoo	M	YA	24	5'0 1/4	Pockmark'd yellow complexion mole under left breast: scar below right elbow
2666	Ajug	M	YA	23	5'3 1/4	Yellow complexion: black cheek on eye: 2 tattoos each eyebrow
2668	Ongwa	M	YA	25	5'4 3/4	Pockmarked: cut on left eyebrow: dent on left thumbs
2676	Anayboo	M	YA	23	5'9 1/2	Yellow complexion: scar between eyebrows: 2 dº right elbow: 1 dº back of right hand
2689	Wanokees	M	PA	27	5'4	Blind: black tattoo between eyebrows: tattoo near each eye: calf tattoo on each cheek
2690	Mmbulato	M	PA	26	4'11 1/2	Scathed: scar back of right shoulder near arm pit}
2693	Ahboo	M	YA	22	5'2	pockmarked: scar back of 3 fingers of left hand: small dº on belly: large dº right side
2741	Apa	M	A	15	4'10 1/2	Pockmarked: scar lower part of left cheek
2747	Aroofoovee	M	A	18	4'4 1/2	Scar on forehead: deformed fingers
2749	Apa	M	A	15	4'4 1/2	Scar short right eyebrow: dº on forehead; dº left cheek; pockmarked
2750	Crorquoa	M	A	16	5'2	Yellow complexion: large burn left knee; mole left cheek
2754	Acooree	M	A	16	5'0	Yellow complexion: [SCAR] on belly: small scar on breast: ditto above left elbow
2755	Acra	M	A	15	5'1 3/4	Yellow complexion: 4 small scars each side left knee. 3 dº under part of back
2756	Ona	M	A	14	4'5 1/2	Yellow complexion; scar each temple; 3 small dents apart of belly
2760	Onogha	M	A	14	4'9	Yellow complexion; very small dent above right ear; dº right side belly; burn under left ear
2761	Awoodoo	M	A	14	4'10	Cheek scars: dent on forehead: slightly pockmarked
2765	Ajo	M	A	14	4'10 1/2	Pockmarked: several small scars on forehead
2767	Apa	M	A	15	4'10 1/2	Pockmarked: scar lower part of left cheek
2773	Aroofone	M	A	18	5'2 1/2	Scar on forehead; deformed fingers
2775	Apa	M	A	15		Scar above right eyebrow: dº on forehead: dº left cheek: pockmarked
2795	Annadica	B	A	13	4'9	Yellow complexion: 2 scars side of right & on side of left eye: Round scar inside ancle
2800	Tutecllay	B	OC	9	4'4 1/2	Yellow complexion: several scars right side: 1 dº left shoulder
2803	Accabecna	B	OC	9	4'4 1/2	Yellow complexion; 2 small scars nose: left eye; 1 dº right shoulder
2819	Agay	B	OC	10	4'6 1/4	Large burn right side neck: small scar right arm below elbow
2822	Ebgula	B	OC	12	4'7 1/2	Blind: 9 scars on forehead: 12 dº each cheek: 3 dº chin
2827	Aquamia	W	YA	24	5'2	Yellow complexion: 2 scars on forehead: small dent top of belly

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
2829	Guamo	W	PA	26	5'3	5 rows of scars down belly: small eyes: yellow complexion
2832	Acanda	W	A	18	4'9	3 very large scars each cheek: forehead slightly scarred: face pockmarked
2856	Ekama	W	A	15	4'7	Wart right breast: handsomely scarred down belly: 2 stars on d°
2868	Woofa	W	A	14	4'9 1/2	3 rows of scars down belly: scar near left eye: yellow complexion
2870	Mamoucea	W	A	16	4'8 1/4	Stone blind. hollow navel: yellow complexion: scar right side on calf
2871	Affabeehay	W	YA	20	4'10 1/4	Stone blind: Four scars below each eyebow: scarred over each eye: Round scar on back
2881	Namca	W	A	16	N/A	Stone blind: dent right side mouth scar near left ear
2912	Diogo	M	OA	54	5'4 1/2	Pockmarked: large scar left side forehead: large scar on cheeks
2919	Aggo	M	MA	40	5'6 1/2	Pockmarked: 1 scar on each cheek: & 2 on each temple: breast tattooed [TATTOO]
2925	Coonnou	M	PA	28	5'6 1/2	Pockmarked: 2 scars each temple: 1 d° each cheek: [SCAR] left shoulder
2930	Agafsee	W	PA	30	5'1 1/2	Pockmarked: mark between eyebrows: scar right shoulder: 3 d° upper part of belly: 3 scars on d°
2934	Toofoomee	W	A	16	4'9 3/4	Scar each cheek: 2 d° each temple: large burn left elbow
2943	Andre	M	YA	19	5'0 3/4	Pockmarked: scar on forehead: several ditto on belly & back
2946	Maddee	M	PA	26	5'5	Scared each cheek: slightly pockmarked: scar back of left thigh
2954	Shahim	M	YA	24	5'4 3/4	Pockmarked: very much scared on face: scared down belly legs and arms
2958	Abdee	M	YA	23	5'7 1/4	Pockmarked forehead: [BRAND] on right cheek
2959	Yallo	M	PA	32	5'6 3/4	11 scars each cheek meeting at mouth: middle finger right bent inwards
2962	Bakee	M	YA	22	5'3 1/4	Pockmarked: very much scarred on face
2963	Marimuno	M	A	17	5'1	Slightly pockmarked: 3 scars each cheek meeting at mouth
2968	Alsebay	M	YA	22	5'5	Pockmarked: three scars each cheek: meeting at mouth: ... number of small scars on breast
2982	Mindoo	M	YA	20	5'3 1/2	Pockmarked: face much scarred: 3 tattoes each breast: round scar left side navel
2985	Gobbo	M	YA	23	5'8 1/2	Pockmarked: cheeks temples scarred: round ditto above navel
2989	Mamadoo	M	PA	32	5'9	Face much scarred: deep scar side of left eye: slightly pockmarked
2990	Dilla	M	YA	22	5'3	Pockmarked: very much scarred on face: 12 scars on breast & 10 on belly
2999	Hamunagge	M	YA	24	4'11 1/4	Much pockmarked: 7 scars each cheek: 1 ditto left side nose: 2 ditto each breast

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3004	Omullay	M	YA	25	5'3 1/4	pockmarked: 3 scars and 9 cheek: 4 down forehead: deep cut on ditto
3006	Caciou	M	YA	25	5'5 1/2	pockmarked : 4 scars left & 9 right cheek
3007	Aliberque	M	YA	22	5'5 1/4	Face much scarred: 2 scars from each ear to mouth: 1 ditto let elbow: pockmarked on face
3009	Awoodoo	M	YA	23	5'3 1/2	Pockmarked: 2 scars each cheek: large navel
3010	Maddee	M	YA	25	5'3	Face slightly pockmarked: scar below eyebrow: mole on forehead
3011	Loevree	M	PA	35	5'2	Pockmarked: scarred on cheeks: 2 scars left side tattoed on belly
3013	Meno	M	PA	26	5'4 1/4	pockmarked on face: several scars left shoulder
3016	Lamono	M	YA	25	5'7 1/2	3 scars across each cheek: pockmarked: 2 scars above right breast: 2 ditto pit of stomach: belly scarred
3019	Nuibee	M	YA	23	5'11 1/4	Very slightly pockmarked: faintly scarred on back and belly
3021	Baco	M	YA	22	5'6	Much pockmarked: scarred on face and left temple
3023	Babbee	M	YA	23	5'2	Pockmarked: 3 small scars each breast: Round dent left side
3025	Ebinc	M	YA	20	5'3	Highly pockmarked: 2 very broad & several pound small scars each cheek: yellow complexion: [BRAND] right breast
3027	Mondoy	M	MA	40	5'7	Face pockmarked & scared: scar on breast, belly, arms and legs
3028	Loba	M	PA	33	5'8	Pockmarked & scared on cheeks: large scar outside left thigh
3033	Longby	M	PA	27	5'6 1/2	4 scars each side of mouth: 3 d^{o} down forehead: large burn cuts side right lip
3034	Ackeboo	M	PA	35	5'3 3/3	Faint scars temples &forehead: scars on chin slightly pockmarked: 3 scars downback & belly
3042	Thrtey	M	YA	25	5'10 1/4	Cheeks & temples scared: scar between eye brows: yellow complexion: 2 scars outside right leg
3045	Maddee	M	YA	25	5'2 3/4	9 scars each side face: pockmarked: 2 scars left side: hollow navel
3055	Effong	M	YA	24		Slightly pockmarked: tattoo near each eye
3060	bousa	M	OA	50	5'3 1/4	Temples scared: scar over right eye: large burn inside left knee
3062	Muckey amna	M	A	17	5'4 1/4	Pockmarked: face and belly scared: 3 scars each arm & thigh: faint scar between eyebrows
3064	Mmarou	M	YA	21	5'4 1/2	Slightly pockmarked: face much scared: 15 scars on belly & sides: round ditto small of back
3066	Ling	M	A	17	5'8	8 scars left & 15 right cheek, temple, body & arms much scared; yellowish complexion

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3068	Churie	M	YA	23	5'2 3/4	6 scars on forehead: yellowish complexion: 2 scars left knee: 1 ditto above ditto
3075	Ago	B	A	13	4'9 1/2	Face scared: slightly pockmarked: scar down side of belly
3078	Mamnon	B	OC	11	4'9 1/2	Vert much pockmarked: 4 small scars each cheek: 4 round ditto right side: 1 ditto small of back
3081	Cassillo	B	OC	9	4'3 1/2	Face scared: 4 small scar left eyebrow: pockmarked
3085	Facco	B	OC	10	4'5 3/4	Pockmarked: cheeks scared: scar right side nose
3086	Mohamed	B	OC	10	4'6	Cheek scarred: pipe burn left breast: d^{o} near left elbow
3090	Oudugba	B	OC	9	4'4 1/2	Pockmarked: 2 scars on belly: 5 d^{o} down breast & belly
3101	Cusoho	W	A	18	4'8 1/2	Forehead scarred & cheeks side each eye: pockmarked: 3 scars each temple. black mark each cheek
3103	Yafsalla	W	PA	27	4'11 1/2	Much pockmarked: 3 scars down breast & belly: Round ditto under right breast
3118	Lamonee	W	PA	32	5'1 3/4	Much pockmarked: 2 scars from each ear to mouth: faintly scarred on temples & cheeks: hole through upper lip
3120	Barree	W	YA	24	5'2	2 [Brand] from each ear to mouth: scarred down cheeks and temples: chin faintly pockmarked
3133	Famana	W	A	16	4'10	Faintly pockmarked: large navel" round scar right shoulder
3140	Anneckay	G	A	13	4'5	Pockmarked: 3 scars across each cheek: forehead tattoed
3142	Hafsee	G	OC	7	4'3 1/4	Yellowish complexion: dent on right cheek
3143	Sylaus	M	YA	23	5'5	Scarred on face: 2 scars under right eye: large ditto right: yellow complexion
3146	Hoaquin	M	YA	24	5'7	Pockmarked: finger bent a little
3147	Beaudiste	M	YA	24	5'7 1/4	Pockmarked
3148	Joaquin	M	PA	26	5'6 1/4	Very large pockmarks on face: finger bent: cut left side forehead
3149	Domingo	M	MA	39	5'1 1/4	Slightly pockmarked: fingers of right hand bent inwards
3155	Oosabo	M	PA	26	5'3 3/4	pockmarked: scarred each temple: 3 scars left eyebrow
3157	Otoo	M	PA	27	5'2	Scarred each temple: deformed fingers
3164	Jobay	M	YA	25	5'0	Round pockmarked on face: 3 lumps on bellys: unusual hollow navel
3166	Indefo	M	YA	23	5'3	Pockmarked: scar below right shoulders: curious little fingers
3168	Maylay	M	MA	40	5'1 1/4	Very much pockmarked: curious back
3174	Esa	M	YA	23	5'1 3/4	Yellow complexion: scar top of left hip: 3 ditto side of each eye
3177	Manuel	B	OC	12	4'6	Scarred each temple: dents right cheeks: deformed little fingers left hand

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3180	Lonbay	B	OC	9	4'1	Faintly pockmarked on nose
3181	Mamnay	B	OC	10	4'5 1/4	Pockmarked: yellowish tinge in complexion
3184	Senbay	B	OC	12	4'5 1/2	Nose pockmarked: scar under right hip
3185	Ogennee	W	A	18	5'0	Tattoed down breast: yellow complexion
3187	Magboogee	W	A	15	4'10 1/4	High forehead: yellowish complexion
3191	Waykay	W	A	15	5'2	Scar down forehead & nose: yellowish tinge in complexion
3193	Innewe	W	A	18	5'1 1/4	Belly scarred: yellow complexion: some faint scar on forehead: 6 scar each temple
3196	Efsa	W	A	15	4'9 3/4	Slightly pockmarked: forehead scared: right shin scared
3199	Oro	G	OC	9	4'8	Scared each temple: scar right shin: Yellow complexion
3205	Mufo	G	OC	12	4'9	Rows of scars down bely: scar right elbow: yellow complexion
3227	Ogafsu	M	PA	26	5'6	Scars on forehead and cheeks: scar & dents left shoulder blade; musket shot left side back
3234	Manhisu	M	YA	22	5'8	Pockmarked: down forehead: large scar below pit of stomach
3236	Thowuay	M	PA	26	5'4 1/4	Pockmarked: scared down forehead: 2 tattoos from each ear to eye
3241	Mangu	M	A	18	5'7	Pitted on temples & nose: scar top of right thumb
3247	Jame	B	OC	10	4'6 1/2	Pockmarked: scars on forehead each cheek: 2 tattoos from left arm to mouth: scar right rump
3253	Toig	B	OC	7	3'10 3/4	Scared on forehead & cheeks: pockmarked
3257	Boosaou	B	OC	8	3'10 1/2	Scared down forehead: slightly pockmarked: large navel
3258	Tarron	B	OC	8	3'11 1/4	Scar down forehead: some pockmarked left cheek: [SCAR] right breast
3261	Gnacouroo	B	OC	9	4'1 1/2	Yellowish complexion: black mark inside left eye: small mole right cheek
3263	Ogongoo	B	OC	8	3'10 1/2	Yellowish complexion: cut above left eyebrow: faintly scared down forehead
3264	Neibong	B	OC	12	4'6 1/2	Scar down forehead: slightly pockmarked: small dent over navel
3267	Mainnon	B	OC	9	4'1	Pockmarked: 2 scars small of back: hip scarified. Large scar right side belly
3269	Dalee	B	OC	8	4'0 3/4	Yellowish complexion: scared on forehead & each cheek; small cut right cheek
3272	Naiannoo	B	OC	9	4'0 3/4	Yellowish complexion: scared down forehead & left cheek: scar small of back
3291	Newanay	W	YA	22	5'1 3/4	Black scar down forehead: scars each temple: scar each cheek: 2 long d^{o} left side mouth: yellow complexion
3299	Duiuay	W	PA	26	5'1	Scar down forehead: pitted all over forehead & cheeks: scar left breast

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3303	Day	W	PA	28	4'10	Black mark on forehead: several d° each temple & cheeks: half of little finger right hand cut off
3310	Bosre	W	PA	27	4'11	Pockmarked: several on forehead, temples, chin & cheeks: tattooed across breast scar left hand
3314	Luifsay	W	YA	24	4'10 1/2	Pockmarked: scarred on forehead, cheeks & temples: scar right shin: hole through nostrils
3318	Dogway	W	A	15	4'8 1/4	pockmarked: scar on forehead, cheeks & temples: scar right ear: ditto back of left hand
3322	Bofsee	G	YC	5	4'2 1/2	Scarred on forehead: tattoed on cheeks & temples: yellows tinge on complexion
3324	Woribay	G	YC	2	3'4	Film on left eye: daughter of Anago
3328	Kewara	G	OC	7	4'2 3/4	Black scar on forehead & cheeks: top cut off great toe left foot
3333	Boebee	G	YC	6	4'0 1/2	Much pockmarked: scar above left elbow
3338	Noco	G	YC	4	3'7 1/2	Scar down forehead: little & fourth fingers right round bent inwards
3347	Ya	M	PA	28	[blank]	Very thick lips: pockmarked
3348	Bayra	M	U	[No Entry]	5'6	Cut side right eye: deformed forefinger left hand
3351	Foday	M	PA	28	5'7	Small scar forehead: deformed finger left hand
3352	Era	M	PA	30	5'9	Small scar right wrist: yellowish tinge in face
3357	Jamoo	M	PA	30	5'7 1/2	Pockmarked right cheek: small dent left thigh
3362	Amasarce	M	OA	54	5'11	Scar above right knee: slightly pockmarked on face
3365	Sallaghee	M	YA	23	5'5	Pockmarked: scar back of right arm pit
3366	Gore	M	PA	29	5'8 1/4	Pockmarked: scar right side navel: three scars front right arm
3367	Jagga	M	YA	25	5'5 1/4	Scar right side neck: Three rows of lumps across breast: little finger of right deformed
3370	Birum	M	OA	50	5'4 1/4	Pockmarked: large scar above right eye
3371	Wallee	M	PA	29	5'4 3/4	Small dent on nose: very large burn behind right thigh
3372	John	M	PA	33	5'3 3/4	Pockmarked: [photo] on breast: scar below left elbow
3375	Moody	M	PA	30	5'3	Pockmarked: scar left side navel: scar below right knee
3376	Pemag	M	YA	25	5'5 1/2	Pockmarked: scar above left ear: scar back of head
3384	Indecconfall	W	PA	27	5'	Pockmarked. Scars near right ancle. Roman nose
3390	Coomba	W	PA	27	5'1 3/4	Three rows of tattoes each side forehead three scars inside mouth yellowish complexion

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3395	Sena	W	A	15	4'10 1/4	Large burn under left wrist Large burn under left elbow
3397	Efeseme	W	A	18	5'1	Pockmarked
3399	Sera	W	PA	27	3'3 3/4	Scar below right ear Scar right shoulder Yellow complexion
3400	Bane	W	PA	28	5'5 1/2	Scar below right shoulder Deformed fingers right hand
3401	Fatima	W	YA	19	5'2 1/4	Fingers of left and thumb of right hand deformed. Mole right cheek
3416	Guamey	M	A	17	5'1 1/4	Slightly pockmarked. Faintly tattoed on breast and belly Hollow navel
3418	Imboo	M	YA	24	5'4 1/2	Pockmarked several dents above rump
3422	Imbanee	M	PA	30	5'3	Deformed little finger left hands
3423	Neamba	M	PA	28	5'8	Diagonal lumpification on forehead scar left cheek scarred on breast & belly deformed fingers left hand
3424	Gaembo	M	YA	25	5'8 1/4	Small cut on forehead. Lost half middle finger of left hand [MARK] on belly
3430	Boongo	M	YA	22	5'2 1/4	Large cut by a sword on right arm and large cut by the same sword on right side
3435	Wanda	B	YA	19	4'6	Large navel. Top of great toe left foot cut off
3453	Ingol	B	OC	10	4'5 3/4	Slightly pockmarked Scarred on pit of stomach. one small ditto left breast
3457	Dallo	W	YA	20	4'11	Slightly pockmarked. Fourth toe on each foot very short
3460	Boona	W	YA	21	4'1 1/2	Slightly pockmarked two scars above left elbow. One scar left shin
3465	Youzee	W	A	18	4'8	Scar right side of back. left hand deformed forefingers
3466	Banango	W	A	15	4'5	Each side of face thinly scarred very large scar above left elbow Pockmarked between eyebrows
3469	Boolo	G	A	14	4'7 3/4	Hollow eyes. Round scar outside right thigh yellowish tinge in complexion
3470	Gambanee	G	A	14	4'7 3/4	Right arm and back of hand pockmarked. Scar right side small of back
3481	Yamgo	G	YC	6	4 3/4	Yellowish tinge in complexion scar right elbow scar right hip
3482	Codea	G	OC	7	4'	Yellow complexion Hollow navel round scar behind left thigh
3483	Bonago	G	YC	6	4'2	Yellow tinge in complexion: Navel plain with the belly
3484	Madaccee	G	OC	7	4'1 1/2	Yellowish tinge in complexion very small scar right cheek round scar near left scar
3491	Nootatee	M	YA	19	5'2	Pockmarked: tattoes across left shoulder blade
3498	Moundala	M	PA	28	5'1	Much tattoed about navel deformed fingers right hand
3512	Acango	M	PA	33	5'1	Very much pockmarked. Scar right shoulder blade. Scar left arm

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3523	Bekee	M	YA	25	5'4 1/4	Faintly pockmarked. Four round scars back of right thigh
3527	Cus	M	PA	27	5'1 1/4	Very large scar on belly. Right arm much burnt
3530	Beala	M	A	15	4'11	Burn right foot Scar right side nose
3533	Avoongoo	M	YA	24	4'11 1/4	Pockmarked. Scar above left instep
3537	Kefnembee	M	PA	26	5'2	Sallowish complexion number of dents left thigh
3541	Kebandee	M	PA	29	5'4	Pockmarked. much scarred about pit of stomach
3572	Macongo	M	PA	29	5'2 1/2	Pockmarked scarred on each breast & on belly. Dent on back
3579	Jimbss	M	YA	24	5'3 1/2	Sallow complexion scar outside left knee
3592	Voiea	M	PA	27	5'2	Little fingers right hand bent. Scar below pit of stomach
3595	Mofss	M	A	17	4'11 1/2	Little & fourth fingers right hand cut off at first joint
3598	Garmboo	M	A	17	5'	Faint scar right breast. Deformed fingers right hand
3602	Saatee	M	A	15	4'11	Has had five finger and thumbs much scarified on belly
3608	Gone	M	YA	20	4'11 3/4	Faintly Pockmarked. Roman nose
3617	Gobellee	M	YA	20	5'2 3/4	Pockmarked. Small features Roman nose
3618	Zeeta	M	YA	25	5' 1/2	Sallowish complexion. Dent lower part of back
3624	Bungoo	M	YA	25	5'4 1/2	Two pits of small pox on her chin. Small above ancle
3643	Macoi	M	YA	19	5'3	Two lumps on breast: five large burns on right & four top of left arm
3652	Jananee	M	YA	24	5'3 1/2	Pockmarked: small dent above left wrist
3658	Boomboo	M	YA	24	5'4 3/4	Yellowish tinge in complexion. Tattoed above each elbow. Cut back of right hand
3670	Jmpoo	M	YA	20	5'2	Yellowish tinge in complexion. Tattoed down breasts & belly
3673	Insamba	M	PA	27	5'4 1/2	Pitted in lumps on belly. D^{o} in small scars each cheek. Scars top of right shoulder
3681	Unto	M	PA	26	5'2	Right arm scars down right & 15 down left cheek. Very much pockmarked. tattoes faintly breasts
3685	Matnee	M	PA	29	5'5 1/2	Small faint scars tattoed on breast. Nose pockmarked. Small scar on forehead
3686	Bungo	M	YA	24	5'8	Scarred down belly. Yellowish tinge in complexion. Small scar left elbow
3690	Samiba	M	PA	26	5'3 1/2	Slightly pockmarked, very small navel. Navel scar above each knee
3692	Chiofa	M	YA	24	5'6	Very thick lips. Tattoos across back of shoulders. Yellowish complexion
3693	Ayalla	M	PA	26	5'2 1/2	Much pockmarked. Tattoos on breasts & belly. Shins scarred

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3704	Acco	M	YA	21	5'4 3/4	Some pockmarks on face. Prominent forehead. Small above right ear
3705	Maufso	M	YA	24	5'8	Lump near rump. Yellowish tinge in complexion
3720	Joaquim	M	A	16	4'10 1/2	Sallow skin. Portuguese mark ea breast scar left side
3721	Francisco	M	YA	24	5'4	very sick dead
3742	Laongss	M	OC	10	4'5 1/2	Pockmarked dent above left knee
3746	Gooloo	M	A	13	4'7 1/4	Pockmarked two scars right hip
3761	Wucha	B	OC	11	4'7	Dent left hand pockmarked
3767	Kaama	B	OC	12	4'5 1/2	Has five fingers and thumb
3771	Joonoo	B	OC	9	4'3	Faintly pockmarked

Register 1812-1814

Unspecified Ship. No date provided.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3774	Zainga	B	OC	8	4'2	Pockmarked. Tattoed above navel
3801	Gambee	M	A	15	4'6	Three long scars each side face. Pockmarked. Scar under left cheek
3805	Sadee	M	A	18	4'7	Pockmarked. Scar right eyebrow scar left shin
3808	Belongo	M	YA	25	5'1 1/2	Sallow complexion. Thirty scars forehead. Twenty five ditto each temple scarred on belly
3809	Comboo R.A.C.	M	YA	19	4'7 1/2	Very large burn right breast dº on forehead. [SCAR] on shoulder blade
3811	Coolee	M	YA	24	4'9 1/2	Pockmarked. Neatly tattoted on belly. Twenty one right arm
3819	Canzee R.A.C.	M	A	17	4'8	Pockmarked nine lumps each temple & forehead. Scar back of right shoulder
3823	Zoozee	M	A	15	4'10 1/2	Scar front right shin. Small ditto left arm above. pockmarked
3831	Kazienga	M	A	14	4'6 1/2	Very small black pit front right ear
3838	Boanghee	G	OC	9	4'6	Faintly pockmarked. Scar right side back. Scarred on belly
3857	Basamba	B	OC	7	4'2 1/4	Sallow complexion. Scar pit of stomach
3860	Manuel Tmbla	M	PA	26	5'10 1/2	Very much pockmarked. Several marks each breast.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
3863	Antonio Gilgal	M	YA	20	5'3 1/4	Slightly pockmarked. Several scars top of right foot
3867	Meerray	M	A	16	5'0	Small mark left cheek Sallow complexion
3872	Babbo	M	PA	33	5'8	Very large burn left elbow. Pockmarks scar right eyebrow
3876	Luis	M	PA	28	5'6 1/2	Long scar right side neck. Scar right ancle Very much pockmarked
3877	Sebastian	M	PA	28	5'2 3/4	Vey much pockmarked. Portuguese mark & [BRAND] on left breast
3894	Copanghss	M	PA	29	5'7 1/2	Face pockmarked. Large scar left shin
3895	Masamba	M	A	18	5'0 1/4	Yellowish shin tattooed forehead [BRAND]
3902	Kemboonou	M	PA	29	4'11 1/4	Very long burns behind right knee Scar right arm [BRAND]
3909	Ksambondu	M	A	18	4'10 3/4	Scar below right knee. Deformed finger right thumb
3914	Cougo	M	A	18	5'1 1/4	Five dots right temple. Deformed little finger right hand
3925	Caudee	M	PA	28	5'3	Scar inside right knee. Pockmarked
3928	Lego	M	PA	28	5' 1/4	Very large cut back of left arm pit. Deformed thumbs
3931	Cavoongo	M	YA	24	5'5	Scar under left eye has had five fingers & thumb
3934	Mow	M	PA	26	5'2 1/4	Brown under right knee. Few pock marks on face
3945	Panzoo	M	PA	26	5'1 1/2	Deformed little fingers
3961	Cangoo	M	PA	30	5'5	Faintly pockmarked. Scar on shin
3962	Quangoo	M	PA	29	5'2 3/4	White palms of hand. Has had five fingers & thumb
3986	Zanga	B	OC	9	4'2 1/4	Two or three pockmarks on nose large round scar right hip
3988	Gatonie	B	A	13	4'8	Large navel very large scar left ancle which renders him rather lame
3993	Masoonoo	B	OC	8	4'	very large burn across breast Large scar left hip
3997	Pofs	B	OC	7	4'10 1/2	Round scar left side forehead small scar below pit of stomach. Burn front left thigh
3998	Boakee	B	OC	10	4'5 1/2	Sallow complexions. Scar right side elbow & back of left knee
4007	Charles	B	OC	10	4'4 1/2	Scar near right wrist. Faintly pockmarked near pit of stomach. Scar back of left thigh
4010	Casula	B	OC	9	4'3 1/4	Large burn right side large burn back of neck. Scar left thigh
4016	Angpangea	B	OC	9	4'3 3/4	Scar on forehead ditto right elbow. Yellowish tinge in complexion
4024	Macasenda	B	OC	8	4'1 1/4	Pockmarked. Very large scar below right knee. Ditto above ditto
4027	Mealla	B	OC	10	4'4	Pockmarked. Left eye blind. scar top right shoulder

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4032	Fousee	B	OC	9	4'4 1/4	Pockmarked. Large scar back of right thigh
4036	Goonsee	B	OC	7	3'11 1/2	Left eye blind. Scar left shin. Dº wrist dº
4045	changa	B	A	13	4'7	Large burn back of left knee
4051	Makodvo	M	YA	25	4'8 1/2	Scar near right eat. Faintly pockmarked scarred above left knee
4066	Masalla	M	YA	22	4'8 3/4	Thumb pockmarked. Dent below pit of stomach. Scar right ancle.
4069	Chinga	M	YA	23	4'7	Forehead tattooed. Faintly pockmarked Long scar right shin. Four ditto right knee
4070	Masanga	M	A	18	4'10 1/2	Thick lips. Prominent forehead .Scar left shin. Yellowish tinge in complexion
4085	Chamba	M	A	15	4'9	Scar below left shoulder. Yellow complexion. Sister to No
4091	Duemboo	G	OC	10	4'5 1/2	Yellowish tinge in complexion. Pockmarked large scar below right breast
4092	Jamba	G	OC	10	4'5 1/2	Large burn left elbow. [BRAND] above dº. Dº above hips
4093	Navga	G	OC	7	4'1 3/4	Yellowish tinge in complexion. Scar below right ear. Small ditto belly
4096	Janga	G	YC	6	3'11 1/2	Yellowish tinge in complexion. Scar outside right knee. Faintly ditto shin
4101	Mazamba	G	OC	8	4'1 1/4	Yellowish complexion. Scarred left shin. One scar outside left knee. Two ditto right knee
4102	Sambangoo	G	YC	4	3'6 1/2	Yellow stain left cheek. Scar under left knee
4109	Dombee	G	OC	9	4'3	Slightly pockmarked. Scar back of right knee
4111	Samba	G	OC	11	4'4 1/4	Face mark of yaws. Scar back of left shin. Large ditto below right calf. Ditto right ancle
4117	Maanda	G	OC	8	4'2	Scarred with yaws above right elbow on right breast & on shin
4121	Samba	G	OC	8	4'2 1/2	Yellowish complexion Scar right knee. Palms of hands each are white
4131	Cheelango	G	OC	9	4'4	Two small scars & cut back of left shoulder. Small scar left shin. Yellowish complexion
4144	Coree	M	YA	23	5'5	Slightly pockmarked large burn back of right hand. Tattooed on back
4145	Jamba	M	A	18	4'11	Pockmarked small scar above right elbow one faint ditto right side belly
4150	Lahai	M	YA	23	5'6	Slightly pockmarked. Yellowish tinge in complexion. Left shin scarrified
4152	Coree	M	YA	20	5'2 1/2	Yellowish complection Pockmarked tattooed down each breast & pit of stomach
4153	Fuy	M	YA	19	5'3 3/4	Yellowish tinge in complexion. Small scar top of left shoulder. Dent on nose

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4154	Cufsa	M	PA	26	5'5 1/2	Pockmarked three broad scarrifications down each cheek scar top of left thigh
4155	Sara	M	A	16	5'3	Yellowish complexion tattooed across from each breast tattooed on shoulder
4156	Banduea	M	A	15	5'1 1/4	Faintly pitted with small poc scar back of upper thigh
4162	Joccoma	M	YA	23	5'6 1/4	Yellowish complexion. Cut on chin two scars right shoulder
4166	Ferecoo	M	YA	22	5'4 3/4	Yellowish tinge in complexion. Scar over right eye. Large navel. One large & some small lumps below left knee
4168	Mazoo	M	YA	24	5'2 1/4	Pockmarked. Few scars near right elbow. One ditto below right shoulder
4170	Omiana	M	YA	24	4'8 1/2	Yellowish complexion. Two scars forehead. One below right elbow. Ditto left knee
4171	Tajo	M	A	14	4'8	Yellowish tinge in complexion. Hollow navel. Scar below each cheek
4176	Tana	B	OC	9	4'2 1/4	Yellowish complexion large each close to navel. Belly pockmarked. Two scars outside right thigh
4178	Sarrr	B	OC	8	4'3 1/2	Yellowish complexion tow scars left side navel three ditto right side
4182	Lahai	B	OC	12	4'9 1/2	Scar on forehead. Several scars each arm with a very large burn right arm
4183	Modoo	B	OC	9	4'2 3/4	Yellowish complexion pockmarked on face scar left knee. Several dents below left elbow
4186	Era	B	OC	10	4'6	Yellowish tinge in complexion. Black mark on forehead. Faintly pockmarked
4195	Samina	B	OC	9	4'6	Two dents near pit of stomach. Ditto back of left hand. Pockmarked
4197	Harry	B	OC	8	4'2	Yellowish tinge in complexion. Scarr small of back Dent above right wrist
4198	Dantlly	B	OC	9	4'4	Scar back of right thigh. Face pitted with small pox
4201	Modoo	B	OC	8	4'2	Three scars each cheek. Pockmarked. Scar two inches above left ear
4204	Mansa	B	OC	9	4'4 1/2	Large scar right side belly yellow=ish complexion large scar left shin
4205	Danza	B	OC	9	4'3 3/4	Yellowish complexion scar right cheek. Ditto back of left shoulder
4211	Karyoo	W	YA	24	5'7	Much pockmarked. large scar
4217	Coota	G	OC	12	4'8 3/4	Pockmarked. Scar over left breast three scars left & right side face
4224	Coomba	G	A	13	4'10	Pockmarked yellowish tinge in complexion. Arm belly & back much dentified Scar small of back
4227	Daquoffa Re. Dep	M	A	18	4'9 1/2	Prominent navel three round scars on belly Face scarred with yaws scar below right shoulder

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4231	Vincento Fererra	M	YA	22	5'6	Yellowish complexion Thinly Pockmarked Two dents below right elbow
4232	Manuel deFeehe Raf	M	PA	26	5'5 3/4	Pockmarked slightly
4236	John Marques died Uoo 12 1813		OA	46	5'1 1/2	Pockmarked three scars ea side eye large navel
4237	Manuel lean		MA	40	5'4 1/2	Pockmarked two scars ea side eye. Fingers deformed
4240	Toze Domingo	M	YA	21	5'4	Thinly Pockmarked. Scar on forehead. Scarred ea side face
4241	Evay de Roehe	M	PA	27	5'9	Pockmarked eyebrow yellow complexion ea cheek scarred

The Bergantim *S José Triunfo* of Portugal. Entered into Register as *Schooner Joze Triumpho*. Arrived May 1813. (Voyage ID: 7577).

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4242	Quaco	M	OA	48	5'6	Scar lower ea temple right thumb broke
4253	Bageea	M	PA	30	5'7	Face much pitted. Scar under left breast
4268	Quaco	M	PA	35	5'2	Much pitted ea cheek
4280	Cuodoo	M	YA	25	5'5	Pockmarked scar down forehead
4299	Joze	M	YA	22	5'5 1/4	Fingers each hand deformed
4301	Antonio	M	MA	40	5'6 1/2	Second toe right foot cut off
4302	Padro	M	YA	25	5'5	Pockmarked scar down forehead
4310	Yammiozee	B	YC	6	4'10 1/2	Pockmarked faint lines down face & arms
4335	Acufsa	G	OC	9	4'5 1/2	Thinly pockmarked navel cut off musket ball shot left thigh;2 scars left one right thigh
4343	Bala	M	YA	25	5'3 3/4	Pockmarked. Scar right breast
4347	Balo	M	YA	25	5'3 3/4	Pockmarked. Scar right breast.
4363	Coseree	M	YA	21	5'2	Pockmarked [SCAR] on forehead. Scar right side
4364	Dawollo	M	PA	35	5'2	Pockmarked. Two dents from right thigh
4366	Fogsa	M	YA	20	5'5	Dent front right thigh. Middle finger left hand deformed
4367	Lonbah	M	YA	22	5'3 1/4	Round scar right knee. Pockmarked upper hip teeth
4371	Boye	M	MA	40	5'10 3/4	Little toe right foot cut off
4375	Wooie	M	YA	19	5'0	Deformed about the knees. Dent lower part right cheek
4387	Fanree	M	PA	29	5'3	Pockmarked. Scarified each side navel. Scar on each shin
4394	Miah	M	YA	25	5'5	Pockmarked. Scar left knee

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4397	Sangoleo	M	YA	21	5'4	Pockmarked. Purrah on back
4398	Moru	M	PA	29	4'8	Black tattoo on belly. Top of 2nd finger left hand cut off
4401	Befsy	M	YA	25	5'3 1/4	Little finger deformed. Dent hollow of back
4409	Kamgris	M	PA	33	5'5	Scar left wrist. Burnt each knee
4413	Zeena	M	YA	20	5'0	Yellowish complexion. 2 moles right side nose. Scar left side navel
4414	Verekai	M	A	15	4'10 3/4	Little finger left hand deformed. Great number of small scars back of each thigh
4415	Pingher	M	A	15	4'10	Pockmarked large scar right side forehead
4421	Mousa	M	YA	25	5'6	Cut on forehead. Pockmarked. Large scar under ear
4438	Dogbo	M	A	14	4'9	Faintly pockmarked & scar above right hip
4437	Tambi	M	A	14	4'9	Scar right temple. Has had five fingers and a thumb
4439	Tamba	M	A	14	4'8 1/2	Faintly pockmarked. Round scar on back. Ditto over left hip
4440	Joshua Krooman	M	YA	24	5'1 3/4	Black mark down forehead. Dnose & one side eye with 4. D^{o} side of the marks side each eye. Deformed fingers. Short fingers & toes
4443	Bango	M	A	14	5'0	Pockmarked sallow complexion. Scar lower part of back
4451	Kong	M	OC	10	4'7 1/4	Pitted with small pox scarrs on chin
4456	Cai	M	OC	11	4'7 3/4	Pockmarked. Yellowish complexion. Scar outside right hip
4458	Goong	M	OC	9	4'6	Yellow complexion. Navel rather large
4459	Ta	M	OC	8	4'4	Pockmarked. Yellow complexion. Scar above left elbow. Two scars between eyebrows. One over right eye
4462	Famai	M	OC	9	4'3 1/2	Pockmarked. Two scars above do
4463	Jaree	M	OC	8	4"3 1/2	Yellowish tinger in complexion. Cut above left atm and right elbow
4465	Coree	M	OC	11	4'7 1/4	Pockmarked yellowish tinger in complexion. Scar left side navel
4477	Pay	B	OC	8	4'0 1/2	Very large navel. very large burn front head
4480	Doray	B	OC	10	4'4 1/4	Yellowish complexions. Several black dots below right eye tattoed down across back
4483	Proonce	B	OC	8	4'0 3/4	yellowish tinge in complexion. Large left shin
4485	Jarra	B	OC	11	4'6 1/4	Nose pockmarked. Scar right shin
4486	Ohawy	B	OC	11	4'7 3/4	Yellowish tinge in complexion. Five dents above right elbow
4489	Gay	B	OC	9	4'3 1/4	Several faint dents below right elbow. yellowish tinge in complexion
4493	Gracoi	B	OC	8	4'2 1/2	Yellowish complexion. small scar back of right arm pit
4496	Comay	B	OC	12	4'6 1/2	Large navel. Two pockmarks on nose

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4498	Bendoa	B	OC	9	4'4 1/4	Has five fingers & thumb on left hand. faintly purrafied on back
4514	Sefsay	B	OC	10	4'3 1/4	fingers left hand deformed. Scar left side
4542	Sor	M	YA	22	5'0	Scar on forehead. Several dº down belly. Yellowish complexion
4550	Jo	G	OC	9	4'5 1/4	Large scar left cheek. Has had two finger on left hand
4556	Kroo	G	OC	7	4'2	Has had five fingers & thumbs & has four right foot
4569	Taylay	G	OC	10	4'4 1/2	Pockmarked small scar above left ancle. Two dº below Left knee
4604	Olem	M	A	15	4'8 1/2	Three cuts each side eye. Cheeks faintly striped long yellow face
4624	Mandocha	M	PA	28	5'5	Yellow skin short neck tattooed about belly
4626	Samboy	M	YA	25	5'7	Bullet mark right arm. Six tattoes down belly
4628	Boanga	M	PA	28	4'10 1/2	Large breasts yellowish complexion large scar left ancle
4656	Goomba	G	OC	9	4'8	Fingers right hand deformed
4657	Mesenauaka	G	OC	12	4'6 1/2	got the yaws on chin
4658	Masyintay	G	OC	10	4'5	pipe mark left breast very large burn under right knee
4663	Yelakeea	G	YC	5	4'	Sallow complexion scarred ea side eyes
4664	Imbullia	G	YC	5	4'	2 W pits scars back head

His Majesty's Ship Favourite. No dates provided. Voyage ID unknown.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4669	Manya	M	PA	34	5'5	Cut on right instep deformed scarred toe left foot

His Majesty's Ships Creole & Astrea. No dates provided. Voyage ID unknown.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4671	Samba	M	YA	23	5'6 1/4	Squinty eyes. Mnk hollow round navel
4672	Sobell	M	PA	34	5'4 1/4	Pockmarked large scar right wrist
4674	Masaille	M	PA	27	5'4 1/2	Very large scar & burnt on left arm pit scar under each eye & 2 side right dº
4677	Hamadu	M	YA	23	5'7 3/4	Scar back of right hand yellowish tinge in complexion

Seized at Rio. Pongns. Condemned March 30th, 1814. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4685	Tootee	M	OA	50	5'0	Grey hairs large burn inside right calf
4688	Souree	M	PA	29	5'8	3 scars down each cheek has got two fingers off left hand cut off at second joint
4689	Foodee	M	PA	28	5'5 3/4	Tattooed belly & ea arm. pockmarked
4691	Sara	M	MA	36	[blank]	3 scars down ea cheek cut right side mouth yellow complexion
4693	Cariboo	M	PA	33	5'10	long cut left side back pockmarked
4696	Coulafa	M	PA	32	5'5 1/2	pockmarked scar under left breast
4702	Brama	M	MA	40	6'1	Much pockmarked
4703	Mousa	M	PA	31	5'9	Long scar pit of stomach small swelling right side
4705	Samba ir Simb-arra	M	YA	25	5'9	very much pockmarked large scar right side
4706	Facouree	M	PA	26	5'9	[mark] in forehead pockmarked scar on back
4708	Mousa	M	OA	50	5'8	pockmarked scar under left breast
4714	Era	M	PA	33	5'9	Rose pockmarked tattoed on belly face & arms little finger left arm cut off
4715	Mamdoo Pelot	M	PA	35	5'10	3 fingers right hand bent
4725	Wallee	M	YA	25	5'4 1/2	Pockmarked. Some dents on belly
4729	Carafa	M	YA	24	5'4	Yellowish complexion. Pockmarked. Scar above right elbow
4730	Hayma	M	PA	26	5'9	Much pockmarked. Scarified side small of back. Ditto back left band
4734	Coonafa	M	YA	24	5'7	Several scar right side small navel. Yellow complexion.
4735	Mousa	M	YA	24	5'7 1/4	Hollow navel. Faintly pockmarked. Small scar left eyebrow
4736	Balla	M	YA	20	5'1	Yellowish complexion. eyebrow one one dent above left knee
4739	Jua	M	PA	27	5'6	Purrah round breast & on belly yellow complexion. Aquiline nose
4743	Bamta	M	YA	25	5'7	Pockmarked broad face
4745	Nafee	M	PA	26	5'6	3 black tattoos down each side face. 1 ditto across chest. Nose pockmarked
4746	Dantlly	M	YA	23	5'6	Thinly pockmarked. Faintly cut on breast & belly. Scar side upper lip
4747	Jamba	M	PA	32	5'1	Much pockmarked. 3 tattoos down right & 2 down left cheek
4751	Dawa	M	YA	23	5'3	Much pockmarked. yellowish complexion. Mark side left eye
4752	Dacca	M	YA	24	5'2	Pockmarked on nose. Scar behind left arm pit
4754	Dabbo	M	PA	26	5'7	Yellowish complexion. aquiline nose Scar front right thigh
4758	Ghai	M	YA	22	5'6	Yellowish complexion scar above right elbow
4763	Belalee	M	A	14	4'11	pockmarked small Scar left breast

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4765	Ali R.A.C.	M	YA	24	5'7	Pockmarked Scar left elbow
4771	Brima ditto [R.A.C.]	M	YA	19	5'6 3/4	Yellowish complexion large navel Scarred below left hand
4773	Kancooroo ditto [R.A.C.]	M	PA	33	5'10 1/4	A little pockmarked scar on forehead Hollow Navel
4780	Era ditto[R.A.C.]	M	YA	22	5'5 1/2	pockmarked scar right shin
4782	Sarra ditto [R.A.C.]	M	YA	23	5'5 1/4	Much pockmarked. Scarred on forehead cheeks upper lip & right arm. large navel
4785	Tomburea ditto [R.A.C.]	M	YA	24	5'6 1/4	Thinly pockmarked: small scar over left eye
4787	Coolacoo ditto [R.A.C.]	M	PA	26	5'6	Hollow navel. pockmarked large scar on forehead
4788	Cra ditto [R.A.C.]	M	YA	23	65'9	Yellow complexion. Black scar on face breast & belly knees much scarred
4791	Ceesar R.A.C.	M	PA	27	5'10	2 broad scars down each cheek fingers of right hand rather deformed
4801	Bouchary	M	MA	43	5'3 1/4	Scratched down forehead has lost the right hand
4802	Babanna	M	OA	50	5'5	Scratched down face deformed fingers left hand
4804	Joe	M	PA	35	5'4	Pockmarked long fingers
4808	Bob	M	MA	38	5'8	Deformed fingers right hand. Scar right shin
4818	Carafa	M	MA	40	5'11	Pitted on face. Dent below left temple
4822	Jeemo	M	PA	30	5'6 1/4	3 scars down each cheek. Top of middle finger left hand cut off. Deformed fingers right hand
4823	Bamba	M	PA	30	5'3 3/4	Large navel. Deformed fingers right hand
4825	Sara or Jemmy	M	OA	60	5'2	Bent little finger left hand
4826	Wandee Mason	B	OC	10	4'7	Pockmarked. Scar right shoulder blade
4831	Waca	B	OC	8	4'2	Pockmarked: scar right side belly
4835	Telly	B	OC	10	4'3 3/4	Large burn left elbow
4841	Saboo	B	OC	11	4'6	Pockmarked. Burn outside right knee
4842	Tamba	B	OC	9	4'4 1/2	Pockmarked several scars each shin
4844	Lara	B	OC	10	4'3 1/2	Very much pockmarked face. Great number of scar on each belly
4846	Saabou	B	OC	9	4'1	Pockmarked round scar on belly
4847	Taaboo	B	OC	10	4'6 1/2	2 small marks hollow of back: sallow complexion
4848	Sara	B	OC	10	4'4	Scar inside right eye ditto above left instep yellow complexion
4863	Jamba	B	OC	9	4'7	Scar forehead round ditto back of left thigh yellowish complexion
4866	Sarra	B	OC	8	4'1 1/2	Yellowish complexion pockmarked scarred right knee
4867	Tom R.A.C	B	OC	11	4'7 1/2	Pockmarked large navel scar left elbow

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4874	Sally	W	PA	28	5'0 1/2	Several small marks on forehead yellowish complexion
4878	Hannah	W	PA	28	5'1	Much pockmarked scar left breast
4884	Sarra	W	PA	33	4'2	Pockmarked much tattooed about face & breasts
4898	Cimafa	W	PA	32	4'8 1/2	Very large burn each side face & on forehead dº between shoulder blades
4899	Fatima R.A.C.	W	YA	25	5'3	Yellowish tinge in complexion number of small marks on breasts
4906	Macai	W	OA	50	5'1 3/4	Has lost nearly the whole of her fingers & toes
4913	Jenny	G	OC	8	4'5	Burn above left arm. Daughter of Mamae each plot number 4715
4917	Coomba	W	U		4'6 1/2	Pockmarked number of marks each arm

Recru ea from the Isle de Lofs. C.H. April 19th, 1814. Meaning of the short-forms and acronyms is unknown. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4926	Belton	M	A	16	5'1	2 broad scars down each side face. Cut thro left fore fingers
4935	Tacorree	M	YA	23	5'1	Scar below right eye. Several small scars right shoulder. Fingers deformed
4943	Mousa	M	PA	26	5'10	Very much pockmarked. Yellowish complexion
4948	Harry	M	A	14	4'9 3/4	3 cut down each side face. Pockmarked
4951	Sulamanee ditto	M	YA	20	5'4 1/2	4 cuts each side face, squints, pockmarked
4952	Sam I Sammos	M	YA	25	5'7	pockmarked large dent inside left knee
4953	Maeea Mason	B	U	[No Entry]	4'9 1/2	3 broad scars each side face. Long ace scar left side head. Yellowish complexion. Scar near right ear. Round ditto outside thigh
4959	Tamba Ditto	B	U	[No Entry]	4'11 1/2	Yellowish complexion. Pockmarked, Large nave
4961	Amarah	B	OC	11	4'7	Pockmarked cut between breasts. scar back of left shoulder
4963	Tata	W	YC	2	5'5 1/4	Yellowish complexion. 4 cuts on part each side forehead
4965	Livey Mary	W	YA	19	5'2	Very much burnt on neck & down each arm
4968	Njuma Moru	B	YA	24	5'1 3/4	Yellow complexion 3 cuts down each side face 6 dents down breast & belly
4970	Nancy	B	YA	22	5'6 1/2	Cut down right cheek. Large toe left foot cut off joint
4975	Fatima Mary	B	PA	32	5'2 3/4	Yellowish complexion. broad face. thinly pitte with small pox
4977	Maria Mary	B	A	15	5'0 1/2	pockmarked: scar instep of right foot

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4979	Sally Mary	B	A	18	4'9 1/2	Thinly pockmarked. small Scar below right calf
4980	Coota Carp	G	A	13	4'10	Scar back of left arm pit. yellow complexion. cut round forehead. scar below right eye
4983	Hannah M M	G	OC	9	4'6	Yellow complexion round scar inside right leg
4984	Lucia	G	OC	7	4'1	Scar front right shoulder yellowish complexion

The *NS da Vitória* of Portugal. Entered into the Register as Ship *Nojsa Sinhora da Victoria.* Condemned May 28th, 1814. Voyage ID: 7537.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
4988	Doonel	M	PA	33	5'1	Pockmarked. Scar front right ear
4991	Mungo Ginooo	M	YA	23	5'9 3/4	Slightly pockmarked. Scar front right ear. [BRAND] right shoulder
4993	Bama	M	MA	38	5'8 3/4	Deep dent inside left eye made by a gunshot. [BRAND] each breast
5006	Burama	M	YA	20	5'6 3/4	Sallow complexion. Large navel Large scar left thigh
5007	Bama	M	MA	36	5'8	Sallow complexion. Marks on nose. Large scar inside right shin
5010	Semenu	M	PA	33	5'3 1/2	Very large scar front right scar. Sallow complexion. [BRAND] right breast
5014	Banjeboo	M	YA	25	5'4 1/2	Sallow complexion. faintly pockmarked shin cut off each eyebrow
5025	Natta	M	PA	29	5'9	Large scar under right cheek. Yellow complexion
5027	Jangfs	M	OA	49	5'5 1/4	Musket ball though right arm below shoulder. [BRAND] right breast
5030	Boroo	M	MA	43	5'5 1/2	Scar right side back ditto part right arm. Sallow shin
5036	Pumor	M	YA	21	6'0	Pitted on forehead & left breast: much dented on back and thighs
5041	Amar	M	YA	25	5'7	Pitted on face. Scar above left wrist navel rather large
5043	Sarra	M	YA	21	5'5	Pitted on face. cut down right eyebrow 2 scars on left knee
5045	Andalla	M	YA	19	5'5	Pockmarked scar close each eyebrow. Very large scar below right breast
5046	Jaggan Joff Dead Juneo	M	YA	22	5'4	A large & small scar right breast. Scar back of neck yellow marks below right breast
5049	Gnalley	M	PA	26	5'4	Pockmarked dent back each wrist
5050	Mamadee	M	YA	24	5'8	Face pitted dent near each eye. 2 scars behind right shoulder
5057	Mallck	M	YA	19	5'8	Pockmarked scar left shin low leg
5079	Amana Jai	M	PA	28	5'8	Pockmarked. Scar right side & between shoulder. Hollow navel

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5081	Demba	M	A	18	5'5	2 dents forehead: cut above left eyebrow. Fainly pockmarked. left knee scarred
5082	Babueary	M	YA	20	5'6	Scar right breast. Nose pockmarked. Dent forehead
5084	cabanga	M	PA	31	5'5 1/2	Scar close pit of stomach. Hair on head. Bow leggd
5085	Nafee	M	PA	27	5'10	Dent near right eye & inside left d°. Small cut left breast. Bow leggd
5087	Yimba	M	PA	26	5'10	Pockmarked lump behind left ear. 4 scars right side navel. Scar top of right shoulder.
5088	Coree	M	PA	27	5'9	Face faintly pockmarked. Scar right elbow. 2 lumps between shoulders
5089	Cacuta	M	PA	27	5'9	Scar thinly pockmarked. Scar right elbow. 2 lumps between shoulder.
5092	Mamadw	M	PA	27	5'8	Large scar above left knee & right wrist. Yellowish complexion
5094	Cora	M	YA	21	5'5	Yellow complexion. Scar each shoulder blade. Purrah from back of neak to breast
5096	Feely	M	PA	28	5'8	Yellow complexion. Hair on head. Cut below right breast & left side navel
5098	Sobbay	M	MA	40	5'5	Pockmarked 2 scars each shoulder. Much dented on back
5099	Evandon	M	PA	32	5'6 1/2	Pockmarked: blind right eye. Much dented on back
5100	Fallee	M	PA	27	5'6 1/2	Pockmarked 3 small scars below left breast
5101	Gnally	M	PA	32	5'5	Pockmarked left ear cut off
5106	Mallick	M	PA	32	5'9	Large mark on & under navel. Yellowish complexion
5111	Nafo	M	YA	23	5'7	Few pockmarks on face: scar on left shoulder & small of back ditto inside right calf
5125	Lambee	M	A	18	5'7	Pockmarked: 2 small scars under right eye & 1 large ditto on belly
5127	Sanay	M	YA	22	5'5	Pockmarked scar below right breast: Complexion rather yellowish
5129	Mamadee	M	PA	27	5'3	Pockmarked complexion rather yellowish scar right side back
5130	Tamba	M	PA	32	5'4 1/2	Pockmarked 2 broad scars down ea side face
5132	Dansa	M	PA	29	5'4	Pockmarked round scar & cut left side mouth dented on breasts (little)
5133	Samboo	M	PA	26	5'4	Pockmarked on forehead 2 scars above left elbow
5139	Maddee	M	PA	30	5'10	Pockmarked 2 scars outside left leg below knee
5142	Tafsa	M	PA	29	5'3	Middle finger left hand cut off
5144	Suma	M	YA	24	5'	Much pockmarked scar front right arm pit breasts dented
5165	Farra	M	PA	29	5'10	Pockmarked scar back of ea elbow
5168	Maddee Cadeena	M	OA	50	5'6	Cut between eyebrows: yellow complexion. thinly pockmarked
5171	Wallee	M	A	16	5'1 1/2	Faintly pockmarked scar right side: 2 ditto top of left arm

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5174	Jumpo	M	YA	20	5'9	Tattooed between breasts faint cut left side thinly pockmarked
5180	Mansallee	M	A	14	4'10 1/2	Pockmarked large scar right breast arms below elbow much dentified
5183	Demba	M	A	14	5'	2 scars right cheek: large burn right elbow
5185	Tamba	M	A	14	4'9	Much pockmarked arms & body dented: 4 scars above left elbow
5189	Tamacca	M	A	14	4'10 1/2	Front cut ea eyebrow 2 cuts top of right shoulder yellow complexion
5195	Cypuan	M	YA	25	5'6	Pockmarked scarrd right side belly
5200	Mamaon	B	OC	11	4'6 1/2	Scar crown of head ditto top of right shoulder and left breast: pockmarked
5202	Sambah John	B	OC	11	4'6 1/2	Faintly pockmarked scar side right eye
5203	Samba Fouree	B	OC	9	4'5	Yellow complexion tatooed above ea knee dents on nose & upper lip
5205	Peter alias Faduba	B	OC	9	4'3	Yellowish complexion scar left side head ditto below left arm pit
5207	Bungal	B	OC	10	4'6	Yellowish complexion: scar above eyebrow ditto side right hip
5211	Farra	B	A	13	4'10 1/2	Yellow complexion faint close left eye
5218	Tomee	B	OC	9	4'2 1/2	Yellowish complexion scar close right temple
5220	Nafa	B	OC	10	4'5	Pockmarked right hip very much scarred
5234	Arejuma Do.	B	OC	8	4'1	Pockmarked dent on forehead scar right arm pit
5250	Samboo	B	OC	10	4'6 1/2	Pockmarked scar on forehead ditto right thigh
5252	Timmey	B	OC	10	4'6 1/2	Yellowish complexion large scar right shin
5258	Cabella	B	OC	11	4'6	Yellow complexion faint mark front right arm pit
5261	Sanga	B	OC	10	4'5	Small scar outside thigh cut between eyebrows yellow complexion
5263	Manac	B	YC	4	3'8	Left eye blind
5288	Kango	W	PA	30	5'2	Scar inside right leg: fingers deformed
5289	Sera	W	PA	33	5'2	Pockmarked ears very much cut belly tattooed
5290	Arsetta	W	MA	40	5'4	Yellowish complexion R right breast left leg scarred
5295	Fatima	W	PA	27	5'2	Yellow complexion: small lump below left breast
5297	Cubee	W	A	15	5'1	Pockmarked lump on breast
5303	Yafsin	M	A	14	4'11	Pockmarks. Scar above left heel. Dº right elbow
5304	Jeooee	M	PA	35	5'2	Yellow complexion: mole between eyebrow. Fingers rather disfigured
5309	Majegain	M	PA	30	5'3	Pockmarked. Large scar each ancle
5312	Yajow. Do. May 23. 15	M	YA	25	5'2 1/2	Deep scar under part right cheek. Very long burn left arm

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5323	Coomba	M	YA	24	4'11 1/2	Much pockmarked [BRAND] below right elbow. Scar small of back
5327	Damdee	M	YA	25	4'11	Hollow navel. Yellow complexion. Dent inside left knee
5331	Niaree	M	YA	25	5'4	Large navel. Large wart close left eye each.
5332	Coomba	M	PA	26	5'2	Lump on breast. Yellow complexion [BRAND] right breast
5333	Mariama	M	PA	30	5'7	Pockmarked. 1 cut right knee. Do above left elbow
5334	Masamee	M	PA	26	4'10 1/2	Pockmarked. Knee bent inwards dent below elbow. [BRAND] right breast
5335	Sarumba	M	A	18	5'4	Tattooed forehead & round cheeks. Pockmarked. [BRAND] right breast. Scar above left elbow
5336	Jatmia	M	A	18	5'2	Yellow complexion. Burn on head. Scar left wrist
5337	Sera (Balanta)	M	MA	36	5'5 1/2	Tattooed on belly: yellowish complexion. Scar left shin. Cut on forehead
5340	Jatima	M	A	18	5'1	Faintly pockmarked. Cur right shoulder. Scar back of right ear
5342	Majalia	M	PA	26	5'0	Dent inside left eye: knees bent inwards
5349	Coota	M	YA	19	4'11	3 scars down each cheek. Yellow complexion. Mark left cheek. [BRAND] each breast
5350	Annekayley	M	PA	28	5'3 1/2	Much pockmarked. [BRAND] on right breast. Belly much tattooed
5351	Jombo	M	PA	35	5'2 3/4	Belly much tattooed. Yellow complexion. Mole on chin
5352	Cobe	M	PA	28	5'6	Pockmarked. [BRAND] on left arm. Scar back of left thigh
5353	Yanuo	M	PA	32	5'1 1/2	Pockmarked. 3 large scar right breast. [BRAND] right arm
5362	Acang	M	YA	25	5'1 3/4	Pockmarked. Small tattoo on breast & back. [BRAND] left atm
5364	Oubsnat	M	YA	25	5'2	Much pockmarked. Tattooed on belly. [BRAND] left breast
5365	Bemn	M	PA	30	5'2	Moles upper lip. Shot behind left shoulder. Scar below left knee
5368	Wopadana	M	PA	35	5'1 1/2	Pockmarked. Tattooed above breast.
5369	Adam ba Jarr	M	PA	26	5'2	Fourth finger left hand bent inwards. Scar close left eyebrow. [BRAND] Right breast
5375	Mutalie	M	PA	27	5'3 1/4	One or two pockmarks about nose. Scar on breast
5389	Jenda	G	A	12	4'9	Several scars on right & left wrist. Burn top of foot: Scar on back of head
5390	Maduba	G	A	13	4'10 1/2	Scar side right eye. 1 do left shoulder blade. Several do outside left foot. Yellow complexion
5397	Sera	G	OC	7	4'5 1/4	Three long scars each side face: two scars on left wrist. Yellow complexion
5400	Sera	G	YC	5	4'9 1/2	[BRAND] on left thigh. Faint scar on forehead. Yellow complexion

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5402	Feuda	G	YC	5	3'10 1/2	Spitted with small pox on belly. [SCAR] on right shoulder blade
5406	Tenna	G	A	13	4'8 1/2	Scar on right arm. Faint pitted with smallpox. Face scar left knee. Yellow complexion
5407	Coota	G	A	13	5'0	Cut cut right side head. Large burn from shoulder to elbow right arm
5409	Chona	G	YC	5	3'6 1/2	Small spitted pox side. face faint scar on right arm. scar below
5410	Coona	G	OC	8	4'3	Round scar above navel. Scar right side head. d° on left elbow. several round marks of pox on right cheeks
5426	Touree	M	YA	19	5'3 1/4	Forehead tattooed: scar back of neck. mark on left shoulder blade. burn on right elbow
5427	Kaingree	M	A	18	4'10 1/4	Pockmarked lump close left elbow. Scar below right eye
5430	Sengey Dead Jan.7 1815	B	OC	11	4'5 1/2	Faintly cut on each temples & forehead. rather yellow complexion
5431	Bifsey	B	OC	9	4'0	Yellow complexion. Scar right side of head. Small d° each elbow
5432	Touree	B	OC	9	4'2	Cut left eyebrow. Scar right hip & outside right thigh. Bow legged

From the Fosoo Country Seized by Chas J. Jones June 6th 1814. Condemned June 22nd, 1814. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5434	Toodee	M	PA	28	5'3 1/4	Yellow complexion. Lost a fourth of three fingers left hand
5436	Mamadoo	M	YA	25	5'8	3 scars close pit of stomach: pockmarked
5438	Brima	B	OC	11	4'7 1/2	Much pockmarked. Much dented back of right shoulder
5439	Calella	B	OC	11	4'6 1/4	Yellow complexion. Scar above right eyebrow

The *Gertrudis (a) la Preciosa* of Spain. Entered into Register as Ship *Gertrudis*. Condemned July 8th, 1814. Voyage ID: 7510.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5463	Ayang	M	A	14	4'10	Scar left knee. 1 deformed toe. 1 near little one left foot
5464	Ocang	M	A	14	4'11 1/2	Large scar left thigh: yellow complexion. Cut left breast & right eyebrow
5477	Allacomadu	M	YA	21	5'5 1/2	Under jaw fallen down. 3 cuts close temple. Cut down forehead

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5487	Imbay	M	YA	22	4'11 3/4	Yellow complexion: scar close right elbow. Dº close right ear
5493	Oba Al Imbay	M	YA	22	5'3 1/2	Neatly tattooed on breast & belly. Tattooed above right elbow: scar back left shoulder. Pockmarked
5494	Orra	M	YA	24	5'5 3/4	Several close each eye: yellow complexion: smalls car right side.
5499	Ecantendee	M	YA	19	5'0 1/2	Yellow complexion. Faintly tattooed on belly. Scar back of left hand
5516	Yangoo	M	YA	20	5'3	Scarred side each eye. Yellow complexion
5519	Enang	M	YA	19	5'0	Yellow complexion. Scar inside left thigh. 2 dº left calf: scarred side each eye
5527	Madayquay	M	YA	22	5'6 1/2	Yellow complexion: 5 cuts side each eye. 3 scars under shin
5545	Jnnafoulra	M	PA	27	5'2 3/4	[MARK] each breast: 3 stripes from ear to mouth: & down forehead: pockmarked
5546	Ocawoodo	M	PA	26	5'2	2 tattoos side each eye & 1 down forehead: pockmarked
5547	Angeo est Sept 6	M	YA	24	5'4	1 tattoo from each ear to eye & 2 between eyebrows. Prominent navel: yellow complexion
5551	Hsemafo	M	PA	30	5'2	Tattooed above navel: 2 scars below left hip. 2 dº near dº outside. Yellow complexion
5552	Maysomba	M	YA	23	5'0 1/2	Yellow complexion.Scar right elbow. 1 cut above & below left eyebrow. Tattoo down belly
5562	Toodo	M	YA	24	5'5 1/2	Yellow complexion. 3 tattoos each side eye
5564	Aja est Oct.28	M	YA	25	5'1 1/2	Scar left side pitted on face. Scar right shin several dº on & front right thigh
5586	Ando Befsey	M	YA	23	5'1	Yellow complexion. 2 scars left hip. 1 dº right hip/ 2 dº left thigh
5587	Eay buy	M	YA	24	5'4	4 cuts each side eye. Yellow complexion. Scar left cheek & thigh
5588	Canno	M	YA	22	4'11	Yellow complexion black tatoos side each eye & between eyes. Large burn right thigh
5597	Tamar Affjou	M	YA	25	5'7 1/2	Yellock [Yellow]: 3 tattoes across belly. 1 cut on forehead: Scar right shin
5598	Chunkow est Sept	M	YA	23	5'1	Yellow complexion pitted on nose. Scarred left knee
5603	Oqueque	M	YA	23	5'2	Cut down forehead. yellow complexion: Large scar below each hip
5684	Auaqua Dº	M	A	14	4'6	Yellow complection. Scar close right wrist
5691	Imbay Dº	M	A	17	5'3	Yellow complection. Belly much tattooed
5694	Okaykay Dº	M	YA	22	5'4	Deformed fingers left hand. Much scarred on wrist
5698	Taffia	M	YA	20	5'1 1/2	Pitted with small pox. Very thick lip
5699	Affia	M	YA	20	5'2 1/2	Deformed fingers left hand.
5701	Mo returned Oct 28	B	A	13	4'8	Scarred side each eye. middle finger left hand deformed

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5702	Oreefo	B	A	13	4'10	3 cuts each side eye. Marked with yaws on face. Scar top of left breast & on left ancle
5715	Carreyarra Jim	B	OC	9	4'4	Prominent navel & lumps over it. Very ill with yaws
5729	Auagual Dº	B	OC	10	3'9	Yellow. scar close right wrist tattooes each side back
5742	Fefu	B	OC	7	3'11 1/2	Tattooed from ear to eyes: yellow complexion. Dent below right breast
5743	Moqua Dead	B	OC	11	4'6 1/2	Scar right knee. 2 dº each hip. 1 dº left elbow. Yellow complexion
5744	Ocoon	B	OC	9	4'2	Yellow complexion 2 scars below right breast. scarred side each eye
5749	Ofay	B	OC	11	4'5 1/2	Scarred side each eye. Much cut from flogging across back. Scar left hip
5757	Jorbo	B	OC	10	4'3 1/4	Scar on chest and front each ear. Scarred side each ear & between eyebrows. Face marked with yaws. dented down left arm
5772	Tembay F. Brown	B	OC	11	4'5	Pockmarked scar on forehead. dº over navel.
5777	Afouree	B	OC	8	4'0	Yellow complexion. Cut over navel. dent down forehead. Scar right hip
5778	Isamee S. Curr	B	OC	9	4'2	Large navel. face much marked with yaws right wrist
5781	Atama [...] Stephene	B	A	13	4'8	Yellow complexion. 4 cuts side right and 3 cuts side left eye. Small prominent navel
5798	Eypay N. Jumer	B	OC	9	4'2 1/2	Had had five fingers and thumb. 2 small scars above right elbow inside. Scar below left thigh
5803	Ogbo	B	OC	10	4'4	Yellow complexion. Scarred side each eye dº behind right knee
5805	Mafo	B	OC	10	4'4	Yellow complexion. Navel scar small of back
5807	Otam Dº Dug 17	B	OC	9	4'3	Small navel. A few pockmarks on face
5808	Dadelee	B	OC	12	4'5	Face marks with yaws. Long scar back of right thigh & left shoulder
5814	Abeabee	B	OC	11	4'0	Pockmarked much on face. Scar back of left hand
5818	Jinbay Dº	B	A	13	4'7	Large navel. 3 dito tattos side & yaws. faintly tattooed on forehead to nose
5820	Cufso Dº	B	OC	8	4'3	Tattoos on back of right neck. Pockmarked on face
5821	Ouafy	B	OC	9	5'3 1/2	Yellow complexion. Scar left side belly. 1 back right thigh
5824	Aywor	W	A	17	5'3	Long yellow face. Faintly shiped. 4 tattoos down belly
5825	Oranya	W	A	14	4'1 1/2	Face pitted: scar above left arm
5826	Luangee	W	A	15	5'0 1/2	Pockmarked. Scar close small of back. Hollow navel
5835	Alfe	W	A	18	5'0	Yellow complexion. Square head cut on chin
5839	Guaoo fur	W	A	16	4'9	Pockmarked. Very large burn left side
5841	Maya Dº, July 18	W	A	14	4'6	Yellow scar close right wrist. Tattooed each side cheek. Scar outside & right thigh

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5845	Ugua	W	A	16	4'11	Cut side each eye. 2 round scars left side back. Yellow complexion
5846	Ofoe Dº, July 19	W	A	17	5'4	Yellow complexion. Large scar left elbow
5860	Afaya	W	A	14	4'7 3/4	Large scar outside left leg. Yellowish complexion
5861	Ammie Dº, May 23, 1815	W	A	14	4'6	Much tattooed on left side. Pockmarked. Scar left elbow
5862	Wufsoma	W	A	15	4'6	Pockmarked. Dents down left arm. Scarred below left ancle
5863	Wauo	W	A	13	4'9	Faint shapes down forehead and right cheek. Yellow complexion . Cut down left eyebrow
5866	Oggo	G	OC	10	4'8 3/4	Scar left cheek. Yellow complexion. Scar left side small of back
5868	Bongo	G	A	13	4'8	Pockmarked. Yellow complexion. Tattooed much on back
5880	Oje	G	A	13	4'5 1/2	Pitted on face. Scar top of right thigh
5897	Wufsay	G	OC	10	4'4	3 tattoos down belly. Round scar right elbow. Yellow complexion
5906	Musama	G	A	13	4'6	Yellow complexion. cut side each eye. small scar over left eyebrows
5913	Daycooma	G	OC	10	4'5 1/2	yellow complexion. Scar right hip. 2 small dº right side back of neck
5917	Ado	G	OC	10	4'3 1/2	Scar back of neck: Hand much deformed
5922	Gooma " Aug 14	G	OC	10	4'3 1/2	Smallpox face. belly tattooed
5923	Mocco " " 15	G	OC	10	5'0	Yellow skin. dent forehead

The Schooner *Maria Josefa* of Spain. Entered into the Register as *Maria Joseffa*. Condemned July 21st, 1814. Voyage ID: 7523.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5931	Cnmo	M	YA	25	5'4	Scar left knee. yellow complexion. Large navel. legs hairy
5942	Touree	M	PA	30	5'7 1/2	pockmarked. Scar top of chest. Black tattooe down right arm. Scar right side
5943	Couree	M	PA	28	5'5	pockmarked purrahed from back of neck to sides: 2 scars back of left knee
5945	Bawooca	M	YA	24	5'6	Large burn on right wrist. half diamond tattoes each side eye. [BRAND] on forehead
5959	Cando	B	A	13	4'8	pockmarked large scar top & back right shoulder each side eye
5960	Tamba	B	A	13	4'6 1/2	pockmarked scar left wrist dº outside left knee
5962	Perry	B	A	13	4'8	Yellow complexion. Scar left shoulder blade dº back of & 1 outside left thigh

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
5964	Tamba	B	A	13	4'8	Nose pockmarked. Scar outside left hip knee and shin
5973	Saree	B	OC	9	4'5 1/4	Pockmarked scar left hip
5976	Jo	B	A	13	4'6 1/4	2nd outside fingers each hand deformed. Cut right side mouth. dº roat [right] of finger deformed
5982	Tangha	B	OC	12	4'7 1/2	Yellow complexion. 3 dents below left elbow. Scar back of right knee. 2 dº right hip. 1 left dº & 2 back of left thigh
5984	Mattay	W	A	14	4'7 1/2	Faintly pockmarked: Scar below right ear: faint dº small of back
5985	Befly	G	A	13	4'9	Neatly cut round navel. 2 long cuts above dº yellow complexion

The Bergantim *Bonsucesso* of Portugal. Entered into Register as Brig *Bom Successo*. Condemned August 30th, 1814. Voyage ID: 7511.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6000	Oluba	M	YA	21	5'2 1/2	Several tattoes on breast & back. Yellow complexion. Mole under left eye. dº upper lip
6004	Fasunk	M	PA	30	5'7 1/2	3 long scars each side face: yellow complexion: tattoes on belly & back 3 faint scars on forehead
6007	Adeoba	M	YA	25	5'4	Yellow complexion. 3 scars from ear to mouth each side 3 dº on forehead
6009	Asobee	M	A	18	5'2 1/2	3 long scars each side face: 1 scar near left eye. Tattooed on stomach. Yellow complexion
6012	Aboco	M	YA	24	5'8	2 long scars each side face: yellow complexion. 3 faint scars on eyebrows
6013	Anma	M	PA	26	5'7	3 long scars each side face & 3 forehead. Spitted very fine with small poc on face: large scar on back right hand
6018	Adeson	M	YA	25	5'5	Yellow complexion. 4 scars forehead. Several long dº on breast & belly. 1 long tattoe across scar from left shoulder to right side. Tattoes & scars on back as on belly
6019	Baba	M	YA	20	5'3	One cut over left eye. 3 long scar each side face. Scars on left breast. Pitted with small poc. 3 scars on forehead
6020	Amadu	M	YA	20	5'2	Dent near left eye. left side pitted with small pox
6024	Onee	M	A	18	4'11	Scar on forehead & 3 dº each side face. Faintly pitted with small pox. 1 round scar on right thigh
6031	Aqedo	M	PA	27	5'7	Faint pittes with smallpox: Stomach & breast much tattooed. 4 scars on right arm (inside) 3 long scars each side face 3 dº forehead
6032	Afalee	M	PA	26	5'6 1/2	Yellow complexion faint small mark pox several very faint tattoes on breast belly & stomach. 3 scars each side face. Dº forehead

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6042	Tascku	M	A	14	4'11 1/2	Very faint small pox on face: 3 long scars each side face. tattoos & scars on stomach. Scarred on each knees
6043	Ibushe	M	YA	24	5'3	Foulah hair: faintly pitted with small pox on face. 1 round dent on left arm under shoulders. 3 scars each side face. 3 dº forehead
6044	Atola	M	YA	24	5'6	Foolah hair. faintly pitted with small pox on face
6045	Amadoo	M	YA	24	5'5 1/2	Pitted with small pox on face. 2 round dents on belly. Several tattoos on stomach
6047	Grabee	M	YA	20	5'7 1/2	Tattoos on left arm: faint small pox all over shin
6056	Asharee	M	A	18	5'0	1 scar on left arm near elbow. Pitted with small pox head. Scar on right elbow. Dº front each knee
6057	Sam	M	YA	20	5'5	Musket shot on fingers: scar left breast. Several scars on right arm near elbow
6059	Olara ret'd Oct 18	M	YA	23	5'3 1/2	Spitted with small pox on face. Scars on elbow
6060	Asaree	M	A	18	5'0	1 large burn on breast near shoulder. 1 large scar on right shoulder
6064	Tanee	M	YA	21	5'4 1/2	2 scars each side face near eye. Yellow skin large dº on right knee
6065	Abura	M	YA	25	5'7	1 scar left side face near eye. Scars left elbow: 1 large burn right dº. 1 dº under shoulder blade left side
6070	Landoo	M	YA	24	5'6	3 long scars each side breast. 3 scars each side face smallpox
6071	Tequa	M	PA	26	5'2 3/4	Smallpox face. Large burn on belly, nose towards left side. 1 long scar right side face. Tattoes on each arm
6074	Magana	M	YA	20	5'4	Black burn on neck left side & dent right side forehead
6075	Lamboo	M	YA	20	5'4	Pitted with small pox face
6076	Mahamodoo	M	PA	27	5'7 1/2	1 long scar each side ear nose several scars & tattoes on breast. Few pox on face
6077	Ibawa	M	PA	29	5'6	Pitted with small pox on face. 2 long scars each side face. 1 dº from bridge of nose to cheek right side
6078	Aboco	M	YA	24	5'5 1/2	1 large burn inside right thigh. 1 long scar from right shoulder. Several small scar & tattooes on face
6103	Pabu	M	PA	26	5'8	5 large scars with tattooes on belly. 2 each side burn towards side. 1 scar left cheek. 2 large & long dº with tattoes on back
6109	Soba	M	YA	23	5'2 1/2	Small pox round mouth: 1 scar near right eye. Much scars on face. [SCAR] left side belly. 3 long dº on belly
6113	Luofsee	M	PA	30	5'2 1/2	1 scar left eyebrow: 1 dº back neck. 1 dº left side bottom back large burn back right thigh

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6126	Adoo	M	YA	23	5'5	Scarred chin right side. 1 dº back hand. 1 large dº left arm. 1 dº left eyebrows: yellow complexion
6127	Sala	M	YA	19	5'3 1/2	Spitted with small pox. 2 long scars each side belly. 1 dº from bridge of nose to cheek. 2 dº each side from ear to mouth
6130	Shiguasee	M	A	15	4'11	3 scars forehead 6 each side cheek. yellow complexion
6139	KLucoo	M	YA	23	5'1 1/2	1 large burn left side: scars on belly. 2 lumps right side face. Pockmarked right side much scarred
6145	Lumobalee	M	YA	21	5'1 1/2	1 scar rather above left eye. Yellow 1 dº under left ear. 3 dº each side cheek
6152	Backa	M	YA	21	5'1	Face pitted with small pox. 2 scars each side breast. 1 dº each side cheek: 1 round lump middle of back
6155	Bapa	M	PA	26	5'0	Tattooed breast & belly. 2 scars each side face. 1 dº near right side eyes. Yellow
6157	Dosumee	M	YA	20	5'1 1/2	1 large burn right side hip: 1 scar on right knee. scars with tattoes on all over belly: 3 scars each side face. 3 dº forehead
6175	Alagee	B	OC	11	4'6 1/2	1 black burn left side belly. 1 small dent nose right side. 1 dº on top left shoulder
6188	Adama	B	A	13	4'10	Yellow complexion. One dent near right eye inside.
6222	Atama	W	PA	30	5'3	Scar right elbow: tattoes & scar face large burn left shoulder blade
6223	Adesa	W	PA	28	5'2 1/2	Pitted with small pox. Scar left wrist
6235	Awoolabee	G	A	13	4'8 1/2	3 scars each side face very faint small pox face lump on top each ear

The Brig *Dolores (a) Volador* of Spain. Entered into the Register as *Delores* alias *El Bolondur*. Condemned October 3rd, 1814. Voyage ID: 7524.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6239	Injowo H.B.	M	YA	22	5'3	1 scar right wrist. Purrah from back to each side. 1 scar outside above right knee. 1 large sore on top of right foot
6240	Jalso H.B.	M	PA	26	5'3 1/2	1 purrah from back to breasts. 3 scars above left wrist. Bow legd
6246	Dogbua H.B.	M	PA	27	5'6 1/2	1 long cur right arm. 1 small lower down mark on forehead. Purrahed breasts & belly. Yellow complexion
6247	Proba	M	YA	24	5'3 1/4	Wart on left breast. Purrah from back to breast. 1 want on left arm
6254	Taya	B	OC	12	4'6 1/2	Smallpox face round lump near right breast. 1 small dº above dº
6257	Tangha	B	OC	10	4'1 3/4	1 scar root first finger right hand. Yellow complexion.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6267	Yongo	W	PA	26	5'6	Pitted with small pox: yellow complexion. Purrahed.
6270	Hoba	W	YA	25	5'3 1/2	1 wart left side nose. Few small pox on face. Tattoes inside each arm

Seized by Major Appleton in the Rio Nunez October 24th, 1814. Condemned November 14, 1814. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6278	Baggee	M	PA	27	5'9	Tattoo above left elbow. Fingers rather deformed
6279	Couree	M	OA	50	5'9	Upper lip much cut back much scarred forefinger left hand disformed
6280	Malleghee	M	MA	38	5'1 1/2	Scar left eyebrow. 3 dº right dº dents below dº. large scar below right breast. right knee bent inwards

Register 1814-1815

The beginning of this Register contains repeat entries from the 1812-1814 document. Persons numbered 4684-6274 inclusive have been re-entered. As such, duplicate entries have been omitted here due to redundancy and the dataset resumes with unique entries.

Seized by Major Appleton in the Rio Nunez Oct 24, 1814. Condemned November 14th, 1814. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6293	Mamadoo	M	MA	39	5'1	Pockmarked: three cuts ea side face: scar outside left calf
6295	Yatta	M	MA	38	5'0	3 broad marks ea side face: nose pockmarked scar left knee: scar left shoulder
6296	Mafsa	M	MA	36	5'5	Scar left breast: dº right shin: knees bent inwards
6304	Yatta Arka Elliott	B	OC	12	4'3	Three cuts down ea side face: pockmarked on face
6311	Bombo	W	A	17	4'10	Pockmarked: small scar back of right arm pit & between shoulder blades
6312	Simitty	W	YA	24	5'1	Tattoed on forehead: small scar above left elbow: has had five fingers & thumb

From the Ship Princess Charlotte Caps Mount Novr 1814 24th. Voyage ID unknown.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6333	Ballangobay	M	MA	40	5'4	Yellow complexion: mole below right eye: 4 scars above left elbow: arms tattoed
6338	Bumbo	M	PA	30	5'7 1/2	Pockmarked: yellow complexion: 2 small scars ea shoulders
6339	Balla	M	MA	38	5'5 1/2	Yellow complexion: tattoed on belly: several scars ea shoulders
6348	Yagba	M	PA	32	5'6 1/4	Purrahed from back of neck to breasts: pockmarked. cut above ea elbow
6352	Gunoo	B	OC	11	4'4	Large burn left instep: small scar inside right calf
6353	Bimbee	B	A	13	4'5 1/2	Yellow complexion: 1 scar small of back: 2 dº right thigh
6359	Denda	B	OC	10	4'4	Long cut left eyebrow: a few pockmarks on face: scar below right shoulders
6365	Balla	B	OC	7	3'11	Yellow complexion: scar left knee
6373	Pandee	B	OC	9	3'11	Pockmarked: large scar left side belly: small dº back
6388	Dua	G	YC	6	3'10 1/2	Burn right wrist: several small scars on belly and left thigh

The Schooner *Golondrina* of Spain. Condemned December 8th, 1814. Voyage ID: 7525.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6390	Barra	M	YA	24	5'7	Pockmarked: scar inside right elbow
6398	Barra	M	A	18	5'2 1/4	Scar right knee and left elbow: yellow complexion
6400	Whywae	M	PA	28	5'4	Yellow complexion: much tattoed with black right arm: 1 stripe dº on belly: thick set
6401	Tomorrau	M	PA	26	5'5 1/2	Face much pitted: large navel: scar left side dº
6405	Gilfarro	M	YA	22	5'5 1/2	Faintly purrahed from back of neck to tits: yellow complexion
6407	Yarra	M	PA	33	5'6	Face much pitted: purrahed from back to neck to tits many dents left arm
6409	Gobay	M	YA	25	5'2 1/2	Face much pitted: yellow: scar back of left thigh
6410	Eboa	M	PA	27	5'3	Much pockmarked: cut on forehead: scar above left elbow
6422	Yourou	M	YA	24	5'2	Purrahed on back: scar left groin; yellow complexion
6423	Sandoo	M	PA	26	5'3	Scar each jaw (apparently shot) scar left knee
6426	Suya	M	YA	20	5'4	Much pitted round mouth & above part of jaw: white mark on chin
6428	Suie	M	YA	21	5'6	Pitted on face: scar below left ear
6437	Tamah	M	PA	30	5'6 1/2	Large burn right side back: pitted with small pox on face: purrahed on belly
6461	Tua	M	A	18	4'10	Small pox face: scar middle of back
6464	Byema	M	PA	30	5'4 1/2	Small pox face: purrah from belly to back

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6471	Dawoora	M	MA	36	5'2	Yellow complexion: 1 scar left wrist:1 dº right side back: purrah on each side
6479	Sega	M	PA	32	5'1 1/2	pitted very faintly with small pox: 2 scars on right arm
6507	Bea	B	OC	9	4'4 1/2	Scar left elbow: dº right knee: sallow complexion
6520	Weeday	W	MA	36	4'11 1/2	Elegantly cut on belly, and right arm: fingers in ea arm deformed: scar right arm pit (back)
6524	Mapoo	W	YA	20	4'7 1/2	Mole right side nose: little finger deformed: 2 scars outside left thigh
6527	Corree	G	OC	8	4'0 1/2	Yellow complexion: mark left side nose: tattoe left shoulder

Seized by Major Appleton at Brimia Decr. 30 1814. Condemned January 18th, 1815. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6538	Sarra	M	OA	50	5'1	Much pockmarked: small stature
6540	Tamba	B	OC	11	4'7	Yellowish complexion: scar top of left shoulder dº left wrist
6545	Foumaree	W	A	18	4'9 1/4	Scar right elbow: dº below right ear: pitted on chin
6546	Duba	W	A	18	4'11 1/2	Pockmarked: tattoed on belly & arms
6547	Dabba	W	A	14	5'1 1/4	Tattoed small of back & left wrist shoulders: fingers a little bent

The Brig *Venganza* of Spain. Entered into the Register as "Captured in River Gambia/Oct. 3. 1814 Condemned/Cargo of the Schooner *Vanganza*." Voyage ID: 42186.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6556	Gallo	M	YA	21	5'8	Blemish in the right eye: yellow complexion
6557	Lat Sar	M	A	18	5'6	Right leg sore
6560	Yorah Bah	B	A	15	5'1	Scar left thigh: yellow complexion Dd April 10. 1816
6564	Bigue Can	B	OC	10	4'7	Scar left leg behind: yellow complexion
6569	Sofee Bah	B	OC	7	4'1	Scar on his head back; yellow complexion
6570	Galli Bah	B	YC	6	4'0	Several scars in the head, yellow complexion
6571	Fatima	W	YA	25	5'7 1/2	Bad front teeth, small sore left leg
6575	Cumbah	W	A	16	5'6	Many scars, both legs a little swelled yellow complexion
6577	Cadgon	W	YA	25	5'4	Left hand defective
6581	Penda Coo	W	PA	28	5'0	Yellow complexion: large scar left arm

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6583	Cumbah Taik	W	PA	28	5'1	Left leg swelled
6584	Pendah	W	A	18	5'1	Yellow complexion, scar left leg
6585	Marron	W	YA	20	5'0 1/2	Left foot sore
6587	Kyan Joy	W	A	16	5'5	Bad sore right leg
6589	Owah	W	A	16	5'2	Yellow complexion: country mark on the right side
6594	Serah Manga	G	OC	9	4'4	Scar behind right leg, yellow complexion

The Schooner *San José* of Spain. Entered into the Register as "Seized in Gambia by a Detachment R:A:C: Jan^{y} 1815 In Schooner *J. Joze*." Condemned June 21st, 1815. Voyage ID: 7519.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6601	Birum Maturrey	M	YA	25	5'7 1/2	Scar forehead: pitted on face: 6 scars behind left thigh
6603	Mo Darramee RD	M	YA	19	5'6 1/2	Deformed right thumb: scar outside right knee and on right shin
6614	Hamed Maram	M	YA	25	5'7 1/2	Face pitted: dent forehead: scar right wrist: long cut inside right elbow
6619	Latel Juff RD	M	YA	19	5'10 1/2	Scar right cheek: right breast & front right thigh & back of left thigh: yellow
6621	Mamadoo RD	M	YA	20	5'6	Cut left eyebrow: pockmarked: large scar left shoulder & front
6629	Samboo	M	YA	21	5'8	Pockmarked: 1 large & small scar above left knee
6630	Demba	M	YA	25	5'8	Pockmarked: scar on forehead: d^{o} on left eyebrow and on left side mouth
6631	Babucar	M	PA	29	5'7	Pockmarked: 2 scars below right breast: 1 d^{o} top left breast
6632	Fordee D^{d} Feby 1	M	PA	27	5'4 1/2	Dropsical/ 2 small scars outside right thigh and hip: 1 d^{o} inside right leg
6645	Sega	W	PA	30	5'5	Pockmarked: scar right tample: large d^{o} below right shoulder. Living with Smith N^{o} 4949
6648	Jujgum Jai	W	YA	20	5'5 1/2	Pockmarked: scar on chin: 2 d^{o} top of right breast: 1 d^{o} top of left shoulder
6655	Tening Jouf	M	PA	29	5'3	Several absess middle of back, 1 scar d^{o} left side d^{o}: 1 d^{o} left shoulder
6657	Jemy Sain	M	PA	32	5'1	Pockmarked slightly: scars behind left ear: very large d^{o} below right calf
6658	Jay Foy	M	U	[No Entry]	[No Entry]	Slightly pockmarked: small scar left shoulder: 1 toes right foot cut off

Seized at Goree & Senegal. Condemned June 1815, day of the month illegible. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6663	Jaher	W	YA	24	5'1 1/2	Scar inside right eye: some pockmarks on face: small scar right calf
6664	Betty	W	A	17	5'0	Pockmarked: several scars right leg: very large dº left shin & above left ancle

A portion of the cargo from the Schooner *Resurreccion* of Spain. Entered into the Register as "Seized by P. Charlotte part of the Schooner *Resurrection*'s Cargo. Condemned June 17th, 1815. Voyage ID: 7532.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6673	Jonga	M	PA	32	5'2	Nose pockmarked: 1 scar top right arm: tattoed from back of neck to tits
6675	Corree	M	PA	29	5'5 1/2	Long cut top of right shoulder: right wrist out of joint
6691	Banna	B	OC	7	4'0 1/4	Very large burn left calf: cut over right eye
6697	Tamba	B	OC	8	4'1	Cut under left eye: scar right shin & outside left hip: yellowish
6706	Semen	B	OC	7	3'11 1/2	Scar right eyebrow: nose pockmarked: large navel
6723	Mamba	G	OC	9	4'0	Scar left side: large navel: yellow complexion. Large scar back of right thigh

The Bergantim *General Silveira* of Portugal. Entered into the Register as "From Brig *General {……}* March 29th,, 1815." Condemned June 21st, 1815. Voyage ID: 7644.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6728	Camboro	M	YA	24	5'5	1 scar under right eye: 1 dº a wart left side nose 1 scar right side back
6731	Inquae	M	YA	20	5'1	Deformed little finger right hand: faint scar right cheek: Large scar inside right thigh
6735	Ingaa	M	PA	28	5'7	Right eye cut open: scars on forehead: 1 dº behind neck: tattoes on breast & belly
6737	Incam	M	PA	27	5'8	Tattoes from stomach to navel: yellow complexion: 1 large & 2 scars right wrist
6739	Conghee	M	YA	22	5'2 1/2	Scar inside right arm: 1 small dº above right eye: 1st finger cut off first joint
6740	Awan	M	YA	23	5'2 1/2	Spitted with small pox: scars on elbows
6741	Gombo	M	YA	23	5'5 3/4	Pockmarked: tattoes from shoulders to pit of stomach
6744	Guytee	M	PA	30	5'5	Very large burn right shoulder: tattoed above & top right arm
6752	Couga	M	YA	24	5'1	Yellow pockmarked: scar top right arm. navel
6758	Goola	M	PA	29	5'4 1/2	Yellowish: long cut above left elbow: dº chin: dº right elbow

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6769	Injoe	M	MA	40	4'10	Shot above right eblow: yellow: long cut below left arm pit
6787	Mocorree	M	A	16	4'10	Scar on chest: a tattoe over navel: yellowish complexion: tattoed down left arm: small dº over right elbow
6788	Mareba	M	YA	24	5'4	Scar front ~~right~~ left thigh: yellowish complexion
6793	Majou	M	A	17	5'0	Scar from belly to middle of back: deformed finger left hand
6800	Ned	B	OC	7	3'8 1/4	pockmarked: yellow complexion: cut forehead
6802	Zomba	B	OC	8	3'11 1/2	Very large scar right hip: dº right elbow: yellowish complexion
6813	Gona	B	OC	8	4'0 3/4	Scar behind right shoulder: dº left side small of back film right eye
6819	Monto al. Epopa	B	OC	8	3'10 1/2	Yellowish: scar below left groin: dº outside right hip 1 dº on hip
6824	Frinda	B	OC	8	3'11	Yellowish: dent close right eye: scar above left ancle outside
6837	Uquie	B	A	13	4'9 1/2	Yellowish: Scar top of left shoulder: long cut right elbow
6842	Dacca	B	OC	10	4'3 1/4	Pockmarked: large scar right cheek: dº right side back
6843	Aboon	B	OC	10	4'5	Ears cut off: scar right hip:
6846	Inqua	B	OC	11	4'7 3/4	Belly neatly tattoed: yellowish: scar right shin
6850	Peer	B	YC	4	3'7	Yellowish dent on forehead
6859	Imbo	B	OC	8	3'10	Scar forehead: cheeks scarred: left hand deformed belly tattoed:
6860	Bangay	B	OC	7	3'11	Yellow complexion: left ear cut: face pockmarked wart close right side nose
6865	Yafso	W	MA	39	4'10 1/2	Yellowish: large navel: lump left side
6868	Mannee	W	PA	27	4'10 1/4	Faintly tattoed on body and arms: internal lumps right side: scar outside right leg and above right knee dº left ancle
6872	Attack	W	PA	26	5'1 1/4	Tattoed on body and arms: hollow navel: yellowish complexion: six scars on head: 1 dº front right leg
6875	Cafso	W	PA	29	4'9	Tattoed from pit of stomach to navel: has had five fingers and a thumb: scar under left eye: 2 dº forehead
6884	Bo	W	PA	25	4'11	Dent close right eye inside: belly tattoed: several dents on back: faintly pockmarked: mole upper lip
6887	Ba	W	A	17	4'11 1/4	Tattoed between breasts to navel: large scar left hip: burn left shin
6895	Incacoo	W	MA	36	5'1	Scar left cheek: belly and arms tattoed: caloes of legs dº: 2nd little toes ea foot deformed: scar crown of head
6903	Bora	W	A	14	4'7 1/2	Pockmarked: dent close right eye: 6 marks side ea navel: scar left shoulder

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6906	Moneca	W	MA	36	4'11	Belly tattoed: scar below pit of stomach: cut front right thigh internal lump left side
6912	Bubo	W	MA	42	4'7 1/2	Tattoed on breast & belly: 3 shots into left thigh: inter==nal lump right side
6922	Iumbee	W	A	15	4'11	Pockmarked: scar forehead & each side eyes
6924	Moneea	W	A	16	4'10	Yellow complexion: pockmarked on face very faintly: upper teeth filed
6932	Labee	G	OC	12	4'7 1/2	1 scar forehead: 2 d° right side neck: 1 right side collar bone: burn right wrist: [SCAR] on back lower part
6937	Cramo	G	YC	6	3'10 1/4	Lump all over forehead: belly full of scars: wart near right ear
6940	Ingobananee	G	OC	7	4'1	Small pox face: scar right calf: right knee knocked
6952	Esuma	G	OC	10	4'3 1/2	Tattoed on belly: 1 round scar right side knee: scar left side head: felom left eye
6959	Maneca	G	A	13	4'6 3/4	yellow complexion: scar left side: 3 scars above right ear
6956	Wasae alias Macaco	G	OC	7	3'11 1/2	Deformed little finger right hand: scar over hair
6960	Manga	G	OC	12	4'6	Yellow complexion: dent side hip: d° forehead: cut close right elbow

The Schooner *Diligente* of Spain. Entered in the Register as *Deligente.* Condemned June 24th, 1815. Voyage ID: 7621.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6967	Buyee	M	PA	30	5'3	Yellowish tinge: small scar top of right arm: cut from left armpit
6970	Mawoora	M	A	15	4'11 1/4	Large burn top of left shoulder: left leg and foot very severly burnt causing a deformity in the two left toes
6981	Coma	W	A	18	5'0 1/2	Small dent above hip: small scar back of right knee: yellowish tinge in complexion
6983	Gheshon	W	A	16	4'7 1/2	Scratched side ea eye: piece out out of left ear: 2 rows dents left arm: yellow complexion

The Bergantim *Triunfo Africano* of Portugal. Entered in the Register as the "Brig *Triumpho Africaana*." Condemned June 21st, 1815. Voyage ID: 7527.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6988	Bento	M	YA	24	5'6 1/2	1 Large scar top right shoulder: scar on face: yellow complexion: fulah hair
6989	Joaquim	M	YA	23	5'5	1 scar right side stomach: small pox face: scar ea jaw & all over belly and breast

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
6990	Joze	M	PA	26	5'4 1/2	Scar ea side jaws: 1 dº with lump side small of back: few small pox on face
6993	Francisco	M	PA	28	5'3 1/2	Small pox on face: yellow complexion: scar on forehead
6995	Joze Ram	M	PA	27	5'6 3/4	1 mole near right ear: 1 scar outside left eye: 1 dº on right wrist: deformed third finger left hand, very fine scar all over stomach
7002	Manuel	M	PA	26	5'5	Small pox face, 1 long scar back left elbow: 1 long dº back of left shoulder

The Ship *Dido* of Portugal. Condemned August 25th, 1815. Voyage ID: 7645.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7005	Meena R. Dupot	M	YA	25	5'7	Yellow complexion: black tattoe side ea eye & between eyebrows: scar left cheek: cut top of ea arm
7017	Ela	M	PA	27	5'7	Pockmarked: tattoed on belly: cut small of back: forefinger left hand cut off by 2nd joint
7031	Ato	M	A	14	4'9	Tattoed down belly: 1 scar on breast: & 2 on belly: yellow complexion
7038	Baguay	M	YA	21	5'2 1/2	Yellow complexion: cut over & side of navel: scar left side: dº on neck
7044	Yamshay	M	YA	21	5'2	Yellow complexion: cut inside left elbow: dented on left breast & down left arm: scar close left tit
7046	Ashong	M	YA	22	5'2 1/2	Yellow complexion: faintly cut ea side eye: scar left wrist: 2 small dents left side.
7088	Owan	M	YA	19	5'1 1/2	Small pox on nose: diamond tattoe on belly: faint tattoe on chest: scar top right shoulder blade: scar right knee
7107	Mocco	M	YA	21	5'3	Pockmarked: tattoed on belly: scar on forehead and left side back
7119	Quncom	M	PA	29	5'3	Yellowish complexion: tattoed breast & belly: scar ea shin: large dº left side head: large dº back of left shoulder & left arm
7121	Indee	M	A	14	4'11	Large internal lump right side: scarred behind left knee: large scar right shin
7135	Tombo	M	A	18	5'4 3/4	Yellow complexion: tattoed over navel: scar back of right shoulder: dº left breast
7142	Inyam	M	PA	26	5'3	A long cut & dent on forehead: tattoed on belly: 2 toes lost from left foot
7143	Coomtucca	M	PA	27	5'7	Large tattoe on right & smaller dº on left side belly: cut above right wrist: lost three of last toes from left foot
7148	Kang	M	PA	29	5'3 1/4	Right arm much scarified: long scarified across breast & belly: pockmarked
7152	Sanga	M	PA	28	5'7 1/2	Scar back of left shoulder: cut back of neck: yellowish complexion: scar left wrist
7157	Lockey	M	A	18	5'1 1/2	A tattoe down chest: scraches ea breast: middle and third finger left hand grown together

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7170	Gallee	M	A	15	4'8	Yellow complexion: square of scars ea breast: 2 scars ea side navel: scar over left calf
7172	Manuel	M	YA	25	5'3	Pockmarked: tattoed on forehead: scar below left shoulder
7175	Imobee	M	YA	22	5'6	Yellow complexion: [MARK] right wrist & scar above dº. dº left side back
7180	Dooma	B	OC	12	4'5 3/4	Pockmarked: small scar back left knee: dº inside right leg: dented down left arm
7184	Indam	B	A	13	4'6 1/2	Pockmarked: scar behind left knee: dent small of back
7189	Ewa al. Gongo	B	OC	9	3'11 3/4	Small scar on forehead dº right side belly: yellowish.
7203	Econdoo	B	OC	10	4'2 3/4	Scar side ea eye: scar top right arm: nose pockmarked
7204	Comba	B	OC	12	4'5 1/2	Pockmarked: scar on forehead: dº on back of left shoulder blade: dº ea side left knee
7209	Moingo	B	OC	10	4'2 1/2	Yellowish complexion: scar left knee: dº back of right knee
7221	Sho	B	OC	12	4'5	Scar with crosses on chest: face small pox on about face. 1 scar left side cheek
7224	Ebal	B	OC	11	4'4 3/4	Yellowish: scar right side eyes: long dº on chest
7229	Namsee	B	OC	11	4'3 1/2	Scar with croses on chest: yellowish: dº ea side navel.
7249	Zo Dd Jany	B	OC	7	3'10	Small pock face: scar all over chest & belly: felom left eye
7250	Orra Dd July	B	OC	11	4'1 1/2	Deformed little finger left hand: triangular tattoe on back
7255	Nomsend	W	A	15	4'9 1/4	2 scars on forehead: yellow complexion: scar right arm above elbow: round scar on breast
7266	Entuba	W	A	15	4'6	Pockmarked: tatoed on belly: scar below right calf: cut on forehead:
7272	Tua	W	PA	27	5'1 1/2	Three scars on forehead: chin marked with yaws: belly tattoed cut close right arm pit
7274	Golico	W	YA	25	4'9	Yellowish complexion: 5 cuts side ea eye: body & arms tattoed: dents above ea elbow
7276	Eteck	W	A	14	4'11 1/2	Yellow complexion: tattoed on forehead: side ea eye: dº down breast & belly: scar each shin
7279	Dequoo	W	A	15	4'8	Yellowish complexion: tattoed on face: hollow navel: scar right shoulder: cut left cheek
7291	Mondoona	W	YA	24	4'11	Yellowish complexion: tattoed about navel: scar top of right arms: tattoed small of back
7296	Soomba Dd July	W	YA	19	5'0	Tattoed from ears to eyes: black spots the apperance of burn under left breast
7305	Lamb	G	OC	12	4'3 3/4	Scar above left elbow: some faint pockmarks on left cheek: very thick make
7306	Sa	G	A	13	4'6	Mole over right eyebrow: a faint tattoe below left elbow wart over left knee
7316	Mosfam	G	OC	7	3'9	Pockmarked: dent above right wrist: large scar outside right thigh

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7323	Sengay	G	OC	12	4'9 1/2	Squints: small scar ea side right elbow: tattoed top of left elbow: scar top of left thigh tattoed small of back & scar over it
7329	Batowa	G	OC	12	4'7 1/2	Yellow complexion: 2 tattoes down belly: foulah hair: scar over left ancle

The Paquete *Intrepida (a) Intrépida* of Spain. Entered into the Register as "Brig *Entrepida*." Condemned August 8th, 1815. Voyage ID: 7514.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7333	Ongwoon Army	M	YA	20	5'4	Yellow complexion: dent side left eye: tattoed above navel: scar on knees
7338	Aquaydeca	M	YA	24	5'7 1/2	Tatoed from chest to navel: 3rd & 4th toes of each foot deformed
7343	Onongaha	M	YA	19	5'0	Yellowish: deep cut forehead: scar on nose & on chin: scar on belly & tattoed on do: scar top of left shoulder
7346	Obong	M	PA	32	5'6	Yellow complexion: forehead scalped: scar top of left shoulder
7347	Erayboo	M	YA	25	5'5 1/2	Forehead scalped: tattoed from breast down belly: tattoed small of back: long cut left shoulder
7348	Wafowoodoo	M	YA	24	5'3 1/2	Tattoe down forehead & from ears to eyes & down side of eyes: [MARK] on belly: yellow complexion: scar below right elbow
7349	Obong	M	A	16	4'10 1/2	Scar left side head & front left ear: scar below right breast: yellowish
7352	Acbum	M	YA	20	5'3	Yellow: 3 black tattoes between eyebrows: 4 do under ea eye: scarred side eyes: belly tattoed
7355	Acamba	M	PA	26	5'2	Yellow complexion: forehead & side eyes tattoed: 2 scars left side
7359	Gnanga	M	YA	21	5'6	4 cuts each side eye: forehead cut: has had 5 fingers and a thumb each hand: scarred eight breast: scar top of left do
7368	Afsa Nusan	M	PA	29	5'2 1/2	Yellow complexion: large scar right breast: do below do large navel
7369	Actim	M	YA	20	5'2 1/2	Scarred side ea eye: skin of right arm whitened as if burnt: small scar left side: do below right knee
7376	Orra	M	YA	20	5'2	Yellowish: scarried side each eye: scar right eyebrow: dent left elbow
7382	Emmay	M	PA	34	5'6	Yellow complexion: 1 cut on right cheek: scar right knee
7386	Opabee	M	YA	24	4'11	[MARK] down belly: little finger deformed: scarred side ea eye
7387	Orro	M	MA	36	5'6 3/4	Tattoed from ear to ear: fourfinger left hand cut off from first joint: tattoed ea side: cut upper lip large navel

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7394	Orro	M	YA	24	5'2 1/2	Scarred front of ea ear: fourfinger right hand disformed scar behind each ear
7399	Acandem	M	YA	25	5'3	3 fingers of right hand bend inwards: 2 short scar above left elbow: 1 long dº top of left shoulder
7408	Apyong	M	MA	40	5'6	Cut over right eyebrow: scar above left wrist: pitted on face: scar top right foot
7413	Acayuma	M	A	18	5'2 1/4	Tattoes from armpit to tomach: dº on belly: scarred right side neck: fingers deformed
7430	Ofum	M	PA	27	5'7	Yellow complexion: tattoed from ear to eye & down nose: dº on belly
7440	Asatoo	M	PA	26	5'9 1/2	Tattoe ea side under ea eye & down each cheek: yellow complexion
7445	Ajeagwa	M	YA	25	5'2 1/2	Yellowish: a tattoe from chest to navel: large scar above right ancle outside.
7449	Defuring	B	OC	11	4'5	Dent forehead: several dº on belly: 4th toe left foot off
7459	Parra	B	OC	12	4'7 1/2	Yellowish: 5 black cut side each eye: small scar front left ear: dº right groin: dº right side head
7464	Amaray	B	OC	10	4'0	Yellow complexion: scar ea side eye
7472	Orro	B	OC	12	4'1 1/2	Large head: 1 large scar inside right arm: right wrist burnt all over
7486	Makeckay	B	OC	9	4'2 3/4	White mark betwixt right forefinger & thumb: yaws over most part of body
7489	Orom	W	A	18	4'10 1/2	Yellow: curious tattoe from of a steple on chest to belly: tattoes with lumps from wrist left hand to near elbow
7491	Odoo	W	A	15	4'9 1/2	Wart left side left eye: scar near left breast: yellowish
7494	Ochea	W	A	16	4'6 1/2	Double head: tattoe with across from chest to navel: scar inside right elbow: dº lower down: dº left dº
7505	Ecachoo	W	A	14	4'9 3/4	Lump all over belly: wart under right elbow: scar right dº. dº above left dº

Register 1815-1816

The Paquete *Intrepida (a) Intrépida* of Spain. Entered into the Register as the "Brig *Entrepida* Continued July 1st, 1815 Condemned 8th Augt, 1815." Condemned August 8th, 1815. Voyage ID: 7514.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7508	Efamanachee	W	A	15	4'10	Scars right: 1 dº left cheek: 1 wart back of left hand
7522	Omana	W	PA	30	5'0 3/4	Scars ea side eye: 1 lump right jaw bone: scars inside left shoulder

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7538	Ababa	W	PA	34	4'4 1/4	Tattoed down chest and belly: yellow: small scars back left shoulder: long cut across right shoulder blade
7543	Gonday	W	PA	34	4'11	Pockmarked: cut under left jaw dented down left arm: scar back of right shoulder
7556	Wooroo	G	OC	9	4'1 1/2	Yellow complexion: 1 scar behind left ear: very faint scars ea side eye
7570	Incacha	G	OC	8	3'11	3 scars front each ear: small pox nose: right elbow scarred: scar above right knee
7576	Tooga	G	A	13	4'8	Yellow complexion ea elbow scarred: 1 large dº back left ancle bone: each knees scarred

The Schooner *Carmen* of Spain. Entered into the Register as "Schooner *Carmin* July 24th 1815." Condemned August 8th, 1815. Voyage ID: 7513.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7597	Izzewacca	M	PA	32	5'0	Scalped on forehead: scar below left knee: navel cut off
7603	Goccoo	M	PA	28	5'4	Pockmarked: small scar left breast: scarred side of each eye: yellow complexion:
7610	Opan	M	A	18	5'3 3/4	3rd & 4th finger of right hand & 4th finger of left hand bent inwards: small scar below left elbow: faintly scarred side of each eye
7612	Abafsee	M	YA	25	5'5 3/4	Scalped: a tattoo ea cheek & from ears to mouth: tattoed under eyes
7615	Imbay	M	A	17	4'9	Pockmarked: 3 cuts side of ea eye: dent left wrist
7623	Imbay	M	A	18	4'10	Long cut above left elbow: burn left elbow: scar right shin
7628	Syong	M	A	14	4'10 1/2	Yellow complexion: cut ea eye: scars front right thigh
7629	Ifsam	M	YA	19	5.1	Faintly cut ea side eye: 2 cuts top right shoulder: thumb right hand deformed
7639	Effia	B	OC	9	4'2	Yellow tinge in complexion: mole on forehead: very large scar small of back
7644	A{.....}	B	OC	8	4'0	Pockmarked: small scar outside left thigh
7651	Henry	B	OC	8	4'3	Large scar calf left leg: yellow complexion
7653	Awoorana	W	PA	26	5'1	Scar on tattoe forehead: tattoe down forehead large lump right side eye: tattoes three rows from ea side eyes to ear, yellow complexion
7659	U{.....}	W	YA	20	5'0	Tattoes from each ear: dº under eyes: wart left side mouth: plenty of scars on back
7680	Uva	W	YA	24	4'9	Yellow: black tattoed on forehead & side ea eye: neatly tattoed on belly: scar above right wrist: tattoed across back
7681	Mwa	W	A	17	4'6 1/2	Face much cut and flogged: scar left breast dº below left breast
7692	Beckay	G	OC	10	4'5	Yellow complexion: cut front of each ear: small scar above left elbow

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7695	Muaal Jengana	G	OC	8	4'2 1/2	Lips marked with yaws scar back of left hand large navel
7696	Ujaoo	G	OC	9	4'4	Yellow complexion tattoe along left am: scar left side of neck

Seized at Goree & Senegal May 15th 1815 Condemned. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7698	Jam Ba	M	PA	27	5'4 3/4	Yellowish complexion: scar small of back & right shoulder and much right arm

The Brigantim *Boa Sorte* of Portugal. Entered into the Register as "Schooner *Bon Sorte* Condemned 1st Augt. 1815." Condemned August 1st, 1815. Voyage ID: 7637.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7704	Otee	M	YA	21	5'1 1/2	Yellow complexion: 1 tattoe down forehead & nose: 3 do down breast & belly
7708	Eggome	M	OC	10	5'0 1/2	Rather yellow: a tattoe down to navel: scar left side belly: do below left elbow
7719	Manuel Antonie	M	YA	24	[No Entry]	Yellowish complexion: a cut between eyes & another between eyebrows: top of nose flat
7721	Joaquim	M	PA	30	5'6	Pockmarked & cut ea side face: 5 broad scars from breast down belly
7728	Eya	W	A	18	4'11	Scarred (round) down ea arm: 2 little toes of ea foot grown together
7732	Nayboo	W	PA	28	5'5 1/2	Yellowish: tattoed across forehead: a tattoe down forehead & each cheek: scar right wrist
7736	Inquamma Abocco	W	YA	24	5'4	Tattoed over eyebrows: do across forehead: a tattoo down forehead: yellowish
7739	Candim	G	A	13	4'6	Yellowish: Belly tattoed: scar below left calf
7741	Egbo	G	OC	12	4'7 3/4	Yellowish: scarred side of ea eye: small scar below right calf
7748	Cam Ga	G	A	13	4'10	Pockmarked: small scar on forehead: 2 scars below left knee
7749	Orrea	G	A	13	4'10 1/2	Yellowish: large navel: large scar left shin
7750	Acoomba	G	OC	12	4'8 1/2	Yellow complexion: 3 cuts side ea eye: small scar left eyebrow: do back of left hand
7752	Inquaymee	G	OC	10	4'5	Tattoed faintly breast & belly: yellowish

The Schooner *Estrela* of Portugal. Entered into the Register as "Schooner *Estrilla*." Condemned August 19th,1815. Voyage ID: 7516.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7767	Aqin	M	YA	24	5'4	Four cuts side ea eye: scarred on breasts: yellow complexion: 3 cuts close ea ear

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7770	Apabee	M	PA	30	5'5 1/2	Yellowish complexion: tattoed across forehead between eyes & side of ea eye: white right hand
7772	Isochee	M	PA	28	5'7	Yellowish complexion: tattoed down forehead & ancle, ea eye & under ea eye: dº down breasts & elbow
7775	Isca	M	YA	25	5'7	Forehead scalped: tattoed from below ea eye to ea jaw: scar on cheek
7776	Ehoquay	W	YA	24	5'0 1/2	Yellowish: tattoed down breast & belly [TATTOO] tattoed thus on forehead: tattoes side ea eye & under eyes
7778	Goobo	W	YA	24	5'1 3/4	Yellowish: faint tattoe down forehead & nose: hollow navel: scar small of back: & right elbow
7779	Nuwool	W	YA	19	4'4	Yellowish: 2 cuts side left eye: dent inside right eyes: dº scar behind right armpit: tattoed small of back
7797	Itchaquufsy	G	OC	8	4'1 1/4	Yellowish complexion: small scar right knee: dº inside dº

The Brigantine *San Joaquin* of Spain. Entered into the Register as "Brig *San Joaquim* Con'd 17 Septr. 1815." Condemned September 17th, 1815. Voyage ID: 7522.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7814	Naboy	B	OC	8	4'2 1/2	Yellow complexion: round mark front right thigh
7815	Manee	B	OC	9	4'2 1/2	Kroomark down forehead & nose: very large burn below right elbow to wrist
7826	Dua	W	MA	40	4'10 1/4	Face much tattoed: left side belly tattoed: large cut across belly below navel: Mother of Tigba Nº 7836
7829	Mora	W	MA	45	5'0 1/2	Tattoes on forehead over eyebrows down ea cheek: 1 scar left knee: great toe left foot cut off first joint: tattoes between breasts
7834	Tannee	G	YC	6	3'7 3/4	[MARK] on forehead: round scar below right elbow: yellowish
7835	Bie	G	YC	6	3'6 3/4	{.....} forehead: yellow complexion
7837	Tannee	G	OC	7	3'9 3/4	Three tattoes down forehead: 1dº from right ear to eye yellowish complexion
7842	Tittee	G	OC	8	4'1	Tattoes on forehead: 1 scar inside left arm: {.....} dent in: yellow complexion

Seized at the Bananas and at the Settlements of Goree & Senegal 1815. Oct. 28. 1815. Condemned November 9th, 1815. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7851	Poha	B	OC	11	4'8 1/2	Scar right side right knee: dº on right hip: large sore behind left calf
7852	Joe	B	OC	9	4'2	Large navel: scar on right eyebrows: yaws on rump & legs
7853	Joe	B	OC	11	4'5 3/4	Burn on right breast: scar inside right arm: dº and lump right side

Seized at Manai &c Condemned Dec 5th,, 1815. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7864	Era	M	A	14	5'0 1/2	Scar on forehead: wart upper lip small dº left side mouth: scar inside right arm: 1 dº on left breast: large scar right elbow: 1 dº left side back
7871	Peggy	G	A	13	4'8 1/2	Small pox face: yellow complexion: large cut on left shin left side: scar back right knee

The Schooner *Rosa* of Spain. Condemned February 3rd, 1816. Voyage ID: 7562.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7879	Garawuai	M	YA	23	5'4 1/2	Lower part left ear slit, wart inside little finger right hand: tattoed right arm: purrah each side back
7883	Guruwa	M	PA	26	5'6 3/4	Scar under left breast: faintly pitted with small pox purrah on back
7885	Napanay	M	A	14	4'10 1/2	Lump left side: pitted with small pox: scar left side belly
7889	Booya	M	PA	28	5'3 1/4	Yellowish: fine scars on belly to pit of stomach: tattoe on forehead
7891	Fabarree	M	YA	22	5'3 1/2	Wart left side nose: black tattoe left arm
7894	Bearay	M	YA	20	5'3	Scar with lump on right shoulder: purrah on back: stutter'd
7899	Benda Boru	M	PA	30	5'4	Yellow complexion: wart left side nose: large scar left shoulder blade: purrah from back to ea side belly
7900	Yamba	M	PA	30	5'4 1/2	Yellow complexion: 1 broad scar right side belly: kroo mark forehead: purrah from back to ea side belly
7904	Panday	M	YA	19	5'3	Purrah on back: scar front left shin: left leg smaller than right one
7905	Mamoodoo	M	YA	22	5'1 3/4	Scars from breasts to back: small pox on face: 1 scar right side back
7913	Joe	M	PA	27	5'3 3/4	Faint scar between eyebrow: large scar on right thigh: burn inside right arm: scar right elbow: 1 dº right side back
7918	Panday	M	PA	30	5'5 3/4	Lump from breast to under shoulder: rump dent right cheek: wart left side mouth
7921	Gora	M	YA	19	5'2 3/4	Scar back right elbow: 1 dº inside arm above wrist: large navel: scar under chin: bow legged
7931	Jenomba	M	PA	35	5'5	Kroo marks forehead: dº down ea cheek: purrah on back: faint scars on belly: yellow complexion
~~**7945**~~ **7947**	Whyewoe	M	A	18	5'0	Face yellowish: large burn below left breast: 5 dents below down left arm: scar inside left eye
7951	Kabungai	M	PA	32	5'2 1/2	Small scars right hip: dº right shin: yellowish
7960	Jane	M	YA	25	5'1 1/2	Pockmarked: forefinger right arm about half size of others: scar inside right knee

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
7961	Koonga	M	PA	34	5'3 1/4	Scar on chest. pockmarked: very large scar back of right thigh
7965	Bomboo	M	PA	32	5'1 1/2	Scar ea side hollow of back: nose pockmarked
7969	Jahondoo	M	PA	27	5'1 1/2	Kings evil left side: scar above left elbow: purrahed back & left arm
7974	Lonberry	M	YA	22	5'0 1/2	Large toe of ea foot double & 5 others toes beside has had five fingers and thumb
7975	Carawoney	M	PA	35	5'8	Pockmarked: large scar between shoulders
7976	Pamna	M	MA	40	5'5 1/2	Yellowish tinge: scar close elbow: purrahed from back to armpits: cut on left forefinger
7978	Jimiia	M	MA	40	5'5 1/2	Little toes cut off left foot: scar top of chest
7980	Nacoi	M	A	17	5'1	Scar right shin: 2 dº left calf: fingers bent
7988	Iefsy B.A.C.	B	OC	10	4'2 1/2	Yellow complexion: 2 scars small of back: 1 joint dº left side bridge of nose
7990	Bearay	B	OC	12	4'9	1 faint scar under right nostril: 1 dº back left calf: dº left knee: 1 dº left side belly: pitted with small pox
7992	Wowoe	B	OC	12	4'7 1/2	Scar right side right breast: dº inside under elbow: 1 dº back left elbow: double head
7993	Ta	B	A	13	4'10	Yellow complexion: large navel: lump under right cheek: scar front left ear
8004	Tamba	B	A	13	5'0	2 scars right side right eye: dº right side under lip: 1 large round wart left shoulder blade
8006	Tefsy	B	OC	10	4'1 1/2	2 warts back right hand: faint long scars across forehead: scar above left knee
8015	Balla RD	B	OC	11	4'5 3/4	Yellowish: scar inside left knee: small dº right wrist
8019	Nacoi RD	B	OC	10	4'5	Yellowish complexion: small dent outside right hip: scar inside left leg
8021	Kangree	B	OC	10	4'3 1/2	Yellow complexion: long cut above left elbow: 2 scars back right thigh
~~**8020**~~ **8022**	Tamba	B	OC	9	4'3 1/2	Yellowish: small cut on right eyebrows & side right eye
8023	Sara	B	OC	10	4'4	Pockmarked: cut right eyebrow
8025	Saree	B	OC	10	4'5 1/2	Pockmarked: scar left elbow: dº back of left thigh
8028	Cogee	B	OC	11	4'6 1/2	Yellowish: scar small of back: dº left hip
8039	Kai RD	B	OC	11	4'4 1/2	Yellowish: scars outside right knee: scar inside left thigh
8049	Sando	B	YC	6	3'11	Scar right breast: dº right knee: yellowish complexion
8052	Indoree	B	OC	11	4'3	Yellowish: small scar outside left hip: dº back of each thigh
8057	Bondoa	B	OC	10	4'5	Cut on forehead: yellow complexion: wart ea side belly
8061	Toura Dd. 4 July	B	OC	9	4'2	Large scar ea shin: small dº below left elbow yellowish
8066	Zena	B	OC	10	4'4	Yellowish: many small dents on chest: 3 marks above left elbow: scar outside right leg

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8067	Tamba	B	OC	9	4'3	Yellowish complexion: scar between shoulders: dº below left shoulder: dº rump
8069	Badungee	B	OC	9	4'2	Scar below pit of stomach: dº left shin: pockmarked
8077	Kai	B	OC	11	4'6	Yellowish: small scar on belly large dº left knee
8078	Kutama	B	OC	10	4'4	Nose pockmarked: 5 dents below left elbow: Small scar over outside & under left elbow: Smalls car over outside & under left hip
8080	Gunquoi	B	OC	9	4'3	Scar right elbow: yellowsih complexion: small scar & 2 left side of back
8088	Guauga	W	PA	26	5'4	Yellow complexion: scar back left shoulder
8098	Tafua	W	YA	21	5'2	Black spots above ea breast: black tattoes ea arm: very faint tattoes on back: yellow skin
8103	Mapra	W	A	14	4'9 1/2	Yellow complexion: black tattoes on ea arm tattoes above navel: dº on back. Married to Yarra Nº 5{...}
~~**8105**~~ **8107**	Farro	W	YA	21	5'2	Yellow complexion: scar back right leg: dº back right knee
8116	Angufay	G	OC	9	4'4	Yellowish: scar right knee
8118	Sando	G	OC	10	4'3 1/2	Yellowish: scar right elbow: 3 small scars back of right thigh & 1 back of left thigh
8121	Canya	G	OC	9	4'8 3/4	Dent left cheek: very large burn between shoulders
8126	Maietay	G	A	13	4'7 1/2	Hollow navel: bandy legs: scar over right ancle
~~**8145**~~ **8147**	Ninga	G	OC	10	4'2 1/2	Yellow: prominent navel: large features

From the Expedition to the Rio Pongas taken in the Schr Puan March 2nd 1816. Condemned March 12th, 1816. Voyage ID not applicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8149	Mamadee	M	PA	35	5'10 1/4	Yellowish: tatoed across forehead: dent between tattoes: right ear slit: flat scar left side belly
8151	Yamacallee	M	YA	20	5'5 1/2	Four small pox face: scar pit of stomach: dº inside right arm pit: purrah from breast to back shoulder
8153	Samenee	M	PA	30	5'5 1/4	Lump on stomach: wart side left eye: lump front right arm: scar inside right calf
8158	Bella	M	MA	36	5'4 3/4	Small pox face: yellow tinge: 2 scars middle of back: 1 dº left side dº
8161	Fooday	M	PA	31	5'6 1/2	2 long scars from stomach to belly: 3 dº ea side face: 3 pitted thighs small pox: deep scar left shoulder: large: dº on right hip: bum left instep
8165	Fooday	M	MA	37	5'7 3/4	Scars left elbow: 1 dº above right breast: yellow complexion: black tattoes ea side face: scars all around neck

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8167	Farra	M	OA	50	5'5 1/2	Large holes ea ear: knees scarred: each elbow scarred: deformed little toes
8170	Tom	M	YA	20	5'4 1/2	Scars right side belly: small pox face: white behind each elbow
8177	Yarra	M	YA	24	5'6 3/4	Scar above navel: few small pox on face: cheek tattoes inside right arm: round scars left arm
8180	Kakellee	M	A	18	5'0	Yellowish: scar left cheek: scar right elbow
8182	Sarra	B	OC	11	4'3 1/2	Scar right side forehead: red lumps front right ear: round scars left arm above wrist: knee scarred
8183	Bangoo	B	A	13	4'6	Yellowish: small pox on face: scar right elbow 1 dº right shoulder blade
8187	Coomba	W	PA	28	5'4 1/2	Small pox face with a long scars ea side {.....} scars each back large {.....} right {.....}
8188	Jaana	W	PA	28	5'2 1/2	Large scar on stomach: dº left side {.....} & several on back: spitted with smallpox
8189	{.....}nette	W	A	18	5'0	Small pox face: large scar on right breast & on right elbow: dº on shoulder & top of dº

The Goleta *Eugenia* of Spain. Entered into the Register as "From the Expedition to the Rio Pongas Seized in the Schooner *Eugenia* March 2nd 1816 Condemned 12 March 1816." Voyage ID: 7565.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8199	Maleghee la Food	M	PA	27	5'10 1/2	3 scars left side belly deformed thumb & two second fingers
8200	Tamba	M	PA	28	5'5 1/2	Small pox face: tattoes ea side belly: 4 scars on belly: right wrist broke: scar on wrist: large scar with lump right side
8203	Tahae	M	PA	34	5'7 1/2	Scars between breasts to pit of stomach: yellow tinge: small pox face: scars above navel: deep scar right shoulder blade: 2 dº left ~~side~~ dº top dº
8204	Tomaney	M	OA	55	5'6	Spitted with small pox on ~~face~~ nose: scar inside right elbow: scar back of left arm
8205	Yerra	M	PA	29	5'4 1/2	Two round scars above left wrist: 1 dº front left elbow: face pockmarked: shins scarred
8209	{.....}	M	U	{....}	{...}	{.....} left arm {.....} right breast pox marks on face {.....} right hand
8210	Samba	M	A	17	5'1 1/2	Yellowish: small pox on face: scar {.....} left eye
8215	Balla	B	OC	10	4'5 3/4	Yellowish: 2 scars left elbow: 1 dº ea elbow scar back of neck
8223	Tata	W	MA	45	4'10	Cheeks long & black scars: yellowish: scars inside right arm above elbow
8224	Sora	W	PA	28	4'9 1/2	3 long scars ea side cheeks: small pox face: scars front left arm above elbow
8226	Lanah	W	YA	20	5'2	Black mole upper lip: 4 long scars ea side cheek: yellowish

The Brig *Dos Hermanos* of unknown origin. Entered into the Register as "Brig *Los Dos Hermanoes*." Condemned May 8th, 1816. Voyage ID: 7587.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8237	Baram Chaw	M	YA	23	5'6	Scar on forehead & under right eye: pitted with small pox
8251	Samba Son	M	PA	35	5'5	Scar left side: pitted with small pox
8262	Jane Doff	B	OC	8	3'10 1/2	Scar on right arm: large dº on right side: pitted with small pox
8270	Fenda ba	W	MA	45	5'1	Tattoed above navel: yellowish tinge: scar right shoulder
8271	Coomba Jai	W	YA	20	5'3	Scar under left ear: dº above right elbow: pitted with small pox
8274	Bigun Boy	W	PA	30	5'3 1/2	Pitted with small pox: scar on stomach:
8275	Debo Sain	W	PA	26	4'10 1/2	Pitted with small pox. Large cut left calf
8290	Tenna	W	PA	35	5'2	Yellow tinge: scar middle of back: 1 dº top of wrist
8291	Hawa Gai	W	YA	24	5'2	Pitted with small pox: scar right calf
8294	Ponda Janay	W	YA	25	5'1 1/2	Yellowish: scar top right shoulder
8296	Karimata Jai	W	MA	40	5'6 1/4	Large burn left elbow: scar between breasts
8301	Magin Gam	G	OC	10	4'2	Pitted with small pox: scar left side
8302	Coday	G	OC	10	4'0 1/2	Pitted with small pox
8305	Camma	G	OC	10	4'2	Foulah hair: yellow tinge
8311	Boday	G	OC	8	3'7 1/2	Scar top of right elbow & pitted with smallpox
8312	Sally	G	OC	7	5'0 1/2	Yellowish complexion: pitted with small pox

The Schooner *Nueva Amable* of Spain. Condemned May 13th, 1816. Voyage ID: 7588.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8324	Hwargee	M	A	18	5'4	Yellow complexion: tattoed from neck to navel: scar on right side mark on right shoulder: mark on ea cheek: scar right side belly: dº on left side neck: dº back right knee
8390	Ajuma	M	YA	21	5'2	Scar over face: lump on nose: scorpion mark left side belly
8424	Ocparra	M	MA	37	5'5	Scars all over face: hole left side eye: 2 scars on left shoulder
8444	Oholona	M	YA	20	[No Entry]	Tattoed above navel: scorpion mark left side. scar above left eye
8445	Ocazee	M	YA	20	5'2 1/2	Tattoed on belly: scorpion mark left side: scar left shin: dº left knee
8513	Ocorree	B	A	13	4'3	Yellow complexion: several cuts on forehead: 2 scars left calf: ditto right side of ear

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
8533	Macca	W	YA	25	4'9	Yellow complexion: tattooed from under navel to thigh: scar above left eye: faint dº on right eyebrow
8551	Nammgo go	W	PA	26	4'11	Yellow complexion: [MARK] this mark round navel: 3 black marks between eyebrows: 3 scars side of eyes
8559	{...}	W	PA	27	5/10 1/2	Small tattoo deformed {...}
8563	Maqua	W	YA	19	4'5	Pitted with small pock on nose: scar on forehead: dº on shoulder
8565	Analuama	W	YA	20	4'6	Yellow complexion: scar on left shoulder: dº right side of back
8575	{.....}	W	PA	30	{....}	Pitted over belly: scars over mouth: tattoed on back dº back of neck
8621	Oguama	W	A	14	4'7	Three cuts between eyebrows: dº each side eyes: yellow complexion
8655	Oleaddee	G	OC	11	4'2	Burn on nose: tattoed on belly: dº round navel: scar side right calf: 2 dº back right side neck.
8680	Emborvee	G	A	13	4'1	Faint tattoed on belly: burnt on left side: 4 cuts across forehead: dº ea side eyes: faint dº on back
8682	Awagee	G	A	13	4'6	Several cuts on ea side ears: scars back left elbow: dº on breast: wart left arm
8684	Aduapa	G	OC	12	4'4	Spitted with smallpox: scar right knee.
8695	Omo App	G	OC	8	3'10	Yellowish: black tattoes from under neck to navel: scars ea side eyes
8696	Ama	G	OC	12	4'3	Scars above right eye: wart above right breast: several warts on ea wrist
8700	Cameya	G	OC	7	3'11	Yellowish: scar ea side eyes & on forehead

The Bergantim *S Antônio Milagroso* of Portugal. Entered into the Register as "Brig *Saint Antonio* April 1816." Condemned May 13th, 1816. Voyage ID: 7590.

Name	Number	Sex	Skeletal Age	Register Age	Stature	Description
8706	Iuncundo	M	A	18	5'9 1/2	Copper coloured complexion: scar on small of the breast
8707	Fon	M	YA	19	5'8 1/2	Lightly pitted with small pox: scar on left thigh: dº above knee: several dº front left leg
8768	Adam Indefen	M	PA	26	5'5	Yellowish: 2 faint scars above left breast: 1 dº pit of stomach: 1 round dº front left thigh. 1 dº right arm
8773	Popa	M	PA	27	5'4	Large scar under right breast: dº above breast pockmarked to navel: large scar above left breast & above left elbow
8781	Ingang	M	PA	30	5'5	Scars between breasts: pitted with small pox of face: scars front right shoulder
8789	Banga	M	PA	26	5'5 3/4	Scar from breast to breast: dº about belly: spitted with small pox on face: scar left shoulder

Name	Number	Sex	Skeletal Age	Register Age	Stature	Description
8790	Tabacong	M	YA	24	5'5 1/2	Tattoed above navel: wart right side right nose: tattoed ea side bottom of back.
8793	Jndem	M	A	18	4'11 1/2	Scar on forehead: yellowish large navel: scar lower part of back
8796	Nshna	M	YA	23	5'0 1/2	Diamond tattoe above navel: scars & a wart behind neck
8799	Ewan	M	YA	25	5'2 1/4	Diamond tattoe above navel: cut on right side upper lip: large flat burn right shoulder blade
8806	Ayang	M	YA	23	4'10 1/4	Small pox face: scars above left eyes: thumb left hand deformed
8809	Baree	M	PA	32	5'4	Scars on belly & above navel: small pox face: lump on right knee
8814	Apoma	M	YA	21	5'2	Lumps from right wrist to back neck to left shoulder: small pox face: 2 tattoes left side navel & 1 above rather right side navel
8820	Mang'fanga	M	PA	34	5'5	Tattoes above navel: scar on right eyebrow: wart below left eyebrow: scar right side of nose
8830	Tetaneo	M	PA	35	5'5	[MARK] ea breast: with tattoes down to ea side navel: smallpox face
8832	Ingol	M	PA	33	5'2	Spitted with small pox: lumps above breast: 1 dº front right shoulder: scars from pit of stomach to navel
8837	Yums	M	YA	23	5'2	Scar above right eyebrow: 5 dº above right breast: tattoes on right shoulder: 2 double toes ea foot
8840	Esama	M	YA	19	4'10 1/2	Marked above right breast: wart & scar back right elbow: flat scar left side: scar left arm:
8843	Indooca	M	PA	29	5'2 3/4	Large lumps right shoulder: lumps & tattoes ea breast: round lumps above elbow left arm: yellowish:
8845	Batto	M	PA	30	5'1 1/2	2 scars forehead: 1 dº under left eye. burnt back of left hand
8846	Casee	M	A	16	4'10 1/2	5 scars ea side eye scars front ea ear: dº left cheek: small pox face
8847	Duwart	M	PA	26	5'7	Small pox face: scars ea side face: faint scars between breast: large scar left shin: 1 dº under knee
8848	Tomai	M	PA	27	5'4	Small pox face scar ea cheek: scar {.....} right breast {.....} left breast: small dº between breasts
8851	Leas	M	PA	33	5'5 1/2	Spitted with small poc on face: four scars ea side face: long scar between eyebrows rather on right eye brow
8855	Antonia Phillih Married Unja Nº. 53 Woman	M	PA	35	5'4	Yellowish: mark above right breast
8862	Joze	M	YA	24	5'5 1/2	Spitted with small pox: 2 long scars left cheek & breast dº right cheek: 1 long faint scars on stomach to navel
8864	Phellifla	M	MA	40	5'2 1/4	2 short scars ea side mouth: scars dº side eyes: yellowish

Name	Number	Sex	Skeletal Age	Register Age	Stature	Description
8900	Langua	M	A	14	4'5	Spitted with smallpox over face scar on ea knee and left eyebrow
8917	Syany D[d] 2nd June	M	U	{...}	5'3 1/2	Scar on right shoulder near d[o] on left knee d[o] above left knee d[o] above left knee Pit above navel
8918	Dunga	M	YA	24	5'2	Pockmarked on left shoulder in from of Apaulet. Pitted with round spots on right and left breast
8919	Tuba	M	YA	20	5'2	[BRAND] above breast. wart above center of breast scars on right side of face above lip [MARK] on back of left shoulder, 2 d[o] on small of the back:
8920	Fottee	M	PA	27	5'3	Tattoed from navel to shoulder deep gash on left d[o] on band of left arm
8921	Affow	M	A	18	5'11	[BRAND] above navel spitted small pox on nose scar on left arm, d[o] on middle of back
8929	Poma	M	PA	28	5'2 2/4	Large scar {...} tattoed on belly, spitted face breast tattooe d[o] left shoulder small d[o] right
8930	Khamr	M	PA	28	5'4	Tattoed on breast & belly lost left eye
8940	Esaw	M	YA	20	4'1 1/2	Tattoed on right side faint d[o] on belly the fourth toe on the right foot half lost
8941	Banja	M	PA	29	5'7 3/4	Faint tattoed on belly large scar on left side d[o] on left shoulder, spitted with small pox
8949	Comba	M	PA	29	5 3/4	Squint eyed tattoed on belly
8967	Indefon	M	YA	23	5'0	pitted with small pox: scar inside of right leg. much tattoed round belly
8971	Jasohh Insomgo	B	A	13	4'8 1/2	Yellow complexion. full of yaws
8979	Louis Chammo	B	A	13	4'6	Yellowish: navel dent arm spitted with small pox: flat nose: scar above left eye
8984	Poma	B	OC	10	3'9 3/4	Yellowish: scars near left breast d[o] right should{..} burn right elbow: scars shoulder blades:
8989	Inquay	B	OC	11	4'3	Deformed face: scars under right knee
8995	Usay	B	OC	11	4'4	Yellowish: scar left side stomach: d[o] ea side back: faint d[o] pit of stomach scars left elbow: d[o] left side
8997	Pang	B	OC	9	4'3	Spitted with small pox: scar under right eye: scarred shoulder blade d[o] left arm & top left shoulder
8999	Ingo	B	OC	8	4'	Large head: wart left cheek: scar left hip 3 d[o] under left breast
9002	Belong	B	OC	9	4'	Scar left side head: yellow complexion scar on left arm 1 d[o] left side back
9015	Ebua	B	A	13	4'2	M&C above right breast, breast bone stick out. scar on left wrist faint scar on right elbow faint d[o] top of right foot
9020	Charlotte Tuba	W	YA	20	4'10	Diamond scar bottom of back: round scar between breast. yellowish complexion: several scars right side belly

Name	Number	Sex	Skeletal Age	Register Age	Stature	Description
9032	Rachel Mangaa	W	YA	25	4'11 3/4	Diamond tattoes on belly spited with small pox on nose: fine scar each side eye scar left wrist dº back right shoulder
9044	Bode	W	A	18	5'	Burnt on right shoulder scar on back: & on front left arm
9045	Mumpale	W	A	15	4'10	Burnt on front right arm close to shoulder scar on side right eye. 3 scars on back
9056	Argo	W	PA	28	5'2	Mark from forehead to tip of nose: dº from neck to navel. round scar on left side. burnt above right breast
9074	Wangsa	W	YA	25	4'9	Tattoed on belly. left leg been broke, shoulder tattoed & arm
9108	Ibo	W	A	18	4'10	Pox mark on nose scar on left leg
9111	Molay	W	A	14	4'10	Pitted with smallpox. Tattoed on belly. scar on left cheek & left side nose
9124	Mary Yonterr	G	OC	9	4'1	Few pock marks about face. scar small of back dº back of right shoulder blade:
9125	Fanny Tetay	G	OC	12	4'5 1/2	M&C above right breast. pitted with small pox scar on left ear
9139	Intuba	G	OC	10	4'2 1/2	Pitted with small pox on nose. M&C on right breast
9145	Ingoe	G	OC	8	3'8	Head one sided. Warts on foot
9153	Tacorree	G	A	13	4'11 1/4	Yellowish. pox marked. scar left side of nose and cheek. 1dº on chin Tattoed on belly & pit of stomach:
9158	Jaqua	G	OC	9	4'0 1/2	Yellowish. faint diamond mark above navel
9160	Ochafs	G	OC	12	{...}	{.....} right eye. pitted with small pox scars & marks of small pox below {.....} shoulder ~~blade~~ to wrist
9161	Elagna	G	OC	11	4'4 1/2	Yellowish. faint cross tattoo above navel scar right wrist
9164	Conta	G	OC	12	4'4 3/4	Scar across nose Yellowish {....} above right wrist dº above right knee:
9173	Injonga	G	OC	7	3'9 1/4	Pitted with small pox scar top of shoulder:
9175	Gobasa	G	OC	7	3'8 3/4	Scar right cheek: pitted with small pox: faint scar right hip
9177	Pongo	G	OC	10	4'3 1/4	Pitted with small pox. scar root of 2nd finger right hand
9178	Esoomba	G	OC	8	3'9	Pitted with small pox, scar top of right shoulder blade
9180	Bang	G	OC	8	3'10 3/4	Pock marked on nose. faint scar side of eyes faint dº above elbow
9192	{.....}	G	OC	8	3'4	Scar under left breast burn right {.....} Yaws on belly above {.....}
9193	Ingo	G	OC	10	4'2	Nose pitted with small pox. large scar outside right posterior
9197	Yim	G	A	13	4'0	Pitted with small pox on nose M&C on left breasts. faint marks side of left ear:

The Brig *Dolores* of Spain. Entered into the Register as "Schooner *Delores* April 1816." Condemned May 13th, 1816. Voyage ID: 7589.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9209	Andero	M	YA	24	5'9	Yellow. Marked in face & forehead. tattoed from ears to bottom of back: scar left arm & shoulder bone: dº on hip:
9252	Ophra	M	YA	22	5'5	Tattoed from ear to mouth: each side cheek and forehead. spotted hands
9258	Adjo	M	A	14	5'2	Tattoed on belly and left arm spotted posterior
9275	Oneganam	M	MA	38	5'6	Alligator mark on each breast. tattoed above navel:
9283	Newoe	M	PA	27	5'2 1/2	Burnt side of jaws. small cuts on nose a lump on right shoulder:
9285	Ongda	M	PA	27	5'5	Yellow large lump outside right foot
9289	Madoweka	M	PA	30	5'3 1/2	Scar all over forehead. tattoed from navel to each breast. Yellow Complexion
9333	Ingang	M	A	14	4'5	Scar on forehead. pitted with small pox M&C above right breast. scar right side navel:
9354	Ochuca	B	OC	12	3'9	Burnt on nose scar on right jaw
9382	Awousa	W	YA	24	5'1	Yellow complexion: 3 tattoes side of {....} large scar on left shin
9383	Abechee	W	PA	28	5'2 1/2	Tattoed from ear to ear & all over belly. yellow complexion
9444	Mafu	G	OC	11	3'11	Yellow complexion: small cut ea side of ears
9446	Oongoo	G	A	13	4'3	Small scar above right eye & left side: first joint little finger left hand cut off
9449	Acom	G	A	13	4'7	5 marks on forehead: 6 dº ea side of eyes: yellow complexion faint scar on back

His Majestys Col: Brig *Princess Charlotte*. Condemned May 13th, 1815. Voyage ID unknown.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9458	Yanay	M	PA	30	5'6 3/4	Pitted with small pox black tattoe bridge of nose. long & large scar intermixed with tattoe on left elbow tattoed back of neck
9459	Tom	M	YA	20	5'8	Large navel: several scars on shins: burn on right calf
9469	Bro	B	OC	7	4'1	Flat nose: large nose: yellow complexion

The Brig Temerário of Portugal. Entered into Register as Temerario. Condemned May 22nd, 1816. Voyage ID: 7593.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9476	Forces	M	PA	26	5'6	Pitted with small pox: scars side of eyes: 3 dº each cheek bone
9481	Jerome	M	PA	29	5'6 1/4	Pitted with small pox: yellow complexion: scars on left side: wart left side nose
9482	Philip	M	PA	32	5'7 3/4	Yellow complexion: scar ea side of arm: scar right shin

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9491	Aquavie	W	YA	24	5'4	Pitted with small pox & scars all over face: several {....} from top of each shoulder to under elbows: scars pit of stomach to under navel

The Brig *Nueva Paz* of Spain. Entered into the Register as "*La Neuva Pez* May 1816." Condemned June 19th, 1816. Voyage ID: 7594.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9496	Barra	M	PA	30	5'2 1/2	Yellowish: scar above left eye: black tattoe left wrist dº from wrist to above right elbow
9497	William Daworro	M	YA	24	5'3	Yellowish: tattoed from ea breast to all over belly to navel: black dº inside ea arm
9501	Peter Tamba	M	A	16	5'2	Purrahed from breasts to under neck: yellowish round scar near right eye: scar back right thigh
9502	Joe panda	M	PA	32	5'4	Large scar on right breast & purrahed from breasts to behind neck: little toe right foot cut off: tattoes ea arm
9510	Wm Forapamma	M	PA	35	5'6	Yellowish: black tattoes ea arm: fine purrahed from behind neck to ea side belly
9512	Daniel Joepo	M	MA	42	5'3	Faint tattoe on breast: dº on right arm scars back of right thigh: small pox face
9518	Wm Tefsy	M	A	15	4'8 1/2	Lump on breast: burn on back: dº right side of thigh: faint scar on left shoulder
9524	Buma	B	OC	10	4'3	Burn on right leg: dº inside of right calf
9525	Noquay	B	OC	11	4'4	Burn below right breast: dent below left breast: faint scar inside left arm
9531	Gawoo	G	OC	10	4'	Yellowish complexion: scar below left knee 2 dº on right thigh: large dº on rump
9532	Marree	G	OC	8	4'3 1/4	Wart over right eye: scar back part above left knee

The Schooner *Caveira* of Portugal. Condemned June 19th, 1816. Voyage ID: 7595.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9539	Achae	M	A	16	4'9	Scar left cheek: dº pit of stomach: marks of yaws right cheek

The Schooner *Dois Amigos* of Portugal. Entered into the Register as *Dos Amigos*. Condemned August 6th, 1816. Voyage ID: 7597.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9561	Adamma	M	PA	28	5'5	Scarred on cheeks and forehead. Pitted with Small Pox. Large scar left thigh
9562	Mahamma	M	PA	30	5'7	Small scar on bridge of nose mark'd with yaws

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9564	Sumar	M	YA	20	5'6	Scarred on cheeks - Mark'd with Yaws
9572	Athar	M	YA	25	5'6	Pitted with small Pox - Large scar left arm. 3 faint dº right temple
9585	Ratchecu	M	PA	27	5'7	Several faint long scars down belly faintly pitted with small-pox
9586	Hatchée	M	PA	28	5'8	Tattoed across breasts - 3 scars on Cheeks - faintly pitted with Small-pox
9605	Agetto	M	PA	30	5'1 1/2	3 scars on cheeks and forehead pitted with Small pox. 2 Scars on breast. tattoed on right shoulder
9613	Feetee	M	YA	20	5'1 1/2	[Scarred on Cheeks] - Pitted with Small pox
9629	Godee	M	PA	26	5'4	Scarred ea corner of mouth marked all over with Yaws. Large scar right shoulder
9630	Fadee	M	PA	30	5'3 1/4	Pitted with Small Pox scar on the left knee marked all over with yaws
9635	Cojamachee	M	YA	20	5'4	Yaws marked all over 3 scars on each breast
9643	Matajoe	W	YA	25	5'6	Small Pox face hole through nose Several marks on each arm
9645	Ejacai	W	YA	20	5'5	3 Cuts on forhead dº ea side of jaws tatood on left shoulder pitted with small pox
9653	Idanno	W	PA	26	5'3 3/4	tatood ea jaws faint pock mark on face 3 scars on back of each arms
9670	Onee	B	A	13	4'6 1/2	Faint pock mark on nose 3 cuts on each side of jaw
9672	Aquawa	B	OC	12	4'8 1/2	Pitted with small pox scar on each jaw
9677	Gogobelee	B	OC	10	4'4 1/2	Pitted with small pox on his face B marked on right breast scar above left knee
9683	Adubu	B	A	13	4'6	Pitted with Smale Pox 4 scars on left shoulder
9684	Marrou	B	OC	11	4'11	Yellowish - tatood on each side of eyes

His Majesty's Col. Brig Prince Regent La Nueva Pazú Cargo. Condemned August 2nd, 1816. Voyage ID unknown, may be unapplicable.

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9695	Majoe	M	PA	32	5'7 1/2	Tatood on both arms dº on back of left leg 1 leg shorter than the other
9701	Grabawa	M	MA	36	5'4 1/2	Tatood on forhead. Pitted with small pox on the nose. tatood all over belly
9703	Goramoo	M	YA	23	5'1	Squint eyed. 3 cuts side of left eye
9705	Fona	M	YA	24	5'5	Yellowish. 2 scars on right knee. small one above the navel
9715	Chawne	M	A	18	5'	Yellowish complexion. Scar on left arm 2 on the left leg
9716	Boy	W	YA	25	5'1	Pitted with Small Pox. Diamond mark on back
9718	Tarro	W	PA	27	5'2	Yellowish. Grecian nose. scar on right ancle dº on top of right foot - navel dented in -

Number	Name	Sex	Skeletal Age	Register Age	Stature	Description
9722	Sagba	W	YA	20	4'10	Pitted with the Small Pox on nose some cut on chin
9725	Jair	B	OC	7	3'11 1/2	Double head
9726	Tamba	B	OC	9	4'5	Yellowish. Pitted with Small Pox on face Scar above right eye
9741	Bondoa	B	OC	11	4'2	Yellowish pitted with Small Pox large scar top of right knee
9742	Coma	B	OC	9	3'7	Pitted with Pock on Nose
9743	Mia	B	A	13	4'6	Double head. black marks on pit of stomach
9744	Nema	B	OC	11	4'5	Pitted with Small Pox on face, scar on left hip
9747	Kaka	B	OC	12	4'2	Pitted with small pox on face
9754	Mambawa	G	OC	10	4'2 1/1	Yellowish. Pitted with Small Pox

Appendix B - Representative Dataset from Rupert's Valley Skeletal Data

Skeleton Number	Age	Sex	Description
200	A	PM	Congenital Right Humerus; Scurvy; Cribra orbitalia Type 5 Right/Left; Porotic hyperostosis; Maxillary Sinusitis
201	YA	M	Scurvy; Cribra orbitalia Type 3 Left/Right; Maxillary Sinusitis
202	A	PF	Scurvy
203	PA	PM	[No Entry]
204	A	U	Congenital Right Humerus
205	PA	M	Schmorl's nodes T6, T8, T9; Periostitis Left Tibia
206	YA	M	[No Entry]
207	A	U	Cribra orbitalia Type 1 Left/Right
208	YA	M	Congenital Right Humerus; Cribra orbitalia Type 4 Left; Yaws
209	MA	PM	Schmorl's nodes L1, L2, L3
210	PA	M	Cribra orbitalia Type 4 Left/Right; Scurvy; Periostitis Right Tibia, Periostitis Left Femur
211	MA	M	Osteoma Left Tibia; Cribra oribitalia Type 4 Left/Right; Periostitis Right/Left Femur
212	OC	U	Congenital Right Humerus; Periostitis Right/Left Tibia
213	PA	M	Intervetebral disk disease; Maxillary Sinusitis
214	YA	M	Cribra orbitalia Type 4 Left/Right; Scurvy
215	OC	U	Maxillary Sinusitis
216	OC	U	Congenital Right Humerus; Maxillary Sinusitis
217	YA	M	Cribra orbitalia Type 1 Left/Right
218	PA	M	[No Entry]
219	PA	M	Cribra orbitalia Type 3 Left/Right
220	PA	M	Congenital Right Humerus; Fracture Left Rib; Porotic hyperostosis; Cribra orbitalia Type 4 Right; Maxillary Sinusitis
221	OC	U	Cribra orbitalia Type 3 Left/Right
222	OC	U	Cribra orbitalia Type 4 Left/Right
223	YC	U	Cribra orbitalia Type 4 Left/Right; Maxillary Sinusitis
224	OC	U	Congenital Right Humerus; Cribra orbitalia Type 2 Left
225	OC	U	[No Entry]

Skeleton Number	Age	Sex	Description
226	YA	M	Scurvy; Periostitis Left/Right Tibia; Periostitis Left Fibula
227	OC	U	Cribra orbitalia Type 3 Left/Right
228	YA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Schmorl's nodes T10
229	YA	M	Cribra orbitalia Type 2 Left/Right; Rickets
230	OC	U	Scurvy; Periostitis Left/Right Tibia
231	OC	U	Cribra orbitalia Type 3 Left/Right; Scurvy; Maxillary Sinusitis
232	YA	M	Congenital Right Humerus; Scurvy
233	PA	M	Scurvy
234	PA	M	Fracture Left Rib x3; Cribra orbitalia Type 2 Left/Right; Periostitis Right Tibia
235	PA	M	Fracture Right Metacarpal 4; Cribra orbitalia Type 1 Left; Porotic hyperostosis; Periostitis Right Tibia; Maxillary Sinusitis
236	A	U	Congenital Right Humerus; Scurvy; Cribra orbitalia Type 4 Left/Right
237	PA	M	Soft tissue trauma Right Tibia; Cribra orbitalia Type 3 Left/Right; Rickets; Schmorl's nodes L2; Periostitis Left Femur; Periostitis Left/Right Tibia; Periostitis Right Fibula
238	PA	M	Osteochondritis dissecans Right Metatarsal 1; Osteochondritis dissecans Left Talus; Rickets; Maxillary Sinusitis
239	YA	M	Schmorl's nodes L3; Maxillary Sinusitis; Periostitis Right Tibia
240	MA	M	Congenital Right Humerus; Periostitis Left/Right Femur
241	A	U	Maxillary Sinusitis
242	YA	M	Porotic hypertosis; Periostitis Left/Right Clavicle; Periostitis Left/Right Femur; Periostitis Left/Right Tibia
243	OC	U	Scurvy; Periostitis Left/Right Tibia
244	PA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Right; Maxillary Sinusitis
245	PA	M	Rickets; Intervertebral disk disease C1, 1; C2, 1; L1, 2; L2, 2; Periostitis Right Temporal; Periostitis Left Tibia
246	A	U	[No Entry]
247	PA	PM	[No Entry]

Skeleton Number	Age	Sex	Description
248	MA	M	Congenital Right Humerus; Osteoarthritis Left Ulna/Radius; Periostitis Left/Right Metatarsal 5; Periostitis Left Scapula
249	PA	M	Fracture Right Rib x3; Scurvy; Osteoarthritis Unsided Ulna/Radius; Intervertebral disk disease C1, 1; C2, 1; C7, 1; Periostitis Left/Right Femur; Periostitis Left/Right Tibia
250	PA	M	Periostitis Left Tibia
251	PA	M	Cribra orbitalia Type 4 Left/Right; Periostitis Left/Right Tibia
252	OC	U	Congenital Right Humerus
253	PA	M	Scurvy; Intervertebral disk disease L4, 1; L5, 1; Periostitis Left/Right Tibia
254	PA	M	Cribra orbitalia Type 2 Left/Right; Periostitis Left/Right Tibia
255	OC	U	Cribra orbitalia Type 3 Right
256	MA	F	Congenital Right Humerus; Cribra orbitalia Type 4 Right; Osteoarthritis Right Femur; Intervertebral disk disease C4, 1; C5, 1; C7, 1; T10, 1; T2, 1; Periostitis Left/Right Tibia; Periostitis Left Fibula
257	OC	U	[No Entry]
258	YA	M	Rickets; Schmorl's nodes T9, T10, L2, L1; Periostitis Left Femur
259	YC	U	[No Entry]
260	OC	U	Congenital Right Humerus; Cribra orbitalia Type 4 Right; Periostitis Left/Right Tibia; Maxillary Sinusitis
261	YA	PF	Cribra orbitalia Type 1 Left/Right; Osteoarthritis Left/Right Ulna; Osteoarthritis Left Humerus; Osteoarthritis Right Trapezium; Osteoarthritis Right Metacarpal 1
262	A	U	Porotic hyperstosis
263	YA	M	[No Entry]
264	YA	M	Congenital Right Humerus; Yaws; Maxillary Sinusitis
265	F	U	[No Entry]
266	YA	M	Soft tissue trauma Left Femur; Periostitis Left Tibia
267	PA	M	Periostitis Left/Right Tibia
268	OC	U	Congenital Right Humerus
269	YC	U	[No Entry]
270	YC	U	[No Entry]
271	YA	M	[No Entry]

Skeleton Number	Age	Sex	Description
272	OC	U	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right
273	OC	U	Depressed fracture Right Parietal; Cribra orbitalia Type 3 Left
274	YC	U	Scurvy; Rickets
275	OC	U	Cribra orbitalia Type 4 Left/Right; Scurvy
276	YA	M	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right; Maxillary Sinustitis
277	PA	M	Cribra orbitalia Type 1 Left/Right; Osteoarthritis Left Metacarpal 1/Trapezoid/Trapezium/Triquetrum; Osteoarhtritis Right Metacarpal 1; Periostitis Left/Right Femur; Periostitis Left Tibia
278	PA	F	Intra-articular fracture Left Tibia; Cribra orbitalia Type 1 Left/Right; Intervertebral disk diseases L1, 1; L2, 2; L3, 2; L4, 2; L5, 3; T11, 1; T12, 1; T4, 1; T5, 1; T6, 1; T7, 1
279	MA	F	Intra-articular fracture Right Prox ped phalanx; Osteoarthritis Left Humerus/Ulna; Intervertebral disk disease L3, 1; L4, 2; L5, 2; T10, 1; T11, 1; T7, 2; T8, 2; T9, 1; Periostitis Right Femur; Periostitis Right Tibia
280	OC	U	Congenital Right Humerus
281	YA	M	Porotic hyperostosis
282	A	U	Cribra orbitalia Type 3 Left/Right
283	A	M	Cribra orbitalia Type 4 Right; Maxillary Sinustitis
284	YA	F	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right; Porotic hyperostosis; Periostitis Right Tibia; Periostitis Right Fibula
285	OC	U	Cribra orbitalia Type 4 Left/Right
286	YA	M	Cribra orbitalia Type 1 Left/Right; Intervertebral disk disease L3, 1; L4, 1; Periostitis Right Tibia
287	PA	M	Fracture Right Zygomatic Arch; Schmorl's nodes T11, T12, L1
288	YA	PM	Congenital Right Humerus; Scurvy; Cribra orbitalia Type 1 Right; Rickets; Periostitis Left/Right Femur; Periostitis Left/Right Tibia
289	PA	M	Schmorl's nodes L3, L4; Periostitis Left/Right Tibia
290	YA	M	Cribra orbitalia Type 4 Left/Right; Porotic hyperostosis
291	YA	M	Compression fracture T7,T12; Cribra orbitalia Type 2 Left/Right; Schmorl's nodes T11

Skeleton Number	Age	Sex	Description
292	PA	M	Congenital Right Humerus; Sharp force trauma Right Scapula; Cribra orbitalia Type 3 Left/Right
293	"an adult"	M	Osteoarthritis Left Patella; Periostitis Left Tibia; Periostitis Left Rib
294	OC	U	Cribra orbitalia Type 4 Right
295	OC	U	Cribra orbitalia Type 3 Left/Right; Porotic hyperostosis
296	MA	PM	Congenital Right Humerus; Schmorl's nodes L1
297	YC	U	[No Entry]
298	A	PM	Depressed fracture Right Parietal; Cribra orbitalia Type 4 Right
299	OC	U	Cribra orbitalia Type 1 Left/Right
300	YA	M	Congenital Right Humerus; Maxillary Sinusitis
301	YA	M	Cribra orbitalia Type 2 Left/Right; Porotic hyperostosis; Rickets
302	OC	U	Cribra orbitalia Type 3 Left/Right; Maxillary Sinusitis
303	OC	U	Cribra orbitalia Type 3 Right
304	OC	U	Congenital Right Humerus
305	YC	U	Cribra orbitalia Type 4 Left/Right; Maxillary Sinusitis
306	PA	M	Fracture Left T4; Cribra orbitalia Type 4 Left/Right
307	PA	M	Osteoma Left Tibia; Periostitis Right/Left Tibia
308	PA	F	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right
309	A	U	Scurvy; Rickets; Maxillary Sinusitis; Periostitis Left Tibia
310	OC	U	Porotic hyperostosis; Scurvy; Periostitis Left/Right Tibia; Periostitis Left/Right Fibula
311	OC	U	Periostitis Left/Right Tibia; Periostitis Left/Right Fibula; Periostitis Left Metatarsal 5
312	A	U	Congenital Right Humerus; Cribra orbitalia Type 1 Left/Right
313	YC	U	[No Entry]
314	YA	M	[No Entry]
315	PA	F	Cribra orbitalia Type 4 Left/Right; Intervertebral disk disease L3, 1; L4, 3; L5, 3; T10, 1; T11, 2; T12, 1; T6, 1; T9, 1
316	YA	M	Congenital Right Humerus; Schmorl's nodes T8; Periostitis Left/Right Femur; Periostitis Left/Right Tibia; Periostitis Left/Right Fibula

Skeleton Number	Age	Sex	Description
317	YA	M	Porotic hyperostosis; Periostitis Right Fibula
318	A	U	[No Entry]
319	A	U	[No Entry]
320	YA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Scurvy; Periostitis Left Rib; Periostitis Right Femur
321	YC	U	[No Entry]
322	OC	U	Scurvy; Rickets
323	YA	M	Scurvy; Rickets; Periostitis Right Rib x4
324	MA	M	Congenital Right Humerus; Cribra orbitalia Type 1 Left/Right; Porotic hyperostosis; Maxillary Sinusitis
325	YA	M	Cribra orbitalia Type 4 Left/Right; Maxillary Sinusitis
326	YC	U	[No Entry]
327	A	U	Cribra orbitalia Type 3 Left/Right; Rickets; Periostitis Left Scapula
328	OC	U	Congenital Right Humerus
329	PA	M	Compression fracture L2; Rickets; Scurvy; Intervertebral disk disease L2, 1; Periostitis Left Rib x5; Periostitis Right Rib x4; Maxillary Sinusitis
330	OC	U	Cribra orbitalia Type 1 Left/Right
331	YA	M	Cribra orbitalia Type 1 Left
332	PA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Rickets; Intervertebral disk disease C6, 1
333	YA	M	Schmorl's nodes T8; Maxillary Sinusitis; Periostitis Right/Left Tibia
334	PA	M	Cribra orbitalia Type 4 Right; Maxillary Sinusitis; Periostitis Right/Left Tibia
335	OC	U	Cribra orbitalia Type 3 Right
336	OC	U	Congenital Right Humerus; Cribra orbitalia Type 2 Left/Right; Scurvy; Rickets
337	PA	M	Rickets
338	A	U	Porotic hyperostosis
339	OC	U	Cribra orbitalia Type 3 Left; Maxillary Sinusitis
340	PA	M	Congenital Right Humerus; Schmorl's nodes L4
341	OC	U	Cribra orbitalia Type 5 Left/Right; Scurvy; Maxillary Sinusitis

Skeleton Number	Age	Sex	Description
342	MA	M	Maxillary Sinusitis
343	MA	M	Periostitis Left/Right Tibia
344	YA	M	Congenital Right Humerus; Cribra orbitalia Type 1 Left/Right
345	OC	U	Cribra orbitalia Type 2 Left/Right
346	[No Entry]	[No Entry]	[No Entry]
347	MA	F	Intervertebral disk disease C3, 1; C4, 1; L3, 1; L4, 2; L5, 2; Maxillary Sinusitis; Periostitis Right/Left Tibia; Periostitis Right Fibula
348	OC	U	Congenital Right Humerus
349	OC	U	Cribra orbitalia Type 3 Left/Right; Scurvy; Yaws
350	A	U	Cribra orbitalia Type 4 Left/Right; Scurvy
351	A	U	Scurvy; Yaws
352	OC	U	Congenital Right Humerus; Cribra orbitalia Type 2 Left/Right; Rickets
353	PA	PM	Periostitis Right Tibia
354	OC	U	Scurvy
355	PA	M	Intra-articular fracture Right Prox ped Phalanx; Cribra orbitalia Type 1 Left/Right; Intervertebral disk disease C3, 1; C5, 1; T5, 1; Periostitis Left Tibia
356	OC	U	Congenital Right Humerus; Cribra orbitalia Type 3 Right; Scurvy; Periostitis Right Femur
357	[No Entry]	[No Entry]	[No Entry]
358	PA	M	Periostitis Left/Right Tibia
359	PA	M	Compression fracture L4; Cribra orbitalia Type 2 Right; Schmorl's nodes T7; Intervertebral disk disease L5, 1
360	YA	PM	Congenital Right Humerus; Cribra orbitalia Type 4 Right; Scurvy; Maxillary Sinusitis
361	OC	U	Cribra orbitalia Type 4 Right; Scurvy
362	OC	U	Porotic hyperostosis
363	OC	U	[No Entry]
364	YA	F	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right; Scurvy

Skeleton Number	Age	Sex	Description
365	PA	F	Scurvy; Osteomalacia; Intervertebral disk disease L2, 2; L3, 2; L4, 2; L5, 1; T10, 1; T8, 1; Button osteoma Occipital
366	OC	U	Cribra orbitalia Type 3 Right; Periostitis Right Tibia
367	A	U	Osteomalacia; Maxillary Sinusitis
368	OC	U	Congenital Right Humerus; Porotic hyperostosis; Cribra orbitalia Type 3 Left; Scurvy; Maxillary Sinusitis; Periostitis Right/Left Tibia
369	OC	U	Porotic hyperostosis; Cribra orbitalia Type 4 Left
370	PA	PM	Cribra orbitalia Type 4 Right
371	A	PM	Scurvy; Cribra orbitalia Type 4 Left; Periostitis Right Rib x4; Yaws; Maxillary Sinusitis
372	PA	F	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Porotic hyperostosis
373	A	U	Scurvy; Cribra orbitalia Type 2 Left/Right; Maxillary Sinusitis
374	A	U	[No Entry]
375	OC	U	Compression fracture L2; Scurvy; Porotic hyperostosis; Periostitis Left Rib x2
376	OC	U	Congenital Right Humerus; Cribra orbitalia Type 4/5 Left/Right
377	OC	U	Porotic hyperostosis
378	A	U	[No Entry]
379	A	U	Periostitis Left/Right Tibia; Periostitis Left/Right Fibula
380	NN	U	Congenital Right Humerus
381	NN	U	[No Entry]
382	YA	U	Depressed fracture Left Parietal; Rickets; Periostitis Left/Right Tibia
383	A	PF	Cribra orbitalia Type 2 Left/Right; Porotic hyperostosis
384	YA	F	Congenital Right Humerus
385	A	U	[No Entry]
386	OC	U	Porotic hyperostosis
387	YA	M	Rickets
388	OC	U	Congenital Right Humerus

Skeleton Number	Age	Sex	Description
389	YA	M	Porotic hyperostosis; Cribra orbitalia Type 4 Left; Scurvy; Intervertebral disk disease C3, 1; C4, 1; C5, 1; C6, 1; C7, 1; L2, 1; T3, 1; T4, 1; T5, 1; T6,1; T7, 1; T9,1; Periostitis Left Femur; Yaws
390	OC	U	Prorotic hyperostosis; Rickets; Scurvy
391	PA	M	[No Entry]
392	PA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Maxillary Sinusitis
393	YA	M	Cribra orbitalia Type 2 Left/Right
394	PA	M	Scurvy
395	YA	PF	[No Entry]
396	A	M	Congenital Right Humerus; Maxillary Sinusitis
397	YA	F	Maxillary Sinusitis
398	A	M	Fracture Left Femur; Cribra orbitalia Type 4 Left
399	OC	U	Maxillary Sinusitis
400	OC	U	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right;Maxillary Sinusitis
401	OC	U	Cribra orbitalia Type 3 Right; Maxillary Sinusitis
402	A	PF	Cribra orbitalia Type 4 Left/Right
403	A	U	Maxillary Sinusitis
404	YC	U	Congenital Right Humerus; Porotic hyperostosis
405	OC	U	[No Entry]
406	OC	U	Cribra orbitalia Type 3 Left
407	OC	U	[No Entry]
408	PA	M	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right
409	OC	U	[No Entry]
410	OC	U	Cribra orbitalia Type 2 Left
411	OC	U	Cribra orbitalia Type 3 Right
412	YA	PM	Congenital Right Humerus
413	OC	U	[No Entry]
414	PA	M	Osteitis Right Metacarpal 5
415	A	U	Cribra orbitalia Type 3 Left/Right; Periostitis Right Tibia

Skeleton Number	Age	Sex	Description
416	OC	U	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right
417	OC	U	[No Entry]
418	A	PF	Lytic Right Parietal
419	YA	PF	Lytic Right Maxilla
420	PA	M	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Porotic hyperostosis
421	OC	U	[No Entry]
422	MA	F	[No Entry]
423	MA	M	Amputation Right Dist ped Phalanx; Osteomalacia; Cribra orbitalia Type 1 Right; Intervertebral disk disease C1, 1; C5, 1; T10, 1; T5, 1; T7, 1; Periostitis Left/Right Tibia
424	YC	U	Congenital Right Humerus; Cribra orbitalia Type 2 Right
425	OC	U	Porotic hyperostosis; Cribra orbitalia Type 4 Left/Right; Maxillary Sinusitis; Periostitis Right Humerus
426	OC	U	[No Entry]
427	A	U	Scurvy; Maxillary Sinusitis
428	YA	PM	Congenital Right Humerus; Scurvy; Rickets; Cribra orbitalia Type 1 Right; Periostitis Left/Right Tibia
429	PA	M	Rickets; Schmorl's nodes L3; Intervertebral disk disease L2, 2; L3, 2; L4, 1; Periostitis Right Tibia; Periostitis Right/Left Fibula; Periostitis Left Ulna; Periostitis Left Radius
430	PA	M	Osteochondritis dissecans Right Femur; Porotic hyperostosis
431	OC	U	[No Entry]
432	OC	U	Congenital Right Humerus; Cribra orbitalia Type 3 Left
433	PA	M	Cribra orbitalia Type 3 Left/Right; Intervertebral disk disease T10, 1; T4, 1; T5, 1; T6, 1; T7, 1; T8, 1; T9, 1; Maxillary Sinusitis
434	YC	U	Rickets
435	PA	F	Intra-articular Fracture Right Prox ped Phalanx; Rickets; Intervertebral disk disease L2, 1; L3, 1; T10, 1; T6, 1; T7, 1; T8, 1; T9,1
436	YA	M	Congenital Right Humerus; Cribra orbitalia Type 1 Left/Right; Rickets; Schmorl's nodes L1; Periostitis Left Mandible
437	YA	M	Cribra orbitalia Type 4 Left/Right; Scurvy

Skeleton Number	Age	Sex	Description
438	YC	U	Rickets; Scurvy; Cribra orbitalia Type 3 Left/Right; Maxillary Sinusitis
439	YC	U	Periostitis Left/Right Femur
440	A	U	Congenital Right Humerus
441	MA	M	Compression fracture T12; Osteochondritis dissecans Right Patella; Periostitis Left/Right Tibia
442	YA	M	Periostitis Left/Right Tibia; Periostitis Right/Left Femur; Periostitis Left Rib x5; Periostitis Right Rib x5
443	OC	U	Cribra orbitalia Type 4 Left/Right; Periostitis Right Tibia
444	YA	F	Congenital Right Humerus; Periostitis Left/Right Femur; Periostitis Left Rib
445	MA	M	Rickets; Maxillary Sinusitis
446	PA	M	Periostitis Left Rib x3
447	OC	U	Rickets
448	OC	U	Congenital Right Humerus; Periostitis Left Rib x9
449	PA	M	Scurvy; Periostitis Left/Right Tibia
450	A	U	Periostitis Sacrum; Periostitis Right Ilium; Periostitis Left Calcaneus; Periostitis Right Fibula
451	A	F	Cribra orbitalia Type 4 Left/Right; Porotic hyperostosis; Scurvy; Maxillary Sinusitis
452	OC	U	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right; Scurvy
453	PA	M	Maxillary Sinusitis
454	OC	U	[No Entry]
455	OC	U	[No Entry]
456	OC	U	Congenital Right Humerus; Scurvy; Osteitis Left Tibia
457	OC	U	Scurvy
458	OC	U	Cribra orbitalia Type 3 Left
459	PA	M	Porotic hyperostosis; Scurvy; Rickets; Periostitis Right Tibia; Periostitis Left/Right Femur
460	YA	M	Congenital Right Humerus; Intra-articular Fracture Left Intermed ped Phalanx; Scurvy; Cribra orbitalia Type 4 Left/Right; Periostitis Left Rib x6; Periostitis Right Rib x7; Periostitis Left/Right Ulna; Periostitis Left/Right Tibia
461	OC	U	Cribra orbitalia Type 4 Right; Scurvy; Periostitis Right Rib

Skeleton Number	Age	Sex	Description
462	A	U	Periostitis Right Tibia
463	YC	U	Scurvy; Rickets
464			Congenital Right Humerus
465	YA	F	Osteoarthritis Left Hamate; Periostitis Right Temporal
466	A	U	[No Entry]
467	YC	U	[No Entry]
468	OC	U	Congenital Right Humerus; Scurvy
469	OC	U	[No Entry]
470	OC	U	Scurvy; Cribra orbitalia Type 2 Left; Osteomyelitis Left Tibia
471	OC	U	Scurvy
472	OC	U	Congenital Right Humerus; Scurvy; Cribra orbitalia Type 4 Left
473	OC	U	Scurvy; Porotic hyperostosis; Cribra orbitalia Type 3 Left
474	MA	M	Maxillary Sinusitis; Periostitis Left/Right Tibia
475	A	U	Cribra orbitalia Type 3 Left/Right
476	A	U	Congenital Right Humerus
477	YA	PF	Cribra orbitalia Type 2 Left/Right
478	PA	M	Cribra orbitalia Type 4 Left/Right; Schmorl's nodes L2, L3
479	OC	U	[No Entry]
480	PA	M	Congenital Right Humerus; Cribra orbitalia Type 2 Right; Maxillary Sinusitis
481	OC	U	Cribra orbitalia Type 3 Right
482	OC	U	Cribra orbitalia Type 2 Right
483	YA	M	Cribra orbitalia Type 4 Left/Right; Scurvy
484	PA	F	Congenital Right Humerus
485	OC	U	[No Entry]
486	PA	M	Cribra orbitalia Type 1 Left/Right; Rickets; Intervertebral disk disease C3, 1; T4, 1
487	OC	U	Cribra orbitalia Type 4 Left
488	PA	M	Congenital Right Humerus; Schmorl's nodes T7, T8, T9, T10, T11; Maxillary Sinusitis

Skeleton Number	Age	Sex	Description
489	OC	U	Cribra orbitalia Type 3 Left; Maxillary Sinusitis
490	OC	U	Cribra orbitalia Type 4 Left; Maxillary Sinusitis
491	OC	U	Cribra orbitalia Type 4 Right; Periostitis Left Tibia
492	OC	U	Congenital Right Humerus; Osteitis Left/Right Tibia
493	YC	U	Cribra orbitalia Type 3 Right; Porotic hyperostosis; Rickets
494	OC	U	[No Entry]
495	A	M	Ostechondritis dissecans Left Patella
496	PA	M	Congenital Right Humerus; Scurvy; Cribra orbitalia Type 5 Left/Right; Intervertebral disk disease C3, 1; T4,1
497	A	U	Cribra orbitalia Type 3 Left
498	A	U	Cribra orbitalia Type 2 Left
499	A	U	[No Entry]
500	PA	M	Congenital Right Humerus; Cribra orbitalia Type 1 Left/Right; Periostitis Left/Right Tibia
501	A	U	[No Entry]
502	PA	M	Osteoarthritis Right Scaphoid; Osteoarthritis Metacarpal 5; Intervertebral disk disease L3, 1; Periostitis Left/Right Radius; Yaws
503	YA	M	Scurvy; Cribra orbitalia Type 4 Left/Right; Periostitis Left/Right Tibia; Periostitis Left/Right Femur
504	OC	U	Congenital Right Humerus
505	PA	PM	[No Entry]
506	OC	U	[No Entry]
507	A	U	Cribra orbitalia Type 4 Left/Right; Yaws
508	YA	M	Congenital Right Humerus; Cribra orbitalia Type 4 Left/Right
509	OC	U	Cribra orbitalia Type 2 Left/Right
510	A	U	[No Entry]
511	A	PM	Cribra orbitalia Type 2 Left/Right; Scurvy; Craniotomy; Textile
512	OC	U	Congenital Right Humerus; Cribra orbitalia Type 3 Left/Right; Scurvy; Craniotomy; Textile
513	YA	F	Periostitis Left/Right Femur; Periostitis Right Tibia
514	A	M	Porotic hyperostosis; Rickets; Periostitis Left/Right Tibia

Skeleton Number	Age	Sex	Description
515	OC	U	Scurvy; Rickets; Periostitis Left/Right Tibia
516	OC	U	Congenital Right Humerus
517	A	U	[No Entry]
518	YA	F	Periostitis Left/Right Femur; Periostitis Left Tibia
519	NN	U	[No Entry]
520	YA	M	Congenital Right Humerus; Osteoarthritis Right Scapula; Osteoarthritis Left Triquetrum
521	PA	M	[No Entry]
522	A	M	Periostitis Left Tibia
523	OC	U	[No Entry]
524	MA	F	Congenital Right Humerus; Intervertebral disk disease L1, 2; L2,2; L3,2; L4,1; L5,1; T11,1; T12,1; T4,1; T5,1; T6,1; T7,1; T8,1; T9,1
525	YA	M	Osteochondritis dissecans Right Prox ped Phalanx; Cribra orbitalia Type 1 Left/Right
526	YA	PM	Cribra orbitalia Type 3 Right
527	OC	U	Cribra orbitalia Type 4 Left; Cyst Rib x2

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