Reviews & reports

This section of *SHALE* provides an opportunity for contributors to review or report on books, journals of other societies, Internet sites, exhibitions, conferences, symposia, and meetings.

Book and essay reviews

The role of diseases, particularly smallpox, in the history of the BC coast:

Guns, germs, and steel—the fates of human societies by Jared Diamond (Norton & Co., 1997);

Decimating Disease contained in *Panati's Extraordinary Endings of Practically Everything and Everybody* by Charles Panati (Harper & Row, 1989);

First Contact: Smallpox contained in *You Are Asked to Witness—The Stó:lō in Canada's Pacific Coast History* by Keith Thor Carlson (Stó:lō Heritage Trust, 1996);

Voices of Smallpox around the Strait of Georgia contained in *The Resettlement of British Columbia—Essays on Colonialism and Geographic Change* by Cole Harris (UBC Press, 1997);

The Great Pox contained in *Raincoast Chronicles 17—Stories & History of the British Columbia Coast* by Douglas Hamilton (Harbour Publishing, 1996);

The Coming of the Spirit of Pestilence—*Introduced Infectious Diseases and Population Decline among Northwest Coast Indians, 1774–1874* by Robert Boyd (UBC Press, 1999);

Diseases, Causes, Remedies and Reason by John Hopper (Artarmon Publishing, 6941 Sixth St., Burnaby, V5E 3T2, 1999).

REVIEWED BY NICK DOE.

During the winter of 1782–83, smallpox, the affliction of the New World, killed two-thirds or more of the people then living around the Georgia Strait and in the lower Fraser Valley. Captain Vancouver and his officers, who arrived ten years later, reported their puzzlement on finding deserted villages overrun with weeds, and human skeletons "promiscuously scattered about the beach, in great numbers".

As far as we can tell, the pre-contact population of coastal BC was fairly healthy compared to other parts of the world. That is not to say however that standards were perfect. Hepatitis, viral pneumonia, rheumatoid arthritis, nonvenereal syphilis… and many more diseases were probably already present in North America before Columbus's voyage in 1492.

There are, it is thought, two reasons for the relative healthiness of pre-contact Native people. If the population is low and widely dispersed, as it was, diseases have fewer opportunities to spread. For an epidemic to develop, each sufferer, on average, must infect at least one other person. Diseases like measles, rubella (German measles), mumps, pertussis (whooping cough), and smallpox are "crowd diseases" (Diamond). They can only sustain themselves in a population sufficiently numerous for there to be a continuous supply of newborn children.

The second characteristic of the epidemic diseases is that many are associated with domestic animals. Measles, tuberculosis, smallpox… have closely related pathogens in cattle. Influenza, pertussis… the same in pigs. Falciparum malaria… likewise in chicken and ducks. Native people of North America had few domestic animals. On the

coast here, dogs are the only example. Less intimate contact meant less evolutionary incentive for pathogens to jump from one species to the other.

Contrary to what some have suggested, it was not "superior genes" that protected the Europeans that came to the New World. That they were the descendants of survivors of epidemics, and therefore genetically predisposed to survive, must have helped, but what protected them most was their previous exposure to milder forms of serious disease. These exposures conferred life-long immunity. If the density of potential victims is low, as it is in when most of the population has already acquired the necessary antibodies, diseases must become less virulent; otherwise, debilitated victims have insufficient opportunity to pass on their infection. Such was the situation in Europe.

I'm tempted to say that Panati's essay on decimating disease provides a lighthearted introduction to the topic—the reality of course being anything but. One cannot however suppress a (tasteless) grin at his description of "bare-bottomed armies" going into battle in the 14th century with their pants around their ankles because of their dysentery. What this easy-to-read account does do is rid the reader of any illusion that any one people has suffered more than most. He describes the bubonic plagues of Europe and Asia in the 6th, 14th, and 17th centuries; the spread of malaria, a disease known to the Greeks, from Africa; of smallpox from the Far East; of syphilis from Africa; of typhoid; poliomyelitis from ancient Egypt; tuberculosis from Germany; and the worldwide flu pandemic of the 20th century. One plague alone, the Black Death of the Middle Ages, in less than four years, exterminated a third of Europe's population.

The next essay, Keith Carlson's *First Contact*, gives a graphic account of the effect of smallpox on the Stó:lō people. The Stó:lō live all along the Fraser River and are closely related to the Snunéymux^{w}. I describe Carlson's account as "graphic" and mean that literally because he includes several horrifying photographs of smallpox victims taken in Vancouver General Hospital in 1932. These unfortunates had, for a variety of reasons, refused to let doctors vaccinate them.

Carlson's emphasis on the perspective of the Native people brings home, not only the personal suffering of the people, but the great cultural loss they suffered. The gaps in our knowledge of pre-contact Native life, gaps that archaeologists strive to bridge but can do so only imperfectly, are not solely the result of residential schools. A great loss of cultural continuity also accompanied the death of most of the elders in the 1780s.

Harris's essay *Voices of Smallpox***…** is the first in a series that presents the history of colonialism of British Columbia through the eyes of a geographer. It stands out in my mind as being in sharp contrast to the works of an earlier generation—Begg, Bancroft, Howay, and others—for whom smallpox was almost an aside. Harris starts his history, not with the arrival of imperial navies off the coast, but with the scarcely noted arrival of the smallpox virus in 1782. This essay has become an oft-cited classic.

Hamilton's *The Great Pox* gives us an account of the last of the major smallpox epidemics in 1862–3. By this time, inoculation by missionaries and government officials, combined with a measure of immunity acquired by earlier exposure, afforded protection for many living in southwestern BC. According to newspaper reports at the time, none of the Halkomelem-speakers, which included the Nanaimo, were much affected. Yet it was this epidemic that raged unchecked through the Indian villages

of the central and northern coasts and into the interior beyond the Fraser canyon that sent the Native population into a decline from which it has never recovered.

Unlike earlier epidemics, the "great pox" of 1862–3 was witnessed by many Europeans. It started in March in Victoria, which was then "…a hastily erected commercial hub of houses, tents, stores, and warehouses". There, it afflicted the thousands of Northern Indians encamped around the fort. Panic ensued, not only among the victims and their kith and kin, but also among the colonies' leadership. The exodus began in late April. For many it was voluntary; but for those reluctant to leave, there were police, encouraged by a fiercely anti-Indian local press, and backed by two gunboats, HMS *Grappler* and HMS *Forward* to enforce the expulsion. It was these fleeing, hapless victims who were to carry the disease to the rest of the province. "Beyond Nanaimo, ships reported dead and dying Indians abandoned all along the shores of the Strait of Georgia".

Although tales are told of smallpox being spread by the sale of infected blankets to Indians, I have found little documentary evidence that this was so. There were such incidents during the murderous inter-racial strife that accompanied attempts by private companies to push roads through to the Cariboo from Bute Inlet and the Bentinck Arm in the 1860s, but the government's hasty response suggests that these were rare. In any event, despicable as such acts were, the two colonial governments' ineptitude and failure to manage the epidemic deserve more blame. As Hamilton points out, the era of government by the men of the HBC was at an end, and well-meaning though they were, their background was working for a profit-seeking enterprise that did not feel public health to be within its domain. The situation was not helped by the unwillingness of suspicious Natives to submit to quarantines and the then primitive, but effective, forms of vaccination (variolation). These were the measures that saved practically all the Europeans.

Boyd's work is a meticulously detailed study of the topic of infectious disease, not just smallpox, on the coast, and I cannot pretend to be able to review it adequately. Suffice it to say that this is currently the foremost reference on this topic.

John Hopper's book—*Diseases, Causes, Remedies and Reasons*—is an unusual book in that it describes, "an aspect of the lives of the First People of the Pacific Northwest, from the time they reached the new world…up to the arrival of the first white men". "Smallpox" is not even in the index. Hopper is a fellow of the Royal College of Physicians of Canada and the Royal Society of Medicine of London, and he worked for twelve years with Native people, first in the north, and later in the south of the province. He knows, more than most, what he is talking about, and although his book lacks the editorial polish of a Pulitzer-Prize winner, it is worth seeking out.

Although much mention has been made of smallpox, Native population continued to decline throughout the last half of the 19th century. Contemporary observers attributed this to "despondency and discouragement", the use of intoxicating liquors, or "physical contamination" of a kind that "may be only passingly adverted to". Others supposed that the decline could be attributed to an insidious rise in infant mortality due to tuberculosis. In an age when infant deaths were common among all races, it would not be surprising if the needed further research showed that official records underestimated the extent to which this disease affected the Native population. ◊