A VERY REMARKABLE SICKNESS

Epidemics in the Petit Nord, 1670 to 1846

Paul Hackett
Manitoba Studies in Native History

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"A Very Remarkable Sickness"
Epidemics in the Petit Nord, 1670-1846

Paul Hackett

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For Mom and MJ
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Diagrams, Tables, Maps, and Illustrations</td>
<td>viii</td>
</tr>
<tr>
<td>Preface</td>
<td>xi</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>xv</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>1. Old World Disease Transmission Patterns</td>
<td>21</td>
</tr>
<tr>
<td>2. The Early Historical Period in the Petit Nord: 1670-1837</td>
<td>37</td>
</tr>
<tr>
<td>3. The Smallpox Epidemic of 1737-1738</td>
<td>59</td>
</tr>
<tr>
<td>4. Epidemic Disease in the Petit Nord: 1739-1780</td>
<td>75</td>
</tr>
<tr>
<td>5. The Smallpox Epidemic of 1779-1783</td>
<td>93</td>
</tr>
<tr>
<td>7. The Measles and Whooping Cough Epidemics of 1819-1820</td>
<td>137</td>
</tr>
<tr>
<td>8. Epidemic Disease in the Petit Nord, 1821-1845</td>
<td>155</td>
</tr>
<tr>
<td>9. The Epidemics of 1846</td>
<td>199</td>
</tr>
<tr>
<td>Conclusion</td>
<td>237</td>
</tr>
<tr>
<td>Endnotes</td>
<td>245</td>
</tr>
<tr>
<td>Bibliography</td>
<td>303</td>
</tr>
<tr>
<td>Index</td>
<td>305</td>
</tr>
</tbody>
</table>
List of Diagrams, Tables, Maps, and Illustrations

Diagrams
1. Epidemiological relationship between urban disease pool and outlying populations / 10
2. Community size and periodicity of measles / 12
3. Epidemic activity at selected posts, 1821-1846 / 196

Tables
1. Crowd diseases and agents / 6
2. Diffusion potential of infectious diseases / 15
3. Epidemic disease in eastern North America, 1675-1716 / 53
4. Isham’s record of deaths / 83
5. Order of disease introduction / 241

Maps
1. Petit Nord / 16
2. Freeze-up and break-up / 18
3. Smallpox and measles epidemics in Boston / 30
4. Seventeenth-century trade routes / 35
5. Voyage to Hudson Bay / 39
6. Diffusion of the 1669-1670 smallpox epidemic / 47
7. Petit Nord, 1674-1736 / 51
8. Origins of 1737-1738 smallpox epidemic / 63
9. Petit Nord, 1739-1780 / 76
10. Pre-1805 horse-trading network / 97
11. Approach of the 1779-1783 smallpox epidemic / 98
12. Diffusion of the 1779-1783 smallpox epidemic / 104
13. Petit Nord, 1784-1818 / 120
14. Initial outbreaks of measles, 1818-1819 / 139
15. Diffusion of the 1819-1820 measles and whooping cough epidemics / 142
17. Canal construction / 161
18. Travel times from New York City, 1800 and 1830 / 164
19. Locations of present-giving ceremonies in the Sault Ste. Marie area / 166
20. Systems of epidemic diffusion / 170
21. Post-merger HBC brigade routes / 173
22. Petit Nord, 1821-1845 / 177
23. The epidemics of 1846 / 201
24. Red River Settlement, 1857 / 208

Illustrations
1. Hudson’s Bay post at Sault Ste. Marie, 1853 / 74
2. Sault Ste. Marie, 1870 / 92
3. Red Lake chief and followers arriving at Red River, 1825 / 154
4. Departure of the second colonist transport from York Fort to Rock Fort, 1821 / 198

Abbreviations
ARD Acute Respiratory Disease
CCS Critical Community Size
HBC Hudson’s Bay Company
HBCA Hudson’s Bay Company Archives
MHS Minnesota Historical Society
NWC Northwest Company
PAM Provincial Archives of Manitoba
RSV Respiratory Syncytial Virus
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IN 1983, AN AMERICAN ANTHROPOLOGIST, HENRY DOBYNS, STIRRED up the anthropological and ethnohistorical research communities with the publication of his provocative book, Their Number Become Thinned. Dobyns argued that Old World diseases introduced among the Aboriginal people of the Americas following the arrival of Columbus took a devastating toll in human life, almost from the outset of renewed contact. Moreover, he concluded, the effects of these earliest epidemics were not confined to the regions of direct contact, but instead spread almost to the limits of the western hemisphere. Consequently, almost all the European intruders who made contact with the Aboriginal people in succeeding centuries did so with but the remnants of once far more numerous groups, whose cultures lay in shambles with the deaths of so many. The effect of this work was galvanizing, the response swift and largely polarized. Many researchers embraced his ideas and incorporated them into their own research and cognitive framework, accepting his heavily revisionist estimates of the pre-contact population of the hemisphere. Others remained unconvinced, and soon began to question his handling of the meagre evidence and his broad,
underlying assumptions concerning events beyond the direct observation of literate observers. Two decades later, his views, and the intellectual schism that arose between his supporters and detractors, have not gone away, but instead continue to shape the way in which we portray pre-contact Aboriginal groups and the nature of the contact process.²

In a very real way, the journey that leads to this book also began with Dobyns's stimulating and controversial research. In 1988, I began my graduate studies in geography at the University of Manitoba, equipped with a vague sense that I wanted to study the historical evolution of urban communities in Canada. By chance, I took a course offered by Wayne Moodie on the historical geography of Canada's Aboriginal people. The subject matter and Wayne's teaching style quickly captured my imagination and all thoughts of pursuing research in urban morphology were abandoned. As it happened, he had chosen that year (and that year alone) to introduce his students to some aspects of historical demography, and to Their Number Become Thinned in particular. Finding the topic of Aboriginal health intriguing, I turned my attention to the study of epidemic disease in a small part of the Canadian Northwest once called the Petit Nord. As a geographer, I felt it important to focus on the diffusion of these diseases, a quintessentially geographical process that for me was the central issue in Dobyns's book. Thereafter followed a term paper, a thesis, and a dissertation. This book is the extension of that earlier research.

What follows is a study of the diffusion, or spread, of Old World epidemic disease in the Petit Nord from 1670, which marked the start of significant White penetration into the region, to 1846, by which time non-Aboriginal people threatened to overrun it. As a work of historical geography, both space and time figure prominently. Here, the focus is on the varied patterns of diffusion within the region and also on its place within a continental framework of epidemic disease. This last is critical, for an explanation of the presence of these foreign afflictions can only be gained through the consideration of the external factors that favoured or hindered their diffusion. These patterns did not remain static, though, and so this study is also concerned with the changes that occurred in epidemic diffusion over time, and the key historical factors that precipitated those changes.

In writing this book I have drawn heavily upon a vast documentary record left us by the fur traders, explorers, and missionaries who worked within, or travelled through, the region. Of these, the rich body of journals, letters, and reports of the Hudson's Bay Company stand out. Lauded by the noted historical geographer A.J. Ray as "an excellent source of information regarding diseases and the general health of the Indians," these
diverse and extensive documents have figured prominently in several histori
cal studies of epidemic disease. At their best, these records provide a rela
tively dense network of observation points—that is, fur-trading posts—that can enable us to track the progress of an epidemic disease within the region and beyond its borders. Equally valuable, in some ways more so, is the voice of the Aboriginal people of the region. The importance of such testimony in the study of historical epidemiology can be immense, as it is only through the study of oral history that we can begin to comprehend the full impact of these diseases. In places I have incorporated some of this body of oral testimony that has been published in written form, either directly or as interpreted by the fur traders and explorers, although much less than I would have liked.

The book’s approach borrows greatly from the contemporary disciplines of geography and epidemiology, particularly with respect to establishing the timing and location of outbreaks, identifying diseases, and documenting the patterns and mechanisms of diffusion. It employs modern biomedical concepts throughout, both to identify the particular afflictions recorded in the written record and to explore their behaviour. While this approach is not uncommon in the literature, there are difficulties in applying such modern knowledge in an historical study set in a period long before the recent past, and a few caveats must be kept in mind. For instance, there may always be questions about the reliability of the observations that have been left to assist the modern scholar. In this case, the medical knowledge of the day, both that of the profession and that of the observers, leaves much to be desired where present-day epidemiological procedures are concerned. We are left with two choices: dismiss the disease descriptions and identifications in the records, or acknowledge the limitations of these data and accept them tentatively where no conflicting interpretation exists. I have chosen to do the latter.

A more insidious problem with the data, and with the use of present-day disease concepts for epidemiological analysis, is posed by the identity or behaviour of the sicknesses being observed during the study period. There are several potential facets to this. For example, we cannot always be certain that the historic disorder we wish to identify even has a modern counterpart. Occasionally in human history, there have been afflictions that have suddenly emerged from the shadows to wreak havoc on an ill-prepared population, only to disappear again. Even those readily identified today may have behaved differently in the past, having evolved over time. Towards the end of the nineteenth century, smallpox declined considerably in its overall virulence with the appearance of a new, less destructive,
strain, variola minor, while scarlet fever appears to have undergone several changes affecting its severity since the eighteenth century. Finally, we should not necessarily expect these diseases to behave in a familiar way among groups that are almost entirely susceptible, or that are comprised of people who have lowered resistance due to underlying health problems, such as concurrent chronic infections, nutritional disorders, or other stressors. For these populations, diseases that we might weather with relative ease may pose a serious threat to life, may be accompanied by other, opportunistic, infections, or may linger in their effects long after we would expect them to have gone. Still, these concerns need not stop us but only give us pause for thought. With these limitations in mind, we can now begin to consider the epidemic history of the Petit Nord.
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“A Very Remarkable Sickness”
93. These women had departed Lac Seul on May 19. McKenzie wrote: “No less than 3 of our Ladies went off for Red River to visit their friends in that quarter— + the two young lads who passed the winter here—two only of these are to be back this summer—the other being the widow of the late Samuel Rat, is to remain with her relations” (HBCA B.107/a/24: 23d).


95. HBCA B.3/b/73: 12d, McKenzie to Corcoran, Lac Seul, 20 December, 1846; B.107/a/25: 3d.

96. HBCA B.107/a/25: 5.

97. HBCA B.107/a/25: 29, 6, 6d; B.3/b/73: 12-12d, McKenzie to Corcoran, Lac Seul, 20 December, 1846.

98. HBCA B.107/a/25: 2, 5, 6d. In turn, this may suggest that those few Aboriginal groups in the region who had adopted agriculture had a better chance of survival if an epidemic struck when crops were edible, than those who relied on the chase.


100. There are many ricing lakes in the area, and it is not known which one McKenzie referred to as Rice Lake. One clue is that in an earlier journal he stated that Rice Lake was Gull Lake (HBCA B.107/a/9: 5d). Gull Rock Lake lies along the route to Red Lake, a short distance to the northwest of Lac Seul, and this may be McKenzie’s Rice Lake. In 1836 a Lac Seul trading party had left for Rice Lake on the 11th of September and returned only three days later (HBCA B.107/a/15: 3d).

101. Although the people of Sturgeon Lake may have escaped the measles in 1819-20, those who resided there did not in 1846. These were not the same people, however. As at Lac Seul, new people had settled around the lake, in this case the Nipigon band who were moving westward (HBCA B.107/a/5d).

102. HBCA B.3/a/73: 12d; B.107/a/25: 2, 2d, 3, 4, 5, 9; B.155/a/587d.

103. HBCA B.155/a/58: 7d, 8, 11d; D.5/19: 128; B.107/a/25: 2, 3d, 9, 12, 26, 31; B.3/b/73: 12.

104. HBCA B.3/b/73: 12d.

105. On January 23, 1847, he wrote, “Two Cranes arrived they paid their debts and trade a little they are to start tomorrow, they report that six of their wives + children have died of the Measels,” and on the 28th, “Kanandouray + two of his brothers arrived they bring very little. They report that 12 of that family have died, viz. Whiskey, Jacob, Snake, 2 women + 7 children all of the measles” (HBCA B.155/a/58: 12d).

106. Bishop, *Northern Ojibwa*, 157, 160, 162; HBCA B.3/b/73: 12d. The percentage was undoubtedly much higher. There had been frequent epidemics since the earlier estimates had been made and the trend appears to have been downwards. Thus, the numbers of people trading at Lac Seul and Osnaburgh House may have been significantly less by 1846. As well, there seem to have been many victims who were not included in the fifty-four.


108. HBCA B.3/b/73: 11ad, 29d; B.155/a/58: 12d, 21; Edward S. Rogers and Mary Black-Rogers, *Who Were the Cranes? Groups and Group Identity in Northern*
Ontario," in *Approaches to Algonquian Archaeology*, edited by M. Hanna and B. Kooyman (Calgary: University of Calgary, 1982).


110. HBCA B.123/a/50-52; B.3/a/152-153; B.135/a/151.

111. Measles did strike Fort William on its westward course, late in 1845, and an unknown number of Lake Superior people were infected while at Manitoulin Island or Sault Ste. Marie the same year.


113. HBCA D.5/19: 318.

114. HBCA D.5/19: 161d.

115. John Swanston wrote to Governor Simpson from Michipicoten on July 9, 1846: "I am sorry to acquaint you that nearly the whole of the inhabitants of this Establishment are suffering severely from Colds, the cough attending which is most distressing and found by all more severe than the Influenza we had in '43—I have become so weak from its effects, that for a few days could scarcely manage to go about and altho far from being well, am improving a little" (HBCA D.5/18: 28d).

116. HBCA B.3/b/73: 17-17d.

117. HBCA B.156/a/25: 7d, 10d.

118. HBCA B.156/a/25: 27. Of course, the trader's motives in providing aid was not purely humanitarian, as, Robertson explained, "These are great drawbacks to the fur hunting."

119. Black et al., "Epidemiology of Infectious Disease," 120.


121. It should be noted, however, that some of these indigenous treatments could have provided a degree of symptomatic relief from these new diseases, if only to make the victim more comfortable.

122. In his study of this same measles epidemic in the Pacific Northwest, Robert Boyd identified these treatments as major reasons for extreme fatalities among traditional groups, compared to those who took the simple medical advice and assistance of the Whites (Boyd, "Pacific Northwest Measles Epidemic," 41). Likewise, many died near the juncture of the Powder and Snake rivers, in eastern Montana, during the measles epidemic, due to the use of the cold plunge for treatment (Ebbert, "Joe Meek's Trip," 264). The people of Fiji attempted to cool their bodies using almost identical treatments during a measles epidemic in 1875, with similar results (Cliff et al., *Island Epidemics*, 159).

123. HBCA B.156/a/25: 11.