Manitoba Studies in Native History

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

Paul Hackett
For Mom and MJ
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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 precontact 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. 

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 his-
torical studies of epidemic disease. At their best, these records provide a
relatively 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 document-
ing the patterns and mechanisms of diffusion. It employs modern biomedi-
cal 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 identifica-
tions in the records, or acknowledge the limitations of these data and ac-
cept 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. To-
wards 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.
Acknowledgements

In the course of researching and writing this book I accrued debts to many individuals and organizations, debts that, by all rights, I must now acknowledge. In today's academic world, pursuing full-time studies is an expensive proposition. It would have been impossible for me to complete the level of research that went into this book without the financial support of several generous institutions, and in particular the Hannah Society for the History of Medicine (Associated Medical Services Inc.) and the University of Manitoba. As well, the rewriting of this book was completed while I was funded as a Postdoctoral Fellow by the Canadian Institutes of Health Research. These contributions freed me to pursue my topic as far as I felt that it was necessary to go.

I must also express my collective thanks to the various archives and libraries where this research was conducted. Foremost of these is the Hudson's Bay Company Archives, housed in the Provincial Archives of Manitoba, which, luckily for me, is located in Winnipeg. It is no exaggeration to say that this work would not have been possible without their cooperation. In addition to allowing me to quote from the records of the HBCA, for which I am grateful, PAM/HBCA's employees have been a joy to work with
over the years, and have always made me feel welcome. In this regard I would like to single out Chris Kotecki, who has offered me a wealth of information and pleasant conversation.

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Within my former (geography) department, Bill Norton and Dick Foster never objected to discussing my research, and they favoured me with information that has made this book far better than it otherwise would have been. I was also lucky enough to have had a formidable PhD review committee, whose help has been just as valuable in the process leading up to this book as that leading to the dissertation. Skip Ray has given me much encouragement and excellent advice about writing, and, like Victor, his groundbreaking work has set the stage for my own. Gerry Friesen, especially in his capacity as head of the Manitoba Studies in Native History Board of Directors, has been instrumental in seeing this book through, and has encouraged me to publish from the start. Barry Kaye, through an early course and many enjoyable discussions over the years, has shaped my ideas about the changing role of the Red River Settlement in epidemic diffusion. Thanks, too, go to Adele Perry, of the Department of History, who offered much helpful advice after reading the original manuscript. Kue Young, my present post-doctoral supervisor in the Department of Community Health Sciences, has provided a wealth of knowledge about Aboriginal health research and writing for publication. I was truly sorry to see him depart for the greener pastures of Toronto.

Not all of my debts are to members of the academic community. Friends and family played their own roles in seeing this through or in keeping me grounded enough to write. I owe my good friend Mark Shymanski many thanks for getting me to focus on life beyond the ivory tower, extolling the virtues of the Winnipeg Zoo and canoeing trips. My eldest sister, Laurel Lee Mayo, has always cheered me on while warning me about the pitfalls of academic life. My brother Fred has given me much advice about computers (and goaltending, as if I needed it). Finally, my older brother Chris has been an all-round, and indispensable, help in the world of historical
research and computers, and our far too infrequent discussions, tennis matches, horror movies, etc. have made life much more enjoyable.

In writing this book I soon realized that the world of publishing is a foreign place to me, and that I would require much guidance in preparing it for publication. I have been most fortunate to work with the University of Manitoba Press. Managing Director David Carr has been instrumental in getting me to see the value of my research and the need to revise it for the public. Pat Sanders, my editor (if I can presume to call her ‘my’ editor), has been remarkable in her patient help and sagacious editorial advice.

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