Disease and Westward Expansion

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**Health.** Immigrants who entered the Trans-Appalachian region in the early nineteenth century hoped to leave behind the disease and contamination that seemed so characteristic of Eastern cities. They expected to find in the West an environment of clean air and water, with limitless opportunities for health and material advancement. However, the process of settling the West changed the environment itself. Migrants brought more than their culture; they also transported bacteria and viruses, and with those came epidemics that wrought turmoil in both white and Native American communities. The fact that most people lived far from medical care in primitive, makeshift conditions added to the dangers of disease. When students think of the American West, they often think of gunfights and ambushes even though more persons died from illness than from violence. Thousands of anonymous, unmarked graves along the great trails and in small, deserted towns remain today as a testimony to the unhealthy nature of life in the era of westward expansion.

**Indian Depopulation.** Disease took its greatest toll on Native Americans. As contact with whites grew more frequent, Indians became exposed to germs and pathogens for which they had no immunity, and as a result they suffered sickness and mortality rates much higher than whites. Scholars estimate that the American Indian population (within contemporary U.S. boundaries) declined from about 600,000 in 1800 to a mere 250,000 by 1900. Besides leaving tribes numerically ill prepared to resist white encroachment, imported diseases struck hardest at elders who filled important leadership roles in Indian societies. Native Americans increasingly blamed these losses on white intrusion while many whites believed that Indians were a dying race destined for extinction. Thus disease exacerbated tensions between whites and natives and made peaceful co-existence far more difficult.

**Smallpox.** No other disease ravaged Indian peoples more than the dreaded smallpox. The first major pandemic in the nineteenth-century West occurred in 1801–1802 among tribes in the Central and Northwestern regions of the continent. This epidemic devastated people along the Missouri River with particular ferocity. Between 1836 and 1840 another epidemic swept the Northern plains, killing many, including thousands of Blackfeet, Pawnees, and Mandans. The artist George Catlin described a tragic scene among the Mandans in 1837: Chief Four Bears, who always had advocated peace with outside traders, witnessed the deaths of his family and tribal members to smallpox. Surviving the disease himself, Four Bears denounced the White Dogs who brought disease to his people and rather than witness their further destruction, starved himself to death over a period of nine days. Smallpox continued its widespread devastation until the late nineteenth century though not with the same intensity as before 1840. Government officials from both the United States and Mexico attempted to vaccinate certain Indian groups, yet such actions had little effect because of sporadic implementation and many Indians’ suspicion that vaccination was another white plan to kill them.



**Cholera.** Medical science had no vaccination for the other great scourge of the nineteenth century: cholera. Merchants and sailors transported the disease, believed to have emanated from India, to the United States in 1832, where the poor sanitary facilities of Eastern cities allowed it to thrive. During the 1849 California Gold Rush, travelers carried the bacterium along the Santa Fe Trail and other overland routes. Migrants’ notoriously filthy hygienic habits caused them to eat spoiled meat and to drink and bathe in waste water. These conditions proved ideal for the spread of cholera. Yet unlike the contagious smallpox virus, cholera’s danger lay less in its actual spread than in how it struck at undernourished populations. Prospective gold seekers often suffered from overwork and poor diet, leaving their bodies susceptible to cholera infection. Nomadic Indian tribes suffered the same conditions; as many as one-half of the Pawnees and two-thirds of the Southern Cheyennes died of cholera between 1849 and 1852. Reports among the Comanches state that survivors lacked the strength to bury their hundreds of dead while Arapaho legends tell of several people who committed suicide rather than face the dreaded sickness. Medical practitioners could do little for cholera patients other than administer tinctures such as laudanum, which relieved the horrifying abdominal cramps suffered by the afflicted.

Cholera in the West

The sudden, explosive nature of cholera epidemics horrified white physicians and native healers alike in their respective attempts to combat the disease. During the 1849–1852 epidemics a frontier doctor named Andrew Still commented on local treatments at a Shawnee Indian mission in Kansas:

*The Indian’s treatment for cholera was not much more ridiculous than are some of the treatments of some of the so-called doctors of medicine. They dug two holes in the ground, about twenty inches apart. The patient lay stretched over the two,—vomit in one hole and purge in the other, and died stretched over the two, thus prepared, with a blanket thrown over him. Here I witnessed cramps which go with cholera dislocate hips and turn legs out from the body. I sometimes had to force the hips back to get the corpse in the coffin.*

In the 1880s doctors discovered the microscopic *Vibrio cholerae* bacillus, which causes the disease. With subsequent emphases on sanitation and quarantine, medical practitioners managed to lessen cholera’s destructive power.