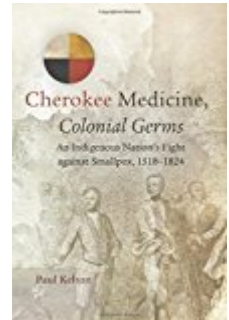


Paul Kelton. *Cherokee Medicine, Colonial Germs: An Indigenous Nation's Fight against Smallpox, 1518-1824.* New Directions in Native American Studies Series. Norman: University of Oklahoma Press, 2015. 296 pp. \$29.95, cloth, ISBN 978-0-8061-4688-1.



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Published on H-Diplo (October, 2015)

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Paul Kelton's superb new book, *Cherokee Medicine, Colonial Germs: An Indigenous Nation's Fight against Smallpox, 1518-1824*, covers an array of historical fields—diplomatic history among them, but also American Indian history, colonial history, and the history of medicine. Kelton's principal claim is that the Cherokee, and I would suggest Indian people everywhere in the New World, were not felled solely by infectious diseases like smallpox. Their diminished sovereignty, their shrunken land base, and their precarious health were not the result of “unintended biological forces.” Rather, the United States, and the British before them, rose to power “by way of marauding armies that wielded nightmarish violence, weakened formerly powerful Native nations, and took lands vital for the subsistence and economic survival of indigenous peoples” (p. 139). Kelton's well-researched and fluidly written book amply demonstrates this all to be true. *Cherokee Medicine, Colonial Germs* shows that American Indian loss of land and life was not the result of their being “virgin soil” for Old World diseases.

Cherokee Medicine, Colonial Germs meticulously details the Cherokee experience with smallpox—both its presence and its absence. Kelton is as concerned with the actual damage smallpox did to the Cherokee as he is with making clear that there have been times when smallpox has been suspected to be a force of great harm among the Cherokee when in fact it was more than likely either a negligible presence or actually absent. For example, there is abundant evidence that the Cherokee suffered a terrible epidemic in the late 1730s. Kelton uses the epidemic as a way of discussing the disease's demographic effects and the place of trade and diplomacy vis-à-vis the British and other indigenous peoples. The epidemic is also occasion for Kelton to spend a considerable amount of time in chapter 2, “Response,” expertly detailing the place of medicine and disease in Cherokee cosmology. Kelton's aim here, which hits its target's bullseye, is to show that the Cherokee responded to epidemics proactively, creatively, and at times effectively—by deploying, for one, quarantine and isolation—rather than as passive

victims too mired in their primitive ways to behave rationally or too biologically susceptible to Old World diseases.

Kelton goes to great lengths to show in chapter 4, "Revolution," that while contemporaries, and historians since, have considered the Cherokee to have been victims of a great smallpox epidemic, such was not actually the case. The set of myths surrounding Cherokee susceptibility to smallpox that settlers devised in the 1780s had wide circulation and currency in the nineteenth century as a way to explain the Cherokee's tragic predicament. However, as Kelton shows, the cause of their poverty, starvation, and land loss was not a fictitious smallpox epidemic. It was avarice-fueled frontier violence and American militias bent on seeking revenge against Indians who sided with the British. The assumption that the smallpox that was present and affected the Cherokee in the early 1780s, despite the absence of any evidence, supports Kelton's claim that both contemporary settlers and future historians were and are too quick to assume that Indian people are unusually susceptible to infectious diseases. This idea feeds into the narrative that disease rather than human action explains key moments in American Indian history.

Cherokee Medicine, Colonial Germs has two principal strengths. First, Kelton shows that disease did have an important impact on the Cherokee: it had devastating demographic effects, which Kelton argues they rebounded from, but it also prompted the Cherokee to reconfigure their cosmology by both factoring in rituals to deal with smallpox and fostering a belief in a smallpox spirit. Second, the book is equally adept at demonstrating that disease alone cannot explain the massive Cherokee land loss or other consequences of contact.

Kelton's main arguments are ones I am largely sympathetic to and agree with. At times, however, he makes too much of the work of historians and popularizers like Jared M. Diamond (*Guns,*

Germs, and Steel: The Fates of Human Societies [1997]) and Charles Mann (*1491: New Revelations of the Americas before Columbus* [2005]) who argue, in part, for the primacy of biological explanations. Kelton's demonstration of the complexity of Cherokee history does not at all depend on also demonstrating what he considers the flimsiness of others' arguments that suggest that biology was supreme. I agree entirely that these kinds of arguments are simplistic. Kelton's claim that disease was not the principal cause of Native peoples' atrophying power is sound, well made, and I would like to think readily acceptable to most historians working on early American history. I am thinking here, for instance, of historians like James H. Merrell or Daniel K. Richter. Merrell's *The Indians' New World: Catawbas and Their Neighbors from European Contact through the Era of Removal* (1990) and Richter's *The Ordeal of the Longhouse: The Peoples of the Iroquois League in the Era of European Colonization* (1992) examine early American Indian history in regions devastated by the myriad effects of colonialism, including disease. But neither argues that biological factors were supreme. In *The Ordeal of the Longhouse*, Richter's seminal work on the Northeast and the Great Lakes, arguments for the demise of the Huron and the rise of the Iroquois in the 1630s and '40s depend, of course, on accounting for the devastation wrought by smallpox and influenza among the Huron. But explaining seventeenth-century Iroquoia depends on so much more than disease in Richter's sophisticated narrative. One finishes that book assured of the power of disease, but also well aware of the fact that to understand Native history in the region one also must understand Iroquois mourning rites and the English obsession with beaver pelt hats.

Kelton does demonstrate that such historians as James Axtell deploy military metaphors to suggest the deadly march of disease through Native ranks. Axtell might even at times ascribe too much power to biology. But he has authored a vast corpus of essays and books and it is not fair

to suggest, as Kelton does, that he sees early American Indian history as a story of the supremacy of germs. Again, I agree with the spirit of Kelton's claim: some historians, especially those writing textbooks or popular histories like Diamond's *Guns, Germs, and Steel*, have made too much of biology. They have accepted, uncritically, the "virgin soil" interpretation of early Indian history. But I question his claim that most historians of early American Indian history do this. If anything, many do not take biology, ecology, climate, and so forth seriously enough.

Kelton is right to take on "virgin soil" theory as simplistic. But on occasion, Kelton can appear to be suggesting he is pioneering a way of seeing early American Indian history, one that diminishes the role of biology and replaces it with politics and economics. He is not. Thus, he is overstating his case when he writes: "Epidemics, to be sure, occurred, but as this book intends to show, scholars have overlooked how colonialism's violence set the stage for these supposedly unintended biological events, curtailed the abilities of Native peoples to protect themselves from infection, exacerbated mortality, and impeded recovery." Virgin soil has, Kelton writes, "unfortunately hidden colonialism's violence under a cloak of biological determinism" (p. 9). But scholars have not overlooked colonialism's violence. How many historians are actually wearing the cloak? Kelton's book is strong enough on its own that it has little need, with not infrequent repetition, to invoke such straw men.

There are times, too, when the focus on the Cherokee seems a bit restrictive. But this is veering into reviewing the book Kelton did not write rather than the book he did. I simply wonder what the book might have looked like had it taken a regional approach, examining smallpox among a more diverse set of Native peoples in the Southeast, instead of focusing only on the Cherokee. Kelton does discuss the Creek from time to time, only whetting my appetite for more.

None of these critiques should diminish Kelton's achievement. This book joins distinguished scholarship on early American Indian history that is centered on the Indian experience and revises historians' knowledge of a time and place they thought they knew well. I will eagerly assign this book in classes on American Indian history and the history of epidemic disease.

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Citation: Christian W. McMillen. Review of Kelton, Paul. *Cherokee Medicine, Colonial Germs: An Indigenous Nation's Fight against Smallpox, 1518-1824*. H-Diplo, H-Net Reviews. October, 2015.

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