

"A Great Deal of Sickness"¹

**Introduced diseases among the Aboriginal People of
colonial Southeast Australia 1788-1900**

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¹ Buttfield 1874

Except where otherwise stated in the text, this thesis represents my own original work.

Peter J. Dowling

For Dianne

**Saal na saol
Tús gá deireadh
Tá muid beo
Dá deo**

**Life of lives
Beginning without an end
We are alive
To the end of time**

(Enya & Ryan 1987)

Abstract

Palaeopathological studies have sought to build up a picture of Australian Aboriginal health before European settlement in 1788, and epidemiological studies of Aboriginal health in the twentieth century are now legion. But, despite a growing body of literature on Aboriginal history in the intervening colonial period, this remains an under-studied period from the viewpoint specifically of Aboriginal health. This thesis is a contribution to filling that gap through an examination of documentary and skeletal evidence on the changing bio-medical situation experienced by Aboriginal populations of Southeast Australia from 1788 to 1900.

This thesis examines one of the major biological components of this change - the diseases that were introduced into Australian Aboriginal populations during the process of colonisation. The epidemiology, timing, diffusion of diseases are considered with specific attention given to infectious and respiratory diseases that were responsible for causing major epidemics of morbidity and mortality.

A medical model for the contact period in the late 18th and 19th centuries is proposed. This model considers three major stages in the disease environment of Aboriginal populations in Southeast Australia; a pre-contact stage with endemic pathogens causing chronic diseases and limited epidemics, an early contact stage where introduced exotic human diseases cause severe epidemics of infectious and respiratory diseases among Aboriginal populations, and a third stage where remaining Aboriginal populations were institutionalised on government and mission settlements and were subjected to a high level of mortality from the introduced diseases.

The major epidemic diseases during the early contact stage were smallpox, syphilis, tuberculosis, influenza, and measles. Each of these diseases were responsible for excessive morbidity and mortality. During the period of institutionalisation infectious and respiratory diseases were responsible for over 50% of recorded deaths on 8 separate Aboriginal settlements in Southeast Australia. The major diseases recorded as causes of death were tuberculosis, bronchitis, pneumonia, diarrhoea and dysentery.

Aboriginal and non-Aboriginal Australian infant mortality rates are calculated to provide an indicator to compare the state of health of the two populations. Aboriginal rates were high when compared to the non-Aboriginal populations of Victoria and South Australia. The rates reveal a substantial health differential between Aboriginal and non-Aboriginal populations. Aboriginal infant mortality has improved into the latter quarter of the twentieth century but the corresponding improvement in non-Aboriginal infant mortality has been at a much higher rate. The gap between the health status of each has widened rather than narrowed over the last one hundred years.

Acknowledgments

When I first began this project I was warned by several colleagues that finding nineteenth century information regarding the impact of introduced diseases on Aboriginal populations would be difficult. The sources of information I would need, if they existed at all I was warned, would most likely be scattered throughout archival texts in several capital cities and much of it would not be readily obtainable through current archival referencing aids. They were correct. Much of the material obtained came after seemingly endless days of searching through bundles of files, often without any success, in the libraries and public records offices of five capital cities. In order to find them, understand them, use them in the way I wished, cope with all the inevitable setbacks, and finally put them all together in what I hope is a coherent story required the help of many people.

At the top of the list is my wife Dianne. Once again she had to cope with this thing called a thesis which invaded her life just as much as it did mine. Without her understanding, help in the archives, and support throughout the good times and the bad times, this thesis would never have been written.

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Go raibh míle maith agat.

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