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The Khoisan people on the precipice of extermination in the 18th Century: The impact of the 1713, 1755 and 1767 Smallpox Epidemics on the Khoisan Communities at the Cape

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ABSTRACT

Literature abounds on the smallpox epidemics of 1713, 1755 and 1767 at the Cape, and how the epidemics destroyed the Khoisan way of life. Historians agree that these epidemics decimated most of the Khoisan clans and further eroded their social, economic and political strength, and in the process, exposed them to the naked sky of the ruthless marauding forces of colonialism whose sole intent was to feed their insatiable appetite for arable land and mineralogical riches. Thus, the available orthodox scholarly accounts do not adequately explain the origin of the smallpox virus that precipitated irreparable havoc in the Khoisan communities. The literature treats the spread of the virus as an accident. Therefore, using the available primary and secondary sources and a qualitative research approach, this article explores the 1713, 1755 and 1767 smallpox epidemics at the Cape, with a specific focus on the origins, effects, as well as the indigenous Khoisan clans' perception of the epidemics. It argues that the introduction of smallpox at the Cape by the Dutch waxed and waned the Khoisan resistance to the Dutch invaders and, therefore, aided the process of colonialism. Drawing on the example of the British distribution of smallpox-contaminated blankets and a handkerchief to Native Americans in 1763, the article concludes that there is a possibility that the smallpox-infected blanket which arrived at the Cape on 14 February 1713 may have served a similar purpose- to weaken the Khoisan population, thereby facilitating colonial expansion and the occupation of their territories.

Keywords: Khoisan, Epidemics, Smallpox, Colonialism, and Indigenous.

INTRODUCTION

The African continent has received a fair share of detrimental epidemics since the advent of colonists. Some of these epidemics, such as smallpox, had devastating effects on the African communities that were almost annihilated. The role smallpox played in the decline of the Khoisan communities in the Cape has attracted scholarly debates.[1] The 1713, 1755 and 1767 smallpox epidemics at the Cape of Good

[1] George McCall Theal, *History of South Africa 1691-1795*, vol. 2 (S. Sonnenschein & Company, 1888); George McCall Theal, *South Africa (the Cape Colony, Natal, Orange Free State, South African Republic, and All Other Territories South of the Zambesi)* (GP Putnam's Sons, 1894); Robert John Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," *African Historical*

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Hope precipitated irreparable havoc upon the Khoisan communities. They decimated most of the Khoisan clans and further eroded their economic, social and political strength. Smallpox was a foreign disease for the indigenous Khoisan communities, who had less resistance to it than the slaves and the Europeans. This explains why they had no recourse to indigenous medicines that could be used as a panacea for this deadly disease. Khoisan communities who did not know about smallpox believed that the pandemic was a disaster brought upon them by their angry gods as a form of punishment for interacting with colonists.

In response, they escaped further into the interior, leaving their pasturage and hunting grounds for easy expropriation by the settler farmers. Although the available literature pays homage to how smallpox caused irreparable havoc and decimated Khoisan communities, it is mute on why it landed in the Cape at a time when the Dutch were eager to colonise the Cape. This article, therefore, explores the 1713, 1755 and 1767 smallpox epidemics at the Cape, focusing more on the causes, effects and the indigenous Khoisan clans' perception of the epidemics. It is also consistent with the contention that epidemics that tormented the Khoisan were foreign by origin; the colonists consciously or unconsciously exported them across the African frontier to aid the process of colonialism. It further posits that the patterns of colonialism are similar. If the British sent blankets carrying the smallpox virus to the Native Americans in 1763 to exterminate them from the face of the earth and expropriate their land, there is a likelihood that the smallpox-infected blankets from the East Indies that landed at the Cape on 14 February 1713 had the same purpose: to disintegrate the indigenous Khoisan communities and occupy their land. By questioning conventional interpretations, the article aims to re-examine the causes and consequences of these epidemics and their role in facilitating colonial expansion.

METHODOLOGY

This article integrates primary and secondary sources and follows a qualitative research approach. Furthermore, it follows a historical research design whose chief purpose is to collect, verify and synthesise evidence from the past to understand the events and defend or refute the available thesis about the subject being investigated. Therefore, the historical research design, which involves synthesising data from many different sources, enabled this article to use both secondary and primary sources to map out the origins, causes and effects of the 18th-century smallpox epidemics on the Khoisan people at the Cape. The sources that focus on the Khoisan and smallpox epidemics were purposively selected. However, the main limitation of this article is that it attempts to reconstruct the remote history of the Khoisan, a period for which there are limited primary sources. In particular, the scarcity of oral sources restricts the depth of historical interpretation, as oral traditions could provide valuable indigenous perspectives and enrich our understanding of Khoisan history. Furthermore, it is worth noting that the absence of comprehensive demographic data on Khoisan mortality during the smallpox epidemics makes it difficult to verify the conclusions reached by the orthodox Cape historians. The conclusions are based on historical estimates and inferences drawn from incomplete evidence rather than on direct and comprehensive mortality records. It is on this basis that this article also uses historical estimates and inferences derived from incomplete evidence to consider the other side of the coin, a perspective that the orthodox Cape historians have rarely explored in their reconstruction of the history of smallpox epidemics that devastated and weakened Khoisan communities at the Cape.

Who were the Khoisan?

This question must be answered before we interrogate the smallpox epidemics that decimated most of the Khoisan clans in the Cape region. Answering this question will help us understand how the epidemics collapsed their economic backbone, leading to the dissolution of their political strength. Khoisan is a term that combines the Khoikhoi and San people, who are indigenous to Southern Africa. According to Van Wyk, Khoisan is an umbrella name for lighter-skinned indigenous peoples of Southern Africa: the

Demography, 1977, 416–28; R Elphick, *Kraal and Castle* (New Haven: Yale University Press, 1977); R. Elphick and V. Malherbe, "The Khoisan to 1828," in *The Shaping of South African Society, 1652-1840* (Cape Town: Wesleyan University Press, 1989), 3–65.Leonard Guelke and Robert Shell, "Landscape of Conquest: Frontier Water Alienation and Khoikhoi Strategies of Survival, 1652–1780," *Journal of Southern African Studies* 18, no. 4 (1992): 803–24.

Khoikhoi (Hottentots) and the San (Bushman).[2] Van Wyk contends that the name refers to the cultural, traditional and linguistic patterns amongst the people.[3] The indigenous people of Southern Africa have accepted the collective term, Khoisan, as they seek to restore their tradition and culture. For the purpose of this study, the word Khoisan is used as a collective name for Khoikhoi and the San people.

The Khoikhoi were hunters and herders, and the San were hunter-gatherers. Whilst the Khoikhoi and the San were two distinct groups, they had common origins, and they both practiced an extensive form of transhumant pastoralism. According to Elphick, increased contact between these two groups led to the rise of the clientele system and eventually, intermarriages, making cultural assimilation inevitable.[4] Elphick maintained that increased interaction between the Khoikhoi and San people led to the emergence of a mixed people of higher stature and diffused culture.[5] The Khoisan were scattered throughout the whole of Southern Africa, especially in the Cape region, in present-day South Africa. The scarcity of water resources in the Cape region informed their movements and settlement patterns. Their belief system shaped how they perceived their environment and historical events.

An examination of the Khoisan religion and medical history provides a keyhole through which to understand how they dealt with epidemics precipitated by the colonists. Their religion, coupled with medical healing culture, serves to explain their reaction to the smallpox epidemics. However, there is limited evidence of Khoisan medicine; hence, their medical history remains in normative accounts.[6] Khoisan religion has traditionally been instrumental in reinforcing the difference between them and the Bantu-speaking people.[7] Wessels maintains that Khoisan religion was uncontaminated by idols, altars, and fetishes.[8] Their religion was a representation of their spiritual worldview, which was unique from European spirituality. The Khoisan cosmology and culture involved worshipping the moon and the sun. Shamanism and trance were the fundamental pillars of Khoisan spirituality. Their healing practices were connected to their spirituality. According to Low, Khoisan healing practices were recognisable in the pre-biomedical era.[9] They used medicinal plants coupled with trance dance to cure diseases. Thus, trance dance is presented as an ancient shamanic healing ritual for the Khoisan people.

The Khoisan wore bits of eland or black cloth to protect themselves from illnesses.[10] According to Low, the identification and location of sicknesses using the sense of smell is an idea deeply embedded in Khoisan healing practice.[11] The environment influenced Khoisan ideas of potency, wind and smell in their healing processes. They understood their vegetation and its medicinal value acquired through dreaming, trancing and divination. Low argued that culture and healing were part of the Khoisan environment.[12] The way the Khoisan related to the environment played a pivotal role in determining their healing practices. On this basis, Low argued that the Khoisan relationship with the African environment has been long and intimate enough to provide specific truths about their medical world.[13] The Khoisan environment provided them with the key ingredients for perceiving and healing different sicknesses. Their healing arsenal included plants and animal skins, affirming their proximity to nature. According to Low, beyond wild animals, poisoned bites and war wounds, no nasty thing affected Khoisan health; hence, there was no need for the development of sophisticated medicine.[14] The Khoisan had no immunity to European diseases such as smallpox. This explains why the outbreak of smallpox took them by surprise; they had no recourse to indigenous medicines that could be used as a panacea to this deadly foreign disease.

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[2] Berte Van Wyk, "Indigenous Rights, Indigenous Epistemologies, and Language:(Re) Construction of Modern Khoisan Identities," *Knowledge Cultures* 4, no. 04 (2016): 33–45.
[3] Van Wyk, "Indigenous Rights, Indigenous Epistemologies, and Language:(Re) Construction of Modern Khoisan Identities."
[4] R Elphick, *Khoikhoi and the Founding of White South Africa* (Johannesburg: Ravan Press, 1985), 30.
[5] Elphick, *Khoikhoi and the Founding of White South Africa*, 37.
[6] Chris Low, "Khoisan Healing: Understandings, Ideas and Practices," *DPhil Thesis, University of Oxford*, 2004, vi.
[7] Michael Wessels, "The Khoisan Origins of the Interconnected World View in Antjie Krog's Begging to Be Black," *Current Writing: Text and Reception in Southern Africa* 24, no. 2 (2012): 188.
[8] Wessels, "The Khoisan Origins of the Interconnected World View in Antjie Krog's Begging to Be Black," 187.
[9] Low, "Khoisan Healing: Understandings, Ideas and Practices," 1.
[10] Low, "Khoisan Healing: Understandings, Ideas and Practices," ii.
[11] Chris Low, "Khoisan Wind: Hunting and Healing," *Journal of the Royal Anthropological Institute* 13 (2007): 84.
[12] Low, "Khoisan Healing: Understandings, Ideas and Practices," 19.
[13] Low, "Khoisan Healing: Understandings, Ideas and Practices," 19.
[14] Low, "Khoisan Healing: Understandings, Ideas and Practices," 29.

The historical background of smallpox

Smallpox as a disease is one of the deadliest scourges of humankind and, in waves of epidemics, has killed millions of people around the world.[15] According to Tognotti, smallpox, a highly contagious disease, was caused by one of the two virus variants, named *Variola major* and *Variola minor*.[16] He further notes that in the ancient world, smallpox was one of the main deadly diseases. Behbehani noted that the Persian physician Rhazes, in 910 A.D., stated that smallpox had been written about in the second century.[17] Although smallpox had been prevalent in India and China before Christ, the first recorded case of the disease was in Arabia in the sixth century. The Arabic invaders exported the disease to North Africa in the sixth, seventh and eighth centuries.[18] Smallpox first appeared in Egypt in 570 A.D., and in Britain, in the sixth century. Behbehani posits that in 1507, the disease was disseminated into Central America by a slave ship and in 1520-1522, the epidemic claimed millions of Mexicans.[19] In Brazil, the disease first appeared in 1653; in Australia, 1789; in Japan and China, before the 18th century; in Hawaii, in the middle of the 19th century; and in New Zealand, in 1913.[20] The disease tormented humanity for centuries before the vaccine was discovered.

Variolation was the most common method to contain the spread of the virus. According to Behbehani, variolation was the immunisation of susceptible individuals with the material taken from smallpox lesions.[21] Tognotti agrees that the most successful way to combat smallpox was with inoculation (variolation).[22] Fenn contended that the practice of inoculation was indeed remarkable in containing the disease.[23] This method of treatment was popular in Europe, Asia and the Americas. However, variolation was not a safe and effective measure to curb the spread of smallpox; it was regarded with suspicion in the medical community.

In 1796, Dr. Edward Jenner introduced vaccination (using cowpox virus instead of smallpox virus) into Britain.[24] As a result of the widespread use of this vaccination, smallpox declined steadily in the Americas, Europe and Asia. In 1967, the World Health Organisation (WHO) carried out a worldwide campaign to completely stop the spread of smallpox. The campaign adopted a strategy of containment and surveillance.[25] Behbehani asserts that this campaign came to fruition in 1977 when the last person to acquire naturally occurring smallpox from Somalia, Africa, fully recovered.[26] Tognotti concurs that on 8 May 1980, the WHO certified that the scourge of smallpox had been globally eradicated.[27] This was the greatest achievement in the history of medicine in the 20th century. The encouragement of research initiatives, mobilisation of community, political and civilian participation and adaptation to public health strategies played a pivotal role in the eradication of smallpox. Thus, smallpox is the only human disease that has been eradicated through a global vaccination campaign.[28]

Smallpox first appeared in Southern Africa in 1713, when a Dutch East India Company (DEIC) ship from India introduced it into Cape Town. According to Ross, smallpox plays an important role in the mythology of South African history.[29] Ross acknowledges that the myth has elements of truth, particularly that thousands died from this disease.[30] In the 18th century, at the Cape, there were three

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[15] Abbas M Behbehani, "The Smallpox Story: Life and Death of an Old Disease," *Microbiological Reviews* 47, no. 4 (1983): 455–509.
[16] Eugenia Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?," *The Journal of Infection in Developing Countries* 4, no. 05 (2010): 264–66.
[17] Behbehani, "The Smallpox Story: Life and Death of an Old Disease."
[18] Behbehani, "The Smallpox Story: Life and Death of an Old Disease."
[19] Behbehani, "The Smallpox Story: Life and Death of an Old Disease," 458.
[20] Behbehani, "The Smallpox Story: Life and Death of an Old Disease."
[21] Behbehani, "The Smallpox Story: Life and Death of an Old Disease," 455.
[22] Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?," 265.
[23] Elizabeth A. Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," *The Journal of American History* 86, no. 4 (March 2000): 1552, https://doi.org/10.2307/2567577.
[24] Behbehani, "The Smallpox Story: Life and Death of an Old Disease."
[25] Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?" 265.
[26] Behbehani, "The Smallpox Story: Life and Death of an Old Disease," 455.
[27] Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?" 264.
[28] D A Henderson, "A Successful Eradication Campaign: Discussion," *Reviews of Infectious Diseases* 4 (1982): 923–24; Behbehani, "The Smallpox Story: Life and Death of an Old Disease"; F Fenner et al., "Smallpox and Its Eradication," *Geneva: WHO* 210 (1987); Geoffrey L Smith and Grant McFadden, "Smallpox: Anything to Declare?," *Nature Reviews Immunology* 2, no. 7 (2002): 521–27.
[29] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 415.
[30] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 415.

major smallpox epidemics: in 1713, 1755 and 1767. Ross argues that in the South African historiography, these epidemics were accorded the importance which they did not possess. Contrary to Ross's argument, this chapter argues that these epidemics led to the dissolution of the Khoisan political, economic and social power, leaving them exposed to the marauding forces of colonialism, hence their importance in the South African historiography. Table 1 depicts the effects of the 1713, 1755 and 1767 smallpox epidemics.

Table 1: The 18th-century smallpox epidemics and the expropriation of Khoisan land at the Cape

Epidemic	Demographic Impact	Consequences for Khoisan Landholding	Colonial Expansion Effects
1713	Catastrophic mortality among Khoisan; some estimates suggest 80- 90% mortality in parts of the south-western Cape. Approximately one-quarter of the settler population also died.	The entire Khoisan communities were depopulated or fragmented. Survivors often abandoned traditional grazing areas and livestock for easy expropriation by the settlers.	Settlers occupied lands left vacant by depopulation. The weakening of Khoisan political structures reduced resistance to colonial encroachment and accelerated settler access to grazing lands.
1755	The second major epidemic caused more than 2,300 deaths across the colony and further reduced indigenous populations.	The remaining Khoisan communities lost additional livestock and labour capacity, making it increasingly difficult to maintain independent pastoral economies.	The expansion of trekboer farming intensified as weakened Khoisan groups became dependent on colonial employment, while settlers extended occupation into previously contested grazing zones.
1767	Renewed epidemic struck communities already weakened by previous outbreaks. Mortality figures are uncertain but substantial.	Further fragmentation of Khoisan social and territorial organization occurred, reducing collective control over ancestral lands.	Colonial occupation of the western and south-western Cape consolidated settler dominance over former Khoisan grazing territories.

The 1713 smallpox epidemic

According to La Croix, although no official Khoisan census was carried out before 1805, the Khoisan population declined significantly from the smallpox epidemic of 1713.[31] Ross concurs, noting that the Khoisan living conditions were ideal for the spread of the disease, hence the high mortality rate for those who were sick.[32] The colonists consciously or unconsciously exported the deadly smallpox disease to South Africa. Smallpox was introduced to the Cape in April 1713 through a Dutch East India Company (DEIC) ship that slipped through the quarantine procedures of the Cape of Good Hope.[33] The ship from India had passengers who had recovered from smallpox, and their laundry sent to the Company slave lodge spread the first smallpox virus in southern Africa. According to Rahnemon et al., an outbreak of smallpox could be controlled through surveillance, containment, vaccination, and isolation of cases.[34] The DEIC officials knew about these control and preventive measures. Therefore, the spread of smallpox to southern Africa was due to the negligence of the DEIC. They understood how smallpox spreads and

[31] Sumner La Croix, "The Khoikhoi Population, 1652-1780: A Review of the Evidence and Two New Estimates," *Studies in Economics and Econometrics* 42, no. 2 (2018): 15.
[32] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 415.
[33] Mohammad Reza Rahnemon, Mohammad Javad Sobhaniefar, and Mohammad Reza Haghshenas, "Smallpox and Bioterrorism.," *Journal of Mazandaran University of Medical Sciences (JMUMS)* 23, no. 105 (2013): 122.
[34] Rahnemon, Sobhaniefar, and Haghshenas, "Smallpox and Bioterrorism," 122.

how the linen could spark the outbreak of smallpox at the Cape, but elected to be reckless with the linen of the recovered passengers, which precipitated havoc amongst the residents of the Cape. Theal wrote:

> *The Company had at the time about five hundred and seventy slaves of both sexes and all ages, nearly two hundred of whom were earned off within the next six months. From the slaves, the disease spread to the Europeans and the natives. In May and June, there was hardly a family in the town that had not someone sick or dead. Traffic in the streets was suspended, and even the children ceased to play their usual games in the squares and open places. At last, it was impossible to obtain nurses, though slave women were being paid at the rate of four and five shillings a day. All the planks in the stores were used, and in July, it became necessary to bury the dead without coffins. For two months, there was no meeting of the court of justice, for debts and quarrels were forgotten in the presence of the terrible scourge. The minds of the people were so depressed that anything unusual inspired them with terror.*[35]

By May 1717, the smallpox disease had reached pandemic proportions, and the dead could not be buried in coffins because the unprecedented deaths led to a shortage of planks. The 1713 smallpox epidemic tormented the Cape residents, both White and Black. However, the epidemic had more devastating effects on the Khoisan communities, which were less resistant to the virus. Although the Cape historians rely on estimates to determine the devastating effects of the smallpox epidemic, what is undisputed is that the epidemic caused more havoc in the Khoisan communities. Theal further asserted:

> *Among the Hottentots, the disease created the greatest havoc. Of the Europeans who were smitten, more recovered than died; but with the Hottentots, to be ill and to die were synonymous. The state of filth in which they lived caused the plague to spread among them with fearful rapidity. When the kraals were first infected, and the number of deaths became startling, the Hottentots of the Cape fled across the mountains, declaring that the Europeans had bewitched them. But as soon as they got beyond the settlement, they were attacked by tribes of their own race, and all who could not get back again were killed. The probable object of this slaughter was to prevent the spread of the disease, but if so, it failed. Then the wretched creatures sat down in despair and did not attempt to help themselves. They did not even remove their dead from the huts. In Table Valley, it became necessary to send a party of slaves to put the corpses underground, as the air was becoming foul. Whole kraals absolutely disappeared, leaving not an individual alive. The very names of the tribes for a great distance inland were blotted out by the fell disease. They no longer appear in the records as organised communities, with feuds and rivalries and internal wars, but as the broken-spirited remnant of a race, all whose feelings of nationality and clanship had been crushed out by the great calamity.*[36]

Beyond the change in behaviour of the Khoisan towards sicknesses, smallpox influenced varied notions of Europeans and sicknesses. The Khoisan adapted their beliefs and practices to accommodate and interpret smallpox. Since smallpox was a new disease that they failed to comprehend, they therefore believed that the Europeans had bewitched them. Khoisan communities who did not know about smallpox believed that the epidemic was a disaster precipitated upon them by their angry gods as a form of punishment for interacting with colonists. Traditional Khoisan medicine did not cure the disease, which was foreign to their medical practices, and this caused fear within their communities. Their fear was aggravated by the rapid spread of the disease, coupled with their inability to find a cure for the dangerous disease that decimated their communities. Elphick and Malherbe argued that the impact of the 1713 smallpox epidemic was more severe on Khoisan who had almost no immunity to it.[37] They postulated that the 1713 smallpox epidemic wiped out 90% of the Khoisan population.[38] Ross refuted

[35] Theal, *South Africa (the Cape Colony, Natal, Orange Free State, South African Republic, and All Other Territories South of the Zambesi),* 58.
[36] Theal, *South Africa (the Cape Colony, Natal, Orange Free State, South African Republic, and All Other Territories South of the Zambesi),* 58 - 60.
[37] Elphick and Malherbe, "The Khoisan to 1828," 21.
[38] Elphick and Malherbe, "The Khoisan to 1828," 21.

the claim that the epidemic claimed 90% of the Khoisan population in the Cape.[39] He argued that these figures are an exaggeration; the epidemic was unlikely to have killed more than 30% of the Khoisan population at the Cape. Ross further pointed out that the Khoisan were nomadic people who could have avoided contracting the disease, considering the vastness of Southern Africa.[40] According to Ross, on 6 May 1713, the diarist for the Colonial Cape government wrote:

> *Even the poor Hottentots are not free, but disastrously do not know the disease and have never seen it and, in consequence of this medical ignorance, are thus very disastrously smitten.*[41]

With this information at his disposal, Ross neglected that the Khoisan were in constant contact with the Dutch at the Cape and with each other, regardless of the vastness of Southern Africa. He also elected to undermine the fact that the Khoisan knew nothing about smallpox; hence, his argument that they could have avoided contracting it by isolating themselves is unrealistic. It is worth noting that the epidemic was identified as a significant event in the history of the Cape population. However, historians do not agree on the role that it played in the decline of the Khoisan population. Theal emphasised the catastrophic effects of the epidemic on the Khoisan communities:

> *The death rate among the free blacks was very high, but it was among the Hottentots that it reached its maximum. The whole kraals in the neighbourhood of the Cape peninsula disappeared without leaving a single representative…The beach rangers in Table Valley did not even remove the dead from their huts but sat down and awaited their own turn without a gleam of hope. When the disease ceased, there were only dejected remnants left of the old tribes of the Hessequa, Chainouqua, Goringhaiqua, Cochoqua, and Grigriqua. Beyond them, it had not spread. After this date, these tribal titles are not found in official records or accounts of travellers, and the Hottentot clans that remained within a hundred miles of the castle ceased to be regarded as of any importance.*[42]

According to Fourie, the reduction of the Khoisan population, exacerbated by the 1713 smallpox epidemic, made the private enforcement of settlers' territorial claims cheaper.[43] Those who survived escaped into the interior, leaving their land for easy expropriation by the settlers. Fourie further argues that the subjugation of the Khoisan not only opened up vast tracts of land for settlement, but also created a large pool of cheap labour for the frontier farmers.[44] Malherbe concurred that the consignment of the Khoisan into servitude was accelerated by the 1713 smallpox epidemic, which paved the way for rapid trekboer expansion into their territory.[45] According to Elphick, the 1713 smallpox epidemic was the final catastrophe that decimated most of the Khoisan groups in the Western Cape.[46] Elphick maintained that the 1713 smallpox epidemic played a major role in the disintegration of the Khoisan communities.[47] He argued that:

> *Within sixty years of 1652, the traditional Khoikhoi economy, social structure and political order had almost entirely collapsed. My main goal is to understand this collapse. It cannot be explained purely in military terms… Neither can it be seen merely as a result of the smallpox epidemic of 1713, even though this swept away the majority of the Western Cape Khoikhoi population. Khoikhoi decline was far advanced and probably irreversible well before this final catastrophe.*[48]

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[39] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 415.
[40] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 415.
[41] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 417.
[42] Theal, *History of South Africa 1691-1795*, 71-73.
[43] Johan Fourie,*The Settlers of South Africa and the Expanding Frontier* (Department of Economics,University of Stellenbosch, 2020), 5.
[44] Fourie, *The Settlers of South Africa and the Expanding Frontier*, 6.
[45] Vertrees Canby Malherbe, "The Cape Khoisan in the Eastern Districts of the Colony before and after Ordinance 50 of 1828" (Cape Town University, 1997), 26.
[46] Elphick, *Khoikhoi and the Founding of White South Africa*, 229.
[47] Elphick, *Kraal and Castle*, XVII.
[48] Elphick, *Kraal and Castle*, XVII.

Guelke and Shell postulated that the smallpox epidemic came at a time when the Khoisan communities were weakened, and therefore their downfall could not be ascribed to the smallpox epidemic.[49] They argued that more devastating than the epidemic were the cumulative effects of the colonists' ability to take control of their water bodies and land. Although there are various factors that account for the downfall of the Khoisan, a close analysis of the events that followed the 1713 epidemic reveals that smallpox mutilated the Khoisan's political and economic strength. The epidemic decimated the Khoisan people in the Cape and rendered them incapable of resisting the forces of colonialism. It had devastating effects on the Khoisan, whose population was greatly reduced, paving the way for the settlers to expropriate their livestock, which were left unattended. With the aid of the Cape government, settler farmers moved into the areas that were previously inhabited by the Khoisan and started practising extensive agriculture.

The 1755 smallpox epidemic

The smallpox epidemic visited the Cape again in full force at the beginning of the winter of 1755 in a fleet from Ceylon. According to Arnott, the settlers assumed that the slaves, whose living conditions were very poor and ideal for the spread of the disease, spread the virus.[50] Although their living conditions were poor, the disease was highly contagious and had less to do with the living conditions. Arnott notes that the medical facilities in the Cape were poor and were unable to contain the virus because there was no cure for the disease at the time.[51] Theal narrated that:

> *One of the troubles referred to was an outbreak of smallpox, that terrible scourge that had been introduced at the beginning of the winter of 1755 by a homeward-bound fleet from Ceylon. At first, it was supposed to be a kind of fever, but after a few days, there were cases that admitted of no doubt. It assumed, however, various forms, and among "me of the distant Hottentot tribes differed in appearance so much from what" was held to be true smallpox that the Europeans termed it gall sickness. With the Hottentot tribes that escaped on the former occasion, the disease caused fearful havoc. Not one was left unscathed, except the Korana along the Orange and its branches. On the coast northward to Walfish Bay and eastward until Bantu were reached, the tribes as such were utterly destroyed. The individuals who remained were thereafter blended together under the general name of Hottentots, and their old distinguishing titles became lost even among themselves.*[52]

After the 1713 smallpox epidemic, the Cape Colony officials at the Cape ran a campaign on smallpox preventive measures. Arnott posits that, other than being told to change their lifestyle, the Khoisan were not informed about how dangerous the disease was and how to prevent the spread of the virus.[53] This explains why the pandemics had devastating effects on the Khoisan and slave communities. According to Theal's narrations of the 1755 events of the smallpox epidemic, the virus was effective in winter and less effective in summer:

> *In July, the weather was colder than usual, and during that month, four hundred and eighty-nine Europeans, thirty-three free blacks, and five hundred and eighty slaves perished. If that death rate had continued, before the close of the year, there would have been no one remaining, but as soon as the warm weather set in, the virulence of the disease abated…With the Hottentots, it also created great havoc, for it spread further inland than in 1713. It is not possible to say exactly how far it extended, but its ravages were felt in Great Namaqualand at least to the twenty-sixth parallel of latitude, and in the east to the Great Fish River. Before midsummer, it entirely died out.*[54]

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[49] Guelke and Shell, "Landscape of Conquest: Frontier Water Alienation and Khoikhoi Strategies of Survival, 1652–1780," 803.
[50] Teneille Arnott, "Gendered Silence: Female Slave Imports and Khoikhoi Women in the Dutch Cape Colony," *Indian Ocean World Centre Working Paper Series*, no. 6 (2019), 17.
[51] Arnott, "Gendered Silence: Female Slave Imports and Khoikhoi Women in the Dutch Cape Colony," 18.
[52] Theal, *South Africa (the Cape Colony, Natal, Orange Free State, South African Republic, and All Other Territories South of the Zambesi)*, 80-81.
[53] Arnott, "Gendered Silence: Female Slave Imports and Khoikhoi Women in the Dutch Cape Colony," 20.
[54] Theal, *History of South Africa 1691-1795*, 156-157.

Ross contended that the 1755 smallpox epidemic slowed the rate of population growth at the Cape.[55] The epidemic had devastating effects on the Khoisan who had fled further inland. Khoisan communities were already weakened by the 1713 epidemic; however, the 1755 scourge served to weaken them further. The lethal foreign disease intensified the strain on the Khoisan peoples. The epidemic further led to the socio-political and economic collapse of the Khoisan clans, whose livestock and population numbers gave them bargaining power. Elphick maintains that what remained of the Khoisan economic and political strength was eroded by the 1755 smallpox epidemic.[56]

The 1767 smallpox epidemic

The smallpox epidemic at the Cape disappeared in 1755 until 1767, when it was imported across the Cape frontiers by the Danish ship returning to Europe. However, this epidemic was mild and did not claim many lives, particularly those of the Khoisan. One of the reasons why there were no more Khoisan people might be that most of them had escaped further into the interior after the first two epidemics. According to Ross, it is possible that the virus was a less virulent variety of smallpox.[57] Theal noted that.

> *In 1767, smallpox was again brought into the colony. On this occasion, it was introduced by a Danish ship returning to Europe. From May until November, it was prevalent in Cape Town, but owing to precautions which were taken, only a few families in the country districts were attacked by it. In 1713 and 1755, it died out entirely when the hot weather set in, but there were occasional cases throughout the summer of 1767-8, and it was not until April 1769 that it quite disappeared. Altogether, between eighteen and nineteen hundred persons were attacked, of whom one hundred and seventy-nine Europeans, one hundred and forty-five free blacks, and two hundred and fifty-one slaves died. The ravages of the disease were thus slight when compared with earlier years…*[58]

The damage caused by the 1767 smallpox pandemic was minor compared to the damage caused by the 1713 and 1755 pandemics. The outbreak did not extend to the Cape and peripheries. There were occasional cases of smallpox throughout the summer of 1767 to 1769 because, just like the coronavirus, the smallpox virus is not effective in summer. The period of great intensity was May to November 1767; however, the disease lingered for two years until April 1769, when it finally disappeared.[59]

The role played by the smallpox epidemics in the decline and descent of the Khoisan into bondage has been a subject of heated scholarly debate. The 1713, 1755 and 1767 smallpox epidemics at the Cape were all imported into the Cape by European colonists. Fourie and Green contend that the deadly smallpox epidemics compelled the remaining Khoisan people to migrate to the more arid regions in the interior.[60] Tognotti posits that the European germs wreaked havoc on the aboriginal communities of Australia, New Zealand and Africa.[61] At the height of colonial conquest in the 17th and 18th centuries, smallpox was a global endemic disease. Although Ross disputed that the smallpox pandemics decimated Khoisan communities, he conceded that their living conditions were ideal for the spread of the disease and their medical knowledge could not prevent the high mortality rate among the infected.[62] He concluded by noting that, although the smallpox epidemic did not affect every Khoisan clan, the Khoisan communities did not regain their strength because the European farmers dispossessed them of their land

[55] Robert Ross, "The 'White'Population of South Africa in the Eighteenth Century," *Familia* 12, no. 4 (1975): 79–101.
[56] Elphick, *Khoikhoi and the Founding of White South Africa*, 229.
[57] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 422.
[58] Theal, *History of South Africa 1691-1795,* 167.
[59] D. Campbell Watt, *Variola as It Affects the Native Races of South Africa: With a Discussion on the Existence of Amaas or Kaffir Pox* (University of Glasgow (United Kingdom), 1899), 16.
[60] Johan Fourie and Erik Green, *The Missing People: Accounting for Indigenous Populations in Cape Colonial History* (Econometric Research Southern Africa, 2013), 6.
[61] Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?," 264.
[62] Ross, "Smallpox at the Cape of Good Hope in the Eighteenth Century," 422.

and water bodies. Marks postulated that smallpox epidemics consigned the Khoisan people to the precipice of extermination in the 18th century.[63]

The lack of comprehensive demographic data on Khoisan mortality during the smallpox epidemics makes it difficult to verify the conclusions reached by these Cape historians. Therefore, their estimates of population losses are based on inferences drawn from fragmentary evidence rather than on precise factual records, leaving room for debate and alternative interpretations. On this basis, this article considers the other side of the coin, a perspective that has rarely been explored by orthodox Cape historians in their reconstruction of the history of the smallpox epidemics that devastated and weakened Khoisan communities at the Cape.

Smallpox as a biological weapon

The smallpox epidemics in the 18th century were responsible for the weakening and eventual disintegration of the Khoisan communities. They hastened and completed the process of Khoisan disintegration.[64] However, the biggest question in the history of smallpox epidemics at the Cape is: was smallpox used by the colonists as a biological weapon to annihilate and subjugate the Khoisan? Perhaps an examination of the deliberate use of smallpox to exterminate the indigenous Americans in 1763 by the British can help us to view the 18th-century epidemics at the Cape with a different eye. In American history, the 1763 Amherst-smallpox blanket episode generated heated debates. According to Fenn, at Gen. Jeffery Amherst's orders, British subordinates at Fort Pitt infected local Indians with a blanket carrying smallpox from a local hospital in 1763.[65] Some historians argued that the British did not infect the indigenous Americans because they lacked the knowledge and appetite to do so.[66] However, the available evidence points to the contrary. According to Fenn, on 7 July 1763, Gen. Jeffery Amherst, in a letter, proposed the following to his subordinate, Col. Henry Bouquet: "Could it not be contrived to send the smallpox among those disaffected tribes of Indians? We must, on this occasion, use every stratagem in our power to reduce them."[67] Furthermore, Fenn posits that Bouquet, who was at Carlisle en route to Fort Pitt with reinforcements, replied to Amherst's letter on July 13, saying: "1 will try to inoculate the Indians by means of blankets that may fall in their hands, taking care, however, not to get the disease myself."[68] The events took over Amherst's plan; his subordinates at Fort Pitt had already executed the plan. William Trent (one of the British army officers at Fort Pitt) wrote that: "Out of our regard to them, we gave them (native Americans) two Blankets and a Handkerchief out of the Smallpox Hospital. I hope it will have the desired effect."[69] These letters reveal that the Fort Pitt smallpox incident was a deliberate, intentional, malicious and calculated act by the British army to decimate the Native Americans and subjugate them.

In the eighteenth century, smallpox was the deadliest disease, and this prompted Thomas Macaulay, a British historian, to describe it as "the most terrible of all the ministers of death."[70] The Fort Pitt incident points to the possibility that smallpox was used as a biological weapon worldwide. In colonial America, smallpox waxed and waned the Indians' participation in the conflict with the British. In this sense, Fenn posited that warfare and disease have historically come hand in hand.[71] Some European conquests owe their success to the devastating effects of the scourge of smallpox on the indigenous communities.[72] Viruses have always been important in colonial conquests. Whether consciously or unconsciously used as vehicles of colonial conquest, what is undisputed is that they weakened indigenous communities and made them incapable of resisting the forces of colonialism.

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[63] Shula Marks, "Khoisan Resistance to the Dutch in the Seventeenth and Eighteenth Centuries1," *The Journal of African History* 13, no. 1 (1972): 55–80.
[64] Elphick, *Khoikhoi and the Founding of White South Africa,* 237.
[65] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1552.
[66] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1552.
[67] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1554.
[68] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1554.
[69] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1554.
[70] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1559.
[71] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst," 1573.
[72] Fenner et al., "Smallpox and Its Eradication," 232.

Most of the Dutch at Cape were familiar with the disease and were most probably immune to it. They understood that it was a contagious disease, which could be curbed by isolating the infected. This is the crucial knowledge the Khoisan people were deficient in, leading to the spread of the disease and deaths. Although the available literature on the three smallpox epidemics at the Cape treats the spread of the virus as accidents, the commission of three almost similar accidents with similar results is suspicious. What is also more suspicious is the timing of the importation of the virus: at a time when the Dutch were eager to subjugate the indigenous peoples and colonise the Cape. According to Fenn, brutality knows no boundaries in the conquest wars with the 'savages'.[73] Therefore, it can be argued that the Fort Pitt smallpox episode was neither the first nor the last one. If the patterns of colonialism are truly similar, then there is a likelihood that smallpox at the Cape was used as a biological weapon to aid the process of colonialism. Land dispossession and alienation at the Cape were aided by the smallpox epidemics that weakened the Khoisan clans. Tognotti contends that in the era of global conquest, the colonists were aided by a powerful biological weapon: Eurasian germs.[74] He maintains that germs such as smallpox became agents of conquest.

CONCLUSION

In summation, the European colonists consciously or unconsciously imported smallpox into the Cape. Smallpox was new to the Khoisan peoples, who had no immunity to the disease. They did not understand that it was contagious; they did not understand how to control the spread of the deadly virus. The 1713, 1755 and 1767 smallpox epidemics decimated the Khoisan communities, who were less resistant to the disease, greatly reduced their population and consigned them to the precipice of extermination. Although other factors, such as loss of cattle and land, set in motion the decline of the Khoisan clans, smallpox waxed and waned their resistance to the Dutch invaders. It led to the dissolution of their political and economic power, and thus exposed them to the ruthless marauding forces of colonialism whose chief role was to feed their insatiable appetite for arable land and mineralogical riches. In the era of global conquests, colonists were aided by Eurasian viruses, which became effective agents of conquest. The patterns of colonialism are similar, and therefore, if the British sent two blankets and a handkerchief contaminated with smallpox virus to the Native Americans in 1763 to annihilate and subjugate them, there is a likelihood that the blanket carrying smallpox that landed at the Cape on 14 February 1713 had the same purpose: to weaken the Khoisan people and colonise their territories.

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[73] Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffery Amherst."
[74] Tognotti, "The Eradication of Smallpox, a Success Story for Modern Medicine and Public Health: What Lessons for the Future?" 264.

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