

Scarring the Landscape: The 1827 Halifax Smallpox Epidemic

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Introduction

Until the World Health Organization's declaration of smallpox eradication in 1980 (Fenner *et al.* 1988, vii), the disease was of constant concern. Spreading globally, it destroyed families indiscriminately, leaving a wake of death and decay felt long after its departure. Its presence left scars on those who survived the encounter, and powerful images of those survivors persist today.

Halifax was no exception to disease. Smallpox outbreaks dated from the founding of the city, due to crowding of residents that persisted over time. Figure 1 displays the congestion of the port town in 1853 and offers a glimpse into the density of the settlement. The close proximity fostered by an urban environment, coupled with poor sanitation practices and minimal healthcare, supported the proliferation of a variety of diseases. The smallpox epidemic of 1827 was not only one of the more virulent epidemics, but had notable influence on future decisions in determining the medical welfare of the city.

The arrival of impoverished immigrants to the city in the summer of 1827, precipitated by parliamentary decisions made overseas (discussed in detail below), commenced a season of illness that would persist through the winter. Originally masked by an outbreak of typhus fever, which in and of itself would take many lives, the insidiousness of the smallpox outbreak would only become clear during the later months of the epidemic, as Magistrates and the Executive Council sought to correct their initial slow and inadequate response.

Research reveals the Executive Council's reaction to the disease as one premised more on desperate measures meant to rectify a misdiagnosed and underestimated epidemic, rather than the execution of established emergency response procedures. These reactions are highlighted and reviewed through reflective letters written by Doctors William Donnelly and William B. Almon, both of whom witnessed firsthand the events that unfolded around the city (Almon 1829; Donnelly 1829). Prominent newspapers, *The Nova Scotian* (1827) and *Acadian Recorder* (1827), provided contextual evidence that reflected both the public opinion regarding the epidemic and the methodologies behind the distribution of information to the general populace during the outbreak. These primary source accounts, accompanying research

conducted by Dr. Allan Marble (1993; 2006), reconstruct the dynamic landscape of disease management and the resultant victims' circumstances. The many cemeteries within Halifax, including the Old Burying Ground, which contain the victims of such outbreaks, serve as inspiration into the investigation of such events.

History of Smallpox in Halifax

Beginning with the establishment of Halifax in 1749, smallpox oscillated between nonexistent and epidemic among early inhabitants. Several notable outbreaks occurred prior to the 1827 epidemic that are recorded in correspondence and documentation as evidence of the disease's potency. Hardly a year after its founding, Halifax experienced what was likely its first outbreak. The winter of 1750-51 brought with it an increase in the deaths recorded at Saint Paul's Anglican church. While no official documentation recognized the early outbreaks, letters and reports from Halifax doctors attributed the rise in mortalities to either smallpox or another similarly persistent disease, typhus fever (Grant 1938, 491; Marble 1993, 28).

Six years later, the outbreak of 1757 caused the withdrawal of an English attempt to lay siege to Louisbourg due to illness spreading among the soldiers (Marble 1993, 57). By this time, attempts to inoculate—exposing healthy individuals to contaminated material, believing that a mild, but protective infection would immunize communities—were common. However, this measure did little to abate the ferocity with which smallpox moved through the population, reducing the military capabilities in Nova Scotia. Ironically, the French forces, under the orders of the Marquis de Montcalm, sought to weaponize the disease by returning infected prisoners of war to Halifax (Grant 1938, 491; Marble 1993, 57), inflicting further damage to the English citizens in retaliation. However, the captive British soldiers who were afflicted with smallpox and being transported on a French vessel to Halifax recovered, overpowered their by-then infected French captors onboard, and prevented a further outbreak in Halifax (Grant 1938, 491; Marble 1993, 57).

Smallpox would reappear as an epidemic in July of 1775 (Grant 1938, 491; Marble 1993, 103). Desperate attempts at self-administered inoculation methods were presented in the *Nova Scotia Gazette and Weekly Chronicle* (Marble 1993, 103), evidencing the inability of medical professionals to keep up with infections. Legislation permitting in-home inoculation for smallpox was established, provided the residence which undertook such action established a 160 rods distance (approximately 800 meters) from any other dwelling (Marble 1993, 104); thus, a formal system was established during this time to assist in the treatment of the disease.

The turn of the century saw little relief in managing smallpox. Edward Jenner's vaccine arrived in Nova Scotia in 1802 (Grant 1938, 492); however, the vaccine would only become generally available to

medical staff in 1815 (Marble 2006, 146). Thus, the residents of Halifax were subjected to a further epidemic in 1800-1801 (Grant 1938, 492; Marble 2006, 144). Dr. William J. Almon described this outbreak in detail in his book *Return of the Number of the Inhabitants within the Wards, Suburbs, and Farm Lots on the Peninsula of Halifax* (Marble 2006, 144). He states that 2,254 of the then 6,627 residents of peninsular Halifax contracted smallpox, 182 persons dying of the disease between September 1800 and February 1801 (Grant 1938, 492; Marble 2006, 144).

A final localized smallpox epidemic would occur in Halifax in 1814-1815. An eruption of the disease among African American refugees from the Chesapeake Bay area occurred while they were lodged in the Poor House and at Melville Island (Marble 2006, 148). Apart from the recognition of the outbreak and response in the way of vaccination (Grant 1938, 493), very little documentation beyond the expenses incurred provides knowledge of the role of smallpox at the time.

A pattern of disease within the boundaries of Halifax was to persist until further preventative measures were taken in the decades after the 1827 outbreak (Ogbogu 2014, 200). Despite the efforts to combat the disease made by the Halifax Magistrates, Executive Council, and city surgeons and physicians during the seventy-eight years preceding the 1827 epidemic, they would have been unable to foresee that decisions made in Europe would bring a plague to the city, resulting in the spread of smallpox in the region as never before.

Events that Precipitated the 1827 Smallpox Epidemic

Decisions instituted by British parliament on 5 July 1825 (Marble 2006, 149) would be felt throughout their North American colonies. An amendment made to the Parliamentary Act regarding the regulations governing vessels that transmitted passengers to North America from Ireland (Kohli 2007) subsequently led to the repeal of the Act completely on 28 May 1827 (Marble 2006, 149). Restrictions that once regulated the maximum number of passengers per ton of the vessel, provisions available to the crew and passengers, and the required presence of a medical professional on board were dismantled, enabling the inhumane treatment of migrants (Almon 1829, 7; Commissioner of Public Records 1827). The consequent removal of limitations on emigration vessels created an influx of immigrants to Halifax in the summer of 1827.

Many of these immigrants came from Ireland. Royal Navy surgeon, Dr. William Donnelly, attributed the arrival of Irish immigrants from Waterford, Ireland to the efforts of a Mr. Thomas Cook (Donnelly 1829, 11). As an owner of several overloaded migrant ships, Cook delivered more than people to Halifax in 1827. The proclamations made regarding a better life in the colony through advertisements (Donnelly 1829, 11), and efforts made to overfill passenger vessels, resulted in the colonists being “thrown, destitute of everything, on the charities of a province to which they brought disease and death” (Donnelly 1829, 11). The Waterford ships, recorded in a newspaper titled *The Nova Scotian* (1827), were

identified as the *Cherub*, arriving 7 June 1827 carrying 200 passengers, the *Bolivar*, arriving 14 June 1827 carrying 350 passengers, and the *Cumberland*, arriving 5 July 1827 carrying 350 passengers. However, these would not be the only passenger vessels to reach Halifax during the summer, nor would the autumn herald a cessation of such overladen and under-provisioned ships entering the port (Kohli 2007).

Halifax was unprepared to handle the resulting consequences of the squalid conditions in which the immigrants arrived. Dr. John F. T. Gschwind had resigned from the position of Halifax's health officer on 5 August 1825 (Marble 2006, 150), and the position had remained unfilled. Implications of this vacancy were twofold: there was no person designated to board arriving vessels to inspect passengers for evidence of disease or poor health, and the Lieutenant-Governor and council lacked a medical advisor to establish conditions and quarantine laws (Marble 2006, 150). Thus, a complete loss of control over the influx of people, and similarly their health, occurred until conditions were able to be stabilized.

Initial Outbreak: Reaction to the Influx of Immigrants and Subsequent Disease

In his December, 1827 letter to Dr. Warren of Boston, Massachusetts, Dr. Almon identifies possible "patient zeros" for the fateful smallpox epidemic (Almon 1829). A child and its nurse were isolated on the *Bolivar* during the voyage due to fears of a contagious illness, and, unbeknownst to anyone, what would soon be recognized as smallpox had been transmitted among the other children onboard prior to disembarking (Almond 1829, 7). These same children would then be sent to various places of residence throughout Halifax. The subsequent rapid dispersal of carriers, and initial misdiagnosis of typhus, resulted in an oversight that allowed the smallpox contagion to proliferate throughout the entire city.

Despite the arrival of passenger vessels in early June, 1827, it would not be until 29 June that an acknowledgement of the conditions in which the immigrants arrived in Halifax, including the presence of smallpox on the ships, was presented to the Executive Council. Lieutenant-Governor James Kempt, in an effort to intercept the potential epidemic, appointed a committee consisting of Thomas N. Jeffery, Hibbert N. Binney, and Enos Collins to investigate the state of health within the city. The committee promptly returned to the Executive Council on 2 July 1827, having appropriated documents from the Magistrates of Halifax relating to the outbreak, as well as letters from surgeons and physicians who were consulted on the matter (Commissioner of Public Records 1827).

The magistrate committee advised establishing a quarantine facility beyond the limits of the town to handle the growing concern of disease and to prevent further transmission among the healthy inhabitants. Nevertheless, the council deemed it inappropriate at that time due to the expense of operating an emergency hospital, which was seen as unaffordable (precise cost estimates were not recorded). A consensus was reached that the committee, already charged with the investigation into the

condition of the immigrants, would receive an allotment of £200, equivalent to about £20,100 today, to combat the further spread of disease (Commissioner of Public Records 1827).

Simultaneously, the Executive Council appointed Dr. Charles Wallace (*Acadian Recorder* 1827; Commissioner of Public Records 1827) as Health Officer (Marble 2006,150): he was to be assisted by Dr. Lewis Johnston (Grant 1938, 493; Marble 2006, 150). The latter physician was a key figure in the mitigation of smallpox and other illnesses communicated by the recently arrived immigrants, although the number of sick increased rapidly. Dr. Johnston would eventually be noted for his contributions to the treatment of the sick when the expanding epidemic necessitated that a fever hospital be established near his residence (Marble 2006, 150; “Memorial of the Commissioners of the Poor” 1828).

Initially, the Poor House (indicated below in Figure 2) was the only available location for mass treatment of disease; therefore, a number of the sick immigrants were moved into an already overcrowded building (Pryke 1988, 40). This measure did little more than amplify the conditions for transmission of an already contagious disease, by exposing more susceptible individuals. Furthermore, the proximity of the Poor House to town meant that Halifax residents would be under further threat of having smallpox invade their homes. The initial response to the health crisis in Halifax lacked the ability to keep up with new patients, and a secondary facility would be required to cope with the demand for sickbeds.

Establishment of a “Fever Hospital”

It soon became clear to members of the Executive Council that the Poor House hospital would be unable to manage the escalating cases of illness that were overcrowding the building. The Commissioners of the Poor, along with the council committee established to oversee the management of the outbreak, were therefore authorized to establish a temporary hospital on 21 July 1827 (*Acadian Recorder* 1827; Commissioner of Public Records 1827). While Melville Island had been previously suggested as a location for the temporary facility (*Acadian Recorder* 1827; Grant 1938; Commissioner of Public Records 1827), a farm lot “about a mile from town” (Donnelly 1829, 11) was taken possession of to both isolate the infection and cope with the large volume of patients. Bank Head farm, specifically the barn on the land, was repurposed for managing the disease from July until late October. During this time, the medical staff attended to 361 individuals suffering from either smallpox or typhus fever (Donnelly 1829, 12; Commissioner of Public Records 1827). Sixty-one patients died in the hospital: the account book for the Commissioners of the Poor during October 1827 includes a sobering reminder of the lethality of disease in this period: “...61 coffins supplied Bank Head Hospital £15.5.0” (“Memorial of the Commissioners of the Poor” 1828).

An account of the living arrangements at Bank Head hospital illustrates the desperate and makeshift nature with which the inundation of both immigrants and disease were managed in Halifax. The barn possessed no windows and the only source of light or air circulation was provided via the folding barn

doors. Those who were sick had been laid on straw beds set out on the floor, arranged in close proximity to one another along the walls and up the middle of the barn (Donnelly 1829, 11). From this description, it is easy to ascertain that any illness which entered the facility would subsequently spread with ease amongst those in attendance. While vaccination would have been provided to staff previously, it was not a guarantee that they themselves would not suffer along with their patients. Two of the 61 deaths were orderlies, and five nurses became sick with typhus fever (“Memorial of the Commissioners of the Poor” 1828), which emphasizes the degree to which staff were stressed at the Bank Head facility.

Of all the key locations recorded during this epidemic, Bank Head Hospital remains the most difficult to accurately place on the map. Jonathan Tremaine owned Bank Head farm until at least 1821, when the property had its value assessed (Grant 1938, 493). The connection to the Tremaine family may be part of the reasoning as to why it was chosen for the location of the temporary hospital. At the time of the epidemic, Richard Tremaine was serving as deputy-chairman and treasurer for the Commissioners of the Poor and likely proposed the use of the family-owned property (Sutherland 1985). No mention of the farm’s location appears in the record during its use as a temporary hospital. Fortunately, Bank Head reappears later in the record because the estate was advertised and sold to new owners (*British Colonist* 1868). Marble (2006) suggests the farm property was bounded by Preston, Cedar, and Chestnut streets based upon examination of Harry Piers’ work in surveying the city of Halifax in 1878 and in conjunction with the city atlas of Halifax developed the same year (Hopkins 1878). Further confirmation of Bank Head’s location on the landscape comes from a 2004 application to consider the residence at 6324 York Street in Halifax as a registered heritage property (Withrow 2004). A summative history of the site is provided, delineating the area of Oxford, York, Preston, and Cornwall streets as previously known by the title Bank Head Farm, prior to division into building lots around 1878 (Withrow 2004, 5). The confusion of road boundaries provides a twenty-acre plot currently confined by Oxford, Jubilee, Norwood and Walnut that may extend closer to Quinpool Road.

Placing Bank Head on the landscape of Halifax becomes important in understanding the relationship of the fever hospital to the epidemic and ultimately to Saint Paul’s Burying Ground. By isolating the fever hospital outside of town along the route to both the Poor House burying ground and Saint Paul’s, the council expanded the footprint of disease within the city. The 61 deaths that occurred at Bank Head will forever be linked to these two locations, as a testament to Halifax’s early struggles with disease, though it remains difficult to track the deceased to their final resting places in the early burying grounds of Halifax. It is likely that patients connected to both the Poor House and Bank Head hospital were interred at the Poor House burying ground, while others may have made a slightly longer final journey into Saint Paul’s.

It is noteworthy that Bank Head hospital was not in operation for the entirety of the epidemic. It served mainly as a facility to mitigate the initial onset of disease within the city, until the rate of infection began to plateau. As numbers of new patients tapered off, the remaining 30 individuals at Bank Head were

relocated back to the Poor House hospital for continuing care (Donnelly 1829, 13). However, smallpox would continue to persist in Halifax into 1828. Dr. Donnelly provides an estimated death toll from smallpox at the Poor House, during the period of June 1827 until March 1828, at 38, nearly half of the 79 identified with the disease (Donnelly 1829, 13). Further, on 3 November 1827, the *Acadian Recorder* announced the expanding number of ill from smallpox and typhus as being responsible for about 330 coffins being carried away from the Poor House (*Acadian Recorder* 1827). However, this fails to tell the story of the city as a whole, as many residents would likely have been treated and possibly died in their own homes during the epidemic. The same article provides an estimate of at least a twentieth of the town's population perishing since the introduction of the immigrants in June 1827 (*Acadian Recorder* 1827).

The concept of home prevention and treatment is supported by a writer in the *Gazette* who recommended several practices that should be followed to assist in the management of smallpox (*Acadian Recorder* 1827):

The room should be kept perfectly clean, and a free access of air should be admitted. 2nd Animal food should not be allowed, but that of a cooling nature adopted. 3rd The drink should be plain water, lemonade, (whey?), etc. and all should be given cold. 4th Upon no account should a patient be kept in a hot bed, as is too generally the case, nor should warm drinks nor cordial medicines be administered. 5th If the skin is intensely hot and dry, much benefit will be obtained in the most expeditious manner, by sponging the surface occasionally with cold water, till the fifth day, when it may be discontinued. The motto should be cool air, cool drinks, and light coverings in bed.

The Poor House and subsequently Bank Head merely served as a location to service those who could not afford in-home medical visitation, or had no homes, as in the case of newly arrived immigrants.

Accounts of Families Affected by Smallpox

Dr. Almon provided an eyewitness account of smallpox in Halifax during the 1827 epidemic in his letter to Dr. Warren, dated the same year (Almon 1829). It would quickly become apparent that those who lacked the access to proper medical administration of a vaccination were predominately the fatal victims. This fate, unfortunately, fell upon the impoverished lower class and the significant number of recent immigrants. However, the vaccination for smallpox, which had been intermittently available, did not prove to be a complete preventative against the disease as was initially believed. Cases where a patient had failed to be vaccinated in the previous ten to fifteen years prior to the 1827 epidemic were identified by doctors, and an attempt to re-administer the vaccine was coordinated. The re-administration of vaccine served to reduce the potential of contracting the illness, as such cases in which smallpox became apparent on a previously healthy individual after revaccination were considered an exception to the rule (Almon 1829, 7).

Dr. Almon is unique in mentioning the African American community, which had been expanding over the years as refugees escaped from the United States of America into parts of Canada. A higher proportion of African Americans suffered from smallpox compared to European colonists, and at a notably earlier phase in the epidemic (Almon 1829, 8). The communities which had most recently suffered in 1815 (Marble 2006, 148) would once again have the devastating disease move through their homes, but this time the outbreak extended beyond these communities, striking into nearly every ancestry and social rank in Halifax, including the military.

HMS Alligator, which was in Halifax Port during the epidemic, recorded three seamen who had evidence of variola (smallpox) before being discharged to the hospital on shore. On 22 November 1827, James Feaston, aged 21, was placed on the ship's sick list before being discharged to the Halifax Naval Hospital on 27 November 1827. Robert Boatwright, aged 27, was sick-listed on 2 December 1827 and discharged to shore the next day. Finally, William Easthope, aged 16, was identified on 14 December, and also discharged the next day to shore (Browning 1828, 32). Of these three individuals, only Robert Boatwright would succumb to the disease, on 9 December 1827, and be buried in the Navy cemetery seen on the map in Figure 5 (Marble 1999, 89).

The interval between recognizing smallpox and getting the victim to shore in the latter two incidents evidences a more rapid response to the emergency and the Navy's effort to maintain the health of their crew as the epidemic spread. This priority care was also reflected in the medical attention received by the three regiments stationed in Halifax during 1827. The 1100 men were attended to by medical officers, often being re-vaccinated as a preventative measure (Donnelly 1829, 17). Likewise, the children of the soldiers were vaccinated, though not with complete success as two reportedly died from smallpox (Donnelly 1829, 17).

It is reasonable to assume that the naval hospital was being used at this time for treatment of the infected soldiers and sailors as well as their families. It is also likely that the process of vaccination would have been carried out here, and any deaths of military personnel, or their family members, that occurred due to smallpox were at this facility. However, the death toll at the naval hospital was far less than what the Poor House and Bank Head bore witness to during the peak of the epidemic.

In addition to the fatalities at Bank Head, the overcrowded and undersupplied Poor House was reported to have 138 deaths during 1827, largely from smallpox and typhus (Marble 2006, 151). Although not all of the victims from this epidemic found their final resting place among the confines of the Old Burying Ground, a survey of gravestone designs and epitaphs (Shimabuku and Hall 1981) indicates a marked increase in the number of stones during the winter of 1827-28. An incomplete survey by Shimabuku and Hall (1981) was able to account for 17 stones, representing the highest contribution based on a per annum count of stones that remain in the Old Burying Ground, though it is uncertain how many are directly connected to the smallpox fatalities.

Actions Taken to Prevent Future Epidemics

A report on the state of the wards in 1827 identified an equal number of residents dying from smallpox without having had any preventative vaccination, as compared to those having been inoculated in the North Suburbs (Marble 2006, 152). Because of individuals having been vaccinated and subsequently contracting or dying from smallpox, people began to question the vaccine's effectiveness. As a preventative measure, vaccination had all but replaced inoculation techniques in the decade leading up to the 1827 epidemic. The failings of vaccination to avert an epidemic caused some to question the method. Writers to newspapers expressed concern that their confidence in the effectiveness of Jenner's cure had been resolute until the outbreak (Marble 2006, 151). The resistance to vaccination met by medical practitioners likely increased the difficulties in mitigating the disease and protracted the term of the epidemic into 1828. Despite this, a total of 1256 persons were purportedly vaccinated in the north suburbs of Halifax in 1827 (Ogbogu 2014, 175), although it is unclear what proportion of the population this represents.

Dr. Donnelly provides the resulting figures from the December 1827 report on the state of the wards regarding the number of vaccinated Halifax residents (Donnelly 1829, 14). The census demonstrates government attempts to survey the level of protection against smallpox, and to collect data on the impact of the epidemic. The city magistrates were able to identify 315 individuals who had yet to be vaccinated and had not suffered from smallpox. Seen as a vulnerable population and a potential continuance of the spread of disease, they were immediately offered a vaccination free of charge, which may have contributed to the beginning of the decline in the mortality rate in January 1828 (Donnelly 1829, 14). The census was also able to identify approximately 50 residents who had died of smallpox, and a further 25 who had contracted the disease and died after being vaccinated (Donnelly 1829, 14).

Although the 1827 epidemic was largely over by March 1828, the disease continued to be a recurrent issue, as it had been prior to the summer outbreak. However, the years following 1827 saw a more rapid response regarding quarantine procedures, as confidence in preventative medicine was no longer dogmatic, and other countermeasures such as quarantining were more promptly considered. In 1831, Melville Island was used as a quarantine site when Doctors John Stirling and William Grigor announced that smallpox had once again been discovered in the city (Marble 2006, 154). The establishment of a treatment facility in the earlier stages of the epidemic resulted in a more manageable process for the medical practitioners of Halifax, and a lower financial burden to the city (Marble 2006, 154). Furthering this measure, after the 1827 epidemic, all immigrants to Halifax were quarantined on their vessels upon arrival and children were pre-emptively vaccinated against smallpox (Simpson 2011, 22).

In response to the epidemic of 1827, Dr. Stirling and Dr. Grigor opened a medical dispensary, which was announced in the *Acadian Recorder* on 7 November 1829, to provide health services and medicine to the poor (Grant 1938, 301). The severity of smallpox necessitated a formation of a public institution to serve those most vulnerable to disease (Almon 1829, 7). To ensure there would be ample care available,

the medical dispensary for the poor was to regularly receive supplies from the London Vaccine Institution (Grant 1938, 301). Dispensaries available to the poor and operated by medical professionals would lessen the spread of the disease among the lower classes and ultimately reduce the impact of illness throughout the entire city.

The dispensary, established along George Street, began to receive funding in 1830 to the amount of £50 annually (Grant 1938, 301), and in 1832 the site was relocated to the eastern side of Granville Street. This medical dispensary was to be one of the many steps taken over the succeeding decades to alleviate the toll disease took on a densely populated colony. Continued concern over a similar epidemic reappearing in Halifax led to the establishment of a Board of Health in 1832 (Marble 2006, 154). Originally proposed in the *Halifax Journal* in 1829, the Board was tasked to “examine alleys, hovels, garrets, etc. for cleanliness” (Marble 2006, 154).

Conclusions

The smallpox epidemic of 1827 moved through the population of Halifax without discrimination. Evident in the preceding accounts of the event is an interpretation of the sometimes futile attempts with which efforts were made to stem the advances of disease. In 1827, Halifax sought to blame overseas parliamentary decisions (Pryke 1988, 42) for sending the sick to their shores, however, accusations did not alter the outcome.

Difficulties arise when trying to identify the victims of smallpox in 1827. Many of the obituaries in the *Acadian Recorder* (1827) and *The Nova Scotian* (1827) include phrases such as “after a short illness,” as is the case for Benjamin Etter, who died on 23 September 1827 and has a stone in the Old Burying Ground. Although it may be tempting to conclude that these specific references are connections to the epidemic, it is better to rely on the overall estimated figures of victims, rather than examples of the individuals themselves, when ascertaining the number of fatalities connected to smallpox in 1827.

While no clear account was kept of the exact number of individuals who became victims of smallpox in 1827 (Donnelly 1829, 13), the swift rise in mortality rates for the period between June 1827 and March 1828 is evidence of an epidemic of substantial proportion. Lieutenant-Governor James Kempt speculated that two-thirds of the more than 800 individuals who died during that year were either sick immigrants or Halifax residents who contracted illnesses from others’ arrival (Marble 2006, 153). A large number of deaths being attributed to the lowest socioeconomic class in the city was evidenced by the number of deaths at the Poor House hospital and Bank Head farm (*Acadian Recorder* 1827; “Memorial of the Commissioners of the Poor” 1828).

The perspective offered in this paper is one of interconnectedness, wherein a city intermittently suffering from disease becomes a victim of policy, neglect, and short-sightedness. By looking outward from the Old Burying Ground, where some of the victims of smallpox lay, and examining historical documents, an image of the desperate attempts to combat illness emerges. The residents of early Halifax were united in the success or failure of mitigating disease and the death tolls from such outbreaks illustrate the effectiveness of the communal response.

Much as the evolutionary battle between the human immune system and disease has occurred through time, the smallpox epidemic explored here demonstrates that communal human reaction is part of that evolution, as is the physiological response. From its founding, Halifax was forced to cope with the realities of colonial life. Smallpox served as one of many reminders of the frailty of human life and the preciousness of collectiveness.

The many unnamed, anonymous individuals entombed in the Old Burying Ground, and other cemeteries throughout the city, are an integral part of the memory of humanity's struggle with the realities of the natural world. Contextual evidence, found both in the ground and in historical documentation, provides a terse understanding into these plights with the hope that they are not forgotten, and those who benefit today from past sufferings strive to prevent a recurrence of such disease and death.

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