

of the disruption and violence against Native children, is further discussed by Carolyn Rittenhouse (Lakota) in her essay on the struggles to reconnect with her Native heritage, and also by Carolyn Tolman, who writes of efforts to preserve the Carlisle farmhouse as a Native cultural center.

The final two sections of *Carlisle Indian Industrial School* offer insights into how the 2012 conference inspired participants to share Carlisle's full story and to reflect on the school's meaning. Part 5, "Revisioning the Past," contains Malinda Triller Doran's short essay on a digital humanities project and Paul Brawdy and Anne-Claire Fisher's case study on how to use the school's history to better prepare student teachers to educate Native students. The last section offers participants' reflections and responses to the ideas and issues raised at the conference, with varying results. Dovie Thomason (Lakota and Kiowa Apache) comments on her struggles to share stories of the school with her daughter. Warren Petoskey (Odawa and Lakota) and Maurice Kenny (Mohawk) reflect on the long-term legacy of the school for Native people. Two local non-Native participants, Sharon O'Brien and Charles Fox, share their determination to incorporate the school's legacy into their teaching and understanding of Carlisle. Daniel Castro Romero, Jr. (Ndé /Lipan Apache) closes part 6 with his reflections on the symposium and the return of the Lost Ones.

In the epilogue, Momaday concludes, "The story of Carlisle is told on the conscience of America. We must hope and believe that there is compassion in the telling" (355). This volume stands as a testament to the shared commitment of its editors and contributors to tell the story of the many Native children who attended the school and provides future researchers with new resources, methods, and motivations to fulfill Momaday's hope.

*Michelle Wick Patterson*

Mount St. Mary's University

**Disease and Discrimination: Poverty and Pestilence in Colonial Atlantic America.** By Dale L. Hutchinson. Gainesville: University Press of Florida, 2016. 304 pages. \$84.95 cloth and electronic.

Dale Hutchinson's book on early American history of health attempts to take the focus away from illness-causing microbes and tell a larger story of disease processes that occurred within "social, political, economic, and ecological" contexts (xviii). The book's nine chapters are organized into four parts, which in addition to a prologue and epilogue, together cover the impact of infectious diseases on indigenous peoples, the health of enslaved African and African Americans, and the differential health among European settlers. Hutchinson's analysis ranges from the precontact period through the eighteenth century, with occasional reaches into the nineteenth century, providing historical context for various colonial projects and a useful timeline with major historical and health events. The book is most insightful when the author discusses the nature of evidence and problems of its interpretation in writing about health.

The first part sets the stage for the collision between European newcomers and indigenous peoples. While acknowledging the methodological problems associated with establishing a baseline of indigenous health, Hutchinson emphasizes the differential nature of Native well-being based on “environmental, political, and social dynamics” (11). In other words, the key to understanding what happened to their health after contact was not their “virginity”—an oft-employed metaphor that Hutchinson laudably rejects. At the same time, Hutchinson uses European experience with deadly germs to emphasize disease ecology; that is, the ecological conditions necessary for the spread of disease varies according to the germ’s particular nature and human interventions, or lack thereof. To make his point, Hutchinson summarizes William McNeill’s 1976 classic *Plagues and Peoples*, focusing primarily on the Black Death to show how a combination of factors came together to spread the plague and cause mass mortality (26). Hutchinson then turns his attention to the well-worn debate over the origin of syphilis but segues from this debate into a more important discussion on tuberculosis. It is now irrefutable that this disease was present in the Americas prior to 1492, but the colonized world made this very old pathogen uncommonly lethal nonetheless. Ignoring this, colonizers instead came to view tuberculosis as “new” and thus particularly deadly to indigenous peoples.

The second part moves to the European invasion of the Americas and its consequences for indigenous health. The author places the spread of smallpox and measles within the context of French, Dutch, and English commerce, in which each colonial power competed for indigenous trading partners, constructed permanent posts, and escalated violence among Native populations. While this contextualization is welcome, one wishes at times for Hutchinson’s ideas to be connected more directly. For example, Hutchinson describes the impact of smallpox on Connecticut Valley peoples in 1634, and then, without detailing how the virus actually spread and whether the two outbreaks are connected, jumps to a smallpox epidemic among the Huron in 1640. He does explain how an extensive trade network in Native slaves spread smallpox throughout in the Southeast in the late-seventeenth century, although thereafter the context provided overtakes the discussion of health. Following a summary of the familiar story of eighteenth-century wars, readers are then asked to accept the general truth that wars exacerbated the spread of pathogens and weakened human immune systems, or, as Hutchinson more colorfully puts it, “smallpox burns brightly in the flames of human aggression” (88). Although a generality, this still provides a healthy reminder to those readers who continue to be attracted by sweeping, yet misleading, colonization narratives that portray germs as independent agents in the destruction of Native societies.

In part 3 the analysis becomes stronger and more significant when Hutchinson turns to the European and African colonial population. Colonial populations in general were not healthy, but the health of Europeans improved over time, while that of enslaved Africans and African Americans suffered. That a high percentage of the colonists at Jamestown perished quickly is widely known, but Hutchinson includes recent archaeological evidence that sheds light on the extent of the suffering: one skeleton appears to be that of young girl “butchered and cannibalized” (108). More

fundamentally, the spread of disease was facilitated by the ways in which South Carolinians transformed the land. Rice cultivation allowed parasite-carrying mosquitoes to proliferate, while continuous ship traffic carried new strains of malaria to a vulnerable enslaved population. Indentured servants fared poorly as well. For example, despite documentary evidence indicating that residents of Calvert County, Maryland, enjoyed plentiful food, skeletal remains of children indicate malnourishment. Such evidence bolsters Hutchinson's basic thesis that social and economic stratification played a determinative role in creating health disparities.

The final part of the book moves from the rural to the urban. Characterizing cities as "the ultimate reformation of the landscape," Hutchinson inventories the types of diseases that proliferated as "people and pathogens congregated" (154). The smallpox, measles, and other diseases that periodically struck indigenous communities and rural settlers became endemic in American cities, while in the eighteenth and nineteenth centuries yellow fever and cholera erupted into urban epidemics. Typhus and tuberculosis also became endemic and problematic but unequally, afflicting the impoverished and disenfranchised to a greater extent than the well-to-do. The author moves more fully into the nineteenth century but also carelessly crosses vast stretches of time, using evidence of 1850s animal wastes on New York City streets, for example, to illustrate problems that might have existed in the 1650s. However, his overall analysis is strongly supported as his discussion places health within the context of impoverishment and injustice.

In an epilogue on the 1918 influenza pandemic, Hutchinson brings home his central point: disease is a process, and in the story of health, therefore, human migration, construction of commercial networks, and transformation of landscapes must necessarily play central roles. Indeed, this book's sweeping overview provides a starting point for those beginning their study of human health in early America. Hutchinson's blend of documentary and archaeological evidence is commendable, and particularly when he shows how the latter exposes the weakness of the former.

*Paul Kelton*  
University of Kansas

**Freedom and Indigenous Constitutionalism.** By John Borrows. Toronto: University of Toronto Press, 2016. 371 pages. \$79.65 cloth; \$34.95 paper and electronic.

This is the latest in a series of remarkable works in which John Borrows, a member of the Chippewa of Nawash First Nation and Canada research chair in indigenous law at the University of Victoria, presents eloquent accounts of the nature of indigenous legal systems and offers compelling, immensely creative arguments for their continued development and extension. Borrows notes in an earlier volume, *Canada's Indigenous Constitution*, that for all their ancient roots, these legal systems are neither confined to the past nor to indigenous peoples, but also "speak to the present and future needs of all Canadians . . . contain guidance about how to live peacefully in the present