

By 1751 the four groups of the Carancaguases, Cojanes, Guapites, and Copanes were estimated to have had, together, 500 warriors (Piczina to the Viceroy December 26, 1751). This estimate implies a total population of about 2,000, with an average of 500 individuals in each group, again assuming groupings of roughly equal size. Counting the Cocos (again assuming a population of 500), a total population of 2,500 is suggested, a figure also suggested by Aten (1983a) for this period. Tentatively accepting a population of 8,000 in 1685, 2,500 in 1751 reflects a 69 percent decrease in population during the first sixty-six years of repeated contact. This rate of decline is in line with estimates for other North American groups, for which population declines of between about 75 and 95 percent in the first one hundred years of contact have been suggested (Dobyns 1966, 1983; Cook 1973; Jennings 1976). Specific episodes of smallpox epidemics are estimated to have triggered mortality rates as high as 50 to 75 percent (Heidenreich 1971; Crosby 1972; Milner 1980).

Table 9 presents a chronological list, drawn from various sources, of documented epidemics in the Texas area during the late seventeenth through early nineteenth centuries. At least five epidemics were recorded in Texas prior to 1751, any of which could have reached the Karankawas. Leaving aside Cabeza de Vaca's apparently isolated gastrointestinal epidemic, the first of these involved smallpox that broke out at Fort Saint Louis, within the Karankawan territory, in late 1688 (West 1905). While not certain that this disease spread to the Indians, it is entirely possible that it did if even very limited interaction took place between settlers and Indians. The typhus epidemic of 1739, really a pandemic, began in central Mexico in 1736, spread northward into Texas (Gerhard 1978:26), and could well have reached the coastal Indians through direct or indirect contact with individuals frequenting the missions at San Antonio or La Bahía. Certainly the smallpox or measles epidemic of 1749 did reach the coast, since the Karankawa Cocos were affected (Morfi 1935:307).

By 1767 the Karankawas had been greatly reduced from the numbers recalled by living memory. In his *Autos y Diligencias*, reporting an exploratory expedition along the Texas coast, Coronel Diego Ortiz Parilla reports a discussion with an informant familiar with the region:

And asked if on the said island [Isla de las Culebras, probably San Jose/Matagorda Islands] he had seen either political

1750  
= 500  
1685-1750

**Table 9. List of Protohistoric and Early Historic Period Epidemics**

Date	Disease	Locus. Affected Groups	Source
1528	?	"Isla del Malhado" (Cabeza de Vaca)	Covey 1983
1688-1689	Smallpox	Fort Saint Louis, Karankawas(?)	West 1905
1691	Smallpox, measles	Caddoan tribes	Ewers 1973, Gerhard 1978
1718	?	Caddoan tribes	Ewers 1973
1739	Typhus, smallpox	San Antonio missions	Ewers 1973
1746	Smallpox, measles	Atakapan groups, Tonkawas	Ewers 1973
1749	Smallpox, measles	Cocos (Karankawas)	Morfi 1935: 307
1750	Smallpox	Atakapan groups, Tonkawas	Ewers 1973
1750-1751	Smallpox	San Antonio area	Ewers 1973
1753	?	Atakapan groups	Gerhard 1978
1759	Smallpox	Nacogdoches	Ewers 1973
1759	Measles	Caddoan tribes	Ewers 1973
1763	?	San Antonio area	Ewers 1973
1764	Smallpox	Presidio La Bahía	Ewers 1973
1766	?	Karankawan groups	Ewers 1973
1777-1778	Bubonic plague(?)	Caddos, Atakapas, Tonkawas	Ewers 1973
1778	Smallpox, measles	Karankawan groups	Ewers 1973
1780s	Smallpox	Provincia de Tejas	Gerhard 1978
1789	?	Presidio La Bahía	Espadas, letter of 1789
1793	?	Refugio mission	Rodrigues, letter of 1793
1801-1802	Smallpox	Caddoan tribes	Ewers 1973
1803	Measles	Caddos	Ewers 1973
1816	Smallpox	Caddos, Comanches	Ewers 1973
1820s	Smallpox	Refugio mission	Oberste 1942
1839-1840	Smallpox	Comanches	Ewers 1973

Note: Epidemics are reported for eastern part of Texas, with location of reported outbreaks, groups known to have been affected, and bibliographic sources. Two or more reports of a single disease, closely spaced in time, may reflect different observations of the same epidemic.

[European] peoples or populations of Indians, he declared that on the said Culebra Island he had seen in times past habitations of Copanes, Piguiques, and Carancaguases Indians in the vicinity of Santo Domingo [Copano] Bay, but that few are left because they have succumbed to the diseases of measles smallpox. (Parilla 1767:29, author's translation)

Later contemporary estimates of Karankawan population suggest that the rate of decline after the mid-eighteenth century had slowed, or even that the population had stabilized. Fray Juan Agustín Morfi (1935:79-80) in 1780 estimated the Carancaguases to have at most 150 fighting men, which suggests a population of about 600. Since later estimates for the greater Karankawan entity are considerably higher than this, it is reasonable to conclude that Morfi's estimate is for the Carancaguases (Karankawas proper) group only. This is also supported by the fact that he considered the Cocos separately (Morfi's only estimate for the Cocos appears to refer to a single band of about 50 individuals that had fled the mission). If the other groups were of comparable size, a total population for the five groups would have been as much as 3,000. This seems high, considering that several epidemics are documented for the greater Texas region during the third quarter of the eighteenth century, including that of smallpox or measles that in 1778 affected the Karankawas directly (Table 9). However, Morfi's figure is roughly in keeping with two later estimates for the Karankawan population. William Bollaert (1850) estimated the number of fighting men in 1800 to have been 600, which indicates a population of about 2,400. John Sibley (1807:45) estimated a total of 500 fighting men in 1805, for a total population of 2,000, or an inferred average of 400 persons per major grouping. A population of 400-500 for each of the five groups at the turn of the nineteenth century seems reasonable in light of Juan Antonio Padilla's claim that in 1820 the Cocos alone numbered about 400 individuals (1919:51).

This apparent slowing of population decline or even demographic stabilization during the latter half of the eighteenth century may be accounted for in various ways. An initial rapid decline during the early decades of contact would have reduced regional population densities, a phenomenon that in itself may have hampered the spread, and thus the severity, of later epidemics among coastal groups. Also probable is that surviving children became adults with immunity, so that the new generation was less severely affected and had lower mortality rates.