

# “Strange Ceremonies and Magic Arts”: A Euro-American Understanding of the Mysteries of Native American Medicine

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In the 1830s, artist George Catlin encountered a group of Native Americans who were visiting Philadelphia. Catlin had never seen natives prior to this experience, and he became so intrigued by them that he decided to become a Native American groupie for a time. He set off with his paints on an artistic venture; mingling and living with various tribes, learning about their cultures, all the while depicting through paintings and writing what he saw and experienced. In his travels among the natives living along the Yellow Stone River of the Upper Missouri, Catlin discovered the difficulties of trying to determine the true meaning of Native American medicine. On one stop, he bought bone bows made by the Blackfeet and Crow, but when he inquired what animals the bones came from, he was told “that’s medicine,” and was given no other information.<sup>1</sup> He wrote in frustration that either “it was a mystery to them [the Indians] or that they did not want to be questioned about them [the bones].”<sup>2</sup> Catlin’s frustrations with his endeavor to understand the native concept of *medicine* were just beginning. In his quest to understand native medicine, Catlin became intrigued by the medicine bags that were carried by all the men of the tribe. Not contented to simply paint images of the bags, he attempted to purchase one, but soon discovered that he was unable to buy one, even at an “extravagant price.”<sup>3</sup> Even the natives who claimed to have abandoned their traditional practices, still retained a strong regard for the sanctity of the medicine bags. “To sell it, or to give it away,” reported Catlin “would subject him to such signal disgrace in his tribe that he could never rise above it.”<sup>4</sup> In the end, Catlin found that he had to content his curiosity with painting the exteriors of the sacred bags, and only having vague answers as to what composed their interior contents.<sup>5</sup>

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<sup>1</sup> Catlin, George. *Letters and Notes on the North American Indians*. Edited and Introduction by Michael MacDonald Mooney. New York, New York: Clarkson N. Potter, Inc., 1975; 109.

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*, 113.

<sup>4</sup> *Ibid.*

<sup>5</sup> *Ibid.*, 118.

After a few other less than illustrative experiences with the concept, he determined that:

‘Medicine’ is a great word in this country, and it is very necessary that one should know the meaning of it whilst he is scanning and estimating the Indian character, which is made up, in great degree, of mysteries and superstitions. The word medicine, in its common acceptance here, means *mystery*, and nothing else.<sup>6</sup>

Adding further confusion to the matter, Catlin noted that the natives themselves did not use the term medicine, but that each tribe had its own word which meant mystery.<sup>7</sup>

Catlin’s frustrations perfectly illustrate the problem that Euro-Americans had with understanding Native American medicine. They soon came to realize that Native American medicine meant far more than the English definition which solely denoted practices for treating illness and disease. For Native Americans, medicine was a term that embodied both medical and spiritual concepts, and especially referred to those things that were powerful or mysterious in nature.<sup>8</sup> For Euro-Americans, it was the spiritual side of native medicine that they struggled to comprehend, when they bothered to attempt to understand it at all.

The difficulty of understanding another culture’s practices was discussed by Edward Sâid in his evaluation of Europeans trying to understand the concept of the oriental harem. As outsiders, Europeans only saw brief snatches of the interior culture, and either because they never bothered to inquire further or because the natives prevented them from seeing everything, they developed opinions from these glimpses which did not represent the true significance of the practice to the culture. Thus, Europeans came to view the spirituality of Native American medicine as they did the oriental harem – although they were never able to see everything that went on in the inside, they had a vivid imagination about what occurred. Even though Europeans believed that they understood the culture, they as outsiders, never have, never can, and never will fully understand the mysteries indigenous to that particular culture – whether it was the Indians in the Orient or the Indians of North America. Europeans failed to understand the culture of Native American medicine because they were unable or unwilling to check their cultural baggage at the door of the Medicine Lodge.

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<sup>6</sup> *Ibid.*, 111.

<sup>7</sup> *Ibid.*, 112.

<sup>8</sup> Vogel, Virgil J. *American Indian Medicine*. Norman, Oklahoma: University of Oklahoma Press, 1970; 24-25.

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This paper is an exploration into the culture of Native American medicine as it was experienced by the Euro-Americans in the eighteenth century with all of their cultural baggage in tow. It focuses on the Northeastern tribes who had some of the first contacts with Europeans, though it covers some poignant experiences in other locations. It is an attempt to discern some of the mysteries, and to understand what an eighteenth century Euro-American would have found to be fascinating, similar to their own understanding, and just plain bizarre. There is an inherent danger when studying the indigenous persons of North America in conflating their numerous and varied cultures under the umbrella monolith of “Native American.” This paper seeks to recognize these rich and varied cultures by citing individual tribes wherever possible; however, it needs to be acknowledged up front that contemporary and modern sources have not and do not always recognize these cultural differences; and thus, in places ambiguity inevitably interferes with precision.

### **European and Native American Medicines Compared**

In eighteenth century America, there were no medical institutions in America, and therefore all degree-seeking doctors and surgeons had to receive their training at European universities.<sup>9</sup> Thus, true medical professionals were often hard to come by and the kind of care available varied greatly in early America. In addition to the university trained professionals, the system was supplemented through other kinds of health practitioners such as apothecaries and druggists, who had usually completed a formal apprenticeship and were monitored by local authorities. Midwives were also widely available and these tended to be women who had studied under another experienced woman to learn the art of delivery. There was frequently little to no government oversight, and midwives’ reputations were spread through word of mouth. In rural communities, sometimes the only medical care available might have been the old woman down the road who happened to know many herbal remedies. As can be imagined, there was a great deal of differentiation in the amount of medical training these people had received, which also limited what services they were able to render to their patients, and the quality of care that individuals received. It should be noted, however, that in this world of still pre-modern medical understanding, the lack of university training by a

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<sup>9</sup> It should be noted that as there was no official or universal organization overseeing medical licensure during the eighteenth century, it was not difficult to claim training or to forge certifications. Many persons operated under the title of “Doctor” in the colonies who had never received formal training.

practitioner did not necessarily mean a poor outcome for the patient. In fact, in some cases, the local herbal remedies were less dangerous to the patient than the exotic, more expensive, and potentially pernicious remedies an apothecary might have prescribed.

When a person in the eighteenth century came down with an illness that was beyond the expertise of their family members, neighbors, and friends, their next step was usually to consult their local apothecary or druggist who would generally prescribe an herbal remedy to treat the patient's symptoms. If the disease became significantly worse, they might then call in a physician or possibly a surgeon if the illness was deemed to have an internal cause that might require an operation, and only, of course, if there was a practitioner nearby. The age of enlightenment had introduced more of a scientific element into European medicine. University trained physicians and surgeons spent an increasing amount of time studying and dissecting the interior of the human body, which had once been taboo territory. This change in training brought changes in medical theories. The Aristotelian, Hippocratic, and humoral theories that had dominated the medical field for centuries were beginning to decline in prominence as the understanding of the human body increased.<sup>10</sup> However, colonial medical practitioners still actively recommended such treatments as bleeding, cupping, sweats, and special diets to treat the symptoms of an illness.

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When a Native American became ill, there was also a system in place that involved various levels of expertise for receiving care. The initial contact was not usually with the medicine man that was considered to be the highest authority. Illnesses, especially minor ones, were often first treated by family members. Most natives, especially women (like their Euro-American counterparts), had a basic knowledge of herbs and home remedies, and they attempted to mitigate the effects of the illness as the initial step. When these first line products failed to work, natives would then seek the advice of an herbalist, frequently a female, who had a much wider knowledge of herbs and illness. If the remedies the herbalist prescribed failed to improve the person's condition, the next step was to consult the medicine man or Shaman. Always a male, the Shaman was a healer of physical, and, more importantly, spiritual ills. He was only able to attain his position after going before tribal elders and other medicine men and answering their questions regarding his vision-quest, in order to demonstrate that he was a capable spiritual

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<sup>10</sup> Lawrence I. Conrad, et al, *The Western Medical Tradition: 800 BC to AD 1800*, (New York, NY: Cambridge University Press, 1995), 384-386. Roderick E. McGrew and Margret P. McGrew, *Encyclopedia of Medical History*, (New York, NY: McGraw-Hill Book Company, 1985), 142-144.

interpreter.<sup>11</sup> He drew on the power of his own medicine to identify the cause of the illness. He was the person who was considered to be among the most powerful members of the tribe, and in addition to being a spiritual leader, he was also frequently politically powerful as well. His role encompassed that of the European physician, priest, and politician. Well-known politically powerful Shaman included such figures as Corn Planter, Sitting Bull, and Geronimo.<sup>12</sup>

### **Tools of the Medicine Men: Medicine Bags, Dreams, and Rituals**

When a Native American became ill and the medicine man was called in to assist the sick person, the most important part of his treatment was to determine the underlying spiritual source of the illness, and then what measures needed to be taken to cure it. One interesting belief in native cultures was that they maintained a dichotomy between curing the cause and the person. A Shaman was believed to be able to successfully cure a person of a spiritual problem, but it was accepted that the person might remain ill even after the underlying cause had been resolved.<sup>13</sup>

Medicine bags were a vital component of Native American medicine, and especially important to a medicine man. In investigating the purpose of medicine bags, Catlin discovered that to call it a *medicine* bag was a misnomer from the Euro-American perspective of the word, as the bag contained “no drugs or medicines within them.”<sup>14</sup> Instead, he was told that the bags were stuffed with grasses, moss, and other charms of great importance to the individual who carried it. Catlin observed that there was no set pattern for creating the medicine bags, and they were all shapes and sizes and were constructed from the skins of any animal, bird, or reptile. They were usually very decorative and fashioned to the taste of the owner.<sup>15</sup>

In the Delaware tradition, it seems that the warrior’s medicine bundle was similar to the more general concept of the medicine bag, but in this instance the charms and bundle were specifically constructed to assist and protect the warrior in battle. One of the most important elements in the bundle was a medicine stone, sometimes referred to as a *bezoar* in other cultures. The stones were found in animal intestines and were believed to have amazing healing properties that could save a warrior who had sustained life-threatening injuries. The stone’s power was tapped by either scraping off a bit of it into a tea which was then consumed, or if

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<sup>11</sup> Åke Hultkrantz, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Tradition* (New York, NY: Crossroad Publishing Company, 1992), 36.

<sup>12</sup> Vogel, 26.

<sup>13</sup> *Ibid.*, 16.

<sup>14</sup> Catlin, 112.

<sup>15</sup> *Ibid.*

time was of the essence, the stone could be merely passed over the wounds.<sup>16</sup> The power of the warrior's medicine was granted by supernatural beings through dreams, and was sometimes also accompanied by a power-song. The dreams instructed the warriors on how to make their own medicine, and these secrets were passed down through generations, but only to worthy recipients who led clean lives.<sup>17</sup>

One of the most important roles of the medicine man was to interpret dreams. Dreams in themselves play a particularly important part of Native American culture. They are seen to be messages from spirits which instill divine inspiration, reveal one's calling in life, and provide insight into difficult decisions or predicaments. It is no surprise then that dreams were also used as tools by the Shaman to diagnose and treat disease. For an individual suffering from an illness, dreams were believed to reveal the cause of one's suffering. Native Americans believed that the body could be invaded by animals, objects, and spirits which were all causes of disease.<sup>18</sup> It was believed that these foreign invaders would reveal themselves to the Shaman through dreams if he interpreted them correctly. Dreams could also reveal if an individual was sick because he had broken a taboo or had not performed the sacred ceremonies adequately. Dreams not only revealed the cause of an illness, but usually once they were interpreted, they revealed what steps to take to heal a person. Once the Shaman believed he had a correct interpretation, he was then able to begin treating the patient.

Shamans employed a variety of techniques to heal their patients. One virtually universal practice of Native American Shamans in their ritual healing ceremonies was to use gourd rattles and other noisemakers during their healing ceremonies. The idea behind this practice was in the event that a spirit had taken possession of the body, the noise around the ill person was supposed to make that person's body uninhabitable for the spirit thereby causing it to leave. John Smith reported that "to cure the sick, a man with a rattle, and extreme howling, shouting, singing and such violent gestures and antic actions over the patient, will suck out blood and phlegm out of the unable stomach, or any diseased place."<sup>19</sup> Shamans might also try to force the spirit to leave by having the patient drink a tea of bitter herbs, which they believed would make the interior of the body uncomfortable for the spirit as well.<sup>20</sup> On the whole Euro-Americans, especially missionaries, found this practice to be a

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<sup>16</sup> Gladys Tantaquidgeon, *Folk medicine of the Delaware and Related Algonkian Indians*, (Harrisburg, PA: The Pennsylvania Historical and Museum Commission, 1972), 26-27.

<sup>17</sup> *Ibid.*, 41.

<sup>18</sup> Vogel, 16-18.

<sup>19</sup> Quoted in Vogel, 32.

<sup>20</sup> Vogel, 33.

heathenish nuisance, and grounds for mocking native religion and healing practices.

### **The Important Roles of Animals**

The concept of one's health being directly dependent upon the good graces of the spiritual world is not incongruous with the Judeo-Christian European faith systems. Instead of believing in a monotheistic version of spirituality, where one god is in control of health and life, Native Americans believed in animism. Animism contends that certain animals held spiritual powers which control the health and well-being of the natives. The purpose of many of the ceremonies that the natives held was to honor and appease a certain animal held sacred by their tribe, in order to stay in that animal's good graces to ensure good health and hunting.<sup>21</sup> The ceremony was very much a mutually agreed upon pact between the natives and the animal(s), with responsibilities required of both parties.

How did these honorary ceremonies to the game-keepers function? In his work, anthropologist Calvin Martin described a typical method of hunting game, in this case bear, while showing respect:

The beast is typically hunted in early spring, while still in hibernation, and preferably killed with aboriginal weapons; it is addressed, when dead or alive, with honorific titles which served as euphemisms for its common name; a conciliatory speech is made to the animal, either before or after killing it and sometimes both, by which the hunter seriously apologizes for the necessity of his act; and the carcass is respectfully treated, those parts not used (especially the skull) being ceremonially disposed of and the flesh consumed while adhering to certain taboos. The stated purpose of all this veneration is to propitiate the spiritual controller, or keeper of the bears in order that he will continue to furnish game to the hunter.<sup>22</sup>

The Delaware had another interesting ceremony involving animals. When a child was born, the parents gave it a pet dog that served as the protectorate of the child's health. The parents formalized the relationship by tying a small bag of charcoal around the dog's neck and the dog became part of the family. The Delaware believed that if an illness came to call on the household, it would attack the dog and the child would be spared.<sup>23</sup> If the dog died, the parents gave the child

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<sup>21</sup> Some of the more well-known sacred animals included the beaver, bear, turtle and buffalo.

<sup>22</sup> Calvin Martin, *Keepers of the Game: Indian-Animal Relationships and the Fur Trade*, (Berkeley, CA: University of California Press, 1978), 36.

<sup>23</sup> Tantaquidgeon, 42.

a new pet; however if the child died, a string of wampum was tied around the dog's neck and he was released.<sup>24</sup>

### **Other Origins of Disease in Native Beliefs.**

In Ojibwa mythology, for example, it is believed that diseases were the result of a break down in relations between humans and animals when the world began. The humans wanted to hunt the animals, but they were wasteful and killed more than they needed, so the animals decided to send illnesses to the people through mosquitoes. The hero of their culture, Nanabozho, learned from the chipmunk how to treat their illnesses using herbs, which he taught to the Ojibwa people.<sup>25</sup>

In Ojibwa culture, diseases have two origins. The first is what anthropologist Åke Hultkrantz has called diseases of “ultimate causes.”<sup>26</sup> In this circumstance, illnesses occur as a punishment for an offense committed knowingly or unconsciously against the spirit world. Examples of conscious offenses are killing an animal that was not needed, or living an unethical life that harms other people. Unconscious offenses that can also result in disease come from violating a taboo, or from becoming contaminated by contact with something that is ritually unclean, or from walking across sacred ground with powerful spirits.<sup>27</sup> In addition to animal spirits, many Native Americans believed that the ghosts of the dead could also cause illness as retribution for a disagreement they had with someone while they were living or out of envy of still being alive.<sup>28</sup> Native Americans also believed that witches and wizards caused illnesses.<sup>29</sup> The second cause is what Hultkrantz refers to as “instrumental or immediate causes, or manifest causes,” which “include intrusion, soul loss, and witchcraft.”<sup>30</sup> With this type of illness, the Shaman's purpose was to determine how to remove the disease, and not just to correct a spiritual failing.

### **The Importance of Rituals**

Despite being able to recognize some similarities between European and Native American treatments, there are very decisive epistemological differences between these two branches of medicine. By the eighteenth century, European medicine

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<sup>24</sup> *Ibid.*, 43.

<sup>25</sup> *Ibid.*, 29.

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*, 30.

<sup>28</sup> *Ibid.*, 31.

<sup>29</sup> Hultkrantz, 30-31. See also Tantaquidgeon, 45-49 for discussion on Delaware beliefs of the danger of witchcraft, and Vogel, 15 for a discussion of Southwestern tribal beliefs in witchcraft as a cause of disease.

<sup>30</sup> Hultkrantz, 31.



had become scientific in approach and thus a schism between the religious and medical realms had developed. In Native American culture, there was no separation between medicine and religion; and to these practices were also inextricably tied ritual, ceremony, and folklore. Because Native Americans believed that an offense to the spiritual world was one source of illness; it was just as important to follow the ritual observances of everyday activities such as hunting, planting and harvesting crops, and completing chores, as it was to participate in the special ceremonies which marked such events as the change in seasons, the birth of a child, the transition to adulthood, and death. Concerning native ceremonies, life-long Seneca captive Mary Jemison reported that the natives “pertinaciously observed the religious rites of their progenitors, by attending with the most scrupulous exactness and a great degree of enthusiasm to the sacrifices, at particular times, to appease the anger of the evil deity, or to excite the commiseration and friendship of the Great Good Spirit.”<sup>31</sup> To the natives, conducting the ceremony accurately, as Jemison emphasized, was part of the way that they ensured that their ceremonies were pleasing to the spirits, and they believed that if they did not perform the ceremony in the same manner every time, the spirits would retaliate by sending disease, a bad growing season, or bad hunting. Natives believed that to not follow the prescribed method for completing certain activities was to invite illness into their homes. In essence, carefully following rituals and ceremonies was a form of preventive medicine.

One of the intriguing aspects of Native American society is the cultural manifestation of their abiding belief in ritually linked illnesses. Included in narratives on healing and treatment of disease are what seem to the modern eye to be humorous old wives tales which have no bearing on scientific medicine as we think of it today. However, these old adages seem less ridiculous when they are read not as a guide for medical advice, but are instead utilized as a window for insight into the thought processes of a society who sought to understand what caused their disease and discomfort when they were without the benefit of modern disease theory. Take for example, the Mohegan advice to parents that “when you pull a child’s tooth keep it. If thrown out, an animal might get it, and the child will then have large, crooked teeth.”<sup>32</sup> Ignoring the actual advice given, this passage tells us that native parents were concerned about their children’s appearance and looked for ways to control how certain features would develop.

Rituals also guided who, when, and how the flesh of sacred animals was consumed, and how the unused bones and parts were disposed. Frequent mention

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<sup>31</sup> James E. Seaver, *A Narrative of the Life of Mrs. Mary Jemison*, June Namias, ed., (Norman: University of Oklahoma Press, 1992), 96-97.

<sup>32</sup> Tantaquidgeon, 86.

is made in Native American literature about how bones should not be disposed of in a fire or cast off carelessly. Martin quoted a Micmac source which discussed the taboo of disposing beaver bones in a river “lest the spirit of the bones... would promptly carry the news to the other beavers, which would desert the country in order to escape the same misfortune.”<sup>33</sup> Other common taboos regarding the disposal of sacred animal bones included not feeding the bones to dogs, not leaving them where other animals could access them, and not destroying the bones by fire. As Father Brébeuf reported to Father LeJune, “their superstitions are infinite, their feast, their medicines, their fishing, their hunting, their wars, – in short almost their whole life turns upon this pivot....”<sup>34</sup>

### **Spiritual Devastation?**

Eighteenth century Native American medicine was also undergoing changes, some subtle and some radical, as they faced the reality of the changes brought on by the effects of the European invasion. It has been noted in many sources that prior to the arrival of the Europeans, the Native Americans were on the whole essentially healthy individuals, who did not suffer from epidemic diseases until the arrival of Europeans. Historians argue that this demographic holocaust from smallpox, yellow fever, and measles, also resulted in the cultural and spiritual devastation of many Native American people. As native people died unabated and from European diseases, their understanding of their relationship with the animal kingdom, their supposed protectors, was shattered.

In his book, *Keepers of the Game*, anthropologist Calvin Martin asserted that the arrival of epidemic diseases signaled to the natives that something had clearly gone awry with their agreement system, and the natives felt they had kept their side of the bargain, so they took revenge against their former protector, the beaver. One of the questions that has long been debated in Native American historiography is why the natives abandoned their traditional, pre-contact practices of conservation and restraint from taking an excess quantity of resources from the environment after the Europeans arrived.<sup>35</sup> Conventional narrative has stated that the Native

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<sup>33</sup> Martin, 35-36.

<sup>34</sup> Reuban Gold Thwaites, ed., *The Jesuit Relations and Allied Documents: Travels and Explorations of the Jesuit Missionaries in North America, 1610-1791*, (New York, NY: Albert and Charles Boni, 1925), 113.

<sup>35</sup> Martin, 9. Here, Martin notes that the “Indians, though not conservationists, ... were not wasteful in precontact times.” Not all historians would agree with this statement, including Shepard Krech who seeks to challenge the traditional perspective of just how eco-conscious the Native Americans were in *The Ecological Indian: Myth and History*, (New York, NY: W.W. Norton and Company, Inc., 1999). For a representative source of the accepted argument which also includes a summary and criticism of Martin’s argument, see Clara Sue Kidwell, “Native

Americans deviated from their traditional practices because they became reliant on European trade goods and were willing to sacrifice what had once been sacred in order to obtain them.<sup>36</sup> Martin rejected what he considered to be an overly simplistic explanation that the natives were “economically destitute,” and decided to re-examine the subject from the Native American perspective.<sup>37</sup> In an attempt to resolve the chicken-egg style dispute over what influence killed the beavers first, Martin examined the Micmac and Ojibwa tribes and determined that “the single most important deterrent to excessive hunting, in the Eastern-Algonkian’s mind..., was the fear of spiritual reprisal for indiscreet slaughter.”<sup>38</sup> Therefore, Martin concluded that the spiritual relationship between these natives and the beaver was one already in decline by the time the natives entered into a trading partnership with the Europeans. When looking for a source for this decline, Martin pointed to the influx of European diseases which the natives were unable to control using traditional healing methods. Thus, when the natives searched for a cause of their illnesses, they felt that they had kept the ceremonies and honored the beaver. As a result, they reasoned that the beaver had not maintained his part of the bargain, and essentially, all bets were off. According to Martin, the natives sought retaliation against the beaver and, therefore, had no moral dilemma in meeting the European demand for fur because the hunt had become a holy war.<sup>39</sup> Whether or not one accepts Martin’s thesis, which has been criticized for being based on “flimsy evidence,”<sup>40</sup> his work certainly provides an interesting foray into the complicated nature of Native American spirituality as it interacts with health and medicine.

One of the components of Martin’s thesis that many historians find objectionable is his premise that the natives suffered complete spiritual devastation. Paul Kelton is one of the historians who has rejected Martin’s insinuations, and he has argued that while there is no denying that epidemic diseases profoundly impacted natives, that “too often Indians are given no credit for being able to combat emergent diseases, and too often epidemics are depicted as completely undermining native religious beliefs.”<sup>41</sup> In his research on how smallpox affected the Southeastern tribes, Kelton determined that the diseases provided opportunities for the natives to strengthen their spirituality through

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American Systems of Knowledge,” in Phillip J. Deloria, and Neal Salisbury, eds., *A Companion to American Indian History*, (Malden, MA: Blackwell Publishers, 2002), 94-96.

<sup>36</sup> Martin, 8-9.

<sup>37</sup> *Ibid.*, 15.

<sup>38</sup> *Ibid.*, 18.

<sup>39</sup> *Ibid.*, 52-53.

<sup>40</sup> Kidwell, 96.

<sup>41</sup> Paul Kelton, “Avoiding the Smallpox Spirits: Colonial Epidemics and Southeastern Indian Survival,” *Ethnohistory*, 51:1 (Winter, 2004): 45-71, 45.

adapting old traditions and creating new ones. Kelton discovered that by the 1830s, a Protestant missionary to the Cherokee noted that they were performing a special ceremony called *Itohvny*, which roughly translated to “the Smallpox dance.”<sup>42</sup> The dance had been developed in recognition that the old medicine was no longer working and that the tribe needed to find a new way to appease the new disease-causing spirits. During an epidemic, the Cherokee performed a modified version of their “Great New Moon festival” in order to purify themselves through a special cleansing ceremony that used herbs and ritualized bathing, and special dances.<sup>43</sup> The Creeks, too, developed a new ceremony, the *Tsotí*, that was akin to the Cherokee’s Smallpox dance. In essence, some tribes recognized that they were dealing with new diseases which they needed a new medicine to combat.

As Kelton has demonstrated, Native American medicine was neither stagnant nor impervious to outside influences, but was open to incorporating new elements. In addition to coping with new illness, Native Americans also learned to find uses for the invasive exotic plant species that were introduced by the Europeans, both by accident and intention. One way that this is known is through noting how Native Americans began to incorporate non-native species into their recipes of herbal remedies. Common Plantain, also known as “path weed” and “Englishman’s foot,” because “it would grow only where the English ‘have trodden, & was never known before the English came into this country,’”<sup>44</sup> was an invasive species brought over to America from Europe. Natives noted that the plantain’s leaves could be crushed for use as a poultice; and, in combination with other plant parts, was also used as a remedy for treating female diseases.<sup>45</sup> Clearly, natives were open to experimentation and adaptation.

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Martin made another point regarding the connection between spirituality and medicine that is important to this discussion. He argued that the failure of traditional native medicine to successfully treat epidemic diseases opened the door to natives converting to Christianity.<sup>46</sup> To these natives, it seemed that their medicine and Shamans had lost the ability to successfully negotiate with the spiritual world, and so they began to search for an alternative method. Many of the missionaries emphasized the rituals of Christianity which appeared to be similar to

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<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*, 59.

<sup>44</sup> Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe, 900-1900*, (New York, NY: Cambridge University Press, 2004), 156.

<sup>45</sup> For uses see Tantaquidgeon, 37. Also, Vogel, 175.

<sup>46</sup> Martin, 57.

native concepts. To natives, the Christian ritual of baptism had similar qualities to their own ritual of using sweat baths and both drinking and soaking in the water from certain hot and cold springs as a remedy for a variety of ailments including ulcers and sores.<sup>47</sup> Natives believed that certain bodies of water emanating from certain caves or sulphur springs had special healing properties.<sup>48</sup> Therefore, when missionaries approached natives and explained that they had a special ceremony which involved immersing or sprinkling the body with special water that would save them, many natives, especially after exhausting their traditional avenues of healing, agreed to be baptized not fully comprehending that by doing so they would be expected to abandon their beliefs and lifestyle. Even when priests made sure their candidates for baptism were, in their estimation, adequately prepared for the rite, confusions still arose.

Father Brébeuf, a Jesuit missionary in New France, sent a report to Father Paul LeJune in 1634 concerning some recent native baptisms he had performed. An interesting portion of this letter reads:

Having learned of the illness of this young man, I went to visit him, and, having sounded him, we found him to be filled with a great desire to receive Holy Baptism; we deferred this for a few days, in order to instruct him more fully. At last he sent word to me...that I should come and baptize him, saying that the night before he had seen me in his sleep, coming to his Cabin to administer to him this Sacrament; and that, as soon as I sat down near him, all his sickness went away; he confirmed this to me when I saw him. Nevertheless, I refused his request, in order to stimulate his desire, so that another Savage who was present, not being able to bear this delay, asked me why I did not baptize him, since it was only necessary to throw a little water on him. ...I answered that I myself would be lost if I baptized an infidel and a poorly taught unbeliever ...The next day, as he had fallen into a deep stupor, we baptized him, believing that he was going to die.<sup>49</sup>

From this passage, several inherent problems with the missionary system emerge. First, priests tended to hone in on the sick and vulnerable members of the tribe for baptism. Despite Father Brébeuf's delay tactics in performing the rite, that the native would eventually be baptized seems to have been a foregone conclusion. Furthermore, despite the priest's statement that he could not baptize the man until he was a true believer, his death-bed baptism, held when the native can no longer

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<sup>47</sup> Vogel, 258.

<sup>48</sup> *Ibid.*

<sup>49</sup> Thwaites, 47-48.

communicate his acceptance of the new faith or confirm to the priest that he truly understood what this rite meant, seems to be a rather suspect action. Lastly, the passage provides clear evidence that both the dying savage and his friend (who also asked Father Brébeuf to be baptized), did not understand the rite and had not abandoned their traditional native practices. The dying native proclaimed that he had foreseen Father Brébeuf baptizing him in a dream and that the baptism cured him of his illness. In this latter belief, he was joined by his concerned friend who also quite clearly believed that the baptismal waters had instant healing powers.

### **Native American Tested, European Approved**

One of the earliest historiographic debates related to Native Americans, considers the effectiveness of their medicine and treatments. Some early explorers extolled the Native American lifestyle as being necessarily healthier than that of Europeans because they did not see people with obvious mental or physical deficiencies. Although it remains unclear to what degree the natives' lifestyle, in terms of diet and treatment, prevented illnesses that were commonly suffered by Europeans; what is known, is that natives actively practiced infanticide and would allow their elders who were no longer able to care for themselves to die.<sup>50</sup> On this topic, Benjamin Rush wrote that "it is remarkable that there are no deformed Indians. Some have suspected, from this circumstance, that they put their deformed children to death, but nature here acts the part of the unnatural mother. The severity of the Indian manners destroys them."<sup>51</sup> It appears most likely that it was a combination of natural selection, environmental factors, and human intervention which gave the natives the appearance of being healthy in the pre- and early contact periods.<sup>52</sup>

In some cases, Native Americans had medical practices that were advanced in comparison to the European practices of the same era. One such example was the native practice of isolating individuals "who are infected with some unclean or dangerous disease."<sup>53</sup> Both Huron and the Southeastern Cherokee were known to have utilized this practice. Although this practice worked well for cases where illnesses had a short incubation period, when it came to illnesses such as smallpox where the incubation period is approximately fourteen days, natives who did not realize that they were already infected often fled their villages to escape the disease

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<sup>50</sup> *Ibid.*, 238-239.

<sup>51</sup> Benjamin Rush, *An Inquiry into the Natural History of Medicine among the Indians of North America, and a Comparative View of Their Diseases and Remedies With Those of Civilized Nations*. Read before the American Philosophical Society, Philadelphia, February 4, 1774. Accessed via *ECCO*, <http://galenet.galegroup.com>, 19.

<sup>52</sup> Vogel, 154-157.

<sup>53</sup> *Ibid.*, 259.

and then unwittingly transmitted it to other villages. In his study of the Southeastern Cherokee’s response to epidemic diseases, Paul Kelton noted that quarantining sick individuals to areas outside the village was an old practice that had originally been applied to those who were ritually unclean, such as women who were menstruating or who had just given birth, and wounded warriors.<sup>54</sup> For example, in her narrative, Seneca captive Mary Jemison wrote that “after the birth of my child, I was very sick, but was not allowed to go into the house for two weeks.”<sup>55</sup> Kelton notes that in the pre-modern medical era, it was a natural response for people to avoid areas which were known to harbor disease.<sup>56</sup> During the eighteenth century when severe epidemics were striking native villages every ten to fifteen years, the tribal religious leaders became increasingly adamant that their people stay away from areas and people who were known to be infected. They also began to refuse admittance into their villages of anyone they suspected to be fleeing a disease outbreak.<sup>57</sup> It should be emphasized that the Huron and the Southeastern Cherokee did not isolate ill people because they had a modern understanding of disease theory; they did not. However, they seemed to have instinctively realized that disease arrived from the outside, and more importantly, they also quickly recognized that diseases could be transmitted from person to person, though they remained uncertain as to the method of transmission. Kelton reported on one Southeastern Cherokee tribe, who during what was believed to be their first experience with smallpox, sent the afflicted individuals out to sleep in the fields away from the village because the leaders were afraid that they would “pollute the house, and by that means, procure all their deaths.”<sup>58</sup> Despite the tribe taking these precautionary measures, the diseased were still attended to by their family members and healers, and this contact was enough to spread the smallpox to others in the community. However, the Cherokee population is believed to have actually increased during the latter half of the eighteenth century, while the native tribes in the north were almost wiped out by epidemics. Thus, in the end it would seem that the native rituals did indeed curtail the tide of disease.<sup>59</sup>

### Testimonials of Treatment

When it came to treating illnesses, Euro-Americans were able to draw parallels between their own medical practices and some of the treatments utilized by the Native Americans. For example, although sympathetic influence was a fading

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<sup>54</sup> Kelton, 61.

<sup>55</sup> Seaver, 82.

<sup>56</sup> Kelton, 55.

<sup>57</sup> *Ibid.*, 55-56.

<sup>58</sup> *Ibid.*, 61.

<sup>59</sup> *Ibid.*, 63.

concept in European medicine, Native Americans and Europeans would have found common ground in believing that “like cures like.”<sup>60</sup> Vogel noted that natives would have used yellow plants to treat jaundice, red plants to heal blood disorders, and would have treated organs with plants that had the same shape.<sup>61</sup> Euro-Americans also relied heavily on the use of herbs for treatments, but when they encountered the shamanistic practices that frequently accompanied the healing treatments, they usually became skeptical of the effectiveness of native medicine altogether. To Euro-Americans, the use of herbs, sweats, and purgatives were normal aspects of medicine; however, they grew uncomfortable with the native religious elements, which many people such as renowned Philadelphia medical doctor Benjamin Rush, interpreted as unenlightened heathenism. Rush condemned the natives, writing that “there cannot be a stronger proof of their ignorance of proper remedies for new or difficult diseases, than their having recourse to enchantment.”<sup>62</sup>

Another unique avenue for pursuing how Native American medicine was used by natives and perceived by Euro-Americans is through the examination of captivity narratives. In these documents, former captives of Native Americans discussed the experiences they had while living with the natives, and occasionally they discussed what they had witnessed in regard to medical and religious practices. One of the most famous accounts, though slightly out of the time frame of this paper, is that of Mary Rowlandson who was taken captive in Massachusetts in 1676.<sup>63</sup> In her narrative, she described how the natives used oak leaves to successfully treat a leg wound that another male captive, Robbert Pepper, had received in one of the battles of King Phillip’s War.<sup>64</sup> Upon seeing the success of the remedy, Rowlandson applied oak leaves to her own wound, and “with the blessing of God it cured me also.”<sup>65</sup> In the footnotes to her story, the editor, Richard VanDerBeets, noted that the Native American practice of using oak leaves to treat wounds is still used by modern herbalists.<sup>66</sup>

A more dramatic example of the successful use of Native American medicine comes from the narrative of John Gyles, who was taken captive in Maine in 1689

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<sup>60</sup> Vogel, 33.

<sup>61</sup> *Ibid.*

<sup>62</sup> Rush, 35.

<sup>63</sup> Richard VanDerBeets, ed., *Held Captive by Indians: Selected Narratives, 1642-1836*, (Knoxville, TN.: The University of Tennessee Press, 1973), 41.

<sup>64</sup> Mary Rowlandson, “The Sovereignty and Goodness of God, Together with the Faithfulness of his Promises Displayed; Being a Narrative of the Captivity and Restauration of Mrs. Mary Rowlandson,” in Richard VanDerBeets, ed., *Held Captive by Indians*, 48.

<sup>65</sup> *Ibid.*, 48.

<sup>66</sup> VanDerBeets, 48n.



and was eventually released after spending six years living with the natives.<sup>67</sup> In his lengthy narrative, Gyles related a particularly harrowing experience where his feet became so badly frostbitten that they turned black and his skin peeled off.<sup>68</sup> Here, Gyles described his treatment as advised by the natives:

The Indians gave me rags to bind up my feet, and advised me to apply fir balsam, but withal added that they believed it was not worthwhile to use means, for I should certainly die. ...I got some balsam. This I burned in a clam-shell till it was of a consistence like salve, which I applied to my feet and ankles, and, by the divine blessing, within a week I could go about upon my heels with my staff. ...Yet within a year my feet were entirely well; and the nails came on my great toes, so that a very critical eye could scarcely perceive any part missing, or that they had been frozen at all.<sup>69</sup>

It seems that in this case, the successful outcome and the presumed effectiveness of the remedy surprised even the natives themselves.

In some cases, natives sought the assistance of Euro-Americans for treating medical issues. In his book on Teedyuscung, an important leader of the Delaware Tribe, Anthropologist Anthony Wallace related a story in which Teedyuscung and his son got into a drunken fight and injured each other. Realizing that they needed medical assistance, they sought the assistance of a near-by Moravian doctor who patched them up. Wallace wrote that what is significant about this story is that “both of them [Teedyuscung and his son] looked to white man’s medicines for aid in addition to or rather than the aboriginal remedies. The system of medical treatment in vogue among the Delawares was not markedly inferior to that of the Europeans of the day.”<sup>70</sup>

### **Evaluating the Euro-American View of Native Medicine**

As has been noted, Dr. Benjamin Rush had little praise for Native American medicine. In an oration he delivered to the American Philosophical Society of Pennsylvania on the topic, he disputed many of the treatments for which natives had previously been admired. These included native remedies for rheumatism,

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<sup>67</sup> *Ibid.*, 91.

<sup>68</sup> John Gyles, “Memoirs of Odd Adventures, Strange Deliverances, etc., in the Captivity of John Gyles, Esq., Commander of the Garrison on St. George River, in the District of Maine,” in Richard VanDerBeets, ed., *Held Captive by Indians*, 108-109.

<sup>69</sup> *Ibid.*, 109.

<sup>70</sup> Anthony F.C. Wallace, Teedyuscung: *King of the Delawares, 1700-1763*, (Syracuse, NY: Syracuse University Press, 1990), 120-121.

antidotes for poisons, and venereal diseases.<sup>71</sup> One intriguing practice of which Rush was highly critical was the native technique used to attempt to rescue a drowned person by “suspending the patient by their heels, in order that the water might flow from his mouth.”<sup>72</sup> Rush disagreed with the practice because it was “founded on a belief that the patient dies from swallowing an excessive quantity of water...[and] modern observation teaches us, that, drowned people die of an apoplexy,”<sup>73</sup> or in modern parlance, of a stroke.<sup>74</sup> It seems that in this case, the natives were a step ahead of the Europeans by getting the water out of the victim’s lungs. In another particularly scathing passage, Rush condemned native medicine stating that “if we may judge of all the Indian antidotes to poisons, by those which have fallen into our hands, we have little reason to ascribe much to them in any cases whatever.”<sup>75</sup> He followed this remark with another equally harsh rebuke stating that the only reason people believed in native cures was because the actual ingredients of the medication were kept secret by the natives, and if the ingredients were revealed, the remedies would lose their appeal.<sup>76</sup> In fairness, Rush conceded that European medicine was not as perfect as he and his medical colleagues aspired it to be, and he lamented “What mischief we have not done under the belief of false facts, and false theories! We have afflicted in multiplying diseases. We have done more – we have increased their mortality.”<sup>77</sup>

Carl Binger, a biographer of Rush noted that he was a man incredibly tolerant of people who came from a different background than his own, and that he was always respectful of Native Americans.<sup>78</sup> While Rush may have respected them as a people, he was often highly critical of Native American medicine, and he remained very skeptical of native practitioners. According to Binger, Rush told his

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<sup>71</sup> *Ibid.*, 33-35.

<sup>72</sup> *Ibid.*, 32

<sup>73</sup> *Ibid.*

<sup>74</sup> “Stroke n.” *Concise Medical Dictionary*. Oxford University Press, 2007. *Oxford Reference Online*. Oxford University Press. Villanova University. 7 December 2008, <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t60.e9656>.

<sup>75</sup> Rush, 34.

<sup>76</sup> *Ibid.*, 36.

<sup>77</sup> *Ibid.*, 53-54. This Rush quote brings to mind the fourth verse of my favorite 18<sup>th</sup> century drinking song, “Nottingham Ale” set to the tune of “Lillibullero.” The verse reads “And you doctors, who more executions have done/With powder and potion and bolus and pill/Than hangman with noose, or soldier with gun,/Miser with famine or lawyer with quill./To dispatch us the quicker, you forbid us malt liquor,/Till our bodies consume, and our faces grow pale./Let him mind you, who pleases, what cures all diseases,/A plentiful glass of good Nottingham Ale.” For complete lyrics, see [http://www.lyricsdatabase.gen.tr/392311/Nottingham\\_Ale.html](http://www.lyricsdatabase.gen.tr/392311/Nottingham_Ale.html).

<sup>78</sup> Carl Binger, *Revolutionary Doctor: Benjamin Rush, 1746-1813*, (New York, NY: W.W. Norton and Company, Inc., 1966), 170.

students to study native medicine if for no other reason than “useful remedies have been discovered by quacks.”<sup>79</sup> Rush instructed his students in his treatise *Medical Inquiries and Observations upon the Diseases of the Mind*, that “even negroes and Indians have sometimes stumbled upon discoveries in medicine. Be not ashamed to inquire into them.”<sup>80</sup>

It is interesting to note that the Aztecs, Incas, and other South American tribes, and possibly a few northern tribes as well, used phlebotomy to alleviate pain, fever, and swelling.<sup>81</sup> The practice of bloodletting was still very much in vogue in eighteenth century European medicine, and it gave a positive impression of native medicine to the Europeans who witnessed the natives utilizing the technique.<sup>82</sup> Vogel, however, feels that it was probably the Europeans who introduced the practice of bleeding to the Northern Native Americans and that it was not a practice indigenous to their culture. Unlike Europeans who used lancets to procure a quantity of blood, the natives used sharp stones and thorns.<sup>83</sup> In a rare and somewhat ironic moment of praise for a Native American medical procedure, Dr. Benjamin Rush noted that the natives only bled the affected part of the body, that their practice of bleeding “supposes some knowledge of the animal oeconomy, and therefore marks an advanced period in the history of medicine.”<sup>84</sup>

Although Dr. Rush acknowledged that Europeans were responsible for the introduction of such diseases as small pox and venereal disease, he did not seem to draw a connection to these diseases and their high mortality rate with a decreased birthrate. In one intriguing passage, he attributed “the mortality peculiar to those Indian tribes who have mingled with white people must be ascribed to the extensive mischief of spirituous liquors,” and “when these have not acted, they have suffered too suddenly to the European diet, dress, and manners.”<sup>85</sup> It does not seem to strike Dr. Rush, that those natives who mingled with the Europeans were instead suffering from exposure to diseases to which they had no immunity. Furthermore, he does not address the issue of where the natives obtained the said mischievous liquors. Rush seems equally blind about the origins for the high rate

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<sup>79</sup> *Ibid.*, 181.

<sup>80</sup> Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind*, (5<sup>th</sup> Ed.), Philadelphia, PA, 1835, 332. Quoted in Binger, 181.

<sup>81</sup> Vogel, 179.

<sup>82</sup> Vogel, 179. See the passage regarding Lionel Wafer who was known as the “pirate surgeon.”

<sup>83</sup> Benjamin Rush, M.D., “An Oration Delivered February 4, 1774, Before the American Philosophical Society held at Philadelphia containing, An Enquiry into the Natural history of Medicine among the Indians in North America, and a Comparative View of their diseases and remedies, with those of civilized Nations.” Accessed via ECCO, <http://galenet.galegroup.com>, 30.

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*, 56.

of Native American mortality in his discussion regarding the population statistics of the native Americans in comparison to other European countries. Rush noted that “the proportion of old people is much greater among civilized, than among savage nations,” and immediately concluded that these numbers were indicative of ineffective medicine and also of a society that did not value its older members.<sup>86</sup>

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In his comments on Native American medicine, Anthony Wallace noted that although the natives and the Euro-Americans prescribed similar treatments for their patients, the medicine men who “magically exorcised disease by a variety of antics” offended the Christian missionaries and seemed to annoy the rest of the Euro-Americans who encountered them practicing their arts.<sup>87</sup> Wallace continued his remarks with a rather liberal insight for a book first published in 1949, when he noted that although “the bedside manner of these shamans differed from that of the European doctors... no doubt it had equally felicitous psychological effects.”<sup>88</sup> With this insight, Wallace struck at the core difference between eighteenth century Native American and Euro-American approaches to medicine. At the time, the greatest difference between them lay not in the treatments they used, but rather in the philosophical motivations behind the treatments. Most importantly, while the Native Americans and the Euro-Americans were willing to acknowledge that the other culture’s medicine had benefits, they each ultimately believed in the curative powers of their own medicine, and it is quite probable that this psychological factor Wallace discussed was just as beneficial in healing the patient as was the other treatments prescribed to them.

Eighteenth century medicine on both sides was laden with the baggage of cultural belief systems. Although European medicine had begun to shift toward a more secular, scientific approach, they still relied on Christianity to explain what science could not and to provide comfort to those who were ill. But most importantly to them, their medical practices were about conveying a sense of progress and modernity, two qualities that they believed natives did not possess. Native American medicine, on the other hand, did not arise from rational scientific methodology. It sprang out of a belief in a spirit world that was guarded by animals who were the gatekeepers of health and well-being for the tribe and individuals. With the exception of the natives who converted to Christianity or who may have become disillusioned with their medicine when it failed to cure epidemic diseases, most natives refused to abandon their religious practices and continued to believe

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<sup>86</sup> Rush, 66.

<sup>87</sup> Wallace, 121.

<sup>88</sup> *Ibid.*, 121.

that spiritual imbalance was the fundamental root of illness. Thus, it would seem that the heart of the conflict between these two medical disciplines came down to a clash of two unyielding cultures.

For Native Americans, *medicine* had a far broader context than their European counterpart's more secular approach, and this expansive concept of medicine was a struggle for Euro-Americans to understand. Some chose not to understand it because they found the ritual practices of the shaman to be sinister, others like Dr. Rush learned just enough to discount it all as quackery against the scientific European methods. Yet there were others like George Catlin, who wanted desperately to learn every last detail, but were prevented from doing so by the natives who chose to keep the most sacred elements hidden from the prying eyes of outsiders whose character and motivations were unknown. In the end, neither the Euro-Americans nor the Native Americans were willing to change their fundamental outlook on the universe to accommodate the others beliefs, and each faction continued to practice its own medicine.

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