Nineteenth-Century American Medicine: The Implications of Professionalism, Capitalism, and Implicit Bias

DISSERTATION

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By

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Abstract

An examination of the history of medicine and pharmacy uncovers evidence of struggles among rival groups of practitioners in the process of establishing modern professional standards. Within these struggles, there is unmistakable evidence of bias during the nineteenth century that privileged the perspectives of the wealthy elite of American society. Drawing upon critical race theory, and the process of racialization as described by Richard Delgado and Jean Stefancic, this dissertation explores the development of medicine and pharmacy in the United States during the nineteenth century with respect to their maturation as it relates to the struggle for authority between sectarian and allopathic practitioners. It focuses on the impact that implicit bias had on what was considered legitimate medicine and who was valued as an authentic physician. The work of Dr. Francis Peyre Porcher constitutes a significant illustration: Porcher’s fifty-year career as a medical practitioner, researcher, and influential writer represents a synthesis of his interests in botanic medicine and the most advanced medical practices of his day, which he learned from his studies at the Medical School of South Carolina and France’s Paris Clinic. The ensuing period from the late nineteenth century through the twentieth century effectively sidelined practices such as botanic medicine as industrialization and capitalism institutionalized medicine and pharmacy into large corporations. It is this dissertation’s primary purpose to demonstrate that from a social and cultural standpoint, implicit biases deeply influenced the process of medical professionalization during the nineteenth century; and thus must be acknowledged as having impact on how medicine and pharmacy are practiced, distributed, and received in modern American society.
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Writing a dissertation is a labor of love and conviction. It is an arduous task; however, the relationships, which are made along the way, are simply the best. This dissertation is the culmination of many years of learning, reading, experiencing, and researching American history, American medicine, and the fragility of the human condition, in a country, where health care is a privilege rather than a right. It is my hope that it contributes to the debate concerning health-care legislation.
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Chapter 1: Introduction

The scholarship regarding American medicine is expansive and diverse in scope. Among the main areas of study are the different therapeutic approaches practiced by both nineteenth-century sectarian and allopathic physicians. The focus here is the acquisition of legitimacy and authority during the professionalization process of the nineteenth century by allopathic physicians. While no one questions that allopathic physicians gained medical authority during this period, the interesting point is how and why. Michel Foucault, Paul Starr, and Hans Baer have each examined the period in question and their work lays a foundation for this study of the process by which legitimacy was established within and between medicine and pharmacy.

In *The Birth of the Clinic*, Michel Foucault identified the Paris School (1790-1850) as the decisive moment in the shift of clinical attention from healing the individual sick patient to studying disease entities as the object of research.¹ The impact of the Paris Clinic and its approach to medicine created a crisis in Antebellum America with respect to how disease was understood, how medicine should be administered, what determined therapeutic treatment, and who was a legitimate physician. The result of that crisis was a rupture in the framework of therapeutic medicine wherein physicians who had been

heavily schooled in botany and the phytomedicinal agency of plants were now educated in the art of dissection and the efficacy of chemicals. What then occurs is not an erasure of the former, but to use Jacques Derrida’s concept of the play between the interior (the traditional paradigm) and the exterior (the new paradigm) framework of medicine is the space that is created from that play giving rise to new concepts and approaches.\(^2\) Finally, the philosophical crisis left doctors and patients alike wondering who was qualified to be a physician, whether medicine was a trade or a profession, and what was the correct approach in healing the sick.

In *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, sociologist Paul Starr examines the rise of medicine as a modern profession. Starr reviews the situation from the perspective of Bruno Latour’s theoretical understanding of the “social” as described in his book, *Reassembling the Social: An Introduction to Actor-Network Theory*.\(^3\) Starr argues that “the problem of professional sovereignty in American medicine is historical; there is no necessary and invariant relation to social structure of a function such as caring for the


\(^3\) Bruno Latour, *Reassembling the Social: An Introduction to Actor-Network Theory* (Oxford, England: Oxford University Press, 2005), pp. 1-17. I am referring to the “social” as Latour refers to it, as a “type of connection between things that are not themselves social”—see introduction.
He argues that the evolution of medicine as a profession must be understood from a multidisciplinary perspective because it is a socially constructed structure. Starr states:

Social structure is the outcome of historical processes. To understand a given structural arrangement, like professional sovereignty, one has to identify the ways in which people acted, pursuing their interests and ideals under definite conditions, to bring that structure into existence.\textsuperscript{5}

Starr then notes “medical care, like other institutions, takes place within larger fields of power and social structure.”\textsuperscript{6} Moreover, the struggles within these “fields” are most conflicted “over the politics and economics of health and medical care.”\textsuperscript{7} Importantly, Starr notes that:

It is not possible . . . to understand the origins of the power of the medical profession, in the face of all the other political and economic forces at work in health care, without reference to its cultural authority. Nor is it possible to understand the rise of its cultural authority without reference to underlying changes in material life and social organization.\textsuperscript{8}

During the nineteenth century, American medicine was undergoing both therapeutic and professional changes. Medicine was leaving the space of a healing art to


\textsuperscript{5} \textit{Ibid.}

\textsuperscript{6} Starr, p. 8.

\textsuperscript{7} \textit{Ibid.}

\textsuperscript{8} Starr, p. 9.
become a science-based discipline. Not only did the approach and understanding of how medicine should be practiced shift from an understanding of the whole person to the study of a human body as that of a machine, but also there was a gradual change in who held the knowledge and thus the authority to practice medicine.⁹

On the eve of the American Civil War, the medical system was immature. The medical education that physicians received did not prepare them for the overwhelming influx of illness, infection, and surgery that the War threw at them. Indeed, only those physicians who attended the Paris Clinic were educated with practical experience, as dissections and classroom surgeries were illegal in the United States prior to the Civil War. American-trained doctors received only a theoretical, lecture-format education; they were unprepared in both surgical techniques and in the prescribing of medicine. The war experience taught that the most effective treatment was hands-on acute pharmaceutical or surgical intervention that resulted in an immediate change in the patient. The Civil War was an extreme medical crisis; as such, new measures were needed to deal with it. When the battles ended and the doctors returned to their civilian practices, their war experience colored their medical approach. Medicine shifted from “a quasi-zoological discourse based on the classification of illness” to “one anatomoclinical and grounded in the observation of damaged tissues.”¹⁰

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⁹ In *The Birth of the Clinic*, Michel Foucault identified the Paris Clinical School as the decisive moment in the shift of clinical attention from the individual sick person as the focus to disease entities as the object of attention.

Beyond the shift in medical philosophy and the traumatic experience of the Civil War, there are three other factors that steered American medicine and pharmacy towards a self-regulatory system. First, America inherited the British principle of *laissez-faire* with respect to how medicine was organized, produced, and applied. Second, when the American commitment to individual liberty was combined with the limited number of physicians and apothecaries available to administer to the public, the stage was set to allow a broader more diverse group of practitioners than just those elite Caucasian males who were able to attend university.\(^1\) Finally, the cultural forces of industrialization, capitalism, and social stratification culminated in the nineteenth century to create a medical system based on profit.

With the development of industrial capitalism “bourgeois society” came into its own, and power came to be exercised in more subtle, diverse, and scientific ways. This was achieved through early modern state-centric conceptions of sovereignty and power persistence. Foucault came to view this sort of moralistic fixation on the state as a diversion from what is most distinctive in modern power. As Chandra Kant Kumar explains in “Analytical Marxism and Foucault’s Theory of ‘Disciplinary Power’,” Foucault saw political coercion and control as more than a matter of the political and economic elites exerting control in a repressive manner from the commanding heights of

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institutions. For Foucault, resistance to power can occur at all levels of social life without reducing all conflicts to state-centered or, indeed, class-centered struggles.¹²

This confirms just how pervasive and insidious power relations are in a modern, class-divided, capitalist world. The discipline, coercion, manipulation, and divisiveness that so often works to keep those at the top comfortable requires more subtle methods of control than strictly repressive methods. Foucault’s conception of power as productive should thus be understood in conjunction with Marxist views about the nature and functioning of social institutions in class-divided societies, especially in modern societies where “the masses” have achieved a level of political influence and, as a result, the powerful must at least pay lip service to democratic, egalitarian ideals. In this situation, “productive” power has, surely, acquired a central role in the maintenance of the social order.¹³

In speaking to Foucault’s idea of “subtle coercion,” Bradley Lewis’ explains Stuart Hall’s assertion that the American public has accepted health care as a for-profit-industry.¹⁴

The production of messages by broadcasting structures is mediated and framed by “meaning and ideas”; by “historically defined technical skills”; by “professional skills”; by “institutional knowledge, definitions and


¹³ Kumar, pp. 20-21.

assumptions”—in short, by the producer’s local practices and technical skills. If the producers are part of the dominant cultural order, they also encode their messages through larger “maps of social reality” through which a society imposes its “classifications of the social and political world.” Decodings and the reception of messages are similarly framed by local and larger social and political structures of understanding.  

*Antebellum American Medicine and Pharmacy*

For the most part, before the country’s Civil War, The United States allowed pharmacy and medicine (which were not yet separate from each other) to self-regulate. America inherited the British principle of *laissez-faire* with the absence of controls by institutions and government interventions, the French therapeutic “policy of moderation” which advocates that medicine should support the body through an illness rather than interfere with the body’s natural healing processes, and the American commitment to individual liberty. Moreover, there were a limited number of physicians and apothecaries to administer to the public.  

One of the primary struggles the young Republic had to deal with was in the application of Constitutional liberty. Another was creating its own cultural identity. What emerged with respect to medicine and pharmacy was the struggle to organize both healing arts into professional disciplines. Medicalization can be defined as “the process


16 *Webster's Concise Dictionary* defines *laissez-faire* as “the principle of permitting industrial and commercial competition without government control and noninterference in any undertaking.”
leading to the establishment of health systems, the introduction of public health measures and facilities, and the development of the health professions.”\(^{17}\) Since pharmacy did not exist as a separate entity from medicine until after the Civil War, the examination of its development cannot be achieved without first investigating the state of medicine.

“The British tradition . . . did not separate pharmacy from medicine.”\(^{18}\) Furthermore, “most [British] practitioners of medicine included the practices of pharmacy in their tasks.”\(^ {19}\) Thus, any individual who felt they were qualified could prepare, sell, diagnose, and administer medicines. That tradition translated to America, creating the physician-apothecary and the apothecary-doctor until the latter half of the nineteenth century in both the United States and Britain.

Conversely, by the thirteenth century, the French had elevated pharmacy to its own profession by means of guilds. To gain entrance into their guilds, prospective pharmacists had to pass an examination for which students had to demonstrate knowledge of Latin, recognize medicinal plants, and prepare medicines from the pharmacopoeia.\(^ {20}\) Over the course of centuries, the French government continued to solidify pharmacy as an active profession independent from medicine. The Royal Declaration of April 25, 17

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\(^{19}\) *Ibid.*

1777, created a definitive division between “activities considered to be pharmaceutical, and hence reserved to pharmacy.”

The French’s forward approach of delineating pharmacy from medicine was carried over to their colony of Louisiana, separating medicine, pharmacy, and surgery into three separate disciplines. “From its inception, the Louisiana colony was supplied with surgeons, physicians, apothecaries, and midwives” and only those who had been “examined by the chief surgeons of the colony” were allowed to practice. Anyone without a license was subject to a “fine of 300 livres.”

The Paris Clinical School became, during the first half of the nineteenth century, the international leader in medical research, understanding, and education. Their outstanding health-care system was due to the confluence of the institutional rise of hospital medicine and the destruction of the class system as a result of the French Revolution. Without the class restrictions, there was a larger pool of clinicians who examined and diagnosed within the arena of the hospital, thus allowing physicians to examine and diagnose large populations of patients, corroborating their findings through autopsies.

The institutional support that characterized the French system of medicine was absent in America. Consequently, the quality of medical education was abysmal. Due to the lack of money and the fact that dissection was illegal in most states, medical schools did not conduct classes in the laboratory or clinical arena. The programs were only two

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21 Ibid, p. 72.

22 Duffy, p. 149.

23 Ibid.
years in length and they were limited to a series of lectures, which were repeated during the second year. A one-year apprenticeship followed graduation.

Because pharmacy was considered a component of medicine, its education was incorporated into medical education. With the exception of the Philadelphia College of Pharmacy and six other pharmaceutical association colleges, pharmaceutical education was not available at colleges and universities until after the Civil War; most pharmacists and apothecaries were trained through an apprenticeship system.

In 1846, the Philadelphia College divided the chair of materia medica and pharmacy and then elected William Procter, Jr. as the new chair and Professor of Pharmacy. Still, it was necessary to seek physicians as medical professors, because “few if any, of the apothecaries had so accustomed themselves to the systematic study of the several branches connected with the practice of our profession, as to be prepared to assume the office of teachers.”

Given the primitive condition of America’s medical and pharmaceutical education, along with the lack of funding and prohibitive dissection laws, the country’s poor medical training was further demeaned by the increased demand for universities to add medical schools to their programs. The haste to provide institutions to educate budding physicians resulted in inadequate instruction because the professional curriculum was not regulated and standards were not set. Between 1787 and 1840, 33 medical schools were established. Following 1840, 47 more schools were added in less time than

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24 Ibid. p. 228.
the original 33 were developed.\textsuperscript{25}

Medical schools not affiliated with hospitals or universities abounded because “state legislatures granted charters to medical cliques that showed little concern for teaching facilities, medical philosophy, and curriculum.”\textsuperscript{26} By the 1840s, medical education had become a business. Schools, even those attached to established universities, maintained their autonomy within the university and, therefore, the unregulated medical faculty had control over the professional curriculum, staff, salary, and tuition. America’s medical system from education to application was thus based on \textit{laissez-faire} philosophy. A professor’s income was derived from the number of students he taught; for that reason, a student’s admission was determined more by his ability to pay than to perform adequately.

To further complicate matters the medical community was philosophically split over the causes of illness. The older view believed that an imbalance existed within the sick individual and that health was restored once the body had regained its balance (homeostasis). In order to balance the body, a patient must be purged through bowel evacuation, vomiting, or bloodletting. The new view believed that an outside agent caused the illness, although, germ theory was not yet understood. The respected


\textsuperscript{26} \textit{Ibid.}, p. 198.
physician, Benjamin Rush, best represented the therapies advanced by heroic medicine. Methods of intensely (heroically) purging the illness from the body were practiced from the turn of the nineteenth century through the Civil War. The Paris Clinical School opposed heroic medicine. French doctors argued that diseases were self-limiting and that illnesses simply needed to run their course. Medicine and therapies were to be used to support the body through that process.

The Sectarian movement that had become popular by the 1820s constituted an enrichment to the American medical landscape that, until the turn of the twentieth century, was a reaction to the harmful effects of heroic medicine and the public’s anxious concern regarding personal wellbeing. The average life expectancy in the United States in the early 1800s was approximately 32 years of age and by 1850 it was 41. Until the twentieth century, child mortality rates were as high as 50 percent. Diseases broke out in epidemic proportions, causing entire cities to be quarantined and leaving many spouses widowed and children orphaned. As Richard H. Shryock asserts, “were we to revive the disease condition of 1850, consternation would ensue and we would face…a major threat to national security.”

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28 See Warner, *Against the Spirit of System* for a fuller explanation.


30 Ibid.
Sectarianism challenged traditional or allopathic medicine by advocating homeopathy, botanic remedies, electrotherapy, and hydrotherapy.\textsuperscript{31} Homeopathy attempted to restore health through minute doses of drugs and the arcane doctrine of \textit{similia similibus curantur} (like cures like); botanic doctors used only plants and other natural products; electrotherapists used small currents of electricity; hydrotherapists used water.\textsuperscript{32}

By the later 1840s, considering the state of American medical and pharmaceutical education, the changing medical philosophies, and the splintering of physicians into multiple sects, it is not surprising that the American medical environment was in a state of complete disarray. While giving an introductory lecture to a class of first-year students at Willoughby University in 1844, Dr. H. H. Childs succinctly proclaimed to his students that “doctors disagree.”\textsuperscript{33} The professional and social mores of the time expected physicians to differ “both in theory and practice.”\textsuperscript{34} The fields of medicine and pharmacy were split between the old and the new medical views and the allopathic or traditional physicians and the eclectic or sectarian doctors. The medical methodologies finally collided; what emerged from the collision was the creation of the American Medical

\textsuperscript{31} Allopathic doctors treat disease through either medicine or surgery to create an environment within the body that is not amicable to the disease.

\textsuperscript{32} In homeopathy, a practitioner administers minute doses of medicine that mimic the disease for which the sick individual is being treated. It follows along the theoretical lines of vaccinations.

\textsuperscript{33} Duffy, p. 150.

\textsuperscript{34} Ibid., pp. 149-50.
Association (AMA) and the American Pharmaceutical Association (APhA).

In 1847, the allopathic physicians created the AMA in reaction to the popularity of their sectarian counterparts in an attempt to control the “chaotic scenery of quacks, pretenders, and poorly trained regulars who entered medicine with ever increasing ease.”\(^{35}\) Allopathic doctors wanted the AMA not only to stabilize America’s medical education by setting standards, but also to create a “measure of professional unity.”\(^{36}\) There was, however, “only slow progress in medical education until the end of the century.”\(^{37}\)

The APhA was created in 1852 to set drug safety standards. Despite the *laissez-faire* treatment of pharmacy during the nineteenth century, “25 states or territories had some statutory provisions against drug adulteration, and a few more had some statutes concerning poisons.”\(^{38}\) The laws prohibited the sale of dangerous and adulterated drugs and anyone caught violating the laws were subject to imprisonment or fines.

Additionally, the APhA was created to unite pharmacists under one associative body, to help educate the public about what made a pharmacist qualified to compound and sell drugs, and to combat quackery in particularly the “patent medicines.” The APhA also

\(^{35}\) Ibid.

\(^{36}\) Haller, p. 235.


\(^{38}\) Kremers and Urdang’s *History of Pharmacy*, p. 216.
wanted to develop a sense of professionalism through a Code of Ethics and shared sense of responsibility to uphold the practice of pharmacy as a profession rather than as trade. Finally, a primary goal was to create education and degrees separate from medicine.\textsuperscript{39}

In 1854, the secretary of the APhA, Edward Parrish, insisted that:

\begin{quote}
if pharmacy was indeed a special branch of medicine, it must receive acknowledgment of its independence. As a separate art, it had the right to declare its own standards and curriculum. Only those who had mastered its scientific foundations and could demonstrate a complete knowledge of all departments, including its practical applications, could qualify as teachers. . . . Physicians had lost their foothold in the teaching of pharmacy, . . . ; in fact, if they were to practice pharmacy, they should now be taught by pharmacists.\textsuperscript{40}
\end{quote}

Still, just as with medicine, true educational opportunity and reform in pharmacy did not begin to occur until the end of the nineteenth and the beginning of the twentieth century.

The medicalization of American medicine and pharmacy emerged out of the cultural and social reflections of the nineteenth century. As the United States was constructing its nationalistic identity, it was influenced by theoretical philosophies from Britain and France. Not only were those countries the former colonizers of America, but they were also two of the primary models from which the new republic created its own sense of identity. Regardless of the century, the human experience of living well is deeply tied to health in the body and mind. It is no wonder that during the nineteenth century, when illness and death were constant companions that one of the philosophical struggles

\textsuperscript{39} Ibid.,

\textsuperscript{40} Kremers and Urdang's History of Pharmacy, p. 227.
was the organization, education, legislation, and application of medicine and pharmacy. What emerged from America’s early republican period was an approach to the healing arts that adopted a British organizational and economic structure based on *laissez-faire* philosophy coupled with a French approach to the application of medicine and pharmacy that favored a policy of moderation. These two points are still relevant today as we face health-care reform with implications for future public policy and practice alike. The review of the historical places that America has been adds depth and perspective to the current debate as we move forward.

What exists in the following pages is an episodic argument rather than a linear one that examines the multiple components which when combined created the capitalistic, industrialized institution that is American health care. To return to Paul Starr’s fundamental point that

> social structure is the outcome of historical processes. To understand a given structural arrangement, like professional sovereignty, one has to identify the ways in which people acted, pursuing their interests and ideals under definite conditions, to bring that structure into existence.”

In other words, the struggle for authority in nineteenth-century American medicine was not limited to unbiased scientific research, methodology, or strict evidenced based medicine. Rather, it was deeply influenced by the affect of implicit bias by male Anglo-Americans towards the “Other.” Referring to Foucault for an understanding of how power is legitimized. His primary concern was not with the general functioning of some

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central institutions or with the principles supposed to legitimize their power and authority, but with “the point where power surmounts the rules of right which organize and delimit it and extends itself beyond them, invests itself in institutions, becomes embodied in techniques, and equips itself with instruments and eventually even violent means of material intervention.”

This dissertation’s argument focuses on the ideas that while medicine did indeed need to be professionalized and organized for the good of the patient, dismissal of medical knowledge that was held by those in the category of “the Other” was done not necessarily from a scientific bias, but rather from a cultural bias. This is not to say that discrimination towards American Indians, African-Americans, women, and working class Caucasians was intentional. Rather, in the construction of medicine and pharmacy as professional institutions during the nineteenth century, the implicit biases of racism, sexism, and classism affected the legitimacy of medical practice and those whom were allowed to be practitioners. It is important to understand what is meant by implicit bias, consequently, let us look to the Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University for an explanation:

Also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for

42 Kant Kumar, p. 4.
the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection.43

In the nineteenth century, the fields of medicine and pharmacy were in dire need of regulation, standardization, organization, and patient protection. In order to transform medicine from a trade occupation to a profession, it was necessary to acquire control. The allopaths should be honored for organizing medicine and pharmacy into two disciplines; still, they should be criticized for their failures. Those failures can be seen in the exclusion of those sectarian practices that were dismissed due to their affiliation with American Indians, African-Americans, women, and working-class Caucasians. Moreover, not only were their practices deemed ineffectual and sometimes even dangerous, but also the practitioners themselves were negated as legitimate medical authorities based simply on their race, gender, and class.

Yet, before we deconstruct the modern professional development of medicine and pharmacy, it is first necessary to gain a brief understanding of the constructions of race, gender, and class in nineteenth-century America. Historian Paul Spickard and sociologist G. Reginald Daniel contend that American history can be framed within the five meta-narratives of democracy, colonialism, capitalism, misogyny, and racism.

Almost everything that has happened in the past four centuries on the North American continent can be interpreted with reference to one or more of these themes. The creation and development of U.S. political institutions can be understood primarily with reference to the other four

It is the argument of this dissertation that the implicit biases of racism, misogyny, and classism were primary meta-narratives that steered the professionalization of medicine and pharmacy. This is not to say that colonialism and democracy did not influence its development; however, those two themes had become secondary as medicine moved into modernity.

Race, gender, and class are socio-historical constructs. With respect to race, “human interaction rather than natural differentiation must be seen as the source and continued basis for racial categorization.” In other words, racialization, or the process of creating race, categorizes people based on the ideological and social values of a given culture. For the United States, race pervades all of its society and therefore influences and intersects with gender and class. For further clarification on this point, let us look to law professor Ian Haney Lopez: “Because races are constructed, ideas about race form part of a wider social fabric into which other relations, not least gender and class, are also

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woven.” Returning to the nineteenth century, Lopez argues that there was a close symbiosis in the construction of racial and gender hierarchies.

This close symbiosis was reflected, for example, in distinct patterns of gender racialization during the era of frontier expansion—the native men . . . were depicted as indolent, slothful, cruel, and cowardly, while the women were described as fair, virtuous, and lonely.

In Notes On The State of Virginia, Thomas Jefferson offers a similar example of the intersection of race and gender when he states that Native American “women are submitted to unjust drudgery. This I believe is the case with every barbarous people.” He goes on to say that because indigenous women were required to engage in physical labor (remember, in Anglo-American culture those tasks were designated as male), they were denied the ability to reproduce as nature intended.

The same Indian women, when married to white traders, who feed them and their children plentifully and regularly, who exempt them from excessive drudgery, who keep them stationary and unexposed to accident, produce and raise as many children as the white women.

Thus, both Haney’s example and Jefferson’s description demonstrate that when race intersects with gender, the latter is raced as well.

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46 Ibid., p. 170.

47 Ibid.


49 Ibid., p. 65.
Turning our attention to class requires the meta-narrative of capitalism to be privileged. Capitalism undermines the egalitarian principles of democracy and becomes the “mechanism for the exploitation of the weak by the powerful in both the economic and the political domain.” Americans required a rationale for the subjugation of the lower class for the benefit of the middle and upper classes because the country’s ideals and values insisted upon the right to liberty and prosperity for all (at least with respect white males). Thus, in order to take advantage of their wage commodity, the working class was racialized.

Just as Africans and Native Americans were deemed as lower forms of humanity, so, too, were the working poor whites. According to historian, Abbot Smith, the lower class immigrant and natural born whites were viewed as “lazy, rough, ignorant, lewd, and often criminal, who thieved and wandered, had bastard children, and corrupted society with loathsome diseases.” Furthermore, the working class was composed of “shiftless, hopeless, ruined individuals.” As such, there value to American society was deemed unworthy of the benefits of capitalism because they did not contribute to the wealth of the country. In capitalism only those who produce wealth are rewarded, yet, if a class of people are prohibited from access to wealth based upon the social constrictions of


52 Ibid.
classism how are they to participate? Therefore, just as race and gender are racialized, so, too, is class.

Recalling then this dissertation’s primary concern, the acquisition of legitimacy and authority during the professionalization process of nineteenth-century health care by allopathic physicians, this dissertation argues that in part, sectarianism was sacrificed at the alter of professionalism, so that the allopathic physicians could gain authority over medicine and pharmacy. The manner in which that authority was gained was, in part, through the racialization of American Indians, African-Americans, women, and working-class Caucasians.
Chapter 2: The Racialization of American Indians and the Denigration of Their Medicinal Practices

This discussion draws from what is known as Critical Race Theory and the example of the racialization of American Indians. The broader significance of this rests in the racialization of medical practices associated with women, practitioners of color, and Caucasian males from the lower classes of American society in the nineteenth century. Thus, the process of racialization in American medicine is meaningfully introduced by considering how the process of racialization operated towards the Native Americans and all aspects of their culture including their medicinal practices.

It is important to highlight that this dissertation does not argue efficacy of indigenous remedies nor is it a laundry list of *materia medica* contributions made by American Indians. Furthermore, there is no intention here to make an argument of medical efficacy, for example, of an Indian remedy as opposed to a pharmaceutical medication. Moreover, the point is not to place value in a capitalistic manner on the contributions of indigenous medicine, but rather to argue that American Indian medicine has been dismissed due to racism, and that sectarian practitioners were, in part, dismissed as quacks due to their supposed associations with Native Americans.

The word “supposed” is key to understanding how American Indian medicine was used as a tool to discredit sectarian practitioners, because “many of the early botanic physicians professed to have absorbed their knowledge directly from contact with the
Indians” despite having never met an indigenous person.\(^{53}\) The reason that botanic doctors would claim association with a Native healer was due to the fact that during the colonial period and, even into the early Republican era, Anglo-Americans relied upon indigenous *materia medica*. Eventually, the American Indian herbals were adapted into settler folk medicine. In fact, Native Americans have contributed “about 170 drugs” to the arsenal of America medicine which have been or still are in the *Pharmacopeia of the United States of America* or *The National Formulary*.\(^{54}\)

Obviously, indigenous medicine contributed to American medicine, and for many decades, Anglo-Americans held it in high esteem. Why then would the sectarian association with Native Americans eventually contribute to destroying the former’s credibility? To answer that question, we must look to the conversations of the time. Even before that, we must understand the construction of American identity as it relates to American Indians and Anglo-Americans.

By the early 1800s, Anglo-Americans had defined themselves largely by what they were not, European and Indian. In their quest to define who they were, the image of the Noble Savage was constantly reworked to suit white Americans’ constructed notions of identity. For over 500 years, Americans, whether of indigenous descent or European descent, have contested the criteria of who and what constitutes an American Indian. The conversations range from what to label the indigenous populace to the much more


\(^{54}\) Ibid., p. 267.
complicated discussions surrounding their humanity, or lack thereof. These dialogues began with Christopher Columbus and continue today with modern academics such as David Treuer, Philip Deloria, Paul Chaat Smith, and Louise Erdich. Regardless of the period, an American identity cannot be constructed without the contested grounds upon which American Indian identity is built.

At this point, a question may be musing about in the reader’s mind as to why one should care about American Indians and their supposed constructed identities. The answer is that to understand The United States and its institutions (such as medicine) it is necessary to comprehend that American Indians are at the very center of everything that happened in the Western Hemisphere (which, technically speaking is half the world over the past five centuries), and so that experience is at the heart of the history of everyone who lives here. That sounds like hyperbole, but actually, it understates things. Contact between the two disconnected halves of the world five centuries ago changed the planet and related the world we live in today, so, really, the Indian experience is at the heart of, or pretty damn close to, the history of everybody, period. Not just corn and potatoes, but the Atlantic slave trade. Gold and silver, ideas, microbes, animals.55

So, if Chaat Smith’s assertion is true, which it seems self-evident that it is, how then did American Indians become silenced in everyday American thought and progress? Or, is the silence their presence? Do they exist within the silent exteriors of institutions, such as medicine and pharmacy, in such a way that they quietly influence the interiors?

In part, the answer lies within Toni Morrison’s *Playing in the Dark*. While the subject matter of the book deals specifically with the racialization of American literature with respect to African-Americans and to the oppositional identity construction of “whiteness” out of “blackness.” Morrison’s theory can be applied to American Indians. In other words, not only is “whiteness” constructed out of what it isn’t, that is “blackness,” but it is also constructed out of not being Indian or “savage.” As Morrison states:

> In the matters of race, silence and evasion have historically ruled literary discourse. Evasion has fostered another, substitute language in which the issues are encoded, foreclosing open debate. The situation is aggravated by the tremor that breaks into discourse on race. It is further complicated by the fact that the habit of ignoring race is understood to be a graceful, even generous, liberal gesture. To notice is to recognize an already discredited difference. To enforce its invisibility through silence is to allow the black [or red] body a shadowless participation in the dominant cultural body.”

To directly expand Morrison’s ideas of race, let us look to Philip J. Deloria’s work *Playing Indian*.

In his book, Deloria reflects upon D. H. Lawrence’s observations that “Americans had an awkward tendency to define themselves by what they were not.”

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From the beginnings of the American Revolution, colonists struggled with who they were and who they wanted to become. They choose to become orphans to Europe, but were unsure of who they should adopt as their new parents. In the end, Americans were caught between the need for order and the romance of freedom. In other words, while Europe exemplified civility, Indians represented freedom. Yet, in order to dominate the continent, the indigenous peoples had to be vilified and thus the term “Noble Savage” takes hold of the white American imagination. As Deloria states,

the indeterminacy of American identities stems, in part, from the nation’s inability to deal with Indian people. Americans wanted to feel a natural affinity with the continent, and it was Indians who could teach them such aboriginal closeness. Yet, in order to control the landscape they had to destroy the original inhabitants.\footnote{Ibid., p. 5.}

It is not a new insight to say that America is and has been obsessed with the meaning of race. For white Americans, especially white male Americans, the “other,” be they blacks, Indians, or women, have been, to use Constantine Cavafy’s words, “a kind of solution.”\footnote{Constantine Cavafy, “Waiting For the Barbarians” in Before Time Could Change: The Collected Poems of Constantine P. Cavafy (New York: Harcourt, Inc., 2001), p. 93.} In other words, it is easier to define oneself by what one is not rather than by what one is.

The relevance of Morrison, Deloria, and Cavafy to this dissertation is that their theoretical arguments with respect to identity struggle for the predominant white male American culture, created an identity struggle for every other American. Since Columbus landed, Native Americans have been forced to define and redefine their individual
identities, their tribal identities, and their identities as a Pan-American Indian culture. The United States has yet to fully answer where and how American Indians fit within the national identity, which extends to all aspects of society and culture; and, for this dissertation’s purpose, specifically to medicine and pharmacy.

It remains current accepted scholarship among historians of medicine and pharmacy that American Indians did not contribute efficacious medical or pharmaceutical technologies to either discipline’s development. The reason for this rests, in part, because of the process of the racialization of the American Indians and their culture. Racialization degenerated everything associated with Native Americans, just as racialization degenerated medical practices associated with female practitioners and others practitioners who belonged outside of the white, male, middle-class practitioners. The process of racialization can be nowhere better be observed and understood than through consideration of the Native American experience with it.

For 500 years, Christopher Columbus has enjoyed heroic status in the United States as the discoverer of the New World. He is honored with a Federal holiday and with cities named after him. Columbus is remembered as courageous adventurer who traveled through unknown waters to bring honor and riches to his king and queen. Yet, with the re-emergence of the American Indian Movement in the 1990s, Columbus was beginning to be re-imagined as anything other than a hero.

While Columbus was a skilled sea captain who braved beyond the horizon, he was also a racist murderer set on discovering gold and taking or destroying anyone who stood in his path. In his diary, Columbus records his impressions and intentions with
respect to the Arawak Indians and their lands. It is evident that he deemed them less than human, as they were not Christians. Yet, he believed that the islanders “would be better freed and converted to our Holy Faith by love than by force.”\(^6^1\) Still, in the same October 11th entry, Columbus wrote that he believed the Arawaks would make “good and intelligent servants.”\(^6^2\) Then again on October 14th, after he has seen the Natives wearing gold earrings, he asserted, “with 50 men all of them could be held in subjection and can be made to do whatever one might wish.”\(^6^3\)

What clearly motivated Columbus was greed, as demonstrated by his contemporary Bartolome de Las Casas:

> Their reason for killing and destroying such an infinite number of souls is that the Christians have an ultimate aim, which is to acquire gold, and to swell themselves with riches. . . . It should be kept in mind that their insatiable greed and ambition, . . . , is the cause of their villainies. And also, those lands are so rich and felicitous, the native peoples so meek and patient, so easy to subject, that our Spaniards have no more consideration for them than beasts. . . . But I should not say ‘than beasts’ for . . . they have treated beasts with some respect; I should say instead like excrement on the public squares. And thus they have deprived Indians of their lives. . . .\(^6^4\)

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\(^6^1\) Christopher Columbus, “The Diary of Christopher Columbus (October 11-15, 1492),” in Howard Zinn and Anthony Arnove eds., *Voices of a People’s History of The United States* (New York: Seven Stories Press, 2004), p. 31.


\(^6^3\) *Ibid.*, p. 34.

The writings of Columbus and Las Casas are referenced not to evaluate Columbus as a hero or as a villain, but rather to establish that from the very point of “discovery” Native American identity was under construction.

The need to define the humanity, or lack of it, with respect to indigenous peoples, was of the utmost necessity. If Europeans were to inhabit the Americas, then there needed to be a solution to the Indian problem. The question then was the answer annihilation or assimilation? Obviously, regarding Columbus and the other Spanish captains, annihilation was the correct policy. For the English, however, the answer was not so clear.

In her book, *The Name of War: King Philip’s War And The Origins Of American Identity*, historian Jill Lepore examines why “language is the perfect instrument of empire.” She argues that words were the core of the struggle between the “European self” and the “American other.” To complicate matters even further for the English colonists, they also had to identify themselves in opposition to the Spanish. As such, they were caught between the cruel papist Spanish and the savage heathen Natives. The New England colonists attempted to walk a virtuous and pious road and eventually out of war’s chaos, they “constructed a language that proclaimed themselves to be neither cruel colonizers like the Spanish nor savage natives like the Indians.”

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66 Ibid.

67 Ibid.
How does this examination of Columbus, Las Casas, and Lepore relate to American Indian identity? Recall for a moment Morrison, Deloria, and Cavafy and the concept that self-recognition is first created out of identifying what one is not. In other words, one’s identity is created by first constructing the identity of the “Other.” The anxiety that the English colonists felt in defining who they were required the oppositional characters of the Spanish and the indigenous. Eventually, those anxieties created “the basis of American nationalism as it emerged in the late eighteenth and early nineteenth centuries.”

But before we leave the seventeenth century, let us return to Lepore’s critique of King Philip’s War with respect to identity development.

Memory is created, in part, through shared experience, yet one does not always need to be a contemporary of that experience. Indeed, as Native American English professor Thomas King writes, “the truth about stories is that’s all we are.” Thus, if stories are in part what create identity, then those stories told by the colonists during the war and after the defeat of King Philip or Metacom (his Wampanoag name) and the allied tribes of the Wampanoag, Narragansett, and the Abenaki are to a large extent the stories that “transformed New England’s natives into irredeemable monsters.” Just as the Puritans start to become the imagined American, so, too, do their imagined Indians represent all Native peoples. Lepore refers to the colonists as having “literall advantage”

68 Ibid.
70 Lepore, p. 45.
which refers to the fact that they recorded their version of the war in written narrative form whereas Native Americans had an oral narrative tradition.\textsuperscript{71} The benefit of a written account is that it can be more widely distributed and therefore accepted as the truth by a wider audience. Thus, literature creates a shared memory between and among those who participated in the event and those who experienced it through “literall advantage.”\textsuperscript{72} Until recently, the Western world has given written histories more authority than oral histories. Therefore, when people such as Cotton Mather claimed that Indians were possessed to do the devil’s bidding and that their religion “was the most explicit sort of devil-worship” which drove the Natives to commit “bloody action” against the New Englanders, it is no surprise that colonists perceived the indigenous peoples as evil, murderous, heathens.\textsuperscript{73}

So, if in 1676, Native Americans were the devil incarnate, and, to use our modern terminology, Metacom was a terrorist, how then did he become a hero in 1775? According to Lepore, “clothed in revolutionary rhetoric, the memory of King Philip’s War was invoked to urge the colonists to free themselves from the ‘captivity’ they suffered under British tyranny.”\textsuperscript{74}

\textsuperscript{71} Ibid., p. xviii.

\textsuperscript{72} Ibid.

\textsuperscript{73} Ibid., p. 101.

\textsuperscript{74} Ibid., p. 188.
Returning to *Playing Indian,* remember that Deloria, argues from the beginning, Euro-Americans manipulated indigenous identity in order to create a white American identity separate from the British state and from the Natives. By “playing Indian” colonists began to establish who they were in opposition to their European counterparts.\(^75\)

As a rhetorical device, Indianness helped . . . define custom and imagine themselves a legitimate part of the continent’s ancient history. Indians and then land offered the only North American past capable of justifying a claim of traditional custom and a refiguring of the rhetoric of moral economy. Native people had been on the land for centuries, and they embodied a full complement of the necessary traditions. By becoming Indian . . . [colonists] sought to appropriate those laws of custom. White Indians laid claim, not to real Indians, but to the idea of native custom—the specifics to be defined not by Indians, but by colonists.\(^76\)

Unfortunately, by creating a pseudo-image of themselves, Euro-Americans also created an imagined American Indian that of the “Noble Savage.”\(^77\)

The imagined Noble Savage has evolved (or devolved depending on one’s perspective) over time, however, with the end of the Indian wars in 1890, the Plains Indians have come to represent all of indigenous culture. As, Paul Chaat Smith states, “most Indians weren’t anything like the Sioux or Comanche . . . . The true story is simply

\(^{75}\) Deloria, p. 25.

\(^{76}\) *Ibid.*

\(^{77}\) The term “Noble Savage” was coined in 1672 by the English Poet Laureate John Dryden. [http://www.spiritfaces.com/01b-noblesavage.htm](http://www.spiritfaces.com/01b-noblesavage.htm)
too messy and complicated.”78 What is at stake is that American Indians are having “trouble believing in [their] own authenticity.”79 Thus, there is an urgent need for the indigenous to construct who they are rather than have it constructed for them. Yet, the “extraordinary tension between the imagined past and the messy, uncooperative realities of [their] present” leaves indigenous and non-indigenous Americans struggling with the intangibility of who and what represents American Indian identity.80

Let us transition from a predominantly non-indigenous discussion of who and what is a Native American to conversations by American Indians about indigenous identity struggles. For this dissertation’s purpose, it is necessary to look to Ward Churchill’s Fantasies Of The Master Race: Literature, Cinema and the Colonization of American Indians for that transition. In his work, Churchill contends that the treatment of Native Americans “in the arena of American literature must be seen as part and parcel of the Anglo-American conquest of the North American continent.”81 He argues that as literature developed in nineteenth-century America, fact and fiction were often blurred. In other words, nonfiction and fiction were melted “into an intentionally homogenous

78 Paul Chaat Smith, Everything You Know About Indians Is Wrong. (Minneapolis: University of Minnesota Press, 2009), p. 20.

79 Ibid., p. 168.

80 Ibid., p. 171.

whole, mythology becomes the norm.”\textsuperscript{82} Characters such as those created by James Fenimore Cooper captured and continue to dominate the American imagination.

Therefore, if we analyze Cooper’s work from Churchill’s perspective, an academic and an American Indian, Cooper’s \textit{Leatherstocking Tales} become the representatives of truth by which white Americans can erase the guilt of cultural and physical genocide perpetrated on Native Americans. For example, each character represents an aspect of the romanticized version of America’s indigenous peoples as the sacrificial lambs for Manifest Destiny. The characters represent the imagery of the American wilderness and the loss of the American Frontier. Looking at three characters that represent that romanticized notion, Magua is the savage, Uncas is the noble warrior and Hawkeye is the last of the free and independent American.

Compare the author’s description of Magua to those of Uncas and Hawkeye. The former is described as invoking the image of the “Prince of Darkness, brooding on his own fancied wrongs, and plotting evil.”\textsuperscript{83} In contrast, Uncas is viewed by his white counterparts as possessing a “proud and determined, though wild expression” which while “partially benighted in the vale of ignorance . . . could not be one who would willingly devote his rich natural gifts to the purpose of wanton treachery.”\textsuperscript{84} Finally,

\textsuperscript{82} \textit{Ibid.}, p. 2.


\textsuperscript{84} \textit{Ibid.}, p. 48.
Hawkeye captures the American imagination of being a free and independent man when he is described as “lending an air of romantic wildness to the aspect of an individual.”

In deconstructing Cooper’s stereotypes, we find the theme of white Americans constructing their identity out of their perceived notions of American Indianness. Referring back to Churchill for further theoretical reflection with respect to Franz Fanon’s The *Wretched of the Earth*, the former presents the latter’s thesis of indigenous reality as being trapped in a never-ending circular pattern dependent upon the oppressor’s current interpretation of the colonized.

What was happening was that the colonist who had metaphorically stripped the native of his/her present through creation of a surrogate literary reality defined to the convenience of the colonizer, was now turning the metaphoric/mythic siege guns fully onto the past. In this way, the present for the native could be perpetually precluded through the maintenance of this seamlessly constituted surrogate reality. Clearly too, any perpetual “present” must encompass the future as well as the moment.

Churchill and Fanon give a fairly grim outlook to the notion that indigenous peoples have any power over their own identity. Given the deep historical context of the constructed myth of who and what and American Indian is, it is difficult to deconstruct those identities. As D. H. Lawrence wrote in 1926,

> you can’t change your nature and mode of consciousness like changing your shoes. It is a gradual shedding. Years

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86 Churchill, p. 12.
must go by and centuries must elapse before you have finished. It is a long and half-secret process.\footnote{Quoted in Deloria, p. 1.}

Still, when modern American Indian scholars and novelists are consulted, many argue that Natives have long resisted the destructive stereotypes.\footnote{Michael D. Wilson, \textit{Writing Home: Indigenous Narratives of Resistance} (East Lansing, Michigan: Michigan State University Press, 2008), p. ix.} Yet, regardless of time period, the indigenous artist, academic, novelist, politician, or lawyer must recognize that virtually every aspect of being Indian in North America has been highly politicized, from the obvious examples of genocide and the deliberate destruction of language and religious practices. It means understanding that Indian culture is a valuable commodity that it is bought and sold much like any other commodity.\footnote{Chaat Smith, p.26.}

This commodification of Indigenous peoples subjects them to racism in various forms.\footnote{\textit{Ibid.}, p. 17.}

How this played out in medicine can be witnessed through the contemporary medical texts. In 1804, for example, Benjamin Smith Barton wrote in his \textit{Collections for an Essay Towards a Materia Medica of the United States} that

\begin{quote}
In conducting our inquiries into the properties of the medicinal vegetables of our country, much useful information may, I am persuaded, be obtain through the medium of our intercourse with the Indians. Let not this observation induce any of you to suppose, that I am of opinion, with many travellers, and with some writers on the Materia Medica, that the savages of North-America are in possession of absolute specifics for all, or for any, of their diseases. I am too much of a skeptic in matters that regard
\end{quote}
the science of medicine to admit of the existence of any medicines that are strictly entitled to the name of specifics; and my inquiries concerning the diseases and remedies of our Indians have convinced me, that among these people the art of medicine is truly in a shapeless and an embryo state.\textsuperscript{91}

If we dissect Barton’s statement, what is revealed is that the “noble” aspect of being Indian allows indigenous peoples the natural knowledge of the plants. Yet, the “savage” component of being Indian denies the Native American the cognitive intelligence to perceive much less understand plants as science medicine. Allopathic physicians such as Barton insisted that only men of European descent could determine credible medicine. Moreover, he prescribed to the American philosophy of heroic medicine. In fact, after Dr. Benjamin Rush’s death, Barton took over as Chair of the Theory and Practice of Medicine, and of Institutes and Clinical Medicine at the College of Philadelphia.\textsuperscript{92} Thus, it is no surprise that he denied medical knowledge and contribution of Native Americans.\textsuperscript{93}

This dissertation previously discussed the dangers of allopathic heroic medicine and the rise of sectarian medicine in reaction to it. One of the major differences between allopaths and sectarians was that the latter put stock into indigenous medicine and

\textsuperscript{91} Benjamin Smith Barton, “Collections for an Essay Towards a Materia Medica of the United States” [1798, 1804], \textit{Bulletin of the Lloyd Library} No. 1, Reproduction Series No. 1 (1900), p. xiii.

\textsuperscript{92} \textit{Ibid.}, p. 2.

\textsuperscript{93} Barton will be revisited, in a later chapter, which further discusses the quest for authority between allopathic and sectarian physicians.
acknowledged indigenous awareness of their plant medicines healing properties. Unfortunately, many self-styled doctors attributed their knowledge to being educated by American Indians when, in fact, they had never met a Native person. These “white Indian doctors” capitalized on the public’s need for medical care and their distrust and fear of heroic medicine. They were not physicians who had been professionally trained at colleges such as the Eclectic Medical Institute in Cincinnati. The harm done to both sectarian physicians and indigenous healers by these “self-styled doctors” was to damage their validity. In his study of American Indian medicine, Virgil Vogel states that in the first half of the nineteenth-century

> every muddy backwoods trail was trod by horseback-riding “Indian doctors” toting saddlebags of herb and root medicines to isolated cabins and frontier communities. Many of them published manuals outlining their philosophy of medicine, listing diseases and remedies and prefaced with “testimonials” from clergymen and former patients who claimed to have been cured of dread diseases by the author. Most of these white medicine men claimed to have learned their lore from the red men [which was not true].

Vogel lists multiple examples of the manuals written by those frontier doctors ranging in dates from 1812 through the 1840s continuing into 1870. While these pseudo-indigenous medical manuals were written and marketed, another affront to American Indian and sectarian medical credibility was taking place.

The American use of patent medicines or proprietary medicines had carried over from colonial times. The industry reached its pinnacle during the second half of the

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94 Ibid., p.132.
nineteenth century because of the public’s mistrust of medicine, its right to self-prescribe, and the relative in expense of the nostrums.”  

Moreover, the production and consumption of the proprietary medicines were unregulated, so anyone could make and sell a patent drug and claim that it would cure a wide variety of ailments.

How these proprietary drugs injured American Indian and sectarian medical credibility was two-fold. First, many of the patent drugs claimed to be decoctions of indigenous medicine men. For example, a nineteenth-century medical almanac advertised that the American Indian was “a better curative agent than the youth who, after a dozen medical lectures or so, is given authority as an M.D. to try his hand on anybody who comes along.”  

Second, patent medicines were dangerous both in content and the false curative promises. Many of the nostrums contained addictive drugs, such as opium and cocaine, which do have pharmacological activities, while others contained little more than sugar water. For example, the patent medicine Theriaki was claimed to wean an opium addict off of the narcotic with “no pain or inconvenience.”  

The reason a person did not suffer from withdrawal was because Theriaki contained opium. Thus, the person remained an addict. The other danger imposed by patent medicines was the patient’s trust in its curative powers rather than seeking professional medical treatment. An example of

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just how misleading and overreaching in curative powers a nostrum could claim is demonstrated by the following: A woman suffering from a prolapsed uterus asked the maker of Lydia Pinkham’s Vegetable Compound if the remedy would cure her. The following is the correspondence:

*Patient:* Dr. tells me I can have the trouble removed but thought I would write and ask you if the Compound would do it before I submitted to an operation with Doctor’s tools, a thing I have not much faith in. *Lydia Pinkham’s Company:* By all means avoid instrumental treatment for your trouble. Use the Compound as you have been using it—faithfully and patiently—and it will eventually work a cure.98

Those examples demonstrate the blatant malpractice of proprietary medicines. As the nostrums were revealed as quackery, the allopathic physicians to discredit the sectarian medical movement used the false associations they had with American Indians and eclectic practitioners. The next chapter explores how implicit bias towards African-Americans also empowered allopathic physicians to discredit sectarian practices not based on medical efficacy, but rather based in racism.

98 Starr, p. 128.
Chapter 3: Slavery, the Civil War, and Myth of the Lost Cause

Why would the sectarian association with African-Americans eventually contribute to destroying the credibility of sectarian medicine? The answer to that question is two-fold. First, it needs to be understood from the perspective of the ever-evolving memory that is the American Civil War and its cause, the institution of slavery. Once an understanding of those vital contributors to the creation of greater American identity is understood, only then can an examination of African-American medicine can be done.

As David W. Blight notes, “The Civil War is our felt history” and as such, it has never retreated from the front lines of historical interpretation.\(^{99}\) For the last 150 years, historians have wrestled with the meaning of the Civil War both for why it occurred and how it influenced post-bellum American identity. At the center of “how Americans made choices to remember and forget their Civil War” is race.\(^{100}\) In his 1903 book, *The Souls of Black Folk*, W. E. B. Du Bois wrote that America’s problem was “the color line” which skewed how individuals and consequently, how the nation remembered the war.\(^{101}\)

In the last two decades, historians have become fascinated with the theory of memory as a political and social construct. Historian Michael Vorenberg asserts that


\(^{100}\) Ibid., p. 2.

\(^{101}\) Ibid., p. 5
“today, the history of memory has become not merely a cottage industry but a boom trade, and the history of Civil War memory is the cash cow of the business.”\textsuperscript{102} Its popularity is not a recent phenomenon. Rather, the battle for Civil War remembrance began as soon as the guns went silent. Indeed, “the most immediate legacy of the war was its slaughter and how to remember it.”\textsuperscript{103}

In his book, \textit{Race and Reunion: The Civil War in American Memory}, David W. Blight argues that during Reconstruction there were three interpretations with which to remember the Civil War: reconciliationist, white supremacist, and emancipationist. “In the end . . . the forces of reconciliation overwhelmed the emancipationist vision” and thus, the “drive for reunion both used and trumped race.”\textsuperscript{104} Understanding why emancipation was sacrificed on the altar of reunification is based in the simple truth that historically the United States has been, by and large, racist.

How then did the collective memory of the United States erase slavery as the “root of the war’s causes and consequences?”\textsuperscript{105} According to one Union veteran who later became a writer, Albion W. Tourgee, to facilitate reunification the climate in American culture and politics by the 1880s “practiced a perverse combination of


\textsuperscript{105} \textit{Ibid.}, p. 4.
‘oblivion’ and ‘morbid’ sentimentality about the war.” In other words, neither the North nor the South was at fault for the Civil War. Whether a soldier, citizen, or politician wore Blue or Gray during the war was irrelevant, as all were noble and honorable in their actions.

By 1913, the entire country was entrenched in forgetting what General Grant called “the cause and pretext of the Rebellion” which was to maintain the Union and abolish slavery. An example of this “national amnesia” was the fiftieth anniversary of the battle of Gettysburg. Both the Grand Army of the Republic and the Army of Northern Virginia declared forgiveness, for each side had, in their own minds, fought for a noble purpose. The words of the Virginia Governor, William Hodges Mann, evoke the day’s sentiment:

We are not here to discuss the Genesis of the war, but men who have tried each other in the storm and smoke of battle are here to discuss this great fight . . . we came here, I say not to discuss what caused the war of 1861-1865, but to talk over the events of the battle here as man to man.”

106 Ibid., p. 219.


To bring the South back into the folds of the nation, the North let the former tell their version of the Civil War. The South, of course, left “no place . . . for the legacies of emancipation or the conflicted and unresolved history of Reconstruction.”

The Confederacy was defeated on the battlefield, yet it did not die an inglorious death. Due to the creation of “Lost Cause” mythology, the South appears in many instances the moral victor if not the military winner. Through the myth’s rhetoric the Confederacy vanquished the role that race and slavery played in the Civil War. A key element in the development of the Lost Cause theory was the Plantation School of sentimental literature. The author largely responsible for proliferating the Confederacy as a romantic and genteel society was Thomas Nelson Page.

Page was a Virginian who wrote stories for popular magazines such as *Century*. His fictions were portraits of the South as an idyllic agrarian society that maintained harmonious race relations. Page perpetuated the benevolent master and the happy darkie images through characters such as “Marse” Chan and “Unc” Edinburgh. In order to reunify and in effect forgive each other, the people of the North and the South needed to believe that slavery was not cruel. Both regions also wanted their honor to remain intact and therefore, the South could not be held accountable for slavery and secession. To label the Confederacy as dishonorable would forever prohibit national reunion and thus, Page

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and other writers of the Plantation School “came to represent the South’s honor while . . . [they also] served national reunion.”\textsuperscript{111}

With the surrender at Appomattox, the South’s attempt for independence was transformed into a cause that was lost. Alan T. Nolan wrote in “Anatomy of the Myth,”

that the purpose of the legend was to foster a heroic image of secession and the war so that Confederates would have salvaged at least their honor from the all encompassing defeat. Thus the purpose of the legend was to hide the Southerners’ tragic and self-destructive mistake.\textsuperscript{112}

Lieutenant Jubal Early was one of the primary people responsible for beginning the movement that started the Lost Cause explanation for the Southern defeat. His reasons are succinctly explained in a November 1868 letter to General Robert E. Lee in which he wrote, “the most that is left to us is the history of our struggle, and I think that ought to be accurately written. We lost nearly everything but honor, and that should be religiously guarded.”\textsuperscript{113} The cost of secession went far beyond the military and political defeat of the short-lived Confederate nation. Not only did the war-ravaged South lose hundreds of thousands of men as casualties from the conflict, but it also sustained deep material and psychological wounds. Slavery was abolished and thus, the South’s

\textsuperscript{111} Ibid., p. 225.


socioeconomic base was destroyed. Furthermore, most of the war was fought in the Confederate states and as such, its agricultural system was decimated since the farmland hosted the battles. Finally, the burning of Southern cities, towns, and homes by Sherman, Sheridan, and other Northern commanders crushed the spirit of Dixie. Confederates had little left but their nostalgia for the past.\textsuperscript{114}

Collectively, Southerners have long taken pride in their ancestry and have celebrated their historical traditions. Constructed on the European model of an aristocratic hierarchy, class was inherited in the South. It, unlike the North, did not experience a large influx of foreign immigrants and therefore, its Anglo-Saxon heritage was not diluted by Europeans of a “lesser” descent. While a family’s income helped dictate at what level they existed in the system, it was not the sole component. The most important factor was family line; people were valued based on their blood. In other words, what was significant was whom they could claim as their ancestors and what was their pedigree. Those of direct descent from a European nobleman or a founding American father were of the highest ranking.

Southerners grew up knowing who was once and six times removed. They filled the family Bible with significant events that occurred to individual family members. Due to their tradition of passing down oral family histories, their great-great-great-great grandfather was just as familiar to them as was their living grandfather. Sociologist

Howard Becker called the Confederacy a “sacred society” in which it “incorporate[d] and sustain[ed] an impermeable value-system” rooted in its heritage and perpetuated through tradition.17

The South believed that its society was superior to the North’s, since it was modeled after refined European cultures. Southerners had immense pride in their mimicry of the landed gentry of the “Old Country.” Just as European aristocrats believed labor to be beneath their station, so too, did Southerners believe that their society was advanced because it was led by elite plantation owners. They were gentlemen of leisure; their lives consisted of sport, education, and parties. Work was beneath their station although military service was expected, and political endeavors were viewed as fulfillment of duty to the sacred nation.

“The War Between the States,” as Southerners preferred to call it, eradicated everything the “Old South” valued. They were overwhelmed by the war’s humiliating defeat and further denigrated by Reconstruction. As a collective group, they resisted change and viewed progress as evil Yankee corruption that ruined their pristine culture. Lloyd Hunter noted in “Immortal Confederacy: Another Look at Lost Cause Religion,” the myth and its creation may be seen “... as the Southerner’s normative response to the trauma of culture shock and its related suffering.”115 What Southerners had to do was give meaning to their defeat and therefore, it was imperative for them to maintain their dignity in the righteousness of the Southern cause.

115 Hunter, p. 187.
Thus, the Lost Cause “became an integral part of national reconciliation by dint of sheer sentimentalism, by political argument, and by recurrent celebrations and rituals.”\textsuperscript{116} The Confederacy created a civil religion out of the defeat, because religion explains the unexplainable and gives a sense of security in a world that is no longer familiar. It raises its composition of myths, symbols, and rituals above all else.\textsuperscript{117} Southerners sanctified the Confederacy by elevating it above the Union and making holy all that was unique to it.

The vehicle by which societies are consecrated is through the sanctification of specific symbols. The symbol becomes the reality; it represents the nation as one body and elicits patriotism. According to Hunter, the four key elements of symbolism utilized by the Lost Cause litany were as follows:

a specific material object . . . is taken as representative of a general, perhaps abstract object—the country and all it means; the sentiment attached to the general object is transferred to the symbol, so that the symbol becomes the focal point for the feelings of the community; the symbol not only evokes intellectual or emotional responses from its followers, but it also prompts them into action; and in its fullest dimension, the symbol represents the society that creates it.\textsuperscript{118}

Myths and rituals are created from the symbols and are how a society understands the truth. Robert Bellah claims that a myth’s purpose is “to transfigure reality

\textsuperscript{116} Blight, \textit{Race and Reunion: The Civil War in American Memory}. p. 266.

\textsuperscript{117} See Blight, \textit{Race and Reunion: The Civil War in American Memory}, footnote 7, page 452, for a good explanation the Lost Cause and its religious structure.

\textsuperscript{118} Hunter, p. 188.
so that it provides moral and spiritual meaning to individuals and societies.”

By the 1890s, the Lost Cause gave comfort to not only Southerners, but to the entire country. It “offered a set of conservative traditions” that protected middle class whites from “racial, political, and industrial disorder.”

Immediately following the war, ex-Confederates like Early and General D. H. Hill began writing books and articles concerning the Lost Cause. In “Jubal A. Early, the Lost Cause, and the Civil War History,” Gary W. Gallagher wrote:

Early interpreted key military events and personalities in a series of publications between 1866 and 1872. His major points can summarized quickly: Robert E. Lee was the best and most admirable general of the war; Confederate armies faced overwhelming odds and mounted a gallant resistance; Ulysses S. Grant paled in comparison to Lee as a soldier; Stonewall Jackson deserved a place immediately behind Lee in the Confederate pantheon of heroes; and Virginia was the most important arena of combat.

Beginning in 1873, Early took over the faltering Southern Historical Society (SHS), which had been created, in 1869, by ardent ex-Confederates. In the beginning, the society had floundered due to weak financial support, but, after Early joined, it became deeply influential over Southern culture. By 1876, it began publishing papers in which it asserted the Lost Cause theory. The Southern Historical Society Papers

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119 Ibid., p. 189.

120 Blight, Race And Reunion: The Civil War in American Memory, p. 266.

dominated the historical interpretation of the Civil War, its participants, and the public’s memory of the conflict. For example, the New England Historical Register contended, “no library, public or private, which pretends to historic fullness, Can Afford To Be Without These Volumes” (emphasis in original text).122

Southerners, according to Hugh Tulloch, in The Debate On The American Civil War were taught that the Northern “anti-slavery campaign was, in reality, a crusade against the entire South, politically, economically, religiously, and morally.”123 The North was seen as traitorous to America’s founding fathers and the South was viewed as the true follower of the principles held in the United States Constitution. Besides Early, another member of the SHS who vehemently advocated the Lost Cause myth was Robert S. Dabney.

Dabney was a Confederate chaplain and a member of Stonewall Jackson’s staff who authored A Defense of Virginia and through Her of the South (1867). In his book, Dabney applauded the Old Confederacy as the righteous opposition to “radical Republicanism.”124 He and other Southern defenders placed the responsibility for the war on the North and justified secession by citing the principle of state sovereignty in accordance with the Constitution.


Following the surrender at Appomattox, prominent Confederates enlisted the states’ rights argument or as Charles Colcock Jones, Jr. claimed that the South’s position in the war was for “‘liberty’ and ‘freedom;’” slavery was never mentioned as a point of contention.\textsuperscript{125} Robert F. Durden wrote “liberty, independence, and especially states’ rights were advanced by countless southern spokesmen as the hallowed principles of the Lost Cause.”\textsuperscript{126} Ex-Confederate president Jefferson Davis asserted that slavery “‘was in no wise the cause of the conflict, but only an incident.”\textsuperscript{127} Davis’s Alexander Stephens, vice-president and the editor of the \textit{Richmond Examiner}, Edward A. Pollard, agreed with the ex-president that the war was not about slavery. It was the climax of the long-standing struggle between the National North and the Federal South; that is, between Hamiltonian politics and Jeffersonian politics. As Michael Les Benedict wrote in “A Constitutional Crisis,” in the minds of Southerners, “only a ‘strictly federal’ union was consistent with liberty . . . A ‘thoroughly national’ government was tyrannical government.”\textsuperscript{128}

In 1927, Charles A. and Mary R. Beard published, \textit{The Rise of American Civilization}. In it they call the Civil War, “the Second American Revolution,” and assert that the Confederacy was reacting to anti-economic policies created by the domineering

\textsuperscript{125} Ibid., p. 265.

\textsuperscript{126} Quoted by Nolan, in \textit{Lee Considered}, p. 164.

\textsuperscript{127} Quoted by Blight, in \textit{Race and Reunion: The Civil War in American Memory}, p. 259.

North. Furthermore, the Beards assert that the Northern capitalists had corrupted the politics of the North and the West. The two sections then conjoined their interests at the expense of the South. The Confederacy was being subjugated to nationalistic economic policies and enacted the right of state sovereignty guaranteed by the Constitution, a document of federal philosophy.  

Another early twentieth-century historian, Frank L. Owsley, concurred with the Beards that the Civil War was caused by the “‘egocentric sectionalism’ of the industrial plutocratic North; failing to observe the ‘comity of sections,’ it had insisted upon forcing its way of life on the South.” Both the Beards and Owsley insisted that slavery was not the cause of the sectional war, and Owsley went so far as to call the moral question of slavery a “red herring.” He further argued that the institution of slavery was a benevolent system that benefitted the African race.

Owsley’s benevolent system concept was later exemplified in Margaret Mitchell’s epic Civil War novel, *Gone With The Wind*. Mitchell’s book was published during the Great Depression; thus, the period’s atmosphere reflected that of the beleaguered post-

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130 Pressly, pp. 204-5. Pressly states, “Beard was not of the Confederacy, but the implications of his viewpoint could be interpreted as pro-Confederate; and his interpretation, as it turned out, was used by some Southern-born historians to vindicate the Confederacy,” p. 209.

131 Quoted by Pressly, p. 248.

Civil War South. Mitchell was an avid researcher and wanted her book to be accurate. Therefore, “[s]he painstakingly strove to recreate the past.” Ironically, however, “she took facts and used them to make myths.”133 The book was a huge hit, and still today is often thought of as an accurate depiction of the antebellum South.

Mitchell’s manipulated presentation of the South is carried into the present day and continues to manifest the romantic allure of the “Old South.” In Confederates in the Attic: Dispatches from the Unfinished Civil War, Tony Horwitz communed with Civil War re-enactors (or as they prefer to be called, “living historians”) in an attempt to understand Americans’ fascination with the conflict. What he found was that many of the participants accept as fact the ideology of the Lost Cause. Thus, men from all regions of the country and Europe prefer to portray the “long suffering, honorable” Confederate than a “dirty Republican” Yankee.

Although the Beards and Owsley were not part of the original Lost Cause cult, their analyses of the issues surrounding the Civil War fed perfectly into the scenario of the myth. Their sentiments echoed the statements of Confederates such as Jefferson Davis who defended the institution of slavery as one “that increased [black slaves] from a few unprofitable savages to millions of efficient Christian laborers.”134 One of the most shocking defenders concerning the righteousness of slavery, however, was not from the nineteenth century, but from the early twentieth century.


Ulrich B. Phillips was born in Georgia during the last year of Reconstruction and spent his adult life teaching American southern history at northern universities. He was one of the first historians to delve deeply into the South’s memoirs, documents, and archives. While his work is controversial to all, offensive and morally questionable to many, it has been difficult to discredit because it is steeped in solid scholarship. In his books, *American Negro Slavery* (1918) and *Life and Labor in the Old South* (1929), Phillips presented the picture of slavery as a genteel, benign system that civilized the African savages, and saved them from their own depravity. Albeit, Phillips was not an original myth-maker, but he certainly helped disseminate the phenomena of the Lost Cause.

Another aspect of the Lost Cause that Davis, Owsley, Phillips, and others hold is that the South, if left to its own accord, would have gradually emancipated the slaves. They insist that slavery was a dying institution as it was fast becoming outmoded by the Industrial Revolution. Since, however, the abolitionists agitated the situation and called for the immediate emancipation of blacks, Southerners had to secede. They had been told from childhood that without a structural hierarchy, race wars would break out and civilization would collapse.

The question then becomes if the South was not committed economically, socially, and politically, to the “peculiar institution” why then did the Confederate

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135 Tulloch, pp. 33-34.

136 Pressly, pp. 236 and 246.
Constitution guarantee the “right of property in negro slaves?” Allan Nevins charges the South with becoming more entrenched in slavery rather than moving away from it.

It was not relaxing the laws which guarded the system, but reinforcing them. It was not ameliorating slavery, but making it harsher and more implacable. The South was further from a just solution of the slavery problem in 1830 than in 1789. It was further from a tenable solution in 1860 than it had been in 1830.  

Another incriminating fact which supports the contention that the South seceded to protect its right to own human chattel can be found in the “cornerstone” speech. The speech was given in Savannah, Georgia, in 1861, by Confederate vice-president, Alexander Stephens, who claimed that the Revolutionary fathers had been wrong in their assumption that all men were created equal:

This was an error . . . Our new government is founded upon exactly the opposite idea; its foundations are laid, its cornerstone rests upon the great truth, that negro is not equal to the white man; that slavery—subordination to the superior race—is his natural and normal condition.  

Ironically, Stephens was one of the aforementioned fervent proponents of the states’ rights explanation for Southern withdrawal from the Union. The ex-Confederate politician changed his argument following the surrender of his nation to salvage the Lost Cause from the wreckage of belittling defeat.

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137 Quoted by Nolan in Lee Considered, pp. 3-7.
139 Quoted by Pressly, p. 24.
A contemporary of Stephens’s, Unionist George Bancroft, suspected that secession had been waged not by most Southerners, but by the minority of pro-slavery politicians. In the 1920s and 1930s, a new explanation, nationalist theory, was developed and endorsed by such historians, as Arthur M. Schlesinger, Jr. which stated slavery and the sectional conflicts the peculiar institution created caused the Civil War.  

Southern historiography is largely predicated on the 1951 publication of C. Vann Woodward’s *Origins of the New South: 1877-1913*. In his book, Woodward attributed the economic struggle in the South due to internal conflict fueled by Southern industrialists. His thesis was a radical premise considering that up to his monograph’s publication, the South’s depression was steeped in Lost Cause reasoning. The South’s economic crisis was blamed on the harsh political and industrial policies of the North. In other words, the “dirty carpetbagger Yankee” was responsible for Southerners’ poverty. Furthermore, Woodward claimed that the South only became segregated after reconstruction ended which allowed racism to re-entrench itself. Thus, setting the stage for Blight’s *Race and Reunion* premise that emancipation was sacrificed on the altar of reunion.

Another belabored point to the Lost Cause argument was that there was a huge gulf between the economic systems of the North and the South. While 92 percent of Southerners relied on agriculture for their income, so, too, did 80 percent of

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140 Pressly, p. 306.
Northerners. In fact, wheat was just as much a staple crop in the West as cotton was in the South.

Finally, there is the question of whether the right to secede, which is stringently intertwined with Lost Cause rhetoric is unconstitutional. As he exited the presidency in 1860, James Buchanan expressed to Congress that “the Union was not ‘a mere voluntary association of States.’” Rather, the Constitution had been ratified so that “‘a more perfect Union’” could be formed and “‘the Union shall be perpetual.’” In his first inaugural address, Abraham Lincoln addressed the nation with the following words: “I hold that, in contemplation of universal law and of the Constitution, the union of these states is perpetual.” Unionist historian, John Lothrop Motley, living in England at the war’s outbreak, wrote a letter to the London Times to squelch the idea that Southern departure from the United States was equal to the colonies separating from England. The Confederates had no legal right to secede since secession was not a guaranteed right in the Constitution:

These states had not revolted against the acts of a tyrannical government; nor had they raised a humanitarian standard in the declaration of independence; instead, they had rebelled because of a perfectly constitutional election, and they had

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141 Tulloch, p. 124.


based their new confederacy upon the institution of human slavery.\textsuperscript{144}

A modern-day historian, Eric Foner, summarized in his book, \textit{Reconstruction: America’s Unfinished Revolution, 1863-1877}, the truth reveals that whatever the interpretation, wherever the primary cause of the Civil War may be found, every source of conflict is directly or indirectly linked to slavery.\textsuperscript{145} Even Lincoln, who insisted that the Northern war effort was about the Union and not emancipation, in his second inaugural address stated, “that slavery was ‘somehow’ the cause of the war.”\textsuperscript{146} In his \textit{Personal Memoirs}, Ulysses S. Grant succinctly wrote, “the cause of the great War of the Rebellion against the United States will have to be attributed to slavery.”\textsuperscript{147} Whether it’s Frederick Jackson Turner asserting that the Civil War was over the expansion of the West, or the Beards proclaiming that it was over an economic issue, or Jubal Early arguing the war was over the violation of states’ rights, none would exist if it were not for slavery.

Before the ink could dry at Appomattox, people began writing about the causes of the Civil War and (depending upon the writer’s perspective) the reasons for their side’s victory or defeat. Following Lee’s surrender, Southerners had to face the grim reality of

\textsuperscript{144} Quoted in Pressly, p. 8.


\textsuperscript{146} \textit{Ibid.}, p. 4.

their failure to create an independent nation. To accept such a bitter pill, they had to mask their defeat in the myth of the Lost Cause. That interpretation holds that the antebellum South was a genteel, agrarian society within which existed the benevolent institution of slavery. Furthermore, it contended that the South was constitutionally correct in its right to secede and that the Confederate States did not secede due to slavery, but because of states’ rights.

By the 1880s, the reasons why the South left the Union and why it lost its bid for independence became inconsequential. The same holds true for the North, as the Union’s victory had become a moot point. Precedence was given to the heroic deeds of the Blue and the Gray, Southern self-sacrifice, and the idea that neither side was at fault for the costly war. Honor was everything and that was all that the South had left of its glorious Confederacy. The North accepted the Lost Cause explanation and sacrificed emancipation, in order that, the country could reunify.

The memory of war—and in this case the American Civil War—requires “deflections and evasions, careful remembering and necessary forgetting, and embittered and irreconcilable versions of experience.”148 Therefore, if memory is constructed from language, then scholars must heed the words of historian, Jill Lepore whenever they attempt to write a historical narrative.

To say that war cultivates language is not to ignore what else war does: war kills. Indeed, it is the central claim of this book that wounds and words—the injuries and their interpretation—cannot be separated, that acts of war

148 Blight, Race And Reunion: The Civil War in American Memory, p. 3.
generate acts of narration, and that both types of acts are often joined in a common purpose: defining the geographical, political, cultural, and sometimes racial and national boundaries between peoples.\footnote{Jill Lepore, \textit{The Name of War: King Philip’s War and the Origins of American Identity} (New York: Vintage Books, 1999), p. x.}

Those political, cultural, and racial boundaries include the delineation of medicine between who was allowed authority and who was stripped of it. The language which was used to remember and justify both the American Civil War and the peculiar institution of slavery enabled all Americans, not just white Southerners, to racialize African-Americans and their cultural contributions. Our purpose here, is to concentrate on how the racialization of medicine allowed for the denigration of sectarian philosophy due to the association, whether real or imagined, with enslaved African-Americans.

Moving the conversation onwards, yet still applying critical race theory to the racialization of medicine and its process towards African-Americans, it can be concluded that sectarians were, in part, dismissed based on their medical applications having traditions connected with the enslaved populations of the American South.

In the same respect as this dissertation does not argue efficacy with respect to American Indian remedies, it also does not argue efficacy of African-American herbal traditions. Nor does it list a compendium of enslaved \textit{materia medica} or privilege a traditional African-American remedy over a modern pharmaceutical. What we are analyzing is how the racism of elite Caucasian males towards African-Americans allowed, just as it was demonstrated with American Indian medicine, the denigration of
sectarian practices due to the former group’s real or imagined affiliations with the latter group.

Herbal medicine was one of the most significant contributions that African-Americans made to the development and culture of the United States. Modern investigation of historic botanic literature has led scholars to conclude that many of America’s medicinal plants exist in the Southern part of the United States and therefore the South’s natural environment is especially important in the history of America’s *materia medica*. As Henry C. Fuller wrote in *The Story of Drugs*:

> by far the greater part of the vast volume of botanical drugs compounded into medicines are obtained from natural sources. In locating her laboratories in different parts of the world, nature selected, as one of them, a vast wilderness in . . . which one day was to be the southeastern United States.  

That laboratory, as was discussed in Chapter 2, was first accessed by Native Americans and then by the enslaved African-Americans. Before examining the intersection of American Indian medicine and African-American medicine, it is necessary to return again to the issue of slavery.

One of the most significant points of contention in the arguments surrounding the psychological trauma of slavery is whether or not Africans and their American descendants retained any agency? One of the most significant works which extends autonomy to enslaved blacks is Eugene Genovese’s book, *Roll Jordan Roll: The World Slaves Made*. He insists that slaves absolutely maintained their individual and cultural

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identities despite the harsh circumstances under which they survived. In his book, *Africa and Africans in the Making of the Atlantic World, 1400–1800*, John Thorton further extends the argument to include surviving the Middle Passage. He insists that despite the trauma of being abducted, being sold into slavery, surviving the Middle Passage, encountering a new environment, being ripped from one’s family, and having to work under horrendous conditions, Africans were able to create a new culture rooted in their African heritage.\(^{151}\) The Atlantic slave trade intersected African herbal practices with the botanic medicine of both the West Indies and indigenous people of North American.

While each region was limited to its specific flora and fauna, some plants were cross-cultural and thus some remedies were uniform among the differing regions. Yet, beyond plant similarity or difference there are consistent themes that are shared by the three regions: herbal medicine is an oral tradition typically passed down from mothers to daughters or grandmothers to granddaughters. Moreover, the medicine practiced by women was based in herbal medicine and did not include the spiritual realm of healing. Faith healers such as Shamans of the indigenous people of the Americas and the African Conjure Priests were typically men.

Beginning first with West African medicine, the tradition of women as healers held fast in that society. As is seen throughout all three regions, men were also healers, but only in conjunction with religion. In other words, male West Africans were not pure herbalists as were the women. West African women focused primarily as midwives or as

“zos.” Not only were they skilled obstetricians, but they were also gynecologists, pediatricians, and general practitioners. The zo would administer her botanic remedies in a variety of ways: the herbs could be drank as a cold or hot beverage or chewed but not typically swallowed.

Female West Africans brought their practical use of herbal medicine to both the West Indies and North American colonies. Although the captured blacks could not bring Africa’s indigenous botanical remedies to America, they did retain the practice of herbals in their traditions. In other words, they had none of their native materials, however, they held fast to their traditional knowledge. Enslaved black women carried on their plant panacea by following the example of America’s Southern indigenous female population, the Cherokee, the Yemassie, and the Kiawah natives.152

Herbal medicine was one of the most significant contributions that African-American women made to the development and culture of the United States. Modern investigation of historic botanic literature has led scholars to conclude that many of America’s medicinal plants exist in the Southern part of the United States, and therefore the South’s natural environment is especially important in the history of America’s materia medica. Nature’s botanic medicinal laboratory was first accessed by Native American, enslaved West Indian, African, and African-American women.

Obviously, enslaved women contributed to the development of medicine and pharmacy, as they did with food, language, clothing, religion, music, and science. Both the institutions of patriarchy and slavery required women to care for themselves, their families, and their communities, because health care fell into women’s work sphere. The inherited African traditions continued in the enslaved societies of both the West Indies and in South Carolina and led to the development of a hybrid herbal medicine as they adopted the botanics of their respective Native inhabitants. Women herbalists practiced botanic medicine not only because it was their heritage, but also because enslaved people distrusted Caucasian medicine. This was, in part due to slavery’s abusive and repressive nature, and because nineteenth-century practices and medicines were harmful and often deadly. These women created an “enduring art of doctoring that healed the body and preserved the soul.”

Enslaved women understood that white medicine often had severe ramifications and refused it. They preferred instead their ethno-botany. Witnessing the effectiveness of black medicine, owners began to shift to the less harmful side effects and curative herbs the slaves employed. Furthermore, in the 1820s a sectarian physician who believed in using botanics rather than harmful chemically based drugs, began the Thomasonian movement. It was connections such as these that, in part, allowed the allopathic physicians to wrest authority away from the sectarian physicians.

153 Ibid., p. 200.
154 Fett, p. 125.
Chapter 4: Woman, Nature, and the Sphere of Domesticity

To understand the story of why and how Caucasian women were excluded from American medicine and pharmacy, it is vital to understand how they were demeaned as lesser humans just as were American Indians and African-Americans. How did that sexism affect the struggle for authority between sectarian physicians and allopathic physicians? It is necessary to first understand how the construction of gender created what it meant to be a woman and for this chapter, specifically a Caucasian woman of the nineteenth century.

Critical race theory scholars Richard Delgado and Jean Stefancic argue that “each disfavored group in this country [U.S.A.] has been racialized in its own individual way and according to the needs of the majority group at particular times in history.” The status of women in America was determined by the needs of the Founding Fathers and the country they were creating, consequently, “the woman-as-subordinate construct served as useful a purpose in the new world as it had in England by establishing the hierarchical framework ‘necessary’ for the formation of a well-ordered society.” How then could men of the Enlightenment, of which the Founding Fathers certainly were members, deny women equality? The answer lies in how Enlightenment thinking was applied to the differences between the two sexes.


The Enlightenment was a revolution in thought; it encompassed all fields of study rather than one particular field. It transformed how people viewed the world and the society in which they lived. Every intellectual endeavor from science to art was reconsidered. A dramatic result of the Enlightenment and the Scientific Revolution was the mechanization of nature due to the philosophy of René Descartes who explained nature and animals as machines. Humans were exempt from the mechanical analogy since they possessed a soul, which received clear and distinct ideas from God.\textsuperscript{157} Yet, people’s “intelligent nature is distinct from [their] corporeal nature,” which allowed other Enlightenment thinkers to use that difference to argue that women who by their biology were more closely related to their physical body than their intellectual body.\textsuperscript{158}

The radical transformation which occurred in science during the sixteenth and seventeenth centuries created “the images of women and nature as they relate to the formation of our modern world.”\textsuperscript{159} In \textit{The Death Of Nature: Women, Ecology, and the Scientific Revolution}, historian Carolyn Merchant claims that the revolution in science fueled the economic revolution which formed modern society into an alienated market economy. Furthermore, she asserts that those simultaneous revolutions held at their “ideological core[s] . . . the concepts of passivity and control in the spheres of production


\textsuperscript{158} \textit{Ibid.}, p. 20.

and reproduction.” Historically, women and nature had been revered. Yet, during the Enlightenment, due to the Cartesian mechanization of the universe, both women and nature were now tools to be utilized for the benefit of men.

In *Discourse on Method*, Descartes wrote that through knowledge and understanding, people could become “masters and possessors of nature.” Julien Offray De La Mettrie expanded the Cartesian thought to humans in his 1747 publication, *Machine Man*. La Mettrie followed the philosophy of mechanism, the doctrine that physical and chemical agents alone are sufficient to explain all phenomena, including life. Furthermore, he believed that people created God out of a need to understand life, although La Mettrie, a doctor, thought that to decipher life, people had only to look at the examples of the human body.

The soul, La Mettrie contended, was “merely a vain term of which we have no idea and which a good mind should use only to refer to that part of us which thinks.” He maintained that people learned through their senses and the only thing that elevated humans above animals was their education. In his philosophy, a person’s biology made their biography and thus, women were of inferior intellect due to their

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160 Ibid., p. 149.

161 Descartes, p. 35.

fragile disposition and basing their feelings “on passion rather than reason.”\textsuperscript{163} Their inferiority was further exacerbated in that, beyond the fine arts, women were not educable. Conversely, men thought rationally since their minds were firm like their bodies and therefore they could be further improved through education. Obviously, since women could not think past their emotions, they then could not be scientists or philosophers.

“The Renaissance view of nature and society was based on the organic analogy between the human body, or microcosm, and the larger world, or macrocosm.”\textsuperscript{164} Therefore, the reproductive differences between men and women had to dictate how each gender related to their greater world. A Renaissance education meant that a person was schooled in classic Aristotelian philosophy, which taught that all things in the universe were connected to each other and existed in a social hierarchy. “Women, however, had no direct relationship to other individuals in the chain but rather existed in subordinate positions to men.”\textsuperscript{165}

Cartesian François Poullain de la Barre took Descartes methodology of doubt (“I think, therefore I am”) and applied it to “the social domain” rather than limiting it to the

\textsuperscript{163} La Mettrie, p. 8.

\textsuperscript{164} Merchant, p. 5.

scientific world.\textsuperscript{166} His argument hinged on the statement that “the mind has no sex” and thus the body did not dictate destiny.\textsuperscript{167} Rather, “it was custom which subordinated women to men, making them ‘languish in idleness, softness, and ignorance, or otherwise grovel in low and base employments.’”\textsuperscript{168}

Poullain’s concept was embraced by his contemporary feminists, but was largely disputed by university (male) physicians. By the 1790s, medicine endorsed French physician Pierre Roussel’s theory that “the essence of sex is not confined to a single organ but extends, through more or less perceptible nuances, into every part.”\textsuperscript{169} Descartes had reduced nature to a mechanical entity; as such, everything in it had a specific teleological purpose. Therefore, eighteenth- and nineteenth-century anatomists argued that based on their sex or biology, a man’s purpose was found in his physical and thus intellectual strength and a women’s significance was bound to her reproduction capabilities. In other words, their telos was determined by what was perceived as their most dominant physical characteristics.

By the nineteenth century, what then takes hold of both European and American culture is a “rigidification of the sexual spheres culminating in the cult of domesticity”


\textsuperscript{167} \textit{Ibid.}, p. 1.

\textsuperscript{168} \textit{Ibid.}, p. 177.

\textsuperscript{169} \textit{Ibid.}, p. 187.
which obligated women to being wives and mothers.\textsuperscript{170} Women had become their biology, which was reinforced with Charles Darwin’s \textit{The Descent of Man and Selection in Relation to Sex}. Darwin and his contemporaries in other scientific disciplines, “from anthropology to neurology” argued, “science had demonstrated that the female . . . virtues of passivity, domesticity, and greater morality . . . were rooted in female biology.”\textsuperscript{171} While women began organizing and protesting that oppressive cultural state as early as 1848 with the meeting at Seneca Falls, New York, the trappings of woman as only mother did not begin to loosen its death grip until the 1970s.

Despite the fact that throughout history women have been limited to the sphere of domesticity, some made a mark during open intellectual periods of the late 1600s and early 1700s. Women like Queen Christina of Sweden, Margaret Cavendish, the Marquise Du Châtelet, and Elizabeth, Countess of Kent fought against the suffocating cultural limits of their sex and endeavored to live their lives in accordance with their minds rather than their biology. For those women, Cartesian philosophy was liberating regardless of the fact that Descartes did not intend it be an epistemology of equality.

As royalty, Queen Christina of Sweden was privileged and therefore allowed an education, albeit, due to her intellectual curiosity and capabilities, she struggled with the notion that she was both a man and a woman. Christina embraced her intelligence,\textsuperscript{170} Regina Morantz-Sanchez, \textit{Sympathy and Science: Women Physicians in American Medicine} (Chapel Hill, North Carolina: The University of North Carolina Press, 1985), p. 13.

created her own alchemy laboratory in the mid-1600s, and hired a male alchemist in order that she might learn more about the practice. Christina was a well-respected scientist, so much so, that following her death in 1689, she was honored as the “symbolical figurehead, Basilissa, by the poets who formed the Accademia d’Arcadia.”

Another woman accepted as an intellectual was Margaret Cavendish, Duchess of Newcastle. Unlike Queen Christina, Cavendish was married, but to a man who apparently did not take stock in the rhetoric of female inferiority. She was published in multiple disciplines from poetry to science and was respected during her lifetime and after her death. Cavendish was a utilitarian, meaning her greatest intellectual debate was “deciphering what seventeenth-century experimental science offered to everyday people.” In other words, she believed in scholarship and yet, was critical of the learned because they relied “too heavily on the ancients” and paid too little to the practical application of their work. Cavendish used her “femaleness” as an invitation to criticize men, since, because of her sex she was excluded from a university education.


The Marquise Du Châtelet, like Cavendish, was an intellectual force during her own lifetime. Du Châtelet’s passion lay within the marriage between philosophy and mathematics. Her book *Institutions de Physique*, published in 1740, argued that mathematics “created ‘axiomatic truths’” and that “neither pure deduction nor pure induction . . . could alone contribute to the progress of” the sciences.”¹⁷⁵ The Marquise was brilliant in her ability to synthesize other scholarly works, which she then succinctly used to support her own ideas. For example, Du Châtelet combined both Descartes and Newtonian philosophy to endorse the idea “that it is only by understanding first causes that one can proceed to secondary consequences and abstract descriptions of their reality.”¹⁷⁶ Du Châtelet was successful in breaking through the gender barrier in part because of her brilliance and due to timing. She was writing and engaging intellectually in the small window, during the late 1600s and early 1700s, when the pursuit of knowledge was not limited by gender but rather class.

Women also made inroads into medicine. Traditionally, women had been the primary healers, but, by the middle of the seventeenth century, were eventually pushed out as medicine evolved from an art to a profession. In other words, it became a university-trained occupation rather than a learned practical extension of motherhood.¹⁷⁷


¹⁷⁶ Ibid., p. 54.

¹⁷⁷ Schiebinger, p. 19.
Prior to the exclusion of women from medicine, Elizabeth, Countess of Kent wrote *Manual of Choice Remedies or Rare Secrets in Physic and Surgery*, published in 1670. Her book was well regarded for its obstetric and medical information and, in fact, it went through nineteen editions by 1687. The professionalization of medicine is an instance in which Cartesian philosophy injured women, since it categorized medicine into a science, mechanized, and alienated it from the essence of human empathetic healing.

The first woman to return to the “profession” of medicine was Elizabeth Blackwell who, in 1847, attended Geneva Medical College in upstate New York. She graduated at the top of her class in 1849 and went on to found the Women’s Medical College of the New York Infirmary in 1868. Yet, before a discussion of female involvement in nineteenth-century medicine and the conflict between sectarian and allopathic medicine can be examined, an analysis of the influence of patriarchy on American culture needs to be understood.

“Patriarchy gives to men what it takes away from women; the disempowerment of women is achieved through the empowerment of men.”¹⁷⁸ The patriarchal system placed women under the subjugation of men and therefore wives were the property of their husbands and daughters belonged to their fathers. Reconstruction-era writer Thomas Nelson Page succinctly summarized the ideal characterization of women:

> Her life was one act of devotion—devotion to God, devotion to her husband, devotion to her children, devotion

to her servants, to the poor, to humanity. Nothing happened within the range of her knowledge that her sympathy did not reach and her charity and wisdom did not ameliorate. She was the head and font of the church... The training of her children was her work. She watched over them, governed them; her will impelled them; her word to them, as to her servants, was law. She reaped the reward... their sympathy and tenderness were hers always, and they worshiped her.\textsuperscript{179}

The personal writings of women such as Mary Chestnut, Elizabeth Allston Pringle, Elizabeth Ruffin, Jane Caroline North, and others have led us to realize that the plantation mistress was far from the mythological delicate creature historical memory has created.

Anne Firor Scott was the first to shatter the idea that Southern women were happy in their imaged perfection and piety. In 1970, Scott wrote \textit{The Southern Lady: From Pedestal to Politics 1830-1930}, which led to an explosion in the development of women’s history, and thus allowed historians to understand women on their own terms. Catherine Clinton’s \textit{The Plantation Mistress: Woman’s World In The Old South}, Elizabeth Fox-Genovese’s \textit{Within the Plantation Household: Black and White Women Of The Old South}, and Victoria E. Bynum’s \textit{Unruly Women: The Politics of Social and Sexual Control in the Old South} follow Scott’s example and intertwine the personal writings of women with scholarly secondary works.

What all of those historians demonstrate in their respective monographs is that many women were not the imagined quiet, pious, and submissive ladies. Women like Mary Boykin Chesnut chafed under the rigid constraints of her sex and wrote such things

\textsuperscript{179} Quoted in Anne Firor Scott, \textit{The Southern Lady: From Pedestal to Politics 1830-1930} (Charlottesville, Virginia: University Press of Virginia), p. 5.
as “after my stormy youth I did so hope for peace and tranquil domestic happiness. There is none for me in this world.”

Chesnut was depressed by the fact women were not allowed to be independent; thus, for females like Chesnut their lives were mentally and emotionally repressive. In fact, she used opium to quiet her “nerves,” so that, she could “calmly reason and take rational views of things otherwise maddening.” In another, statement, Chesnut sarcastically accuses a woman of being insane simply because the woman declared her unhappiness in public.

Chesnut lived the life society expected of her—the supportive, “bright and happy” politician’s wife—covering her unhappiness behind a veil of contentment (or actually drowning her frustrations in opium and venting them in a journal). Other women claimed to honor the patriarchal world of their fathers and yet lived a life completely “independent of external” forces. “Against the judgment” of the men in her family, Elizabeth Allston Pringle dedicated her life to running two family plantations hoping that at her “death some of the younger generation would be able to take” them. From 1876 until 1918, Pringle planted rice and worked the plantation under the New South’s tenant

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184 Pringle, pp. 1 and 5. Although the men in her life advised against purchasing both plantations, none forbade her from doing it. Thus, she did not break patriarchal authority.
farming system. She struggled during her entire tenure as plantation mistress to make ends meet, but she never regretted the decision which fated her to a “very isolated life, with much hard work and anxiety.”

While her journaling is important, as it gives insight into the daily workings of a post-Civil War low-country rice plantation, it is not its most significant contribution. What makes her diary stand out from other work logs is that a woman writes it and it is a woman on the cusp of social change. Notwithstanding the fact that Pringle never intentionally challenged the conventions of the South’s patriarchal society and wanted nothing more than to prolong the world of her father, she did challenge it. Despite her forward agricultural thinking, Pringle was not advanced in her views on gender. Her autonomous life and the written publication of that life was not a social journey, but rather an individual’s search for her place in a world that no longer existed. The irony of Elizabeth Allston Pringle is illustrated in the dedication of *A Woman Rice Planter*. Her mother made her think for herself (by requiring her to write in a journal every day, Elizabeth unconsciously developed her own mind) and yet, it is her father that she cites as the example by which she lived her life.

Elizabeth Fox-Genovese took Scott’s work a step further investigating the relationship, which existed between the mistress and her slaves. What Genovese discovered was that it was not all harmony, friendship, and respect, as Nelson and other proponents of the “Lost Cause” mythology attest. In reality, what slavery meant to white women was the management of slaves, food production and preparation, cloth and

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185 Pringle, p. 5.
clothing manufacturing, animal husbandry and butchering, health and sickness. Women were often responsible for maintaining the plantation’s finances. In other words, the burden of plantation life fell not on the master’s shoulders, but on the “delicate” shoulders of the mistress.

In letters and journals, women described their lives as an unending task list with very little personal joy or fulfillment. Southern plantation mistresses were not sitting on the veranda sipping mint juleps, as Gone With The Wind and other romanticized fictitious stories pretend, but rather they were sitting by their child’s bedside desperately trying to save the child’s life. They were biting back their anger and humiliation at living with their husbands’ mistresses and illegitimate children. In Mary Chestnut’s words, “like the patriarchs of old our men live all in one house with their wives and their concubines, and the mulattoes one sees in every family exactly resemble the white children.”

Southern women knew miscegenation occurred and they understood that the system was established for the benefit of the men and not for their protection. Fox-Genovese discovered that theirs was not a “sisterhood” among the white and black women of the South, but that “slaveholding and slave women shared a world of mutual antagonism and frayed tempers that frequently erupted in violence, cruelty, and even murder.”

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186 Chestnut, p. 29.

subjugated blacks, but rather because it repressed their own freedom. Scott found that many women held anti-slavery feelings not because it was morally offensive, but because of the adverse effects it had on their lives. For example, one women wrote, “I was glad and thankful—on my own account when slavery ended, and I ceased to belong body and soul to my negroes.”[^188] Another women remembered her mother saying, “I often said to my husband that the freedom of the Negroes was a freedom to me.”[^189] Women were responsible for managing their enslaved peoples and yet they did not reap the financial rewards of the system. While they may have indirectly enjoyed material wealth, it was only at the discretion of their husband’s generosity since for the most part married women did not own property.

Scott’s *Southern Lady* focused on the elite Southern mistress, but it still paved the way for other historians to investigate women from other classes and races. In *Unruly Women: The Politics of Social and Sexual Control in the Old South*, Victoria E. Bynum sustains the argument that the lives of most Southern women did not resemble that of the romanticized plantation mistress. Although Bynum’s study focuses not on the elite women of the Old South, but rather those women history has long forgotten the yeoman class and African-Americans. She examines three distinctively different counties in the central Piedmont area of North Carolina. She claims that the area “was a microcosm of the various permutations of race, class, and gender in the Old South” and therefore the

[^188]: Scott, p. 49.

Bynum’s contention that the laws and mores of the male dominated patriarchal South controlled women’s sexuality is legitimate. She states that her work disputes the “enduring stereotype of the antebellum South as a land populated primarily by slaves and slaveholders” and insists that the Southern citizenry was composed of more than just plantation owners.\footnote{Victoria E. Bynum, \textit{Unruly Women: the Politics of Social and Sexual Control in the Old South} (Chapel Hill, North Carolina: The University of North Carolina Press, 1992) p. 11.}

Bynum’s work is a significant contribution because she looks at yeoman and black women. Her evidence is based on public documents, governors’ papers, criminal, civil, and divorce litigation, and the federal census. The author demonstrated how North Carolina law affected women as a whole by telling the story of multiply individuals. For example, she discusses rape and who was actually “rapeable.”\footnote{\textit{Ibid.}} Rape was not simply a violent crime committed against a woman, but according to “the traditional view,” rape was “an assault on a family’s and a women’s honor.”\footnote{\textit{Ibid.}, p. 118.} Therefore, class, race, and the woman’s reputation also determined whether or not she had actually been violated.

Typically, only married or single upper-class Caucasian women counted as moral females and since all other women were debased amoral characters they could not be raped. The concept that a woman’s value was based in her “sexual desirability” reflects
back to France’s 1793 National Convention, which, expanded universal male suffrage yet
denied women citizenship. Moreover, in 1795, the Convention further subjugated
women to a lesser role by denying them access to its public meetings and prohibiting
women from gathering in groups larger than four. Finally, the Convention ordered “all
women were to return to their domiciles.” In order to maintain patriarchal order, men
had to control women through social sexual constructs. There worth was determined by
their sexuality—“white women are for marriage, mulattos for fornication and Negresses
for work.”

Southerners controlled the sexual reproduction of their slaves and their wives by
social mores. Yet, they also controlled the lives of the non-slave holding whites and free
blacks by legal means. Prior to the Civil War, most of the litigation that involved women
pertained to bastardy, adulterary, and miscegenation. For slave owners to retain control of
Southern society, they had to control women’s sexual reproduction. In other words, only
those women who contributed to the slave labor force and produced heirs for the
Southern aristocracy were valuable.

(Boston, Beacon Press, 1993), p. 177.


196 Quoted in Schienbinger, pp. 177-78.
Angela Y. Davis wrote about the “terroristic texture of plantation life” and that the distinct weapon used against women was rape.\textsuperscript{197} A key component of patriarchy is the domination of female sexuality regardless of class or ethnicity. Yet, “the distinct southern form of male dominance was anchored in the household as the fundamental productive and reproductive unit of slave society.”\textsuperscript{198} Understanding how women dealt with the usurpation of their autonomy can be found in their journals, memoirs, and correspondence with other women.

Journals and letters are now considered authentic trustworthy primary documents, which until the late 1960s and the early 1970s they were not. Thanks to the social upheavals of the 1960s, academics became interested in “the Other.” Access to those people is not typically located at city halls, but in the private musings of individuals who were previously thought to be inconsequential to the understanding of the past. As historian Michael O’Brien put it, one of the central purposes of scholarship is the “restoration and preservation of cultural memory” and yet how can a larger cultural memory be depicted if its scope comes solely from one group?\textsuperscript{199}

O’Brien presents four independent journals in \textit{An Evening When Alone} and more or less allows the women’s thoughts to represent the history. The women themselves tell the reader what happened rather than the traditional version of history, which allowed

\textsuperscript{198} Fox-Genovese, p. 99.
secondary perspectives to interpret the story of women. For example, how can we comprehend what it meant to be an enslaved mother from the plantation records of a master? Simply answered we cannot. The only person that can tell us what it was like to live in bondage was a slave. Historians like Robert Fogel and Stanley Engerman, in *Time on the Cross*, reduced slavery to an economic perspective, consequently, they perpetuated the notion, led by proponents of the Myth of the Lost Cause ideology, that owners took good care of their enslaved people. In her autobiography, Harriet A. Jacobs how she was subjected to her master’s sexual advancements and, as a slave, Jacobs was left with little power to refuse his desires. Her only agency was sleeping with another white man and bearing him two children.

Jacobs’ mental anxiety at the hands of her owner, Dr. Norcom, was not limited to herself but was extended to her children. Jacobs wanted more than anything for her children to be emancipated so they could live free from the fear of being sold away from those they loved. She does not argue the material comfort of slaves, but rather the debasement of Africans and African-Americans to chattel property.

As Jacobs points out, her circumstances and those of her children depended upon the “pecuniary” standings of the white people who owned them. Past experience demonstrated to her that whites could not be trusted to uphold their promises, as in the case of her grandmother, who was suppose to be freed upon her mistresses death. Yet, due to her owner’s financial debts, she was sold rather than emancipated. Jacob’s entire

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narrative evokes the reader’s empathy and leaves her audience with the understanding that nothing else matters without personal autonomy and ownership of one’s own person. In other words, happiness is elusive if one’s person and one’s identity is not one’s own.

White male patriarchy forced subjective identity on both Southern white and black women. Did its power also subject Native American women? Unfortunately, following the Dawes Act of 1887 patriarchy extended its destructive forces on the autonomy of Native American women. Prior to that legislation, however, many of the Southeastern Native American tribes followed matrilineal kinship patterns.

Matrilineal structures empowered women with the regulation of marriage and social relationships. Men moved from their mother’s homes into the home of their wife and lived among her relatives rather than his kinsmen. Their mothers reared the children predominantly and her brothers held great influence over their raising. Choctaw, Creek, and Cherokee women controlled their own property, contributed significantly to their families’ food provisions, and dominated the upbringing of their children. Single women were even allowed to be sexually promiscuous and were not judged as fallen women for their libidinous behavior. While the women did not directly participate in political activities, they were allowed to present their positions if they were so compelled. For example, during the 1830s removal crisis, two Cherokee women petitioned their opposition to the treaties made with the United States: “Although it is not common for

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our sex to take part in public measures, we nevertheless feel justified in expressing our sentiments on any subject we feel our interest is as much at stake as any other part of the community.” 202

Southeastern Native American societies were egalitarian where the sexes fulfilled their respective roles and yet, neither gender’s sphere was more important than the others.203 Rather, they complimented each other for the betterment of the tribe. For the most part, that was the structure of indigenous life prior to European contact. Once whites and capitalism entered the picture, communal property and female equality began to diminish as individual wealth and the commodification of goods produced by men (mainly animal skins) rose in significance. Not only did contact increase trade, but also it changed sexual intimacies and marriage patterns of Native women as they married European men.204

While the interracial marriages did not immediately revert to patriarchy, they did eventually give way to the paternal system as the number of marriages increased, children proliferated, and white settlement swelled. Native women also lost their sexual autonomy due to the missionary impulse, which spread the social construct of “republican motherhood.” In other words, indigenous women were expected to raise themselves


204 Ibid., p. 128.
above their sexual impropriety and behave, as did their Anglo counterparts if they were ever to be a part of a Christian American society. Furthermore, whites viewed the Natives and their culture as barbaric due to the men’s lack of “proprietary interest in their wives, certitude of the paternity of their wives’ offspring, or control over their children.”

In the end, when history views women politically, socially, and economically, it must perceive them through the lens of patriarchy regardless of their class or racial identities. European and American men recognized that the ownership of female sexuality must exist within the boundaries of male power in order to maintain paternal authority. Consequently, once medicine and pharmacy began the professionalization process, in order to gain patriarchal control, it was necessary to prohibit women from the historically female role of healer. However, with the rise of sectarian medicine, women found an avenue into medical education. As sectarian medicine rose in rejection to heroic medicine, medical historian Regina Morantz-Sanchez notes that

sectarians formed their own professional institutions—schools, journals, and societies. Favoring the popular diffusion of professional knowledge, and respecting women’s enhanced responsibilities in the family, their schools often welcomed women students, and consequently middle-class women initially gravitated to sectarian medicine. Many of the first generation of women doctors received their degree from sectarian institutions.

205 Perdue, p. 192.

As was stated earlier, in 1849, Elizabeth Blackwell graduated from Geneva Medical College in upstate New York. While her graduation was a triumph, the repercussions, although no reflection of Blackwell’s performance as a physician, but rather a simple reaction to her gender, was that shortly after she matriculated, her alma mater no longer admitted women. This prompted Blackwell and her sister, Emily, also a physician, to establish the Women’s Medical College of the New York Infirmary in 1868.207

Prior to Blackwell’s medical college, other schools were created such as the New England Female Medical College (1856) and the Homeopathic New York Medical College for Women (1863). Still, by 1880, unless a medical college was created for the admittance of women, very few colleges allowed women to attend. Consequently, women established five allopathic and “several sectarian women’s medical colleges.”208 In order that graduates receive clinical training, dispensaries and hospitals were also founded by pioneering female physicians and educators. At the close of the nineteenth-century, women made up “4 and 5 percent of the [medical] profession, a figure that remained relatively stable until the 1960s.” 209

The Civil War caused many social and cultural changes including how medicine and pharmacy as institutions were organized. The War induced crises that neither the

207 Ibid., p. 49.
208 Ibid.
209 Ibid.
Union nor Confederate governments were adequately able to handle. For example, historian Judith Ann Giesberg contends that the United States Sanitary Commission (USCC) would not have existed if it were not for women. Louisa Lee Schuyler who had already made her reputation for charity well known through her work with the Children’s Aid Society, developed the premise for the USSC.\textsuperscript{210} Schuyler believed that the traditional female responsibilities of nursing the ill at home and philanthropic work could be organized for the Union’s war effort. Therefore, she created the Woman’s Central Association of Relief with its primary goal of “systematizing” the influx of women volunteers and supplies.\textsuperscript{211} Still, as was typical of the period, the “women’s voluntary associations were institutionalized and taken over by men” such as Henry Whitney Bellows, George Templeton Strong, and Frederick Law Olmstead.\textsuperscript{212} Typically, women were relegated to the middle and lower ranks of the Commission.

The Commission also found that the United States Medical Department lacked systems for competent removal of the wounded, supplying basic provisions (clothes, sheets, food, and medicines), reviewing the competency of doctors, and regulating camps and hospitals. It also found a meager, uneducated, and inexperienced nursing staff composed of convalescent soldiers. The USSC and Hammond both believed that female


\textsuperscript{212} \textit{Ibid.}, p. 11.
nurses would improve the Medical Department due to their perceived inherent nurturing qualities, but the Commission did not push the idea on Congress. The USSC feared Congress would reject all its proposals since it was not yet acceptable for women to work as anything but hospital housekeeping staff. It is ironic that the United States Sanitary Commission was originally the Women’s Central Association of Relief.²¹³

Despite all that women, beginning with their first graduate, Dr. Elizabeth Blackwell, in 1849, contributed to the development, organization, and advancement of medicine and pharmacy, During the fifty years between 1880 and 1930, women found their ability to participate in the fields diminished. The primary reason for declining numbers of female physicians in the first half of the twentieth century, was “professionalization and bureaucratization” of medicine and pharmacy.²¹⁴ In the process of modernizing the two fields, sectarian medicine was deemed unscientific and associated with quackery. While some of those accusations were reasonable, all were not especially those based on the notion that sectarian medicine was inherently invalid because so many of its practitioners were women.

Further damning sectarian medicine, due to its association with women, was Abraham Flexner’s examination of America’s medical schools. The study, known as the Flexner Report, was produced in 1910 and was funded by the Carnegie Foundation. The findings found that many of the country’s medical schools were inadequate in education

²¹³ Adams, p. 5.

²¹⁴ Morantz-Sanchez, p. 235.
and equipment. Flexner did not positively review one sectarian institution, consequently, in 1938, the last sectarian medical college, the Eclectic Medical Institute of Cincinnati, closed its doors.\textsuperscript{215}

While Flexner’s report provided a great service to the quality of American medical education, it indirectly guaranteed the exclusion of women’s medical colleges, because “the most vital outside force . . . effecting changes in medical education after 1910” were philanthropic foundations.\textsuperscript{216} These organizations were interested in giving money to prestigious colleges and universities, which were, of course, male institutions. By the 1920s all female medical colleges were either closed or absorbed by larger colleges and universities. While, at the turn of the twentieth century most medical schools supposedly accepted women, discrimination regularly occurred. “The immediate impact of the closing of the women’s schools was a sharp decline in female enrollments nationwide, from 5 percent in 1899 to 3.5 percent in 1905 and 2.9 percent in 1910.”\textsuperscript{217}

The bureaucratic systemization of medicine created fallout for women to participate as physicians and for the dismissal of sectarian medicine. This is not to argue that medicine did not desperately require professionalization and organization, because it very much did need it. Yet, in the process of professionalization, patriarchy, and sexism played significant roles in the value of both women as practitioners and of their medical


\textsuperscript{216} Morantz-Sanchez, p. 242.

\textsuperscript{217} \textit{Ibid.}, p. 249.
philosophy. Many female physicians embraced both the sectarian and allopathic medical practices, however, they were limited by access of education in licensure and accreditation. That power play, by white male university-trained physicians, significantly disenfranchised women from the practice of medicine until the 1970s.

In the next chapter, we will see how a Caucasian university-trained male physician was afforded the courtesy and privilege of intersecting sectarian medicine and allopathic medicine throughout his 40-year medical career.
Chapter 5: Francis Peyre Porcher, M.D.:
A Nineteenth-Century Physician at the Intersection of Sectarian and Early Modern Practices

The South Carolinian physician Francis Peyre Porcher (1824-95) was a prominent member of the nineteenth-century Southern medical establishment. He is best remembered for his *The Resources of the Southern Fields and Forests, Medical, Economical, and Agricultural: Being Also a Medical Botany of the Confederate States; with Practical Information on the Useful Properties of the Trees, Plants, and Shrubs* (hereafter referred to as *Resources of the Southern Fields and Forests* or simply as *Resources*), commissioned by the Confederate Surgeon General Samuel Preston Moore. Due to the Union blockade during the Civil War, the Confederacy was unable to procure a variety of goods, among which were medications. Porcher’s medicinal substitution book served to provide relief to not only soldiers, but also to the South’s population. Consequently, *Resources of the Southern Fields and Forests*, with its basis on the South’s indigenous botanical remedies, was regarded as the savior of “the Confederacy for two years at least.”

Moreover, Porcher’s career was diverse, spanning half a century as both a doctor and pharmacist. He held a private practice, worked as a hospital physician,

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created and taught college courses, conducted scientific research, and established the first African-American hospital in Charleston, South Carolina.

Although not a sectarian physician, Porcher’s medical career will serve as an example of how an early modern allopath, utilized sectarian practices that he knew were valid and efficacious. His capacity for work, research, and insight was extraordinary for the period. Thus, Porcher stands out as a physician who was somewhat different from most of his peers. His appropriation of practices that were otherwise considered sectarian, yet efficacious, lends weight to the argument presented so far that such practices were eventually dismissed for reasons that had nothing to do with their efficaciousness. Even more significantly, Porcher stands as an example of how the best of modern medicine and traditional or sectarian practices can be effectively used simultaneously for the benefit of the patient.

Porcher was born in St. John’s, Berkeley Parish, South Carolina, on December 14, 1824 at his grandfather Colonel Thomas Porcher’s plantation, Ophir. His great-grandfather twice removed, Issac Porcher, a French Huguenot and a physician, had emigrated to the United States during the reign of King Louis XIV of France after the revocation of the Edict of Nantes.219 While Porcher’s father gave him a distinguished Huguenot ancestry and medical background, his mother gave him an impressive botanical legacy. His mother, Isabella Peyre, was an accomplished botanist who had been informally educated by her grandfather, the respected English botanist Thomas Walter,

who immigrated from Hampshire, England in the 1770s and settled on the Santee River in Berkeley County. In 1788, Walter wrote the celebrated South Carolina botanical text, *Flora Caroliniana*, which detailed “one thousand species from four hundred and thirty-five genera.”

In 1894, Francis Porcher told a fellow low-country physician and botanist that the respected Dr. James McBride knew his mother and “took much notice of her on account of her fondness for flowers.”

During his formative years, Francis Porcher received a classic nineteenth-century education from the esteemed Mount Zion Institute located in Winnsboro, situated in Fairfield County in South Carolina’s north-central region. He then went to South Carolina College, which is today the University of South Carolina, and graduated in 1844 at the age of nineteen. After earning his A.B. degree, Porcher attended the Medical College of South Carolina, presently the Medical University of South Carolina, and graduated in 1847, ranked first in his class of 76 students.

Reflecting the earlier influence of his mother, maternal grandfather, and fellow botanist of St. John’s Parish, Henry W. Ravenel, who had taken Francis on nature walks during the latter’s childhood, the young medical student chose to write his required medical thesis about the botanical medicinal substances of his home parish. Entitled “A

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220 The name of the author of this short biography, *Francis Peyre Porcher, M.D. (1824-1895)*, is not known, but through the information contained in the work it can be deduced that the writer was the granddaughter of another Porcher biographer, John Townsend, M.D. It was written in 1935, and is now located in the Manuscript Collection of the South Caroliniana Library, University of South Carolina (quotation on p. 2).

221 Letter from Dr. Francis Peyre Porcher to Dr. J. H. Mellichamp, July 5, 1894. Manuscript collection of the South Caroliniana Library, University of South Carolina.
Medico Botanical Catalogue of the Plants and Ferns of St. John’s, Berkeley County, S.C.,” Porcher claimed his research led him to “the truth of the assertion” that South Carolina’s low-country could fulfill every medicinal need that the Southern population of the United States required. He maintained that belief throughout his professional life and, in fact, made a career based on that philosophy. Porcher’s thesis was the only one chosen by the medical school’s faculty as worthy of publication in the *Southern Journal of Medicine and Pharmacy*, and was the first of his more than 50 writings in the fields of medicine and botany.

Moreover, his medical school thesis initiated him into “the famous botanical quartet” from St. John’s Parish, Berkeley County, which, owing to its unique environment, created a natural atmosphere for the intellectual pursuit of botany, and thus produced four of the most well-known and influential botanists in United States history: Thomas Walter, Henry W. Ravenel, Dr. James McBride, and Dr. Francis Peyre Porcher.

For a nineteenth-century American medical student, a period of study in Europe was considered the best conclusion to their studies. The Porcher family’s wealth easily enabled the young Francis Peyer to undertake postgraduate studies in Paris’s world-premier medical facilities. While there, he learned about the latest medical advancements and became particularly intrigued with science’s latest invention, the microscope.

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Porcher also spent some time in Italy, and by the time he returned to Charleston, he was fluent in both French and Italian.

In 1858, Porcher translated a lecture given by the French physicians, Trousseau and Pidoux. The French doctors explained that to restrict *materia medica* to “specificism and polypharmacy is . . . wrong,” as they concluded that all illness could not be limited to one explanation.\(^{224}\) Since France led the way in medical philosophy throughout the nineteenth century, Porcher often translated lectures and articles from the French medical establishment for the *Charleston Medical and Journal Review*, *The Charleston Mercury* newspaper, and other American medical journals. He also gave translated lectures at professional meetings such as those held by the American Medical Association. The South Caroliniana Library holds a bound original set of the *Charleston Medical Journal and Review*, which alone contains over ten articles Porcher translated from both French and Italian.

Porcher believed in Dr. Jacob Bigelow’s theory, which was the first allopathic medical philosophy to break with heroic medicine, arguing that many diseases were self-limiting. Consequently, Bigelow insisted that physicians “recognize nature as ‘the great agent of cure’” and that medical intervention should be restrained to give the body a chance to heal itself.\(^{225}\) Still, Porcher believed that certain botanics held medicinal


properties that could alleviate symptoms or even cure a disorder. He was not alone among allopaths in that thought; “one factor that helped to preserve medicine from the devastating effects of its educational system was the avocation of many doctors as naturalists.”

In fact, Porcher lectured, “the mastery of any of the natural sciences is beneficial to the student.” Botanic medicine was the one aspect of sectarian medicine that allopaths embraced as sound medical and pharmaceutical practice.

Perhaps due to the influence of his physician father, the noted writer and philosopher Ralph Waldo Emerson believed that to increase the medical arsenal against illness, “the adventurous doctor could discover the variety in nature’s least known paths.”

According to historian George H. Daniels, the leading European medical schools encouraged their students to expand their education beyond medicine and into the realm of natural history. It was believed that to be a good physician, a doctor must have a broad spectrum of knowledge. Medical historian John Haller cites one nineteenth-century Harvard President as holding fast to the philosophy that natural history was “an invaluable aid in understanding anatomy, histology, and pathology. It disciplined the


226 Haller, p. 204.

227 Porcher makes this statement in a botany lecture given to students at the Medical College of South Carolina. It is housed in the Waring Historical Library. Porcher numbered the lecture and the statement appears on page 10.

228 Quoted in Haller, p. 205.

229 Haller, p. 208.
mind to perceive accurately and to attend patients with more than a genial smile, a box of tools, and an assortment of theories."\textsuperscript{230}

Porcher agreed that botany was a decidedly important field for the advancement of medicine. Although he believed in the medicinal powers of botanics, Porcher was not a sectarian physician. He was, by his race, gender, and class, among the privileged allowed into university and further trained in the Paris Clinic. His medical philosophy was that of an allopathic doctor, however, he followed the sectarian ideology, which argued that the natural environment provided a cure for any disease that occurred in its geography. Thus, in South Carolina’s low country, Porcher contended that there was a botanical substance in the fields and forests of the region that would cure any disorder prevalent in the area.

In many of the books Porcher used as references are marginal notes written by him as well as folded notes he attached to the pages. In a book written by a physician and published in 1847, Porcher underlined the following passage: “a knowledge of one plant is a guide to the practitioner, which enables him to substitute with confidence, some other plant that is naturally allied to it.”\textsuperscript{231} Simply put, plants from the same species should medicinally act the same.

At the 1849 American Medical Association annual meeting, Porcher presented his study concerning South Carolina’s botany. It was so enthusiastically received that the

\textsuperscript{230}Haller, p. 209.

\textsuperscript{231}R. Eglesfeld Griffith, M.D., \textit{Medical Botany: or Descriptions of the More Important Plants Used in Medicine, with their History, Properties, Mode of Administration} (Philadelphia: Lea and Blanchard Publishers, 1847), p. 49.
AMA published it as a book. The work expanded upon his senior medical thesis by investigating all South Carolina’s low-country flora and fauna, rather than that of St. John’s parish alone.

Because malaria was always a concern in the South, Porcher expended much time and energy trying to find medicinal botanics that would substitute for quinine. In 1858, Porcher noted that “now if there is any question more important, in a therapeutical point of view, than another, by the universal acknowledgment of the profession, it is that which proposes to supply an equally efficient and more economical substitute for the disulphate of quinine.”232 He also confessed that the medical community is ignorant regarding what caused malaria and exactly how it affected the body.233 He and most of the populace, however, could recognize its symptoms.

Malaria had become endemic to Charleston by 1758; other diseases also raged in epidemic proportions, including yellow fever, scarlet fever, and smallpox.234 While people died throughout the year, “the sickly season (August to November)” had the

232 Francis Peyre Porcher, M.D., “Sulphate of Cinchonia (Sulphas Cinchoniae) supplying a most important desideratum, viz: a more economical substitute for Quinine in the management of Malarial Fevers. Fifty-one cases of Intermittent and Remittent Fevers in succession treated successfully with it; with observations upon its mode of action, and on Intermittent and Remittent Fevers,” Charleston Medical Journal and Review 13 (1858), p. 479).


highest death rates.\textsuperscript{235} The affluent traveled to the region’s piedmont and sea islands so that they might escape their deadly rice plantations. Rice cultivation required a swamp-like environment and the deadly \textit{A. aegypti} mosquito, although not indigenous to the area, thrived there.\textsuperscript{236} The cold winter months gave some relief when planters could return to their homes. Those less affluent were unfortunately at the mercy of their own immunity or lack thereof, which was often compromised by their impoverished standard of living.

It is not surprising then that Porcher felt compelled to find a local substitute for the expensive quinine. Concerning the need for such a substitute, Porcher observed that quinine cost “three to five dollars” an ounce.\textsuperscript{237} He recommended that a tincture of “sulphate of cinchonia prepared from the mother water used in the manufacture of quinia”\textsuperscript{238} be used, as it cost only “one dollar an ounce.”\textsuperscript{239} The doctor then applied his medicinal to fifty patients and reported that “all, whether with intermittent or remittent, lost their fever, and none died!”\textsuperscript{240} Later during the Civil War, Porcher would again address the need for a quinine substitute, as prices rose as high as $100 per ounce.

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\textsuperscript{235} & Walter, p. 160. \\
\textsuperscript{236} & It is believed that the virus was brought over by Europeans and Africans already carrying the virus and from the ships that landed in Charleston’s harbor. \\
\textsuperscript{237} & Porcher, “Sulphate of Cinchonia,” p. 480. \\
\textsuperscript{238} & \textit{Ibid.} \\
\textsuperscript{239} & \textit{Ibid.} \\
\textsuperscript{240} & \textit{Ibid.}, p. 486. \\
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Although the experiments Porcher conducted could not meet today’s standards, he certainly did not conduct medicinal studies haphazardly. In 1849, he reported on two indigenous plants that were thought by many members of the local population to hold therapeutic effects for gastrointestinal disorders. While the doctor did not dismiss the testimonials attributed to the *Sarracenia flava* and *S. variolaris* plants following experimentation with them, he was not convinced that they held any medicinal value. These two plants were said to relieve diseases of the gastrointestinal tract, but Porcher concluded that many of the symptoms, including dyspepsia, indigestion, headache, were psychosomatic rather than an actual physical illness. He would not give the specimens medicinal properties and assessed that “the imagination has confessedly much to do with it; hence we desire to be particularly careful in ascribing to” them any therapeutic qualities.\(^{241}\)

Porcher was a testament to the benefit a physician could obtain from being botanically knowledgeable. Not only could he assess the credibility of home remedies, he could also investigate the variant qualities among differing species of the same order. For example, at the 1854 American Medical Association (AMA) annual meeting, Porcher presented a paper that discussed the variable differences in the *Cryptogamia*, or fungi order.

The plant family commonly known as the mushroom contains an extensive assortment of differing species, ranging from edible to medicinal to poisonous. In a paper he presented to the AMA in 1854, Porcher discussed the medical, poisonous, and dietetic properties of mushrooms. He went through a litany of characteristics that would help distinguish in what category a particular specimen fell, and explained how each fungus could be utilized or, in the case of a poisonous sample, should be avoided altogether. Finally, for each example, he drew an intricate diagram to help a person determine by sight what plant he might have cultivated.\textsuperscript{242} His presentation on these cryptogamic plants was so well received that the AMA once again published his research as a book.\textsuperscript{243}

Porcher could detail the fungi specimens due to his early exposure to the microscope, which led to a life-long fascination with its possibilities. He utilized the device throughout his career, and in 1861, published a work that focused solely on research derived from the microscope.

Porcher sent most of his manuscript and drawings of the text, “Pathology and Treatment of Yellow Fever, Epidemics of 1854 and 1858 in Charleston, S.C. Observations respecting absence of Urea not always entirely absent in the Excretion from the Kidneys,” to New York for publication since Charleston, although one of the oldest


\textsuperscript{243} The book was published under the same title as the article and was published in New York by Baker, Godwin & Co., Printers in 1854.
and wealthiest states in the country, could not provide “a broad readership.” For a publication to see “the light of day,” an author was wiser to send it North. Unfortunately, due to the advent of the Civil War, the work was only partially published. He did, however, submit the section on yellow fever to the South Carolina Medical Association and was awarded a $100 prize, which at the time was the most prestigious recognition a Southern physician could receive.

Yellow fever was another mosquito-born disease that plagued Charleston and Porcher’s prize-winning essay was not the first or the last article he wrote concerning it. Beginning in 1857 and over the next two years, Porcher wrote three articles that discussed his recommendations for treatment based on his hypothesis that yellow fever stemmed from an inactivity of the kidneys and bladder. Due to the victim’s jaundiced skin tone and eventually to excretion of black vomit, physicians believed the illness was due to an imbalance caused by the “deficient action of the kidneys.”


245 Ibid.

246 Francis Peyre Porcher, M.D., “Pathology and Treatment of Yellow Fever, Epidemics of 1854 and 1858 in Charleston, S.C. Observations respecting absence of Urea not always entirely absent in the Excretion from the Kidneys,” Charleston Medical Journal and Review 14 (1859), p. 181. Yellow fever is a virus caused by the Aedes aegypti mosquito and occurs in two stages. Similar to the introduction of malaria into America, yellow fever was also brought into port cities like Charleston via ships. The symptoms of the first stage are severe headache and back and limb pain accompanied by a high fever. The initial phase lasts approximately 36 to 48 hours. The symptoms then disappear and the victim recovers or sometime around the third day of gestation the fever returns. Vomiting
Even during the late 1850s, the accepted treatment for yellow fever was still based upon Dr. Benjamin Rush’s protocol. In 1793, following a severe outbreak in Philadelphia, Rush developed a treatment for yellow fever. At the time, very few physicians were having any success in treating the disease; therefore, when Rush revived a man “who was apparently on the point of death,” his therapeutic plan became the standard. Rush’s prescription called for purging the kidneys of their disease, which was achieved by the administration of the mercury-based drug, calomel, followed by copious bloodletting. Porcher rejected Rush’s treatment because he considered it too severe.

While Porcher agreed that the kidneys needed to be purged of their imbalance, he did not concur with the heroic doses Rush administered. Whereas Rush prescribed 30 grains of calomel to be given in the first three hours of treatment which could be repeated if the situation warranted it, Porcher recommended an initial dose of 20 grains. Rush also advised that the patient should continue to receive heroic doses of medication and to even increase it if the patient appeared to be faltering. Porcher, however, insisted that the drug could not be given if the patient was no longer in the first stage of the fever, and claimed that calomel would exacerbate the patient’s condition if he were in the second or final stages of the fever. In 1859, Porcher still did not yet understand how an individual


247 Duffy, p. 65.
contracted caused yellow fever, but his later research would lead him to the conclusion that the kidney imbalance was the result of yellow fever and not the initial cause of the disease.

In his 1861 “Pathology and Treatment of Yellow Fever, Epidemics of 1854 and 1858 in Charleston, S.C. Observations respecting absence of Urea not always entirely absent in the Excretion from the Kidneys,” Porcher determined that yellow fever was caused when “a certain condition of atmosphere is generated in, or the materies morbi is brought into a crowded, foul, or badly ventilated city near the sea, during the heats of summer.”\textsuperscript{248} He further concluded that contraction of the disease was not universal, but was dependent upon an individual’s vulnerability when exposed. Thus, a person newly settled in a region prone to fevers or someone with compromised immunity was more likely to succumb to the illness in contrast to someone who was seasoned.\textsuperscript{249}

Porcher now suspected that yellow fever was caused from bad air, but he still maintained the way to cure the disease was to expel it from the body because he believed that was where the disease manifested itself. In subsequent journal articles, letters to fellow physicians, and in an 1878 editorial sent to Charleston’s “Medical Officers of

\textsuperscript{248} Francis Peyre Porcher, M.D., \textit{Illustrations of Disease with the Microscope: Clinical Investigations, Aided By The Microscope, And By Chemical Reagents; With Microscopical Observations Of Pathological Specimens, Medical And Surgical, Obtained in Charleston, S.C. A Contribution Intended to Disclose The Minute History Of The Disease Prevailing In This Latitude, And To Assist Future Students; With Upwards of Five Hundred Original Drawings From Nature, made At The Time Of The Observations.} (Charleston, South Carolina: South Carolina Medical Association, 1861), p. 73.

\textsuperscript{249} \textit{Ibid}, p. 72.
Boards of Health,” (a group he would later join in 1880) he continued to recommend the same treatment: “give at the beginning fifteen, twenty, or twenty-five grains of calomel, with the same quinine; follow in three or four hours, with a dose of salts. Then no more medicine.”250

In his study conducted with the use of the microscope, Porcher shed new light on fever. Through painstaking detailed research, Porcher observed over one hundred urine specimens to understand the disease’s pathology and drew a detailed sketch of each sample. He then made wood-carved images of each drawing, so that the diagrams could be published in the text.

Undoubtedly, the Civil War was the one of the most salient event in the lives of Americans. When the war began, Porcher resigned all his posts and joined the Southern medical department. Although he did not specifically explain why he joined the Confederate military, Porcher, like most Southerners, was schooled in the what sociologist Howard Becker has called a “scared society.”251 It is clear through writings in his journals that Porcher wholly subscribed to those ideas. Although he did not give

250 Porcher, American National Biography, p. 680. See also Francis Peyre Porcher, M.D., “Suggestion Of A Plan Of Treatment For Yellow Fever, To Be Used By Those Who Are Unable To Procure Medical Aid Without Delay–Letter From A Physician,” September 1878. It is not clear where this letter was originally published, but it was most likely printed in the Charleston Mercury newspaper. It is in the F. P. Porcher papers at the South Caroliniana Library.

credit to the person from whom he took the following quote, Porcher obviously found it important: “‘Pursue that which is honorable, do that which is right.’”\textsuperscript{252} For Porcher, like millions of other Confederates, doing the honorable thing was supporting secession politically and militarily. Southerners, according to historian Hugh Tulloch, were taught that the Northern “anti-slavery campaign was, in reality, a crusade against the entire South, politically, economically, religiously, and morally.”\textsuperscript{253} Porcher descended from a long line of rice planters and slaveholders, and although the records do not indicate that he inherited the family plantation, Sarazin, he did own African-Americans.

Porcher does not address the institution of slavery in his writings; however, it is fair to conclude at a minimum that he believed in the South’s right to retain human beings as chattel. That he considered the North the aggressor and a violator of American liberties is evident in a speech that he gave to surviving Confederate surgeons in 1889. He felt the purpose of his address was to “justly transmit to their descendants some of the fame which they so dearly acquired, and that the halo which surrounded their brows will not entirely disappear in the lapse of time.”\textsuperscript{254} Porcher saw the North as traitorous to America’s founding fathers, and the South was viewed as the true follower of the principles outlined in the United States Constitution.

\textsuperscript{252} Francis Peyre Porcher, M.D., \textit{Common Place Book}. In the collection at the Charleston Research Library.

\textsuperscript{253} Hugh Tulloch, \textit{The Debate on the Civil War} (Manchester, England: Manchester University Press, 1999), p. 137.

Porcher’s 1889 address to the Association of the Survivors of the Confederate Surgeons of South Carolina is full of nostalgia and replete with “Lost Cause” ideology. It is evident that he believed in the righteousness of the South and that it was every man’s duty to become a soldier or serve the new nation’s military in some respect. Not only was the individual gentleman’s honor and reputation at stake; also dependent on his behavior, he believed, was the reputation of his entire family, past, present, and future. In a society that was obsessed with public decorum, it is little wonder that Porcher would express the following sentiment:

> If your ancestors fought and bled, and gave their property or their lives freely for their country, whilst ours remained at home in inglorious ease, or were money-changers, and wholly devoid of patriotism, we must naturally expect that superior respect and position—other things being equal—should be accorded you, and, by virtue of a more honorable past, you should receive a fuller recognition from society.\(^\text{255}\)

Porcher felt honor-bound to join the Confederacy as a physician since that was how he could most effectively serve his country. Initially mustered into the service as the surgeon to Evans’ Brigade of the Holcombe Legion of South Carolina, Porcher was ordered in March 1862 to the Naval Hospital in Norfolk, Virginia. As the head surgeon at the Norfolk hospital and later at the South Carolina hospital in Petersburg, Virginia, Porcher learned firsthand that the Confederacy lacked sufficient provisions due to the Northern blockade.

\(^{255}\) Ibid., pp. 12-13.
Southerners were acutely aware of the deprivation they suffered due to the shortages. By August 1861, Porcher addressed the need for indigenous substitutions in an editorial regarding the matter in the South’s leading agrarian journal, *Debow’s Review*. His purpose was to instruct Southerners on how to “embrace the consideration of any substances or materials found in our midst, which may be made to subserve any useful purpose, whether in the arts or for the requirements of the manufacturer.”\(^{256}\) The article, of course, did not involve a complete look at the medicinal botany of the South, for Porcher was well aware that the subject was large enough to “be reserved for another communication.”\(^{257}\) An example of what he did include was his reference to the plant *Sanguinaria canadensis* L., or bloodroot, which could be used, he noted, for a red dye and “as a medicinal agent in the formation of extracts, tinctures, etc.”\(^{258}\)

Following Porcher’s lead, the medical purveyor at the Columbian pharmaceutical laboratory and fellow Charlestonian J. Julian Chisolm used the power of the press to appeal to citizens to collect and sell local flora and fauna to the Confederate medical department.\(^{259}\) At the outset of the Civil War, Surgeon General Moore included in the Standard Supply Table both imported drugs like quinine and indigenous medicines like dogwood. By 1862, the need for a more detailed list of indigenous remedies was evident,


\(^{259}\) Hasegawa, p. 74.
as the South became largely dependent upon them to care for its sick and wounded. Thus, Moore commissioned Porcher in May 1862 to expand upon his original paper published in 1861. The resultant treatise, *The Resources of the Southern Fields and Forests* was to prove to be Porcher’s *magnum opus* and has significance well beyond its original purpose and function, even now as it is viewed over a 150 years after it first went to press in 1863.

Following the surrender of Norfolk to Union forces in May 1862 and after receiving Moore’s order, Porcher returned to the family plantation home of his childhood, Sarazin, to begin work. The purpose of the book was to enable the “The Regimental Surgeon in the field, the Physician in his private practice, or the Planter on his estate” to procure and utilize the natural botanical medicinals that existed in the flora and fauna of the Confederacy.\footnote{Porcher, *Resources of The Southern Fields and Forests*, p. iv.} It describes 3,500 plants, 410 of which held medical or economic value; and was the culmination of the work he had begun with his medical school thesis. Porcher also drew so heavily from other sources that it was a comprehensive collection of both “scientific and popular knowledge.”\footnote{Ibid., p. iii.} The work constitutes a *materia medica*, which Porcher defined in his lectures at the Medical College of South Carolina as the
embracement of the history of the “materials” of medicine, and therefore includes all the substances and agents used in “eradicating or modeyfying [sic] disease.”

Porcher’s *Resources* aided the Confederacy in its war effort. It served to provide relief for soldiers and citizens alike, and perpetuated the doctor as a world-renowned authority on botanic medicine. Porcher made a career based on his philosophy that South Carolina’s low country could provide every medicinal need that the population of the United States required. He never wavered from that belief, and due to his researching and writing in the medical field, Porcher established himself as a medical authority in both the United States and Europe.

Porcher based much of his research upon his own medical experience and investigation. Also, in notes found at the Waring Library, Porcher gives credit to his mother and the enslaved African-Americans on his plantation, Sarazin, for teaching him about plants as medicine. He did, however, cite over 70 other sources that he consulted in the fields of medicine, botany, pharmacy, and agriculture as voices of additional authority. Some of Porcher’s copies of those texts are in his collection at the Waring Historical Library, including the well-known *English Physician* by Nicholas Culpepper.

*Resources of the Southern Fields and Forests* was of such significance to the South that Surgeon General Moore ordered a copy for all military medical personnel, just as he had done with Surgeon J. Julian Chisolm’s *A Manual of Military Surgery for the Use of Surgeons in the Confederate Army, with an Appendix of the Rules and Regulations*

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262 Porcher makes this statement in an undated *materia medica* lecture given to his medical students at the Medical College of South Carolina. This lecture is held in the Porcher collection, Waring Historical Library, Charleston, South Carolina.
of the Medical Department of the Confederate Army. In addition, after the original Standard Supply Table of the Indigenous Remedies for Field Service and Sick in General Hospital had been found unsatisfactory, Moore based the new one on Resources of the Southern Fields and Forests. The work was so well received that it was in demand even after the Civil War ended, leading to additional editions in 1867 and 1869.

His career did not end with the war, but continued almost as it had before the fighting began. He returned to his office work at the Mill’s House Hotel and by 1877 he had two additional offices in downtown Charleston. Porcher was again the doctor in charge at the Marine Hospital and was a lecturer at the city hospital from 1869 to 1870. Following the war, the Charleston Preparatory Medical School became the Medical College of South Carolina and Porcher was appointed chair of Clinical Medicine from 1872 to 1874. From 1871 to 1872, he was a member of the Medical Society of South Carolina and had been a longtime member of the Elliot Society, a group composed of educated professional Charleston men. Studies into the natural sciences were the intellectual endeavor of the Elliot Society, with a particular emphasis on the low-country’s medical botany.

In 1874, Porcher was again appointed as the College’s Materia Medica and Therapeutics chair and in 1882, when the college added pharmacy to its curriculum, Porcher taught courses in medical botany and its materia medica until 1891. Beginning in 1880, he became a member of the South Carolina Board of Pharmacy as well as an Associate Fellow of the College of Physicians of Philadelphia. Finally, in 1890 and 1891, Porcher was one of only ten American doctors invited to the International Congress held
annually in Europe. His career was brought to halt in 1893, however, when he suffered a stroke from which he never fully recovered and which eventually caused his death in 1895.

If botanic and herbal medicines utilized by American Indians, enslaved African-Americans, and Caucasian women were dismissed as quackery, why was Porcher, a staunch advocate of botanic medicine, empowered to excel in the medical profession not only despite his use of plants as medicine, but in large part because of his skill at incorporating botanics into his medical practice? The answer is simple: medicine practiced by American Indians, enslaved African-Americans, and Caucasian women was demeaned and delegitimized through the racialization of all three groups as “the Other,” as less than, and as not scientifically astute humans because they were not of the same intellectual, economic, or social value as Caucasian men.

Allopathic physicians used social constructs of race, gender, and class to strip the medical authority away from anyone who practiced sectarian medicine under the guise of science and professionalization. While this is not an argument against the need for proper science and professionalism to be the guiding principles in the practice of medicine and pharmacy, it is this dissertation’s contention that quest for authority between sectarian and allopathic physicians was not based solely on those principles. Rather, racism, sexism, and classism colored the perspectives of what was legitimate therapy and who was authorized to practice said therapies.

The Civil War was a defining moment in the United States, as it forever silenced the questions regarding slavery and secession, which had plagued the country since its
inception. The Thirteenth Amendment made slavery illegal; and although a law was not created which specifically made secession illegal, the nation accepted as truth Abraham Lincoln’s philosophy that “in contemplation of universal law and of the Constitution, the union of these states is perpetual.” The battles determined the victors of the conflict and yet they do not tell the whole story of those who lived through the War’s experience.

When the Civil War began, neither their education nor their civilian practices prepared physicians for battlefield medicine. Both experiences failed to present the magnitude of difficulty or the incredibly high number of cases that the war engendered. Very few doctors had observed a surgery, much less performed one, and most were ignorant in surgical methodology. Consequently, they had to learn by doing. Historian Horace H. Cunningham quotes surgeon John H. Claiborne’s report of finding “an open anatomy, from which some surgeon had evidently been refreshing himself during the work of mutilation.” Fortunately for the patients of the 1860s, the use of anesthesia during surgery had been established since 1846, therefore, most Civil War doctors were familiar with its application.

Not only was the number of hospitals insufficient, so, too, were the number of


265 For further information regarding anesthesia during the Civil War, see Maurice Albin, “The Use of Anesthesia during the Civil War, 1861-1865,” *Pharmacy in History* 42 (2000), pp. 99-114. In the article, Albin states that general anesthesia was used on 125,000 patients during the war.
personnel. When the war began, the Union had a Surgeon-General, 26 surgeons, and 80 assistant surgeons. According to Stille, “many were incapacitated for all duty, and one-half were unfitted for service in the field.”

Almost all of the doctors had been in the military for a minimum of 23 years and therefore they were generally ignorant of the medical advancements that had occurred over the previous two decades. Furthermore, only those educated at an allopathic medical university were permitted to be commissioned as surgeons in either side’s military medical personal.

Another significant reason that the military’s medical personnel was ill-equipped for the war’s atrocities was because a large majority had been posted on the isolated frontier and were not aware of medical advances. That could not be said of Porcher, however. Due to his multiple professional affiliations and impressive research, Porcher was in fact one of the most skilled doctors of the war. Surgeon General Moore recognized, which is why he commissioned him into the Confederate medical department as a surgeon rather than as an assistant surgeon. Moreover, Porcher’s formidable botanic background only enhanced his credibility.

Due to the high rate of infection, the overall ignorance of surgical procedure, and the destructiveness of the minié ball, amputations occurred frequently. One Union surgeon, William Watson, wrote to his family after the battle at Gettysburg, “Day before yesterday I performed fourteen amputations without leaving the table. I do not exaggerate when I say I have performed at the least calculation fifty amputations . . . . There are

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266 Ibid., p. 116.
many operations yet to be performed.”  

Seventy-one percent of injuries were to the arms, legs, hands, and feet, which made amputation the easiest and safest means of repair. The war’s first two years gave doctors the experience to acquire the much-needed surgical skills, yet the circumstances under which they learned left them physically and emotionally drained.

Porcher acknowledged the physicians’ ignorance of surgical techniques in his address to the Confederate Surgeons: “the greatest personal coolness and courage, were performed by men of our profession, who had been wholly untrained in the art and requirements of actual warfare.”  

Although Porcher was familiar with surgical procedure due to his European medical education, he still found the War experience overwhelming.

Anesthesia allowed surgeons to perform more complicated and longer procedures, but its drawback was an increase in gangrene and other postoperative infections. Because bacteriology was not yet universally understood, infections spread like wildfire. Small firearms caused 94 percent of all battle wounds and most of those weapons shot the minie ball. The minie ball flattened on contact, splintering bone and tearing tissue, leaving a damaged area much larger than the entrance wound. The bits of clothing and skin carried into the body cavity by the bullet often provoked infection. If the bullet itself did not introduce an infection, then the way it was examined would start the process of pyemia,

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erysipelas, osteomyelitis, or hospital gangrene. Searching for the bullet, doctors would probe the wound with a finger already contaminated by the surgical process itself. Many years after the war, one physician described the typical circumstances surrounding a Civil War surgery:

We operated in blood-stained and often pus-stained coats . . . with . . . undisinfected hands . . . . We used undisinfected instruments from undisinfected . . . cases, and . . . sponges . . . only washed in tap water. If a sponge or an instrument fell on the floor it was washed and squeezed in a basin of tap water and used as if it were clean . . . . If there was any difficulty in threading the needle we moistened it with (as we now know) bacteria-laden saliva, and rolled it between bacteria-infected fingers. We dressed the wounds with clean but undisinfected sheets, shirts, tablecloths, or other old, soft linen rescued from the family rag bags.

When considering that description, it is not surprising that almost every wound developed an infection. In fact, a small amount of pus or “laudable pus” was not only expected, but was deemed beneficial. In other words, the proliferation of pus at the wound site was so prevalent that it was considered necessary for the healing process to occur. Regrettably, the infection often became more serious, resulting in pyemia or blood

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269 Ibid.


271 “Laudable pus” was a small amount of pus that was considered healthy and a sign that the wound was healing well.
poisoning, which had a mortality rate of 97.4 percent. Very little was understood about antiseptics except as deodorizers, so the infected wound would not typically be treated at the site.

Given the appalling description of inadequate preparation of medical staff, lack of medical institutions, and ineffective care given to patients during the Civil War, medical and pharmaceutical education, hospitals, and treatments were in dire need of reform. The next chapter examines that reform with regard to both its positive accomplishments and its negative biases.

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Chapter 6: Growth, Institutionalism, and Corruption

This chapter discusses briefly the medical conditions during the Civil War, which prompted crucial shifts in how medicine was practiced and understood. It then reviews the rapid advancement of medicine as a science and a profession during the last three decades of the nineteenth century through the Progressive era. It concludes with the idea that America’s modern medical and pharmaceutical institutions are based more on the model of industry than an institution of well-being and care for patients.

*The Civil War and its Medical Lessons*

Considering the unsanitary conditions under which they worked following the war, Civil War physicians frequently recorded their amazement that everybody did not die of typhoid fever. In the camps, men discarded trash, refuse, and even human waste near their drinking and bathing water. In the hospitals, buckets of urine, feces, and other bodily fluids sat at the foot of beds, and soiled linens were haphazardly discarded throughout the hospitals. Since the medical community was not fully aware of the danger the refuse contained, and as the staff was already overworked with patient care, sanitation fell by the wayside. If the ignorance of bacteriology was the biggest problem of Civil War medicine, it was also its greatest teacher. As the war progressed, the need for cleanliness and sanitation was realized. By 1865, it had become standard procedure to follow the rules and regulations of U.S. Surgeon General William H. Hammond’s *A Treatise on Hygiene with Special Reference to the Military Service*. The South also
followed hygienic standards as set by Confederate Surgeon General Samuel Preston Moore, which reflected Hammond’s opinions.

After the carnage at First Manassas, it was apparent that the medical departments of both the Union and Confederate forces were inadequate. Charles J. Stille, the director of the United States Sanitary Commission (USSC), reported on the Northern medical department’s inability to meet the needs of the Union war effort. Prior to the War there had been no federal hospital system. Moreover, all military hospitals were posted at forts and most of them were located on the frontier. The largest was at Fort Leavenworth, Kansas, and it held only 40 beds. The makeshift hospitals were unsanitary, overcrowded, and “wholly unsuited for their [soldiers] successful treatment.”

There were also very few civilian hospitals, as it was customary to tend the sick at home. Further complicating the scene was the lack of cooperation between the military’s general hospitals and the temporary regimental hospitals.

On April 18, 1862, Congress passed a bill that granted the Sanitary Commission’s requests to end promotion based upon seniority; to inspect doctors, hospitals, and camps; to enlarge the ambulance corps under the direction of the medical department; to provide well-supplied medical depots; and to provide clothes and food to the wounded.

Overall, the act was vague regarding reorganization and left the task to the new Surgeon General. The USSC believed Hammond was qualified for the appointment, as he had


274 Stille, p. 125.
served 11 years in the military prior to teaching at the University of Maryland. He also had a private practice and therefore was known in the military, academic, and public arenas. Finally, Hammond had traveled to Europe to study the new pavilion-style hospitals and was thus educated in their healthier pavilion-style design. Again, the Commission’s wishes were met when, on April 25, 1862, Hammond was appointed U.S. Surgeon General.275

Hammond immediately began building hospitals, creating medical review boards, and over-supplying medical depots to prevent unnecessary suffering. He appointed Dr. Jonathon Letterman as the medical director of the Army of the Potomac who, in turn, implemented several changes referred to as the “Letterman System.” It shifted the ambulances from the quartermasters’ department to the medical department and standardized and provided supply wagons for each regiment and medical kits for each physician. Letterman fulfilled the USSC’s desire for promotion by skill rather than by military seniority.276

Following the changes brought about by the USSC, the North’s medical effort was much more efficient. The South, however, did not have a large organized Commission. Still, according to medical historian John Duffy, the Confederacy held two advantages, at least during the war’s early stages. The entire Confederate government had just been created and as such it was not strangled by an outdated system. Dr. Samuel

275 Ibid., p. 134.

276 Freemon, p. 75.
Preston Moore, was appointed as Surgeon General by Confederate President Jefferson Davis a few months after Fort Sumter’s capture, directed it.277

Once in office, Moore immediately began building hospitals and petitioned the government for further construction funds. He also appropriated money to hire doctors at the national level rather than leaving it to the individual states as the North had initially done. From the outset medical boards reviewed physicians, “thus keeping the number of incompetents to a minimum.”278 In the beginning the South was as ill prepared for the calamities of the battlefield as the North, yet it quickly organized a system of divisional, and general hospitals. Moreover, the Confederacy created health-care facilities along the railway routes to provide services to furloughed or discharged soldiers.

At the war’s outset, Duffy contended that the South’s Medical Department was more efficient, competent, and organized than the North’s. Yet as the war continued, supplies and access to transportation diminished, causing the Confederacy’s wounded to suffer and die in greater proportions than the battlefield warranted. Historian Stewart Brooks, in Civil War Medicine, noted that the lack of food, clothing, medicine, and equipment greatly increased the incidences of disease and decreased the rate of recovery among the soldiers.

Fever, whether scarlet fever, yellow fever, break bone fever, or from malaria was another leading cause of illness and death during the Civil War, and the lack of quinine was considered the Confederacy’s most significant pharmacological problem. Due to the

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277 Duffy, The Healers, p. 158.

278 Ibid., p. 215.
extensive earthwork and canal construction during the war and because most of the fighting took place in the South, there was a marked increase in the incidence of cases of malaria. Quinine alleviated the symptoms of an already existent case of malaria and if taken daily, would prevent contraction of the disease in a healthy individual. Due to the Northern blockade, Surgeon General Moore was forced to stop the usage of quinine as a prophylactic and limited its consumption only in active malarial cases. In many instances, however, especially in the Confederacy’s interior, even those men who suffered from malaria could not receive quinine, as there was none to be had.

Smallpox vaccinations were given during the Civil War but they were not a universal treatment. Although smallpox was more prevalent in the Confederacy, soldiers in both the North and the South contracted the disease. In a work that focused on the war’s medical issues, Confederate doctor Joseph Jones examined the use of the smallpox vaccine among soldiers since it had been noted during the war that some of the men were having abnormal reactions to vaccines. Jones conducted a survey of how the vaccine was administered, and concluded that the South’s lack of success was attributable not so much to the vaccine, but to poor diet, fatigue, and a debilitated physical state. He also determined that many of the vaccines, which were made from human pox specimens, had been contaminated by bacteria or taken from a person suffering from another illness. Medical authorities were slow to vaccinate, so the troops began doing it themselves. Unfortunately, some strains were adulterated, causing the soldiers to develop full-blown

cases of smallpox.\textsuperscript{280} Between the Union and Confederate armies there was a combined total of 18,952 cases of smallpox with 7,058 deaths, but due to the spurious vaccination phenomenon, Southern soldiers more often contracted the disease.\textsuperscript{281}

While smallpox was a deadly disease, skin, bone, and tissue infections killed an even greater number than did smallpox. Bacteriology was not understood and death, which may have been the result of gangrene, was blamed on either fever or some other indiscriminate illness. Therefore, Civil War records do not indicate deaths, which were the result of wound infection complications. Statistics are not available, but the graphic descriptions of the appalling conditions for surgeons abound.\textsuperscript{282}

Most of the operating tables were placed in the open where the light was best, some of them partially protected against the rain by tarpaulins or blankets stretched upon poles. There stood the surgeons, their sleeves rolled up to their elbows, their bare arms as well as their linen aprons smeared with blood . . . As a wounded man was lifted on the table, often shrieking with pain as the attendants handled him, the surgeon quickly examined the wound and resolved upon cutting off the injured limb. Some ether was administered and the body was put in position in a moment. The surgeon snatched the knife from between his teeth, where it had been while his hands were busy, wiped it rapidly once or twice across his blood-stained apron, and

\textsuperscript{280} Joseph Jones, “Researches on ‘Spurious Vaccination,’ or the Abnormal Phenomena Accompanying and Following Vaccination in the Confederate Army, during the Recent American Civil War, 1861-1865,” \textit{Nashville Journal of Medicine and Surgery} n.s. 2 (1867) p. 4.


\textsuperscript{282} Steiner, p. 12.
the cutting began. The operation accomplished, the surgeon would look around with a deep sigh, and then: “Next!”

Such was the scene witnessed and described by General Carl Schurz after the battle of Gettysburg. Throughout the Civil War, surgery was a gruesome experience for all involved.

_Bacteriology and the Nineteenth Century’s Medical Paradigm Shift_

Nineteenth-century science creates a paradigm shift in how medicine is understood, thus laying the groundwork for the development of modern medicine and pharmacy. The research of Lister, Pasteur, and Koch transformed how public health officials dealt with specific diseases through the understanding of the germ theory and “breakthroughs in bacteriology.” It also improved surgical outcomes due to the introduction of antiseptics.

While much had been gained in preventing disease through public health efforts and the development of vaccines for diseases such as the deadly typhus, not much progress had been made in the development drugs to treat disease. In fact, “physicians were giving up drugs and depending more on hygiene.” The privileging of surgeons as more intelligent, skilled, and valued from an economic perspective is first noted in a 1912

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American Medical Association Judicial Council report. It revealed that in the 25 years since antiseptics enabled better surgical outcomes and broadened the scope of surgery, “physicians’ fees were ‘practically the same’ . . . while surgical fees were ‘enormously greater.’” This remains true today, with general surgeons earning $100,000 more per year than family medicine physicians. Moreover, the two spheres of medicine were split along gender lines with more male than female surgeons and more female general practitioners and pediatricians than their male counterparts.

The Post Civil War Struggle for Medical Authority

Once the Civil War ended, the medical profession continued on the path of professionalism. This was accomplished through professional organizations, academic reforms, licensure, and regulation. The confluence of these avenues towards professionalism during the post-Civil War era through the end of the Progressive movement created medicine as an institution. Consequently, spaces of legitimacy were created by those who held social power, which, in nineteenth-century America, meant Caucasian middle- and upper-class men controlled the rise of medicine and pharmacy from an ill-respected trade to an esteemed profession.

286 Ibid.

“The historical success of a profession rests fundamentally on the growth of its particular source of wealth and status—its authority.”\textsuperscript{288} That struggle for authority began prior to the Civil War and resumed with vigor after Lee’s surrender to Grant at Appomattox Courthouse. By the end of the Progressive Era, the institutional structure of medicine and pharmacy had solidified into the disciplines that exist in modern America. In his study of medicine as a social phenomenon, Paul Starr noted that a key to understanding the disciplines’ push to organize was the need for physicians to gain social respect and authority. Starr argues that

Acknowledged skills and cultural authority are to the professional classes what land and capital are to the propertied. They are the means of securing income and power for any group, the accumulation of authority . . . . A profession, . . . , differs from other occupations in part by its ability to set its own rules and standards. But it cannot do so unless its members agree, first, on criteria for belonging to the profession and, second, on what its rules and standards ought to be. Before convincing the public and the state of the legitimacy of their claims to self-regulation, physicians had to reach some agreement among themselves. Perhaps the foremost obstacle to the collective authority of the medical profession in mid-nineteenth-century American rose within its ranks.”\textsuperscript{289}

Starr goes onto argue that part of the issue with legitimacy struggles was the prestige of the profession. He contends that a physician’s status was valued not on his education or knowledge, but was dependent upon “his family background and the status

\textsuperscript{288} Starr, p. 79.

\textsuperscript{289} Ibid., pp. 79-80.
of his patients.”

Still, he does note that those most highly ranked among the profession were of the upper ranks of socioeconomic society as they had access to university education and post-education study in Europe.

Starr does not differ in other accounts of American medical history that medicine and pharmacy needed to be professionalized, organized, and legitimized for the well-being of the professions and for the care and safety of patients. As this dissertation noted in Chapter 1, nineteenth-century medicine and pharmacy in America was in dire need of regulation in how one was educated in the disciplines, how one was licensed, how medicine and pharmacy were to be administered, and what was efficacious and what was harmful practice. Indeed, most scholars of American medicine and pharmacy agree that the disciplines prior to the twentieth century needed to be reformed. What this dissertation argues is that during the process of that reform those who held the most socio-economic power were able to manipulate what was legitimate medicine and who had the authority to practice it. What occurs during the latter half of the nineteenth century, within the professions of medicine and pharmacy, not only causing a paradigm shift from within, but also launches a major political change with the start of the twentieth century.

The Influence of the Progressive Movement on American Medicine and Pharmacy

Both middle-class women and men who were college educated, respected, and socially minded, powered the Progressive movement, 1900-1920. Progressives believed that the United States’ democratic system, and thus, its society, was under siege due to

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290 Ibid., p. 81.
industrialism, immigrants, and the ramifications from each. According to historian Robert Wiebe, the Progressive movement “through rules with impersonal sanctions . . . sought continuity and predictability in a world of endless change. It assigned far greater power to government . . . and it encouraged the centralization of authority.”291 In other words, the Progressives saw “the need to make the economic and the social compatible” by legislating the relationship between “capital and labour” via the federal government.”292 The Progressives were professionals, such as physicians, lawyers, religious, academics, journalists, and social workers, who witnessed the dangerous working and depraved living conditions of urban workers and poor residents. Consequently, their reform movement was a concentrated act to raise the lower class from its depravity, which, in the Progressives’ view, would ultimately stabilize Americans society and protect its democracy.

The middle class believed it was the embodiment of American society and democracy, which were being threatened, by both the industrialists or the upper class and the immigrants or the lower class. The first reason the middle class perceived that American society was in jeopardy was due to the fact that the upper class (or two percent of the entire population) controlled 60 percent of the nation’s wealth, and with wealth comes power. In other words, the upper class had the majority of the country’s wealth; as


such, they also dominated the United States political power. The middle class recognized
the situation as a problem because American ideology espouses that political and
monetary power are supposed to rest in the hands of the many, not the few. Furthermore,
for America to be more than the idea of equality for all, its republic needed to be an
example of social “solidarity” as exhibited by its progress.\textsuperscript{293} Therefore, the political and
monetary dominance of the upper class threatened American society and thus, the middle
class.

The second threat to middle class society was the lower class, which was
primarily composed of immigrants. Unlike the upper class, which directly threatened
middle-class standing, the lower class indirectly compromised the middle class by
electing politicians who were controlled by local bosses and political machines such as
Tammany Hall. Every major urban area had a political machine, which was corrupt and
extremely powerful. These were mob-like organizations that controlled a city’s various
forms of authority, such as city councils and police departments. Some even held mayoral
and legislative seats. Immigrants voted them into power because the political bosses
provided welfare programs in exchange for votes. This was during a time period when
industrialists claimed absolutely no responsibility nor were legally responsible for
workers injured on the job or for their widowed families. For example, “according to a
report of the Commission on Industrial Relations, in 1914, 35,000 workers were killed in

\textsuperscript{293} \textit{Ibid.}, p. 106.
industrial accidents and 700,000 injured.” There were no social welfare programs; therefore, when workers were injured, they had nowhere to turn except to the political boss’s charity. The bosses provided relief in one form or another and thus, the lower class had no choice but to turn to them.

Given the above-described situation, the middle-class Progressives believed they had “social right” on their side; and that it was their duty to save American society by forcing the federal government to intervene “in the sphere of civil and private relations.” The reformers believed that the basis of American society is its democratic government; therefore, they used the American legal system to save America’s social. The power of the Progressive movement is demonstrated by their success of having four amendments ratified to the Constitution, three of which were intended to reform the power of the elite and the other was passed to help improve the lives of the lower class. The Sixteenth Amendment, which provided for a graduated income tax was intended to better equalize wealth in American society. The Seventeenth Amendment, which guaranteed direct Senatorial election, and the Nineteenth Amendment, which finally gave women suffrage, were passed to empower the people with direct voting rights. The lives of the working poor were wretched and alcohol abuse was rampant. The Progressives believed that alcoholism was the cause of the misery rather than an escape from the drudgery. Therefore, the reformers believed that the lower class would only be lifted up

\[\text{\textsuperscript{294} Zinn, p. 327.}\]

\[\text{\textsuperscript{295} Donzelot, p. 107.}\]
from their cumbersome lives if alcohol were erased from their daily routines. Consequently, the Progressives pushed through Congress the Eighteenth Amendment, which prohibited the manufacturing, selling, or consumption of alcoholic beverages.

In effect, the Progressives believed that in order to save American society the government needed new laws and new men. In other words, they believed that the “practical application of the theory of solidarity” was performed in the exercise of the “social right.”\(^{296}\) Depending upon what class they were targeting, the reformers approached their methodology of new laws and new men differently. With the lower class, they first changed the laws, which improved the lives of the working poor, who would then elect responsible new men at the local, state, and federal level. The new laws rid the system of bosses by providing federal protection and welfare to immigrants and the lower class. If their needs were met, then they would stop giving loyalty to boss’s who threatened American democracy and the middle class. When the upper class was the Progressives’ target, they supported new men who would then legislate new laws.

The society in which the Progressives were living was physically, emotionally, and spiritually exhausted due to runaway capitalism. At the turn of the twentieth century, many Americans were disillusioned with their country and its supposed altruistic democratic philosophy. Socialists like Emma Goldman and Eugene Debs, who fought for workers’ rights during the waning decade of the nineteenth century demanded that it was the government’s “responsibility . . . to abolish the shameful opposition between owners of capital and those who, living only by their labour, remain enslaved to them” despite

\(^{296}\) Donzelot, p. 107.
being politically enfranchised.\textsuperscript{297} Progressive era writers, or Muckrakers, also took up their cause; they wrote articles and books, which exposed corruption in industry and government. \textit{The Jungle} by Upton Sinclair shed light on the hazardous working conditions in the meatpacking industry and the unsanitary conditions in which the meat was processed. After reading \textit{The Jungle}, President Theodore Roosevelt, the first of the three Progressive era presidents, was compelled to investigate the meatpacking industry. The inquiry confirmed Sinclair’s account, which forced Roosevelt to initiate the Meat Inspection Act of 1906.

Another Muckraker, Samuel Hopkins Adams, through his series, “The Great American Fraud” published in 1905, in \textit{Collier’s Weekly}, exposed the fraudulent patent drug business.\textsuperscript{298} As with Sinclair’s work, Adams’s work frightened the American public, thus stimulating the Progressives to push for the Pure Food and Drug Act of 1906. While the legislation did clean up the industries, it certainly did not fix all that was wrong with them. Congress made compromises “on some legislative clauses offensive to” the former thus undermining the well being of American society. The unsafe conditions of the meatpacking industry and the burgeoning pharmaceutical industry, for public health, exemplifies why social reform was needed. How and why Progressivism did not fully succeed in its attempt to create “industrial democracy” is demonstrated by the government’s failure to fully rectify and reform due to “legal loopholes, weak penalties,

\textsuperscript{297} \textit{Ibid.}

\textsuperscript{298} Sonnedecker, p. 220.
and changing conditions.” Consequently, the government began its long-standing involvement of social responsibility with pharmaceutical development and distribution. This opened the door for corrupt capitalistic collusion between the government and what would become Big Pharma, which today has a larger lobbying force than the Military-Industrial Complex.

The Progressives adopted some socialist reforms, so that the masses were placated just enough to stop striking and protesting the “Establishment,” thus guaranteeing capitalism’s survival. For example, by the second decade of the twentieth century, many states established minimum wage laws, 38 states regulated child labor and workers had won some victories at the state level with laws limiting the length of a workday. In 1908, Louis B. Brandeis successfully represented in the Federal Supreme Court (Muller v. Oregon) the state of Oregon’s right to limit the working hours of women. “By 1920, 42 states had workmen’s compensation laws.” Yet, according to historians Richard Boyers and Herbert Morais in their book, Labor’s Untold Story, the laboring class’s “real wages—that is, their ability to buy back the goods and services they

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299 Donzelot, p. 127 and Sonnedecker, p. 221.

300 While the Supreme Court’s ruling was a victory in one sense, in other respects it was a hindrance. For working class women the limited hours meant a reduction in money, which ultimately affected her and her family’s survival. The second negative regarding Brandeis’s argument is that it added legal support to the ideology that women were weaker than men due to their biology. It effectively gives support to the patriarchal thesis that women are destined to be inferior to men due to their reproductive capabilities and that they need men/the government to take care of them.

301 Ibid., p. 353.
produced—were lower in 1914 than during the 1890s.”302 Historian Michael Parenti states, “millions worked 12- and 14- hour days, usually six or seven days a week. . . According to government figures, [two million] children were forced to work in order to supplement the family income.”303 Although some Progressive reformers like Wisconsin Senator Robert La Follette approached the movement from an altruistic perspective, many more wanted simply to preserve capitalism. “The Milwaukee Journal, a Progressive organ, said the conservatives “fight socialism blindly . . . while the Progressives fight it intelligently and seek to remedy the abuses and conditions upon which it thrives.”304

Essentially, big business and the government could no longer ignore that socialism was gaining political power. In 1910, Victor Berger, a member of the Socialist party, was elected to Congress. By 1911, there were 73 Socialist mayors and 1,200 other card-holding Socialists in lesser political office throughout the United States. Therefore, capitalism and the machine of American industry were under siege at the state and local government levels leading big business to seek support from the Federal government. According to one industrial mogul, it was better to “help shape the right kind of regulation than to have the wrong kind forced upon [us].”305 In the words of historian Gabriel Kolko, “progressivism was not the triumph of small business over the trusts, as


303 Parenti, pp. 74-75.

304 Ibid., p. 353.

305 Quoted in Parenti, p. 73.
has often been suggested, but the victory of big business in achieving the rationalization of the economy that only the federal government could provide.\textsuperscript{306}

In other words, the Progressives incorporated some socialist reforms into their agenda, so that they could maintain their power. In other words, the Progressives had achieved enough power that the elite had to give them some authority, yet, only enough to affect the former’s reality and not necessarily those at the bottom of society. If we look again to Donzelot’s explanation in “the promotion of the social,” we see that the American government was caught between being

associated with those forces which put its social mission and promise to ensure social progress to the fore, denouncing the autonomy of the economic in relation to the State as leaving a dangerously free field to the individualistic profit motive and anti-social egoism which presides over the organization of production. Or it must be associated with the forces which appeal to economic rationality and the prior need to advance this for it to be possible, only later, to have the resources at one’s disposal that will enable social progress.\textsuperscript{307}

Thus, the Progressives attempted to maintain the government some where in the middle of those two axioms by passing legislation. Some examples are the Hepburn Act which regulated railroads and pipelines; the Mann-Elkins Act which empowered the Interstate Commerce Commission to regulate the telephone and telegraph systems; the Federal Trade Commission which controlled monopoly growth; the Clayton Antitrust Act which provided stronger provisions for breaking up business trusts than its predecessor, the

\textsuperscript{306} Ibid., p. 74.

\textsuperscript{307} Donzelot, p. 127.
Sherman Antitrust Act; and the Federal Reserve Act which controlled the country’s money and banking system.

While it is true that new laws were passed which benefited the masses, historian Harold Faulkner determined that “the most powerful economic groups” benefited the greatest.\textsuperscript{308} What emerges from Progressivism is “political capitalism,” meaning big business dominates the political system by initiating reforms that give enough of the share of wealth to the working class to satisfy them without injuring capitalism.\textsuperscript{309} In the words of a contemporary journal, \textit{The Banker’s Magazine}, business “is gradually subverting the power of the politician and rendering him subservient to its purpose.”\textsuperscript{310} Even after 16 years of the Progressive movement, millions of workers were not paid adequately enough to feed their families.\textsuperscript{311}

In short, the Progressives did not succeed in establishing the “social . . . over the economic.”\textsuperscript{312} The Progressive, legislation did not subvert the economic to the social, but rather its policies attempted to negotiate the space between the two. “This time the formula [was] for the political decreeing its law to the economic and the social, reducing

\textsuperscript{308} Quoted in Zinn, p. 350.

\textsuperscript{309} \textit{Ibid}.

\textsuperscript{310} \textit{Ibid.}, p. 350.

\textsuperscript{311} Parenti, p. 75.

\textsuperscript{312} Donzelot, p. 128.
their division from outside and by force, subordinating the social to the economic in the
name of the latter’s subordination to the political.”

In Donzelot’s words, “The Welfare State [did] not take part in the ideological
options dividing society, but it [took] charge of the levers of its destiny, giving the State
control over the future of society and depriving society of that control to the same
extent.”

Progressivism failed to alter the government of the United States and thus the
American “social.” In fact, the reform movement strengthened capitalism and further
entrenched America into a government of business, by business, for business rather than
“a government of the people, by the people, for the people.” The cost of Progressive
legislation made the government responsible for the social’s destiny and still we debate
and struggle over national health-care legislation.

The United lie between and among the economics of national health care and the
cultural worth of all Americans having access to quality medical care. The debate began
at the start of the nineteenth century and continues to dominate the political rhetoric of
the twenty-first century. When one considers the enormity of the impact health care and
health-care access has on public health and public well-being, it is obvious that modern
Americans must resume where the Progressives left off. When one considers the impact
that professionalism, capitalism, and implicit bias has on how medicine was and is
practiced, what was and is legitimate medicine, and who had and has the authority to

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313 Ibid., p. 131.

314 Ibid.
practice medicine, is it any wonder that the government has failed to maintain the “social’s” best interest when it comes to access to health care.
Chapter 7: Conclusion

In the introduction of *The Archeology of Knowledge*, Michel Foucault asserts that history is not so much about actual events (*i.e.*, documents); rather, it is about the memory and the language of those events with which historians should be concerned. Foucault advises that traditional linear histories be reinterpreted from a perspective of structuralist analyses, so that questions are “turned . . . from vast unities like, periods or centuries, to the phenomena of rupture, or discontinuity.”³¹⁵ For example, in the application of American nineteenth-century medicine and pharmacy, Foucault would argue that it is rupture, which causes new or different therapeutic approaches, rather than a linear progression of scientific knowledge. Using the language of noted MIT professor Thomas Kuhn, science experiences paradigm shifts (change in theoretical approach)

when . . . the profession can no longer evade anomalies that subvert the existing tradition of scientific practice, then begin the extraordinary investigations that lead the profession at last to a new set of commitments, a new basis for the practice of medicine.³¹⁶

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³¹⁶ Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 3rd ed. (Chicago: The University of Chicago Press, 1996), p. 6. Kuhn defines “paradigm” as “an accepted model or pattern . . . in a science, . . . rarely an object for replication. Instead, like an accepted judicial decision in the common law, it is an object for further articulation and speculation under new or more stringent conditions,” p. 23.
Kuhn’s anomalies are Foucault’s ruptures. Furthermore, Foucault insists that historians bring to the table a certain amount of knowledge, assumptions, presuppositions, and biases, adding “historical descriptions are necessarily ordered by the present state of knowledge. In order to combat those assumptions, presuppositions, and biases, new questions about how history is to be approached have developed.”

Referring back to The Archeology of Knowledge, Foucault applies M. Gueroult’s “architectonic unities of systems . . . which are concerned not with the description of cultural influences, traditions, and continuities, but with internal coherences, axioms, deductive connexions, compatibilities.” His point is that traditional linear narrative history is limited in its scope, understanding, and interpretation of the past because it ties itself to the “reconstituting [of] connexions.” Thus, history must expand beyond the “stable structures” of memory and documents into the “discourse of irruption” and nonlinear thought. When that discourse of irruption and nonlinear thought are taken in conjunction with Kuhn’s paradigm theory, a new sense of how nineteenth-century American medicine and pharmacy morphed back and forth between pharmacognosy and pharmacology can be understood.

It is not enough, however, to perceive the play between pharmacognosy and pharmacology to grasp the full history of nineteenth-century American medicine and

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317 Ibid., p. 5.
318 Ibid.
319 Ibid., p. 4.
320 Ibid., p. 6.
pharmacy. What is also required is to know how the application of those two therapeutic approaches was practiced among indigenous, enslaved, and Caucasian Americans. Furthermore, it is only when that play is placed in conjunction with the answer to the following question that the story of nineteenth-century American medicine and pharmacy can be fully revealed: how did the historic medical traditions of Native Americans, enslaved Africans, African-Americans, and Anglo-Americans contribute to each other’s *materia medica*? While the relationship may appear circumspect, upon further investigation the link among Native, African, and Anglo-American medicine and pharmacy can be established when analyzed and researched through the lens of multiple theoretical approaches.

When examining nineteenth-century medicine and pharmacy, Enlightenment ideologies must also be considered. The Enlightenment was a revolution in thought; it encompassed all fields of study rather than one particular field. It transformed how people viewed the world and the society in which they lived. Every intellectual endeavor from science to art was reconsidered. A dramatic result of the Enlightenment and the Scientific Revolution was the mechanization of nature due to the philosophy of René Descartes who explained nature and animals as machines. Humans were exempt from the mechanical analogy since they possessed a soul, which received clear and distinct ideas from God.\(^\text{321}\) Yet, many in the Enlightenment believed that reason and logic could be applied to the human condition. Thus, if nature itself was understood to be governed by

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fixed laws that man’s reason could discover, then, so too, could the human body and disease. All that was needed to unravel the deepest mystery of nature was the application of reason in a concerted and programmatic way.

Therefore, the enigma of disease could be unraveled if logic, reason, and medicine as a system were applied. What resulted from the adaptation of the mechanization of nature by medicine, which was then introduced to the Western world, was the Paris Clinical School. Prior to the Paris Clinic, a patient was looked at as a whole person rather than simply isolating the ailment from which they suffered. In other words, the spiritual, emotional, intellectual, and physical beings of a person were considered when a healer or physician assessed a patient’s health. With the advent of the Enlightenment and the birth of the Paris Clinic, a paradigm shift occurred and medicine then interpreted the human body as an object of knowledge, setting scientific medicine on a path it still follows today. In *The Birth of the Clinic*, Michel Foucault presented that perspective when he identified the Paris school as the decisive moment in the shift of clinical attention from the individual sick people as the focus of healing to disease entities as the object of research.

The effect of the Paris Clinic and its approach to medicine created a crisis in Antebellum America with respect to how disease was understood, how medicine should be administered, and what determined therapeutic treatment. The result of that crisis was a rupture in the framework of therapeutic medicine wherein physicians who had been heavily schooled in botany and the phytomedicinal agency of plants were now educated in the art of dissection, the efficacy of chemicals, and the substitution of pragmatic
science for human intuition and nature as healer. What then occurs is not an erasure of the former, but to use Jacques Derrida’s concept of the play between the interior (the traditional paradigm) and the exterior (the new paradigm) framework of medicine is the space that is created from that play which then gives rise to new concepts and approaches.322

In other words, despite the Paris Clinic’s mechanization of medicine, a complete paradigm shift from the natural to the chemical was not fully embraced by the American Medical Association until the advent of penicillin in the early 1940s, thus bringing us back to the interaction of pharmacognosy and pharmacology while simultaneously paralleling the interplay among indigenous, enslaved, and Anglo-American therapeutic applications.

Thus, the argument returns to the Enlightenment, its social construction of race, and how the two influenced nineteenth-century American medicine and pharmacy. It is necessary to look first at “The Concept of Enlightenment” from *Dialectic of Enlightenment* by Max Horkheimer and Theodor Adorno to understand how the Enlightenment project can be viewed from a negative perspective. In essence, what Horkheimer and Adorno contend is that

> enlightenment dissolves the injustice of the old inequality. . . but at the same time perpetuates it in universal mediation, in the relation of any one existent to any other. . . it excises the incommensurable. Not only are qualities

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dissolved in thought, but men are brought to actual conformity.\textsuperscript{323}

That interpretation of the Enlightenment succinctly explains how science and knowledge were used to reduce the humanity of Native Americans, enslaved Africans, and African-Americans. In “The Color of Reason: The Idea of Race” in Kant’s ‘Anthropology,’” Emmanuel Chukwudi Eze asserts that Kant presents the strongest, if not the only, sufficiently articulated theoretical philosophical justification of the superior/inferior classification of “races of men” of any European writer up to his time.\textsuperscript{324} Kant argued that only the white race had the capability to actuate to full human potential. In other words, the other races were not capable of moral maturity because they lacked talent, which Kant interpreted as an “essential, natural ingredient for aptitude in higher rational and moral achievement.”\textsuperscript{325} Kant is further convicted of creating racism, in an article by Robert Bernasconi, who wrote that Kant used science to create the biology of race and the superiority of Caucasians, which then legitimated racism.\textsuperscript{326}


\textsuperscript{325} \textit{Ibid.}, p. 126.

Given the Enlightenment’s opinion of people of color, it is shocking that any credibility was given to the medicinal and the phytomedicinal practices of Native Americans and enslaved Africans and African-Americans. While the professions were solidly white male by the 1820s, many of them learned from texts heavily saturated in botanic science and its medical application. Despite being in contradiction with accepted Enlightenment racial beliefs, many of those texts, which were often referred to as medicinal recipe books, frequently cited the remedies as American Indians or enslaved African and African-American therapeutic treatments.

The logic that connects indigenous, enslaved African, African-American, and Anglo-American nineteenth-century medicine and pharmacy is derived from the Gilles Deleuze and Felix Guattari’s rhizome argument.

Principles of connection and heterogeneity: any point of a rhizome can be connected to anything other, and must be. This is different from the tree or root, which plots a point, fixes an order.327

When this theory is applied to history, the study of it then needs to be approached not from a “sedentary point of view,” but rather from a “nomadic” perspective.328 History should not be researched and written in the style of a beginning, a climax, and an end. It should, however, be approached by moving between and among things.

Between things does not designate a localizable relation going from one thing to the other and back again, but a

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328 Ibid., pp. 23-24.
perpendicular direction, a transverse movement that sweeps one and the other away, a stream without beginning or end that undermines its banks and picks up speed in the middle.\textsuperscript{329}

To further build on the notion that history is far from being a linear narrative, Manual De Landa begins where Deleuze and Guattari left off with their work in his \textit{A Thousand Years of Nonlinear History}. Building on the ideas of Deleuze and Guattari’s plateaus, De Landa contends that history is “brought about by phase transitions” rather than stages.\textsuperscript{330} Thus, history does not truly have a beginning and an end point. In other words, human history did not follow a straight line, as if everything pointed toward civilized societies as humanity’s ultimate goal. On the contrary, at each bifurcation alternative stable states were possible, and once actualized, they coexisted and interacted with one another.\textsuperscript{331}

The logic derived from the Enlightenment which divides the nineteenth-century medicinal practices of American Indians, enslaved Africans, African-Americans, and Anglo-Americans is found suspect and without substantiation. So too, does Deleuze and Guattari’s argument weaken the constructed division between pharmacognosy and pharmacology.

It is the argument of this dissertation that by examining the professional career of Dr. Francis Peyre Porcher, a prominent nineteenth-century Southern physician, the

\textsuperscript{329} \textit{Ibid.}, p. 25.


\textsuperscript{331} \textit{Ibid.}
enslaved culture, and American Indians of the same time period, that the theories presented by Deleuze, Guattari, and De Landa will connect the historical narrative of nineteenth-century American medicine and pharmacy in a rhizomatic nonlinear presentation that is both logical and factual.

Porcher is an excellent example of the type of physician/botanist that existed during the nineteenth century. First, because he was well respected nationally and internationally for his botanic treatise published in 1863 on the South’s indigenous materia medica titled Resources of the Southern Fields and Forests, Medical, Economical, and Agricultural: Being Also a Medical Botany of the Confederate States: with Practical Information on the Useful Properties of the Trees, Plants, and Shrubs (hereafter referred to as Resources of the Southern Fields and Forests). Another reason Porcher is a legitimate example is due to his two-year apprenticeship at the Paris Clinic after he graduated from the Medical College of South Carolina.

Porcher asserted that botany was a decidedly important field for the advancement of medicine; as such, he believed in the medicinal powers of botanics. However, he was not a sectarian physician, nor did he fully adhere to the philosophy of allopathic doctors, as he followed the argument that the natural environment provided a cure for any disease that occurred within its geography. Thus, in South Carolina’s low country, Porcher

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332 Porcher was a professor at the Medical College of South Carolina where he taught materia medica and therapeutics. In one of his lectures he defined materia medica as follows: “Materia Medica embraces a history of the materials of medicine, and therefore includes all the substances and agents used in eradicating or modeyfying [sic] disease.” Porcher Papers, Waring Library.
contended that there was a botanical substance in the fields and forests of the region that would cure any disorder prevalent to the area.

In many of the books Porcher used as references are marginal notes written by him as well as folded notes he attached to the pages. In a book written by a physician and published in 1847, Porcher underlined the following passage: “a knowledge of one plant is a guide to the practitioner, which enables him to substitute with confidence, some other plant that is naturally allied to it.” Simply put, plants from the same species should medicinally act the same. What further gives weight to the use of Porcher as a representative example is that he lived and worked in the southeastern region of the United States which, as recently as the twentieth century, has been estimated to contain a significant amount of America’s medicinal plants, thus, making southern medicinal plants especially important in the history of America’s materia medica. As Henry C. Fuller wrote in The Story of Drugs,

by far the greater part of the vast volume of botanical drugs compounded into medicines are obtained from natural sources. In locating her laboratories in different parts of the world, nature selected, as one of them, a vast wilderness . . . which . . . [is] the southeastern United States.

Yet another reason to use Porcher as a representative example is that his career spanned from 1847 to 1893. Those career dates are significant since they coincide with

R. Eglesfeld Griffith, Medical Botany: or, Descriptions of the More Important Plants Used in Medicine, with Their History, Properties, and Mode of Administration (Philadelphia: Lea and Blanchard Publishers, 1847), p. 49.

multiple paradigm shifts experienced in the fields of medicine and pharmacy during that 47-year period. Although, the fields of medicine and pharmacy began to organize and professionalize in Antebellum America, they were not yet cohesive institutions either in education or application. The professional and social mores of the time expected physicians to differ “both in theory and practice.” In Kuhnian terms, there was not yet a “shared paradigm, which is a fundamental unit for the student of scientific development.” The field of medicine was split between the old and new medical views and the allopathic and the eclectic or sectarian doctors.

For example, the Enlightenment affected how people embraced nature. But, more importantly, to borrow from Hegel, it revered the experience of the relationship that existed between humans and nature, which ultimately effected paradigm shifts in nineteenth-century American medicine and pharmacy. Therefore, nature (i.e., botany) was embraced not from an emotive perspective, but from a legitimate scientific approach. Botany or phytomedicine was perceived as an effective form of medicinal therapy either in conjunction with a chemical medicine such as calomel (a mercury-based drug), alone or combined with other flora and fauna.

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335 Pharmacy did not become a separate profession until the latter half of the 1860s. Some doctors concocted their own remedies; others wrote them out and sent the patient to an apothecary who made the preparation.


337 Kuhn, p. 11.
Beginning at the turn of the nineteenth century and solidified by end of that same century, American medicine and pharmacy were professionalized. It became a white male profession and, until the 1970s, it remained as such. Discovering how those nineteenth-century physicians practiced the application of medicine and pharmacy is not difficult. One needs only to review their personal papers and also to read the texts from which they derived their knowledge.

In an article published in 1998 in *Economic Botany*, Michael A. Flannery cites numerous antiquated American texts worthy of investigation. He focuses on the book *Medical Flora* by naturalist Constantine Rafinesque not only because Rafinesque was well known, but also because he was outside the medical establishment of his time and because his work reveals nineteenth-century *materia medica*. Through his examination of Rafinesque’s catalogue of medicinal substances, Flannery reveals that many of the plants listed were also botanic remedies endorsed in both Native American and enslaved American cultures. Moreover, many of the plants listed in the catalogue are still used today. The significance of researching historical phytomedicinals—drugs based in plant chemistry—is that over the last 15 years, herbal remedies have been reintroduced to the public and health-care professionals as viable resources for health maintenance. As medical statistician Bart K. Holland succinctly phrases it, “the renewed interest in
medicinal plants has led in turn to an increasing role for traditional medical knowledge as a guide to discovery.”

Theoretically, the precedent for finding validation of present study in traditional “folk expression” can be attributed to the experience of the Enlightenment in Germany. Folklorist Regina Bendix argues that Johann Jakob Bodmer, his intellectual colleague Johann Jakob Breitinger, and other Enlightenment thinkers recognized that truth went beyond language and into the realm of self. To understand oneself, a person must not only look at their own culture, but must also “discover[y] and discuss[ion] the cultural Other.” What then develops is the “philosophy of authenticity lodged in human history, native language, and poetry, and it received its lasting impulses from Johann Gottfried Herder.” What then would it mean if that line of thought were applied to the study of nineteenth-century American medicine and pharmacy?

Historian John K. Crellin has written several books regarding phytomedicinal history. In Plants in Medicine: From Yesterday to Today, he discusses important historical materia medica throughout the development of American and European

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340 Ibid., p. 34.

341 Ibid. See also Edward Said’s Orientalism for an excellent description of the Other and the relationships that coexist between Asian cultures and the West.
medicine and pharmacy. In volume one of *Herbal Medicines Past and Present: Trying to Give Ease*, Crellin and botanist Jane Philpott document the life of a southern Appalachian herbalist who grew up with herbal remedies as the medicine of choice. Born in 1908, A. L. Tommie Bass was schooled in botanic medicinals by his parents as well as the indigenous Cherokee population who lived in the area.

Crellin and Philpott continued their work in a second volume by compiling the herbal knowledge of Tommie Bass and placing it “in the context of historical usage and scientific, chemical, and pharmacological knowledge.”342 The purpose of all three books was to reveal the use of botanics throughout the history of medicine and to aid in the search for new drugs based in phytochemistry. It is the contention of this essay that those books also support the *rhizomatic* connections among American Indians, enslaved Africans, African-Americans, and Anglo-American nineteenth-century medicine and pharmacy. Moreover, based upon the notions presented in Bendix’s study, not only are there connections, but there is also validity in the medical and phytomedicinal practices of Native Americans, enslaved Africans, and African-Americans.

Ultimately, the purpose of this dissertation was to construct the theoretical bridges that connect nineteenth-century indigenous, enslaved, and Anglo medicine and pharmacy both in theory and in application. The spaces that those bridges have created allow the statement that the phytomedicinal laboratory, which exists in the United States, was first accessed by American Indians and then by enslaved Africans, African-Americans, and

Anglo-Americans. Leaving the conclusion that the history of medicine and pharmacy cannot be historically examined without acknowledging the wealth of information derived from all three of those groups and the play that existed among them.

In short, the process of racialization facilitated the allopathic physicians’ quest to gain control over the profession of medicine in America. The clash of authority at the intersection of race, gender, and class demanded the resolution of the profession’s internal problems concerning which therapeutic approaches would be given authority and legitimacy. The result of this situation was to marginalize all health practitioners who were outside of the allopathic tradition. The importance of the loss of alternative medical therapies is significant as evidenced by the failure of allopathic medicine to treat and resolve complex illnesses. Here in the twenty-first century, just as in the nineteenth century, the American public is still demanding alternative solutions.
Appendix A: Francis Peyre Porcher, M.D.

What follows is an assessment of Dr. Porcher’s botanic *materia medica* for the most common illnesses: diarrhea/dysentery, fever, and pain. Those categories were chosen because “half or more” of the Union soldiers suffered from diarrhea and dysentery. They also reported 1,315,955 cases of fever resulting in 10,063 deaths. “Comprehensive data . . . in the Confederate army are not available.” but the statistics that do exist show that they are comparable to those numbers recorded by the Union army.343 Two-thirds of the Civil War soldiers died from disease as opposed to battlefield deaths; therefore, historical investigation into the treatment of disease is warranted. Finally, due to the physical suffering the men endured, pain remedies became an obvious choice of inquiry.

While Porcher listed 132 botanics for the three categories combined, what is represented in this text is a sample investigation of 14 substances. Further research to analyze Porcher’s work is justified, because in the pursuit to cure disease modern researchers begin their inquiries in the past. Historic *materia medica* provides the starting block upon which current pharmacists and physicians can build their contemporary clinical studies. Porcher’s work is an example of history helping to improve the quality of modern health by guiding scientist through the environment’s natural pharmacy.

In this study, the publications that were utilized are: *Resources of the Southern Fields and*

343 Stein, p. 19.

The methodology format was to list first the binomial and common names, then to describe what Porcher wrote about the substance: check its USP status, and finally, to cross-reference it with the article over another historic work, Rafinesque’s *Medical Flora*. Finally, the *PDR, Martindale, APhA, Herbs of Choice*, and *Herbal Medicine Past and Present* were then consulted. The following compilation is the summary of the analysis:

**Diarrhoea/Dysentery:**

1. *Liquidamber styraciflua* L. Common name: **Sweet-Gum**. USP status: 1840-1990. Porcher lists leaves as “exceedingly rich in tannin” and therefore effective against diarrhea and dysentery.\(^{344}\) Modern use: both the *PDR* and *Martindale* cite the usage of only the balsam from the bark (the resin is known as storax) and list it as useful in cases of “coughs and bronchitis as an inhalation, externally for wounds and ulcers.”\(^{345}\) *Martindale* lists it as “an ingredient of Compound Benzoin Tincture and of Benzoin

\(^{344}\) Porcher, *Resources of the Southern Fields and Forests*, p. 344.

Inhalation.” Tommie Bass favored the traditional usage of the Sweet-Gum’s leaves and bark as a cough remedy and stated “old-timers used it for diarrhea.”

2. **Rubus trivialis Michaux.** Common name: **Creeping blackberry.** USP status: 1820-1900. Porcher lists it as an astringent and effective in the treatment of diarrhea. He states the following: “from frequent trials, I know of no remedy . . . superior to the decoction of the blackberry root . . . during the convalescence from dysentery in adults.” According to the *PDR*, the leaves, roots, and berries have a significant concentration of tannins (8-14%). “Has astringent and antidiarrheal effect due to high tannin content.”

*Martindale* lists it as one of two ingredients of an astringent compound marketed in the United Kingdom as “Spanish Tummy Mixture” which is used in the treatment of diarrhea. *APhA* asserts the historical use of blackberry as a combatant of diarrhea due to its high tannin content. It reports that “German health authorities approve of a (dried) leaf infusion for acute but simple diarrhea.” Tyler concurs with the other sources in that blackberry is an astringent and effective in diarrheal cases. Moreover, it appears on the FDA’s GRAS list (Generally Recognized as Safe). Tommie Bass states that blackberry is “one of the oldest medicines in the world for diarrhea. It’s used for the bowels and running off, and for dysentery-what we used to call the bloody flux.”

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348 Porcher, *Resources of the Southern Fields and Forests*, pp. 143-44. The modern common name is “dewberry.” Porcher alternates referring to *Rubus trivialis* with the creeping blackberry bush. See page 141.

349 *PDR*, p. 1104.

350 *Martindale*, p. 1832.


353 Crellin and Philpott, p. 111.
3. *Punica granatum* L. Common name: Pomegranate. USP status: 1830-1920. Porcher contends that it is an effective astringent in diarrhea and dysentery cases. The *PDR* concurs with Porcher’s assessment and reiterates its “astringent properties” make it an effective remedy for diarrhea and dysentery. Martindale reports that Pomegranate is effective in “the expulsion of tapeworms” which can certainly cause bowel disruptions.

4. *Geranium maculatum* L. Common name: Cranesbill. USP status: 1820-1900. Porcher used it in diarrhea cases as it contains tannin and gallic acid and therefore it was an effective astringent. Martindale lists the *Geranium maculatum* as the first ingredient in an antidiarrheal compound.

5. *Spiroea tomentosa* L. Common name: Hardhack. USP status: none. Porcher administered Hardhack in cases of diarrhea and dysentery and claimed it was a successful treatment due to its tannin and gallic acid contents.

Fever:

1. *Liriodendron tulipifera* L. Common name: Tulip Tree. USP status: 1820-1870. Porcher found that the bark was “one of the most valuable of the substitutes for Peruvian bark.” He recommended it as a substitute for quinine in the treatment of intermittent fever. In *Herbal Medicine Past and Present*, Vol. II, Crellin and Philpott summarize that the tulip tree had been historically considered an effective febrifuge, but is no longer valued in the treatment of fevers. Tommie Bass utilizes it in the modern sense by

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355 *PDR*, p. 1075.

356 Martindale, p. 52.


358 Martindale, p. 1430.


administering it in rheumatism cases.\textsuperscript{362}

2. \textit{Berberis vulgaris} L./\textit{Berberis canadensis} Miller. Common name: \textbf{American Barberry}. USP status: 1830, 1860, and 1870. Porcher asserted that the berries were useful in the treatment of fevers.\textsuperscript{363} The \textit{PDR} describes Barberry as inconsequential in the treatment of fever.\textsuperscript{364} \textit{Martindale} cites it for the use of cholera and malaria.\textsuperscript{365} The \textit{APhA} lists it as a historical fever combatant and contend that its alkaloid properties “help fight infection by stimulating the white blood cells.”\textsuperscript{366}

3. \textit{Gossypium herbaceum} L. Common name: \textbf{Cotton}. USP status: 1850-1990. Porcher wrote: “The plant has . . . been highly recommended as a substitute for quinine in intermittent fevers.”\textsuperscript{367} The \textit{PDR} lists cotton as useful in the treatment of fever.\textsuperscript{368} Crellin and Philpott list cotton as a historic febrifuge, but not as a current choice in fighting fevers.\textsuperscript{369}

4. \textit{Aristolochia serpentaria} L. Common name: \textbf{Snake-root}. USP status: 1820-1930. Porcher listed it as useful in low-grade fevers associated with typhus.\textsuperscript{370} Rafinesque contended that snake-root was a good substitute for Peruvian Bark. “Today this plant is used for fevers.”\textsuperscript{371} Crellin and Philpott list it as having “diaphoretic properties” and thus

\begin{itemize}
\item \textsuperscript{362} Crellin and Philpott, pp. 351-52.
\item \textsuperscript{363} Porcher, \textit{Resources of the Southern Fields and Forests}, p. 51.
\item \textsuperscript{364} \textit{PDR}, p. 689.
\item \textsuperscript{365} \textit{Martindale}, p. 1341.
\item \textsuperscript{366} Pierce, pp. 59-60.
\item \textsuperscript{367} Porcher, \textit{Resources of the Southern Fields and Forests}, p. 93.
\item \textsuperscript{368} \textit{PDR}, p. 880.
\item \textsuperscript{369} Crellin and Philpott, pp. 177-78.
\item \textsuperscript{370} Porcher, \textit{Resources of the Southern Fields and Forests}, p. 355.
\end{itemize}
effective in fever cases.\textsuperscript{372}

5. *Eupatorium perfoliatum* L. Common name: **Thoroughwort/boneset**. USP status: 1820-1900. Porcher wrote: “Thoroughwort or boneset tea used hot, in the cold stages of malarial fever, cold in the hot stages, is believed by many physicians . . . to be the very best of our indigenous antiperiodics as a substitute for quinine.”\textsuperscript{373} Rafinesque also used it as a febrifuge and so do modern herbalists.\textsuperscript{374} The *PDR* lists thoroughwort/boneset as a diaphoretic and as homeopathic remedy in fever cases.\textsuperscript{375} In *Martindale* thoroughwort is a component in Catarrh mixture.\textsuperscript{376}

**Pain:**

1. *Papaver somniferum* L. Common name: **Opium poppy**. USP status: 1820-1990. Porcher advocated the cultivation of the common opium poppy by citizens of the Confederacy for the production of the much needed opium supply. He maintained that he collected local “gum opium, apparently of very excellent quality.”\textsuperscript{377} The *PDR* lists opium as an analgesic and as an antidiarrheal remedy.\textsuperscript{378} *Martindale* also cites opium for pain relief and as having narcotic effects. The *APhA* lists opium derivatives for use in pain and diarrhea.\textsuperscript{379}

2. *Argemone mexicana* L. Common name: **Devil’s fig/Mexican pricklepoppy**. USP status: none. Porcher wrote “its seeds are said to yield a narcotic substance as powerful as opium.”\textsuperscript{380}

\textsuperscript{372} Crellin and Philpott, p. 402.

\textsuperscript{373} Porcher, *Resources of the Southern Fields and Forests*, pp. 410-12.

\textsuperscript{374} Flannery, p. 34.

\textsuperscript{375} *PDR*, p. 842.

\textsuperscript{376} Martindale, p. 1504.

\textsuperscript{377} Porcher, *Resources of the Southern Fields and Forests*, pp. 410-12.

\textsuperscript{378} *PDR*, p. 1011.

\textsuperscript{379} Pierce, p. 513.

\textsuperscript{380} Porcher, *Resources of the Southern Fields and Forests*, p. 28.
3. *Humulus lupulus* L. Common name: **Hop**. USP status: 1820-1910. Porcher listed it as “a good substitute for laudanum” and that it is useful in allaying pain when used as a poultice.\(^{381}\) Rafinesque listed it as an anodyne substance and it is currently official in the German pharmacopoeia.\(^{382}\) The *PDR* currently recommends hops in cases of anxiety and insomnia.\(^{383}\) The *APA* also lists hop as an effective sedative and recommends “combining hops with other sedative drugs (presumably herbal ones) may be advantageous.”\(^{384}\) Crellin and Philpott list its effects as sedative and narcotic and comparable to the sedative drug methylpentynol.\(^{385}\)

4. *Aconite uncinatum* L. Modern name: **Aconite napellus**. Common name: **Wolfs-bane, Monkshood**. USP status: 1820-1930. According to Porcher, “no remedy, save chloroform, equals it when applied locally for the relief of pain.”\(^{386}\) The *PDR* lists aconite as an effective topical pain anesthetic.\(^{387}\)

The data provides the evidence that some of Porcher’s substitutions did provide, at minimum, symptomatic relief for those ailments treated with medicinal botanics. All but the Devil’s fig and Hardhack were listed in the *USP* and some still held pharmacopoeial status in 1990. It is not scientifically or historically accurate to surmise that all of the substitutions listed in *Resources of the Southern Fields and Forests* possessed pharmacological activity, and yet it is safe to hypothesize that Porcher’s *materia medica* merits further investigation of usefulness in treating disease during the Civil War.


\(^{382}\) Flannery, p. 35.

\(^{383}\) *PDR*, p. 900.

\(^{384}\) Pierce, p. 339.

\(^{385}\) Crellin and Philpott, pp. 248-49.

\(^{386}\) Porcher, *Resources of the Southern Fields and Forests*, p. 44.

\(^{387}\) *PDR*, p. 607.
Appendix B: The Medicinal Garden of the Pasteur and Galt Apothecary at Colonial Williamsburg

Researched and written by Amy Gregg, Ph.D. candidate, The Ohio State University.

Supervised by Robin Kipps, Lead Interpreter and Researcher of the Pasteur and Galt Apothecary of Colonial Williamsburg. Ms. Kipps also contributed materials for the sections on the eighteenth- and nineteenth-century medical uses.

Contributions by Robert A. Buerki, Ph.D., R.Ph., The Ohio State University.

Supported by the Brickman Internship in support of the Pasteur and Galt apothecary of Colonial Williamsburg.

<table>
<thead>
<tr>
<th>Common Name and Geographical Location</th>
<th>Black Cohosh Native to North America</th>
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<tbody>
<tr>
<td>Latin Name and Family</td>
<td>Cimicifuga racemosa Buttercup family</td>
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18th Century Professional European-American Usage

Lewis does not mention Black Cohosh.\(^{388}\)

18th Century Tidewater Tribes/American Indian Usage

American Indians did use Black Cohosh/Black Snakeroot, primarily for female issues, however, no source indicates Tidewater Virginia peoples included it in their material medica.\(^{389,390}\) Black Cohosh was used by Cherokee, Delaware, Oklahoma, Iroquis, Micmac, and Penobscot.\(^{391}\)

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### 19th Century Professional American Usage

Coxe does not mention Black Cohosh.\(^{392}\)

### Modern Scientific Understanding

Contains triterpenoid glycosides, which are related to cycloartenol and isoflavones, specifically formononetin.\(^{393}\) There has been much research on Black Cohosh, however none has revealed definitive evidence that it has efficacy with menopause. According to the most recent and scientific data, there is not sufficient evidence to indicate that Black Cohosh holds any efficacy for menopausal symptoms. Still “there is adequate justification for conducting further studies in this area. The uncertain quality of identified trials highlights the need for improved reporting of study methods, particularly with regards to allocation concealment and the handling of incomplete outcome data.”\(^{394}\)

### Common Name and Geographical Location

- **Common Name:** Celandine Poppy
- **Geographical Location:** Native to the eastern region of North America

### Latin Name and Family

- **Latin Name:** *Stylophorum diphyllum*
- **Family:** Papaveraceae family

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\(^{394}\) *Ibid.*
18th Century Professional European-American Usage

Lewis does not mention the Celandine Poppy.

18th Century Tidewater Tribes/ American Indian Usage

Neither Virgil Vogel or Daniel Moerman list any use of the Celandine Poppy by American Indians. Moerman does list *Papaver somniferum* as a Cherokee medicinal for pain, sedation, and an anticonvulsivenote.

19th Century Professional American Usage

Cox does not mention the Celandine Poppy.

Modern Scientific Understanding

Poppies contain a high amount of alkaloids. To be categorized as an alkaloid, the plant must be based in organically occurring nitrogen.

Early stage clinical research indicates that the Celandine Poppy, when combined with magnesium and hawthorn, may help treat mild to moderate anxiety disorders. Further research needs to be conducted to determine efficacy for anxiety treatment.

Common Name and Geographical Location

Chamomile

Native to a large expanse of Europe, including, but not limited to, Germany, Italy, Hungary, Egypt, and England.

Latin Name and Family

German (*Matricaria recutita*), Roman (*Chamaemelum nobile*)

*Asteraceae* family

---

395 Moerman, p. 377.


<table>
<thead>
<tr>
<th>18th Century Professional European-American Usage</th>
<th>Lewis mentions that Roman chamomile or German Chamomile was used as a carminative, aperient, for treating flatulent colics, “promoting uterine purgations” and for pain during childbirth.</th>
<th>398</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th Century Tidewater Tribes/American Indian Usage</td>
<td>German Chamomile is used by many American Indians, however Moerman does not list any of the Tidewater tribes as using it.</td>
<td>399</td>
</tr>
<tr>
<td>19th Century Professional European-American Usage</td>
<td>Roman Chamomile is listed for use in flatulent colics, in cases where menses are suppressed, vomiting during pregnancy, pain after delivery, gout, and typhus. Used topically as an emollient, and in enemas for colic and dysentery.</td>
<td>401</td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td>Chamomile has various chemicals that seem to help improve cardiovascular health, stimulate immune system and help with cancer. Given Chamomile’s potential, further study is required to determine if efficacy exists.</td>
<td>402</td>
</tr>
<tr>
<td>Common Name and Geographical Location</td>
<td>Clary Sage Native to the Mediterranean and parts of Europe.</td>
<td>403</td>
</tr>
</tbody>
</table>

---

398 Lewis, p. 124.

399 Moerman, p. 337.

400 Moerman, p. 152.

401 Coxe, p. 66.


| Latin Name and Family | Salvia sclarea  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>and Family</td>
<td>Lamiaceae family</td>
</tr>
</tbody>
</table>

18th Century Professional European-American Usage

Clary Sage is referenced in ancient and some 17th-century books, but not by Lewis.

18th Century Professional European-American Usage

Various sages were utilized by American Indian tribes, however, the Clary Sage was not mentioned in either Vogel or Moerman. Furthermore, Moerman does list salvia sp./sage as utilized by the Rappahannock as a miscellaneous disease remedy frequently given to children suffering from measles.\(^{404}\)

19th Century Professional American Usage

Coxe does not mention Clary Sage.

Modern Scientific Understanding

Clary Sage seeds are rich in fatty acids and contain high levels of antioxidant and antiradical activities.\(^{405}\) To date, there is not sufficient clinical research to support medical efficacy of clary sage.\(^{406}\)

Common Name and Geographical Location

Comfrey  
Native of Europe and Asia, common in England

| Latin Name and Family | Symphytum officinale  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>and Family</td>
<td>Boraginacea family</td>
</tr>
</tbody>
</table>

\(^{404}\) Moerman, p. 511.


### 18th Century Professional European-American Usage

Comfrey has the same qualities as althea. The latter is listed to treat bronchial conditions and “hoarseness.”

### 18th Century Tidewater Tribes/ American Indian Usage

Common Comfrey was utilized by the Cherokee as an antidiarrheal, gastrointestinal aid, gynecological aid, laxative, and for gonorrhea.

### 19th Century Professional American Usage

Coxe does not mention Comfrey.

### Modern Scientific Understanding

Contains substances called pyrrolizidine alkaloids that are both toxic to the liver and carcinogenic.

### Common Name and Geographical Location

- **Common Name**: Costmary
- **Geographical Location**: Native to southern Europe

### Latin Name and Family

- **Latin Name**: *Balsamita major*
- **Family**: Compositae Family

---

407 Lewis, pp. 82 and 129.

408 Moerman, p. 548.

**18th Century Professional European-American Usage**

In earlier times Costmary was frequently used in medicine, but at present is “very little regarded.”

**18th Century Tidewater Tribes/ American Indian Usage**

The Iroquois used Costmary for ear medicine.

**19th Century Professional American Usage**

Coxe does not mention Costmary.

**Modern Scientific Understanding**

Costmary is rarely used as an herbal medicinal. No significant among scholastic databases.

**Common Name and Geographical Location**

Sweet Fennel

Native to southern Europe, naturalized to North America.

**Latin Name and Family**

*Foeniculum vulgare*

Apiaceae family

**18th Century Professional European-American Usage**

Used as a stomachic and carminative. Boerhaave said it has the same medicinal qualities as Chinese ginseng.

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410 Lewis, p. 99.

411 Moerman, p. 119.


413 Lewis, p. 142.
### 18th Century

**Tidewater Tribes/American Indian Usage**

The **Cherokee** used fennel for various ailments, including colds, colic, and a labor aid. The **Pomo** and **Kashaya** used fennel as an eye medicine and as a digestive aid. The **Hopi** used fennel as a tobacco substitute.  

### 19th Century

**Professional American Usage**

Used as an ingredient in making decoction of chamomile.  

### Modern Scientific Understanding

Clinical research suggests that giving an emulsion containing 5-20 mL of a fennel seed oil one to four times daily for a week can relieve colic in infants compared with placebo.  

### Common Name and Geographical Location

Feverfew

Native to Eurasia, naturalized to North America.

### Latin Name and Family

**Tanacetum parthenium**

Compositae Family

### 18th Century Professional European-American Usage

Listed as Matricariæ, Featherfew or Feverfew. Leaves used as a bitter, and “obstructions of the uterine evacuations.”

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414 Moerman, p. 233.

415 Coxe, p. 66.


417 Lewis, p. 174.
18th Century Tidewater Tribes/
American Indian Usage

18th Century

The Cherokee utilized feverfew as a soaking aid. The Mahuna used it as an antirheumatic.418

19th Century Professional American Indian Usage

19th Century

Coxe does not mention Feverfew.

Modern Scientific Understanding

Clinical research demonstrates that taking feverfew by mouth may reduce the number of migraine occurrences. It may also reduce the common symptoms associated with migraine headaches such pain, nausea, vomiting, and sensitivity to light and noise.419

Common Name and Geographical Location

Purple Foxglove

Native throughout Europe

Latin Name and Family

Digitalis purpurea

Scrophulariaceae family

18th Century Professional European-American Usage

“The leaves have been strongly recommended, externally against scrophulous tumours” and internally in epileptic disorders,”what service they may be capable of doing in these cases we have no experience.” Boerhaave notes that it is poisonous.420

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418 Moerman, p. 549.


420 Lewis, p. 135-36.
<table>
<thead>
<tr>
<th>18th Century Tidewater Tribes/ American Indian Usage</th>
<th>Both the <strong>Hoh</strong> and the <strong>Quileute</strong> used the flowers of the foxglove plant as decorations in ceremonies.(^{421})</th>
</tr>
</thead>
<tbody>
<tr>
<td>19th Century Professional American Usage</td>
<td>Prescribed for oral use to slow the pulse, increase the effectiveness of absorbents, promote urine output, to treat inflammatory diseases because it slows the circulation, dropsical effusions, scrofulous tumours. Compounded into pills, infusions, decoctions, and tinctures. (^{422})</td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td>Foxglove is highly toxic, consequently it cannot be self-administered and requires medical diagnosis and monitoring by a physician. Taking foxglove orally is effective for treating atrial fibrillation, congestive heart failure and the edema associated with the latter. (^{423})</td>
</tr>
<tr>
<td>Common Name and Geographical Location</td>
<td>Green Headed Coneflower Native to North America</td>
</tr>
<tr>
<td>Latin Name and Family</td>
<td><em>Rudbeckia laciniata</em> Asteraceae family</td>
</tr>
<tr>
<td>18th Century Professional European-American Usage</td>
<td>Lewis does not mention the Green Headed Coneflower.</td>
</tr>
</tbody>
</table>

\(^{421}\) Moerman, p. 200.

\(^{422}\) Coxe, p. 218-19.

The Cherokee used the cone flower as a general well-being tonic; the Chippewa applied cone flower as a burn poultice as an indigestive aid and as a stimulant applied to the chest and legs of horses.  

Coxe does not mention the Green Headed Coneflower.

There is no evidence that the Green Headed Coneflower holds any medicinal properties.

White Horehound
Native to North America

Marrubium vulgare
Lamiaceae family

The leaves are used in coughs, asthma, yellow jaundice, as an aperient, and to “promote the fluid secretions in general.”

The Cahuilla made horehound into an infusion to be used as a kidney tonic. The Cherokee used horehound as an infusion for breast ailments, colds, and as a throat aid. The Costanoan as a cough medicine, as a dermatological salve, and as a decoration for the chest in cases of whooping cough. The Diegueno, the Kawaiisu, the Mahuana, the Round Valley Indian, the Yuki, and the Rappahannock administered horehound as a cold remedy and in the treatment of whooping cough. Hopi used it but how exactly is not

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424 Moerman, p. 495.

425 Lewis, p. 173.
The leaves “promote the fluid secretions in general, and liberally taken, loosen the belly.”

The FDA banned horehound from cough drops in 1989 due to insufficient evidence supporting its efficacy. However, horehound is found in European-made herbal cough remedies. Well-defined clinical evidence to support this therapeutic indication of white horehound is lacking. The German Commission E has approved white horehound as a choleretic, indicated for lack of appetite and dyspepsia. However, clinical studies supporting use of white horehound for this indication are unavailable. There is promising early evidence favoring the use of white horehound as a hypoglycemic agent for diabetes mellitus.

Iris

Iris germanica is a hybrid of Iris pallida, Iris variegata, and Iris germanica. There are 300 species of the Iris. The common garden Iris was chosen. Iridaceae family

Iris Florentina roots used as a cathartic to treat dropsies [fluid retention], and in lozenges to stop coughing. Also used in perfumes and flavoring liquors.

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426 Moerman, p. 336.

427 Coxe, p. 339.


429 Lewis, pp. 158 and 561.
| 18th Century Tidewater Tribes/ American Indian Usage | The Iris is not listed in the Moerman book. |
| 19th Century Professional American Usage | Coxe does not mention the Iris. |
| Modern Scientific Understanding | There is no evidence that the Iris holds any medicinal properties. |
| **Common Name and Geographical Location** | Lavender Native to Europe, Africa, Canary Islands, Mediterranean, Asia; naturalized to North America |
| **Latin Name and Family** | *Hyptis emoryi* Lamiaceae family |
| **18th Century Professional European-American Usage** | Flowers of the narrow-leaved lavender are used primarily for vertigo, palsy, and in general for “all disorders of the head, nerves, and uterus. “Sometimes used externally for paralyzed limbs. The distilled oil was used for “cutaneous insects” [body lice would be one example].  

| **18th Century Tidewater Tribes/ American Indian Usage** | The Cahuilla utilized lavender as an antihemorrhagic infusion that was made from the leaves and the blossoms. |

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430 Lewis, p. 164.

431 Moerman, p. 273.
**19th Century Professional**

Lavendula Spica is used as a “warm stimulating aromatic. It is principally used as a perfume.”[^32] Spirit of lavender mixed with spirit of rosemary, cinnamon, cloves, nutmeg, and red saunders wood was used as a “grateful cordial.”[^33]

**Modern Scientific Understanding**

Clinical research indicates that taking a capsule containing 80 mg of lavender oil daily for six to ten weeks improves anxiety compared to placebo in patients with mild to severe anxiety. The efficacy of lavender oil as aromatherapy for anxiety has conflicting evidence. Clinical research suggests that applying two drops of lavender oil to the affected area three times daily can improve healing time compared to placebo. Clinical research suggests that applying a lavender soaked pad to the neckline of clothing daily for one year reduces fall risk by 43% and the number of falls per person by 49% in nursing home residents. Using lavender as adjunct to analgesics may help reduce post-Cesarean pain. In one clinical study, inhaling lavender essence after applying it to the inside of an oxygen face mask improved pain scores compared to placebo in women receiving intravenous analgesics for post-Cesarean pain.[^34]

<table>
<thead>
<tr>
<th>Common Name and Geographical Location</th>
<th>Latin Name and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marjoram</td>
<td><em>Origanum majorana</em></td>
</tr>
<tr>
<td>Native to Mediterranean and western Asia; naturalized to North America</td>
<td>Lamiacea family</td>
</tr>
</tbody>
</table>

[^32]: Coxe, p. 323.
[^33]: Coxe, p. 574.
<table>
<thead>
<tr>
<th>Era / Usage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th Century Professional</td>
<td>Sweet marjoram leaves are “principally celebrated in disorders of the head and nerves.” It was also used for asthmas and coughs in the elderly. 435</td>
</tr>
<tr>
<td>European-American Usage</td>
<td>Marjoram is not listed in the Moerman book.</td>
</tr>
<tr>
<td>18th Century Tidewater Tribes/</td>
<td>Sweet marjoram is primarily used in cooking. In medicine it is considered a “moderately warm aromatic.” 436</td>
</tr>
<tr>
<td>American Indian Usage</td>
<td></td>
</tr>
<tr>
<td>19th Century Professional</td>
<td>While more study is required, initial clinical research suggests that taking marjoram oil two drops daily for three months along with conventional treatment for asthma improves some measures of lung function compared with conventional treatment alone. 437</td>
</tr>
<tr>
<td>American Usage</td>
<td></td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td></td>
</tr>
<tr>
<td>Common Name and Geographical</td>
<td>Parsley</td>
</tr>
<tr>
<td>Location</td>
<td>Native to central and southern Europe; naturalized to North America</td>
</tr>
<tr>
<td>Latin Name and Family</td>
<td><em>Petroselinum crispum</em></td>
</tr>
<tr>
<td></td>
<td>Apiaceae or Umbelliferae family</td>
</tr>
</tbody>
</table>

435 Lewis, p. 171.

436 Coxe, p. 403.

### 18th Century Professional European-American Usage

Macedonian parsley and common parsley seeds of both kinds were occasionally used as a carminative. The roots are aperient.\(^{438}\)

### 18th Century Tidewater Tribes/ American Indian Usage

The Cherokee made an infusion of parsley as an abortifacient and as a gynecological aid for light menses. They also used it as a diuretic. The Micmac used parsley as an urinary aid for bladder issues.\(^{439}\)

### 19th Century Professional American Usage

The seeds are occasionally used as a carminative. The root has gentle diuretic properties.\(^{440}\)

### 19th Century Professional American Usage

There is not sufficient scientific evidence available indicating that parsley holds any medical efficacy.\(^{441}\)

### Modern Scientific Understanding

Apothecary Rose

Native to most temperate regions of the Northern Hemisphere.

**Latin Name and Family**

*Rosa gallica*  
Rosaceae family\(^{442}\)

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\(^{438}\) Lewis, p. 199.

\(^{439}\) Moerman, p. 389.

\(^{440}\) Coxe, p. 87.


<table>
<thead>
<tr>
<th>18th Century Professional European-American Usage</th>
<th>Rosa gallica was referred to as the red rose.⁴⁴³</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th Century Tidewater Tribes/American Indian Usage</td>
<td>A conserve (one part immature red roses and three parts sugar, mixed together) and dissolved in warm milk is frequently used for “weakness of the stomach” and coughs.⁴⁴⁴</td>
</tr>
<tr>
<td>19th Century Professional American Usage</td>
<td>While many varieties of roses were utilized by American Indian tribes, rose hip is not listed among them. Moreover, none of the Tidewater American Indian tribes are listed as utilizing rose as a medicinal.</td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td>Rosa gallica petals have a beautiful color, and a “pleasant astringency.” It is used in the form of a syrup, infusion, conserve, and mixed with honey.⁴⁴⁵</td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td>There is evidence indicating that rose hip has efficacy when used to treat steoarthritis. The majority of clinical research demonstrates that taking 2.5 gm of rose hip powder product twice daily for three to four months reduces pain and stiffness, improves function and mobility, and decreases use of NSAIDs and other acute intervention medications when compared to placebo. While there is research which counter indicates efficacy, further research indicates that the inconsistency may be due to a delayed activity of the rose hip powder.⁴⁴⁶</td>
</tr>
</tbody>
</table>

**Common Name and Geographical Location**

- Sage
- Native to the Mediterranean

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⁴⁴⁴ Lewis, pp. 209 and 335.

⁴⁴⁵ Coxe, p. 486.

<table>
<thead>
<tr>
<th>Latin Name and Family</th>
<th>Salvia officinalis</th>
<th>Lamiaceae family</th>
</tr>
</thead>
</table>
| 18th Century Professional European-American Usage | Salvia hortensis minoris folia or small sage leaves are used in conditions where there is phlegm of the head or chest to stimulate appetite. A tea made with the leaves and some lemon is prescribed as a beverage when treating fevers.  
Lewis, p. 216. | |
| 18th Century Tidewater Tribes/American Indian Usage | The Jemez used sage as a decoction or eaten raw as a kidney aid. The Rappahannock utilized sage as an infusion for treatment of measles in children.  
Coxe, p. 494. | |
| 19th Century Professional American Usage | The leaves are used as a stimulant, tonic, and a carminative. “In cold phlegmatic habits, it excites appetite, and proves serviceable in debilities of the nervous system.” A tea mixed with lemon juice is useful when treating fevers.  
448 | |
| Modern Scientific Understanding | Research indicates that the combination of extracts of common sage and Spanish sage taken orally helps improve cognitive function in mild to moderate Alzheimer's patients when taken for four months. Other clinical evidence suggests that taking a 333 mg extract dose of common sage improves secondary memory and attention in otherwise healthy adults. When used as aromatherapy, essential oils of common sage may improve alertness, however, it does not, when delivered in this manner, seem to effect memory. A combination of sage and rhubarb applied as a topical treatment has shown to be about as effective as acyclovir cream. Clinical evidence suggests that taking common sage combined with quercetin, three times daily for two months greatly decreases total cholesterol and triglycerides, and increases high-density lipoprotein. A new, open-label study demonstrates that taking 280 mg of a specific, thujone-free common sage extract improves menopausal symptoms, especially hot flashes. The hot flashes were reduced by 40%. More new clinical evidence indicates that taking tablets of common sage extract 120 mg and 448 | |

447 Lewis, p. 216.
448 Coxe, p. 494.
alfalfa extract 60 mg daily for three months can negate or diminish hot flushes and night sweats.449

<table>
<thead>
<tr>
<th>Common Name and Geographical Location</th>
<th>Spearmint Native to Europe and Asia, naturalized in North America.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin Name and Family</td>
<td>Mentha spicata Lamiaceae family</td>
</tr>
<tr>
<td>18th Century Professional Usage</td>
<td>Leaves are used as a stomachic, carminative, nausea, vomiting, for children with colic, weakness after childbirth, and to treat loss of appetite. The best preparation is a strong infusion of the dried leaves.450</td>
</tr>
<tr>
<td>18th Century Tidewater Tribes/ American Usage</td>
<td>The Cherokee used spearmint in numerous ways: to flavor medicine, as an analgesic for colic, cramps and nervous headaches, and antiemetic for vomiting, a carminative for gas, an infusion for colds, a gastrointestinal aid for stomach upset, a hemorrhoid remedy, a Indian sedative for anxiety, and for urinary support. The Iroquois utilized it as an analgesic for headache or as snuff for a sinus congestion, as a cold remedy, an emetic infusion, as a powdered compound for fever, as a stomach aid for children with an upset stomach, and as a respiratory aid. The Mahuna used spearmint as a sedative. The Miwok employed spearmint for stomach upset and as an antidiarrheal. The Mohegan administered spearmint as an infusion to be taken as a vermifuge.451</td>
</tr>
</tbody>
</table>

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450 Lewis, pp. 175-76.

451 Moerman, p. 341.
It is a stomachic and carminative.  

More evidence is needed to determine if spearmint has efficacy in treating memory, hirsutism and irritable bowel syndrome, as it has shown possible medical properties in managing symptoms of the three aforementioned conditions.

Tansy

Native to Europe

Tanacetum vulgare

Compositae family

Some people have esteemed it for treating a “deficiency, or suppression of the uterine purgations. The leaves and seeds have been of considerable esteem as anthelmintics.” [To treat worms].

The Cherokee used tansy as an analgesic and an orthopedic aid for backache, as an anthelminic for worms in children, as a gynecological aid to prevent miscarriage, and as a tonic. The Cheyenne utilized tansy as an infusion for weakness, dizziness and vertigo. The Chippewa used tansy as an abortifacient, as a diaphoretic, as an ear medicine, as a throat decoction for a sore throat, and as febrifuge. The Delaware Ontario use spearmint as a stomach aid. The Iroquois use spearmint as an analgesic poultice for headaches and body pains. They also employ it as a poultice for colds, bruises and cuts, liver ailments, and as general panacea poultice. The Malecite used tansy as an

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452 Coxe, p. 349.


454 Lewis, p. 237.
infusion for contraception. They also used it as a kidney aid and as a colic remedy for horses. The Micmac employed tansy as a contraceptive. The Mohegan used tansy as a dietary aid to stimulate appetite and to help with indigestion. The Nanticoke utilized it as a diaphoretic. The Ojibwa employed it as a febrifuge. The Paiute used comfrey as an emetic. The Shinnecock administered tansy as an analgesic for internal pains. The Shoshoni used comfrey as an antidiarrheal for bloody diarrhea and as an antiseptic wash for a skin wash and a disinfectant.455

Modern Scientific Understanding

Modern science requires more research to determine if tansy holds any medical efficacy. Moreover, due to the toxicity of the compound thujone found in varying levels among different species of tansy there is a strong indication that the plant may be dangerous. For example, when used topically it can cause intense dermatitis. It has also caused fatalities when taken orally. Finally, when used topically it can cause a miscarriage.456

19th Century Professional American Usage

The leaves and seeds have been esteemed for treating worms. An infusion has been highly recommended to prevent the recurrence of gout. “Some physicians have had a great opinion of it in hysterical disorders, particularly those proceeding from a deficiency or suppression of the uterine purgations.”457

Common Name and Geographical Location

Thyme
Native to the mountainous regions boarding the Mediterranean.

Latin Name and Family
Thymus vulgaris
Labiatae family

455 Moerman, pp. 549-50.


457 Coxe, p. 560.
<table>
<thead>
<tr>
<th>18th Century Professional European-American Usage</th>
<th>Lewis mentions that common thyme has an agreeable smell but does not list any applications.(^{458})</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th Century Tidewater Tribes/ American Indian Usage</td>
<td>The Delaware, Ontario used thyme as a febrifuge made as an infusion taken for chills and fever.(^{459})</td>
</tr>
<tr>
<td>19th Century Professional American Usage</td>
<td>Coxe does not mention Thyme.</td>
</tr>
<tr>
<td>Modern Scientific Understanding</td>
<td>Modern science indicates that when taken orally, in combination with other herbs, thyme improves symptoms associated with bronchitis, as compared to placebo. Further research indicates that taking 30 drops of extract from thyme and cowslip root drops five times daily or 5 ml of thyme extract with cowslip root tincture six times daily for seven to nine days reduces symptoms of acute bronchitis and shorten the duration of acute bronchitis compared to placebo. Moreover, the daily taking 16.2 ml of a syrup containing English ivy leaf and thyme greatly decreases the occurrence of coughing and the duration of acute bronchitis symptoms as compared to placebo. Thyme in combination with other herbs, helps reduce coughing in patients with bronchitis, upper respiratory infections, or common colds. Some preliminary clinical evidence suggests that taking an herbal cough syrup containing thyme, anise, dry ivy leaf, and mucilage from marshmallow root improves cough symptoms compared to baseline in patients with bronchitis or a common cold. Finally, clinical research suggests that giving patients thyme syrup with uncomplicated respiratory tract infections lessens cough symptoms comparably to the mucolytic agent bromhexine.(^{460})</td>
</tr>
</tbody>
</table>

\(^{458}\) Lewis, pp. 240-41.

\(^{459}\) Moerman, p. 562.
| **Common Name and Geographical Location** | Sweet Violet Native to Europe, Northern Asia, and North America. |
| **Latin Name and Family** | *Viola odorata* Violaceae family |
| **18th Century Professional European-American Usage** | The single March violet made into a syrup, “has long maintained a place in the shops, and proves an agreeable and useful laxative for children."[461] |
| **18th Century Tidewater Tribes/ American Indian Usage** | While many species of violets were used by various American Indian tribes, *Viola odorata* is not listed among Moerman’s ethnobotany. |
| **19th Century Professional American Usage** | The flowers are used to give color and flavor to medicines. A syrup has been used for a long time as laxative for children. It is “chiefly valued as a delicate test of the presence of uncombined acids or Usage alkalies, the former changing its blue to a red, and the latter to a green colour.”[462] |
| **Modern Scientific Understanding** | There is insufficient scientific evidence available about the safety and medical efficacy of the sweet violet.[463] |

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461 Lewis, p. 245.


<table>
<thead>
<tr>
<th><strong>Common Name and Geographical Location</strong></th>
<th>Common Wormwood Native to Europe; naturalized to North America</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Latin Name and Family</strong></td>
<td><em>Artemisia absinthium</em> Asteraceae family</td>
</tr>
</tbody>
</table>

**18th Century Professional European-American Usage**

Essential oil of wormwood is primarily used to treat worms. It is applied externally to the stomach and taken orally in the form of pills.\(^{464}\)

**18th Century Tidewater Tribes/American Indian Usage**

The Chippewa boiled wormwood to create a compress to treat sprains or strained muscles. The Mohegan employed in cases of worms. The Okanagan-Colville made wormwood into a decoction or a poultice to treat colds. They also made into an infusion to treat stomach issues. It was also used as a poultice to heal a woman after having given birth. It was made into a poultice to treat the flu and as an orthopedic treatment for broken limbs. Finally, it was made into a decoction and drunk to treat tuberculosis and venereal disease.\(^{465}\)

**19th Century Professional American Usage**

The parts used include the herb, leaves and the flowering tops. It is used for stomach complaints, intermittent fevers [fevers that spike and abate completely, malaria is an example], cachectic problems [a description for a general debility of the body], jaundice, worms, and “is of great service to hypochondrists.”\(^{466}\)

**Modern Scientific Understanding**

Preliminary clinical research suggests that taking a specific wormwood supplement may improve quality of life by reducing corticosteroid treatments in patients with Crohn's disease. Still, there is not sufficient research to confirm its efficacy. Also, except for treating Crohn's disease using wormwood to treat other ailments is limited to traditional health practice patterns, expert opinion, and anecdotal evidence. Because wormwood contains thujone it is can be dangerous if taken by

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\(^{464}\) Lewis, pp. 359-60.

\(^{465}\) Moerman, p. 92.

\(^{466}\) Coxe, pp. 112-13.
mouth causing many possible adverse effects, including abdominal cramps, dizziness, drooling, insomnia, vomiting, and even death. Due to the thujone, wormwood can cause miscarriages.\(^{467}\)

<table>
<thead>
<tr>
<th>Common Name and Geographical Location</th>
<th>Yarrow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Found throughout the Northern Hemisphere in temperate climates.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Latin Name and Family</th>
<th>Achillea millefolium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asteraceae family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18th Century Professional European-American Usage</th>
<th>Yarrow leaves are used to stop hemorrhaging internally and externally.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yarrow is also used for treating diarrhea.(^{468})</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18th Century Tidewater Tribes/American Indian Usage</th>
<th>The Abnaki made an infusion to be administered to children suffering from colds. They administered it to patience suffering from fevers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Algonquin, Quebec used yarrow as a headache remedy, a cold remedy, and used to treat respiratory aid. The Algonquin, Tete-de-Boule administered yarrow as a decoction for headaches. The Bella Coola made yarrow poultices for breast abscesses. They also made used the yarrow’s leaves to make poultices for the treatment of burns and boils. They utilized it in the treatment of bronchitis. Blackfoot use yarrow as an analgesic body rub for gastroenteritis pain; as an anti-rheumatic poultice applied to swellings; as a dermatological aid applied to sores; as a diuretic to help expel illness through urine; as an infusion to help ease labor pains and expel afterbirth; an infusion to help ease throat pain; as an equine eyewash. Carrier, Southern made yarrow into a decoction used to treat colds; made into a poultice used to treat dermatological inflammations and to treat sprains; the Chehalis people made a yarrow root decoction to treat bloody diarrhea; the Cherokee used yarrow root to treat hemorrhages; as an astringent to treat to bowel complaints; made into an infusion to treat fever; used for a bowel aid; used to help elevate heavy menstrual blood</td>
<td></td>
</tr>
</tbody>
</table>


\(^{468}\) Lewis, p. 177.
flow; helps treat hemorrhoids; the leaves were dried to smoke to treat respiratory issues; used to treat blood in the urine; the Cheyenne used yarrow root as an analgesic to treat chest pains; made into an infusion to treat nausea, colds, coughs, fevers, chest pains, sore throat; as an infusion and poultice to treat nosebleeds, a respiratory aid, and to treat tuberculosis; the Chippewa employed yarrow root as a decoction to be inhaled to for headache treatment; as a dermatological aid to treat skin rashes; as an external treatment for injured limbs; as a stimulant to treat horses; the Callam made an infusion to treat colds and to aid in childbirth; the Cowlitz made an infusion to wash the hair and as a decoction to treat stomach issues; the Cree, Woodlands made an infusion to treat headaches and fevers; into a decoction to treat fevers and toothache; the Creek used yarrow root to treat toothaches; the Crow made yarrow into a poultice to treat burns, and open sores.¹⁴⁶⁹

19th Century

Professional

American

Usage

Coxe does not mention Yarrow.

Modern

Scientific

Understanding

There is no available clinical research that indicates that yarrow holds any medical efficacy.

¹⁴⁶⁹ Moerman, pp. 42-44.
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