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## Rise of the "Indian Doctors": Charity Shaw and the Marketing of Indian Medicine

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RISE OF THE "INDIAN DOCTORS"

Charity Shaw and the Marketing of Indian Medicine

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A Thesis presented to the Graduate Faculty  
of the College of William and Mary in Candidacy for the Degree of  
Master of Arts

Department of History

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## APPROVAL PAGE

This Thesis is submitted in partial fulfillment of  
the requirements for the degree of

Master of Arts

  
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Approved by the Committee, December 2007


  
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## ABSTRACT PAGE

This thesis attempts to explain how white Americans in the colonial and early national periods came to translate their knowledge of Native American medicine into commodities manufactured and sold in the major cities of the northeast United States.

Historians and scholars from other disciplines have previously addressed the longstanding American fascination with Indian medicine. Cultural anthropologists have identified Indian medicine men as key religious leaders in native communities, and have documented Indian methods for treating the sick. Other authors have studied the plants commonly used by Indians, and have written about Indian influences on modern pharmacology. However, few previous studies have focused on the intersection of Indian medicine with the emerging market economy of the nineteenth century.

That intersection first surfaced in America's early national period. During that time, public curiosity about science, the drive to exploit the country's natural resources, and popular culture's recurring depictions of Indians as beings with extraordinary knowledge of the natural world all served to create a receptive audience for medicines marketed as being of "authentic" Indian origin.

The first chapter of this thesis surveys various colonial encounters between Indian healers and Englishmen. Many colonists were impressed by Indian remedies, but were alienated by the spiritual and ceremonial dimensions of Indian medicine. Over time, however, whites did accumulate at least some level of familiarity with native cures. In the second chapter, using advertisements from period newspapers as evidence, I argue that the pivotal figure in the early marketing of purportedly "Indian" medicine was Charity Shaw, a white woman who sold medicines for pulmonary tuberculosis and other ailments in Boston, New York, Philadelphia, and other areas of the northeast from 1805 until the early 1820s.

The success of Shaw's marketing, and that of the self-proclaimed white "Indian doctors" who followed in her path, helped to standardize the use of romanticized Indian imagery in advertisements for American consumer goods. These independent entrepreneurs became the forerunners to a substantial patent medicine industry. As a consequence of their mass marketing techniques, Shaw's generation helped to infuse American popular culture with Indian stereotypes and themes of white triumphalism.

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For Annmarie

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RISE OF THE “INDIAN DOCTORS”

Charity Shaw and the Marketing of Indian Medicine



## PROLOGUE

In Charity Shaw's mind, slander was among the least forgivable of offenses. Thus, when she entered New York's Court of Common Pleas on the last day of May 1821, she was feeling less than merciful. Shaw, the plaintiff, demanded one-thousand dollars from her enemies as restitution for damaging her reputation, and she hired two of the most prominent attorneys in New York to argue her case. It was, nonetheless, a hopeless endeavor. The court of public opinion had already rendered judgment on Mrs. Shaw. Now nearing sixty years of age, and beset with scandals, her career as the country's most famous mass-marketer of "Indian medicine" was essentially over.

The defense related the sordid events that had enveloped Shaw in recent months. Amelia Farnham, a "quakeress" schoolteacher of genteel deportment, had rented out a room six months earlier in Shaw's home on Fulton Street. The match of new housemates had proved to be a terrible one. Within three days, Amelia had moved out to a tenement on Church Street. Her brother, Russel Farnham, insisted that this was for the best. He had believed all along "that Mrs. Shaw was an improper person for Amelia to live with," as he had heard rumors about Charity from his acquaintances upstate in Albany. For one thing, it was well known that Shaw had been abandoned by her ship-captain husband. Other opinions of Mrs. Shaw were even less flattering. "I have been informed that Mrs. Shaw has been respectable," noted Russel to a group of guests assembled at his house. "But I understand that she is now a liar, a drunkard, and an abominable thief."

Words of this caliber were not taken lightly by New Yorkers of the early national period. In an era when personal relationships were a paramount link to one's sociability and livelihood, even the lightest hints at slander could make for an ugly affair. Shaw was not only the proud proprietor of a local business, but also a status-conscious woman born to a family of wealthy elites. When the gossip reached her ears, Charity confronted Russel and his sister, demanding an explanation. Obliging, Russel repeated the accusations, stating that "he had heard that she was addicted to liquor, and took things which did not belong to her." As Amelia would later testify, an agitated Mrs. Shaw continued to quarrel with them. She "pretended supernatural powers," and warned her former roommate "that she could immediately stop her progress in the street." Then, in a dramatic biblical flourish, Shaw turned on the Farnhams and allegedly exclaimed that "Whomsoever I bless is blessed, and whomsoever I curse is cursed!"

The matter may or may not have ended there. The following week, Amelia reported a burglary at her home. Seventeen dollars in bank bills, account books for her teaching, and a single silver spoon had been stolen. Susan Record, a friend of the Farnhams, claimed that she had seen Shaw enter Amelia's house. Shaw reportedly "opened and rummaged" Amelia's drawers. Later, Record said that she saw Shaw "take the silver spoon and put it into her bosom." A matter of honor now became a criminal case, and Charity was arrested and tried for petit larceny. Due to a lack of evidence, the charges were dropped. Neither the bills nor the books nor the spoon were recovered during a thorough search of Shaw's household.

Guilty or not, the damage from the scandal had been done. When Shaw appeared in court in May 1821 to charge Russel with slander, her legal team was faced with the

burden of proving that Russel's rumors were delivered with malicious intent, rather than (as Farnham's lawyers argued) out of regard for his sister's welfare. The jury would not definitively declare Farnham's actions as slanderous, and the case was dismissed. With that final indignity, and lingering accusations that she was a tippling thief, Shaw retired from public life.

There is merely the coda to a larger story, of course. For the better part of the two decades before her run-in with the Farnhams, Charity Shaw was a widely renowned, if controversial figure in the marketplace for patent medicines. She advertised her remedies as "authentically" Indian, this by virtue of her having supposedly trained with an Oneida medicine man in her youth. Charity was the most prominent figure in an emerging group of white entrepreneurs who saw value in promoting their consumer goods by romanticizing and playing up stereotypes of Native Americans. She even secured a United States patent for one of her products, making her the second woman in the country to do so. However, just as her domestic conflicts in 1821 were rooted in an eschewal of the protocols of "proper and virtuous" womanly behavior, Charity Shaw, like many of her fellow so-called "Indian doctor" colleagues, spent her entire life placing herself squarely in the middle of major cultural divides.

Shaw was a white person who claimed to have special access to American Indian medicinal secrets. She was a woman in a distinctly male-dominated professional arena. She subscribed to a philosophy of patient care that was at odds with university-trained physicians everywhere. And while Charity was born to a family of elites, she spent the greater part of her hours peddling pills and solutions to all manner of passersby in the streets of Boston, New York, and Philadelphia. Shaw was able to effectively traverse

these divides, and through her influence she helped bring about key changes in both popular medicine and in the ways that Americans thought about Native Americans. However, the full story of the commodification of Indian medicine originated many years before Charity Shaw.<sup>1</sup>

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<sup>1</sup> “Charity Shaw, vs. Russel Farnham,” *New York City Hall Recorder, Containing Reports of the Most Interesting...*, 6:5, June 1821, APS Online, 47-49. Shaw’s lawyers were John Rodman and William Price.

## INTRODUCTION

From their first years of contact, Native Americans and the English made medicine a significant part of their cultural and material exchanges. However, medical care, like many of the experiences shared by Indians and Europeans, was interpreted and evaluated by its participants in complex and often contrary ways. A number of English explorers and colonists spoke highly of Indian healers. America's indigenous people were renowned for treating snakebites and wounds, setting broken bones, and employing a wide variety of botanical remedies. From the late-sixteenth to the early-nineteenth century, Indian healing practices slowly gained appreciable status among the English residing on North America's Atlantic coast. In some places, Indian medicine became the subject of legends.

Such praise, however, was not shared by all; many Englishmen, self-assured of Western culture's superiority, paid little mind to native medicinal practices. Others viewed Indian medicine with anxiety and suspicion, if not outright contempt. Devout Christians believed that a "heathen" Indian's ceremonial healing rituals invited retribution from the Lord. Skeptics found the dramatic dances and songs of Native American medicine men to be comical and vulgar. The apothecaries, barber-surgeons, and physicians who comprised colonial America's ad hoc medical profession subjected Indian medicine to intense scientific scrutiny. Native Americans, for their part, eyed the medicine of their invaders with equal disbelief. For them, direct intercession with the spiritual realm was the very essence of healing, a conviction that English doctors found unfathomable. Considering these cultural barriers, it is all the more remarkable that, by

the nineteenth century, some of the most popular consumer products in the United States were patented remedies and therapies that whites marketed as genuine “Indian medicines.” This is the story of how that transformation occurred, and what that transformation meant for the interrelated histories of American medicine and Anglo-Indian relations.<sup>2</sup>

The historiography of Native American medicine has branched off in several different directions since anthropological surveys and brief historical sketches of Indian healing traditions were first pursued in earnest during the first half of the twentieth century. Early inquiries by William Beauchamp, Frank Goldsmith Speck, Erwin Ackerknecht, William Fenton, and others generally took the form of tribal case studies, and offered basic summary histories of a tribe’s health customs and the ceremonies performed by its medicine men. Ackerknecht and Fenton, more so than the others, attempted to draw more general conclusions or themes about Native American medicine as a whole.<sup>3</sup> Though notable for being the first attempts to document tribal medical

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<sup>2</sup> Virgil Vogel, *American Indian Medicine* (Norman, OK, 1970), 14-15; John Duffy, *From Humors to Medical Science: A History of American Medicine* (Urbana, IL, 1993), 2; Susan Pryor, *American Indian Medicine in Colonial America*. Colonial Williamsburg Foundation Library Research Report Series (Williamsburg, VA, 1984), 1-3, 11; Eric Stone, *Medicine Among the American Indians* (New York, 1932), 27-32, 82, 88-93.

<sup>3</sup> See William M. Beauchamp, “The Good Hunter and Iroquois Medicine,” *Journal of American Folk-Lore*, 14 (1901), 153-59; Beauchamp, “Onondaga Plant Names,” *Journal of American Folk-Lore*, 15:17 (Apr.-June 1902), 91-103; Frank G. Speck, “Medicine Practices of the Northeastern Algonquins,” *Proceedings of the 19<sup>th</sup> International Congress of Americanists*. Washington, D.C., 1915 (published 1917), 303-32; Speck, “Catawba Herbs and Curing Practices,” *Journal of American Folk-Lore*, 57:223 (Jan.-Mar. 1944), 37-50; Erwin H. Ackerknecht, “Problems of Primitive Medicine,” *Bulletin of the History of Medicine*, 11:5 (May 1942), 503-21; Ackerknecht, “Primitive Medicine and Culture Pattern,” *Bulletin of the History of Medicine*, 12:4 (Nov. 1942), 545-74; Ackerknecht, “Primitive Autopsies and the History of Anatomy,” *Bulletin of the History of Medicine*, 13:3 (Mar. 1943), 334-39; William N. Fenton, “Contacts between Iroquois Herbalism and Colonial Medicine,” *Annual Report of the Board of Regents of the Smithsonian Institution for 1941* (Washington, D.C., 1942), 503-26. See also Will T. Bradley, “Medical Practices of the New England Aborigines,” *Journal of the American Pharmaceutical Association*, 25:2 (Feb., 1936), 138-47; Lucy Sarah Chamberlain, “Plants Used by the Indians of Eastern North America,” *American Naturalist*, 35:409 (Jan. 1901), 1-10; John Uri Floyd, “Concerning Indian Medication,” *Eclectic Medical Journal* (Sept. 1935), n.p.; Lester G. Herbert, “What Did the Indians Know About medicines and Healing Treatment?,” *Medical*

histories, many of these works tended to be more descriptive than analytical. They also problematically compared the “superstitious,” “primitive,” and dramatic elements of Indian medicine with the more “rational” elements of early modern Western medicine. Also notable during this period were several medical histories written by Indians. These works, informed by interviews with tribal elders and others familiar with native medicinal practices, more capably assessed the cultural meanings that Indians ascribed to medicine. Gladys Tantaquidgeon, a Mohegan, made many early and significant contributions to the scholarship on Indian medicine.<sup>4</sup>

Eric Stone’s *Medicine Among the American Indians* (1932) was a landmark study, and a generally evenhanded account of native therapeutic methods. Stone did a superlative job of historicizing both Indian and English medicine during the colonial era. He provided one of the first comprehensive overviews of Indian theories of disease and was successful at drawing together the previous tribal studies into a cohesive synthesis. He also made the claim, notable for the time, that it was unfair to directly compare colonial-era Indian and European medicine. In sum, Stone believed that Indian treatment for wounds, fractures, and other minor ailments “was equal to or better than that of the

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*Journal and Record*, 123:1 (Jan. 6, 1926), 22-24; no. 2 (Jan. 20, 1926), 117-19; Aleš Hrdlička, “Disease, Medicine and Surgery among the American Aborigines,” *Journal of the American Medical Association*, 99:20 (Nov. 12, 1932), 1661-66; August C. Mahr, “Materia Medica and Therapy among the North American Forest Indians,” *Ohio State Archaeological and Historical Quarterly*, 60:4 (1951), 331-54.

<sup>4</sup> Gladys Tantaquidgeon, “Mohegan Medical Practices, Weather-Lore, and Superstition,” *Forty-third Annual Report of the Bureau of American Ethnology, 1925-26* (Washington, D.C., 1928), 264-79; Tantaquidgeon, “Notes on the Origin and Uses of Plants of the Lake St. John Montagnais,” *Journal of American Folk-Lore*, 45:176 (Apr.- June 1932), 265-67; Harlow Brooks (Kishka Tanu), “The Medicine of the American Indian,” *Bulletin of the New York Academy of Medicine*, 2nd ser., 5:6 (June 1929), 509-37. Tantaquidgeon’s career spanned over nine decades; one of her more notable monographs was *Folk Medicine of the Delaware and Related Algonkian Indians* (Harrisburg, PA, 2001).

white physicians of the eighteenth century.” He noted, however, that Indians lagged considerably behind their European neighbors in treating contagious diseases.<sup>5</sup>

Scholarship following in the vein of the “new Indian history” of the 1960s and 1970s began to focus less on the ritual, shamanistic aspects of Indian medicine and more on what Virgil Vogel refers to as “rational therapy,” that is, the discernible Indian science of healing diseases, in particular the demonstrably well-developed contributions of native pharmacology. Vogel’s *American Indian Medicine* (1970) remains the most substantial monograph to treat systems of Native American medical knowledge in this light. However, for all of Vogel’s perceptive observations and encyclopedic cataloguing of medicinal plants historically tied to Indians, his research features more compilation than rigorous analysis. Vogel failed to interpret the broader cultural meanings that both white and Indian cultures ascribed to medicine in colonial times and the early national period.<sup>6</sup>

James Harvey Young’s studies of medical quackery and the patent medicine industry are among the best current works to address the inner workings of the nineteenth-century business of selling “Indian medicines.” However, while Young and other authors have noted the popularity of Indian iconography in mid-nineteenth-century advertising for patent medicines, none of them have inquired into how exactly Indian images, names and claims to authentic Indian medical knowledge became commonplace within the industry.<sup>7</sup>

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<sup>5</sup> Stone, *Medicine*, 120-22.

<sup>6</sup> Virgil Vogel, *American Indian Medicine* (Norman, 1970).

<sup>7</sup> James Harvey Young, “Patent Medicines: An Early Example of Competitive Marketing,” *Journal of Economic History*, 20:4 (Dec. 1960), 648-56; Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, 1961); Robert B. Shaw, *History of the Comstock Patent Medicine Business and Dr. Morse's Indian Root Pills* (Washington, D.C., 1972); Jeffrey Steele, “Reduced to Images: American Indians in Nineteenth-Century Advertising,” in *The Gender and Consumer Culture Reader*, Jennifer Scanlon, ed. (New York, 2000); Jane Marcellus, “Nervous Women and



How and why did white nineteenth-century Americans create an entire industry built upon the premise that Native American medicine represented the ideal means for combating illnesses? Vogel, Young, and other historians have written about issues that peripherally address this question, but nobody has yet attempted to frame the “Indian medicine” phenomenon in the context of preceding movements in American medical history.

The first chapter traces the early exchanges of medicine between Indians and non-Indians along North America’s Atlantic seaboard, as well as the eventual pathways by which the English embraced and adapted Indian medicinal knowledge. Though medically related encounters between Europeans and Indians abounded in many locales in early America, I have limited my study to the English colonies. In one respect, I have made this choice for the sake of brevity and clarity. However, there are other good reasons for a focus on the Anglo-Indian relationship. First, English culture significantly directed the discourse of both the medical profession in America as well as its nineteenth-century folk-medicine industry. Second, my stated objective is to draw connections between the cultural understandings of medicine in the early colonial era and America’s early national period. These connections, while not limited to the English and their Anglo-American descendants, are most evident in English print culture.

In the first chapter I discuss the state of Indian medicine in early America—its spiritual philosophy, its treatments, and its rigorous training of a specialized order of shamans or medicine men. I examine the optimistic appraisals of Indian medicine by a

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Noble Savages: The Romanticized Other in Nineteenth-Century U.S. Patent Medicine Advertising,” unpublished paper from the Association for Education in Journalism and Mass Communication conference, 2002.

number of English colonists over the course of the sixteenth to eighteenth centuries, as well as the sources of anxiety that impeded a complete and immediate acceptance of native medicinal therapies. Finally, I consider Indian medicine's reputation with respect to other forms of popular medicine in the colonies. In mid-to-late-eighteenth century America, Indian medicine, and folk medicine alternatives in general, posed a challenge to university-trained physicians who sought to professionalize the practice of medicine and rid urban areas of practices deemed as medical "quackery." At the same time, Americans judged the claims made by physicians against their own beliefs about the proper cost and aesthetics of medical treatment.

The second and concluding chapter is comprised of an overview of the early nineteenth century, when Indian medicine first emerged as a significant commodity for sale in American cities. Using advertisements from period newspapers as evidence, I argue that the pivotal figure in the early marketing of purportedly "Indian" medicine was Charity Shaw, a white woman who sold medicines for pulmonary tuberculosis and other ailments in Boston, New York, Philadelphia and other areas of the northeast from 1805 until the early 1820s. The success of Shaw's marketing, and that of the self-proclaimed white "Indian doctors" who followed in her path, standardized the use of romanticized Indian imagery in advertisements for American consumer goods. These independent entrepreneurs became the forerunners to a substantial patent medicine industry.

It bears mentioning that questions of authenticity are bound to challenge the reader throughout the forthcoming text, particularly in reference to the first generation of white "Indian doctors" who supposedly learned their remedies from direct interactions with Native Americans. In addition, one may justifiably ask if, given all the possible

variations in medical practices between tribes and even individual villages, we can even speak of a cohesive whole by the name of “Indian medicine.” On this point I refer back to the study’s original goal, which is to assess how Anglo-American perceptions of Indian medical practices changed over the course of the colonial and early national periods.

While it is possible that During the period in question, it was not unusual for Anglo-Americans to think of Indians as a single population, albeit with some differences from tribe to tribe. Where appropriate, however, I have identified individual tribes as they appear in the quoted sources.

Ultimately, the emergence of Indian medicine as a popular commodity among white Americans was indicative of many things — the longstanding tradition of converting America’s natural resources into salable products, the selective co-opting of Indian culture by Anglo-Americans, the contentious relationship between patients and practitioners in an era predating modern medical advances, and, finally, the willing participation of consumers in a commercial enterprise that hinted at sentiments of white triumphalism over both nature and America’s first peoples.

## CHAPTER I

### NATIVES, NEWCOMERS, AND PATHWAYS TO HEALING

In the centuries preceding contact with Europeans, Native Americans developed systems of medicine that drew upon both their spiritual beliefs and practical experience accumulated from generations of treating the sick. The art of Indian healing required thorough knowledge of the natural world, the ability to intercede in spiritual matters, and the capacity to earn the confidence of one's patients. Those able to master these skills were accorded great respect. Beginning in the late sixteenth century, strangers from afar began to arrive on the western shores of the Atlantic. Like Indians, they too were intensely curious about their environment, saw divine will as the primary determinant of health, and labored hard to establish credible means for treating illnesses.

In short, English emigrants to North America believed in similar therapeutic principles, albeit ones framed quite differently by the context of their own culture. This resemblance, however, was lost on many colonial English observers. Feelings of cultural superiority ran strong among the new arrivals; some colonists firmly believed that indigenous "savages" had little knowledge of consequence to convey to European doctors. For others, the ceremonies of Indian medicine men triggered deep-set fears — of apostasy from Christianity, or of losing one's English identity in the wilds of a strange new land.<sup>8</sup>

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<sup>8</sup> Vogel, *American Indian Medicine*, 4; Stone, *Medicine*, 1-7; Frank J. Esposito, *Indian-White Relations in New Jersey, 1609-1802* (Ann Arbor, 1972), 22, 27.

However, all of the New World's residents faced a similar challenge. Medicine, whether European or indigenous, proved to be largely ineffective against deadly diseases that cut down friends and family in the prime of their lives. Indians, possessing the biological misfortune of having no immunity to smallpox or measles, experienced catastrophic mortality rates. And while the first generations of Anglo-Americans often disparaged the rituals of Indian healers, they themselves confidently employed medicinal practices that later doctors in the early national era would deem harmful, superstitious, or both. Even so, while devoid of the efficacy we associate with modern medicine, the colonial era's healing practices served as an important cultural nexus by which both Englishmen and Native Americans formed opinions of each other.

Between the sixteenth and eighteenth centuries, certain elements of Indian medicine slowly but surely found their way into English practice. Devotees of folk medicine, located in both the colonial backcountry and in cities, were the most receptive to incorporating Indian practices (even mythical ones) into their highly adaptable systems of medicine.<sup>9</sup> Less willing to do so were university-trained physicians, who, amidst their own struggles to establish professional standards of medical therapy in America, remained skeptical of the quality of Native American health care. Until the American push for independence from Britain, Indian medicine remained an enigmatic and contested subject in English interpretations of the New World.

The spirit world, for many Native Americans, had a tangible connection to the world of the living. As Eric Stone has noted, "the understanding of nature, the appreciation of the beauty, and the perfection of existence were intimately woven into the

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<sup>9</sup> Vogel, *American Indian Medicine*, 4.

daily life of each individual Indian. Throughout life he walked hand in hand with his deities. His every act was watched over by some supernatural agent.”<sup>10</sup> Indians generally attributed diseases to the acts of such supernatural agents. Hostile spirits, they believed, could take up residence in a person’s body and wreak havoc upon their state of health. Certain Indian tribes identified these threats as “animal spirits,” who created diseases as a defense mechanism to ward off their “human predators.”<sup>11</sup> The purpose of medicine was to counteract the influence of these spirits, first by expelling the unwanted forces and then by applying herbal or physical therapies to repair the residual damage to the body.<sup>12</sup>

The intrusion of spirits upon one’s health was sometimes associated with the violation of a tribe’s social taboos. While many Europeans believed that illness could be understood as God’s punishment for moral failings, Indians too believed that good behavior and good health were reciprocally related. For instance, if one showed disrespect for the spirits of animals while on a hunt, he might become vulnerable to an attack by vengeful spirits. Similarly, the failure to fulfill the proper rituals commemorating nature’s power — praying for a good harvest, a needed rainfall, and so on — could result in sickness. Some Indian males believed that close contact with menstruating women would lead to health problems. Certain Iroquoian tribes believed that unfulfilled dreams or desires could manifest themselves in the onset of a disease. Many Indians believed that the souls of the dead could return from the afterlife and take

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<sup>10</sup> Stone, *Medicine*, 2.

<sup>11</sup> Paul Kelton, “Avoiding the Smallpox Spirits: Colonial Epidemics and Southeastern Indian Survival,” *Ethnohistory*, 51:1 (Winter 2004), 47-48.

<sup>12</sup> Vogel, *American Indian Medicine*, 14, 27-28; Hitakonanu’laxk (Tree Beard), *The Grandfathers Speak: Native American Folk Tales of the Lenape People* (Brooklyn, NY, 1994), 130.

up residence in the bodies of their living relatives. In some cases, this spiritual possession could have the negative consequence of making the host body ill. Indians also accepted the premise that diseases could be generated by persons engaged in witchcraft. Those Indians who learned the secrets of medicine, and could thus use the knowledge for good or evil purposes, were often considered the most powerful individuals in an entire tribe.<sup>13</sup>

In many Indian societies, the art of healing was restricted to a select, usually male, group of practitioners—the Indian shamans, or medicine men. Though the practices of medicine men varied significantly from tribe to tribe, several commonalities existed throughout the Indian cultures of eastern North America. Indian healers did not gain their positions hereditarily; instead, young boys (and, much more rarely, girls) were identified early on for their aptitude for the work of healing. Often, a young boy would be sent on an ascetic journey into a secluded region, where through a combination of fasting and prayer he would achieve a transcendent state and begin to experience dreams or visions. If signs from these visions were favorable, the young pupil would proceed to a full apprenticeship under an established medicine man. Given the complicated nature of their work, medicine men rarely worked alone, and frequently employed assistants to prepare for the highly structured healing rituals. This rigorous training could last for many years, with an apprentice replacing his master only after the elder man's death.<sup>14</sup>

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<sup>13</sup> Pryor, *American Indian Medicine*, 2; Vogel, *American Indian Medicine*, 13-22; Herbert C. Kraft and John T. Kraft, *The Indians of Lenapehoking* (South Orange, NJ, 1985), 32.

<sup>14</sup> Stone, *Medicine*, 5-6, 8, 94; Hitakonanu'laxk (Tree Beard), *The Grandfathers Speak*, 130; Vogel, *American Indian Medicine*, 27-28; Robert Hofsinde, *The Indian Medicine Man* (New York, 1966), 8-9, 16; Esposito, *Indian-White Relations*, 22.

The duties of a medicine man could be very wide-ranging, depending on what the needs and circumstances of his tribe were. Medicine men were, of course, often called on to treat illnesses and exorcise spirits. However, they were also solicited to petition the gods on behalf of the tribe. Many Indians believed that, by communicating with the spiritual realm, a medicine man could ensure good weather, plentiful game, or personal protection during wars or upcoming hunts. Medicine men were the primary organizers of the tribe's important ceremonies, directing birth, wedding, and burial rites, special feasts, and dances. If they were considered successful at their work, medicine men could become quite wealthy and prestigious within their tribes — their influence at these times was only rivaled by tribal chiefs. However, if they were proven deficient in the talents befitting a proper healer, medicine men could expect their peers to dispense either physical or pecuniary punishments.<sup>15</sup>

Indian medicine men equipped themselves with a variety of herbal remedies, sacred items, and special ceremonial clothing. A *Medeu*, or Lenape medicine man, would dress in special animal skins and make use of a tortoise-shell rattle in the songs and dances used to expel evil spirits. Both the Iroquois and some Minsi Indians wore special masks to accomplish the same purpose. Many medicine men carried a medicine bundle, a collection of sacred natural objects, carvings, or animal parts stored in an animal-skin sack. They may have kept a scarification tool in the bundle, like a sharp stone or snake fangs, for use in therapies that required bleeding a patient or otherwise treating a wound. The bundle often contained assorted herbal ingredients, used to either treat the patient or to confer spiritual power onto the healer.

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<sup>15</sup> Stone, *Medicine*, 6-10; Vogel, *American Indian Medicine*, 22-24; Duffy, *From Humors*, 2; Pryor, *American Indian Medicine*, 2; Hofsinde, *Indian Medicine Man*, 7, 12.



Indians treated these healing herbs very seriously. The collection of medicinal plants was itself an elaborate ritual, in which the collector said a prayer to an appropriate spirit or made a sacrifice (in some tribes, a token amount of tobacco) before harvesting each plant from the soil. When gathering tree bark for use in remedies, some tribes required that it be peeled off the tree in a particular direction. Others made certain that water obtained for medicinal purposes would be collected against a stream's current. These directions were important because many Indians believed that improper protocol in the preparation of medicine could sap it of its natural powers.<sup>16</sup>

The earliest English voyages to the New World were fraught with conflicting appraisals of Native Americans and their medicine. From the very beginning, however, European interest in Indian remedies was driven by market logic. Thomas Hariot, the cartographer and surveyor who accompanied the 1585 colonization effort at Roanoke, cited native medicines among his expansive list of “merchantable commodities” to be found in North Carolina. He gave specific mention to the aromatic sassafras tree, “of most rare vertues in phisick for the cure of many diseases,” as well as “sweete gummess of divers kindes and many other Apothecary drugges” that could be extracted from the wild flora of the new American continent. Hariot speculated that locally grown *uppówoc* or tobacco, when smoked, served as a kind of health preservative, allowing the native Secotans to avoid the many “greevous diseases” from which Englishmen suffered.

While Hariot admired the botanical products found in the region, he was wary about the ceremonies that Secotan priests performed when treating the sick. Like many

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<sup>16</sup> Esposito, *Indian-White Relations*, 22; Stone, *Medicine*, 11; 12-13, 20-21; Mark R. Harrington, *Religion and Ceremonies of the Lenape* (New York, 1921), 36-37; Hitakonanu'laxk (Tree Beard), *The Grandfathers Speak*, 130; Vogel, *American Indian Medicine*, 27-28; Kraft, *Indians of Lenapehoking*, 32-34. The Minsi Indians were one of the three allied tribes of the Lenni Lenape or Delawares.

of his contemporaries, Hariot viewed Indian faith as crude and atavistic, lacking the “true religion” offered by Christianity. Indian healers were in his eyes “conjurers or jugglers which use strange gestures, and often contrarie to nature in their enchantments...For they be verye familiar with devils...” His skepticism of Indian religion was increased when he saw that the Secotans mistook the English explorers for godlike personages. “There could at no time happen any strange sicknesse,” he noted, “but that they would impute to us the cause or meanes therof for offending or not pleasing us.” Ultimately, the expedition’s young scribe interpreted the Indians’ inability to combat common European diseases as a sign of ineptitude in the healing arts. After the Secotans unknowingly ingested deadly smallpox or measles microbes from their overseas visitors, Hariot marveled at “their ignorance in curing the disease.” He wryly noted the common Secotan belief that the colonizers were slaying them en masse “by shooting invisible bullets into them.”<sup>17</sup>

Later English visitors to North America echoed Hariot’s various commendations and critiques of Indian medicine. In his writings on the early Virginia colony, John Smith marveled at the many different treatments employed by the area’s native medicine men. Local tribes, he observed, made use of therapies as wide-ranging as vomit-inducing drugs, sweat baths, cauterization of wounds, and minor surgery. “Every spring they

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<sup>17</sup> Thomas Hariot, *A Briefe and True Report of the New Found Land of Virginia* (London, 1588), reproduced in Hariot, *Narrative of the First English Plantation in Virginia* (London, 1893), 12, 15, 18, 37, 40-42, Illustration XI; Vogel, *American Indian Medicine*, 36-7. Sassafras was one of the most ubiquitous medicinal plants found in eastern North America. It was first identified by Spanish physician Nicholas Monardes, who claimed that French Huguenot settlers in Florida were first introduced to the plant by local Indians. By Hariot’s time in Roanoke, sassafras was already immensely popular and the first North American product to be used widely by European doctors. Ships specifically designated for sassafras exportation carried the plant back to England. The sassafras plant’s bark, roots or leaves were variously processed into teas, beer additives, salves, oils, and other products like dyes. Sassafras was known for its many pain relief applications; other observers from the colonial era indicated that it could cure fevers or “purify the blood.” See Vogel, *American Indian Medicine*, 39, 76, 361-65.

make themselves sicke with drinking the juice of a root they call *wighsacan*, and water, whereof they powre so great a quantity, that it purgeth them in a very violent maner; so that in 3 or 4 daies after, they scarce recover their former health. Sometimes they are troubled with dropsies, swellings, aches, and such like diseases; for cure whereof they build a stove in the form of a dovehouse with mats, so close that a fewe coales therein covered with a pot, will make the pacient sweate extreamely. For swellings also they use small peeces of touchwood, in the forme of cloves, which pricking on the grieffe, they burne close to the flesh, and from thence draw the corruption with their mouth. With this root *wighsacan* they ordinarily heal greene wounds: but to scarrifie a swelling or make incision, their best instruments are some splinted stone....” Evidently, though, Smith found the emotive healing ceremonies of local Indians to be particularly jarring. “To cure the sick, a man, with a Rattle, and extreame howling, showting, singing, and such violent gestures and Anticke actions over the patient, will sucke out blood and flegme from the patient, out of their unable stomacke, or any diseased place, as no labour will more tire them.”<sup>18</sup>

Roger Williams, the fiercely independent Puritan co-founder of Rhode Island in the late 1630s, admired much about his Narragansett Indian neighbors. He even went to the effort of learning their Algonkian dialect in order to establish amicable relations with them and spread the Christian faith. Yet Williams, like other Englishmen, was similarly mystified by the seemingly alien rituals of the Narragansett *powwâws*. While he was

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<sup>18</sup> John Smith, *A True Relation, by Captain John Smith* (London, 1608), in Lyon Gardiner Tyler, *Narratives of Early Virginia 1606-1625* (New York, 1907), 51, 108. “Dropsy” was the colloquial term, used frequently in the eighteenth and nineteenth centuries, for an excessive swelling of one’s connective tissue. See Kenneth F. Kiple, *The Cambridge Historical Dictionary of Disease* (Cambridge, UK ; New York: Cambridge University Press, 2003), 100-105.

impressed with the use of “Hot-house” sweating as a means of cleansing and purging the body, Williams could not bridge the cultural gulf between his own Christian sensibilities and explicitly religious native ceremonies that he condemned as unseemly and idolatrous. “In sicknesse the Priest comes close to the sick person, and performes many strange Actions about him, and threatens and conjures out the sicknesse. They conceive that there are many Gods or divine powers within the Body of a Man: In his pulse, his heart, his Lungs, &c. I confesse to have most of these customes by their owne Relation, for after once being in their Houses, and beholding what their Worship was, I durst never be an eye witnesse, Spectatour, or looker on, least I should have been partaker of Sathans Inventions and Worships....” Though Williams observed Indian folkways with curiosity, he soberly pondered the potential soul-damning ramifications thereof.

He also may have associated the Narragansett medicine men with a negative secular symbol from his homeland. Throughout Europe, it was common for entrepreneurs to travel throughout the countryside, bilking unsuspecting villagers out of money in exchange for feats of magic or special elixirs intended to cure disease. These confidence men were known variously as jugglers, charlatans, and quacks, and their fraudulent promises of cures made them infamous.<sup>19</sup> Hariot, Smith, and Williams were all undoubtedly familiar with this longstanding figure from European cultural tradition, and it likely informed their derision of the similarly charismatic and enigmatic Indian practitioners. Thus, Williams looked contemptuously upon what he perceived as both a heathenish practice and another incarnation of the disreputable quacks. “These Priests and Conjurers...doe bewitch the People, and not onely take their Money, but doe most

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<sup>19</sup> Vogel, *American Indian Medicine*, 18, 90, 130-31, 137-38.

certainly (by the helpe of the Divell) worke great Cures, though most certaine it is that the greatest part of their Priests doe merely abuse them and get their Money, in the times of their sicknesse, and to my knowledge long for sick times...they administer nothing but howle and roar, and hollow over them, and begin the song to the rest of the people about them, who all joyne (like a Quire) in Prayer to their Gods for them.”<sup>20</sup>

Over the course of the mid-to-late seventeenth century, English colonists continued to accrue a body of New World medical knowledge that was significantly informed by Native American practices. Naturalist John Josselyn collected a large amount of data concerning Indian remedies for his 1672 guide, *New Englands Rarities Discovered*. He observed that, among the region’s natives, bear grease was “very good for Aches and Cold Swellings, the *Indians* anoint themselves therewith from top to toe, which hardens them against the cold weather.” The “oyl of sea calf” was “much used by Indians to anoint their wounds and sores, scalds and burns,” as well as to “bring Women out of the Mother Fits.” Indians, according to Josselyn, commonly healed their wounds with complex preparations of raccoon or wildcat grease and a powder from the roots of the white hellebore plant. Josselyn even apparently treated Indians on occasion, curing one man’s swollen and inflamed thumb with a homespun remedy of local roots, an egg yolk, and wheat flowers.<sup>21</sup> In the mid-Atlantic region, William Penn found the Lenni Lenape Indians to be “of a deep natural sagacity.” The Lenape were known to consume “a *Teran* or Decoction of some Roots in spring Water” to treat a number of symptoms.

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<sup>20</sup> Roger Williams, *A Key into the Language of America* (London, 1643), reprinted in *Collections of the Rhode-Island Historical Society*, Vol. I (Providence, 1827), 112, 157-59.

<sup>21</sup> John Josselyn, *New-Englands Rarities Discovered: In Birds, Beasts, Fishes, Serpents, and Plants of that Country* (London, 1672), 14, 35, 43, 58. Eric Stone notes that the Penobscot and Micmac Indians in particular were known to use white hellebore for treating wounds. See Stone, *Medicine*, 80.

To stave off potential illnesses, they employed a system of sweating common to many North American tribes. According to Penn, the Lenape men would make use of a “Bagnio,” or sweat lodge, for a half hour, and then plunge into icy cold water nearby. This practice was thought to lessen the effects of a fever, reduce pain in the head and limbs, and strengthen the body from further decline.<sup>22</sup>

Gabriel Thomas, a Welsh yeoman among Penn’s first group of Quaker colonists, lived in the mid-Atlantic region of the English colonies from 1682 to 1697. He served as an early surveyor of Pennsylvania and New Jersey, and upon returning to London in 1698, he published a narrative primarily designed to encourage further settlement in the area.<sup>23</sup> In hopeful prose, Thomas described “The Richness of the Soil,” the “Wholesomness of the Air,” the “prodigious Encrease of Corn,” and the “many curious and excellent Physical Wild Herbs, Roots, and Drugs of great Vertue.” An enthusiastic Thomas informed prospective settlers that the region was flush with natural resources just waiting to be harnessed. Thomas’s pharmacological cataloguing of the wilderness of Pennsylvania and western New Jersey noted sassafras, sarsaparilla, black snakeroot (“fam’d for its...often curing the Plague”), rattlesnake root, poke root, and “several other beneficial Herbs, Plants and Roots, which Physicians have approved of, far exceeding in Nature and Vertue, those of other countries.”<sup>24</sup>

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<sup>22</sup> William Penn’s *Own Account of the Lenni Lenape or Delaware Indians* (1683), ed. Albert Cook Myers (Somerset, N.J., [1970]), 32, 44, 47-51. For further descriptions of sweating practices, see Stone, *Medicine*, 33, 53.

<sup>23</sup> Albert Cook Myers, ed., *Narratives of Early Pennsylvania, West New Jersey and Delaware 1630-1707* (New York, 1912), 309-10.

<sup>24</sup> Gabriel Thomas, *An Historical and Geographical Account of Pensilvania and of West-New-Jersey* (London, 1698), in Myers, ed., *Narratives of Early Pennsylvania, West New Jersey and Delaware 1630-1707* (New York, 1912), 313, 323.

Thomas was also very interested in how the Indians he met used plants from the wild for medicinal purposes. Indians, he reported, “are very studious in observing the Vertues of Roots and Herbs, by which they cure themselves of many Distempers in their Bodies, both internal and external.” He observed Indians using sassafras and sarsaparilla in “Diet-Drinks for the Cure of the Venereal Disease” and various plant poultices as remedies “in all Swellings, Burnings, Cuts, etc.” Thomas argued that the “first Inhabitants of this Country,” who were “suppos’d by most People to have been of the Ten Scattered Tribes” of Israel, had an unambiguous mastery over the drugs native to America. He pronounced Indian medicine men “as able Doctors and Surgeons as any in Europe, performing celebrated Cures therewith.”<sup>25</sup>

Farther south, in the Carolina backcountry, naturalist and explorer John Lawson found many examples of capable Indian healers. The Santee Indians, he wrote, “perfected their Cures by proper Vegetables, &c. of which they have Plenty, and are well acquainted with their specifick Virtue. I have seen such admirable Cures perform’d by these Savages, which would puzzle a great many graduate Practitioners to trace their steps in Healing, with the same Expedition, Ease, and Success; using no racking Instruments in their Chirurgery, nor nice Rules of Diet and Physick.”<sup>26</sup> Most tribes in the region made frequent use of sweating as a therapy. Yaupon tea, “approv’d by all the Savages on the Coast of *Carolina*,” was the preferred elixir for purging the body of harmful substances.

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<sup>25</sup> Ibid., 315, 323, 340.

<sup>26</sup> John Lawson, *A New Voyage to Carolina* [1709], Reprint, (New York, 1966), 19. In his travels throughout the backcountry from 1700 to 1701, Lawson documented his interactions with the Santee, Congaree, Wateree, Waxhaw, Sugaree, Catawba, and Tuscarora tribes.

Indian healers, Lawson believed, were unmatched at treating snakebites, having learned to utilize four varieties of the snakeroot plant to counteract reactions to venom.<sup>27</sup>

However, for all of his admiration of their medicine, Lawson distrusted Indians, especially their medicine men. These dangerous “Priests and Conjurers,” he argued, were utter frauds. They manipulated “easy, credulous People” through simple tricks and fabrications intended to prove that they had special powers over nature. The exorcisms he witnessed were, for him, not so much affronts to Christianity but to rationality itself. According to Lawson, “the great Esteem which the Old Men bring themselves to, is by making the others believe their Familiarity with Devils and Spirits, and how great a Correspondence they have therewith, which if it once gains Credit, they ever after are held in the greatest Veneration imaginable, and whatever they after impose upon the People, is receiv’d as infallible.” Lawson supposed that to maintain that level of power, medicine men willingly resorted to murder. He was convinced that Indian healers were “so well versed in Poison, that they are often found to poison whole Families.” In spite of these concerns, Lawson felt that if “these People would arrive to the Knowledge of our Religion and Customs, and become as one People with us...we should have a true Knowledge of all the *Indians* Skill in Medicine and Surgery....” Yet Lawson’s depictions of the darker side of Indian culture translated into somewhat of a self-fulfilling prophecy. Two years after publishing his travel journals in Carolina, he was captured, tortured, and killed by Tuscarora Indians.<sup>28</sup>

By the onset of the eighteenth century, Anglo-Americans began to observe Indian medical practices more carefully and recorded their findings in a growing body of

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<sup>27</sup> *Ibid.*, 42, 90-91, 128-29, 224.

<sup>28</sup> *Ibid.*, 20, 195, 202, 212, 225, 237.



literature devoted to examining the New World. The influence of the Enlightenment in Europe was one impetus toward this change. As the rational analysis of nature gained greater currency among Western intellectuals, America came to signify a wide-open laboratory for naturalists, doctors, and others to experiment in. While Native American culture remained inscrutable to many Englishmen, the medicinal plants and modes of adapting to the American environment used by Indians suddenly became objects of great interest to the learned elite. Native American knowledge, many believed, could be sifted and categorized, with the ideas most beneficial to colonial enterprise extracted for future use. There were more pragmatic and immediate reasons for the intellectualization of Indian medicine as well: the Anglo-American population grew rapidly during the eighteenth century, and so too did the need for an accessible supply of proven medicines.

However, while the eighteenth century marked an expansion of the intellectual aspirations of English colonists, it was also a period in which the Indian tribes of eastern North America faced serious setbacks. Periodic waves of smallpox, measles, yellow fever, and other infectious diseases continued to take their toll on the native population. Historians still debate how many of America's indigenous peoples died from European-carried diseases, but most agree that the population of Native Americans by the time of the Revolution was a mere fraction of its pre-contact total.<sup>29</sup> Of course, the true effects of

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<sup>29</sup> Several pertinent studies address the issue of the catastrophic losses to Native American populations during the colonial period. Alfred Crosby's *The Columbian Exchange: Biological and Cultural Consequences of 1492* (Westport, CT, 1972) remains a seminal work in the field, and his subsequent article ("Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," *William and Mary Quarterly*, 3<sup>rd</sup> ser., 33:2 (Apr. 1976), 289-99) specifically treats the spread of epidemics predating most English settlements in the Americas. Other studies of note in the demographic debate include John Duffy, "Smallpox and the Indians in the American Colonies," *Bulletin of the History of Medicine* 25 (Spring 1951): 324-41; Sherburne F. Cook, "The Significance of Disease in the Extinction of the New England Indians," *Human Biology*, 45 (1973), 485-508; William McNeill, *Plagues and Peoples* (Garden City, NY, 1976); Henry Dobyns, *Their Number Become Thinned: Native American Population Dynamics in Eastern*

these epidemics are not reflected in the raw numbers of the dead. As Indian villages were assaulted by disease, they experienced significant social and cultural hardships. Tribal elites died, leaving their communities bereft of leadership at times of crisis.

Demographic losses put a tremendous strain on Indian social structures. Children were left orphaned, and the sick were sometimes abandoned out of fear of spreading further infections. Afflicted Indian groups even had difficulty providing basic social services to their kin.

It thus goes without saying that the once-thriving spiritual and medicinal practices of many villages languished. Indian medicine men, if they did not die themselves, often suffered particularly cruel fates. Traditional therapies such as the sweat bath failed to repulse deadly pathogens and may even have hastened patients' succumbing to disease. As more and more Indians died, the credibility and social status of some medicine men diminished considerably. Like many other cultural traditions, the longstanding apprenticeship and training systems for medicine men were, in some cases, irrevocably disrupted.<sup>30</sup> Nonetheless, recent scholarship suggests that Indian medicine men were surprisingly resilient in their ability to use common-sense practices such as quarantining to reduce mortality rates and the spread of contagions. Indians may have been participants in an almost unspeakable epidemiological tragedy, but they were certainly not passive victims of the onslaught of diseases.<sup>31</sup>

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*North America* (Knoxville, TN, 1983); Russell Thornton, *American Indian Holocaust and Survival* (Norman, OK, 1987); David S. Jones, "Virgin Soils Revisited," *William and Mary Quarterly*, 3<sup>rd</sup> ser., 60:4 (Oct. 2003), 703-42.

<sup>30</sup> Kelton, "Avoiding Smallpox Spirits," 46; Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775-1782* (New York, 2001), 24-25; Vogel, *American Indian Medicine*, 100.

<sup>31</sup> Kelton, "Avoiding Smallpox Spirits," 63-64.

The most appreciable consequence of these demographic changes was that the balance of power between Indians and Anglo-Americans shifted in favor of the latter. As the English population in America continued to grow, white demands for Indian land and resources exacerbated cross-cultural tensions. The resultant armed conflicts between whites and Indians created, in some areas, environments of strong racial enmity. Indians in many regions of eastern North America were displaced to lands farther west, either by way of treaties or military force.<sup>32</sup> It should come as no surprise, then, that the cross-cultural sharing of medicine, like that of Josselyn and the Indians in late-seventeenth-century New England, became less of a daily reality and more of a quaint reminder of years past. As early as 1705, Robert Beverley reported that Indians were becoming ever more protective of their medicinal secrets. He reported that local Indians “suffer only the Rattle Snake Root to be known, and such other Antidotes, as must be immediately apply’d.” Persons able to develop a close rapport with Indians, such as traders or missionaries, still had some level of engagement with Indian medical practices, but by and large Indians kept their medicines secret from whites, lest the spirits become offended and the medicines lose their power. Ironically, it seems that the height of Enlightenment-driven intellectual interest in Indian medicine transpired just as attaining access to Indian knowledge was becoming much more difficult.<sup>33</sup>

Despite these challenges, a number of Anglo-American scholars set out in the latter half of the eighteenth century to record what they could of Indian medical knowledge. Many of these naturalists, medical botanists, and other observers were

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<sup>32</sup> See Sherburne F. Cook, “Interracial Warfare and Population Decline among the New England Indians,” *Ethnohistory*, 20:1 (Winter 1973), 1-24.

<sup>33</sup> Vogel, *American Indian Medicine*, 38-39, 45, 100.

spurred on by the idea that Indian country still guarded medicinal secrets that might yet yield benefits for Anglo-American society. Mark Catesby's illustrated two-volume *Natural History of Carolina, Florida, and the Bahama Islands* (1754) was a landmark work in the documentation of America's indigenous flora and fauna, and was written in part with the help of Indian informants. Catesby opined that "Indians...are wholly ignorant in Anatomy, and their Knowledge in surgery very superficial...yet they know many good vulnerary plants of virtue, which they apply with good success...." He analyzed many of the medicinal plants that previous explorers had come across: the Yaupon tea and varieties of snakeroot that Lawson had praised, the ubiquitous sassafras, and the Indian pinkroot, a Cherokee remedy ingested to kill parasitic worms.<sup>34</sup>

In the second half of the century, Philadelphia became a base for a talented cadre of medical botanists. William Bartram, Benjamin Smith Barton, and Caspar Wistar were all notable for their contributions to the field. They and others meticulously evaluated specimens of American plants for any possible drug potential, and many of their chosen objects of study were known to earlier generations of Anglo-Americans as Indian remedies. Late in the century, Barton, a physician and professor at the University of Pennsylvania, labored to produce compilations of all the medicinal herbs native to the United States. His appreciation of Indian remedies was apparently inspiring to others, since many of his medical students at the university composed dissertations about medicinal plants used by Indians.<sup>35</sup>

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<sup>34</sup> Vogel, *American Indian Medicine*, 56-57. See also Mark Catesby, *The Natural History of Carolina, Florida and the Bahama Islands, Containing Two Hundred and Twenty Figures of Birds, Beasts, Fishes, Serpents, Insects and Plants* (Savannah, Ga., 1974).

<sup>35</sup> Vogel, *American Indian Medicine*, 50, 62, 68, 70. As Philadelphia's reputation for medical botany grew, the city also attracted notable foreign scholars such as Johann David Schöpfung and Peter Kalm. Benjamin Smith Barton's primary work on medical botany was *Collections for an Essay Towards a Materia Medica*

The medical botanists urged members of their professional organizations to advocate for larger, more comprehensive inquiries into Indian medicine. Clergyman and botanist Mannaseh Cutler of Massachusetts, writing on the behalf of the Philosophical Society at Philadelphia in 1790, believed that those Indians located west of the new United States probably possessed information worthy of further research. “The native Indians...were acquainted with the peculiar properties of certain vegetable productions, which, if thoroughly understood by the present inhabitants, might be made extensively useful both in physic, arts, and manufactures, and new branches of commerce.” Though he thought that “their material medica seems to have consisted of few articles,” he was still quite intrigued by “certain plants, powerful in their operations, and sometimes producing sudden and surprising effects upon the human body.”<sup>36</sup> Dr. Nicholas Collin, a Philadelphia resident, made a similar plea to the American Philosophical Society in 1793. According to Virgil Vogel, Collin “invited more attention to the native plants in order to free the medical profession from dependence upon foreign products, which were expensive, often adulterated, and subject to depreciation from age.” Native plants, on the other hand, could free Americans from reliance on substandard products. The research goals of the medical botanists were thus linked significantly to feelings of nationalism as well as marketplace concerns.<sup>37</sup>

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*of the United States* (Philadelphia, 1798), a work that he updated in several editions to account for new discoveries. Barton was also keenly interested in Indian ethnology. See, for instance: Benjamin Smith Barton, *New Views of the Origin of the Tribes and Nations of America* (Philadelphia, 1797). Additional sources on the colonial pursuit of new additions to the materia medica include Londa L. Schiebinger, *Plants and Empire : Colonial Bioprospecting in the Atlantic World* (Cambridge, Mass., 2004); Harvey Wickes Felter, and John Josselyn, *The Genesis of the American Materia Medica, Including a Biographical Sketch of "John Josselyn, Gent," and the Medical and Materia Medica References in Josselyn's "New-Englands Rarities Discovered," Etc., and in His "Two Voyages to New-England,"* ([Cincinnati], 1927).

<sup>36</sup> “Memoirs of American Academy,” *Independent Chronicle* (Boston), 22:1136, Aug. 5, 1790, p. [1].

<sup>37</sup> Vogel, *American Indian Medicine*, 69-70. See also Nicholas Collin, “An Essay on Those Inquiries in

However, the developing medical profession in America was decidedly slow to integrate Indian knowledge into their armaments against disease. William Locke, a surgeon for the Massachusetts militia during King Philip's War, printed a list of drugs in 1676 for fellow physicians to keep at the ready during the fighting. Curiously, the list contained imported products only and no drugs of American origin.<sup>38</sup> Thomas Palmer, a physician and minister from Plymouth, Massachusetts, noted a scant few remedies that had filtered down from local Indian tribes in his 1696 medical notebook entitled *Admirable Secrets in Physick & Chyrurgery*. One "indians medicine" prescribed the blue scum from a soaked broom root to dissolve films over the eyes and restore sight. Another called for bayberry roots boiled in water to help ease digestive ills.<sup>39</sup>

By the 1730s, a handful of curious doctors began to publish their findings concerning Indian medicine. Dr. John Tennent of Williamsburg, Virginia, published a notable 1736 essay on the virtues of Seneca snakeroot, which he claimed as an effective remedy for pulmonary ailments.<sup>40</sup> In 1739, Dr. William Clark, writing for Boston's Society of Practitioners in Physick and Surgery, related that a number of the society's members were making regular excursions into the countryside to classify, name, and describe the various plants native to New England. Among these were "those Herbs which the Aboriginal Natives the Indians, have by Tradition handed down among themselves as Medicinal."<sup>41</sup> Though some doctors expressed interest in adopting botanical remedies that Indians had long made use of, most physicians continued to rely

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Natural Philosophy, Which at Present Are Most Beneficial to the United States of North America," *Transactions of the American Philosophical Society*, Vol. 3 (1793), iii-xxvii.

<sup>38</sup> *Ibid.*, 42-43.

<sup>39</sup> Thomas Palmer, *The Admirable Secrets of Physick & Chyrurgery*, edited by Thomas Rogers Forbes (New Haven, 1984), 113, 141.

<sup>40</sup> Vogel, *American Indian Medicine*, 38.

<sup>41</sup> *New-England Weekly Journal* (Boston), no. 650, Oct. 2, 1739, p. [1].

on traditional imported medicines: calomel and jalap for purging patients, and laudanum and paregoric extracts to manage pain.

Until the late eighteenth century, however, few doctors took it upon themselves to evaluate Indian medicine as a cohesive system. In 1774, twenty-eight-year-old Benjamin Rush, a physician and later patriot from Philadelphia, was the first to do so. In a letter to his friend Arthur Lee, Rush announced: “I am about to appear before the public as the author of an oration delivered in the American Philosophical Society on the natural history of medicine among the Indians of North America and a comparative view of their diseases and remedies with those of civilized nations.”<sup>42</sup> The *Oration* was a late addition to the society’s meeting; Rush had been asked to fill in for an ill colleague.<sup>43</sup> Though drafted on little more than a month’s notice, Rush considered the piece “his best writing up to that time.” And the topic, Indian medicine, had been an interest of his for at least several years — indeed, the speech was just one manifestation of what would be a career-long fascination with Indian medicine.

How the subject of Indians and their remedies captured Rush’s imagination is unknown. He never wrote at length concerning just why Indians captured his interest. One possibility is that Rush’s work in anti-slavery circles spurred on an ethnological

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<sup>42</sup> Benjamin Rush to Arthur Lee, May 4, 1774 in Benjamin Rush, and L. H. Butterfield, *Letters, Memoirs of the American Philosophical Society* v. 30, Pts. 1-2 (Princeton, 1951), 1:85-86. It should be noted that this letter was written after the actual speech, but prior to the first appearances of the oration in local newspapers (June 22 and July 4).

<sup>43</sup> Full title: *An oration, delivered February 4, 1774, before the American Philosophical Society, held at Philadelphia. Containing, an enquiry into the natural history of medicine among the Indians in North-America, and a comparative view of their diseases and remedies, with those of civilized nations. Together with an appendix, containing, proofs and illustrations.* Henceforth the document will be referred to as the *Oration*. The ill colleague was Charles Thomson (1729-1824), a central figure in the organization of Philadelphia opposition to British trade policies who later became secretary of the Continental Congress. Though unlikely a prime factor in the thematic makeup of the *Oration*, it is possible that Rush accentuated the political thrust of his speech to fall in line with audience expectations for a strong patriotic speech by Thomson. The content of Thomson’s proposed speech (if there was any prepared) is unknown.

interest in the exotic, the “other,” and Indians seemed a natural extension for study. Certainly he was writing about both subjects at the same time. Alternatively, Rush may have calculated that native pharmacopoeia was an unexplored field, one in which his research could earn accolades from his peers. Writing later in his life, Rush told an anecdote of a dinner he attended in London with Samuel Johnson and Oliver Goldsmith, in which Goldsmith queried the star-struck, twenty-four-year-old Rush at some length as to the manners and customs of the North American Indians.<sup>44</sup> Five years later, composing the *Oration*, Rush may very well have had such a learned audience’s curiosities in mind.

Rush framed the *Oration* around three main topics: the social customs, diseases, and remedies of both Indians and the “civilized” nations (for his purposes the English colonists). He began by discussing Indian customs. Indians, Rush contended, should be classified as “savages,” according to his standard for judging societies:

Civilians have divided nations into savage, barbarous, and civilized. The savage, live by fishing and hunting. The barbarous, by pasturage or cattle; and the civilized, by agriculture. Each of these are connected together in such a manner that the whole appear to form different parts of a circle. Even the manners of the most civilized nations partake of those of the savage. It would seem as if liberty and indolence were the highest pursuits of man; and these are enjoyed in their greatest perfection by savages, or in the practice of customs which resemble those of savages.<sup>45</sup>

Indians, Rush argued, were remarkable for the “severity of their manners.” Indian life was harsh by design, and the training for it began in childhood. “To harden them against the action of heat and cold (the natural enemies of health and life among the Indians) [children] are plunged every day in cold water.” When young children were transported from place to place, they would be “tied to a board” to “preserve their shapes.” To learn

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<sup>44</sup> Rush to James Abercrombie, April 22, 1793, *Letters*, 2:633.

<sup>45</sup> Rush, *An Oration*, 9.



pain tolerance, young men would “inure themselves to burning part of their bodies with fire, or cutting them with sharp instruments.” Later in life, the cold baths would be continued, and Indians would learn to anoint their bodies with bear grease and clay oil that served “to lessen the sensibility of the extremities of the nerves” and fortified them “against the action of those exhalations” that promoted disease. These practices all guaranteed a “hereditary firmness of constitution.”<sup>46</sup>

Rush believed that Indian diets differed in both quantity and complexity from those of civilized nations. The animals they ate were “wild and therefore easy of digestion,” he wrote. They had more fish in their diet, more roots, fruits, and “mild” vegetables. “I cannot find that the Indians used salt in their diet,” he explained, “till they were instructed to do so by the Europeans.” They dressed their foods with simple meat juices, as opposed to “those sauces or liquors” that European cooks used. They ate at irregular intervals, and at times were given to “commit those excesses in eating, to which long abstinence can not fail of prompting them.”<sup>47</sup>

Indian men and women, according to Dr. Rush, were influenced by “customs which are peculiar to the sexes.” Women were “doomed by their husbands to such domestic labor as gives a firmness to their bodies, bordering upon the masculine.” Such conditions, Rush concluded, caused Indian females to begin menstruating later, but also allowed them to “better...support the convulsions of childbearing.” Supposedly, they

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<sup>46</sup> Ibid., 11, 12, 17, 18. Rush claimed that deformed Indians did not exist, not because they were put to death, but because the “severity of the Indian manners destroys them.”

<sup>47</sup> Ibid., 12-14, 61 (note aa), 104 (note gg) On diet, Rush advised that “the diet should be *altogether* natural or artificial. When the digestive organs are relaxed by habits of indolence and intemperance, milk and vegetables should be banished from our tables. Our animal food should be prepared for digestion, by a slight putrefaction; and large sideboards of wine, spices, &c. should supply the want of the natural tone and juices of the stomach, to enable us to digest it.” (note aa). Rush also connected his theory of “artificial diseases” to the over-consumption of “*flesh meat*.” (note gg).

rarely miscarried, and their labors were “short, and accompanied with little pain.”<sup>48</sup>

Because Indian men were employed in hunting and warfare, they were possessed “of the utmost possible health.” Rush extolled the virtues of both Indian men and women delaying marriage longer than their “civilized” counterparts. They derived “considerable vigor” from this custom, resulting in easier childbirths and the avoidance of “the enervating effects of the premature dalliance of love.”<sup>49</sup>

Rush concluded, given his interpretation of Indian customs, “that fevers constitute the only diseases among the Indians.” “The alternate action of heat and cold upon their bodies,” while sleeping in open air, “their long marches,” “their excessive exercise,” and their “intemperance in eating” were all conditions that supposedly supported this hypothesis. Hard outdoor living made fevers the inescapable “empire of diseases among them in every stage of their lives.” Of course, Indians were susceptible to other diseases. They could contract smallpox, venereal disease, and other diseases “natural” to Europeans. They might develop the gout, but only after they “had learned the use of rum, from the white people.” But the fevers category, Rush proposed, effectively accounted for all the illnesses native to the North American continent. Moreover, he inferred that since the Indian experience was devoid of civilization’s corrupting influences, “fevers, old age, casualties and war are the only natural outlets of human life.”<sup>50</sup>

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<sup>48</sup> Had Rush read the French histories of Canada more extensively, he would have realized that the supposedly lessened pain of childbirth was not considered a physical trait but a cultural taboo of expressing that pain. See James Axtell, *The Indian Peoples of Eastern America : A Documentary History of the Sexes* (New York: Oxford University Press, 1981), 3-32.

<sup>49</sup> Rush, *Oration*, 14-19. In an interesting aside, Rush criticizes accidents in childbirth that arise from the “ill management of midwives.” Interestingly, he returns to this point in a later aside in the *Oration*, placing himself squarely in the camp of doctors calling for midwives to be replaced by male physicians specializing in birthing. See *Ibid.*, 61, 93-94.

<sup>50</sup> *Ibid.*, 20-26. Rush notes in an aside that alcohol abuse may have played a large role in Indian mortality: “The mortality peculiar to those who have mingled with the white people must be ascribed to the extensive

Rush's *Oration* examined the state of Indian remedies for their ailments. "These like their diseases are simple," he said, "and few in number." He made a large distinction between those Indian remedies that "were suggested by nature" (Rush calls these *natural remedies*) and those that were "discovered by art" (*artificial remedies*).<sup>51</sup> The distinction was key to Rush, for it formed the foundation of his argument that Indians lacked an organized or "scientific" system of medicine. "Sweating," for instance, was a technique that Rush classified as a natural remedy: "It was probably suggested by observing fevers to be terminated by it." Yet even Rush himself described a sweating ritual process that evokes a highly systematized, if perhaps not scientific, level of preparation:

The patient is confined in a close tent, or wigwam, over a hole in the earth, in which a red hot stone is placed; a quantity of water is thrown upon this stone, which instantly involves the patient in a cloud of vapour and sweat; in this situation he rushes out, and plunges himself into a river; from whence he retires to his bed. If the remedy has been used with success, he rises from his bed in four and twenty hours, perfectly recovered from his indisposition. This remedy is used not only to cure fevers, but to remove that uneasiness which arises from fatigue of body.<sup>52</sup>

It is apparent that Rush believed remedies to be "scientific" and "artful" only when they were the product of Western ingenuity. The "artificial" Indian remedies that he cited were thus viewed as equally frail substitutes for their Western analogues. For example, Rush disdained the unlearned ways in which Indians, "sharp stones and thorns" in hand,

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mischief of spirituous liquors. When these have not acted, they have suffered from having accommodated themselves too suddenly to the European diet, dress and manners. . . . we may venture to foretell, that, in proportion as the white people multiply, the Indians will diminish; so that in a few centuries they will probably be extirpated." This is a startling passage. Did Rush associate the endemic Indian depopulation, the magnitude of which he must have been aware of, with merely a weakness for alcohol and other European ways? If so, might he have viewed the depopulation as morally just, a consequence of the self-destructive choices of Indians? The paragraph cited here is not connected very well to the rest of the *Oration's* argument, and Rush never mentions Indian alcohol abuse in quite the same context anywhere else in the document. It seems from his appendix notes, at least, that he did not understand (or credit) contagion theories of disease to explain the deaths of Indians (but not whites) in Nantucket. See *Ibid.*, 56, 91.

<sup>51</sup> *Ibid.*, 27-28.

<sup>52</sup> *Ibid.*, 28-29.

decided to bleed their patients: “They confine bleeding entirely to the part affected. To know that opening a vein in the arm, or foot, would relieve a pain in the head, or side, supposes some knowledge of the animal economy, and therefore marks an advanced period in the history of medicine.”<sup>53</sup>

The harsh and savage life of the Indian, at least as Rush perceived it, was completely antithetical to the empathic elements of modern medicine. In their present state of savagery, Indians could never obtain the true skills required of a “modern” physician. Rush’s Indians were not prospects for conversion to Western medical concepts, nor even useful as medicine men who could treat the English on occasion. They were merely subjects for a civilized nation’s scientific study. Rush contrasted the simplicity and scarcity of Indian remedies with those of the European system of *materia medica*. The *materia medica* encompassed a highly developed system of vegetable, mineral, and animal products processed in laboratories to yield scientifically “proven” medications. In addition, therapeutic techniques such as bleeding, cupping, mineral waters, and artificial drains were all exemplary methods for treatment that doctors learned to master during their apprenticeships. A self-satisfied Rush remarked that “although physicians are in speculation the servants, yet in practice they are the masters of nature. The whole of their remedies seem contrived on purpose to arouse, assist, refrain and controul her operations.”<sup>54</sup>

However, Rush acknowledged that the *materia medica* still had some serious limitations. “We are still ignorant of antidotes to the chief of the diseases of civilized

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<sup>53</sup> Ibid., 28-31. See also Rush’s note x on p. 60. For a critical appraisal of Rush’s theories on bleeding, see John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, Mass., 1986).

<sup>54</sup> Rush, *An Oration*, 46-47.

nations,” he noted. Rush was adamant, however, that it was the gaps —not errors — in the current body of knowledge that were most troubling. And while the knowledge necessary to rid the colonies of disease might lie embedded among the Indians (“Societies,” he said, “stand in need of each other as much as individuals”), Rush quickly noted that “we have no discoveries in the materia medica to hope for from the Indians in North-America. It would be a reproach to our schools of physic, if modern physicians were not more successful than the Indians, even in the treatment of their own diseases.” Rush’s feelings toward Indians were complicated — in one respect he saw them as having ingeniously suited their bodies to their climate, and he admired a simple lifestyle that apparently shielded them from hundreds of “civilized” diseases. He wasn’t quite ready to cede moral ground to a “savage” society, yet Rush recognized that there was merit to living a simpler life, with a diet and “customs” better suited to the unique conditions of the Americas. Yet he also disparaged Indians for practicing irrational medicine, and took every opportunity to discount their therapeutic successes.

University-trained physicians, with few exceptions, took a generally dim view of Indian medicine, but this attitude was notably out of step with the feelings of many Americans. Most colonists opted for home care as their first line of defense against illness, and Indian medicine, among many other folk medicine traditions, was welcomed by many as a practical way to combat disease. Physicians were scarce in the colonies, at least until the nineteenth century, since only relatively affluent students were able to shoulder the costs of obtaining a university degree and apprenticeship overseas. Because of their professional status, university-trained physicians often charged fees that were beyond the means of regular folk. Those doctors who did operate in the colonies were

generally located in larger urban areas, away from many persons living in the colonial backcountry. Even when a physician was available, he was usually only consulted as a last resort, when all home care options had failed.<sup>55</sup> Books on folk medicine were particularly popular with the American public, and those that incorporated information on Indian remedies did especially well. Evangelist John Wesley, who preached in Georgia from 1735 to 1737, was sufficiently impressed with Indian medicine that he described many of their medical practices in a 1747 book, *Primitive Physic*. The book sold very well in America, and went through forty printings over the next century.<sup>56</sup>

While Rush and others criticized the medical practices of Indians, others sought to defend them. In a 1769 letter to the *Essex Gazette* written by “Benevolus,” the author recounted the recent story of how “a certain Squaw, residing in the bounds of Brunswick...had performed several remarkable Cures of inveterate cancers, which (’tis probable) had bid defiance to all the skill of ‘regularly bred physicians and surgeons.’” Benevolus lamented, however, that well-to-do doctors and ministers in the community had unjustly labeled the “Squaw” in the press as a “*heathenish* Impostor.” Medical quacks were a problem, he acknowledged, but “her character in this affair seems to stand upon as good ground as ’tis possible in such a case...She does not (after the manner of impostors) pretend to deep mystery in the matter, and make a parade of charms and hocus pocus tricks. On the contrary, she uses the very same means of cure as ‘regular bred physicians’ do in almost every disease: ‘Herbs and roots, manufactured in her own way, are her only remedies.’”

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<sup>55</sup> Ann Anderson, *Snake Oil, Hustlers and Hambones: The American Medicine Show* (Jefferson, N.C., 2000), 21-22.

<sup>56</sup> Vogel, *American Indian Medicine*, 74. See John Wesley, *Primitive Physic; Or, an Easy and Natural Method of Curing Most Diseases* (London, 1747).

In taking the local elites to task, Benevolus made a plea for trusting pragmatic and common-sense remedies over the physicians' penchant for relying on medical theories. "Now, I say, the means used by the Squaw, in curing cancers, may be, in fact, as rational, as well founded as any rule laid down by Hippocrates for the cure of any disease whatever; tho' she may be, and probably is, utterly ignorant of the reason of their operating in the manner that they do. By observation, she finds them effectual. And from this same source (of observation on the course of nature and effects of medicines) is the knowledge of every disease originally derived."<sup>57</sup>

According to historian Susan Pryor, "a distinct dichotomy" arose in eighteenth-century white appraisals of Indian medicine. "One side embraced the image of the painted, dancing medicine-man leaping by firelight over a patient, chanting to drive disease spirits out; using herbs very carelessly if at all. The other side showed the calculated steady Indian healer gathering various herbs, choosing them deliberately and carefully, knowing their medicinal value, and how to use them correctly and effectively."<sup>58</sup> By the end of the eighteenth century, a fundamental conflict was brewing between elite supporters of the medical profession and practitioners of folk medicine. At this time Indian medicine represented just one dimension of the conflict, but in the early years of the American republic, it became a major touchstone in debates about scientific versus folk health care.

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<sup>57</sup> "Mr. Hall, August 10, 1769," *Essex Gazette* (Salem, MA), 2:55, Aug. 8-15, 1769, 12.

<sup>58</sup> Pryor, *American Indian Medicine*, i.

## CHAPTER II

### OCKAMPO'S INHERITORS

The mother wept aloud, "is there no help, doctor?" said she, "must I then lose my only child?"

"I have tried every remedy," said the doctor, setting his hand upon his hip, "which is known to the healing art — and there is no man, I'll assure you, better acquainted with medicine than myself; for I travelled three years with the great Indian doctor Mohohonock."

The scene was truly affecting. While the doctor, without any emotion of pity, boasted of his skill — the mother was affectionately taking leave of her daughter. I was too much affected with pity for the mother, and indignation against the doctor, to be a farther witness. I stole silently from the room.

Of all quacks, quacks in physic are the most pernicious to common people. Can a man of feelings be a witness of the daily havock, made by these officers of death, among his fellow creatures, without a sigh?<sup>59</sup>

— "The Metabasis, No. VI" (1792)

In the wake of the Revolution, as many American families began the gradual process of rebuilding and recovery, health care remained a primary concern in the day-to-day existence of the average citizen. Though white Americans were living longer with each passing generation, the median age of mortality in New England's longest-settled communities during the late-eighteenth century was still only 18.1 years.<sup>60</sup> Epidemic diseases continued to empty out cities in the summer months, as their residents feared

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<sup>59</sup> "From the Farmer's Journal, The Metabasis, No. VI," *The Mail; or, Claypoole's Daily Advertiser* (Philadelphia), no. 194, Jan. 12, 1792, p. [2].

<sup>60</sup> Edward Wigglesworth, "A Table Shewing the Probability of the Duration, the Decrement, and the Expectation of Life in the States of Massachusetts and New-Hampshire, formed from sixty-two Bills of Mortality on the files of the American Academy of Arts and Sciences in 1789," *American Academy of Arts and Sciences, Memoirs* (Boston, 1793), II, part I, 133, quoted in Daniel Scott Smith and J. David Hacker, "Cultural Demography: New England Deaths and the Puritan Perception of Risk," *Journal of Interdisciplinary History*, 26:3 (Winter 1996), 372. On methodological issues concerning life expectancy during this era, see J. David Hacker, "Trends and Determinants of Adult Mortality in Early New England: Reconciling Old and New Evidence from the Long Eighteenth Century," *Social Science History*, 21:4 (Winter 1997), 481-519.



catching the latest deadly strain of yellow fever, smallpox or measles.<sup>61</sup> Professional physicians, practicing in an era that preceded bacteriology and antiseptic precautions by nearly a century, had made some headway in the classification of knowledge about disease, but they still fell short of providing consistently effective therapies.<sup>62</sup> Nearly all states in the union had passed public health legislation, but these were mainly laws to control contagious diseases through isolation or inoculation.<sup>63</sup> Effective regulation of the drug industry, by contrast, was not established until the Pure Food and Drug Act of 1906, several decades after state licensure of doctors became codified into state law.<sup>64</sup> As a result, the unregulated industry of country doctors, barber-surgeons, and patent medicine dealers continued to prosper. At the beginning of the nineteenth century, a handful of Americans who styled themselves “Indian Doctors” began to advertise their services in local newspapers. These proprietors of patent medicines claimed to have tapped directly into the vast resources of Native American medicinal knowledge, and it is they who transformed Indian medicine into a ubiquitous nineteenth-century American commodity.<sup>65</sup>

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<sup>61</sup> See, for example, J. Worth Estes and Billy G. Smith, eds., *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic* (Canton, MA, 1997); Fenn, *Pox Americana*.

<sup>62</sup> Anderson, *Snake Oil*, 22.

<sup>63</sup> Brooke Hindle, *The Pursuit of Science in Revolutionary America, 1735-1789* (Chapel Hill, NC, 1956), 110.

<sup>64</sup> Two excellent analyses of the lead-up to this legislation include James Harvey Young, *Pure Food: Securing the Federal Food and Drugs Act of 1906* (Princeton, NJ, 1989) and Lorine Swainston Goodwin, *The Pure Food, Drink, and Drug Crusaders, 1879-1914* (Jefferson, NC, 1999).

<sup>65</sup> Vogel, *American Indian Medicine*, 131; Joseph F. Kett, *The Formation of the American Medical Profession: The Role of Institutions, 1780-1860* (New Haven, 1968), 123. Kett argues that some of the early “Indian doctors” were mulattoes or persons who claimed partial-Indian descent. That segment of the “Indian doctor” population seems to have been comprised mainly of itinerants who hawked their medicines on a continuously traveling circuit. This study focuses more on the semi-permanent establishments of Indian doctors within American cities, as these businesspersons left behind a notable record within the print media of the period. The city-dwelling Indian doctors seem to have been, by and large, Anglo-Americans.

However, as the above editorial by “The Metabassist” indicates, some Americans had an uneasy relationship with these alternative pathways to medical care. The fear that an unqualified quack could cause a patient to be “physicked out of the world” was shared by many.<sup>66</sup> All those who made their living by treating the sick, whether unschooled “Indian doctors” or university-trained physicians, were faced with the same challenge — how do I inspire confidence in my clientele? Confidence was required for a patient to agree to subject their body to possibly invasive or otherwise pain-inducing treatments; such faith was also necessary for a patient to part with their money. Professional physicians touted their academic degrees and extended apprenticeships. They built up their base of clients through a combination of good word-of-mouth and social networking. The most successful of the patent medicine dealers, by contrast, built consumer confidence through the print medium.

None of the early “Indian doctors” was more exemplary of this movement than Charity Shaw, a remarkable businesswoman whose role in the popularization of “Indian” medical remedies has heretofore been unexamined by historians. Shaw was born Charity Smith in 1764, to the large and wealthy Smith family of Long Island, New York.<sup>67</sup> The Smiths, known for prizing education and holding significant political connections, played a notable role in the American Revolution. Charity’s brothers all served in the

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<sup>66</sup> “From the Farmer’s Journal, The Metabassist, No. VI,” *The Mail; or, Claypoole’s Daily Advertiser* (Philadelphia), no. 194, Jan. 12, 1792, p. [2].

<sup>67</sup> The Smiths, and their fortune, descended from the Thorns of England, a wealthy and powerful family. Charity’s parents were John and Margaret Smith. John was a very successful merchant in New York, and among the earliest English settlers to Long Island. Margaret was the daughter of a British officer. Though many families on Long Island sided with the British in the Revolution, the Smiths conspicuously did not. Charity had nine other siblings in the family. See L.M. Hammond Whitney, *History of Madison County, State of New York* (Syracuse, N.Y., 1872), 542-577; Katharine Metcalf Roof, *Colonel William Smith and Lady: The Romance of Washington’s Aide and Young Abigail Adams* (Boston, 1929), 5; “William Stephens Smith, (1755-1816),” in “Biographical Directory of the United States Congress,” <http://bioguide.congress.gov/scripts/biodisplay.pl?index=S000638> (accessed February 1, 2007). Shaw’s obituary in 1826 notes her age as 62. See *New-York Spectator*, vol. 29, Nov. 10, 1826, p. [2]

Continental Army; her elder brother, William Stephens Smith, earned special distinction as a colonel and an aide to George Washington.<sup>68</sup> Later, the Princeton-educated William would reinforce the family's prestige by serving various roles in the new United States government: as secretary for the diplomatic Legation to London from 1784 to 1788, as United States Marshal for the district of New York in the 1790s, and as a Federalist congressman from 1813 to 1815. However, Colonel William S. Smith, as he was often referred to, is perhaps best remembered in the historical record as the man who married the only daughter of John and Abigail Adams.<sup>69</sup>

We know relatively little about the first half of Charity's life. Later reminiscences by both herself and others indicate that, like her siblings, she likely received a first-class education, probably of unusual rigor for a woman of the period. She had an independent streak, speaking and writing with a candor that at times concerned William, though her loved ones seem to have humored her in this respect. William's later biographer took care to refer to Charity as an "Eighteenth Century feminist."<sup>70</sup> She did not marry in her early years of adulthood. This may have been due to her love of study, a recurrent theme throughout her life. Perhaps, as a wealthy New York scion, she waited some years to find the most suitable match. Yet she and her sisters certainly rose to prominence as

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<sup>68</sup> Whitney, *History of Madison*, 542-77; Roof, *Colonel William Smith*, 15-17, 21-22, 25-29, 33, 38-45; "William Stephens Smith, (1755-1816)," in "Biographical Directory of the United States Congress," <http://bioguide.congress.gov/scripts/biodisplay.pl?index=S000638> (accessed February 1, 2007).

<sup>69</sup> Roof, *Colonel William Smith*, 4, 10-13, 15, 90, 207, 277-322; David McCullough, *John Adams* (New York, 2001), 362-364; "William Stephens Smith, (1755-1816)," in "Biographical Directory of the United States Congress," <http://bioguide.congress.gov/scripts/biodisplay.pl?index=S000638> (accessed February 1, 2007).

<sup>70</sup> Roof, *Colonel William Smith*, 182, 226; Whitney, *History of Madison*, 542-577.

marriageable prospects; they were considered quite beautiful, and the family's political and economic capital no doubt would have interested many suitors as well.<sup>71</sup>

During the early 1790s, the Smiths emerged as leading forces in the post-Revolutionary speculation of land throughout upstate New York. The family parlayed their preexistent wealth with William's rising political profile in order to buy up tracts of land in abundance. In 1794, after several years during which his brother Justus and other associates surveyed the area, the colonel received a patent to purchase six of twenty townships in the newly delineated Chenango County, an enormous swath of land totaling 150,000 acres. Soon after, he sold off the bulk of the tracts to other speculators. The colonel kept for the family the newly established townships located at present-day Smyrna and Sherburne, New York, both adjacent to the Chenango River. Over the years, much of this land was in turn sold off to incoming settlers. The area became known as Smith Valley, and many of the Smiths continued to call it home in the succeeding decades. At the time of the deaths of two of the Smith brothers (William and Justus) in 1816, court records indicate that the family was still in possession of at least 10,400 acres dispersed in thirty-four lots over several different upstate counties. The Smiths probably owned even more acreage, already redistributed through other deaths in the family. With such landed wealth in reserve, Charity and her siblings had the opportunity to live quite comfortable lives.<sup>72</sup>

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<sup>71</sup> Roof, *Colonel William Smith*, 226.

<sup>72</sup> Whitney, *History of Madison*, 542-577; "Legal Notice," *The Columbian* (New York), 8:2213, Apr. 16, 1817, p. [4]; Roof, *Colonel William Smith*, 212. The figure of 10,400 acres comes from the listing of Justus Smith's land assets in *The Columbian* upon his death in 1816. Justus and William were, according to Whitney, the main purchasers of the Smith Valley land in Chenango County, meaning that the 10,400 acres probably represents the bulk of the family's remaining upstate land assets in 1817. This land, according to the published court records, was to be split evenly among the five living Smith sisters: Margaret de St. Hilaire (Smith), Belinda Clarkson (Smith), Sarah Adams (Smith), Charity Shaw Long (Smith), and Ann

In 1794, at the age of thirty-two, Charity married Benjamin Shaw of Boston. Benjamin, “a Clerk in the Branch Bank at 600 dollars a Year,” appears to have been distantly tied to a Shaw branch of the Smith family tree. After wedding in New York, Charity returned with Benjamin to start a new life in Boston. Nothing in the public record sheds light on whether Benjamin and Charity had children, but given that Charity’s later will only bequeathed goods to her siblings, friends, and a nephew, it seems likely that the couple were childless.<sup>73</sup>

John Adams, who at least knew Charity in passing, she being his son-in-law’s sister, paid a visit to the couple in 1796. He recollected their conversation at tea in his diary, thus giving us the briefest of glimpses into Charity’s married life. According to

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Smith. Five of the ten Smith siblings appear to have been dead by 1816: William, Mary, James, John, and Justus. Equal shares of Justus’s land were also given to William’s son, William Steuben Smith, and Eliza Thomson of Philadelphia. Various cousins and relatives also received lesser portions. By the time of Justus’s death in 1816, twenty-two years after his brother’s acquisition of the original Chenango patent, the family had apparently sold off many of the more inland farm plots in the Smyrna and Sherburne townships (listed #8 and #9 on maps of the original twenty townships of Chenango County) in favor of consolidating their property along the Chenango River. In the 1816 redistribution, the family had little land left in Sherburne (4 acres), but significantly more in the other Chenango River towns of Eaton (945 acres), Lebanon (1479 acres), and Greene (496 acres). The family had also expanded its holdings into other upstate counties, with significant properties in Lisle (2302 acres), and a 4247 acre tract in Montgomery County.

<sup>73</sup> *Daily Advertiser* (New York), 10:3043, Nov. 15, 1794, p. [2]; Roof, *Colonel William Smith*, 226; John Adams to Abigail Adams, 8 November 1794. 3 pages. Original manuscript from the Adams Family Papers, Massachusetts Historical Society; John Adams, “August 2, 1796 entry,” John Adams diary 46, Aug. 6, 1787 – Sept. 10, 1796, July 2 – Aug. 21, 1804. Grouping of 9 fragments of loose and/or folded sheets (65 pages and additional blank pages). Original manuscript from the Adams Family Papers, Massachusetts Historical Society; “Will of Charity Shaw,” (New York: October 28, 1826), in *Abstracts of Wills, Administrations and Guardianships in NY State, 1787-1835*, 416-417; available at: [http://www.newenglandancestors.org/research/database/ny\\_probate/default.asp?vol=&pg=NewYork\\_0542.gif&page=1&cnt=7&browse=1](http://www.newenglandancestors.org/research/database/ny_probate/default.asp?vol=&pg=NewYork_0542.gif&page=1&cnt=7&browse=1) Although relative wage estimates are somewhat speculative for this period, Benjamin’s \$600 annual salary, as cited by Adams, would have been significantly above average for Bostonians of the period. Lee Soltow estimates the median value of an American house in 1798 at \$262, lending credence to the idea that Shaw’s clerk position gave him significant wealth-generating potential. Shaw’s eventual death notice in 1807 noted him as a member of the Freemasons, a point that further illustrates his connections to Boston’s elite. See Allan Kulikoff, “The Progress of Inequality in Revolutionary Boston,” *The William and Mary Quarterly*, 3<sup>rd</sup> Ser., 28:3 (July 1971), 385; Lee Soltow, “The Distribution of Income in the United States in 1798: Estimates Based on the Federal Housing Inventory,” *The Review of Economics and Statistics*, 69:1 (Feb. 1987), 181; *New-York Evening Post*, no. 1611, Feb. 6, 1807, p. [3].

Adams, Charity was planning on opening an academy “of young Ladies for Painting and Music.” Adams was impressed by Charity’s plans for the school. As he noted amiably in his entry: “If a soft, sweet Voice, a musical Ear, and melodious Modulations, could feed the hungry and cloath the naked, how happy might some People be.” And yet, Adams found the young Mrs. Shaw’s boldness to be impolite. “She rattles about Independence and boasts of having earned fifty dollars last Month.” While he lauded her intellectual pursuits, Adams appears to have taken a dim view of Charity’s evident ambition, which he found frivolous and unbecoming of a refined young lady. “If innate Levity is curable,” he remarked sardonically, “they may be happy.”<sup>74</sup>

The “Columbian Academy of Painting,” at which Shaw instructed “young Ladies and Gentlemen in Drawing and Painting Landscapes, Birds, Flowers, and whatever the fancy may dictate, or the genius aspire to,” became Shaw’s pet project.<sup>75</sup> Initially, she offered morning art and music classes to her students for a nominal fee. However, after five years of modest success at her school for the arts, Shaw’s plans for the academy expanded ambitiously. By 1802, Shaw advertised in a local newspaper her plans for a new women’s boarding school in Charlestown. There, she promised that “those parents who are disposed to intrust their Children to the care of Mrs. S. may depend upon every attention being paid to their minds and persons, to render them useful and ornamental members of society.” Her advertisements promised six hours a day of study in “every branch of Female Education,” with classes offered in reading, writing, grammar,

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<sup>74</sup> John Adams, “August 2, 1796 entry,” John Adams diary 46, 6 August 1787 - 10 September 1796 (with gaps), 2 July - 21 August 1804.

<sup>75</sup> *Massachusetts Mercury* (Boston), 9:16, Feb. 24, 1797, p. [3]. Shaw probably chose to name the academy “Columbian” after Alexander and Archibald Robertson’s popular Columbian Academy then located in New York. On that academy, see Megan Fort, “Archibald and Alexander Robertson and the Columbian Academy of Painting, New York, 1791-1841,” Ph.D. diss., City University of New York, 2005.

geography, arithmetic, piano forte and guitar, drawing and painting, dancing, French language, embroidery, lace work, sewing, and other specialties.<sup>76</sup>

Shaw claimed that her academy would emphasize to its female charges strict religious principles, an elegance of manners, and a well-rounded development in the humanities “which never fails to attract and fix the esteem of the amiable, virtuous and improved part of society.” Interestingly, while John Adams believed that Charity had a coarse preoccupation with earning ability, Shaw appears to have viewed the new academy more as a philanthropic mission than a source of income. For one thing, Shaw had access to family money, thus limiting her need to focus too heavily on the academy’s profit margin. And while the school was designed as a finishing school for well-to-do ladies, Shaw emphasized that women of all classes were welcome there. Her ads indicated that students of limited means could either make partial-board arrangements or enroll in only those courses they could afford. Charity’s attempt to bridge the gap between Boston’s poor and affluent was important, as it would characterize her business approach for the remainder of her career.<sup>77</sup>

After only two years of operation, the school was permanently shuttered in 1804. Many difficulties prompted Charity to concede defeat. She had been forced to transfer her classes from Charlestown back to Boston proper, and then between several different neighborhoods, thus suggesting that the school was never on stable enough financial footing to retain a permanent physical location. A yellow fever outbreak completely disrupted one of her academic quarters, and despite her best promotional efforts, it does

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<sup>76</sup> *Independent Chronicle* (Boston), 34:2260, Nov. 22, 1802, p. [1]; *Independent Chronicle* (Boston), 35:2293, Mar. 17, 1803, p. [1].

<sup>77</sup> *Independent Chronicle* (Boston), 34:2260, Nov. 22, 1802, p. [1]; *Independent Chronicle* (Boston), 35:2293, Mar. 17, 1803, p. [1].

not seem that Shaw was able to attract enough pupils to cover the school's expenses.

While Charity Shaw did not find the market for women's education that she intended, her next venture into the sales of Indian medicine proved far more successful.<sup>78</sup>

In May of 1805, Shaw, now forty-one, embarked upon a second career as a so-called "Indian doctress." She set up shop on Chambers Street in West Boston, selling her wares of "Indian medicines, adapted to every complaint, herbs, roots and salves, with printed directions, so rapid in their progress, that 24 hours will decide their power and efficacy."<sup>79</sup> This was, to be certain, a major career shift for Charity. The textual evidence on Shaw predating 1805 shows no indication of formal medical training, or even an affinity for the discipline (though the body of evidence regarding her formative years is admittedly quite small). As we shall see, however, Charity did attribute her interest and purported expertise in medicine to a life-changing experience from her young adulthood — a friendship and collaboration formed with an Indian medicine man. Intriguingly, it is this story of supposed cross-cultural sharing that forms the intersection at which we may simultaneously evaluate myths and imperialism in early-nineteenth-century advertising, the ethics of the patent medicine industry, and the integrity of Charity Shaw's public self-presentation. As Shaw was the first widely known proprietor of medicines tied to Native American knowledge, her story bridges the transition from a

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<sup>78</sup> *Independent Chronicle* (Boston), 35:2315, June 2, 1803, p. [3]; "Tremont-Street Academy," *Independent Chronicle* (Boston), 36:2377, Jan. 5, 1804, p. [2]. The school moved during this time from Charlestown to Prince Street, Boston, and then to Tremont Street, Boston.

<sup>79</sup> *Columbian Centinel* (Boston), 43:49, Aug. 28, 1805, p. [4]. Charity's establishment required no state approval. A law passed by the Massachusetts legislature in 1781 empowered the state's medical society to officially license medical practitioners. However, a license was not required in order to actually practice medicine. Most doctors applied for a license because it allowed the licensee to sue in court for unpaid fees. See Reginald H. Fitz, "The Rise and Fall of the Licensed Physician in Massachusetts, 1780-1860," *Transactions of the Association of American Physicians* 9 (1894), 1-18; William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore, 1972), 76.



general American ambivalence toward Indian medicine to the thoroughly exploitative use of Indian imagery in late-nineteenth-century advertising and the medicine show circuit.

In her practice, Shaw specialized in self-styled remedies for pulmonary tuberculosis, the debilitating illness better known during the period as consumption. In a short time she would expand her inventory, priced between ten cents and twenty-five dollars a treatment, to include medicines for a wide range of maladies. Dysentery, rheumatism, toothaches, cancerous lesions, tapeworms, scurvy, consumption and “liver complaints”—none of these ailments was, allegedly, a match for Shaw’s newly “discovered” medicines from Indian country. Later in her tenure as a patent medicine proprietor, Shaw would boast of new cures for yellow fever, typhus, influenza and even insanity. Charity marketed the remedies as sensibly-priced, natural, homegrown products that were viable and safer alternatives to physicians’ drugs like calomel and laudanum.<sup>80</sup>

Business was apparently brisk, for by the end of the summer of 1805 Shaw had already initiated a full-fledged marketing campaign in the local papers. By way of her effusive advertising copy, Shaw began to meticulously build her public persona. While Shaw’s clear aim was to publicize the potency of her assorted curatives, she was to an equal extent selling the knowledgeable and charismatic personality behind those products. To that end, she expanded on her previously established image as the Christian educator concerned with good virtue. Now her aim was to be seen as one who, by dint of

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<sup>80</sup> *Public Advertiser* (New York), 11:481, July 20, 1808, p. [4]; *The Repertory* (Boston), 3:16, Feb. 25, 1806, p. [1]; “Health Department,” *Albany (NY) Register*, 27:14, February 17, 1815, p [4]. Calomel, or mercury(I) chloride, was a commonly prescribed purgative drug that was as poisonous (due to its mercury content) as it was painfully efficient in flushing out the gastrointestinal system. Laudanum was an opium tincture that was also commonly prescribed for pain relief or as a sleeping aid. See David Armstrong and Elizabeth Metzger Armstrong, *The Great American Medicine Show: Being an Illustrated History of Hucksters, Healers, Health Evangelists, and Heroes from Plymouth Rock to the Present* (New York, 1991), 166; James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford, 2002), 4.

her hard work, delivered the poor and wealthy alike from certain death. It was a role she would grow to relish. Over the course of the next fifteen years, the name “Charity Shaw” would develop into an early type of brand identity. Shaw, whom a New York newspaper would years later laud as “that celebrated dealer in universal panaceas,” became an icon that urbanites across the Eastern seaboard may well have regarded as synonymous with remedies of purportedly Indian origin.<sup>81</sup>

Shaw’s ads, like others in the business of commercial folk medicine, largely consisted of glowing testimonials both to the efficacy of her products and to her own special genius.<sup>82</sup> Taken at face value, one might conclude from the testimonials that the Shaw brand proffered genuine miracles in a bottle. Nancy Russell’s consumptive child “was reduced to a skeleton...her cough and expectoration indicated the last struggles of life.” In desperation, Russell “applied to Mrs. Shaw, for the Indian Medicines—My Child recovered so rapidly...in six weeks, she was well. It is our firm belief the Indian Medicine has perfected the cure of all her complaints.”<sup>83</sup> A similarly astonished Stephen Hedden had found “all medical aid proving ineffectual” in the treatment of his wife Sally’s dropsy. However, the medicines supplied by Shaw proved astonishingly successful at checking Sally’s “putrefaction” and restored her to health. Such a cure, beyond the means of the traditional physician, “proved the sudden effect of the Indian Medicines in a desperate case.”<sup>84</sup> David Waldron of New York sought out “Mrs. Shaw as the last resource” as well. His wife Fanny “was nine months afflicted with the

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<sup>81</sup> *The American* (New York), 1:105, July 7, 1820, p. [2].

<sup>82</sup> Vogel, *American Indian Medicine*, 132, 135-136; James Harvey Young, “Patent Medicines and Indians,” *Emory University Quarterly*, 17 (Summer 1961), 86-92; Young, “Patent Medicines: An Early Example of Competitive Marketing,” 648-56.

<sup>83</sup> *The Repertory* (Boston), 11:103, Dec. 24, 1805, p. [3].

<sup>84</sup> *The Democrat* (Boston), 3:69, Aug. 27, 1806, p. [4].

asthma...every advertised remedy was tried with no effect—medical aid was variously sought without relief, until her life was despaired of.” Treatment with Shaw’s natural preparations restored Fanny’s health in the space of three weeks.<sup>85</sup>

Yet not all of Shaw’s cases painted her as a dramatically heroic lifesaver or preservationist of domestic tranquility; Indian medicine was apparently just as useful for more benign therapy. Mary Wilson, “a person advanced in years, and of great experience in sickness,” helpfully proclaimed that with Shaw’s curing of her swollen leg, she was “duty bound to give the preference to Mrs. Shaw’s medical preparations, to all others I have ever met with.”<sup>86</sup> Isachel Stowel, proudly hailing from “Captain Spear’s Wharf,” pledged that “as a seafaring man, I think it my duty to recommend the Indian Medicine for the scurvy, &c. to my brother seamen.”<sup>87</sup> In a nod to legalistic veracity, these testimonial “certificates” were carefully dated and often bore the signatures of witnesses to each customer’s affidavit. Though the testimonials spoke to a broad range of sick persons salespeople of Indian medicine sought to cater to, they were largely intended to reassure a public that was leery of medical quacks.<sup>88</sup>

Of course, the testimonial certificates had limited credibility. Many Americans were aware that the trust-building techniques of amateur physicians often carried a duplicitous element. A satirist at the *Philadelphia Repository and Weekly Register* pointed out the foibles of the new medical entrepreneurs in a piece entitled “An Original

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<sup>85</sup> “Important Test of the Indian Medicines in a Recent Case of Putrifaction,” *Republican Watch-Tower* (New York), 6:546, Feb. 20, 1807, p. [1].

<sup>86</sup> “Extract from the Boston Papers,” *Republican Watch-Tower* (New York), 6:546, Feb. 20, 1807, p. [1].

<sup>87</sup> *Columbian Centinel* (Boston), 43:49, Aug. 28, 1805, p. [4].

<sup>88</sup> James Harvey Young writes the best introduction to the use of testimonials in patent medicine advertising in Chapter 11 of *The Toadstool Millionaires: a Social History of Patent Medicines in America before Federal Regulation* (Princeton, N.J., 1961). This book may also be found online: <http://www.quackwatch.org/13Hx/TM/00.html> (accessed February 1, 2007).

Letter from a Modern Saint, to an Indian Doctor.” The letter’s fictional yokel scribe, George Duplex, boasted that “I ave bene imploide by a grat maney Doctors to sware for hem, and I will sware wat yue plese, butt, yue must kep it a sicritt...I will also drau up the afferdavides if yue plese, for I was bredd to fizzic myself, and no most of the turns and wurd. Mye prize for a Kansur is five shillins, and the sam for the Fool Dizzies...”<sup>89</sup>

Nor were Indian doctors portrayed in some circles as the most professional of health care workers. One poetic comedian in New Haven described the typically cluttered office of an Indian doctor in his piece, “The Happy Life of a Village Quack”:

A lancet, boxes, pots and jars,  
And viol’d snakes, and fractured spars,  
Herbs, Indian roots, and patient pills,  
Sure arms, with which a Doctor kills.  
Nostrums devote to every pain,  
And skill’d withal to tap a vein:  
Who has but these, bless’d elf, may live  
And swear and laugh and cheat and thrive...<sup>90</sup>

A later humorist writing under the nom de plume “Frank Frogeater, Esq.,” skewered the Indian medicine sellers in the *Vermont Intelligencer* by hyperbolically praising the fictional “Essence of Bow and Arrow.” According to Frogeater, “in a very bad case of Rum Consumption the Essence of Bow and Arrow was used with a double portion of the ‘aqueous evacuation of a red cow.’ The cure was instantaneous, and to the inexpressible disappointment of the store-keepers, the patient has not bought a pint of rum since!” Another local citizen cured a lesion on his toe by mixing the Essence with “the compound powder of ‘baked grey squirrel.’” One woman, troubled with fits and spasms “occasioned by an unaccountable longing to see the Indian Doctor...was so crazy as to

<sup>89</sup> “An Original Letter from a Modern Saint, to an Indian Doctor,” *Philadelphia Repository, and Weekly Register*, 4:8, Feb. 25, 1804, 62.

<sup>90</sup> *The Visitor* (New Haven, CT), 1:33, June 14, 1803, 260.

require nine men and a boy to hold her.” However, just by being in the presence of the Indian doctor “she became as calm as a clock and as tame as a stool pigeon...” Certainly, Frogeater had a special appreciation for absurdist, over-the-top humor. As he recalled in his most outlandish vignette, “a man with immense treasures was attacked by robbers. He luckily happened to have some of the essence of Bow and Arrow in his pocket and by blowing a few particles into their faces, he struck them with total blindness, by which means he made his escape.”<sup>91</sup>

Defenders of standardized medical practice and consumer protections in the marketplace, like these two satirists, were quick to attack the “Indian Doctor” phenomenon as anti-intellectual, manipulative, and transparently obsessed with profit. And yet, accusations of quackery were of little concern to most patent-medicine sellers. Though the notorious “snake oil” salesmen of traveling medicine shows were more of a later-nineteenth century product, the early Republic’s “Indian Doctors” also tended to be itinerants, focused on turning quick sales of their remedies and moving onward to new markets when demand dried up (and/or their medicines were found to be ineffective). For them, word-of-mouth advertising and the cultivation of a populist mentality guaranteed a steady stream of customers, whether praise from the well-to-do was forthcoming or not. Those in their line of work calculated, quite correctly, that the public was willing to patronize less-credentialed doctors if the price was right and their treatments seemed at least nominally effective. Frogeater was a character that lampooned, but to an extent accurately reflected public sentiment: “I know that some object to the Indian medicines because they say that the Inventor is not clear Indian, and

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<sup>91</sup> *Vermont Intelligencer and Bellows’ Falls Advertiser* (Bellows Falls, VT), 1:33, Aug. 11, 1817, p. [2].

some go so far as to doubt whether he ever saw an Indian. To this I can answer that if he can perform such astonishing cures I don't care a fig whether he is full or half-blooded."<sup>92</sup>

Shaw knew how to play to this audience. She combated her detractors using anti-elitist rhetoric, while depicting herself as a selfless benefactor, only reluctantly drawn into the turmoil of the marketplace. Even Shaw's first name, if just subconsciously, suggested a promotional angle. "He who withholds a remedy from the afflicted, is in fact guilty of murder," trumpeted the incendiary headline of one of Charity's earliest advertisements.<sup>93</sup> Provoking her critics was also a common tactic: "Mrs. Shaw, ever recoiling at the least shadow of deception solicits a public trial of the Indian Medicines...she will freely submit to a Legislative prosecution, if she does not prove that the herbage of America, if properly adapted are sufficient to mitigate and cure all the diseases incident to its climate."<sup>94</sup>

Perhaps most disingenuous of all, though, was Shaw's proclamation that "the first and last wish of my heart is, to publish all my receipts...for the benefit of the world, and then retire from its hurry and bustle, to friendship, tranquility and ease."<sup>95</sup> This dubious altruism was offset rather bluntly by Shaw's stated policies of never making house calls or allowing customers to buy on credit. As her ads sternly reminded the reader, "No medicine will be delivered without the CASH."<sup>96</sup> Shaw consistently positioned herself as an advocate of improved public health, and no friend to those allies of the medical

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<sup>92</sup> Vogel, *American Indian Medicine*, 138-142; *Vermont Intelligencer and Bellows' Falls Advertiser* (Bellows Falls, VT), 1:33, Aug. 11, 1817, p. [2].

<sup>93</sup> *Columbian Centinel* (Boston), 43:49, Aug. 28, 1805, p. [4].

<sup>94</sup> *Public Advertiser* (New York), 10:195, Aug. 20, 1807, p. [4].

<sup>95</sup> *The Democrat* (Boston), 3:47, June 11, 1806, p. [4].

<sup>96</sup> *Public Advertiser* (New York), 10:195, Aug. 20, 1807, p. [4].

profession who might discredit her. Though dogged in her pursuit of profit, Shaw proclaimed that “as long as I receive blessings and acknowledgements from the consumptive, decrepid, asthmatic, and insane, for the benefit derived from the Indian Medicine, I will pursue the system until the public are convinced they are of real utility...”<sup>97</sup>

Shaw exploited popular beliefs concerning disease, as well as exotic notions of Indians, to great effect. This was the bedrock of both her practice and that of all the so-called “Indian doctors.” Echoing Benjamin Rush’s rationale for studying Indian “customs” in a previous generation, she promoted her cures for their ability to fight diseases of distinctly American origin. For instance, many of Shaw’s ads referred to “complaints of the season” tied to the capricious changes in weather along America’s eastern coastline. The Indian medicines, harvested from native soil and delicately manipulated by Shaw the apothecary, could serve as the perfect counterpart to treat these “native” diseases. “Nature has distinguished America as a botanical garden,” exclaimed one missive by Shaw.<sup>98</sup> For many American city-dwellers, some of whom might never see a Native American, Shaw and her contemporaries in the business of Indian doctoring represented access to a cache of hidden knowledge regarding the natural world. University-trained physicians had not only disparaged this special knowledge, but (as the “Indian doctors” argued) lacked the hands-on expertise to even understand it.

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<sup>97</sup> *The Democrat* (Boston), 3:47, June 11, 1806, p. [4].

<sup>98</sup> *Columbian Centinel* (Boston), 43:49, Aug. 28, 1805, p. [4]; *The Repertory* (Boston), 3:16, Feb. 25, 1806, p. [1]; *The Democrat* (Boston), 3:47, June 11, 1806, p. [4]; *Public Advertiser* (New York), 10:195, Aug. 20, 1807, p. [4]; *American Citizen* (New York), no. 2444, Aug. 9, 1808, p. [1]; *Public Advertiser* (New York), 11:481, Aug. 20, 1808, p. [4]; *Bennington (VT) News-Letter*, 2:22, Oct. 21, 1812, p. [4].

A major question, however, looms over this entire story. Was Shaw's "Indian medicine" merely a clever promotional facade, an exploitation of Native American stereotypes? Or, was there some factual substance behind her claims to possessing special Indian knowledge? Like other entrepreneurs in the market for Indian medicine, Shaw included an origin story in her advertising as a means of establishing her credibility.

According to Shaw, she and her family had had extensive firsthand experience with an Indian medicine man. Charity was "rescued from the grave" by a group of charitable, albeit unidentified, Indians, after "suffering several years indisposition and debility" from a case of consumption. Her brother had been cured of a case of dropsy; her father too had been "cured of a decline" by these native practitioners. At some time during this period of contact, Shaw reportedly came under the tutelage of one of her redeemers. "I derived great information from Ockampo, the Indian preacher, and must acknowledge if ever I had a taste for the sublime and beautiful works of nature, he inspired me with it. He taught me in the hour of distress and pain (to use his own expressions) to apply to that God whose name was music in heaven, terror in hell, and salvation to man!"

In a passage that seems to suggest an early Romantic rejection of the Enlightenment (and, by extension, professional physicians), Shaw described her convalescence with these unidentified Indians as a period of almost religious transport. "In proportion as I recovered my health, I became enthusiastically attached to solitary ramblings, the studies of nature, and the medicinal use of plants, barks and berries. With the assistance of the Indians, who appeared to love me very sincerely, I made daily



discoveries; the beauties of nature expanded to my view, until the meadows and fields appeared a botanical garden, a volume of literary intelligence, and divine illumination. I felt that Providence had decorated the field for the use of man; and it was my duty, as well as happiness, to make their virtues known.”<sup>99</sup>

The origin story raises intriguing questions in regard to the “authentically Indian” source of Shaw’s cures. Ockampo appears nowhere else in the historical record, nor is it clear whether the events Shaw described have any basis in fact. Shaw’s metaphorical tale of woe and redemption may well have been a fabrication designed to bolster the verisimilitude of her advertising claims. Her failure to name Ockampo’s tribe and the spare details concerning her transformative moment (conspicuously absent are where and when it occurred) certainly suggest a hoax at work. And yet, her story cannot be matter-of-factly dismissed.

Contacts between white Americans and Indian medicine men certainly did occur, and though secrecy was said to be a hallmark of the medicine man’s craft, it is not inconceivable that Shaw could have gleaned some basic information from a sympathetic Indian healer.<sup>100</sup> The chronology supports Shaw’s story; the Smith family was settling its land in upstate New York during a stretch of years just before Charity married Benjamin and left for Boston. Three years prior to the family’s official purchase of the 1794 Chenango patent, several of her siblings settled in the village of Lebanon. Lebanon straddled the line between Chenango County and land set aside as a reservation for the

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<sup>99</sup> *The Democrat* (Boston), 3:47, June 11, 1806, p. [4]; *Republican Watch-Tower* (New York), 6:544, Feb. 13, 1807, p. [3].

<sup>100</sup> Vogel, *American Indian Medicine*, 111-123, 131. Vogel notes that “many of the early botanic physicians professed to have absorbed their knowledge directly from contact with the Indians. Some of them had indeed, by reason of captivity, trade, or other occasion for proximity with the natives, found opportunities to learn the red man’s procedure and remedies. Some claimed to be at least partly of Indian descent. It was through these men that some of the Indian medical remedies passed to the whites.”

Oneida Indians. Had Charity left Long Island and journeyed to Lebanon at this time, she would have likely been accompanied by her father and brothers, thus explaining their place in the origin story. And if, during this stay on the fringes of white settlement in New York, she and her loved ones had become ill, the closest possible medical consultation may very well have been with an Oneida medicine man.

Lebanon, in these formative years, comprised only the Smiths and a handful of other farming families. It was certainly no market for a professional doctor, and the lack of efficient transportation or nearby towns would have made home treatment the most viable option. The Oneidas were on relatively friendly terms with upstate white settlers; for several years they had been leasing their land on an informal basis to squatters. Charity's brother Justus, in particular, was said to understand the Indians in the area very well and to even be "beloved by them." As the only Iroquois nation to support the American side in the Revolution, they had recently attained favorable treatment in the state government's negotiations for the cession of land. How the several dozen citizens of Lebanon interacted with Oneidas on a day-to-day basis remains unknown, but one can surmise that the fledgling settlement was very well aware that it was dependent on a strong relationship with Oneida country. If Ockampo was in fact a real person, these may have been the circumstances that brought him into contact with Charity.<sup>101</sup>

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<sup>101</sup> Whitney, *History of Madison*, 542-577. See also John E. Smith, ed., *Our Country and its People: A Descriptive and Biographical Record of Madison County, New York* (Boston, 1899); Roof, *Colonel William Smith*, 278. The Oneida reservation, set aside by the Treaty of Fort Schuyler in 1788, stretched across present-day Madison County, bordered on the north by Oneida Lake and on the south by Chenango County. By 1795, however, the insatiable demand of white settlers for land had resulted in squatters on the Oneida reservation and tremendous pressure for the state to undermine its own guaranteed protections of Oneida territory. Treaties beginning in 1795 allowed the Oneidas to sell off more of their land; by the 1840s, nearly all Oneida lands had been sold away. Considering this window of time, if Charity Shaw did in fact have contact with Oneidas, it likely occurred during the 1791-1794 period, prior to the large influx of white settlement and the reduction of Oneida lands. For the 1788 treaty, see *Journal of the Assembly of*

Assuredly, Charity's particular depiction of the fatherly Ockampo, with his mixing of a naturalist's wisdom and pseudo-Christian rhetoric, seems highly suspect. However, Charity's highly stylized description of her mentor may have been derived from real-life events. If there were a language barrier between she and Ockampo, her experiences with the "Indian preacher" would have come through the filter of an interpreter. Thus, Charity may have resorted to analogues from her Long Island youth to describe the sagely figure instructing her. Even so, regardless of her tale's truthfulness, she likely felt that a wise and kind religious figure would resonate with her reading audience. Though it stretches the imagination to picture Shaw's story as completely credible, an Oneida man living adjacent to Lebanon could very well have been bilingual, familiar with Christianity's major precepts, and conversant with traditional Indian medicinal practices. Whether Ockampo would have been considered a true medicine man by his contemporaries or, especially, his ancestors, involves an entirely different debate concerning issues of authenticity.

Certainly, there are many evidentiary limitations in trying to reconstruct Shaw's early years. Neither the sources of her medical expertise nor her motivations for pursuing Indian medicine were ever fully articulated for posterity. Perhaps a period of recuperation

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*the state of New-York, at their eleventh session, begun and holden at Poughkeepsie in Dutchess County, the ninth day of January, 1788* (Poughkeepsie, N.Y., [1788]), 73-77; *Journal of the Senate of the state of New-York, at their eleventh session, begun and holden at Poughkeepsie in Dutchess County, the eleventh day of January, 1788* (Poughkeepsie, N.Y., [1788]), 34-35; *Laws of the state of New-York, passed by the Legislature of said state, at their twelfth session* (New York, [1789]), 52-56; *Daily Advertiser* (New York), 4:938, Feb. 25, 1788, p. [2]; *New-York Packet*, no. 842, Oct. 3, 1788, p. [2]. An online transcription of the full treaty can be found here: <http://www.madisoncounty.org/motf/T1788.html> (accessed February 1, 2007). For the 1795 land sessions see *Laws of the state of New-York. Eighteenth session*. (New York, [1795]), 43-46. For histories of the Oneidas during this period, see Jack Campisi and Laurence M. Hauptman, eds., *The Oneida Indian Experience: Two Perspectives* (Syracuse, N.Y., 1988); Philip Otto Geier, *A Peculiar Status, a History of the Oneida Indian Treaties and Claims: Jurisdictional Conflict Within the American Government, 1775-1920* (Ann Arbor, 1980); George C. Shattuck, *The Oneida Land Claims: A Legal History*. (Syracuse, N.Y., 1991).

for tuberculosis in Lebanon gave the young Ms. Charity Smith an acute awareness of her own mortality and prompted her to make new choices with her life. Whether inspired by her own imagination, by Oneida assistance in her recovery, or by her own natural inquisitiveness, Charity chose this time to embark on a decade-long path of educating herself about the body's inner workings. We can only speculate as to how this potentially apocryphal story translated into Charity Shaw's pursuit of a career in Indian medicine, but it is certainly conceivable that the Ockampo story reflected elements of the truth.

Because it was communicated within the advertising genre, the origin story may have been left intentionally vague. It reads as somewhat of a digressionary piece, tucked away toward the conclusion of an advertisement from 1806 defending her reputation.<sup>102</sup> Shaw may have considered a fuller recounting of her contact with Ockampo's tribe to be superfluous, if she regarded such details important to her customers at all. She may well have reasoned that her target audience, white city-dwellers, had little interest in the ethnological minutiae of her contact with the Oneidas. Ultimately, Shaw was paying for her advertising space, leaving little room for matters some might have considered extraneous. There is also the possibility that, given the competitive market for patent medicines, Shaw intentionally obscured the details of her training in the hope that she alone would have access to that valuable knowledge. Exclusivity, after all, was perhaps the most important principle in her business, Charity's avowals to share her recipes with the world notwithstanding.<sup>103</sup>

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<sup>102</sup> *The Democrat* (Boston), 3:47, June 11, 1806, p. [4].

<sup>103</sup> Only at one time in her early career did Shaw seem to seriously consider publicizing the content of her medicinal recipes. After facing fire from critics in Boston, it appears that she considered vending copies of her recipes to subscribers for five dollars each, while reserving for herself the patent rights to the medicines in case anyone wanted to resell her cures. Shaw also claimed to be weighing at that time "a generous offer" for her medicines from a businessman in Baltimore. See *The Democrat* (Boston), 3:55, July 9, 1806, p. [1].

Even if the origin story was invented, in full or in part, Shaw may still have traded in goods that closely resembled Indian remedies. We know from at least a few of her advertisements that she made use of sage, as well as other balms and barks associated with Indian medical care.<sup>104</sup> Like others in her emergent industry, however, Shaw saw her medicinal recipes as intellectual property and thus did not publicly disclose the specific nature of her herbal ingredients. However, it is reasonable to assume that Shaw made significant, if not exclusive use of ingredients that had been time-tested by Native Americans. Economics dictated that the cost of imported ingredients (traditionally the basis for patent medicines in the eighteenth century) could be prohibitive, and botanists in the preceding century had identified many native plants that had already been incorporated into the American materia medica.<sup>105</sup> Assuming that Charity's contact with the Oneidas did take place, it is probable that the same botanical ingredients she learned of in Chenango County were available in Massachusetts as well. In any case, we do know that Shaw's medicines were largely made from locally collected ingredients; Shaw employed a large group of laborers from Boston and the surrounding towns to collect them for her.<sup>106</sup> Given a hands-on familiarity with these plants and their observed effects on the body, Shaw may very well have thought herself by this time the equal of either the real or imagined Ockampo.

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<sup>104</sup> Ibid.

<sup>105</sup> Vogel, *American Indian Medicine*, 267-69.

<sup>106</sup> *The Democrat* (Boston), 3:56, July 12, 1806, p. [3]. In a letter to the paper concerning recent criticisms against Shaw, Lazarus and Hannah Bartherick wrote: "We, the poor people of Lynn, Dorchester, Roxbury, Milton, Natick and Malden, desire to acknowledge our gratitude for the employments and advantages we have received in our families, from the Indian Medicines. In obtaining them for Mrs. Shaw from the field and wilderness we have procured our bread, as we have been liberally compensated for our labor; and we earnestly pray they may not be discontinued." Though Shaw likely had a hand in the placing of this advertisement, it does point to her desire to use both her academy and her medicine business to advance the interests of the working poor.

Charity Shaw's career echoed that of many of her contemporaries in patent medicine. She experienced various highs and lows of reputation and fortune, some due to market forces and some because of her own conduct. Hers was a peripatetic profession; she moved her business numerous times in the fifteen or more years that she practiced medicine.<sup>107</sup> She was not long in business before she aroused the ire of a number of Bostonians. She had already been involved in "scandalizing the neighbors by driving about in a 'gig' with a black boy" while hawking her medicines.<sup>108</sup> Then, in March 1806, less than a year into her Boston tenure, Shaw apparently became unable to render payment for medicinal ingredients provided by one of her suppliers. Her defense of the default on payment was, ironically, a lingering illness, but Shaw was furious because her supplier refused to "honorably" negotiate a settlement with her that would allow either a return of goods or the amortization of the debt over the course of the following month. An "attachment" was placed on both Shaw's shop and medicinal stock, and from there

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<sup>107</sup> In succession, the advertised locations of Charity Shaw's place of business were Chambers Street, Boston (1805-1806), 18 Chambers Street, New York, "next to the Manhattan Water Works" (Sept. 1806 – Feb. 1807), the "Indian Medical Warehouse" at the corner of Hester Street and Bowery Lane, New York (May 1807), the "Indian Medical Warehouse" at 151 Water Street, New York (advertised concurrently with the Hester and Bowery Lane location, Jan. – Sept. 1808), "a house opposite Trinity Church" in Newark, New Jersey (Aug. 1808), 28 Frankfort Street, New York (Dec. 1808), 7 Little George Street, Philadelphia (Dec. 1811), 39 North Seventh Street, Philadelphia (June 1812), 6 North Seventh Street, Philadelphia (Aug. 1812), Bennington, Vermont (Oct. 1812), Arlington, Vermont (Dec. 1812), at the office of William McManus, Esq. in Troy, New York and the drugstore of Mr. Harmen G. Wynecoop in Albany, New York (Dec. 1813 - Jan. 1814), 17 Beaver Street, Albany, New York (Feb. 1815), at the corner of Washington and Hawk Streets (May 1815), in New York City, location unknown (Aug. 1816). (See *Columbian Centinel* (Boston), 43:49, Aug. 28, 1805, p. [4]; *New-York Evening Post*, no. 1503, Oct. 1, 1806, p. [3]; *Morning Chronicle* (New York), no. 13584, May 27, 1807, p. [3]; *American Citizen* (New York), 8:2415, Jan. 6, 1808, p. [3]; *Public Advertiser* (New York), 2:431, May 20, 1808, p. [4]; *Centinel of Freedom* (Newark, NJ), 12:47, Aug. 9, 1808, p. [3]; *American Citizen* (New York), 9:2728, Dec. 29, 1808, p. [1]; *The Tickler* (Philadelphia), 4:43, Dec. 4, 1811, p. [4]; *Poulson's American Daily Advertiser* (Philadelphia), 41:11100, June 22, 1812, p. [4]; *Poulson's American Daily Advertiser* (Philadelphia), 41:11143, Aug. 11, 1812, p. [4]; *Bennington (VT) News-Letter*, 2:22, Oct. 21, 1812, p. [4]; *Bennington (VT) News-Letter*, 2:29, Dec. 9, 1812, p. [4]; *Bennington (VT) News-Letter*, 3:37, Dec. 21, 1813, p. [4]; *Farmer's Register* (Troy, NY), 12:1, Jan. 18, 1814, p. [4]; "Health Department," *Albany (NY) Register*, 27:14, Feb. 17, 1815, p. [4]; *Albany (NY) Argus*, 3:239, May 9, 1815, p. [2]; *New-York Evening Post*, no. 4423, Aug. 9, 1816, p. [2].

<sup>108</sup> Roof, *Colonel William Smith*, 226.

the bookkeeping spilled over into a public quarrel. As “A Friend to Public Utility, and Abused Philanthropy” opined in one of Shaw’s public notices, “neither mercy for the sick, contracts for the Medicine, or delicacy for her respectable establishment, superior humanity and acquirements, could plead for a suspension of an attachment...numbers who owe their lives and present state of health to her benevolence and Medicines, will doubtless lament an event which deprives them of future supplies.”

But as Shaw rallied her supporters, antagonists to her business were taking matters into their own hands. She decried the “great damage from malicious persons breaking her windows, covering the house and sign with dirt, and circulating reports that it was in consequence of her medicines being an imposition upon the public, that...many others were injured and died suddenly from taking the Indian Medicines...” Among the deaths attributed to Shaw’s remedies was Nancy Russell, Shaw’s oft-cited case of a miraculous revival from the effects of consumption. An exasperated Shaw, her reputation besmirched, insisted that Ms. Russell was “in perfect health...she had a party on election day, of rejoicing for the restoration of her health.”<sup>109</sup> Later, Shaw would assert that within about a year’s time, she had treated 1100 sickly New Englanders, where “but 6 cases have failed, and 3 deaths.”<sup>110</sup>

By the autumn of 1806, however, it was apparent that Shaw had worn out her welcome in Boston, and Charity began advertising her intentions to move her business to New York.<sup>111</sup> The relocation was official in late September, when she reestablished her

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<sup>109</sup> *The Democrat* (Boston), 3:47, June 11, 1806, p. [4].

<sup>110</sup> *Public Advertiser* (New York), 10:195, Aug. 20, 1807, p. [4].

<sup>111</sup> *The Democrat* (Boston), 3:69, Aug. 27, 1806, p. [4].

shop at 18 Chamber Street, next to the Manhattan Water Works.<sup>112</sup> Perhaps seeking to forestall the slings and arrows of detractors, Shaw prefaced some of her advertisements in New York with an encomium declaring her “a descendant from one of the first families in New York—has had the advantage of a superior education—and from the general plaudits which are continually heard from those who have had an opportunity of experiencing the salutary effects of her medicines...she merits...patronage and encouragement from the friends of general health.”<sup>113</sup>

Shaw’s business prospered in its new locale; her operations moved to 151 Water Street, and then on to a location at Hester Street and Bowery Lane, occupying larger facilities that she designated her “Indian Medical Warehouse.” As the physical plant of her business grew in scope, Charity also began diversifying her inventory to include items like “Medical Beer,” formulated as a “Counterpoison, to purify the Blood, and destroy the effects of Mercury—and renovate the constitution.”<sup>114</sup> Amidst her career success, however, came personal tragedy. Her husband Benjamin, after relocating with Charity in late 1806, died the following February of an undisclosed but apparently sudden illness. He was laid to rest in Colonel Smith’s family vault. We know few details about the life Benjamin Shaw led; by contrast, several newspapers in which his obituary

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<sup>112</sup> *New-York Evening Post*, no. 1503, Oct. 1, 1806, p. [3]. As was the case for her in Massachusetts, Shaw was able to legally operate her business in New York. In 1806, New York’s legislature established a system of county and state medical societies, each charged with issuing licenses to medical practitioners. A later law passed in 1807 called for unlicensed doctors to be fined five dollars a month. However, this law specifically exempted all those whose practice focused on the use of domestic roots and herbs. See Charles B. Coventry, “History of Medical Legislation in the State of New York,” *New York Journal of Medicine* 4 (1845), 151-61.

<sup>113</sup> *Republican Watch-Tower* (New York), 6:547, Feb. 24, 1807, p. [1].

<sup>114</sup> *Public Advertiser* (New York), 10:195, Aug. 20, 1807, p. [4].



appeared were careful to identify his wife as the famed “inventor of the Indian medicines.”<sup>115</sup>

Mourning, however, did not seem to slow the ascent of Charity’s business. Shaw’s advertisements in New York depicted her products’ widening reach to the American populace, with satisfied customers hailing from New Jersey and Connecticut, in addition to the greater New York and Boston regions. Shipments of her medicine were bound for as far away as New Orleans and the West Indies. Undoubtedly, the growth of Shaw’s business was facilitated by the Jefferson administration’s various embargo acts, which severely restricted the typically robust market for medicines from Britain.<sup>116</sup> With her new location not far from the busy wharves of the city, Shaw also continued her longstanding tradition of marketing Indian medicines to seamen for scurvy and other seaborne illnesses.

Less than a year after Benjamin’s death, this familiarity led to her acquaintance with Abraham Long, a sea captain hailing from Cork, Ireland, whom she wed in February 1808. The new Mrs. Charity Long remained as busy as ever, though, and even drew Captain Long into the medicinal trade, indicating to her patrons in several advertisements that she would henceforth receive all orders from female customers while Abraham would field “all communications from the Gentlemen.”<sup>117</sup>

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<sup>115</sup> *New-York Evening Post*, no. 1611, Feb. 6, 1807, p. [3]; *American Citizen* (New York), 6:2135, Feb. 9, 1807, p. [2].

<sup>116</sup> *The Democrat* (Boston), 3:69, Aug. 27, 1806, p. [4]; *Public Advertiser* (New York), 11:481, July 20, 1808, p. [4]; *Farmer’s Register* (Troy, NY), 12:1, Jan. 18, 1814, p. [4].

<sup>117</sup> “Married,” *Lady’s Weekly Miscellany* (New York), 6:15, Feb. 6, 1808, APS Online, 239; “Married,” *The Emerald, or, Miscellany of Literature, Containing Sketches of the Manners...* (Boston), 1:20, Mar. 5, 1808, APS Online, 241; *American Citizen* (New York), 8:2444, Feb. 9, 1808, p. [1]; *New-York Evening Post*, no. 1923, Feb. 2, 1808, p. [3]. This Abraham Long was probably the same Abraham Long listed as the boatswain for the U.S. naval ship *Constellation*. The *Constellation*, under the command of a Commodore Truxton, engaged the French in a notable February 1800 battle. See “New-York, New-York, March 20,”

Whether or not Charity Long found her new marriage to be blissful is an open question, but without question the years after her nuptials were filled with momentous changes.<sup>118</sup> Less than a year after their vows, Mr. and Mrs. Long made plans to set sail for Europe (for reasons unknown, though possibly related to Abraham's nautical profession). Consequently, in the summer of 1808 Charity began liquidating her cache of remedies at reduced prices. The couple made several moves in quick succession before the year was out. In August, Charity could be found in Newark, New Jersey, at "a house opposite Trinity Church...where the Indian Medicines may be obtained as usual." As December came and went, Long was situated back at 28 Frankfort Street in New York, where she presumably sold off the detritus of her inventory of "safe, innocent, and effectual" medicines.<sup>119</sup>

The planned voyage did eventually transpire, though to what locale in Europe and for what purpose the historical record is noncommittal. Three years later, however, a Philadelphia newspaper reported Charity as "lately returned from Europe," and now settled at 7 Little George Street in the middle of the city's commercial district.<sup>120</sup> At this point Captain Long (save for his surname) seemingly disappeared from the historical record, leaving the intriguing question of whether the couple had returned together from

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*Political Repository* (Brookfield, MA), 2:86, Apr. 1, 1800, p. [3]. It is not clear whether Long was decommissioned or still active in the U.S. Navy at the time of their marriage. As his title of "Captain" might indicate, Long may have taken up work as an independent seaman.

<sup>118</sup> Later references refer to Shaw and Long having a "family" together, though there is no evidence of their having children together. See "Charity Shaw, vs. Russel Farnham," *New York City Hall Recorder, Containing Reports of the Most Interesting...*, 6:5, June 1821, APS Online, 47.

<sup>119</sup> *Ibid*; *Centinel of Freedom* (Newark, NJ), 12:47, Aug. 9, 1808, p. [3]; *American Citizen* (New York), 9:2728, Dec. 29, 1808, p. [1].

<sup>120</sup> Little George Street is known in present-day Philadelphia as Sansom Street.

the Continent. Charity remained in Philadelphia for less than a year, switching residences once while continuing to market her “Patent Botanical medicines.”<sup>121</sup>

“Patent” was the key idiom for Long at this time. Medicine peddlers had for years misappropriated the phraseology of “patent medicine,” applying the name to all manner of remedies that hadn’t the slightest connection to a state regulatory commission. Long, however, saw federal oversight as her route to financial self-sufficiency. Now fifty-one years of age, she likely saw that the market in patent medicines was getting crowded and competitive. Medical care from university-trained physicians left much to desire in the 1810s; this period predated the germ theory of disease, competent diagnoses of symptoms, or compulsory policies of sterilization. Many doctors practiced forms of “heroic medicine” that could do as much harm as good to a person’s well-being. Doctors were prohibitively expensive, so for many of poor and middling backgrounds they remained options of last resort. Thus, “patent” medicines continued to fill the needs of the home therapy market. After the outbreak of the Napoleonic Wars, restricted trade with Britain made homegrown medicines that much more popular.

Even in the niche market of exotic “Indian medicines,” Shaw’s success spawned imitators along the Atlantic coast. Eli Starr of Stoneham, Massachusetts promised his customers a cure for venereal disease, “mild and simple, without any use of *Mercury*

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<sup>121</sup> *The Tickler* (Philadelphia), 4:45, Dec. 18, 1811, p. [1]. Charity Long’s second Philadelphia address was at 6 North Seventh Street, near Market Street. Pennsylvania had no laws at this time restricting the practice of medicine. See Harold F. Alderfer, “Legislative History of Medical Licensure in Pennsylvania,” *Pennsylvania Medical Journal* 64 (1961), 1605. My guess would be that Abraham did not make the return voyage with Charity, either because of death or estrangement. Most mentions of her lodgings in her post-1811 advertisements indicate that she boarded as the guest of prominent lawyers or local politicians. The fact that she settled for some time in Vermont also suggests that she and the captain were no longer together.

whatever.”<sup>122</sup> He claimed to have purchased the recipe many years previous from “an Indian Doctor.” Michael McCarthy, who was based first in New York and then in Boston, advertised his “Indian Tooth Ache Drops” for nearly a decade. The drops, “composed entirely of Indian herbs and roots,” evidently produced a number of satisfied customers. A testimonial from one Henry Andrew cheerfully reported that McCarthy’s product had “completely destroyed the pain, although the hole remains in the tooth large enough to contain a sizeable pea.”<sup>123</sup>

Benjamin Hazen and George Tobey “commenced the Practice of Physick in the Botanick Line” in Providence, Rhode Island. They professed to have had many “great opportunities” to work with Indians, and had on hand “a good supply of INDIAN MEDICINE, from the Westward, adapted to almost every complaint incident to human nature.” For especially brave clients, Hazen and Tobey offered to cure cancerous lesions “by applying a plaster that rots them out and drives the humours back.”<sup>124</sup> Jacob Tisdale of New York suspended a sign depicting an Indian in front of his store on Beekman Street, so that all passers-by would recognize that he traded in “Indian medicines” including roots, herbs, barks, pills, plasters, salves, ointments, “mad dog weed, decoction of wood, or medical beer to purify the blood.”<sup>125</sup>

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<sup>122</sup> *The Democrat* (Boston), 5:46, June 8, 1808, p. [1].

<sup>123</sup> *New-York Gazette and General Advertiser*, 21:6901, July 1, 1808, p. [3]. McCarthy’s business was advertised in New York from 1808 to 1810, and in Boston from 1809-1818. Throughout those years he seems to have sold the drugs at offices in both cities. See also *Commercial Advertiser* (New York), 21:60, Mar. 12, 1818, p. [4].

<sup>124</sup> *Rhode-Island American, and General Advertiser* (Providence, RI), 5:76, July 6, 1813, p. [1]. Tobey later set up a shop in New Haven, Connecticut, there too offering “an assortment of the choicest INDIAN MEDICINES.” See *Columbian Register* (New Haven, CT), 5:258, Nov. 11, 1817, p. [1].

<sup>125</sup> *Public Advertiser* (New York), 3:931, Sept. 9, 1809, p. [1]; *Mercantile Advertiser* (New York), no. 8400, Mar. 31, 1818, p. [3]. Tisdale, like Shaw-Long, appears to have been one of the more tenured and successful of the early Indian medicine proprietors. He was in business in Philadelphia and New York for at least ten years (1809-1819), meaning that for at least a few years, he was in direct competition with Charity. However, the evidence suggests that the scope of Tisdale’s business was limited to local trade, as

Of particular note among Charity's rivals was Samuel Thomson of New Hampshire, the founder of a popular medical movement that would later come to be known as Thomsonianism. Though Thomson never overtly promoted his remedies as being of Indian origin, they certainly were inspired by traditional native practices. A firm believer that one had to maintain their "internal heat" to stay healthy, Thomson often recommended "steaming" or sweating as a preventative therapy. In his efforts to purify the digestive systems of his patients, he liberally prescribed the vomit-inducing lobelia plant, more commonly referred to as Indian tobacco. During Long's career, Thomson's livelihood was somewhat modest. He focused primarily on the direct sales and resale rights of his products to customers between Maine and Massachusetts. However, by the 1830s, after Charity's celebrity had faded, Thomson's writings had made him a national figure in the promotion of herbal medicine as an alternative to physician care.<sup>126</sup> As others clamored to attract the interest of the public, though, Long's immediate goal was to protect the integrity of her product.

Upon her return from Europe, Charity began to scale down her direct sales of Indian medicine to customers. At the same time, she pursued plans to patent her remedies and sell their sales rights to agents of her choosing. To this end, she was successful. In May 1812, she received notice from the United States Patent Office that her bid for the exclusive rights to a "cure of consumption and all other pulmonary complaints" had been accepted. Long, the second woman in United States history to

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opposed to Shaw-Long's eventual Northeast-spanning network.

<sup>126</sup> Vogel, *American Indian Medicine*, 130-32; Whorton, *Nature Cures*, 3-4; Frank G. Halstead, "A First Hand Account of a Treatment by Thomsonian Medicine in the 1830s," *Bulletin of the History of Medicine*, 10 (1941), 680-687; *Portland Gazette, and Maine Advertiser*, 16:11, June 21, 1813, p. [4]; *Columbian Centinel* (Boston), no. 4316, Aug. 20, 1825, p. [4]. Thomson's most notable work, outlining his treatments and medical philosophy, was *New Guide to Health; Or Botanic Family Physician* (Boston, 1835).

receive a patent, soon after began hiring agents to sell her medicines in Baltimore, Philadelphia, and Albany.<sup>127</sup>

It also appears that she captured the attention of a number of notable figures in American medicine. According to Long, “a Eustice of Boston, late Secretary of War, a Bailey of New-York, a Rush of Philadelphia, and a Yates of Albany, health officers and Physicians, have bestowed on me the Diploma of applause and patronage, as a prodigy in curing Consumptions, and all infantile complaints.”<sup>128</sup> Even United States Apothecary General Dr. Francis LeBaron sought her out for advice. As the War of 1812 raged on, LeBaron had been given the logistically difficult task of improving the medical

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<sup>127</sup> U.S. Dept. of State, 1813. “Letter from the Secretary... Transmitting a List of Names of Persons to Whom Patents Have Been Issued...,” Jan. 22, 1813. (Washington, D.C., 1813), 14 pp. MWA copy; *Farmer’s Register* (Troy, NY), 12:1, Jan. 18, 1814, p. [4]. According to the extant lists of patent recipients from 1790-1812, Long followed Mary Kies, who received a May 1809 patent for a method of weaving straw hats with silk and thread. Long boasted in 1815 that she was “the only female in the world that has ever obtained a patent for any discovery or branch of science...” (“Health Department,” *Albany (NY) Register*, 27:14, Feb. 17, 1815, p. [4]) Long’s initial agents were Dr. S.W. Johnson in Baltimore, William McCollock in Philadelphia, and Mr. Harmon Wynecoop, a druggist in Albany. Unfortunately, the original copies of Charity Shaw Long’s patent have been lost. The government’s copy was one of the infamous “X-patents” destroyed in the U.S. Patent Office fire of 1836. Though some of the “X-patents” were recovered by the office by copying patent documents still in the possession of the patent owners, Charity’s patent from May 27, 1812 was not one of these. My efforts to track down any trace of this original document (and its potential revelations concerning Long’s “Indian medicine”) were unsuccessful, leading me only to documents that summarize the basic information about the invention names and their inventors. However, even to this day some of the original 9,957 X-patents continue to be found, including 14 recently unearthed in 2004 in the Dartmouth College archives. See “Lawyers Unearth Early Patents,” *New York Times*, Aug. 9, 2004, <http://www.nytimes.com/2004/08/09/technology/09patent.html?ex=1170565200&en=b6e8e3b424014e6e&ei=5070> (accessed February 1, 2007). Among the extant compilations of the “x-patents” is a database created by the Patent and Trademark Depository Library Association, which notes that Charity Shaw Long possessed U.S. Patent X-1745, “cure of consumptions and all other pulmonary complaints.” This database is available at: <http://www.ptdla.org/files/JimShawXpatentsfieldsadded.xls> (accessed February 1, 2007).

<sup>128</sup> Here Charity meant “Eustis” rather than Eustice. William Eustis, who practiced medicine before entering politics, served as Secretary of War from 1809 to 1813. Dr. Richard Bailey was a distinguished surgeon and physician in New York, as well as a professor of anatomy at Columbia University. Dr. Benjamin Rush was a physician in Philadelphia, and a chemistry professor at the University of Pennsylvania. Although several prominent Yates family members lived in Albany during this time, Charity was likely referring to a Dr. Christopher C. Yates, a doctor who was one of her colleagues during her stay in Albany. See *The Constitutional Telegrapher* (Boston), 2:112, Oct. 25, 1800, p. [3]; “Dr. William Eustis, and John Quincy Adams, Esq.” *Boston Gazette*, 13:15, Oct. 21, 1802, p. [2]; *Boston Patriot*, 1:8, Mar. 28, 1809, p. [2]; *Boston Daily Advertiser*, 7:93, Dec. 23, 1814, p. [2]; *Columbian Gazetteer* (New York), 1:13, Oct. 3, 1793, p. [2]; Joseph Fry, ed., *The Annual Register, and Albany Directory, for... 1815* (Albany, NY, 1815), 88 pp. MWA Copy.

provisioning of American troops. According to Long, LeBaron's office recruited her as a consultant and made "candid trial and liberal patronage" of her medicines.<sup>129</sup> Such accolades proved vindicating to Charity; in her early Boston days, she had weathered skepticism, character attacks and even the occasional store-side vandal. Now, she was recognized as the only medicine proprietor in the country to have her intellectual property protected by law. In an industry that would never enjoy the full support of society's elite, Long achieved — if only for a moment — a status somewhat commensurate with her family's renown.

Charity Shaw Long practiced for several more years in the Indian medicine trade, though she kept a somewhat lower profile in terms of the self-promotion she had once practiced in the Boston, New York, and Philadelphia newspapers. In 1812, Long left Philadelphia for Bennington, Vermont, where she sold such remedies as "a sovereign specific against all Bilious and Autumnal, Putrid, Spotted and Yellow Fevers," "Rheumatic Drops," "Powder for the Dysentery," "Primhedge and Butternut Physic," and a "Patent Cashew Tooth Powder."<sup>130</sup> Her occasional appearances in the newspaper classifieds still contained the traditional testimonials, some recycled from her days in Boston and New York, but others now referring to her as an institution in the field. "Mrs. Long possesses most wonderful powers in the healing art; more so, perhaps than any other person," said J.A. Graham of New York. "The good this lady has done in this city,

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<sup>129</sup> "Health Department," *Albany (NY) Register*, 27:14, Feb. 17, 1815, p. [4].

<sup>130</sup> *Bennington (VT) News-Letter*, 2:22, Oct. 21, 1812, p. [4]. In Bennington, Long took up residence in the home of Truman Squier, a prominent lawyer and former secretary to the governor and council of Vermont. A month later, she moved to nearby Arlington, Vermont. Vermont had several medical societies with the power to license doctors, though no license was required at the time to practice medicine. See *Bennington (VT) News-Letter*, 2:26, Nov. 18, 1812, p. [4]; *Bennington (VT) News-Letter*, 2:29, Dec. 9, 1812, p. [4]; Charles S. Caverly, "History of the Medical Profession in Vermont," in Walter Hill Crockett, ed., *Vermont: The Green Mountain State* (New York, 1921), 628.

Boston, Philadelphia, and in Europe, entitles her to the greatest credit, confidence, and esteem. She...is the SOLE REPOSITORY of the grand secret which I consider of so much importance.”<sup>131</sup>

By 1814, Charity had moved to Albany, New York. A directory from that year listed her as a “practicing physician” in the city as well as the head of Albany’s health department.<sup>132</sup> Long continued to sell her medicines at that position, while also developing several public health initiatives. Her main proposed project was the establishment of a “Botanical Warehouse” in Albany. The warehouse, in Long’s vision, would be funded by public subscription and would be used to stock a variety of local herbs and plants of medicinal value.

Mimicking her earlier operations in Boston, she suggested that Albany’s poor be recruited to make their livelihood by collecting the necessary ingredients. Young physicians could make use of the site as a place to integrate botanical knowledge into their professional training. Women could train there to become “faithful and successful nurses.” One-sixth of the warehouse’s stock would be set aside for “the use of the poor, Hospitals and Debtor’s Gaol.” Laborers would be allowed to purchase all their medicines at either half-price or for the price of wholesale. Of course, Charity still stood to make a profit from the establishment, but her Albany plan did reiterate altruistic themes that she had tried to integrate at least nominally into her business over the years. A scaled-down version of this “warehouse” did appear in the spring of 1815; Long rented out space in the brick house of a Mr. McMillan at the corner of Washington and Hawk Streets and

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<sup>131</sup> *Bennington (VT) News-Letter*, 2:29, Dec. 9, 1812, p. [4].

<sup>132</sup> *Columbian Gazette* (Utica, NY), 11:571, p. [3]; Fry, ed., *The Annual Register, and Albany Directory, for 1815*, n.p.



sold her remedies there as usual. The poor were allowed to come in on Monday afternoons and receive free medicinal treatment.<sup>133</sup>

Charity's cryptic final appearances in the historical record suggest that she suffered a substantial reversal of fortune beginning sometime late in the spring of 1815. Several reasons might account for this. The most plausible scenario is that her ventures in Indian medicine simply ceased to be profitable. Competition in the marketplace for commercialized folk medicine was fierce by 1815, and Charity's decision to rely on residual income from her patent may have been a severe miscalculation. Her ambitious plans for the "Botanical Warehouse" in Albany may have been concocted to stave off debt; when the community complex of her dreams failed to materialize, it may have put her in arrears to her financial obligations.

Her advertisements in 1815 suddenly shrank from lavish multi-column spreads to briefer blurbs. Long's ad copy even seemed to become erratic and disconsolate. She noted in a June 1815 piece that she wished "to decline business from ill health and debility, arising from fatigue...I have arrived at my zenith — woman — feeble woman — must obey; thus far and no farther shalt thou go." Now about fifty-one years old, Shaw

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<sup>133</sup> *Albany (NY) Register*, 27:38, May 12, 1815, p. [4]; *Albany (NY) Register*, 27:41, May 23, 1815, p. [2]. Long continued to correspond with government officials regarding the utility of botanical medicine for supplying the army. In an excerpt from a letter she purported to have received from Surgeon General of the United States Army James Tilton, he remarked that "the more freely and unreservedly you communicate the names of the Plants whose virtues you have investigated, and even the composition of your officinal or compound preparations, the more vouchers you will have for your ingenuity — the greater will be your sales and profits, and the more substantial honor will redound to your reputation. I would further observe, that you cannot employ a more effectual engine than the army for distributing a knowledge of useful remedies of domestic growth. By a free communication with the apothecary general, your remedies might be communicated to all the armies of the United States, and thus to every quarter of our widely extended country." This passage is very intriguing. Charity seems to have included Tilton's letter simply for its flattering tones, and the possibility of associating herself with a man of his reputation. Yet the text of Tilton's letter lightly chastises Long for withholding information that could potentially be useful for the army. Had she been corresponding with Tilton in the hopes of profiting as a wartime medicine supplier? It certainly is a possibility. See *Albany (NY) Argus*, 3:239, May 9, 1815, p. [2].

had evidently tired of the stresses of free enterprise. In July 1815, she put her “large, fire-proof Botanic Store, Loft, and part of the Cellar” up for rent, moving her business back to her own residence in Albany.<sup>134</sup> Though the rationale is not clear, she also shed her husband’s last name, changing her name back to “Charity Shaw.” Abraham, whether dead or estranged from her, was certainly no longer present in Charity’s life. This likely compounded her problems. Without a husband’s income to supplement her own dwindling resources, she may have run into trouble.

Shaw fled from Albany — in 1816 she returned to New York, and at some indeterminate point not long after she moved back to Philadelphia. Charity’s family remained supportive during her recent crises. A month before his death, William wrote to Charity to dissuade her from quitting her business. Family money, he argued, would allow her to put her financial affairs in order. The death of their brother Justus earlier that year meant that she would “soon be in possession of an estate of considerable magnitude...which will restore you to affluence and ease.” He lauded his sister’s medicines for the good they had done to treat his recent bouts with “a bilious habit, gout, and gravel.” “Decline the fatigue,” said William. “...Let a consciousness of the good you have done, be your lasting reward.”<sup>135</sup>

William’s words may have been cold comfort, however, as Shaw’s life continued to spiral out of control. While Charity collected her sizable inheritance from Justus’s

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<sup>134</sup> *Albany (NY) Argus*, 3:248, June 9, 1815, p. [3]; *Albany (NY) Register*, 27:55, July 11, 1815, p. [3].

<sup>135</sup> “For the Evening Post,” *New-York Evening Post*, no. 4423, Oct. 9, 1816, p. [2]. This letter appeared as an answer to “Quacks,” *New-York Evening Post*, no. 4422, Oct. 8, 1816, p. [2]. The “Quacks” piece was actually an article lauding Shaw as exemplary of medicine sellers of good repute. However, some ambiguous wording in the piece (and the misleading headline “Quacks”) evidently prompted Charity to defend her reputation from “some illiberal and ill-natured persons [that] have taken it in a very different light.” The next day, a piece by “Amicus” printed two personal letters from William S. Smith as a testament to her character and as evidence of the colonel’s successful utilization of her medicines.

estate, it did not prove to be a financial windfall, as she chose not to liquidate those land holdings in order to fund her living expenses. Indeed, Charity's will indicates that she died with only her share of the Smith family's land holdings remaining in her possession. Despite her difficult financial straits, Shaw seems to have stubbornly refused to surrender the last of her claims to elite social status.<sup>136</sup>

Coupled with Shaw's monetary distress was an increasingly vagabond lifestyle, as well as indications that alcoholism or other problems may have disrupted her life. In 1820, *The American* of New York lamented Charity Shaw's recent disappearance from the city. The article's author could not discern whether Charity had died or simply emigrated elsewhere. Helpfully, the paper noted that a Mrs. Coleman had resumed her practice in physic and could capably fill the void in the market left by her predecessor.<sup>137</sup> As it turned out, Shaw's absence from New York was only temporary, as she resurfaced there later that year. Her former husband and business partner Abraham had by now "absented himself from his family a number of years," and Charity "now lived separate, transacting business as a *femme sole*" from a new house on Fulton Street. However, soon after settling back in, Shaw took on a housemate by the name of Amelia Farnham, a decision which, as we have seen, had disastrous consequences for Charity's career and her standing in the local community. In a business known for its ephemeral nature and quick changes of fortune, Shaw's career ended abruptly and without ceremony. Five

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<sup>136</sup> "Will of Margaret De St. Hilaire," (Philadelphia: 1823); "Will of Charity Shaw," (New York: October 28, 1826), in *Abstracts of Wills, Administrations and Guardianships in NY State, 1787-1835*, 416-417; available at [http://www.newenglandancestors.org/research/database/ny\\_probate/default.asp?vol=&pg=NewYork\\_0542.gif&page=1&cnt=7&browse=1](http://www.newenglandancestors.org/research/database/ny_probate/default.asp?vol=&pg=NewYork_0542.gif&page=1&cnt=7&browse=1)

<sup>137</sup> *The American* (New York), 1:105, July 7, 1820, p. [2].

years after the Farnham trial, “after a severe illness of six weeks,” Charity herself died at the age of sixty-two.<sup>138</sup>

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<sup>138</sup> “Charity Shaw, vs. Russel Farnham,” *New York City Hall Recorder, Containing Reports of the Most Interesting....*, 6:5, June 1821, APS Online, 47-49; *New-York Spectator*, vol. 29, Nov. 10, 1826, p. [2].

## CONCLUSION

Charity began at home — I speak of Charity Shaw, the famous root and herb doctress, who was a great blessing to all undertakers, in this city, for many years...Charity could not be fairly classed with those reckless empirics, who, rather than lose the sale of a nostrum, will send you directly to the devil, for a dollar; Charity was kind, though she vaunted herself a little in the newspapers. She was, now and then, rather severely handled, but she bore all things, and endured all things, and hoped all things; for, to do her justice, she was desirous, that her patients should recover; and, if she believed not all things, her patients did; and thus prevented them, from applying for relief, where, if anywhere, in this uncertain world, it may be found—at the fountains of knowledge and experience. In Charity's day, there were several root and herb practitioners; but the greatest of these was Charity.<sup>139</sup>

A generation after Charity Shaw's death, Lucius Manlius Sargent, a noted antiquarian, took it upon himself to eulogize Shaw in one of his satirical newspaper essays for the *Boston Transcript*, later collected for his multi-volume work on the history of Boston society, *Dealings with the Dead*. Sargent, like a number of Shaw's contemporaries, recognized the failings of early-nineteenth-century medicine in America, and took particularly playful jabs at the "Indian doctors" and other notorious branches of medical quackery. Nonetheless, Sargent was sympathetic to Shaw, preferring to categorize her as a well-meaning amateur rather than an avaricious ne'er-do-well. He recognized that Shaw occupied a significant niche between the unsavory medicine peddlers and the knowledgeable but less accessible professional physicians. And he understood that within that imperfect practice of medicine, Shaw had her fair share of loyal supporters.

As Sargent's writing in the 1850s indicates, Shaw's reputation as a purveyor of "Indian medicine" persisted decades after she had ceased business. Yet, Shaw's role in history extended beyond being fodder for Sargent's antiquarian curiosity. Shaw was

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<sup>139</sup> Lucius Manlius Sargent, *Dealings with the Dead*, Vol. II (Boston: Dutton and Wentworth, 1856), 459.

certainly not the first of the “Indian Doctors” to pursue a career selling medicines of allegedly native origin.<sup>140</sup> She was, however, the most important figure in the development of a receptive national market for “Indian medicines.”

The emergence of a marketplace in Indian medicines can be attributed to several major factors. Charity’s advertisements capitalized on long-held American perceptions of Native American medicine’s potency and exotic appeal. At the same time, Shaw was able to curtail feelings of ambivalence that had previously deterred general white acceptance of Indian medical practices. She stripped Indian medicine of its original religious subtext, substituting a product pitch that alluded to Christian values of sacrifice and compassion. The Shaw medicines promised accessibility and convenience. Her remedies purportedly contained the same efficacious ingredients as those produced by medicine men in increasingly distant Indian villages. By the early nineteenth century, however, the average metropolitan American could reap the benefits of this native knowledge at their leisure. They could go to the local “Botanical Warehouse” downtown, purchase a chest of mass-produced vials, and experience “magical virtues that come directly from nature, primitive powers that have all the more force and drama in dealing with the mysteries of the human body.”<sup>141</sup> They could do all this without ever laying eyes on an Indian.

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<sup>140</sup> Samuel Gibbs, an “Indian Doctor from the Southern States,” predated Shaw by two years. He settled in Norwich, Connecticut in 1803 and began advertising his abilities to cure palsy, fits, asthma, rheumatism and the gout. “That having lived among the Indians from his infancy, who it is well known possess great skill and universal merit for the cure of all complaints and diseases which the human body is subject to, and use nothing more than simple medicine, the produce of their native country, from which very few die under the age of 70, and many live to the age of 110 years and upwards.” See “Samuel Gibbs, Indian Doctor,” *The Connecticut Centinel* (Norwich, CT), 30:1511, Mar. 1, 1803, p. [3].

<sup>141</sup> James Harvey Young, *American Health Quackery* (Princeton, 1992), 200.

Charity's medicines were also successful because they were shrewdly marketed to capitalize on the early Republic's political climate. As a seller of home-grown products, Shaw benefited from a market fueled by feelings of cultural nationalism.<sup>142</sup> By the early nineteenth century, many Anglo-Americans would look on the history of Indian relations as a narrative of white triumphalism. "Indian medicine" fit neatly into this worldview. As whites moved westward and dispossessed natives of their land, cures featuring Indian themes and iconography became increasingly popular.<sup>143</sup> Shaw too participated in the triumphalist dialogue. She acknowledged a debt to Ockampo for his teachings, and claimed that "her receipts were originally derived from the Indians." However, setting a tone for her successors, Shaw also boasted that the Indian method of manufacturing cures was significantly "improved by her long and successful practice." Shaw's medicine was the raw magic of the natives, refined by civilization.<sup>144</sup>

Ultimately, it was Charity Shaw's various travels and promotional techniques that did the most to spread the formative ideas of the market in Indian medicines. Over the course of two decades, Charity and her practice achieved fame in Boston, New York, Philadelphia, Albany, Vermont, and elsewhere. Newspapers carried her advertisements on a daily basis. Cases of her products were loaded on vessels bound for such disparate locations as Baltimore, New Orleans, and the West Indies. Everywhere Shaw and her products traveled, imitators and competitors in the field of "Indian Physick" soon followed. As a rare female recipient of a United States patent, Shaw found herself a minor celebrity. Even before that achievement, however, Shaw had followed an

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<sup>142</sup> Vogel, *American Indian Medicine*, 143, 146.

<sup>143</sup> *Ibid.*, 142.

<sup>144</sup> *Bennington (VT) News-Letter*, 11:29, Dec. 9, 1812, p. [4].

exceptional life path. Her class status, education, entrepreneurialism, and seeming ability to converse and do business with humble stevedores and learned statesmen alike all marked Shaw as a curious, and to some, admirable personality. By dint of that ability to personally command attention and inspire confidence, so too was Shaw able to raise the profile of Indian folkways in the marketplace.

Physicians and political figures alike expressed curiosity regarding the secret Oneida remedies that Shaw commanded, thus pushing the notoriety of Indian medicinal knowledge into the forefront of public dialogue. Charity's business venture thus tapped into and effectively exploited a tangled morass of nineteenth-century thoughts and concerns regarding imperialism, race, scientific advancement, and public health. Shaw's (and, perhaps in part, Ockampo's) lasting legacy was a tradition of marketing Indian medicine that, particularly with the rapid upsurge of the patent medicine industry in the coming decades, would flourish up and down the Atlantic coast throughout the mid-to-late nineteenth century.



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## VITA

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Jason Peter Zieger was born in New Haven, Connecticut on April 28, 1979 and grew up in Middletown, Connecticut. There he attended Middletown High School before entering Carleton College in 1997. He graduated from Carleton in 2001 with a B.A. in history. From 2002 to 2004, Zieger worked as a program assistant to the doctoral program at The Columbia University School of Social Work.

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