
ART II.—*Some Points in the Practice of Medicine among the North American Indians, with Incidental Reference to the Antiquity of the Office of the Physician.** By JOSEPH M. TONER, M. D., Ex-President of the Rocky Mountain Medical Association; the American Medical Association; the American Public Health Association, etc.

As it is quite impossible to follow out in detail the habits and usages peculiar to the different tribes of North American Indians, I will confine my remaining remarks to some points in the

* This is an extract from the Address of Dr. Toner, as President of the Rocky Mountain Medical Association, delivered at the session held in Chicago, Ill., June 6th, 1877, and ordered to be published. Extracts from the address were given in the Chicago press of June 7. The whole paper is marked by ability, and shows much careful research, and, did our space permit, we would gladly present it in full to our readers. The address, with its valuable foot-notes and the biographies of the members of the Society, will, we understand, soon be issued in book form. The Rocky Mountain Medical Association is "alone social and memorial in its purpose, and owes its existence to the friendship formed among the physicians residing East of the Rocky Mountains who, in 1871, attended the meeting of the American Medical Association in the City of San Francisco."—Editor.

practice of medicine among them. I wish, however, to premise that my investigation of the subject is by no means exhaustive. But contrary to expectations, the study given to it from an historical point of view has led me to the conviction that the appearance of the physician and surgeon among these primitive savages and barbarous races antedates the priest and the law-giver. The physician among all tribes is a person of dignity and of the highest consideration, and is present at their important councils, and after death is buried with imposing ceremonies. He usually dresses with elaborate care, occasionally in the most grotesque manner, and always has with him his medicine bag, the precursor of the saddle bag, and the city physician's satchel.

I am aware thus to assign a greater antiquity to the office and functions of the physician than the priest, is in contravention of the view which has generally been held upon this subject; yet, I think a little reflection will show that it is the correct one. To the profession it is well known that the services of the physician and surgeon are often in infancy a matter of the first necessity for the preservation of life, even among the lowest in the scale of intelligence, as well as for the relief of accidents or suffering to which the savage, equally with the civilized, are liable. It is more than an hypothesis, nay, it is almost a certainty, that savagery was the state of primitive man.

From what is known of the condition and habits of primitive and savage races, and from general reasoning, the following may be assumed as the probable original stages and line of advancement in medicine and medical practice among them: Instinct is the first teacher. There are, even at this day, races of human beings with such a low grade of intellect or power of reasoning as scarcely to raise them above animals, which have only instinct to guide them. But both instinct and intelligence suggest repose in a recumbent position in sickness as well as for diseased and injured parts. To secure rest and administer to the few natural wants of a disabled or suffering fellow-being, would make but a slight demand upon human intelligence and sympathy. Yet among such people, whose existence is one of enduring toil in looking for food and waiting to take the life of animals at advantage without implements—to such, rest alone, even for a day, is both medicine and cure, allowing fatigued members repose, and repair to overtake waste.

One of the earliest remedies or methods of treatment and cure among all the lower savage races is that of sucking with the mouth, licking with the tongue, and breathing or blowing upon the diseased or painful part. Instinct leads children and many animals practically to adopt a similar procedure. There are many instances where animals eat herbs, clay, &c., when sick which they do not when well, and it is reasonable to presume that they do so for a remedial effect. Making due allowance for the suggestions of a depraved appetite, and the craving for some really suitable article of food or drink that might benefit individual cases, originating with the patient, we must, in addition, admire the genius that could, untaught, observe the course of disease, and which led primitive physicians to select and apply external remedies with judgment, for the cure of disease. It shows their advancement in medical knowledge, as well as an ability to observe and reason from cause and effect. Following close upon this knowledge of medical practice, speculations as to the cause of disease began to be formed which influenced popular feeling, and largely controlled or modified the practice of the physician. The earliest hypothesis of internal and obscure diseases contained the idea that evil spirits and personal enemies caused maladies by conjurations through secret and occult practices. This belief and philosophy gradually developed among the people an element of fear of the unseen power of the universe, and introduced a new class of remedies, and, indeed, a new order of physicians, who set themselves up as learned in mysteries and capable of holding communion with spirits of earth and air. The remedies of this class of physicians were always associated with ceremonies and Fetish practices, generally denominated Shamanism, such as the use of charms, amulets, spells and incantations. It is in this, the second stage of mental development and progress of human society, that the earliest awakening sense of reward, or punishment after death, is noticed, and some practices which can be associated with ideas growing out of moral responsibilities to an overruling providence. It is in this stage of mental development that the priestly functions are first observed. As a class, the priests are extremely self-reliant, and aspire to exercise the authority of prophet and law-giver, and to rule supreme. The priests, too,

assume many of the functions of the physician, and at times wholly absorb their office, as they have a tendency to do all the functions of government. The dual quality of priest and physician has prevailed in all ages and forms of civilization, and has even continued down to our own time. However, there seems to have been at all times and among all races physicians who made no pretension to priestly prerogatives and mysterious practices, but who relied upon the use of rational remedies for the cure of disease. Medical science had made much progress among races whose physicians were able to determine something of the cause of disease, and the organs of the body involved, and to select and administer remedies internally which were capable of effecting cures. This stage I shall denote the third stage of medicine, and which antedates written records. It is evident to every reflecting person that the exhibition of a proper internal remedy requires a much more complicated process of reasoning and a more accurate knowledge of the functions of the various organs of the body and the effects of medicine, than is possessed by any primitive savage race. Time will not permit me to dwell farther upon this subject, but I trust that I have presented facts enough to render it apparent that the physician must have held a most important place in the social scale ever since the genesis of man upon earth.

The priest deals with the ethics of man's highest nature through the faculties of the mind—*will, memory and understanding*. These, and particularly the latter, are but feebly developed, and but little exercised by people in a state of savagery. The instances recorded in history are numerous where the Indian physician, his remedies and modes of practice are mentioned, but no allusion is made to the priest. And quite often the declaration is distinctly made that particular tribes had no religious observances or priests, and no belief in God or even a word in their language that would express the idea of a Creator and Supreme Ruler of the Universe. But sufficient for the present purpose will be the testimony of Rev. Father Baegert, a Jesuit Missionary who lived among the lower California Indians for seventeen years, dating from 1751. I quote from a translation of his work, as published in the Smithsonian Report for 1864, (p. 390). In speaking of the California Indians, he said "they had

no magistrates, no police and no laws; idols, temples and religious worship or ceremonies were unknown to them, and they neither believed in the one and only God, nor adored false deities."

The Indian is patient in suffering, courageous in visible danger, but is apprehensive of the unknown and occult powers of nature, which are believed to be numerous and so much the more a mystery to him than to civilized man as to transform the hero into a coward. It is unquestionably true, that the uncivilized, as well as the semi-civilized Indians, have many unmeaning practices and superstitions, chiefly because they know nothing of remote or secondary causes. They, like all unlettered races, are fond of ceremonies and spectacular exhibitions, and the person among them who becomes most expert in these, and acquires the most comprehensive knowledge of natural laws, is at once elevated to the rank of a "Medicine Man," or physician. Poorly qualified as they are, they have among them pretenders to medical knowledge, mere jugglers, whose practice by incantations and the exhibition of charms and by other Fetish measures, appeal almost exclusively to ignorance and credulity. But, while this is true, we may, with justice, ask what profession, science or art in any age, country or state of civilization has ever been free from impostors? And, while we are bound to condemn these follies and turn men from such practices and deception, still we must, I think, recognize the fact that culture, civilization and religion are each the result of forced training; in other words, not conditions, natural to man. The sum of actual knowledge is, therefore, never a constant quality in a nation. People or nations who maintain culture at a high standard of excellence must be on a constant strain. To pause in the support of any branch will be to retrograde. And it is quite as important to recognize the fact that errors and false principles are also the result of education, and dominate judgment just as strongly as does truth. There are more martyrs to false theories than to true principles. What is Truth? This seems as difficult to answer now as when the Roman governor of Judea propounded this momentous question. Toleration, or, rather, mental liberty and emancipation from dogmatism, is a virtue born of the Saviour, but has neither apostles nor disciples. It has no saints, no shrines and no worshipers.

That the Indian is controlled in his conduct through life by a different philosophy from that of the educated Christian, is very evident. It is particularly noticeable in their treatment of the sick, but less so in their surgical practice. Their internal remedies are mostly administered or accompanied by some incantations and ceremonial jugglery. However, from the testimony of reliable persons, who have lived for years among them, as well as from written history, they have always had practitioners whom experience has taught how to select medicines, and administer them with more or less judgment.

With some tribes, the physician is understood to contract to *cure*—not merely to treat his patient according to the best of his abilities. This is to be inferred from the fact, that some of them held the physician responsible for the recovery of those entrusted to his care; and when death instead of recovery took place, the disappointed friends have, and occasionally exercised the right, of taking the life of the doctor. This cruel treatment is, no doubt, based in part upon the prevalent belief that the physician has the power to inflict disease as well as to cure it. But we know enough of human nature to see that this is but an exaggeration of a natural feeling of disappointment and a propensity to resentment which culture and civilization suppress.

Henry, in his *Travels in Canada*, gives an account of a physician he saw put to death by the infuriated friends of the deceased patient. Many other authors corroborate the existence of this custom.

General Alvord, of the United States Army, observed the same conduct among the Indians of Oregon. Father Charlevoix (p. 188), says: "The Indian sorcerer is safe nowhere, and is condemned to the punishment of prisoners of war. Those who are least culpable are knocked on the head before they are burnt." It is, therefore, plain that the custom of executing witches was not a feature confined to Old or New England. The physicians are usually paid the fee, or receive a present as soon as they enter the cabin, and some thus stipulated for the compensation in advance. But with other tribes the compensation is not made until the cure is effected. The Indian physician receives almost any article proffered—arms, skins, robes, moccasins, ornaments, food, a dog or horse.

To appreciate the Indian physician at his real worth, he must be judged from a standard of proficiency that will take into account the means at his command, as well as the degree of intelligence possessed by the tribe to which he belongs, and not be measured by the exactions which civilization and Christianity have created for the nineteenth century. It is my desire to discuss Indian medicine as it existed when this continent was discovered—at least before their system was modified by contact with the whites. It is, therefore, proper in comparing it with the best practice of to-day, that we should remember the progress the science of medicine has everywhere made within this period. I will not take up your time with an account of their ignorance of the science of medicine or their absurd and foolish methods of cure. I seek rather to present their practice fairly, if not at its best. It presents, when viewed in this light, no mean degree of success; yet, it is nevertheless true that their strange and ridiculous manoeuvres and jugglery offend the common sense of to-day, and were, no doubt, often carried to an extent that lost sight of the essential points in the treatment of the sick.

The theory of disease held by the Indian was so entirely different from that of the educated physician of the present age, that it is proper his practice should be viewed in connection with it. They believed that disease was the result of evil spirits, and that the medicine men had power to hold close communion with the unseen, and thus discover the secret cause of all disorders, and which, by incantation, they could expel. Notwithstanding this absurd notion, they were not entirely ignorant of the functions of some of the more important organs of the body. This they learned by the similarity of the organs in man to those of the animals they were accustomed to kill and cut up for food. They were cognizant of the fact that the lungs are the organs of respiration, that the heart is necessary for the circulation of the blood, and that a suppression of the action of the kidneys would be fatal to life.

Naturally, the more urgent demand for the skill of the physician would be to relieve conditions growing out of accidents, more or less severe, such as luxations and incised and punctured wounds. In the treatment of these, the "Red Man's" physician occasionally displayed much common sense mingled to some extent

with mystery. Every warrior is expected to have some knowledge of the healing art and the properties of plants and roots, that he may intelligently treat such diseases and accidents as may occur when off at war, or on a hunting expedition. Their necessities taught them efficient modes of transporting those who became disabled on the march. Dr. Pitcher describes a litter they constructed of two poles lashed to cross pieces by means of bark, which formed a web or mat, upon which the wounded are placed and carried by four persons. A method somewhat similar for carrying the disabled is mentioned by Father Jacob Baegert as resorted to by the Indians of Southern California. They placed, he says, "their sick or wounded upon a rude litter made of crooked pieces of wood, which would constitute a rack to any but Indian bones;" but adds, "the carriers were in the habit of running with their charge." An incident is recorded by Alexander Henry as evidence of the hunter's ability to arrest a hæmorrhage which if left to itself would soon have caused death: An Indian was on his wintering ground trapping beaver, and when at a distance from his lodge, slipped on the ice, and falling with his arm on his hatchet, nearly severed the hand at the wrist. Taking off his shirt, he tore it into strips, bound them tightly around the arm above the wrist, and thus stopped the bleeding, and then walked three miles to his cabin. The hand was then detached from the arm, thus completing the amputation; the stump was dressed and healed rapidly.

When necessary to cleanse deep wounds, the Indian physician made use of expedients, some of which are worthy of mention. For instance, they constructed a syringe made of a bladder, with a quill inserted in it for a nozzle, through which they forced water or a cleansing decoction. This same device was used by them for administering clysters. Suction, both by the mouth and through tubes, was resorted to for the cleansing of deep wounds, as they wished to avoid enlarging them, and looked upon a practice that did so with disfavor. Tubes made of stone and other substances seem to have been much used, and are frequently found in many Indian graves. These tubes also served as a sort of cupping instruments and for blowing to cool inflamed parts, and for conveying water, forced from the mouth, in washing out cavities and wounds not readily reached. Their surgeons took special

care to remove all foreign bodies from wounds as soon after an accident as possible, which they accomplished with care and dexterity.

Numerous instances have been recorded of their applying dressings of cold water, and also poultices of a variety of substances. Dr. Pitcher states that they coaptated, and held in position, incised and other wounds by means of sutures made of the tendons from the leg of a deer. These they introduce with a needle made of bone. A slender fibre from the centre of the tamarack, and also the inner bark of the bass wood, was used as threads for sewing up wounds. The rule was not to remove the sutures until after the sixth day; and while they were averse to enlarging a wound, nevertheless they were aware of the advantage of having them heal from the bottom. To insure this, they inserted tents of slippery elm bark in deep wounds to keep them open. From the manner in which the Indians of North Carolina, according to Dr. Brickell, treated the prisoners taken in war, and whom they desired to keep as slaves, it is evident that they knew that in amputation it was important to preserve a flap of skin to cover the end of the bone. The method they adopted for preventing slaves from running away was to maim them, by cutting off one-half of each foot. "They flayed the skin from the setting-in of the toes to the middle of the foot, cut off one-half of his feet, wrapping the skin over the wounds and then healing them." He farther states they have the skill to arrest hæmorrhage. John Lawson, in his *History of North Carolina*, promulgates the same fact (p. 322). Alexander Henry, before referred to, records a case of a man wounded by an axe, penetrating into the lung, which was followed by profuse hæmorrhage and the escape of air from the lung through the opening; the case was so successfully treated, that the Indian was alive twenty years afterwards.

Loskiel says, a hunter accidentally dislocated his thigh when alone in the woods, but replaced it by fastening one end of a strap to the nearest tree, and the other to his dislocated limb, and then forced himself away from the tree by the uninjured leg in such a manner as to make traction and replace the dislocated joint. The Indian physicians were aware of the advantage gained by muscular relaxation in reducing dislocations. Fractures, according

to Dr. Zina Pitcher, Father Charlevoix and Loskiel, were treated by placing the injured limb in splints made of birch bark carefully fitted to the part and fastened by bark bandages so as to keep the bones in their position. I find no mention of any means used by them for extension and counter-extension in fractures. Of course shortening of limbs must have occurred in certain cases from such neglect. The testimony is general that but few crippled or deformed Indians were to be seen. Bancroft states that the Haidah Indians of the Pacific Coast, to arrest hæmorrhage from bites or wounds, used eagle-down to thrust into the wound or bind upon it. Pitcher states the ordinary puff-ball was used for arresting hæmorrhage; and in epistaxis, plugging the nostrils with pulverized charcoal was resorted to. Smith, in his *History of Virginia*, speaks of the inveterate character of ulcers; and Zina Pitcher remarks that those of an indolent character are sometimes treated with a salve made of fresh ashes and tallow, or calamus and the actual cautery. The Indians treated boils and phlegmonous ulcerations by scarification and lancing, and by poultices of Indian meal, slippery elm bark, wild onions, &c. The Indians of Cape Flattery (see *Smithsonian Report* for 1870, p. 79), made poultices of oysters and fresh fish. They also made use of the actual cautery and a moxa made into a cone from the dried inner bark of the white pine. The part of the body selected for the moxa is prepared by moistening; the cone is then placed in position and ignited, which, burning, leaves a deep sore. This is kept open by removing the scab until relief is obtained. It is a favorite practice among the Indians of Cape Flattery to use external cautery for all internal diseases on the theory that it serves the double purpose of blistering and bleeding.

Charlevoix remarks that they possessed several cauterants, prominent among them was rotten wood, possibly punk or touch-wood. Pitcher says that for hernia, they used bandages with pads, but when strangulation took place they were unable to afford relief. By historians, the toothache is stated to have been comparatively common among the Indians. Loskiel said that they used in this affection an application to the cheek of the bark of the white walnut, and when relief was not obtained by such remedies, Brickell tells us the tooth is punched out by placing a piece of cane against it, which is

then struck in such a manner as to drive the tooth out, without injuring the bone. The same author speaks of the success of the Indian physicians in their treatment of burns. Similar testimony is given by Loskiel, who says they made applications of a decoction of birch leaves in such cases. The latter, in referring to long confinements which produce bed-sores, states that they adopt the following method for the comfort and relief of the patient: They make a soft bed of straw, and under the part where the buttock rests, they leave an aperture to relieve pressure, and through which the natural evacuations may take place. Bleeding was a common and popular practice among all the tribes. Henry, in his *Travels*, states that it was held in such general favor that even those in good health resorted to it, and states that on one occasion he bled a dozen women as they were seated on a fallen tree—commencing with the first and opening a vein, and then the second, and so on—three or four bleeding at the same time. This operation is performed with a sharp flint, a vein being opened in the arm, and sometimes in the foot.

Joined to that of bleeding, cupping was a popular remedy, and was performed in the following manner: Over the seat of pain or part to be cupped, one would scarify and then place over this a gourd cut off near the end, half filled with combustible matter, which, being burned rapidly, exhausted the air from the gourd, forming a vacuum, and when placed on the part, made an efficient cup. Another mode of cupping, related by J. C. Beltrame, Dr. Pitcher and others, was as follows: After lacerating the skin with a sharpened bone or flint, the large end of a buffalo horn was then applied over the incision—exhaustion, in this case, being made with their mouth applied to the small end, which was perforated. The blood in this case is discharged through the mouth of the operator. Carver states that they sharpened flint-flake, by grinding or whetting on a stone, which he found to make an instrument quite efficient for cutting and for scarification. Brickell states that for scarifying, the North Carolina Indians also used the teeth of the rattle-snake, from which the poison had been extracted. Scarification was frequently resorted to, says Father Hennepin, for relief of pain and swelling even when cupping was not practised. According to Father Charlevoix, Henry and others, the gout, stone and apoplexy are unknown

among the Indians, and to this list Heckewelder adds rickets and scrofula, and Dr. Brickell says dropsy, diabetes, gout, stone, consumption, asthma, palsy, struma and a host of European diseases too numerous to mention, were completely unknown to the Indians of North Carolina. Hunter says the diseases most common are rheumatism, asthma, fevers, pleurisy and bowel complaints. Smith, in his *History of Virginia*, records the fact that dropsy was sometimes prevalent among the Indians of Virginia. Jones, in his *Antiquities of the Southern Indians*, p. 33, states that the treatment of diseases by Southern Indians did not depend so much upon medicines as it did upon strict regimen and abstinence. Father Charlevoix bears testimony that the doctor never refused the patient anything that he desired to eat, under the belief that his "desires in this state are the orders of the *genius* that presides over his preservation."

Loskiel says that the sick were given, as a diet, a thick soup of pounded corn meal. C. C. Jones says that the physicians occasionally required their patients to lie upon their stomachs with their heads over pans in which medicine herbs were being boiled, so that they might inhale their medicinal properties. The sweat bath was an institution in every village and camp, and used, not only in health, but for nearly every ill from which they suffered. Zina Pitcher gives an account of a mode of administering an earth-sweat bath, which was to open the ground when it was dry, or where wood had been burned; and before the ground had become cold. The opening was made deep enough for a man to lie down in, wrapped in a blanket. The patient was then covered with earth, excepting his head, and left for hours. Charlevoix and Pitcher mention the frequency of pleurisy among the Indians, which was treated by poultices and other external applications of which some were of a rubefacient character. They also bled in this disease. Consumption is mentioned by the same authors. Heckewelder claims that consumption had become more frequent among the Indians after the introduction of alcoholic liquors. Loskiel tells us that in consumption the meat of the rattle snake is made into a broth and administered with good results. DeForest, in his *History of the Indians of Connecticut*, mentions the existence of quinsy, which was treated by the sweat bath. As might be expected, rheumatism, both in the

acute and chronic forms, was a common disease among the Indians, old and young. It was treated, says Loskiel, by scarification, anointing with oils, rubefacients and poultices. A plant called jalap, and applications of the bark of the white walnut, were also used. Brickell, in his History of North Carolina (p. 398), says they have a kind of rheumatism which generally affects their legs with grievous pains and violent heats; while thus tortured they employ the young people continually to pour cold water upon the part aggrieved until such time as the pains are abated and they become perfectly easy, using no other method for this kind of disorder. Thus it will be seen that the American Indians early discovered the advantage of reducing high temperature by the application of cold water. Typhus fever was probably unknown to them, but the malarial and bilious fevers were common throughout the tidewater regions and Southern lowlands. These were treated by decoctions of herbs and cold lotions, but the names of the ingredients have not been preserved. Father Hennepin, in speaking of the fevers, says that for the cure of tertian or quartan ague and fevers, they used the decoction of a bark of a tree. Many of the tribes of Indians in the beginning of fevers used emetics, which consisted of different plants, as the spurge, thorough-wort, &c.; as purgatives they used the euphorbium and horse chestnut, &c. Much reliance in breaking a fever was placed on the hot and cold baths combined—a powerful reaction being produced by the transition of the body from a profuse sweat to a plunge or douche of cold water. The want of knowledge of the true nature of exanthematous diseases which they treated by the same methods, as they did many other complaints, no doubt occasioned many deaths. Dysentery and diarrhoea are mentioned by a number of authors as existing among the Northern and Western tribes. Father Charlevoix, Loskiel and Dr. Pitcher state that both dysentery and diarrhoea were treated by a decoction of the root of the low blackberry, and by the juice from the cedar tree, &c.

Paralysis is mentioned by Brickell, Charlevoix, Pitcher and Carver, but many allude to it as a rare disease. Father Charlevoix mentions the fact of an Indian suffering from epilepsy being cured by a bolus administered by an Indian woman, but has not informed us of what the bolus was composed. Lewis and

Clarke, in the journal of their expedition to the Pacific, mention the frequency of sore eyes among the Indian tribes of the plains. Brickell, in alluding to skin diseases, states that they are readily cured by plants collected by the Indians, and that scald-head was invariably cured by an oil made from acorns.

The testimony is almost universal that Indian women suffered but little in child-birth. The little aid rendered them was generally by females. Lawson, however, in his *History of North Carolina*, states "that no disadvantages were suffered for want of midwives; for these, as well as doctors well skilled in the practice, render labor less difficult." His language gives the impression that males, as well as females, rendered service when called upon in these cases. A singular proceeding calculated to bring on partial suffocation in the parturient woman, is related by Carver (p. 260). He describes a case where the surgeon, midwives and friends despaired of the life of the patient, but who was promptly relieved by a midwife who "took a handkerchief and bound it tightly over the nose and mouth of the woman; this immediately brought on a suffocation, and from the struggles that consequently ensued, she was in a few seconds delivered." The insensibility and relaxation produced by this treatment in some respects resembles a state of anaesthesia.

The subject of syphilis and its origin is one that, since the discovery of America, has caused much discussion in the medical profession. To assume, as many authors have done, that this disease was unknown until after the discovery of America, is ignoring history and prejudices the question. Abundant evidence is to be found, throughout the old chronicles and the early general and professional literature, of the existence of syphilis ages before Columbus was born. Indeed, the earliest writers upon this disease did not attribute its origin to America. That the soldiers and sailors who made early voyages to the New World lived dissolute lives, and perhaps died in European hospitals of syphilis, is very probable. But the evidence is entirely wanting that the disease existed either among the native Indians of North America or in Mexico until after it might have been introduced from the Old World. No mention was made of the disease until after the second voyage of Columbus.

You are aware of the character of discussions that have taken

place on this subject for nearly four centuries without reaching a conclusion. I shall not, therefore, attempt to recapitulate the arguments *pro* or *con*, but will present some facts recently brought to light, and allude to a few of the recorded observations of the earliest travelers in America on this subject. Dr. Joseph Jones, of New Orleans, has endeavored to ascertain from an examination of the bones of the prehistoric races found in the stone mounds of Tennessee, what were the probabilities of syphilis having existed among them. He states that John Lawson, the Historian of North Carolina, was the first American author to assert that syphilis existed among the Indians of North America prior to the discovery by Columbus. Dr. Brickell, who also resided in North Carolina, and was a cotemporary writer with Lawson, in alluding to the existence of venereal disease among the Indian tribes, considers it by no means a settled fact that the disease existed in America prior to the Europeans coming, but states that the Indians of his day were able to cure syphilis by the use of berries, which produced salivation as though mercury had been used.

C. C. Jones says that the Jaöuanos were successful in the treatment of venereal disease. Charlevoix, in speaking of this disease, states that the Indians used a powder of three simples that was an effectual cure of the most inveterate "French disease." Notwithstanding the seemingly conclusive evidence of Dr. Joseph Jones that syphilis existed among the races who erected the stone graves, he, in a review of the whole question from an historical point of view, thinks the evidence he has been enabled to present upon the subject favors the existence of the disease in America, but distrusts somewhat the great antiquity of the bones examined; and I therefore infer that his studies are not conclusive that syphilis existed among the mound builders, or, indeed, anterior to the discovery by Columbus. Loskiel, in speaking of this disease among the Indians, records the fact that when the Indians joined the French against the English in 1756, this disease was then first introduced among them; and for a time they were very unsuccessful in treating it. But, by observing the methods of the regular army surgeons, they gradually acquired knowledge so as to treat it with success. They alleged, said this author, that the disease was introduced by the white

man, and never had been known among the Indians before. R. H. Bancroft states that among the Malma people, the disease in some of its forms was not known to the Aboriginies of America. Captain Jonathan Carver says he was aware the theory was held in Europe that syphilis originated in America; but says, he could not find the least traces of it among the Nandowheses with whom he resided so long. He further states that he had satisfied himself this disease was unknown among the more Western nations, and thinks that it did not have its origin in America; but says the Indian nations who had relations with the Europeans, were afflicted with it. Pitcher, a competent medical authority, in speaking of this disease among the Indians, states they have no specific cure, but that the antagonistic properties of lobelia syphilitica makes it the remedy most relied upon by them, though secondary effects are frequently observed after its use.

Humboldt, in his *Political Essay on the History of New Spain*, gave careful attention to the question of the diseases that probably diminished population, and perhaps destroyed the Toltec race in Mexico; and more than suggests—almost proves, that it was identical with yellow fever. Numerous authors assert that, prior to the white man's successful settlement in America, the Indians had greatly diminished in number along the Atlantic coast, and in the Southern and Gulf States.

Want of time prevents my alluding to other diseases that have seriously afflicted the Indians. One word, however, on small-pox—a disease which, perhaps, has been the most destructive with which they have been afflicted. Undoubtedly this was brought by the early expeditions and explorers. The Indian treatment of the small-pox is particularly injudicious, their sweat and plunge baths being equally obnoxious and leading to fatal consequences.

I have run through much historical literature as well as works on travel and exploration of our country, and made many extracts and notes in the preparation of this address which I have not been able to use or even refer to. But enough has been presented, and I hope the Indian has not been lowered in your judgment by the imperfect recital I have given of his medical knowledge and practice.

In conclusion, gentlemen, though I have many apologies to offer

for the manner in which I have treated the subject presented, yet I hope I need make but few for the theme of my remarks. The physician, from the duties and requirements of his office, is prone to induction, to discover new facts, and to compare them with old theories, and thus to arrive at the best conclusion. And, naturally, he is attracted to the master works of the Creator of which man is the crowning part. Therefore, an investigation of man's early history and habits on this globe, and particularly the prehistoric races of our own continent, seemed not inappropriate for this occasion. Many deductions might be made from the few facts I have endeavored to present. I shall, however, make but one, which is connected with our profession. Everywhere, and in every age, among all tribes and people, whether the most savage or the highly civilized, we find the presence of the physician. He was ever deemed a necessity, and his services and influences have everywhere been commensurate with his high and honorable office, and won for him, in the Apostle's age, the appellation of the beloved.

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ART. III.—*Compressed Pills.* By WILLIAM A. GREEN, M. D.,
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It may be truthfully said, that the most serious obstacle to progress, especially in medical science, is that veneration for antiquity which is the common inheritance of every one. Lord Bacon wisely remarked, "Antiquity deserveth that reverence that men should make a stand therefor, and discover what is the best way; but when the discovery is well taken, then to make progression." Says McCosh: "Many piously-disposed minds are inclined to view the discoveries of science with suspicion. The progress of liberal inquiry and thought is shackled by this grave error." I admit that old and long received opinions should not be cut loose from in the eager quest after the unknown and marvellous, only after mature consideration and diligent investigation. In pharmacy and chemistry new discoveries are daily unfolding themselves because of multiplied facilities and the fresh impulse given to inventions in these latter days. The physician