

**Medical Appropriation in the 'Red' Atlantic:
Translating a Mi'kmaq smallpox cure in the mid-nineteenth
century**

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I, Farrah Mary Lawrence-Mackey confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

ABSTRACT

This thesis answers the questions of what was travelling, how, and why, when a Kanien'kehaka woman living amongst the Mi'kmaq at Shubenacadie sold a remedy for smallpox to British and Haligonian colonisers in 1861. I trace the movement of the plant (known as: *Mqo'oqewi'k*, Indian Remedy, *Sarracenia purpurea*, and *Limonio congener*) and knowledges of its use from Britain back across the Atlantic. In exploring how this remedy travelled, why at this time and what contexts were included with the plant's removal I show that rising scientific racism in the nineteenth century did not mean that Indigenous medical flora and knowledge were dismissed wholesale, as scholars like Londa Schiebinger have suggested. Instead conceptions of indigeneity were fluid, often lending authority to appropriated flora and knowledge while the contexts of nineteenth-century Britain, Halifax and Shubenacadie created the *Sarracenia purpurea*, Indian Remedy and *Mqo'oqewi'k* as it moved through and between these spaces. Traditional accounts of bio-prospecting argue that as Indigenous flora moved, Indigenous contexts were consistently stripped away. This process of stripping shapes Indigenous origins as essentialised and static. Following the plant backward to its apparent point of origin highlights the more complex reality.

This work is undertaken within the broader framework of 'Red' Atlantic history, that seeks to bring complex Indigenous histories into broader accounts of medicine in the Atlantic World. I will highlight that the 'Red' Atlantic approach, when undertaken by non-Indigenous historians, requires recognition and honesty about of the historian's own position. This is not Indigenous history. Due to the constraints of distance, time and funding I was unable to obtain testimonies from current members of the Mi'kmaq community. Histories that do not include this important resource, from oral historical cultures, cannot claim to be Indigenous histories. Though revisionist, my work is informed by my position as a white woman educated in western academia therefore it remains "American Indian history largely from the white perspective."¹

¹ Angela Cavender Wilson, "Indian History or Non-Indian Perceptions of American Indian History," *American Indian Quarterly* 20, no. 1 (1996): 5

IMPACT STATEMENT

This work will extend the frameworks of scholars such as Londa Schiebinger and Susan Scott Parrish who have discussed fluid conceptions of indigeneity that lent authority to appropriations of medical knowledge and flora from the Americas in the seventeenth and eighteenth centuries. I argue that despite the growing racism and chauvinism of the nineteenth century there was a continuity in white conceptions of indigeneity that lent authority to Indigenous medicines and knowledge as part of sustained appropriative behaviours. I argue that it is important to recognise this continuity in appropriative practices, as if we allow for a view that racism leads to the wholesale rejection of Indigenous knowledges and flora then we can dismiss similar practices in the modern age.

In addition, my work will contribute to developing scholarship in the 'Red' Atlantic, so called by Jace Weaver. This is not Indigenous history, due to my inability to gain interviews with Mi'kmaq communities and my own position as a white woman educated in western academic institutions. However, this does not mean that it lacks value. Instead I seek to highlight the importance of including Indigenous history as part of broader histories of medicine and the Atlantic. As far as possible this should be done with an eye to one's own position within the power structures of colonialism and appropriation outlined here.

This is a particularly significant matter with regard to Canadian history. Canada, as a nation, projects a liberal and inclusive attitude. However, the numbers of First Nations peoples living in poverty, poor attitudes amongst Canadian non-Indigenous populations toward First Nations populations, suicide rates within the Indigenous population and the rate of Indigenous women murdered, to name a few significant and ongoing issues, means that recognising racism as not just a process of ignoring but an active process of oppression and appropriation, is valuable.

Beyond the historiographic and potential social impact of my work, conducting this research has had an important impact on my own views in the history of science. It has led, in part, to work that I am undertaking with colleagues on revising history of science curricula with the production of a decolonised source book for survey courses in the history of science. Reassessing the way that history of science is taught at undergraduate level is an important step in bringing histories of underrepresented communities, such as the Mi'kmaq of this study, into broader histories of the Atlantic world and beyond.

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INTRODUCTION

My thesis presents a case study of the purple pitcher plant (also known as *Mqo'oqewi'k*, Indian Remedy, *Sarracenia purpurea* and *Limonio congener*) and its use as a smallpox remedy in the mid-nineteenth century. In March 1861 Sally Paul, a Kanien'kehaka woman living amongst the Mi'kmaq at Shubenacadie in Mi'kma'ki, sought to sell her knowledge of the *Mqo'oqewi'k* in Halifax, Nova Scotia.² She used John Thomas 'Paddy' Lane, an ex-customs official and patent medicine seller who also identified as a "Micmac medicine man", and his connections within the city, specifically his relationship with the resident physician at the Halifax Visiting Dispensary, Dr Frederick William Morris, to gain a patent for Sally Paul's curative and recognition of her authority in its use. Morris and Lane sold the remedy in Halifax in the early months of 1861 calling it simply "The Indian Remedy" and providing no information on its contents, origins or preparation. Morris' involvement, from April 1861, and the threat that the curative posed to the insecure medical profession within the city, among other concerns, meant that by May 1861 the remedy was rejected by the city's medical elite as ineffectual. Further discrediting the remedy in Halifax, an inquest was held into the death of a Mi'kmaw child, Mary Anne Cope, who took the remedy and later succumbed to her illness in July 1861. Sally Paul had also, purportedly, sold the *Mqo'oqewi'k* remedy to the British artillery surgeon Herbert Chalmers Miles, who had learned of it from Captain Campbell Hardy and the Mi'kmaw guide John Williams. Miles presented the remedy to the Epidemiological Society in London on Monday 4th November 1861 and then continued to promote its use within medical journals in that country during 1862. In Britain, the remedy was presented within broad conceptions of Indigenous testifiers as authoritative in medical matters. In the expected spaces of fertile medical debate, it found a more positive reception than it had amongst the Haligonian medical elite, though here too it eventually lost traction as an efficient remedy and was slowly forgotten.

² Leslie Jane McMillan, "Mi'kmawey Mawio'mi Changing Role of the Mi'kmaq Grand Council from the Early Seventeenth Century to the Present" (PhD diss., Dalhousie University, 1996): 29-30; Sipekn'katik is the district of Mi'kma'ki (see figure 2) that is today made up of the counties of Colchester, Hants, Kings and Lunenburg, essentially central Nova Scotia. The area was home to four summer villages with Keptans (Local village leaders) at the settlements of Shubenacadie and Truro; Michael Yellow Bird, "What We Want to Be Called: Indigenous Peoples' Perspectives on Racial and Ethnic Identity Labels," *American Indian Quarterly* 23, no. 2 (1999): 14; Kanien'kehaka, or people of the land or crystal rock or flint, is the self-identified name of the Indigenous peoples called, amongst colonial English speakers, the Mohawk, a name that was a bastardised translations of a neighbouring communities name for the group, which meant cannibal.

At first glance there are several peculiarities about the events of 1861 and 1862 that drew me to this case study. First, the appropriation of Indigenous medicines was common and has been well documented prior to the nineteenth century by scholars such as Londa Schiebinger and Susan Scott Parrish. Similar practices have been discussed in the modern age under the terms of cultural imperialism and bio-colonialism by critics such as Laurie Anne Whitt and Johan Galtung.³ However, during the nineteenth century Indigenous flora and knowledge were supposedly ignored by colonisers due to the rise of scientific racism. However, here we see a purportedly Indigenous curative appropriated right in the middle of the nineteenth century.⁴ Second, scholars such as Kathleen Murphy have argued that colonisers providing the names and details of the communities of Indigenous medical practitioners was exceedingly rare, while Martha Robinson has suggested that such specificity was almost unheard of. Yet here we see Sally Paul's name and her preparation and use of the plant amongst her community referred to frequently.⁵ Third, the remedy was used to tackle smallpox. Generally, assumptions from first encounters with Indigenous communities up to the modern day have held that contagious diseases from the old world, such as smallpox, were beyond the abilities of First Nations communities to cure.⁶ Finally, Sally Paul was a woman, which would appear to contradict Londa Schiebinger's assertion that chauvinism and growing medical professionalisation in the nineteenth century firmly separated women from medical practice and reduced their perceived authority as medical knowers.⁷ These peculiarities helped to define the research questions of this case study. Why, during a period of growing racist and sexist attitudes in medicine, alongside a continued belief in Indigenous inability to tackle smallpox in any manner in this period, did colonisers remove the physical plant from Shubenacadie to Halifax and Britain? Additionally, what was travelling? the plant alone or the plant with acceptance of Sally

³ Laurie Anne Whitt, "Cultural Imperialism and the Marketing of Native America," in *Natives and Academics: Writing and Researching about American Indians*, ed. Devon Abbott Mihesuah (Lincoln, Nebraska: University of Nebraska Press, 1998), 139; 154-5; Johan Galtung, "Scientific Colonialism," *Transition* 1, no. 30 (1967): 10-15.

⁴ Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2007), 296; Kathleen S. Murphy, "Translating the Vernacular: Indigenous and African Knowledge in the Eighteenth-Century British Atlantic," *Atlantic Studies* 8, no. 1 (March 1, 2011): 29; Martha Robinson, "New Worlds, New Medicines: Indian Remedies and English Medicine in Early America," *Early American Studies* 3, no. 1 (2005): 110; Susan Scott Parrish, *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill, North Carolina: Omohundro Institute and University of North Carolina Press Books, 2012), 309.

⁵ Robinson, "New Worlds, New Medicines", 102, 105; Murphy, "Translating the Vernacular", 34-5

⁶ Paul Kelton, *Cherokee Medicine, Colonial Germs: An Indigenous Nation's Fight Against Smallpox, 1518-1824*, 1st ed. (Norman, Oklahoma: University of Oklahoma Press, 2015). introduction, Kindle.

⁷ Londa Schiebinger, "Forum Introduction: The European Colonial Science Complex," *Isis* 96, no. 1 (2005): 53.

Paul's authority as a knower, her and her community's use of the plant, methods of preparation as a curative and preventative and/or theories of medical practice? Finally, how did these inclusions and exclusions of the plant's Indigenous contexts contribute to white acceptances or rejections of it as an effective curative?

These questions centre around movement. James Secord has noted that communicating knowledge, or moving knowledge from one locality to another, makes knowledge.⁸ It is through this process of knowledge making as it is communicated that we can access the ideologies of the people and communities that are appropriating and translating them. Assessing what was moving, how it was framed, or re-created to enable it to move, and why it was framed in these ways we uncover the continuation of images of indigeneity in Nova Scotian colonial and British communities, as well as the specific contexts within these localities that facilitated or stalled the movement of knowledges and flora. I will also attempt to show knowledge creation and movement in Indigenous medical communities, noting how, why and what was communicated and created in the Mi'kmaq context. Three broad narratives will be constructed: one European/British, one Haligonian, and one First Nations. This multi-narrative approach has been successfully utilised by historian Karl Jacoby in his account of the Camp Grant Massacre in 1871.⁹ Where Jacoby has traced the political, social, emotional and economic movements of the various groups involved in the massacre that led them to the same moment in time and space, I trace the physical movement of flora and the non-corporeal movement of specific knowledge from the furthest point of appropriation, in Britain, back across the Atlantic to the spaces of Eastern Canada. This structure foregrounds variant geographies across the Atlantic. These geographies intersect indigeneity with gender, social and professional changes, economic concerns, and individual priorities all within broader frameworks of appropriation and knowledge creation.

In traditional bio-colonial frameworks, the most 'stripped' form of a plant, being that with the least reference to Indigenous origins and medical cultures, is often assumed to be present at the furthest point from these supposed origins.¹⁰ It might, therefore, be

⁸ James A. Secord, "Knowledge in Transit," *Isis* 95, no. 4 (2004): 661.

⁹ Karl Jacoby, *Shadows at Dawn: An Apache Massacre and the Violence of History* (New York: Penguin, 2009), 5.

¹⁰ Murphy, "Translating the Vernacular", 29–48, in Murphy's account she talks of the colonies as the site of complex interactions where Indigeneity was a necessary part of the acceptance of new forms of North American medical knowledge as authoritative, when these knowledges reached the metropole they have been 'stripped' and processed; Laurelyn Whitt, *Science, Colonialism, and Indigenous Peoples: The Cultural Politics of Law and Knowledge* (Cambridge: Cambridge University Press, 2009), i, 6.

assumed that the British account of the plant would be the most 'stripped' form, while layers of Indigenous presence within narratives of the *Mqo'ogewi'k* would be added as we move closer to the point of 'origin'.¹¹ Constructing this thesis as a movement away from the appearance of the plant in Britain towards its apparent source in Shubenacadie will highlight that the notion that layers of Indigenous meaning were consistently stripped as they were moved is erroneous. The *Sarracenia purpurea*, as it was called in Britain, was constructed within nebulous conceptions of indigeneity and local contexts of professionalisation and vaccination. The physical plant was less present in Britain while specific knowledge of how it should be prepared was prevalent. However, no details of Mi'kmaq collection methods and little on how the plant should be used appeared, though there was a broad acceptance of Indigenous peoples as authoritative knowers in medicine. In Halifax the plant appeared bottled as the 'Indian Remedy'. No indication of its contents and its use in Mi'kmaq medicine were recognised though, as in Britain, there was some acceptance of the general authority of Indigenous medical knowers. Finally, in returning to the Mi'kmaq setting its use and composition were not broadly known though the plant was widely available. I will demonstrate that the plant and its use as a smallpox curative did not originate with Sally Paul and tracing its use across eastern Canada draws out interactions between the Mi'kmaq and Kanien'kehaka, and both communities with colonial occupiers. This thesis counters narratives of Indigenous individuals and communities as stationary holders of knowledge, and instead highlights Indigenous knowledge making as part of a network of complex interactions that were "contingent, historically situated, and particular to the specifics of locality, group dynamics, place and time."¹² Juxtaposing the movement from the furthest geographical point that the appropriated flora and knowledge reached to the apparent point of origin, against the realities of inconsistent stripping and non-essentialised origins, highlights the true complexities and flexibilities of appropriative practice.

This thesis will explore the above questions within the broader framework of new movements in Atlantic historiography. Atlantic history has, in general, stepped away from a

¹¹ I will discuss references made to the plant in Australia and America, technically the former being the furthest geographically from the plants purported origins. There is, unfortunately, only a small amount of information pertaining to usage and perceptions of the remedy in these settings and as such they have been included in broader discussions of the British experience of the plant specifically as the instances of reference in Australia were made by Campbell Hardy and those quoted in American newspapers were from a letter sent by the British Surgeon Major of the Royal Horse Guards, Cosmo G Logie. Both Logie and Hardy were central to the British account of the remedy. See Chapter two and Chapter three.

¹² Whitt, *Science, Colonialism, and Indigenous Peoples*, xvii.

simple reframing of imperial history in a trend begun by Paul Gilroy's *The Black Atlantic* in the early 1990s which moved discussion from accounts centred around white colonisers to place the histories of African peoples and Africa at the centre of Atlantic history.¹³ As Atlantic histories have refocused to include black histories, more recently Jace Weaver has asked: what about the 'Red' Atlantic? Weaver argues that;

Indians, far from being marginal to the Atlantic experience, were, in fact, as central as Africans. Native resources, ideas, and peoples themselves travelled the Atlantic with regularity and became among the most basic defining components of Atlantic cultural exchange.¹⁴

My thesis will sit within this newly developing 'Red' Atlantic historiography, specifically highlighting the importance of complex Indigenous narratives within North Atlantic histories of medicine.¹⁵ I focus on the movement of Indigenous resources, in the form of the *Mqo'ogewi'k* and Indigenous ideas about its use in medicine, within the Atlantic world. While the Mi'kmaq did not, themselves, physically cross the spaces of the Atlantic at this time, a plant that was part of broader Indigenous medical culture, knowledge about how to prepare it, and conceptions of the plant and the Mi'kmaq in white imaginations, did traverse these spaces. The impact of the real people, the real plants, and the imagined people and plants of Nova Scotia had an effect across the Atlantic world that was, significantly, not part of a separate discourse on 'Indianness' but part of broader and fluctuating conceptions that included indigeneity and whiteness, medicine and professionalisation, gender, and personal justifications.

In summary, my thesis will seek to determine why, how, in what form, and to what extent the use of *Mqo'ogewi'k* in smallpox travelled between the sites of Shubenacadie, Halifax and Britain within the broader framework of 'Red' Atlantic history of medicine.

¹³ Paul Gilroy, *The Black Atlantic: Modernity and Double-Consciousness* (Cambridge, MA: Harvard University Press, 1993).

¹⁴ Jace Weaver, *The Red Atlantic: American Indigenes and the Making of the Modern World: 1000-1927*. 1st ed. (Chapel Hill, North Carolina: University of North Carolina Press, 2014), 9, 422.

¹⁵ Linda A. Newson, *Making Medicines in Early Colonial Lima, Peru* (Boston: Brill, 2017), 1; As Newson highlights there are a number of works on the history of medicine in South American contexts that discuss Indigenous plants and practices. There are, however, far fewer that consider the same in the mainland North American context, as discussed below. She also notes that these histories tend to focus on a select few plants, sarsaparilla, cinchona, tobacco and guaiacum being some of the most prominent. My work highlights an under-studied plant in the form of the *Sarracenia purpurea* in a less frequently discussed geographical context, Canada.

Previous Accounts of the curative

Prior to my work this case study has received only passing consideration. There has been unspecific reference made to the plant, but not the Mi'kmaq, in the works of Virgil Vogel, Colin Howell and Michael Smith, Peter Twohig and in a biography of Dr Frederick Morris by Phyllis Blakeley.¹⁶ The most substantive account of the events surrounding the purple pitcher plant appears in Alan Marble's encyclopaedic book on medicine in Nova Scotia in the first half of the nineteenth century.¹⁷ However, while Marble's work is detailed and expansive, it focuses on the medical establishment. He provides statistics and lists of facts drawn from the archives with little in-depth analysis of the same. Marble's work is invaluable but does not address the same concerns as my thesis. Marble doesn't consider the place of the Mi'kmaq within the narrative of the 'Indian remedy'. Keeping his focus on the Medical Society in Halifax, he discusses the events leading to, and directly following, Morris' expulsion from the Medical Society, offering no analysis of the incident besides it being "bizarre."¹⁸

Reference to the use of the *Sarracenia* for tackling smallpox in north eastern Canada has also appeared in the works of ethnobotanists such as Charles Millspaugh, Frank Speck, Frank Chandler, Daniel Moerman, Laurie Lacey, and Kate Redmond, though none of these expanded upon the complex interactions between Haligonian, British and Mi'kmaq actors as shall be done here.¹⁹ The peculiarities of this historical moment have not

¹⁶ Phyllis Blakeley, "Biography – MORRIS, FREDERICK WILLIAM – Volume IX (1861-1870) – Dictionary of Canadian Biography," Dictionary of Canadian Biography, accessed January 26th, 2016, http://www.biographi.ca/en/bio/morris_frederick_william_9E.html; Peter L Twohig, "Colonial Care: Medical Attendance among the Mi'kmaq in Nova Scotia," *Canadian Bulletin of Medical History* 13, no 2, (1996): 345-7; Virgil Vogel, *American Indian Medicine*, (Norman, Oklahoma: University of Oklahoma Press, 1970), 95; C. Howell and M. Smith, "Orthodox Medicine and the Health Reform Movement in the Maritimes, 1850-1885," *Acadiensis* 18, no. 2 (1989): 55.

¹⁷ Allan Everett Marble, *Physicians, Pestilence and the Poor: A History of Medicine and Social Conditions in Nova Scotia 1800-1867* (Halifax, Nova Scotia: Trafford Publishing, 2006), 104-5.

¹⁸ *Ibid*, 6, 104-8.

¹⁹ Charles F. Millspaugh, *American Medicinal Plants; an Illustrated and Descriptive Guide to the American Plants Used as Homeopathic Remedies: Their History, Preparations, Chemistry, and Physiological Effects* (Philadelphia: Boericke & Tafel, 1887), 19; Frank Speck, *Medicine Practices of the North-Eastern Algonquians* (Washington DC: International Congress of Americanists, 1917), 310, 314, 316; W.H. Mechling, "The Malecite Indians, with Notes of the Micmacs (Concluded)," *Anthropologica* 1, no. 8, (1959), 251; R. Frank Chandler, Lois Freeman, and Shirley N. Hooper, "Herbal Remedies of the Maritime Indians," *Journal of Ethnopharmacology* 1, no. 1 (1979), 61; Daniel E. Moerman, *Medicinal Plants of Native America*, One, vol. 1 and 2, 2 vols. (Portland, Michigan: Timber Press, 1988), 455; Laurie Lacey, *Micmac Medicines: Remedies and Recollections*, 1st ed. (Halifax, Nova Scotia: Nimbus Publishing, 1993), 26; Kate Redmond, "Browsing the Bog," *Field Station Bulletin* 32, no 32 (2007): 10; Schiebinger, *Plants and Empire*, 16; John Harshberger coined the term ethnobotany in 1896 to describe, "studies of plants used by...aboriginal people" Schiebinger and others have demonstrated that the practice was already old by this time.

previously been recognised and, as such, important questions pertaining to how, why and what travelled between sites in Eastern Canada and Britain have not been asked. In answering these questions, I will argue that conceptions of indigeneity were fluid within and without First Nations communities and that this fluidity intersects with local contexts not limited to professionalisation, public health concerns, resistance, and personal affiliations.

Medical appropriation in the 'Red' Atlantic

One of the primary concerns of this thesis will be to present Indigenous communities, individuals and medicines within medical encounters in the Atlantic as an intrinsic part, rather than a specialist consideration, of medical history. Jace Weaver's book *The Red Atlantic: American Indigenes and the Making of the Modern World* is a survey of Atlantic history that places Indigenous stories at its centre. He presents narratives of Indigenous peoples as "selves determined", their lives and movements often confined and controlled by the imperial process and lack of access to imperial places, who were also "self-determined", able to act outside of these structures and on occasion utilise them for their own advantage. Weaver seeks to place these stories as central to the history of the Atlantic world.²⁰ The importance of this approach is not so much in the refocusing of histories to draw in Indigenous narratives, though that is certainly significant, as it is drawing out the complexities of interaction within accounts that contain Indigenous actors. Specifically, 'Red' Atlantic accounts move away from two-dimensional portrayals of Indigenous individuals and groups and instead presents Indigenous communities in motion, with both internal and external complex interrelations.

The separation of Atlantic histories from Indigenous histories that Weaver's work combats was proliferated by the ethno-historical interdisciplinary studies that arose following William Fenton's 1953 article that called for more detailed consideration of European and Indigenous cultural contexts.²¹ While a positive step forward in Indigenous

²⁰ Weaver, *The Red Atlantic*, 205.

²¹ James Axtell, *The European and the Indian: Essays in the Ethnohistory of Colonial North America* (Oxford: Oxford University Press, 1981), 5; James H. Merrell, "Some Thoughts on Colonial Historians and American Indians." *William and Mary Quarterly* 46, no. 1 (1989): 97, though nearly forty years old Merrell's assessment still rings true, especially in the case of Indigenous medicine which is often addressed as its own topic rather than as part of broader histories of American medicine. Specific histories of race and medicine in the Americas focus on the African experience primarily, for example see; Todd Lee Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America*. (Kent, Ohio: Kent State University Press, 2007); While broader histories give little attention to Indigenous or African experiences, for example, Owen Whooley, *Knowledge in the Time of Cholera* (Chicago: University of Chicago Press, 2013); There are a few works on medical history in Canada

history, it encouraged a “two worlds” approach that saw colonial historians, American historians and Atlantic historians avoid discussion of Indigenous histories as they came to be seen as specialist areas of study.²² In essence, as Donald Fixico has noted Indigenous histories have often suffered “disciplinary banishment” as a “special or exotic subfield.”²³

This is not to say that there have been no accounts that place Indigenous narratives at the centre of Atlantic medical histories. A significant focus has been given to South American Indigenous medicine, though often these highlight popular plants such as Cinchona rather than more obscure or failed remedies and practices.²⁴ Though there are fewer text that consider a broader range of flora and North American Indigenous communities Virgil Vogel’s *American Indian Medicine*, published in 1970, stands out as seminal. Vogel’s comprehensive account has a broad span both in space and time and provides insight into the medical practices of various communities across the northern region of the American continent. However, his primary concern was in providing a list of “contributions” that had been made and subsequently found modern day “scientific favour”, rather than how, why, and what was traveling between First Nations, Haligonian and British communities to highlight flexible conceptions of indigeneity and their intersections with local contexts, as is my intent.²⁵

Despite these limitations, Vogel touched on an aspect of medical encounter between European and Indigenous communities in the Atlantic that has been expanded upon by other historians. Vogel noted that;

Just as America was considered to be undiscovered before the white man found it, so the Indian drugs were unreal or of no account until white men discovered them.²⁶

How First Nations communities and their knowledges were perceived and what ‘discovery’ meant to colonisers in North America has become the focus of historians such as Londa Schiebinger, Kathleen Murphy, Susan Scott Parrish, Christopher Parsons and Martha

that include Indigenous narratives; Twohig, “Colonial Care”; Joanne R. Pereira, *A Preliminary Case Study of Perceptions of Access to Ethnomedicine in the Environment in the Mi’kmaq Community of Indian Brook*, (Masters Diss., Dalhousie University, 2000); however these are few and far between.

²² Merrell, “Some Thoughts on Colonial Historians.”, 115.

²³ Donald L. Fixico, “Ethics and Responsibilities in Writing American Indian History” in *Natives and Academic: Researching and Writing about American Indians*, ed. Devon Abbott Mihesuah, (Lincoln, Nebraska: University of Nebraska Press 1998), 90.

²⁴ Newson, *Making Medicines*, 1-2.

²⁵ Vogel, *American Indian Medicine*, 143.

²⁶ *Ibid*, 240.

Robinson and will also be a primary concern of this thesis. I argue that in most instances ‘discovery’, once flora and knowledge were appropriated, was credited to colonisers, rather than First Nations communities. However, conceptions of indigeneity remained fluid enough for white commentators to accept, to variant degrees, Indigenous medicines as effective. When ‘discovery’ was credited to Indigenous individuals in the nineteenth century, proximity to the site of appropriation, personal relationships with Indigenous practitioners and a need to justify removal appear to have determined this framing. Furthermore, ‘discovery’ in First Nations contexts was also not entirely straightforward. Indigenous medicine was not static, and the individual knower was not static either. As such, I argue that Sally Paul was not the originator of this knowledge. Instead, I highlight that Indigenous medicine and medical communities were innovative, nebulous and diverse in the nineteenth century, and that pinning down a point of discovery, and what discovery meant within these communities, was as complex as it was within the spaces of Britain and Halifax.

Historians who have explored the complexities of appropriation and discovery, noted above, have primarily focused on these processes in the seventeenth and eighteenth centuries. They tend to describe the early colonial period as a period of complex and fluid Indigenous/coloniser interactions that gave way to later postcolonial simplicity and stability. In 1774 Benjamin Rush opined that American Indigenous medicine had a past, but no future, as he painted a picture of a positive new American medical tradition rooted within Indigenous natural knowledge but surpassing this and their British rivals.²⁷ Martha Robinson has argued that this moment marked a break from the complex interactions between Indigenous and colonial communities and a post-revolutionary future where Indigenous peoples appeared in physicians’ works as “representatives of a vanishing race.”²⁸ She argues that prior to this break, a blend of necessity, curiosity and a search for

²⁷ Benjamin Rush, *Medical Inquiries and Observations. By Benjamin Rush, M.D. Professor of Chemistry in the University of Pennsylvania*, (Philadelphia: Ann Arbour, 2009), 10-11, 18-22; Rush cites theories of civilisations progress placing Indigenous or ‘savage’ life a rung below civilised, the American occupying this higher category of existence. The diseases of the ‘Indians’ are detailed as ‘simple’ fevers and the complex diseases of civilisation, smallpox, cholera etc. are described as new additions for Indigenous communities, new additions that cannot be tackled by their simple but effective medical practice. This account highlights the historical utility of Indigenous medicine in tackling simple ills but notes that for progressed civilised nations new medicines are needed. Robinson, “New Worlds, New Medicines.”, 107 - 110. provides a more detailed analysis of Rush’s account in this context.

²⁸ Robinson, “New Worlds, New Medicines.”, 110. ; Martha Robinson, “‘They Decrease in Numbers Daily’: English and Colonial Perceptions of Indian Disease in Early America” (PhD diss, University of Southern California, 2005), 38-48 For a comprehensive analysis of the demographic arguments.

economically viable flora led to a combination of exchange, theft, coercion and adoptions of medical ideas and objects by both Indigenous and British communities in colonial America.²⁹ Despite these complex interactions Robinson indicates that however medicines were appropriated prior to 1774, they were removed without any recognition of Indigenous theory.³⁰ This lack of recognition for theoretical frameworks within First Nations practice is central to concepts of bio-prospecting. Bio-prospecting describes the process of appropriation of flora and fauna along with knowledge of their uses from Indigenous contexts. These items and their associated knowledge are stripped of the meaning that they held within cultural settings, for example methods of collection and preparation that did not fit within western medical frameworks and packaged for sale within white communities. This negatively impacted the utility of curatives and denied Indigenous communities and individuals access and voice within medical spaces. Further studies have sought to expand on how and why these appropriative behaviours worked.³¹ Susan Scott Parrish has argued that colonial curiosity necessitated the acceptance of hybrid knowledge that was created within the spaces of the 'New World'.³² Indigenous knowledge was made acceptable through layers of colonial legitimacy. As testifiers, Indigenous communities were taken seriously within colonial spaces though the specific contexts of their knowledge continued to be ignored or generalised. For example, Murphy describes Richard Brook, a Maryland physician, and his sale of Mattapany tea that he had obtained from an Indigenous individual, the informant was never named but subsumed and homogenised into a broader conception of indigeneity.³³ Parrish has argued that white colonial commentators on Indigenous sources acted as "buffer zones between the metropolitan place of knowledge ratification and the volatile site of exotic secrets."³⁴ Colonisers placed

²⁹ Robinson, "New Worlds, New Medicines.", 102-5.

³⁰ Ibid, 95.

³¹ The term bio-prospecting presents the Indigenous actors within a process as stationary, bio-prospectors or bio-pirates are actively engaged in the removal of bio-material and knowledge without recognition of the activities of Indigenous peoples within the environments where these activities are undertaken. As such I will not use this term unless in reference to its use by other scholars. Encounter, another term that may have been used to describe the processes in this thesis would be ineffectual as it suggests equality on both sides, the same may be said for the word exchange. Unfortunately, the vocabulary available to us does not have a perfect term for the combination of activities of theft, coercion, imperialism, collaboration, sale, secrecy, curiosity, necessity, among other interactions that are discussed at various points throughout this thesis. For lack of a better word, therefore, I will utilise "appropriation". I believe that this gives space for the recognition of a continued use of knowledge and flora that exists within the Indigenous context (the practice is ongoing) while also allowing for recognition of the power dynamics of imperialism.

³² Parrish, *American Curiosity*, 7-8.

³³ Murphy, "Translating the Vernacular", 30-1.

³⁴ Parrish, *American Curiosity*, 217.

geographic boundaries around the wild spaces of America, and beyond these boundaries “lay a territory of expertise for the ‘heathen’”.³⁵ Indigenous expertise belonged in these wild spaces, and was made legitimate as it was moved through and by colonial and European testifiers from the wilderness to the metropole.

Expansion of American and British interests in North America in the nineteenth century meant that what had been considered the wilderness was slowly disappearing. However, the unexplored and often inaccessible spaces of Canada were still depicted as unforgiving wildernesses in the mid-nineteenth century. Though Nova Scotia sat on the east coast and had been occupied by French and British colonisers for centuries, it retained a generally small population. In 1861 Nova Scotia was home to only three hundred and thirty thousand colonists, and just fourteen thousand Mi’kmaq. The population of New York City alone during the same period was over eight hundred thousand, while London’s population in 1861 was over two and a half million.³⁶ Most of Nova Scotia’s population was dispersed across the province in small rural communities with labour concentrated on farming, fishing and other work on the sea. The untamed interior of the province, the swamps and forests were rarely ventured into by Nova Scotians.³⁷ Travel to the city had been improved with new rail links during the mid-nineteenth century. A line was established in 1858 from Halifax to Windsor and a few months later another was constructed to Truro in the east.³⁸ However, there were no lines that connected Halifax to any regions further west than Windsor, or further east than Truro in 1861 (Figure 1).³⁹ While these connections made travel within the province easier, there were still difficulties, and in the winter the lines would be covered with impassable snow.⁴⁰ This left each provincial settlement isolated overland during the winter months.

The Mi’kmaq population, by contrast, were accustomed to traversing the province throughout the year. Prior to colonisation, the Mi’kmaq Nation’s ancestral land, Mi’kma’ki,

³⁵ Ibid, 219.

³⁶ Nova Scotia. Census Office, *Census of Nova Scotia, Taken March 30, 1861, under Act of Provincial Parliament--Chap. XIV--XXIII VIC.*, (Halifax, Nova Scotia: 1862), Public Archives of Nova Scotia, 8-11.

³⁷ Ibid, 15.

³⁸ David E. Stephens, *Iron Roads of Nova Scotia* (Windsor, Nova Scotia: Lancelot Press, 1972), 27, 11-13; lines were constructed prior to this though they were built for the miners in Pictou County rather than being civilian.

³⁹ Stephens. *Iron Roads*, 28-9; the next major lines were constructed a month before confederation (1867) followed by further construction in 1876.

⁴⁰ H. Chalmers Miles, “On the Winter March of Troops from Nova Scotia to Canada in 1861-62,” *The Lancet*, originally published as Volume 1, Issue 2012, 79, no. 2012 (March 22, 1862): 298–300; Miles and his regiment had to forego rail links for sleighs as they travelled from Halifax to St John and on to Canada

covered modern Nova Scotia and Prince Edward Island, the Gaspé Peninsula of Quebec, the north shore of New Brunswick and inland to the Saint John River, eastern Maine, and part of Newfoundland, including the islands in the Gulf of Saint Lawrence as well as St. Pierre and Miquelon (Figure 2).⁴¹ They were a semi-nomadic people, moving to the coast to fish in the spring, and in the summer they

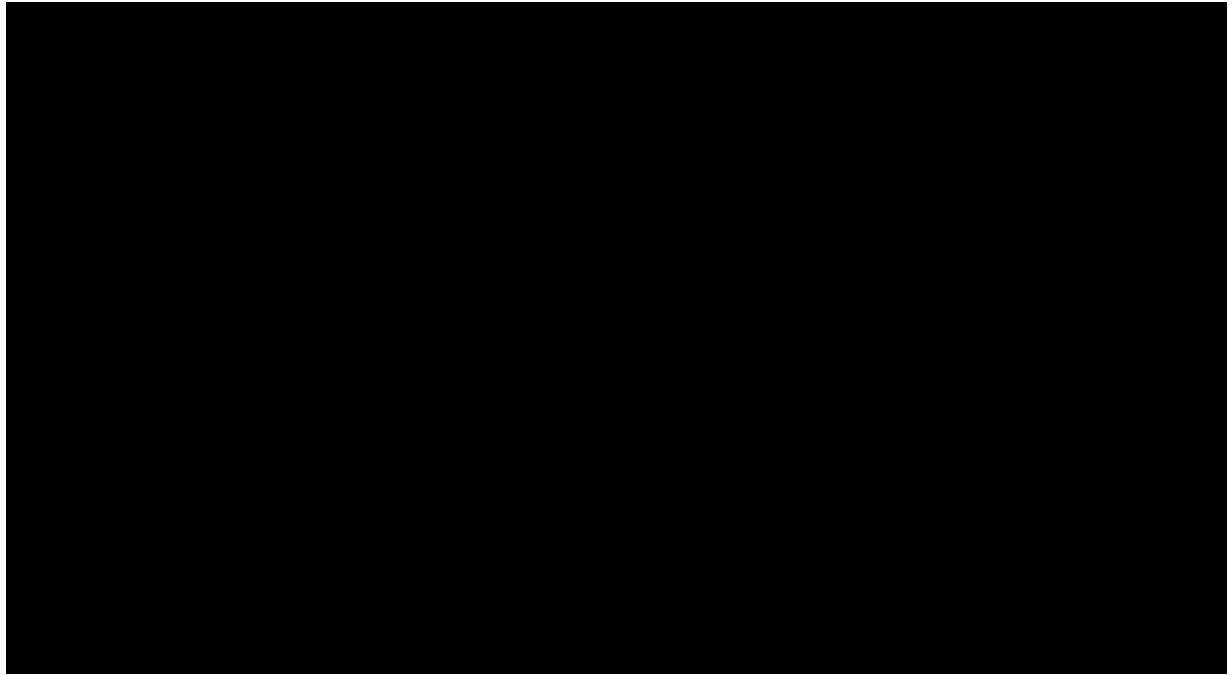


Figure 1- Stephens, Iron Roads, 24; the lines marked from Truro to New Glasgow were for the Mines at Albion not for civilian use

⁴¹ Pereira, "A Preliminary Case Study", 27-8; Anon, "The Mi'kmaq," accessed September 4, 2018, <https://www.cbu.ca/indigenous-affairs/unamaki-college/mikmaq-resource-centre/the-mikmaq/>.

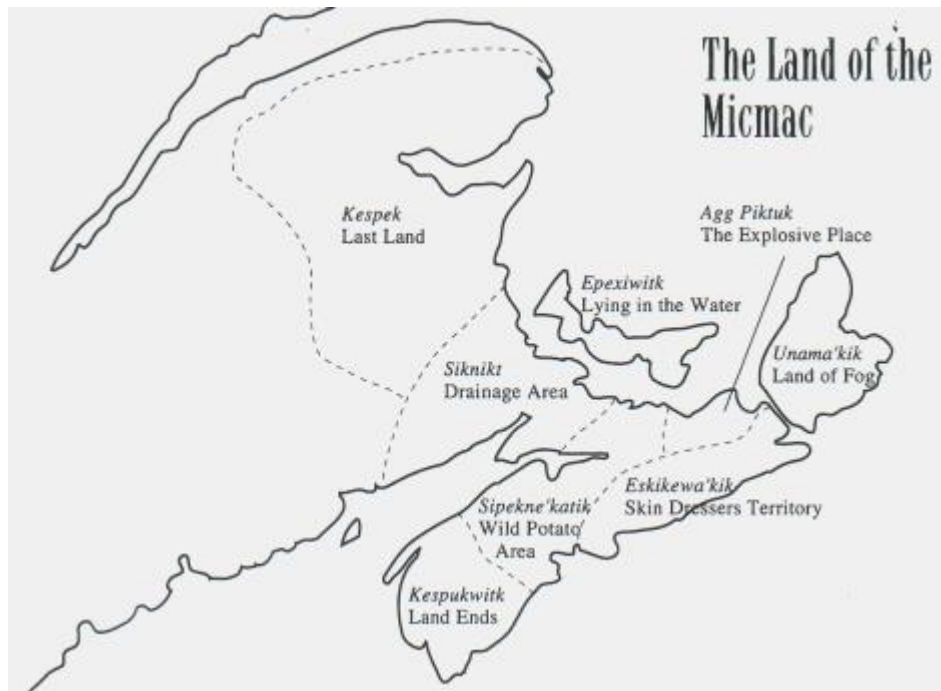


Figure 2- Daniel Paul, "Mi'kmaq Territory Map," accessed September 25, 2018,

<http://www.danielpaul.com/Map-Mi%27kmaqTerritory.html>. With thanks to Dr Daniel Paul for permission to use this image.

gathered at village sites then broke up into smaller bands and moved further inland in the winter. Sipekn'katik, "ground nut place" or "wild potato area", covered central Nova Scotia and was home to four summer village sites, including one in the region of Shubenacadie, where Sally Paul later lived.⁴² This had been the traditional seasonal movement of the Mi'kmaq population but by the eighteenth century it had been stemmed by white settlements, while conversion to Catholicism and involvement in the fur trade meant that many Mi'kmaq set up more stationary villages near missions and trade posts. Social conditions altered again in the nineteenth century with the establishment of the reservation system in 1820 which allotted specific plots of land for the Mi'kmaq. However, relocating to these reserve lands was not yet fully enforced.⁴³ It was not until the Indian Act in 1876 that the community were coerced on to reservation lands.⁴⁴ In 1861, therefore,

⁴² McMillan, "Mi'kmawey Mawio'mi.", 20; 29-30.

⁴³ Ibid, 62; McMillan discusses how during this period the Mi'kmaq were in a state of decline, disease, loss of land and the establishment of settlements outside of old political structures that caused detachment from the community caused a fall in numbers as well as a decrease in ability amongst the Mi'kmaq to fight the oppressive operations of the colonisers. I will discuss this further in chapter five.

⁴⁴Ibid, 87.

some bands within the Nation were able to continue their semi-nomadic existence, though more static villages did exist at sites like Shubenacadie and Dartmouth.⁴⁵ With the weather conditions, still relatively low white population numbers, and difficulties in travel across the province for colonial occupiers, the Mi'kmaq settlements of the province could be, and were, regarded as comparatively wild in the eyes of colonisers.⁴⁶ As such the movement of what the British called *Sarracenia purpurea* from the Nova Scotia 'wilds' to the Epidemiological Society in London mirrors the process described by Parrish, with colonial commentators like Hardy, Miles, Morris and Lane acting as "buffer zones" moving the plant from the "volatile site of exotic secrets" to the metropolitan place of knowledge ratification.⁴⁷

This movement from wilderness to metropole of Indigenous knowledge and flora often retained reference to Indigenous origins for the purposes of legitimising the authenticity of appropriated commodities rather than the wholesale 'stripping' of bio-prospecting. Kathleen Murphy has called this process translation. She has argued that, "by translating vernacular knowledge into a universal key, colonials suggested that they became authors of new matters of fact about American nature."⁴⁸ Indigenous knowledge is described by Murphy as vernacular or 'vulgar' within her analogy of translation, a bounded knowledge situated in a particular place, the wilderness of North America for example, that was not capable of further transmission. European commentators accepted, and even required recognition of an Indigenous community's medical knowledge as authoritative. However, by removing this knowledge and presenting it to external communities, European translators became the authors of new matters of fact.⁴⁹

Translation in this context acts as a helpful metaphor in highlighting the linguistic renaming of medicines noting how the *Mqo'oqewi'k* of Sally Paul became the Indian Remedy of Thomas Lane and the *Sarracenia purpurea* of Miles and Hardy. It also speaks to the connected issues of what was lost in translation, and the control of translators and

⁴⁵ Conditions amongst of Mi'kmaq communities in Nova Scotia during the nineteenth century will be discussed in more detail in chapter five.

⁴⁶ Martin Halliwell and Andy Mousley, "Wilderness, Cities, Regions," in *Canadian Literature*, ed. Faye Hammill (Edinburgh: Edinburgh University Press, 2007), 62-3; Halliwell and Andy Mousley discuss the wilderness of Canada in literature, specifically noting the view of the woods as impenetrable and threatening domains that belonged to the Native. The wilderness is a significant trope in Canadian literature that connects to colonisers conceptions of the 'unexplored' Indigenous spaces of the region.

⁴⁷ Parrish, *American Curiosity*, 217.

⁴⁸ Murphy, "Translating the Vernacular.", 29.

⁴⁹ Ibid, 32.

translations as ‘understandable’ or palatable to European or Haligonian publics. Additionally, the act of translation in the context of appropriations of Indigenous medical flora, according to Murphy, involved the processes of re-naming, as well as experimentation, verifications of authenticity and provision of samples to centres of knowledge production, such as the Jardin du Palais Royale in Paris, and the Medical Societies of London, which will be discussed within chapters one and two of this thesis.⁵⁰

Murphy’s work is important, not necessarily in its originality but rather in its amalgamation of various strands of the process of appropriating Indigenous knowledge within British and colonial settings. Schiebinger has discussed the significance of naming as a means of imperial control, while Adi Ophir and Steven Shapin, Christopher Parsons and Laurelyn Whitt, among others, have noted the importance of experimentation and verifications of authenticity from figures of authority in the acceptance of Indigenous curatives.⁵¹ This requirement for verification was connected to the problem of public views of Indigenous reliability as testifiers for knowledge during the seventeenth and eighteenth centuries, a problem that persisted in the nineteenth century.⁵²

Conversely, Parrish has discussed the fluidity of European conceptions of indigeneity during the seventeenth and eighteenth centuries, where ideologies of difference were not yet rooted within conceptions of race specifically, but rather within environmental and humoral concerns about how the American continent would affect European bodies, while specific fears of Indigenous medicine were linked to religious concerns about diabolism.⁵³ By the eighteenth century, diabolism had given way to depictions of Indigenous medicine as superstitious, denying the power that previous conceptions gave to these practices.⁵⁴ Historians such as Parrish and Murphy have argued that this fluidity of understandings of indigeneity allowed curious Europeans to accept Indigenous medical expertise as legitimate within the confines of translation and imperialism.

⁵⁰ Murphy, "Translating the Vernacular", 31.

⁵¹ Christopher Parsons, "Plants and Peoples: French and Indigenous Botanical Knowledges in Colonial North America, 1600 – 1760" (PhD diss, University of Toronto, 2013), 114, 161.; Adi Ophir and Steven Shapin, "The Place of Knowledge: A Methodological Survey," *Science in Context* 4, no. 1 (1991): 3–21; Whitt, *Science, Colonialism, and Indigenous Peoples*, 6, 18.

⁵² Murphy, "Translating the Vernacular.", 30.

⁵³ Parrish, *American Curiosity*, 21, 85-92; To clarify diabolism refers to concerns that Europeans had for the presence and power of the devil or demons in Indigenous practices.

⁵⁴ Parrish, *American Curiosity*, 228.

However, by the mid-nineteenth century, as Nancy Stepan has discussed, “a very complex edifice of thought about human races had been developed in science that was sometimes explicitly, but more often implicitly racist.”⁵⁵ I will not argue that the racialisation of science and medicine during the nineteenth century did not affect Europeans acceptance of Indigenous medical knowledge. Instead, I will highlight that the implicit racism present in discussions of Indigenous knowledge was not the only, or even always the primary, concern of British and Haligonian communities. Rather the specific contexts of British and Haligonian medicine during the mid-nineteenth century, not limited to professionalisation, gender, public health, and personal interests intersected with more fluid and implicit or “positive” images of Indigenous peoples and their medicines.⁵⁶

Furthermore, though not classified as scientific racism in the seventeenth or eighteenth centuries, European testifiers did not always accept the knowledge ways or practices that accompanied Indigenous medicines, and when they did their conceptions of indigeneity were often tied to broad perceptions that were considered superstitious or less well defined than European systems. Indigenous expertise was painted as part of a sagacious knowledge, animal acumen, or know how, in comparison to the empiricism of European metropolitan centres.⁵⁷ First Nations medical flora may have been adopted by European collectors, but these collectors often considered Indigenous practices and cultures that these items came from as inferior. This continued into the nineteenth century, where Indigenous ways of knowing continued to be conceived as know how while European and Canadian medicine was beginning to be defined scientifically through experimental practices. Additionally, despite the racialisation of science and medicine during the century, First Nations knowledge and flora were still adopted within frameworks of imperialism and curiosity that required continued fluid conceptions of indigeneity that lent authority to knowledge and flora translated from these communities.

⁵⁵ Nancy Stepan, *The Idea of Race in Science: Great Britain 1800-1960* (Hamden, Connecticut: Archon Books, 1982), ix.

⁵⁶ Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd Edition (New York: Routledge, 2000), 84; as Patricia Hill Collins has pointed out even apparently laudatory images are still oppressive and controlling.

⁵⁷ Parrish, *American Curiosity*, 239; Mark W. Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in Mid-Victorian Britain,” *Social History of Medicine* 9, no. 2 (August 1, 1996): 178; Weatherall notes the differences between uses of the term ‘empirical’. When used ‘positively’ empirical observations essentially became substituted for experimental observation, more common in the nineteenth century ‘empirical’ was used ‘negatively’ to describe only observation of external causes/effects, rather than more in depth experimental practices.

Conversely, Londa Schiebinger demonstrates how failures of translation can shed further light on these processes of translation and appropriation in her study of the peacock flower (also known as *Flos pavonis*) in the Caribbean, where flora moved between the Caribbean and Europe, but black and Indigenous knowledge of its use did not.⁵⁸ This ‘stripping’ of a plant’s medical use from the movement of the plant itself is central to Schiebinger’s discussion. She considers the apparent prevalence of the peacock flower in botanical gardens and private collections in Europe but a distinct lack of recognition for its abortive properties. She asks, what was the chain of knowledge and where was it broken?⁵⁹ Chapter three of this thesis will explore this chain of knowledge between Halifax and Britain. I will argue that breaks in this chain were perpetrated by lack of shared spaces and interests between the British Artillery, and the Haligonian and British medical elites.

Furthermore, Schiebinger uncovers the “particular histories, local and global priorities, funding patterns, institutional and disciplinary hierarchies, personal and profit myopia and much else” that affected the translation of knowledge of the peacock flower.⁶⁰ Schiebinger’s account is one where knowledge of the plant’s abortive properties could not be successfully translated within the above noted cultural, economic and political milieu, where Indigenous and black knowledge remained, as Murphy has called it, vernacular. What Schiebinger’s account has highlighted is that although informed by the above noted concept of indigeneity, when knowledge did not move or was not accepted, we witness other contributing factors to both acceptance and rejection of Indigenous knowledge as authoritative. A similar process will be noted in the medical elite’s rejection of the Indian Remedy in Halifax not only with the foregrounding of concerns of professionalism, public health and personal relationships as contributing factors in this rejection, but also as it pertains to the separation of knowledge and flora. The *Mqo’oqewi’k* was not described by Morris or Lane but sold only as The Indian Remedy, and while Sally was described as the originator of the curative, the specifics of the remedy were not disclosed.

Each of these approaches to the encounter between European and Indigenous peoples and medicines in the Atlantic world offers insight into the complex nature of the movement of Indigenous knowledge and flora and their translation by European and American colonisers. However, each considers this complex story to end with the

⁵⁸ Schiebinger, *Plants and Empire*, 3.

⁵⁹ Londa Schiebinger, “Agnology and Exotic Abortifacients: The Cultural Production of Ignorance in the Eighteenth-Century Atlantic World,” *Proceedings of the American Philosophical Society* 149, no. 3 (2005): 334-338.

⁶⁰ *Ibid*, 320.

eighteenth century. Robinson points to a future of vanishing Indigenous medical knowledge while Murphy indicates that during the eighteenth century there was a certain amount of epistemic flexibility that ended at the turn of the century.⁶¹ Parrish notes that “science after the 1760s...became more sealed off from white female, Indian and African American collectors and testifiers” due to increasingly fixed “racial and sexual binaries.”⁶² Similarly, Schiebinger notes that the complex encounters she describes were only possible “before the onset of rampant racism in the nineteenth century.”⁶³ Schiebinger argues that, though it was not linear or uniform, a shift occurred between the early modern period where knowledge was acquired from colonial settings, specifically the Caribbean and North America, and the nineteenth century when “heavy handed European chauvinism disparaged native knowledge of all sorts.”⁶⁴

Robert Berkhofer Jr. argued in the late 1970s that the “White Man’s Indian” was a dual conception of both “good” and “bad Indian” imageries that served European needs, and that this imagery has persisted to the present day despite changes in “intellectual and political currents and alterations in social and economic institutions.”⁶⁵ Berkhofer’s account is generally accepted by scholars in First Nations literary criticism, ethnohistory and anthropology.⁶⁶ However, Berkhofer did not discuss the effect of these imagined ‘Indians’ on practices of white appropriations of North American Indigenous knowledge and flora, and his work has been largely ignored in histories of medicine that have considered these practices during early contact, such as those discussed above.⁶⁷ I argue that tracing the movement of the *Mqo’oqewi’k* and variant acceptances of Indigenous contexts and knowledges of its use, harvesting and preparation, that discussion of appropriations of Indigenous knowledges and flora in medicine in the seventeenth and eighteenth century, by scholars such as Kathleen Murphy, may be extended when considered with reference to Berkhofer’s thesis of continuity.

⁶¹ Murphy, “Translating the Vernacular.”, 29; Robinson, “New Worlds, New Medicines.”, 110.

⁶² Parrish, *American Curiosity*, 309.

⁶³ Londa Schiebinger, “Scientific Exchange in the Eighteenth-Century Atlantic World,” in *Soundings in Atlantic History* (Cambridge, MA: Harvard University Press, 2009), 296.

⁶⁴ Schiebinger, “Agnotology and Exotic Abortifacients.”, 54.

⁶⁵ Robert F Berkhofer Jr., *The White Man’s Indian: Images of the American Indian from Columbus to the Present* (New York: Alfred A Knope, 1978), 31.

⁶⁶ Katri Kilpikoski, “(De)Constructing The White Man’s Indian in James Welch’s ‘Fools Crow’ and Disney’s ‘The Lone Ranger’” (Masters diss, University of Tampere, 2014), 5.

⁶⁷ Parrish, *American Curiosity*, 75-6, 102, 134-5, 173, 214, 258, 306, 315; Murphy, “Translating the Vernacular”, 45; Robinson, “New Worlds, New Medicines”, 94-110; Schiebinger, *Plants and Empire*, 287; I have highlighted the notes or bibliography sections of these works which contain no reference to Berkhofer.

In summary, this study indicates that the flexible conceptions of Indigenous authority in medicine that allowed translation of Indigenous knowledge as legitimate in European and Canadian spaces of medicine did not cease at the end of the eighteenth century. While European, and especially British, imperial power and conceptions of race and racial difference were solidified in the nineteenth century, I argue that the processes of translation that had been in place since the earliest European encounters with the Americas continued. When it came to medicine, these processes were so entrenched within the frameworks of Atlantic appropriative behaviours that the conclusions offered by Schiebinger, Parrish, Murphy and Robinson remain as pertinent to the nineteenth century as they did to the seventeenth and eighteenth.

Is 'Red' Atlantic History Indigenous History?

There is sparse recognition in the literature for the other side of the narrative of appropriation, on what effect it had upon and within Indigenous communities. Kathleen Murphy provides some consideration of the exceptional cases of Indigenous and African testifiers on medical knowledge such as James Papaw, Majoe and Ceasar, all medical practitioners from black and Indigenous communities whose remedies were translated into European and colonial usage and, importantly, whose names were used to “reinforce the epistemological authority of the claim [of reliable medical knowledge].”⁶⁸ This raises the important question of why and how they promoted their curatives, not only within white discourse but within their own communities. What led to their secret knowledge being shared?

One approach to answering this question is that undertaken by Londa Schiebinger. Schiebinger has discussed the lack of movement of knowledge of the use of the peacock flower as an abortifacient in terms of African American women’s agency, and it may be possible to discuss the movement of knowledge and flora of the Mi’kmaq in similar terms.⁶⁹ However, as Walter Johnson has noted, focusing on agency continually poses the questions of whether oppressed peoples were “agents of their own destiny or not.” This obscures more important and interesting questions surrounding the, “contexts and consequences of human activity” within colonised communities.⁷⁰ The aims of ‘Red’ Atlantic history are to

⁶⁸ Murphy, “Translating the Vernacular.”, 35.

⁶⁹ Schiebinger, *Plants and Empire*, 18, 106-149; Schiebinger does indicate that this resistance was not the only reason that knowledge of the curatives use in abortions was not transmitted, she considers the importance of economic viability (there were many abortifacients in Europe already) changing attitudes to abortion over time and broader conceptions of racism and chauvinism.

⁷⁰ Walter Johnson, “On Agency,” *Journal of Social History* 37, no. 1 (2003): 114.

draw out internal complexities in Indigenous communities. My account will attempt this as it focuses on these complexities in Mi'kmaq medicine in the mid-nineteenth century that will take into account changing social and political structures, the continuation of Indigenous medical practices, self-promotion and sale of remedies, concern for community survival, interaction with other First Nations medical cultures, and Mi'kmaq innovation and diversity.

Such a narrative cannot be undertaken without consideration of the power dynamics of colonialism.⁷¹ Furthermore, in noting the power structures within historical contexts, it is important to recognise the power structures present in academic works that seek to uncover Indigenous voices. Richard White correctly indicates that when researching Indigenous histories, the available sources are, “overwhelmingly one sided” with the majority being written by white colonisers.⁷² There are oral historical accounts, transcriptions of which I have used within this study, particularly those taken from Ruth Whitehead's compendium and Laurie Lacey's work on Mi'kmaq medicines as well as Leslie Jane McMillan's work on Mi'kmaq political structures and Joanne Pereira's on Ethnomedicine.⁷³ As Donna Akers has observed, a great number of historians have avoided the use of oral historical data in the past as a means of assessing Indigenous history. She reminds her readers that the Indigenous way of recording history has been, and still is, oral, and we cannot therefore neglect this area, especially if we seek to find something of the ‘voice’ of Indigenous peoples amongst European sources that have been necessarily corrupted by their audiences and authors.⁷⁴

However, Ake Hultkrantz notes the difficulties inherent within an oral historical approach. Individuals create narrative forms of their own histories that are comprehensible within their temporal, geographical, political, and social locations, and as such they are necessarily distorted. Of course, this is also true of written accounts. More problematic in

⁷¹ Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*, Second (Otago, New Zealand: Zed Books Ltd, 2012), 146; Pratik Chakrabarti, *Medicine and Empire: 1600-1960* (Basingstoke: Palgrave Macmillan, 2014), xxviii.

⁷² Richard White, ‘Review: Facing East from Indian Country: A Native History of Early America’, *London Review of Books*, 24, no. 6 (March, 2002): 1.

⁷³ Ruth Holmes Whitehead, *The Old Man Told Us: Excerpts from Micmac History 1500-1950* (Halifax, Nova Scotia: Nimbus Publishing, 1991); Lacey, *Micmac Medicines*; Harry Piers Papers, “A Short Unwritten Indian History About Awiskookak, the Mohawk Indian Spies”, Mi'kmaw Ethnology: Memoirs & Manuscripts. Joe C. Cope, (1924), Nova Scotia Museum Library ; Pereira, “A Preliminary Case Study”; McMillan, “Mi'kmawey Mawio'mi.”, 1-197.

⁷⁴ Donna L. Akers, “Removing the heart of the Choctaw people: Indian removal from a native perspective” in *Medicine Ways: Disease health and survival among Native Americans*, ed. Clifford E. Trafzer & Diane Weiner, (Boston: AltraMire Press. 2001), 2.

Indigenous oral histories, according to Hultkrantz, is that “traditionalism enshrouds the new way”, by which he means aspects of Indigenous society that are spoken of and understood within traditional frameworks may in fact be relatively modern. He provides the example of peyote use in northern Indigenous societies that are combined with older traditions and as such appear to have been formulated alongside the same, though they were adopted far later with the spread of pan-Indian societal movements in the nineteenth and twentieth centuries. Therefore, a false impression is provided of the origins of certain practices.⁷⁵

Yet Ake Hultkrantz’s concerns speak more to the conception of Indigenous communities as static, or somehow un-Indigenous, if considered in interaction with other Indigenous communities, as part of the pan-Indian movements, or with colonisers. Ruth Whitehead’s transcriptions and the works of Laurie Lacey, Joanna Pereira and Leslie Mcmillan, provide glimpses into Indigenous ways of knowing, for example noting the importance of the *kinap* (medicine man) within Mi’kmaq culture, how collecting of medical herbs was part of a ritual practice, and the diversity of medicine for the Mi’kmaq.⁷⁶ This has helped to inform my writing, particularly in chapter five of this thesis where my narrative has been drawn from limited written accounts and therefore relies upon a combination of modern anthropological writings based on oral testimonies, such as these. Further insight could have been obtained with my own interviews within the community. Indeed, this was an initial aim of this project. However, early attempts to make contact were generally, and understandably, ignored.⁷⁷ Due to funding and time constraints my early failures in this regard meant I had to rework my original intent.

Beyond oral historical data I was left, primarily, with European writings on First Nations encounters. Bruce Trigger provides insight into the difficulties faced when approaching these. They are produced, he notes, “by members of an alien culture” with

⁷⁵ Ake Hultkrantz, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Traditions*, Reprint, Revised (New York: Crossroad Publishing Company, 1997), 2.

⁷⁶ Whitehead, *The Old Man Told Us*, 204, 214, 224, 255-7, 262-3, 300; Lacey, *Micmac Medicines*, ix-x, 2; Ruth Holmes Whitehead, “Biography – PEMINUIT PAUL, JACQUES-PIERRE – Volume XII (1891-1900) – Dictionary of Canadian Biography,” Dictionary of Canadian Biography, accessed September 16, 2015, http://www.biographi.ca/en/bio/peminuit_paul_jacques_pierre_12E.html.

⁷⁷ Daniel N. Paul, *We Were Not the Savages: A Micmac Perspective on the Collision of European and Aboriginal Civilizations*, (Halifax, Nova Scotia: Fernwood Publishing Company Ltd, 1993); Daniel Pauls history of the Mi’kmaq in Nova Scotia details the violence and attempted genocide committed by the British, a history that understandably does not endear British researchers to the community whose concerns are primarily focused on the important issue of land claims; Tuhiwai Smith, *Decolonizing Methodologies*, 1, 14.

“limited understanding of native customs and habits of thought”.⁷⁸ Recognition of the power dynamics that were part of the creation of these sources allow for their generally effective use. However, as Martha Robinson’s use of primarily archival materials has demonstrated, though able to consider the exchange processes between Indigenous communities and English settlers in colonial America, she is forced to look at these interactions exclusively from the European and Colonial perspective, working outside the aims of ‘Red’ Atlantic historiography that seeks to highlight Indigenous communities and individuals and their internal and external complexities.⁷⁹

My archival research has focused upon the Indian lists, letters and petitions, newspaper and journal articles. Some of these, particularly the petitions, were written on behalf of members of the Indigenous community. As David Murray has indicated, the danger of using colonial writings can paint Indigenous communities, “only as a creation of this culture” therefore, “textualizing the Indians out of existence”.⁸⁰ However, Murray also acknowledges that this is not merely an issue within Indigenous historical context but with regard to all historical encounters, and that we must be aware “of the impossibility of finally pinning down any historical figure’s ‘real’ voice”.⁸¹

With these factors in mind, where possible I have approached these accounts as Daniel Richter has termed it, ‘facing east’. Histories of the Americas in general, Richter argues, face west, “the plot lines flow from Europe across the Atlantic” with “native people remaining bit players in the great drama of a nation’s being born and spreading, for better or worse, westward across the continent”.⁸² In *Facing East* Richter “re-orientates” his narrative, and he uses archaeological, anthropological, oral and written sources to write first a more traditional account of westward expansion to provide context for his “imagined” histories of “Indian country”.⁸³ This approach fits within Weaver’s ‘Red’ Atlantic framework as it seeks to draw out these narratives with consideration of Indigenous peoples as complex actors in the Atlantic world. Similarly, my own work starts in the west, in Europe, with plot lines that move across the Atlantic to Halifax. However, in my final

⁷⁸ Bruce Trigger, ‘American Archaeology as Native History: A Review Essay’, *William and Mary Quarterly* 40, no. 3, (1983), 413.

⁷⁹ Robinson, “New Worlds, New Medicines.”, 107-110

⁸⁰ David Murray, *Forked Tongues: Speech Writing, and representation in North American Indian Texts*, (Bloomington, IN: Indiana University Press, 1991), 3.

⁸¹ *Ibid*, 36.

⁸² Daniel K. Richter, *Facing East From Indian Country: A Native History of Early America* (Cambridge, MA: Harvard University Press, 2003), 8.

⁸³ *Ibid*, 8.

chapter I hope, as Richter has done, to turn this narrative on its head. Utilising oral historical transcripts and anthropological accounts of Mi'kmaq communities alongside written sources, my final chapter seeks to present the complex history of the *Mqo'ogewi'k*, facing east.

However, writing 'Red' Atlantic histories that face east is not Indigenous history. As Angela Cavender Wilson has pointed out, works by white scholars that seek to "sift through' the biases of non-Indian written sources" sufficiently enough to access an Indigenous perspective are "presumptuous and erroneous".⁸⁴ Though revisionist in nature, my work is informed by my position as a white woman educated in western academic institutions, and as such it remains "American Indian history largely from the white perspective."⁸⁵ This is not to suggest that historians who are unable, as I have been, to access Indigenous testimonies directly, cannot produce important work. Indeed, confining histories that include Indigenous narratives to those that can access such oral testimonies leads to further separation of Indigenous history from broader historical narratives in opposition to one of the core aims of 'Red' Atlantic methodologies. I highlight my own position as a white commentator who was unable to access direct oral accounts from current Mi'kmaq communities and label my work as Indigenous history from a white perspective, to ensure that my interpretation of the sources pertaining to Indigenous history is understood by readers as informed by this personal positioning for the sake of both clarity and honest representation.

Chapter outlines and Structure

To approach this historical moment in a manner that allows the Indigenous narrative to appear in equal significance and complexity to those of British and Haligonian colonisers, I have adopted Karl Jacoby's method in his account of the Camp Grant Massacre in 1871.⁸⁶ Jacoby provides four different narratives of the Massacre, one Anglo-American, one Mexican, one Tohono O'odham and one Nēēe (more commonly known as the Apache) discussing their emotional, political and social journeys to a single place and time where great violence occurred. My account, though informed by Jacoby's separate narratives of the same event, takes a slightly different approach, providing narratives of the same plant. My narratives are about movement of the plant and conceptions of it and its use and

⁸⁴ Cavender Wilson, "Indian History.", 5.

⁸⁵ Ibid, 5.

⁸⁶ Jacoby, *Shadows at Dawn*, 5.

preparation across spaces that scatter outwards from a nebulous centre in eastern Canada. It is only as the plant moved that we see what was travelling with it, and what was not. In essence, it is through the physical movement of the plant that we can access the ways in which colonisers and the Mi'kmaq constructed knowledge about it in and between Shubenacadie, Britain and Halifax and as such witness their conceptions of indigeneity, medicine and society in these localities in the mid-nineteenth century.

As Secord has indicated we must eradicate the “distinction between the making and the communication of knowledge”.⁸⁷ As we follow the movement of the *Sarracenia* through and between the spaces of British, Haligonian, and Mi'kmaq communities we see that a straightforward account of ‘stripping’ layers of meaning consistently as the plant travelled further from its supposed point of origin does not describe the processes of appropriation effectively. Furthermore, it will be noted that movement of knowledge of the *Mqo'ogewi'k* in smallpox did not begin at the point of European appropriation. Prior to Mi'kmaq use of the curative it had travelled and been used in variant context across north eastern Canada. Within these places of medicine the curative was defined and redefined. It was built within and by innovative, diverse and active Indigenous medical networks, rather than by an essentialised and stationary single practitioner.

The history of science has, over the past thirty years, taken what has been called the “spatial turn.”⁸⁸ Diarmaid Finnegan has highlighted the inevitable move toward the spatial that arose from acceptance, amongst history of science scholars, of the situated nature of science and the rejection of positivist “universal constants” as the core of scientific enquiry.⁸⁹ Furthermore, broadening perspectives to avoid laser focuses on western, white and colonial histories of science has led to a concern for local cultural contexts. As David Chambers and Richard Gillespie have indicated, histories of colonial science had to embrace locality as they accepted constructivism over positivism.⁹⁰ The focus of this thesis, drawing on ‘Red’ Atlantic scholarship that seeks to subvert white colonial histories with the necessary inclusion of complex Indigenous narratives, must, therefore embrace the ‘spatial turn’ in history of science scholarship.

⁸⁷ Secord, “Knowledge in Transit”, 661.

⁸⁸ Diarmid A. Finnegan, “The Spatial Turn: Geographical Approaches in the History of Science,” *Journal of the History of Biology* 41, no. 2 (2008):369

⁸⁹ *Ibid*, 370.

⁹⁰ David Wade Chambers and Richard Gillespie, “Locality in the History of Science: Colonial Science, Technoscience, and Indigenous Knowledge,” *Osiris* 15, no. 1 (January 1, 2000): 222.

However, as James Secord has noted, a focus on locality raises concerns over how certain forms of knowledge are accepted beyond the cultural contexts of geographically confined spaces. How does certain information move from one space to another if science can only be understood in the contexts within which it is created? Steven Shapin highlighted the ways in which historians of science have attempted to tackle this problem of movement. He noted that focus has been given to western sciences apparent global, or at least broad, homogeneity as a product of the coercive structures of imperialism, alongside important networks of trust.⁹¹ I do not propose to dismiss either notion, as to deny the overwhelming presence of imperial power structures and the importance of relationships of personal and societal trust would be unhelpful. Furthermore, these mechanisms also present clear avenues for the movement of medical knowledge within my case study. A failure of trust was a key component in the presentation of the 'Indian Remedy' to the medical elite in Halifax, as will be demonstrated in chapter four of this thesis, while the imperial structures within and between Nova Scotia further facilitated the movement of information from Halifax to Britain, as will be discussed in chapter three. However, the core of this thesis is concerned with how, why and what was travelling between these spaces. The answer to these questions deals directly with how knowledge can move and retain meaning between spaces. I will answer these questions, outlining imperial structures and networks of trust alongside a broader process of appropriation that relied on fluid conceptions of indigeneity to translate Indigenous knowledges and flora into objects and/or information that could be accepted within colonial communities. The problem of movement is dealt with as we consider the intersection of local contexts of professionalisation, personal interests and public health concerns alongside long held conceptions of indigeneity.

The first two chapters of this thesis will consider the *Limonio congener* or *Sarracenia purpurea* in Europe. Chapter one will discuss the plant's pre-history as part of systematic botany and aesthetic horticulture to highlight the processes of appropriation and translation already in place within European discourses. Consideration of the appropriation of what was at first called the *Limonio congener* by Europeans for botanical purposes highlights how American flora was removed without attention to Indigenous context. These early appropriative behaviours stemmed from European curiosity and were fuelled by a desire to make a full catalogue of nature alongside ideologies of discovery,

⁹¹ Steven Shapin, "Placing the View from Nowhere: Historical and Sociological Problems in the Location of Science," *Transactions of the Institute of British Geographers* 23, no. 1 (1998): 8-9.

conceptions of Indigenous decline, and belief in the need to salvage natural knowledge from obscurity. In addition, the loosely interlinked spaces of botany and medicine will be brought to light, where the former was justified by the utility of the latter in some instances, though neither, as will be discussed in chapter three, fully engaged with the other. This chapter highlights the broad processes of appropriation, and how concepts of indigeneity and intersecting components of local contexts framed these processes, including re-naming and naturalising flora that broadly removed specifics of Indigenous knowledge in preparation, harvesting and even use of plants, as well as the removal of broader Indigenous medical and cultural contexts.

This will provide important background for the discussion in chapter two that begins with the presentation of the *Sarracenia* to the London Epidemiological Society in 1861. I discuss three actors in the British narrative; the Artillery Surgeon Herbert Chalmers Miles, Artillery Captain Campbell Hardy and the Surgeon Major of the Royal Horse Guards Blue, Cosmo G. Logie. These three men highlight different approaches to translating Indigenous knowledge within the spaces of elite medicine and public discourses in the nineteenth century. I argue that a great deal of the appropriative practices that are brought to light demonstrate continuity with past practices discussed in chapter one. However, contextual differences present in the nineteenth century such as professionalisation, experimental practice and vaccination meant the medical utility of the plant in smallpox could be translated, with varying degrees of success and Indigenous contextual information, in a manner that had not been possible before. Furthermore, there was a developing self-conscious attempt to justify these behaviours, displayed particularly clearly by Captain Campbell Hardy. This chapter will show that practices of appropriating and translating Indigenous flora and knowledge described by scholars such as Parrish continued into the nineteenth century, that concerns over vaccination rather than growing scientific racism were the primary cause for rejecting the medicine's utility and that distance from the point of appropriation did not necessitate a fully stripped medical commodity.

This will lead into the third chapter of the thesis which will discuss more directly the movement of knowledge and physical flora between spaces and how these movements contributed to the creation of knowledge of the *Sarracenia purpurea* in Britain. This chapter will discuss how conceptions of Indigenous medical knowledge, specific Indigenous knowledge and physical *materia medica* moved between Halifax and Britain. It will discuss how Hardy and Miles fitted or did not entirely fit, as was the case with Miles, into the spaces of Haligonian social life and medicine. I argue that distance between Britain and

Halifax was relative, dependent upon individual's associations and the places that they occupied between these two centres. Specifically, I argue for an ego-centric view of the centre and periphery, in which members of the Haligonian Medical Society considered themselves central to knowledge production within the space of the city yet were considered peripheral in the places of British imperial medicine.⁹² This conception of the centre and periphery allowed Miles and Hardy to translate a version of the plant to British audiences that was stripped of Haligonian context but included significant Indigenous context, for example in the preparation of the remedy.

Chapter four will move on to the Haligonian account of what was called the 'Indian Remedy' in the city. It was within this context that we find the most stripped form of the remedy. This chapter gives focus to the spaces of knowledge creation in Halifax and uses these to discuss the failure of translation of the Indian Remedy from an Indigenous patent curative to a remedy approved by the city's medical elite. This chapter argues that the "rampant racism" of the nineteenth century provides only a partial explanation for the ultimate rejection of the remedy by the Haligonian medical elite. Considering the failure of Morris and Lane to translate the Indian Remedy into a professionally accepted smallpox curative presents the multi-faceted concerns of the Haligonian medical elite not limited to the adoption of new ideas surrounding scientific medicine, genuine public health concerns, paternalism, personal friendships and animosities, and the policing of professional boundaries. While these concerns intersect with racial prejudices in significant ways to dismiss rejection of the remedy by the medical elite in Halifax as only part of this racial discourse is to miss the broader picture of medicine in mid-nineteenth century Nova Scotia and the resulting complexities of appropriative practices in this settings.

Finally, chapter five considers the Mi'kmaq use of the *Mqo'oqewi'k* focusing on Indigenous contexts, including changing social and cultural dynamics and medical interactions between Indigenous communities. The *Mqo'oqewi'k* was a traditional remedy for most north eastern communities utilised in a variety of severe illnesses. Knowledge of its use in illnesses outside of smallpox passed along trade routes, it was shared by intersecting cultures and politically allied groups and was adapted, adopted and created across north eastern First Nations communities. The *Mqo'oqewi'k* use in smallpox,

⁹² Charles W. J. Withers, "Place and the 'Spatial Turn' in Geography and in History," *Journal of the History of Ideas* 70, no. 4 (October 28, 2009), 640, 648; I use Withers definitions of space and place here. Place being "not so much singular points as constellations, the product of all sorts of social relations which cut across particular locations in a multiplicity of ways" and space being the arena in which social action or movement occurs, for example the hospital or Visiting Dispensary etc.

however, was somewhat different from previously free moving medical knowledge. Its use by Sally Paul when she arrived amongst the Mi'kmaq demonstrates both the adaptability and innovation of Mi'kmaq medicine, which had been, and continued to be transformed by new diseases and behaviours of resistance and cooperation with white medical communities in the province. This chapter will provide a narrative of Mi'kmaq medicine as adaptive and active, keeping in mind, as far as possible the limits of Indigenous history from a white perspective. This chapter discusses the *Mqo'oqewi'k* and its use by the Mi'kmaq and it will highlight internal and external pressures and changing Mi'kmaq culture, politics and medicine.

CHAPTER ONE

Sarracenia Purpurea in Europe before 1861**Introduction**

To understand the appropriation of the *Mqo'oqewi'k* as the physical plant and how it was re-constructed as the *Sarracenia purpurea* from 1861 onwards, we must first consider the context within which the plant was used and understood prior to this, as it moved from the places of European botany to spaces of British medicine. The plant had been gathered and transported, documented and commented upon before Herbert Chalmers Miles account to the Epidemiological Society in 1861. Prior to its medicinal use in Europe the plant was appropriated from North America for the purposes of systematic botany and aesthetic horticulture. Its potential medicinal value, though commented upon before 1861, was not commonly known.⁹³ Tracing this history of European interaction with the *Sarracenia* we see the rhetoric of appropriation of flora, how plants were translated to enable movement between colonial spaces, that were well established by the nineteenth century. As Antonio Berrera-Osorio has pointed out in the context of Spanish America, colonial spaces became “gardens of knowledge” in European frameworks of imperialism, the pursuit of ‘science’, broadly construed, and trade.⁹⁴ Appropriation for botanical and horticultural purposes rested on European curiosity fueled by an, often overlapping drive to create a full account of nature, within the ideologies of the doctrine of discovery, salvation of knowledge, novel flora and fauna and Indigenous decline. These approaches to new world biomatter were reflected in the general decontextualisation of plant life with little recognition for Indigenous practices or cultures. Reference to the medical utility of flora within these accounts was often noted as a means of justifying botanical curiosity for imperial audiences that were interested in the potential profits of American flora.

⁹³ 19th Century British Newspaper Archives, British Library, accessed February 17, 2016, <http://find.galegroup.com.libproxy.ucl.ac.uk>; search term ‘Pitcher Plant’, three hundred and thirty-six articles were found. Only sixteen of these pertained to the medical usage of the plant. The remainder concerned presentations of the plant at horticultural shows in which comments on the specimens’ aesthetic appeal were given priority, or in botanical debates over the plants carnivorous nature. The focus of this work is the medical use of the plant. While naturalising plants in imperial gardens, such as Kew, has its significance in this narrative studies of this process alone have already been undertaken, and are therefore not the central aim of this thesis, see; Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe 900-1900*, Second edition, Studies in Environment and History (Cambridge, England: Cambridge University Press, 2004); Rachel O’Donnell, “Imperial Plants: Modern Science, Plant Classification and European Voyages of Discovery,” *Graduate Journal of Social Science* 7, no. 1 (2010): 59-72.

⁹⁴ Antonio Berrera-Osorio, *Experiencing Nature: The Spanish American Empire and the early scientific Revolution*, (Austin: University of Texas Press, 2006), 23

However, when flora had been accepted as novel and medicinal utility was discussed the processes of appropriation often required white commentators to accept, to varying degrees, Indigenous informants as authoritative and to credit them as such in their translations.⁹⁵

Limonio congener 1600-1700:

Decontextualising flora in Systematic Botany

As demonstrated by historian Londa Schiebinger, among others, naming is a significant step in processes of colonisation as it provides the namer with the power to define.⁹⁶ Schiebinger has indicated that, “names offer a sense of identity, cultural location, and history.” In renaming flora Europeans were reframing plants as part of European identities, locations and histories, stripping them of their Indigenous contexts.⁹⁷ The name given to the plant under consideration here changed over time and was geographically and community dependent. The *Mqo’oqewi’k* would be translated into the genus *Limonium* (Lavender), proscribing it with the medical and geographical associations of those European plants. Later it would be named after Michel Sarrazin, the French doctor and *Académie des Sciences* correspondent who was credited with its ‘discovery’. I will trace these early European encounters with the plant and how these developing taxonomies fed into broader frameworks of appropriation that decontextualised Indigenous flora, initially for botanical and horticultural purposes.

The *Mqo’oqewi’k*, is the Mi’kmaq name for the carnivorous purple plant that grows:

In fragmented locations through the eastern US from Florida north to Maine and Westward to Minnesota; widespread across Canada from the Atlantic coast to the northern prairie provinces and into northern British Columbia and southern Northwest territories.⁹⁸

The plant consists of a number of large pitcher-shaped green leaves with purple ‘veins’ that lie close to the ground. The flowers, which bloom only in the summer, rise from the centre of these pitcher leaf clusters on long green stems. They have five purple petals that curve

⁹⁵ Murphy, “Translating the Vernacular”, 29.; Robinson, “New Worlds, New Medicines”, 97.

⁹⁶ Schiebinger, *Plants and Empire*, 196; Tuhiwai Smith, *Decolonizing Methodologies*, 61.

⁹⁷ Schiebinger, *Plants and Empire*, 196-7.

⁹⁸ John L. Capinera, *Encyclopedia of Ethnobotany*, Second edition (Dordrecht, Netherlands: Springer, 2008), 729-30

inwards with the flower head drooping down. Only a single flower tops each stem and the number of flowers to a plant is variable, as are the number of leaves. The roots are pale and thick directly at the base of the plant with fibrous ends that spread more widely. Primarily the plants grow in peatlands and bogs and can withstand temperatures as low as minus twenty-five in the winter months, when the water in the leaf cups freeze.

Prior to the standardization of botanical nomenclature in the early twentieth century when the Linnaean system was made universal for Euro-American communities, plant naming practices were varied.⁹⁹ However, the most common approach was to name plants after European equivalents, even when such equivalence was stretched.¹⁰⁰ The *Mqo'ogewi'k* was first described in Europe by Carolus Clusius in his 1601 work, *Rariorum Plantarum Historia*, where the plant was called the *Limonio congener*, part of the genus *Limonium* that includes plants such as lavender and rosemary. In the botanist John Gerard's account, in 1633, he named it the Hollow Leaved Sea Lavender, retaining the genus classification of Clusius.¹⁰¹ This pattern was continued seven years later in John Parkinson's *Theatrum Botanicum*. Parkinson called the plant the "Hollow Leaved Strange Plant", or "*Limonio congener*".¹⁰² These early accounts were concerned primarily with systematic botany, placing the plant within an existing genus and describing its morphology. Using European botanical language, Latin, and placing the plant within an existing European genus translated the plant into European systems. As Susan Scott Parrish has noted, Europeans could not "image a world altogether 'new'" therefore translating surprising and novel American flora within these European systems made them knowable for European audiences.¹⁰³ The *Limonio congener* could be removed from its Indigenous context as it was translated, through the act of naming, as part of European botanical understanding.

Furthermore, the practicalities of transportation and the physical presence of the plant for writers affected their ability to classify and describe the plant. It was easier to place the *Limonio congener* into the same genus as lavender when writers such as Clusius and Gerard had not encountered the full plant. The *Limonio congener* was received by

⁹⁹ Schiebinger, *Plants and Empire*, 204.

¹⁰⁰ *Ibid*, 207.

¹⁰¹ John Gerard, *The Herball or Generall Historie of Plantes. Gathered by Iohn Gerarde of London Master in Chirurgerie Very Much Enlarged and Amended by Thomas Iohnson Citizen and Apothecarye of London*, Second (London: 1633), 412.

¹⁰² John Parkinson, *Theatrum Botanicum: The Theater of Plants. Or, an Herball of a Large Extent Collected by the Many Yeares Travaile, Industry, and Experience in This Subject, by John Parkinson* (London: Tho. Cotes, 1640), 1235.

¹⁰³ Parrish, *American Curiosity*, 26.

Clusius from an apothecary in Paris who had received it from an unnamed source in Lisbon. Significantly, only the leaf of the plant was transported, dried, “hard, and as if it had been a piece of leather, open on the [u]pper side, and distinguished with many large purple veines on the inside”.¹⁰⁴ Clusius’ description of the flower and stalk of the plant were based upon oral accounts rather than personal experience. Similarly, Gerard had only received a sample of the plant and requested that travelers attempt to find examples of the full plant for better analysis.¹⁰⁵

Unlike Gerard and Clusius, Parkinson, in 1640, had been given access to the whole plant by the collector John Tradescant who had found a specimen in Virginia and brought it back with him to grow in his garden.¹⁰⁶ The physical presence of a full version of the *Limonio* explains Parkinson’s difficulties in classification, which went beyond those experienced by Gerard and Clusius. The latter botanists took the pieces of a plant and, though finding them somewhat strange, could place them within existing taxonomies without great difficulty. Parkinson, on the other hand, specifically called the plant “Strange”. He struggled fitting the definitions provided by Clusius and Gerard with the physical example of the *Limonio congener*. The leaves to him were so strange that they were “seldome seene in any other that we know growing”.¹⁰⁷ Furthermore, although he retained the *Limonium* genus when naming the plant, he reclassified it as more like the “Buglosse”, now called *Boraginaceae* or as it is commonly known the forget-me-not.¹⁰⁸

As Christopher Parsons has indicated, when coming face to face with the plants of the new world botanists began to note the strangeness of the new flora, unable to fit them within European plant groups they began to resort to descriptions outside of botany.¹⁰⁹ For example the Jesuit missionary Gabriel Marest described the Pawpaw tree fruit as “twice as long as the finger and about as large as an infant’s arm” while he noted that Persimmon fruit somewhat resembled “medlars” (now known as *Mespilus germanica*).¹¹⁰ Naming patterns reflected these difficulties, plants like *Helianthis* ‘Flower of the Sun’ were named

¹⁰⁴ Gerard, *The Herball or Generall Historie of Plantes*, 412.

¹⁰⁵ Ibid, 412.

¹⁰⁶ Arthur Macgregor, “Tradescant, John, the Younger (Bap. 1608, d. 1662), Gardener and Collector | Oxford Dictionary of National Biography,” accessed March 11, 2019, <https://doi.org/10.1093/ref:odnb/27655>; Tradescant was a gardener and collector who visited Virginia under the “auspices” of Charles I for the purpose of collecting botanicals, shells and other curiosities. See discussion of imperial botany below.

¹⁰⁷ Parkinson, *Theatrum Botanicum*, 1235.

¹⁰⁸ Ibid, 1236.

¹⁰⁹ Parsons, “Plants and Peoples.”, 68.

¹¹⁰ Ibid, 68.

for their yellow flowers that “send out rays in every direction from the circular disk” or a fruit that resembled a horseshoe being given the name *Hippocrepsis*, the literal translation of which is horse (*Hippo*) shoe (*crepis*).¹¹¹ Parkinson used comparatives with plants already familiar to Europeans. The flowers, he said, were like those of the birthwort, he also described it in terms of common European items such as leather which he used to describe the plants leaves. These similes allowed his readers to place, and therefore understand, the plant within existing frames of reference.

Furthermore, Parkinson placed great emphasis on the history of the plant. Despite its strangeness it could be understood as part of the botanical traditions of Europe. He lent a whole paragraph to tracing the genus’ appearance in Europe from the Greek and Latin to Gerard, framing the plant firmly within a history of *Limonium* botanicals,

It is taken to be the *reuzyw Brevestists* of *Dioscorides*, in Greeke so called because it growth *ir Pági, in pratis rigui vel palustribus* [in villages, meadows streams and marshes], and *Limonium* also in Latine. The first is most frequent as well beyond [the] Sea...¹¹²

In tracing an apparent old-world history of the plant Parkinson subverted the difficulties that he experienced in classification. Though its appearance complicated his ability to place it comfortably within the *Limonium* genus, by placing the plant within the historical context of European *materia medica* he reaffirmed its place within existing botanical systems through its botanical past.

These early accounts demonstrate the aims of botanical collectors, to make a full account of nature that did not challenge their understanding of the natural world with novel additions but supported existing conceptions of the environment. As Findlen notes collecting and cataloguing in this way may also have been about “managing the empirical explosion of material” that interactions with the rest of the world produced, a practical concern for order and control over the natural world rather than a desire to discover the entirely novel.¹¹³ It was in Parkinson’s work that the medicinal value of the plant was first mentioned, though as with other early accounts of the *Limonio* Parkinson’s primary purpose was still to catalogue nature botanically and within existing understanding. The

¹¹¹ Schiebinger, *Plants and Empire*, 201.

¹¹² Parkinson, *Theatrum Botanicum*, 1235-6

¹¹³ Paula Findlen, *Possessing Nature: Museums, Collecting, and Scientific Culture in Early Modern Italy* (Berkeley, California: University of California Press, 1996), 3-4.

medical uses of the plant were framed, therefore, within European medical understanding of the quality of plants within the genus *Limonium*, “as Dioscorides and Galen say, [it] is astringent”.¹¹⁴ It was described as good in the treatment of fluxes, spitting of blood, and women’s courses. The plants medicinal value was translated as part of humoral medicine, informed by European tradition rather than Indigenous usage.¹¹⁵

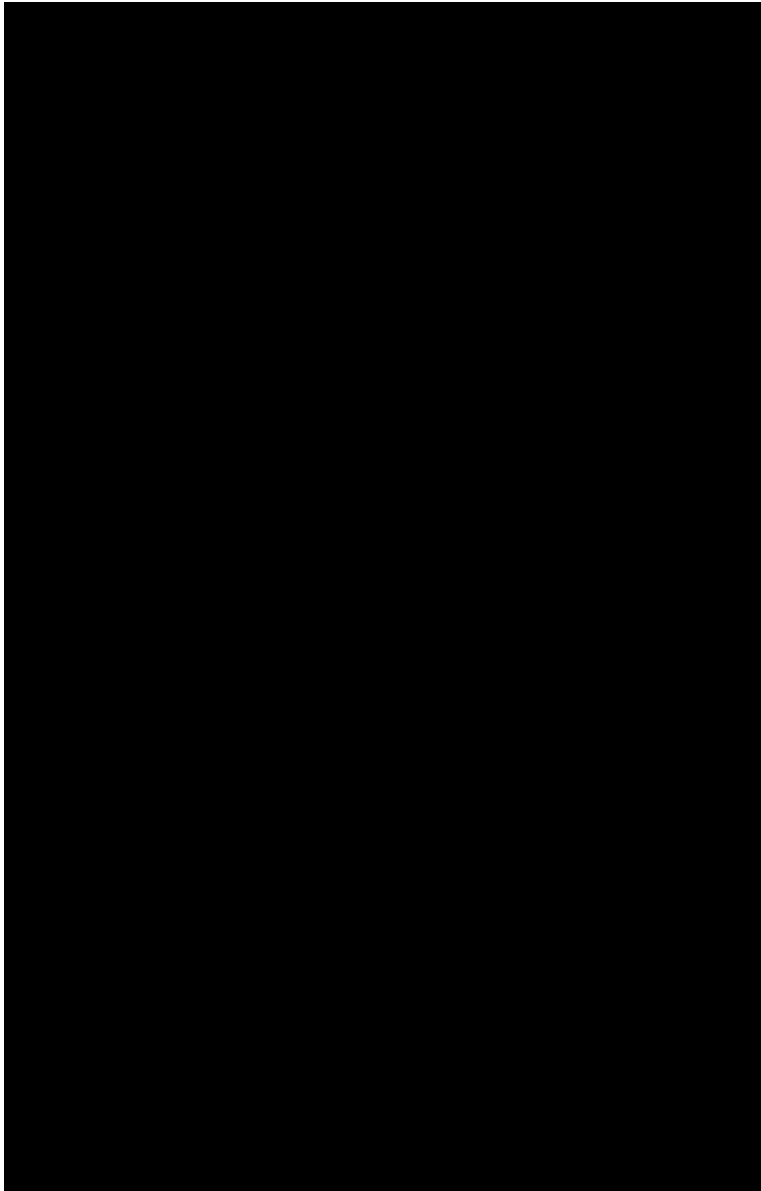


Figure 3- John Gerard, *The herball or Generall historie of plantes*. Gathered by Iohn Gerarde of London Master in Chirurgerie very much enlarged and amended by Thomas Iohnson citizen and apothecarye of London, (London: 1633), p.412 [highlighting my own]

¹¹⁴ Parkinson, *Theatrum Botanicum*, 1235.

¹¹⁵ Linda Newson, *Making Medicines*, 109; Newson discusses how apothecaries and collectors in Peru classified plants within humoral frameworks, Parkinson appears to be undertaking a similar approach. humoral medicine refers to the orthodox medical ideology that was most commonly adhered to in early modern Europe. It was based, primarily, on the works of Galen (who drew

The plant was decontextualised in these early accounts. It was translated as part of European conceptions of systemic botany supported by orthodox medical theories. Described with reference to European plants, and physical materials, there was no reference to places or persons that connected it to the American continent or its people other than through the person of John Tradescant, whose brief connection to Virginia was subverted by his return to England and his naturalisation of the plant in English soil. As Schiebinger has demonstrated decontextualising plants, removing them from the spaces of north America and naturalising them in Europe both physically and theoretically, was part of a process that fed into conceptions of the theft of native land and objects.¹¹⁶ By naming plants, describing them, and controlling them through horticulture, Europeans demonstrated their ability to tame the wild spaces of North America. The Indigenous communities that lived in these environments, were presented as fundamentally opposed to these botanical and agricultural endeavors, they could not own the land or the flora and fauna within it because they were unable to translate them, not giving them proper botanical names or putting them to proper use. This allowed European collectors to account for, not only their possession of lands in North America but their removal of its bounty from those spaces to Europe. They did not need to mention Indigenous knowledges in this context.

together and interpreted specific texts from the Hippocratic Corpus to present his conception of good medical practice). Galenic medicine sees the body as run by the four humours, blood, phlegm, yellow bile and black bile. An imbalance of these humours causes disease. The method of curing relied upon allopathic medicine (producing opposite effect to disease symptoms, i.e. if you have a fever then you should introduce something cold) the aim was to regain balance of the humours. Medicine in this form was individualistic, each patient had a unique humoral composition and the doctor must understand the patient before administering medicines. This is a very broad definition of humoral medicine and Galen for more details see; Vivian Nutton, *Ancient Medicine*, (Abingdon: Routledge, 2013), 236-251; Mary Lindemann, *Medicine and Society in Early Modern Europe*, (Cambridge: Cambridge University Press, 2010), 84-121; For discussion of challenges and continuity in intellectual circles regarding Galenic medicine.

¹¹⁶ Schiebinger, *Plants and Empire*, 196; Thomas H. Broman, "Introduction: Some Preliminary Considerations on Science and Civil Society," *Osiris* 17, no. 1, (2002): 8.

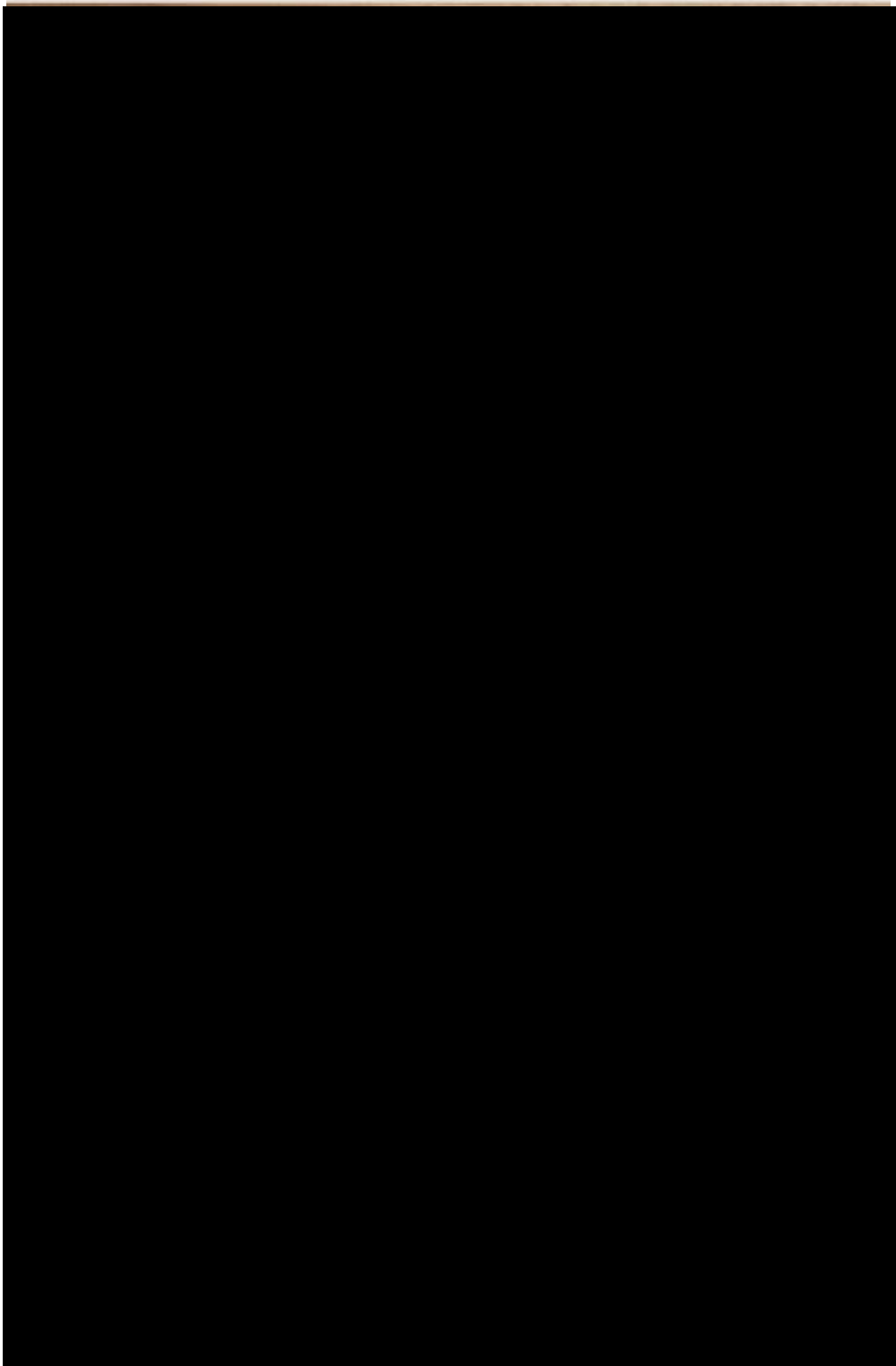


Figure 4 - John Parkinson, *Theatrum Botanicum: The Theater of Plants. Or, an Herball of a Large Extent ... Collected by the Many Yeares Travaile, Industry, and Experience in This Subject, by John Parkinson* (London: Tho. Cotes, 1640), 1235.

Furthermore, Robert Berkhofer, among others, has highlighted the concept of providential belief in the 'New World' as an empty Eden that supported the above perceptions of both the land and peoples of the Americas. He noted that, Christian colonisers "saw themselves as the chosen of the Lord for the special purpose of bringing forth a New Zion" located in the 'New World'. The Indigenous occupants were, therefore, either savage and dangerous hurdles in achieving Gods plan or noble helpers who would either assimilate or step aside to make room for God's chosen owners and occupiers of this new land.¹¹⁷ This was then combined with the doctrine of discovery, being part of European international law that recognised Christian powers as rightful owners of lands that they 'discovered'. Later these ideologies of the New World would become part of the manifest destiny of American expansionism.¹¹⁸ Though contextually different, manifest destiny, the doctrine of discovery and the New World as Eden all fed into a continued perception of the lands and flora of the Americas as being part of earth's common bounty. Though the details changed, informed first by providential and then enlightenment ideologies, the outcome for the Indigenous peoples of the continent was the same. The land that they lived on was regarded externally as not their own and while the flora that came from it was considered part of earth's common bounty. Parkinson's account, and those of Clusius and Gerard spoke directly to these ideologies.

John Joselyn's work also fits within these frameworks. Furthermore, he was the first to describe the plant after personally seeing it in America. He published his account in 1671 as *New England Rarities Discovered*.¹¹⁹ Joselyn called the plant the Hollow Leaved Lavender, leaving out Parkinson's earlier "Strange" addition:

[growing] in salt marshes overgrown with moss, with one straight stalk about the bigness of an oat straw, better than a cubit high; upon the top standeth one fantastical flower, the leaves grow close from the root, in shape like a tankard , hollow, tough, and always full of water, the root is made up of many small strings, growing only in the moss, and not in the earth, the whole plant comes to its

¹¹⁷ Berkhofer Jr., *The White Man's Indian*, 81.

¹¹⁸ Paul Frymer, "The Limits of Manifest Destiny," in *Building an American Empire*, ed. Paul Frymer, (Princeton, New Jersey: Princeton University Press, 2017), 173; Robert J. Miller, *Native America, Discovered and Conquered: Thomas Jefferson, Lewis & Clark, and Manifest Destiny* (Westport, Connecticut: Greenwood Publishing Group, 2006), 9.

¹¹⁹ John Joselyn, *New-England's Rarities Discovered in Birds, Beasts, Fishes, Serpents, and Plants of That Country* (Boston: John Wilson and Son, 1865), 105.

perfection in August, and then its leaves, stalks, and flowers are red as blood, except the flower which has some yellow admixt.¹²⁰

The focus of Joselyn's work was, however, no longer in placing the Hollow Leaved Lavender within European histories. It was accepted as novel. Novelty, once the New World had begun to become more familiar through the writings of botanists and explorers, became a new means of framing the appropriation of flora.

Perceived novelty supported appropriative practices as much as classifying within European taxonomic systems as it reinforced the conception that Europeans had the ability to know the New World and its wilderness better than the Indigenous population. Europeans 'discovered' these 'new' items and added them to their growing pool of true and significant knowledge. Joselyn considered Indigenous knowledge of the Hollow Leaved Lavender as insignificant, and wondered why "knowledge of this plant hath slept all this while."¹²¹ Through the presentation of this knowledge in print Joselyn became its discoverer, as Virgil Vogel has argued, "Indian drugs were [considered] unreal or of no account until white men discovered them."¹²² This has been expanded upon by Kathleen Murphy as she discussed white views of Indigenous "know how" rather than genuine knowledge, and that the act of presenting, or translating this know how into colonial settings made the translator the discoverer of new natural knowledge in the eyes of European readers.¹²³

Without European intervention these novel matters of fact would continue to "sleep", their usefulness lost, inactive within the confines of Indigenous communities. Appropriation, therefore, also become an act of salvation, an important work to uncover useful knowledge. The significance of narratives of the salvation of knowledge from Indigenous testifiers became more prominent over time as Indigenous communities suffered demographic decline with the intrusion of white settlers into traditional hunting grounds that destabilized local alliances, food sources and economies.¹²⁴ While the realities

¹²⁰ Ibid, 105-106

¹²¹ Ibid, 106.

¹²² Vogel, *American Indian Medicine*, 240.

¹²³ Murphy, "Translating the Vernacular.", 29.

¹²⁴ Robinson, "They Decrease in Numbers Daily", 38-48; Robinson provides a concise account of the scholarly arguments surrounding Indigenous demographics in America. I agree, broadly, with her assessment that we cannot be certain that disease led to drastic decline in Indigenous communities considering the impossibility to affirm precise pre-contact numbers. Furthermore, the bio-determinism that often absolves European activity in Indigenous decline, discussed by scholars such as Kelton; Kelton, *Cherokee Medicine, Colonial Germs*. Introduction, kindle; makes me reticent to point to disease as the primary cause. Instead I would argue that Indigenous decline, in the case of

of decline varied across the continent the narrative of decline was pervasive in European perceptions of the New World as it fed into providential and later expansionist ideologies discussed above.¹²⁵ Indigenous peoples put up a “futile resist[ance to] the inevitable triumph of civilization” their inevitable decline was regrettable but necessary in the face of progress.¹²⁶ This narrative supported appropriative behaviors, with Indigenous peoples and their knowledge disappearing from the world. This concern became more prominent during the nineteenth century, when justifying the removal of flora and Indigenous knowledge became an explicit concern for some colonisers.¹²⁷ As Joseph Barratt and Nicola Tenesles indicated in the introduction to their account of the Indigenous occupants of New England, “our object is to preserve the words and names of the Indians, that once dwelt here, and snatch them from threatened oblivion.”¹²⁸ Indeed, the words of Joselyn at the end of the seventeenth century were mirrored in pamphlets of the nineteenth that sought to sell purportedly Indigenous curatives, “this simple and natural cure was lying unheard of and unknown, save to the hardy Indians who roamed the wilds of the western world.”¹²⁹ Indigenous knowledges in these accounts were depicted as “lying” and “sleeping”, unknown and stationary, and needing translation into useful matters of fact for Europeans.

While Joselyn’s account in 1671 highlighted novelty and salvation as a means of describing appropriations for botanical purposes he also, like Parkinson, gave an account of the plant’s medicinal value. However, it was far less detailed than that provided in the latter. Joselyn simply said that the plant was, “excellent for all manner of fluxes”.¹³⁰ With Parkinson and Joselyn, we see a brief spike in interest in the medicinal value of the plant. Yet, in both instances this was linked to orthodox European understanding of medicine. The

the Mi’kmaq, was due to the aggressive expansionism of European groups in the north of the continent, primarily, from the eighteenth century that cut into traditional hunting grounds upsetting local economies and food sources as well as outright attempts to commit genocide on the Mi’kmaq by Edward Cornwallis. This will be discussed further in chapter five.

¹²⁵ Linda Newson “Pathogens, Places and Peoples: Geographical variations in the impact of disease in early Spanish America and the Philippines” in *Technology, Disease, and Colonial Conquest, Sixteenth to Eighteenth Centuries*, ed. George Raudzens (Amsterdam: Brill, 2003), 167-8; Newson notes the importance of geographic variance in demographics, relating to diversity of societies and the resources encountered

¹²⁶ Richter, *Facing East From Indian Country*, 93.

¹²⁷ See chapter two, specifically the section on Captain Campbell Hardy.

¹²⁸ Joseph Barratt and Nicola Tenesles, *The Indian of New-England, and the North-Eastern Provinces: A Sketch of the Life of an Indian Hunter, Ancient Traditions Relating to the Etchemin Tribe, Their Modes of Life, Hunting, & c. : With Vocabularies in the Indian and English, Giving the Names of the Animals, Birds, and Fish, the Most Complete That Has Been given for New-England in the Languages of Etchemin and Micmacs* (Middletown, Connecticut: C.H. Pelton, 1851), 4.

¹²⁹ Anon, “Sequah Speaks”, *Advertising Material Including Booklets Issued by Sequah, Handbills of Indian Schonker and Pill Packages*. 1890, GC/69/7: Box 2; Wellcome Library; GB, 7.

¹³⁰ Joselyn, *New-England’s Rarities*, 106.

astrigent qualities that made the plant useful in fluxes were connected to the genus of *Limonium* rather than to the qualities of the *Limonio congener* itself, or to the uses that Indigenous communities had been making of it. As Parsons has noted plant names were connected to “familiar medical properties, economic value, and ecological and morphological

Figure 5 - John Joselyn, New-England's Rarities Discovered in Birds, Beasts, Fishes, Serpents, and Plants of That Country (Boston: John Wilson and Son, 1865), p.105

features” the *Capillaire du Canada* for example, was assumed to hold the same properties as its European counter-part and required no further description when discussed.¹³¹ Joselyn and Parkinson made similar assumptions about the plant placing it within the genus *Limonium* that brought with it assumed medicinal properties. The primary purposes of these accounts were botanical, therefore positioning their medicinal value within existing humoral medicine was assumed. These early commentaries, which connected to concepts of salvation and novelty and the plants possible medical usefulness, highlighted the need to catalogue and classify, but with little concern for any possible new medicinal value of plants.

¹³¹ Parsons, “Plants and Peoples.”, 49-50.

These discussions of medical value were brief and stifled by the morphological descriptions of the plant, which were also warped to fit within these expected taxonomic characteristics. What was interesting to the intellectual elites involved in botanical exploits in Britain was not the plant's possible Indigenous use, only its position within the growing trove of botanical systematics. The significance of systematic botany during these early encounters is further attested in the images of the plant presented by Gerard, Joselyn and Parkinson. The earliest image of the plant in an English text, in Gerard's work, shows only the leaves and root. There is a hint at the stem and nothing of the plant's flower (Figure 3). This reflects the difficulties in early successful transportation of full specimens from America. Neither Gerard nor Clusius had access to a full *Limonio congener*. They were only able to present the descriptions and images of the leaves and roots of the plant. It was only in Parkinson's account that the first full image of the plant appeared in an English text. However, here the root and leaves which were almost identical to Gerard's earlier image, were kept separate from the flower. The separation here presents the flower as both a novel discovery different from the root and leaves, and further decontextualised the *Limonio*, breaking it into items of botanical interest to be categorised and assessed within European frameworks (Figure 4). The later crude print of the *Limonio congener* presented in Joselyn's work is the first full, un-deconstructed, image of the plant in an English text. As with Parkinson, while the whole plant was drawn, aspects were pulled away from the whole and separated from the plant as points of botanical curiosity (Figure 5). Each image, though faced with issues of contact with the plant, presents it not as medical but as botanical, with a focus on the morphology.

Historians such as Londa Schiebinger and Christopher Parsons have discussed the act of separating flora and fauna from the new world and translating them in the nomenclature of the old.¹³² The process of naming plant life became part of a European endeavor to catalogue God's creation, flora in this context became part of an "common biological heritage."¹³³ As Findlen has discussed, these early interactions were "about the reinvention of the old rather than the formation of the new."¹³⁴ Early appropriations of what was called the *Limonio congener* fitted into these frameworks wherein Indigenous contexts were removed in order to place new flora within existing taxonomies making plants part of a knowable European botany. While there were references to the medicinal

¹³²Parsons, "Plants and Peoples.", 163.; Schiebinger, *Plants and Empire*, 194-226

¹³³ Schiebinger, *Plants and Empire*, 16.

¹³⁴ Findlen, *Possessing Nature*, 5.

uses of the plant these were brief and secondary to the taxonomic and morphological accounts. As such the medicinal uses were framed within European humoral understandings rather than Indigenous usages. Interest in the salvation of knowledge did appear in some of these early accounts but the primary interest in the *Limonio* of Parkinson, Joselyn, Gerard, and Clusius was in cataloguing it within existing systems.

***Sarracenia purpurea* 1700-1861:**

Aesthetics and horticulture

By the end of the seventeenth century the physical presence of the plant complicated continued classifications under existing European taxonomies. Additionally, the further development of conceptions of the need to create a full account of nature through systematic botany that included novel New World flora, led to a re-classification of what had been known as the *Limonio congener* to a new genus, the *Sarracenia*. This genus was named by the French botanist Joseph Pitton de Tournefort in honour of the plant's apparent discoverer, Michel Sarrazin.¹³⁵ Sarrazin was a military surgeon, later a doctor, and one of the first orthodox medical professionals in New France. He travelled to the colony in 1685 as Surgeon in the Marine and returned to France in 1694 to complete his studies. Having gained his M.D. at Reims, Sarrazin undertook training with Tournefort at the *Académie des Sciences* in Paris.¹³⁶ When he returned to Quebec he did so as the first *Académie* correspondent. During his previous tenure in the province, Sarrazin had spent time visiting the Indigenous communities that occupied the St Lawrence Valley, between 1685 and 1692, but he had not, at that time, demonstrated an interest in anything other than medicine.¹³⁷ On his return to the colony, however, Sarrazin, as part of his new position, began a significant career in botany, zoology and the natural sciences alongside medicine. The plant, that had previously been known as *Limonio congener* or Hollow Leaved Lavender, was amongst the first set of samples that Sarrazin sent to Tournefort.¹³⁸

¹³⁵ Joseph Paxton, *Paxton's Magazine of Botany and Register of Flowering Plants*, vol. III (London: W.S. Orr and Co. Paternoster Row, 1837), 222.

¹³⁶ Parsons, "Plants and Peoples.", 291.

¹³⁷ The question of which community Sarrazin was in contact with will be discussed in more detail in chapter five where questions of boundaries between communities and European understanding and concern with these definitions will be addressed.

¹³⁸ Jaques Rousseau, "Biography – SARRAZIN, MICHEL – Volume II (1701-1740) – Dictionary of Canadian Biography," accessed May 11, 2016, http://www.biographi.ca/en/bio/sarrazin_michel_2E.html.

Tournefort's protégé at the Jardin du Palais Royale, Sebastien Vaillant, published Sarrazin's description of the plant in his *Histoire des plantes de Canada*.¹³⁹ The plant was then named by Tournefort, the *Sarracenia purpurea*, in honour of its purported discoverer. The practice of naming plants for European collectors and botanists was a common one in the eighteenth century, with botanists such as Hans Sloane (*Sloanea*), Linnaeus (*Linnea*), and even Tournefort (*Tournefortia*) himself immortalised by the process. Naming for botanists established primacy in discovery, and the associated recognition this entailed, as central to botanical practice while simultaneously solidifying that discovery occurred only when white men of science recorded the natural world.¹⁴⁰

While white men were credited as discoverers as they recorded and disseminated information on nature to European centres, the Indigenous testifiers who had provided their expertise were not always simply erased from the narrative. Sarrazin's account of the plant contained reference to its use by the St Lawrence Iroquois in curing smallpox. Sarrazin was the first to present this use for the plant in Europe.¹⁴¹ His reference to Indigenous testifiers was unspecific, no individuals were named and it is difficult to determine precisely which First Nations community of the region Sarrazin was in contact with, the Iroquois or the Wendat, as both occupied this area during the early eighteenth century.¹⁴² The unspecific nature of Sarrazin's reference to his Indigenous informants reflects their position within his narrative, as a homogenous and partially imagined community of collective knowers steeped in the natural world. The role of the St Lawrence Indigenous community was to lend authority to the knowledge obtained, a knowledge that they could lend authority to from their position between "knowing object and known subject".¹⁴³ The Indigenous peoples of the St Lawrence Valley were regarded as part of the wilderness, objects within the spaces of the natural world, and as part of this natural world they were able to gain access to, and know, its secrets. In addition, they were subjects of study in their positions within the natural world that could themselves be known and understood by white commentators.

¹³⁹ Ibid.

¹⁴⁰ Schiebinger, *Plants and Empire*, 201-203.

¹⁴¹ Arthur Vallee, *Michel Sarrazin, 1659-1735. (Un biologiste canadien.) Sa vie, ses travaux et son temps.*, (Quebec: Le Quotidien, 1927), 94. Translation provided by Marion Russel.

¹⁴² Kathryn A. Young, "Crown Agent-Canadian Correspondent: Michel Sarrazin and the Academie Royale Des Sciences, 1697-1734," *French Historical Studies* 18, no. 2 (1993): 423-4; Vallee, *Michel Sarrazin*, 60; The question over where Sarrazin obtain his information will be of significance when considering the transfer of knowledge between native communities in north America, discussed in chapter five.

¹⁴³ Parrish, *American Curiosity*, 229.

In addition, secrecy was a common and important theme within accounts of Indigenous knowledge and ways of knowing throughout the period. Londa Schiebinger has indicated that secrecy for Indigenous communities was one of the few weapons these societies had against European appropriations of knowledge and flora, though she is often unspecific with regard to which communities she refers.¹⁴⁴ As will be discussed in more detail in the final chapter of this thesis, the Kanien'kehaka believed that medicines lost their power or hid from them when knowledge was shared with whites, making many "loath to anger their gods by revealing to the white men the ancient secrets imparted to them alone."¹⁴⁵ This concern for secrecy was not confined to the Kanien'kehaka, and though reasoning behind secrecy developed and altered over time it was a constant concern for many Indigenous communities.¹⁴⁶ For example, when Laurie Lacey collected Mi'kmaq medical knowledge from an elder woman of the community in the 1990s she did not wish to be named, concerned for her reputation with her own people. More broadly, white collectors often complained that Indigenous peoples did not wish to share their secret knowledge at all during the seventeenth and eighteenth centuries.¹⁴⁷ Indigenous communities cautious and secretive interactions with Europeans when it came to matters of medicine were exacerbated by European intrusions and thefts, or attempted thefts, of knowledge that were in turn driven, in part, by European curiosity.

James Delbourgo has discussed the growth in curiosity that emerged in the seventeenth century amongst Europeans. Curiosity was regarded as an appreciation of divine order as well as fascination with the unexplained, that could challenge rational thought.¹⁴⁸ Challenging the ancients had become more acceptable, meaning that novelty discussed above could be included in catalogues of nature. Furthermore, a close study of the hand of God in nature was a significant and prevailing reason to delve into the natural sciences, a full account of nature was desirable as it could bring one closer to god's creation. Curiosity only grew in the eighteenth century, as it was further fuelled by Indigenous secrecy. For example, Peter Kalm an eighteenth-century Finnish explorer and botanist, regarded William Johnson as a perfect interlocutor to attain the secret knowledge

¹⁴⁴ Schiebinger, *Plants and Empire*, 45.

¹⁴⁵ Axtell, *The European and the Indian*, 297; James W. Herrick, *Iroquois Medical Botany* (Syracuse, New York: Syracuse University Press, 1997), 35-6; this is also true of other Indigenous communities as discussed by Axtell.

¹⁴⁶ This will be discussed further in chapter five

¹⁴⁷ Lacey, *Micmac Medicines*, 2; Robinson, "New Worlds, New Medicines.", 94.

¹⁴⁸ James Delbourgo, "Slavery in the Cabinet of Curiosity," *British Museum Research* (blog), accessed July, 25, 2017, www.britishmuseum.org/pdf/delbourgo%20essay.pdf, 4.

of the Iroquois confederacy regarding the Blue Lobelia as Johnson had acted as superintendent of Indian Affairs and commanded Iroquoian militia forces during the Seven Years War. Kalm gave Johnson instructions on how best to navigate his way past Indigenous secretive defences to attain their curious knowledge, highlighting the co-creating issues of growing European curiosity and growing Indigenous secrecy.¹⁴⁹ As will be demonstrated in the next chapter, the apparent secrecy of the *Sarracenia purpurea*'s use in smallpox was used to highlight the work that Miles had undertaken to obtain knowledge of it. In addition, as Susan Scott Parrish has argued medicines were of great value when portrayed as secretive, they could then be painted as "hard won" by Europeans whose work of removal justified their positioning as discoverers of new knowledge.¹⁵⁰

Claiming these secrets required crossing the boundaries between civilised society and the wilderness, a dangerous act that required the assistance of Indigenous informants, who were steeped in the natural world. Within this framework Sarrazin alone could not claim to know the secrets of the surrounding wilderness as he was European and therefore likely perceived himself and was perceived by other Europeans as separated from it by the boundaries of civilisation. The St Lawrence Indigenous community, therefore, were required as testifiers in his account because they were considered part of that wilderness. They could pass information to Sarrazin across the boundary between civilisation and the wilderness that they were perceived to occupy. Sarrazin, therefore, could present himself as occupying the space between the metropole, Paris, and nature, the St Lawrence Valley. He could access both through his correspondences and from his position in Quebec but could fully enter neither. By writing to the *Académie des Sciences* he translated the collective knowledge of nature which he had gained through enquiry amongst the First Nations communities of the region from the wilds of the St Lawrence Valley to the civilised spaces of knowledge making in Paris, where he only belonged as a correspondent.¹⁵¹

Once it reached France this knowledge was further translated, the medicinal value of the plant was used to justify the appropriation of flora for systematic botanical purposes. As with Joselyn and Parkinson, the medical uses of the plant and its novelty helped prop up the French botanists' own interest in systematics. French botanists at the *Académie* during the late seventeenth century, often masked their interest in "controversial and apparently

¹⁴⁹ William Johnson, "Sir William Johnson: Interpreter of the Iroquois," *Ethnohistory* 10, no. 3, (1963): 275-6.

¹⁵⁰ Parrish, *American Curiosity*, 255.

¹⁵¹ Murphy, "Translating the Vernacular.", 29.

unproductive research on plants” with proclamations toward their potential medical usefulness. Their focus, in reality, was not generally medically directed. The brief notation on the *Sarracenia*’s medical use served only to mask the true purpose of the text.¹⁵² Vaillant’s text was concerned with “morphological descriptions [that] drowned out discussions of medical properties or commercial value” of the plants that he described, including the *Sarracenia purpurea*.¹⁵³

The act of masking botanical interest with reference to the medicinal utility of new flora was made possible due to the economic gain that new American medical flora could and did elicit for European imperial projects. Imperial powers sought to profit from the new world, both intellectual and financial.¹⁵⁴ While botanists, intellectuals at metropolitan centres, like Tournefort, and collectors in colonial spaces, like John Tradescant were interested in, and encouraged to, classifying and collect plants to make a full account of nature, grocers, spicers and apothecaries that were equally interested in an encouraged to gain profit from their ventures.¹⁵⁵ Indeed, the sale of early medicinal plants such as sassafras and ginseng had financed early voyages to the Americas.¹⁵⁶ European imperial projects were tied to mercantilist ideologies, within which the world was considered to have a finite amount of wealth, “a favourable balance of trade and the resulting influx of money into a country ... were the principle means of power and plenty” as such European nations sought to monopolise commodities like gold, silver and ‘green-gold’ (medically useful plants) to further their imperial interests.¹⁵⁷ Further elucidating the significance of

¹⁵² Alice Stroup, *A Company of Scientists: Botany, Patronage, and Community at the Seventeenth-Century Parisian Royal Academy of Sciences* (Berkeley, California: University of California Press, 1990), 171.

¹⁵³ Parsons, “Plants and Peoples.”, 161.

¹⁵⁴ Londa Schiebinger and Claudia Swan, “Introduction”, in *Colonial Botany: Science, Commerce, and Politics in the Early Modern World*, ed. Londa Schiebinger and Claudia Swan, (Philadelphia: University of Pennsylvania Press, 2005), 2.

¹⁵⁵ Harold J. Cook and Timothy D. Walker, “Circulation of Medicine in the Early Modern Atlantic World,” *Social History of Medicine* 26, no. 3 (August 1, 2013): 338-9.

¹⁵⁶ Axtell, *The European and the Indian*, 295

¹⁵⁷ Jonathan Barth, “Reconstructing Mercantilism: Consensus and Conflict in British Imperial Economy in the Seventeenth and Eighteenth Centuries,” *The William and Mary Quarterly* 73, no. 2 (2016): 257; Barth notes that there is little consensus surround mercantilism as a term amongst modern historians, I do not intend to discuss this matter in detail within this thesis as it moves away from my broader aims, suffice to say that as Barth has discussed diversity of opinion in early modern thinkers economic ideologies and policies did come from certain broad consensus. I have used this consensus as my definition in this work; John Slater, “The Green Gold Falacies: Myth and Reality in the Transatlantic Trade in Medicinal Plants (1493 – 1663)” in, *Geografias medicas: Orillas y fronteras cultrales de la medicina hispanoamericana*, ed. Jose Pardo-Tomas and Mauricio Sanchez Menchero, (Mexico City, Mexico: Centro De Investigaciones Interdisciplinarias en Ciencias y Humanidades Mexico, 2014); Slater dismantles the idea that there was a market for North American medicines in Spain in the early modern period and therefore scientific investigations into new world flora were

the economic importance of plants for imperial ends appears in Hans Sloane's letter to William Byrd in 1709 where he proposed that they join a venture to gain commercial quantities of Ipecacuanaha, a popular North American emetic used in dysentery and intestinal complaints.¹⁵⁸ This plant sold at the high price of thirty shillings a pound, and Sloane, concerned with the promotion of British imperial interests suggested that they attempt to seize profits from Spain and Portugal, allowing the British Empire to gain while directly undermining their adversaries.¹⁵⁹ As such the collection and classification of new world flora was both an imperial and economic project.

Beyond the economic and intellectual interest in *materia medica*, 'discovering' effective plant medicines in North America also helped to quell concerns about the climate and possible new illnesses that colonisers might face. It was generally accepted that God provided remedies for all illnesses and that those that would cure New World illnesses would be within those spaces. This drove colonisers and promoters of the colonies to focus on the medical plants that the natural world of the Americas had to offer.¹⁶⁰ Additionally, for those already occupying colonial spaces necessity played a significant role in the adoption and adaption of medicinally useful plants utilised by Indigenous populations. For example, Martha Robinson has discussed adoptions of curatives such as the swamp plumb tree for dropsy, purple bindweed for external injuries, and adaptations fuelled by necessity such as the use of sumach that was combined with coloniser-brewed beer for colds.¹⁶¹

However, the *Sarracenia purpurea* was interesting to the *Académie* primarily as a new addition to "growing French taxonomical systems".¹⁶² Therefore, the medicinal value of the *Sarracenia* disappeared within the literature, its potential use in smallpox masked by the interests of Tournefort, Vaillant and their *Académie* colleagues.¹⁶³ As references to the

not driven by profit seeking. However, he does discuss this in the pre-1660 Spanish context, noting that the Dutch (discussed by Harold Cook) approach to science was driven by profit seeking. I concur with Slaters conclusions, however, after the success of Quinine and in the context of France and Britain I believe reference to the combined imperial and economic drive behind collecting *materia medica* as 'green gold' is relevant.

¹⁵⁸ Cook and Walker, "Circulation of Medicine", 340.

¹⁵⁹ Schiebinger, *Plants and Empire*, 28.

¹⁶⁰ Robinson, "New Worlds, New Medicines.", 98.

¹⁶¹ *Ibid*, 95-6, 99.

¹⁶² Parsons, "Plants and Peoples.", 163.

¹⁶³ It is difficult to know if colonisers themselves were utilising this remedy in Quebec during the eighteenth century. No writing on local usage could be found, with the only references being made by Sarrazin.

medicinal uses of the plant disappeared, so did the passing reference to Indigenous practices that these references elicited.

It was not the interests of the *Académie* alone that drove the use of the *Sarracenia purpurea* against smallpox from the pages of botanical and medical texts of the period. When Vaillant was writing, in the early eighteenth-century smallpox was “everywhere known and everywhere feared”.¹⁶⁴ However, tackling the sickness was controversial, as the introduction of inoculation in the 1720s would demonstrate. In Britain, political and religious concerns led to early rejections of the medical innovation as it was considered counter to providence.¹⁶⁵ Furthermore, smallpox, though a devastating disease for the young was also considered, prior to the eighteenth century, to be part of the natural order. Avicenna had stated that it was caused by a natural reaction to the menstrual blood *in utero* that must be purged from the body.¹⁶⁶

Perhaps more significantly, using the *Sarracenia purpurea* for smallpox did not fit well within conceptions of Indigenous medical knowledge. While Indigenous communities, commonly considered homogenous across the continent, were purportedly steeped in the natural world and able to comment upon its uses in medicine because of their sagacity, their abilities were connected to cures for ‘simple’ illnesses only.¹⁶⁷ Indigenous medical knowledge was apparently not gained through work or study but instead through their simple presence in the natural world where cures could be, “found accidentally by such as frequent the lakes in their canoes.”¹⁶⁸ When faced with old world contagious diseases the common perception was that Indigenous peoples could not cope and simply died. In 1775 James Adair wrote of the Indigenous inhabitants in the south bordering the Mississippi that they were, “visibly and fast declining on account of their continual merciless wars, the

¹⁶⁴ Ann G. Carmichael and Arthur M. Silverstein, “Smallpox in Europe before the Seventeenth Century: Virulent Killer or Benign Disease?” *Journal of the History of Medicine and Allied Sciences* 42, no. 2 (April 1, 1987): 161.

¹⁶⁵ David Parrish, “A Party Contagion: Party Politics and the Inoculation Controversy in the British Atlantic World, c.1721-1723,” *Journal for Eighteenth-Century Studies* 39, no. 1 (2016): 44; Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (Oxford: Oxford University Press, 1971), 129.

¹⁶⁶ Carmichael and Silverstein, “Smallpox in Europe before the Seventeenth Century”, 152.

¹⁶⁷ Parrish, *American Curiosity*, 239, 254.

¹⁶⁸ Anon, *An Account of the Customs & Manners of the Micmakis & Maricheets Savage Nations, Now Dependent on the Government of Cape-Breton, from an Original French Manuscript Letter. Never Published, Written by a French Abbot, Who Resided Many Years, in Quality of Missionary, amongst Them [Antoine Simon Maillard] to Which Are Annexed, Several Pieces, Relative to the Savages of Nova Scotia, and to North America in General* (London: S Hooper & A. Moorley, 1858), 7.

immoderate use of spirituous liquors, and the infectious ravaging of the smallpox.”¹⁶⁹ Even those that sought to advertise Indigenous medical skill to sell their products stopped short at claiming they had the ability to tackle smallpox. The story of Chief Four Bears of the Mandans (the Numakiki, in the region now known as North Dakota) who was powerless against the disease when it struck in 1838, was recounted in the advertising material for the Sequah Company Limited, a patent medicine company that was active during the nineteenth century. The booklet stated that many of the community committed suicide having lost faith in their healers and hope of finding a cure.¹⁷⁰ In 2015 historian Paul Kelton wrote that it is still a commonly held belief that Indigenous communities did not act to tackle contagious diseases.¹⁷¹ This conception of Indigenous inability to tackle new diseases fits into narratives of decline and perceptions of Indigenous peoples as static and unable to be part of modernity and its complex diseases. An Indigenous cure for smallpox did not fit into these frameworks and could, therefore, be easily dismissed. The news of the potential curative powers of the *Sarracenia* did not travel from France to London.

The name, however, did as botanical nomenclature began to standardise within eighteenth century Europe. Catesby’s account, the first to discuss the *Sarracenia purpurea* in the one hundred years since Joselyn, demonstrates a continuity of the importance of systematic botany for European commentators, as he described in detail the morphology of the plant:

[the leaves] spring from a fibrous root, to the height of six or eight inches; they are likewise hollow swelling... striped and veined with purple. The flowers of this plant rise considerably higher than the leaves, and are of a purple colour...The hollow of these leaves, as well as of the other kind always retain some water.¹⁷²

¹⁶⁹ James Adair, *The History of the American Indians; Particularly Those Nations Adjoining to the Mississippi [!] East and West Florida, Georgia, South and North Carolina, and Virginia: Containing an Account of Their Origin, Language, Manners, Religious and Civil Customs, Laws, Form of Government, Punishments, Conduct in War and Domestic Life, Their Habits, Diet, Agriculture, Manufactures, Diseases and Method of Cure. With Observations on Former Historians, the Conduct of Our Colony Governors, Superintendents, Missionaries, & c. Also an Appendix, Containing a Description of the Floridas, and the Mississippi [!] Lands, with Their Productions--the Benefits of Colonizing Georgiana, and Civilizing the Indians--and the Way to Make All the Colonies More Valuable to the Mother Country* (London: E. and C. Dilly, 1775), 259.

¹⁷⁰ Anon, "Sequah Speaks", 4.

¹⁷¹ Kelton, *Cherokee Medicine, Colonial Germs*, introduction, kindle.

¹⁷² Mark Catesby and George Edwards, *The Natural History of Carolina, Florida, and the Bahama Islands: Containing the Figures of Birds, Beasts, Fishes, Serpents, Insects, and Plants: Particular the Forest Trees, Shrubs, and Other Plants, Not Hitherto Described, or Very Incorrectly Figured by Authors. Together with Their Descriptions in English and French. To Which Are Added, Observations on the Air, Soil, and Waters; with Remarks upon Agriculture, Grain, Pulse, Roots, &c. To the Whole Is*

There are striking similarities with the earlier morphologic descriptions in Clusius, Gerard, Parkinson and Joselyn, with the focus on the tankard shaped or hollow leaves that contain water, the tall stalks with flowers at the top and the fibrous roots.

However, Catesby's account of the plant was framed in aesthetic terms. The image that accompanied the description attests to this development. With the added advantage of colour the purple lines in the pitcher leaves and the block purple of the flower, as described by Joselyn, can be seen clearly. The plant had not been separated into its components here as it was in earlier accounts that sought to deconstruct the plant to place it within European systematics. It was presented as a single whole, with the addition of a frog at the base of the image (Figure 6). This image appears more artistic than the earlier examples.

British interest in growing the plant for its beauty, curiosity and novelty is further attested to in its appearance in Paxton's magazine in 1837. Paxton's was one of a growing number of periodicals from the 1820s onwards that combined aesthetics and horticulture with amateur botany. As historian A.J. Lustig has demonstrated, these journals were popular with a burgeoning middle class that wished to present their wealth through the beautification of their properties, and a demonstration of the "connoisseurship of plants and science that was the essence of a new horticulture."¹⁷³

Paxton's magazine gave a more detailed description of the plant. Again, the shape and colouring described resemble that shown in these earlier images, though the magazine itself, unfortunately, did not contain any prints of the plant. The magazine focused on the plant's beauty, in its colour and shape, and oddness in its ability to form pitchers. The difficulties faced when attempting to grow the *Sarracenia purpurea* outside of North America were also mentioned, though it was said that the plant was introduced to British gardens "many years ago."¹⁷⁴ There was no mention of the plant's medicinal value. The aesthetic appeal of the plant, its interesting shape and questions over how it could be naturalised had become the central interest for British middle-class collectors.

Despite claims that the plant had already been naturalised, direct evidence for its physical appearance in Britain only emerged during the nineteenth century. A sample of

Prefixed a New and Correct Map of the Countries Treated of, vol. II, II vols. (London: C. Marsh, 1754), 144.

¹⁷³ A. J. Lustig, "Cultivating Knowledge in Nineteenth-Century English Gardens," *Science in Context* 13, no. 2 (July 2000): 156.

¹⁷⁴ Paxton, *Paxton's Magazine of Botany*, 221

Sarracenia purpurea first arrived in the Academy of Natural Sciences Herbarium in 1809, sent by Thomas Nuttall. Nuttall was a British botanist, ornithologist and printer who collected samples during 1809 in Delaware and the Chesapeake Bay.¹⁷⁵ In 1822, samples of the *Sarracenia purpurea* were included in the *Herbarium Hookerianum* which listed all the plants held in William Hooker's private collection.¹⁷⁶ When Hooker became the first Director of Kew in 1841, these plants were transferred to the Kew Herbarium. Botanists at Kew also sent samples of plants to practitioners abroad. Guilherme Schuch, a botanist at the St Vincent botanical gardens, wrote to William Hooker in 1859 that the plants he had received, including the *Sarracenia purpurea*, were growing well in his garden.¹⁷⁷

The transportation of the *Sarracenia* during the nineteenth century was for horticultural rather than solely botanical purposes. Seeds of the plant and pressed flowers were transported from North America to Europe to grow in private and public gardens and to display in herbaria.¹⁷⁸ Naturalising plants in British soil was the final stage in the appropriative process of empire. As demonstrated by scholars such as Parsons, growing New World plants in Old World soil solidified the conceptual work of re-naming and re-defining American flora, fully realising the New World as tamable, understandable and utilisable by the new.¹⁷⁹

¹⁷⁵ James L Reveal, "Thomas Nuttall (1786-1859) | Discovering Lewis & Clark," Historical, *Discovering Lewis and Clark*, accessed May 13, 2016, <http://www.lewis-clark.org/article/497>.

¹⁷⁶ Syliva Fitzgerald, "Oxford DNB Article: Hooker, Sir William Jackson," accessed August 23, 2016, <http://www.oxforddnb.com/view/article/13699?docPos=2>.

¹⁷⁷ Guilherme Schuch, "Letter from G.S. de Capanema [Guilherme Schüch] to [Sir William Jackson Hooker]; from St Vincent; 24 Mar 1856, Folio 55 on JSTOR," Letter, (March 24, 1856), JSTOR Global Plants

¹⁷⁸ I will demonstrate in chapter three that the continued, and expanding, interest in horticulture and gardening amongst the middle and upper classes of Britain during the nineteenth century caused issues for transporting medically useful samples of the plant.

¹⁷⁹ Parsons, "Plants and Peoples.", 82-3; Barrera-Osorio, "Experiencing Nature", 11.



Figure 6 -Mark Catesby and George Edwards, *The Natural History of Carolina, Florida, and the Bahama Islands*. (London: C. Marsh, 1754), 145

Conclusions

The processes of appropriation had been well established during the seventeenth and eighteenth centuries where the purple pitcher plant was renamed, classified, described and naturalised as an item of horticultural and botanical interest and significance. The medicinal value of the plant had been discussed prior to Sarrazin's account at the start of the eighteenth century. However, in these earlier narratives the *Limonio congener* was painted as botanically valuable and therefore the medical notations were brief and served to justify appropriations for botanical purposes via medical utility for profit and colonial health, novelty and concepts of salvation of knowledge and flora. As such the medical uses of the plant were described within already known European uses for similar genus, there was no need to reference Indigenous knowledges or practices. Later when the plant was renamed for the 'discoverer' Sarrazin further consideration of the medicinal value of the plant was given, consideration that did highlight Indigenous knowledge practices.

Reference to unspecified First Nations communal knowledge gave credibility to Sarrazin's account, highlighting conceptions of Indigenous knowledge as sagacious, connected to nature, secretive and curious. Sarrazin's reference to the use of the plant in smallpox received little further attention during the eighteenth century, perhaps due to attitudes toward the disease during the period as well as conceptions of Indigenous inability to cure contagious diseases more broadly.

Appropriative practices for the purposes of horticulture and botany meant that the plant had been firmly placed within conceptions of the general removability of flora from the Americas during the seventeenth and eighteenth century with or without reference to Indigenous knowledges or practices. The need to save flora and knowledge from obscurity, that had been part of these broader discussions, would later feed into medical appropriations as Indigenous populations continued to decline. Furthermore, in the nineteenth century, as with earlier attempts to catalogue nature, Indigenous communities sitting between known object and knowing subject, became part of the nature that was commented upon and therefore needed cataloging in similar frameworks. A full account of nature would come to include a full account of Indigenous cultures, with the emergence of the field of anthropology in the nineteenth century highlighting this movement.¹⁸⁰ Overall, the appropriative practices outlined above, necessity, novelty, economic and imperial interests, cataloguing nature, and curiosity and salvation, all fed into ideologies of removal of medical plants that continued into the nineteenth century. The following chapter will address these continuities while also highlighting new contexts of the nineteenth century and how these enabled translations of the plant as medically useful in smallpox.

¹⁸⁰ This is an interesting area of inquiry that will only be briefly touched on in this thesis as broader consideration lies outside the boundaries of this discussion.

CHAPTER TWO:

Sarracenia purpurea in Britain

Introduction

On the 4th November 1861, the secretary of the Epidemiological Society read a paper on the *Sarracenia purpurea*. No other presentation that year received such lengthy thanks from the members.¹⁸¹ The paper was read by Dr McWilliams on behalf of Mr Herbert Chalmers Miles. Miles was an Assistant Artillery Surgeon, stationed in Halifax, Nova Scotia.¹⁸² The presentation dealt with an apparently new remedy for smallpox, the *Sarracenia purpurea*, and the Indigenous community from which this medicine was appropriated, the Mi'kmaq.¹⁸³ By 1863 the Surgeon Major of the Royal Horse Guards Blue, Cosmo Gordon Logie, had experimented with the remedy and wrote in *The Times* that it was effective in the treatment of smallpox and should be taken as a supplement to vaccination.¹⁸⁴ Later still, in 1872 Captain Campbell Hardy of the Royal Artillery promoted the use of the *Sarracenia* in smallpox in *The Teranaki Herald*, in New Plymouth, New Zealand and *Sydney Morning Herald*, in Sydney, Australia, having worked with Herbert Miles in appropriating the remedy from the Mi'kmaq during his time in Halifax in 1861.¹⁸⁵

These three men, Miles, Logie and Hardy, provide insight into the translation of Indigenous knowledge within the places of elite medicine and public discourse in nineteenth century Britain. I argue that Miles' translation of the *Sarracenia purpurea* rested within previously described conceptions of indigeneity and appropriation discussed in chapter one. However, Miles was able to find space for this Indigenous remedy for smallpox to be effectively translated during the nineteenth century due to the growing medical profession and a focus on experimental practice. Within these contexts Miles presented a partially stripped version of the *Sarracenia*. This version placed Miles as the discoverer of the *Sarracenia* but required the authority of Mi'kmaq details such as Sally

¹⁸¹ The Epidemiological Society, "Minutes of the Epidemiological Society" (Minute Book, 1861), Archives of the Epidemiological Society, Royal Society of Medicine Archives, 214-5

¹⁸² Alfred Peterkin, William Johnston, and W.R.M Drew, *Commissioned Officers in the Medical Services of the British Army, 1660-1960*, vol. One, Two vols. (London, 1968), 385.

¹⁸³ I am using the generally accepted spelling of Mi'kmaq as outlined by the Nova Scotia Museum Mi'kmaq Portraits Collection, Mi'kmaq being the plural and Mi'kmaw being the singular, Anon, "Spelling of Mi'kmaq" Mi'kmaq Portraits Collection, <http://novascotia.ca/museum/mikmag/?section=spelling>, accessed November 24, 2015

¹⁸⁴ Cosmo G. Logie, "Sarracenia Purpurea as a Remedy for Smallpox," *The Lancet* 81, no. 2074 (May 30, 1863): 614–15.

¹⁸⁵ Captain C. Hardy, "Indian Remedy for Smallpox," *Teranaki Herald*, 1872, XX edition, 4.

Paul's presence in the narrative and the specifics of preparation of the plant as a decoction. Logie's presentation of the *Sarracenia*, as an 'Indian' remedy, rather than Sally Paul's or even a Mi'kmaq remedy, demonstrates the success of Miles' translation. Sally Paul's involvement disappeared to be replaced by generic 'Indians' and Miles was presented as the discoverer of the curative. Details of the remedies preparation also disappeared. Furthermore, the way in which Logie's account was utilised by the medical elite and popular newspapers demonstrates that the eventual rejection of the remedy's utility by the former had more to do with ongoing concerns surrounding vaccination than concerns about indigeneity. Finally, Hardy's narrative brings the focus back to the Mi'kmaq. His account details power-drenched recognitions of knowledge making and authority at the point of appropriation that included his conscious efforts to justify his removal of Indigenous knowledge and flora through economic means.

Mr Herbert Chalmers Miles:

Translating Sarracenia purpurea in the nineteenth century

Herbert Chalmers Miles' narrative of the discovery of the *Sarracenia purpurea*, as displayed in his writings on the plant in 1861 and 1862, is indicative of continuities in the practices of appropriation and translation undertaken by collectors of North American Indigenous flora that have been described by historians such as Londa Schiebinger and Susan Scott Parrish in the seventeenth and eighteenth centuries, and have been discussed



Figure 7 - Assistant Surgeon, Royal Horse Artillery Herbert Chalmers Miles, www.hussard-photos.com (1/06/2017: 11.13.07) photograph taken in London before his posting in Nova Scotia. Thanks to Dedji Lantz for permission to use this image

with regard to botanical and horticultural appropriations during the same period in the previous chapter.¹⁸⁶ However, the use of the *Sarracenia* in smallpox, which had received little attention in the seventeenth and eighteenth centuries found a more receptive audience in the nineteenth. Miles was part of a medical community whose expanding membership in the nineteenth century, combined with external pressures of growing alternative practices, led to the development of new methodologies that focused on experimentalism. Miles framed his account of the *Sarracenia*, both consciously and unconsciously, within the places of nineteenth century medicine that allowed room, within appropriate spaces of debate, for experimental medicines from apparently bizarre sources that would otherwise not have received recognition. Furthermore, the overcrowded medical marketplace led to the inclusion of Indigenous methods of preparation and use of flora as a means of distinguishing the curative from ‘quack’ medicines. These new contexts allowed knowledge of the *Sarracenia* as a smallpox remedy along with details of Indigenous preparation of the plant to be translated and moved into the spaces of British orthodox medicine.

Miles was born in 1833 and died at the age of 38 when he was wounded in conflict in Colaba, Bombay on the 16th June 1871.¹⁸⁷ He attended Charterhouse and St Bartholomew’s in London where he received his surgical diploma in 1854.¹⁸⁸ He spent his short life in military service. He was appointed Assistant Surgeon in 1855 and promoted to Staff Surgeon in 1867 and Surgeon in 1869, two years before his death.¹⁸⁹ Miles was the son of the Resident Medical Officer of Charterhouse, Dr John Miles who, at the time of his death in 1874, was one of the oldest members of the profession.¹⁹⁰ Herbert also had a

¹⁸⁶ Schiebinger, *Plants and Empire*, 11, 16, 87, 196; Murphy, “Translating the Vernacular”, 29-48; Robinson, “New Worlds, New Medicines”, 110.

¹⁸⁷ Anon, “Obituary,” *British Medical Journal* 2, no. 553 (May 8, 1871): 166

¹⁸⁸ Anon, “Royal College of Surgeons,” *London Daily News*, no. 2541, (December 7, 1854), 19th Century British Library Newspapers, 7.

¹⁸⁹ Anon, “News,” *London Daily News*, no.2700, (January 13, 1855), 19th Century British Library Newspapers, 2; Anon, “News,” *The Morning Chronicle*, no.27616, (June 30, 1855), 19th Century British Library Newspapers, 7; Anon, “News,” *The Morning Post*, no.25581, (December 29, 1855), 19th Century British Library Newspapers, 2; Anon, “Naval and Military,” *Daily News*, no.4092, (June 25, 1859), 19th Century British Library Newspapers, 2; Anon, “Naval and Military,” *Daily News*, no.6714, (November 9, 1867), 19th Century British Library Newspapers, 2; Anon, “Royal Artillery,” *The Morning Post*, no.29809, (June 23, 1869), 19th Century British Library Newspapers, 3; Peterkin, Johnston, and Drew, *Commissioned Officers*, 385; Herbert Miles was wounded in Persia in 1856, no details of his injury or if it had any lasting effect could be found.

¹⁹⁰ Anon, “John Miles,” *British Medical Journal* 2, no. 717 (September 26, 1874): 422.

brother, Charles Miles, who wrote in support of his discovery of the *Sarracenia Purpurea* in 1862.¹⁹¹

As a surgeon living in the mid-nineteenth century Miles was working within a period of drastic change. The nineteenth century has been called the age of medical reform by historians such as Andrew Wear and Roger French, as practitioners promoted government legislation that gave legal definition to the boundaries between the professional and laymen.¹⁹² For the first time, with the Act to regulate the Qualifications of Practitioners in Medicine and Surgery (“Medical Act 1858”), statutory recognition was given to the distinct occupational category of “legally qualified medical practitioner”.¹⁹³ Furthermore, a medical council was set up to monitor education and examination of doctors and surgeons and to register practitioners. The register was published and only those that appeared on the same were to be considered duly qualified.¹⁹⁴ Despite the establishment of the legal boundaries of medicine many of those that had pushed for reform remained unsatisfied with the results as room for the continuation of alternative forms of practice remained. Under section XXVII of the Medical Act the Medical Council could raise their concerns with the Privy Council over examinations and teaching but had no specific power to prevent unorthodox practice in these fields. Additionally, members could not be “erased from the register on the ground of having adopted any theory of medicine or surgery” allowing for registered practitioners to adopt homoeopathy, mesmerism or any other practice that could be considered nonconformist.¹⁹⁵

As Anne Digby has pointed out, these attempts at regulation highlighted the economic concerns of a medical elite struggling against a broadening medical marketplace as the number of irregulars, chemists, apothecaries and general practitioners increased and challenged medical orthodoxy.¹⁹⁶ Orthodox medical men, broadly seeking to define

¹⁹¹ Charles Miles, “Sarracenia Purpurea A Remedy for Small-Pox,” *The Lancet* 80, no. 2035 (August 30, 1862): 241; Little else could be ascertained regarding Miles’ family.

¹⁹² Roger French and Andrew Wear, *British Medicine in an Age of Reform* (Oxford: Routledge, 2005), 1; For further background in the state of the medical profession during the eighteenth and nineteenth centuries see Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine: 1720-1911*, (Cambridge: Cambridge University Press, 1994); Andrew Wear, ed., *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992), chapter seven.

¹⁹³ M J D Roberts, “The Politics of Professionalization: MPs, Medical Men, and the 1858 Medical Act,” *Medical History* 53, no. 1 (January 2009): 37.

¹⁹⁴ “An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery,” accessed June 28, 2016, <http://www.legislation.gov.uk/ukpga/Vict/21-22/90>; sections XXIII & XXVII; I shall call this group orthodox medical practitioners or qualified medical practitioners variously.

¹⁹⁵ “An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery”, Sections XXVII & XXVIII

¹⁹⁶ Digby, *Making a Medical Living*, 40-1

themselves beyond this toothless legislation and in opposition to growing competition from irregulars, presented themselves as adherents to particular, and generally well established, modes of practice. One of these established modes saw the sharing of new medical plants with the medical community as an ethical obligation, the importance of the “public usefulness” of medicines “supplanting a physician’s right to secrecy”.¹⁹⁷

In his first account of the *Sarracenia*, Miles discussed those that had attempted to sell the remedy as a secret curative. In October 1862 Miles noted,

It appears that the *Sarracenia purpurea* has been known (though imperfectly) for some years to the class of medical practitioner known on the American continent under the title of 'eclectics', and the leaves of the plant (valuable as cathartics) have been sparingly passed in medical commerce in some Atlantic cities.¹⁹⁸

Miles indicated that the eclectics, a group of practitioners that favoured botanical curatives over chemical, had been using the plant incorrectly, insinuating a general lack of knowledge and experimentation as they were unable to discover its true purpose. Furthermore, he highlighted the commercial significance of the plant to these practitioners, while additionally aligning their sparing provision of it to a lack of concern for public health and welfare. They, unlike Miles, did not present the curative to the medical establishment to be considered.

Framing his narrative against ‘unorthodox’ practitioners was also present in Miles argument with Dr Frederick William Morris, over which of them could claim primacy of discovery, in 1862. During Miles’ presentation to the Epidemiological Society he indicated that the remedy had received little in the way of attention thus far due to the, “injudicious and unhappy manner which the use of the medicine had been advocated.”¹⁹⁹ He omitted the details in his initial account, perhaps hoping that those responsible for the injudicious manner that the remedy had been used would not involve themselves further.²⁰⁰ However,

¹⁹⁷ Schiebinger, *Plants and Empire*: 95.

¹⁹⁸ H. Chalmers Miles, “The Employment of the *Sarracenia Purpurea*, or Indian Pitcher Plant, as a Remedy for Smallpox,” *The Lancet* 80, no. 2042 (October 18, 1862): 430–31.

¹⁹⁹ H. Chalmers Miles, “On an Indian Remedy for Small-Pox,” *Transactions of the Epidemiological Society of London* 1, no. 1 (1863): 281.

²⁰⁰ It is possible that Miles was concerned for the reputation of the cure and that he knew of issues surrounding its use in Halifax, such as the medical societies assessment that it was a failure and the death of Mary Ann Cope, and that he wished to avoid discussing Dr Frederick William Morris specifically in his early accounts of the curative in case these issues arose and affected the remedies popularity. It may also be possible that he knew nothing of these matters, and when they came to light he distanced himself from the remedy to avoid being tarred with the brush of quack practice. This will be discussed further in chapter three.

once Morris wrote to *The Lancet*, protesting Miles' claim to primacy in discovering the *Sarracenia*, Miles gave what he considered a full account of events.²⁰¹ Miles wrote that Morris, the resident physician of the Halifax Visiting Dispensary, and his compatriot John Thomas Lane, an ex-customs official and patent remedy seller, had been selling a remedy that they claimed was of Mi'kmaq origin in Halifax and it was only after Miles' publication that they indicated that this was the *Sarracenia*.²⁰² Miles believed the two men were patent medicine sellers, hawking an unknown and ineffective remedy that they wished to associate with his work.

Patent medicine sellers' practice depended on the sale of remedies whose contents remained undisclosed, and often guarded secrets, for the practical concern that if patients could obtain the ingredients themselves they would not need to purchase patent remedies. This is not to say that Miles was unconcerned with economic gain. Miles indicated within his account of the *Sarracenia* that it would be available from the pharmaceutical company, Savory and Moore. The price of the plant was a source of complaint. At two shillings and sixpence for an ounce and a requirement for two ounces for a single dose, Miles and his providers would apparently have made a fair amount from the trade.²⁰³ Unfortunately there is no direct evidence that Miles or Savory and Moore made any money from the sale of *Sarracenia Purpurea*. However, it was specifically indicated that Miles had made free provision of the plant to certain practitioners at the London institutions, which would indicate that payment for it was more usual.²⁰⁴ In addition, Miles' colleague in his acquisition of the plant, Captain Hardy, noted that the *Sarracenia* had likely turned a good profit.²⁰⁵

Though gaining economically from the plant, for it to be accepted as an orthodox medicine Miles had to distance himself from patent medicine sellers who were often depicted by elite practitioners as solely economically motivated as evidenced by the

²⁰¹ The other side of this narrative, involving Dr Frederick William Morris and John Thomas 'Paddy' Lane's involvement and Miles omission of the Halifax Medical Societies judgement on the curative, will be discussed in Chapter four

²⁰² H. Chalmers Miles, "The Discovery of the *Sarracenia Purpurea* for the Cure of Small-Pox," *The Lancet* 80, no. 2035 (December 13, 1862): 665.

²⁰³ Thomas Newham, "*Sarracenia Purpurea*," *The Lancet* 81, no. 2075 (June 6, 1863): 651.

²⁰⁴ Newham, "*Sarracenia Purpurea*", 651; Anon, "Reports of Societies," *British Medical Journal* 2, no. 21 (April 7, 1863): 22.

²⁰⁵ Hardy, "Indian Remedy for Smallpox.", 4.

secrecy of their curatives.²⁰⁶ As such, to lend the remedy authority in the spaces of orthodox practice Miles had to be clear on the preparatory practices of Sally Paul,

The root, when fresh gathered, should be at once slowly and thoroughly dried, the thin fibres around it pared away, and the firm solid root alone used. The method of making the decoction is to slice from one or two ounces of the dried root into thin pieces, place them in an earthen pot, add a quart of cold water, and permit the liquid to simmer gently over a steady fire for two or three hours, so as to lose one fourth of its weight...²⁰⁷

In the British context of expanding medical competition a fully stripped account of the *Sarracenia* could not have passed into orthodox medical consideration, instead it required details of Sally Paul's preparation of the plant to lend authority as it separated it from potential associations with irregular practice. Including reference to Sally Paul as a physical Indigenous practitioner, statically holding a plant and passing it to Miles, was not enough to make its utility authoritative. The competition from irregular practitioners determined the level of stripping of Indigenous context. Rather than presenting a plant separated from Indigenous knowledge ways Miles presented the remedy as part of a system of preparation within the Mi'kmaq community of Nova Scotia.

However, it was not the external pressure of alternative practice alone that allowed recognition of Indigenous medical knowers and their practices as authoritative in Britain at this time. Internal pressures also affected acceptance of Indigenous authority as knowers, the remedy and Miles as its discoverer. The usual translators of Indigenous knowledge and *materia medica* as described by scholars such as Schiebinger and Murphy, held positions of importance as gentlemen members of the medical establishment. Kathleen Murphy has written of physicians such as Richard Brooke, a curious gentleman, and Hans Sloane, a gentleman naturalist as two of her primary translators of Indigenous medical knowledge from the colonies.²⁰⁸ Schiebinger noted the distinction between voyaging botanists and those who remained in their home countries tending botanical gardens or cabinets of curiosity, those who travelled out she argued were varied, though predominately they were physicians and botanists sent by trading companies, academies or

²⁰⁶ Digby, *Making a Medical Living*, 61.

²⁰⁷ Miles, "The Employment of the *Sarracenia Purpurea*", 430–31.

²⁰⁸ Murphy, "Translating the Vernacular.", 30, 32; She did note that the surgeon Henry Braham produced work on Jamaican botany, however his ability to access this world was linked to his correspondence with Hans Sloane, who relied on his letters when he was not in Jamaica

monarchs, their authority to report being tied to their profession and their official roles as collectors.²⁰⁹ They were not generally military surgeons whose collecting practices were unofficial and secondary. Of course, military surgeons, who required accessible medicines in new colonial environments, did collect, utilise and report on local remedies, however their position within the processes of imperial botanical collecting in the early modern period was as unnamed informants rather than as primary ‘discoverers.’²¹⁰ As such Miles’ position may have precluded the role of discoverer of this knowledge in earlier centuries.

Miles was stationed in Halifax when he first reported his findings on the *Sarracenia* to the Epidemiological Society. The Secretary, Dr McWilliams, read the account to his colleagues.²¹¹ Despite his work being presented by a member of the medical establishment in London Miles was recognised as the discoverer of new knowledge by his colleagues.²¹² Prior to the nineteenth century Miles’ status and position within the peripheral colonial city of Halifax would have made him an informant rather than a producer or discoverer of knowledge. However, as Irvine Loudon has highlighted, the period of medical reform was more like a family squabble than a public debate as the traditional hierarchies of the profession were rocked by growing numbers of practitioners within the establishment, as much as outside it.²¹³ It was this family squabbling that allowed space for Miles to act in the capacity of discoverer of an Indigenously sourced remedy at this time.

Andreas Daum has highlighted that the early to mid-nineteenth century has long been recognised as a period of social and intellectual transformation in Europe, though his case study discusses Germany, his conclusions are applicable in many European countries during the first half of the nineteenth century.²¹⁴ Daum argued that the democratic ideals promoted within the political unrest of 1830s Europe permeated the discourses of

²⁰⁹ Schiebinger, *Plants and Empire*, 23.

²¹⁰ Schiebinger and Swan, *Colonial Botany*, 5; Schiebinger and Swan discuss the importance of the British War office in their role as informants, but importantly not discoverers; Kapil Raj, “Surgeons, Fakirs, Merchants, and Craftspeople: Making L’Empereur’s Jardin in Early Modern South Asia” in, *Colonial Botany: Science, Commerce, and Politics in the Early Modern World*, ed. Londa Schiebinger and Claudia Swan, (Philadelphia: University of Pennsylvania Press, 2005), 252-3; Murphy, “Translating the Vernacular”, 33.

²¹¹ The Epidemiological Society, *Transactions of the Epidemiological Society of London Volume One*, (London: John W. Davies, 1863), 278.

²¹² James Furness Marson, “Report of the Trial of *Sarracenia Purpurea*, or Pitcher Plant, in smallpox,” *The Lancet* 82, no. 2079 (April 7, 1863): 6-7.

²¹³ Irvine Loudon, “Medical Practitioners 1750-1850 and the Period of Medical Reform in Britain,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear, (Cambridge: Cambridge University Press, 1992), p.229.

²¹⁴ Andreas W. Daum, “Science, Politics, and Religion: Humboldtian Thinking and the Transformations of Civil Society in Germany, 1830-1870,” *Osiris* 17, no.2, (2002), 111.

bourgeoisie, artisans and workers across the continent. Increased population sizes and the growing middle classes in Europe began to see themselves as agents of social change, who broadly sought to undermine “privileges based on tradition and birth.”²¹⁵ These factors influenced the medical field as much as any other in Britain. As already noted the numbers of irregular as well as orthodox practitioners had been on the rise during the first half of the nineteenth century. These new orthodox medical practitioners came from the aforementioned growing middle class. Despite Miles’ father’s position at Charterhouse and Miles’ attendance at the prestigious school he was not entirely steeped in the nepotism of the established medical elite. He trained as a surgeon and entered the military at the lowest medical officer rank.²¹⁶ As such Miles represented the shifting hierarchies of orthodox medicine. Though from a medical background his middle-class upbringing placed him in a low-ranking position, locating him amongst the growing group of nineteenth century aspirational middle-class practitioners seeking to establish themselves against the old hierarchies based upon nepotism and tradition.

As Kevin Morrison has argued establishing experimentation and scientific practice as the basis of medical practice and position was part of a growing ideology intended to overturn nepotism and corruption in the profession, “only by acquiring real and disinterested knowledge of one’s subject could the dedicated practitioner help to break up the oligarchic nature of the medical profession.”²¹⁷ As Thomas H. Broman has noted, scientific knowledge has been presented, since the early nineteenth century, as the most, “non-discriminating, and public form of knowledge”.²¹⁸ The democratic ideals, having permeated the European bourgeoisie imagination, were brought to the fore in the expanding orthodox medical community as their middle class numbers sought to re-define professional hierarchies separate from tradition and nepotism. The disinterestedness and non-discriminatory presentation of medicine as science served to highlight these new developments within the structure of nineteenth century orthodox medicine.

This was mirrored in the growth of medical organisations, such as the Epidemiological Society, and journals like *The Lancet*, and *British Medical Journal (BMJ)* that

²¹⁵ Ibid, 108.

²¹⁶ Anon, “Relative Rank of Officers in the Army and Navy,” *The Morning Chronicle* 18, no 81, (July 4, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2.

²¹⁷ Kevin A. Morrison, “‘Dr Locock and His Quack’: Professionalizing Medicine, Textualizing Identity in the 1840s,” in *Victorian Medicine and Popular Culture*, edited by Louise Penner, (Pittsburgh, Pennsylvania: University of Pittsburgh Press, 2016), 11.

²¹⁸ Broman, “Introduction”, 14.

sprang up during the century, where the question of what was and was not proper medicine could be tackled in the spaces of open, and importantly scientific, debate.²¹⁹ Journals like *The Lancet* encouraged debate and discussion on experiments with new remedies in their correspondence sections. There was a boom in medical journal publications during the nineteenth century that speaks to the increased significance of these practices.²²⁰ Letters would be sent on curatives or new surgical methods from various members of the profession. For example, a ship's surgeon John Wilmsrurst, having run out of chloroform, used turpentine as an anaesthetic. Wilmsrurst wrote of its good effect to *The Lancet* and added, "I trust, [it will] induce some of your numerous readers, more skilled with better opportunities of testing its value, to experiment in the direction I have indicated."²²¹ Similarly new societies were formed in which debate and experimentation were presented as their central aim.²²² The Epidemiological Society focused its attention on the "study [of diseases] etiological or causal relations, and the influences of locality, climate and season, diet and occupation, etc. on their rise, dissemination and continuance".²²³ Using newly developed ideas in statistical analysis of fatalities and detailed accounts of the progress of certain diseases across communities the members of the Society attempted to prevent the spread of epidemics.²²⁴

²¹⁹ P.W.J Bartrip, *Mirror of Medicine: History of the British Medical Journal: 1840-1890* (Oxford, England: Oxford University Press, 1990), 5; The BMJ and Lancet were far from the only medical journals of the period; many more existed during the early nineteenth century. I focus here on these two journals, however, due to the practical concern that they are the most accessible journals of the period. As for the open debate presented in these journals this point may be argued, subscription fees and memberships meant that the 'open' nature of debate was limited to those that could afford to enter into it, as well as those that were interested in entering into it, however, this is a topic for another study.

²²⁰ Ibid, 9.

²²¹ John Wilmsrurst, "A New Anaesthetic," *The Lancet* 77, no. 1957 (March 2, 1861), 227.

²²² Bartrip, *Mirror of Medicine*, 5.

²²³ Gavin Milroy, "Address at the Opening of the Session, 1864-1865," *Transactions of the Epidemiological Society of London* 2 (1867), 248.

²²⁴ The Epidemiological Society, *Transactions*, (1863); Other than the article concerning *Sarracenia Purpurea* and three articles pertaining to theoretical concepts of contagion the first volume of the transactions dealt only with the histories of disease spread and their relationship to climate, topography, occupation, hygiene and geographical location via case studies of specific outbreaks in Britain and across the Empire. Of these (17 in total) 6 dealt with case studies within Britain while the remainder dealt with colonial settings; The Epidemiological Society, "Minutes" : Of unpublished papers read from the 1st January 1861 up to the testing of the *Sarracenia Purpurea* on 1st June 1863 seventeen case studies were read, five papers related to theory and two to curatives (both the *Sarracenia Purpurea*) of these seven were concerned directly with Britain and seventeen with the colonies, ten were unspecific as the minutes did not provide full details on each paper read.

In many ways the colonies became a laboratory, with experimentation and observation of disease in local climates and topographies.²²⁵ Within the first issue of the *Transactions*, the Epidemiological Society, indicated that colonies presented them with case studies of epidemics that could help to combat their spread.²²⁶ Military surgeons and physicians became the leaders of these colonial laboratories as they worked in colonies and aboard ships in which diseases less prevalent in Britain were rife and common practices and curatives used at the Imperial centre were not always available. The successful use of chloroform and ether during the Crimean War (1854-5) and the work of surgeons such as William Smart and Alexander Bryson, who utilised their Naval postings as microcosms for testing disease theory, enhanced the social standing of the profession and placed them in unique positions to contribute to the developing experimentalism of British medicine.²²⁷

As such, encouraging experimentation and communication of results on medical matters was becoming part of the ideology of professional orthodox practice in the nineteenth century, fuelled by an expanding middle class and the resulting interest on experimentalism. Entering these debates made members part of the developing orthodox medical community. The nature of debating medicine and personally experimenting with new methods, curatives or technologies established a sense that medical knowledge was non-discriminatory, it was not affected by political or social concerns, only by rational experimentation. Medical knowledge was made neutral within this setting, a neutrality which was meant to be reflected in new professional hierarchies. Miles presentation of the *Sarracenia* to the Epidemiological Society and the medical community via *The Lancet*, therefore, demonstrates his aspirations toward being an active member of this expanding medical community of experimental practice and these new hierarchies. It is also significant to note that only within this milieu was Miles able to present himself as the remedy's discoverer.

Furthermore, and perhaps more importantly, concern for experimentation rather than assumed knowledge may have opened an avenue for a smallpox curative from an unexpected source such as the Mi'kmaq. Though not fitting into pre-conceived notions of

²²⁵ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006), 3, 5-6

²²⁶ The Epidemiological Society, *Transactions*, (1863), 7, 3.

²²⁷ William Smart, "Observations on the Climatology, Topography, and Diseases of Hong Kong, and the Canton-River Station," *Transactions of the Epidemiological Society of London One* (1863); Alexander Bryson, "On the Recent Introduction of Yellow Fever into Port Royal, Jamaica," *Transactions of the Epidemiological Society of London One* (1863); J.V.S Wickenden, "Watching Over Jack: Alexander Bryson, 1802-1869," *Journal of the Royal Naval Medical Services* 96, no. 1 (2010).

Indigenous medical ability, concern for experimental practice as the core of medical knowledge might have opened this door at this time in a manner that it could not have when Sarrazin presented his findings at the start of the eighteenth century.

Of course, hierarchies were realigned rather than removed, centring instead on practitioners' positions within these new institutions and at the imperial centre.²²⁸ While the status of Mr Wilmsurst, as an undistinguished ships surgeon was apparently of less significance than his role as part of an active medical establishment he only presented his findings, final decisions on the utility of his discoveries would be made by those with the authority to do so.²²⁹ Miles, like Wilmsurst, presented his findings to the community and encouraged their experimentation and judgement of his work. The plant was given for free to London medical societies that wished to test it and provision was also made for as much of the *Sarracenia* as was required for Dr Furness Marson to officially test its efficacy.²³⁰ The availability of the curative for free demonstrated Miles adherence to professional ideologies of experimentation while simultaneously ensuring that tests would be carried out unhindered by the practical concerns of cost.²³¹ Miles aspired to be considered an active member of the medical community in promoting this experimentation and though aspiring toward recognition as a significant figure within new professional hierarchies he recognised his position as a military surgeon reporting on matters from the periphery. It was for the societies, primarily in London, that tested the curative to decide if it was effective. His commitment to the establishments' experimental and hierarchical frameworks would be made explicit when the remedy was later rejected, and Miles accepted this judgement without further comment.

Miles' narrative also reflected continuity of appropriative practices discussed in the previous chapter. Londa Schiebinger has indicated that the established conception of medicine as a public good was part of a process of legitimising the removal of medically significant flora and fauna from the hands of Indigenous communities in the Americas and Empire more broadly.²³² Kathleen Murphy has indicated that this also allowed for the

²²⁸ I will discuss the issue of centre and periphery in the following chapter.

²²⁹ Weatherall, "Making Medicine Scientific", 178; Martin J.S. Rudwick, *The Great Devonian Controversy: The Shaping of Scientific Knowledge among Gentlemanly Specialists* (Chicago: The University of Chicago Press, 1985), 411.

²³⁰ Newham, "Sarracenia Purpurea", 651; Anon, "Reports of Societies", 22.

²³¹ It is unclear who paid for the free provision of the *Sarracenia* to the societies as no records are extant. It seems plausible that Miles himself provided the funds for shipping and provision of the plant, though Hardy may have contributed to this.

²³² Schiebinger, *Plants and Empire*, 99.

mitigation of racial prejudices, as Indigenous knowledge of flora was recognised as useful and necessary in the face of perceived new world illnesses such as snake bites and syphilis.²³³ Concern with public or professional good intertwined to regard the flora of the new world as nature's bounty, available to all, its usefulness established by Indigenous communities' flora could then be taken and translated into European contexts.

As Londa Schiebinger has argued women were also pushed outside the bounds of accepted sources of medical knowledge in the nineteenth century.²³⁴ Anne Digby has also noted that women were marginalised in the growing professionalisation of nineteenth century British medicine.²³⁵ However, Miles highlighted the role of Sally Paul, a female practitioner, in the discovery of the *Sarracenia purpurea*. Being both Indigenous and female, within the models outlined by scholars such as Schiebinger, should have made Sally Paul's inclusion in this narrative impossible or at least unhelpful. Instead her positioning in Miles' account was intrinsic to its successful translation as discussed above as well as within broader and continuing conceptions of indigeneity, specifically female indigeneity.

Broadly speaking Indigenous women, when portrayed as 'good Indian' women, appeared in two forms. Devon Mihesuah has discussed the mythologies of figures like Pocahontas and Sacagawea, as Indian princesses romanticised by their youth, beauty and most significantly the help they gave to Europeans, turning their backs on their own people.²³⁶ Sally Paul was not a youthful princess, instead she represents the other 'positive' imagining of female indigeneity, the knowing "squaw".²³⁷ Her knowledge and her provision of the same to white men fed into the same archetype as the Indigenous princess who was a 'good Indian' by virtue of her understanding and providing for the needs of the white man and the inevitability of civilisations progress. Her passing on the *Sarracenia*, and knowledge of the same, is an almost inevitable process in this light. However, the "squaw" is also old, "an old weird Indian woman was the fortunate possessor of the remedy."²³⁸ Giving focus to Sally Paul's advanced age served to highlight both her overall health, lending her curative legitimacy, and her declining role in the modern world. She lived long because of her connection to nature but her age placed her in the space between life and

²³³ Murphy, "Translating the Vernacular", 29.

²³⁴ Schiebinger, "Forum Introduction", 53.

²³⁵ Digby, *Making a Medical Living*, 18.

²³⁶ Devon Abbott Mihesuah, "Commonalty of Difference: American Indian Women and History," in *Natives and Academics: Writing and Researching about American Indians*, ed. Devon Abbott Mihesuah, (Lincoln, Nebraska: University of Nebraska Press, 1998), 45.

²³⁷ Hill Collins, *Black Feminist Thought*, 84.

²³⁸ Miles, "On an Indian Remedy for Small-Pox.", 278-9.

death, she would not live forever, and her age, therefore, reflects the images of decline and salvation discussed in chapter one. These pervasive images of female indigeneity, specifically in this context the Indian “squaw”, lent authority to Miles’ account partly in the engrained nature of the image in white imagination and partly, as discussed above, in the importance of highlighting precise origins to distinguish the remedy from patent practice.

Additionally, recognition was given to the Indigenous community as original possessors, but not communicators, of knowledge to highlight the importance of white interventions to discover and remove this knowledge for the public good. This was reflected in Miles narrative where the secrecy of the Mi’kmaq when it came to their curatives was opposed to his openness legitimising his role in the translation of Mi’kmaq flora and knowledge. Miles wrote that the cure had “long been known amongst them [the Mi’kmaq] as an infallible cure for smallpox”.²³⁹ Later Miles noted that without his discovery of the Mi’kmaq woman’s remedy it would have been lost, reflecting concepts of salvation in connection to Indigenous secrecy and European curiosity discussed in the previous chapter. By writing to the Epidemiological Society about his discovery of this remedy Miles was showing himself to be an active member of the establishment in opposition to the Mi’kmaq woman who would have taken her knowledge to the grave. Miles both recognised her authority as a possessor of useful medical knowledge but was able to paint himself as its discoverer by focusing on the secretive nature of Paul’s knowledge and his role in drawing it out.

Furthermore, recognition of Indigenous medical knowledge and European discovery was explained in terms of work. Miles presented his narrative as one of struggle, the work put into the discovery was highlighted in opposition to the lack of work undertaken by the Mi’kmaq. Miles elucidated his efforts in obtaining the remedy in his account, noting the great secrecy with which the cure was held by Sally Paul.²⁴⁰ As such, Miles struggled to obtain the information on the curative, omitting any mention of the work undertaken by Sally Paul. Her medical knowledge was presented as part of a general acquaintance with the woods and nature rather than any specific work,

²³⁹ Ibid ", 278-9.

²⁴⁰ Miles, “The Employment of the *Sarracenia Purpurea*,” , 430–31.

She had always been known as the doctress of her tribe and had enjoyed celebrity for many years in consequence of her reputed knowledge of medicine and wonderful acquaintance with the herbs and roots of the wood.²⁴¹

This intrinsic connection with the environment was part of the imagery surrounding Native medical care that was touched on in the previous chapter. Indigenous communities were generally conceived as homogenous in their approach to medicine. Further emphasising the difference between the new orthodox experimental British practitioner, Indigenous peoples were surrounded by the bounty of nature that allowed them to pick up an intrinsic understanding with ease rather than work.²⁴² “The Indians are a strong and healthy people inhaling boundless forests in the midst of immense prairies” read one advertisement from a patent medicine company selling curatives in the nineteenth century under the guise of ‘Indianess’.²⁴³ They literally breath the “boundless forests” and this entrenchment in the natural environment is the cause of their health, not any learned or worked for ability, just breathing and living in “immense prairies.” The homogenised Indian had know-how of specific cures but, in the eyes of colonisers, they had no learned theories to support their medicines.²⁴⁴

Miles also noted the way in which the plant was used within Mi'kmaq society, “numbers of the plague-stricken camps took occasional small doses of it, in the belief that it acted with prophylactic effect” he added “in the camps where the remedy has been used the people keep a weak infusion of the root prepared, and take a dose...to ‘keep it in the blood’”.²⁴⁵ Though noting this preventative use amongst the Mi'kmaq Miles appears to have encouraged the use of the *Sarracenia* as a curative. There is some confusion over whether the plant was intended for use as a general preventative, like vaccination, a preventative for pitting, or as a general curative within most of the sources.²⁴⁶ The different emphasis seems to stem from Indigenous use as a preventative, which will be addressed further in chapter five, and some reference within British testing to its good effect in

²⁴¹ Anon, “Epidemiological Society Monday November 4th 1861,” *The Lancet* 78, no. 1997 (July 12, 1861), 550.

²⁴² Parrish, *American Curiosity*, 219, 239; Robinson, “New Worlds, New Medicines.”, 95.

²⁴³ This topic will be returned to in brief below under the section on Captain Hardy and in more detail in chapter five.

²⁴⁴ Robinson, “New Worlds, New Medicines.”, 95.

²⁴⁵ Miles, “The Employment of the *Sarracenia Purpurea*” , 430-1.

²⁴⁶ See below differentiation under Cosmo G. Logie section. The difference between the use of the plant as a preventative and cure will also be addressed in chapter five. In chapters three and four this issue will not be raised as the plant was consistently regarded as a curative rather than preventative.

preventing pitting. However, in most instances in both Britain and later in Halifax the *Sarracenia* was described as a curative.²⁴⁷

Indeed, smallpox had no cure, only a highly contested method of prevention in vaccination.²⁴⁸ As such, Miles may have framed the *Sarracenia* as a curative rather than a preventative to press the point that his 'discovery' was of great significance.²⁴⁹ Miles presented himself as having undertaken the theoretical work of finding the true utility of the plant as a curative rather than a preventative. He needed to include the Indigenous original usage in his account to lend authority to its potential properties and to separate it from patent practices, discussed above, while also highlighting his own role in discovery by denying Indigenous theories of practice and re-framing its use as a curative. As such, Miles as a collector could translate the *Sarracenia* as a smallpox cure into a new discovery. He contributed theory to medically useful articles that had not and could not exist fully before colonial interventions. However, the inclusion of reference to Indigenous individuals, such as Sally Paul, or communities, like the Mi'kmaq, within collectors reports on 'new' discoveries highlights the role that they played as legitimisers of knowledge. While colonisers did not recognise Indigenous ways of knowing as broadly legitimate they did believe that their position within the natural environment gave them access to secret medical knowledge. Without the inclusion of an Indigenous origin for such knowledge and the details provided on preparation and contents to separate it from patent practices, it could not be regarded as credible.²⁵⁰

Translating the *Sarracenia purpurea* into a remedy for smallpox in the mid-nineteenth century was made possible within the changing professional landscape of the period. The growing interest in experimental practice displayed in the pages of *The Lancet* and the *British Medical Journal* and the meetings of institutions such as the Epidemiological Society meant that a remedy for smallpox from an unexpected source could be taken seriously. Miles framed the remedy within continuing images of indigeneity and appropriation, discussed in chapter one, such as Indigenous knowers being regarded as steeped in the natural world, their know-how and lack of significant theories and the need to salvage information from a dying people. However, the overcrowded British medical marketplace of the mid-nineteenth century meant that Miles sought to highlight his

²⁴⁷ See chapter four

²⁴⁸ See below under Cosmo G Logie

²⁴⁹ As will be discussed below, placing the plant in direct competition with vaccination was problematic

²⁵⁰ Parrish, *American Curiosity*, 18.

remedy as professional rather than irregular medicine, as such he described not only the individual Indigenous woman as the source of the *Sarracenia* curative but also the method of preparation and use within her community as a means of lending legitimacy and authority to the curatives efficacy and his place as the discoverer of a new curative, to the orthodox medical establishment.

Dr Cosmo Gordon Logie:

The problem of vaccination

On Tuesday 26th May 1863 Dr Cosmo Gordon Logie wrote to *The Times* about an outbreak of cases of smallpox in the Windsor regiment,

I think it incumbent on every physician to give the benefit of his experience to the public, and not merely to the profession, upon such a horribly disfiguring malady...we are all agreed as to the necessity of vaccination – my own opinion as well of re-vaccination during the epidemic, as I think the two poisons are not likely to exist in the same body at the same time. As to vaccination being a total preventative I do not believe it; neither does it insure prevention of pitting, nor will smallpox prevent vaccination taking affect afterwards; yet I am free to believe it to be one blessing – a modifier of the disease to a very great extent...²⁵¹

He then went on to describe his treatment of eleven men at Windsor who he regarded as cured of smallpox by the *Sarracenia*. He noted that the remedy was introduced in a paper by Miles who talked of its use as a treatment among “the Indians.” He gave some details of the preparation methods, indicating that, “any one can make a decoction or infusion of the root, like tea” and that an ounce of the root, sliced, should be simmered from a quart to a pint and taken in doses of two tablespoons every four hours. Finally, he also noted that the root alone should be used and could only be obtained from Savory and Moore in London.²⁵² After Logie’s letter was published in *The Times* various newspapers across the country picked up the story and published it in modified forms until August 1863, with two additional publications in the United States appearing in February 1864 and September 1882.²⁵³

²⁵¹ Cosmo G Logie, “A Remedy For The Small-Pox,” *The Times*, May 26, 1863, The Times Digital Archive, 9.

²⁵² Ibid, 9.

²⁵³ Cosmo G. Logie, “A Remedy for the Smallpox,” *The Belfast News-Letter*, no.15574, (June 6, 1863), 19th Century British Library Newspapers, 4; Cosmo G. Logie, “A Remedy for the Smallpox,” *The Essex Standard and General Advertiser for the Eastern Counties*, no.1702, (July 31, 1863), 19th Century British Library Newspapers, 3; Cosmo G. Logie, “A Remedy for Smallpox,” *The Penny Illustrated*

This account of the *Sarracenia*, and its later iterations, demonstrates that Miles' translation of the *Sarracenia* was effective in establishing himself as the remedy's discoverer. Furthermore, it highlights that when the medical establishment eventually rejected the remedy their actions had more to do with vaccination and professional concerns than the Indigenous origins of the curative. Miles had utilised continuing practices of translation while also framing the remedy in the context of nineteenth century orthodox practice with the inclusion of Indigenous use, origins and preparation of the plant, to enable the medical elite of Britain to seriously consider the matter of the *Sarracenia purpurea*'s utility in smallpox and establish his own position as its discoverer. However, the fact that it was intended as a smallpox curative led to its eventual rejection by the medical elite. Furthermore, Logie's letter to *The Times* intertwined orthodox medical frameworks with a direct appeal to popular consumption. This attempt to merge public and professional interests through publication was rejected and re-translated by both communities. The medical profession and popular newspapers omitted Logie's nuance regarding vaccination, that the *Sarracenia* should be taken as a supplementary remedy rather than an alternative, to progress their own agendas. The medical community demonstrated professional concern with debating matters of medicine within assigned spaces, while newspapers presented the *Sarracenia* as an alternative to vaccination allowing it to receive popular attention within growing anti-vaccination movements. The medical communities' omissions led to the eventual disappearance of the *Sarracenia* in their publications other than as a by-word for faddism. The same omissions allowed Logie's translation of *Sarracenia* to spread geographically and temporally further than Miles', or later Hardy's, ever would in popular publications.²⁵⁴

Paper, no.87 (May 30, 1863), 19th Century British Library Newspapers, 363; Cosmo G. Logie, "Another Remedy for the Smallpox," *The Hampshire Advertiser*, no.2074, (May 30, 1863), 19th Century British Library Newspapers, 3; Anon, "Smallpox: An Antidote and Cure," *The Home Journal*, (September 20, 1882), *Chronicling America: Historic American Newspapers*, Library of Congress, 4; Anon, "The Smallpox," *Staunton Spectator*, (February 23, 1864), *Chronicling America: Historic American Newspapers*, Library of Congress, 1; The Surgeon Major of the Royal Horse Guards (Blue), "A Remedy for Smallpox," *Liverpool Mercury*, (May 28, 1863), 19th Century British Library Newspapers, 5; Anon, "Miscellaneous," *The Bristol Mercury*, no.3818, (June 6, 1863), 19th Century British Library Newspapers, 5; Anon, "Remedy for Smallpox," *The Caledonian Mercury*, no.23111, (August 1, 1863), 19th Century British Library Newspapers, 7; Anon, "Remedy for Smallpox," *The Dundee Courier*, no. 3115, (April 8, 1863), 19th Century British Library Newspapers, 3.

²⁵⁴ William Arndt, Chandra Mitnik, Karen L. Denzler, Stacey White, Robert Waters, Bertram L. Jacobs, Yuan Rochon, Victoria A. Olson, Inger K. Damon, and Jeffrey O. Langland, "In Vitro Characterisation of a Nineteenth Century Therapy for Smallpox," *Plos One* 7, no. 3 (2012), 1; Logie's name appeared alongside Miles' in this account. However there are several issues that arise from this paper. These will be addressed in my conclusions at the close of this thesis; Anon, "The Smallpox", 1; Anon, "Smallpox", 4.

Dr Cosmo Gordon Logie was born in 1820 in the Bengal, India, he received his medical degree at Edinburgh in 1840 and was appointed Assistant Surgeon in the Royal Horse Guards in 1841. He was promoted to Surgeon Major in 1861 and retired his position as deputy surgeon general in 1875 eleven years before his death.²⁵⁵ He wrote his first and only account of his experimentation with the *Sarracenia* in an article addressed to *The Times* in 1863.

Logie made only passing reference to the Indigenous origin of the curative in his account, describing it as a, “North American Plant called the *Sarracenia purpurea*, or pitcher plant” that was used, “in the treatment of smallpox among the Indians...”²⁵⁶ This was not a sudden, isolated reduction of Sally Paul and her community’s role in the remedy’s discovery. The significance of Sally Paul in Miles’ accounts had decreased over time. In his first paper Miles gave some background on her position within the community as a doctress and her use of the curative and its preparation. By his second account Miles only briefly referenced Sally Paul, and in his final publication on the topic she had disappeared entirely.²⁵⁷ Miles had translated the remedy, utilising the authority of Sally Paul, her secretive medical knowledge and her preparation of the remedy, discussed above, in his first accounts. However, he reduced these references over time. Miles had claimed ownership of the *Sarracenia* in his first account and as such the importance of Indigenous contextual inclusions, discussed above, became less significant over time. Logie continued this movement away from Sally Paul and the Mi’kmaq. Cosmo Logie’s acceptance of Herbert Miles, rather than Sally Paul, as the discoverer highlights the colonial centres perception of discovery. For Cosmo Logie it was Herbert Miles, not Sally Paul, who had discovered the remedy as he had presented her knowledge to the medical community and claimed ownership over it by translating its use and highlighting his work. While Sally Paul, her preparation and use of the remedy were vital in moving the *Sarracenia* and knowledge of its effects in smallpox into the spaces of orthodox medicine in Britain in 1861, once there these Indigenous contexts could be discarded, and the ‘stripped’ *materia*

²⁵⁵ C.D Waterston and A Macmillan Shearer, *Former Fellows of the Royal Society of Edinburgh 1783-2002: Biographical Index, Part Two* (Edinburgh, Scotland: Royal Society of Edinburgh, 2006), 553.

²⁵⁶ Logie, “A Remedy For The Small-Pox” 9.

²⁵⁷ Miles, “The Discovery of the *Sarracenia Purpurea*”, 665; Miles, “The Employment of the *Sarracenia Purpurea*”, 430-1; Miles, “*Sarracenia Purpurea*”, 241; H. Chalmers Miles, “On Some Cases of the Small-Pox Treated by the *Sarracenia Purpurea*,” *The Lancet* 80, no. 2049 (June 12, 1862), 615–6.

medica with only sparse details on its preparation was all that remained within orthodox and public discourses.

Sally Paul as a Mi'maw woman, the Mi'kmaq as a distinct Indigenous community, most details of preparation and all reference to original uses of the remedy had been stripped away and replaced by the generic image of the "Indian" as a distant source of medical know how from which new discoveries could be appropriated. This was so entrenched within conceptions of appropriation and discovery that the Indigenous origins of the remedy were of little interest or significance to the medical community or the public, who accepted the remedy as an "Indian" cure and did not question these origins further. Instead, as the re-translations of Logie's account in British newspapers and medical journals in 1863 demonstrates, the primary concerns of both orthodox practitioners and the public were entangled with vaccination and professionalism. While Logie did not promote the use of the plant as the only means of tackling smallpox, his narrative was later reframed by both communities to place the plant in opposition to vaccination. In Logie's original letter to *The Times* he indicated that the plant was useful in smallpox but was not the only means of tackling the disease, "we are all agreed as to the necessity of vaccination – my own opinion as well of re-vaccination during the epidemic".²⁵⁸ He noted that vaccination, though not a curative or a fully effective preventative was, "a modifier of the disease to a great extent."²⁵⁹ The *Sarracenia* in his account is effective but it is to be taken in conjunction with vaccination.

Prior to Logie's letter other practitioners that wished to promote the use of the remedy had similarly framed it as supplementary to vaccination rather than opposing it. Miles, in his encouragement for further testing of the *Sarracenia* in June 1862, also provided details of Dr Burch's experiments with the plant. Dr Burch noted that using vaccination and then *Sarracenia* was the more effective method as it also prevented pitting.²⁶⁰ Charles J. Renshaw had also tried the *Sarracenia purpurea* on three cases of smallpox and found that Miles' promotion of the remedy was merited as he saw all three

²⁵⁸ Cosmo G Logie, "A Remedy For The Small-Pox", 9.

²⁵⁹ *Ibid*, 9.

²⁶⁰ Miles, "On Some Cases of the Small-Pox", 5-6.

patients recover with no pitting.²⁶¹ Again, he indicated that his patients had previously been vaccinated.²⁶²

On the other hand, those that opposed its use tended to highlight the conflicting nature of the smallpox treatments. In November of 1862 the first results of personal experimentation were published. Dr. Frederick Norton Manning indicated that he had tested the plant on eighty cases who were unvaccinated and saw no effect.²⁶³ The remedy was presented in Manning's experiment as an alternative to vaccination that did not work. This caused a problem, one that David Goyder M.D. was keen to highlight. Goyder's patients were also un-vaccinated.²⁶⁴ He found the remedy to be entirely ineffective and, more importantly promoting its use was dangerous:

to what were the flattening of the pustules and the disappearance of the inflammatory areolae due? To retrocession or the *Sarracenia*? The latter got the dangerous and delusive credit assigned it till it was too late to pour in stimuli to rouse the sinking vital powers. The mother of this child asserted that from the moment the first dose of the new medicine was given the child began to change for the worse.²⁶⁵

Placing the *Sarracenia* in opposition to vaccination made its dismissal necessary for the medical profession. Dr James Furness Marson was a principal authority on smallpox in

²⁶¹ Renshaw was a member of the Manchester Medical Society and British Medical Association, and a respected medical practitioner who had received his training at Edinburgh; Anon, "Obituary: Charles J. Renshaw M.D. St Andrews", *British Medical Journal* 2, no.2920, (December 16, 1916): 859.

²⁶² Charles J Renshaw, "Treatment of Smallpox by *Sarracenia Purpurea*," *The British Medical Journal* 1, no. 109 (January 31, 1863), 127. These practitioners may have been referring to the good effect of the remedy as a curative for pitting in these instances, noting that their patients were cured without any pitting. However, as they do not specifically state this, conclusions drawn from such an assumption could only be conjecture.

²⁶³ Norton Manning, "*Sarracenia Purpurea* in Small-Pox," *The Lancet* 80, no. 2048 (November 29, 1862), 604; Fred Norton Manning, "Correspondence," *The Lancet* 80, no. 2051 (December 20, 1862), 693; Manning would later become the Inspector-General of the Insane at New South Wales, though at the time of writing he was based in Edinburgh completing his medical degree.

²⁶⁴ David George Goyder, *My Battle for Life, the Autobiography of a Phrenologist*, (London: 1857); Aileen Fyfe and Bernard Lightman, *Science in the Marketplace: Nineteenth-Century Sites and Experiences* (Chicago: University of Chicago Press, 2007); The David Goyder in these texts seemed to present the possibility of being the Goyder that conducted these experiments, he was a phrenologist and would have been 67 at the time of writing, he died in 1878. However, this David Goyder was not an M.D and was not based in Bradford, furthermore he was never apprenticed to Samuel Brown M.D. as referred to in his letter to *The Lancet* in 1863. The Goyder that published his accounts of the *Sarracenia* in *The Lancet* was too elusive a practitioner, no further information on him could be found.

²⁶⁵ David Goyder, "Cases of Variola, Treated with *Sarracenia Purpurea*," *The Lancet* 81, no. 2054 (October 1, 1863), 42.

Britain, who for forty years was the resident medical officer at the smallpox and vaccination hospital in Holloway, London and principal vaccinator to the National Vaccine Establishment.²⁶⁶ Marson had been given early access to the root for the purposes of officially testing its efficacy on behalf of the profession. In choosing Marson for this task the establishment recognised his authority in the treatment of smallpox.

Marson was an avid supporter of compulsory vaccination which was coming under direct attack from opponents in both the working and middle classes in England during the period.²⁶⁷ The compulsory vaccination act in 1853 decreed all infants born in England and Wales must be vaccinated or their parents could face fines and even jail time. The act was regarded as obstructing liberty and individualism, and as a direct threat to the bodies of children and adults, especially amongst the working class.²⁶⁸ Principle concerns over vaccination rested on the possibility that arm to arm vaccination could transfer other diseases between individuals as well as a fear that matter from cows could cause individuals to suffer bovine illnesses, and that the act of placing animal matter into human bodies was unchristian.²⁶⁹ In 1861 the ability of medical officers and vaccinators to enforce the provisions of the Act were almost non-existent with the strength of opposition only growing. The *Sarracenia* was therefore framed by those that supported vaccination in opposition to it rather than as a curative to be taken in conjunction with it. If the medical establishment judged the *Sarracenia* as efficient in curing or preventing smallpox they would only be adding fuel to the anti-vaccination fire, with an approved alternative available that did not come with the same concerns of contamination, unchristian acts and suppression of individual freedom.

Marson's conclusions were published in *The British Medical Journal* and *The Lancet* in April 1863 and later, in 1867, in *The Transactions of the Epidemiological Society*. Having tested the plant in fifteen severe cases, Marson found that the *Sarracenia* made no

²⁶⁶ Royal College of Surgeons of England, "Marson, James Furness - Biographical Entry - Plarr's Lives of the Fellows Online," Document, accessed April 11, 2016, <http://livesonline.rcseng.ac.uk/biogs/E002667b.htm>; The National Vaccine Establishment was set up by the government to promote vaccination through the provision of lymph.

²⁶⁷ James Furness Marson, "The Vaccination Bill of 1856: Petition of James Furness Marson," *The Lancet* 68, no. 1722 (1856), 2; Nadja Durbach, "'They Might As Well Brand Us': Working-Class Resistance to Compulsory Vaccination in Victorian England," *Social History of Medicine* 13, no. 1 (April 1, 2000): 45.

²⁶⁸ Durbach, "'They Might As Well Brand Us.'", 47-8.

²⁶⁹ Select Committee on the Vaccination Act, *Report from the Select Committee on the Vaccination Act (1867) Together with the Proceedings of the Committee, Minutes of Evidence, Appendix and Index* (London: House of Commons, 1871), 179, 240, 244; Durbach, "'They Might As Well Brand Us.'", 47.

difference to the course of the disease. All but two of the test patients died. One of the surviving patients had been vaccinated and Marson believed that this was the sole reason for the recovery. He did confess that the *Sarracenia* may have been responsible for the recovery of the other patient, who had not been vaccinated. However, he dismissed this, he did not believe that the *Sarracenia* could truly be responsible for the patients' recovery.²⁷⁰ Despite framing his work as experimental, Marson used the term belief demonstrating a willingness to dismiss the plant when it conflicted with his faith in the importance and efficacy of vaccination.²⁷¹

When Logie published his account in *The Times* after Marson's assessment, the medical establishment understood it as a dangerous and ineffective curative for an incurable disease. In *The British Medical Journal* Mr Logie's promotion of the remedy was lambasted:

this process of widely recommending to the ignorance and credulity of the public infallible remedies in specific and incurable diseases is a most objectionable one... [he] ought by this time to have known that the only persons who can decide upon the value of a remedy are his professional brethren; and that to them he ought to have been modest enough to appeal, as the fervent prescriber of a new drug-herb.²⁷²

His actions, it was attested, did little more than injure the public and annoy the profession. Logie was compared to quacks and charlatans that promoted their various cancer cures, something to be expected from "some credulous old wife from the back settlements of Somersetshire" but not from a man of professional standing.²⁷³ The *Sarracenia* in this analogy was presented as the only means of tackling smallpox, therefore the fact that it was ineffectual made it dangerous for the public who might avoid vaccination. This concern was genuine and not unfounded for a medical community faced with resistance to a means of reducing the prevalence of a devastating disease.

²⁷⁰ Anon, "Reports of Societies.", 21; The Epidemiological Society, *Transactions of the Epidemiological Society of London*, volume two (London: Robert Hardwicke, 1867), 107; Marson, "Report", 6.

²⁷¹ This is not to suggest that Marson's assessment was wrong or that vaccination was not significant but rather to point out that practitioners who believed vaccination to be the only means of tackling smallpox could not frame the *Sarracenia* in any other means but in opposition to vaccination.

²⁷² Anon, "The Week," *British Medical Journal* 1, no. 126 (May 30, 1863), 567–8.

²⁷³ *Ibid*, 567–8.

It was not his support for *Sarracenia* alone that caused the profession concern. Logie had also stepped outside the realm of “fertile debate” by publishing in a newspaper and directly addressing the public rather than presenting his account to his “professional brethren” in a medical journal.²⁷⁴ Fertile debate was associated more with the sphere in which experiments were presented rather than the official position that the establishment had taken on a question. This important distinction between presenting experimental findings within the correct places of professional practice, to medical societies or in medical journals, can be seen in later experiments that supported the *Sarracenia*. These were countenanced by the profession, with no accounts lambasting their use of the plant as there had been for Logie. In December 1863 Mr J. Taylor produced an account of his experiments with the decoction over the year that he believed showed its great effect.²⁷⁵ In addition, at the start of the following year, Dr Henderson Grant wrote that, “the *Sarracenia* seems to have some specific action, although most M.D’s say it is a hoax”.²⁷⁶ No articles or letters appeared suggesting that Taylor or Grant’s experiments were in any way damaging to the profession. In response to Dr Henderson Grant’s report of cases that had been effectively treated by the *Sarracenia* an anonymous correspondent, calling himself an Army Assistant Surgeon, wrote, “I see no reason to believe that the much-vaunted Indian remedy had anything to do with the successful termination of Dr Grant’s cases”.²⁷⁷ Though he doubted the efficacy of the remedy he did not call Grant a charlatan, or doubt his position as an experimenter or medical practitioner as the article in the *British Medical Journal* had done to Cosmo Logie. Grant and Taylor had placed their accounts in the correct space, in professional journals, rather than before the public.

Grant and Taylor were, however, oddities. Most accounts in medical journals after Marson’s dismissal tended to mock the plant’s usage, framing it around concepts of quackery and lack of scientific rigour after Marson rejected its efficacy. *The British Medical Journal* reported on the general rejection of the remedy in New York by a committee appointed to test the cure. The Committee on Intelligence had provided the New York County Medical Society with an account of all up to date articles on the use of *Sarracenia* in smallpox. They made the assessment that it was ineffective with no clear active principal

²⁷⁴ Weatherall, “Making Medicine Scientific.”, 177.

²⁷⁵ J. Taylor, “On the Efficacy of *Sarracenia Purpurea* in Arresting the Progress of Small-Pox,” *The Lancet* 82, no. 2101 (May 12, 1863), 64-5.

²⁷⁶ W.M Henderson Grant, “Two Cases of Smallpox Treated by *Sarracenia Purpurea*,” *The Lancet* 83, no. 2110 (June 2, 1864), 161.

²⁷⁷ An Army Assistant Surgeon, “Correspondence,” *The Lancet* 83, no. 2117 (March 26, 1864), 374.

element shown in analysis of the plant, a reliance on eulogising and “post hoc” circumstances in accounts that supported the remedy and no evidence for its efficacy when faced with the disease in its most virulent form.²⁷⁸ The likely ironic title of the article, considering its contents, was “an infallible remedy”.²⁷⁹

Matters appeared to be settled for much of the medical community, as evidenced in Dr Campbell Black’s cutting account on antiseptic surgery:

Sarracenia purpurea not long ago, played such fantastic tricks with ‘facts’ and ‘observations’ as bromide of potassium has been doing in later times. Smallpox was cured in an incredibly short space of time; pitting there was none, *Sarracenia purpurea* is defunct!²⁸⁰

He went on to quote Sir John Lubbock regarding his view of the savage or prehistoric man being akin to an infant, drawing a parallel with the “primitive minds of the profession who make such a hubbub of every new toy.”²⁸¹ Despite his use of Lubbock, it was the profession not the *Sarracenia purpurea*’s Indigenous origins that were being highlighted in Black’s article.²⁸² The dismissal of *Sarracenia* was not the central purpose of the text, it was used instead as an example of the ‘infants’ of the profession adopting and promoting what Black considered to be a ludicrous remedy. Its use here indicates that the profession saw the *Sarracenia* as firmly placed within the realm of fantasy remedies. There was no question regarding its efficacy. Having been placed in conflict with vaccination its eventual decline was inevitable.

Logie had attempted to frame the *Sarracenia* as supplemental to vaccination, perhaps only as a curative for pitting caused by the disease, to gain professional approval for its use, he had also presented his account to the public so that it might be utilised more broadly. Although, the remedy was disappearing from professional consideration it continued to receive popular attention.²⁸³ The growing middle and working classes in

²⁷⁸ Various, *American Medical Times: Being a Weekly Series of the New York Journal of Medicine*, vol. 8 (New York: Bailliere Brothers, 1864), 27.

²⁷⁹ Anon, “An Infallible Remedy,” *British Medical Journal* 1, no. 162 (June 2, 1864), 159.

²⁸⁰ Campbell Black, “Antiseptic Surgery,” *The Lancet* 94, no. 2043 (September 18, 1869), 421.

²⁸¹ *Ibid*, 421.

²⁸² John P. Jackson and Nadine M. Weidman, *Race, Racism, and Science: Social Impact and Interaction* (New Brunswick: Rutgers University Press, 2006), 90; Lubbock promoted the idea that savagery could be avoided through learning, he was a social Darwinist and considered Indigenous communities to be mired in savagery. In utilising Lubbock one would assume some mention of the origins of the curative might be attached to this view, however, they were not.

²⁸³ When discussing the public, or popular, I refer to a broad and fluctuating community of readers and listeners who accessed local newsheets, a community that cannot be pinned down but

Britain in the nineteenth century fuelled the anti-vaccination movement. Vaccination was the epitome of invasive and dangerous medical intervention that reflected attitudes toward establishment practitioners who were painted as providers of “violent and painful therapies, and speculative theories”.²⁸⁴ The *Sarracenia* was botanical and was presented by newspapers as an alternative to vaccination, as a curative, that was not mandatory or invasive. A clear indication of newspapers publishers’ interest in appealing to the anti-vaccination communities appears when Marson made his assessment of the *Sarracenia*. No paper printed his account, or any indication that a final orthodox medical position had been taken on the matter. Marson presented his findings in July 1863, but from May of that year newspapers across the country had been printing versions of Logie’s article on the *Sarracenia*. Two of the earliest reprints of Logie’s letter, on the 30th May, did not stray from the version presented within *The Times*.²⁸⁵ One, however, in *The Liverpool Mercury*, was the first to exclude the first quarter of his account, removing the section in which he discussed the importance of vaccination. This appeared on the 28th May.²⁸⁶

Of course, reductions in the length of Logie’s letter in newspapers is to be expected, space restrictions necessitating either brief synopses of news or reduced accounts. What is significant is the choices made in what was removed from the Logie letter and what remained. It was this latter form that was repeated, or even further reduced versions, in all other reprints of the letter, with papers giving prominence to Logie’s support of the remedy alone with no reference to his continued support of vaccination.²⁸⁷ This removed the nuance of the piece that may have placed the remedy’s curative powers more in line with the prevention of pitting in smallpox rather than in curing the disease altogether.

represent an expanding and aspirational middle class and a growing working class who generally occupied Britain’s cities where contagious diseases were a particularly pressing concern. In addition, tracking readerships is always a complex task and beyond the scope of this study, suffice to say that the local newspapers that published accounts of the *Sarracenia* were cheaper and more broadly available than the periodicals that were primarily London based. While the *Lancet* and *BMJ* were primarily aimed at the professional medical establishment of Britain the papers that discussed the *Sarracenia* ranged from Norwich to Essex, Liverpool to Edinburgh while also appearing in cheap papers in London.

²⁸⁴ Weatherall, “Making Medicine Scientific.”, 181.

²⁸⁵ Logie, “Another Remedy”, 3; Logie, “A Remedy for Smallpox”, 363

²⁸⁶ The Surgeon Major of the Royal Horse Guards (Blue), “A Remedy”, 5.

²⁸⁷ Anon, “Remedy for Smallpox”, 3; Anon, “Remedy for Smallpox”, 7; Logie, “A Remedy for the Smallpox”, 3; Anon, “Miscellaneous”, 5; Logie, “A Remedy for the Smallpox”, 4; Anon, “The Smallpox”, 1; Anon, “Smallpox”, 4.

Logie's account was translated in both professional and public places for conflicting ends. The nuance of his initial letter was side-lined for the purposes of suppression and promotion of the *Sarracenia* as it was placed by both communities in opposition to vaccination. More than this the focus on questions of vaccination and where medical orthodox practitioners should publish demonstrates underlying and engrained nature of appropriative practices. Miles had become the discoverer of a new curative, the Mi'kmaq origins, its use as a general preventative, Sally Paul and her preparation of the plant, which Miles had used to place himself in this position to begin with, were stripped from the narrative. Miles, as the translator of Mi'kmaq knowledge, had become the knowledge producer. Instead of specific references to the Mi'kmaq that had been used within Miles account to legitimise the remedy in line with nineteenth century professional orthodoxy, Logie's only referenced the plant being used by the 'Indians.' The Mi'kmaq became a homogenised 'Indian' source of medical flora, not knowledge, appearing as they had done in the account of the plant sent by Sarrazin in the eighteenth century.

Captain Campbell Hardy:

Closer to the point of appropriation

In contrast to both Logie and Miles, Captain Campbell Hardy brings us closer to the complexities of interactions at the point of appropriation. Hardy's translation of the *Sarracenia* was undertaken in different social and geographical circumstances to those under which Miles first reported the use of the plant and that Logie later wrote within. Hardy published on the *Sarracenia* in 1872, and this temporal distance from events affected his account. Miles had passed away at the time of Hardy's writing, as had Sally Paul, the remedy had been rejected by the medical profession in London, though Logie's account would later receive some popular attention in the United States. However, Hardy's previous geographic proximity to the Mi'kmaq and growing nostalgia with reference to Indigenous lifestyles in opposition to industrial modernity meant Hardy more self-consciously attempted to justify his position and role in the appropriation of Indigenous knowledge and flora through primarily economic means.

Captain Campbell Hardy was born in Norwich in 1831. He joined the Royal Artillery as an Ensign at the age of eighteen. He made Lieutenant in 1851 and was posted to Halifax in 1852 where, in 1863 he was promoted to Captain.²⁸⁸ He remained in the province for

²⁸⁸ Anon, "Royal Artillery," *The Morning Post*, no. 28062, (November 25, 1863), 19th Century British Library Newspapers, 3.

fifteen years, though he was later posted in Dover, Aldershot, Chatham, Gibraltar and Queenstown in New Zealand. Hardy was not only a military man, he was also one of the founders of the Nova Scotian Institute of Science, an artist, naturalist, topographical writer and gamesman.²⁸⁹ The Institute of Sciences aim was to create an “organised channel for contributions to the general stock of those...who are interested in the fascinating fields of knowledge embraced in the term ‘Natural Science’”.²⁹⁰ Hardy had demonstrated such an interest during his years in Nova Scotia. He was prolific in his publications on the flora and fauna of the province. He wrote works on the nocturnal life of animals, the caplin, conifers and beavers, among others.²⁹¹ His most prominent work was *Forest Life in Acadie* on the flora, fauna and natural environment of Nova Scotia written from his experiences within the Nova Scotian forests on hunting expeditions.

He did not publish on the *Sarracenia* in the 1860s. His only writing on the subject appeared when he was stationed in Gibraltar and wrote a brief account of his involvement with the plant and its ‘discovery’ in the *Teranaki Herald* and *Sydney Morning Herald* in 1872. Captain Hardy claimed to have heard of a resurgence in the popularity of the Mi’kmaq remedy for smallpox in Australia and New Zealand, prompting him to publish on its origins.²⁹² His distance from Britain at the time of writing affected his account. He was writing from his memory of events as he did not have his notes with him and inaccuracy is immediately evident as he dated events in 1864-5 rather than 1861.

In Miles’ account Hardy was an important locus of knowledge but not the initial promoter of the remedy. Miles wrote that Hardy had spent many years amongst the

²⁸⁹ Harry Piers, “Obituaries,” *Proceedings of the Nova Scotian Institute of Science* 15, no. 1 (1919), 20.

²⁹⁰ P.C Hill, “Inaugural Address,” *Transactions of the Nova-Scotian Institute of Natural Science* 1, no. 1 (1867), 2-3.

²⁹¹ Captain C. Hardy, “Nocturnal Life of Animals in the Forest,” *Proceedings of the Nova Scotian Institute of Science* 1, no.1, (1863): 11-19; Captain C. Hardy, “On Provincial Acclimatization,” *Proceedings of the Nova Scotian Institute of Science* 1, no.3, (1864): 15-30; Captain C. Hardy, “Nova Scotian Conifers Part I,” *Proceedings of the Nova Scotian Institute of Science* 1, no.4, (1866): 120-130; Captain C. Hardy, “On the Beaver in Nova Scotia,” *Proceedings of the Nova Scotian Institute of Science* 2, no.1, (1866): 17-25; Captain C. Hardy, “On the Caplin (*Mallotus Villosus*),” *Proceedings of the Nova Scotian Institute of Science* 1, no.2, (1863): 4-13; Captain C. Hardy, “The Voices of Reptilia in Spring,” in *Forest Life in Acadie: Sketches of Sport and Natural History in the Lower Provinces of the Canadian Dominion*, ed. Campbell Hardy, (Nova Scotia: Chapman & Hall, 1869); Captain C. Hardy, “The Gaspereau,” in *Forest Life in Acadie: Sketches of Sport and Natural History in the Lower Provinces of the Canadian Dominion*, ed. Campbell Hardy, (Nova Scotia: Chapman & Hall, 1869).

²⁹² Unfortunately, there is no evidence that this popularity surge had, in fact, occurred. There do not appear to have been any other articles on the matter in either paper and no other indication that there was an interest in the curative at this time and in these locations could be found. Whether or not there had been such a resurgence in popularity and how this affects the reading of Hardy’s account will be discussed further below.

Mi'kmaq and that his knowledge of their use of *Sarracenia* in smallpox should therefore be trusted. This claim was somewhat exaggerated. In 1861, Hardy had been stationed in Halifax for nine years and was on active duty during this period. He would therefore have only 'lived' amongst the First Nations community while on hunting expeditions. This exaggeration was a necessity, however, to act as a reliable informant on Mi'kmaq knowledge Hardy had to be presented as ensconced within the community. Like Sarrazin before him, Hardy was able to cross into the volatile site of exotic secrets, the Mi'kmaq encampments, and return with knowledge of their remedies, he was not fully part of either the Mi'kmaq community or the places of orthodox medicine in the military or the metropolitan centre.²⁹³ Belonging in neither he could cross these boundaries and through his whiteness, and his interaction with the Mi'kmaq, lend legitimacy to the cure for Europeans.²⁹⁴

Miles made it clear that it was he, not Hardy, who had been primarily responsible for discovering the remedy. As discussed above, the work undertaken was significant. Miles wrote that it was he who had put in the labour with Sally Paul and finally unearthed the source of the remedy and re-framed it as his curative.²⁹⁵ However, in 1872 Hardy altered this sequence of events. Having heard discussion of Sally Paul and her smallpox remedy from "the lips of my Indian hunters over the camp fire in the backwoods", Hardy told his "brother officer" Miles about its use. Hardy took on the role of discoverer and indicated that he already had his suspicions about the remedy's origins. His friend and guide, the Mi'kmaw John Williams, indicated that Hardy would laugh if he knew how common it was, saying that he had found out about its origin when he had come across Sally Paul and her daughter gathering roots together. From Williams' account Hardy indicated that he knew then that the plant was likely to be from the swamps. He was keen to show that obtaining the information was no easy task. With this small piece of evidence and having once tasted the remedy provided by Sally Paul, Hardy tasted all "roots, leaves, and stems of all plants growing in such situations" finally recognising the same taste in an infusion of the *Sarracenia*. At this stage, he sought Sally Paul to ascertain whether there was any other ingredient. Convincing her to talk "was rather a difficult matter". However, it was Hardy

²⁹³ Parrish, *American Curiosity*, 217.

²⁹⁴ Vogel, *American Indian Medicine*, 240; M. Annette Jaimes, *The State of Native America: Genocide, Colonization, and Resistance* (Boston: South End Press, 1992), 415.

²⁹⁵ Anon, "Sarracenia Purpurea, a New Remedy for the Smallpox," *The Essex Standard and General Advertiser for the Eastern Counties*, (November 29, 1861), 19th Century British Library Newspapers, 1; Miles, "The Discovery of the Sarracenia Purpurea", 665.

who provided the information, Sally Paul only confirmed his conjecture, “I told her I would guess it; “you’re right”, was the reply”.²⁹⁶ In Hardy’s account Miles appeared only as his brother officer who published on the topic of the *Sarracenia* for the medical community. He was not involved in the work of obtaining the information through investigation and discussion amongst the Mi’kmaq.

It is impossible to know which account of events is accurate. By the time Hardy published on the *Sarracenia* Miles had been dead for nearly a year and was therefore unable to protest Hardy’s story. Hardy didn’t object publicly to his portrayal in Miles original publications in 1861 and 1862, so we could assume that these were the more accurate. However, Miles did not necessarily misrepresent Hardy in his narrative. Instead, his suppression of Hardy’s significant role fits well within the bounds of appropriate practices wherein collectors and assistants were little credited. I would surmise that Hardy’s connection to the Mi’kmaq was likely more significant than Miles’, as will become apparent when considering the former’s narrative. However, there cannot be certainty on this point, and in either case the truth is less important than the portrayals of the Mi’kmaq and the *Sarracenia* that can be drawn out of Miles and Hardy’s accounts.

Unlike Miles, Hardy published his account in local papers in Australia and New Zealand. Following Logie’s example, the curative having been officially rejected by the medical community, Hardy instead appealed to the public. More specifically he wrote for a public that had purportedly demonstrated a renewed interest in the *Sarracenia*. Perhaps a combination of distance and time meant word of the *Sarracenia* only reached Australia and New Zealand ten years after Miles had first written of it. Indeed, if interest was renewed it is possible that, as with Tennessee ten years after Hardy’s publications, Logie’s account, rather than Miles’ or Marson’s, had reached the shores of Australia prompting interest in the *Sarracenia* as a curative.²⁹⁷ Unfortunately, with no evidence of further discussion on the topic in New Zealand and Australia, we cannot know for certain what prompted Hardy to publish here. What we can ascertain, however, is that in choosing a public forum rather than a medical one Hardy recognised that the matter had been closed for the medical profession in Britain, as he indicated, “the generality of reports, however, from other medical men which soon afterwards appeared in medical papers were decidedly unfavourable, and pronounced it quite worthless.”²⁹⁸ Public opinion was another matter,

²⁹⁶ Hardy, “Indian Remedy for Smallpox”, 4.

²⁹⁷ Anon, “Smallpox”, 4.

²⁹⁸ Hardy, “Indian Remedy for Smallpox.”, 4.

and in presenting the *Sarracenia* as a curative in these newspapers he may have hoped to further reignite interest in an area more favourable to the use of such an apparently significant remedy.²⁹⁹

Recognising, as he appeared to, that the medical community would not be renewing their interest in the plant, Hardy's purpose in publishing his account were quite different from those pursued by either Miles or Logie. We can draw out some matters of importance to Hardy from his own background and the text itself. Miles barely mentioned the plants' morphology or its ability to grow in other habitats, however Hardy, demonstrating his personal botanical and horticultural interests that were made apparent in his involvement in the Nova Scotia Institute of Science and later publications, gave some space to these tangential discussions. At the end of his account of the discovery of the *Sarracenia* he noted, "The *Sarracenia purpurea* is an exceedingly ornamental plant, flowering in June, very readily transplanted, with a good-sized clump of soil (decayed sphagnum) round its roots."³⁰⁰

Additionally, Hardy's image of Paul and her community was nostalgic. He wrote of campfires in the backwoods with his Indian hunters, and of traveling over rivers and through woodland to get to Sally Paul and receive her remedy.³⁰¹ The nostalgia in his *Sarracenia* account is reflected in his other works where he described the forests of Nova Scotia in their enigmatic beauty, "to read its [the natural environment of Nova Scotia's] mysterious rites, we must plunge into its depths".³⁰² Like his guide Joe Cope who he describes as "one of the last examples of a thorough Indian" the Mi'kmaq and the environment of Nova Scotia were intractably linked and both appeared as frozen images in time and space in Hardy's portrayals, beautiful, mysterious, declining and nostalgic. As the literary commentator David Murray has indicated the Mi'kmaq were unconsciously contained by Hardy in this manner, "within white society, made immortal by being translated, frozen, into an emotionally satisfying and non-threatening pose".³⁰³

Hardy's account speaks to a more pronounced European curiosity in nineteenth century than it had been in the seventeenth and eighteenth. The apparent decline in Indigenous populations fed into the belief in a need to salvage both the knowledge and

²⁹⁹ Hardy only ever regarded the *Sarracenia* as a curative.

³⁰⁰ Hardy, "Indian Remedy for Smallpox.", 4.

³⁰¹ Ibid, 4.

³⁰² Captain C. Hardy, *Forest Life in Acadie: Sketches of Sport and Natural History in the lower provinces of the Canadian dominion*. (London: Chapman & Hall, 1869), 25.

³⁰³ Murray, *Forked Tongues*, 38.

practices of Indigenous peoples. Furthermore, Indigenous decline fed into nostalgic conceptions of Indigenous communities, seen in opposition to the modern world. For some Europeans this developed a desire to escape the industrialised spaces of Britain for the apparently static natural world of the Indian, that was tragically, and quickly, disappearing. Walter McIntock's book published in 1923 titled *Old Indian Trails* provides insight into this co-created conception of decline, and an enticing, nostalgic opposition to modernity. He wrote:

I wanted to shake off the shackles of social convention, to leave the worry and stress of the modern city, where business and the making of money are the chief end of man.³⁰⁴

He described the lives of the Blackfeet community in Montana, but noted that they had now become civilised, having interacted with the modern world, and glimpsing this "stone age" past was no longer possible.³⁰⁵ Escaping the modern world, nostalgia and decline fed into a view of Indigenous communities and lives as fascinating and curious, something to be witnessed and experienced before they disappeared. Commentators, like Hardy, painted 'true' Indians, being those uncorrupted by the modern world as living lives that were simple, and in some ways better than European modernity. Hardy's interest in Indigenous knowledge, medicines and lifestyles appears genuine in this context.

This developing conception of indigeneity fed into older forms of appropriation. Hardy entrenched Sally Paul and her community within the natural environment so that they were practically tripping over the *Sarracenia*. The swamps were, "carpeted with a dense growth of sphagnum moss, with iris, cotton grass, Indian cups [*Sarracenia purpurea*]..." the prevalence of the plant was also raised by Hardy's guide Williams, "you'd laugh if you knew what common thing that is."³⁰⁶ Placing Sally within an environment filled with the remedy suggests an osmosis of knowledge, she and the plant were connected, we get no sense of her personal work in discovery. She simply knew the remedy as she was part of the environment, as Parrish has described it Sally Paul was a, "knowing object".³⁰⁷ This fed into more entrenched frameworks of appropriation.

³⁰⁴ Walter McIntock, *Old Indian Trails*, (New York: Houghton Mifflin Company, 1923), 3.

³⁰⁵ *Ibid*, viii, 19.

³⁰⁶ Hardy, "Indian Remedy for Smallpox.", 4.

³⁰⁷ Parrish, *American Curiosity*, 229.

Promoting Indigenous origins was, particularly, part of a pattern pursued by those within alternative medical practice.³⁰⁸ The perceived health and homogeneity of the Indigenous communities of North America were vaunted within these works as intrinsically linked to the natural environment, gaining curatives with ease. The image of the 'Indian', in these accounts was a romanticised and simplified one, stripped of meaning and context. This was a popular image of Indigenous peoples, as too was the concept of secret knowledge, discussed above. Hardy utilised this popular conception of the importance of secret cures and of Indigenous knowledge and his own nostalgic curiosity. He indicated the difficulty of convincing Sally Paul to divulge details of the plant, and that she only did so after much encouragement from her daughter, a payment of ten dollars and assurance that "in case of success in England, she would be rewarded".³⁰⁹

However, the narratives built around appropriation from Indigenous communities were so imbedded within nineteenth century consciousness that it is what Hardy added to this that provides the most insight. Though Sally Paul had passed away by 1872, Hardy remarked that, "surely something might be done for the old squaw's family (who might have retained the secret yet to their own advantage)" and that some recognition should be

³⁰⁸ Ibid, 229.; John M Scudder, *Specific Medication and Specific Medicines* (Cincinnati: Wiltach, Baldwin & Co Printers, 1870), 209-10; on the *Sarracenia* the plant given by the Mi'kmaq to Lane; John Goodale Briante, *The Old Root and Herb Doctor* (New Haven: Granite Book Company, 1870), III, 11-2, 20, 25, 33, 91-5; Briante's references to 'Indian' medicine credits Indigenous communities with knowledge of specific herbs and medicines; Robert D. Foster, *The North American Indian Doctor: Or Natures Method of Curing and Preventing Disease according to the Indians; Containing a Catechism of Anatomy and Physiology of between Five and Six Hundred Questions, with Their Correct Answers, Selected from the Best Authors in the World, for New Beginners, or Those Who Wish to Study the Science of Anatomy. Also, a Treatise on Midwifery, with the Treatment Necessary during Pregnancy; Also, a Materia Medica of Indian Remedies, or Vegetable Compounds, in the Form of Recipes for More than Two Hundred and Fifty Diseases, with a Description of Such Plants as Are Not Common* (Canton, Ohio: Smith & Bevin, 1838), 91; Foster only refers to one of his remedies directly as 'Indian' the remainder are judged by his 'own experience' or from ancient figures, primarily Pliny. However, his work being named 'The North American Indian Doctor' utilises a veneer of indigeneity to lend authority to his work as a whole. Foster intentionally framed his work as 'Indian' to highlight the herbal rather than chemical nature of his practice; J.W Cooper, *The Experienced Botanist or Indian Physician, being a new System of Practice, Founded on Botany; Containing: 1.A Description of Medical Plants.2. A Treaties on Causes, Symptoms and Cure of Diseases Incident to the Human Frame; with a safe and sovereign mode of treatment. For the use of families and practitioners.* (Lancaster: John Bear; William Reese Company, 1840), v; Cooper referred his own practice as founded on the principles of Indigenous skill, their success in healing demonstrating that medicine should not be for the rich only and not conducted only by 'professionals'. The complexities of Cooper, Briante, Scudder, and Millsbaugh's accounts (authority and differentiation between professional and quack practices, American self-sufficiency in the centre/periphery frame, and issues surrounding plastic medicine men to name but a few of the complexities within these works) are, in general, beyond the scope of my thesis. For more on these questions see: Robinson, "New Worlds, New Medicines"; Peter L Twohig, "The 'Celebrated Indian Herb Doctor' Francis Tumblety in St John, 1860," *Acadiensis* 39, no. 2 (2010): 70-88; Weaver, *The Red Atlantic*

³⁰⁹ Hardy, "Indian Remedy for Smallpox.", 4.

secured for her “sacrifice of self-interest”.³¹⁰ This points toward a more nuanced understanding, by Hardy, of Paul’s ownership of knowledge that links to concepts of nostalgic curiosity and female indigeneity, in his reference to her as an “old squaw” ..

Furthermore, Hardy, unlike Logie and seemingly Miles, had been in direct contact with Sally Paul and her community, and had developed relationships with certain individuals. John Williams, one of Hardy’s guides, had been so fond of Hardy that his wife had produced “a cross of birch-bark and porcupine quill work” that was sent from Nova Scotia to be placed on the Captain’s tomb in Dover, Williams himself having died before Hardy.³¹¹ This personal contact, though laced with white and Indigenous power dynamics, may allow insight into the complexities of interaction at the point of appropriation that are not present within Miles or Logie’s accounts.³¹²

Hardy’s narrative may, therefore fit better within earlier accounts that saw paying for Indigenous knowledge as a means of self-consciously justifying appropriation of both knowledge and the connected flora. Payments given to Indigenous communities for their flora and knowledge acted as a means of transferring ownership.³¹³ For collectors of medicinal knowledge, directly communicating with Indigenous communities, there appeared to be an awareness of Indigenous ownership of knowledge but that it could be gained at a cost. For example, John Tennent paid the Seneca for information on the use of Seneca snakeroot, while some unspecified Indigenous individuals would, “allow themselves to be bitten by a rattlesnake” and cure themselves with everlasting to demonstrate its effects, but only for a fee, and Sir William Johnson purchased information on the blue lobelias use in syphilis.³¹⁴ With Hardy, these interactions were brought to the fore ten years after the *Sarracenia* was first introduced, in different terms, by Miles. This also suggests that stripping knowledge was not a permanent or static process.

Hardy’s presentation of the *Sarracenia* was different from either Miles and Logie’s. His personal interests in botany and his presentation of his own involvement in the plant’s discovery were key in his account. He recognised that the medical profession in Britain would not take up the cause of the *Sarracenia*, and with Miles’ death he no longer had an ally in that regard. Instead, he published his work in newspapers in a likely attempt to ignite

³¹⁰ Ibid, 4.

³¹¹ Piers, “Obituaries.”, xiii.

³¹² This will be returned to in chapter five.

³¹³ Murphy, “Translating the Vernacular.”, 36.

³¹⁴ Millspough, *American Medicinal Plants*, 45, 89, 98.

popular interest in the matter again. His presentation of the Mi'kmaq demonstrates both his aims at broader public interest in 'Indian' cures and secrets and his possible aim to gain compensation for Sally Paul's family, being consciously aware that such payment was needed to justify his appropriation of knowledge and flora. Though elements of his account fed into frameworks of appropriation that were entrenched within nineteenth century understandings of Indigenous knowledge, his recognition of Sally Paul in her discovery of the *Sarracenia* and her ownership of that knowledge displayed in the promotion of her family as beneficiaries perhaps points towards the more complex interactions that occurred at the point of appropriation that were stripped from Logie and Miles' accounts. Hardy's temporal and geographical distance from the site of appropriation and the re-introduction and added details of the Indigenous source of the curative also highlights that the act of stripping *materia medica* was not a static or permanent process.

Conclusions

Miles presented the *Sarracenia* within developing medical discourses of experimentation and professionalisation and more entrenched conceptions of the public good and nature's bounty that allowed Indigenous flora to travel to orthodox medical sites in Britain along with specific details on the plant's community, a Mi'kmaw woman's role, its preparation and its use. Miles recognised Sally Paul as a figure of authority through her intrinsic and secretive natural knowledge and her gender. He also included details of the remedy's preparation and use within Mi'kmaq medical practice as a means of separating it from irregular practice and promoting his own role as a discoverer. He utilised the authority that Sally Paul, her community and her medical practice provided, to promote the curative and to reframe it as his own discovery. By conducting the work of obtaining this knowledge, translating it into a curative and communicating it to the medical establishment in Britain, Miles became the discoverer of this new knowledge. Miles' account highlights both continuity in conceptions of Indigenous medical knowledge and flora while simultaneously highlighting the contextual significances of the mid-nineteenth century that allowed for the remedy, as well as details of its preparation and use, to travel into spaces of British orthodox medicine.

Logie's account demonstrates the success of Miles translation efforts. In Logie's reference to the 'Indianness' of the remedy we see the continuation of recognised authority of a homogenous and undefined Indigenous community. In Logie's account we also see the remedy in its most stripped form. Yet, Schiebinger and Murphy have indicated

that Indigenous knowledge in medicine was generally rejected during the nineteenth century due to the rise of scientific racism. However, rejection of the remedy by the medical elite in Britain was instead connected to concerns over vaccination and professional spaces of fertile debate.

Finally, Hardy's account, though produced nearly ten years after Logie and Miles' original writings on the subject, brought the Mi'kmaq back into the narrative, demonstrating that the stripping of *materia medica* was not a static process. While displaying entrenched conceptions of indigeneity, Hardy made a clear attempt to promote Sally Paul's family's right to compensation for the curative, recognising her ownership of the knowledge in a more nuanced manner than either of his contemporaries. Hardy's personal contact with Sally Paul and her community and his presentation of events in his account of the *Sarracenia* point toward the complexities of interaction at the point of knowledge appropriation that led to a conscious effort to justify the act of removal through payment. These accounts were not only framed by these local contexts and continuity of conceptions of indigeneity, they were also framed by the physical availability of the plant in Britain and the relationships of Hardy and Miles with Haligonian actors. The next chapter will consider how the physical plant moved between Halifax and Britain and how Miles and Hardy interacted with the spaces of the city that allowed for the framing of the *Sarracenia* that has been outlined in this chapter.

CHAPTER THREE

Between Nova Scotia and Britain

Introduction

This chapter will consider the movement of knowledge of the *Sarracenia* remedy as well as the physical movement of the plant between Halifax and Britain in the mid-nineteenth century to highlight how and why it was able to travel as it did to Britain considering the negative narrative that had developed amongst the Haligonian medical community. It will highlight how Haligonian medical elites interacted with British medical elites, how British Artillery officers interacted with Haligonian communities and how personalities affected what information passed between the spaces of Halifax and London. In March 1861 John Thomas ‘Paddy’ Lane, an ex-customs official who had been selling a patent medicine called the Indian Liniment from his practice on Gottingen Street, Halifax, petitioned the Halifax legislature requesting that a Mi’kmaw woman, Sally Paul, be allowed to test her smallpox curative, called the Indian Remedy, at the city hospital and obtain a patent on her behalf.³¹⁵ This petition was ignored.³¹⁶ However, by the end of April Lane had gained the support of the resident physician of the Halifax Visiting Dispensary, Dr Frederick William Morris who promoted the cure.³¹⁷ They both continued to promote the Remedy in the city leading to the Medical Society’s official finding that the Remedy was ineffectual in May and their expulsion of Dr Morris on the 3rd June 1861.³¹⁸ A month later, Morris having refused to renounce his support of the Remedy and following resignations of Visiting Dispensary governors from their positions, an inquest was held into the death of a Mi’kmaw child Mary Anne Cope who had apparently died after having taken the Indian Remedy.³¹⁹ How and why events unfolded as they did in Halifax will be the subject of the

³¹⁵ Anon, “City Council,” *Morning Chronicle and Commercial Advertiser* 8, no.35, (March 27, 1861), microfilm reel 7,028, Public Archives Nova Scotia, 2; Anon, “Legislative Council,” *Halifax Morning Sun* 18, no.42, (April 10, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 2; it seems that the question of preventative/curative was not addressed by Lane or Morris during the process of selling the remedy. However, during the Inquest into the death of Mary Anne Cope, Margaret Noel would note that Indigenous peoples used the plant as a preventative, explaining why it did not work in her daughters’ case. This will be addressed in the following chapter.

³¹⁶ Legislative Council, “Journal of the Proceedings of Her Majesty’s Legislative Council of the Province of Nova Scotia” (Journal, 1861), microfilm reel 3,622, Public Archives Nova Scotia, 59.

³¹⁷ Frederick William Morris, “Correspondence,” *The Novascotian* 21, no.27, (July 8, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 6.

³¹⁸ Various, “Minutes of Halifax Medical Society 1853-61 and Nova Scotia Medical Society 1861-68” (1868), Public Archives Nova Scotia, 35-5, 49.

³¹⁹ Anon, “Inquest into the Body of Mary Ann Cope,” *The Novascotian* 21, no.29, (July 22, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 2-3; Anon, “Inquest on the Body of Mary Ann

following chapter. It is important to note at this stage that within Halifax the majority of the Medical Society were strict in their opposition to the Remedy.

This chapter argues that the places of the British Royal Artillery in the Atlantic world did not intersect with the spaces of elite medicine in Halifax, and because of this the latter's assessment of the Indian Remedy did not travel to Britain in 1861.³²⁰ As Steven Shapin has pointed out, a central problem for knowledge as contingent on locality is how it can move between different localities and retain meaning.³²¹ This chapter will discuss what wasn't travelling and why. I argue there was a lack of communication across perceived social and professional boundaries about the curative in the city of Halifax, Nova Scotia. This combined with the personal interests of the British Artillery Captain, Hardy, and surgeon, Herbert Miles, led to these men obtaining information on the *Sarracenia purpurea* that did not include the negative assessment of the Indian Remedy from the Haligonian Medical Community. Without the weight of a poor reputation, the *Sarracenia purpurea* was able to be appropriated and translated by Miles and Hardy and sent to London.

Once the *Sarracenia purpurea* had been taken to London, serious debate surrounding its efficacy within medical and public spheres, as discussed in the preceding chapter, was further enabled by the British medical communities' perception of Haligonian practitioners as peripheral collectors of information rather than central producers of knowledge. While historians such as Navad Davidovitch and Rakefet Zalashik have asserted that we must move beyond conceptions of the centre and periphery when discussing the movement of knowledge, I argue that during the nineteenth century the medical establishment in Britain considered their colonial colleagues peripheral to the creation of

Cope," *The Morning Chronicle* 18, no.87, (July 18, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2; Anon, "Inquest on the Body of Mary Ann Cope," *The Morning Chronicle* 18, no. 88, (July 20, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2.; Various, "Minutes of Halifax Medical Society", 55.

³²⁰ During the Haligonian chapters I refer to the Indian Remedy, rather than the *Sarracenia Purpurea*, it was not until the 3rd June 1862 when the Halifax Medical Society first called the curative by its European botanical name; Various, "Minutes of Halifax Medical Society.", 85; until this point the remedy was simply called the Indian remedy. Miles believed that the remedy sold by Lane and Morris was the *Sarracenia purpurea* but that they had not known this until his own investigations were conducted, Lane and Morris, according to Miles, had been selling the remedy as a panacea, Miles, "The Discovery of the *Sarracenia Purpurea*", 665; there does not seem to have been any question over the contents of the Lane and Morris 'Indian Remedy' even from their most vicious critic on the matter. Therefore, though I refer to the *Sarracenia* as the Indian Remedy in Halifax prior to the 3rd June 1862 this is to highlight the different approach that Lane and Morris had to the curative, as well as acting as an indicator for the lack of intersected places that prohibited knowledge traveling, rather than an indication that the curatives were different.

³²¹ Steven Shapin, "Here and Everywhere: Sociology of Scientific Knowledge," *Annual Review of Sociology* 21, (1995): 290.

knowledge and consequently marginalised them.³²² As has been demonstrated in the preceding chapter contributions could be made to the spaces of debate, journals and society discussions, but the efficacy of proposals could only be decided by a select few who sat at the heart of institutions in Britain.³²³ The medical establishment in Halifax, having made their own decisions upon the utility of the Indian Remedy, attempted to dictate the matter to the London establishment via *The Lancet*. Their efforts failed, confirming their community's status as peripheral to the creation of knowledge in the eyes of the British establishment.

Furthermore, this chapter will highlight the importance of distance and the practical removal and transportation of flora from one location to another. The work of translating the *Sarracenia*, as discussed in the preceding chapter, would have been of little significance if the plant itself was not made available to the public or profession. Indeed, the difficulties in transportation between Halifax and Britain led to declining interest in the plant in medicine. This practical movement from Halifax to Britain had potentially more impact on the eventual forgetting of the plant in Britain. Furthermore, bringing the discussion full circle, it will be demonstrated that the lack of shared places of communities, both in Halifax and Britain, caused loss of certain forms of knowledge. In Halifax, lack of shared spaces between the British Artillery posted in Halifax and the Haligonian medical elites meant the negative accounts of the latter did not reach the former. In Britain, lack of shared spaces between those interested in horticulture and those interested in medicine meant that the simple provision of the root of *Sarracenia* was blocked where it might have been facilitated. In essence, this chapter discusses the chain of knowledge between Halifax and Britain, and where it was broken.³²⁴ It engages with the shared spaces of knowledge creation between the two locales, both conceptually and physically, considering the connections, and lack thereof, between the Haligonian and British medical elites, horticultural collectors and sellers and the British Artillery.

³²² Nadav Davidovitch and Rakefet Zalashik, "Medical Borders: Historical, Political, and Cultural Analyses," *Science in Context* 19, no. 3 (September 2006): 311.

³²³ Chapters one and two.

³²⁴ Londa Schiebinger, "Agnotology and Exotic Abortifacients: The Cultural Production of Ignorance in the Eighteenth-Century Atlantic World," *Proceedings of the American Philosophical Society* 149, no. 3 (2005): 334-338.

Out of the Loop:

The Royal Artillery in Halifax

As demonstrated in the preceding chapter, Miles translated the *Sarracenia* effectively utilising Indigenous medical authority alongside experimental discourses, opposition to patent practice and the ideologies of public and professional good, and an apparent new use for the plant, to place himself as a discoverer of new medical knowledge. Hardy's account demonstrated the complexities of interaction at the point of appropriation while Logie's demonstrated the significance of vaccination over indigeneity as the cause for elite rejection of the remedy in Britain. Logie's commentary on the remedy was undertaken in Britain, he had not acted as a collector, nor had he travelled to Halifax. Miles and Hardy, however, had both resided in the city. They were both officers in the Royal Artillery stationed in Halifax. The location of the Barracks, connected to imperial communication lines and separated from the heart of the city, reflected the position of both Hardy and Miles in relation to Haligonian life during 1861. Below I will demonstrate that both Artillery men lacked significant connections with the local medical establishment, partly caused by the physical separation of military and civil life. The Haligonian medical elite, who considered themselves the arbiters of medical knowledge in the province, had an entirely different narrative of the Indian Remedy, one that was specifically ignored or unknown to Hardy and Miles. I argue that this lack of connection was propagated by personalities and individual interests of those connected to the military encampment and to the narrative of the Indian Remedy in Halifax.

In 1861 with the outbreak of the American Civil War, Britain became concerned with the security of Canada and the Maritime Provinces. Concern grew in the winter of 1861 when two Confederate diplomats were seized by a Union ship from a British Mail packet, the H.M.S. Trent.³²⁵ This led to the re-enforcement of Canada. Halifax, as the gateway to Canada via the St Lawrence, was key in keeping communication lines between Canada and Britain open. Halifax had always served this purpose and, in the past, had been

³²⁵ Kenneth Bourne, "British Preparations for War with the North, 1861-1862," *The English Historical Review* 76, no. 301 (1961): 600-632; Greg Marquis, "The Ports of Halifax and St John and the American Civil War," *The Northern Mariner/ Le Marin Du Nord* 8, no. 1 (January 1998), 2; Two confederate diplomats were taken from *The HMS Trent*, a British mail packet by the Union ship *USS Jacinto*, the affair escalated tensions between the British and the Union, leading to a fortification of the Atlantic and Canada. The matter was resolved when the Union released the diplomats.

dominated by the military, artillery and naval outposts of the city.³²⁶ However, despite the increased military and artillery presence in 1861, the city had developed a stable, though reasonably small, population that relied less upon its strategic significance and more upon trade.³²⁷ The war bolstered this trend with increased demand from the Union states. The city also became a significant repair and refuelling post for the blockade runners.³²⁸ As the economic and social significance of the navy, artillery and military reduced, the artillery was physically moved away from the centre of the city. The Citadel Barracks burned down in 1850 and the new Wellington Barracks was constructed at the north end of Halifax. The new barracks were placed in proximity to the vital lines of imperial communication, the dockyard and the intercolonial railyard (Figure 8).³²⁹ Removal from the heart of the city physically separated artillery personnel from the everyday lives of Haligonians while simultaneously solidifying their links with Britain and the empire, through the rail lines and dockyard.

³²⁶ Thomas Akins, *History of Halifax City (1809- 1891)* (Halifax, Nova Scotia: Nova Scotia Historical Society, 1895), 53.

³²⁷ Nova Scotia. Census Office, *Census of Nova Scotia*, 8-11; The population increase seemed mainly to stem from immigration to the province, increasing at almost twice the rate of the population back in Britain.

³²⁸ Marquis, "The Ports of Halifax and St John.", 5; The former of these was far more significant, though the city supported, or at least did not report on the runners.

³²⁹ Susan Buggiey, "Building Halifax 1841-1871," *Acadiensis* 10, no. 1 (1980): 96.

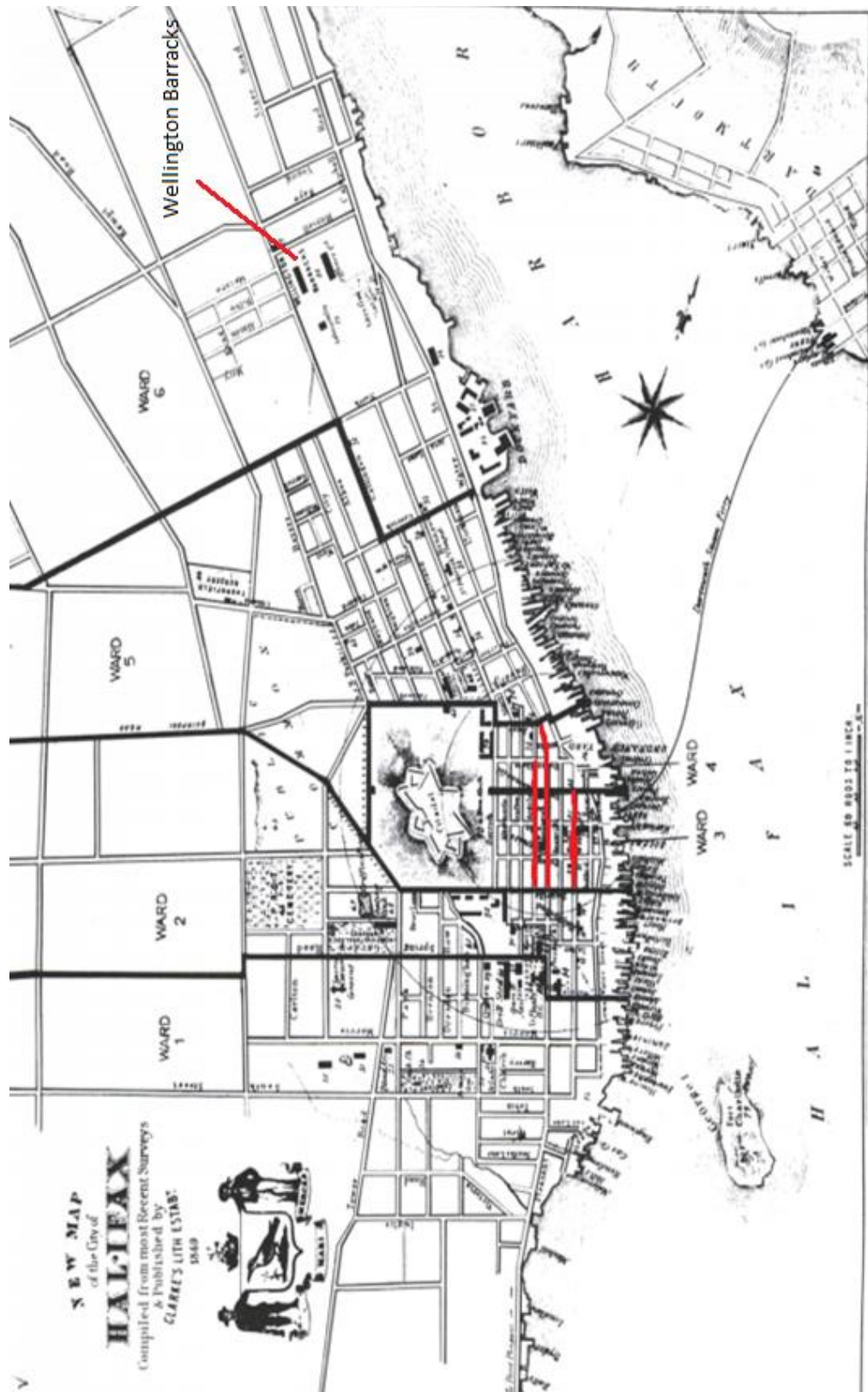


Figure 8- New Map of the City of Halifax compiled from most recent surveys & published by Clarke's Lith. Estabt. 1869 (Library and Archives Canada/Maps, Plans and Charts/n0000457); Wellington Barracks in marked on the north end the citadel is the elongated start near the centre of the map

Captain Hardy's ability to write on the topic of the *Sarracenia* in the *Terenaki Herald* and the *Sydney Morning Herald* while stationed in Gibraltar, having heard of a resurgence of its popularity in New Zealand and Australia, demonstrates the speed of communication between imperial artillery posts. These lines of communication were well worn, with personnel and arms travelling along them with regularity and speed. The shrinking of distance for the artillery facilitated Hardy's international publications. Comparatively, communication lines between the artillery and local Medical Society in Halifax, between the Haligonian medical establishment, and the medical establishment in Britain was far more halting, indirect and often non-existent.

The effect of the physical separation of the artillery from the civil life of Halifax is highlighted by Dr Daniel McNeil Parker, a key figure in the Haligonian medical establishment and a central figure in the rejection of the Indian Remedy. McNeill Parker claimed to have many close connections within the ranks, however, none of these acquaintances were named in his memoirs.³³⁰ Indeed, during the dispute arising over the Indian Remedy and his apparent associations with the artillery in 1861, McNeill Parker never met Miles. Of this we can be sure as McNeill Parker noted his first meeting with the Doctor in passing when he visited Quebec in 1862 (where Miles was then stationed), "I have also met Dr Miles of the Artillery, and yesterday paid a very pleasant visit to my old patients..."³³¹ Miles was in medical charge of the batteries during his time in Halifax, if Parker had connections within the artillery it would seem likely that one of these would have been Miles, considering their shared profession and Miles' seniority. The fact that Parker was unacquainted with Miles points towards a general disconnect between the medical elite of the city and the medical men of the Wellington barracks.

In addition, both Miles and Hardy had discovered that the content of the Indian Remedy, as it was known in Halifax, was an infusion of the *Sarracenia purpurea* plant from their contacts amongst the Mi'kmaq. They referred to it as the *Sarracenia purpurea*, rather than the Indian Remedy, in publications during 1861. However, it was not until the 3rd June 1862 that the Halifax Medical Society officially referred to the Indian Remedy as the *Sarracenia purpurea* having read about it in an article published by Dr Frederick Morris in The New York Medical Times.³³² The medical establishment in Halifax and London were not

³³⁰ William Frederick Parker, *Daniel McNeill Parker, M.D: his ancestry and a memoir of his life; Daniel McNeill and his descendants* (Toronto: William Briggs, 1910), 114.

³³¹ *Ibid*, 209.

³³² Various, "Minutes of Halifax Medical Society.", 85.

in direct communication with each other, but rather received news through intermediaries, being either the artillery or medical journals. Significantly these were not two-way communications. The artillery sent news to London but had few connections within the Haligonian medical community. The Haligonian medical community read British journals but rarely contributed to them; they could look into the places of British medical knowledge but did not have any significant access to them.

The Halifax Medical Society members received copies of *The Lancet* allowing them to keep up to date with the latest medical arguments and experiments from the British establishment, however individual contributions to the London journals were non-existent during the mid-nineteenth century.³³³ *The Lancet* occasionally published references to Haligonian medicine, noting that the society hosted Dr Hayes on his return from the Arctic in 1861, that Dr Charles Tupper was made prime minister in 1865, and that the military hospital burnt down in 1866.³³⁴ There were also a few correspondences provided by a writer calling himself “a travelled physician” who appeared to know and liked Halifax, though he wrote his letters from London, and a military man named Miles (not Herbert Chalmers) who was not a doctor but had lived in Halifax for six years, who indicated that the city was, “well provided with skilled and attentive physicians”.³³⁵

The only other appearance of Haligonian medical writing in British journals appeared in connection to the case of the *Sarracenia*. Frederick William Morris’ narrative of the discovery of the Indian Remedy appeared twice in *The Lancet*. The first appeared as a brief notation in the Medical News section that simply stated that the *Sarracenia* was a native plant of Nova Scotia “described as a remedy for all the forms of smallpox by Dr F.W.

³³³ I searched the sciencedirect.com archive between 1860 and 1870 for individual members of the establishment that were involved in discussions of the *Sarracenia* or held positions of authority within the medical society during the period, no articles or correspondence were found for any journals. Searches included, Drs Forrest, Gilpin, Jennings, Almon, McNeill Parker, Tupper, Fraser, Cowie, Gossip, Hume, Cramer, Slayter, Weeks, Gunn, Cogswell, Avery, DeWolf, Grigor, Davies and Black, as well as the broader search terms, Halifax, Haligonian, Nova Scotia and Halifax, and Nova Scotia/Halifax Medical Society.

³³⁴ Anon, “Medical News.,” *The Lancet*, Originally published as Volume 2, Issue 2257, 88, no. 2257 (1866), 624–26; Anon, “Medical News.,” *The Lancet*, Originally published as Volume 2, Issue 2203, 86, no. 2203 (1865), 581–82; Anon, “Medical Annotations.,” *The Lancet*, Originally published as Volume 2, Issue 1993, 78, no. 1993 (1861), 453–55.

³³⁵ Anon, “On Nova Scotia in its sanitary aspect as a Military and Naval Station,” *The Lancet*, Originally published as Volume 1, Issue 2018, 79, no. 2018 (1862), 469–70; Anon, “To Correspondents.,” *The Lancet*, Originally published as Volume 1, Issue 1970, 77, no. 1970 (1861), 551; Anon, “To Correspondents.,” *The Lancet*, Originally published as Volume 1, Issue 2213, 87, no. 2213 (1866), 110–12.

Morris of Halifax.” Its actions were described as leaving little in the way of pitting and that it had been successfully tried in the hospitals of the province.³³⁶

This statement appeared on the 23rd August 1862, after Miles had presented his findings to the Epidemiological Society in November 1861, but before he wrote his follow up articles on the topic from October 1862 onwards. No accounts had appeared in *The Lancet* pertaining to the remedy since the December 1861 transcript of the Epidemiological Society meeting and the editor may not have been aware that the issue had already been raised. The medical news item did, however, gain the attention of Herbert Miles’ brother Charles, who wrote on the 30th August that it was his brother rather than Morris who had been the first to discover the remedy.³³⁷

Matters then escalated when Morris responded with his own account of the events that led to the discovery of the plant. His narrative was dismissed by the profession in Britain, who made no reference to him when discussing the curative, Marson thanked Miles alone for procuring the plant.³³⁸ The dismissal of Morris’ account was partly due to its structure and partly to Morris and Miles’ relative positions of authority that fed into perceptions of provincial medical practice as inferior.

Morris placed his account outside of the confines of experimental practice; though he talked of his testing of the plant in twenty-five cases, his assessment painted the curative as providential rather than experimental.³³⁹ He stated avidly that it was effective and did not offer it to the profession to test the curative for themselves, “the disease was as powerless in the grasp of the sarracenic agency as ever victim was in the coils of the anaconda, or equally resistless and terrible boa constrictor.”³⁴⁰

Furthermore, he talked of the plant being able to cure more than just smallpox, it could cure, “variola, varicella, rubeola, lepra, psora” and that it might also be used in, “plague, Asiatic cholera, or any other scourge”.³⁴¹ Painting the plant as a panacea would not endear it to the profession in Britain, as Miles dismissal of Morris’ account attests,

³³⁶ Anon, “Medical News.,” *The Lancet*, Originally published as Volume 2, Issue 2034, 80, no. 2034 (1862), 220–22.

³³⁷ Miles, “Sarracenia Purpurea”, 241.

³³⁸ Marson, “Report”, 6.

³³⁹ Frederick W Morris, “Sarracenia Purpurea,” *The Lancet* 80, no. 2049 (June 12, 1862), 638.

³⁴⁰ *Ibid*, 638.

³⁴¹ *Ibid*, 638.

the public were told to bathe their eyes with it, gargle their throats, sprinkle it on their dress, wash their hands with it...to masticate it freely, as by this means they may with perfect impunity *chew* their way through small-pox, cholera, and any other scourge.³⁴²

Claims of its ability to cure any illness were connected by Miles to the lack of general medical knowledge held by Morris and specific knowledge of the contents of the remedy before his own publication, "I doubt Mr Morris and his co-operator ever knew what the pounded root really was."³⁴³ Miles, in opposition to Morris, placed the remedy with the profession, giving them final judgement on matters of medicine as well as the matter of Morris' authority "I leave the profession and yourself to judge."³⁴⁴

Furthermore, Morris was easily placed within general perceptions of colonial practitioners as barely better than patent medicine sellers or quacks. The accounts of the travelled physician and Mr Miles (not Herbert Chalmers) contested the assumption that the colonial city was a backwater in which medical practitioners held no qualifications.³⁴⁵ Despite their objections, the assumption that Halifax was peripheral to the production of medical knowledge was clearly present within the British establishment. That Miles (not Herbert Chalmers) and the travelled physician were protesting this view suggests that these attitudes existed. Additionally, the only evidence that a medical professional from Halifax was sending anything to the journal outside of the *Sarracenia* debate appeared in 1864 with a brief notation that a Dr Edward Lloyd's letter and paper had been received with thanks, after which neither the letter or paper were published.³⁴⁶

In addition, the Halifax Medical Society, on discovering that *The Lancet* was debating the use of the Indian Remedy in smallpox, discussed the matter in their meeting of the 24th January 1863, demonstrating again the society's delayed insight into the places of the British establishment, as news of the plant had already been circulating within journals and society meetings in Britain for over two years.³⁴⁷ On the 3rd March the society had produced a letter containing the facts of the case as they understood them, to be sent

³⁴² Miles, "The Discovery of the *Sarracenia Purpurea*" , 665.

³⁴³ Ibid, 665.

³⁴⁴ Ibid, 665.

³⁴⁵ Anon, "To Correspondents", 110–12; Anon, "To Correspondents.," *The Lancet*, Originally published as Volume 1, Issue 2214, 87, no. 2214 (1866), 137–38.

³⁴⁶ Anon, "To Correspondents.," *The Lancet*, Originally published as Volume 1, Issue 2116, 83, no. 2116 (1864), 344.

³⁴⁷ Various, "Minutes of Halifax Medical Society", 110.

to *the Lancet*. However, the letter never appeared, the journal simply ignored it.³⁴⁸ The Halifax society, by presenting the journal with their assessment, were superseding the processes of experimentation. While Miles had presented information for testing, the Halifax Medical Society sought simply to affirm that all necessary tests had been carried out and that the matter was closed, the Society having determined that the curative was ineffective.

While the British medical elite saw the Haligonian medical establishment as peripheral to the production of knowledge, the latter were confident in asserting their views,

The members thought that this society should draw up a statement of the fact regarding the remedy as ascertained by the society and send the same to the *Lancet* for publication in order to lay before the profession generally the steps taken by them – it was moved by Dr Parker seconded by Dr Jennings that the Drs Gossip and Cowie be a committee for the above object which passed.³⁴⁹

There was no question amongst the members, despite none ever having published within the journal, that their letter detailing the steps taken by the Society would receive due attention and consideration from the editors. This demonstrates that a centre and periphery dichotomy is not sufficient in the discussion of knowledge production. Instead an ego-centric view is perhaps a more accurate description for each community. While the reality of Britain's position, size and power meant that their rejection of Haligonian authority as a knowledge production centre made the latter peripheral in a broader sense, in Halifax the Medical Society considered themselves to be centres of knowledge production.³⁵⁰ The Halifax Medical Society's attempt to assert authority in experimentation was something that the British establishment could not accept until Marson had undertaken his study. Within the ostensibly open experimental framework of medical journals in Britain the Halifax medical establishment was not viewed as an independent body capable of making judgements on matters of medicine. Furthermore, the lack of

³⁴⁸ Various, "Minutes of Halifax Medical Society" , 111; This may have been due to the fact that once the letter had arrived the matter of the *Sarracenia's* effectiveness had already been officially dismissed by Dr. Marson. If this were indeed the case, the peripheral nature of the Haligonian Medical Society would appear to be further affirmed, as their involvement in matters of medicine, delayed by distance and the slow movement of up to date experiments on new medicines, made them inconsequential in these discussions.

³⁴⁹ *Ibid*, 110.

³⁵⁰ This is a factor that will be significant within the following chapters discussion on the Haligonian approach to the Indian Remedy

speedy communication between these places meant that even if the Haligonian Medical Society's assessment could have been taken seriously it arrived too late for it to make any difference. They were, therefore, in both practical and conceptual terms a tributary, peripheral to the construction of medical knowledge.

Herbert Chalmers Miles certainly appeared to consider Halifax and its medical establishment to be an insignificant backwater. He spent three years in the province in medical charge of the batteries stationed at Wellington Barracks from 1859 until January of 1862 when he left with the 8th Brigade via St John by sleigh as part of the reinforcement of Canada.³⁵¹ During that time, though the Medical Society would have considered him a professional practitioner as an artillery surgeon, Miles did not have contacts with local doctors or surgeons.³⁵² Furthermore, he distanced himself from the general social life of the city. He did not join any societies, nor did he appear to develop any significant friendships or communications with the local people.³⁵³ He also seemed to have disliked the inaction of the artillery in the city, only roused from his apparent boredom with the order to trek to Canada in December 1861, "that picturesque town [Halifax] can scarcely, even by imaginative aid, be represented as a lively place".³⁵⁴ He was perhaps not representative of military personnel in the city. Some military doctors entirely settled into the Haligonian social life. Dr Henry Muir of the artillery, for example, married the niece of Benjamin Weir, a local politician, in 1867 and the city promoted interactions with the military officers, providing free admission to the bi-weekly band performances in the park.³⁵⁵

Indeed, Miles was similarly unconnected to the medical men of Britain, with sparse and fractious relationships.³⁵⁶ In reality Miles was connected primarily to the artillery and military. He contributed to *The Lancet* through the Director General of the medical department of the Army and his contributions outside of his work on the *Sarracenia* related

³⁵¹ Peterkin, Johnston, and Drew, *Commissioned Officers*, 385; Miles, "On the Winter March of Troops," 298–300; Miles, "On the Winter March of Troops", 322–24.

³⁵² Various, "Minutes of Halifax Medical Society.", 79; When the matter of the Indian remedy arose, the Medical Society approached Hardy and did not mention Miles, suggesting they did not have contact with or know of him

³⁵³ There is no evidence that any of the cities local population knew Miles or that he had formed any connections with the community. This, of course, does not mean that he had no connections, however considering his attitude toward the city and his lack of involvement in any of its institutions it does seem possible that he gained no particular connections here.

³⁵⁴ Miles, "On the Winter March of Troops", 298-300.

³⁵⁵ Anon, "Births, Marriages, and Deaths" *The Lancet*, Originally published as Volume 2, Issue 2302, 90, no. 2302 (1867), 475; Anon, "On Nova Scotia", 469–70.

³⁵⁶ Chapter Two

to solely medical matters in the artillery and army.³⁵⁷ Miles' connections were wrapped up in imperial military life, he was as much an outsider in Britain as he was in Halifax. Yet, we can see his regard for the artillery, army and empire in his writings. He praised the proficiencies of the army in outfitting and providing rations for the troops crossing from Nova Scotia to Canada in the winter of 1862, noting the lessons learned from the Crimean War, during which he had first served.³⁵⁸ He also discussed the importance of imperial holdings in testing the *Sarracenia*, indicating that the regions in which vaccine matter could not be easily obtained would be perfect spots for testing the curative.³⁵⁹ Being wrapped up in the artillery and aspiring to medical prestige in Britain, as discussed in the previous chapter, combined with his lack of connections and apparent disinterest in the city life of Halifax, it is possible that he considered the Haligonian medical establishment undeserving of his interest as well.

However, being apparently unconnected to the intellectual life of the city, did not mean that he was entirely isolated. He knew of Lane and Morris and their promotion of the Indian Remedy.³⁶⁰ He also had some connection to the Mi'kmaq. In his account of events, Miles suggested that he had more substantial connections with Sally Paul and her community than with the Haligonian medical establishment. Though the smallpox outbreak in 1861 affected Halifax and the surrounding Mi'kmaq encampments, Miles seemed only concerned with those suffering in the latter, "it was during the last outbreak of the disease amongst the Indian settlements in Nova Scotia that the decoction of the root achieved its greatest triumph."³⁶¹His connection with the Mi'kmaq community stemmed from investigations prompted by Morris and Lane's use of the Indian Remedy. "They persistently refused to divulge the secret", leaving Miles to conduct "patient enquiries amongst the Indians".³⁶²However, as discussed in the previous chapter, Miles' relationship with the

³⁵⁷ Miles, "The Employment of the *Sarracenia Purpurea*", 430–31.

³⁵⁸ Miles, "On the Winter March of Troops", 298–300; Miles, "On the Winter March of Troops", 322–4.

³⁵⁹ Miles, "The Employment of the *Sarracenia Purpurea*.", 430–1.

³⁶⁰ Miles, "The Discovery of the *Sarracenia Purpurea*.", 665; Miles was careful to state that he had not met them while in Halifax; this may or may not have been the case it is impossible to say with certainty as Miles' motivation for distancing himself from Morris and Lane was in support of his own primacy in discovering the curative. Despite this he did note that they had both refused to tell him what the Indian Remedy contained, indicating that while they may not have directly met one another, they may have corresponded.

³⁶¹ Miles, "The Employment of the *Sarracenia Purpurea*.", 430–1.

³⁶² Miles, "The Discovery of the *Sarracenia Purpurea*.", 665.

Mi'kmaq appears to have been one undertaken at a distance, his "patient enquiries" amongst the Mi'kmaq being facilitated by Captain Hardy.

Hardy, who had lived in the province from 1854 and would remain there until 1869, was Miles' source of information on the Mi'kmaq. It is possible that Miles had no direct interaction with the community. Hardy, on the other hand, spent his early years in the province undertaking his duties as an artillery captain and going on expeditions with Mi'kmaw guides to hunt game. He had little connection to civilian life or that of the medical establishment in 1861.³⁶³ When the Medical Society contacted Hardy regarding the Indian Remedy in February 1862, they received no response.³⁶⁴ Even later, when he helped to found the Nova Scotia Institute of Natural Science alongside Dr Bernard Gilpin, who had been a member of the Medical Society council during the Indian Remedy scandal in 1861, there is no evidence that they discussed the issue.³⁶⁵ After 1861, Hardy's years in Halifax were marked by his writing on the local environment and involvement with The Nova Scotia Institute of Natural Science.³⁶⁶ The topic of the Indian Remedy was not raised by him again until he wrote of it while stationed in Gibraltar some years later.³⁶⁷ Despite his connection to Dr Gilpin, Hardy's opinion on the Indian Remedy had not altered. Indeed, Dr Gilpin's interests were significantly more attuned to the natural environment than they were to medical matters. He published many works on the flora and fauna of the province for the Institute transactions.³⁶⁸ Hardy and Gilpin had a shared interest in the natural

³⁶³ Piers, "Obituaries", 20.

³⁶⁴ Various, "Minutes of Halifax Medical Society.", 79; Hardy was mentioned during the meeting of 4th February 1862 as being involved in the promotion of the remedy in *The Lancet* along with Miles. Dr McNeill Parker was charged with communicating with Hardy on the matter, while the letter that was sent to *The Lancet*, also discussed during this meeting, was raised again once it had been prepared and sent, no further reference was made to Hardy and no indication was given that he had provided any form of response on the *Sarracenia* to the society or its members.

³⁶⁵ Allan Everett Marble, "Biography – GILPIN, JOHN BERNARD – Volume XII (1891-1900) – Dictionary of Canadian Biography." Accessed May 31, 2017, http://www.biographi.ca/en/bio/gilpin_john_bernard_12E.html

³⁶⁶ Hardy, *Forest Life in Acadie*; Hardy, "Nocturnal Life of Animals in the Forest"; Hardy, "Nova Scotian Conifers"; Hardy, "On Provincial Acclimatization"; Hardy, "On the Beaver in Nova Scotia"; Hardy, "On the Caplin (*Mallotus Villosus*)"; Hardy, "The Voices of Reptilia in Spring"; Hardy, "The Gaspereau"

³⁶⁷ Hardy, "Indian Remedy for Smallpox" , 4.

³⁶⁸ J. Bernard Gilpin, "On the Common Herring (*Clupea Elongata*)", *Proceedings of the Nova Scotia Institute of Science* 1, no.1, (1867): 4-11; J. Bernard Gilpin, "On the Food Fishes of Nova Scotia: No. IV. The Trouts and Salmons," *Proceedings of the Nova Scotia Institute of Science* 1, no.4, (1867): 76-91; J. Bernard Gilpin, "On the Food Fishes of Nova Scotia. No.III. The Mackerel", *Proceedings of the Nova Scotia Institute of Science* 1, no.4, (1867): 11-17; J. Bernard Gilpin "On the Gaspereaux", *Proceedings of the Nova Scotia Institute of Science* 1, no.3, (1867): 107-114; J. Bernard Gilpin, "On the Mammalia of Nova Scotia, No. II", *Proceedings of the Nova Scotia Institute of Science* 1, no.3, (1867): 8-15; J. Bernard Gilpin, "On Introduced Species of Nova Scotia", *Proceedings of the Nova*

history of the province and though they were involved with the story of the Indian Remedy this was not the primary concern of the Institute or their association with each other.

Overall, personal relationships and interests shifted priorities and allowed Miles and Hardy to pass knowledge of the *Sarracenia* along imperial communication lines to Britain, without the burden of the negative accounts produced in Halifax. Furthermore, the well-worn imperial lines of communication enabled news to travel quickly while the Halifax Medical Society's peripheral position in the eyes of the establishment in Britain left them isolated and unable to affect knowledge creation at the imperial centre.

Transporting the Sarracenia purpurea:

Plant Availability Facilitating or Stemming Use

Without physical plant specimens to test and use in Britain, these processes of translation would have held little meaning. Miles' provision of samples for free to societies and prominent medical practitioners in London at the close of 1862 and in 1863 led to a surge in experimentation on the curative that translated into a broader interest and popularity for the use of the root. I argue that the difficulties faced in transporting the *Sarracenia* from Nova Scotia to London, the high cost, and problems in obtaining the correct form of the plant (root rather than seed or leaf) led to a decline in interest even amongst popular audiences. Furthermore, as with the lack of shared social and professional spaces between Halifax and Britain, the medical and horticultural communities in London also lacked sufficient connections to enable the provision of the *Sarracenia* root for medical use. It is also worth noting that with the plant's positioning with regard to vaccination, discussed in the previous chapter, attempts to bring it into Britain may have ceased as the medical elite no longer wished to import it. As such, despite any public popularity the plant may have received, its lack of availability led to its eventual disappearance.

The general practice of moving plant matter from the Americas to Europe led to much deterioration of samples for botanists, collectors and medical practitioners alike.³⁶⁹ Issues in the transit of the *Sarracenia* have already been noted in chapter one, with only the dried leaves and broken pieces of the plant being passed between the early

Scotia Institute of Science 1, no.2 (1867): 60-68; J. Bernard Gilpin, "Soricinae of Nova Scotia", *Proceedings of the Nova Scotia Institute of Science* 1, no.2, (1867): 1-4.

³⁶⁹ Parsons, "Plants and Peoples", 291.

commentators.³⁷⁰ The medicinal value of the *Sarracenia* was in its root and as Miles indicated these needed to be, “fresh gathered” dried thoroughly and then sliced thinly before being simmered down in water.³⁷¹ Counterfeits may have been sold, with the root alone being provided, other sliced roots could be easily disguised as the *Sarracenia*. Additionally, for the root to be effectively used it needed to be dried and sliced. However, the root that was made available to practitioners was provided in powdered form in some instances, again enabling further counterfeits.³⁷²

Furthermore, problems in transportation were immediately evident. Miles had provided the Epidemiological Society with a small sample of the plant when his paper was presented to them. They had requested more to test its efficacy, which Miles indicated he would provide free of charge, knowing that promoting the testing of the curative would help to establish its position within experimental frameworks of professional practice. However, despite this free provision, few samples of the plant were available. James Furness Marson complained that he only had enough to test the curative on three patients before 1862.³⁷³ Furthermore, as one correspondent in the *Daily News* of London wrote, “the remedy has not been tried in this country, from inability to obtain the plant”.³⁷⁴ When this letter appeared in September 1862, almost a year after the original paper had been given, samples of the plant were still not generally available. Questions were raised in *The Lancet* about where the plant might be obtained and at what cost, to which the editors responded that they were unsure. All they knew was that the plant was native to Nova Scotia. Obtaining samples was another matter entirely.³⁷⁵

³⁷⁰ A. Ubrizsy Savoia and J. Heniger, “Carolus Clusius and American Plants,” *Taxon* 32, no. 3 (1983): 427; Gerard, *The Herball or Generall Historie of Plantes*, 412; Also, See chapter one.

³⁷¹ Miles, “*Sarracenia Purpurea*”, 241.

³⁷² The Surgeon Major of the Royal Horse Guards (Blue), “A Remedy for Smallpox”, 5; Logie talks of the counterfeits that have been sold in London; Galiguani, “Small-Pox,” *The Morning Post*, no.27759, (June 12, 1862), 19th Century British Library Newspapers, 7; When outlining the way in which the remedy should be prepared reference is given to the dosage when using the root, “reduced to a powder”.

³⁷³ Anon, “Reports of Societies”; The Epidemiological Society, *Transactions*, (1867), 107.

³⁷⁴ Anon, “The Smallpox in Sheep and Man,” *Daily News*, (September 26, 1862), 19th Century British Library Newspapers, 2.

³⁷⁵ Anon, “Correspondence,” *The Lancet* 79, no. 2026 (June 28, 1862): 700; It remains unclear why the *Sarracenia* was so difficult to obtain. Clearly the plant had been shipped from America during the period as samples appeared in Kew and across Europe and were being discussed in horticultural magazines and presented at shows. It is perhaps because Miles was alone in obtaining and sending samples of the root and therefore was unable to send large supplies. No evidence within Savory and Moore archives; Savory and Moore Prescription Book, 1852, Savory and Moore Prescription books 1850-1966 (ref: savory (passim) 1/2, The Oxfordshire History Centre, St Luke's Church Savory and Moore Prescription Book, 1864, Savory and Moore Prescription books 1850-1966 (ref: savory (passim) 1/4, The Oxfordshire History Centre, St Luke's Church; British Pharmacopeia, Savory

It is therefore unsurprising that by late 1862, some twelve months after Miles first called for trial of the *Sarracenia* in Britain, he was bemoaning the fact that none had been undertaken and that the plant was generally being ignored.³⁷⁶ Miles was not wrong. Since his initial publication only one report had appeared in *The Lancet* on the *Sarracenia purpurea* and this had been published only a few weeks before Miles' article in December. The real-world difficulties of sending samples of the plant in sufficient quantity for the societies to test held back Miles' attempts to promote the plant. Despite his early enthusiasm, the delay in sending sufficient flora to London led to a decline in interest that could have prevented the plant receiving further attention from the establishment.

Between 1862 and 1863, plant samples did begin to arrive and a surge in testing followed, as discussed in the preceding chapter.³⁷⁷ Increased experimentation allowed practitioners such as Cosmo Logie to utilise quantities of the plant with his regiment, which led to his publication on the topic that found traction amongst public audiences.³⁷⁸ However, despite this interest the plant was only truly available to those within societies that were able to obtain free samples for testing. The cost of the plant was high, at two shillings an ounce, with the recommended dose for an individual over a day being two ounces.³⁷⁹ Some were charged even more for the curative. Thomas Newham, a parish practitioner in Winslow and a member of the Royal College of Surgeons, complained to *The Lancet* that, "no parish medical officer can well afford its employment".³⁸⁰ With the high cost of the plant and its lack of availability to the public, the interest garnered by the papers, as discussed in chapter two, was perhaps not being translated into public use of the remedy.

& Moore Miscellaneous, box 1, (1865). Celesio UK; Compendium Notes by Savory & Moore, Savory & Moore Miscellaneous, box 7, (1860-65). Celesio UK; Savory & Moore Private Prescription Books, Savory & Moore Miscellaneous, box 43, (1777-1904). Celesio UK; Book of Private Prescription Letters, Savory & Moore Miscellaneous, box 48, (1800s). Celesio UK; Prescription Books, Savory & Moore Miscellaneous, box 87, (1841-62). Celesio UK; Savory & Moore Laboratory Notes, Savory & Moore Miscellaneous, box 92, (late 1800s). Celesio UK; Nothing within these collections indicated the sale of *Sarracenia* from 1861-70.

³⁷⁶ Miles, "On Some Cases of the Small-Pox", 615–16.

³⁷⁷ Manning, "Sarracenia Purpurea", 604; Goyder, "Cases of Variola", 42; Grant, "Two Cases of Smallpox", 161; S H, "Sarracenia Purpurea in Smallpox," *The Lancet* 80, no. 2049 (June 12, 1862), 712; Logie, "Sarracenia Purpurea", 614-5; Marson, "Report", 6; Taylor, "On the Efficacy of Sarracenia Purpurea", 664-5; An Army Assistant Surgeon, "Correspondence.", 374.

³⁷⁸ Chapter Two.

³⁷⁹ Manning, "Sarracenia Purpurea.", 604.

³⁸⁰ Newham, "Sarracenia Purpurea", 651; The Winslow History Project, "Winslow History | Western House," accessed May 18, 2016, http://www.winslow-history.org.uk/winslow_western-house.shtm.

Furthermore, the suppliers of the *Sarracenia purpurea*, Savory and Moore, despite their advertisements in 1861 indicating their possession of the remedy, did not appear to make any sales of the plant, to discuss it in letters or receive any shipments from abroad between 1861 and 1865.³⁸¹ It may have been that supplies were obtained from the flower sellers, Butler and M’Culloch, instead.³⁸² In *The Lancet*, both providers had a brief, yet heated, advertising war over who had the true *Sarracenia purpurea*. During the autumn of 1862, Butler and M’Culloch wrote to *The Lancet* stating that an article published in the previous week’s journal was mistaken in its assertion that Savory and Moore were the only suppliers of the curative.³⁸³ Savory and Moore were quick to respond, stating that Miles himself had “personally superintended the selection of the trimmed and untrimmed quantities received”.³⁸⁴ The final letter, at which point the journal refused to publish any more from either party, was from Butler and M’Culloch who stated that they were, “daily expecting further shipments”.³⁸⁵

Butler and M’Culloch were not a drug store or apothecary but a small business that sold flowers and seeds at Covent Garden market, for horticultural and aesthetic collectors.³⁸⁶ Knowledge of the *Sarracenia purpurea* was gradually being disseminated across the empire; however reference to the plant’s medicinal properties appeared as secondary to naturalisation and horticulture. Arthur Henry Blechynden, secretary of the Agricultural and Horticultural Society of India, in a letter to William Hooker at Kew asked if Hooker had any samples of the *Sarracenia purpurea* at the gardens. He indicated that the Society was interested in the plant but, as it was native to Nova Scotia, it may be difficult to introduce. As an alternative, he offered the recently-formed garden at Darjeeling as a

³⁸¹ Savory & Moore, “Correspondence,” *The Lancet* 80, no. 2044 (November 1, 1862), 495; British Pharmacopeia, Savory & Moore Miscellaneous, box 1, (1865). Celesio UK; Compendium Notes by Savory & Moore, Savory & Moore Miscellaneous, box 7, (1860-65). Celesio UK; Savory & Moore Private Prescription Books, Savory & Moore Miscellaneous, box 43, (1777-1904). Celesio UK; Book of Private Prescription Letters, Savory & Moore Miscellaneous, box 48, (1800s). Celesio UK; Prescription Books, Savory & Moore Miscellaneous, box 87, (1841-62). Celesio UK; Savory & Moore Laboratory Notes, Savory & Moore Miscellaneous, box 92, (late 1800s). Celesio UK; miscellaneous items dated mid nineteenth century, from prescription books to letters. No reference to the *Sarracenia Purpurea* was found in any. No other records for Savory and Moore are extant. While it is possible, even likely, that items are missing that may pertain to *Sarracenia Purpurea* that could call this account in to question, I may only proceed on the evidence that exists.

³⁸² Anon, “Advertisements & Notices,” *Daily News*, no.4654, (April 9, 1861), 19th Century British Newspapers, 1; Anon, “Advertisements and Notices,” *Daily News*, no.4806, (October 5, 1861), 19th Century British Newspapers, 1

³⁸³ Butler & M’Culloch, “To Editor,” *The Lancet* 80, no. 2043 (October 25, 1862), 167.

³⁸⁴ Savory & Moore, “Correspondence.”, 495.

³⁸⁵ Butler & M’Culloch, “Correspondence,” *The Lancet* 80, no. 2046 (November 15, 1862), 553.

³⁸⁶ Anon, “Advertisements & Notices”, 1

possible place for the plant to be naturalised. He then referred Hooker to the recent remarks on the plant's medical properties in periodicals and noted that, "should the virtues ascribed to it be correct, its introduction into India would be a great blessing and second in importance only to Cinchona".³⁸⁷ Blechynden asked Hooker to send samples if he had any to hand. Despite his interest in its potential medical value, the naturalisation of the plant remained the central point of his letter.

Indeed, the horticultural and aesthetic appeal of the *Sarracenia* persisted throughout the period. Sir James Taplin sent a number of samples of *Sarracenia purpurea* to his correspondents at Kew along with other plant samples during the late 1860s and early 1870s, with no mention of the medicinal uses of the plant.³⁸⁸ In 1874 John Macoun based in Belleville, Ontario, despite his proximity to the original source of the curative, sent samples of the plant, again with no reference to its medicinal use.³⁸⁹ George Barnston's letter of 1875 dealt in far more detail than the previous correspondence with the *Sarracenia purpurea*, though he was mainly interested in the plant's cup shaped leaves and the relationship between plants and insects.³⁹⁰

Butler and M'Culloch's involvement, therefore, indicates that the procurement of *Sarracenia* from the Covent Garden Market was perhaps more likely for the general populace than from the expensive military druggists Savory and Moore. It also further demonstrates the continued significance of the *Sarracenia purpurea* within the world of horticulture over its position as a medical remedy. Butler and M'Culloch were providers of horticultural and aesthetic flora, they primarily sold seeds rather than the full plant or indeed sections of the plant, the former being more difficult to transport intact and the latter being of no utility to consumers who wished to grow the plant in their gardens.³⁹¹

³⁸⁷ Arthur Henry Blechynden, "Letter from A.H.[Arthur Henry] Blechynden to Sir Joseph Dalton Hooker; from 5 Wellington Street, [London, England]; 29 Nov 1862; Three Page Letter Comprising Two Images; Folio 49 on JSTOR," letter, (November 29, 1862), JSTOR Global Plants.

³⁸⁸ James Taplin, "Letter from James Taplin to Mr Smith; from South Amboy, New Jersey, United States of America; 5 Apr 1869; Four Page Letter Comprising Two Images; Folio 1125 on JSTOR," Letter, May 4, 1869, JSTOR Global Plants; James Taplin, "Letter from James Taplin to Sir Joseph Dalton Hooker; from South Amboy, New Jersey, United States of America; 20 May 1873; Four Page Letter Comprising Two Images; Folio 1129 on JSTOR," Letter, May 20, 1873, JSTOR Global Plants.

³⁸⁹ John Macoun, "Letter from John Macoun to Sir Joseph Dalton Hooker; from Belleville, [Canada]; 3 Nov 1874; Five Page Letter Comprising Three Images; Folios 276 – 277 on JSTOR," Letter, March 11, 1874, JSTOR Global Plants.

³⁹⁰ George Barnston, "Letter from George Barnston to Sir Joseph Dalton Hooker; from 3 Inkerman Terrace, Montreal, [Canada]; c.Sep 1875; Seven Page Letter Comprising Four Images; Folios 183 - 184 on JSTOR," Letter, September 1875, JSTOR Global Plants.

³⁹¹ Anon, "Advertisements & Notices", 1; Anon, "Advertisements and Notices," *Daily News*, no. 4806, (May 10, 1861), 19th Century British Library Newspapers, 1.

The part of the plant required for curing smallpox, however, was the root, freshly cut and dried.³⁹² It seems plausible that while Butler and M’Culloch claimed to have vast supplies they would have been seeds rather than full plants or roots, demonstrating a disjunction between horticultural and medical practices.

Conclusions

Miles and Hardy had either, intentionally or not, removed reference to the Haligonian assessment of the *Sarracenia* to promote it in Britain. Considering the apparent separation between artillery and medical spaces in Halifax during the period it is probable that they were not entirely aware of the Halifax Medical Society’s view of the *Sarracenia*. Indeed, even if Miles had been aware of their perception of the curative, dismissing it would have been easy considering the general view of the British medical establishment, seemingly held by Miles, that colonial practitioners were peripheral to knowledge creation. The British medical elite considered Haligonian practitioners unworthy of general consideration as knowledge producers. Furthermore, the personal relationships and priorities of Hardy and Miles within Halifax did not facilitate communication on the matter of the *Sarracenia* across artillery and medical boundaries in the city. As such the *Sarracenia* could be framed both as novel Indigenous knowledge and potentially effective in Britain.

However, this framing would have been inconsequential if the plant was not transported effectively. The various difficulties in physically moving the plant from Halifax to Britain included: problems of shipping; high costs; and lack of communication between horticultural and medical interests in Britain. The latter meant that *Sarracenia* seeds could be found in Britain for horticultural purposes but that the root was generally unavailable. The surge in popularity of the *Sarracenia* coincided with the provision of root samples for free to societies and prominent individuals within the profession. Yet with costs remaining high and low availability of the correct form of the plant, the apparent interest in the *Sarracenia* demonstrated by newspaper publications may not have been translated into use. These practical concerns eventually led to a decline in interest in the plant’s medicinal uses in Britain. It is important to note that despite these difficulties in transport, the question of whether the transport of the *Sarracenia* should or should not occur was never considered. Specifically, no commentators ever connected the lack of efficacy of the plant to its removal from Nova Scotia.

³⁹² Miles, “*Sarracenia Purpurea* A Remedy for Small-Pox”, 241.

CHAPTER FOUR

The Indian Remedy in Halifax

Introduction

Having considered how the plant was moved physically and how Miles and Hardy were able to package the same for effective British translation despite the negative view of it amongst the Haligonian medical elite, I will now discuss how and why this negative view had developed in Halifax. The medical elite in Halifax, being those who self-defined as such through their Halifax Medical Society membership, quickly dismissed the efficacy of the Indian Remedy in 1861.³⁹³ Scholars such as Schiebinger and Murphy have indicated that such a dismissal stemmed from “the onset of rampant racism in the nineteenth century.”³⁹⁴ In tracing the spaces of alternative and elite medicine within, and on the boundaries of, the city of Halifax in 1861 I demonstrate that this is too simple an explanation. I argue that the epistemological flexibility noted by Murphy that allowed the partial mitigation of racial biases of European testifiers in the eighteenth century meant certain knowledge that required Indigenous origins to be considered credible, persisted into the nineteenth.³⁹⁵ In Halifax the failure of Morris and Lane to translate the Indian Remedy into a professionally-accepted smallpox curative illustrates the multi-faceted concerns of the Haligonian medical elite, which included: the adoption of new ideas surrounding scientific medicine, genuine public health concerns, paternalism, continued and complex conceptions of indigeneity within the province, personal friendships and animosities, and the policing of professional boundaries. While these concerns intersected with racial prejudices in significant ways, to dismiss rejection of the remedy by the medical elite in Halifax as part of this racial discourse alone is to miss the broader picture of the spaces of medicine within mid-nineteenth century Nova Scotia and how these contributed to appropriative practice.

Here, briefly, I will provide some demographic context. In 1861 Nova Scotia was home to over three hundred and thirty thousand colonists, and fourteen thousand Mi'kmaq.³⁹⁶ Most of the colonial population was dispersed across the province in small

³⁹³ Dr Gossip, “Dr. Gossip to Provincial Secretary,” Letter, (May 8, 1861), Microfilm reel 23,777, Public Archives Nova Scotia; Dr. Gossip, “Correspondence,” *The Morning Chronicle* 18, no.57, (May 9, 1861), microfilm reel 5,406, Public Archives Nova Scotia; Various, “Minutes of Halifax Medical Society.”, 23; the by-laws of the society in 1857 noted that any practitioner that was not a member of the Medical Society was not a ‘professional’.

³⁹⁴ Schiebinger, “Scientific Exchange in the Eighteenth-Century Atlantic World.”, 296.

³⁹⁵ Murphy, “Translating the Vernacular,” 29.

³⁹⁶ Nova Scotia. Census Office, *Census of Nova Scotia*, 8-11

rural communities with labour concentrated on farming, fishing and other work on the sea.³⁹⁷ The focus of this chapter is the city of Halifax itself which was home to fifteen percent of the overall population. Of the fifty-one and a half thousand urban population, approximately two hundred and fifty-five were registered as medical practitioners in the 1860s.³⁹⁸ No Mi'kmaq were registered under the census as permanent residents of the city.³⁹⁹

Conceptions of Indigeneity in Halifax:

Racism and Paternalism

Scholars such as Murphy and Schiebinger have argued that there was a certain flexibility in the ways in which colonisers viewed the authority and knowledge of Indigenous commentators in medicine during the seventeenth and eighteenth centuries but that this flexibility gave way to simple rejections of authority on the grounds of racism, often broadly construed, in the nineteenth century.⁴⁰⁰ I do not seek to deny that much of the discourse surrounding the use of Indigenous medical knowledge in Halifax was connected to racism. I will argue, instead, that the racial prejudices displayed did not preclude acceptance of Mi'kmaq authority in medical matters. As Kobayashi and De Leeuw have discussed in the context of human geographies, “both Indigenous and migratory displaced peoples share the experience of racialisation in a colonial context” but that these contexts were and are both vast and complex.⁴⁰¹ To simply cite growing racism of the nineteenth century as cause for rejections of Indigenous medical authority is to ignore the co-produced complexities of indigeneity created by, “particular people and institutions at particular times in power-drenched ways.”⁴⁰² For many Haligonians these complex constructions of indigeneity lent, rather than diminished, authority to medical practices. Here I will consider the reaction of the Haligonian publics and medical elites to the Indian Remedy to demonstrate that concerns over Indigenous knowledge and presence within the

³⁹⁷ Ibid, 15.

³⁹⁸ Marble, *Physicians, Pestilence and the Poor*, 11.

³⁹⁹ Nova Scotia. Census Office, *Census of Nova Scotia*, 8-11.

⁴⁰⁰ Murphy, “Translating the Vernacular”, 29; Schiebinger, “Scientific Exchange”, 296; Robinson, “New Worlds, New Medicines”, 110; Parrish, *American Curiosity*, 309.

⁴⁰¹ Aubrey Kobayashi and Sarah De Leeuw, “Colonialism and Tensioned Landscapes of Indigeneity,” in *The SAGE Handbook of Social Geographies*, ed. Susan Smith, Rachel Pain, Sallie Marston and John Paul Jones III, (London: SAGE Publishing, 2009), 119.

⁴⁰² Sarah A. Radcliffe, “Geography and Indigeneity I: Indigeneity, Coloniality and Knowledge,” *Progress in Human Geography* 41, no. 2 (April 1, 2017): 221.

spaces of elite practice were affected by, but not limited to, racialised conceptions of the Mi'kmaq.

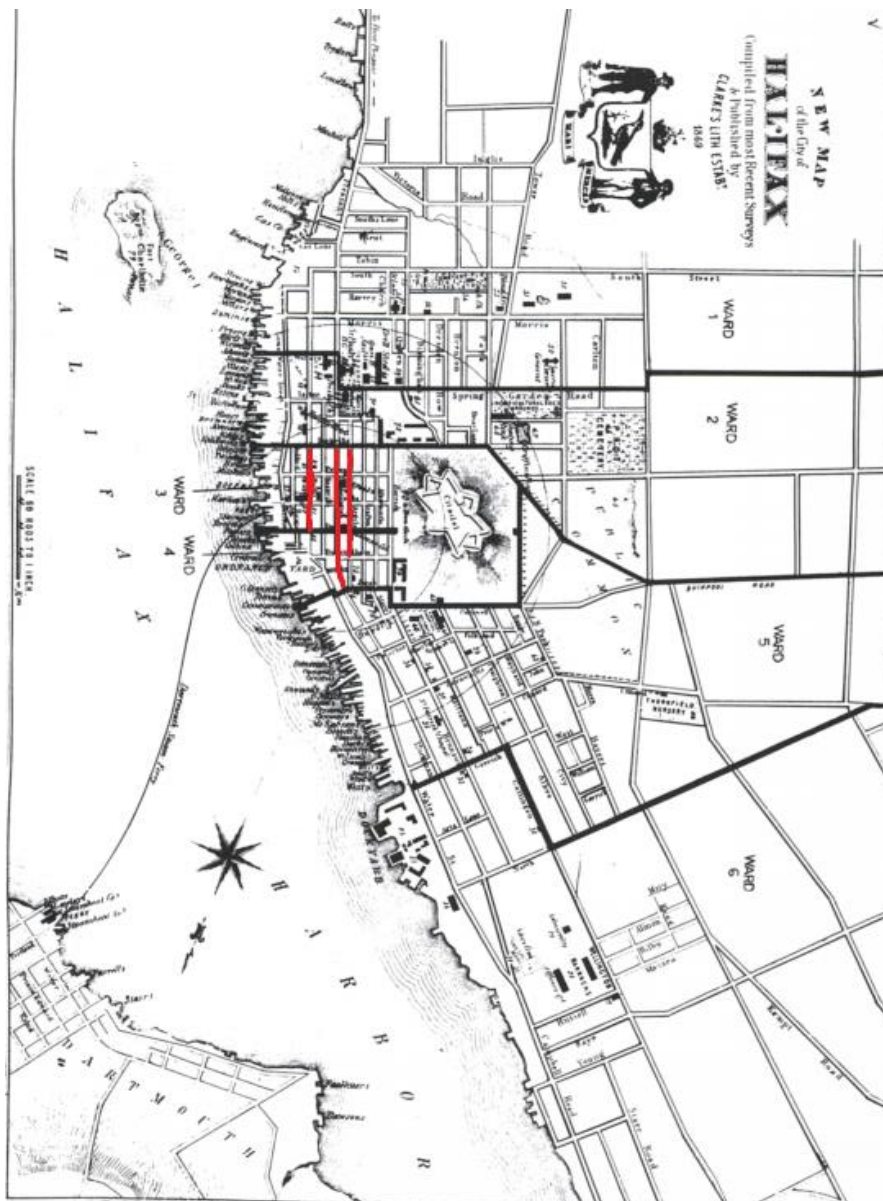


Figure 9 – New Map of the City of Halifax compiled from most recent surveys & published by Clarke's Lith. Estab. 1869 (Library and Archives Canada/Maps, Plans and Charts/n0000457); Highlighting my own, from closest to the docks upwards, Hollis Street, Barrington Street, Argyle Street, are in red

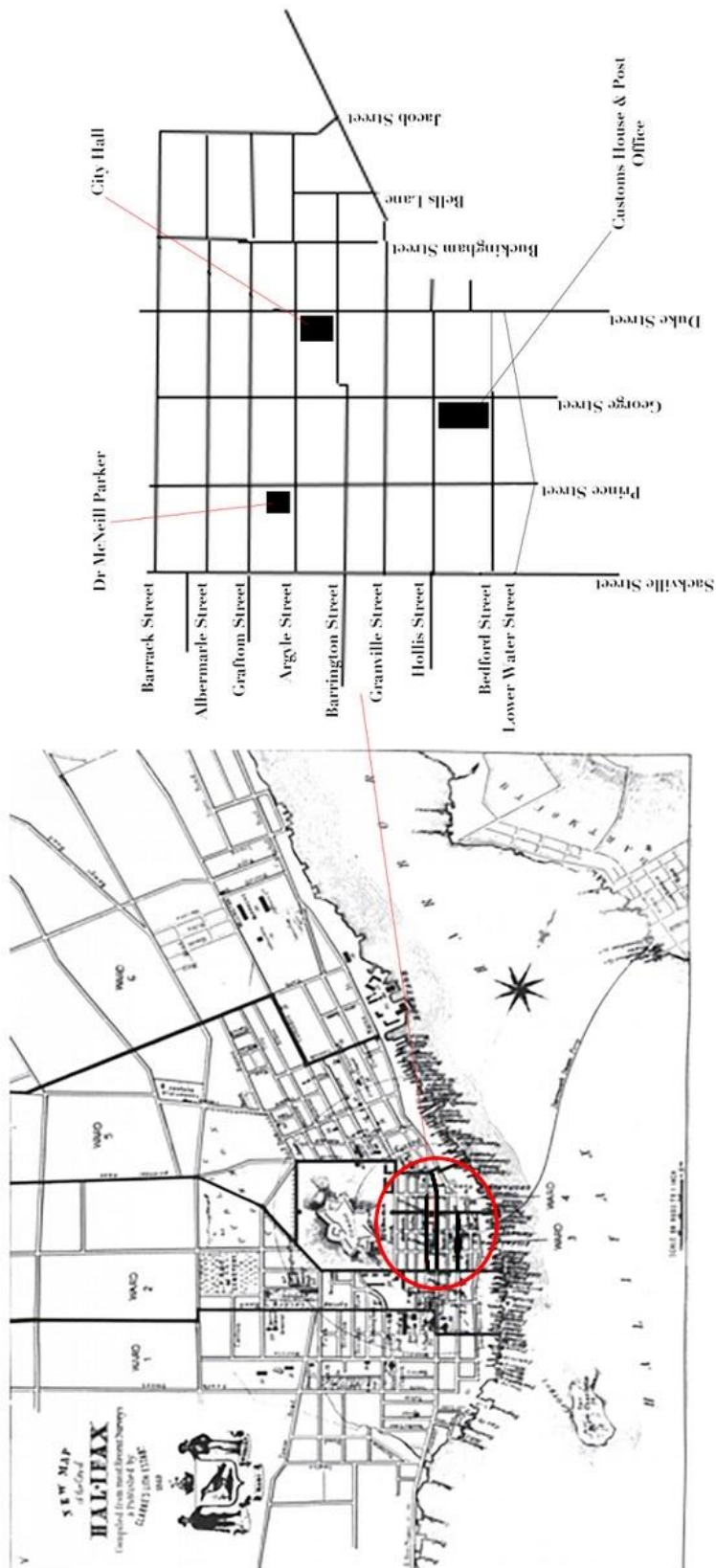


Figure 10 - New Map of the City of Halifax compiled from most recent surveys & published by Clarke's Lith. Estab. 1869 (Library and Archives Canada/Maps, Plans and Charts/n0000457)

The physical presence of the Mi'kmaq within the spaces of the city was, primarily, confined to the Green Market. The Green Market was a ramshackle disorganised "commercial spectacle" that appeared from 1854 on the streets outside the Post Office and Customs House on Bedford, George and Hollis Streets (Figure 10).⁴⁰³ Hollis had seen drastic changes and improvements during the latter half of the 1850s. A series of fires from 1857 to 1859 led to a legal requirement for building in stone or brick rather than wood, so that Hollis, along with the streets above, Prince and Granville, were almost entirely reconstructed to house new and impressive brick buildings with cast iron facades, transforming these streets into prime commercial and residential rows.⁴⁰⁴ Bedford and George Street had not seen the same level of improvement by 1861, yet they were all part of the city's central shopping district, a space occupied by the white middle and upper classes of the city. Despite it being a mainly middle and upper class area, each Saturday the Green Market would appear in this district, creating a temporally bounded Mi'kmaq space within the city. The Mi'kmaq that encamped seasonally along the Bedford Basin would attend the market to sell intricate quill and beadwork for "market goers whose fascination with First Nations culture had been fuelled by museum collections, exhibition displays and travelling shows".⁴⁰⁵ As Robert Berkhofer Jr has discussed, the images of noble savagery or the "good Indian" that had occupied European and colonial publics during the enlightenment had been reformulated under the romanticism of the nineteenth century, where Indigenous decline, paternalism and curiosity combined to form a fascinating, sentimental and nostalgic image of indignity that was commercialised in these spaces.⁴⁰⁶

The image of the 'bad Indian' also remained part of the nineteenth century Haligonian Indigenous imagery.⁴⁰⁷ Some within the Haligonian middle class saw the spectacle of the Mi'kmaq at the market and the fact that members of the community would remain in the city on Saturday nights as unsavoury, painting them as "dangerous and

⁴⁰³ Tanya Lee Gogan, "Accounting for Legitimacy: Leading Retailers, Petty Shopkeepers, and Itinerant Vendors in Halifax, Nova Scotia, c. 1871 to 1901" (PhD diss, McGill University, 2002), 304-5; Considering the location of the market, on Saturdays outside the Customs House, it is possible, though can never be known with certainty, that Lane met his Mi'kmaq contacts at the market while working as a customs officer

⁴⁰⁴ Buggey, "Building Halifax 1841-1871.", 92.

⁴⁰⁵ Gogan, "Accounting for Legitimacy.", 313-16; Gogan discusses how it was not the Mi'kmaq alone that drew customers, the African-Nova Scotian women, the Acadians and even the local farmers drew market goers', often racialised, curiosity. However, my focus is the Mi'kmaq, though broader consideration of race and the market in Halifax would likely provide interesting insights into the city's social spaces this is beyond the scope of my current work.

⁴⁰⁶ Berkhofer Jr., *The White Man's Indian*, 76-8.

⁴⁰⁷ *Ibid*, 19.

drunken.”⁴⁰⁸. The free stall space that the outdoor market offered drew the Mi’kmaq into the city, which eventually led to campaigns to move the market to a covered building to “cleanse” it of these worrying Indigenous sellers.⁴⁰⁹ Despite this, the market’s popularity only grew spilling out past Bedford, George and Hollis Streets. Overall, the Mi’kmaq were constructed in the space of the Green Market by white expectations, where their poverty and reliance on white patronage for their products, fed into nostalgic and paternalistic images of the Indigenous population that intersected with more negative images of drunken and dangerous Indians when they left the space of the market to wander the city at night. The Green Market presented Haligonian publics with an accepted and expected location for Mi’kmaq presence and interaction, yet these interactions were multi-dimensional and nebulous. The Mi’kmaq at the market was simultaneously a nostalgic vestige of a dying people, an uncivilised danger, a fascinating exotic, a drunken nuisance and a people in need of white largesse.

Outside of the Green Market the Mi’kmaq had little direct involvement within the physical spaces of the city. However, the Mi’kmaq-British treaties between 1726 and 1761 had set up a relationship wherein complaints and calls for compensation were made on a case by case basis to the governor. As such the Mi’kmaq did occupy the legal spaces of petitions.⁴¹⁰ The treaties determined the relationship between both communities, as Francis Gould, in 1928 recalled

my grandfather going to Sydney & getting blankets long coat corn (3 bushels) gunpowder flour sometimes seed corn beads for moccasins. He told me he got these from the King. Under the treaty. We promised to keep treaty & got these things in return.⁴¹¹

The treaties had been signed by each side to end hostilities, and from the British perspective to dislodge the close relationship between the French and Mi’kmaq. From the Mi’kmaq perspective the treaties outlined a relationship that was the same as that which they had enjoyed with the French, a “reciprocal obligation of friendship, protection, and

⁴⁰⁸ Gogan, “Accounting for Legitimacy.”, 317.

⁴⁰⁹ Ibid, 317-18.

⁴¹⁰ William Wicken, *Mi’kmaq Treaties on Trial: History, Land, and Donald Marshall Jr* (Toronto: University of Toronto Press, 2001), 137, 166.

⁴¹¹ William Wicken, *The Colonization of Mi’kmaq Memory and History, 1794-1928: The King V. Gabriel Sylliboy* (Toronto: University of Toronto Press, 2012), 4.

trust."⁴¹² The receipt of provisions was part of the agreement of peace, with the Mi'kmaq remaining a sovereign people.⁴¹³

The obligation for reparations and provisions set out in the 1729 treaty and reaffirmed in those that followed was one of the few elements that was adhered to by the British, who conceived of the treaties as establishing the Mi'kmaq as subjects of the crown. This created a paternalistic relationship between the British and Mi'kmaq in the nineteenth century. Abraham Gesner, the commissioner of Indian affairs, wrote in his 1847 report that he was greatly concerned with civilising the Mi'kmaq, meaning in this case settling them on agricultural land in order to save them from extinction.⁴¹⁴ Missionaries such as Charles Churchill were concerned that the community relied on white man's charity as they slowly declined.⁴¹⁵ In their petitions the Mi'kmaq appeared as the receivers of medical care, described in desperate state as they called for aid in the form of provisions, medicine and land.⁴¹⁶ Despite the obligations of the treaties, it was only from the geographically-

⁴¹² Wicken, *Mi'kmaq Treaties on Trial*, 100.

⁴¹³ *Ibid*, 100; Both of Wicken's works on the Mi'kmaq treaties are of great value in untangling this complex history.

⁴¹⁴ Abraham Gesner, "Report of Indian Affairs" (Report, December 21, 1847), Microfilm reel 15,106, Public Archives Nova Scotia, 25-7

⁴¹⁵ Charles Churchill, *Memorials of Missionary Life, in Nova Scotia*, (London: John Mason, Hamilton, Adams & Co, 1845), 187.

⁴¹⁶ John Balman, "Petition of John Balman" (Mahone Bay, 1817), Microfilm reel 15.106, Public Archives Nova Scotia; Walter Bromley, "Petition of Walter Bromley" (Shubenacadie, Nova Scotia, February 27, 1817), Microfilm reel 15.106, Public Archives Nova Scotia; Barry Dodge, "Petition of Barry Dodge of Annapolis" (Annapolis, Nova Scotia, January 2, 1850), Microfilm reel 9,790, Public Archives Nova Scotia; G.J Farish and J.C Farish, "Petition of G.J Farish and J.C. Farish" (Yarmouth, Nova Scotia, September 1, 1850), Microfilm reel 9,790, Public Archives Nova Scotia; Gregg Joseph Farish and James C. Farish, "Petition of Gregg Joseph Farish and James C. Farish" (Yarmouth, Nova Scotia, September 1, 1850), Microfilm reel 9,790, Public Archives Nova Scotia; Henry J. Farish, "Surgical Attendance Henry J. Farish" (Nova Scotia, Canada, 1860), Microfilm reel 23,777, Public Archives Nova Scotia; Thomas Edwin Jeans, "Petition of Thomas Edwin Jeans" (Sydney, Cape Breton, October 11, 1830), Microfilm reel 9,782, Public Archives Nova Scotia; John Mackinnon, "Petition of John Mackinnon" (Nova Scotia, January 21, 1856), Microfilm reel 15,107, Public Archives Nova Scotia; Archibald McDonald, "Petition of Archibald McDonald" (Antigonish, Nova Scotia, January 14, 1850), Microfilm reel 9,790, Public Archives Nova Scotia; these are just a selection of the petitions filed by medical practitioners, both orthodox and unorthodox (McDonald was not a registered physician) that relate the treatment or vaccination of 'Indians', often not providing specific details on who, in the province. Not all of these petitions were successful; Francis Paul, "Petition of Francis Paul Chief of the Micmac Indians" (Shubenacadie, Nova Scotia, December 23, 1845), Microfilm reel 15.106, Public Archives Nova Scotia; Francis Paul, "Petition of Francis Paul of Shubecanadie" (Shubenacadie, Nova Scotia, January 31, 1846), Microfilm reel 15.106, Public Archives Nova Scotia; Francis Paul, "Petition of Francis Paul, One of the Micmac Tribe" (Ship Harbour, Nova Scotia, December 3, 1857), Microfilm reel 15,107, Public Archives Nova Scotia; Francis Paul, Goreham Paul, and Louis Paul, "Petition of Francis Paul, Goreham Paul, Louis Paul and Others Chiefs of the Micmac Tribe of Indians Inhabiting This Province" (Nova Scotia, February 21, 1854), Microfilm reel 15,107, Public Archives Nova Scotia; Peter Paul, "Petition of the Micmac Indians of Nova Scotia" (Nova Scotia, Canada, March 3, 1851), Microfilm reel 9,790, Public Archives Nova Scotia; Various, "Petition

contained assigned agricultural spaces of the reserve land that the Mi'kmaq petitions were received seriously by the government. Within these areas they could send requests for aid as they occupied the physical spaces of the white civilising mission, and the conceptual spaces of noble savagery. As with the Green Market, outside of these expected and assigned spaces the Mi'kmaq were dangerous.

John Thomas 'Paddy' Lane, the Haligonian purveyor of the Indian Remedy, attempted to utilise this petition system. Lane sent a petition on behalf of Sally Paul to the legislative council. He argued that she should be able to receive a patent for the curative to protect her rights regarding its sale and use and he also asked that she be permitted to test the remedy at the city hospital.⁴¹⁷ The note on the matter within the council minutes simply stated, "Mr McHeffey presented the petition of John T. Lane praying for a bill granting Sally Paul letter patent - which was read and ordered to lie on the table."⁴¹⁸ The longest report on the matter within the local newspapers stated that a petition of John Lane was presented, "praying for a bill granting him letters patent on behalf of Sally Paul, for a remedy for smallpox discovered by her" and that the Leemans family were indebted to her for its use and that Lane hoped to protect her rights.⁴¹⁹ The report ended noting that the matter was tabled, nothing further was raised and no response was given by the council members.

This failure to gain the traction that other Mi'kmaq petitions received relates to the content of the Lane petition. The petition sought to place Sally Paul outside the spaces of accepted interaction between Mi'kmaq and colonial communities, namely within spaces of elite medical practice in the city. Another petition sent by the Mi'kmaq, Peter Paul Toney Babey nearly ten years before had attempted a similar feat. Babey requested that, as he practiced medicine across the province for the benefit of his people, and white doctors

of Undersigned" (Nova Scotia, July 2, 1855), Microfilm reel 15,107, Public Archives Nova Scotia; Each of these petitions, again only a selection from the first half of the nineteenth century, asks for different things, land, money, food, guns etc.

⁴¹⁷ John Thomas Lane, "Smallpox: Indian Remedy," *Morning Chronicle and Commercial Advertiser* 8, no.39, (April 5, 1861), microfilm reel 7,028, Public Archives Nova Scotia, 2.

⁴¹⁸ Legislative Council, "Journal of the Proceedings of Her Majesty's Legislative Council", 59; Anon, "Cure for Smallpox by Sally Paul," *Halifax Morning Sun* 18, no.48, (April 24, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 2; Sally Paul's identity will be discussed in detail in chapter five. Furthermore, I will argue in the following chapter that this relationship makes sense when viewed "facing east."

⁴¹⁹ Anon, "Legislative Council", 2; Most of the city papers contained précised accounts of the legislative assembly meetings, the remaining papers versions of these events were either as brief as the account provided in the journal of proceedings or briefer still. I was unable to identify the Leemans family or to find any further reference to them or their relationship with the remedy or Sally.

were paid for their services by the government, he too should receive similar compensation.⁴²⁰ The petition was mocked by the assembly,

Hon. Provincial Secretary would move that the Indian be standing physician to the house (Laughter)

Mr Marshall – that might do very well, provided we know what party he belongs to

Hon. Pro. Secretary – as he comes under the auspices of the learned member from Kings, our side will have to be careful. – (Laughter).⁴²¹

Lane requested that Sally Paul be allowed to enter the city hospital and be permitted to practice medicine within that space. As with Babey, Sally Paul and John Lane were seeking to provide medical assistance, and receive compensation for it, from the council. They were trying to occupy the space of medical providers for their own and the coloniser communities and were ignored or mocked for their attempt. The Haligonian elite could accept petitions seeking aid as this fitted into conceptions of the declining nostalgic Indian and white paternalism, as well as treaty obligations. They could not accept petitions that sought to, or claimed to, provide medical assistance to either the rest of the Mi'kmaq community or the colonial population more broadly. The Mi'kmaq were denied access to these spaces through a combination of mockery and simply ignoring their requests as irrelevant.

Yet, one aspect of the petition, Indigenous medicine, did have a certain appeal within Haligonian communities. Tied up in popular interest in the products and lives of local Indigenous populations amongst Haligonians, as noted at the Green Market, was a fascination with the community's healing practices that fitted into wider conceptions of Indigenous peoples as having "privileged access to...nature" and an associated authority to understand local curatives.⁴²² As Murphy has discussed, we see, within Lane's advertisements, a process of translation that both recognises this authority while claiming ownership over specific knowledge.

⁴²⁰ Peter Paul Toney Babey, "Petition of Peter Paul Toney Babey, Physician" (Petition, July 19, 1852), Microfilm reel 15,107, Public Archives Nova Scotia, 1-2.

⁴²¹ Twohig, "Colonial Care.", 341.

⁴²² Murphy, "Translating the Vernacular.", 33.

Having made arrangements with SALLY PAUL (Mic-Mac Indian) 100 years of age, who has recently been affecting surprising cures with her remedy for small-pox, I now offer the medicine to the public...⁴²³

The medicine is identified as belonging to Sally in Lane's account, her advanced years connecting to conceptions of Indigenous longevity, health and gender, as discussed in chapter two. Yet Lane was the one who brought this curative to the public. He signed off as "John Tho. Lane, medicine man in the Mic-Mac Indian tribe."⁴²⁴ Similarly in his petition Lane utilised Sally Paul's name to give authority to the curative, but it was he who brought the matter before the legislative council.⁴²⁵ Lane employed Paul's name and his association with the Mi'kmaq to lend authority to the curative while placing himself as the author of this new knowledge both in his position as "Mic-Mac" medicine man and as presenter of this new knowledge to the public, in similar fashion to Miles and Hardy.

While Paul could occupy this space of Indigenous medical authority, her knowledge was tied to an understanding that it was gained through her strong connection to nature, rather than through a scientific process of experimentation and discovery. This latter process was the preserve of white practitioners. The petition of John Thomas Lane, therefore, sought to use a system that supported conceptions of paternalism and Indigenous decline for the purposes of Indigenous innovation and provision of support to white and Mi'kmaq communities. It also sought to use this system to scientifically test the remedy in question through experimentation within a space of elite medical practice, the city hospital. In both cases the petition broke the boundaries of Haligonian conceptions of indigeneity in a manner that prevented a serious response from the medical elite or the legislative council.

Indigenous trustworthiness as testifiers and access to Haligonian spaces of medicine and the law were further racialised on the 9th July 1861 when an inquest was held into the death of a Mi'kmaw child Mary Anne Cope. She had died of smallpox on the 5th July at the Mi'kmaq encampment at Dartmouth. The purported purpose of the inquest was to establish whether administering the Indian Remedy to treat Mary Cope had been the cause of her death. The inquest represents the final and firm rejection of the Indian Remedy by the medical elite in Halifax.

⁴²³ Lane, "Smallpox: Indian Remedy," (April 5, 1861), 2.

⁴²⁴ Ibid, 2.

⁴²⁵ Legislative Council, "Journal of the Proceedings.", 59.

Dr Edward Jennings, the head coroner in charge of proceedings and a prominent member of the medical establishment in the city, placed little value in the authority of the Mi'kmaq testifiers at the inquest. He dismissed Michael Thomas, a Mi'kmaw from Dartmouth, account of events prior to Mary Cope's death stating that he attached, "but little credit" to Michael Thomas' testimony.⁴²⁶ Later, Jennings noted:

The only evidence to the contrary is that of Michael Thomas, an Indian, who does not swear to its having cold, but that the child was seen by him outside the camp – a statement which, even if it were to be believed, proves nothing.⁴²⁷

Jennings demonstrated a complete disregard for Thomas' account without any provision of grounds for this decision other than the initial description of the provider of the evidence, "Michael Thomas, an Indian".⁴²⁸ The fact that Michael Thomas was Mi'kmaw was grounds enough to dismiss his testimony in the space of the medical inquest.⁴²⁹

Similarly, Mary Cope's mother Margaret Noel had her account of events dismissed, with the coroner claiming she did not understand the instructions provided to her by Dr Bernard Weeks, an orthodox practitioner who had visited Mary Cope in her illness.

The woman states that the doctor told her not to give so much of the remedy. This, Dr Weeks is prepared to contradict, and I need scarcely inform you that no medical man would even thus impliedly sanction the use of a remedy which he believed to be inert and valueless, if not injurious. You may conclude, therefore, that Dr Weeks advised the entire discontinuance of both the Indian remedy and the salts and senna; but the woman may, from her insufficient knowledge of English, have misunderstood him.⁴³⁰

Of course, English was not Margaret Noel's first language and therefore she may have misunderstood Dr Weeks. However, for Dr Jennings this misunderstanding was apparent simply by virtue of Dr Week's version of events. The fact that Margaret Noel stated that she

⁴²⁶ Anon, "Inquest," (July 18, 1861), 2.

⁴²⁷ Ibid, 2.

⁴²⁸ Anon, "Inquest into the Body of Mary Ann Cope" (July 22, 1861), 2-3.

⁴²⁹ Paul, *We Were Not the Savage; For a clear account of the historical atrocities committed by the British and later Canadian occupiers of Nova Scotia.*

⁴³⁰ Anon, "Inquest into the Body of Mary Ann Cope," (July 22, 1861), 3; Anon, "Inquest on the Body of Mary Ann Cope," (July 20, 1861), 2.

had not misunderstood Weeks and that he had not told her to discontinue the treatment was considered insufficient.

In both instances we see evidence of inherent lack of trust in the testimony of Mi'kmaq individuals due only to their Indigenous background or to the attached belief in their difficulties understanding English. As noted above I do not seek to reject the racial prejudices held by the white community of the nineteenth century clearly displayed in these interactions, but rather to note that this was not the only factor in the rejection of the Indian Remedy and that these racial attitudes did not prevent the adoption of Indigenous medical knowledge. Both Noel and Thomas were certainly subject to racialised rejection of their testimonies, yet it was not their testimonies alone that were subject to such rejection. William Symonds' account was also dismissed. He indicated that he "was not delirious when he [Dr McNeill Parker] was there; did not say that 'my head was nearly as bad as the night before'" this contradicted the narrative provided by Dr McNeill Parker who had visited him in his illness and stated that after taking the remedy Symonds had told his mother that his head was just as painful.⁴³¹ Symonds went on to support the remedy's efficacy, stating that it had cured him and his family of smallpox. Dr Jennings did not seek to disabuse the jury of Mr Symonds' trustworthiness, unlike his dismissal of Michael Thomas. Jennings didn't mention Mr Symonds' testimony at all.

Thomas, Noel and Symonds all contradicted Jennings' colleagues within the medical establishment.⁴³² Dr Jennings' descriptions of these witnesses and their evidence fed into each other. Mr Symonds' background was significant as he was not a member of the medical establishment and therefore could not understand the true nature of his illness or the manner of his cure. Furthermore, his evidence opposed that of Dr Jennings' colleagues. The fact that he contradicted Dr McNeill Parker proved his lack of medical understanding and therefore supported the notion that Mr Symonds was ignorant. Similarly, not only was Mr Thomas' statement deserving of little credit as he was an "Indian", but he also contradicted Dr Weeks account and therefore he must have been providing falsehoods, the same can be said of Margaret Noel's account, which also contradicted Dr Weeks.

While concerns over the presence of the Mi'kmaq, their knowledge and trustworthiness outside of the confines of accepted Indigenous spaces of interaction in the

⁴³¹ Anon, "Inquest," (July 22, 1861), 2; Anon, "Inquest" (July 18, 1861), 2.

⁴³² Ibid, 2-3; Ibid, 2; Anon, "Inquest on the Body of Mary Ann Cope," (July 20, 1861), 2.

city were significant, this was not the only cause for elite rejections of the Indian Remedy. Indeed, for some Haligonians the indigeneity of the remedy may have served as a promoter of the curative, imbuing it with assumed natural authority and exotic curiosity. As with Schiebinger and Murphy's accounts, the flexible conceptions of Indigenous testifiers as authoritative when it came to medicine, that was demonstrated by colonisers and collectors in the eighteenth century and before, was still entirely present in the nineteenth. Furthermore, alongside these racialised conceptions of Indigenous communities were matters of growing professionalisation, personalities, genuine health concerns and new methodologies in medicine which led to the Haligonian medical elites' rejection of the Indian Remedy.

A Confined Space:

Medical Elite Hierarchies and Public Health Concerns

Of the, approximately, two-hundred and fifty-five professional practitioners registered with the Medical Society in Halifax only fifteen to twenty appeared consistently at the society meetings and only ten or so held positions of power within city practice, either through society roles or public commissions. These top-ranking practitioners are the primary subjects in the discussion below. Their small numbers, and presence in the confined spaces of Haligonian medicine allowed them a great deal of control over the city's orthodox practice. The space of the Visiting Dispensary on Argyll Street was perhaps the most central to elite practice in Halifax. Founded in 1855 the Dispensary was intended to provide free medical care for the urban poor, combining the Medical Society's philanthropic and public health agenda.⁴³³ Furthermore, in 1861 quarterly meetings of the Visiting Dispensary Society took place in the Argyll Street property along with bi-weekly rotations of two-hour shifts for the city's premier practitioners, and monthly meetings of the Nova Scotia Medical Society. There was no medical periodical published within the city and, as discussed in chapter three, the Haligonian medical elite read the London periodicals but did not contribute to them sufficiently to undertake their own medical debates within their pages.⁴³⁴ Therefore, the Society meetings presented a space within which matters of medicine could be debated in an elite controlled environment. The Society members would

⁴³³ Various, "Halifax Visiting Dispensary Minute Book" (Minute Book, 1887), Microfilm reel 9,820, Public Archives Nova Scotia, 1-7.

⁴³⁴ Marble, *Physicians, Pestilence and the Poor*, 131; A periodical *The Provincial Medical Journal* was published in 1868 by Drs William Slayter and R.W. McKeagney, however it did not last long, with two or three issues ever being published.

have known each other, occupying the same streets of the city, being connected through their professional and social lives, and working within the same spaces of aspirational middle-class charity. This physically-confined setting meant personal relationship, familial ties, philanthropic activities and gentlemanly conduct figured significantly in the society's hierarchy. I argue that alongside the above noted racialisation of the remedy were immediate, though connected, anxieties about professional standing that were important in the medical elite's rejection of the Indian Remedy.

The Visiting Dispensary on Argyll Street was surrounded by the homes of notable physicians, such as Drs Charles Gossip, Daniel McNeill Parker and Charles Tupper, as well as the homes of some of the city's urban gentry, like the Uniacks and Cogswells.⁴³⁵ These Argyll Street homes passed back and forth between the city's elites, through wills and marriages from prominent family to prominent family. Dr McNeill Parker's arrival on Argyll Street exemplifies this. McNeill Parker had been married to Eliza Ritchie Johnston the daughter of the judge James William Johnston and the granddaughter of the prestigious physician Dr Bruce William Almon.⁴³⁶ After Eliza's death from cholera in 1852 McNeill Parker went on to marry Fanny Homes Black and with this marriage he inherited an expansive property and practice on the corner of Argyll and Prince Street that had belonged to the noted physician, Dr William James Almon (Figure 10).⁴³⁷

The Almon family were one of the most prestigious families and medical practitioners in the city. The first Dr Almon, William James, had been physician general of the Halifax Militia after the revolutionary war. His son the surgeon Dr Bruce William Almon owned the largest practice in the city and was patron to both Dr Frederick William Morris and Dr McNeill Parker. In 1861 the treasurer of the Medical Society was Dr Bruce Almon's son, Dr William Johnston Almon.⁴³⁸ William Johnston Almon did not need to spend his time

⁴³⁵ Anon, "City Vaccination Notice," *Acadian Recorder* 49, no.2, (January 12, 1861), microfilm reel 23,414, Public Archives Nova Scotia, 3; Thomas Akins, *History of Halifax City*, 202; Parker, *Daniel McNeill Parker*, 133; Buggey, "Building Halifax 1841-1871.", 91, 133

⁴³⁶ D.A. Sutherland, "Biography – JOHNSTON, JAMES WILLIAM – Volume X (1871-1880) – Dictionary of Canadian Biography," accessed June 23, 2017, http://www.biographi.ca/en/bio/johnston_james_william_10E.html; Judge Johnston, shortly after his arrival in Halifax got into an altercation in 1821 with Charles Fairbanks and called for a duel in which he shot Fairbanks in the foot. Fairbanks and his brother Samuel Fairbanks were both governors of the Visiting Dispensary in 1861; Directors of the Halifax Visiting Dispensary, "Report of the Directors of the Halifax Visiting Dispensary" (Annual Report, Halifax, Nova Scotia, 1861), Killam Library, Dalhousie University Archives and Special Collections, 2.

⁴³⁷ Parker, *Daniel McNeill Parker*, 132.

⁴³⁸ Anon, "Local News; Nova Scotia Medical Society" *Halifax Reporter* 2, no.55, (May 4, 1861), microfilm reel 6,610, Public Archives Nova Scotia, p.2.; Allan Everett Marble, "Biography – ALMON,

establishing his practice when he returned to Halifax having received his M.D. from the University of Glasgow in 1838. After his father's death in 1840 he inherited one of the oldest and most respected practices in the city. It had been established in 1783 and boasted a patient roster that included some of the most prominent mercantile and political figures in the province.⁴³⁹ The Almon family's prominent position within Haligonian society was, therefore, reflected in its prominence in orthodox medical circles across the nineteenth century. The Almon family were part of the city's established gentry, doctors like McNeill Parker married into these families, gaining prestige and position within the medical establishment.

Furthermore, the crossing of boundaries between urban gentry and medical elite was propagated within philanthropic spaces like the Visiting Dispensary. The initial plan for the Dispensary was undertaken by Drs William Johnston Almon, Daniel McNeill Parker, Robert Hume, John Bernard Gilpin, John Cramer, William Slayter, Edward Jennings and Frederick Morris in 1855, all prominent members of the Medical Society who were appointed as a committee to draw up their proposal.⁴⁴⁰ It was set up with funds provided by these doctors and key members of the city's urban gentry. In 1861 the Reverend James Cuppaidge Cochran was the president of the Halifax Visiting Dispensary. He was an Anglican priest whose philanthropic efforts included helping found the Deaf and Dumb Institute and serving as a chaplain at the poor asylum and city prison.⁴⁴¹ These institutions, with their appointed medical practitioners, all of whom were members of the Medical Society, became further spaces of elite practice within the city. No doubt Reverend Cochran became acquainted with Dr McNeill Parker during the early years of the Deaf and Dumb Institute as McNeill Parker was assigned honorary physician in 1859. Later Dr Andrew Cowie was also appointed as consulting physician and in the 1860s Dr Charles Cogswell acted as president of the Institute.⁴⁴² Other Society members involved in charitable endeavours included Drs James Avery and William Johnston Almon who helped found the orphan house in the 1840s and Dr James DeWolf who acted as president of the Nova Scotia

WILLIAM JOHNSTON – Volume XIII (1901-1910) – Dictionary of Canadian Biography,” accessed June 22, 2017, http://www.biographi.ca/en/bio/almon_william_johnston_13E.html.

⁴³⁹ Marble, “Biography”; Marble, *Physicians, Pestilence and the Poor*, 57; It seems that the Almon family had more than one practice in the city.

⁴⁴⁰ Various, “Minute Book.”, 1-7.

⁴⁴¹ William B Hamilton, “Biography – COCHRAN, JAMES CUPPAIDGE – Volume X (1871-1880) – Dictionary of Canadian Biography,” accessed June 22, 2017, <http://www.biographi.ca/en/bio.php?Biold=39026>.

⁴⁴² James Fearson, *The Halifax Institution for the Deaf and Dumb, Halifax, Nova Scotia, 1857-1893*, (Halifax, Nova Scotia: Institution for the Deaf and Dumb, 1893), 9-10.

Philanthropic Society. Other medical men took on roles as school governors and commissioners, all were keen to demonstrate an interest in the charitable institutions of the province, as this enabled practitioners to present themselves as members of the gentlemanly class.⁴⁴³ This presentation of philanthropic effort enabled practitioners to grow their patient base and increased their standing within the Society, both of which brought economic benefit.

A doctor's professional standing, and economic stability, therefore, was linked to his familial and social connections and gentlemanly conduct which were often driven by and impacted upon individual friendships and animosities within this extremely interconnected community. In 1859 Frederick Morris suffered accusations of unprofessional character that nearly led to the loss of his position at the Visiting Dispensary. On the 7th and 21st November Drs William Slayter, Robert Hume and Edward Jennings proposed that Morris be asked to resign from the Dispensary, claiming that the institution could not deal with the financial burden of employing him as resident physician.⁴⁴⁴ However, Morris' response to their request for his resignation brings to light the underlying tensions between these colleagues,

My mind, gentlemen, during the past or rather the present year has been severely tired by a very painful impression, that somehow or other I had made enemies, who had taken an anxious view of my motives and character and that I had not according to their notions, that regard for the welfare of the patients that I ought to have; that my eye was solely directed to my own interest and that my private character did not correspond with my public profession.⁴⁴⁵

Confirming Morris' suspicions, in January of the following year Dr Jennings proposed that a ballot be drawn from the governors to decide upon a new resident physician and the appointment of other medical officers.⁴⁴⁶ It was eventually decided that Dr Morris would retain his position as resident physician, and in response "Dr Jennings and Dr Slayter then

⁴⁴³ Marble, *Physicians, Pestilence and the Poor*, 76.

⁴⁴⁴ Various, "Minute Book.", 30; the finances of the institute were always stretched, discussed further below, however the claim that this should lead to Morris being removed from his post was clearly not related to the financial burden as Slayter, Jennings and Hume simply wished to replace Morris rather than get rid of the role entirely.

⁴⁴⁵ *Ibid*, 35-6

⁴⁴⁶ *Ibid*, 40.

informed the president that they would withdraw from the list of governors of the Institute".⁴⁴⁷

Dr Slayter would replace Dr Morris as resident physician after the latter's death. He had always been interested in the position since he had been the first to propose that a Visiting Dispensary be established in the city in 1855.⁴⁴⁸ When the Institute was set up Morris was elected as resident physician and Slayter was side-lined, perhaps because he had yet to receive full qualifications, which he obtained in London in 1861.⁴⁴⁹ Importantly, Slayter also provided evidence against Morris when the matter of the Indian Remedy was discussed at the Medical Society meeting of the 6th May, he indicated that one of Morris' patients, Henry Baker, had not had a confluent case of smallpox and therefore was in no danger when the Indian remedy was administered, he judged therefore the curative to have no effect.⁴⁵⁰ Dr Morris then directly contradicted Dr Slayter, perhaps revealing tensions that still remained between them. Morris did not directly respond to any of the other doctors at the meeting who provided evidence against the curative.⁴⁵¹ Slayter was also the only member to use colloquialism to describe the remedy in his summary at the end of the meeting, calling it simply "a humbug", lacking a certain respect that was demonstrated by his colleagues toward Morris.⁴⁵² Furthermore, when the inquest into the death of Mary Cope was called, Slayter conducted the post mortem.⁴⁵³ Appearing on opposing sides of the competition for the role of resident physician, and Slayter's interactions with Morris during the Indian Remedy dispute, it may be argued that Slayter's willingness to reject the Remedy had more to do with his personal relationship with Morris than the efficacy of the Remedy, or its Indigenous origins.

Conversely, Dr Jennings was more broadly pugnacious than Dr Slayter. Rather than specifically having a difficult relationship with Dr Morris, Jennings found himself in disputes with Dr Bernard Weeks, Dr Charles Tupper and Dr William Davies. Dr Weeks accused Jennings of breaching professional etiquette by telling his patient to pay Dr Weeks only two dollars rather than the requested five for his services, it was noted in the minutes that the

⁴⁴⁷ Ibid, 45.

⁴⁴⁸ Various, "Minutes of Halifax Medical Society.", 9, 79

⁴⁴⁹ Marble, *Physicians, Pestilence and the Poor*, 383; William B. Slayter obtained his LRCP and MRCP in 1861 in London.

⁴⁵⁰ Various, "Minutes of Halifax Medical Society.", 36.

⁴⁵¹ Ibid, 36.

⁴⁵² Ibid, 37.

⁴⁵³ Anon, "Inquest into the Body of Mary Ann Cope," (July 22, 1861), 3; Anon, "Inquest on the Body of Mary Ann Cope," (July 20, 1861), 2.

gentlemen had been on unfriendly terms for some time prior to this event.⁴⁵⁴ Jennings also accused Dr Davies of performing abortions and teaching women to perform them when Dr Davies was not in the city. Jennings' involvement in the Indian Remedy case and his earlier attempt to remove Morris from the Visiting Dispensary, therefore, would seem to fit into a broader pattern of behaviour for him.

Additionally, Dr Jennings' disputes highlight the importance of proximity and the confined space that the medical community occupied within Halifax. It was only during the meetings of the 7th and 29th of November that Jennings and his colleagues raised the issue of Morris' position within the Visiting Dispensary. Morris, who had attended all meetings of the Dispensary in his role as resident physician, appears to have suffered from an illness that he associated with the pressures of his practice and the negative gossip of his colleagues, and was therefore not present for either of these meetings.⁴⁵⁵ Similarly Dr Davies was not present at the Society meeting when Dr Jennings accused him of performing abortions.⁴⁵⁶

Though ultimately unsuccessful in these disputes the danger of being absent from the spaces of decision making, the Dispensary and Society meetings, were ever present. Though ostensibly the Society was intended as a province-wide institution, with the difficulties of travel, the monthly meetings of the Nova Scotia Medical Society tended to include only those doctors who practiced in Halifax. These difficulties led to a reduction in membership numbers external to Halifax over the years. In 1865 Dr Charles Gossip proposed a motion that the Nova Scotia Medical Society be abolished and the Halifax Medical Society re-instated because of this.⁴⁵⁷ Although the motion was defeated in November 1867, the Society established new bye-laws to be used in districts and counties for establishing branch institutions.⁴⁵⁸ While new societies were formed in other districts they were founded under the Nova Scotia Medical Society's constitution which had been drawn up by practitioners in Halifax, anchoring the medical establishments of Nova Scotia around a Haligonian centre.⁴⁵⁹ Physical presence in Halifax was, therefore, a matter of great

⁴⁵⁴ Various, "Minutes of Halifax Medical Society.", 98-9.

⁴⁵⁵ Various, "Minute Book.", 35.

⁴⁵⁶ Various, "Minutes of Halifax Medical Society.", 36.

⁴⁵⁷ Marble, *Physicians, Pestilence and the Poor*, 52.

⁴⁵⁸ Halifax Medical Society, *Constitution and Bye-Laws of the Halifax Medical Society*, (Halifax, Nova Scotia: Halifax Medical Society, 1868), 2.

⁴⁵⁹ Anon, "The History of the Halifax Visiting Dispensary," *Nova Scotia Medical Bulletin* 36, no.3, (March 3, 1957), Public Archives Nova Scotia, 1.

importance to the prominence of physicians and exclusion from those spaces could cause difficulties in one's career.

After Morris had administered the Indian Remedy at the Visiting Dispensary certain individuals within the Medical Society sought to distance themselves from it and him, both conceptually and physically. Physically the meetings of the Medical Society were moved to Dr McNeill Parker's house and Dr McNeill Parker resigned his post as a governor of the Visiting Dispensary.⁴⁶⁰ To conceptually separate orthodox practice from Morris' actions, at a meeting of the Medical Society McNeill Parker moved that "his [Dr Morris'] name should be erased from the list of members".⁴⁶¹ This began a personal dispute between McNeill Parker and Morris. In a letter to *The Morning Chronicle and Commercial Advertiser* Dr Morris wrote, "to you it is that I am indebted, by your own admission, for the "resolution" that erased my name from the list of the Medical Society".⁴⁶² He further lambasted McNeill Parker for his conduct, calling his actions "strangely cruel and unjustifiable" and noting that he had called at the Dispensary and asked to see the Remedy in action less than a fortnight before.⁴⁶³ McNeill Parker had resigned his position at the Visiting Dispensary, purporting the belief that his fellow medical governors, Drs Almon, Hume, Gilpin, Alexander Forrest, Avery and Rufus Black had already done so; they had not.⁴⁶⁴ It was agreed that the governors would officially resign their position, and in the following meeting a statement was made and sent to be published in *The Morning Chronicle* and *The British Colonist* at the insistence of McNeill Parker's friend Dr Charles Tupper,

That Drs Hume, Forrest, Black, Gilpin, Almon and Parker acted in conformity with the opinions of this society in resigning their office of medical governors to the Halifax Visiting Dispensary in consequence of the Resident Physician of that institution having publicly advocated the sale and use of a secret nostrum for smallpox which this society after careful investigation believes to be entirely

⁴⁶⁰ Various, "Minutes of the Halifax Medical Society.", 49, 50.

⁴⁶¹ Ibid, 41-2; interestingly the minutes show that the resolution was moved by Dr Tupper but his name has been crossed through and replaced by Dr McNeill Parker.

⁴⁶² Frederick William Morris, "To D. McN. Parker M.D.," *Morning Chronicle and Commercial Advertiser* 8, no.77, (July 3, 1861), microfilm reel 7,028, Public Archives Nova Scotia, 2.

⁴⁶³ Morris, "To D. McN Parker M.D" (July 3, 1861), 2.

⁴⁶⁴ Various, "Minutes of Halifax Medical Society.", 50.

worthless, and that the evidence advanced in favour of its utility is of the most unreliable character.⁴⁶⁵

Officially the Visiting Dispensary governors rallied around Dr McNeill Parker. This attack was viewed, not as a personal affront, but as an outsider questioning the medical establishment's professionalism and integrity,

Dr Gossip asked the society whether the professional character of a member of this society being publicly attacked, especially on a question in which the whole society was interested and had actually taken action upon, it was not the duty of the society to defend and protect that member to the best of its ability – the answer from those present was that the society was in duty bound to defend the member attacked.⁴⁶⁶

However, not all the medical governors resigned. Dr Hume remained a director of the Visiting Dispensary after the resignations of Parker, Gilpin, Almon, Black and Forrest. This was made controversial by the fact that Hume was listed among the resigned governors in the account sent to the *Halifax Reporter*.⁴⁶⁷ In addition, Dr James Avery did not resign his position.⁴⁶⁸

Dr Avery was part of the old guard within the profession, he had received his M.D. in 1821 at Edinburgh, only four years before Morris attended the same university, Avery later qualified as a dentist in Paris.⁴⁶⁹ He had been involved in the opening of the orphan house in 1839 and was a prominent member of the Nova Scotia Philanthropic Society alongside Dr William B. Almon.⁴⁷⁰ Dr Hume was also a significant member of the profession. He had been practicing in the city since receiving his medical qualifications in London in 1831, had been the lead signatory in a petition for the formation of a city hospital and was serving as the Secretary to the Board of Health in 1861.⁴⁷¹ The continuation of these men at

⁴⁶⁵ Anon, "Local News," *British Colonist* 5, no.28, (July 11, 1861), microfilm reel 5,365, Public Archives Nova Scotia, 4; Dr. Gossip, "News," *The Morning Chronicle* 18, no.83, (July 9, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2.

⁴⁶⁶ Various, "Minutes of Halifax Medical Society.", 50.

⁴⁶⁷ Anon, "Resignations," *Halifax Reporter* 2, no.82, (July 9, 1861), microfilm reel 6,610, Public Archives Nova Scotia, 2; Directors of the Halifax Visiting Dispensary, "Report of the Directors.", 2.

⁴⁶⁸ Directors of the Halifax Visiting Dispensary, "Report of the Directors.", 2.

⁴⁶⁹ Marble, *Physicians, Pestilence and the Poor*, 381.

⁴⁷⁰ *Ibid*, 96, 354.

⁴⁷¹ James Hume, "Board of Health," *The Novascotian* 21, no.33, (August 19, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 1; Robert Hume, "Petition of Robert Hume and Medical Practitioners and Inhabitants of Halifax in General" (Petition, Halifax, Nova Scotia, January 10, 1840), Public Archives Nova Scotia; Marble, *Physicians, Pestilence and the Poor*, 381.

the Visiting Dispensary caused no direct repercussions from their colleagues in the Medical Society. However, we may speculate that something of a divide had occurred within the Society between those that had been longer qualified, Hume, Avery and Morris and the younger members of the Society, such as Parker, Gilpin, Gossip, Almon, Slayter, Jennings and Black.⁴⁷² Of course, this split may also be speculated upon as a sign of personal loyalties within both groups, or perhaps Hume and Avery felt that the Halifax Visiting Dispensaries continuation was more important than an internal dispute over a single remedy. In either case, the involvement of key members of the Society who had come into conflict with Dr Morris either in the past or over the matter of the Indian Remedy perhaps points toward personal dislike leading to the rejection of the Remedy and the later calling of the inquest to further discredit him.

However, it would be naïve to assume that personal relationships and concern over hierarchies within the profession alone led to the rejection of the Indian Remedy. These physicians were consciously engaged in the betterment of the city as they understood it, through their medical practice as well as their above noted philanthropic efforts. Indeed, a significant part of that betterment was the promotion of orthodox medical practice through philanthropic institutions such as the Dispensary, Deaf and Dumb Institute, orphan house, poor asylum, schools and the hospital. Some physicians died in their pursuit of this public good. Dr Slayter, working to keep contagious disease from entering the city, died having contracted cholera on the *S.S. England* which he was inspecting.⁴⁷³ Genuine concern for public health was, therefore, entangled with philanthropy, hierarchical and economic concerns of the orthodox medical community.

Rejection of the Indian Remedy was similarly entangled with these matters. During the Mary Cope inquest, it was argued by the coroner, Dr Edward Jennings, that the use of the Indian Remedy during her illness had been the true reason for her passing. Jennings indicated at the close of the inquest,

to an ordinary observer, the investigation may appear unnecessary or unimportant, but in my opinion, and I believe, in that of all other medical men in this province – it is one of the greatest importance to society at large, involving the safety of the

⁴⁷² Dr Forrest does not quite fit this theory, he had been qualified for thirty-four years, longer than Hume by four. However, Gilpin had been qualified fifteen years, Almon twenty-three, Black twenty-five and Parker fifteen.

⁴⁷³ Marble, *Physicians, Pestilence and the Poor*, 52.

community, and may have a decided influence in preventing the progress of a pestilence which is so fearful and appalling in its consequence.⁴⁷⁴

Smallpox was a terrible scourge, especially within a busy harbour city. During 1861, the disease had been ravaging Halifax and the surrounding region. The Mi'kmaq encampment at Prospect Harbour saw fifteen members of its eighteen-strong community contract smallpox, twelve of whom died.⁴⁷⁵ Meanwhile in Halifax between January and August three-hundred and sixteenth smallpox patients were treated at the city hospital. While only forty of these died, a relatively low number as the usual mortality could be as high as one third, these figures only dealt with those that were brought to the hospital.⁴⁷⁶ Haligonian newspapers recorded that many others had contracted the sickness within the city and were not treated.⁴⁷⁷ Furthermore, the anti-vaccination movement in Quebec was in full swing and there was concern that the Haligonian populace might follow suit. It was also acknowledged that provision of lymph used for vaccination was difficult, and that the Mi'kmaq avoided vaccination exacerbating the problem.⁴⁷⁸ Furthermore, with the city's reliance on the port for trade, quarantine was a genuine economic concern for local merchants, traders and ship owners.⁴⁷⁹ Therefore, there was a certainly a well-founded concern amongst the medical men of the city that individuals might avoid measures such as quarantine and either avoid or be unable to access vaccination during an outbreak.⁴⁸⁰ Dr Jennings was concerned with Mary Cope as a member of a broader community. Her and

⁴⁷⁴ Anon, "Shocking Murder: Policeman Gardner Killed.", 2-3.

⁴⁷⁵ William Pearson, "William Pearson to Mr Hall," Letter, April 1, 1861, Microfilm reel 15,107, Public Archives Nova Scotia.

⁴⁷⁶ Death was not the only way that smallpox could be devastating, it caused blindness, and terrible scarring that could affect the lives of those that contracted it even if they did not die.

⁴⁷⁷ Anon, "The Smallpox," *The Novascotian* 21, no.9, (March 4, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 3; James Hume, "Board of Health," (August 19, 1861), 1.

⁴⁷⁸ Ubaka Ogbogu, "Vaccination and the Law in Ontario and Nova Scotia (1800-1924)" (PhD diss, University of Toronto, 2014), 179, 182, 219; watchmen were appointed to prevent quarantine measures being breached. There was also a strong anti-vaccination movement in Ontario and general resistance in Nova Scotia; Edward Jennings, "Dr Edward Jennings to Provincial Secretary Joseph Howe," letter, December 5, 1861, Public Archives Nova Scotia; Jennings wrote to Howe who had requested details on the provision of vaccine lymph to the province. Jennings indicated that there was no legislation in place or money set aside for provision of lymph by the province and as such the only way to obtain lymph in crisis was from the medical gentlemen of the province who purchase it themselves, if they have any to spare.

⁴⁷⁹ Various, "Petition of the Undersigned Shipowners, Merchants and Other Inhabitants of Isle Madame in the County of Richmond" (Petition, 1850), Microfilm reel 9,790, Public Archives Nova Scotia; Anon, "Smallpox," *The Colonial Standard* 3, no.31, (May 28, 1861), Microfilm reel 4,697, Public Archives Nova Scotia.

⁴⁸⁰ There is evidence that quarantine in particular was being broken, for example with the health wardens attempts to stop David Wright and Philip Hustle from breaking it, Health Wardens of Nova Scotia, "Petition of Health Wardens of Nova Scotia against Philip Hustle and David Wright" (Petition, February 1, 1834), Microfilm reel 9,782, Public Archives Nova Scotia, 1-2.

her family's use of the Indian Remedy, and her preventable death, were symptomatic of broader public health problems.

For the medical elite, healing received from their members was the only effective means of tackling disease. As Dr Bernard Weeks, a witness at the inquest and member of the Medical Society, indicated, "I believe that, had I treated the case, the child would have lived". He said the cause of death was lack of proper medical care, a statement that was corroborated by his colleagues.⁴⁸¹ Protecting the profession against 'quacks' and 'empirics' was a battle not only for professional pride and pecuniary interests but also for the lives of the public. Public health and professional protectionism were entangled and came to the fore with the death of Mary Cope. As Jennings stated when thanking the jury for their decision at the close of the inquest, "Your decision will clearly show to the public that had the deceased been under the care and treatment of a medical man, there exists every probability that life would have been saved."⁴⁸² There is no reason to believe that Jennings was being insincere.⁴⁸³

Hierarchies within elite medical practice were influenced by the overlapping spaces of the urban gentry and medical profession within Halifax. These confined and interconnected spaces increased the importance of personalities, friendships and animosities affecting and being affected by hierarchical concerns. I argued that these concerns may have contributed to the rejection of the Indian Remedy as Morris lacked popularity amongst the younger generation of doctors in the province. Furthermore, individuals such as Drs Slayter, McNeill Parker and Jennings appear to have developed personal dislikes for Morris that may have led to the calling of the inquest into the death of Mary Cope that solidified the profession's position on the Indian Remedy. Yet, hierarchies and personal relationships alone did not lead to the rejection of the Remedy, it is important to recall that these doctors had genuine public health concerns when it came to smallpox prevention that necessitated the rejection of the Indian Remedy. The death of Mary Cope apparently from poor medical treatment with the Indian Remedy was further cause for concern in a city that was particularly susceptible to smallpox, as a port town with poor access to lymph for vaccination, and whose neighbours and Mi'kmaq population often resisted vaccination and quarantine.

⁴⁸¹ Anon, "Inquest," (July 22, 1861), 2; Anon, "Inquest," (July 18, 1861), 2.

⁴⁸² Ibid, 3; Ibid, 2.

⁴⁸³ The use of Mary Cope as a means of policing professional boundaries will be discussed in more detail below.

What was Orthodox Practice?

Policing Boundaries and Medicine as Science

Above it has been demonstrated that the importance of personal relationships, professional hierarchies and public health concerns as well as racialised conceptions of Indigenous medical authority all played a part in the rejection of the Indian Remedy. However, these significant factors all fed into the more pressing concerns of the medical elite in defining what they were, and what good practice was within the city. The growth in alternative practice in the province during the first half of the nineteenth century led to an intense need to police professional boundaries. Here I argue that a growing concern to present medicine as scientific in response to the expansion of alternative practice led to a renegotiation of these boundaries during the mid-nineteenth century. While pushes to make medicine scientific in Britain, discussed in chapter two, had allowed room for serious consideration of the *Sarracenia purpurea* as a smallpox remedy, a similar drive in Halifax led to the rejection of the Indian Remedy as it intersected with the above noted Haligonian hierarchies. Furthermore, Frederick Morris with his support of the Indian Remedy attempted to draw an individual, John Thomas Lane, who was considered a prominent alternative practitioner, into the spaces of elite practice breaking boundaries that the medical elite were working hard to enforce. As was demonstrated in the British context with Cosmo Logie, the space of elite practice was a significant part of maintaining and defining medical orthodoxy. The rejection of the Indian Remedy, therefore, had more to do with a rejection of a type of medical practice and a renegotiation of what orthodox practice was in the city than the Indigenous origins of the cure itself.

The medical marketplace in Nova Scotia expanded dramatically in the first half of the nineteenth century. Between 1822 and Confederation in 1867 over one hundred and fifty new drug and medical stores opened in the province. This coincided with a rise in the production and sale of patent medicines in Halifax.⁴⁸⁴ Newspapers were filled with advertisements for patent medicines such as the Indian Pile Pills and Mrs Winslow's medicines, and practitioners like Dr Young continued to hawk their wares in the city, despite the medical act of 1856 that had sought to curb such activities.⁴⁸⁵ John Thomas

⁴⁸⁴ Marble, *Physicians, Pestilence and the Poor*, 3

⁴⁸⁵ Anon, "Indian Pile Pills," *The Novascotian* 21, no.39, (September 30, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 4; Mrs Winslow, "Mrs Winslow," *The Morning Chronicle* 18, no.59, (May 14, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 3; John Denier, "Still They Come," *British Colonist* 5, no. 6, (January 24, 1861), microfilm reel 5,365, Public Archives Nova Scotia, 3.

'Paddy' Lane, who had worked as a customs officer when he first arrived in Halifax some time before 1834, was part of this surge in alternative practitioners, the Medical Society called him a "known empiric", a term used to describe quackery.⁴⁸⁶ The Indian Remedy was being sold as a secret curative, unlike Hardy and Miles, Lane did not detail the contents of the remedy, nor did he provide any information on its preparation. As discussed in chapter two, irregular practitioners relied on their secretive curatives to retain control of their economic interests, which Lane certainly had as he sold the remedy at a five-shilling profit during the 1861 smallpox outbreak.⁴⁸⁷

However, there are also parallels here with Logie's attempts to promote the *Sarracenia* in spaces that were not acceptable to the medical elite. When Lane occupied the correct spaces for alternative practice in the city the Medical Society did not act. At the start of 1861 Lane worked in a practice set up on Gottingen Street, the main shopping street of the city's north suburbs.⁴⁸⁸ While wealthy Haligonians would primarily employ physicians who would attend them in their own homes, the remainder of the city's population utilised the various drug stores, the Halifax Visiting Dispensary, family medical knowledge and other alternative practices to treat their ailments. Lane's practice was situated in what had become the poorer of the city's suburbs. It was a block down from Creighton Street and the surrounding area that made up 'Africaville', and it was near to the rail yard. As such the north end of the city, with Gottingen Street at its centre, though initially a suburb for the middle classes, by 1861 was occupied primarily by unskilled labourers and African-Nova Scotians.⁴⁸⁹ Gottingen Street was, therefore, a relatively cheap location for an ex-customs official to set up a new business surrounded by a community whose financial position put family physicians out of their reach (Figure 11).

⁴⁸⁶ Marble, *Physicians, Pestilence and the Poor*, 38.; Weatherall, "Making Medicine Scientific", 183; As noted in footnote 55 Weatherall has discussed dual meanings for the term empiricism. In the context of Haligonian medicine 'empirical' certainly appears to have held his latter, negative, definition

⁴⁸⁷ Lane, "Smallpox." (April 5, 1861); Lane indicated that Sally Paul had been selling the remedy for 25 shillings for half an ounce. He then noted, within the same advertisement, that he would sell the remedy for 30 shillings for the same amount.

⁴⁸⁸ Gogan, "Accounting for Legitimacy.", 269.

⁴⁸⁹ *Ibid*, 53.

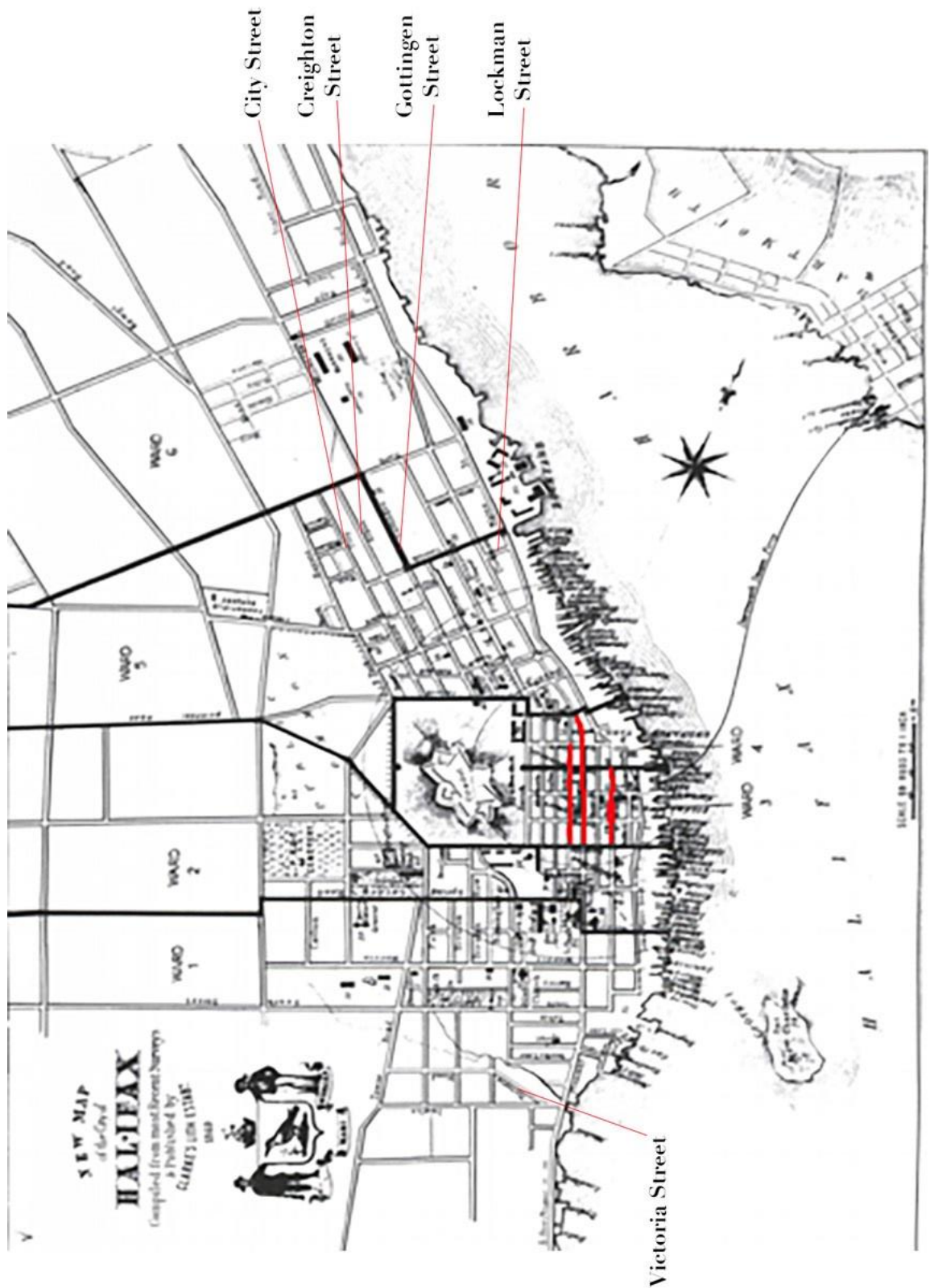


Figure 11 - New Map of the City of Halifax compiled from most recent surveys & published by Clarke's Lith. Estab. 1869 (Library and Archives Canada/Maps, Plans and Charts/n0000457)

Frederick Morris, in his support for Lane, attempted to draw the patent medicine seller into the spaces of elite practice, as represented by the Halifax Visiting Dispensary. The space of the Visiting Dispensary on Argyll Street was the most central to elite practice in the city. As discussed above, the Dispensary was a space in which debates on medical matters, the work of boundary policing, through admissions and removals from the society, and discussion of new legislative plans and lobbying efforts could be carried out.⁴⁹⁰ Furthermore, the space of the Dispensary connected the community's philanthropic, public health, professional and hierarchical concerns.⁴⁹¹ No attempts were made to shut down Lane's sale of the Indian Liniment when sold from the confines of his Gottingen Street practice, however when Morris began administering the Indian Remedy at the Visiting Dispensary the medical profession was forced to act. The Indian Remedy was quickly determined to be ineffectual and the Society sought to distance themselves from the Dispensary and Morris, both of which had been corrupted by their association with 'quack' practices. The society's immediate concern, after their decision that the curative was ineffectual, was with the expulsion of Dr Morris from their ranks, which occurred on the 3rd June, and the removal of Medical Society meetings from the corrupted space of the Dispensary to Dr McNeill Parker's residence.⁴⁹²

Just over one month later, matters having become more heated with McNeill Parker and Morris' public disagreements, the inquest was called into the death of the Mi'kmaw girl Mary Anne Cope. As discussed above, the inquest was purportedly held to establish if the use of the Indian Remedy had exacerbated Mary Cope's illness and caused her death. Before her death Cope had only been connected to the Medical Society by her brief contact with Dr Bernard Weeks, who had visited her once during her illness. Mary Cope's death, however, provided the Medical Society with the opportunity to present the dangers of the Indian Remedy and by extension, quack practices, both to the public and to their own members. The inquest, and its subsequent publicity, was a performative activity undertaken after the crisis of Morris' attempts to draw secret 'empiric' medicine and a patent medicine seller into the spaces of elite practice. Through this performance the reasons for the Medical Society's rejection of the Indian Remedy were made explicit.

The inquest garnered a great deal of publicity in the city. *The Novascotian* and *The Morning Chronicle* printed the transcript of events. *The Morning Chronicle* was the more

⁴⁹⁰ Various, "Minutes of Halifax Medical Society.", 34, 37, 52, 66-8, 82.

⁴⁹¹ Various, "Minute Book.", 1-7; See also, section above "A Confined Space"

⁴⁹² Various, "Minutes of Halifax Medical Society.", 49.

popular and regular (being a bi-weekly) of the two papers with the circulation of two-thousand five-hundred by 1864, compared to *The Novascotian* circulation of one-thousand two-hundred by 1877. Together these papers were the most popular in the city.⁴⁹³ Other inquests were held throughout 1861, a single coroner could undertake over twenty cases alone in one year.⁴⁹⁴ However, the only other inquest to gain such detailed attention in 1861 was for the murder of a policeman named Matthew Gardner.⁴⁹⁵ Why then was the death of Mary Cope as significant as that of a city policeman, warranting the printing of the entire case within the papers? The answer for the members of the Medical Society was explicitly stated when the bill for the coroner's report was sent to them on the 6th August 1861 and they considered whether they should pay for such matters in the future. Dr Jennings noted that he and Dr Almon had taken responsibility for securing the report without the Society's consent as "one of the principal objects of this society [was] the suppression (as far as in their power) of the baneful influence of quackery – and this case having an impact bearing on that object".⁴⁹⁶ The coroner's report on Mary Cope was such a case. In the eyes of the Medical Society members, Mary Cope could be framed in a manner favourable to their community, as means of suppressing quackery. The inquest, therefore, presented a unique opportunity to emphasise the failures of quack nostrums to the wider community, and to ensure that their own members understood where the lines between good and bad practice were to be drawn.

Using the inquest to discredit the Indian Remedy, and by extension alternative practices in treating smallpox, is further attested when we consider the witnesses and their assessments of the case. Three of the witnesses called had not had direct contact with Mary Cope: Dr McNeill Parker, Dr Hume and Dr Gossip. They discussed other cases focusing the discussion on broader concepts of smallpox and the Indian remedy. Dr McNeill Parker discussed two patients whom he attended in Halifax who had received the remedy, his only reference to Mary Cope was veiled in generality and conjecture, "If I visited a child and

⁴⁹³ Gertrude N. Trant, "A Survey and Listing of Nova Scotia Newspapers, 1752-1957" (PhD diss, University of Dalhousie, 1979), Public Archives Nova Scotia (Open Shelves), 48-50; Unfortunately, these circulation figures are the earliest available for both papers. While they may have been somewhat different in 1861 they present the closest approximation from the available evidence. The precise circulation of newspapers does not paint a complete picture of readerships. See Patricia Fleming and Yvan Lamonde, *History of the Book in Canada: Beginnings to 1840* (Toronto: University of Toronto Press, 2004); For more on Canadian readerships.

⁴⁹⁴ Edward Jennings, "Dr Edward Jennings Coroners Fees" (Account, 1865), Public Archives Nova Scotia.

⁴⁹⁵ Anon, "Shocking Murder: Policeman Gardner Killed.", 2-3.

⁴⁹⁶ Various, "Minutes of Halifax Medical Society.", 55.

found it in a stage of debility, and purging going on I should think its condition dangerous".⁴⁹⁷ Dr Hume was even less specific:

Salts and senna is a purgative, which I would never give to a child in such cases.

Under judicious treatment, I believe from what I have heard of the case, that the child might have been saved.⁴⁹⁸

Dr Gossip only addressed the question of Mary Cope's death, in brief, after he had detailed his involvement with the case of the Symonds family and their use of the curative. All three gave prominence to the lack of efficacy of the Indian Remedy in smallpox in the cases that they had attended, subverting the discussion of Mary Cope's death by presumptively attaching it to the question of the Indian Remedy's efficacy, and by association, the dangers of alternative practitioners and their medicines.

Furthermore, the suppositions made in the choice of witnesses and their evidence indicate that an answer to the question of the Indian Remedy's efficacy had been decided prior to the inquiry. Dr Jennings asked Dr Gossip the leading question, "what quantity of the Indian Remedy will produce death?".⁴⁹⁹ The question assumes the answer that the Remedy did produce death, and that the only issue under examination was what dosage would be required. Dr Gossip answered that any dosage could produce death due to the Remedy's distinct lack of action, having, "no more effect on smallpox than a glass of water".⁵⁰⁰ Dr Jennings' question assumed an answer that would point towards the failure of the Remedy, either being harmful to patients in its contents or preventing patients seeking professional practitioners' help instead taking a remedy with no, "functional effect".⁵⁰¹ The inquest was not intended to determine if the Remedy was ineffectual. That decision had been made within the confines of the Medical Society meeting of the 6th May, the inquest was a performance of this decision and the dangers of non-society approved medicines.⁵⁰²

Mary Cope's body, to this end, was translated into an object to be utilised in the suppression of quackery. Mary Cope was rarely described by name within the accounts of the medical elite witnesses. Dr Weeks, who attended her after she had taken the Indian Remedy, referred to her as, "the deceased" twice, "the patient" four times, "it" seven

⁴⁹⁷ Anon, "Inquest," (July 22, 1861), 2; Anon, "Inquest" (July 18, 1861), 2; My emphasis.

⁴⁹⁸ Ibid, 2; Ibid, p.2.

⁴⁹⁹ Ibid, 3; Anon, "Inquest" (July 20, 1861), 2.

⁵⁰⁰ Ibid, 2; Ibid, 3.

⁵⁰¹ Ibid, 2; Ibid, 3.

⁵⁰² Various, "Minutes of Halifax Medical Society.", 35-8.

times and “the child” eight times. In these definitions, she was removed from her gender, her background and her given name, she was framed as an object, *it*, more frequently than she was described as a deceased individual.⁵⁰³

For the purposes of comparison, as it may be posited that any individual who had received treatment from a medical man in Nova Scotia during the period would have been referred to in such terms. Let us, therefore, consider the cases provided by Dr McNeill Parker, Dr Gossip and Dr Hume. Dr McNeill Parker talked of the treatment provided to a Mr Michiner and Mr Symonds in Halifax as well as discussing, briefly, the death of Mary Cope. He referred to Mr Michiner by name, and by the pronouns “he” or “his”, only on one occasion did he refer to Mr Michiner as “the patient”, he was never described as “it” or “the adult”.⁵⁰⁴ His description of the Symonds case was similar, he referred to William Symonds by name twice, and on eleven occasions called him either he or him and once even “the lad”. Symonds was called “the patient” five times, again he was never referred to as an “it” or as simply “the adult”. Both Michiner and Symonds retained their genders and their names throughout Dr McNeill Parker’s accounts.

Furthermore, they were given voices. Michiner spoke of his treatment “in his own words” and (though he later disputed this) Mr Symonds, according to Dr McNeill Parker, corrected his mother in her account of his headache stating, “it was nearly as bad as last night”.⁵⁰⁵ On the other hand, Dr McNeill Parker never referred to Mary Cope by name let alone gave her a voice in his narrative. He only referred to her in generic terms that may have been applied to any patient.⁵⁰⁶

The same was true of Dr Hume’s account. He stated he would never give salts and senna to a child in such a case, and only referenced Mary Cope specifically once, noting that, “the child” might have been saved if he had been in attendance. His account of Mr Symonds, however, referenced him by name and the pronoun “he”. Finally, Dr Gossip used the terms “he”, “him” or “his” fifteen times, Mr Symond’s name once and only called him “the patient” on a single occasion. When it came to Cope, Dr Gossip called her “the child” twice and “the patient” once. He made no other specific references to her or her death, astonishing considering the subject of the inquiry.⁵⁰⁷ The detachment between the

⁵⁰³ Anon, “Inquest,” (July 22, 1861), 2; Anon, “Inquest,” (July 18, 1861), 2.

⁵⁰⁴ “the adult” appears the best substitute for “the child” as each only provides the age range of the person in question, they are stripped of any other defining quality.

⁵⁰⁵ Anon, “Inquest” (July 20, 1861), 2; Anon, “Inquest” (July 22, 1861), 3.

⁵⁰⁶ Ibid, 3; Ibid, 2.

⁵⁰⁷ Ibid, 3; Ibid, 2.

witnesses and Mary Cope highlights the broader aims of the inquest, not to determine how she died as the profession had already decided this, but to use her death to highlight the dangers of quackery for both the public and profession.

In addition, as Shelly Ann Martin has indicated, members of the Medical Society began to dominate inquiries from the mid-1850s coinciding with the professionalisation of medicine within the province. Inquests became a useful tool in establishing the “therapeutic sophistication” of these practitioners above alternative medicine providers in the province.⁵⁰⁸ This therapeutic sophistication was expressed through the detached analysis of the deceased body. Language used for descriptions of the deceased became medicalised over the nineteenth century, terms such as “asphyxiation” or descriptions such as, “effusion of the blood into the pericardium” began to appear with more frequency.⁵⁰⁹ Similarly, Mary Cope’s body was broken down into medicalised signs and symptoms. Dr Slayter spoke of Cope in pieces that could easily be detached from her as an individual, “part of the face and legs were covered with a distinct eruption. The thighs, stomach and chest had very few pustules; the forehead, nose and lips were scratched, so that the pustules had united”. Mary Cope’s body was taken apart and reduced from human to object of medical analysis: “the fever was less than ordinary; the pulse not at all exhilarated; it was moderately frequent. The respiration was natural; no lung symptoms present.” Or as Dr Slayter later attested, “it was therefore impossible to tell whether the eruption had been distinct or confluent. The pock was full and *white*”. He then went on to describe the physical symptoms and causes of death in most cases of smallpox that he had witnessed during his career.⁵¹⁰ Again, this description marked a line between Mary Cope’s death as an individual from the broader question of the Indian Remedy and its use in smallpox. Conceiving of Cope in this manner allowed the medical elite to use her body to uphold and present their notion of medical professionalism.

For further comparison, we can look at the Gardner Inquest. Constable Matthew Gardner was stabbed to death on a fishing schooner in an altercation that involved the abduction of a young woman from Guysborough, an unpaid debt and a drunken sailor. The inquiry, as with the Cope inquiry, appears as more of a performance than a true attempt to uncover a previously unknown cause or perpetrator. The man who stabbed Gardner was

⁵⁰⁸ Shelly Ann Martin, “Corpses, Corruption and City Coroners: Death Investigation in Nineteenth Century Halifax” (M.A. diss, Dalhousie University, 2002), 51.

⁵⁰⁹ *Ibid*, 63.

⁵¹⁰ Anon, “Inquest” (July 22, 1861), 3; Anon, “Inquest” (July 20, 1861), 2.

identified by all witnesses and the paper presented the case as a formality.⁵¹¹ The head coroner for proceedings was also Dr Jennings.⁵¹² This is where the similarities between the inquests ends. At no point during the inquiry did any of the witnesses refer to Gardner as “it” or “the adult”. He was only described as “the deceased” once by his colleague Constable Fraser, who added to this definition by including Gardner’s name, “the deceased, Gardner”.⁵¹³ Fraser also called him “the body” on one occasion, though in context this phrasing may be regarded as a means of emphasising Frasers own lack of culpability when he left Gardner on the boat to get help, “Morgan asked me to bring the body ashore with us. I would not agree to that, wanting to get ashore to procure more force, as I knew that he was dead.”⁵¹⁴

As noted above, to deny racial prejudices of the period would be naive. The difference in expression when it came to the bodies of Matthew Gardner and Mary Cope points to a distinction based upon their societal positions, tying racial prejudices into concerns over boundary policing. Gardner held a position of authority in the city, as a policeman. He was also white, male and an adult. Cope lived on the outskirts of the city in the Dartmouth encampment. She was a child, female, and Mi’kmaq. The geographic and social separation of Cope from central Haligonian authorities and institutions also made it easier to frame her as an object, as her use of the Indian Remedy and death raised genuine public health concerns for the medical elite, she was perfectly positioned as a tool for the performance of the inquest. While informed by societal and racial prejudices, the reason for wishing to portray Cope as an object rather than an individual was clearly elucidated by Drs Jennings and Almon in their discussion of the inquest at the Medical Society meeting. Mary Cope was an object for the suppression of quackery, for the public good.⁵¹⁵ The Gardner Inquest appears to have had no ulterior motivation. A policeman had been murdered. Calling an inquest in such circumstances was a necessity rather than a tool for the promotion of an ideology.

Overall, the inquest into the death of Mary Anne Cope may be viewed through the prism of boundary policing, where the Medical Society sought to perform and present what

⁵¹¹ Anon, “The Shooting Star Tragedy,” *The Novascotian*, (November 11, 1861), Microfilm reel 8,089, Public Archives Nova Scotia, 2; Anon, “Shocking Murder”, 2-3.

⁵¹² Anon, “Shocking Murder: Policeman Gardner Killed.”, 2-3.

⁵¹³ Ibid, 2-3.

⁵¹⁴ Ibid, 2-3.

⁵¹⁵ Various, “Minutes of Halifax Medical Society.”, 55; my emphasis.

constituted good orthodox practice both externally and internally.⁵¹⁶ This intervention was aimed at Society members as much as the public. It presented a space in which the meaning of professional and ‘quack’ could be negotiated and defined for their own community. Having established that the inquest was used in this manner I will now turn to discussion of what orthodox practice was, as defined during the inquest.

The questions asked at the inquest highlight one of the core concerns of establishment medicine, Jennings asked Morris:

Ques [Jennings]: Under these circumstances you recommended him to administer the remedy, empirically, without you having seen the patient, or knowing anything further of its condition than that it is ill with smallpox?

Ans [Morris]: The word *empirically* is out of place

Ques: Is not any medicine an empirical remedy if its constituents and action are not known, and it is not applied scientifically?

As demonstrated in chapter two, there had been a move to portray medicine as a science by practitioners in Britain during the nineteenth century. These inquest questions point to a similar move in Haligonian orthodox medicine, though the outcome for the Indian Remedy was different from that of the *Sarracenia purpurea*. This move had begun at least by the early 1850s when a series of articles written by Drs Jennings, Allan and Cain in the *Acadian Recorder* detailed the steps that one must take for a curative to be considered professional. These steps included a requirement for the collection of data through experimentation rather than empirical observations.⁵¹⁷ As discussed in chapter three the Haligonian elite did not contribute to the British journals, they also did not have any local journals for the purposes of conducting medical debates. Matters of medicine were presented to the city through newspapers and inquests. In these settings decisions had already been made, unlike in the British journals. The internal hierarchies of the Haligonian profession was

⁵¹⁶ Isto Huvila, “The Politics of Boundary Objects: Hegemonic Interventions and the Making of a Document,” *Journal of the American Society for Information Science and Technology* 62, no. 12 (December 1, 2011): 2528–39

⁵¹⁷ C. Howell and M. Smith, “Orthodox Medicine”, 58, 71; Howell & Smith also argue that practitioners in the Maritimes gave new emphasis to the power of nature in healing which they absorbed into their practices in the “name of science”. I think that elements of this have been demonstrated in the British context in the previous chapter, however Howell & Smiths reference to ‘natural’ remedies when they begin their discussion with the Mi’kmaq curative neglects to consider the place of Mi’kmaq medicine within Maritime medicine, as indicated in my introduction this is a common failing with histories of medicine in the Atlantic World.

more entangled with traditional status, friendships and animosities and philanthropic behaviour, discussed above, than the profession in Britain at this time. Presentation of Haligonian practice as science had more to do with attempts to place themselves therapeutically above alternative practitioners in an overcrowded market than the re-organisation of hierarchies that were discussed in chapter two.

Therefore, in describing the Indian Remedy as empirical Jennings was placing the curative outside the boundaries of professional practice. If the remedy was empirically tested it could not be regarded as a product of professional practice which defined itself as experimental and scientific. This was further established by Dr Gossip who wrote to provincial secretary Joseph Howe prior to the inquest that “Dr. Morris has not had any reliable data upon which to found any opinion in favour of its value as a remedial agent”.⁵¹⁸

The above exchange went on,

[Morris] I mean by “naturalizing” that it renders the poison inert; the medicine has no functional action on the skin, the bowels, the liver &c., but when taken into the bowels it is absorbed into the blood

Ques [Jennings]: How does it act on the blood?

Ans: I do not know, but I have seen its effects.⁵¹⁹

This exchange demonstrates the fundamental break between Morris’ and Jennings’ understanding of good practice. For Morris the fact that the Remedy had been administered and the resulting effect was that the “fever leaves the patient” was sufficient to promote its use in smallpox.⁵²⁰ Jennings, acting in his capacity as representative of the medical establishment in this matter, required a more detailed analysis of the action of the Remedy. The question “how does it act on the blood?” and his earlier request that Morris provide evidence of the Remedy’s “functional action on the system” point toward a concern for uncovering the precise activity of remedies, their components and how these acted on the body.⁵²¹

⁵¹⁸ Gossip, “Dr. Gossip to Provincial Secretary.”, 1; What counted as enough data was never specifically addressed, perhaps contributing to the blurred boundaries of the profession. The inquests role as a means of policing boundaries of the profession and the conclusion that the specific evidence was of less concern than the official status of consulted practitioners will be discussed below.

⁵¹⁹ Anon, “Inquest,” (July 22, 1861), 2; Anon, “Inquest,” (July 18, 1861), 2.

⁵²⁰ Ibid, 2; Ibid, 2.

⁵²¹ Ibid, 2; Ibid, 2.

The threat of alternative practices required boundary policing from the profession. Part of the process of boundary policing required the profession to highlight why their practice was more legitimate than the often less invasive alternatives. Presenting orthodox practice as scientific tied it to conceptions of universal and disinterested truths established by firm rules of experimentation. Establishing the precise workings of curatives through scientific experimentation as part of orthodox medical practice coincided with an interest in establishing the precise workings of diseases;

Ans [Lane]: I believe smallpox did exist

Ques [Jennings]: How could you tell? Had you any other means of information than those you have mentioned

Ans: I had no other means

Ques: Can you tell the difference between a mild case of smallpox, where danger need not be apprehended, and severe case likely to result in death?

Ans: No; all I wish to know is whether the patient has possession of its sense – whether it is conscious.⁵²²

Jennings later asserted that Lane was:

An ignorant, uneducated, illiterate man, utterly unacquainted with the science and practice of medicine, or the nature, extent or modifications of the disease which he empirically attempts to cure.⁵²³

Degrading Lane and placing his variant knowledge system at odds with the diagnostic practices of the medical elite served to emphasize that the latter were well-defined, scientifically based, strictly policed standards to which the community adhered. Jennings, therefore, presented a cohesive set of standards for the practices of Society members.

In opposition to the medical establishment's interest in uncovering the precise working of a remedy or a disease to emphasise their scientific sophistication Morris argued, to the senses of sight and taste, so apparently inert – yet, after twelve hours' influence on the system, so invariably restorative to the patients, that their sense

⁵²² Ibid, 2; Ibid, 2.

⁵²³ Anon, "Inquest" (July 20, 1861), 2; Anon, "Inquest" (July 22, 1861), 3.

of convalesce has never been deceived. And what are these unskilled convictions of relief, but “data reliable” which it were the blindest folly to ignore.⁵²⁴

This approach, that considered the recovery of a patient sufficient evidence for a curatives good effect, was being pushed out of establishment medicine that sought instead to determine the precise workings of curatives, as well as their precise make up. Morris and Lane had kept the contents of the curative secret and as such it had more in common with patent and irregular practitioners’ medicines. As Anne Digby has noted “so-called ‘secret remedies’ ...smacked of trade” and where considered part of the remit of quack and irregular practitioners.⁵²⁵ As discussed in chapter two, Miles worked to distance the *Sarracenia purpurea* from the secret curatives of patent practitioners, providing details of the content, preparation and use of the remedy within Mi’kmaq society as a means of establishing this distance and his own role as discoverer. Morris, on the other hand made no such efforts. Instead his assessment of the Indian Remedy’s effect seems to reflect that of the noted British homeopath William Bayes, “you talk of chemical tests, and of the senses: now the only test I allow to be of value in testing medicine is their effect in curing the disease.”⁵²⁶ He did not seek to present the Remedy within its Indigenous contexts of preparation, contents or use, only to present a secret curative that he had observed to be effective.

For a death to warrant investigation it had to meet criteria of abnormality. It had to be unexpected or unnatural, a murder or sudden death would, therefore require an inquiry, death from smallpox during a smallpox outbreak did not fit into this standard.⁵²⁷ Indeed, as Jennings noted during his closing statement the inquest into Mary Cope’s death may have seemed, “unnecessary or unimportant.”⁵²⁸ However, I have argued that calling and publicising the inquest was considered necessary by the medical elite, who had begun to use inquests as a means of performing professional practice from at least the 1850s, to make a broader statement about what this practice was and to affirm what it was not.⁵²⁹ Focus was given to the scientific basis of orthodox medicine during the inquiry, in opposition to “empirical” and secret practices and remedies. Morris’ involvement in the promotion of the Indian Remedy and his attempt to draw a patent medicine seller and

⁵²⁴ Morris, “Correspondence”, 6.

⁵²⁵ Digby, *Making a Medical Living*, 61.

⁵²⁶ Weatherall, “Making Medicine Scientific”, 183.

⁵²⁷ Martin, “Corpses, Corruption and City Coroners”, 30.

⁵²⁸ Anon, “Inquest” (July 22, 1861), 3; Anon, “Inquest” (July 20, 1861), 2.

⁵²⁹ Martin, “Corpses, Corruption and City Coroners.”, 51.

patent medicine into the space of elite practice as represented by the Visiting Dispensary made the requirement for such a display of orthodox practice and boundary policing even more significant. For the medical elite rejection of the Indian Remedy, as it was displayed within the inquest, had far more to do with these matters of boundary policing than the remedy's Mi'kmaq origins. For Morris observation of the remedy's good effect was sufficient to promote it without focus on its Indigenous use, preparation or content.

Success as a Patent Curative:

The Afterlife of the Indian Remedy in Halifax

This account had been one of the failures of translation of the Indian Remedy into an accepted curative amongst the Haligonian medical elite. What is missing is the acceptance of the Remedy as an effective patent curative amongst the general populace. Though the medical elite sought to suppress the use of the Indian Remedy I argue that the general Haligonian populace had little interest in the medical elite's assessment and that the Remedy was successfully translated into a patent curative in the city. Tracing this acceptance will work comparatively to highlighting the flexibility of conceptions of Indigenous medical knowledge in nineteenth century Halifax. It has been demonstrated that, though informed by racialised conceptions of Indigenous testifiers, boundary policing, informed by internal hierarchies, public health concerns, personal relationships were the primary causes for the medical elite's rejection of the Indian Remedy. Below I show that acceptance of the curative amongst the general populace owed to a combination of practical requirements for medical provision and flexible conceptions of indigeneity.

As noted above Lane occupied a space of alternative practice within Halifax, on Gottingen Street (Figure 11). if we trace the locations of Lane's patients who provided testimonials on the Indian Remedy we see a scattered community reaching from the northern suburbs near Lane's practice to the wharfs on the south end of the city, and out into the province. The patients' occupations also paint a picture of a community of alternative medicine users from skilled artisans to poor labourers and some Indigenous men and women. William Symonds was a carpenter, he and his family lived on Victoria Street on the water front at the south end, they all claimed to have seen the good effects of the Remedy, his father George did so in the presence of the city Mayor Samuel

Caldwell.⁵³⁰ Arthur Brady, of 70 Grafton Street, also swore in the presence of the Mayor that a child named Thomas Hackett who lived in the neighbourhood had taken the Remedy and survived. Grafton was one of the upper streets of the city centre, along with Barrack and Albermarle. These streets had a reputation for violence, drinking and debauchery.⁵³¹ They were some of the poorest streets in the city, with tenement blocks housing large families. During the smallpox outbreak of 1861 some of these blocks, on Albermarle and Grafton Streets were condemned as unfit for habitation, an assessment that would likely have applied to many of the neighbouring properties if the Board of Health had had reason to call.⁵³² Francis Baker, a labourer, lived on the corner of Albermarle and Jacob Street with his wife and at least one child, Henry, who was treated successfully with the Indian Remedy.⁵³³ Another of Lane's patients, Elisha Michener was a sixty-three-year-old shoemaker who lived on Lockman Street, closer to the water front on the north end where wealthier artisans lived in more spacious homes than those located to the west.⁵³⁴ The remedy was also said to have been effectively used in Spry and Cole Harbours and Antigonish and patients came from the various professions of stevedores, tailors, shoemakers and labourers, it was also administered to two Mi'kmaq at Antigonish.⁵³⁵ Lane's premises on Gottingen Street was well situated, though as we trace the use of the Indian Remedy across Halifax it becomes apparent that alternative practice occupied a pervasive and significant place in the medicinal care of the city's labouring classes, both skilled and unskilled.

The above testimonials translated the Indian Remedy into an effective curative within these spaces. The backgrounds of the testifiers not only present an - admittedly sparse - picture of those that had already used the Remedy it also highlights the intended audience for the Remedy. Neighbours, friends and co-workers of the testifiers, and shoppers at the druggists that acted as witnesses, Thomas Walsh, Avery Brown & Co and Thomas Durney provided authority that sat within existing social spaces of work, the home

⁵³⁰ William Symons, "Read This!!! Indian Remedy for Smallpox," *Halifax Morning Sun* 18, no.73, (June 21, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 2; George Simmons, "Indian Remedy," *Halifax Morning Sun* 18, no.81, (July 10, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 2.

⁵³¹ Akins, *History of Halifax City*, 158, 162.

⁵³² Board of Health, "Board of Health," *The Evening Express* 4, no.39, (April 17, 1861), microfilm reel 6,595, Public Archives Nova Scotia, 2.

⁵³³ Frederick William Morris, "Indian Remedy," *Morning Journal and Commercial Advertiser* 8, no.59 (May 22, 1861), microfilm reel 7,028, Public Archives Nova Scotia, 2.

⁵³⁴ Elisha Michener, "Certificate, Indian Remedy for Smallpox," *Halifax Morning Sun* 18, no.66 (June 5, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 3; Akins, *History of Halifax City*, 181.

⁵³⁵ John Thomas Lane, "Indian Remedy," *Halifax Morning Sun* 18, no.61, (May 24, 1861), microfilm reel 8,290, Public Archives Nova Scotia, 2; Morris, "Indian Remedy," (May 22, 1861), 2.

and the commercial spaces of Gottingen Street, Water Street and the city centre that overlapped and fed into each other.⁵³⁶ As Shapin has discussed, networks of trust were a significant part of the process of moving knowledge between spaces and promoting acceptance of the same.⁵³⁷ While Shapin has focused on elite practitioners and knowers in his description of such networks I do not believe it to be too much of a stretch to consider these testimonials as utilising similar networks amongst the city's general populace to promote the use of the Remedy.

Alongside these testimonials the name given to the curative, 'The Indian Remedy' and the signatures that Lane provided, "John Thomas Lane, Medicine Man in the Mic-Mac Indian Tribe" placed the remedy within already existing Haligonian public interest in indigeneity and Indigenous women's medical know how, discussed above.⁵³⁸ Furthermore, Morris' lack of concern for the content of the Remedy, promoting its use without reference to its preparation and only as an unspecific Indian Remedy, may point to his aims in patent medicine promotion that connected primarily to his economic interest. Though a professional practitioner the accusations of patent practice by Miles may not have been entirely unfounded. Patent medicine sellers were certainly economically successful in the region, the reaction of the Medical Society to Morris' support for the Remedy would seem to attest as much. Indeed, Lane sold the remedy at a five-shilling profit during an outbreak of smallpox, when demand would have been at its highest, with the full cost of the remedy being thirty-shillings.⁵³⁹ In essence, patent remedies could be economically successful, especially when combined with the veneer of homogenised Indigenous authority, as was the Indian Remedy.

The popularity and economic success of such remedies do not appear to have been stemmed by elite pronouncements on their utility. During the inquest, Symonds claimed that, "if [he] had the smallpox again, [he] would take the Indian Remedy".⁵⁴⁰ The direct aim

⁵³⁶ John Blagden and Jeremiah Murphy, "Indian Remedy for the Smallpox," *The Morning Chronicle* 18, no.66, (May 30, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2; Lane, "Indian Remedy", 2; John Thomas Lane, "The Indian Remedy for the Smallpox," *The Morning Chronicle* 18, no.67, (June 1, 1861), microfilm reel 5,406, Public Archives Nova Scotia, 2.

⁵³⁷ Shapin, "Placing the View from Nowhere", 8-9.

⁵³⁸ Lane, "Smallpox." (April 5, 1861), 2.

⁵³⁹ *Ibid*; Lane indicated that Sally Paul had been selling the remedy for 25 shillings for half an ounce. He then noted, within the same advertisement, that he would sell the remedy for 30 shillings for the same amount; Various, "Minutes of Halifax Medical Society.", 38; Despite their concerns with Morris' promotion of the Remedy his colleagues within the Medical Society believed his pronouncement that he had never made any money from the sale of the remedy.

⁵⁴⁰ Anon, "Inquest," (July 18, 1861), 2; Anon, "Inquest," (July 22, 1861), 2.

of the inquiry being the suppression of the use of the curative in Halifax was clearly counteracted in Symonds' statement. He cared little for elite approval, only for his trust in the remedy's efficacy. Symonds family's approach to healing was mixed and demonstrated little or no interaction with definitions between 'quack' and elite practitioners. Symonds, "took the Indian Remedy from Dr Morris" on the ninth day of his illness, he "took nothing else except salts and cream of tartar, prescribed by Dr Gossip". He also saw Dr McNeill Parker.⁵⁴¹ From Dr McNeill Parker and Dr Gossip's perspective, Morris was no longer a member of the medical elite, having been expelled from the society. Yet for Mr Symonds, all three doctors were seen, and their various prescriptions taken. No hierarchy was alluded to in Symonds' view of these men as practitioners. Only the curative's effects were given any specific credence. The curative, then, and not the practitioners' status, was of primary significance to Symonds.

Furthermore, Morris' continuation at the Dispensary, and its success, reflect the Haligonian public's requirement for such an institution and their lack of concern over the medical establishment's judgements on practitioners' status. It was assumed, by both the medical elite and the non-medical elite governors of the Dispensary that they would suffer with the loss of medical patronage when the medical governors resigned from the institution. The president of the Dispensary, Reverend Cochran, tried to have Dr Morris reinstated in the Society. He expressed his desire that the "medical gentlemen who have withdrawn their connection from the city dispensary will again afford to it their countenance and co-operation".⁵⁴² Cochran hoped that with Dr Morris' reinstatement to the Medical Society, the establishment would return to the Dispensary, bringing with them their ability to raise funds for the continuation of the institution.

Indeed, the initial fallout from the medical governors' exit from the Dispensary was a sharp drop in revenue and the question of the continuation of the institution was raised as the Visiting Dispensary found themselves, "entirely without the necessary funds to continue the operations of the institution".⁵⁴³ However, the Dispensary had struggled economically since its inception, with the question of its continuation also being raised as funds dried up in 1859.⁵⁴⁴ Furthermore, in 1862 financial matters had become less drastic

⁵⁴¹ Ibid, 2; Ibid, 2.

⁵⁴² Various, "Minutes of Halifax Medical Society.", 58.

⁵⁴³ Directors of the Halifax Visiting Dispensary, "Report of the Directors.", 8.

⁵⁴⁴ Various, "Minute Book.", 33.

and the final year report of the Dispensary showed a balance of just over eleven pounds.⁵⁴⁵ Over the years the institute suffered financial highs and lows, however throughout Morris' tenure as resident physician, that lasted until his death in 1867, it remained active.⁵⁴⁶

The continuation of the Dispensary despite its financial setback was enabled by the hard work of Morris, but also by the substantial need for such an institution within the city. The majority of Dispensary users came from the aforementioned upper city streets and the poorer north end, these patients needed free medical care; without the Dispensary they could rely only on family and friend's knowledge.⁵⁴⁷ The initial concern amongst the remaining Visiting Dispensary governors was that, "the confidence of the public in the operations of the institution" would be impaired.⁵⁴⁸ However, with Morris' promise that he would not continue to promote the Remedy, either at the Dispensary or outside, or involve himself with any other 'quack' nostrums, the matter was dropped and not addressed again by the institute members, even when Morris broke that promise.

Essentially, this allowance appears to have related to the number of patients administered to at the Dispensary. After the resignation of the governors, patient numbers increased rather than decreased. This increase was part of a general pattern since the founding of the institution in 1855 that saw a rise in patients each year. However, if the resignations had affected public confidence in the Dispensary then some demonstrable decline or flattening in the figures would be expected. There was none, indicating that public confidence was unaffected, or that need for Dispensary services outweighed any other concerns.⁵⁴⁹ While, from the perspective of the medical elite, the space of the Visiting Dispensary could no longer be considered one of professional practice having been

⁵⁴⁵ Governors of the Halifax Visiting Dispensary, "Report of the Governors of the Halifax Visiting Dispensary" (Annual Report, Halifax, Nova Scotia, 1860), Killam Library, Dalhousie University Archives and Special Collections, 7; Various, "Minute Book.", 50.

⁵⁴⁶ Marble, *Physicians, Pestilence and the Poor*, 248.

⁵⁴⁷ Victoria Fingard, *The Dark Side of Life in Victorian Halifax* (Porter's Lake, Nova Scotia: Pottersfield Press, 1989), 18.

⁵⁴⁸ Various, "Minute Book.", 59.

⁵⁴⁹ Marble, *Physicians, Pestilence and the Poor*, 248; Governors of the Halifax Visiting Dispensary, "First Annual Report of the Governors of the Halifax Visiting Dispensary" (Annual Report, Halifax, Nova Scotia, 1855), Killam Library, Dalhousie University Archives and Special Collections, 8; Governors of the Halifax Visiting Dispensary, "Second Annual Report of the Governors of the Halifax Visiting Dispensary" (Annual Report, Halifax, Nova Scotia, 1856), Killam Library, Dalhousie University Archives and Special Collections, 7-8; Governors of the Halifax Visiting Dispensary, "Third Annual Report of the Governors of the Halifax Visiting Dispensary" (Annual Report, Halifax, Nova Scotia, 1857), Killam Library, Dalhousie University Archives and Special Collections, 8-9; Governors of the Halifax Visiting Dispensary, "Report of the Governors", 7; Directors of the Halifax Visiting Dispensary, "Report of the Directors.", 10.

sullied by quack practitioners and medicines, from the perspective of the public the Dispensary remained stable, an institution that they could confidently attend for their medical needs. The fact that it was run by a practitioner who had sold a patent medicine was of no consequence, indeed it may have positively impacted attendance when we consider the likely popularity of such medicines with Haligonian publics.

Conclusions

This chapter has considered the spaces of elite and alternative practice within the city of Halifax during the mid-nineteenth century. Elite rejection of the Remedy disproves the conclusions of scholars such as Schiebinger and Murphy who argued that nineteenth century racism precluded the translation of Indigenous medicine into colonial practice. The medical elites' rejection of the Indian Remedy in Halifax had more to do with boundary policing, the promotion of medicine as science, medical elite hierarchies, friendships and animosities and genuine public health concerns. The continued success of the Halifax Visiting Dispensary, and the assertion by consumers of the Remedy that they would take the curative again points to a general success in translation of the Indian Remedy in the broader Haligonian context that seems to have related to acceptance of Indigenous knowledge in medicine as authoritative through virtue of their supposed connection with the natural world and a general fascination in the community more broadly, as well as a genuine necessity amongst the Haligonian poor for free or cheap medical care.

CHAPTER FIVE

Facing East: *Mqo'oqewi'k* at Shubenacadie and Beyond**Introduction**

Having considered how, why and what travelled between Halifax and Britain in the early 1860s this chapter will now ask the same questions of the *Mqo'oqewi'k* in Shubenacadie and north eastern Canada more broadly. In the summer of 1861 Sally Paul, a Kanien'kehaka woman living amongst the Mi'kmaq in Nova Scotia sold her remedy for smallpox, an infusion of the root of the *Mqo'oqewi'k* to a Haligonian patent medicine seller and a Captain in the Royal Artillery.⁵⁵⁰ In a more traditional narrative of the appropriation of *Mqo'oqewi'k* from Sally Paul by Haligonian and British actors, Paul would be regarded as the essentialised owner of the remedy, its originator who was duped into revealing an important secret curative. However, this only feeds the narrative of static medical cultures amongst Indigenous communities. This final chapter attempts to 'face east' to consider the complexities of Mi'kmaq interaction with smallpox, other First Nations cultures of the region, and colonial powers. Approaching primarily colonial sources "facing east" is by no means a perfect solution to the problems of evidence and power in Indigenous histories. However, as Carl Becker has indicated, all historical accounts contend with similar issues to greater and lesser extents and in their own ways are "imagined", I therefore present this chapter as a partially "imagined" series of overlapping and sometimes apparently contradictory narratives based upon the available written evidence from colonial sources, modern and nineteenth century anthropological accounts and oral histories.⁵⁵¹ Importantly, as discussed in the introduction, undertaking a 'Red' Atlantic approach means providing a view of the available sources that recognises Indigenous individuals and communities as in motion, and complex.

Using this approach I shall attempt to place the *Mqo'oqewi'k* in the 1860s within Indigenous spaces and frameworks to paint a picture of interconnected First Nations

⁵⁵⁰ Unama'ki Institute of Natural Resources, *Mi'kmaq Ecological Knowledge Distribution of Culturally Significant Plants*, (Eskasoni, Cape Breton: Unama'ki Institute of Natural Resources, 2012), 36; I use the name *Mqo'oqewi'k* as the Mi'kmaq term for what the Europeans called *Sarracenia purpurea* and, during 1861, the Haligonians called the 'Indian Remedy' or purple pitcher plant. While I go beyond the Mi'kmaq within this chapter to discuss the use of the plant in other Indigenous north-eastern communities, to save confusion, and as my primary focus is its use amongst the Mi'kmaq, I have retained the use of *Mqo'oqewi'k* rather than giving each of these community's name for the plant.

⁵⁵¹ Richter, *Facing East From Indian Country*, 11.

communities with complex systems of adaptive medical knowledge that were translated through places of trade and shared cultures. This narrative is one that places medical knowledge in the context of Indigenous medicine in the north-eastern Americas, where medical knowledge appears to have been actively shared across vast distances and between diverse communities, and where cures for complex and devastating new diseases were seemingly actively sought.

As has been demonstrated in previous chapters, where Indigenous individuals and communities appeared in colonial accounts, they did so as frozen figures; practitioners that stood within stationary and incomplete systems of practice. While often required as legitimisers of knowledge, this was displayed within terms of implicit, ancient and sagacious know-how, often curious and interesting as it came from a community doomed to extinction.⁵⁵² Here I will utilise 'Red' Atlantic methodologies that will attempt to draw out the narrative of the use of *Mqo'oqewi'k* from the Mi'kmaq perspective to highlighting the active, vibrant and broad medical knowledge system that stands in contrast to the stationary figures of Indigenous medical practices as portrayed by Haligonian and British commentators. Furthermore, while presenting a medical system that was not static, I will also present one that was not nostalgic, meaning not tied to conceptions of indigeneity as somehow discarded or broken by interaction with white communities or other Indigenous cultures. The final section of this chapter will discuss the actions of Sally Paul, Mary Ann Ferris, and the Mi'kmaq community more broadly, in their encounters with Haligonian and British invaders. I will also discuss the issues of access to imperial spaces that stemmed their intent. As Jace Weaver 'Red' Atlantic account has demonstrated, these interactions, from theft of knowledge to cooperation and sale of information and flora, did not un-indigenise these actors. Rather it demonstrated the ever-moving and adapting lives of individuals. Sally Paul and Mary Ferris were "selves determined", confined by the mechanisms of imperialism, but they were also "self-determined", being able to utilise those same structures to an extent and to their advantage and living diverse and complex lives that were not always decided by interactions with colonisers.⁵⁵³

⁵⁵² Robinson, "New Worlds, New Medicines", 92, 102, 107; also see descriptions of Sally and her role in Miles, Morris, Lane and Hardy's accounts in preceding chapters.

⁵⁵³ Weaver, *The Red Atlantic*, 205.



Figure 12 - My own map showing North Eastern Communities between circa 1600-1900. Created with the use of: Anon, "Ojibwa - History, Migration to the Great Lakes," accessed September 25, 2018, <https://www.everyculture.com/multi/Le-Pa/Ojibwa.html>; Various, "NativeLand.Ca," Native-land.ca - Our home on native land, accessed September 25, 2018, <https://native-land.ca/>; Various "Maliseet - New World Encyclopedia," accessed September 25, 2018, <http://www.newworldencyclopedia.org/entry/Maliseet>; Anon, Anon, "The Mi'kmaq.," **This map does not represent or intend to represent official or legal boundaries of any Indigenous nations. As discussed below many of the boundaries were imagined or imposed by European colonisers.**

Mqo'oqewi'k in North Eastern Canada:

Active medical networks

The *Mqo'oqewi'k* grows in abundance across north-eastern America and Canada.⁵⁵⁴ It is, therefore, unsurprising that it appears within the medical cultures of most, if not all, of the Indigenous communities of the region. Moerman provides a helpful summary of its use by communities such as the Malecite, Mamaceqtaw, Innu, Anishinabe, Penobscot and the Potawatomi (Figure 12). The *Mqo'oqewi'k* was used for kidney and urinary infections, pulmonary illnesses especially those associated with spitting blood (tuberculosis), venereal diseases, liver infections, childbirth, and witchcraft or spirit medicine.⁵⁵⁵ Below I will trace these uses across the region, as far as this is possible. This section will unfortunately lack certain specificity due to Moerman's failure to note the dates for each communities' use of the *Mqo'oqewi'k* in these illnesses. Some linkages can be guessed at due to the proximity at various times between some of the Indigenous communities and common usages of the plant and tentative conclusions can be drawn connecting trade routes, shared cultures and political structures to medical knowledge movements and creation. However, what is more important to note about the use of all or part of the *Mqo'oqewi'k* in medicine across the region is that in all instances the diseases that the plant was used for were those of the utmost significance, from child birth, to tuberculosis, to love medicines. Within the cultures of north-eastern Canada. Where the *Mqo'oqewi'k* grew so prominently, the plant had great medicinal and natural magical power, and its eventual use in smallpox likely stemmed from its association with its use as a powerful medical intervention.⁵⁵⁶

Before we turn to its use in smallpox, other uses for the *Mqo'oqewi'k* provide some insight into the interconnected medical systems of north-eastern Indigenous communities, demonstrating active exchanges of knowledge likely along well established lines of trade. If we map the use of *Mqo'oqewi'k* in gynaecological matters, specifically for parturition, this knowledge was being shared between communities that bordered the Great Lakes. It was

⁵⁵⁴ Capinera, *Encyclopedia of Ethnobotany*, 729.

⁵⁵⁵ Moerman, *Medicinal Plants of Native America*, 445; Spirit medicines include basket medicine, love medicine and sport medicine, all used in infusions to improve the individual's chances in these pursuits.

⁵⁵⁶ There may be some significance to the use of the root specifically in smallpox over, for example, the leaves or flower, perhaps pointing to some symbolism or power that roots were believed to contain. However, without further evidence on the use of roots in Mi'kmaq medicine and patchy specificity on which parts of the plant was used in other illnesses in the region it is difficult to draw any solid conclusions in this regard. In this section I will highlight where possible which parts of the plant were used, however, overall the plant as a whole appears to have been regarded as a powerful medical intervention in the region.

used in this manner by, what Moerman has determined were the Quebec Algonquin language group (most likely the Anishinabe) and Cree to the north, the Potawatomi south and west of Lakes Huron and Michigan, and the Ho-Chunk, west of Lake Michigan.⁵⁵⁷ Centring around the Great Lakes region, the area covered by these groups was vast. The practice of using the leaves and roots of the *Mqo'oqewi'k* in childbirth was travelling across great distances. As historians such as Lisa Brooks and Bernd Peyer have shown, Indigenous peoples had vast and sophisticated communication and trade networks before colonisation that followed the waterways of the Great Lakes and these routes were maintained, adapted and developed over time.⁵⁵⁸ It seems plausible that these trade routes carried more than material items. The specific use of the leaves and roots of *Mqo'oqewi'k* in childbirth along these pathways suggests medical knowledge was travelling along them as well.

Furthermore, the Anishinabe and Potawatomi are considered to be two parts of the same cultural group that diverged in around the 1660s as they migrated westward from the region around the St Lawrence river mouth and split, with one group, the Anishinabe, settling on the eastern shores of Lake Superior while the Potawatomi settled between Lakes Huron and Michigan. Together, with the Ottawa who settled to the north of Lake Huron in this period, these communities were known as the "Three Fires" with their shared culture and language likely extending into matters of medicine.⁵⁵⁹

As we move to the north and east toward the St Lawrence and Quebec unspecified parts, or perhaps the whole plant of the *Mqo'oqewi'k* was used for urinary and kidney illnesses, with the Atikamekw, a band in the wider Cree community, using the plant for these problems.⁵⁶⁰ The Mi'kmaq and Penobscot used the, again unspecified, *Mqo'oqewi'k* in these matters as well as for the spitting of blood and tuberculosis, which were also diseases that the east coast Malecite used the plant for.⁵⁶¹ The Penobscot, Mi'kmaq and Malecite were, at various points, part of the political and allied structure known as the Wabanaki Confederacy that also included the Passamaquoddy, and Abenaki. As shown in figure twelve these communities' boundaries were fluid and overlapping, and their

⁵⁵⁷ Moerman, *Medicinal Plants of Native America*, 445; Kelly Kindscher and Dana P. Hurlburt, "Huron Smith's Ethnobotany of the Hock (Winnebago)," *Economic Botany* 52, no. 4 (1998): 364.

⁵⁵⁸ Lisa Tanya Brooks, *The Common Pot: The Recovery of Native Space in the Northeast* (Minneapolis, Minnesota: University of Minnesota Press, 2008), xxxii.

⁵⁵⁹ Anon, "Ojibwa - History, Migration to the Great Lakes," accessed September 25, 2018, <https://www.everyculture.com/multi/Le-Pa/Ojibwa.html>

⁵⁶⁰ Moerman, *Medicinal Plants*, 445.

⁵⁶¹ *Ibid*, 445.

alliances with each other were unfixed and nebulous at times. However, they did share cultural and political interests, especially during the British colonial period where the Wabanaki confederacy fought and negotiated for peace together.⁵⁶² This makes the shared usage of medical materials unsurprising.

The shared usage of the plant with the Atikamekw further north would seem to reflect the far-reaching trade routes of the Mi'kmaq, Penobscot and Malecite. These routes also extended south into the United States.⁵⁶³ Tracing the European encounters with the *Mqo'oqewi'k* may demonstrate the extents of some of these southern trade routes. The earliest mention of the *Mqo'oqewi'k* in European texts appears in Carolus Clusius' 1601 *Rariorum Plantarum Historia*. However, Clusius travelled around Europe and did not venture to the Americas. Information on the *Mqo'oqewi'k* reached him from an unnamed source in Lisbon.⁵⁶⁴ Similarly, John Gerard, the next European to encounter the plant, had only received samples of it rather than having gathered it for himself. It was not until John Parkinson reported on the plant that we obtain details of where it had been encountered: Virginia.⁵⁶⁵ The Powhatan, the Indigenous residents of the region, were engaged in various skirmishes with the colonisers during the mid-seventeenth century, though there is evidence, as demonstrated by scholars such as Robinson, that knowledge of medicinal plant use was being shared, adopted, adapted, and stolen by colonisers from their Indigenous neighbours despite their fractious relations.⁵⁶⁶ It is possible that Parkinson's colonial source had learned of the *Mqo'oqewi'k* from the Powhatan and that this connection was simply erased by Parkinson as irrelevant.⁵⁶⁷

The New England botanist John Joselyn may also have obtained knowledge of the plant from Indigenous informants in New England. He acknowledged that details on curatives that he encountered were obtained from Indigenous sources, such as their use of

⁵⁶² McMillan, "Mi'kmawey Mawio'mi.", 64-5.

⁵⁶³ Ibid, 43; The Mi'kmaq certainly fostered trade relations with the communities of the United States coastal regions as well as to the west with those of the Great Lakes

⁵⁶⁴ Gerard, *The Herball or Generall Historie of Plantes*, 412.; Ubrizsy Savoia and Heniger, "Carolus Clusius and American Plants", 424.

⁵⁶⁵ Parkinson, *Theatrum Botanicum*, 1235.

⁵⁶⁶ Paula Gunn Allen, *Pocahontas: Medicine Woman, Spy, Entrepreneur, Diplomat*, (New York: HarperOne, 2004), 72; Robinson, "New Worlds, New Medicines.", 97, 102, 106, 110; Robinson does not focus solely on Virginian interactions though her argument for knowledge exchange and theft between Indigenous communities and English invaders in the early years of contact is convincingly made. Necessity, recognition of Indigenous knowledge, fear, coercion and theft all led to level of adaptive and adoptive behaviours when it came to the use of medicinal plants in the new world

⁵⁶⁷ Parkinson, *Theatrum Botanicum*, 1235; also see chapter one.

sumach for colds.⁵⁶⁸ Furthermore, his reference to knowledge of the *Mqo'ogewi'k* having “slept all this while” points toward common assumptions that only once information was passed to Europeans did it obtain validity or significance.⁵⁶⁹ Though Joselyn was never specific about the Indigenous communities with whom he had contact, the New England area was occupied primarily by the Algonquin language groups of the Wabanaki Confederacy whom Moerman has indicated used the *Mqo'ogewi'k* for kidney complaints and the spitting of blood.⁵⁷⁰ Though not wholly credible to associate these conditions with the fluxes that Joselyn claimed the plant could cure, a connection could be made between its use in illnesses that cause expulsions of blood, suggesting some communication between Joselyn and New England indigenes on the subject of the *Mqo'ogewi'k*. It is possible that use of the *Mqo'ogewi'k* in these regions had travelled from New England to the north-eastern communities, representing a broad shared usage across a region as large as that covered by the peoples of the Great Lakes. It may be that we are seeing two broad medical networks, one surrounding the Great Lakes where knowledge travelled along the water ways, and between communities of shared cultures, and another along the east coast, again amongst communities that shared cultures and political interests and using coastal waterways and trade routes. Between these communities, along the St Lawrence, a jumble of both practices were used and adapted by the predominantly Cree cultures of the Atikamekw and Innu.

However, it is difficult to pin down where the original usage of the curative in, for example, parturition stemmed. Furthermore, we must be careful not to freeze Indigenous communities at a point in time, writing of them as unchanging and stable groups. In line with David Murray and Bruce Triggers' separate accounts of Indigenous and European encounters, if we do not recognise the merging of communities and shifting of boundaries between Indigenous groups over time we serve only to frame them as peoples of the past, unchanging and unchangeable, rather than as living cultures.⁵⁷¹ What is significant is that, to some extent, *Mqo'ogewi'k*, either in pieces or as a whole, was being used by various, nebulous communities that spanned the regions between the Great Lakes and the east coast. Medical knowledge was travelling and being created by and between these communities, and while lack of evidence limits what can be said about the uses of this plant within the broader medical cultures of the region, it can be noted that the uses in

⁵⁶⁸ Joselyn, *New-England's Rarities Discovered*, 60.

⁵⁶⁹ Vogel, *American Indian Medicine*, 240. see chapter one

⁵⁷⁰ Moerman, *Medicinal Plants*, 445.

⁵⁷¹ Murray, *Forked Tongues*, 38; Trigger, “American Archaeology as Native History”, 413.

important matters of, for example, love medicine and parturition, demonstrates its position as a powerful medical intervention for many north-eastern peoples.

Mqo'ogewi'k in smallpox:

Innovation in the St Lawrence Valley

The use of the root of the *Mqo'ogewi'k* in smallpox seems to have been less moveable and broad than its use in other diseases. It was not until Michel Sarrazin, the French doctor and *Académie des Sciences* correspondent based in Quebec at the end of the seventeenth century, that direct evidence for First Nations use of the plant in smallpox can be attested. Arthur Vallee believed that Sarrazin gained his information on what he called the pitcher plant from the St Lawrence Iroquois. On the other hand, Kathryn Young has noted that the St Lawrence Iroquois had disappeared from the region by the seventeenth century. Therefore, she argued that the St Lawrence (Huron) Wendat acted as his informants.⁵⁷² The difficulty in pinning down which group Sarrazin communicated with can be accounted for when we consider, as Louise Lesage and Garry Warrick have demonstrated, that around the time of Sarrazin's encounter with the St Lawrence Indigenous peoples the previous occupiers of the region, the St Lawrence Iroquoian, were becoming integrated with the Wendat Confederacy.⁵⁷³ The confusion over who Sarrazin gained his information from was created by his lack of clarity. He never saw a need to identify his informants, either by individual name or by their community. This is a continual problem within European sources, where a lack of interest or concern related to a general belief that Indigenous peoples of America and Canada were homogenous.⁵⁷⁴

During the late seventeenth century, the areas around Quebec and Montreal were occupied by Wendat and St Lawrence Iroquoian. In 1667 and 1675 the Kanien'kehaka Kahnawake and Kahnésatake settlements, were established near Montreal.⁵⁷⁵ These communities shifted over time, through war, trade relations, intermarriages and other patterns of encounter, the complexities of which are beyond this thesis. As discussed above, trade routes and shared cultures and political structures may have served as a means of communicating and creating medical knowledge over the vast spaces of north-

⁵⁷² Vallee, *Michel Sarrazin*, 60; Young, "Crown Agent-Canadian Correspondent", 423-4.

⁵⁷³ Gary Warrick and Louise Lesage, "The Huron-Wendat and the St. Lawrence Iroquoians: New Findings of a Close Relationship," *Ontario Archaeology* 1, no. 96 (2016): 135-140.

⁵⁷⁴ Hultkrantz, *Shamanic Healing and Ritual Drama*, 3; Hultkrantz notes the importance of distinguishing different Indigenous cultures as their social, political, religious and medical structures vary drastically.

⁵⁷⁵ Warrick and Lesage, "The Huron-Wendat.", 136.

eastern America. However, more localised shifting community dynamics were another route through which knowledge exchanges and creation took place. The intermingling of these cultures demonstrates the active movement and creation of medical knowledge within the region, but not beyond, apparently until later intermarriage with the Mi'kmaq.⁵⁷⁶ This specific movement of knowledge, confined to the St Lawrence Valley and later the north east coastal region, is quite different from the broader movements that we have seen with *Mqo'oqewi'k* usage in other illnesses.

An important aspect of *Mqo'oqewi'k* root use in smallpox is its demonstration of Indigenous innovations in the face of deadly new diseases. Indigenous relationships with new infectious diseases in the region of the St Lawrence Valley led to a need for curatives that sat within extant medical systems. Europeans had brought diseases with them when they arrived in the Americas, and between 1634 and 1640 a series of these illnesses struck the peoples of the St Lawrence Valley, the most devastating of these outbreaks being the smallpox epidemic of 1639-40 that was estimated to have killed between forty and sixty percent of the population.⁵⁷⁷ However the use of the infusion of the *Mqo'oqewi'k* root in smallpox would appear to demonstrate that the Indigenous peoples of the St Lawrence were not inactive.⁵⁷⁸ By the end of the century, sixty years after the first outbreak of the disease the infusion of the *Mqo'oqewi'k* root was being used to cure smallpox. The Indigenous communities of the St Lawrence Valley with whom Sarrazin was in contact, had acted using a plant that had a history of use as a powerful medicine amongst communities across the region. Importantly they seem to have done so at a time when social and cultural shifts were taking place locally. Following disease outbreak at the start of the century the merging of cultures with the Wendat and St Lawrence Iroquoian cultures and the arrival of Kanien'kehaka may have allowed for the sharing and creating of new ways of tackling disease.

⁵⁷⁶ The transit of knowledge, and the importance of secrecy in powerful cures, will be discussed below under 'Finding Sally Paul'

⁵⁷⁷ Gary Warrick, "European infectious disease and depopulation of the Wendat-Tionontate (Huron-Petun)" *World Archaeology* 35, no.2, (2003): 262.; Robinson, "They Decrease in Numbers Daily", 38-48; Daniel N. Paul, *We Were Not the Savages*, 37; There are several issues with demographics in histories of Indigenous peoples. For a summary see Robinson. For a view of demographics amongst the Mi'kmaq see Daniel Paul.

⁵⁷⁸ Kelton, *Cherokee Medicine, Colonial Germs*; Kelton has demonstrated similar active engagement with tackling smallpox amongst the Cherokee. While this book sets out the argument for colonialism hiding behind a mask of bio determinism in a manner that has not been approached so clearly or concisely before, much of what is said here is commonly accepted amongst most historians. I will not, therefore, simply rehash Kelton's argument here but simply note the books importance as a concise acknowledgment of current historical trends on European diseases in the Americas.

Yet, as noted above, unlike the use of the *Mqo'oqewi'k* in matters of childbirth and tuberculosis where usage may have been passed along trade routes, through shared cultures and political structures or was at least more broadly known and used across the region in these diseases, knowledge of its use in smallpox was confined to the St Lawrence Valley during the sixteenth and seventeenth centuries. It was only with its use by Sally Paul in Nova Scotia in the mid-nineteenth century that we have direct evidence that the root infusion travelled beyond the St Lawrence Valley.⁵⁷⁹ The questions of how and why this knowledge travelled from the St Lawrence to the east coast requires consideration of the role of the central figure in the Mi'kmaq use of *Mqo'oqewi'k* root in smallpox in the 1860s, Sally Paul.

Finding Sally Paul:

Mi'kmaq and Kanien'kehaka Medicine

In order conceive of Sally Paul and her role in the use of *Mqo'oqewi'k* root for smallpox in the region, we must first consider something of Mi'kmaq medicine during the mid-nineteenth century. Mi'kmaq medical practice was loosely divided between the *kinap*, herbalists and the wider community. The *kinap* were, predominantly, men who held both natural magic and medical power. They were called to sickbeds as a last resort and they could also cause illness, call on spirits and perform various powerful magics. Medicine has a wider definition within most Indigenous communities, incorporating the mysterious or unexplained, which has often led to confusion regarding medicines connection with the supernatural or magical, amongst European and American commentators, with scholars such as Virgil Vogel separating botanical curatives from what he considers the supernatural elements of Indigenous medicine.⁵⁸⁰ Such a separation, particularly amongst the Mi'kmaq community, removes meaning from botanical cures. Importantly, just because Mi'kmaq medicine was grounded in spirituality does not mean that it was immobile, as many portrayals of spiritual medicine are often presented. Mi'kmaq medicine was, and still is for some practitioners, approached holistically. The patient was regarded as a whole, rather than a collection of symptoms. Centred around the medicine wheel Mi'kmaq treatment considered the person's psychological position, past and present, their connection to people, land, water, plants and animals which are equally connected and, importantly, in

⁵⁷⁹ Moerman, *Medicinal Plants*, 445; The Malecite are also cited as using the plant in smallpox. It is also possible that other communities knew of this usage, however no direct evidence could be found in this regard.

⁵⁸⁰ Vogel, *American Indian Medicine*, 45.

motion. These aspects intertwine and change over time, this diversity and movement was, and is, therefore integral to understanding Mi'kmaq medical practices.

Practices based on botanical remedies were also entwined with the land, people, animals and the spiritual.⁵⁸¹ What Vogel separated from his botanical lists, the magical or religious views surrounding medicine, were an intrinsic part of medical practice. While retaining their spirituality, these apparently magical practices were also grounded within a view of the world that was powerfully natural, practices that incorporated a sense of “natural magic” or “natural theology”.⁵⁸² The role of the *kinap* changed over time, as will be discussed in more detail below, as did the role of botanical medicines, though they were always considered naturally and spiritually powerful, interconnected and in motion.

Mi'kmaq medical care was practiced by all members of the community. Mi'kmaq herbals were “not guarded secrets and the herbalists were not conspicuous in appearance” within the community, unlike the *kinap*.⁵⁸³ There were certain herbalists, such the wife of Chief Sak Plosepel, who gained particularly strong reputations through long success rather than secret knowledge.⁵⁸⁴ Indeed during the 1850s Peter Paul Toney Babey was a particularly successful herbal practitioner, whose medical practice involved the use of various roots and herbs that he indicated had been in use by his brethren. It was not his knowledge alone.⁵⁸⁵ The community held a general knowledge of herbal practice, while specific individuals, such as Babey and Sak Plosepel's wife, were relied on as centres, gatherers, and administrators for this communal knowledge. As one of Joanne Pereira's informants noted “no one person knows everything about medicines. It is as lifelong and continual learning process.”⁵⁸⁶ Furthermore, while the *kinap* were usually male, there was no strict gender divide between practitioners more broadly.⁵⁸⁷

The *Mqo'oqewi'k* root infusion was being used between the reserve land at Shubenacadie and the encampment at Dartmouth where this community would travel in

⁵⁸¹ Pereira, “A Preliminary Case Study.”, 41, 44, 69.

⁵⁸² Andrew Gregory, *The Pre-Socratics and the Supernatural: Magic, Philosophy and Science in Greece* (Norwich, Norfolk: Bloomsbury, 2013), 4.

⁵⁸³ Peter Twohig, “Heath and the Health Care Delivery System: The Micmac in Nova Scotia”, (Masters Diss, Saint Mary's University, 1991), 22.

⁵⁸⁴ Carlo Kreiger, “Culture Change in the Making: Some Examples of How a Catholic Missionary Changes Micmac Religion,” *American Studies International* 40, no. 2 (2002): 50; Speck, *Medicine Practices*, 307.

⁵⁸⁵ Babey, “Petition of Peter Paul Toney Babey, Physician”, 1-2.

⁵⁸⁶ Pereira, “A Preliminary Case Study.”, 68.

⁵⁸⁷ Twohig, “Health and the Health Care Delivery System.”, 15.

the spring and summer to trade and fish.⁵⁸⁸ Sally Paul was attributed as the provider of the remedy in the region, and in the neighbouring community at Tangier. Paul, however, retained knowledge of the methods of collection and preparation of this herbal curative as a secret to be shared only with her protégé, Mary Ferris, with the prepared root infusion itself being shared with only a few female figures at both Dartmouth and Shubenacadie. Furthermore, while the community more broadly appear to have utilised an infusion of the root as a preventative, its preparation and use as a curative appears to have been a specific practice held by Sally Paul and Mary Ferris. Sally Paul's particular use of the remedy as a curative perhaps points to some element of administration of the remedy that required her particular natural magical power, or that of her protégé.⁵⁸⁹ She does not appear to have shared her knowledge of her use of the remedy as a curative more broadly within the community, and therefore was not acting as an administrator of communal knowledge within the seemingly common Mi'kmaq system of practice at the time.

Exemplifying the secretive nature of Sally Paul's knowledge of the collection practices associated with the *Mqo'oqewi'k* was her encounter with the Mi'kmaw guide John Williams. Williams told Captain Campbell Hardy that he had stumbled upon Sally Paul and her daughter Mary Ferris as they collected the plant.⁵⁹⁰ Williams was also photographed with Paddy Lane in the 1860s indicating a connection between the two men that was perhaps not coincidental to Lane's later knowledge of the infusion (Figure 13). Williams gained his information by watching Sally Paul and Mary Ferris as they collected the *Mqo'oqewi'k*. While no nefarious intention to steal the information was indicated in this encounter, what his secondary involvement tells us is that even those men whose roles took them into the woodlands frequently were not welcomed parties in the process of gathering this particular medical material. William's account indicates that when he saw what they were collecting the women "tried to cover up the place with snow", attempting to hide what the plant was from him.⁵⁹¹

Collecting practices were an important part of Mi'kmaq medicine. The holistic approach to medicine was not just part of individual treatment but was present in the

⁵⁸⁸ Twohig, "Health and the Health Care Delivery System.", 13-14

⁵⁸⁹ Anon, "Inquest," (July 22, 1861), 2; Anon, "Inquest," (July 18, 1861), 2; there is reference to the plant being used by the community at Dartmouth as a preventative. While Sally Paul may have provided details of this usage as well, its use as a curative seems to have been specifically connected to her administering of the remedy.

⁵⁹⁰ Hardy, "Indian Remedy for Smallpox," 4.

⁵⁹¹ Ibid, 4.

entire process of medicine making and collecting. Gathering and administering medicine was part of a “spiritual experience” according to Pereira’s informants, that was tied to the concept of *Netukulimk* or the preservation, protection and promotion of the land.⁵⁹² However, the concept of *Netukulimk* is not only spiritual it has an important practical and grounded element in the real and important concern for making a living through the assurance of continued use of flora. Without proper and careful collection practices, plants can be destroyed or over-collected, preventing further usage. Hiding collection sites, as Sally Paul and Mary Ferris did when John Williams stumbled upon them, may have related to this economic, practical and spiritual concept of *Netukulimk*. Significantly, though Sally Paul later sold her knowledge of the infusion of the root and its use in smallpox to Lane and Hardy she does not appear to have divulged the ways in which the plant was collected.

⁵⁹² Pereira, “A Preliminary Case Study.”, 39.



Figure 13 - Anon, "John Williams, Noted Micmac Indian Guide, and John Thomas ('Paddy') Lane of Halifax," Nova Scotia Museum: Mi'kmaq Portraits Collection, 1870,

<https://novascotia.ca/archives/mikmaq/exhibit.asp?ID=112>.

However, though Williams and colonisers like Lane were not welcome in the collection of the plant, Mary Ann Ferris was. Both Lane and Morris indicated that Sally Paul's daughter was called Mary Ann Ferris.⁵⁹³ Morris was the only one of the colonial commentators to indicate that Mary Ferris was an adopted daughter, which would explain her unusual surname.⁵⁹⁴ However, it seems that she may not, in fact, have been Sally's daughter at all but a protégé or apprentice in her trade, or that she may have simultaneously held a different family relationship, for example a niece. Many familial relations were referred to as sons, daughters, mothers, and fathers within certain Indigenous communities when their relationships were more tenuous within the contexts of white society, as demonstrated by Paula Gunn Allen and Joanne Pereira.⁵⁹⁵ Confusion was common for white commentators over these family relations. However, whether Mary Ferris was Sally Paul's daughter, adopted, or another relation entirely is less significant than her position as a collaborator of Paul's. She shared her medical knowledge, collecting the plant with her.

While collecting and preparing the plant were undertaken by patron and protégé, the infusion itself once prepared appears to have been shared amongst significant women within the community.⁵⁹⁶ As Margaret Noel indicated during the inquest, she had obtained

⁵⁹³ No sources for the name Mary Ann Ferris beyond those that reference her within the context of this remedy, could be found at the Public archives of Nova Scotia, Dalhousie Archives or through archivescanada.ca

⁵⁹⁴ Whitehead, *The Old Man Told Us*, 204, 224; The name Ferris (or Faris, depending upon the source) is not a Mi'kmaq common surname, perhaps suggesting that she was not Mi'kmaq. There are stories within the archive of adoptions for the period there are two adopted women. The first is a Madeline Hickley and the second a Mary Ann Paul. The latter would seem most likely to correspond to the narrative as Morris may have regarded it. She was the adoptive daughter of a Gorham Paul and Sally Paul, giving the correct surname and first names for both mother and daughter. Interestingly both Mary and Madeline's stories tell of a young white girl adopted (as she had been abandoned by her white parents) by Mi'kmaq families. Both girls suffer some form of facial scarring (one from a horse kick, another from a backfiring gun). It is possible that this was a tale told as a slight to the poorer white colonisers of the province, as the first of these makes clear in the narrative, and had travelled amongst Haligonian upper classes as gossip, and this was what Morris thought Mary's history was. However, despite the possible connections, the fact that Morris mentions that Mary was adopted and does not detail that she was a white woman, seems a little peculiar. As it is almost impossible to find an unproblematic narrative for Mary's relationship to Sally as either adopted, a true daughter, a niece or just a white woman interested in Sally's practice, I have instead decided to focus on what she was doing regarding Sally and the curative, i.e. acting as her accomplice and a promoter of the cure.

⁵⁹⁵ Gunn Allen, *Pocahontas*, 3; Pereira, "A Preliminary Case Study.", 31.

⁵⁹⁶ It is possible that the collection of the plant was also shared with these women, however the only available evidence suggests that the prepared plant was being given to these women, so I have proceeded on this basis only.

the remedy from Peter Sack's mother.⁵⁹⁷ Peter Sack was a prominent guide, a favourite of Campbell Hardy among others, who had married Marie Antoinette, in the 1870s. After Peter Sack's death, Marie Antoinette married John Noel, the adopted son of Peminuit Paul (Jacques-Pierre) and his second wife, John's mother, Mary Paul.⁵⁹⁸ These women married and re-married into various parts of the community, so that keeping track of their names as they changed becomes very difficult. However, what can be ascertained is that Peter Sack's mother gave the root infusion to Margaret Noel in 1861. It appears that collection and preparation of the plant was undertaken by Sally Paul and Mary Ferris alone, but that the prepared remedy was being made available to a few significant women within the community and passed on from these women to other women.

Tracing Sally Paul may help to explain the division from the apparently traditional practices of communal medical knowledge amongst the Mi'kmaq, to the secret preparation and collection practiced by Mary Ferris and Sally Paul, only sparing movement of the remedy once prepared amongst other women of the community and perhaps a confined use of the root of the plant as a curative. This is also an important diversion as it helps to highlight a possible route for the *Mqo'oqewi'k* root and its use in smallpox from the St Lawrence Valley, where it had last appeared in the European sources, to the east coast Mi'kmaq.

Finding Sally Paul was primarily complicated by her name. As evidenced by the elders of the community, individuals' names were multi-lingual, Sa'kej Piel, Sah Biel, Peminuet Paul, Jacques Pierre Paul and James Peter Paul were all iterations of the same individual's name. His father was variously known as Paussamigh Pemmeenauweet, Samuel Paul, Peminuit Paul, Pominouet Paul and Louis-Benjamin Paul.⁵⁹⁹ Women's names, similarly, were Christianised in both French and English forms with the names Mary and Sally appearing as the most common women's names when colonisers recorded them.⁶⁰⁰

⁵⁹⁷ Anon, "Inquest," (July 22, 1861), 2; Anon, "Inquest," (July 18, 1861), 2.

⁵⁹⁸ Whitehead, *The Old Man Told Us*, 300.

⁵⁹⁹ L.S.F. Upton, "Biography – PEMINUIT PAUL, LOUIS-BENJAMIN – Volume VII (1836-1850) – Dictionary of Canadian Biography," Dictionary of Canadian Biography, accessed September 16, 2015, http://www.biographi.ca/en/bio/peminuit_paul_louis_benjamin_7E.html; Whitehead, "Peminuit Paul."

⁶⁰⁰ Anon, "Account of Names, Ages, Diseases, Duration and Treatment for Indians near Dartmouth" (Dartmouth, February 27, 1847), Microfilm reel 15,106, Public Archives Nova Scotia, 3-4; two Sally Pauls and two Mary Pauls are listed amongst the names; A Gesner, "Account for Indian Affairs" (Nova Scotia, 51 1850), Microfilm reel 15,106, Public Archives Nova Scotia, 1; two Sally Pauls are listed here; Various, "Vaccinations 1841-42" (Nova Scotia, February 1841), Public Archives Nova Scotia, 1; one Sally Paul and four Mary Paul's are listed under those vaccinated; Anon, "Account of Indians at Pictou" (Nova Scotia, Canada, June 29, 1849), Microfilm reel 15.106, Public Archives Nova Scotia.

Ensuring that the Sally Paul to whom Campbell Hardy referred and that which John Lane said he had been in contact with where the same woman is, therefore, a difficult task and there is evidence to suggest that these men may have been discussing the *Mqo'ogewi'k* with two different, though connected, women.⁶⁰¹

Captain Hardy provided the most detailed narrative of Sally Paul and establishing his account as credible provides answers to the above noted questions of movement from the St Lawrence and why apparently traditional Mi'kmaq practices were not being followed. Hardy provided Sally Paul's name, her location and origin amongst the Kanien'kehaka, the name of her husband Francis Paul, and his position of authority in the community, and that she had at least one daughter with whom she collected the plant and who had also encouraged her mother to divulge the secret of the infusion to Hardy.⁶⁰² It is far easier to find reference to Francis Paul than Sally Paul, and it is through him that we may begin to determine the accuracy of Hardy's assertions.

Francis Paul served as chief at Shubenacadie between 1837 (approximately) and 1856 when he retired due to infirmity in his old age when his nephew then took over.⁶⁰³ Francis Paul died in May 1861 and his remains were taken for burial at Shubenacadie by his

Scotia, 1; a Sally Paul is listed here, though it is likely not the same as those previously listed considering her location; Anon, "Request for Funds" (Horton, Nova Scotia, February 14, 1856), Microfilm reel 15,107, Public Archives Nova Scotia, 1; a blind Sally Paul is listed requiring aid; Anon, "Account of Distribution of Twenty Pounds to the Indians in Annapolis County" (Annapolis, Nova Scotia, 1858), Microfilm reel 15,107, Public Archives Nova Scotia, 1; a Mary Paul and a Widow Paul are both listed here; A Gesner, "Memorandum of Charities and Donations" (Nova Scotia, 1848), Microfilm reel 15,106, Public Archives Nova Scotia, 1; a Sally Paul is listed here; William Pearson, "William Pearson to Mr Hall," Letter, April 1, 1861, Microfilm reel 15,107, Public Archives Nova Scotia, 1; a Sally Paul is listed here. While some of the Sally and Mary Pauls detailed within these accounts may have been the same individuals, their locations, ages, families, and ailments suggest that many of them were different individuals, demonstrating the popularity of the names within this small selection of evidence as well as the complexities of pinning down a single individual with either name.

⁶⁰¹ As indicated in the above footnote, not all these women were the same individual, it is entirely possible that Hardy and Lane discussed the curative with two different women. I have not pursued this line of enquiry further due to lack of evidence and certainty and have instead chosen to 'create' a Sally Paul out of the sources that connect with the least trouble. The sources above have too many inconsistencies with each other or the narrative as played out in other sources (Hardy, Lane, Miles, the Legislative Council).

⁶⁰² Hardy, "Indian Remedy for Smallpox.", 4.

⁶⁰³ Upton, "Peminuit Paul, Louis Benjamin"; Various, "Petition of Undersigned", 1-2; Whitehead, *The Old Man Told Us*, 214; Abraham Gesner, "Report on Indian Affairs" (Halifax, 1849), Microfilm reel 15,106, Public Archives Nova Scotia, 6, 11; Though Upton indicates that Francis was chief from 1843 the petition sent by Francis as chief of the Mi'kmaq requesting potatoes so that they can celebrate Christmas in the chapel at Shubenacadie in December 1837. This is the earliest mention of Francis as chief and considering Upton's later date I would be unwilling to place Francis as chief prior to the 1837 date. Gesner and the petition sent by the undersigned both indicate Francis advanced age and infirmity by the mid to late 1850s.

family.⁶⁰⁴ However, finding out who that family was and connecting Francis Paul to Sally Paul is difficult. In the 1855 Indian list, a census of Nova Scotia Mi'kmaq conducted by the Indian Commission, Francis Paul was registered as the "old chief" living at Shubenacadie with his wife and two children. His wife was not named, though one of his daughters was listed as Margaret Paul Nolan married to Edward Nolan.⁶⁰⁵ It is possible that Hardy mistook the chief to which Sally Paul was married, as indicated, Francis Paul had passed away by May 1861 and had ceased his role as chief in 1856. In 1861 Peminuit Paul (Jacques-Pierre) was chief at Shubenacadie, and his first wife was called Sally Paul.⁶⁰⁶ Though here again we run into difficulty as Jacques-Pierre Paul and his family were recorded as suffering from Indian fever in 1847 and it seems that his wife and children died during this outbreak. He then remarried Mary Paul and adopted her child John Noel who would later become chief.⁶⁰⁷ We must, therefore, either accept that Sally Paul was the name of Francis Paul's never-named wife and that Hardy's account is correct, or that he was mistaken about the name of her husband but correct that he was chief in 1861 and assume that the purveyor of the remedy was, in fact, Mary Paul wife of Peminuit Paul (Jacques-Pierre) at that time. Neither of these options are perfect. However, as the name Sally Paul appears in Hardy's, Lane's, Morris' and Miles' accounts, it seems that the least number of assumptions are being made if we accept Hardy's account that she was indeed Francis Paul's wife, and that reference to his position as chief in 1861 is simply a complication that can be connected to the other date errors that Hardy made within his narrative (detailing events as having taken place in 1864 or 1865).⁶⁰⁸ Indeed, the name Sally Paul appears alongside that of Francis Paul under a list of those vaccinated at Shubenacadie in 1841-2 and a Sally Paul at Shubenacadie was also given flour and medicine while Francis was given equipment to build a barn in the area in 1850.⁶⁰⁹ Though it is not certain that they were married in either instance, these accounts may be taken as additional evidence placing a Sally Paul and chief Francis Paul in the correct locality and time.

Of course, another solution to the problem of finding Sally Paul could be that she did not exist and that she was merely an invention of white commentators to promote this remedy. As demonstrated in earlier chapters, Indigenous imagery lent authority to

⁶⁰⁴ Whitehead, *The Old Man Told Us*, 262-3.

⁶⁰⁵ *Ibid.*, 255-57.

⁶⁰⁶ Whitehead, "Peminuit Paul."

⁶⁰⁷ *Ibid.*

⁶⁰⁸ Hardy, "Indian Remedy for Smallpox", 4; Morris, "Sarracenia Purpurea," (June 12, 1862), 638;

Anon, "City Council", 2; Miles, "The Discovery of the Sarracenia Purpurea", 665.

⁶⁰⁹ Various, "Vaccinations 1841-42", 1; Gesner, "Account for Indian Affairs.", 1.

medicines taken from the Americas from the seventeenth and eighteenth centuries and these appropriative practices continued to have relevance in the nineteenth century.⁶¹⁰ However, as noted in chapters one and two, Indigenous peoples were viewed as unable to cure 'new' contagious diseases such as smallpox. While the context of the British medical profession allowed room for the *Sarracenia* to be considered seriously in the mid-nineteenth century, the pervasive image of Indigenous peoples as unable to provide curatives, even amongst themselves, for smallpox and similar contagious diseases, would make presentation of such a remedy a poor strategic decision. As demonstrated in the second half of chapter two the fact that the infusion was intended for use in smallpox led to its eventual rejection by the British medical elite. Furthermore, in chapter four the exact same professional developments with slight contextual differences in Halifax meant that the remedy was never taken seriously by the professional community. In these latter instances it was not the Indigenous origins that were the issue but, partly, the fact that the remedy was intended for use in smallpox. Finally, within the Mi'kmaq community itself many held the view that their own medicines were effective in curing their illnesses, but that only western medicine could tackle western diseases.⁶¹¹ Combined, it seems unlikely that internally, as well as externally, a smallpox curative would be attributed to a Mi'kmaq woman if no such woman existed. As such, it seems likely that Sally Paul was a real individual and, having considered the available evidence above, it appears that Hardy's account of her involvement with the use of the *Mqo'oqewi'k* root infusion is the most accurate of white commentator narratives.

If we accept Hardy's account, then we have no reason not to accept his assertion that Sally Paul came from a Kanien'kehaka community and married into the Mi'kmaq at Shubenacadie.⁶¹² Further evidence to support this can be obtained from our previous knowledge of the use of *Mqo'oqewi'k* root in smallpox in the region. As noted above, the St Lawrence Valley was the only other locality within which *Mqo'oqewi'k* root was used to

⁶¹⁰ See chapters 1-4

⁶¹¹ Pereira, "A Preliminary Case Study.", 36.

⁶¹² Hardy, "Indian Remedy for Smallpox.", 4; Of course, this may not have been the case. Sally Paul did not have to come from the Kanien'kehaka in order for her to create a root infusion for the use in smallpox. This line of argument is simply detailing a possible narrative based on the available evidence, other narratives or none that have been considered here may have been the truth. I am utilising Carl Becker's approach and simply drawing out an imagined narrative based on available evidence, but one that highlights Indigenous medicine in North Eastern Canada within a 'Red' Atlantic frame that points to movement, interaction, resistance, collaboration and un-nostalgic, innovative action of the peoples of the region. I believe that following the narrative ark of Sally's move from Kanien'kehaka to Mi'kmaq cultures allows broader consideration of these varied interactions.

cure smallpox. While the Wendat and St Lawrence Iroquois seem to have been the informants from whom Sarrazin obtained his knowledge of the curative in the late-seventeenth century, at this time two Kanien'kehaka villages were founded in the region of Montreal.⁶¹³ It is possible that the Wendat and St Lawrence Iroquois had obtained information or developed this treatment on the use of the *Mqo'oqewi'k* root infusion from or with these new arrivals, or vice versa, during the 1702-3 smallpox outbreak in the region, their use of the plant prompting Sarrazin's enquiries, and that later Sally took this information with her to the Mi'kmaq communities of the east coast.

It may be argued that Sally Paul could not have been Kanien'kehaka as they were enemies of the Mi'kmaq since the British deployed Kanien'kehaka rangers to kill the Mi'kmaq during the eighteenth century.⁶¹⁴ However, intermarriages did occur in the nineteenth century. John Louis, for example was a Kanien'kehaka guide who travelled to Nova Scotia to find himself a bride in the mid-nineteenth century, when he married Mary Charlotte Glode.⁶¹⁵ With the war between the Mi'kmaq and British having officially ended in the late-eighteenth century, tensions between the Kanien'kehaka and Mi'kmaq slowly subsided. Furthermore, when we draw together the evidence of Kanien'kehaka arrival in the St Lawrence Valley prior to a smallpox outbreak that saw Michel Sarrazin note the use of an important new curative, to the marriage of Sally Paul into the Mi'kmaq community and the use of the *Mqo'oqewi'k* root for the first time in Nova Scotia in the nineteenth century, we could conclude that Paul brought her knowledge of the infusion with her.

Once Sally Paul arrived amongst the Mi'kmaq she shared her remedy with a few women of the community, and the specifics of its collection and preparation with only her protégé, perhaps retaining traditional practices of medical knowledge transfer of her own community.⁶¹⁶ Amongst the Kanien'kehaka, herbal remedies and details of how to collect them were regarded as gifts of the creator and only a few individuals could hold this

⁶¹³ Warrick and Lesage, "The Huron-Wendat.", 136.

⁶¹⁴ Piers, "A Short Unwritten Indian History About Awiskookak"; Piers notes that his informant believed that the war with the Kanien'kehaka was very ancient, spanning from before Europeans arrived on the continent. He indicates that this cannot have been correct and believed that a conflation had occurred between the later enemies, the Kanien'kehaka, and the earlier community that had occupied the east coast, the Kwetejk.

⁶¹⁵ Anon, "Mi'kmaq Portraits Collection," Nova Scotia Museum: Mi'kmaq Portraits Collection, accessed December 19, 2016, <http://novascotia.ca/museum/mikmaq/?section=image&page=6&id=220&period=1850®ion=>

⁶¹⁶ Speck, *Medicine Practices*, 304.

knowledge.⁶¹⁷ It might be argued that this more bounded knowledge system was, therefore, imitated by Paul. The Kanien'kehaka system of medicine rested upon cosmological balance. Disease having been brought to the earth by the evil twin Flint, the community relied upon repetition of ceremonial practices to reduce Flint's power, and the False Face society, who nurtured grotesque masks and performed specific ceremonies to gain Flint's power over disease.⁶¹⁸ Achieving balance between these helped the Kanien'kehaka to cure illness. Though medicinal herbs were used they were less prevalent than amongst the Mi'kmaq. Furthermore, both men and women could practice herbal medicine within Kanien'kehaka society, and though only a few could hold all this knowledge, the most powerful and important plants were related to communal rather than individual survival.⁶¹⁹ Unspecified parts, or perhaps the whole plant of the *Mqo'ogewi'k* was used by the Kanien'kehaka for love medicines. It was considered powerful and important, and the use of the root of the same plant by Sally Paul in smallpox perhaps reflected this power, as well as communal survival as it was utilised in a disease that could devastate an entire community.⁶²⁰

Moving away from the traditional communal practices of the Mi'kmaq to this more bounded, but still community-focused Kanien'kehaka practice is unlikely if we do not allow for adaptability in Indigenous communities. Indigenous medicine is often painted, as with Indigenous societies, as stationary. Writers such as Ake Hultkrantz, and Virgil Vogel have provided accounts of Indigenous medical practice across north America, that paint their subjects as timeless, frozen figures. When change did occur communities and individuals were no longer considered truly Indigenous. As discussed in the introduction, Ake Hultkrantz noted that a difficulty in determining Indigenous practices was the later pan-Indian movement of the nineteenth century that saw practices from different regions being adopted across the continent. He argues that these adaptations mar the apparent purity of true Indigenous medicine.⁶²¹ This view is unhelpful. All cultures are in motion, as Linda

⁶¹⁷ Herrick, *Iroquois Medical Botany*, 9; there is little written in detail about Kanien'kehaka medicine. As Herrick notes, over time the community stopped providing anthropologists with information so there are very few modern works on the community or their practices. I am, therefore, relying on Herrick in these matters, as the most up to date account of these practices that brings together previous anthropologists accounts with an interest in establishing the Iroquoian meaning behind these instead of white beliefs about meaning.

⁶¹⁸ Herrick, *Iroquois Medical Botany*, 7-15.

⁶¹⁹ *Ibid*, 21.

⁶²⁰ Moerman, *Medicinal Plants*, 445.

⁶²¹ Hultkrantz, *Shamanic Healing and Ritual Drama*, 2.

Tuhiwai-Smith has argued. It is not only white cultures that are able to be contradictory, diverse, complex and flexible.⁶²²

The Mi'kmaq had constantly adapted to the new challenges presented by white intrusion into their lands and lives. Encounters with Christianity led to resistance from traditional *kinap* practitioners, who were considered the main obstacle to conversion by early missionaries.⁶²³ The role of the *kinap* was eventually replaced by and melded with that of the priest, yet this process was one of long and protracted struggle. Furthermore, belief in *kinap* power was not simply abandoned. Instead Christianity was combined with traditional understandings of the universe to develop a new kind of *kinap* and a distinctly Mi'kmaq approach to the church and priesthood.⁶²⁴ Francis Paul's nephew, Jacques-Pierre, who was Chief in 1861 was regarded as a powerful *kinap*, yet he was also a Catholic who received a medal of recognition from Pope Pius IX on his accession in 1856.⁶²⁵ Furthermore, despite the eventual disappearance of the specific role of the *kinap* in the early-twentieth century, Ruth Whitehead indicates that, "Micmac [Mi'kmaq] elders, when shown his [Chief Jacques-Pierre's] photograph in the 1970s, were uneasy and would not talk about this aspect of his life." Ruth Whitehead's informants still seemed to fear and respect Jacques-Pierre's mysterious power.⁶²⁶

Additional examples of the adaptability of Mi'kmaq culture to colonial intrusion have been traced in the use of copper pots and the fur trade, and in social and political structures in the face of white expansion.⁶²⁷ Furthermore, as discussed above, the Mi'kmaq had been adapting and adopting uses of the *Mqo'oqewi'k* from across the region, the intermingling of cultures and practices of north-eastern Indigenous communities having a far deeper and more complex history than Indigenous and white encounters would

⁶²² Tuhiwai Smith, *Decolonizing Methodologies*, 77.

⁶²³ Twohig, "Heath and the Health Care Delivery System", 27; Rev. Silas Tertius Rand, *Legends of the Micmacs* (New Jersey: Invisible Books, 2005), 59.

⁶²⁴ Kreiger, "Culture Change in the Making", 44.; Edward D. Castillo, "Blood Came From Their Mouths: Tongue and Chumash Responses to the Pandemic of 1801," in *Medicine Ways: Disease Health and Survival among Native Americans*, ed. Clifford E. Trafzer and Diane Weiner, (Boston: AltraMire Press, 2001), 22.

⁶²⁵ Whitehead, "Peminuit Paul."

⁶²⁶ Ibid

⁶²⁷ Paul, *We Were Not the Savages*; Calvin Martin, "The Four Lives of a Micmac Copper Pot," *Ethnohistory* 22, no. 2 (1975): 111–33; Calvin Martin, *Keepers of the Game: Indian-Animal Relationships and the Fur Trade* (Berkeley, California: University of California Press, 1978); McMillan, "Mi'kmawey Mawio'mi.": 1-197.

suggest. Yet, when it comes to Mi'kmaq medicine the majority of accounts remain as stationary as those depicted by Hultkrantz and Vogel.⁶²⁸

The inquest into Mary Cope's death, discussed in the previous chapter, provides some insight into the practical adaptations that the community were already making when it came to medicine in the nineteenth century. Margaret Noel gave her account of events prior to Cope's death. In her account, she indicated that her initial response was to obtain medical means from her community to cure smallpox. She obtained the root infusion initially from Peter Sack's mother. This would seem to be Mary Paul the second wife of Peminuit Paul (Jacques-Pierre Paul), chief at Shubenacadie.⁶²⁹ Margaret had faith in the remedy obtained from Mary Paul, as it was standard practice for the Mi'kmaq at Dartmouth to take the root infusion provided by Sally Paul and a few other key female figures. This was confirmed by Lane in his discussions with Morris. Lane indicated that the remedy was Indian, it belonged to the Mi'kmaq and therefore they "must have it" when suffering from smallpox.⁶³⁰ However, Margaret Noel stated that the remedy had no effect on her daughter. She explained its inadequacy indicating that "Indians take the remedy as a preventative", rather than a cure.⁶³¹ This may point to the above noted position of Sally Paul as the required administrator of the root infusion to make it a curative rather than a preventative. Once this initial attempt had failed, Margaret Noel approached John Thomas Lane, who visited and provided salts and senna along with further doses of the Indian Remedy.⁶³² The involvement of the community in the processes of healing surfaced again after Lane's remedy appeared to have little effect. An older Mi'kmaw woman, who was not Mary Cope's mother, visited Dr Weeks and requested that he come to the encampment and help the sick children.⁶³³ Once Dr Weeks had visited and given his advice, Margaret Noel indicated that she had continued to contact Lane about Mary Cope's illness and that further unspecified remedies were given by him.

⁶²⁸ Pereira, "A Preliminary Case Study."; Pereira's thesis is a notable exception, she considers the complexity and diversity of modern Mi'kmaq medicine in relation to the land and access.

⁶²⁹ Whitehead, "Peminuit Paul,."; Anon, "Mi'kmaq Portraits Collection,."; Peminuit Paul married Mary [?] sometime after the death of his first with Sally. He had three children, one of whom died of Indian Fever in 1847 when their mother Sally died. Peminuit's grandson was stated as being Isaac Sack when interviewed by Max Basque. Under the image collections it appears that Isaacs parents were Peter Sack and Marie Antoinette Thomas. This would seem to indicate that Peter was one of Peminuits sons' and therefore the mother referred to by Margaret Noel was Mary Paul.

⁶³⁰ Anon, "Inquest", (July 18, 1861), 2; Anon, "Inquest," (July 22, 1861), 2.

⁶³¹ Ibid, 2; Ibid, 2.

⁶³² Ibid, 2; Ibid, 2.

⁶³³ Ibid, 2; Ibid, 2.

There are a few points of interest here. Firstly, the Mi'kmaq at Dartmouth provided health care on a community-wide basis, confirming the above point about communal medical practice as relevant to the Dartmouth encampment in the mid-nineteenth century. This is demonstrated by the provision of the root infusion by Mary Paul, and the older Mi'kmaw woman seeking further outside help. In addition, Michael Thomas noted that he had seen Mary Cope on the Monday before Lane visited, and later that his sister had seen her outside of the camp and had taken note of the state of the pock marks describing them as, "*shelled and nice*".⁶³⁴ The attention given to Mary Cope's movements and the details of her illness indicates a specific concern for the wellbeing of the children in the encampment and that their progress was being monitored.

Secondly, and more importantly as we consider the adaptability of Mi'kmaq medicine to Kanien'kehaka practices, Margaret Noel's approach was flexible and proactive. She was not concerned with who was and who was not a professional practitioner. These terms did not feature within Margaret Noel's account, clearly having no significance for her. She called Lane "Doctor" and heeded his advice in the same manner as that of Dr Gossip, who was also called on to visit Mary Cope. Noel acted to obtain curatives and advice from any avenue that might lead to recovery, be it preventative or curative at any stage in the sickness. This approach highlights the multifaceted medical treatments adopted by the Mi'kmaq.

However, an important aspect of Kanien'kehaka medicine to consider in the context of Mi'kmaq adaptations to practices of the nineteenth century was growing distrust of white commentators and enquirers. The Kanien'kehaka believed that medicinal plants would hide from collectors if they told white people about them, breaking the balance between the community and the natural world by giving up its secrets. There was also a growing belief that if secret Kanien'kehaka remedies were revealed to white enquirers they would lose their power. Because of this, anthropologists in the late-nineteenth century, were unable or at least unlikely to collect information regarding traditional plant use from the community.⁶³⁵ Therefore, while some elements of Kanien'kehaka practice may have been adopted by the Mi'kmaq through Sally Paul's medicine, particularly with regard to its position as a powerful community medicine, this is clearly not the whole story as she also shared elements of her knowledge and details on the flora used with colonisers.

⁶³⁴ Ibid, 2; Ibid, 2.

⁶³⁵ Herrick, *Iroquois Medical Botany*, 35-6.

In tracing Sally Paul, I have demonstrated that we may considered Hardy's account to hold some legitimacy. Through his account we see the movement of knowledge of the *Mqo'oqewi'k* root infusion in smallpox from the St Lawrence Valley to the east coast Mi'kmaq, perhaps being facilitated through the marriage of Sally Paul into the Shubenacadie Mi'kmaq community. However, her use of the *Mqo'oqewi'k* did not entirely fit within traditional Mi'kmaq or Kanien'kehaka practices with which she was related. Tracing Sally's position within either or both of these communities, therefore, does not reveal the whole story of Sally Paul and her use of the *Mqo'oqewi'k* root for curing smallpox.

Selling a smallpox Cure:

Secrecy, Resistance and Cooperation

The previous sections have touched on early encounters with Europeans, but predominantly as a means of highlighting the use and movement of knowledge amongst Indigenous communities in north-eastern America. This section will consider, as far as this is possible, Indigenous action regarding the movement of knowledge into Haligonian and British spaces. I argue that the conscious attempt to keep knowledge of the collection and preparation of the infusion between the two women, Sally Paul and Mary Ferris, can be connected to an intent to retain power over the use of the *Mqo'oqewi'k* root, both within their own community and beyond. Whether it was Sally Paul herself who intended to retain control over the remedy, or her protégé Mary Ferris is unclear. I argue that interaction with white medical practice lent itself to the development of a more secretive medical community than had previously existed amongst the Mi'kmaq, both as a form of resistance to white interference and as a means of enabling practitioners to gain economically and socially as they sold their knowledge. Finally, I demonstrate that there was no strictly defined traditional practice of Mi'kmaq medicine. Instead there appears to have been a diversity in approach and understanding that amalgamated necessity, survival, tradition and personal belief.

As Paula Gunn Allen has noted we cannot separate someone from the "matrix of her life" which includes her community and her position within it. To do so would separate her from her context and make understanding her position and actions impossible.⁶³⁶ It is

⁶³⁶ Gunn Allen, *Pocahontas*, 3; though discussing this in the context of oral historical tradition and the very different Indigenous community of the Powhatan that Pocahontas lived amongst, her point remains relevant as separating any historical actor from their contexts leads to poor historical

also important to understand how the Mi'kmaq lived and the relationship that had developed with the colonisers. As such, I begin this section with the provision of contexts of the Mi'kmaq Nation, its development into the nineteenth century and relationship with the British.

Mi'kma'ki (the traditional Mi'kmaq lands) were divided into eight districts, Kespek, Sikniqt, Epexiwitk, Agg Piktuk, Unama'kik, Sipekne'katik, Kespukwitk and Eskikewa'kik (Figure 14).⁶³⁷ The region known as Sipekne'katik included Colchester, Hants and Kings counties, as well as Lunenburg and Lehave, and during the seventeenth century contained four summer villages with regional chiefs at Shubenacadie and Truro. This was the area that Sally Paul and her community occupied.⁶³⁸ As noted above, Mi'kma'ki was not a stationary Nation. After the French and English wars separated Cape Breton and Prince Edward Island from Nova Scotia under the former and latter's rule respectively, a divide also seems to have occurred in Mi'kmaq governance. The war with the British between 1613 and 1763 and the British occupancy of Sipekne'katik meant that the Mi'kmaq of that region banded together more solidly and appear to have separated somewhat from the Mi'kmaq of the French-occupied territories. This splintering of the government in the eighteenth century persisted and developed in the nineteenth. By the mid-nineteenth century there were two grand chiefs, one at the traditional site at Unama'kik and one at Shubenacadie in the Sipekne'katik district.⁶³⁹ In 1861 the Shubenacadie leader was Peminuit Paul (also known as, Jacques-Pierre Paul), nephew of the previous head of the community, Francis Paul, Sally Paul's husband, who had retired his position in the late 1850s.⁶⁴⁰ Though restricted by the destruction of traditional hunting grounds by white settlements, these communities remained semi-nomadic and migrated between seasonal sites at Shubenacadie and Dartmouth in the mid-nineteenth century.⁶⁴¹

analysis. Indeed, the aim of this thesis is to provide the complex contextual significances that allowed for the translation of Indigenous knowledge within British and Haligonian spaces as well as allowing for the sale and attempted collaboration with colonial actors that Sally Paul undertook.

⁶³⁷ Anon, "The Mi'kmaq."

⁶³⁸ McMillan, "Mi'kmawey Mawio'mi.", 29-30.

⁶³⁹ Ibid, 83.

⁶⁴⁰ Whitehead, "Peminuit Paul,"

⁶⁴¹ Twohig, "Health and the Health Care Delivery System", 9.

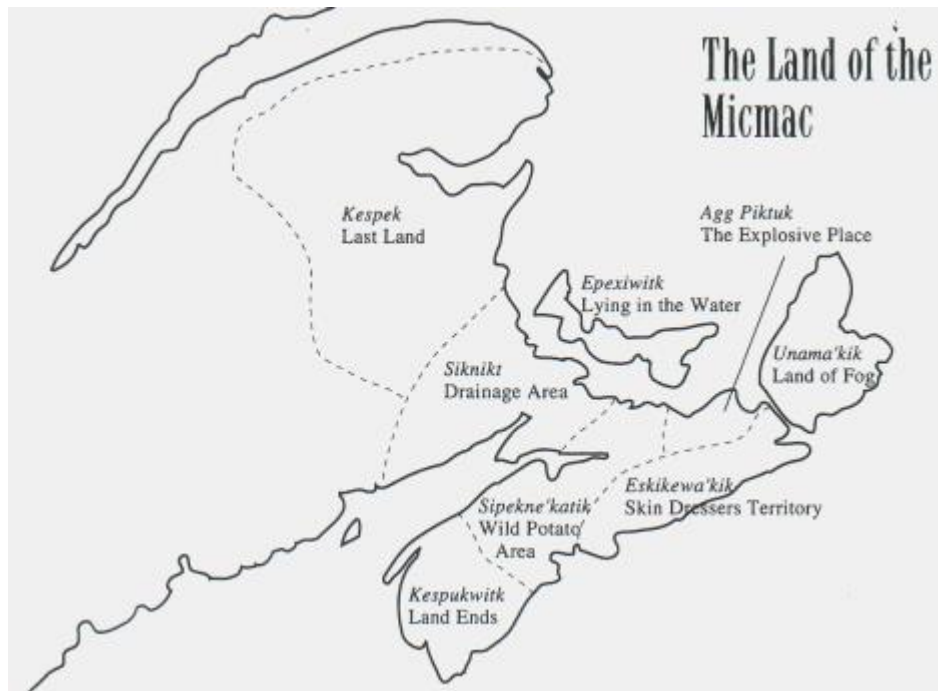


Figure 14- Daniel Paul, "Mi'kmaq Territory Map," accessed September 25, 2018, <http://www.danielnpaul.com/Map-Mi%27kmaqTerritory.html>.

Since the Treaty of Utrecht in 1713, Nova Scotia became a British colony. Although the Mi'kmaq were recognised as a distinct community who were given freedom to trade and form political and social relations with both the French and British, this treaty was also interpreted by the British as a recognition of their dominion over the Mi'kmaq who were described as acting in rebellion against the crown rather than at war with the British during military encounters between 1713 and 1757.⁶⁴² These wars with the British, combined with the scalping proclamations enacted by Edward Cornwallis in 1749 and 1753 led to a drastic decline that has often, and it would seem accurately, been termed an attempted genocide.

Peace was officially declared in 1760 and a treaty that established Mi'kmaq lands under the protection of the crown was drawn three years later.⁶⁴³ However, although Mi'kmaq lands were officially protected, colonisers continued to encroach upon them. These continued violations destabilised the traditional socio-economic makeup of the community, causing famine and outbreak of disease. Furthermore, though the British, from the close of the eighteenth century, had pushed the French out of Mi'kma'ki, the divisions that had been caused in Mi'kmaq governance persisted and solidified. In Nova Scotia in times of war the British had been keen to present the Mi'kmaq as rebellious subjects, but

⁶⁴² Paul, *We Were Not the Savages*, 66, 78, 105; Twohig, "Health and the Health Care Delivery System.", 35.

⁶⁴³ Twohig, "Health and the Health Care Delivery System", 39-40.

in peace they were occasionally less keen to recognise the Mi'kmaq as subjects to whom they owed assistance. The community petitioned the assembly on various occasions with requests for provision and claims at compensation for encroachment on their land, as protected under the treaty rights discussed in chapter four.⁶⁴⁴ Their suffering did not go completely unnoticed. As Abraham Gesner, commissioner of Indian Affairs, wrote in a letter to Sir Rupert Bart, provincial secretary in 1847-8, the community's poor condition could lead to their disappearance if nothing were done.⁶⁴⁵

Despite Gesner's concerns and the continued effects of war, disease, poverty and colonial encroachments, there does appear to have been something of an increase in the Mi'kmaq population in Sikepne'katik during the period. In some ways this period may be considered one of semi-revival for the Mi'kmaq. The scalping proclamations and continuous war with the British had ended at the close of the eighteenth century and it was not until the Indian Act in 1872 that communities were forced onto reservation lands. The residential school system of the twentieth century, that separated the Mi'kmaq from their families, culture and oral traditions which has caused irrevocable trauma that persists today, was also not yet in place.⁶⁴⁶ Sally Paul's use of the *Mkqo'oqewi'k* root may also reflect this period of semi-revival, as a representation of combined Mi'kmaq innovation and adaption in medicine that was grounded in a traditionally powerful medicinal plant of the region.⁶⁴⁷ Despite this period of semi-revival for the Mi'kmaq, there remained understandable and deep-seated hostility from the community toward the British who occupied their land.⁶⁴⁸

⁶⁴⁴ Paul, "Petition of Francis Paul Chief of the Micmac Indians" (December 23, 1845), 1-2; Paul, "Petition of Francis Paul of Shubecanadie" (January 31, 1846), 1-3; Paul, "Petition of the Micmac Indians of Nova Scotia" (March 3, 1851), 1-2; Paul, Paul, and Paul, "Petition of Francis Paul, Goreham Paul, Louis Paul and Others Chiefs of the Micmac Tribe" (February 21, 1854), 1-3.

⁶⁴⁵ A Gesner, "A. Gesner to Sir Rupert George Bart," Letter, May 28, 1847, Microfilm reel 15,106, Public Archives Nova Scotia

⁶⁴⁶ McMillan, "Mi'kmawey Mawio'mi.", 87; The residential school system may also have led to the loss of knowledge of Sally Paul's curative amongst the community as it separated children from their culture and oral tradition.

⁶⁴⁷ Paul, *We Were Not the Savages*, 105, 186; Daniel Paul notes that the Mi'kmaq population was reduced to its lowest recorded level by 1843 of 1,300. However, following this, though conditions were not much improved, the population was beginning to slowly recover.

⁶⁴⁸ Twohig, "Heath and the Health Care Delivery System.", 35-38; The scalping proclamations were enacted by Cornwallis to reduce the number of Mi'kmaq in Nova Scotia, sums of money (varied over time) were offered for the scalps of Mi'kmaq. There were a number of issues with these proclamations, foremost is the clear attempt to commit genocide that Cornwallis enacted, the second was that there was no means of testing the scalps to ensure they were indeed Mi'kmaq. It was the second of these that led to the eventual end of the proclamations.

As discussed in the previous chapter a relationship of dependence had developed. The Mi'kmaq required food and other provisions, such as guns and clothing and occasionally medical assistance. This need led to paternalistic responses from religious and government institutions, that sought to deliver provisions packaged with British and protestant conceptions of civilisation and religion.⁶⁴⁹ As Gesner's reports "on Indian Affairs" demonstrate, provisions to the community were tied to concerns with church attendance and piety, the community's progress in agriculture, and their vaccination.⁶⁵⁰ Doctors providing vaccination to Mi'kmaq communities were, therefore, allies in the colonial push to "civilise the native."⁶⁵¹

As such, it is perhaps unsurprising that many of the Mi'kmaq were demonstrably resistant to vaccination, and other white medical intrusions, as it allowed colonisers to push further into their lands and communities.⁶⁵² As Gesner indicated, the Mi'kmaq had an "abhorrence" for vaccination, while Dr Jamison, who vaccinated Mi'kmaq outside Tangier in the 1860s, wrote to a Mr Black that many "were vaccinated against their wishes".⁶⁵³ To categorise the Mi'kmaq as a single group with a single view of vaccination and white doctors, however, would be a mistake. As indicated above, recognition of individuals and community diversity is important and while there was resistance to vaccination, many Mi'kmaq were vaccinated or received medical attendance from white doctors.⁶⁵⁴ Indeed, some of Joanne Periera's Mi'kmaq informants consider traditional Mi'kmaq medical practice as "a step backward" or ineffective in the treatment of western diseases or opposed to their Catholic belief structures, and would, therefore, have regarded vaccination and white doctors medical attendance as important and necessary.⁶⁵⁵

However, it is difficult to ascertain how many Mi'kmaq received vaccination or medical assistance during the mid-nineteenth century. Petitions often stated that they

⁶⁴⁹ Churchill, *Memorials of Missionary Life, in Nova Scotia*, 186; Gesner, "Report on Indian Affairs", 1-4; Micmac Missionary Society, *The Sixth Annual Report of the Committee of the Micmac Missionary Society: From September 30th 1854 to September 30th 1855* (Halifax, Nova Scotia, Canada: James Bowes & Sons, 1855), 4.

⁶⁵⁰ Gesner, "Report on Indian Affairs", 4, 6.; Gesner, "Account for Indian Affairs.", 1.

⁶⁵¹ F. J. Paul Hackett, "Averting Disaster: The Hudson's Bay Company and Smallpox in Western Canada during the Late Eighteenth and Early Nineteenth Centuries," *Bulletin of the History of Medicine* 78, no. 3 (2004), 579.

⁶⁵² Paul, *We Were Not the Savages*, 188.

⁶⁵³ Gesner, "Report on Indian Affairs", 4; Dr Jamison, "Dr Jamison to Mr Black Esq," letter, November 20, 1865, Public Archives Nova Scotia.

⁶⁵⁴ Various, "Vaccinations 1841-42", 1; Archibald McDonald, "Petition of Archibald McDonald" (Petition, January 14, 1850), 1, 3, 5-6; Various, "Accounts Spry Harbour," Accounts, 1861, Microfilm reel 23,777, Public Archives Nova Scotia, 1-2.

⁶⁵⁵ Pereira, "A Preliminary Case Study.", 36.

vaccinated, “a number of the Indian population” or more unhelpfully simply those, “who were considered poor, or would not otherwise have taken the benefit of the protection this [vaccination] afforded.”⁶⁵⁶ What is clear is that there was a variety of reactions to white doctors’ medical interventions, from resistance to request, often propagated by necessity. At Spry Harbour, for example, it was not vaccination that was being called for but medical attendance and the consequent provision of food and other necessary supplies.⁶⁵⁷

Yet, as demonstrated by Paul Kelton, among others, use of white medicines did not mean throwing away traditional practices or knowledge bases.⁶⁵⁸ Indeed Sally Paul’s use of the *Mqo’oqewi’k* root and vaccination in smallpox demonstrated an active attempt to tackle contagious disease that included both Mi’kmaq and colonial approaches. Without allowing for the use of both herbal practices within the community alongside white medical interventions, this dual usage by Sally Paul would seem contradictory. Sally Paul, it seems, was vaccinated by Dr Edward Carritt in the early 1840s, yet she was also the primary promoter of the *Mqo’oqewi’k* root for curing smallpox within her community, demonstrating both continuation of the use of powerful Indigenous plant medicines and adoption of white medicines.⁶⁵⁹ This dual approach to tackling smallpox highlights the diversity of Mi’kmaq medicine. Sally Paul used a smallpox remedy that was both innovative and traditional, with a plant that was long considered a powerful medicine throughout the region, alongside the adoption of white medical interventions. Furthermore, she shared her traditional and innovative smallpox curative with colonisers, seemingly counter to the secretive practices of her, possible, Kanien’kehaka origins. She also seemed to break from apparently traditional Mi’kmaq communal practice by maintaining control over the preparation and collection of the plant, sharing specifics of the infusion only with her protégé.

While Sally Paul’s Kanien’kehaka origins might account for her secrecy regarding the preparation and collection of the cure to some extent, I argue that encounters with colonial practitioners and medical cultures had already begun to reshape Mi’kmaq practice

⁶⁵⁶ Farish and Farish, “Petition of Gregg Joseph Farish and James C. Farish” (Petition, September 1, 1850), 1; McDonald, “Petition of Archibald McDonald.”, 1.

⁶⁵⁷ Various, “Accounts”, 1; Anon, “List of Provision, Spry Harbour” (1860), Microfilm reel 23,777, Public Archives Nova Scotia, 1-2; Anon, “Smallpox Spry Harbour,” *British Colonist*, January 24, 1861, 5.6 edition, microfilm reel 5,365, Public Archives Nova Scotia, 4.

⁶⁵⁸ Kelton, *Cherokee Medicine, Colonial Germs*, chap. 1, kindle; Jennifer Seltz, “Complicating Colonial Narratives: Medical Encounters around the Salish Sea 1853-1878,” in *Precaious Prescriptions: Contested Histories of Race and Health in North America*, ed. Laurie Green, John McKiernan-Gonzalez, and Martin Summers, (Minneapolis, Minnesota: University of Minnesota Press, 2014), 32.

⁶⁵⁹ Various, “Vaccinations 1841-42.”, 1.

more broadly, causing an increase in concern for secrecy. As demonstrated in previous chapters, both Haligonian and British communities were intrigued by the secret knowledge that could be obtained from Indigenous sources. There was a thriving trade in curatives packaged as 'Indian' across imperial places during the nineteenth century with white colonisers actively seeking Indigenous curatives.⁶⁶⁰ As with reactions to the intrusion of white doctors, the Mi'kmaq reacted variously, both resisting and engaging. In both instances it would seem that secrecy was a helpful tool. Portraying a curative as secret increased perception of its strength and importance to enquirers, while it also acted as a barrier for those that wished to prevent knowledge theft. For Paul and her root infusion, I argue, the former was the case. When Hardy approached Sally Paul to discover what the curative was, he noted her reluctance to divulge her secret and that it was only once he had guessed what it was, offered to pay her compensation, and after Mary Ferris had encouraged her to tell him about the root, that she finally relented.⁶⁶¹ Similarly, Morris indicated that discovering the curative required compensation be provided to Sally Paul and that she was keen to maintain the secret.⁶⁶² If we focus only upon the narrative of the white men in these examples a picture is painted of their taking advantage of a poor Indigenous woman. However, if we consider Sally Paul and her 'daughter' as active collaborators, the narrative is altered. Paul and Ferris obtained compensation from both Miles and Morris for the same secret. Sally Paul's reluctance in both instances then appears somewhat disingenuous, a tactic for gaining more from these men for her knowledge. Indeed, the apparent divergence in use of the root, as a preventative amongst the wider community and a curative when Sally Paul specifically was involved, may indicate that the root infusion was only ever used as a preventative by the Mi'kmaq. Its sale as a curative by Sally Paul may have been part of a broader attempt to give the root infusion further value for colonisers.

Furthermore, Lane was paying Paul twenty-five shillings a pound for the curative that he went on to sell at a five-shilling profit in the city.⁶⁶³ In taking a lower cut of the profits Lane appears as Sally Paul's junior partner in the sale of the remedy. Furthermore, Mary Ferris, Paul's protégé, petitioned the Medical Society to consider the curative.⁶⁶⁴ Mary Ferris' petition was sent to the society on the 6th May. Two months prior to this Lane

⁶⁶⁰ Vogel, *American Indian Medicine*, 179.

⁶⁶¹ Hardy, "Indian Remedy for Smallpox.", 4.

⁶⁶² Morris, "Sarracenia." (December 6, 1862), 638.

⁶⁶³ Lane, "Smallpox: Indian Remedy" (April 5, 1861), 2.

⁶⁶⁴ Various, "Minutes of Halifax Medical Society", 35.

had petitioned the city council requesting that Sally Paul be able to test her curative in the hospital.⁶⁶⁵ It seems that Lane was working with Ferris and Paul to ensure that they retained control of the remedy's use and were involved in processes of authentication. Though it was ignored by the legislative council, Lane did petition them for a patent on Sally Paul's behalf and requested that she be allowed to test the root infusion in the hospital.⁶⁶⁶ Sally Paul and Mary Ferris' use of a white collaborator to gain access to Haligonian government and medical institutions, while unsuccessful, presents us with a narrative of Indigenous women keen to promote their curative to the colonial community and to ensure that they obtained compensation and recognition for its use. Sally Paul was actively participating in the economic, social and legal mechanisms of empire for her own benefit.⁶⁶⁷ As discussed above, Sally Paul's husband Francis Paul had been too ill to continue his role as chief in 1856 and died in May 1861. It is perhaps not inconsequential that she began to sell her root infusion during this time, possibly driven by poverty with the declining health and eventual loss of her husband.

Other members of Indigenous communities had used similar methods to cement their hold over their medical knowledge, with varying degrees of success. Peter Paul Toney Babey who, "turned his attention to the nature of plants, herbs, and the various roots of the county possessing medicinal qualities," sought to gain economically for these treatments.⁶⁶⁸ Furthermore, as discussed in chapter four, his petition was laughed out of the assembly, but his petition further demonstrates the ways in which Indigenous individuals had attempted to utilise the systems of colonialism to their advantage. More successful than Babey were individuals such as George Henry an Ojibwa medicine man in the mid-nineteenth century, whose story is traced in detail by Jace Weaver. Henry made money and achieved a great deal of success within white spaces by selling an expected image of exotic indigeneity with his travelling medicine shows.⁶⁶⁹

Conversely, it is possible that considering Sally Paul's actions as driven by economic gain is a colonial way of viewing these events. As one of Joanne Pereira's informants noted, she "treat[s] everyone. My knowledge is not from a book it is learned by experience and is holistic and includes everyone."⁶⁷⁰ Such a view would make passing on her remedy or

⁶⁶⁵ Anon, "City Council.", 2.

⁶⁶⁶ Legislative Council, "Journal of the Proceedings.", 59.

⁶⁶⁷ Weaver, *The Red Atlantic*, 201.

⁶⁶⁸ Babey, "Petition of Peter Paul Toney Babey, Physician.", 1.

⁶⁶⁹ Weaver, *The Red Atlantic*, 201.

⁶⁷⁰ Pereira, "A Preliminary Case Study.", 75.

treating others with it, including white colonisers, part of a Mi'kmaq holistic understanding of medical provision. However, considering the attempts made at gaining patents and recognition in the spaces of the city hospital, and perhaps even altering the use of the root infusion, it seems most probable that, even if Sally Paul was happy to divulge her remedy to colonisers under a holistic medical ideology, Mary Ferris was more concerned with ensuring control over its use and gaining economically from its sale. In either case, Sally Paul and Mary Ferris' sale of the *Mqo'oqewi'k* root infusion for smallpox and its history amongst the community demonstrates that Mi'kmaq medicine was not static. Instead it was complex, innovative and ingrained in changing interactions with colonial and other Indigenous communities as well as internal and personal considerations and beliefs. In essence, as Linda Tuhiwai Smith has indicated, Indigenous cultures are contradictory, diverse, complex and flexible, Sally Paul and the narrative of the *Mqo'oqewi'k* root exemplifies this.⁶⁷¹

Conclusions

This chapter has presented a 'Red' Atlantic narrative drawing out the innovation, complexity and un-nostalgic medical practices of North Eastern Canada with a particular focus on the Mi'kmaq and Sally Paul's use of the *Mqo'oqewi'k* root in smallpox. The use of the plant more broadly in other illnesses in North Eastern Canada highlighted active innovation within communities of medical knowledge across the region that interconnected and exchanged information, possibly, along familiar routes of trade and between shared cultures and political structures. Tracing these interactions with precision was complicated by the lack of dates and Indigenous community details provided by commentators. However, focusing on the broad use of the *Mqo'oqewi'k* plant in these communities demonstrated that it was considered to be a means of powerful medical intervention. The eventual use of the root of this plant in smallpox, therefore connected innovations against new disease to extant understanding of the more traditional medical power of plants.

Considering Sally Paul and her use of the root I have also demonstrated the adaptive and disparate nature of Mi'kmaq medicine and how individuals from the community attempted to utilise white perceptions to their advantage. The networks of knowledge that existed within the Mi'kmaq medical community when it came to the use of *Mqo'oqewi'k* root were secretive and privileged and predominately female. This was

⁶⁷¹ Tuhiwai Smith, *Decolonizing Methodologies*, 25.

unusual within what had previously been described as a relatively open Mi'kmaq form of medical practice, and may point toward Sally Paul's possible origins amongst the Kanien'kehaka. However, Paul's approach to her curative did not sit entirely comfortably within Kanien'kehaka practices either.

Instead a secretive system of medicine within the Mi'kmaq community more broadly had begun to develop by the mid-nineteenth century in reaction to colonial encounters. Sally Paul and Mary Ferris appear to have utilised white fascination with Indigenous secrets as well as white collaborators, specifically Lane, to access the medical and political spaces of Halifax. While they were not successful in their attempt to obtain patents or to have the remedy legitimised in the space of the city hospital, what we can see is an active attempt to retain ownership and gain economically from Sally Paul's medical knowledge. However, as previous chapters have demonstrated, Paul and Ferris' attempts to gain from and control the use of the *Mqo'oqewi'k* root infusion ultimately failed and the unbalanced power relations between the Haligonian, British and the Mi'kmaq led to theft of Sally Paul's knowledge and reframing of the root's use, efficacy and origins within the spaces of British and Haligonian medicine. While this attempt to retain control over a remedy ended in failure, outlining its movement within and between the Indigenous communities of eastern Canada, particularly the Mi'kmaq and Kanien'kehaka has brought to light a complex picture that witnesses the intersection of innovation, diversity, access, colonial oppressions and tradition.

CONCLUSION

In this thesis I set out to analyse the events from 1861 onwards that led to the appropriation of an Indigenous plant, along with varying degrees of the context of Indigenous medical knowledge. These events were peculiar, as they demonstrated a continuity in flexible conceptions of indigeneity and gender that allowed for Indigenous medicine to be considered effective and therefore translated by colonisers, a process that has been presented as impossible within a nineteenth century landscape of growing racism and chauvinism.⁶⁷² I asked why and how, within the context of nineteenth century racism and chauvinism alongside a generally held belief that Indigenous peoples were unable to cure smallpox, was a remedy from a Kanien'kehaka woman living amongst the Mi'kmaq at Shubenacadie appropriated and translated in Britain and Halifax? I also explored what was travelling: the plant alone, acceptance of Indigenous testifiers as authoritative in medical matters, and/or more specific details of Sally Paul's medical practice such as the preparation, harvesting or knowledge ways of her community. These questions rested on movement and how new knowledges were created as they moved between localities that highlighted the ways in which Indigenous peoples and their medicines were perceived within white imaginations, as well as localised contextual concerns such as professionalisation, vaccination, and personal relationships and interests.

The narratives of bio-prospecting describe the process of stripping Indigenous meaning as plants and knowledge of their use are transported further from their points of origin. I presented the movement of the plant back from its furthest point of appropriation to its apparent origin, highlighting the simple processes of stripping and the depiction of Indigenous knowers as stationary and their knowledges as separated from diverse internal and external contingencies as too simple an explanation. I arrived at the following broad conclusion: Complex appropriative processes that have been described by commentators such as Londa Schiebinger and Susan Scott Parrish, continued into the nineteenth century. These historians have discussed the importance of Indigenous testifiers as authoritative knowers steeped within the wildernesses of North America while colonisers saw themselves, predominately, as discoverers of knowledge as they communicated the same. These practices are described with reference to common conceptions of indigeneity such as homogenised First Nations' sagacious knowledge and their perceived, and real,

⁶⁷² Robinson, "New Worlds, New Medicines", 110; Murphy, "Translating the Vernacular", 29; Schiebinger, *Plants and Empire*, 296; Parrish, *American Curiosity*, 309.

demographic decline. These practices were complicated by contextually significant factors for colonisers such as necessity. While contexts changed over time with, for example, growing professionalisation and reliance on experimentation which were explored and highlighted in this thesis, the broadly construed ideas surrounding indigeneity as it related to matters of medicine continued into the nineteenth century. This reflects Robert Berkhofer Jr's account of the pervasive framing of Indigenous peoples within white imaginations. Approaching these questions with an eye to 'Red' Atlantic methodologies enabled me to consider the same questions of context and movement in the Mi'kmaq community and discussed the nebulous nature of Indigenous medicine in the region during the mid-nineteenth century

In chapter one I discussed the appropriative practices that intersected with broader conceptions of indigeneity in European contexts prior to the events of 1861 and 1862 that acted as a grounding for the discussion that would follow. Chapter two then delved into the appropriation and translation of the *Sarracenia purpurea* in Britain where a study of the writings on the plant by Herbert Chalmers Miles, Cosmo G. Logie and Captain Campbell Hardy highlighted the contextual significances of professional medical spaces of debate, the rise in experimentalism in science that allowed space for an Indigenous remedy for smallpox. This chapter also considered vaccination and public health concerns, and personal relationships at the point of appropriation leading to self-conscious attempts at justifying removals. The last of these was displayed specifically by Hardy. Overall this chapter highlighted that despite these contextual specifics there was a continuation of perceptions of indigeneity when used to promote Indigenously sourced remedies as effective. The 'good' Indian, connected to the natural world, and acting as interlocutor between the wilderness and metropole, who possessed a know-how that must be saved from the same oblivion that these disappearing peoples faced, remained central to appropriative framings. Additionally, the images of the 'good' Indian in the British context highlighted Sally Paul's gender and specifics pertaining to the preparation of the plant that fitted within broader understandings of Indigenous medical cultures that lent authority to the plant's utility in opposition to patent medicine.

Chapter three discussed the movement of the physical plant and conceptions of the same across the Atlantic, highlighting what was travelling and what was not. Specifically, the lack of knowledge transfer between the Haligonian medical elite and the British medical elite via the military spaces of the city brought to light an ego-centric account of the centre/periphery. The question of conceptions of indigeneity took a back

seat in this chapter while lines of communication shortening and lengthening distances between elite spaces in Halifax and Britain was brought to the fore. In the penultimate chapter a narrative of translation failure was provided where images of indigeneity intersected with contextual concerns not limited to professionalisation, public health and the personal interests of the city's medical elites. Finally, in returning to the point of European appropriation with Sally Paul at Shubenacadie, it was revealed that this perceived point of appropriation was in fact the final stage of a broader and more complex medical history of the plant within and between First Nations communities across north eastern Canada. Here I discussed the changing world of Mi'kmaq medicine and society in the mid-nineteenth century that recognised the diversity of this community as well as the pressures of imperialism and access for Indigenous medical knowers.

This thesis has presented a single case study. Though discussing only one example of continuity in appropriative practices in the nineteenth century I believe more may be uncovered for this period. Furthermore, the value of this work extends beyond this single moment. In this conclusion I hope to expand on some points beyond the events of the 1860s described above to highlight the utility of this study and those that may pursue similar 'Red' Atlantic methodologies in the future. Here I will briefly discuss a broader account of appropriative practices in the modern age and how these are grounded in the systems that this thesis has sought to uncover. As discussed by Claude Levi-Strauss, "myths and narratives reconcile cultural contradictions and bring opposing forces and values together".⁶⁷³ The narratives created by Miles, Hardy, Logie, Morris and Lane reconciled broadly negative racial stereotypes of the nineteenth century with white self-interest in the utility of Indigenous knowledges and flora. Identifying these complex interactions is useful in re-thinking current appropriative practices and recognising the continued oppressions of Indigenous knowers today.

As has been demonstrated, Euro-American/Canadian acceptance of flora and fauna was not often explicitly racist, for example excluding all reference to Indigenous communities as knowers or collectors of knowledge, but instead contained implicit racism and structures of imperialism that denied access to these communities. As Patricia Hill Collins has discussed, often apparently 'positive' racialised images are still oppressive and

⁶⁷³ Robert Baird, "Gang Indian: Discovery, Adoption, and Renaming toward a 'true American' from Deerslayer to Dances with Wolves," in *Dressing in Feathers: The Construction of the Indian in American Popular Culture*. ed Elizabeth S. Bird, (New York: Routledge, 1996), 196.

controlling.⁶⁷⁴ Acceptance of flora and knowledge has been shown to require Indigenous presence either as homogenised images to lend authority or occasionally as specific knowers within narratives of appropriation, at least initially, for the purposes of translation. In addition, when rejections have occurred, negative racialised conceptions of Indigenous medical knowledge have not always been the primary cause, with contextual concerns not limited to the matters of disease prevalence, the public good, personal relationships and professionalisation instead leading to this outcome, as described in chapter four of this thesis. Importantly, if we accept that rejection of Indigenous medical knowledge and flora occurred in the nineteenth century due to broadly construed racial prejudices, as scholars such as Londa Schiebinger have argued, then we welcome bio-prospecting behaviours in the modern age that reflect the practices of previous centuries. Ignoring Indigenous knowledge outright is attached to the idea that observers are racist, as argued by Schiebinger and others, and conversely accepting Indigenous knowledge becomes an act of salvation and engagement with Indigenous communities. This means that appropriative behaviours can continue. As Elizabeth Bird has noted, while words like “savage” that conjure explicitly negative racialised images of Indigenous peoples are no longer used, subtler racial conceptions of indigeneity are still present that are just as oppressive.⁶⁷⁵

The appropriative behaviours outlined in this thesis were transformed by the close of the nineteenth century into the new fields of ethno-botany and anthropology. These disciplines primarily based their appropriations of knowledge and flora on “salvage ethnography” recoding customs, removing flora, and taking knowledges that they believed to be close to extinction, salvageable only by white commentaries.⁶⁷⁶ Today these activities continue, though some progress has been made, for example the research conducted by Carolina Cieniak et al, who have worked with Cree communities in Canada to find medicines that will directly help the community in their struggles with diabetes.⁶⁷⁷ Yet, there are still medical studies that seek to uncover Indigenous medicine for its utility to white societies without proper consideration or access being given to the communities

⁶⁷⁴ Hill Collins, *Black Feminist Knowledge*, 84.

⁶⁷⁵ S. Elizabeth Bird, *Dressing in Feathers: The Construction of the Indian in American Popular Culture* (New York: Routledge, 1996), 10.

⁶⁷⁶ Alison Griffiths, “Science and Spectacle: Native American Representation in Early Cinema,” in *Dressing in Feathers: The Construction of the Indian in American Popular Culture*, ed. S. Elizabeth Bird, (New York: Routledge, 1996), 84.

⁶⁷⁷ Carolina Cieniak, Fida Ahmed, Hongbin Xu, Matthew W. Granger, Alexandre P. Blanchard, Zhibin Ning, Pierre S. Haddad, Brian C. Foster, John T. Arnason, and Steffany A.L. Bennett, “A Cree Traditional Medicine Plant, *Sarracenia Purpurea* L., Alters Learning and Memory in TGCRND8 Mice, Likely Increasing Levels of PC(O-16:0/2:0)PAF,” *Alzheimer’s & Dementia* 10, no. 4 (2014): 461.

with which they interact. While many scholars have recognised this, there is little recognition of the historical causes that have allowed for these processes to continue and flourish.

As Patricia Hill Collins has argued, “controlling images are designed to make racism, sexism, poverty and other forms of social injustice appear to be natural, normal, and inevitable parts of everyday life”.⁶⁷⁸ These controlling images, or conceptions of indigeneity that have been highlighted within this thesis, continue to be used today. A perfect example appears in the 2012 experiments conducted with *Sarracenia purpurea* which was tested by a working group in Ontario to discover if it was indeed useful in curing smallpox. The matter of its position amongst Indigenous medical knowledge practices was briefly alluded to, but simply dismissed as a factoid of vague significance as the Mi’kmaq no longer used this remedy. The article terms their work a ‘re-discovery’, framing the remedy as newly discovered, re-worked by their scientific sifting.⁶⁷⁹ There is no reference to interaction with Indigenous communities, assessment of the medical needs of these groups in other areas, if the rediscovery of this knowledge is important to the community or any other means of providing access to that community, as there was in the Cieniak study. There is also no recognition of the causes of forgetting, a matter not delved into in this thesis, but which Joanna Pereira has highlighted links to the residential school system and the suppression of oral tradition and Indigenous cultural practices.⁶⁸⁰

In many ways, Arndt et al’s study, aside from the specific scientific practices, reads like that of Miles and other pro-*Sarracenia* commentators of the 1860s. It demonstrates a continuation of the oppressive appropriative practices that have been traced throughout this thesis. I cannot offer a solution to this problem. I do argue that recognising it as a problem, that continues these age-old practices, is important in highlighting the continued complicity in colonial behaviours of societies that believe they live in a post-colonial moment. Indeed, for Indigenous people the phrase “post-colonial” is laughable, as Bobby Sykes has asked, “what? Post-colonialism? Have they left?”⁶⁸¹

Similarly, in popular culture Indigenous medicine is homogenised and historicised without reference to contextual meanings. As Richard King has discussed, the medicine display at the Battle of the Little Bighorn site “fails to contextualise or historicise them,

⁶⁷⁸ Hill Collins, *Black Feminist Knowledge*, 69.

⁶⁷⁹ Arndt et al., “In Vitro Characterisation.”, 1.

⁶⁸⁰ Pereira, “A Preliminary Case Study.”, 30, 36, 89.

⁶⁸¹ Tuhiwai Smith, *Decolonizing Methodologies*, 25.

presenting them instead as little more than a collection of curios.”⁶⁸² In addition, practices such as those conducted by the Smoki people of Prescott, Arizona, who re-enact the Hopi snake dance annually, “‘Tribalism’ becomes transformed into a vogue lifestyle for the social elite.”⁶⁸³ David Seals has noted that “so-called liberals are the new-Custerists, torn between their cultural guilt and self-interest”.⁶⁸⁴ While he was speaking of the world of cinema and literature, where “Indians” as villains and savages have been turned into romantic ideals, the above concept can easily be placed within the context of modern conceptions of Indigenous medical knowledges. By presenting an image of the explicit racism of the nineteenth century that rejected Indigenous knowledges wholesale, the use and acceptance of Indigenous knowledge in the present can be painted as part of a liberal move that is non-racist. Instead the patterns of appropriation that this thesis has demonstrated in the nineteenth century have been shown to be more complex.

Self-interest of pharmaceutical companies and medical researchers in the appropriation of medically and economically valuable flora and knowledge can be justified if it is presented in opposition to an imagined period of general rejections of Indigenous knowledge on entirely racist grounds. Though some researchers and companies have approached their appropriations sensitively many have not. By demonstrating the complexities of appropriative behaviours in the nineteenth century in opposition to the simplified image of racialised rejection, I hope to highlight that such practices do continue in the modern age. Though altered by the contexts of the twentieth and twenty-first century we continue colonial suppression through appropriative behaviours that do not give space to Indigenous knowers and communities. “Until ignorance is confronted, Native Americans will never completely escape the Old Custerism and will remain shapeless and ultimately invisible to the dominant culture.”⁶⁸⁵

I conclude with the words of Robert Berkhofer Jr,

⁶⁸² Richard C. King, “Segregation Stories: The Colonial Contours of the Little Bighorn Battlefield National Monument,” in *Dressing in Feathers: The Construction of the Indian in American Popular Culture*, ed. Elizabeth S. Bird (New York: Routledge, 1996), 177.

⁶⁸³ Theodore S. Jojola, “Moo-Mesa: Some Thoughts on Stereotypes and Image Appropriation,” in *Dressing in Feathers: The Construction of the Indian in American Popular Culture*, ed. Elizabeth S. Bird (New York: Routledge, 1996), 261, 263.

⁶⁸⁴ David Seals, “The New Custerism.,” The Free Online Library, accessed August 15, 2018, <https://www.thefreelibrary.com/The+new+Custerism.-a010686200>.

⁶⁸⁵ Annette M. Taylor, “Cultural Heritage in Northern Exposure,” in *Dressing in Feathers: The Construction of the Indian in American Popular Culture*, ed. Elizabeth S. Bird, (New York: Routledge, 1996), 241-2.

About the only conclusion a historian can safely derive from the history of the Indian in white imagination is that, even if new meaning is given to the idea of the Indian, historians of the future will probably chronicle it as part of the recurrent effort of whites to understand themselves.⁶⁸⁶

My thesis has demonstrated that the continuation of appropriative behaviours in the nineteenth century, and on into the present, highlights the utility of white images of indigeneity in behaviours of appropriation and oppression. My own work does not solve this problem and offers only some insight into how these activities have remained prevalent from first contact to the present day, but as Berkhofer and Cavender Wilson have noted, this is still Indigenous history from the white perspective.⁶⁸⁷ In order to achieve Jace Weavers 'Red' Atlantic aims, drawing Indigenous histories as an intrinsic part of wider histories of the Atlantic world we must recognise the appropriative practices and white conceptions of indigeneity that have come before and persist today so that we may progress with more care and self-awareness in the future.⁶⁸⁸

⁶⁸⁶ Berkhofer, *The White Man's Indian*, 111.

⁶⁸⁷ Cavender Wilson, "Indian History", 5; Berkhofer, *The White Man's Indian*, 111.

⁶⁸⁸ Weaver, *The Red Atlantic*, 9, 422; Donald Fixico, "Ethics and Responsibilities", 90.

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APPENDIX

Frederick William Morris, "Wonderful Discovery: Indian Remedy for Smallpox," Morning Chronicle and Commercial Advertiser, April 24, 1861, 8.43 edition, sec. Correspondence, microfilm reel 7,028, Public Archives Nova Scotia.

Wonderful Discovery.

Indian Remedy for Small Pox.

Having been asked by some of my friends, recently, why I have not, upon my own responsibility, made some public statements as to the use of the Indian remedy for the cure of small pox, as I have been testing its virtues in several cases, I have no hesitation, therefore, from what I now know of the medicine, in recommending all persons who are at all anxious in this matter, to provide themselves with the remedy with all haste.

I can with confidence assure the public, from the astonishing influences of the remedy I have already seen, that I have not the least misgivings as to its efficacy. I do not believe it will ever fail to cure, if given at any period of the disease up to the third or fourth day of the eruption, or as long as there is any power of reaction in the system.

In the language of the Micmac, "it kills the disease." It is of so mild a nature that the smallest infant may take it with perfect safety.

I have just witnessed its powers on a child of three years and a half old—never vaccinated—who is covered with it, and was dangerously ill. It is the last of a sufficiently authenticated list of cures, and may be seen at any time, at the north end of City street, opposite the City School. The grateful mother of the child, in her own language, will soon convince any sceptic who may question these statements.

If the authorities will provide me with a place for trial, I pledge myself, in the fullest sense of the word, and under risk of any reasonable penalty, to establish the truth of all that I have said. Mr. John Thomas Lane, instead of being the subject of every species of vituperation and abuse, deserves the thanks not only of this community, but of the world at large, for the enlarged sagacity which has prompted him to bring this secret to light.

F. W. MORRIS, M. D.,
Reads, Physician Hx. Vis'g Disp'y.

Frederick William Morris, "Indian Remedy," *British Colonist*, May 15, 1861, 5.20 edition, microfilm reel 5,365, Public Archives Nova Scotia.

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INDIAN REMEDY.

The Indian Remedy has been administered to the following persons, for the cure of Small-pox, all of whom are now doing well:—

Adam Bock, 21, W., Cole Harbor, Tailor, Buckingham-street.
John Fraser, 30, W., Halifax, Shoe-maker, Halifax Visiting Dispensary.
Henry Baker, 9, W., Halifax, Labouring, Jacob-street.
Andrew Blagden, 2, W., Halifax, Stevadore, above Walsh's, Druggist.
Anastasia Glode, 20, Indian, Antigonish, N. W. A.
Mrs. Davis Oakum, 76, Indian, Antigonish, Dartmouth.
Mrs. Gerrish, 34, W., Nova Scotia, Fisherman's wife, Spry Harbor.
Mary Ann Dalrymple, 34, W., Halifax, Laboring, City street.
Jeremy Murphy, 24, W., Antigonish, Laboring, Chapel Hill.

These persons have received the Indian Remedy within the last few weeks, and without entering into any physiological discussion upon the subject, or attempting the vain task of establishing such unmistakable data as should convince the scepticism that—so incredible a thing as a specific for small-pox—would naturally awaken,—I would merely observe that it is rather a question of fact, that does not come within the legitimate province of scientific deduction. The oil of Fern. for instance, expels the tape-worm. Castor Oil in an instant alleviates the agony of the "Hornet sting;" but who can explain the philosophy of these results, or the "modus operandi" in either case? What medical man can convey on paper, to another, all the minute shades or phases of diseased functions expressed in any case that he insensibly ranges together in order to a diagnosis. A general clue in every instance is all that can be given, until the eye of experience recognises the same elements in the field of vision that have convinced another. The "reliable data" upon which we ground our *reliance* in the Indian Remedy then is the fact—that in twelve hours after it is administered, patient, friends, and doctor are invariably released from all previous anxiety. The patient tells you he is better, and all about him see that he is so! The *eruption* is there, but the suffering is gone.

F. W. MORRIS, M. D.,
Res. Physician.

Frederick William Morris, "To D. McN. Parker M.D," Morning Chronicle and Commercial Advertiser 8, no.77 (July 3, 1861), microfilm reel 7,028, Public Archives Nova Scotia.

[ADVERTISEMENT.]

To D. McN. PARKER, M. D.

Sir,—As it is not in your power to ignore the services rendered this community by the Halifax Visiting Dispensary, where, alone and single-handed, I may say, for the last four years of its existence, I have administered relief to at least twelve thousand applicants, I think it but fair that, aware, as you are, of the fidelity with which I have discharged these obligations, some explanation, at least, is due from you to the public for the incessant attempts you have been making to render all these services valueless, and of no account whatever, by your recent and strangely cruel and unjustifiable act in tendering your resignation as a Governor of the Institution.

You have never prescribed at the Institution for a single patient, except once or twice in consultation, but you have sent your prescriptions to me several times to make up for pauper patients, entirely contrary to the obvious principles of the Institution, that all such patients should be sent to "head quarters." The ostensible reason for your resignation is this: that I am countenancing quackery, by administering the Indian Remedy for the cure of Small-pox; and to you it is that I am indebted, by your own admission, for the "resolution" that erased my name from the list of the Medical Society. I am an advocate of the Indian Remedy, and shall continue to be so, notwithstanding the opposition you may continue to offer; and I defy you to name a single instance in which it has failed in my hands to answer its intentions; and, what is more, I challenge you to offer me a single case of variola, distinct or confluent, at any time—before the ninth day—in which the medicine shall fail to complete the cure, as it has already done, with those patients whose names and certificates are now before the public.—In the Simmonds family—since the recovery of William Simmonds—there are four of its members now recovering fast under the Remedy; and one of these, an infant, alarmingly ill from dentition at the time of attack, is now surviving the complicated sufferings of teething and small-pox under the sole influence of the remedy you despise, sir! If you assume to yourself the incomprehensible career of such a line of action as this, it is but fair that you should be called upon to render an account of it before the public—before that tribunal which I have no hesitation in believing will impartially render to either of us such measure of justice as we have a right to expect.—As it is but a fortnight since you called at the Dispensary, and told me you would be happy to witness the success of the Indian medicine in question, how is it possible for me to reconcile the sincerity of your professions with the course you have pursued?

Awaiting your answer,
I have the honor to be
Your obedient servant,
F. W. MORRIS, M. D.,
Resident Physician Ha. Vis. Dispensary.
Halifax, June 29, 1861.

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John Thomas Lane, "The Indian Remedy for the Smallpox," *The Morning Chronicle* 18, no.67, (June 1, 1861), microfilm reel 5,406, Public Archives Nova Scotia.

**THE INDIAN REMEDY,
FOR SMALL POX.**

HAVING made arrangements with SALVY PAUL; (Mic-Mac Indian,) 100 years of age, who has recently been effecting surprising cures with her remedy for Small-Pox, I now offer the Medicine to the public upon the same terms upon which she is accustomed to dispose of it to her Tribe.

Two doses are sufficient to ensure a cure in a few days. The eruption dries up steadily, and no scars are left upon the face. My first intention was to place this remedy at the disposal of the Public Authorities, but not finding myself sufficiently encouraged in such quarters, from a very natural and perhaps personal reluctance on their part to believe in any thing so surprising as such a Medicine at first sight might seem to be, I now take upon myself the serious responsibility of recommending it for general use; the price of each remedy thirty shillings currency.

No cure, no pay.

JOHN THOS. LANE.
Medicine Man in the Mic-Mac Indian Tribe.
137 GOTTINGEN STREET.
Halifax, N. S., April 5th, 1861.

John Thomas Lane, "Indian Remedy," *Halifax Morning Sun*, May 24, 1861, 18.61 edition, sec. New Advertisements, microfilm reel 8,290, Public Archives Nova Scotia.

NEW ADVERTISEMENTS.

INDIAN REMEDY.—I beg leave to notify all poor persons who have not the means of purchasing the Indian Remedy, that it will be promptly supplied, on easy terms, at my own discretion, whenever the application comes, recommended by a Clergyman of this City, upon the sole condition of assurance that the patient is not in a hopeless and dying state, the public will at once perceive that with the "immense responsibilities" of this Medicine, every precaution must be used to protect it from misrepresentations.

JOHN THOMAS LANE.

N. B.—As every case will be registered—age, name, occupation, and residence, must be expressed in the certificates.

J. T. L.

[Extract of Letter from G. H. & W. Leslie]
Spry Harbor, 4th May, 1861.
To Messrs Avery, Brown & Co., Druggists, of this City.

"We also wish to state that the remedy for the Small Pox, viz: J. T. Lane's, has proved in the case it was tried for, Mrs. Gerrish, to be all it is recommended for."

Yours Truly,
G. H. & W. LESLIE.

John Thomas Lane, "The Indian Remedy for the Smallpox," *The Morning Chronicle* 18, no.67, (June 1, 1861),, microfilm reel 5,406, Public Archives Nova Scotia.

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The Indian Remedy for Small-Pox.


The public will please take notice, that every case of Small-pox, treated with the Indian Remedy, is duly and circumstantially registered; and that whatever stories may reach the public of its having been administered to A or B, by Doctor Gamma or Beta, are untrue.

The periodical register of names and dates, from time to time, will inform the public of the veritable and reliable cases.

All applicants for the medicine must bring a certificate to Doctor Morris from Mr. Lane, 21 Gottingen-street, the proprietor of the drug, as Dr. M. will not be responsible for any preparation not administered by himself.

Halifax, May 31st, 1861.

We, the undersigned, willingly bear testimony to the great blessing we have received, as we firmly believe, from the use of the Indian Remedy for Small-pox. Our child, Henry, aged 9 years, was fearfully attacked with the disease. We never expected he could have got over it. He was covered over with eruption, from head to foot; his face in such a state, our nearest friends would not have known he was the same child. Thanks to kind Providence, our child is now quite well, and none of ourselves or children, who were constantly with him, have taken the frightful disease. Wishing the discoverer of so invaluable a medicine to the whole world every happiness and success, we commend the discovery and discoverer to all who know how to acknowledge such an inestimable blessing.

her
MARY ELIZABETH  BAKER.
mark.
FRANCIS BAKER.
Foot of Jacob's Hill.

Witness—THOMAS DURNEY, Druggist.