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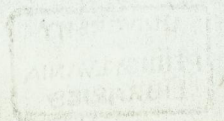
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Contributions towards a Bibliography
of the Medicinal Use of Plants by the
Indians of the United States of America

Anna Katharine Stimson
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FOREWORD ON THE NATIVE USE OF MEDICINAL PLANTS

There seems to be an increasing realization among workers in the field of anthropology that an ethnological report of any group is incomplete without a full account of medical and surgical procedure. There is also a growing consciousness that there is an immediate need of more students of ethnobotany, particularly in the United States of America where in many areas even distorted memories of pre-Columbian practices are no longer obtainable and where in many other areas only the older members of the tribal groups have any interest in or knowledge of their ancestral lore. It is disheartening to hear of the valuable informants who have died within the last two decades. But, while expressing our regret that so much irreplaceable information on the native use of medicinal plants is lost forever, let us not neglect the vast amount of information that may still be obtained in spite of the prevailing but mistaken idea that because Indian herbal knowledge is now contaminated by contact it is no longer of value. An ethnic group of mixed ancestry and merged culture is still a "tribal" entity with significant folklore and folk practice. Its materia medica should be collected, and then the student, if he so desires, may proceed with the separation of native plants from those introduced, as the first step towards the fascinating but difficult task of determining which part of the current curative practice is derived from ancestral American lore and which part from European or African lore.

Let us start with the premise that the list of medicinal plants and their usage is the datum that must be obtained and that this is a valuable contribution to human knowledge in itself without further study, interpretation or evaluation. This list should be as complete as the investigator can make it; as many qualified informants as possible should have been interviewed, their names and histories recorded, and their information reported preferably in their own words. It is desirable to record all native names given for each plant, for these are often valuable clues to its past use. Note, moreover, that any information of this kind is nearly worthless for later comparison and evaluation unless the species of the plant is accurately determined.

There has been some debate as to the desirability of further study of the data obtained, such as the comparison of the herbal lore of different areas, the particular study of the use of a single species or genus, the investigation of the treatment in different areas of a single syndrome and the evaluation of the native medicinal use of plants from the point of view of modern research. This last procedure was used by some of our earliest writers on the subject, then it was neglected by all but a few, and it is now beginning to awaken new interest. It is well to remember that all medicine originated in what we now call folk-ways. There is some feeling that the use of a European yardstick to measure native lore is useless and unjustified, implying that comparison of custom and technique should be made only among those

akin in history and environment. There is also an increasing tendency in some groups to waive all comparison and to remove the words primitive and advanced from their vocabulary.

I do not agree with the last two viewpoints, but maintain that for the investigator to use all the knowledge that he can obtain in evaluating any technique in the world is not only justified but necessary. There is a long history of such evaluation that has been accepted. We cannot say that the Algonkin canoe and the Eskimo kayak are among the finest small crafts that have ever been constructed without implying worldwide comparison. When we criticize the corbel arch we are comparing it with the "true" keystone arch of another continent. The technique of the Folsom point is admirable, not only in comparison with the flint work of other American Indians but compared to that of other parts of the world, and the modern European surgeon can admire the groove's efficiency for blood-letting, if that was its purpose. It is a fact that the material culture of Tierra del Fuego was not as advanced as that of Middle America, nor was either of these as complex as that of modern Europe. This being the case, I believe that it is not only legitimate but meaningful to say so.¹

1 Here is a bio-anthropologist's "say so": Medical science is developed from folk-ways by the comparative evaluation of treatment. The acceptance by the medical profession of quinine and digitalis is historic. From the viewpoint of modern medicine the culture that utilizes surgery in the treatment of early cancer is more advanced in this respect than the culture that applies an herbal poultice. This judgment implies a statistical, not a cultural norm. The discovery of an efficient or an inefficient curative procedure in a group is an item in ethnological data.

If an attempt is to be made to evaluate the medical lore of an ethnic group, there seem to be only two possible procedures. One is to waive all knowledge otherwise obtained and to make a long, unprejudiced, painstaking and accurate study of a large number of cases subjected to one mode of treatment and to compare the results with those of an adequate number of similar but untreated cases. The investigator must become a super-shaman, with exact knowledge locally acquired of diagnosis, drugs, drug reaction and psychology. That is he must acquire the ability, knowledge, experience and judgment of an accepted physician without the physician's European training and bias, lest his findings be not acceptable to his colleagues either as scientific or as non-European. The other method is to take the data of the native usage of specific plants in specific syndromes and, using the best medical references obtainable, discover if such employment of such drugs is justified in the light of modern knowledge. If adequate research has proved the drug inert or harmful as used, the investigator must be considered correct in listing the native use as mistaken, fraudulent or superstitious, in so far as we can judge with our present knowledge. If on the other hand the investigator with the same authority finds an acceptable reference to the effective and beneficial use in modern medicine of the specific plant for the specific disease or symptomatology to which the native use is judged equivalent he is justified in saying that in the light of present knowledge the native usage is correct.

There will be many cases in which with even the most judicial and thorough employment of the above method the investigator will still be unable to come to any conclusion. It may be that the native informant has been unable or unwilling to give an accurate description of either the plant, the method by which the drug is administered, or the actual identify of the disease; the plant and its properties may not have been subjected to adequate medical research or, in spite of a complete description of the plant and of its native use and excellent references to thorough medicinal study, the works consulted may refer to a similar syndrome but not directly to the specific disease identified by the informant. In this case the investigator, if untrained in medicine, will be unable to judge whether the stated usage of the plant will be effective or ineffective. Here the anthropologist may well consult a physician to resolve the difficulty, as he would apply to a botanist for help in the identification of plants where he himself is uncertain. In the other cases the investigator can but list the actual efficiency of the native use of the plant as unknown or unproved. From my very limited experience I suspect that the final result from such study of any considerable number of plants would give about this proportion: one-third definitely or probably correct; one-third definitely incorrect or questionable; one-third unproved or unknown. If such a proportion were maintained, taking full account of the presence of "quacks" throughout world history, the ritual employed, the recognition and use of the psychological effect of inert drugs in European medicine, and the realization that research on the properties of plants is by no means complete,

I should say that the shaman is a pretty good doctor though not up to present European standards. Such findings in native medicine might stimulate medical research among certain plants at present neglected.

It is unfortunate that among the ethnologists who have taken an interest in the modern medical evaluation of their studies of the American Indian's medicinal use of plants no standard of procedure has been established. Some have either not cited any authority for their statements concerning the usage of galencials by Europeans or have given as reference publications that cannot be considered authoritative. Early American herbals and materia medica cannot be used, as much of the research involved is antiquated and some of the drugs listed have been abandoned after further investigation; if, as may be the case, the properties ^s_Acribed to the plants were learned from Indians and were simply repeated without question, we would be using Indian lore to evaluate Indian lore. Modern herbals usually do not give scientific reference for their statements, and those that do not should not be quoted as authoritative. Huron H. Smith in his otherwise excellent and admirably complete monographs in ethnobotany often quotes as his authority for the use of a drug plant among the white a modern professional herbalist who not only makes use of leading scientific publications without giving reference where credit is due but continues to cite for plants properties which seem to have been disproved and to recommend the use of plants which modern evidence has marked as ineffectual. I strongly

disapprove of the use of this appealing and widely circulated little book as an ethnological reference; the combination of second-hand scientific knowledge with folklore is confusing.

The use of even the finest medical dictionaries is also not to be recommended for ethnobotanical reference. They have not room to include many plants or to give full information about those that they do include, also their revision has sometimes been insufficient as they still cite properties for certain plants that have been disproved. The modern publications, entitled pharmacognosy, pharmacopoeia, materia medica or dispensatory, that are written by recognized scientists and are used as text books in the leading medical colleges, are trustworthy authorities and are often the best and most thorough references obtainable, if the newest findings published in current scientific periodicals and monographs are excepted, for modern research on the properties and employment of the most useful drug plants. The principal difficulty in their use in evaluating native materia medica is the small number of plants that they find worth discussion; they are most excellent, periodicals and monographs again excepted, for the study of particular species.

It is useless to consult The Pharmacopoeia of the United States (U.S.P.) or The National Formulary (N.F.) for the information required by the ethnobotanist. The object of these publications is not to give the properties and medicinal usage of drug plants but to give as standard the accepted formulae and potency of preparations now in general use. It is interesting to study at what date the U.S.P. and the N.F. listed or

discontinued listing a drug plant,² but this does not mean that a drug if listed is approved, for the standard formula of the tincture of a plant that has been proved inert is sometimes listed if it is still widely employed. And it does not mean that a plant is worthless if it has been dropped by either or both of these publications, for many useful drugs are not listed because the orthodox medical profession is now using another galenical or a biological, inorganic or synthetic preparation which is considered less dangerous or more efficient.

There seems to be little reason to search the periodicals for the latest researches on drug plants, unless one is interested in knowing all that there is to know about a particular species, as the Dispensatory of the United States (U.S.D.) can be counted on to keep practically abreast of such publications in its main articles and supplements, at least in so far as this will be useful to the anthropologist. The U.S.D. is convenient for ethnobotanical use since it is well indexed, well documented, thorough, authoritative, and up-to-date, and it contains more valuable information about more drug plants than any other publication that I know to be readily available. It is to be found in many large general libraries and in medical

2 See E. N. Gathercoal and H. W. Youngken, Check List of Native and Introduced Drug Plants in the United States (Committee on Pharmaceutical Botany and Pharmacognosy, Division of Biology and Agriculture, National Research Council, Chicago, 1942). This list includes all the botanical items that were ever recognized in the U. S. Pharmacopoeia or the National Formulary, with the dates of such recognition.

libraries it is on the reference shelf and is treated with the same deference as is extended to the U.S.P. and the N.F. In the 23rd edition note the "careful pruning of older material, much of which is of more historical than practical usefulness." Unfortunately it is just this material that is valuable to the ethnologist, as is the fuller index of the 22nd edition. I have found no significant change in the properties attributed to herbs in the latest supplements. Therefore, I recommend the 22nd edition for our purposes.*

My interest in the above subject began with the making of a file of some 2,000 cards of reference to the accepted medicinal properties of as many native and introduced plants of the United States as could be found, preferably printed in 1944-1945, but in any case not earlier than 1940. It was then suggested that this work be supplemented with a preliminary bibliography of the Indian uses in the United States. Closely related subjects, such as food, surgery, curing ritual, ceremonial narcotics, healing manipulations, styptics, moxas, scarification, sweat-baths, any medicinal practices in which the employment of specific plants is not noted, and all practices that are not of Continental United States,³ have been eliminated from this bibliography. It is the compiler's intention to compose a small, selected, additional bibliography to suggest the interest of this collateral material.

3 Exception has been made in the case of a few tribes that either are on the border or have moved from the United States into Canada in historic times.

* See Postscript, pp. 34-35.

Abbreviations

A:	Anthropos
AA:	American Anthropologist.
AAA-M:	American Anthropological Association, Memoirs.
AES-T:	American Ethnological Society, Transactions
AJP:	American Journal of Pharmacy
AMNH-AP:	American Museum of Natural History, Anthropological Papers.
AN:	American Naturalist
ANS-P:	Academy of Natural Science, Proceedings.
APS-T:	American Philosophical Society, Historical and Literary Commission, Transactions
BAE-B:	Bureau of American Ethnology, Bulletin
BAE-R:	Bureau of American Ethnology, (Annual) Report.
BMHU:	Botanical Museum, Harvard University.
CNSHS:	Collections of Nebraska State Historical Society
CU-CA:	Columbia University, Contributions to Anthropology.
DCIS-P:	Delaware County Institute of Science, Proceedings.
FMNH:	Field Museum of Natural History, Anthropological Series.
HSP-P:	Historical Society, Philadelphia, Publications.
JAFI:	Journal of American Folk-Lore.
JAMA:	Journal of the American Medical Association.
JWAS:	Journal of the Washington Academy of Science.
MASAL-P:	Michigan Academy of Science, Arts and Letters, Papers.
MAH:	Magazine of American History.
MNA-B:	Museum of Northern Arizona, Bulletin.
MPU:	Medicinal plants used.
MS:	Manuscript.

- MSR: Medical and Surgical Report.
- NMA: New Mexico Anthropologist.
- PAS: Philadelphia Anthropological Society.
- PMM-B: Public Museum of the City of Milwaukee, Bulletin.
- PMM-P: Public Museum of the City of Milwaukee, Publications.
- SI-EF: Smithsonian Institution, Exploration and Field work.
- SI-AR: Smithsonian Institution, Annual Report.
- SJA: Southwestern Journal of Anthropology, University of New Mexico, General Series of Anthropology.
- SM: Scientific Monthly.
- TBC-B: Torrey Botanical Club, Bulletin.
- UC-AP: University of California, Anthropological Publications.
- UC-P: University of California Press, Anthropological Records.
- UC-PAAE: University of California, Publications in Archaeology and Ethnology.
- UNM-BA; BB; M: University of New Mexico, Bulletin, Anthropological Series; Bulletin, Biological Series; Monograph.
- UPM-AP: University of Pennsylvania, University Museum, Anthropological Publications.
- USNH-C: United States National Herbarium, Contributions.
- UW-AP: University of Washington, Publications in Anthropology.
- WA: Wisconsin Archaeologist.
- YUP: Yale University Press.
- YU-AP: Yale University Publications in Anthropology.

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POSTSCRIPT

One year after the 23rd edition of the U. S. Dispensatory became available to the public the compiler found that the 22nd edition was retained in only a few libraries and could not be obtained from the publishers. This led to a further comparison of the two editions and to the decision that the "historical material" now removed is not important enough to outweigh the desirability of using for reference the latest edition of a medical publication. The 22nd edition lists about seventy botanicals in the unofficial section under the letter A. Of these only three are omitted from the 23rd edition, and probably only one, Armeria vulgaris Willd. (Statice armeria L.), the maiden pink of Europe, Asia and western North America, would be likely to concern us. In this case read the note under Statice, or consult the 22nd edition.

The compiler now finds the index of the 23rd edition of the U. S. D. thoroughly adequate. Because of the confusion created by the various names given by different authors for the same plant, the ethnobotanist is advised always to follow the generic and specific name with the name of the scientist to which it is attributed. Space probably prevents most indices from giving complete cross references. If the student cannot find a plant under one name in the U. S. D. it may be well to look for it under another name.

As an illustration of the diverse information given in various references, the compiler recently opened at random "Nature's Remedies", published by Joseph E. Meyer, Indiana Botanic Gardens, in 1934. Of Scutellaria lateriflora Linné, the author says "Scullcap is a valuable nervine, tonic and antispasmodic — useful in convulsions, fits, delirium tremens and many nervous affections. It supports the nerves,

quiets and strengthens the nervous system. I can furnish Blue Scullcap and any other root or herb grown, at 25¢ per box each." Consulting the medical dictionaries we find: Stedman, 1942, "Antispasmodic and sedative"; Gould, 1943, "Employed in neuralgia, chorea, delirium tremens and other nervous affections"; Dorland, 1944, "Nervine, antispasmodic, and tonic, and is used in malarial fever and epilepsy".

On the other hand Torald Sollman in A Manual of Pharmacology, 1942, the manual kept in the reference stand in the library of the College of Physicians, Philadelphia, says "A number of drugs of ill-defined actions and popularly credited with 'quieting the excitability of the uterus'... Pilcher, 1916, has investigated... employing relatively very high concentrations... Scutellaria Lateriflora... gave a slight depression (but not sufficient to confirm any therapeutic value)." The U. S. Dispensatory, editions 21, 1926-1928, 22, 1940, and 23, 1943-1944, says "Scullcap is as destitute of medicinal properties as a plant may well be, not even being aromatic. When taken internally, it produces no very obvious effects, and probably is of no remedial value, although at one time it was esteemed as a remedy in hydrophobia. It was formerly also used in neuralgia, epilepsy, chorea and other nervous diseases from fatigue or over-excitement. (See Bramwell, British Medical Journal, 1916.) Official preparation — Tinctura Viburni Composita, N.F.." As the investigators cited above published in 1916, the case of scullcap seems to support the position taken by the compiler of this bibliography.

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