The Adoption of Medicinal Plants by the Wabanaki

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The field work for the basis of this paper was completed in 1955. For many reasons the data collected suggested that the Wabanaki's use of medicinal plants was not traditional, but was introduced by the Europeans. Mechling (1959:239), too, noted this theory. Speck was keenly aware that the Algonquian tribes south of the St. Lawrence had a large botanical materia medica that was almost lacking among those north of the St. Lawrence. He thought that "some historical cultural factor" was involved. (Speck 1935a:224).

The subject of Indian plant medicines often conjures images of Indian herbalists making use of traditional secret medicinal plants unknown to modern science, but giving miraculous results. When one introduces the subject of medicines to Indians, it usually produces stories of white people who, having visited their own doctors whose medicines have been ineffective, have resorted to Indian "doctors" who have healed the afflicted by some miraculous plant concoction; these stories reinforce the myth among both the Indians and whites who have a need to believe that such extraordinary healing powers exist.

Early in this study of 120 plants in the Wabanaki materia medica, it became apparent to me that plant medicines were not the traditional method of curing diseases among the Wabanaki. Disease as defined by the Wabanaki was a consequence suffered when one knowingly or unknowingly offended any of the many spirits of the forest, air, water, or night. Disease could also occur if one offended a shaman. "Disease arises from neglect of observance of requirements of the soul-spirit, so does death. Also the 'arrival' of alien and hostile spirit forces in the body causes ailments and death." (Speck 1935:224). After singing was rendered in anything but a soothing manner, the climax of the healing process was one or a combination of the following: blowing, sucking, or making an incision in the victim. At some point the foul spirit causing the illness was withdrawn in the form of a worm or maggott. (Flannery 1939:175). In no time a sick person became his normal self again.

The germ diseases, even the common cold of our culture, were unknown before the Europeans arrived. Even today the northern Indians who still go into isolated winter camps appear to live in remarkable good health with no interference from germ diseases. The Wabanaki had no need for a complex materia medica. (Denys 1908:415).

The discovery of new medicinal herbs was an important objective of the earliest adventurers to North America. Some plants like ginseng and sassafras became important articles of Colonial trade. Clusius, Lobel, and Alpinus, all 16th century authors, refer to the medicinal properties of the following North American native plants: Indian corn, sidesaddle flower, columbine, common milkweed, and Arbor
Vitae. In 1602 Gosnold noted that sassafras sold for 336 pounds per ton in England, but the price dropped sharply when he returned with a large cargo. (Levermore 1912, 1:26).

Not only were the seamen searching for sources of fresh herbs, but settlers were planting their medicinal herb gardens along with their crops. At an early date Wabanaki visitors must have become aware of the importance placed by the immigrants on healing plants. The shamans, perhaps, felt threatened by those who could heal with medicinal plants.

In 1616 soon after the first European settlements had been established, a terrible death-dealing epidemic struck the northeastern coastal Indian villages. Nothing like this was within Wabanaki experience. The Indians could only interpret it as the work of a very powerful European shaman displaying his incredible power. Squanto told his people that the white settlers had the plague buried under their cabins and could bring it out at any time. Every Wabanaki shaman still alive must have used all the powers he possessed to find a solution to this unprecedented crisis.

A well known story, "Turnover, the Origin of Medicine" has been recorded for the Penobscot (Speck 1935b:79-81), and the Passamaquoddy (Fewkes 1890:273-274), and I found it still known by the Malecite. Although the versions had slight variations, it was obvious that they had a common origin. A study of this story leads one to believe that it is the Wabanaki explanation of the discovery of plant medicines after the horrendous incurable epidemics of the early 17th century. A brief interpretation of what the tale tells one follows:

The Wabanaki had a way of life with satisfactory balances and controls. Suddenly the order was turned to chaos by the introduction of incurable diseases. The Wabanaki were unanimous that priority one was the immediate need to find a cure-all before all the Indians were eradicated.

As was custom, shamans used the media of dreams to conjure the needed cure for the menace that defied them. A shaman received the vision of calamus root, a medicine so powerful, that one needed only to carry a piece of it in one's mouth or pocket to prevent getting the most contagious disease. From that day calamus root became the great panacea of the Wabanaki.

Perhaps the shaman, who approached the problem in traditional fashion, was subconsciously given the European type of agent to fight the introduced pestilence, an epidemic considered so horrendous that the healing plant was released to everyone. This was probably the most severe crisis that the tribe had ever encountered. It was as great a menace to the Indians then as atomic warfare is to us now.

The use of medicinal plants for some types of healing was not altogether a foreign concept to the Wabanaki. Usually it was considered a woman's task to collect medicinal herbs for the common ailments that were not considered to be disease. (Denys 1908:415). Cuts, wounds, broken bones, sore eyes from smoky fires, frozen or burned limbs, sprains, rheumatism, and child birth were in this category. There was a complete separation between the shaman and the
herbalist. (Speck 1915:260). Anyone could be an herbalist, as no special powers were required to make the medicine effective. Perhaps it was this precedent that led to the unquestioned acceptance of the use of plant medicines by anyone.

As European customs became more dominant, the need and use of shamans declined for curing disease. It would be natural for shamans to look to other means as a substitute for their important role as medicine man. Many shamans probably turned to curing with medicinal plants as a means of extending their power and reputation. After the series of epidemics had passed and the threat of extermination no longer existed, the shaman probably added special secret methods or rituals that were mandatory to be observed when gathering the herbs, preparing the concoctions, or giving the medicines. Many of the disease cures acquired the same type of personal property characteristics of the men's personal magic songs. A medicine would become effective only if it were prescribed by a specific person. An individual might gain such a reputation for "his medicines" that persons would travel 200-300 miles for "his" cure. Some informants said that if one were to tell others his medicinal secrets, the medicines would lose their power to cure. Old people were expected to give their medicines to someone, and some specified that medicines would cure only if they were given to one of the opposite sex, although this custom was not always adhered to in the 20th century. (Mechling 1959:240-241; Wallis & Wallis 1957:31; Smith 1964:15).

The shaman surrounding the sick Massasoit observed that Winslow picked four common plants to use as medicine, probably assuming that the Englishman received his knowledge of these cure-alls in the same manner that the shaman did. Although these plants were native to North America, they were also known in England as medicinal plants. One, the strawberry, has an English medicinal heritage dating to the Anglo-Saxons. The Indian must have assumed that Winslow used what was available, not what was familiar to him.

An analysis of the 120 Wabanaki medicinal plants collected shows that of the 35 plants used to cure introduced diseases, only 2 plants were introduced. This data strongly suggests that the Wabanaki, although copying the European method, relied on their traditional manner in receiving the medicines and "discovered" their own healing plants. A major difference between the European and Wabanaki curing philosophies was that the European doctor prescribed specific dosages and a time schedule for taking the medicine; the Wabanaki surmised that if "a little was good, a lot was much better." Several informants emphasized that their medicines contained no poisons and that the more one took, the quicker one would be cured. The real powers of the Wabanaki medicines may have been not that they possessed special healing agents, but that they had no harmful effects and the great quantity of liquid imbibed passed the poisons quickly from one's body.

In this survey the second largest number of plant medicines was for upset stomachs, diarrhea, and constipation.
Of the 27 plants for these ailments, seven were introduced. The change in diet increased this type of disorder. Present day Cree hunters of northern Quebec and Ontario have considerable difficulty adjusting from "country food" to store food. Some are never able to make the adjustment. Alcohol adds to the problem. When one was in a weakened condition and perhaps dehydrated as well, he would be easy prey for germs. "European foods tended to unbalance the diet of the natives causing and facilitating the spread of disease." (Van Vart 1948:577).

The third largest number of plant medicines was for skin diseases. Sprains and skin diseases are the only categories in which the introduced plants equal the native plant medicines. Wabanaki were glad to receive cast off garments from seamen, but many seamen may have been suffering from skin diseases. The germs would remain in the clothing. The change in clothing material also affected the Wabanaki's health in other ways. Wool European clothing became substituted for the warm furs and sturdy garments of leather. "It is possible that skin absorb sweat better than wool, and in this respect the native material was perhaps more sanitary." (Bailey 1937:62). I am at a loss to explain a need to find new remedies for sprains.

Only 5 plants collected, all native, were for curing the stress type of diseases that have become so common under the tensions and pressures of the daily work routines of our contemporary competitive systems. Heart attack was the most common stress ailment. High blood pressure was not included among the diseases. It is doubtful if the Wabanaki had any method of detecting or diagnosing this problem that is so common in our society today. When Speck visited the Penobscot, he was always the guest of an herbalist, who provided Speck with his heart medicine. The Indian said proudly that Speck never had any heart problem when taking the medicine that he supplied him.

With the exception of sprains, the number of plant remedies for the type of problems common to the traditional hunting-fishing eastern woodland way of life did not increase. It had been acceptable to cure cuts, wounds, sore eyes from smoky fires, rheumatism, and burns with plants. Only 5 native plants were obtained in the survey for this category. As no introduced plants were given for this group, it seems reasonable to assume that the native plants were passed down as tradition from precontact times.

Of the 120 plants in the survey, only 22 were common to the Penobscot, Passamaquoddy, and Malecite. Only 10 of these were used for the same purpose by all 3 groups. These plants were: calamus root, a cure-all for everything; Balm of Gilead, a salve for cuts; butternut bark, a physic; red, white, and black bane berries for anemia and women's troubles; gold thread, sore mouth; sarsaparilla, for colds; yellow pond lily, for swellings; and sphagnum moss, for cleaning swabs. Sarsaparilla was one of the earliest medicinal plants that was exported to Europe from the New World. Perhaps its popularity increased when the Wabanaki saw how much the Europeans valued it, so it became popular to use for the recently introduced colds. All the other
cure-alls were for ailments that were not considered as "disease" by the ancient Wabanaki and are perhaps some of the oldest medicinal plants used in North America.

The analysis of the 120 plants in this survey corroborates the theory that the Wabanaki were not traditionally great herbalists and did not have a large materia medica until after Europeans became established in the northeast.

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