

Medicinal Plant Stories in the Herbal Archives: Ethnobotanical Sources, Silences, and Challenges

Dr. Claudia J. Ford Ph.D.



There is a venerated methodology for learning about medicinal plants popular among herbalism teachers and practitioners. This methodology includes various practices of what is often called “listening to plants.” Listening to plants can involve sitting and meditating with growing plants, observing and reflecting on plants, recording observations in journals, and talking or writing about the experience of tasting infusions of specific plant medicines. At its heart, this methodology is a valuable way for plant medicine teachers to attune the sensitivity of their students and themselves to the subtle signals that plants provide in their interactions with their environment, focused on plants that are useful for human health and wellbeing.

Despite the somewhat countercultural nature of such exercises, it is certainly a worthwhile way to teach herbalism students the practice of deep observation of plant morphology, color, patterns, structures, odors, tastes, and some basic botany. Botanists are also beginning to support this practice through an explosion of research on intra- and interspecies plant communications, enriching both

botany and ethnobotany. We are learning daily about the complex ways in which plants communicate with themselves, with each other, and with animals, including humans. Indeed, there exists in the realm of plant communications something concrete, worth learning about and listening to.

The medicinal plant ethnobotanist or plant historian is similarly faced with the need to develop a skill set for plant communications. For ethnobotanists, there is an art and science, attending to the contemporary and historical knowledge of plants and plant stories. In this essay, I delve into the challenges of plant research methodology, examining the stories and silences in the ethnobotanical archives and the ways in which those stories and silences impact and are constructed around marginalized identities.

To begin, it is important to remember that most of our ethnobotanical storytelling is built on the past and current knowledge of Indigenous peoples. Approaching all Indigenous knowledge and ethnobotany with respect is a shift from how our discipline has conducted itself for centuries. Acknowledging this troubling past is a significant

Dr. Ford has enjoyed a career in international management, development, and women's health spanning three decades and all continents. Dr. Ford holds degrees in biology, midwifery, business administration, creative writing and a PhD in Environmental Studies. She has been a professor for over twenty years and is currently on the faculty of State University of New York at Potsdam. Dr. Ford conducts research and teaching in ethnobotany, indigenous knowledge, gender studies, sustainable agriculture, spiritual ecology, environmental justice, environmental literature and international business. Dr. Ford serves on the boards of directors of the Soul Fire Farm Institute - committed to ending racism and injustice in the food system - and the Biodynamic Farming Association - transforming the practice and culture of agriculture to renew the vitality of the earth and the health and wholeness of our communities.



Sassafras albidum foliage
CREDIT: Potterfield, T. Flickr

step that hopefully represents a fundamental shift away from the imperialist project of exploiting plant knowledge and plant species while failing to credit the knowledge holders. Respect for plant stories begins with deference towards and citation of the traditional keepers of knowledge about these plants and their uses.

Herbalists and ethnobotanists are compelled to deeply consider the limitations of their sources of information and how plant knowledge becomes authoritative, such that knowledge is placed in the realm of plant scholarship. What are the limitations of the authority of what we say we know about plant histories? How do we become skilled at listening to plant stories? The following descriptions of challenges and choices in ethnobotanical archival research fall under three main areas:

1. The positionality of the researcher in decolonized medicinal plant research.
2. The theory and significance of ethnobotanical archival creation.
3. The limitations of and choices about historical ethnobotany documents, *materia medica*, and old herbals: medicine, history, and the history of medicine.

The Positionality of the Researcher in Decolonized Medicinal Plant Research

How might an ethnobotanical researcher position themselves or explain their involvement when conducting historical investigations of plant

knowledge within a decolonial framework? The first response to this question is to understand what a decolonial framework might consist of. Another aspect is to be clear about the researcher's relationship to the research, those aspects of scholarly practice and plant knowledge that have been marginalized and silenced, forgotten, lost, and neglected, in both the research and in the researcher.

Linda Tuhiwai Smith is a Maori scholar who makes a substantial contribution to discussions of Indigenous, decolonial approaches to research. Smith's influential book, *Decolonizing Methodologies: Research and Indigenous Peoples* (2002), initiated critical debates on the connections between colonialism, research, and Indigenous sovereignty. Differentiating imperialism from colonialism, Smith explains:

The concepts of imperialism and colonialism are crucial ones which are used across a wide range of disciplines, often with meanings which are taken for granted. The two terms are interconnected and what is generally agreed upon is that colonialism is but one expression of imperialism... Whilst colonies may have started as a means to secure ports, access to raw materials, and efficient transfer of commodities from point of origin to the imperial centre, they also served other functions... Colonialism was, in part, an image of imperialism, a particular realization of the imperial imagination.

Based on these depictions of imperialism and

colonialism, Smith describes the fundamental motivations for a decolonial approach to research. She says, “A constant reworking of our understanding of the impact of imperialism and colonialism is an important aspect of Indigenous cultural politics and forms the basis of an Indigenous language of critique.” Such a decolonial approach is essential for plant research that inherently concerns Indigenous knowledge. Furthermore, this approach is foundational to the conduct and findings of archival research concerning the colonial pasts of Atlantic World plant knowledge and social encounters.

In addition, literary theorist Edward W. Said (1993) was among the pioneers to bring forth an awareness of decoloniality in research. Said develops the concept of contrapuntal analysis of historical documents to interpret colonial texts. He explains that contrapuntal analysis is “reading with an awareness both of the metropolitan history that is narrated and of those other histories against which (and together which) the dominating discourse acts.” Said points out how Western concepts of non-westerners perpetuate the power differentials at the heart of imperialism. He draws on the relationships between language, representation, and imperialism that maintain the disempowerment of the colonized.

For plant research, contrapuntal analysis is an approach that assists the researcher in remaining attentive to the absence of Indigenous, African, and women’s voices, especially in the colonial histories and ethnographies that form the majority of ethnobotanical source documents. A contrapuntal approach to all colonially produced documents encourages this remembrance of absent voices, allowing the researcher to propose alternative, intertwined interpretations of recorded events, with the possibility of privileging traditionally silenced voices. Lindsay Ferriter (2013) claims about this practice, “Contrapuntal reading takes in both accounts of an issue; it addresses both the perspective of imperialism and the resistance to it.”

A decolonial approach to plant research can also motivate the researcher to practice situated, authentic research by examining their positionality - the relationships between the researcher and the research. Positionality emphasizes the importance of personal experience as part of a research framework, using that integration of the personal to advance the research’s anti-colonial, resistance, and social justice goals. Denzin and Lincoln (2008) describe the specific tasks of a situated or positioned researcher in this way: “The gendered, multiculturally situated researcher approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology) that he or she then

examines in specific ways (methodology, analysis).” Cherokee and Creek Activist, Four Arrows (2008) explains positionality as the relationship between the situated researcher, the goals of Indigenous research methodologies, and what he calls “authentic” research:

A paradigm may emerge that offers hope for a global community that has endured the tragedies of the modern pathos - the holocaust, slavery, genocide, environmental degradation, racism, apartheid, homophobia, nuclear destruction, religious persecution, colonization, economic class warfare, ecological destruction, and the other tragedies of the modern era that are all too obvious today. Many scholars... have a vision for research that can lead to a just, caring, and ecologically sustainable global culture.

Ethnobotanical and medicinal plant research often takes place within the disciplines of the natural sciences, asserting claims that science operates best under research processes that are apolitical, objective, and universal. However, science is not as objective and apolitical as it purports to be. African American astronaut, scientist, and physician, Mae Jemison, presents the impossibility of an apolitical science. “It is important for scientists to be aware of what our discoveries mean, socially and politically. It’s a noble goal that science should be apolitical, acultural, and asocial, but it can’t be, because it’s done by people who are all of those things” (O’Leary, 2021). Historical archaeologist Laurie A. Wilkie (2003) makes a similar argument based on the recognition of a more subjective stance in her research, and she says, “The intellectual, methodological, and personal biases and insights that I bring to interpretation shape how I construct the past.”

Establishing the researcher’s relationship to and position within the research is the hallmark of a reflective research framework, requiring that the research process be under investigation as much as the research topic. This research approach has been framed in a variety of ways for social scientists doing qualitative research, where the practice of reflection is most common. Michael Quinn Patton (2002) argues that reflection is, “a way of emphasizing the importance of self-awareness, political and cultural consciousness, and ownership of one’s perspective.” Patton depicts reflexivity as triangulation of inquiry between the subjects of the study, those who will read the research, and the researcher. Kristi Malterud (2001) agrees and expands on this perspective by pointing out the pre-conditions for a reflexive process:

The investigator always enters a field of research with certain opinions about what it is all about. Reflexivity starts by identifying preconceptions brought into the project by the researcher, representing previous personal and professional experiences, prestudy beliefs about how things are and what is to be investigated, motivation and qualifications for exploration of the field, and [related] perspectives and theoretical foundations.

Regardless of the discipline in which ethnobotanical or historical plant research is undertaken, these critical questions about the positionality of the researcher form the foundations of a decolonial research practice. Critical race theory scholar, Ruth Frankenburg (2004), argues that “The situation of the researcher must be accounted for. Past conclusions are potentially open to re-examination and revision and are available as resources for later research and theory. The theoretical results make the researcher’s decisions and conclusions visible – situated and positioned.” In summary, the ethnobotanical researcher can and should explain their involvement in their investigations in a number of ways, such that they can commit to a process of research that is contrapuntal, situated, authentic, and reflective. Positionality is a critical first step when conducting historical investigations of plant knowledge within a decolonial framework.

The Theory and Significance of the Ethnobotanical Archival Creation

Humanities research involves the investigator’s interactions with the products of human experience - literature, the arts, and historical and philosophical manuscripts, events, and ideas. Historical ethnobotany situated my study in the humanities tradition of the creative discovery of meaning through inquiry, yet without direct observation or interviews; hence my work remained in the archives with books and manuscripts of various kinds. After establishing and explaining my positionality as a decolonial researcher within the humanities tradition, I contemplated a number of questions upon approaching the archives. “What goes on in the creation of plant archives, and how do those processes and choices further disempower perpetually marginalized voices? How is authority of information maintained in plant historical research through old manuscripts and documents?” Stephen Small (2004) describes research authority as, “constructing a story that has rigor, depth, is systematic and comprehensive.” Small lists what he considers the most important tasks in the systematic

construction of authoritative research, using his scholarship on race relations during slavery as an example. He argues for the three critical steps: “Conceptualizing the project in terms of theory and epistemology. Specifying sources and a strategy for accessing them. Writing up.”

Conceptualizing the project in terms of theory and epistemology is covered, to a large degree, by the explanations of positionality. Small’s task of “specifying sources and a strategy for accessing them” necessitates an examination of how information is placed in these physical, imaginative, and digital spaces called “the archives,” as well as an explanation of the source document’s limitations and their foundational concepts. In medicinal plant research, these were key concepts about medicine and health. Inspired by the work of Smith (2002) regarding the decolonization of research methodologies, the development of an ethnobotanical research strategy proceeds along the lines of further contemplation of whose voices are given privilege and priority in archives and archived historical texts, especially texts that purport to describe the practices of Indigenous peoples. In other words, “What is the importance of the archives in these plant stories? What voices are silenced in these archival documents?”

Recognizing that before, during, and immediately after the time period when many of the ethnobotanical historical documents were produced, colonial, Atlantic World governments were systematically exploiting and gathering information, plant specimens, plant practices, Indigenous knowledge, and Indigenous peoples. What is mostly silenced in the early 17th to early 20th century archives are the voices and perspectives of Indigenous peoples, especially in my specific research, Indigenous American and African American women. For Indigenous and African Peoples, their plant stories were told mainly from the voyeuristic, biased gaze of ethnographers who were interested in proving or disproving their religious and social theories about the lifeways of these groups. One strategy to address these gaps in the archives and comprehend and account for these challenges and silences is to examine critical theories of research methodology in anthropology and historiography.

This strategy might begin with Richard Price, who presents an empirically and theoretically seminal ethnographic study on the critique of research theory in his book, *First-Time: The Historical Vision of an African American People* (2002). Price narrates “an experiment in forms of historical and ethnographic representation” through an entrancing story of the Afro-Caribbean Saramaka tribe, a Maroon People of Suriname. The foundational collective identity



Hibiscus sabdariffa flowers.
CREDIT: Valke, D. Flickr



Eupatorium perfoliatum
growing in Onondaga County,
New York.
CREDIT: Nonenmacher,
R. Wikimedia Commons

of the Saramaka is their knowledge of a specific past, related to their ancestors' escape and survival from the terrors of bondage into the rain forests of their new home. Saramakans' knowledge of this history is sacramental and is carefully preserved, proscribed, and guarded through elaborate sacred stories, songs, knowledge, and rituals, marking it as the traditional knowledge of a uniquely constituted diaspora population. Price's unique text presents the reader with an opportunity to ponder the nature of representation in ethnography as well as the shape of both history and historiography among an isolated, non-western, combined Indigenous/diaspora community. Price's work is a critical example of "authentic research," an unusual understanding of how an intertextual and storied presentation of historical materials fully considers both who is being represented and how they are represented.

Patricia Galloway's book, *Practicing Ethnohistory: Mining Archives, Hearing Testimony, Constructing Narrative* (2006), makes visible the theoretical assumptions that underlie "archival practice, historiography, ethnography, and ethnohistory, and the state of research in all these fields." *Practicing Ethnohistory* describes Galloway's archival work with the Choctaw. Interspersed among the

compelling narratives about her interpretation of Choctaw historical records for museums, courts, political commissions, and Indigenous communities, Galloway makes critical observations about the limits of historical sources, and Galloway is particularly concerned to discuss the interpretation of written documents pertaining to groups that function under oral traditions.

Michel-Rolph Trouillot is an anthropologist who studies the relationships between hegemonic power, cultural marginality, and historiography. In Trouillot's work in philosophical historiography, he uses examples from his native Haiti as case studies, artfully weaving together his personal field experiences and philosophical insights. Trouillot states that his text *Silencing the Past* (1995) "deals with the many ways in which the production of historical narratives involves the uneven contribution of competing groups and individuals who have unequal access to the means for such production." Trouillot demonstrates four "crucial moments" when the production of history is silenced: in the making of sources (fact creation), archives (fact assembly), narratives (fact retrieval), and selected history (fact significance) of specific events. "Archives assemble," argues Trouillot, "archives set up both the substantive

and formal elements of the narrative.” Trouillot insists on discovering and uncovering the silences produced by hidden histories and conflicts within archives and historical accounts. According to Trouillot, power, in the historical narrative, exists in both creation and interpretation.

Trouillot argues that the archives, and the power to select, include, rank, and exclude information from the archives, function as a critical location where silences develop. Subsequently, the archives perpetuate those silences in the resulting historical narratives. Trouillot’s work is compelling, and his theory of archival silences is critical to plant research among ethnographies and other manuscripts about Indigenous, African American, and European women’s lives and medicinal plant practices. Plant research is strengthened if we address both the crucial moments in historical production in which these silences are created, and how our interpretations of the materials we consult work both with and against the archival silences.

In her text, *Dust: The Archive and Cultural History* (2002), Carolyn Steedman sheds light on the process of historical research that is conducted literally in what she calls “the dust of the archives.” Steedman weaves together a multitude of stories about British and French 18th and 19th-century cultural studies that were founded on archival research, and she makes it clear that the archive “masks as much as it reveals.” Steedman succeeds in writing a complex social history of social historians and literary figures, engaged in the paradigmatic practice of researching and writing from the dust of archival sources. Antoinette Burton’s research, *Archive Stories: Facts, Fiction, and the Writing of History* (2005), defines archives as, “traces of the past collected either intentionally or haphazardly as evidence,” and her goal is to make the craft of the historian visible through an ethnographic treatment of archival spaces and archival institutions as subjects. Burton’s consideration of archives is accomplished through her investigation of the “real political and material consequences” of historical accounts. Burton exposes the realities of archival fieldwork, and she attempts to “debunk the fantasy that history is or can be a delivery system for absolute truth.”

Underlying Burton’s fieldwork stories is a consistent narrative, similar in content to Price’s Galloway’s, Steedman’s, and Trouillot’s, about archives and archival materials as sites of hegemonic power specific to the time and place of both their assemblage and their expression in historical accounts. The questions Burton raises include: “What counts as an archive? How easy is it to get

into, use, and write about the material in specific archives? How is evidence verifiable? What is the legitimacy of memory work? Which evidence is included and which evidence is excluded in archives, and who decides on these inclusions and exclusions?” Burton’s theories of archival methodology, as well as the observations of these other historians and ethnographers, accurately reflect the challenges that plant medicine researchers confront from a superfluity of certain types of primary ethnobotanical documents and medical and botanical source materials.

Although historical documents form a critical part of plant research, it is important to keep in mind critical differences between subjects and observers in these accounts. Among the most significant limitations of these archival ethnobotanical documents are the authors’ - largely European men - preconceptions and misconceptions about the botanical practices that were under observation, the racial and gender biases of the times in which the authors wrote, the economic motivations of colonialism, and the medical and historical inaccuracies contained in previous research, relied upon, and then further cited in many subsequent manuscripts.

When European men were writing about the botanical knowledge of Indigenous or African Americans, the observers were operating under prejudices created by their distinct and rapidly shifting notions of race, gender, religion, and vastly different healing traditions. Andrew MacDougall (2003) points out the consequences of these prejudices for Europeans’ understanding of the North American plant medicine practices being recorded, and MacDougall claims:

Although the historical documents show the importance of plants to Native Americans, they also reveal that there were many obstacles to the direct observation of plant trade, transport, or cultivation by Europeans... The earliest accounts of Native American plant use mostly emphasized species that were of potential importance to Europeans. These included plants

“ Price’s unique text presents the reader with an opportunity to ponder the nature of representation in ethnography as well as the shape of both history and historiography among an isolated, non-western, combined Indigenous/diaspora community. ”

with commercial value in Europe that might serve as sources of food or medicine for future colonists, that emphasized the productivity of the land, or that met emergency health needs of the explorers. In some cases, it was unclear whether these species were equally valued by local Native Americans.

Keeping in mind that these biases and limitations constrain the descriptive authority of the historical documents, MacDougall adds this account of the challenges for Europeans who were recording Indigenous botanical knowledge:

Other inhibitors to European observation of plant dispersal include the restriction of detailed botanical knowledge to a few specialized individuals within the community (i.e. what was observed depended on who was observed or, in the case of ethnographers, who was interviewed – observations were often opportunistic), and the application of herbal remedies by women (i.e. most European/Native American interactions, from all historical periods, were among men).

In summary, these theorists insist that historical archival research ought to create meaningful narratives that account for the power of the act of archiving as much as the content of the archives.

These scholars demonstrate historical and ethnographic methodologies for framing a respectful story about what is found as well as what remains silent. An archival ethnobotanist, when considering the influence and accuracy of source documents for historical research, and striving for integrity in the research practice, must be aware that these biases and limitations constrain the descriptive authority of the historical documents. Ethnobotanists and plant historians are no less compelled to take into account the entirety of what goes into creating - and what is left out of - the

archives and their source documents, the places in which our plant research is conducted.

Limitations of and Choices About Historical Ethnobotany Documents, *Materia Medica*, and Old Herbals: History, Medicine, and the History of Medicine

A further challenge for ethical research practice and for recognizing the silenced and marginalized voices in ethnobotanical research is to decide

how to align the use of historical materials with contemporary theoretical analysis; the manner in which we substantiate reported patterns of plant use and practice discovered in archival documents with contemporary ideas of their significance. While all historical investigations engage in this necessary hermeneutic struggle to avoid anachronistic thinking, the quality and authority of medicinal plant research require attention to potential biases in interpretation from historical narratives about plants, health, gender, and race.

Specifically, what are the limitations of historical documents on medicine, health and medicinal plants, plant knowledge and uses? How can a researcher choose which texts to use given the shifting concepts within the history of medicine? Medicinal plant stories are an entryway into the domain of historical manuscripts in midwifery, medicine, botany, and herbal medicine. Original historical documents, secondary accounts, and re-publications of those manuscripts are the available sources of evidence for the medical context for, in the case of my research, women's reproductive health practices in the New World. Predominately they discuss how European women's health complaints were viewed, how a variety of plant remedies were used, and describe various sources of botanical and pharmacological information. A review of this challenge is illustrative of the range of choices and limitations in source documents.

A complete history of the medical and botany books published in or commonly used in the Americas in the 17th to early 20th centuries is fascinating and a huge undertaking beyond the scope of this essay. Nonetheless, during my archival investigations, I reviewed midwifery, medicine, botany, homeopathic, and herbal medicine manuscripts that were cited by authors of key ethnographic documents, stating that they were important resources for understanding plant medicine and women's reproductive health practices at the time the ethnobotanical manuscripts were written. To conduct this plant research, it is important to develop a strategy for accessing historical health and medical information that is yet fully informed by the awareness of the vagaries and limitations of that very information.

To choose which *materia medica*, historical medical, herbal, and botanical manuscripts to review for my research, my strategy is to:

1. Begin with botany and medical texts that were cited by the authors I reference. When these authors wrote about plant species and practices, they referenced other medical, botany, midwifery, and herbal books, and they often referenced cultural history texts,

“The earliest accounts of Native American plant use mostly emphasized species that were of potential importance to Europeans.”



Viburnum prunifolium flowering.
CREDIT: Potterfield, T. Flickr

like travel journals and diaries.

2. Review all of the manuscripts with three search terms: childbirth (or parturition, confinement), Indian (or Native, or Indigenous), and Negro (or African). I chose terms that were most commonly in use at the time the specific document was written.
3. If the texts have these terms, I look closer into their narratives to determine if they have any material relevant to the use of plants for women's reproductive health, and the cultural or racial origins of ethnogynecological practices.
4. If there are relevant passages on women's reproductive health I add a search for any discussion of specific plant species that I have identified as significant to my research.

Ultimately, however, I read these materials to appreciate early 17th through early 20th century European American histories of botany and medicine, especially concepts related to women's reproductive health issues. Any full history of women's reproductive health and medicine has deep roots in the European and American witchcraft trials of the 16th and 17th centuries, but that is a story that I do not recount here. Ethnobotanist Clarence Meyer (1973) discusses the history of 18th-century American medical practice in his text, *American Folk Medicine*. Meyer describes the importance of specific herbal medicine books and discusses 19th-century texts written by Barton, *Vegetable Materia Medica*

of the United States, Coxe, *American Dispensatory*, Cutler, *Plants of New England*, and Elliott, *Sketch of the Botany of Carolina and Georgia*. Meyer observes:

European medical books were an invaluable source of help to practitioners as well as households in colonial America. The most popular publications available to the general public were: Theobald's *Every Man His Own Physician* (1764), Culpeper's *English Physician* (1652), and Buchan's *Domestic Medicine* (1769). Schoepf's *Materia Medica Americana* and Thatcher's *Pharmacopoeia* were among the earliest to reveal the virtues of native American plants. Rafinesque's volumes, *Medical Flora of the United States* (fol. I, 1828; vol. II, 1830), added new species and medicinals... and listed native drug plants that could be substituted for expensive or hard-to-get foreign drugs.

Assessing these historical materials requires a keen awareness of the changing medical and social norms under which the European and European American authors wrote their texts. These norms include rapidly changing ideas about botany, medical practice, women's reproductive health, and racial categorization. Martha Robinson (2005) discusses some of the medical beliefs, such as humors, qualities, and signatures, that arrived along with the Europeans who settled in the New World. These beliefs both clashed with and complemented the medical paradigms of the Indigenous and African peoples

they encountered in or brought to, the Americas. Robinson says:

Although the English expected to find remedies among the Indians, they did not expect to find medical systems. When such systems were apparent, as when Indians incorporated ritual and prayer in their healing practices, colonists were inclined to regard these practices as superstitious at best, demonic at worst. The English, of course, also sought to fit new remedies into their own understanding of medicine... European medical theory held that the four humors of the body (blood, phlegm, black bile, and yellow bile) and the body's four qualities (heat, cold, dryness, and moisture) existed in a precarious balance... Another medical principle that suggested that the English could find remedies in the New World was the "doctrine of signatures," an ancient belief that plants revealed in their very structure what diseases God had intended them to remedy.

Robinson goes on to explain how concepts - humors, qualities, and signatures - had been established in Europe for thousands of years and were the foundation of European medical beliefs well into the 19th century. Historian of medicine Todd L. Savitt (1990) recounts the ways in which the medical beliefs of Indigenous, African, and European communities, when they encountered each other in Virginia in the 1600s, contained many elements of similarity. Savitt argues that Indigenous and African approaches to health were most alike, but Europeans held beliefs common to both groups. Savitt argues:

Though the specific gods and goddesses, rituals, incantations, potion ingredients, and names of diseases differed from those of Virginia's Indigenous Americans, the basic West African concepts of and approaches to health, disease, and healing were in some ways quite similar. Like Indigenous Americans, West Africans intertwined medicine and religion. Supernatural forces controlled health. Transgressions, either personal or tribal, could affect physical well-being: failure to correct the underlying problem usually meant failure to recover... In some ways seventeenth-century English settlers brought with them medical ideas not much different from those of Africans and Indigenous Americans... Seventeenth-century English medical practice included a mixture of ideas not so far removed from traditional West African and Indigenous American medicine and of ideas based

on the writings of Greeks and Romans who had lived 1,600 or more years earlier. All seemed to stress the idea of balance.

Most evidence of Indigenous and African medical concepts, though, are described by European men and as Robinson points out, are heavily biased as to the superstitious and religious connotations accorded these beliefs. As Savitt indicates, certain Indigenous and African medical beliefs and practices such as purging, sweating, and bleeding patients, were familiar to Europeans, even as they continued to denigrate the effectiveness of Indigenous and African uses of these therapies.

As the 17th century ended there was an upsurge of American medical and botanical writing that corresponded with European Enlightenment thinking about science and the body. Simultaneously, European medical science began to solidify its fascination with women's reproductive health, and the medical discipline of midwifery became firmly established within a male-dominated medical paradigm. Feminist philosopher Nancy Hartsock (1989-1990) describes Enlightenment thought, which was central to expanding European science, and eventually to the intrusion of a male scientific model into women's reproductive health. She connects Enlightenment thinking to 17th-century systems of thought about race, gender, and development and their consequences. Hartsock claims:

It must be remembered that this Eurocentric, masculinist, and capitalist world was constructed not only in theory but also in fact through such practices as the Atlantic slave trade, the development of plantation agriculture in the New World, the introduction of markets and private property in Africa, the colonization of large parts of Asia, Latin America, and Africa, and the introduction of European forms of patriarchal and masculinist power.

Savitt (1990) points out that scientific thinking influenced European medical beliefs, even as religion played a constant role, "Though seventeenth-century Europeans maintained a belief in divine intervention in their lives... religion and science sat side by side." Scientific thinking intruded into European medical practices and laid the foundation for the rapid rise through the 17th and 18th centuries of male midwifery and a male and medical-dominated approach to women's reproductive health. This medical model for women's reproductive health, and its entrenchment in male-dominated scientific thinking, had passionate adherents in Europe and America, as seen by a sudden

increase of midwifery texts in the period from 1820 to 1870. The use of the word midwifery underwent a number of changes through the 18th and 19th centuries, and by the late 19th century it referred to the medical practice of women's reproductive health, a practice that would be taken over by men and hence be referred to as obstetrics and gynecology.

By 1851, John Flagg had published, in Philadelphia, a volume on the use of chloroform in childbirth, called *Ether and Chloroform: Their Employment in Surgery, Dentistry, Midwifery, Therapeutics, etc.*, which reinforced the domination of childbirth by men. In fact, chloroform, by rendering women unconscious during parturition, and thereby supposedly protecting their modesty, allowed the wholesale entry of men into women's reproductive health. The use of forceps in childbirth, also from the 1850s, was the prerogative of male surgeons and increased the degree to which childbirth was taken out of the hands of women. Laurel Ulrich (1990) describes this development and argues that the concurrent contraction of social relationships that supported reproductively active women in European American communities contributed to the rise of the medical model and the diminished role of midwives in women's reproductive health. Ulrich says:

The rapid development of forceps in the second half of the eighteenth century gave the physician a technological advantage he had not had before. By 1800 'male science' had diverged dramatically from 'female tradition' and midwifery was under strenuous attack. But the decline of midwives in the 19th century cannot be attributed solely to the development of obstetrical science. It was also a consequence of the undermining of traditional social relations and the increasing privatization of the family. Midwives were 'experienced,' where as physicians were 'learned.' Because the base of the midwives' experience was shared by all women, their authority was communal as well as personal. In attacking the midwives, nineteenth-century physicians were attacking a system more than a profession.

Nevertheless, There was a considerable pushback in this time period against the male medicalization of European women's reproductive health, primarily from prominent botanists, homeopaths, eclectic, and Thomsonian physicians. Cyrus Thomson (1797-1860), a son of the originator of the controversial system of Thomsonian medicine, made an impassioned plea in his 1863 treatise regarding the impropriety of male involvement in parturition. It

was archetypal of the opposing response to the rise of obstetrics and gynecology. Thomson implores:

It is to women that I now more particularly address myself... The inquiring mind is led to ask. What qualification; for this business can a man possess, which cannot also be possessed by a woman? Not one. His unwieldy hands, less sensitive touch, and impatience in attendance, when compared with women, should be sufficient, if nothing else, to deter him from the assumption of this delicate office.

This excerpt from Thomson's "Pregnancy and Midwifery" does not, however, fully capture his three pages of outrage at the indecency of male involvement in childbirth, with Thomson going so far as to accuse male doctors of attending women in childbirth in order to fuel their desire to commit adultery!

At the same time as 19th century European American women were exhorted, from some quarters, to avoid male midwives, the preconceptions about Indigenous and African women's abilities to give birth without the challenges of a protracted or painful labor abounded, and these descriptions from John Burns

Lonicera dioica
in bloom.

CREDIT: Routledge, R.
Wikimedia Commons



1837 text, *The Principles of Midwifery*, are typical of the stereotypes within midwifery and medical texts:

The American Indians, as soon as they bear a child, go into the water and immerse it. One evening he [Dr. Long] asked an Indian where his wife was; “he supposed she had gone into the woods, to set a collar for a partridge.” In about an hour she returned with a new-born infant in her arms, and, coming up to me, said, in Chippoway, “Oway sagonash payshik shomagonish;” or, “Here, Englishman, is a young warrior” . . . With the Africans, the labour is very easy, and trusted solely to nature, nobody knowing of it till the woman appears at the door of the hut with the child.”

Ann Marie Plane (1990) contends, however, that Indigenous women had a socially conditioned experience of childbirth so radically distinct from the religiously conditioned expectations of European men and women that the European men who were recording narratives about Indigenous birth practices could not have fully understood what they witnessed.



Nicotiana rustica flowers. CREDIT: Pancrat, Wikimedia Commons

Certainly, historical accounts of Indigenous and African medical and ethnobotanical practices were fraught with these types of observer biases and misinterpretations. Plane refutes these accounts of effortless birth. In her article “Childbirth Practices among Indigenous American Women of New England and Canada, 1600-1800,” Plane argues:

When seventeenth-century European men wrote descriptions of the New World, they often included detailed passages on Indian life. Almost without exception, these authors marveled at the ease of childbirth among the “savages.” A native woman went off alone into the forest and returned in a short while with a new baby, resuming her activities as if nothing had happened . . . Was native childbirth actually so easy and painless? Indeed, would a Pokanoket or a Micmac woman even recognize her experience in the descriptions made by French priests and English gentry men?

Representative of many mid-19th century medical books, and popular in its time, Gunn’s *Domestic Physician* (Gunn, 1857) dispenses women’s reproductive health advice to midwives from a member of the slowly burgeoning obstetrics profession, John Gunn concludes with the long-held wisdom of midwives that, “A long experience in my profession, in the obstetric art, has convinced me that patience is the great remedy in childbirth.” In summary, the publication of medical and midwifery texts written for European American citizens blossomed in the 18th century and veritably exploded in the 19th. These texts were full of specific advice for women’s reproductive health, written from the perspective of shifting medical beliefs that were still, however, anchored to very old European and male ideas about bodies and health, and therefore limited in accuracy of interpretation of Indigenous American or African American plant medicine beliefs and practices.

Botanical manuscripts experienced a similar upsurge in publication due in part to Europeans’ exposure to the flora and botanical practices of the New World. In 1807, Benjamin Barton (1766-1815) describes the extent of European American botanists’ knowledge of and fascination with North American plants and reveals the Eurocentric perspective from which these and other manuscripts were authored. Barton claims:

Botany has, certainly, been cultivated, with more attention and success, in the United-States, than any other branch of Natural History. The earliest

naturalists of our country were chiefly attentive to the examination of the indigenous vegetables [plants]... The Flora of the United-States is, indeed, perhaps as complete as that of some of the countries of Europe, and unquestionably, as complete as that of many of the countries of Asia. I say nothing of Africa, and of the continent of Australasia. The vegetables of these countries are very imperfectly known to us . . . When we consider the great extent of the United-States, even excluding the country beyond the Mississippi, I presume it may be stated, at a moderate calculation, that, at least, one eighth part of our native vegetables is entirely unknown; certainly to the botanists of Europe.

Barton describes a qualified willingness of European practitioners to learn from Indigenous healing practices, and he says, “I have elsewhere shown, that our Indians are in possession of many useful medicines. However imperfect the state of medicine among these people, however rude or empirical their practice in the employment of their remedies, we may derive essential advantage by studying the history of medicine among the Indians.” Martha Robinson demonstrates how this fascination with Indigenous remedies waxed and waned, she argues, “By the nineteenth century, many such plants first known as Indian remedies had been adopted by American doctors. Indeed, when Jacob Bigelow, professor of botany at Harvard, wrote on the medicinal plants of America in the early nineteenth century [1817], these plants had been so naturalized to American medicine that he did not mention their origins in Indian medicine.” The practice of appropriation was swift; after observation and denigration of plant knowledge, the citation of original Indigenous knowledge and sources was dropped from most records.

With the strengthening establishment of the European American botanical, scientific and medical communities through the 18th and 19th centuries, the ability to discount the Indigenous origins and Indigenous knowledge behind American plant remedies increased. Robinson discusses the 1789 writing of Benjamin Rush, *An Inquiry Into the Natural History of Medicine Among the Indians*, and his dismissive attitude to Indigenous knowledge:

Some might still hope that the Indians could show new remedies to the colonists, but Rush dismissed the notion that Indians could have anything to teach white physicians. “We have no discoveries in the materia medica to hope for from the Indians in North-America,” he wrote... In Rush, we see a turning point. The complex

history of Indian-white medical interaction in the colonial period is dismissed, and Rush points toward a nineteenth-century future in which Indians appear in American physicians’ works primarily as representatives of a vanishing race.

This description of North American medical and botanical texts simplifies a very complex narrative of European American midwifery, medical and botanical history, nevertheless this review provides a glimpse into the European American context for botanical encounters. As well this recounting serves as context for the ethnogynecological ideas that were foundational for many of the European authors of the archival documents that form ethnobotanical source material. At all times, it was important to keep the limitations of these sources on plant species and plant practices in the forefront of historical ethnobotany research methods and interpretations.

In my research on plants that were significant for women’s reproductive health, and the circulation of that knowledge and use among differently racialized communities, I approached the medicinal plant archives primarily as a historical ethnobotanist, although there were elements of botany and anthropology involved in my investigation of the circulation of 19th and 20 century ethnogynecological plant knowledge and practices in North America. In the course of my archival research, I have faced a number of challenges related to the authenticity, veracity, and authority of source documents. These challenges and choices were significant for the conduct of my archival research and for my research findings. Some of the ways I chose to address these challenges is what I have shared in this essay.

This explanation of plant medicine research practices originates with a commitment to decolonial forms of inquiry that make explicit the discourses of the dominant powers, narratives that were created through imperial histories, and the silences of marginalized peoples within hegemonic texts. I realize that we cannot fill these silences, yet it is our acknowledgement of these absences that is critical, and our consideration of how the voices of the marginalized, if present, might have changed the materials and documents that we work with when we conduct ethnobotanical research and we listen to the stories of medicinal plants. 🍃

REFERENCES

- Barton, B. 1807. *A Discourse on Some of the Principal Desiderata in Natural History*. Philadelphia (PA): Denham & Town
- Burton, A, ed. 2005. *Archive Stories: Facts, Fiction, and the Writing of History*. Durham (NC): Duke University Press.
- O'Leary, Z. (2021). *The Essential Guide to doing your research project*. New York (NY): Sage Publishing.
- Denzin, N. Lincoln, Y. eds. 2008. *The Landscape of Qualitative Research*. Los Angeles: Sage Publications.
- Denzin, N. Lincoln, Y. eds. 2008. Introduction: The Discipline and Practice of Qualitative Research. *The Landscape of Qualitative Research*. Los Angeles (CA): Sage Publications.
- Ferriter, L. 2013. Contrapuntal Reading or Analysis. *Hamilton College English Department*, Available at: <http://academics.hamilton.edu/english/ggane/contrapuntal.html> Accessed 2013 Dec 1.
- Flagg, J. 1851. *Ether and Chloroform: Their Employment in Surgery, Dentistry, Midwifery, Therapeutics, Etc.* Philadelphia (PA): Lindsay and Blakiston.
- Four Arrows (Jacobs, D). 2008. *The Authentic Dissertation: Alternative Ways of Knowing, Research, and Representation*. New York (NY): Routledge.
- Frankenberg, R. 2004. On Unsteady Ground: Crafting and Engaging in the Critical Study of Whiteness. *Researching Race and Racism*. London (UK): Routledge. 106-107.
- Galloway, P. 2006. *Practicing Ethnohistory: Mining Archives, Hearing Testimony, Constructing Narrative*. Lincoln (NE): University of Nebraska Press.
- Gunn, J. 1957. *Gunn's New Domestic Physician*. Cincinnati (OH): Moore, Wilstach, Keys & Co. 255-286
- Hartsock, N. 1989-1990. Postmodernism and Political Change: Issues for Feminist Theory. *Cultural Critique* 14:15-33.
- MacDougall, A. 2003. Did Native Americans Influence the Northward Migration of Plants During the Holocene? *Journal of Biogeography*. 30: 633-647.
- Malterud, K. 2001. Qualitative Research: Standards, Challenges, and Guidelines. *Lancet: Qualitative Research Series* 358:483-488.
- Meyer, C. 1973. *American Folk Medicine*. Glenwood (IL): Meyerbooks Publisher.
- Patton, M. 2002. *Qualitative Research and Evaluation Methods*, 3rd edition. Thousand Oaks, (CA): Sage Publications..
- Plane, A. 1990. Childbirth Practices among Native American Women of New England and Canada, 1600-1800. *In Medicine and Healing*. Boston (MA): Boston University. 13-24.
- Price, R. 2002. *First-Time: The Historical Vision of an African American People*. Chicago (IL): The University of Chicago Press.
- Robinson, M, 2005. New Worlds, New Medicines: Indian Remedies And English Medicine In Early America. *Early American Studies*. 94-110.
- Said, E. 1993. *Culture and Imperialism*. New York (NY): Vintage Books.
- Savitt, T. 1990. *Fevers, Agues, and Cures: Medical Life in Old Virginia, An Exhibition*. Richmond (VA): The Virginia Historical Society.
- Small, S. 2004. Researching 'Mixed-Race' Experience under Slavery: Concepts, Methods and Data. *Researching Race and Racism*. London (UK): Routledge.
- Smith, L. 2002. *Decolonizing Methodologies: Research and Indigenous Peoples*. London (UK): Zed Books Ltd.
- Steedman, C. 2002. *Dust: The Archive and Cultural History*. New Brunswick (NJ): Rutgers University Press.
- Thomson, C. 1863. *Dr. Thomson's Materia Medica: A Book for Everybody*. Geddes (NY): C. Thomson
- Trouillot, M. 1995. *Silencing the Past: Power and the Production of History*. Boston (MA): Beacon Press.
- Ulrich, L. 1990. *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary*. New York (NY): Random House. 1785-1812.
- Wilkie, L. 2003. *The Archaeology of Mothering: An African-American Midwife's Tale*. New York (NY): Routledge.