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American Indian Culture and Research Journal

Title

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Permalink https://escholarship.org/uc/item/2z4183h6

Journal

American Indian Culture and Research Journal, 12(1)

ISSN

0161-6463

Author

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Publication Date 1988

DOI

10.17953

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Medicine for the Rosebuds: Health Care at the Cherokee Female Seminary, 1876–1909

DEVON IRENE ABBOTT

Founded in 1851 at Park Hill, in the Cherokee Nation, the Cherokee Female Seminary and its counterpart, the Cherokee Male Seminary, reflected the tribe's commitment to formal education and acculturation. The female school originally was staffed by graduates of Mount Holyoke College in Massachusetts, and the educational philosophy of the seminary reflected the influence of that New England instituion. Students were instructed in a broad spectrum of nineteenth-century curriculae and imbued with ethical and moral values championed by their teachers. Until Oklahoma achieved statehood in 1907, the Cherokee National Council consistently provided tribal money for the schools' improvement. Young Cherokee women who graduated from the school later became doctors, ranchers, and politicians. One-third of the 160 graduates became educators—many of whom returned to the seminary to teach.¹

From the time of its opening, the seminary was deemed an academic and cultural success by parents, Indian agents, and school board officials who visited the school's classes and social events. Viewing the meticulously dressed, articulate, and well-mannered

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young "Cherokee Rosebuds," visitors were duly impressed by their conscientious efforts to appear neat and refined. Each day the students fastidiously cleaned (upon penalty of demerits) the areas most often open to inspection—the kitchen, parlor, and classrooms. Teachers wearing white gloves also examined the private rooms of the students. The scrubbed floors, polished banisters, manicured lawns, and formal flower beds all reflected the institution's dedication to order and cleanliness, primary virtues of late nineteenth-century American life.²

Despite the school's precise schedule, sophisticated curriculum, and apparent dedication to exercise and hygiene, students were bothered by numerous health problems. The seminary was filled to capacity almost every school year, and the crowded living conditions, combined with a flood-prone basement and the unreliable heating system, undermined the physical health of both students and teachers. "Intermitting and remitting fevers" and digestive disorders afflicted most of the pupils and school personnel. Also prevalent each school year were headaches, catarrh, "sore eyes," tonsilitis, rheumatism, neuralgia, scrofula, jaundice, earache, colic, bronchitis ulcers, "skin eruptions," and what was delicately described as the "class of ailments peculiar to the sex in attendence."³

Diseases that erupted in the Cherokee Nation often spread to the seminary. Visitors and school workers who did not live at the school also exposed students to outside infections, and others often became infected by their families during vacations. Between 1876 and 1909, at least a dozen students and teachers died at the seminary, mainly from measles, pneumonia, typhoid fever, or smallpox. In 1882 and 1901, smallpox spread across the Cherokee Nation, and although vaccinated, fifteen students contracted the disease. Typhoid was prevalent at the seminary in 1884, 1885, and 1889. During the spring of 1884, a severe outbreak of scabies, also known as "the itch," threatened to close the school. To prevent a recurrence of the highly contagious parasitic skin infection, officials placed a renewed emphasis on cleanliness, and no cases were reported during the next school year.⁴

The impressive Female Seminary building was a source of pride to the Cherokee people, but its condition probably contributed to the students' health problems. The two-story main building was eighty feet by forty feet, with two wings forty feet long separated by an eighteen-foot passage. The western, southern, and eastern faces of the structure were adorned with stylistic Greek columns. In 1877 a three-story addition increased the total number of rooms to at least eighty, with accommodations that would house about one hundred and fifty students, In 1876, when it reopened after damages inflicted during the Civil War were repaired, the hospital rooms proved inadequate. Sick rooms were small and two or more ill students were often forced to share a single bed. When epidemics erupted, the infirmaries became overcrowded, noisy, and unsanitary. Because of insufficient space, ill students were confined to their dorm rooms, thereby spreading infections to their healthy roommates.⁵

Heeding the school administrator's suggestions, in 1876 the Cherokee Board of Trustees of High Schools provided for adding an infirmary to the second floor of the seminary building. This alleviated the crowded conditions somewhat, but only for the primary students—those in grades one through eight. No accommodations were available for the boarding students (those in grades nine through twelve) who continued to be cared for in their living quarters. During the spring months of 1877, a measles epidemic forced the seminary staff to transform classrooms into makeshift infirmaries.⁶

During the seminary's early years, physicians from Tahlequah were hired by the National Council on a case-by-case basis. A permanent physician was not appointed to serve the seminary until 1876, after improvements had been made on the building and enough funds were available to secure an additional staff member. In December 1876, the principal chief of the Cherokee Nation, Charles Thompson, and the Council appointed a mixedblood physician, Walter T. Adair, as medical superintendent of the Female and Male Seminaries. As required by law, Adair was both a member of the Cherokee Nation and a "regular graduate of some reputable Medical Institution"—in his case the St. Louis Medical College. Adair was the first Cherokee to graduate from medical school. During the Civil War, he served as staff surgeon in Stand Watie's Cherokee Confederate Command and later as chief surgeon of the First Indian Division.⁷

Adair had few assistants, and the Cherokee law stipulated any therapeutics used to treat his patients would come out of his salary. His work at the Female Seminary was particularly demanding. The young women needed "special attentions," and despite aid from a robust nurse known to the students as "Aunt Cinthia," he was sometimes limited in his ability to examine them because of their modesty. In addition, his varied responsibilities included a multitude of non-medical duties, such as repairing doors and locks.⁸

Although Adair already had a busy schedule, on November 18, 1880, the Cherokee National Council also appointed him supervisor of medical care at the Cherokee National Prison in Tahlequah and the Cherokee Asylum for the Deaf, Dumb, Blind, and Insane in Grand Saline, six miles south of the prison. He was also elected by his peers president of the Board of Medical Examiners in the Cherokee Nation. Adair's salary was \$1,500 per year, but he was still required to pay for any medicines he used. The relentless pace left him exhausted and "financially embarrassed." He supported his family from the same salary, and since he was not supplied with lodging, he had to pay for his own accommodations. In contrast, the principals of the seminaries received only \$700 per annum but were provided with room, board, and medical treatment.⁹

Because of his busy schedule, Adair was not always immediately available for emergencies. Seminary personnel had to do the best they could. Deep cuts were closed quickly with needle and thread by the home economics teacher. One spring night in 1881, a student at the Female Seminary dislocated a shoulder and hip in a fall from a second story window while sleepwalking. Music instructor Narcissa Owen reduced the luxated shoulder, but surprisingly, neither she nor Doctor Adair, who came the next day, realized the full extent of the girl's injuries. Her hip was never treated, and as a result she was permanently crippled.¹⁰

Traditional Cherokee medicines were not used at the seminary, but occasionally home remedies seemed to prove successful. In the winter of 1880, a student developed pneumonia. After she became delirious with fever, Owen and her niece, teacher Lelia Breedlove, prepared a concoction consisting of a mixture of mashed raw potatoes, hot water, and (because the ground outside was frozen) dirt from a potted plant. This "potato poultice" was applied to the girl's chest for several hours and by morning her fever was gone.¹¹

A dedicated physician, Adair attempted to discover and eliminate the causes of diseases afflicting his patients. He attributed the various fevers to "blood poisoning," caused by either septic matter or "'poisonous effluvia" in the atmosphere that "entered through the epidermis and mucous membranes" of the students and into the blood, "giving rise to typhoid fever." He concluded that the culprit was a hidden cesspool around or beneath the Female Seminary building. Determined to find and eradicate the source of what he termed "the gentleman" (noxious influence), Adair located and repaired a broken water pipe under the first floor parlor. The Council provided funds for improved drainage and ordered the Medical Superintendent to submit a monthly report regarding sanitary conditions at the school.¹²

Doctor Adair was especially concerned about the malarial outbreaks. Like most physicans of the era, he believed malaria was carried by musty, foul-smelling air associated with standing water. He declared the flood-prone basement the prime suspect in the ''accumulation of dampness'' and the consequent ''circulation of malaria.'' In particular he pointed to the overworked laundry. He believed it was the dampness caused by ''soap-sud evaporation'' leaking through the small spaces in the first floor that caused the disease. As a safeguard he requested the laundry be moved to a separate site. While he defended his ''soapsud'' theory, Adair finally acknowledged that students from homes located near ''large water course areas, low lands and prairie lands'' could have brought the malarial infection with them.¹³

Adair believed a possible cause of the students' problems was lack of exercise. He asserted that studying more than six hours a day was ''ruinous,'' because ''the powers of the mind are sufficient down the energies of the body.'' He recommended more ''flower bed work'' for the girls, but the principal of the seminary from 1875 to 1901, Ann Florence Wilson, took his advice a step further. She required morning and afternoon walks, calisthenics, and ''physical culture'' drills. In the spring, pupils regularly walked three-and-a-half miles a day to collect wildflowers for their botany class. Students also played tennis and basketball.¹⁴

Although Adair worked diligently at his job, he occasionally faced criticism from the families of his patients. In 1884, after eleven-year-old Susan Parris died of typhoid fever, her family accused Adair of "Malpractice, Insobriety and Culpable Negligence and Inattention." Adair responded that the charges came from those who were "conspiring my overthrow" or who wanted to ''acquire my official place.'' Aided by witnesses, he refuted the charge of insobriety and successfully defended himself and his prescribed treatments, among which were mercurial purgation, turpentine emulsion, quinine, liniment massage, Dover's powder, spiced poultices, febrifuges, and hot whiskey toddies. Afterwards, in an effort to protect himself from further charges of malpractice, Adair promptly notified a student's parents when their child became ill and offered them the privilege of selecting a physician of their choice.¹⁵

After the Parris incident, Adair defended the institution's health conditions against some adverse public opinion. He assured principal chief Dennis Bushyhead that the school was indeed a healthful facility and that both students and teachers were physically fit. He asserted further that the seminary was not a 'clandestine, unsavory place blighting the vital spark' of those who lived there, and he elaborated on the improvements in sanitation made during his tenure. The basements were clean and dry; repairs were promptly made; debris was removed daily from the grounds by convicts of the Cherokee National Prison; and soap, water, and 'elbow grease' were applied to every part of the building. With these measures Adair predicted that the health of the students would continually improve, but interestingly, the incidence of health problems remained basically the same.¹⁶

The Female Seminary burned to the ground in 1887. No one was injured, but except for the pillars and some books and furniture that was thrown out the windows, the entire facility was lost. The 1887 graduating class received their diplomas at the Cherokee Male Seminary.¹⁷

Determined to re-establish a larger and improved seminary, the National Council immediately appointed a seven-member committee to begin preparations for rebuilding the school and allotted sixty thousand dollars for its construction. The laying of the new seminary cornerstone was cause for ''imposing ceremonies.'' Witnessed by almost two thousand Cherokee Nation citizens, a procession marched through Tahlequah, led by the town's brass band, followed by the Masonic Grand Lodge of Indian Territory and the students of the Cherokee Male Seminary, the Tahlequah public schools, and the Mission schools.¹⁸

The new building, located half a mile from the capital in Tahlequah, was constructed on high ground with an improved water supply and more adequate drainage. The building was three stories tall and measured 240 by 150 feet, the largest structure ever built by an Indian nation within the United States. In contrast to the old school, this facility was heated by steam, while pumps supplied hot water to the kitchen, baths, basins, slop sinks, and water closets. A separate tank supplied water for baths in the sick wards located on the third floor.¹⁹

The completion of the new building brought changes in medical personnel. Adair resigned his position at the seminaries, Insane Asylum, and National Prison to become superintendent of the Cherokee National Orphan Asylum in Grand Saline. He was replaced by another mixed-blood Cherokee, Dr. Joseph M. Thompson. The new superintendent had graduated from the Male Seminary in 1873 and the Missouri Medical College (now Washington University) in St. Louis in 1889, the year he came to the seminary.²⁰

Thompson departed three years later to study children's diseases in New York City. His replacement, Doctor Richard L. Fite, was a graduate of the Southern Medical School at Atlanta. In addition to his duties at the two seminaries, the new medical superintendent still attended to patients at the Insane Asylum and the National Prison, and served one year as superintendent of the Cherokee Colored High School, located six miles northwest of Tahlequah.²¹

Doctor Fite had to deal with numerous seminary structural problems. After only four years, parts of the new Female Seminary building began to deteriorate. It was necessary to replace broken windows, repair holes in the iron roof, and purchase a new furnace after heavy rains flooded the basement. The seminary sewage lines were cracked and could not carry the effluvia a sufficient distance from the school. Rainy weather proved disastrous, for the refuse overflowed into a small ditch that entered Tahlequah's water source. Since the fence surrounding the property had fallen into disrepair, hog and cattle droppings often littered the school grounds. Not surprisingly, Fite treated numerous cases of chills, fever, diarrhea, and "La Grippe."²²

Fite resigned in November 1897, and was succeeded by another Missouri Medical College graduate, Dr. Charles McClelland Ross. The twenty-three-year-old great-grandson of the former principal chief of the Cherokee Nation, John Ross, had graduated from the Male Seminary in 1887. Prior to his tenure as superintendent, Ross had shared a practice with Doctor Jesse Crary Bushyhead, son of former Chief Dennis Bushyhead.²³

Despite the building repairs and the painstaking efforts of the students and teachers to keep their showcase school clean, the bathroom plumbing was so poorly maintained that everyone had to use the outhouses. The problem of the malevolent cesspool, first brought to the attention of the Council by Dr. Adair in 1884, was again identified as a potential hazard by Ross fifteen years later.²⁴

Although daily exercise had always been considered important, Ross's tenure as medical superintendent marked a renewed emphasis upon physical fitness. In addition to the daily walks and team sports, visiting instructors from Chicago and St. Louis began teaching the "Del Mar System" of calisthenics, and Drury College graduate Dora Wilson introduced Grecian dances and "rhythmic exercises." Upon completion of morning constitutionals, students marched through the seminary halls accompanied by loud, uplifting music.²⁵

Their diet also became more varied. Grocery receipts from stores in Tahlequah, St. Louis, Kansas City, and Chicago indicate that by the turn of the century, the students were served a variety of fruits, vegetables, grains, and meats, as well as coffee, eggs, oil, butter, salt, and sugar. Principal Wilson administered a spoonful of molasses and sulphur to each student before they entered the dining hall. Some students added to their caloric intake (and demerit tally) by cooking fudge and chicken over lanterns in their dorm room closets in the middle of the night. With no restrictions other than the amount of spending money their relatives sent them, many students bought hot bread, sugar cookies, salted nuts, suckers, chewing gum, and tamales from vendors who visited the seminary each evening after dinner.²⁶

With the exception of their consumption of excess fat, salt, and sugar, students were inadvertently provided with what appears to be the best possible diet at the time, which contributed to their avoidence of diseases caused by vitamin or mineral deficiencies. But "bowel complaint" was a daily occurrence, probably because the food was either cooked improperly, over-fried, or served in the wrong combinations or amounts. Perishables were stored in a cool cellar, but despite the pasteurization of milk, lack of refrigeration in the early years of the seminary caused a form of "summer complaint" during warm months.

Despite the health problems prevalent at the seminary, most students were relatively healthy in comparison to other young Americans of those decades. They were, moreover, much healthier than their contemporaries among many of the less acculturated tribes of Indian territory. In addition to being spared the emotional grief that reservation life engendered in tribes such as the Cheyennes, Arapahos, Kiowas and Comanches, the Cherokee seminary pupils enjoyed a better diet, a regular exercise program, and "modern medical care."

Although Cherokees suffered from diseases such as measles, smallpox, and malaria, they had been subjected to more contact with whites than most other tribes and they had probably developed more natural immunities to the viral illnesses. Certainly, the students were in better mental and physical condition than most tribes in the mid-to-late nineteenth century.

In contrast to the problems that inundated the rural white children during the same period, students at the seminaries were reportedly free of parasites, pellagra, diphtheria, and whooping cough. The concentrated student population at the school, however, contributed to the spread of common childhood diseases such as measles and mumps, as well as influenza and other respiratory ailments. But, despite the limited medical facilities, the fertile breeding ground for diseases at the schools, and the emphasis on curriculum development instead of building maintenance, the students fared rather well. The dedicated medical superintendents and faculty took immediate steps to control the ailments as they appeared, thereby preventing these diseases from spreading among the rest of the student population.

NOTES

1. Devon Irene Abbott, "Cultivating the Rose Buds: The Administration of the Cherokee Female Seminary, 1846-1907" (Master's thesis, Texas Christian University, 1986); idem, "Commendable Progress: Acculturation at the Cherokee Female Seminary," *The American Indian Quarterly* 11 (Summer, 1987): 187-201. A portion of the seminary's curriculum consisted of American history, chemistry, trigonometry, calculus, botany, personal hygiene, German, Latin, and the works of Cicero, Homer, and Moliere. The school also offered literary societies, music lessons, a student newspaper (*The Cherokee Rosebuds*), and a well-furnished library.

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17. Cherokee Advocate, May 2, 1888.

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19. Cherokee Female Seminary Catalogue: 1866–1867, 11, Special Collections, N.S.U., original copy at O.H.S.; "Specification of Materials and Labor for the Construction of a Female Seminary for the Cherokee Nation at Tahlequah, Indian Territory, Per Plans, Elevations, Sections, and Detailed Drawings, by C. B. Illsley, Architect," 47, Microfilm 99, Western History Collection, Cherokee Collection, University of Oklahoma, Norman. For detailed information regarding the structure, see *The Historic American Buildings Survey, Report on the Cherokee Female Seminary:* "Seminary Hall," (Washington: Department of the Interior, 1975), Special Collections, N.S.U. The new structure served the Cherokees for two decades, and in 1909 the seminary was purchased by the state of Oklahoma and was integrated into the state educational system as Northeastern State Normal School. The building, now known as "Seminary Hall," is today part of the campus of Northeastern State University.

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