

HEALTH AND MEDICAL CARE
OF THE SOUTHERN PLAINS
INDIANS, 1868-1892

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1968

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF PHILOSOPHY
July, 1973

FEB 15 1974

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PREFACE

During the years from 1868 to 1892, the Southern Plains Indians were defeated in war, their population decreased by battle and disease, and their economic system destroyed. They were relocated on reservations where they were subjected to cultural shock by their white conquerors. They endured hunger, disease, and despair.

Many studies have been made of the warfare and the ultimate defeat of the Indians. None have explored the vital topic of the health of these people. No other factor is so vital to the success or failure of human endeavor. This study focuses on the government medical care provided the Plains Indians on the Cheyenne-Arapahoe and Kiowa-Comanche reservations. It also explores the cultural conflict between the white man's medicine and the native medicine men, and what effect that conflict and other contacts with white men had on Indian health.

I wish to acknowledge the generous and kind assistance I received from numerous people during the research and writing of this dissertation. First, I would like to thank Doctor Homer L. Knight who encouraged and assisted me in beginning my doctoral program, and the members of my committee, Professors Alexander M. Ospovat, H. James Henderson, LeRoy H. Fischer, and Harold V. Sare.

Throughout my research Mrs. Rella Looney, Archivist of the Indian Archives Division of the Oklahoma Historical Society, offered gracious willing assistance. She eagerly shared her vast personal store of knowledge, and to adequately thank her for her assistance and friendship is impossible. I extend my thanks also to Mrs. Martha Blaine, Assistant Archivist, former Curator of the Oklahoma Historical Society Museum. Mrs. Edna Arnold, Librarian of the Carnegie Library, El Reno, Oklahoma, offered invaluable assistance beyond the call of duty. Mr. Gillett Griswold of the Fort Sill museum generously assisted in the full utilization of museum resources, and my appreciation goes to him.

I want to express my appreciation to the officials of Riverside Indian School, Anadarko, Oklahoma, and the Concho Indian School, Concho, Oklahoma, for their cooperation and assistance. Special gratitude is extended to Mr. James Auchiah, the Reverend Linn Pauahy, and Mrs. Elisha Gonzales for sharing their heritage.

There are two especial people whom I can never adequately thank for their assistance in the final preparation of this study, Professor Theodore L. Agnew, my thesis advisor, and Doctor R. Palmer Howard, Professor of History of Medicine, University of Oklahoma Health Sciences Center. Professor Agnew's assistance and encouragement far surpassed mere duty and obligation. A mere "thank you" seems

very insufficient. A most special "thank you" goes also to a friend and mentor par excellence, who extended not only moral support but indispensable assistance--Doctor R. Palmer Howard. Their generous help was essential to the completion of this study.

I gratefully acknowledge the help of Mrs. Erma Barrett, Staff Assistant, History of Medicine, University of Oklahoma Health Sciences Center, who cheerfully took over the job of typist when the previous typist--my husband, Gene--unexpectedly underwent surgery. Her willing assistance in an emergency was vital to the final preparation of this paper.

It is impossible to adequately acknowledge the assistance given by members of my family--my husband, Gene; my three daughters, Nancy, Sally, and Jenny; and my mother-in-law, Mrs. Bessie Gray. No wife and mother can complete such a project without the cooperation of her family. Their help covered everything from washing dishes, grocery shopping, and typing, to understanding, moral support, and love. Thank you is a very small phrase for such a large contribution.

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ABBREVIATIONS

ARCIA	Annual Report of the Commissioner of Indian Affairs to the Secretary of the Interior
BAE	Bureau of American Ethnology
C-A	Cheyenne-Arapahoe
CIA	Commissioner of Indian Affairs
Chron.	<u>The Chronicles of Oklahoma</u>
Ind. Arch.	Indian Archives
K-C	Kiowa-Comanche
NARS	National Archives and Records Service
OHS	Oklahoma Historical Society
OIA	Office of Indian Affairs
SR	Sanitary Report

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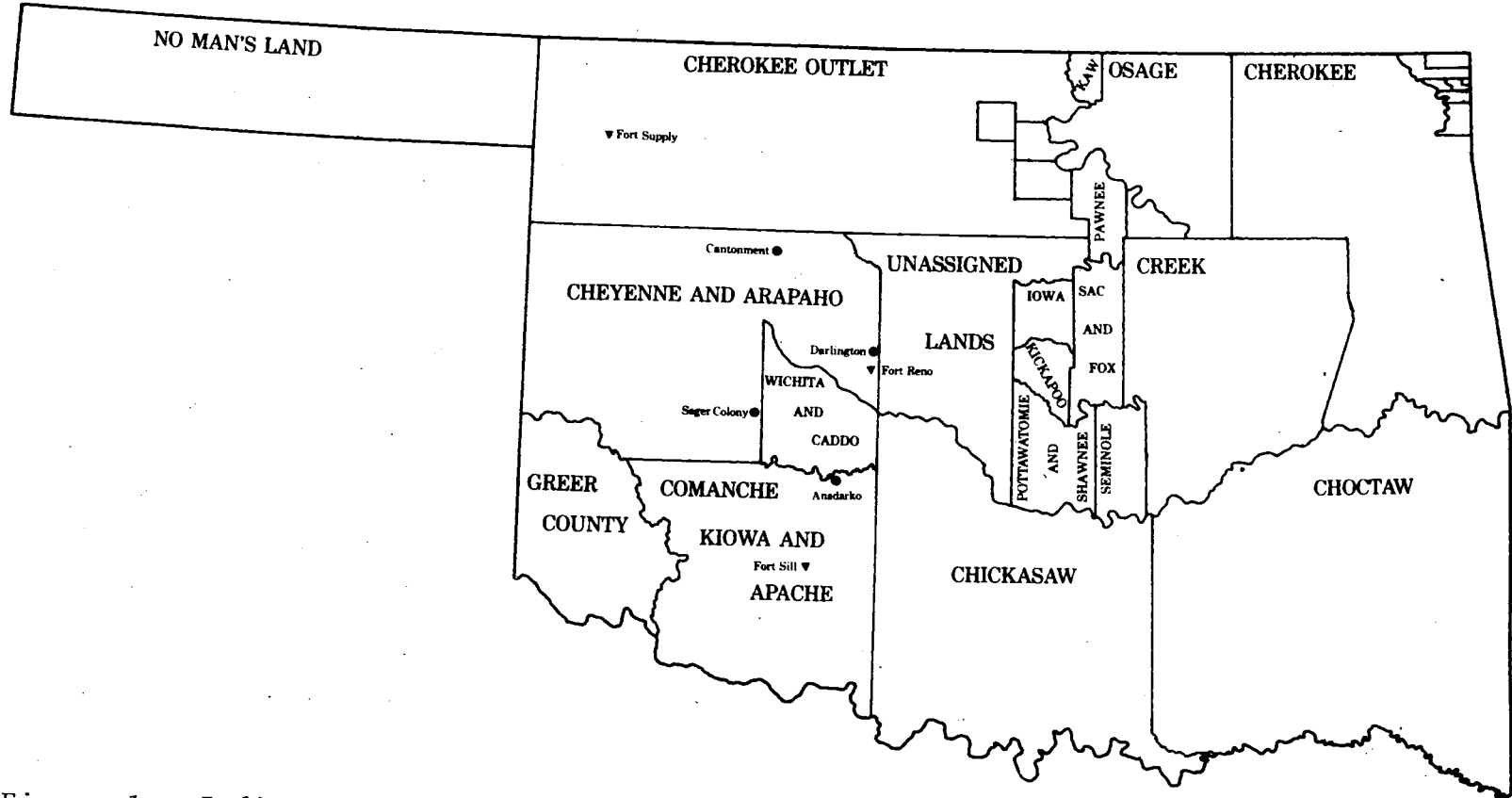


Figure 1. Indian Territory, 1868-1889

CHAPTER I

ESTABLISHING THE RESERVATIONS

Introduction

I have heard that you intend to settle us on a reservation near the mountains. I don't want to settle. I love to roam over the prairies. There I feel free and happy, but when we settle down we grow pale and die.

These words of Satanta, Kiowa chief--"Orator of the Plains"--expressed the emotions of the Southern Plains Indians assembled at the Medicine Lodge Council of 1867.¹ The Indians, gathered at Medicine Creek in Kansas for a peace council, were faced with accepting a new way of life, which would be restricted within the boundaries of a reservation. Satanta's words seem almost to foretell the high incidence of disease and population loss of the early reservation years.²

¹James Mooney, "Calendar History of the Kiowa Indians," United States Bureau of American Ethnology, 17th Annual Report, 1895-96, pt. 1, pp. 207-208.

²See Chapter V, below.

Satanta, unable to bear life in confinement, committed suicide in a Texas prison hospital a decade later.

Numerous historical studies have been made of tribal organization and warfare, but few have investigated the important subject of Indian health.³ Restriction of the Plains Indians to reservations necessitated far-reaching changes in their way of life, their diet, and their mental attitudes, each of which has a significant impact on health. Health--good or bad--is a vital factor in any endeavor, political, military, or social, and it is a basic component of the quality of life.

Medicine and health in this study will be considered in their broadest definitions. As to medicine, methods of science continue to be used to combat disease and develop new treatments, but medicine itself still belongs within the realm of the social sciences because its experience and its goal are social. Medicine is both the science of treating disease and the art of healing, and even in a scientific

³Donald Berthrong, The Southern Cheyennes (Norman: University of Oklahoma Press, 1963), and Mildred P. Mayhall, The Kiowas (Norman: University of Oklahoma Press, 1962) are two examples of general works. One work partially dealing with Indian health is Bernice Crockett, The Origin and Development of Public Health in Oklahoma 1830-1930 (Durant, Oklahoma, 1953). Also Virginia Allen, "Health and Medical Practices in the Choctaw Nation, 1831-1885," The Chronicles of Oklahoma, Vol. 48 (1970), pp. 60-73. Another study of Indian health is currently in progress by Dr. R. Palmer Howard of the University of Oklahoma Health Sciences Center. This is an historical analysis of the changes in health and medical practices of the people in Indian and Oklahoma Territories 1865-1907, using the Cherokee and the Cheyenne-Arapahoe as representative groups.

age the healing art is often more important than the science. In the nineteenth century it was of supreme importance. The social character of medicine results from the fact that medical actions are the products of the two parties involved: in the broadest sense of the word, the medical service and society, or, in the simplest form, physician and patient.⁴ In consulting the past of medicine, the historian is interested not only in the history of health and disease, of the physician's actions and thoughts, but also in the social history of the patient, of the physician, and of their relationship.⁵

Broadly defined, health means a state of complete physical, mental and social well-being, not merely the absence of infirmity or disease. All peoples act toward promoting health and preventing illness, either consciously or unconsciously. Many factors play a role in determining that state of well-being, including the immediate environment, food, clothing, shelter, customs, medical theories, social change, reactions to social change, and government. In addition, the general health conditions of a group of people are determined to a great extent by two factors, geography and economics.⁶ The Southern Plains Indians were displaced geo-

⁴Henry E. Sigerist, A History of Medicine (New York: Oxford University Press, 1963), Vol. I, p. 15.

⁵Ibid.

⁶Ibid., p. 8.

graphically and their economy destroyed by a numerically superior and more technologically advanced white culture. Inevitably, their health was affected.

Indian health is a major problem spanning the nineteenth and twentieth centuries. Compared to other Americans, Indians continue to have a shorter life expectancy and higher infant mortality rate.⁷ The Indian medical practitioner, commonly known as the "Medicine Man," had empiric knowledge of the indigenous health problems of his patients and could treat many with a degree of success. He had learned, through the process of trial and error, specific manipulations and herbal remedies which were efficacious in treating his patients, and in addition he was a spiritual leader of great importance. But he had no experience with the diseases introduced by the Europeans and their slaves, and the challenge was too great for his limited skill, as it was for many years for his white counterpart. However, his spiritual influence continues to have an impact on Indian life.⁸

Between the Medicine Lodge Treaty and Satanta's fatal leap from the prison balcony, lay a period of tragedy during which the Southern Plains Indians tried unsuccessfully to cope with the demand that they achieve immediately a cultural

⁷In 1867 the death rate per 1,000 population for Indian children under five was 8.9, and for U.S. all races, 4.8; for the age group 45-54 for Indians, 11.9, and for all races 7.3. Indian Health Trends and Services, U.S. Dept. HEW, 1970, p. 49.

⁸See Chapter IV, below.

change which required centuries for other peoples to accomplish. Two cultures confronted each other, and neither possessed the knowledge or understanding to accommodate the other. Medicine was a part of that cultural confrontation. When all of the Indian bands finally surrendered to the reservations, they arrived disheartened and destitute--lacking food and lodges.⁹ Even those who came to the reservations early and remained in relative peace suffered from a lack of food and other supplies. The buffalo were diminishing in number, appropriations were being cut by Congress, and food, drugs, and annuities which had been purchased were not arriving on time. Malaria, intestinal disorders, and eye diseases were prevalent.¹⁰ Physicians were appointed by the Indian Bureau to supervise health conditions on the reservations and care for the ill. The Indian had little reason to believe any white man--why should he place his faith in the white doctor? The agency physician, therefore, was required not only to treat the ill and improve the general health, but also to bridge two cultures in the process.

Historians, whether investigating health and medicine or any other topic, must place their study in the context of the time and place in history with which the research is concerned. Theories of medicine and attitudes of people

⁹Berthrong, p. 365.

¹⁰See Chapter V.

toward medical care are products of their time and of the traditions inherited from previous times. The Southern Plains Indians in the years 1868 to 1892 lived on reservations in Indian Territory. In order to understand their health problems, the historian must know why the Indians were on reservations, how they arrived there, and what their physical and mental condition was upon arrival.

The Medicine Lodge Treaty

Increasing hostility between Indians and whites during the 1860's and new white demands for more Indian lands, produced a clamor for new treaties. In response to this pressure, Congress approved an act July 20, 1867 which authorized an Indian Peace Commission to "establish peace with certain hostile Indian tribes."¹¹ Members of the commission included: Indian Commissioner Nathaniel G. Taylor, Senator John B. Henderson, S. F. Tappan, John B. Sanborn, Lieutenant General W. T. Sherman, Brevet Major General W. S. Harney, Brevet Major General Alfred H. Terry, and Brevet Major General Christopher C. Augur. They were authorized to call together the chiefs and headmen of the bands that were waging war, for the purpose of ascertaining their reasons for hostility and, if advisable, to make treaties with them. They were to keep in mind the following objectives:

- (1) To remove, if possible, the causes of war.

¹¹ARCIA 1868, p. 26

- (2) To secure, as far as practicable, our frontier settlements and the safe building of our railroads looking to the Pacific.
- (3) To suggest or inaugurate some plan for the civilization of the Indians.¹²

The commission concluded: "But one thing remains to be done with honor to the nation, and that is to select a district. . . on which all the tribes east of the Rocky Mountains may be gathered."¹³ The commission was fully cognizant of the long list of treaty violations of the United States and the outrages against the Indians, of which the Chivington massacre in 1864 was but one example.¹⁴ The commissioners concurred:

If the lands of the white man are taken, civilization justifies him in resisting the invader. Civilization does more than this: it brands him as a coward and a slave if he submits to the wrong. . . . If the savage resists, civilization, with the ten commandments in one hand and the sword in the other, demands his immediate extermination.¹⁵

The commissioners acknowledged that it was unrealistic to suggest that the progress of civilization could be arrested to allow these people to continue their more primitive way of life. However, they made this statement: "We would only be understood as doubting the purity and genuineness of

¹²Ibid.

¹³Ibid., p. 244.

¹⁴Ibid., pp. 26-50.

¹⁵Ibid., p. 32.

that civilization which reaches its ends by falsehood and violence, and dispenses blessings that spring from violated rights."¹⁶ Their investigations revealed the causes of the hostilities to be broken treaties, white provocation, false accusations by whites, and naivete and stupidity on the part of the military.¹⁷

The Peace Commissioners summoned the Plains Indians to a peace council at Medicine Creek, Kansas, in October 1867. Some of the most eloquent Indian orators spoke at the Council -- Satanta and Satank for the Kiowas, Ten Bears and Little Horn for the Comanches, Black Kettle, Whirlwind, and Little Raven for the Cheyennes and Arapahoes.¹⁸ Scattered along the creek bank for miles were the colorful camps of buffalo hide tipis which housed seven thousand Indians. They had assembled to receive gifts of cloth, beads, and paint, sent to them by their Great White Father in Washington, and to watch their chiefs negotiate with the federal commissioners. Before the Council adjourned, their chiefs had assented to greatly reduced ranges on reservations.

The Commissioners, especially mindful of their third objective, declared: "It costs less to civilize than to kill."¹⁹

¹⁶Ibid.

¹⁷Ibid., pp. 26-50.

¹⁸Report of the Indian Peace Commissioners, 40th Congress, 2nd Session, House Executive Documents, no. 99.

¹⁹ARCIA 1868, p. 42.

This, they asserted, was ample economic justification for the pursuance of a new policy toward the Indians, if the higher motives of justice, humanity, and honor were not enough. By placing the Indians in districts free from corrupting intrusions of whites, and with Indian rights protected, they hoped to achieve a faster acculturation. By teaching the Indians agricultural and industrial methods along with the English language, they hoped to preserve a frontier peace. By appointing white leaders and teachers of integrity they hoped, at last, to demonstrate the best effects of civilization. They also wished to invite benevolent societies and missionaries to join in helping these aboriginal Americans. With all these purposes in view, the commissioners included the agency concept in the treaty provisions. The intent of the commission was that the territorial boundaries of the districts would be honored and that the districts would be provided with a territorial governor of "unquestioned integrity and purity of character."²⁰

The reservation home designated by the Treaty for two thousand Cheyennes and twelve hundred Arapahoes was bounded by the Cimarron and Arkansas Rivers. Other treaty provisions required the government to furnish the reservation with a resident agent, a blacksmith, a physician, and other permanent agency personnel, such as farmers and herders. Any

²⁰Ibid., p. 44.

head of a family could select three hundred and twenty acres of land within the reservation for private use, but the legal title to the land remained in the hands of Congress. Protection of the right to the land and its improvements was guaranteed to the Indian farmer. To compensate for previous treaty commitments, the United States government agreed to furnish the tribes with clothing and twenty thousand dollars annually for twenty years, the money to be expended for the benefit of the tribe. Both parties to the contract agreed to cease hostilities against each other.²¹

The Kiowas, Kiowa-Apaches, and Comanches were assigned to a reservation bounded on the east by the ninety-eighth parallel, on the north by the Washita to a point thirty miles west of Fort Cobb, on the west by the North Fork and on the south by the Red River--a domain of almost three million acres. The people who were to live there were twelve hundred Kiowas, three hundred Kiowa-Apaches (sometimes called Plains Apaches), and seventeen hundred Comanches. Other treaty provisions were the same as those of the Cheyenne and Arapahoe, except the government agreed to pay twenty five thousand dollars annually.²²

²¹Charles Kappler, ed., Indian Affairs: Laws and Treaties (Washington, 1904, 1913, 1927), Vol. 2, pp. 984-989.

²²Text of Medicine Lodge Treaty from original printed copy, Kiowa-Comanche Agency, now held by Indian Archives Division, OHS, "Kiowa-Comanche Federal Relations" file.

Relocation on the Reservations

The first decade following the Medicine Lodge agreement was filled with conflict, hostility, despair and suffering. The Chivington massacre in 1864 and the destruction of Black Kettle's village on the Washita in 1868 left indelible hostility and resentment among the Cheyennes. Restless and unhappy, they were expected to begin at once living as farmers. Differences of opinion arose among the tribal leaders as to what constituted the best course for survival of their people. Chief Little Raven of the Arapahoes desired to maintain peace, but young warrior elements of both tribes, especially the group called the Dog Soldiers, wanted to continue active hostilities.

By the autumn of 1868, none of the optimistic goals expressed the previous year at the treaty council had been realized. None was even in the process of being achieved. The Indian warriors with their squaws and children were scattered over the plains, with many short of food, and in destitute condition.

During the second year conditions deteriorated further, and for both the white settlers and the Indians the years of 1868 and 1869 became two of the worst on the plains, in spite of the work of the Peace Commissioners.²³ In September of 1868 the army declared war against the Indians. General

²³Report of the Secretary of War, 41st Congress, 2nd Session, Senate Executive Documents, Vol. II, pt. 1, 2-55.

Sherman believed the major part of the Cheyenne and Arapahoe tribes were guilty of robbery and murder, and should be punished. He considered it foolish philanthropy to feed and furnish the young, old, and infirm with supplies so that the young men would be free to make war. The Indian Bureau, however, wanted to separate the innocent from the guilty and ordered the friendly Indians to be taken to Fort Cobb away from the action.

The situation reached its nadir in late November. Black Kettle and Little Robe (Cheyennes) and Big Mouth and Spotted Wolf (Arapahoes) appeared at Fort Cobb on November 20, 1868. General William B. Hazen received them, but knowing that General Sheridan, who had been placed in command of the Department of the Missouri, planned a winter campaign to subdue and punish the Indians, he declined to treat with them himself. An early snow storm hit the plains, and the Indians encamped along the Washita River to await instructions.

In bitter cold and a foot of snow, Colonel George A. Custer set out from Camp Supply with eleven companies of the Seventh Cavalry to search for Indians. His Osage scouts found Black Kettle's Cheyenne village on the Washita, and on November 27, 1868, with the regimental band playing "Garry Owen," Custer attacked the sleeping village.²⁴

²⁴Berthrong, p. 326

Custer reported his victory as one hundred and three men killed. Little Robe, Red Moon, and other Cheyenne chiefs reported that thirteen men, sixteen women, and nine children, including Black Kettle and his wife, were killed.²⁵ The army destroyed fifty-one lodges and nine hundred Indian ponies and seized stores of lodge skins, arms, and camping equipment. Fifty women and children were taken hostage.

In an attempt to round up recalcitrant Indians, Colonel Custer seized four chiefs as hostages. He sent one to Little Robe, with the request that the Arapahoe chief act as mediator with the hostiles. Custer demanded that the hostiles surrender and return two white women captives or he would hang the three other chiefs.²⁶ The Cheyennes by this time were becoming destitute and had been reduced to eating dead ponies, mules, and dogs.²⁷ The women were returned, and peace appeared imminent. But once again misunderstanding by the Indians and over-reaction by the soldiers caused more bloodshed and a dispersal of parts of the tribe.

Major Eugene A. Carr, with the Fifth Cavalry and the aid of Pawnee scouts, pursued remnants of the fleeing Indians, some of whom headed north. Small groups of those who had not fled north began to surrender at Camp Supply.²⁸

²⁵ARCIA 1869, p. 83.

²⁶Berthrong, pp. 336-338.

²⁷Ibid., p. 338.

²⁸Ibid., pp. 341-344.

The others were forced by Major Carr to abandon their winter's supply of new lodge poles and a large number of lodges and undressed buffalo robes, along with part of their camp equipment. When Carr returned the hostiles to the reservation area they were very deficient in the necessities of Indian life. From the Indians' point of view the first year had accomplished little, and their position was poorer than ever.

Meanwhile, President Grant set in motion his new peace policy, which entrusted the care of the Southern Plains Indians to the Society of Friends, known as Quakers. In December 1868, a committee of "Orthodox Friends" petitioned Congress not to transfer the care of the Indians to the Military Department, as proposed by a bill pending in the House of Representatives. The petition also stated, "We earnestly appeal to you to extend to the Indians the fostering and protecting care of the Government; . . .to induce earnest, efficient, and humane persons to labor among them. . . ."29 The committee met again in the spring of 1869 and decided to visit the President to suggest to him the desirability of appointing religious men as Indian Agents. The result of this visit was announced in Grant's first annual message to Congress, December 6, 1869. He stated:

I have attempted a new policy toward these wards of the nation. . . .The Society of Friends is

²⁹Lawrie Tatum, Our Red Brothers (Lincoln: University of Nebraska Press, 1970. Reproduced from 1899 edition), p. 22.

well known as having succeeded in living in peace with the Indians. . . .They are also known for their opposition to all strife, violence, and war, and are generally noted for their strict integrity and fair dealings. These considerations induced me to give the management of a few reservations of Indians to them and to throw the burden of the selection of agents upon the society itself.³⁰

Brinton Darlington of Muscatine, Iowa was the first Quaker agent sent to the Cheyenne-Arapahoe agency (which was known by its old name, the Upper Arkansas Agency until 1874). When he arrived in the spring of 1869 most of the Indians had not assembled at Camp Supply, despite the instructions of the military. Gradually, however, bands of Indians began to drift into the reservation, still reluctant to part with their old way of life. Many still did not understand that they were expected to give up warfare with their traditional Indian enemies. Although dissatisfied with the reservation as defined by the treaty, the Indians around Camp Supply seemed to be "well disposed."³¹ Felix Brunot, Chairman of the Board of Indian Commissioners, reported to Ely S. Parker, Commissioner of Indian Affairs, that he believed they would remain at peace unless "the pangs of starvation shall at some time drive them to madness."³²

³⁰James D. Richardson, ed., A Compilation of the Messages and Papers of the Presidents, 1789-1908 (Washington, 1909), Vol. 9, pp. 3992-3993.

³¹ARCIA 1869, p. 59.

³²Ibid.

One complication of this transition period was the Indians' misunderstanding of the reservation boundaries. The mistake seems to have originated in the use of different names for streams by Indians and whites. The area within the designated limits contained little arable land, almost no timber, and very little permanent fresh water.³³ Some of the streams contained salt, and many dried up during the hot summer months. Also, the land was adjacent to the Osages, who were hereditary enemies of the Cheyennes, and the location chosen for the agency was so near Kansas that it was much too convenient for predatory activity by both Indians and whites.

Almost immediately, differences of opinion arose between Agent Darlington and Colonel Anderson Nelson. The Colonel was reluctant to turn over all jurisdiction of the Cheyennes to the agent. Also, at the outset, Darlington was troubled by traders and other whites interested in obtaining a profit from the Indians by any means. During the first winter, 1869-1870, the agent saw little of the Indians, who were out in pursuit of the still plentiful buffalo. As long as the buffalo were available, the tribesmen did not bother to draw their rations.³⁴ They were still unsettled, and they remained uneasy.

Indian Commissioner Nathaniel G. Taylor reported June 24, 1868 on the conditions of these tribes, who were waiting for a definite guarantee of reservation boundaries. Already

³³Ibid., p. 17.

³⁴Berthrong, pp. 348-352.

their wealth and population had been decreased by the recent warfare. He found discontent and apprehension because Congress had not confirmed the new treaty; they were demoralized by the encroachment of white settlers; and suffering because the subsistence supplies which had been furnished during the winter and spring of 1867-1868 had been discontinued.³⁵ The grave condition of the tribes was brought about primarily by the scarcity of game, especially buffalo, because of the large migration of whites into and through the surrounding areas. Taylor warned that unless action was taken immediately to care for and feed the destitute Indians, warfare would ensue. Rather than starve, they would steal food from settlers and freighters, and this kind of stealing had led invariably to Indian wars.

Superintendent Thomas Murphy, of the Central Superintendency, reported similar observations.³⁶ He commented that during the winter and spring the government had deemed it sound policy and "Christian philanthropy" to feed the Indians, on the principle that it was cheaper and more charitable to feed them than to fight them. Murphy found it very difficult at first to convince the Indians that the government had so suddenly changed its policy toward them, and they even suspected that the winter provisions had been purchased with their annuity funds. After being convinced that the

³⁵ARCIA 1868, pp. 57-58.

³⁶Ibid., pp. 59-61

provisions were not from their annuity, the Indians for a time observed their treaty pledge to maintain peace. But the credibility gap between white men and Indians had become very wide over the four centuries of contact.

This credibility gap adversely affected the acculturation of the Indians and the efforts of their agents and teachers. Acceptance or rejection of the white physician's medical practices was also affected. Little Raven, chief of the Arapahoes, expressed the Indian's image of white men to Commissioner Taylor. The commissioner related that he had told Little Raven something of heaven and hell and that all good men, white and red, would go to heaven, and all the bad ones to hell. At this the chief laughed heartily. Taylor inquired as to the cause of his merriment, and Little Raven replied:

I was much pleased with what you say of heaven and hell and the characters that will go to each after death; it's a good notion--heap good--for if all the whites are like the ones I know, when Indian gets to heaven but few whites will trouble him there--pretty much all go t'other place.³⁷

On August 10, 1869 President Grant approved the recommendation of Indian Commissioner Ely S. Parker that the Cheyenne-Arapahoe reservation be located in the fertile Canadian River bottom between the ninety-eighth and one-hundredth meridians.³⁸ Both tribes were disappointed with the new

³⁷ARCIA 1868, p. 19

³⁸Kappler, Vol. I., pp. 840-841.

reservation, although it was more acceptable than the previous one. Jealousy developed between the Cheyennes and Arapahoes, with the Arapahoes believing the Cheyennes to be less deserving than they were, and the Cheyennes resentful of the Arapahoe inclination to cooperate with government officials. The Cheyenne young men became very hard to control. To the Indians, accustomed to roam at will, the restriction to a reservation under military surveillance was equal to being held in captivity. It is not surprising that they became rebellious and were repelled by all things associated with white men.

Brinton Darlington established the new agency on the North Canadian River in May, 1870 and was gratified by the willingness of part of the agency Indians to begin trying the "white man's road." Little Raven brought in seventy-eight lodges of Arapahoes, making two hundred forty lodges of his tribe at the agency. Cheyennes also trickled in, but continued to participate in raiding parties. The buffalo hunts that year were unsuccessful, and Darlington, with exhausted supplies, felt the Indians behaved "remarkably well for 'hungry savages' and that few whites would have done as well."⁴⁰

³⁹Virginia C. Trenholm, The Arapahoes, Our People (Norman: University of Oklahoma Press, 1970), p. 240.

⁴⁰Darlington to Enoch Hoag, May 1871, quoted by Trenholm, p. 240.

Doctor William Nicholson, the Quaker Central Superintendent, made a tour of the agencies in Indian Territory in the fall of 1870. Three Arapahoe chiefs--Big Mouth, White Crow, and Yellow Horse--impressed him with their expressed desire to live in peace and to follow the "white man's road."⁴¹ They reminded him that much had been promised to those Indians who would settle, and that they were influencing their people as much as possible. They pleaded for help and encouragement from the government. They asked specifically for plows, wagons and cooking utensils.

As the 1870's progressed, each side became discouraged with the other. Government failure to provide promised rations and annuities, or their arrival much too late, provoked rebellious acts by the Indians. Increased hostility by the Indians increased official tendency to resort to force to alleviate the situation. Official policy stated in the Annual Report of 1872 was that "the Indians should be made as comfortable on, and as uncomfortable off their reservations" as it was possible for the government to make them.⁴² The report further declared that those who "went right" should be protected and fed, while those who "went wrong" should be "harassed and scourged without intermission."

⁴¹William Nicholson, "A Tour of Indian Agencies in Kansas and in the Indian Territory in 1870," Kansas Historical Quarterly, Vol. 3 (November 1934), p. 347.

⁴²ARCIA 1872, p. 6.

By contrast, the Wichitas were already an agricultural people and wanted nothing more than to be returned to their ancestral homeland in peace. They claimed the land around the Wichita Mountains and along the Washita River.⁴³ Although the area was their indigenous home, in 1851 they had to lease these lands from the Chickasaws for their use along with that of their affiliated bands, the Caddoes, the Penat-eka (or Southern Comanches) and Tawaconies.⁴⁴ During the Civil War, the Wichitas signed a treaty with the Confederate States, but ultimately fled to Kansas.⁴⁵ After the war they were removed from Kansas to the vicinity of their old homes on the Washita.

C. F. Garret, Special Commissioner to the Wichitas, reported that they had returned to their old location near Fort Cobb decimated by disease and hardship and that they were destitute of everything except the scant supplies furnished by the government.⁴⁶ In addition to physical suffering, they were dispirited; despairing of regaining their ancestral home in the Wichita Mountains, they were uncertain of their true status, because they had no binding treaty with the United States. Their agent, Henry Shanklin, on

⁴³Berlin B. Chapman, "Establishment of the Wichita Reservation," Chronicles of Oklahoma, Vol. 11 (December 1933), p. 1044.

⁴⁴Kappler, Vol. 2, p. 706.

⁴⁵Muriel H. Wright, A Guide to the Indian Tribes of Oklahoma (Norman: University of Oklahoma Press, 1951), p. 259.

⁴⁶ARCIA 1869, p. 8.

October 1, 1868, objected to the damaging effects of locating the Kiowas and Comanches in the immediate vicinity of their village. Shanklin reported that the conduct of the Kiowas was humiliating and insolent. According to him, there were four to five thousand of them, and they were helping themselves to everything that pleased them.⁴⁷ They burned the agency and ruined the entire crop of corn and beans planted by the Wichitas. The agency was temporarily located fifteen miles east, near the Chickasaw line.

In addition to being without food, the Wichitas needed clothing. Agent Shanklin earnestly urged that a winter supply of clothing be sent as soon as possible because most of the women and children were nearly naked. He did not know how they would subsist through the winter since the Indian Department had no applicable funds. If the government did not make some provisions for them there would be untold suffering.

The Wichitas expressed a strong desire to have an agreement guaranteeing them a permanent home. In May, 1870, the Wichitas and affiliated bands agreed to accept a tract of about 500,000 acres in the Washita River area.⁴⁸ But the problem of securing a permanent reservation drifted unsettled for two years. In October, 1872, Indian Commissioner Francis A. Walker concluded an agreement which granted to the

⁴⁷ Ibid., p. 9.

⁴⁸ Chapman, p. 1044.

Wichitas and affiliated bands--the Caddoes, Penatekas, Keechies, Tawaconies, and a band of Delaware--the tract of 743,610 acres, extending west between the main channels of the Canadian and Washita Rivers to the line of ninety-eight degrees and 40 minutes.⁴⁹ This was taken from the area which had been assigned to the Cheyenne-Arapahoe by executive order in 1869. The Wichitas' agreement, however, was never ratified by Congress, and the area was designated on maps as "Wichitaws Unratified Agreement, October 19, 1872." Although the treaty was unratified, Congress did provide for their support in various annual Indian appropriation acts.⁵⁰ But the Wichitas remained in a state of anxiety over their insecure position.

Jonathan Richards, a Quaker from Kansas, was appointed agent to the Wichita Agency in 1871. He immediately began erecting buildings and started a school. The Indians of the Wichita reservation were peaceable and wished to be left alone. However, on August 22, 1874, a skirmish occurred, known as the Anadarko Battle. Several whites were killed, and much Indian property was destroyed. It was ration day at the agency, and Kiowas and Comanches, who were present without permission, helped themselves to the rations. The

⁴⁹Agreement of October 19, 1871, 42nd Congress, 3rd Session, House Executive Documents, no. 65.

⁵⁰Wright, p. 260.

arrival of troops from Fort Sill prompted the dispersal of the truant Kiowas and Comanches.⁵¹

In 1878, the Wichita Agency and Kiowa-Comanche Agency were consolidated under Agent Philemon B. Hunt and relocated at Anadarko.⁵² The chiefs of the Wichitas and affiliated bands voiced strong disapproval over the consolidation, but to no avail. They were much nearer white acculturation than the "wild tribes" and felt that the association with the latter would impede their own progress.⁵³

Unrest and dissatisfaction also prevailed among the Comanches and Kiowas during relocation. Fort Sill was founded in January, 1869, to help establish and maintain order and to bring the defiant Indians to the reservation. Lawrie Tatum, an Iowa Quaker, was the first peace agent assigned to their reservation. He tried to maintain a policy of firm restraint tempered with kindness. His task was made more difficult in 1870 by a Congressional cut in Indian appropriations. Because of the shortage of rations, small bands with military escorts were permitted to hunt buffalo. The warriors were incensed when they saw the

⁵¹Mayhall, pp. 249-250

⁵²Tatum, p. 214.

⁵³A. C. Williams to Commissioner of Indian Affairs, July 2, 1878, Indian Archives Division, OHS, Kiowa Agency Letterbook, Vol. 4, pp. 329-332.

wanton slaughter of the buffalo by the whites.⁵⁴ The fact that several bands had not come into the reservation added to the general unrest. The most influential band absent from the agency was the Quahada Comanches led by Quannah Parker. Small war parties began slipping away from the reservations to attack settlements and supply trains.⁵⁵

The Kiowas and Comanches made visits to some of the more hostile Cheyenne bands in an effort to persuade them to participate in the raids, and they were successful in convincing some of the Cheyennes to join them. Preventing these visits was very difficult and was complicated by Cheyenne-Kiowa intermarriage.⁵⁶ One of Little Robe's wives was a sister of a Kiowa chief. Raids into Texas resulted in the arrests of the Kiowa chiefs--Satanta, Satank, and Big Tree. They were taken in irons to a Texas prison, but Satank, an old man, preferred death to imprisonment. He began singing his death song and asked that his people be told he died the first day out and that they be asked to gather up his bones and take them home. Then, tearing his hands free of their shackles (taking the skin with them), he drew a hidden knife. As Satank had intended, the guard shot and killed him.⁵⁷

⁵⁴Gibson, p. 255.

⁵⁵Ibid., p. 2.

⁵⁶Berthrong, p. 363.

⁵⁷Tatum, pp. 118, 121.

In response to urgent pleas by the Kiowas, the federal government arranged for parole of the two chiefs on promises of good behavior of the Kiowas. Santanta, however, was returned to Texas prison in November, 1874, because he left the reservation without permission, and because the Kiowas participated in the Battle of Anadarko and the Battle of Adobe Walls. On October 11, 1878, Satanta committed suicide by jumping from a balcony of the prison hospital.⁵⁸

Several factors contributed to the unrest which resulted in the final subjugation of the southern plains tribes during the winter of 1874-1875.⁵⁹ For some time the Indian commissaries had been running short of stores of coffee, sugar and flour. In addition, large numbers of ponies had been stolen from the Indians by whites and taken to Texas and Kansas. Also, a large amount of whiskey had been bartered to the Indians by illicit traveling traders. Many Cheyennes, a few Kiowas, and a large portion of the Comanches decided to go on the warpath. Apparently they expected to measure their strength against that of the government soldiers, and then dictate peace terms in the fall when they would go to the agency to receive rations and goods as rewards for ceasing hostilities.⁶⁰ Instead, General John

⁵⁸Wright, p. 173.

⁵⁹Tatum, p. 190.

⁶⁰Ibid., p. 191.

Davidson dictated the terms of their unconditional surrender. The last Comanche band to surrender was Quanah Parker's.

In March, 1875, the Cheyenne village under Gray Beard, Heap-O-Birds, Stone Calf, and Bull Bear, surrendered to General Thomas Neil.⁶¹ As the bands were subdued, the army appropriated the Indian ponies and livestock, disarmed the warriors, and arrested the chiefs. Seventy-two raider chiefs, including Cheyennes, Arapahoes, Comanches, and Kiowas, were placed in irons and taken by heavy guard to prison in Florida.⁶²

By the summer of 1875 the warriors in western Indian Territory were leaderless and afoot. Demoralized and disillusioned, they tried to adjust to the routine of dull reservation life. While the agents tried to lead them down the "white man's road," they found ways to thwart these efforts. Few whites comprehended the full extent of the changes demanded of these people. Others, including Europeans, had spent centuries changing from nomadic hunting cultures to stationary agricultural societies, but these tribes were expected to accomplish the change virtually overnight.

⁶¹Berthrong, p. 401

⁶²Ibid.

CHAPTER II

PROMISES IN THE PROMISED LAND

Environment and Health

By treaty, the United States government was committed to provide assistance, including clothing and annuities, to aid the Southern Plains Indians in establishing a new life on the reservations. An agent aided by other employees was to provide assistance and instruction; an agency physician was to provide medical care. The manner in which the government fulfilled these promises had a direct effect on the health of these tribes. Good medical care implies attention not only to the body but to the whole person and to his total environment.¹

Disease is a consequence of interplay among mind, body and environment. Food, clothing, housing, occupation, social relations, and geographical location have always played important roles in health and disease.² The Plains

¹Rene Dubos, Man, Medicine and Environment (New York: Frederick A. Praeger, Publishers, 1968), p. 61.

²Henry E. Sigerist, Civilization and Disease (Ithaca, New York: Cornell University Press, 1944), p. 7.

The Plains Indians' experience was made more complex by demands that they change all of these factors. They were forced to relocate in a new area which had important differences from their old homes. Both the climate and the topography were significant, but especially the climate.

Man, because of his physiological functions and his occupations, produces refuse. When many people live close together, filth accumulates very rapidly. Refuse is harmful because decomposing organic material provides a breeding ground for parasites which are a menace to man. Pasteur demonstrated that bacteria occur in greatest number in the immediate vicinity of man, and that the pathogenic organisms of intestinal disease are ejected with the stools of patients, which are then sources of contagion.³ Thus, dwelling places must be kept free from sewage and refuse. Moreover, homes and communities occupied by man affect his physical health, while their aesthetic appearance affects his mental health.

If the minimum of food needed to replace the amount of energy expended is unavailable, man's resistance to disease is lessened; prolonged deprivation leads to death. If the food supply is deficient in certain important vitamins and minerals, deficiency diseases result. Malnutrition saps the vitality of people, and hunger can lead to social disturbances which further affect health.

³Ibid., p. 35.

Inadequacy of clothing and shelter in quantity and quality exposes a person to damage from the atmosphere and leads to colds and respiratory infections. Housing suffers from a basic contradiction. A dwelling must protect from the weather, but the air it contains must be renewed to remain free from pollutants. The presence of tobacco smoke or smoke from cooking and heating fires created special problems in the Indian tipis.

Work provides status and meaning in life. It is a powerful health factor which balances daily living. An inactive brain deteriorates, and a muscle that is not used becomes atrophied. Unemployment means a lower standard of living and disruption of the rhythm of life.⁴ Reservation life and destruction of the buffalo destroyed the Indians' economy, which adversely affected their health.

To understand the health problems of the Plains Indians, it is necessary to examine their new environment and to consider the effects of change on Indian well being. Because man's physiological responses to changing environmental situations will not adapt rapidly enough to new conditions, the pattern of his diseases changes. When man is accustomed to certain kinds of food, weather, housing, microbes, and social habits, he finds it unpleasant and traumatic to be uprooted suddenly and forced to live under new conditions, even though these might appear more favorable to an outsider.⁵

⁴Ibid., p. 44.

⁵Dubose, p. 28.

The Reservations

The land assigned to the Cheyennes and Arapahoes by the proclamation of 1869 included the broad rich Canadian River bottom. The eastern part of the reservation, more fertile than the western, had a variety of trees including cottonwood, blackjack oak and walnut--more abundant along the rivers and streams. The rolling hill country of the east gradually became prairies of buffalo grass in the west. Thomas Battey, traveling from Kansas to the Kiowa-Comanche agency through the Cheyenne-Arapahoe lands in 1870, described the countryside:

These plains are not level; at the same time the slopes are long, so that large tracts of country come within the scope of vision at a time, and the visible horizon is mostly an unbroken plain.⁶

During the early years, vast herds of buffalo grazed the prairies. The herds were so large that they appeared limitless and sounded like distant thunder. Miles beyond miles of the terrain appeared "to be a moving mass of life."⁷ Abundant deer, antelope, wild turkeys and prairie chickens shared the country with predatory coyotes, wolves, and bobcats. Great coveys of quail populated the thickets and tall grasses, and the streams were full of fish. Numerous villages of

⁶Thomas Battey, The Life and Adventures of a Quaker Among the Indians (Norman: University of Oklahoma Press, 1968), p. 18. Original edition printed in Boston, 1875.

⁷Ibid., p. 17.

prairie dogs added a whimsical touch to the countryside, and the constant antics and barking of the little rodents provided entertainment for many Indian children.

The agency which became home base for these nomadic tribes began to take shape almost immediately on the bank of the North Canadian. The first year, Agent Darlington put in a sawmill to cut the timber needed for the other buildings. A stone building, twenty-five by eighty feet, was erected for storage purposes and served also as a temporary agency office. Two small temporary buildings were put up for use of agency employees. Improvements continued at a steady pace in 1871, with these new buildings listed in Darlington's official report for that year: "one agency building, one dwelling-house each for carpenter, blacksmith, and farmer; also, one house for employees, and a commodious blacksmith shop."⁸ In addition, he had two large warehouses at Camp Supply taken down and rebuilt at the new agency. In preparation for the beef issue, cattle scales and a corral were erected a short distance from the agency. In September, 1871, Dr. Samuel Varney, Agency Physician, forwarded a request, endorsed by Agent Darlington and Superintendent Enoch Hoag, to the Indian Commissioner for "the fitting up of a suitable hospital building at the agency."⁹ The only action

⁸ARCIA 1871, p. 473

⁹W. R. Clum, Acting Indian Commissioner to Enoch Hoag, Central Superintendent, Lawrence, Kansas, September 23, 1871, "C-A Doctors'" File, Ind. Arch. Div., OHS.

taken by the Indian office, however, was to request that a cost estimate be filed. Agency schools for each tribe were also begun that year, but without a proper schoolhouse. One of the temporary buildings was vacated and partitioned into two rooms.

After the death of Brinton Darlington in May, 1872, Agent John Miles continued the building of the agency. He soon erected a mess house for employees without families, and completed an agent's house and a cellar. One of the more important accomplishments was the building of "a neat and substantial house" for the Arapahoe chief, Big Mouth, who, "having proved himself worthy," selected the farm site himself.¹⁰ In anticipation of farming activities, Miles had erected two large corncribs and a wagon shed.

During the later 1870's Miles continued to supervise the agency building activities, with continuing difficulties. Most of the timber in the area was primarily along the banks of rivers and streams. It was soon exhausted, especially after additional demands were placed on the supply by the establishment of Fort Reno in 1875 across the river from the agency. Many of the first buildings, having been made of cottonwood, had to be repaired, improved inside with lathe and plaster and the addition of stone cellars, or even replaced. A mission building was added, and "a commodious drug-store and a consultation room for the physician--a

¹⁰ARCIA 1872, p. 251.

building we have needed very much heretofore."¹¹ Several Indian homes were also built. The single most influential white man to come to the agency, John Seger, plasterer, carpenter, and stone mason, was hired at this time.

The agency grounds and garden areas were neatly enclosed with picket fences. Maintaining the fences became a real problem, however, because the scarcity of firewood made them too great a temptation for many of the Indians. Miles was forced to appeal to the headmen to help protect the fences, especially after the first cottonwood posts were replaced by oak.¹² Acting agent Charles Campbell, writing a Indiana company concerning the fencing for the agency cemetery, commented that the posts had to be iron "by reason of prairie fires and the disposition of the Indians on account of the great scarcity of timber to steal all wood they can possibly use for fuel."¹³

The agency gradually assumed the appearance of a small town, with improvements continuing to be made. The blacksmith and carpenter shops were moved near the sawmill, and the square in front of the mission school was fenced. Gardens were planted at each school and the grounds in front laid out as small parks:

. . .the intent being to plant trees and shrubbery and in many ways add to the attractiveness of the agency and its school, believing that it

¹¹ARCIA 1873, p. 233.

¹²Ibid., 1874, p. 235.

¹³Charles E. Campbell, acting agent, to Sedwick Fence Co., Mar. 18, 1882, C-A Letterbook, Vol. 4, p. 185, Ind. Arch., OHS.

will have a beneficial influence with the Indians in creating a desire for similar improvements for themselves.¹⁴

Miles planted flowers, including petunias, verbenas, snapdragons, forget-me-nots and others, to add to the beauty of the agency grounds.

By the end of John Miles' tenure as agent, Darlington had taken the form it was to retain until the agency was moved to Concho in 1909. Mrs. D. B. Dyer described the reservation as she saw it when her husband became agent in 1884:

We gazed upon a broad valley extending as far as eye could reach, a view that revealed a picturesque scene, thousands of conical, white tepee-homes. . . .green and waving grasses. . . .the North Canadian, a crooked and shortbending river, running through the center of a flat plain.¹⁵

The next scene which came into Mrs. Dyer's view was less pleasing:

Our ecstasies of admiration were soon dispelled as we neared the Agency, and gazed upon hundreds of acres of bleached and bleaching bones, and whole skeletons, lying on the prairie where the Indians, for a decade of years, had dissected their government beef ration, and left the only part of the carcass that they could not masticate, as a tempting snare, and delusion feast, for the flying scavengers.¹⁶

However, she found the appearance of Darlington more satisfying:

¹⁴John D. Miles, monthly report to CIA for April, 1879, C-A Letterbook, #13, p. 332, Carnegie Library, El Reno, Okla.

¹⁵Mrs. D. B. Dyer, Fort Reno or Picturesque Cheyenne and Arapahoe Army Life Before the Opening of Oklahoma (New York: G. W. Dillingham, 1896), p. 47.

¹⁶Ibid.

The town is laid out in streets and contains the usual number of houses attached to an Indian agency. The brick commissary store building is sixty by one hundred twenty feet, ample room for all the stores required. A large cellar for bacon and oil, the first story for flour, sugar, coffee, corn, etc., second story for annuity goods, consisting of blankets, pants, coats, vests, shoes, and shirts for men, calico, shoes, and shawls, for women, boys' and girls' clothes and everything pertaining to schools. A parallel street, following the sweep of the shore, divided the Agent's residence from the sand-margined river. The house was a pretty white style verandahed establishment, giving ample evidence that the essentials of a government residence could be combined with the comforts and conveniences of a town house. The place was embowered in a park of young, growing cottonwood trees that gave their shade to the immediate neighborhood, which presented a striking contrast to the utter absence of wood on the wide prairie. The employees' houses, neat and comfortable looking, with yards and gardens had a suggestion of "home-loving-and-abiding." There was a printing office, too, where the bright newsy little home paper, "The Cheyenne Transporter" issued weekly to its hungry patrons, while a hotel, where a typical landlord, . . . stood ready to receive you. . . . A livery stable, three traders' stores, with cottages for their families, the large Arapahoe Mission surrounded by a two-acre plat of cottonwood trees, and Mennonite brick school composed this Government Station, a hundred and ten miles from a railroad.

West of these buildings, extending a mile or so up the river were hundreds of white teepee Indian homes, where lived many noted warriors. At some seasons of the year, thousands of these savages were in camp in these bottoms in full view.¹⁷

By the middle 1880's two large houses, six rooms each, had been built for Arapahoe chiefs Powder Face and Left Hand, and fourteen Indian families were living in houses at Cantonment. Two log houses had been built at Seger Colony, with

¹⁷Ibid., p. 50

a dozen under construction, and three small frame houses with canvas roofs were built near the agency. Along the North Canadian, Indians had begun fifteen homes, with one large log house completed by Sitting Bull, an Arapahoe. Captain Jason M. Lee, agent in 1886, estimated that within two years with adequate help, two-thirds of the Indians could be settled in houses, and that with reasonable assistance from the government, he could place one hundred families in houses immediately.¹⁸

Little Raven, Arapahoe chief who visited the eastern United States in 1871, requested a home like the White House, since he too was a great leader. When told that adequate funds were not available, he replied that he had seen money being printed and the government could simply make the necessary amount.¹⁹ Little Raven did eventually receive a home from the government. The chief, who had a successful farm in the vicinity, occupied the abandoned Cantonment hospital with his daughter Anna, a recent student of Carlisle school.²⁰

Although many Indians wanted to have a white man's house or were at least willing to try one, many others clung to the old ways and their tipis. Even aging Little Raven, who had consistently tried to lead his people down the white man's

¹⁸ARCIA, 1886, p. 121.

¹⁹Althea Bass, The Arapaho Way, A Memoir of an Indian Boyhood (New York: Clarkson N. Potter, 1966), p. 10.

²⁰John Miles to CIA, July 21, 1882, C-A Letterbook, Bol. 6, p. 254, Ind. Arch., OHS.

road, kept a tipi in the yard of his hospital-home.²¹ When a longing for the old days overcame him, he retreated to his tipi. The Cheyennes and Arapahoes were quite proud of their tipis because they were taller than those of other tribes and their silhouettes could readily be recognized across the prairies. To an Arapahoe, "the low round lodges of other tribes were never so beautiful as ours; they never stood so white and tall, with the poles crossed so high against the sky as ours."²² The Indians winterized the tipis--called lodges--by placing them on low sheltered land and by sealing them around the bottom edges with earth. In addition, shelters similar to picket fences were placed around each lodge to serve as a windbreak.

The tipis, arranged in circles, always opened toward the east. The Arapahoe woman took the same pride in her home as any white housewife. The beds, usually three in number, were always arranged around the edge of the circle; the bed was a low wooden frame with a mattress made of willow twigs held together by leather thongs. The mattress was longer than the bed and narrowed at both ends, which were held up by a tripod to make a back rest. Buffalo robes were thrown over the mattress to make a comfortable couch by day. The

²¹Bass, p. 10.

²²Bass, quoting Carl Sweezy, Arapaho artist, p. 13.

bed opposite the entrance belonged to the father, and above it hung his shield and quiver of arrows and his personal medicine bundle. Only a small fire was needed for cooking or for keeping warm after the lodge had been winterized. To an Indian child coming into the lodge from play, it seemed dim and cool in the summer and warm and rosy in the winter.²³

Carl Sweezy, Arapahoe artist who grew up on the reservation in the 1880's, described an Arapahoe village at evening:

Winter or summer, our village made a beautiful sight when the sun went down, with the crossed poles pointing up into the dark sky and the fire in the center of each lodge turning it into a big cone of light, with shadows from the furnishings and people moving about. Sometimes a bell tinkled, where a herd of ponies grazed; sometimes dogs barked, before they settled down for the night; often there was a drum beating. . . . Sometimes there was the sound of a flute. . . . or of men and women singing around a campfire. In the distance there were lights at the Agency and at the Fort, and beyond them the prairie stretched away in the darkness, mile after mile.²⁴

Directly south of Darlington was the land allocated to the Wichitas and affiliated bands. Their agency was first located about twenty-two miles north of Camp Wichita on the Washita River, in the midst of a beautiful and fertile plain called the Eureka Valley. The Board of Indian Commissioners, traveling toward the agency in April of 1869, gave this report: "All the way up we found the prairies dotted with

²³Ibid., p. 15

²⁴Ibid., p. 16

daisies of blue, purple, pink, and white colors, with other small flowers, some of which were quite fragrant. The valley was covered with new grass, long enough to wave in the wind."²⁵ Thomas Battey, who arrived at the Wichita Agency in 1871, found the agency situated north of the Washita River, "at the foot of high, rocky bluffs, in one of the richest and most beautiful valleys of the south-west."²⁶

The Wichita Agency was first established near Fort Cobb. A temporary agency, commissary and blacksmith's shop were constructed immediately. By June of 1868 these were occupied and a new agency office begun. Unfortunately for these peaceful Wichitas and affiliate bands, the Kiowas and Comanches were located in the same vicinity. In October of that year the pent-up hostilities of the Kiowas and Comanches exploded. They threatened to burn the agency and kill the agency physician, Dr. Edward Palmer, whom they both feared and hated. They did burn the agency, but the employees and the Wichitas fled eastward. Not only was agency property destroyed, but also Indian property and crops, leaving the Wichitas more destitute than ever.

Lawrie Tatum, Kiowa-Comanche agent, was also Wichita agent and he strongly urged that the Wichitas and affiliated

²⁵ARCIA 1869, p. 84

²⁶Battey, p. 25.

bands be separated from the Kiowas and Comanches and be given a separate agency. The Wichitas were settled about thirty miles from Tatum, which was an impractical distance for drawing rations. Shortly after the burning of the agency, Jonathan Richards was appointed Wichita agent with the task of building a new agency.

The agency was established on the Washita River north of the present site of Anadarko, against a steep bluff which overlooked the rich Washita valley. Thomas Battey commented "These affiliated bands surely have a choice reservation. I never, in any country, saw such a growth of vegetation as in this valley of the Washita."²⁷ Richards immediately began construction of agency buildings, placing them almost against the bluff, and also erected a few homes for Indians. One of the greatest problems was securing water for human use. Two wells which were dug encountered quicksand which caused the walls to cave in. The water of that region contained so much sulphur and other minerals that the agent considered much of it unfit for general use.²⁸

Most of the Indians lived in traditional grass wigwams at first, but by 1874 one hundred of them had log houses.²⁹ The wigwams, which looked more like carefully made haystacks

²⁷Battey, p. 55.

²⁸ARCIA 1871, p. 477.

²⁹ARCIA 1874, p. 71

than homes, were built of several layers of thatched straw bound to a framework of willow saplings by strips of buffalo hide. Raised bunks were arranged around the inside walls of the circular house, and there was a small fire in the middle. For summer comfort, long covered porches were erected on one side of the door. The Board of Indian Commissioners found the Wichita homes to be "commodious, clean and comfortable," with the Indians effectively using natural building materials of their area.³⁰

South of the Wichita agency lay the assigned range of the Kiowas and Comanches. Here were many miles of rich, lush prairies, valleys, and hills. Mounts Scott and Sheridan, the highest peaks of the Wichita Mountains, towered above the outstretched prairie. Fort Sill was located on Medicine Bluff, which stood above a cedar-fringed ravine containing beautiful clear Medicine Bluff Creek. The first agency buildings were situated south of Fort Sill on Cache Creek. One of Agent Tatum's most pressing duties when he took charge was the supervision of agency construction. He immediately began a stone schoolhouse and houses for the physician, carpenter, and other employees. He went to Chicago to buy a steam-engine and fixtures for a saw-mill and the necessary equipment for grinding corn. Two commissary buildings were erected by the military department and transferred to Tatum in July, 1870, but he found them so defective that

³⁰ARCIA 1869, p. 86.

it was necessary to use four props to keep them from falling.

The location of the agency was found unsatisfactory by both of the first two agents. In 1872 Tatum advised, "it would be much better to have the agency removed to some point more remote from Fort Sill, as it is . . . very unsuitable for an Indian agency to be located near a military post."³¹

James M. Haworth, who became agent in April, 1873, concurred with Tatum in his annual report of 1875:

The present situation of this agency is bad: the commissaries are located in the military reservation, the agency buildings being mostly located a mile and three quarters away, in what to me is an unfortunate location, especially so on account of water, which cannot be had by digging, and Cache Creek, from where it must be hauled through the summer season is very unhealthy to use.³²

In addition to these disadvantages, he also reported the buildings to be "insufficient and badly constructed, and the part which could not be moved would not be a serious loss to abandon."³³ As a result, the two agencies were consolidated into one in 1878.

Agent P. B. Hunt had a difficult time completing the task of moving the Fort Sill agency because of the lack of facilities of the Wichita agency at Anadarko. It was necessary to leave the commissary stores and annuity goods at Fort Sill until he could erect an adequate building to house them.

³¹ARCIA 1872, p. 248.

³²ARCIA 1875, p. 275.

³³Ibid.

The dearth of agency facilities and homes for the employees kept the agency saw-mill running almost constantly for some months. Even with this concerted effort, it was impossible for the agent to complete adequate facilities.

In spite of the beauty of the location, the agency buildings and grounds never achieved the status and appearance that Mrs. Dyer saw at Darlington. In fact, the agency remained sadly inadequate. Agent Lee Hall wrote to the Indian Commissioner in September of 1886 that:

the room in which the medicines of this agency have been kept is in such a dilapidated building . . . Many of the perishable medicines have been greatly damaged by the leaking roof. . . . In short, the building is worthless and was condemned some few years ago and I hope you will give me the authority to expend the one hundred dollars in repairing the old office.³⁴

Special Agent Eugene E. White reported in 1888 that although Anadarko was a large and important agency, "it would be hard to imagine one with fewer or less adequate facilities for the conduct of business of an agency."³⁵ The agency buildings consisted of an agent's office, a commissary, a steam saw and corn mill, a blacksmith and carpenter shop, a dispensary, the agent's quarters, and employee dwellings of which not one was fit for habitation. Neither was there a barn or stable for the agency livestock. Some confusion arose in the Indian Office over the number of buildings

³⁴Kiowa Letterbook, Vol. 24, pp. 92-93, Ind. Arch., OHS

³⁵ARCIA 1888, p. 95.

carried on the agency property rolls, even though agents had endeavored to communicate to that office the condition of those buildings. The agent tried again when he wrote the Indian Commissioner, November 23, 1889:

We carry on the property papers ten dwelling houses and nine out of the ten are absolutely untenable and utterly worthless and it is these nine houses that I ask the authority to tear down and use in rebuilding. . .and other necessary repairs.

I am informed that the fact that there are no houses here for the employees to live in has been reported by the Special Agents and Inspectors who have visited this Agency for several years past and they recommended the building of them but no attention has been given to the matter.³⁶

The agent also pointed out that these old houses were all on the north side of the Washita River at the old Wichita agency, separated from the consolidated agency by a dilapidated bridge which was unsafe to cross, especially during high water. This attitude of unconcern on the part of the Indian Department made physicians' requests for an agency hospital fruitless.

The affiliated bands of the Wichitas gradually obtained wood or log homes as they progressed agriculturally. Since they were already an agricultural people, this was a natural progression for them. For the nomadic Plains Indians, the Kiowas and Comanches, acceptance of the white man's home-style was much more difficult. Farming itself was an alien

³⁶Kiowa Letterbook, Vol. 29, p. 36, Ind. Arch., OHS.

and unacceptable way of life to most of them, and therefore the log house of the farmer was also alien. Most of them reluctantly clung to their tipis which represented the easy mobility and freedom of their former way of life. To these Indians, just as to the Cheyennes and Arapahoes, their tipi homes were things of beauty and familiarity, and not easily abandoned. Also, the department failed to provide adequate aid and instruction in homebuilding.³⁷ After the buffalo became unavailable for making the tipi covering, the Indians frequently endured great suffering because they insisted on retaining their traditional lodges. They were forced to rely on cotton ducking provided by the Indian Department or purchased from Indian traders, but at best there was no comparison with the buffalo hide for protection from wind, rain, and snow. Acting Agent George Hunt reported these facts to the Indian Commission, further noting that tipis were open and ragged, exposing them to the weather, because the cloth with which they were covered was rotten.³⁸ Often what was issued was not enough for one lodge per family, and the optimum wear-time of a cotton tipi was a year. The Indian Bureau even suggested that withholding the material might provide an incentive to Indian house building. The nineteenth century mind of the white man did not comprehend

³⁷ARCIA 1888, p. 95.

³⁸P. B. Hunt to CIA, May 28, 1878, Kiowa Letterbook, Vol. 5, pp. 178-179, Ind. Arch., OHS.

the role of the Indian home in his total way of life. There was no acknowledgment that to the Indian his home was better and infinitely more practical than the white man's. The desire for a wooden home developed gradually but slowly, while the government added to the Indian sense of frustration by not providing the adequate help and support which these people needed to make the transition. Therefore, their health was adversely affected by a lack of adequate shelter.

The experiences and the emotional ties of those groups assigned to both the Cheyenne-Arapahoe and Kiowa-Comanche reservations in relation to the agency developed in a similar manner. Fort Reno was a part of the total Indian-government experience of the Cheyennes and Arapahoes, but since it was an active post only nine years its role was not as important as Fort Sill's to the Kiowas and Comanches. To the older Cheyenne-Arapahoe generation, which was forced onto the reservation, it represented sadness and loss of freedom; but it had another meaning to the next generation, which grew up there in the few years before the land was opened to white settlement. Carl Sweezy remembered it as a good place where he had "all the time the sun above gave him and all the materials Mother-Earth provided," and what was made then by hand was beautiful and lasting and suited their needs far more than anything since bought in stores. To his generation

³⁹Bass, p. 37.

the reservation life was the last time an Indian could still be an Indian. Later when Fort Reno had ceased to be a military post and the agency office was moved from Darlington, the reservation-generation experienced the same loss of identity their parents had known when forced to assent to government restrictions, and they avoided passing near the area because of the sadness the changes evoked. Sweezy expressed this feeling: "We only know that hardly a landmark is left of what was once the center of our lives."⁴⁰

The Kiowa-Comanche groups did not develop as much of a bond for the agency itself partially because it was moved in 1878, which interrupted any developing inclinations to settle down. The army post, Fort Sill, which was near the first agency, ultimately played a larger part in the lives of the Kiowas and Comanches than did Fort Reno for the Cheyennes and Arapahoes, because it was established in the early reservation days and became a permanent military installation. Many Kiowas and Comanches had remained in the Fort Sill area after the agency was relocated and a sub-agency was placed there in the 1880's. Originally established to help corral the Indians and protect the whites in nearby areas, part of Fort Sill's later function was to protect the Indians from the whites. A symbol to the older generation of defeat and subjugation, the post became to the next generation a link to the past, as white encroachment

⁴⁰ Ibid.

increased and the opening of the reservation neared. As the reservation changed, all that seemed to remain unchanging was Fort Sill with its original stone buildings and neat little square parade ground, and to the Indians it became "a pleasant reminder of the days that were gone, of a place where they might ride through deep grass and camp in the shade beside clear streams."⁴¹

Agents

The most important person to influence the life and well-being of the dwellers on Indian reservations was the Indian Agent. The agent of the late nineteenth century had evolved over a period of three centuries of White-Indian contact. The person representing the Federal government in an official capacity was first referred to as an "agent" in a law of April 18, 1796. Congress enacted the law to authorize the establishment of trading houses in the Indian country with agents appointed by the president to manage them.⁴² By the 1870's the office had evolved from a person appointed in the capacity of a commercial agent or consul of the United States in the country of an alien people, to an

⁴¹Wilbur S. Nye, Carbine and Lance: The Story of Old Fort Sill (Norman: University of Oklahoma Press, 1969), p. 307. Many Kiowas still feel an attachment for Fort Sill. James Auchiah, well known Kiowa artist and grandson of Satanta, has retired this year (1973) from employment at the Fort Sill Museum, and the Kiowa Historical Society meets regularly at the Fort Sill Museum Library.

⁴²ARCIA 1892, p. 16.

official with power to direct the affairs of the Indians in all details and to transact their business. All agency employees were subordinate to his authority, including the agency physician.

President Grant's "peace policy" was the most significant step taken in the nineteenth century to change both the image and the impact of the Indian agent. The office of Indian agent called for almost superhuman abilities to administer, to transact business, to enforce law, to practice psychology, and to be a friend. Lawrie Tatum found the office of Indian agent was in reality a multiplicity of offices which included: governor, legislature, judge, sheriff, and accountant.⁴⁶ The Society of Friends had jurisdiction over several agencies from 1869 to 1879. When President Hayes was elected in 1877, he assured the Executive Committee of Friends that he was satisfied with their work and desired no change; however, the new commissioner of Indian affairs, E. A. Hayt, immediately began to show antipathy to the work of the Friends.⁴⁷ The committee found it impossible to work effectively with the commissioner, and in May 1879, the Committee of Friends in a formal note to the President resigned any further responsibility for the management of the Indians.⁴⁸

⁴⁶Tatum, pp. 88-92.

⁴⁷Raynor W. Kelsey, Friends and the Indians 1655-1917 (Philadelphia: The Associated Executive Committee of Friends on Indian Affairs, 1917), p. 184.

⁴⁸Ibid., 185.

The decision to place the Indians under Quaker leadership was made at a crucial time for the Southern Plains Indians. The visible evidence left by Brinton Darlington's tenure of office, 1869-1872, may have seemed small for three years of hard work, but his moral influence was immeasurable. John Seger said of him: "The Indians had learned to love and respect at least one white man. They had learned that all white men were not whiskey peddlers and horse thieves."⁴⁹ The next Quaker agent, John D. Miles, came from the Kickapoo Agency in Kansas, and stayed until 1884, when fatigue and the controversy over Indian grazing leases led him to resign.⁵⁰ Miles had a good business sense and expended much energy at his job. He had an understanding of the problems of the Indians and consistently tried to protect their interests. Miles' wife also had the ability and judgment to deal effectively with people and was known at the agency as "Aunt Lucy."⁵¹

The agents who followed Miles were Captain D. B. Eyer, Captain Jason M. Lee, C. D. Williams, and Charles F. Ashley. The Cheyennes and Arapahoes were fortunate that the majority of those assigned to administer their reservation labored diligently to protect Indian interests and provide training

⁴⁹John Seger, Early Days Among the Cheyenne and Arapahoe Indians (Norman: University of Oklahoma Press, 1956), p. 4.

⁵⁰Miles was later a member of the Cherokee Commission and Mayor of Kingfisher (Oklahoma Gazette, May 23, 1889, p. 4).

⁵¹Seger, p. 5.

for them. Of the agents who served during the period of 1869-1892, Dyer was the least able to cope with the problems of his office, or to understand the Indians. Seger thought Dyer was appointed through the influence of the cattlemen, who believed he would cater to their wishes, which Miles would not.⁵² Dyer apparently had no understanding of human nature in general nor of Indians in particular, although he had previously served as agent at the Neosho Agency. Any noisy display by painted Indians made him positive that warfare would erupt momentarily, and he was continually asking for troops.⁵³ The Indians soon discovered how easily they could upset Agent Dyer and often did so for amusement. Dyer served only a year and was replaced by Captain Jason Lee, who was sent to bring order to the agency.

Captain Lee was a marked contrast to Dyer. Both were Army officers of equal rank, but that was the extent of their similarity. Lee's ability to handle people and his understanding and empathy for the Indians was so superior to Dyer's as to be almost incomparable. Lee understood when an Indian said to him: "I can take the white man's medicine a little at a time, but I cannot swallow it all at once."⁵⁴

⁵²Ibid., p. 94.

⁵³See C-A Letterbook, Vol. 7, Ind. Arch., OHS; also, Seger, pp. 94-95. Dyer afterward was mayor of Guthrie (Oklahoma Gazette, May 22, 1889, p. 3).

⁵⁴ARCIA 1886, p. 119.

Dyer saw the Indian culture as an alien society, which because it was alien was also valueless and must immediately yield to change. Lee's philosophy was, "Kindness, firmness, and justice reach the bulk of mankind, be they white or Indians."⁵⁵

Quaker Lawrie Tatum faced some of the most fierce and defiant of the Plains Indians--the Kiowas and Comanches. He was aided during these years of crisis on the reservation by his wife, Mary Ann, who sometimes traveled with him on horseback, administering to sick Indians camped within reach, and even sent food. A sick woman camped near the agency felt sure her recovery was due to the food sent her by the agent's squaw."⁵⁶ Tatum resigned March 31, 1873 after "three years and nine months' arduous labor for the government, and on many occasions under severe mental strain when seriously calculating what might be best and right in executing my [Tatum's] plans."⁵⁷

Friend James M. Haworth replaced Tatum and served during the most difficult years of the middle seventies. His firm kindness and refusal to display fear when confronted with personal danger won him the respect of the Indians.

⁵⁵Ibid., p. 119.

⁵⁶Tatum, p. 162.

⁵⁷Ibid., p. 160.

Haworth continued to manage the affairs of the agency until April 1878, when his five years of arduous service plus malaria compelled him to resign.⁵⁸ Nine years of Quaker administration were ended with his departure.

When it was decided to give the Wichitas and affiliated bands a separate agency in 1871, Jonathan Richards, formerly president of Haverford College, served as the first agent. Richards was a successful administrator and served well until April, 1876. Friend A. C. Williams next satisfactorily performed the duties of agent until the agency was consolidated with the Kiowa-Comanche agency in 1878.

Former Colonel, Philemon B. Hunt took charge of the newly consolidated agency, managing the difficult task very well. He did more than an adequate job of coping with defiant Indians, short rations, inadequate facilities, and attempts by suppliers to defraud the government, but he received little thanks. In fact, the more criticism he received, the better the agent, the more criticism he received. Hunt remained diligent to the end of his administration in attempting to protect the interests of the Indians, and repeatedly implored the government to fulfill its promises and protect the Indian rights.

As Hunt's administration ended at the Kiowa-Comanche Agency, a new one began in Washington for Cleveland and the Democrats. During the first six years after Hunt's tenure,

⁵⁸Haworth later served the Indian Service as Inspector of Indian Schools.

the agency saw a succession of agents--J. Lee Hall, Special Agent Eugene B. White, William D. Myers, Charles E. Adams, and George D. Day. All these political appointees did a reasonably creditable job in office, except for Hall, who, among other flaws, was overly concerned with the patronage connected with his job. He wrote to a Texas friend:

I would be glad to give you a place with me if it were possible. I am overwhelmed with applications from personal friends from every portion of the country, besides having filled all the positions at my disposal, except one or two for female teachers.⁵⁹

Hall, who had been a captain in the Texas Rangers, was generous, gregarious, and well-meaning, but his unpardonable flaw--which led to other vices--was a weakness for intoxicating beverages. He was suspended from office in 1887 on charges that ranged from neglect of duty, payment of part of a temporary physician's salary with medical supplies, to appropriation of public funds for private use.⁶⁰ Special Agent White temporarily replaced Hall to complete the departmental investigation of the case and to straighten out agency affairs.

In the next few years the changes in agency personnel reflected the changes of political power in Washington. Missionary John Methvin found W. D. Myers to be "an able

⁵⁹Hall to James Howerton, Sept. 26, 1885, Kiowa Letterbook, Vol. 22, p. 7, Ind. Arch., OHS.

⁶⁰Kiowa Letterbook, Vol. 24, p. 465, Ind. Arch., OHS.

man and a competent agent."⁶¹ However, after two years of his administration, one presidential regime ended and another took its place, and Myers was replaced by Charles Adams. After coping with the very unsettling Ghost Dance craze and winning the heart and hand of a teacher at the Kiowa school, Adams resigned. George D. Day succeeded him in December, 1891.

Most of the agents for the Southern Plains Indians in Indian Territory tried to fulfill their assignments to the best of their abilities. If they did not possess a sympathy for those under their care at the beginning, most of them developed a great deal of respect and empathy for their Indian wards. In fact, it is surprising that for \$2,000 a year such capable men could be obtained to perform the duties described by Captain Lee in his annual report of 1886:

During my incumbency there has been neither rest nor recreation. From 7 a.m. to 10 and 11 p.m. including Sundays the duties and work have accumulated; the office work, far beyond the utmost capacity of the competent and efficient clerical force, has drawn heavily on much of the time that should have been spent outside. . . .the rounding up and expulsion of unauthorized whites takes time--in fact hundreds of petty annoyances are enough in my opinion to make an Indian agent's position the most undesirable office under the Government.⁶²

⁶¹John J. Methvin, In the Limelight: or, History of Anadarko and Vicinity from the Earliest Days (n.p., 1926), p. 72.

⁶²ARCIA 1886, p. 124.

Lee reported that during his tenure of one year he had disbursed \$62,075.72, supervised the agency schools and transportation from Caldwell, issued two years' annuities for nine hundred families, made purchases remote from the agency, and traveled over the reservation to nearly all points where the Indians were farming. He had received three hundred and eighty-five letters from the Department plus another one thousand from other sources, and written 3,716 pages on official business. In addition, he was a sympathetic listener and friend to those placed under his care.

In view of the extent of the agent's duties, it is easy to understand the agent who tendered his resignation with the following message:

I have labored faithfully for the good of the Indians, dealing honorably with all men, but I have at last become disheartened, and feel that life is too short to waste any more of it here.⁶³

Many letters from the agents of the Southern Plains Indians indicate that they probably felt as Captain Lee did at the end of his service:

Called to perform them without personal desire, I have endeavored to meet the requirements with whatever of ability and energy I possessed. I have tried to be faithful to the trust imposed upon me; have done the best I could for these Indians, and have endeavored to comply with the orders of the Department. If I have done anything towards the solution of the great problem I am gratified, and I lay down the burden with the

⁶³ARCIA 1882, p. V.

consciousness of having tried hard to discharge the duties.⁶⁴

Rations and Annuities

Although the Indian Department had expressed the sentiment that it was cheaper to feed the Indians than fight them, the government was very negligent in implementing its philosophy. Insufficient food was a chronic reservation problem, especially during the first decade. Agent Miles aptly stated the situation in his monthly report of March, 1879: "The cry is for more to eat, indeed it is the most serious obstacle I have to encounter."⁶⁵

The intent of the peace commission and the new treaties of 1867 was to establish the plains tribes peacefully in an area away from the main routes of the white populace. Disregarding the fact that hungry people are seldom peaceful, Congress failed repeatedly to appropriate adequately for sufficient rations. Indian Commissioner Nathaniel G. Taylor in June of 1868 stated:

The fact that there are thousands of Indians in northern, central and southern superintendencies east of the Rocky Mountains, who are suffering and starving from want of food, has been so often represented to Congress, and must be so well known to that body, that it would almost seem to be presumptuous on my part to request that the attention of that body be again called to the urgent necessity of immediate action in the premises.⁶⁶

⁶⁴ARCIA 1886, p. 124.

⁶⁵Kiowa Letterbook, Vol. 6, p. 317, Ind. Arch., OHS.

⁶⁶ARCIA 1868, p. 58.

There was no treaty provision obliging Congress to provide full rations; therefore, the adequacy or inadequacy of Indian rations depended upon the humor of Congress each year. Unfortunately, Washington was far away from Indian Territory, and the pleas of the agents were lost in the clamor of more powerful white interests. Typical of the appeals was one made by Agent Miles, when he feared hunger would cause a renewal of Indian hostilities: "And should the Department fail to furnish the requisite beef which humanity demands (not treaty) it will be expensive and disagreeable to say the least."⁶⁷

Rations for the Indians were originally intended to supplement other food which they were to provide for themselves. The Indian Department intended that, as the nomadic plainsmen became sedentary farmers, the government would supply less and less food. Thus the government expected the Indians to undergo rapid acculturation and adaptation to the white man's way of providing his family's food, as well as to the white man's habits; food was but one more aspect of the basic cultural conflict. During the last few years when the buffalo were available--the early 1870's--it was possible for the Indians to procure a great deal of supplement to the government ration, but with the disappearance of the buffalo came more suffering from hunger.

⁶⁷Miles to CIA, March 29, 1882, Kiowa Letterbook, Vol. 4, p. 240, Ind. Arch., OHS.

From 1868 to 1892 the correspondence of the agents at both the Cheyenne-Arapahoe and the Kiowa-Comanche agencies contained a continuing story of Indian hunger. Agents at first allowed bands to go on buffalo hunts on the reservation, and as long as the buffalo were available the Indians much preferred to supply their own food. By 1875, the buffalo were almost gone and by 1880 totally unavailable. The buffalo had provided not only food, clothing and shelter, but had been also a source of Indian wealth. Buffalo hides were readily marketable, and with the proceeds such items as prunes, figs, dates, raisins, and canned fruit could be purchased from the local trading store.⁶⁸

Another source of wealth had been Indian ponies, but as the warring bands were subdued, their pony herds were confiscated or shot, and they lost another source of potential purchasing power for additional food.

In spite of the destitute condition of the tribes, Congress failed to acknowledge their plight. In August 1876, Cheyenne-Arapahoe Agent Miles was requested by Superintendent William Nicholson to make his supplies of beef last as long as possible because of the "inevitable decrease in appropriations." Miles replied:

I have so far reduced the issues as to be barely above a starving point, beyond this I cannot go; and rather than see these people suffer from

⁶⁸ Richard A. Sneed, "The Reminiscences of an Indian Trader," Chronicles, Vol. 14, p. 139. Sneed reported that the Indians were especially fond of these processed foods.

hunger and disease I will soon send them to the plains to subsist on buffalo.⁶⁹

Agents at both agencies continued to resort to sending out hunting parties from 1870 to 1880, but as the buffalo became scarcer, the hunting parties suffered greatly, and relief had to be sent to them.⁷⁰ Miles in 1876, desperate for food for his Indians, "borrowed" beef from any available source and repaid the "donors" later.⁷¹

The same pathetic situation continued into the 1880's. E. L. Clark, interpreter out with a Kiowa hunting party in 1881, reported to agent P. B. Hunt that, although the party was able to get some deer and antelope, they were still out of other rations and in need of food.⁷² The food stores at the Cheyenne-Arapahoe Agency became critical again in 1882. Miles appealed to the military authorities at Fort Reno for aid. The army responded to Miles' request and supplied beef temporarily until Congress passed an emergency appropriation. Miles in a letter to General John Pope expressed the belief that a serious outbreak had been averted, saving much loss of

⁶⁹Miles to Nicholson, Aug. 10, 1876, C-A Letterbook, Vol. 1, p. 637, Ind. Arch., OHS.

⁷⁰Haworth to Commander Fort Sill, Nov. 7, 1876, K-C Doctors file; Hunt to CIA, Jan. 14, 1879, Kiowa Letterbook, Vol. 7, p. 148, Ind. Arch., OHS.

⁷¹See Miles' letters in C-A Letterbook, Vol. 1, pp. 313, 383, 743, Ind. Arch., OHS. On occasion, he virtually confiscated beeves, but always paid for them later.

⁷²Kiowa Letterbook, Vol. 4, p. 687, Ind. Arch., OHS.

life and property.⁷³ Decreased rainfall began in the early eighties and climaxed with the summer drought of 1886, followed by the bitter cold blizzards of the famous "winter of '86." Hall reported that the affiliated tribes would have to "steal or starve."⁷⁴ Special Agent White at the Kiowa-Comanche Agency in May 1888, wrote the Indian Commissioner: ". . .the regular issue day and the Indians all came in expecting beef as they had had none within a month and they were very hungry."⁷⁵ This failure to respond to human suffering was more reprehensible at a time when increased imports had flooded the nation's treasury with tariff receipts, and the problem of how to spend the increasing surplus became a major political issue.

Even when rations and annuities were adequately funded, a number of problems were associated with them. One major problem at the beginning was transportation. Goods sometimes sat in Wichita, Caldwell or Henrietta, Texas awaiting transportation to the agencies. Miles complained of rations waiting in Wichita for cheap transportation, fearing that this false economy might drive the young braves to raiding.⁷⁶

⁷³Miles to Pope, April 10, 1882, C-A Letterbook, Vol. 4, p. 324; Miles to CIA, April 7, 1882, p. 309; Miles to P. B. Hunt, April 7, 1882, p. 314, Ind. Arch., OHS.

⁷⁴Hall to CIA, Oct. 8, 1886, Kiowa Letterbook, Vol. 24, p. 113, Ind. Arch., OHS.

⁷⁵White to CIA, May 24, 1888, Kiowa Letterbook, Vol. 26, p. 447, Ind. Arch., OHS.

⁷⁶Miles to Wm. Nicholson, July 20, 1876, C-A Letterbook, Vol. 1, p. 576, Ind. Arch., OHS.

Miles conceived the practical idea of having the Indians transport freight for the agency. He proposed to the Indian Commissioner that the Department supply the wagons, teams, and other equipment which the Indians would pay for with their first year's labor. The teams could also be used for plowing and other work. The proposal was implemented by the Indian Office in 1877, and the project proved to be extremely successful.⁷⁷ It provided a means of giving the Indians a sense of accomplishment, a source of income, and an opportunity for travel off the reservation. They had to learn to be wagonmasters and teamsters, but they were apt pupils, and supplies consistently arrived on time and in good condition. The system was adopted two years later at the Kiowa-Comanche Agency with equal success.⁷⁸

Another recurring problem was the poor quality of supplies. General William B. Hazen reported in 1868 that the feeding of the Indians for part of that year was so poor as to constitute fraud, and his investigation of the matter indicated that the government paid six times what the service was worth. The additional amount unfortunately was taken from funds which would have benefited the Indians in other ways.⁷⁹ The Kiowas and Comanches received corn meal in such bad condition that it caused diarrhea; moreover, they did not

⁷⁷Tatum, p. 232.

⁷⁸Ibid., p. 233.

⁷⁹ARCIA 1869, p. 393.

like it in any condition.⁸⁰ In 1872, all the rations were of good quality except the flour, which was completely worthless and was refused by the Indians.⁸¹ Complaints about the quality of the flour were common and continued into the eighties. Hall complained to supplier H. C. Slaven Co. of Kansas City, that two thousand sacks were still due on his contract and that nine cars had been rejected by the inspector, thus creating a shortage at the agency.⁸² Slavens continued to fill the government contract unsatisfactorily, and in 1889 Myers wrote the company protesting the flour received:

I enclose you, copy of letter from C. J. Grant our inspector. . .the flour is; damaged . . . part of it is damp, some of it has bugs in it, and other packages are broken, besides all of it is in burlap sacks. Your contract calls for flour in extra strong, single, cotton sacks.⁸³

The quality of the beef supplied by contractors was sometimes a problem, and the agents demanded better quality. Miles refused a delivery of beef on the grounds that the cattle "were not good healthy merchantable beef cattle."⁸⁴

⁸⁰Ibid., p. 386.

⁸¹ARCIA 1872, p. 141.

⁸²Hall to Slavens, Nov. 20, 1885, Kiowa Letterbook, Vol. 22, p. 137, Ind. Arch., OHS.

⁸³Myers to Slavens, Aug. 31, 1889, Kiowa Letterbook, Vol. 31, p. 300; also Myers to CIA, May 2, 1888, Kiowa Letterbook, Vol. 26, p. 319, Ind. Arch., OHS.

⁸⁴Miles to Nicholson, July 14, 1876, C-A Letterbook, Vol. 1, p. 570, Ind. Arch., OHS.

Bacon shipped at the wrong time of the year often caused unnecessary problems. Miles reported to Indian Commissioner Price in August 1882, that the bacon should not have been shipped at that time of the year and that:

I have stripped it of the sacks and placed it on shelving in the cellar and give it all the air possible and yet the cellar is like a bake oven from the heat contained in the bacon, and this morning I find the cellar floor shoe-top deep in grease in many places from the drainage.⁸⁵

Little imagination is required to realize how rancid and unpalatable the bacon became.

Other difficulties were associated with the issuing of rations. They were at first issued once a week, which meant that some of the Indians spent most of their time enroute to and from the agency, thus lacking adequate time for other more constructive pursuits. In the winter their ponies became too thin and weak for long journeys. This situation improved when the interval was changed to every two weeks. Weather sometimes created hardships. The bitter cold of January 1883 necessitated discontinuing the issue when the ink in the issue room froze. A small child was frozen to death on its mother's back while going back to camp from the issue.⁸⁶ All of the agents exerted earnest efforts to cope with the formidable problems connected with the issuing of rations. Even Hall, who was discharged from the service for

⁸⁵C-A Letterbook, Vol. 5, p. 403, Ind. Arch., OHS.

⁸⁶Miles to CIA, Jan. Monthly Report 1883, C-A Letterbook, Vol. 6, p. 47, Ind. Arch., OHS.

malfeasance in office, tried repeatedly to make the Indian Bureau aware of the Indians' needs.⁸⁷

Although food rations were not included in the Medicine Lodge Treaty, it contained provisions obligating the government to supply certain clothing and annuities for both agencies.

The treaty provided:

For each male person over fourteen years of age, a suit of good substantial woolen clothing, consisting of coat, pantaloons, flannel shirt, hat, and a pair of home-made socks. For each female over twelve years of age, a flannel skirt, or the goods necessary to make it, a pair of woolen hose, twelve yards of calico and twelve yards of cotton domestics.⁸⁸

The younger children were to receive "such flannel and cotton goods as may be needed to make each a suit as aforesaid, together with a pair of woolen hose for each."⁸⁹ The annuities were to consist of items which the Commissioner of Indian Affairs deemed appropriate for the condition of each tribe.

The performance of the federal government in fulfilling the clothing and annuity obligations of the treaty is a story almost as bleak as that of supplying rations. The clothing and annuities were supposed to be issued in the autumn so that the Indians could be warmly clothed and supplied for the coming winter. Even at the outset, when authorities were trying to get the tribes settled on the reservations--when pru-

⁸⁷See Hall's letters to CIA, Kiowa Letterbook, Vol. 21, Ind. Arch., OHS.

⁸⁸Copy of the treaty, "K-C Federal Relations" file, Ind. Arch., OHS; Kappler, Vol. II, p. 987.

⁸⁹Ibid.

dence would seem to demand a show of good faith, the treaty provisions were not carried out promptly. October 15 was the treaty date for distribution, but the 1870 annuities were issued in May of 1871, the 1871 goods were issued in December, and the 1872 annuities were distributed in the spring of 1873.⁹⁰ When the 1872 annuities finally arrived six months late, the calico, which had been stored in leaky warehouses, was damaged badly.⁹¹ The shipment contained only two hundred twenty hickory shirts and one thousand flannel shirts for more than two thousand men. The Indians highly prized good axes and knives, but the ones they received were of very poor quality. Special Commissioner Henry E. Alvord reminded the Indian Department that the Indians wanted only the best quality goods: "There are no better judges of merchandise than these Plains Indians, and they prefer quality to quantity always."⁹²

Sometimes annuities and rations were withheld in an attempt to coerce hostile bands into submission, but the peaceful bands were affected more adversely than the hostiles. The Kiowas and Comanches believed that when they behaved well they received a small amount of goods, and that the only way to get a large amount was to go on the warpath a while, make

⁹⁰ARCIA 1872, p. 142.

⁹¹Ibid., 1873, p. 221.

⁹²Ibid., 1872, p. 142.

a peace treaty, and receive presents for making peace.⁹³

The 1874 annuities arrived on time. Of good quality, they included: blankets, calico, blue jeans, blue cloth hose, camp kettles, frying pans, coffee pots, butcher knives, needles, thread, and thimbles.⁹⁴ The next year's goods were all of acceptable quality, including the ducking for new lodges, but they were months late. The waiting Indians suffered in the winter cold.⁹⁵

The United States government continued during the 1880's and 1890's the shameful default of its treaty obligations. The Indians could not rely upon the annuities to carry them through the winter, and they charged the government with violation of solemn treaty promises. The quantities in one shipment were so small that only one suit was sent for every two men, one hat for every two and one-half men, and the blankets were proportionately deficient.⁹⁶ The Department responded to the Indian protests with vague comments on rising prices. The Indians replied that the treaty made specific promises of clothing and annuities and said nothing about fluctuating prices. In 1885, Lee issued annuities for the first time in two years.⁹⁷ A year by year account of

⁹³Tatum, p. 40; ARCIA 1870, p. 261.

⁹⁴ARCIA 1874, p. 234.

⁹⁵ARCIA 1875, p. 270.

⁹⁶ARCIA 1880, p. 70.

⁹⁷Lee to CIA, Nov. 30, 1885, C-A Letterbook, Vol. 9, p. 384, Ind. Arch., OHS.

government failures is hardly necessary to appreciate how much distress and suffering was caused by governmental irresponsibility.

"The Corn Road"

Most of the hostilities between whites and Indians during the 1860's arose when whites trespassed on Indian hunting grounds. As a result, the Indian Department reasoned that a possible solution would be to change these tribal hunters into individual farmers. The government was trying to apply a simplistic solution to a complicated problem. At one time the Plains Indians had been farmers who supplemented their food supply by hunting, but the introduction of the horse by the Spanish had long since completely changed their culture.⁹⁸ The Peace Commission of 1867 pointed out some of the problems entailed in changing the Indian culture. The Indians had expressed these feelings to the commissioners:

We know nothing about agriculture. We love the chase. You may farm and we will hunt. You love the one, we love the other.⁹⁹

A few Indians, even at the beginning, cooperated with the agents by farming. Lack of equipment and training perpetually hampered their efforts. Farmer-teachers were hired by

⁹⁷Lee to CIA, Nov. 30, 1885, C-A Letterbook, Vol. 9, p. 384, Ind. Arch., OHS.

⁹⁸E. Adamson Hoebel, The Cheyennes, Indians of the Great Plains (New York: Holt, Rinehart, and Winston, 1966), p. 1.

⁹⁹ARCIA 1868, p. 45.

by the agent, but the number was insufficient to cope with the task, nor were there sufficient plows or work animals. The difficulties were enough to discourage even an experienced farmer determined to succeed; prairie fires, grasshoppers, white depredations, and droughts, plagued Indian attempts to become farmers. The most disheartening factor was the droughts of 1873, 1874, 1877, and 1879; another began in 1881 and continued through 1887, with another in 1889. The Wichitas and affiliated tribes, who had long been farmers, became discouraged with all the problems, but were much better able to cope with them than the plains tribes. Black Beaver, a Delaware, and George Washington, a Caddo, were successful well-known farmers and ranchers. However, the many crop failures due to reasons beyond human control contributed to general Indian despair.

Because farming was an alien occupation to the plainsmen, most whites assumed that the Indian's reluctance to adopt it meant he was "just naturally lazy." This assumption ignored the fact that the Plains Indians had always been nations of busy people. They hunted and traded over hundreds of miles and protected themselves from their enemies. Such a society could not allow its members to be indolent because the cooperation of all was necessary to insure the survival of the group. Whites commonly believed that the squaw did all the

work while the male played. This image is inaccurate. The life of the Indian woman was difficult, but the tasks of her hunter-warrior husband were arduous also.

The Indian chiefs and headmen were comparable to European aristocrats who considered menial tasks below their station. Some chiefs believed, however, that compliance with the Indian Department wishes was best for their people. Their position as tribal leader required that they lead their people down the white man's "corn road" by engaging in farming themselves. The farming experiences of Big Mouth, an Arapahoe chief, were typical of Indians attempting to farm. He fenced, plowed, and planted eighty acres. While doing most of the work himself, he withstood the ridicule of tribal members who thought it was beneath their dignity to engage in such labor. Big Mouth persisted even though one year his fence was burned, allowing cattle to destroy his crops, and the next year his efforts were laid waste by grasshoppers and drought.¹⁰⁰

Government policy, instead of offering incentives to engage in agriculture and other labor, discouraged it. Those who achieved some success at farming received decreased aid and rations while those who did nothing continued to draw full rations (if full rations had been appropriated). The unproductive group laughed at the others who were penalized for working. Captain Lee protested the withdrawal of aid to

¹⁰⁰Trenholm, p. 242.

Indians making the effort to adapt to white civilization. He suggested that the Department adopt the slogan: "If a man does work, he must eat."¹⁰¹

During Lee's tenure of office at the Cheyenne-Arapahoe Agency, he reported two hundred eighty Indian farms with 1,868 acres cultivated.¹⁰² This number seems small, but it represents significant Indian efforts against great odds. Lee wanted to relocate a group of non-progressive Indians who loitered around the agency and impeded the efforts of working Indians. He conceived the idea of moving them as a colony many miles from the agency. John Seger, who had done almost every job at the agency from carpenter to school superintendent, was placed in charge of the group. Seger had a special innate talent for understanding and handling the Indians. He responded to their objection that they might starve so far from the agency by offering to live on the same rations. If the Indians starved, he too would starve. Seger and his family--the only whites for many miles --shared the lot of the Indians. When he had to travel to the agency on business, the Indians took care of his family. Seger successfully led the one hundred and twenty Arapahoes at Colony down the "corn road."

The Indian Department lacked an understanding of the social impact of settling the Indians on individual farms.

¹⁰¹ARCIA 1886, p. 121.

¹⁰²Ibid., p. 120.

The plains tribes had always lived in bands and camped with their tipis side by side. They feasted, worshiped, worked, hunted, and fought together. Arapahoe Carl Sweezy explained:

It took years to learn to settle down on a farm and work alone and see one's neighbors only once in a while. Neither we nor our dogs nor our ponies understood this new way of the white people. To us it seemed unsociable and lonely, and not the way people were meant to live.¹⁰³

Another aspect of the Indians' reluctance to engage in agriculture and home building was expressed (somewhat prophetically) by the Board of Indian Commissioners in 1869:

Why should the Indian be expected to plant corn, fence lands, build houses, or do anything but get food from day to day, when experience has taught him that the product of his labor will be seized by the white man tomorrow?¹⁰⁴

Whites and Whiskey

One of the tasks of the agent, in addition to managing the affairs of the Indians themselves, was the control of whites on the reservation. Whites other than agency employees were authorized on the reservation for a variety of reasons, such as operating trading stores. Both authorized whites and white intruders were constantly creating problems.

Whites and whiskey were virtually synonymous on the Indian frontier. Traders could exchange whiskey for items more valuable than liquor. When the Indian was intoxicated, the white man could cheat him further. Agent Haworth re-

¹⁰³Bass, p. 38.

¹⁰⁴ATCIA 1869, p. 8.

ported: "Among the many difficulties of the country on the frontier, as we are, the peddling of whiskey by unprincipled men is one of the greatest."¹⁰⁵ He requested protection from the "pernicious influence of whiskey peddlers."¹⁰⁶

Liquor on the reservation was secured in a variety of ways, although the only person authorized to possess alcohol was the agency physician. The availability of liquor through the military posts depended upon the diligence of the post commander. Some were very strict in controlling the liquor, while others were not. Indian scouts attached to the military posts frequently secured beer. Hunt on the Kiowa-Comanche Reservation complained that whiskey traffic was a very serious problem, with the main flow coming from Texas.¹⁰⁷

Employees of the trading stores were sometimes expelled for drinking whiskey and occasionally drunken agency employees were discharged. J. K. P. Campbell, agency clerk at the Kiowa-Comanche Reservation, was dismissed for drinking and giving liquor to others.¹⁰⁸ Superintendent J. W. Haddon at the Wichita School was dismissed for drinking alcohol given

¹⁰⁵ARCIA 1873, p. 220.

¹⁰⁶ARCIA 1874, p. 222.

¹⁰⁷Hunt to CIA, May 9, 1882 and July 17, 1882, C-A Letterbook, Vol. 13, pp. 181, 317, Ind. Arch., OHS.

¹⁰⁸Myers to CIA, Dec. 4, 1888, Kiowa Letterbook, Vol. 29, p. 65, Ind. Arch., OHS.

him by the agency physician for sick children.¹⁰⁹ In 1889, at the Kiowa School, Superintendent A. J. Carr was dismissed for being drunk on duty and disciplining children while intoxicated. The intoxicant was "Hostetter's Bitters" supplied by the agency physician, Dr. Waldo W. Graves.¹¹⁰

Indian consumption of alcohol increased as their contacts with whites grew. During the early days on the reservations there were few intoxicated Indians. Miles, reporting on Indian temperance, said: "I say 'temperance,' because I have not known of a single case of drunkenness by any member of the tribes under my charge during the past year. . ."¹¹¹ A report on the status and progress of the Indian tribes in 1878 listed intemperance as very rare at both the Cheyenne-Arapahoe Agency and Kiowa-Comanche reservation.¹¹² By 1889, Agent Myers complained that emigrants passing through the reservation frequently stopped to gamble and sell whiskey to the Indians.¹¹³ Often they were not in fact emigrants, but were really whiskey peddlers.

¹⁰⁹White to CIA, Oct. 19, 1887, Kiowa Letterbook, Vol. 29, p. 65, Ind. Arch., OHS.

¹¹⁰White to CIA, Oct. 19, 1887, Kiowa Letterbook, Vol. 26, p. 7, Ind. Arch., OHS.

¹¹¹ARCIA 1877, p. 84.

¹¹²ARCIA 1878, p. 179.

¹¹³Myers to Major F. A. Baldwin, Post Commander, Fort Sill, June 19, 1889, Kiowa Letterbook, Vol. 31, pp. 75-78, Ind. Arch., OHS.

As the influx of whites into the territory grew, it was the more "civilized" Indians who unfortunately became victims of alcoholism. At Darlington most of the whiskey drinkers were educated Indians, while the camp Indians drank very little.¹¹⁴ Drunkenness was on the increase among the Indian scouts at Fort Reno. The opening of Oklahoma and the establishment of towns near the border made liquor easily accessible. In 1891, Agent Charles Ashley reported that drunkenness was almost wholly confined to the scouts and educated Indians, while there was a growing sentiment among the camp Indians against liquor.¹¹⁵ The camp Indians clung tenaciously to their old way of life, and ignored the meaning for them of the opening of Oklahoma Territory. The educated Indians could see the hopelessness of their situation and in despair turned to alcohol.

Historically, the influence of the white citizenry was always detrimental. The Board of Indian Commissioners observed:

Paradoxical as it may seem, the white man has been the chief obstacle in the way of Indian civilization. The benevolent measures attempted by the government for their advancement have been almost uniformly thwarted by the agencies employed to carry them out. The soldiers sent for their protection, too often carried demoralization and disease into their midst. . . . The general interest of the trader was opposed to their enlightenment as tending to lessen his profits. Any increase of intelligence would render them less liable to his impositions. . . .

¹¹⁴ARCIA 1890, p. 180

¹¹⁵ARCIA 1891, p. 344.

The interpreter knew that if they were taught, his occupation would be gone. The more submissive and patient the tribe, the greater the number of outlaws infesting their vicinity . . . teaching them the most degrading vices of which humanity is capable.¹¹⁶

The Commissioners with added emphasis stated:

Whatever may have been the original character of the aborigines, many of them are now precisely what the course of treatment received from the whites must necessarily have made them. . . .¹¹⁷

The Quaker agents and employees were responsible for a marked improvement in the reputation of agents and agency employees. The employees, with a few exceptions, and the missionaries affiliated with the Cheyenne-Arapahoe and Kiowa-Comanche agencies, exerted a positive influence on the Indians in their charge. Other whites were less honorable in their dealings with the Indians.

The story of white-Indian relations is an inglorious account of crimes ranging from illegal cattle-grazing on Indian lands to stealing, to murder and rape. Enoch Hoag, Central Superintendent, in his annual report of 1872 commented:

. . . the darkest page in human record is the contact between civilization and the aborigines. The contact of civilization with barbarism is the scandal of history. The civilized man approaches his victim, demoralizes him with his vices and then crushes him under his feet.¹¹⁸

¹¹⁶Annual Report of the Commission on Indian Affairs, 1869, p. 8.

¹¹⁷Ibid.

¹¹⁸ARCIA 1872, p. 32.

Horse thieves and cattle rustlers preyed upon Indian stock with impunity throughout the reservation period. Agent Miles complained in the summer of 1879 that every stage-ranch near the reservation was a den of thieves and a channel through which hundreds of Indian ponies were sent to Kansas.¹¹⁹ Kansas citizens who complained loudly if they suspected an Indian of thievery, apparently felt no remorse at dealing in stolen Indian ponies. If such thieves were apprehended, it was difficult to get them sentenced. The nearest federal court was Fort Smith, and it took time and money to go there to testify. Those Indians who worked the hardest at farming and cattle-raising were always the ones who suffered the most. Article 1 of the Medicine Lodge Treaty obligated the government to reimburse the Indians for such losses, but the obligation was ignored.¹²⁰

White men "married" Indian women in order to claim land and reservation privileges or to run cattle on the reservation. Often lonely soldiers took Indian wives while serving in Indian Territory. The "marriages" usually lasted until the soldier's enlistment was up and the woman and her children were left behind.¹²¹ Such abandoned women were misfits

¹¹⁹Miles to Commanding Officer, Cantonment, March 7, 1881, C-A Letterbook #14, p. 4, Carnegie Library, El Reno, Oklahoma.

¹²⁰Kappler, Vol. II, pp. 984-985; Lee to CIA, March 5, 1886, C-A Letterbook, Vol. 11, p. 198, Ind. Arch. OHS.

¹²¹Miles to Commanding Officer, Cantonment, March 7, 1881, C-A Letterbook #14, p. 4, Carnegie Library, El Reno.

in both Indian and white society. Indian women were considered fair game for unwelcome attentions by soldiers and other white men. Miles requested Colonel Mizner, commander of Fort Reno, to expel interpreter P. A. McCusker for trying to induce an Indian girl to go with him (a second offense) against both her wishes and those of her parents.¹²² There were other instances of rape and murder committed against Indian women.¹²³

Cattlemen from Texas often grazed cattle on Indian land. If caught they were fined one dollar per head. In an area so large it was very difficult to apprehend them, and if they were apprehended the cattlemen considered it cheap grazing. Such disrespect of their rights infuriated the Indians. The Chisholm Trail passed through the reservations and unruly, uncouth cowboys had little respect for Indian rights. As time passed, cattlemen increasingly coveted the Indian lands and attempted to utilize them by a variety of illegal methods.

An assortment of other violations of Indian rights occurred--some major and some minor. Trading places and homes of squatters and adventurers appeared on the reservations. Once an Indian was tried and convicted in Fort

¹²²Miles to Col. Mizner, Nov. 3, 1876, C-A Letterbook, Vol. 1, p. 871, Ind. Arch., OHS.

¹²³For examples see Lee to Col. E. V. Sumner, Fort Reno, Aug. 10, 1886, corporal raped a retarded Indian girl, Vol. 16, p. 98; Monthly Report, July 1886, a soldier raped and killed an Indian girl, Vol. 15, p. 191; Lee to J. F. Shuman, U.S. Commissioner, Wichita, Kansas, July 19, 1886, rape and murder, Vol. 14, p. 472, C-A Letterbook, Ind. Arch., OHS.

Smith without witnesses or the aid of an interpreter.¹²⁴ In 1881, U. S. Marshals came onto the reservation with blank subpoenas and arrest warrants. They were accompanied by drunk deputies whom the agent suspected of taking Indian ponies.¹²⁵ Whites constantly stole timber off the reservations. In October of 1885, the Kiowa-Comanche agent protested to the Indian Commissioner that his reservation was infested with bad white men who came in from Texas and the Chickasaw Nation, committed depredations, and slipped across the border before they could be caught.¹²⁶

One of the worst of the long list of crimes against the Indians was committed in 1879 on the Kiowa-Comanche reservation. A band of Kiowas had been given permission to go on a hunting expedition into the southern part of the reservation. A lone Kiowa left the main hunting party in pursuit of game. A squad of Texas Rangers who had crossed the border illegally onto the reservation discovered him. Without provocation, they killed and scalped the Kiowa hunter. The Rangers proceeded on to an Indian camp of women and children and began butchering them. Only the timely arrival of a squad of Negro troops prevented the slaughter of the Indians.¹²⁷

¹²⁴Hunt to CIA, Aug. 9, 1878, Kiowa Letterbook, Vol. 5, p. 445, Ind. Arch., OHS.

¹²⁵Hunt to CIA, Feb. 1, 1882, Kiowa Letterbook, Vol. 10, p. 94, Ind. Arch., OHS.

¹²⁶Hall to CIA, Oct. 29, 1885, Kiowa Letterbook, Vol. 21, pp. 92-93, Ind. Arch., OHS,

The agent informed the Governor of Texas of the crime, but the criminals were never brought to justice.

Captain Lee, in two reports to the Indian Commissioner, summarized the situation on the reservations:

. . .these Indians are amenable to punishment for violation of law, yet they have the least possible protection of the law. . . .The arrest of a white man for wronging an Indian is of rare occurrence and the punishment for his crime is almost unheard of.¹²⁸

The most deserving Indians, as a rule, suffer most from these deprivations. Many of these cases are simply pitiable in their results. . . .If any community of white people were preyed upon as these Indians have been and the law afforded them no more protection than to these Indians, such community would take matters in its own hands and make short work of the miscreants.¹²⁹

The reservation years were filled with staggering problems which were the result of a culture clash, of government failures to fulfill treaty obligations, and of the subjugation of one people by another. The older generation could never completely accept reservation confinement, while the younger generation might have successfully adapted if they had been given time. Most of the agents and their employees rendered service with the Indian's welfare in mind, but contact with other whites was very detrimental. Inadequate

¹²⁷Hunt to CIA, Aug. 9, 1879, Kiowa Letterbook, Vol. 8, p. 154, Ind. Arch., OHS.

¹²⁸Lee to CIA, March 31, 1886, C-A Letterbook, Vol. 11, pp. 414-415, Ind. Arch., OHS.

¹²⁹Lee to CIA, May 14, 1886, C-A Letterbook, Vol. 11, pp. 434-435, Ind. Arch., OHS.

rations, shelter, and clothing were debilitating to Indian health, while exposure to white man's alcohol and diseases led to further deterioration. Thus, the reservation years were lived out in an atmosphere anything but wholesome.

CHAPTER III

AGENCY PHYSICIANS

Indian Medical Service

The position of agency physician was one of the most important appointments at an Indian agency--at those agencies fortunate enough to have a physician. These physicians played multiple roles of supervising health conditions, treating the ill, and providing a vital contact with white culture. Their personalities, motives, and training determined their success or failure. The physician-patient relationship is complicated enough when both parties are of the same culture; when they are from different cultures it is doubly complex. In order to understand the relationship between the white physician and his Indian patient and the physician's influence in acculturation, the historian must investigate the physician's training, his personality, his attitudes toward his patients, the motives which brought him to the reservation, and the kind of service he rendered.

By 1871, when Congress terminated treaty-making, at least two dozen treaties provided some type of Indian medical care. About half of the Indian agencies had physicians

by 1874.¹ The medical corps of the Indian service in 1888 had eighty-one doctors serving over two hundred thousand Indians, without nurses or hospitals, with a few exceptions.² During the remainder of the nineteenth century there were never enough doctors to meet the overall needs of the Indian service. Those doctors who were available generally had much too heavy caseloads, often being hampered by the lack of medical stores and equipment. The best trained and most conscientious doctor found it difficult to be effective when he ran out of money and medical supplies.

The first central administrative control of Indian medical services began in 1873 with the establishment of a Division of Education and Medicine in the Bureau of Indian Affairs.³ During its brief existence, the division organized central reporting and distribution of medical supplies. The monthly sanitary reports which the division required the agency physician to file were continued after the division was abolished in 1877. A medical branch of the Civilization Division assumed the functions of examining monthly sanitary reports and providing medical supplies. After 1878, Indian Service doctors were required to possess a medical degree. An extension of civil service classifications in 1891 in-

¹Ruth M. Raup, The Indian Health Program from 1800-1955 (Washington: U.S. Public Health Service, Division of Indian Health), p. 2.

²Ibid.

³Ibid.

cluded agency physicians and raised their entrance standards. Candidates for agency physician were required "to pass a competitive examination in professional attainments," in addition to being a graduate of a regular medical college.⁴

The Indian Bureau in 1889 sent to the agencies and to applicants for the position of agency physician a printed bulletin containing a synopsis of the qualifications and duties of agency physicians. To be eligible, the applicant had to be a regular graduate of a reputable medical college and be actively engaged in the practice of medicine. He was required to be: "between twenty-five and forty-five years of age, temperate, active, industrious, in sound health, and to possess a good personal and professional character."⁵ Married men were preferred over single men. The conduct of private practice or other business outside the agency was prohibited. Duties of the physician included:

- (1) endeavoring to overcome the "evil influence of the native medicine men;"
- (2) attendance of those who call at his office and also those who remain at camp;
- (3) instruction in "proper methods of living and caring for health;
- (4) inspection of the sanitary condition of the agency and schools and making recommendations to the agent concerning that condition;
- (5) making regular visits to the Indian schools and giving short talks on the elementary principles of hygiene and physiology;

⁴Ibid.

⁵"Synopsis of Qualifications and Duties of Agency Physicians," "K-C Doctors" file, Ind. Arch., OHS.

- (6) forming classes of the most advanced and intelligent pupils for special instruction in nursing, caring for the sick, administering medicines, and preparing food for invalids;
- (7) making monthly reports to the Indian Bureau;
- (8) making quarterly reports of medical property to the agent.⁶

The bulletin clearly defined the relationship of the agent and the physicians. It stated: "Harmony is essential to the proper conduct of an agency, and the physician, though appointed directly by this office, must treat the agent with proper respect, promptly and cheerfully obeying all orders issued him."

Medicine in the late nineteenth century was in a state of transition. The germ theory verified by Louis Pasteur in the 1860's was the missing link which was necessary to launch the era of modern medicine. Meanwhile, American medicine had given rise to numerous medical sects. Because it was impossible to prove which was correct or incorrect, would-be doctors could choose from several different courses of study, some less adequate than others. The result was a surplus of doctors, especially in the rural areas.⁷ The surplus was so great that many young graduates failed to secure an adequate practice and abandoned the profession. The depression of 1873 and the agricultural and ranching failures of the 1880's were keenly felt by the medical profession, for during times of economic stress, the physician was

⁶ Ibid.

⁷ Richard H. Shryock, Medicine in America: Historical Essays (Baltimore: Johns Hopkins Press, 1966), p. 156.

usually the last to be paid. The application letter of Doctor J. F. Everhart in 1875 reveals the attractiveness of a regular government salary:

I have had considerable army experience as surgeon and physician, and had not expected to renew any connection with the government in that relation because I have been making more money until lately; but on account of financial changes I have tho't best to seek a position under the government again.⁸

The Men Who Applied

Although agents sometimes complained that it would be impossible to fill a position with so many disadvantages for a salary of \$1200 annually (sometimes \$1000), there were generally numerous applicants. The salary was more desirable when compared to the average annual income of doctors in 1890 of \$750.⁹

The applicants for the position of agency physician represented a variety of age groups and educational backgrounds. They ranged in age from the middle twenties to the late fifties. Many young medical school graduates without families saw the position as an opportunity to gain valuable experience while receiving a guaranteed income. The educational preparation of applicants was varied, including de-

⁸Everhart to John Miles, Aug. 5, 1875, "C-A Doctors" file, Ind. Arch., OHS.

⁹A. L. Blesh, "What of the Future?" Oklahoma Medical News-Journal (June, 1904), p. 137.

grees from Oxford and Harvard Universities, and sectarian medical schools which have since closed.¹⁰ Many applicants had gained experience in government service by serving as military surgeons during the Civil War. The first physician at the Kiowa-Comanche agency had no formal college training, but received his appointment through friendships made during his service as a Civil War army surgeon.

The personalities of the physicians were as divergent as those of any other group of frontiersmen. The Quaker doctors entered their service with a sense of religious mission exhibited in their devotion to duty. Other doctors with less genuine interest in the Indians and more in their own welfare usually stayed only a short time. Some simply saw the position of agency physician as an opportunity to fulfill their commitment to serve people, any people, through medical service, and worked to the best of their abilities at their tasks for several years.

Physicians were not immune from the influence of a little wanderlust. Doctor D. MacMillan of Caldwell, Kansas, was highly recommended in 1881 for the position of agency physician at the Cheyenne-Arapahoe reservation by both the commander and the army surgeon at Fort Reno, by a Kansas merchant, and by the Medical Society of Southern Kansas.¹¹

¹⁰Numerous letters of applicants contained in "C-A Doctors" and K-C Doctors files, Ind. Arch., OHS.

¹¹Letters to agent, June 10, 1881, June 11, 1881, June 16, 1881, July 11, 1881, "C-A Doctors" file, Ind. Arch., OHS.

He was a graduate of Oxford University, a Fellow of the Royal College of Surgeons, and recently had been a surgeon on the White Star Line of ocean steamers. Doctor J. W. Banister, Fort Reno surgeon, declared that MacMillan was "a careful and scientific physician" and that he would gladly welcome his availability for consultation.¹² Doctor MacMillan was unmarried and wanted "to see a little frontier life" and save some money.¹³ The doctor, however, lacked enough political influence to secure the position.

All of the doctors who came to Indian Territory, regardless of their other qualities, must have possessed some pioneering spirit. Indian Territory seemed almost an alien land, and the rest of the country was referred to commonly as "the States." The agencies could only be reached by wagon or stage over wagon-roads and streams which had to be forded. At Darlington, the physician's accommodations and office were fairly adequate, but at Anadarko they were never satisfactory during the first twenty years. If the doctor had a family, the cultural and educational opportunities for his children were very limited. Opportunity for his own intellectual growth was restricted. A buckboard mailwagon brought mail from the States twice a week. The doctors had to cope with insufficient medical supplies, inadequate equipment and facilities, and reluctant patients.

¹²Ibid., June 16, 1881.

¹³Ibid., June 11, 1881.

Cheyenne-Arapahoe Physicians

During the decade of the Quaker administration of the Plains Indian agencies, the Quaker committee also chose the agency physicians with the agreement of the agent. Doctor Alpheus Henley, A Quaker from Fairmount, Indiana, was the first physician assigned to the Cheyenne-Arapahoe reservation. He was sent to vaccinate the Indians after an outbreak of smallpox nearby. Doctor Henley, with the aid of soldiers, spent more than a year gathering up frightened Indians to vaccinate them. When he exhausted his vaccine, he had to make more from previous vaccinations.¹⁴

Doctor Henley brought his family with him, and they were quartered at Darlington, then known as Camp Darlington. While they were at Darlington his son Glenn was born on December 23, 1870--the second white child born on the reservation.¹⁵ The Henleys stayed at Darlington until April, 1871.¹⁶

Alpheus Henley's interest in the frontier first took him to Kansas in 1857, where he filed a claim in Coffey County. After two years he returned to Indiana, where he entered Bloomingdale Academy. He began studying medicine

¹⁴A. Suman Morris, "Captain David L. Payne: The Cimarron Scout," Chronicles, Vol. 42, p. 15.

¹⁵Ibid.

¹⁶"C-A Agents & Agencies" file, ledger of "Subsistence Received," p. 27, Ind. Arch., OHS.

under a preceptor, later attended Michigan University, and graduated from Sterling University, Columbus, Ohio.¹⁷ During the Civil War he served as a surgeon at the army hospital at Indianapolis. By the standards of the time, he had an adequate education.

Doctor Henley returned his family to Fairmount from Darlington. Back in Fairmount he exerted an indirect influence on Indian Territory through his friendship with David L. Payne, leader of the Boomer movement to open the Unassigned Lands. Apparently the doctor had satisfied his desire for excitement, because he opened an office next door to his home in Fairmount and stayed there. Glenn, the son born at Darlington became a doctor and entered his father's office, where he practiced until his death at the age of ninety-two in 1962.

Doctor F. P. Cleary followed Henley as agency physician, but his tenure lasted a brief three months.¹⁸ Doctor Samuel B. Varney took over the position August 4, 1871.¹⁹ With very limited facilities, he had to treat a great deal of sickness. Much of the illness could be attributed to conditions resulting from the removal to the reservation-- such as exposure, and nutritional deficiencies. Because his

¹⁷Morris, p. 15.

¹⁸"C-A Agents & Agencies" file, ledger of "Subsistence Received," p. 27, Ind. Arch., OHS.

¹⁹Pay Vouchers for services from Aug. 4, 1871, to Sept. 30, 1871, "C-A Doctors" file, Ind. Arch., OHS.

efforts were so hampered by his lack of treatment facilities and by the Indians' lack of adequate shelter, he immediately advised the Indian Department of the great need for a hospital.²⁰ Acting Commissioner W. R. Clum replied that he would require a cost estimate before any definite action could be taken. Unfortunately, the Department never authorized the construction of the hospital, and Doctor Varney had to manage with temporary treatment facilities. He remained in office until April, 1872.

It was during Varney's tenure that Agent Brinton Darlington's health began to fail. In October of 1871, he wrote Doctor William Nicholson that his health had been very poor for two months.²¹ He requested that Doctor Nicholson inform the Executive Committee of Friends to find a replacement for him. His health continued to decline until his death May 1, 1872.

The new agent, John D. Miles, was confronted with the immediate need for a new agency physician. Doctor Jason Holloway from Wabash, Indiana, was called to serve in the late summer of 1872.²² Holloway brought his family with him to the reservation, where they remained until the resumption

²⁰W. R. Clum, Actg. Comm. to Enoch Hoag, Sept. 23, 1871, and Hoag to B. Darlington, Sept. 29, 1871, "C-A Doctors" file, Ind. Arch., OHS.

²¹Oct. 10, 1871, "C-A Agents & Agencies" file, Ind. Arch., OHS.

²²Holloway to Miles, July 23, 1872, "C-A Doctors" file, Ind. Arch., OHS

of hostilities caused him to send them to Kansas in 1875. The doctor and his family made other contributions to agency life in addition to his medical service. He was also a religious leader who taught Sunday school and led weekly prayer meetings. His son Frank was an agency employee, and one daughter taught at the agency school.

A letter from seventeen-year-old Mollie Holloway to her sister-in-law back in Indiana reveals some interesting sidelights of life at Darlington.²³ She found the painted faces of the Indians on ration day most unattractive, but noted that the Indians were very fond of music; when she played the family organ, they always gathered around the windows to watch and listen. Molly commented that although the papers from the States were full of the "Temperance cause," it had not reached the agency, because if any employee dared drink whiskey the agent would discharge him. She related: "We have a splendid Literary Society. Mr. Seger and I edited the paper. Everybody said it was the best and longest paper we have had yet." Few people would have expected to find a "Literary Society" at a recently established agency for "wild Indians."

Doctor Holloway and Agent Miles made repeated requests to the Department for an agency hospital and stressed the great need for one, but to no avail. A drug store and con-

²³Molly to Fannie Holloway, March 9, 1874, "Holloway File," Archives, Carnegie Library, El Reno, Oklahoma.

sultation room finally were ready for use in 1873. Although many of the Indians who camped several miles from the agency only sought medical aid when they came in for rations, the doctor remained quite busy. A variety of illnesses plagued the Indians, including malaria, intermittent fevers, intestinal disorders, and respiratory infections. Every year Holloway complained of running short of medical supplies and of the lack of a hospital. He protested about exhausted medical supplies in his monthly report of January, 1876:

I have not been able to treat with satisfaction many of the cases that I have had to treat, not having the proper remedies, although no deaths have occurred, there not having been any very serious cases. Yet many cases were protracted beyond the proper time for relieving such cases.

It will be impossible to maintain a satisfactory reputation among them unless we can be supplied with necessary medicines. Our supplies of many of the articles of medicine have been exhausted for several months.

It would seem to be needless here, for me to suggest a more prompt action in regard medical supplies. Let them come through whatever source they may, Only let them Come. The medical stores for the present fiscal year have not yet arrived.²⁴

Tragedy struck the Holloway family before the doctor finished his service at the agency. On May 21, 1874, for no apparent reason two Indians rode up to an agency home where Frank Holloway and his father were attending a friend with a broken leg, and shot Frank through the window. Doctor

²⁴"C-A Doctors" file, Ind. Arch., OHS. The fiscal year began six months prior.

Holloway relayed the sad news to his son Orlando in Indiana:

I caught him in my arms and we laid him on a bed. I was afraid for some time that he would never speak again but in a few hours he revived and lingered on, the most of the time in great agony until Monday about 12 o'clock when death relieved him, he was shot on Thursday eve. about 9 o'clock May 21st and died the night of the 25th.²⁵

At Holloway's request, the Wichita agency physician, Doctor Fordyce Grinnell, came to assist him. The bullet had passed into the thoracic cavity and lodged there, but they were unable to locate it. Since it was impossible to remove the bullet, the best the father could do was make his son as comfortable as possible while he lived.

Excitement ran high at the agency as residents armed themselves. As soon as a nearby camp of friendly Arapahoes learned of the murder, they came to the agency to protect the employees from further trouble. When the doctor wrote Orlando on June 3rd, the Arapahoes were still standing guard day and night.

During the renewed hostilities of 1874-1875, Holloway was called on to assist army surgeons. The first contingent of troops sent from Fort Sill to protect the agency arrived without an army surgeon. He attended the soldiers until

²⁵June 3, 1874, Holloway file, Archives, Carnegie Library, El Reno, Oklahoma.

²⁶Holloway to Orlando Holloway, July 21, 1874. Holloway file, Archives, Carnegie Library, El Reno, Oklahoma.

additional troops arrived from Kansas.²⁶ The hostilities convinced authorities that a military post was needed on the Cheyenne-Arapahoe reservation. Until one could be built, troops were encamped at Darlington. During that time they had either an army surgeon or a civilian contract physician who maintained a hospital. Fighting broke out two miles above the agency in the spring of 1875. The army surgeon accompanied the troops into the field, where he gave emergency care to the wounded. The injured were then transported back to the camp hospital, where Doctor Holloway cared for them.²⁷

Doctor Holloway, fatigued from his workload and disillusioned by government failure to provide adequate supplies and facilities, decided to move his family to Kansas and join them there as soon as possible. In his last sanitary report of June, 1876, he again reminded the Department of the need for an agency hospital.²⁸ He rejoined his family on a farm near Lawrence, Kansas, where he continued practicing medicine as a "horse and buggy doctor" until his death in 1898.²⁹ When Doctor Holloway left the agency, Agent Miles reported to the Indian Commissioner: "His faithfulness in his office

²⁷Holloway to Orlando & Fannie Holloway, April 5, 1875, Holloway file, Archives, Carnegie Library, El Reno, Oklahoma.

²⁸"C-A Doctors" file, Ind. Arch., OHS.

²⁹James F. Lawrence, Jason Holloway's grandson, to Dr. R. Palmer Howard, Aug. 9, 1968; Holloway file, History of Medicine Division, University of Oklahoma Health Sciences Center.

and beside the sick couch, and in the Sabbath-school and prayer-meeting will long be remembered by Indians and whites at this agency."³⁰

Miles had a pragmatic attitude toward securing agency employees. He was interested in their religious commitment, but he was more interested in their ability to perform their duties at the agency. When he wrote Dr. Nicholson about securing a replacement for Jason Holloway, he said: "We want in the first place a good physician and next a live Christian Worker. Can you furnish such a man?"³¹ While waiting to obtain another physician, Miles hoped to secure the services of the Fort Reno physician for \$50.00 per month since Doctor Holloway had assisted the army for that amount.³² Doctor J. H. Page and Doctor A. DeLaffre, post surgeons, did render medical service at the agency from July 1 to August 24, but Miles had difficulty later securing funds to pay them. Finding another physician was made more difficult by Congressional failure to pass the necessary appropriations. The delay made it necessary for Miles to ask Holloway, already in Kansas, to make the annual estimate for medical supplies for the new fiscal year. In a letter he told the doctor: "I had hoped that our new physician would have reported ere this

³⁰ARCIA 1876, p. 50.

³¹May 11, 1876, "C-A Doctors" file, Ind. Arch., OHS.

³²Miles to Nicholson, June 19, 1876, C-A Letterbook, Vol. 1, p. 472, Ind. Arch., OHS.

time, but thus far I hear of no prospect, and the Senate and House are still in a deadlock."³³ The agent had previously expressed his concern to Doctor William Nicholson, who had asked that he reduce his employee force. Miles wrote that he had already reduced the force to the lowest standard possible to transact necessary business, but a physician was indispensable: "physician. . .we must have and that right soon."³⁴ He continued: "The sickly season is now coming upon us. . . ."

There were several seriously ill cases among the Indians by August, when Doctor Lawrence A. E. Hodge agreed to fill the position. The doctor, originally from Ohio, was unmarried, twenty-nine years of age, and came to the agency from Kansas. He assumed the duties of agency physician on August 25, 1876, and immediately began a busy medical practice. He treated three hundred eighty-six Indians during his first six days at the agency.

Hodge's workload continued undiminished during his first month. In September of 1876 he treated 2,011 patients--half of the Indians on the reservation. The effectiveness of his treatment was greatly reduced by a lack of proper drugs. His supply of quinine and other cinchona drugs was completely exhausted by September 25th.³⁵ He requested a new supply

³³Miles to Holloway, July 19, 1876, C-A Letterbook, Vol. 1, p. 575, Ind. Arch., OHS.

³⁴July 7, 1876, C-A Letterbook, Vol. 1, p. 549, Ind. Arch., OHS.

³⁵Hodge to Miles, Sept. 25, 1876, C-A Letterbook, Vol. 1, p. 781, Ind. Arch., OHS.

immediately to prevent suffering and death; the drugs arrived October 31st.³⁶ Approximately fifty percent of the cases Doctor Hodge treated in September were visited in their camps. He adopted a plan of systematic visits to the Indian camps, and he advised:

The most formidable obstacle I encounter in the treatment of these people is the bad hygienic conditions to which they are subjected and having no hospital accommodations I find it impossible to control and treat many cases as efficiently as I would like to and as their best interests would even demand.³⁷

The next month Miles decided to allow the Indians to go on a buffalo hunt. The expedition had a twofold purpose; to secure meat and lodge skins and to improve their health. The excitement and renewed physical activity of the hunt and the relocation of the camps resulted in a decrease of sickness. Clean new campsites away from water containing mosquitoes and other contaminants reduced the amount of infectious disease. The new physician had the opportunity to become more familiar with his duties while the Indians were hunting.

The first years of Hodge's tenure were filled with abundant medical problems. The first year that he could report the arrival of adequate medical supplies on time was 1880. Malaria, water-borne diseases, and respiratory infections

³⁶Miles to CIA, Oct. 31, 1876, 'C-A Doctors' file, Ind. Arch., OHS.

³⁷Sanitary Report for September 1876, "C-A Doctors" file, Ind. Arch., OHS.

were prevalent. A serious epidemic of measles occurred in 1877. Doctor Hodge supervised treatment of seventy-four pupils who were ill in the school, whose total enrollment was one hundred thirteen. The school was temporarily converted into a hospital with the teachers acting as nurses. The "badge of mourning" was worn by the heads of almost every lodge in both tribes. The Arapahoes reported the loss of one hundred thirty-six children and the Cheyennes eighty-three.³⁸ The advantage of the physician's care was graphically illustrated to one Indian family. That family lost four of its five children; the surviving child was the only one cared for at school. The survival of all seventy-four children which were under the doctor's care had a significant impact on the Indians' attitude toward government medical care.

Doctor Hodge's five years of service to the Indians were extremely busy. Short supplies of medical stores and lack of facilities continually impeded his work. His persistent requests for adequate supplies and facilities were usually unanswered. In one of his requests he pointed out the needs of the older Indians:

I would again call your attention to our urgent need of a hospital for Indians. There are many

³⁷Sanitary Report for September 1876, "C-A Doctors" file, Ind. Arch., OHS.

³⁸ARCIA 1877, p. 85.

old and infirm and diseased who sadly need hospital accommodations.³⁹

With hospital accommodations he hoped to treat the patient's total health problem by controlling such factors as diet, exercise, bathing, and by providing necessary hygienic conditions. Doctor Hodge often treated a thousand patients per month, and in October of 1879 and September of 1880 he treated over fifteen hundred. Malaria, remittent fevers, and intestinal disorders were the chief complaints. In August, 1878, Hodge had to send away a thousand patients without relief because he lacked the proper medication.⁴⁰ One reason the doctor's caseload was so heavy and the supplies so inadequate was the increasing willingness of the Indians to ask the agency physician to treat their ills.

The continuing heavy caseloads were exhausting even for a young doctor. Hodge told the agent he wanted to resign in 1879, but Miles persuaded him to remain longer.⁴¹ Miles on several occasions requested the authority to hire an assistant physician. He pointed out that the great increase in the number of Indians seeking medical aid from the physician made it impossible for one person to meet the demand.⁴² One

³⁹SR, Dec. 1876. "C-A Doctors" file, Ind. Arch., OHS.

⁴⁰Ibid.

⁴¹Miles to James Rhoades, March 12, 1879, "C-A Employees" file, Ind. Arch., OHS.

⁴²Miles to CIA, April 8, 1879, C-A Letterbook #13, p. 263, Archives, Carnegie Library, El Reno, Oklahoma.

doctor was needed for fulltime work in the dispensary and another for attending the sick in the Indian camps. Miles estimated that \$900 annually was the minimum salary which a competent person would accept, and that much would probably attract only recent graduates. Doctor Frank W. Harrell served for a very brief time in the autumn of 1879 as an assistant physician.⁴³ A major obstacle was a law restricting each agency to a maximum expenditure of \$10,000 annually for salaries.⁴⁴

In July, 1881, Hodge tendered his resignation, to be effective August 1. Miles expressed his high esteem for the doctor in a letter accepting Hodge's resignation:

. . . in accepting your resignation of an office which for five years, you have filled with so much success to the service and satisfaction to the government, I do it with the greatest reluctance.

In departing, your interest is from those with whom you have been cast so long, you can carry with you the consciousness of arduous duties faithfully performed; of having impressed savage and barbarous Indians of the efficacy of an intelligent practice of medicine; of having during your service here successfully combatted nearly every form of disease in the whole range of human ills; and leaving us. . . you carry with you the sincere thanks of all for the fidelity, intelligence, and promptness which characterized your administration of the affairs of your office since your first arrival at this agency in 1876

⁴³Harrell to Chas. Campbell, acting agent, October 10, 1879, C-A Letterbook #13, Archives, Carnegie Library, El Reno, Oklahoma.

⁴⁴Nicholson to Miles, July 2, 1877, "C-A Doctors" file, Ind. Arch. OHS.

and . . .you will take with you the sincere wishes of the whole community for as great a success in new fields, as you have honestly won in this one.⁴⁵

Doctor Hodge left the agency to go into private practice in Minneapolis, Kansas.

Miles attempted to find a physician with Indian service experience to fill the vacant position. He wrote Doctor O. G. Given, formerly at the Kiowa-Comanche agency, that he would like to have a man who in addition to having the necessary medical ability, had the ability to understand Indian needs.⁴⁶ He said: "Plenty of young, inexperienced men can be had, but we prefer, of course, those whom we know are competent to fill the bill in all respects."⁴⁷ Miles also wrote Doctor Fordyce Grinnell, former Wichita physician, concerning the job, but neither of the doctors filled the vacancy.

After consulting the Executive Committee of Friends, Miles offered the job to Doctor William F. Harvey of Harden County, Iowa. Since the agencies were no longer under Quaker administration, the Indian Commissioner felt his authority was being usurped. He informed Miles that the appointment of agency physicians rested entirely with his office. Miles replied that he had consulted the Friends merely as advisors;

⁴⁵Miles to Hodge, July 23, 1881, C-A Letterbook #14, p. 355, Archives, Carnegie Library, El Reno, Oklahoma.

⁴⁶Miles to Given, May 24, 1881, C-A Letterbook #14, pp. 147-148, Archives, Carnegie Library, El Reno, Oklahoma.

⁴⁷Ibid.

that he understood the appointment was valid only with the Commissioner's approval.⁴⁸

Doctor Harvey came to the agency in September of 1882, but remained only five months. The Department sent several of his sanitary reports back to the agent with the request that the doctor return corrected reports. Harvey resigned because of a misunderstanding with Miss Ada C. Lammond, a teacher at the Arapahoe school. Miss Lammond complained to the agent that a letter written to her by Doctor Harvey was highly offensive and a personal insult; she demanded Miles require an explanation from Harvey. Miles requested that the doctor submit a written explanation to him and to Miss Lammond. Instead, Harvey resigned.⁴⁹

Miles immediately telegraphed Doctor Hodge, who agreed to return to the agency. Miles wrote: "Every one is elated at the prospect of your return. . ."⁵⁰ The first emergency confronting Doctor Hodge was the burning of the Mennonite school. The only fatalities were a little Indian girl and the missionaries' infant son which, "medical skill and all the efforts of loving hearts and ready hands at the agency and Fort Reno could not save. . ."⁵¹ Hodge still had to contend

⁴⁸Miles to CIA, September 2, 1881, C-A Letterbook #14, pp. 491-494, Archives, Carnegie Library, El Reno, Oklahoma.

⁴⁹Miles to Harvey, January 21, 1881, C-A Letterbook, Vol. 3, pp. 408-409, Ind. Arch., OHS.

⁵⁰Miles to Hodge, January 23, 1881, C-A Letterbook, Vol. 3, p. 411, Ind. Arch., OHS.

⁵¹Miles to CIA, February 21, 1881, C-A Letterbook, Vol. 4, p. 60, Ind. Arch., OHS.

with exhausted medical supplies and a heavy caseload. August, September, and October of 1882 were months with a high incidence of malarial and other intermittent fevers, with several deaths among both whites and Indians. Hodge reported treating 2,059 cases in September and 2,152 in October. He reported:

I have labored under a great disadvantage for the past two months on account of a lack of proper and sufficient medicines. . . .I regret that necessity has compelled me to turn many away from my office empty handed.⁵²

The physician's ability to successfully treat malarial fevers when the proper drugs were available was responsible for an increasing number of Indians seeking the doctor's aid. Illness at the agency decreased in 1883, but Doctor Hodge resigned in September because of his own ill health.

At the time of Doctor Hodge's resignation, Doctor J. F. DeBra of Dayton, Ohio, was visiting on the reservation. Since autumn was the malaria season, Miles was anxious to fill the vacancy. Doctor DeBra's credentials and recommendations seemed to be adequate, and Miles offered him the appointment. The Indian Commissioner again accused Miles of attempting to usurp his authority.⁵³ Miles explained the urgent need and the immediate availability of Doctor DeBra; he assured the Commissioner that he made the appointment

⁵²SR, September, 1881, NARS, OIA letters rec'd 1882, #18490.

⁵³Miles to CIA, Nov. 12, 1883, NARS, OIA letters rec'd, #21179.

conditional upon the Commissioner's approval. Miles had informed the Commissioner of the appointment on September 20th but he received no reply until October 19th. The commissioner's concern over the issue and over Indian welfare was tardy enough to be questionable.

The Commissioner allowed DeBra to remain as agency physician. DeBra was forty-six years of age, a graduate of Ohio Medical College, and had practiced medicine twenty-two years. The number of patients treated per month continued to be quite large, ranging often from a thousand to two thousand. Like his predecessors, DeBra stressed the need for hospital facilities. In his sanitary report of September 1884, DeBra reported that Old Bull Bear, well-known Cheyenne medicine man, openly declared a lack of confidence in native medicine and influenced other Indians to consult the agency physician.⁵⁴

The agents reported DeBra's work to be satisfactory, but the change in political power in Washington in March, 1885, affected the doctor's position. The Democrats were in power for the first time since the Civil War. The assassination of President Garfield had shocked Congress into passing the Pendleton Civil Service Act, but initially it classified only about ten percent of all government jobs. The Indian Service was not included. DeBra wrote the new Indian Commissioner, J. D. C. Atkins, that although he had been ap-

⁵⁴"C-A Doctors" file, Ind. Arch., OHS.

pointed during Arthur's administration, he had "always been a Democrat and voted and supported the Democratic principles for the last twenty-five years."⁵⁵ He assured the Commissioner that the only reason he was appointed during a Republican administration was to relieve the urgent need at the agency for a physician. He noted that in the spirit of service he had relinquished a good practice to care for the Indians.

Doctor J. S. Dorset of Bonham, Texas, was appointed to replace DeBra in October. When his arrival was delayed, DeBra agreed to remain until the new doctor came, although it would result in his moving in winter. DeBra wrote Dorset such a discouraging letter, describing the living conditions, salary, and cost of living, in such bleak terms that Dorset declined the appointment.⁵⁶ Dorset's sponsor, D. B. Culbertson of Jefferson, Texas, thanked the Commissioner, and suggested: "it would be well to let the other fellow stick as he is seasoned. . . ." ⁵⁷

The Democrats, however, had someone else waiting to share in the spoils. Doctor Sanford E. Givan reported to the agent November 4, 1885, with a letter of appointment. Doctor

⁵⁵May 8, 1885, NARS, OIA letters rec'd, 1885, #107623.

⁵⁶Oct. 4, 1885, NARS, OIA letters rec'd 1885, #23623.

⁵⁷Ibid.

Givan's tenure was the shortest of all--he resigned November 12th. His resignation telegram to the Commissioner read:

My reasons for resigning are that the salary will not justify me staying at this agency and my conduct is not entirely acceptable to the Agent. With all thanks to yourself and Judge Holman for the appointment.⁵⁸

Givan's "not entirely acceptable" conduct, DeBra described as a "Beastly State of Intoxication."⁵⁹ Agent Jason Lee hoped to dismiss the matter with the acceptance of Givan's resignation and wished to avoid further unpleasantness. The Department demanded an explanation of Givan's sudden departure. Lee submitted the following report:

Doctor Givan entered on duty November 4th as agency physician. . . .He stated to me that his predecessor Doctor DeBra had discouraged him somewhat in regard to prospects here and did not seem disposed to afford him ample facilities and information in making the transfer.

. . . . On the evening of 9' inst. I learned that Doctor Givan was in a gross state of intoxication. By a personal inspection I found such to be the fact and that he was utterly unfit to perform any duty for which he might be called.⁶⁰

Captain Lee suspended Givan immediately. He gave the doctor the option of resigning or of remaining under suspension until a departmental investigation was made. Lee advised him to remain at the agency until the Department acted on his

⁵⁹DeBra to CIA, Nov. 9, 1885, NARS, OIA letters rec'd 1885, #27173.

⁶⁰Lee to CIA, Nov. 13, 1885, C-A Letterbook, Vol. 9, pp. 368-370, Ind. Arch, OHS.

resignation but Givan, still intoxicated, left November 13th for Missouri.

Doctor DeBra continued his efforts to stay at the agency. He wrote Commissioner Atkins expressing the desire to retain the position and reminding him that on a visit to the agency, Atkins had promised to see that he had a position somewhere in the Indian Service.⁶¹ He enclosed several letters of recommendation from residents of Dayton, Ohio, vouching for his abilities as a physician and attesting to the fact that he was a staunch, "uncompromising Democrat." DeBra expressed bewilderment at their turning out into the cold winter such a loyal party member.

DeBra continued to serve at the agency until the Department appointed Doctor John W. Gray to fill the position. Three years later, when political fortune changed and power passed back to the Republicans, DeBra attempted to get a share of the Republican spoils. He wrote Kansas Senators Preston B. Plumb and John J. Ingalls concerning his application for a position in the Indian Service, and enclosed several letters of endorsement which maintained that the doctor was an "uncompromising Republican."⁶² He told Senator Ingalls:

⁶¹DeBra to CIA, Nov. 9, 1885, NARS, OIA letters rec'd 1885, #27173.

⁶²July 13, 1889 and July 17, 1889, NARS, OIA letters rec'd 1889, #20951 and #1905.

I was agency physician at the Cheyenne and Arapahoe agency for the term of two years receiving the appointment during Pres. Arthur's administration and is needless to say was relieved when the Cleveland power came into play.⁶³

One of the endorsements contains comments on his work in the recent election. All of the letters were from Hutchinson, Kansas; perhaps the doctor, embittered at being discharged by Democrats, changed parties at his new residence.

Captain Lee summarized the removal of Doctor DeBra and the suspension of Doctor Givan in his annual report for 1886:

. . . one agency physician was removed by the Department's appointment of a successor. This successor, on account of his habits, was suspended by the agent a few days after entering on duty, and his resignation was soon thereafter accepted by the Department and the present incumbent, Dr. J. W. Gray, a thoroughly competent physician and gentleman, succeeded to the duties.⁶⁴

Regardless of the political implications of DeBra's removal, there may have been another reason for replacing him. Lee reported in January of 1886: "Doctor J. W. Gray entered on duty January 11. . . .The systematic arrangement of the office and medicines made under Dr. Gray's management shows a marked improvement."⁶⁵ Gray stated that he found the office

⁶³Ibid.

⁶⁴ARCIA 1886, p. 115.

⁶⁵Lee to CIA, Jan. 31, 1886, C-A Letterbook, Vol. 11, p. 224, Ind. Arch., OHS.

in chaos. Everything was in disorder, with medicines partly on shelves and partly in boxes and no book of sanitary "rec-kerds."⁶⁶ Doctor Gray described his examining room and office as a "little dirty place" frequently overrun with Indians and dogs and with no place to keep "reckerds."⁶⁷

The heavy caseload and insecurity of Doctor DeBra's status while agency physician were not conducive to maintaining an efficient office. In addition, he had to contend with supplies which did not arrive when needed. The worthless thermometers and dental instruments of which Doctor Gray complained may not have been DeBra's fault.

Gray noted that eye and ear diseases had been neglected.⁶⁸ He immediately requested badly needed medical stores and instruments. He told Commissioner Atkins that he was getting along as well with the Cheyennes and Arapahoe as he had with the Sioux at Pine Ridge Agency. Gray reported being diligently at work, but it is hard to account for the marked reduction in cases treated in his monthly sanitary reports. In the peak malaria month of September, he reported treating only one hundred ten total cases in 1887, and in September of 1888 only one hundred sixty-two. He requested a leave of absence of thirty days in May, 1886, and again in

⁶⁶Gray to CIA, Feb. 8, 1886, NARS, OIA letters rec'd 1886, #4821.

⁶⁷Ibid. Dr. Gray's letter is reasonably well-written except for the spelling of "records."

⁶⁸Ibid.

January, 1887, and asked for fifteen days in October, 1887. This was a large amount of leave-time in such a brief period.

Doctor Gray, in September 1886, requested a transfer to Albuquerque, New Mexico, because he found the Darlington climate unhealthy and the agency an undesirable place to live.⁶⁹ He left the Cheyenne-Arapahoe reservation November 30, 1887. The doctor served for a short time at the Uintah agency in Utah before going into private practice in Bloomfield, Indiana. Private practice may not have been too lucrative, because in 1891 he applied again for the position of agency physician at Darlington.

Doctor Hamilton K. Derr took charge of the physician's office on December 24, 1887. He was recommended by Senator Arthur P. Gorman of Maryland as "A well known citizen of our state, competent and worthy in every way of any trust reposed in him. . . ."⁷⁰ Doctor Derr, thirty-seven years old and a graduate of the University of Maryland, came to Darlington from Woodsboro, Maryland.

Derr, like most of the other physicians, pointed out the need for a hospital. Agent G. D. Williams advised the Indian Commissioner that to adequately serve the Indian med-

⁶⁹Gray to CIA, Sept. 22, 1886, NARS, OIA letters rec'd 1886, #25899.

⁷⁰Gorman to CIA, Nov. 29, 1887, NARS, OIA letters rec'd 1887, #31727-A.

ical needs another physician was needed in addition to a hospital.⁷¹ There were seven hundred Indians at Cantonment sixty miles from Darlington, and it was impossible for one physician to care for the needs of the entire reservation. However, Derr's sanitary reports show his caseload per month was relatively light, varying from one hundred to approximately three hundred patients.

In October, Derr took a leave of absence and went back to Maryland. While he was gone he was replaced by Doctor George R. Westfall in November, 1888. Derr reported to the Indian Commissioner that he had been delayed in returning to Darlington because of illness, but thought it was of "no particular difference as I had left my office in charge of a physician."⁷² Other factors influenced the decision to replace Doctor Derr. In October he had requested a transfer to another agency because he did not get along well with some of the other employees.⁷³

Doctor Westfall was the best trained of the physicians appointed to the Cheyenne-Arapahoe reservation. He was an 1879 graduate of the College of Medicine and Surgery of Columbia College, New York City, and served an internship and a residency at the New York City Hospital. He came west

⁷¹ARCIA 1887, p. 78.

⁷²Nov. 21, 1888, NARS, OIA letters rec'd 1888, #28779-A.

⁷³Derr to CIA, Oct. 3, 1888, NARS, OIA letters rec'd 1888, #27068.

to establish a practice in Arkansas City, Kansas. Westfall was physician for the Chilocco Indian School for three years in addition to his private practice. When he came to Darlington Doctor Westfall was thirty-seven years old, was married and had two children. At thirty-seven, with ten years experience, he was young enough to have sufficient energy to perform his arduous duties and experienced enough to make proper use of his training.

Westfall, a Democrat, was appointed near the end of the Cleveland administration. Since he resided in a Republican state, he sought aid from Democratic friends in Arkansas to secure the appointment. A Fort Smith friend wrote Senator James Berry that Westfall was a staunch Democrat, "but unfortunately for him he hails from the Republican state of Kansas and you know they have a holy hatred for democracy or a democrat this is why he asks for help outside his own state."⁷⁴ Agency employees were reappointed each year, and after a new Republican administration took over, the reappointment of a Democratic agency physician was questioned. As the election of 1892 neared, Westfall's presence at Darlington became more offensive. Many Republican leaders in Oklahoma Territory were concerned over Westfall's possible influence on the Indian vote. Numerous letters were sent to the Secretary of the Interior protesting the reappointment of Doctor Westfall. One of these letters written by George

⁷⁴Sept. 1, 1888, NARS, OIA letters rec'd 1888, #22382.

Day, the agent, advised the Commissioner:

I have carefully looked into the matter, and would cheerfully recommend that the change be made at once as there are about eleven hundred Indians who have acquired the right of suffrage.

Dr. Geo. B. Westfall is an offensive partizan, and late Democratic aspirant for Congressional Honors, and as the balance of power in that district rests with the Indian vote . .

. ."⁷⁵

The doctor managed to retain his position through several changes of administration until he resigned from the Darlington agency in 1903.

Doctor Westfall began advising the Indian Office of the need for a hospital in his second report from Darlington.

In the Sanitary Report for December, 1888, he said:

I can suggest nothing for the improvement of the service that would be of greater practical benefit to the Indians, or that would tend more to inspire confidence in the agency physician among these poor benighted aborigines than a well equipped hospital with an ambulance attached. So strong is the prejudice and superstition among these people that in many cases they conceal their sick instead of giving timely notice to the physician and in many cases where the doctor is called to treat them he finds the patient in articulo mortis, or so near to it that nothing short of a miracle could possibly save them. . . .The camp Indians are totally destitute of every convenience for taking care of their sick and hence, in many cases, the physician's medicine falls short of producing the effect designed, if it be not altogether withheld and his commands interdicted by their medicine men.⁷⁶

⁷⁵Aug. 29, 1892, NARS, OIA letters rec'd 1892, #32409-

⁷⁶SR, Dec. 1888, "C-A Doctors" file, Ind. Arch., OHS.

The doctor estimated that the cost of a twenty bed hospital would not exceed \$5,000, and ended with the plea: "If hospitals and nurses are needed anywhere in the treatment of the sick, they are among the Indians."⁷⁷ In the same month, he was the first agency physician to diagnose trachoma, a major eye disease among the Indians. In his report for May 1889, Westfall commented sarcastically concerning the lack of a hospital: "The case of gangrene reported cannot be called 'Hospital Gangrene' as we have no hospital."⁷⁸

The number of cases treated by Doctor Westfall during his first three years at the agency was less than those treated during the middle 1880's. In one of his reports Westfall explained that the statistics on the sanitary reports were not accurate indicators of the amount of work done by the agency physician. The reports did not enumerate the many times he gave medication for minor ills such as slight headaches, head colds, nervous irritability, etc.⁷⁹ Also included in his work was caring for the children at the Arapahoe, Mennonite, and Cheyenne schools. He had to examine the children who were about to leave to attend several schools in the States--for example, Carlisle, Haskell, and Hampton. He was required to teach health, physiology, and nursing care at the three reservation schools. The doctor was responsible for inspecting the sanitary condition

⁷⁷Ibid.

⁷⁸Ibid., May 1889.

⁷⁹SR, March 1890, NARS, OIA letters rec'd 1890, #11788.

of the agency and schools and for making recommendations to the agent. Westfall was especially concerned with the water supply and sewage disposal. He complained of Fort Reno dumping their sewage in the river upstream from the agency.

Westfall summarized some of the problems which hampered a physician from giving optimum medical care to the Indians:

The greatest drawback to the practice of medicine among the Indians is the lack of skilled nursing, proper food, and hospital accommodations. Teepees are woefully deficient in everything that is essential to the proper caring of the sick, & totally destitute of everything that tends to make their surroundings cheerful.⁸⁰

Because the agency physician was solely responsible for such a multiplicity of duties, his own health was often adversely affected. When Doctor Westfall left the agency in 1906, he gave ill health as his reason for leaving.

Kiowa-Comanche Physicians

The first physician at the Kiowa-Comanche reservation, Doctor Edward Palmer, was appointed before the Quaker administration began. Doctor Palmer arrived at the site of the first agency near old Fort Cobb in March of 1868. He had served under the Kiowa-Comanche agent, Colonel Jesse Leavenworth, during the Civil War as an army surgeon. Leavenworth recommended Palmer's appointment because of his work in the

⁸⁰SR, March, 1890, NARS, OIA letters rec'd 1890, #11788.

medical department of the army.⁸¹ Palmer did not have a Doctor of Medicine degree, but had other medical training (presumably under a preceptor), and had practiced medicine in Kansas.

Leavenworth quickly regretted his choice of physician. On April 22nd, he wrote the Indian Commissioner complaining that Palmer was inattentive to his duties, and that his attitude had changed greatly since his army service. The Colonel reported that Palmer had no interest in the ills of the Indians but devoted himself to his hobby of collecting botanical and zoological specimens for the Smithsonian Institution.⁸² Palmer protested that Leavenworth's charge was false; nevertheless, the Colonel discharged him on May 4th.⁸³

Major Henry Shanklin, who was in charge of the Wichitas and affiliated bands prior to the Quaker administration, believed the action was unjust, and invited the doctor to the Wichita agency.⁸⁴ Some of the Indians had been friendly to Palmer, but many had been hostile to him because they feared his "charms." Palmer's move to the Wichita agency was unfortunate for the Wichitas and affiliated bands. The Kiowas and Comanches decided to vent their pent-up hostilities on

⁸¹Rogers McVaugh, "Edward Palmer's Collection in the Indian Territory 1868," Chron., Vol. 23, p .17.

⁸²Ibid., p. 18.

⁸³Ibid., p. 19.

⁸⁴Ibid.

Doctor Palmer. Shanklin reported the incident to the Commissioner:

Dr. Palmer, the physician of the district, and who made his home at the agency, had become a special object of hatred, to such an extent that threats were made that they [the Kiowas and Comanches] would kill him. At first no attention was paid to them, but receiving information from one of their own tribe that they intended to kill the doctor, it was deemed prudent to move at once. The night after, the building burned with all its contents, being unable to move all the property. . . . They remained long enough to almost ruin the entire crop of corn and beans planted by the Wichitas.⁸⁵

The whole affair was a lamentable beginning for medical service on the reservation. It made the work of succeeding physicians more difficult.

After leaving the Wichita agency, Palmer traveled east into the Choctaw Nation. He continued across the eastern part of Indian Territory collecting botanical, zoological, and ethnological specimens. The Palmer collection became the property of the Smithsonian Institution, which distributed duplicates of some specimens to the New York Botanical Garden and the United States Herbarium.⁸⁶

The next physician at the Wichita Agency was Doctor George D. Cook, a Quaker from West Branch, Iowa. Doctor Cook had graduated from the Medical School of Maine in 1866. He was recommended to Agent Jonathan Richards through Doctor

⁸⁵ARCIA 1868, pp. 287-288.

⁸⁶McVaugh, p. 16.

William Nicholson. Doctor Nicholson wrote that Cook had been represented to him as a "man of upright character, correct habits and successful as a physician and is a member of our Religious Society."⁸⁷ He began service as agency physician April 29, 1872 and remained until September of 1873. He eventually found his way back to his native New England and practiced in Charleston, Maine.⁸⁸

Cook was succeeded by an outstanding young physician from Ohio. Doctor Fordyce Grinnell came to the Wichita agency shortly after Cook's departure. He was twenty-seven and an 1873 graduate of the Miami Medical College of Cincinnati, Ohio. He had practiced a short time in Tennessee, but the depression of 1873 undoubtedly hampered his efforts to become established. Lawrie Tatum considered Agent Richards very fortunate to have obtained the services of Doctor Grinnell. Grinnell's impact on the Indian community was not restricted to the practice of medicine. Tatum wrote:

He was skillful in his profession and he and his wife were fitted of God for personal religious work with the Indians, besides the part they took in church services held at the agency. About fifteen or twenty of the Indians were converted,⁸⁹ principally through their instrumentality.

Doctor Grinnell's genuine concern for the Indians was evident in his constant requests for a hospital and adequate

⁸⁷Nicholson to Richards, Mar. 8, 1871, K-C"Doctors" file, Ind. Arch., OHS.

⁸⁸Medical and Surgical Register of the United States, 3rd ed. (R. L. Poik & Co., 1893), p. 543.

⁸⁹Tatum, p. 209.

medical supplies, and in his general attitude toward them. His sanitary reports usually had accompanying remarks which more fully explained the needs and problems of the Indians. He made periodic visits to the Indians in their camps, whether called or not. The agent reported in 1875 that he, Doctor and Mrs. Grinnell, and another employee made a complete tour of the reservation in July to determine the condition and needs of the Indians.⁹⁰

Grinnell utilized every possible opportunity to declare the need for a hospital at the agency. In August of 1874, he advised that a hospital was much needed because it was impossible to treat patients efficiently and contend with the exposure and want which accompanied camp life.⁹¹ He believed that the Wichitas and their affiliates were advanced enough toward assimilation that they would appreciate such an institution. A year later he reported that when sickness occurred, some of the Indians moved their lodges near his office in order to receive more constant attention, an indication that the Indians would use an agency hospital.⁹² He pointed out that there were a few aged, infirm, and blind who needed a place to receive special care. Grinnell noted

⁹⁰ARCIA, p. 288.

⁹¹SR, Aug. 1874, "K-C Doctors" file, Ind. Arch., OHS.

⁹²Ibid., July 1874.

that the numerous respiratory infections could be much better treated if a hospital were available, and he said: "I hope the department will ere long see fit to make this addition to a civilized treatment of those dependent upon it for care and protection."⁹³

In addition to discharging his duties as physician and religious leader, Doctor Grinnell found time to write. The Bureau of American Ethnology asked him to furnish information on the mortuary customs of the Indians at the agency. While he was preparing papers on the subject, he became interested in Wichita history in general and recorded as much of it as time allowed. Grinnell also contributed articles to a popular medical journal, the Cincinnati Lancet and Observer (later changed to the Cincinnati Lancet and Clinic). Articles published included: "The Healing Art as Practiced by the Indians of the Plains" in 1874; "Indian Questions from a Medical Observer," "Iodine a Substitute for Quinia," "Removal of the Lower Portion of the Left Lung," in 1878; and "The Sioux Sun Dance," in 1881.⁹⁴ The articles indicate that Doctor Grinnell's education included both medicine and the classics, and that he was well read on a variety of subjects.

The short article on a case of lung surgery received the widest attention. Some young Caddo boys were playing

⁹³Ibid., Dec. 1876.

⁹⁴Vol. 17, pp. 145-147; Vol. 21, pp. 157-169; Vol. 40, p. 145; Vol. 40, pp. 187-188; Vol. 46, pp. 33-34.

with bows and arrows--possibly their version of a cowboy and Indian encounter--when one boy was accidentally shot. The arrow penetrated the thorax between the fifth and sixth ribs and entered deeply into the lung. The boy immediately withdrew the arrow, dragging a portion of the lung with it. The family lived fifteen miles from the agency and first sought the aid of a medicine man whose treatments failed to help. Grinnell saw the case twenty-four hours after the injury occurred, when the exposed lung already had an odor of decay. The doctor at once administered chloroform, ligated the herniated lung close to the wound, and excised it. The stump was pushed back into the pleural cavity after being washed with perchloride of iron. The boy made an uninterrupted recovery and although there was suppuration in the wound for two weeks, he was soon back at play.⁹⁵ An account of the operation is included in most general works on the history of thoracic surgery.⁹⁶

An Indian agency, like any other community of human beings, had its own peculiar jealousies and power struggles. Often an employee who was the most dedicated to the welfare of the Indians was the most vulnerable to persons desiring

⁹⁵Ibid., Vol. 40, p. 187.

⁹⁶Richard H. Meade, A History of Thoracic Surgery (Springfield, Ill.: Charles C Thomas Publisher, 1961), p. 30; Lew A. Hochberg, Thoracic Surgery Before the 20th Century (New York: Vantage Press, 1960), p. 369.

to further their own interests at any expense. In May, 1878, a letter to President Hayes signed by a James Smith and one to Mrs. Hayes signed by a Mrs. Jane Ross made charges of immorality against Henry Dawes, a teacher, and Doctor Grinnell. A departmental investigation yielded no evidence of any kind to substantiate the charge. No such persons as James Smith or Mrs. Jane Ross could be found at or in the vicinity of the Wichita Agency. William M. Leeds, the acting Indian Commissioner, believed that at least one of the letters had been written with malicious intent by someone at the agency.⁹⁷ Grinnell and Dawes were completely exonerated.⁹⁸

Doctor Grinnell remained at the agency until September, 1878. When the Wichita agency and the Kiowa-Comanche agency were consolidated, only one physician was retained. Grinnell returned to New Vienna, Ohio, for a time. While there, he was offered another position in Indian Territory by Agent Miles of the Cheyenne-Arapahoe agency. Although he did not fill the position at Darlington, he did reenter the Indian Service. He was agency physician at the Pine Ridge agency in Dakota Territory in the 1880's and school physician at Carlisle Indian School in the early 1890's. While at the Pine Ridge agency he wrote the article on the Sioux sun-dance. The west must have attracted him because he again

⁹⁷CIA to Sec. of Interior, May 6, 1878, "K-C Employees" file, Ind. Arch., OHS.

⁹⁸Ibid.

traveled westward. An 1893 medical register gives his place of residence as Pasadena, California.⁹⁹

After the abrupt departure of Doctor Palmer, the Kiowa-Comanche reservation was without a doctor for three years. During the interim, the only medical care dispensed was by the army surgeon at Fort Sill. Doctor H. S. Kilbourne wrote Tatum that he frequently furnished medical services to the Indians.¹⁰⁰

Lawrie Tatum had a difficult time finding a physician. He wanted one who would not only attend to medical duties, but could also preach and help with the Bible school. Although he preferred a Quaker, he would have accepted a physician of another church.¹⁰¹ At last, he secured the services of Doctor A. D. Tomlinson, a Quaker, who arrived accompanied by his wife and daughters, on April 22, 1871. Tomlinson, a graduate of Miami Medical College of Cincinnati, came to the agency from Bloomington, Indiana, where he was a minister as well as a physician. Tatum had a stone house built for the family.

The Tomlinson family, like the Holloways of Darlington, experienced personal tragedy during their service. Mrs. Tomlinson became ill only six months after their arrival and

⁹⁹R. L. Polk & Co., Medical and Surgical Register, p. 192.

¹⁰⁰Kilbourne to Tatum, Aug. 10, 1870, "K-C Doctors" file, Ind. Arch., OHS.

¹⁰¹Tatum, p. 93.

died October 13, 1871. The doctor and his work were deeply affected.

Tomlinson remained at the agency for two years. He was responsible for the health of the agency employees, the reservation Indians, and the school children. Sometimes he was asked for extra services. J. A. Covington, agency clerk at Darlington, requested his aid during the last days of Agent Darlington's fatal illness.¹⁰² The doctor taught Josiah Butler, agency school teacher, to handle minor childhood ills and supplied him with the proper medications. Butler recorded in his diary that Tomlinson "was a splendid doctor."¹⁰³ Lawrie Tatum said of Tomlinson: "He was a skillful physician, a good minister and valuable assistant to me."¹⁰⁴

On the recommendation of the Executive Committee of Friends, Doctor Obadiah G. Given began his tenure as agency physician April 1, 1873. The four and a half years during which Doctor Given served as agency physician were the most difficult years on the reservation. He had to cope with hostile Indians, insufficient appropriations, and inadequate medical supplies and treatment facilities. The medical supplies for the fiscal year which began in July, 1874, did not

¹⁰²J. A. Covington to Tatum, April 19, 1872, "K-C Doctors" file, Ind. Arch., OHS.

¹⁰³Josiah Butler, "Pioneer School Teaching at the Comanche-Kiowa Agency School 1870-3," Chron, Vol. 6, p. 514.

¹⁰⁴Tatum, p. 103.

arrive until March, 1875, and the autumn of 1874 was one of the peak malaria seasons. In both 1874 and 1875, Given was forced to borrow extensively from Fort Sill hospital stores.¹⁰⁵ In addition to the usual ills, a smallpox scare in 1875 necessitated vaccinating as many Indians as possible, and in 1877 there was a measles epidemic.

Given frequently protested to the Indian Commissioner that he was prevented from effectively treating the sick by the lack of hospital facilities and insufficient medicines. He reported the problems of practicing medicine at the Kiowa-Comanche agency:

Situated as we are at this agency, with no hospital accommodations and none of our Indians located near the agency except as they come in for rations when they only remain for a day or two, I cannot make as satisfactory a report as your blanks provide for. The system of prescribing for those who come to the office is all I can do without some hospital advantages. This being the case little can be done for chronic cases as they cannot be relied on for following up a course of treatment themselves, their superstitious ideas regarding remedies being such that if they are not benefited immediately they would throw the medicine away. They show each other but little attention when sick. With a suitable hospital building and necessary helps I feel well assured that I could have a great many patients and their minds impressed with the importance of giving attention to the sick.¹⁰⁶

Doctor Given observed that the amount of sickness depended largely upon the rainfall received during the summer months. He thought the agency was in a very poor location

¹⁰⁵SR, Sept. 1874, "K-C Doctors" file, Ind. Arch. OHS.

¹⁰⁶Ibid., July 1874.

--in the midst of ponds and flats which made "excellent malarial generators."¹⁰⁷ He recommended moving the agency ten or fifteen miles into the mountains near Bluff Creek, a clear running mountain stream. Although malaria caused much suffering, it was also the disease which most vividly showed the capability of the agency physician's medicine. The medicine men had no remedies for it, but a patient nearly dead, when given the white man's medicine, would make a rapid recovery. The Indians considered this "big medicine, heap good."¹⁰⁸

The Given family, like families of other agency physicians, contributed more to the agency-community than just medical care. Mrs. Given was a teacher in the Kiowa school during their years at the agency. Doctor Given gave lessons at the school on science and anatomy. A Kiowa family of famous lineage took Given as a surname. In 1876 the agent, James Haworth, was preparing to send students to the Carlisle School. A young Kiowa told the agent that he wished to go to school. Although the openings had been filled, he was so earnest that the agent decided to send one more. The agent asked the boy's name, and he replied that he had thrown away his Kiowa name and wanted a new name. The agent suggested the good Biblical name, Joshua. The boy liked the name, but said that white men had two names. They decided

¹⁰⁷Ibid., Oct. 1875.

¹⁰⁸Ibid., Aug. 1874.

to use the physician's surname, and the son of old Satank was entered on the school register as Joshua Given.¹⁰⁹ Other members of the family used the name, and the doctor's name became the surname of Satank's descendents. Joshua did well in school and became an Episcopal minister and Kiowa leader.

Doctor Given left the reservation in September of 1877 to engage in private practice in Washington, Iowa. Agent Miles twice offered Given a position at the Cheyenne-Arapahoe agency, but he declined because of his growing private practice. He did reenter the Indian Service, however, serving during the 1880's as school physician at the Carlisle Indian School. His previous experience as an agency physician undoubtedly aided him greatly in treating and understanding the Indian school children.

Given's successor was Doctor Irving W. Smith, twenty-seven years old, married with one child, and a recent graduate of Jefferson Medical College of Philadelphia. Smith, who left a small practice in Iowa to come to Indian Territory, assumed the office of agency physician October 1, 1877, shortly after Given's departure. The new agent, Philemon B. Hunt, described Smith as a "good number," with the ability to induce Indians to work."¹¹⁰

¹⁰⁹Tatum, p. 198.

¹¹⁰Employee Report, March 5, 1878, "K-C Employees" file, Ind. Arch., OHS.

Doctor Smith's two years at the agency were arduous ones, with caseloads ranging from three hundred to almost a thousand per month. He continued the smallpox vaccinations, but was disappointed that many Comanches refused to submit. Most of them admitted it was effective, but preferred to wait until an outbreak of the disease occurred to be vaccinated. Others believed that if the Great Spirit chose to kill them they were obligated to submit to His wish.¹¹¹ This attitude impeded the physician's effort to help other health problems. Smith found that older people frequently had this fatalistic attitude which made it impossible for him to aid them. Doctor Smith described one especially busy period in a sanitary report:

In accordance with the agent's desire I have travelled several hundred miles in systematic visits to the most remote camps, being at one time absent an entire week, and making over three hundred prescriptions during that time. It has been quite impossible to make nearly all the visits asked for by the Indians.¹¹²

There were many frustrations to plague a conscientious agency physician. The lack of treatment facilities, drugs, and instruments could render the best doctor ineffective. Exhausted supplies of quinine and cinchona for treatment of malaria--the one disease which could be treated with great success--was a special source of frustration. Smith wrote:

¹¹¹SR July 1878, "K-C Doctors" file, Ind. Arch. OHS.

¹¹²Ibid., Sept. 1878.

Great and increasing embarrassment is occasioned by the non-receipt of medical supplies for the current year, three months of which have already elapsed. Naturally many of those articles most needed are the ones longest missing from our shelves.¹¹³

All of the physicians were constantly distressed by the lack of a hospital. Doctor Smith added his plea to the others:

The want of any hospital accommodations is specially felt in the treatment of constitutional syphilis, and in scarcely less degree in cases of pneumonia. It is almost impossible that any satisfactory plan of treatment of these diseases can be carried out while the patients remain in the camps. I have no doubt but most of the sick would make use of a hospital, and that a moderate expenditure for such a purpose would tend greatly to eradicate Indian superstitions.¹¹⁴

The agency dispensary lacked some of the most basic medical instruments. Smith's estimate for medical supplies, June 30, 1878, requested the Department to purchase instruments to correct the deficit. He ordered:

- (1) Pocket instrument case--the dispensary had not one efficient cutting instrument.
- (2) A stethoscope--none was available.
- (3) Thermometer--one that could be read in the dim light of an Indian lodge. The one available could not be read except in strong light.
- (4) Scales and Weights--one set of weights at the agency, but no scales.¹¹⁵

The medical property return for March of 1879 shows that he

¹¹³Ibid.

¹¹⁴SR, April 1878, "K-C Doctors" file Ind. Arch., OHS.

¹¹⁵"K-C Doctors" file, Ind. Arch., OHS.

did receive more than one of each of these items.¹¹⁶

Doctor Smith took his family back to Iowa in September of 1879, settling permanently in Charles City, to engage in private practice.

At the time the two agencies were consolidated it was decided to retain one agency physician and contract for services at Fort Sill with Doctor C. C. Goddard, acting assistant surgeon with the army. Assisted by an agency employee, E. L. Clark, he was to care for the Indians camped in the vicinity. This arrangement did not prove satisfactory. It was impossible for fewer than two regular physicians to render services at the agency and Fort Sill.¹¹⁷ Some of the Indians objected to placing their children in the Kiowa-Comanche school at Fort Sill unless a physician was there at all times.¹¹⁸ Indian farm settlements were spread so far apart that it was impossible for one physician to care for the entire area. Farms ranged fifty miles south, forty miles west, thirty miles north, and twenty-five miles southeast from the Anadarko agency.¹¹⁹ In order to alleviate the situation, the agent was authorized to secure an assistant physician to be located at Fort Sill.

¹¹⁶"Return of Medical Property, March 31, 1879, "K-C Doctors" file, Ind. Arch. OHS.

¹¹⁷SR, Oct. 1878, "K-C Doctors" file, Ind. Arch. OHS.

¹¹⁸Ibid.

¹¹⁹Hunt to CIA, Feb. 26, 1883, Kiowa Letterbook, Vol. 15, pp. 85-88, Ind. Arch., OHS.

The first assistant physician appointed was Doctor Selden A. Churchill from Davenport, Iowa. He was twenty-six years old and single, and began his service in October of 1878. He performed his duties well, but unknown to the Indian Bureau he was afflicted with Bright's disease. He became very ill on March 3, 1879, and was taken to the Fort Sill hospital, where he died on March 5th. He had kept his fatal disease a secret from all but a few of his closest friends and had chosen to spend his last days engaged in the profession which he had intended to be his life's work.

Several physicians held the office of assistant physician, but all stayed only a short time. The main reason for the short tenure was the annual salary of \$580. The salary had to be supplemented by outside practice from residents of the Fort Sill area. David MacKay, who replaced Doctor Churchill, was a forty-five year old Scottish immigrant with a family to support. MacKay had expected to receive Doctor Smith's office upon Smith's resignation, but when he did not receive the appointment, he moved his family to Kansas. Doctors James R. Whitwood and Hugh L. Tobin both served as assistant physicians and were later appointed agency physicians. In the middle 1880's the Department in an economy effort decided to combine two agency positions. They chose the ludicrous combination of "additional farmer" and "assistant physician." Doctors L. M. Hutchinson and Thomas C. Hatton attempted to fill the combined position, but neither stayed long.

The three doctors--Lewis L. McCabe, James R. Whitwood, and Hugh L. Tobin--who filled the office of agency physician from November 1879, to May, 1886, had several things in common. They were all recent graduates: McCabe from St. Louis Medical College in 1872, Whitwood from the University of Buffalo Medical Department in 1878, and Tobin from the Jefferson Medical College of Philadelphia in 1880. They were young men when they entered service: McCabe, the oldest, was thirty-three, Whitwood was twenty-five, and Tobin was twenty-six. The three young men were all single when they arrived at the agency, but Doctor Whitwood married an agency employee, Alice Kuhn.

During the period from 1879 to 1886, all of the physicians treated numerous cases of malaria, respiratory infections and eye infections, which was comparable to the experience of the Cheyenne-Arapahoe reservation during the same period. Each doctor successively reinforced previous pleas for a hospital. Each was distressed that he had no way to supervise patients after they returned to their camps. The Indians might leave the agency area and be gone for several weeks or months, and they might or might not continue the prescribed medication. Doctor Whitwood described the inadequate facilities:

We are sadly in need of a hospital, as we have no accommodations for the sick whatever. Our dispensary consists of but one room and is crowded to its utmost capacity to contain the medical stores. This want is almost as sadly

felt by the white employees as by the Indians, who would gladly avail themselves of its privileges.¹²⁰

In addition to the usual ailments, Doctor Tobin had to cope with epidemics of whooping cough and measles.

Doctors Whitwood and Tobin had politically influential connections. In a letter of March 1883, Whitwood mentions a friend, District Attorney Edward Hatch (of New York) who is referred to as "Cleveland's dearest friend."¹²¹ Another friend was Senator Henry M. Teller's school chum. Tobin was recommended by the Governor of Kentucky and Senator C. C. Blackburn of Kentucky.¹²²

Tobin's tenure of three years was the longest service of the three men. McCabe served two years, and Whitwood seven months. When they left the agency each went in different directions. McCabe returned to St. Louis to stay. Whitwood first went back to New York, then returned west to Erin Springs, Indian Territory. Tobin exchanged positions with the agency physician on the Southern Ute reservation in Colorado; later he returned to his home in Frankfort, Kentucky.

Doctor William W. Graves had persuaded Doctor Tobin to exchange positions because of a difference in salary. The annual salary at the Kiowa-Comanche agency had been

¹²¹Whitwood to Hunt, March 7, 1883, "K-C Doctors" file, Ind. Arch., OHS.

¹²²Hunt to CIA Oct. 4, 1882, Kiowa Letterbook, Vol. 10, p. 416, Ind. Arch., OHS; Lawrence Tobin to W. P. Breckinridge, July 11, 1885, NARS, OIA letters rec'd 1885, #16406.

reduced to \$1,000, while the stipend at the Ute agency was still \$1,200. They completed the exchange in May of 1886.

At the time of the exchange, Doctor Graves had been with the Utes and in the Indian Service only three months. The return of the Democrats to political power had prompted Doctor Graves to apply for a position as agency physician. The Cleveland administration had appointed as Kiowa-Comanche agent an old friend of Graves, J. Lee Hall; consequently, the doctor preferred a position at that agency. Graves wrote to Secretary of the Interior L. Q. C. Lamar in August, 1885, concerning the possibility of receiving an appointment as physician to the Indians. Graves advised Lamar of his professional and political qualifications. The doctor had been a surgeon in the Confederate States Navy with Admiral Franklin Buchanan, and a few years after the war had moved to Texas to practice medicine. He wrote further:

I also had two surgeons commissions from that Grand Patriot and sage, Jefferson Davis. I am intimately acquainted with Senators Coke and Maxey as well as most of our representatives-- all of whom will indorse my application if necessary. Judge Chenoweth of the Treasury Department has promised me his hearty support, he knows me well, having served two sessions with me in the legislature of this state.¹²³

In another letter Doctor Graves attributed his appointment to the Ute agency to the influence of Senator Richard Coke.¹²⁴

¹²³Graves to Lamar, Aug. 27, 1885, NARS, OIA letters rec'd 1886, #20795.

¹²⁴Graves to CIA, April 19, 1886, NARS, OIA letters rec'd 1886, #11485.

Graves also asked Senator Coke to obtain the Indian Commissioner's approval of the exchange.¹²⁵ He said that he desired the exchange because the Ute agency was in mountainous terrain, which meant he would have to make calls on horseback. Because of his age (fifty-seven) he had quit horseback riding; at the Kiowa-Comanche reservation he could use a buggy for transportation. He had other reasons for requesting the transfer; Agent Hall was a friend, and the agency was nearer his home.

In his sanitary report for September, 1886, Graves protested about the facilities and his need for a medical assistant. Graves compared the Indian medical service with others in which he had served:

The peculiarities of the Indian service are very striking, especially so, to one who has had some experience in the Medical Department of the Army and Navy, where good hospitals, and hospital stewards, with a plenty of good and experienced nurses are allowed. While here, where on an average nearly two thousand Indians per month are treated, there is no hospital, no steward, no nurse (except the physician) and not even an office boy to assist me in the drug department, and though months of hard service have elapsed, no notice has been taken of it, and no answer made. . . . the agency physician has no place fit to keep either his books, instruments, or medicines in¹²⁶

In addition to the lack of medical facilities, he objected to the living accommodations:

. . . I have been compelled to either board my family at the crowded little 'mess house' or

¹²⁵Graves to Coke, Mar. 15, 1886, NARS, OIA letters rec'd 1886, #8403.

¹²⁶SR, Sept 1886, "K-C Doctors" file, Ind. Arch. OHS.

else rent an old dilapidated and deserted hotel, the pitch of which is less than eight feet, built on the stockade style, and being satisfied that it must be a very unhealthy habitation, I have determined on sending my family back to their Texas home. In this unhealthy place, I have been forced, by circumstances to live for the last three months, during which time my wife and four children have all been affected with malarial fever.¹²⁷

Two months after this report, Graves himself was temporarily incapacitated by an accident. He was thrown from his buggy, which resulted in a broken right leg, a dislocated ankle, and a broken left arm.¹²⁸ Assistant Surgeon J. R. Kean from Fort Sill reduced the fractures and estimated that Doctor Graves would be confined at least two months. Doctor S. Hubbard of Bowie, Texas, filled the position of agency physician during Doctor Graves' confinement.

Doctor Graves was physician to the Kiowa-Comanche reservation during troubled times. Agent Hall was relieved from duty after being charged with malfeasance in office. Two school superintendents--J. W. Haddon and Charles H. Carr--were discharged for being intoxicated while on duty.¹²⁹ Graves was implicated in both cases as the source of supply

¹²⁷Ibid.

¹²⁸Hall to CIA, Nov. 9, 1886, Kiowa Letterbook, Vol. 24, pp. 141-142.

¹²⁹White to CIA, Oct. 19, 1887, Kiowa Letterbook, Vol. 26, p. 7; Myers to CIA, May 1889, Kiowa Letterbook, Vol. 31, p. 15, Ind. Arch. OHS.

from the medicinal alcohol stores.¹³⁰ Agent William Myers and Doctor Graves developed a personal conflict, and Myers demanded the doctor's removal, which was accomplished in September, 1889.¹³¹

Nevertheless, several reliable persons held high opinions of Doctor Graves' work with the Indians. Special Agent Eugene White wrote the Commissioner:

I deem it proper to state here that no Indians within the range of my knowledge patronize the agency physician so universally or their own medicine men so little, as those belonging to this agency, and also that I have never seen a more capable, patient, painstaking, careful and attentive agency physician than Dr. Graves, or one that performed half as much professional service to the Indians under his charge.¹³²

Methodist missionary J. J. Methvin found that "He was ready to respond at the call of the meanest or lowest Indian on the reservation."¹³³ Methvin also believed Graves to be a "skilled physician." At the time of Graves' discharge from office, missionary George W. Hicks wrote the Indian Commissioner:

¹³⁰Ibid.

¹³¹Myers to CIA, July 3, 1889, Kiowa Letterbook, Vol. 31, p. 123, Ind. Arch. OHS.

¹³²White to CIA, Nov. 12, 1887, NARS, OIA letters rec'd 1887, #30110.

¹³³Methvin, p. 120

I do not know that another man could be very easily found anywhere, who could gain and retain the confidence of these different tribes as Dr. W. W. Graves has. He really tries to do them good. They know it, and hence they take his medicines. He is kind and patient, and when sent for, he does not hesitate going, if it is a case actually needing his presence!¹³⁴

Because of the agent's request, Doctor Graves was relieved of duty September 16, 1889, by Doctor George W. Sutton. Sutton, forty-six years old and a graduate of Cincinnati College of Medicine and Surgery, had practiced medicine in Hartford, Kansas, for nineteen years. Sutton had been advised by the agent that the best way to get to the agency was to take the Santa Fe railroad to Oklahoma [City], the stage which ran the thirty-five miles to Fort Reno, and the buckboard which daily made the remaining forty miles to Anadarko.¹³⁵ After the doctor arrived, he found the accommodations very unsatisfactory:

The dwelling house is really untenable, old, tumble down and very leaky, without any water fit to use nearer than the agency which is one mile away with the river between.¹³⁶

The doctor also found the supply of medical stores inadequate with many important items, including quinine, entirely missing.¹³⁷

¹³⁴Hicks to CIA, Aug. 12, 1889, NARS, OIA letters rec'd 1889, #23359.

¹³⁵Myers to Sutton, Aug. 16, 1889, Kiowa Letterbook, Vol. 31, p. 249, Ind. Arch., OHS.

¹³⁶Sutton to CIA, Nov. 2, 1889, NARS, OIA letters rec'd 1889, #32075.

¹³⁷SR, Oct. 1889, NARS, OIA letters rec'd 1889, #34503.

Doctor Sutton learned there was to be a vacancy at the Osage agency and applied for a transfer. He gave as his reasons the lack of a decent dwelling for the physician at Anadarko and the proximity of the Osage agency to his business interests in Kansas.¹³⁸ The transfer was approved and Sutton terminated his service at Anadarko on November 24, 1889.

During the 1880's there were numerous applicants from Kansas for the position of agency physician. Hard times had fallen on American agriculture during that decade. Farmers had little control over the valuation of goods they sold, and less over the cost of goods they bought. During the 1870's, railroad land promotion and the favorable weather for agriculture had lured many people to the west, and land speculation boomed. In 1887, the land price collapsed and interest rates rose from eight to twelve percent to eighteen to twenty-four percent.¹³⁹ Between 1889 and 1893 in Kansas, there were 11,000 foreclosures; over nine-tenths of the land changed hands in some counties.¹⁴⁰ An individual faced with bills for goods and services usually paid first those bills for goods in order to avoid having them repossessed. Bills due for services usually waited, the doctor frequently waited the longest since he was supposed to have altruistic

¹³⁸Sutton to CIA, Nov. 2, 1889, NARS, OIA letters rec'd 1889, #32075.

¹³⁹Fred A. Shannon, The Farmer's Last Frontier; Agriculture 1860-1897 (New York: Harper & Row, 1968), p. 313

¹⁴⁰Ibid.

as well as monetary reasons for rendering his service.

Doctor Sutton's replacement was Doctor Thomas H. Elder of Winfield, Kansas. Doctor Elder was fifty-three and with a family of six children to support, he welcomed a guaranteed government income. Elder had received his medical training at the National Medical College of Columbian University in Washington, D. C., just before the Civil War. Before moving to Kansas he had served as physician to the Insane Commission at Albia, Iowa, and as a trustee to the Deaf Mute School of Council Bluffs, Iowa.

Doctor Elder immediately requested two improvements for the agency medical department, a hospital and a horse and buggy. The department authorized the purchase of a horse and buggy, but ignored the hospital request. Almost immediately after his arrival, the doctor was occupied with an influenza epidemic.¹⁴¹ He found it difficult to see that his patients were cared for properly in tipis.

Frustrated by the problems of the Indian medical service, Doctor Elder remained at the agency only one year, leaving November 30, 1890. He expressed his feelings in his last sanitary report:

In conclusion allow me to say that I trust my successor may be more heartily supported by the Department in his efforts to improve the

¹⁴¹SR, Dec. 1889, NARS, OIA letters rec'd 1889, #7499.

general conditions of these people than I have been in mine during the past year.¹⁴²

Agent Adams commented on Doctor Elder's service in a letter to the Indian Commissioner:

The physician's methods of practice are, in my opinion, excellent. He is always ready and willing to do his best to relieve the sick. He is to be found in his office at all hours during the day, except when his duties compel him to leave.¹⁴³

Another Kansas physician, Charles R. Hume of Caldwell, first applied for a position as agency physician in May, 1889, and requested appointment to the Cheyenne-Arapahoe agency. Among his numerous supporting letters was one from Kansas State Representative S. H. Homer, who recommended Hume as "a Republican of unwavering fidelity, a physician of most excellent attainments and good standing in the community and a gentleman of unquestioned integrity. . . ."¹⁴⁴ Hume was forty-one, a graduate of the medical department of the University of Michigan, and had practiced medicine in Caldwell for eight years. Senator P. B. Plumb, Kansas Governor Lyman Humphrey, Senator John J. Ingalls, and Kansas State Treasurer J. W. Hamilton were among those endorsing

¹⁴²SR, Nov. 1890, NARS, OIA letters rec'd 1890, #37409.

¹⁴³Adams to CIA, March 6, 1890, NARS, OIA letters rec'd 1890, #7499.

¹⁴⁴Hume misc. letters of application and recommendation, May 1889, NARS, OIA letters rec'd 1889, #13655.

Hume's recommendations.¹⁴⁵ Hume wrote Kansas Congressman S. R. Peters in May, 1890:

I was in Darlington a few weeks since and learned through parties there that the present democratic incumbent hoped to be able to hold the position another year through the influence of republican friends that he has.

The present fiscal year will close June 30th and it seems to me the time is near at hand when this thing ought to be changed.¹⁴⁶

Doctor Westfall retained his position at Darlington, and Doctor Hume accepted an appointment as agency physician at Anadarko. He began service December 2, 1890, at a time of unrest and insecurity fostered by attempts to get the Indian to accept individual land allotments and the encroaching whites. In the annual report of 1891 the agent reported "the sickness among our Indians is terrible."¹⁴⁷ Summer floods resulted in an outbreak of malaria. Concerning Doctor Hume, Agent Adams said: "It is our good fortune to have a most efficient physician in Dr. Hume, and it is most earnestly hoped that he may be able to stand the strain under which he is now working."¹⁴⁸

Doctor Hume's second year at the reservation was unhealthy for both Indians and whites. In late summer and early autumn the caseload from malaria was very high. During

¹⁴⁵Ibid.

¹⁴⁶Hume to Peters, May 19, 1890, NARS OIA letters rec'd 1890, #17107.

¹⁴⁷ARCIA 1891, p. 351.

¹⁴⁸Ibid.

the winter and spring there were epidemics of whooping cough and measles, with fifty-five deaths.¹⁴⁹ Hume reiterated the need for a hospital. The department had provided, that year, the assistance of a hospital steward and pharmacist; Hume felt that it would have been impossible to manage the heavy caseload without him.¹⁵⁰ Unfortunately, the position was discontinued the next year.

Doctor Hume continued to fill the position of agency physician satisfactorily until February 10, 1902. The doctor did not leave Anadarko after his resignation, but remained there in private practice until his retirement. Doctor Hume and his family became leaders in the new state of Oklahoma. He was the first county health officer of Caddo County, the first president of the Caddo County Medical Society, and president of the State Medical Society. His two sons grew up in Anadarko; one became a doctor and the other a lawyer and judge. Doctor Hume died in Anadarko in 1940 at the age of ninety-two. His life and service to the Anadarko area spanned almost fifty years.

The physicians appointed to serve the Southern Plains Indians during the reservation years, with a few exceptions, were equal to the better qualified of their time. Although they sought the position of agency physician for a variety

¹⁴⁹Ibid.

¹⁵⁰Ibid.

of reasons, most developed a genuine interest for the Indians and exerted their best efforts to help them. The lack of treatment facilities and medicines greatly hampered their effectiveness. In spite of the disadvantages, the quality of care available to these Indians was superior to that of most rural and lower class whites.

It would be difficult to evaluate accurately the total impact of the physicians on their Indian patients. However, Doctor Given summarized the importance of their task:

Next to feeding a man when he is hungry I think that curing him when he is sick ranks next in importance in gaining his confidence and respect. So I regard the work of the physician at an Indian agency one of no small importance. . . ."151

¹⁵¹SR, June 1876, "K-C Doctors" file, Ind. Arch., OHS.

CHAPTER IV
INDIAN MEDICINE

Medical Theory

Medicine has been defined as "The science of treating disease; the healing art."¹ The modern physician who is successful in treating the total individual maintains a balance between the science and the art in his practice of medicine. Both aspects are essential elements of the definition, although modern medicine is sometimes charged with placing too much emphasis on the scientific aspect and neglecting the healing art. The civilization of the American Indian did not have a framework of scientific method upon which to develop scientific medicine. Therefore, medicine to the Indian practitioner was a healing art.

Theory and experience are the two factors which influence the physician's decision to pursue a specific course of treatment. Experience teaches that a certain course of treatment or certain drugs are effective. The practitioner may not be able to explain why, but his empirical knowledge was passed on from one generation to

¹Arthur Osdol, ed., Blakiston's Pocket Medical Dictionary (New York: McGraw-Hill, 1973), p. 470.

another. Treatments or specific courses of action, however, are the result of certain ideas or theories held by physicians or others on the origin and nature of disease. If the physician wishes to remove the cause of the disease his course of action will be determined by his beliefs on the origin and nature of disease. Ideas result from the whole cultural and material structure of a particular society and are interwoven with the general philosophical concepts of a specific time and place. Medical theories are one aspect of the general development of a civilization.

The origin of an externally caused ailment or injury is usually obvious, and the Indian treatment of it was rational and fairly effective. Minor ailments like coughs, colds, and temporary intestinal disturbances were considered a part of life and might be treated with simple herbal remedies or might be merely endured. Determining the cause of persistent and serious internal disease presented a difficult problem. Indians, like people of many other unsophisticated societies, attributed serious disease to supernatural agencies. Spirit intrusion into the body was a widely held belief. Most of the actions of the Indian practitioners were rational or logical when considered from the viewpoint of their beliefs on the nature and cause of disease.

The original Indian beliefs did not distinguish between medicine, magic, and religion. There were mysterious forces at work in all three. The beliefs concerning these forces were intended to protect the individual or the tribe against evil forces and to bring good luck. The term medicine signified an array of ideas and concepts covering a wider spectrum than just remedies and treatments. Medicine included curative agents, but they were only one kind of medicine. If someone fell ill there must be a reason for it, and to an unsophisticated mind it was logical that someone or something was responsible. A patient may have been harmed through sorcery, or a spirit that may have entered his body. A practitioner of healing must have the ability to break spells and extract spirits, as well as treat injuries. Carl Sweezy thus explained Arapahoe beliefs:

We believed that everything created is holy and has some part in the power that is over all. Some animals, such as the bear, the buffalo, and the badger, have more power than others. . . . Some plants, too, have the same kind of importance to us, such as the sweet-smelling cedar and the purifying sage. Such things were made for us in the beginning; that is why we have always used them in our ceremonies, being grateful for them. Their power and usefulness were for everyone.²

²Bass, p. 68.

Medicine Men

The word medicine as used by the Indians also included in its meaning that power delegated by the "Great Spirit" to certain individuals, by which they are enabled to direct the affairs of their people, whether these affairs pertained to their tribal relations, to going on a hunt, engaging in a war or curing the sick.³ The medicine man had to be a high priest or minister in spiritual things because in treating disease he presumed he was dealing with evil spirits against which spiritual arts must be used.⁴

The medicine men were considered to possess special gifts. The Arapahoe medicine men knew:

. . . everything connected with . . . ceremonies; they knew songs and rituals for healing the sick and for bringing success in war and hunting, for bringing rain, and for warding off storms. They performed these services for anyone in need of them, or for a whole village, and sometimes for the whole tribe. They got their songs from older medicine men and priests, or from visions of their own, and they had to have unusual gifts of memory and understanding to do what they did. Some medicine men had wives that shared the work of the ceremonies, especially the singing; others did all their work alone.⁵

The Reverend Linn Pauahy has described some Kiowa medical beliefs and the duties of the Buffalo Medicine Cult. Pauahy's grandfather and father were members of the Buffalo

³ Fordyce Grinnell, "Indian Questions from a Medical Standpoint," Cincinnati Lancet and Observer, Vol. 21, p. 158.

⁴ Ibid.

⁵ Bass, p. 69.

Cult, which is one of the oldest of the Kiowa medicine cults. His grandfather's name was Tonzanta or Shaking Buffalo Tail, and his father's name was Walking Buffalo, which is also Linn's Indian name. Linn explained Indian philosophy related to medicine men:

When God made man He did not leave him here without a care. Even a dog has a tongue to lick his wounds when he is wounded, and certainly God has more concern for man than he has a dog. So he has a mind that enables him to search for his physical ailments. So these are some of the philosophies that he [medicine man] will use more or less as his guideline. Then he is a great man for searching, for quest, for power. Like a modern doctor goes to medical schools in search of knowledge, he goes somewhere in a lonely isolated place where he meditates, his mind works with the help of the Keeper of the Mind. There, sometime his faculties and intuition is inspired so that he seems to find something to bring a relief to the physical ailment of man. Some go four days and four nights without--fasting, in other words --just like my father, grandfather. . . .My grandfather's name is Tonzanta. That means he is bringing, shaking the buffalo tail back and forth Then, of course, after he became old he gave the medicine to my father, and of course, my father carried it to his old age until he died.⁶

There were several other cults, including the Beavers, the Wolves, and the Owls. Several men belonged to each cult, which Pauahty compared to a society of doctors.⁷ Each cult

⁶Taped and transcribed interview with Kiowas, the Reverend Linn Pauahty and James Auchiah, at the Fort Sill Museum, March 22, 1973. Interviewers: Doctor R. Palmer Howard, University of Oklahoma Health Sciences Center, and Virginia R. Allen. James Auchiah is a well known Kiowa artist, son of Mark Auchiah, and grandson of Satanta. The Reverend Linn Pauahty is a Methodist minister and has worked with the U.S. Public Health Service.

⁷Ibid.

treated only certain kinds of ailments--in effect, a kind of specialized medicine. There were children's doctors, eye doctors and other specialties. The Buffalo Cult or Clan constituted an emergency medical team; Pauahty described activities of this clan:

Now the Buffalo Clan to which my father belonged is something similar to the medical corps of the United States Army. They go on war expeditions because their. . . responsibility covers broken bones, wounds, when a man is shot by arrow and sometimes surgery may have to be done; and stopping of flow of blood and give them strength. . . these are their responsibilities and every war party had these men. Since the origin, they organize themselves into a great number so that . . . can go to each war party.

They set the bones and splice his leg. It's wonderful how they do it, but they do it with such skill that they use anything within reach--just like first aid--they use poles, stick, for braces and things like that. Then they set it. . .they do it by feeling of hands.⁸

A Cheyenne man who wanted to become a doctor spent much time in thought and prayer, waiting to receive some message from the spirits, perhaps in his sleep or through visions after days of fasting.⁹ He might have wished to obtain the special power possessed by some doctor in the tribe. If the doctor agreed, he imparted the powers and secrets to the young man for a property consideration such as horses, saddles,

⁸ Ibid.

⁹ George Bird Grinnell, The Cheyenne Indians, Their History and Ways of Life (New York: Cooper Square Publisher, 1962), Vol. 2, p. 127.

¹⁰ Ibid, p. 128.

robes, or arms. The young man could not become a doctor by himself. When he received the power, his wife, who would be his assistant, must also receive certain secrets and teachings. If the wife did not wish to become his assistant, he had to find some other woman to act with him.¹⁰ Even should the young man receive power in a dream, he still had to learn certain things from another doctor. The doctor who gave power to a young man did not lose his own power or abandon his practice. One of the things he taught the younger man was how to gather and prepare roots and herbs for healing. He also had to teach the new man special ceremonies and rites.

The usefulness of the horse and its special relationship to the Plains Indian made the well-being of the horse very important. There were no separate horse doctors, but the doctor who possessed the power to heal men had the same power over horses.¹¹ In addition, the doctor could be called on to endue a horse with a special power such as great speed or endurance.

The mysterious medicines of the native doctor were kept carefully wrapped in a special bundle or pouch. The medicine pouch or bag hung above the owner's head, opposite the lodge door in bad weather, but as much as possible it was kept outdoors so that the sun and wind might keep it purified.¹² The bag had special laws and taboos governing it,

¹¹Ibid., p. 139.

¹²Ibid., p. 146.

and if they were not observed, the power of the medicine might be weakened or destroyed. Linn Pauahy owns a medicine bag which is over two hundred twenty years old, and was handed down from his grandfather, Shaking Buffalo Tail, to his father, Walking Buffalo, to him.¹³

A woman could become a native doctor and participate in the same medicine clans as the men. Sometimes there were restrictions placed on her practice because of taboos concerning menstruation. If the tribe had menstrual taboos, the woman doctor had to take her training when she was young and become completely qualified to fill the position; however, she could not practice her healing art until she had passed the menopause.¹⁴

Treatment

The treatment practiced by the Indian doctors consisted of two parts--actual therapeutic agencies of varying efficacy and appeals to the supernatural by means of enchantments, conjurations, and rites. Doctor Fordyce Grinnell, writing in 1874, commented that those Indians who placed much faith in the supernatural rites of the Indian doctors were little different from their white brethren:

¹³Fort Sill Interview

¹⁴David Earle Jones, "Sanapie: Comanche Medicine Woman," unpublished Master of Arts thesis, University of Oklahoma, 1968, p. 48. Sanapia is the last practicing doctor of the Comanche Eagle Cult.

. . .who claim a more advanced civilization, but who will leave the scientific and lettered doctor, and go great distances to have some presumptuous individual styling himself a faithful doctor lay hands upon them and motion away disease.¹⁵

Certain rituals were observed to procure the services of an Indian doctor. One of the relatives of a sick individual, or a messenger, went to the doctor's lodge carrying a filled pipe. He entered the lodge and sat down; he placed the pipe on the ground with the stem pointed toward the doctor. The relative pushed the pipe toward the doctor while asking his services to heal the sick. If the doctor was unwilling to accept the patient, he refused the pipe.¹⁶ Before the doctor began to treat the patient, certain gifts were agreed upon for payment of the doctor's services. The doctor usually took charge of the patient for four days. If the patient had not recovered in that length of time, the relative had to approach the doctor in the same manner as the first call. The physician could agree to continue or could refuse, saying he could do nothing more because the evil power was stronger than his medicine.¹⁷ The doctor who was fortunate in being successful with his treatments could achieve high status in his tribe through the respect and

¹⁵Fordyce Grinnell, "The Healing Art as Practiced by the Indians of the Plains," Cincinnati Lancet and Observer, Vol. 17, p. 145.

¹⁶George Grinnell, *ibid.*, p. 129.

¹⁷Linn Pauahy, Ft. Sill Interview.

gratitude of his patients and their relatives, and through the wealth attained from gifts for his services.

When the medicine man treated a patient with an undisclosed internal ailment, he did not assume he was dealing with a disease, but with an evil spirit which had to be exorcized. His responsibility therefore was not to cure a disease but to exorcise a spirit.¹⁸ Sometimes he applied suction by mouth over an area in pain and triumphantly exhibited what appeared to be a thick piece of mucuous or some other object reputed to have come from inside the patient. In this manner he combined the unseen with the tangible. Some of the medicine men performed remarkable feats of keeping objects hidden in their mouths until the proper time to "exorcise" them. Some even kept such an unlikely object as a burning coal in their mouths until ready to use them.¹⁹ The doctor might also perform certain ceremonial rites with chants, singing, and rattles. To a white observer these things seemed useless, but it was quite logical to attempt to drive out discordant spirits with discordant sounds.²⁰

¹⁸Fordyce Grinnell, "Indian Questions from a Medical Standpoint," Vol. 21, p. 158.

¹⁹Fordyce Grinnell, "The Healing Art as Practiced by the Indians of the Plains," Vol. 17, p. 146.

²⁰One of the medical sects of the middle nineteenth century in Europe and America was homeopathy, which proclaimed "like cures like"--drugs causing certain symptoms would cure diseases exhibiting these same symptoms. Shryock, p. 17.

The Indian practitioner employed other means of treatment. The sweat lodge was sometimes used for respiratory difficulties. An almost air tight tent was arranged with heated stones in hot water to make steam. Often pungent herbs were added to the water. After the sweating, any good which might have been done was undone by plunging the patient into cold water. Cupping was frequently used; the skin was scarified by a sharp instrument, and a buffalo or cow horn was used as a cupping-glass. Sometimes cauterizing was employed as a therapeutic device.

Medicine men such as those of the Buffalo Clan were skillful at setting broken bones. They made splints from poles or saplings, binding them in place with soft buckskin. They performed little surgery except to remove an arrow or bullet. The Kiowa Buffalo Clan heated the cutting instrument before using.²¹ They carried remedies intended to neutralize rattlesnake bites and insect poisons. Suppurating wounds were lanced with a long thorn to allow drainage.

A variety of herbal remedies was kept available for minor ailments. Sometimes the mother or grandmother knew where to procure them, or sometimes she got them from the medicine man. Most of the remedies were specifics for such ills as sore throat, skin infections, colds, and others.²²

²¹Pauahty, Ft. Sill Interview.

²²Ibid.

Preventive agents were also used. A pungent smelling powder made from certain leaves was rubbed on the arms and leggings of children before they went to play in the woods or grass, in order to repel insects and snakes.²³ A type of perfume called "love medicine" was made from wood sage. It was used by both men and women to be more attractive, and it was rubbed on precious buckskin regalia to repel insects and preserve the garments. After the Plains Indians were forced onto the reservations, they had to find substitutes for some of their traditional herbs which were available only farther north.

Psychological Dimensions of the Medicine Man

The most important aspect of the Indian doctor's treatment was the patient's faith in the healing power of the doctor. The doctor played a multiplicity of roles--priest, wise counselor, country doctor, and tribal historian--which assured him a significant role in tribal society and inspired confidence in him. In addition, on the reservation he represented the conservative faction of the tribe--those who still resisted the changes being thrust upon them. For many Indians suffering from "future shock," the medicine man provided a focal point from which they could reestablish

²³James Auchiah, Ft. Sill interview.

their own sense of identity.²⁴

The Indian Bureau consistently failed to understand the complex relationship of the Indian patient to his doctor. Asking Indians to abandon their medicine men was part of the larger demand that they quit being Indians. The Bureau's attitude toward the medicine men is summarized in its bulletin of 1889 on the duties of an agency physician:

The physician should at all times strive to overcome the evil influence of the native 'medicine men,' to abolish their superstitious rites and barbarous customs, to gain the respect and confidence of the Indians, and to extend his influence among them by kind treatment, exemplary habits, and prompt attention to the cases requiring medical assistance.²⁵

The second page of the monthly sanitary report forms in use after 1881 directed the agency physician to:

. . .report from time to time, and especially at the close of the months of March, June, September, and December, the progress made by the Indians in abandoning their own native 'Medicine Men,' and the increase of confidence in the practice of the agency physician, giving the relative proportion of these two classes. In these reports the physician should further state proportional number of Indians who seek his services of their own accord, and of those whom he seeks for treatment.²⁶

²⁴"Future Shock" was coined to describe the shattering stress and disorientation experienced by individuals who are subjected to too much change in too little time. Alvin Toffler, Future Shock (New York: Random House, 1970), p. 2.

²⁵"Synopsis of the Qualifications and Duties of Agency Physicians," "K-C Doctors" file, Ind. Arch., OHS.

²⁶Page 2 of the Sanitary Report form used after 1881, "K-C Doctors" file, Ind. Arch., OHS.

Most physicians reported simply that there was an increase in confidence in the agency physician over the medicine man. The physicians used the size of their own caseloads to justify the generalization. It would have been impossible for the doctor to calculate the proportion because he had no way of knowing how many consulted the medicine men. The Indians tended to seek the agency physician for illnesses which were readily relieved by the physician's remedies; the best example is malaria.

The relationship between any physician and his patient, of any period and culture, continues to be a complicated interaction of individuals. The attitudes of twentieth century Indian people toward their native doctors, and the bond which still exists between them, provide a point of reference from which to understand nineteenth century attitudes. As the number of effective medicines available to white physicians grew, so did Indian acceptance of their treatment. However, when modern medicine failed, many Indians returned to their native doctors.²⁷ The experience of being healed by a native doctor after modern medicine failed to achieve recovery left former patients with a sense of awe. Elisha Goombi Gonzalez, a Kiowa teacher, expressed this feeling

²⁷Linn Pauahty and James Auchiah, Fort Sill interview; Elisha Goombi Gonzalez, Kiowa teacher, Riverside Indian School, Anadarko, Oklahoma, interviewed Feb. 13, 1973, by Doctor R. Palmer Howard, University of Oklahoma Health Sciences Center, and author.

when relating her experience of being healed by a native doctor. As a young girl, approximately eight years old, she became ill with pneumonia at Riverside School. After she failed to respond to treatment at the school hospital, the physician allowed her parents to take her home to die. As a last resort, her parents decided to take her to a native doctor. The doctor accepted her case and agreed to treat her for three days. On the third day she responded and began to recover. As a mature, educated woman, Mrs. Gonzalez still experiences a sense of wonder at the experience which she remembers well, but cannot explain logically.²⁸

In another example of returning to the native doctor, James Auchiah recalls his family, in 1924, requesting the services of the Buffalo Clan to heal his ailing father, Mark Auchiah. An appendectomy had been performed on the elder Auchiah at the Indian hospital in Lawton by a government physician. Auchiah had been sent home to convalesce, although the incision had not healed and was draining. The patient did not get better at home, and the family decided to call for the services of the native doctors.²⁹ Four members of the Buffalo Clan came and erected a tipi near the Auchiah home by Saddle Mountain Creek. Auchiah was carried

²⁸Riverside School interview. This occurred before antibiotics were available.

²⁹Fort Sill interview.

on a stretcher into the tipi, and remained there for four days. At least one doctor was in attendance at all times. On the third day, the patient began to respond and make requests for food and water, and the wound began healing. After recovery began, the doctors allowed the patient limited participation in the healing rituals. The Buffalo doctors were paid with money and blankets for their successful treatment.³⁰

James placed emphasis on two aspects of the doctors' treatment of his father. He stressed especially the personal relationship which existed between the patient and each doctor. This relationship made the patient feel important because his well-being was the sole object of their concentrated activity. The other aspect was the patient's participation in some of the healing rituals. The patient was obviously the center of attention and had no opportunity to feel lonely and burdensome.

In the 1970's, according to recent press reports, the federal government is attempting to acquire an understanding of the role of the Indian medicine man, one hundred years after it attempted to eliminate the native doctors from Indian society. The National Institute of Mental Health has given a \$60,000 grant to the Seminole Indians in Florida to study the role of the medicine man in Seminole society, and

³⁰Ibid.

the feasibility of beginning a school to train medicine men.³¹ On the Navajo reservation in Arizona, the National Institute of Mental Health is financing a training program for medicine men, and native doctors regularly visit patients in the government hospitals on the reservation.³² The Navajos say that "white doctors often take care of little things like the Indians' physical illnesses while medicine men minister to the important problems of mind and spirit."³³

Since the multiple roles of the medicine man included those of priest, counselor, and clairvoyant, he possessed the potential for a great deal of political influence, both direct and indirect. His advice was sought by the tribe, and often he could influence the actions and attitudes of tribal members. Sometimes he achieved the office of chief; for example, Medicine Man, principal chief of the Northern Arapahoes.³⁴ Before any major tribal undertaking, medicine men usually were asked either for advice or for special ceremonies designed to ensure success of the venture. The medicine men who accompanied war parties conducted a special pipe smoking ritual just before battle. Sometimes the

³¹Daily Oklahoman, Dec. 29, 1972, p 14N.

³²Wall Street Journal, March 26, 1973, p. 1.

³³Ibid.

³⁴Trenholm, pp. 229, 276.

medicine men sought to utilize situations to increase their influence. If they were successful, their influence with the tribe was increased; when unsuccessful, they could lose everything. One Kiowa medicine woman was completely unsuccessful in her quest for increased tribal status. She accompanied a raiding party into Texas and, when they crossed the Red River on their return, she reported she had made "bog medicine" which would cause pursuing soldiers to become mired in the river. After a squad of soldiers overtook them anyway, the Indians killed the medicine woman for not making stronger "bog medicine."³⁵ Thus the status and influence of the medicine men could be very tenuous.

Doctor William Corlett in his study on the medicine man of the American Indian compared him with a counterpart in less sophisticated elements of white society:

As I proceed with this study I am more and more impressed with the close similarity between the Medicine Man of the American Indian and some of the early white settlers. As a small boy I knew a wheezy asthmatic old man called 'Doctor' X, who owned the adjoining farm. How much 'doctoring' he did I do not know, but he used to quote Aristotle as his latest medical authority. He combined the dual offices of doctor and preacher. Of a Sunday if the pulpit were not occupied by the regular officiate, . . . he would fill the vacancy. His star performance, however, was during the winter 'revival,' when wrestling with the powers of darkness he would work himself into a frenzy or ecstasy as the occasion required. In these encounters he sometimes was overthrown

³⁵Tatum, pp. 69-70.

--at least temporarily. Then writhing and struggling on the floor he would remain until he overcame his satanic majesty.³⁶

The agency physicians consistently reported throughout the years 1868 to 1892 that the Indians were gradually turning from the medicine men for treatment of illness.³⁷ The agents, however, often reported their continuing influence, such as this report by Agent Miles: "It is probable that the Indian holds to no one of his savage beliefs and customs so tenaciously as he does to his belief in the power of the medicine men, and their ceremonies for making medicine."³⁸ By 1887, Agent G. D. Williams better understood the significance of the "medicine dance": "The 'medicine making,' which is held annually by both tribes, is the only religious ceremony they have, and doubtless will be adhered to for many years to come. . . ."³⁹

In 1887, among the Kiowas a medicine man named P'oinkia arose. He professed to have powers which would make the Indians invincible against the white man's bullets. Before P'oinkia could bestow this power, he told the Kiowas they must purge themselves of all white practices--such as using matches and wearing white men's clothes--and must remove their children from school. He devised elaborate ceremonies

³⁶William T. Corlett, The Medicine Man of the American Indian and His Cultural Background (Springfield: Charles C Thomas, 1935), p. 71.

³⁷SR, 1868-1892, "C-A Doctors" files and "K-C Doctors" files, Ind. Arch., OHS.

³⁸Agent Hunt to CIA, Sept. 1, 1881, Kiowa Letterbook, Vol. 9, p. 438, Ind. Arch., OHS.

³⁹ARCIA, 1887, p. 74.

which attracted the Indians who were ready to embrace anything which might bring back old times. P'oinkia threatened that all who did not join him would be destroyed by a tornado which he would produce.⁴⁰

Joshua Given averted violence by outwitting the medicine man prophet. Open conflict appeared imminent when Given called P'oinkia to a conference where he suggested that P'oinkia should test his powers. Given proposed that the medicine man let an army officer shoot him through the heart, and if on the third day he arose from the dead, the Kiowas would know he was the true Messiah. P'oinkia refused to test his power, and his refusal caused him to lose influence with the tribe.

Two years later the agent refused to allow the Kiowas to hold their medicine dance on the grounds that it was barbaric and pagan, and that it took the Indians away from their crops. He failed to realize that the dance was social as well as religious in character and was a deep-rooted part of their life, on which the Indians believed their health and well-being depended.⁴¹

In 1890, stories of a new Messiah among the Piautes reached the inhabitants of both reservations. This prophet's message was that the white men, who had killed off all

⁴⁰Nye, pp. 268-269

⁴¹Ibid.

the game, cut down the trees, plowed up the grass, dried up the streams, and killed the Indians, would all disappear. Now the Indians would have their chance on a new earth which was to come forth covered with buffalo grass and stocked with horses, elk, buffalo, and other game. Spirits of dead relatives were to be resurrected, and the world was to be as it had been before the arrival of the white man. The liberated people were to live forever in happiness, free from death, disease, and misery.⁴²

The story was so wonderful and the Indians so despondent that many wanted to believe. It seemed to be their last ray of hope in a world which had become alien to them. An apostle of the new prophet, Sitting Bull, an Arapahoe, introduced the Ghost Dance among the Caddoes, Wichitas, Kiowas, and Comanches. Many were skeptical, and emissaries were sent from the Arapahoes and the Kiowas to investigate the new religion. They reported back to their people that Wovoka, the supposed Messiah, was a false prophet. Most of the Indians then realized that there would be no return to the "buffalo road."

Among the Arapahoes, the old people continued to be more despondent and the young and better educated became more confused. Chief Left Hand tried to give the agent a better understanding of their plight and of their desire to hold their medicine dance. He told agent Stouch that

⁴²Ibid., pp. 270-271.

their "Man-Above" and his God were the same, the difference was merely in the manner of worship. Left Hand said:

Among white people there are many ways of worshipping, and many kinds of belief about God. Our children go to school and learn your way and will worship as they are taught. But many of us are old, and can not change our ways. ⁴³

The Ghost Dance craze, which ended in tragedy at Wounded Knee, South Dakota, illustrated the despair which had settled over the Plains Indians. Many had been willing to grasp any hope for returning to the way of life they knew and loved. Certain physical necessities are required for the maintenance of good health, but just as vital is the will to live.

The medicine men were important factors in the total health of the Indians. For the older generation, especially, the medicine man provided an object of stability in a world changing too rapidly for them to adjust. Medicine men also provided medical help for the camp Indians who were too far from the agency to seek the services of the agency physician. Although they were influential as a conservative tribal element which resisted change, the medicine men still reflected rather than produced the culture in which they lived. They were a part of the general cultural milieu of their time. Like most people, they thought and acted within the framework of their par-

⁴³Bass, p. 73.

ticular world. While the medicine men played the roles which their society desired, the Indian Bureau and the agents often made them scapegoats for the tribal failure to achieve instant acculturation.

CHAPTER V

INDIAN HEALTH

The First Five Years

The Southern Plains Indians had been subjected to a variety of physical and emotional stresses during the warfare of the 1860's. Compliance with the provisions of the Treaty of Medicine Lodge required that they undergo a complete change in the social structure of their society. The strains and instability which usually accompany periods of extensive social change were intensified by confusion over reservation boundaries and the Congressional delay of almost two years before final approval of the treaty. Although Bull Bear, Tall Bull, Whirlwind, and other chiefs of the soldier societies signed the treaty, their inability to comply with its terms indicates they experienced great emotional conflict and disorientation. Insecurity and defeat create an emotional climate detrimental to both mental and physical well-being. In the 1970's we are becoming aware of the psychological and physiological effects of too much change in too little time.¹ However, in the 1870's those responsible for the welfare of the Indians had no

¹Toffler, p. 2.

understanding of the potential consequences of the reservation policy on Indian health.

A comprehensive study of the health problems of the Indians during the first five years on the reservations is not feasible because there are no sanitary reports available until 1874. Nevertheless, sources such as the annual reports of the Indian Commissioner and eyewitness accounts such as Tatum's book, reveal at least a few of the problems. Representative of the many later pleas for a hospital was this one in the 1869 annual report:

I desire to call attention to the necessity of hospitals for the sick at the different reservations. It is of little use to prescribe medicine for the sick in the lodges where most of the Indians dwell, and the real benefit intended to be conferred by maintaining a physician among them is in a large measure lost, for want of a place fitted suitably for the comfort of patients.²

Doctor William Nicholson on his tour of the Indian agencies in 1870 reported that the Indians suffered from intermittent fevers when camped near the agency, but were healthier when on the hunt.³ The Cheyennes, he said, were strong healthy people, but the Arapahoes were much affected with secondary syphilis.⁴ The Arapahoe women were muscular and suffered little in childbirth, he noted. Although Doctor Nicholson was a medical doctor, he could not verify his

²ARCIA, p. 126.

³Nicholson, p. 348.

⁴Ibid.

diagnosis of syphilis by microscopy. They all suffered the effects of inadequate food and shelter.⁵

Agent Miles likewise desired a hospital. In late August of 1872 he wrote the Indian Commissioner that many Indians and employees were ill and that the poor accommodations for the Indians sick in their lodges, plus "their reckless culinary habits," necessitated building a hospital.⁶ Miles believed that a hospital would alleviate much suffering by enabling the physician to take charge of the sick before they were subjected to a "siege of their superstitious medicine practice."⁷ Miles' annual report of 1873 states that because of extreme hot, dry weather there had been "considerable sickness," and a number of deaths had occurred.⁸ He did not explain what kind of illness, but he repeated his request for a hospital. The relocation on the reservation, the inadequacy and unreliability of rations, and recurrence of hostilities resulted in adverse effects on their health.

The Wichitas and their affiliated bands began reservation life in the most debilitated condition. They had been destitute in Kansas during the Civil War before they began the trip to the Kiowa-Comanche reservation. Encamped during the journey, they were panicked by a sudden attack

⁵See Chapter II above.

⁶ARCIA 1872, p. 250.

⁷Ibid.

⁸ARCIA 1873, p. 222.

of what appeared to be cholera. With several dead and others dying, the few remaining well were needed to care for the ill rather than expend their energy burying the dead; consequently, the survivors fled. The creek which flowed by the campsite understandably became known as Skeleton Creek.⁹ Agent Shanklin and the Indians set up a temporary agency near old Fort Cobb. The Indians became ill again, losing sixteen tribesmen. The agent called a physician who diagnosed the illness as cholera morbus in an aggravated form. He gave as the cause eating green plums, unripe corn, and watermelon.¹⁰ The doctor was unidentified and his diagnosis was vague, since cholera morbus means any acute severe gastroenteritis.¹¹ The Wichitas and affiliates were further adversely affected by the burning of their agency and crops by the Kiowas and Comanches hostile toward the first agency physician, Doctor Edward Palmer. There are no statistics giving the total number they lost, or the extent of their physical suffering during these first five years.

In 1870, Agent Lawrie Tatum reported many of the Indians on the Kiowa-Comanche reservation sick with "bilious complaints."¹² He attributed the illnesses to two causes: first, it had been a wet season, "which in new countries is apt to cause malaria and bilious complaints"; second,

⁹ Butler Diary, p. 489.

¹⁰ Shanklin to Col. James Nathan, Aug. 8, 1867, "K-C Doctors" file, Ind. Arch., OHS.

¹¹ Osol, p. 157.

¹² ARCIA 1870, p. 260.

the Indians had "green corn in abundance, and many of them also had a great many watermelons, canteloupes, cucumbers, and various kinds of vegetables new to them."¹³ They ate large quantities of corn as soon as it was fit to boil, and other vegetables before they were ripe. Watermelons were eaten generally before they were ripe, and frequently before they were half grown. Tatum admonished them to refrain from eating unripe fruit and vegetables, but they ignored his warning. Before the melons were gone they became ill, and many died--though Tatum did not report how many.¹⁴ The Indians blamed the locality for the sickness, and nearly all moved away from the agency, many not returning until winter. A few of the Kiowa-Apaches went to the Cheyennes and did not return.¹⁵ During the winter of 1870, teacher Josiah Butler recorded in his diary: "All of our family have been troubled with malaria, chills, and fever, all fall and clear into the winter. My! the quinine we take!"¹⁵

Conditions did not improve in 1871. Wichita agent Jonathan Richards reported that the rains of the previous autumn had made streams unusually high, resulting in old bayous and basins in the bottom lands being left with standing water. This, followed by a dry summer, left

¹³Ibid., p. 260-261.

¹⁴Ibid., p. 26.

¹⁵Butler Diary, p. 498.

stagnant pools which resulted in more illness.¹⁶ Some Indian suffering was relieved by the arrival of clothing sent by Philadelphia Quakers. All the children and infirm women were clothed and many men in addition, all of whom were very grateful.

The Indians continued to be adversely affected by the unreliability of rations; however, they were able still to supplement their diet with buffalo. The activity of the hunt and the change of campsites improved their general condition. In 1873, although the Cheyenne-Arapahoe agent reported continued illness, the report from the Kiowa-Comanche reservation was that good health had prevailed that year for both the Indians and employees.¹⁷

Seasonal "Fever"

It is possible to make a more complete study of Indian health in the years following 1874. Agency physicians' reports which began in 1874 and other correspondence of the agency physicians and the agents give a fairly complete picture of Indian health and medical care.

The so-called intermittent fevers are responsible for the most dramatic accounts of illness at both reservations. Most of these were actually due to malaria and some to typhoid. Malaria cases were usually identified as either tertian, quartan, or quotidian intermittent fever. Malaria

¹⁶ARCIA, 1871, p. 479.

¹⁷Ibid., 1873, p. 225.

is a febrile disease characterized by intermittent attacks of chills and fever occurring at regular intervals which are determined by the life cycle of the infecting parasite.¹⁸ The two types most frequently found in the agency reports were tertian and quartan intermittents, thus called because the attacks recurred every third or every fourth day. It is now possible to distinguish the forms of malaria by microscopic examination of the patient's blood. Malaria itself rarely kills, but frequent attacks result in increasing anemia and are physically debilitating which makes the victim susceptible to other health problems.¹⁹

Malaria, which probably originated in Africa, is one of the most widespread of all diseases even in the 1970's. It is easier to diagnose from documents than other diseases because of the periodicity of fever attacks and the reaction to quinine.²⁰ There was no effective treatment for it until Jesuit priests brought back cinchona bark which they had secured from South American Indians. In 1820, the alkaloid, quinine, was discovered to be the effective agent present in the bark.²¹ A French army surgeon, Alphonse A. Laveran,

¹⁸Erwin H. Ackerknecht, History and Geography of the Most Important Diseases (New York: Hafner Publishing Co., 1965), p. 87.

¹⁹Ibid.

²⁰Ibid., p. 88.

²¹Ibid., p. 98.

discovered the protozoan parasite which causes the disease, in 1880.²² Several physicians and others were aware of a relationship of rainfall to the disease, including Agent Miles. In August 1882, Miles observed that ". . . the prevailing malarial affections are attributable to the unusual amount of rainfall, causing stagnant water to stand in the ponds and depressions."²³ In 1897, Fonald Ross, a British military surgeon utilizing previous discoveries of other insect vectors, proved that malaria is transmitted by mosquitoes.²⁴

There were various other fevers described as typhomalarial, bilious remittent, and typhoid fever. These were common in the river valleys of the United States, especially the south. A microscopic blood examination would have been necessary to enable accurate diagnosis of the cause of these fevers.²⁵ Many of the initial symptoms were similar, and the source of infection was contaminated water, hence the confusion. William Osler believed the two main forms of aestivo-autumnal fever in the south resulted from either malaria or typhoid.²⁶ Most of the seasonal fevers seen at the reservations were probably either of typhoid

²²William S. Thayer, Lectures on Malarial Fevers (New York: D. Appleton and Co., 1897), p. 8.

²³ARCIA, 1882, p. 57.

²⁴Ackerknecht, p. 98.

²⁵William Osler, The Principles and Practice of Medicine (New York: D. Appleton and Co., 1898), p. 214.

²⁶Ibid., p. 215.

or malarial origin.²⁷ In many cases it would have been difficult for the agency physician to distinguish between the two, since frequently he was unable to observe the patients after the initial stages.

The worst months for seasonal fevers were August, September, and October, although sometimes they continued into November and December, depending on the weather. Physicians at both agencies recorded unusually high case loads during those months in the late 1870's and early 1880's. For example, sanitary reports from the Cheyenne-Arapahoe, the Kiowa-Comanche, and Wichita (the latter two had not yet been consolidated) agencies all reported very high case-loads of intermittent fevers.²⁸ There was a high mortality rate at the Cheyenne-Arapahoe agency, which Doctor Hodge attributed to the lack of sufficient medicine. In August, 1878, Doctor Hodge sent away empty-handed over a thousand applicants for medicine.²⁹ Doctor Hodge reported twenty deaths in July and thirty-six deaths in August.³⁰

The great mortality during August was probably the catalyst which led to the decision of the Northern Cheyennes,

²⁷ Interview with Doctor R. Palmer Howard, University of Oklahoma Health Sciences Center, June 15, 1973.

²⁸ SR, Aug. 1878, Sept. 1878, Oct. 1878, "C-A Doctors" file and "K-C Doctors" file, Ind. Arch., OHS.

²⁹ SR, Aug. 1879, "C-A Doctors" file, Ind. Arch., OHS

³⁰ Ibid.

under Dull Knife, Little Wolf, and other chiefs, to leave the agency without permission in September, 1878.³¹ They had consistently refused to make any attempts to adapt to their new environment, and were especially susceptible to southern diseases. Because of the increase in sickness and exhausted supply of medicines, they felt that staying meant death away from their beloved home country. Their passage through Kansas on their way home has been dramatized as "The Dull Knife Raid."

Doctor Irving Smith at the Kiowa-Comanche agency in August also had a higher than usual death rate; he reported seventeen deaths. He remarked in his sanitary report of that month: "The most remarkable item in this report is the number of deaths ascribed to intermittent fever. . . . A large proportion of these deaths were among the very old and the very young. . . ."³² Smith also ran out of quinine and cinchonidia; he substituted iodine, but it was not as effective.

The number of cases of intermittent fevers declined briefly and rose again in 1882 and 1884. Both DeBra at the Cheyenne-Arapahoe agency and Tobin at the Kiowa-Comanche saw large numbers of seasonal fevers, but reported few deaths.³³ The large amount of suffering experienced by the

³¹James U. Covington, "Causes of the Dull Knife Raid," Chronicles, Vol. 26, p. 18.

³²SR, Aug. 1878, "K-C Doctors" file, Ind. Arch., OHS.

³³SR, July 1884, Aug. 1884, Sept. 1884, "C-A Doctors and "K-C Doctors" files, Ind. Arch., OHS.

Indians because of malaria was certainly unfortunate, but successful treatment of this disease was the only dramatic evidence of the efficacy of the agency physician's "medicine." Doctor Whitwood in his annual report of August 1882, stated:

. . . with many drugs they have made themselves as familiar as our white people and as fully appreciate their value, this is particularly true of quinine. The number is very small who will leave the dispensary with an amount sufficient for present necessities only without a decided effort to obtain more to be held in reserve for the future needs and very many are never without it in camp. In this one class of disease we have the native doctor vanquished from the field. . . .³⁴

Doctor Tobin in his sanitary report of September, 1884, remarked that in all cases of malaria the majority of the Indians depended entirely on quinine. He remarked further: "I will venture to say that in the majority of the camps or lodges quinia can be found at all times laid away and kept in readiness for any attack of fever that might occur in their homes."³⁵ Doctor DeBra, with the cooperation of Cheyenne-Arapahoe Agent Dyer, induced many Indians to move from the lowlands and bottoms to higher locations. They were more successful in moving the Cheyennes, while a portion of the Arapahoes insisted on remaining in the lowlands³⁶

³⁴Kiowa Letterbook, Vol. 10, p. 469, Ind. Arch., OHS.

³⁵"K-C Doctors" file, Ind. Arch., OHS.

³⁶SR, Sept. 1884, "C-A Doctors" file, Ind. Arch., OHS.

The troops at Fort Reno across the river from Darlington provide a means of comparing the Indians with a white population. There was a high incidence of malaria in the 1870's, and although it decreased in the 1880's it continued to appear throughout the period.³⁷ Medical records of the fort show a variety of illnesses similar to those at the agency, including: other fevers, diarrhea, chronic rheumatism, headaches, dysentery, and scurvy.³⁸

The agencies were never entirely free from intermittent fevers during the late summer and early autumn, although there were periods when there were fewer cases. No doubt the droughts of the middle 1880's were a factor in a decline at that time. Malaria and typhoid continued to be health problems into the 1890's, with a brief decline in 1890 and another upsurge in 1891. There were fewer cases at the Cheyenne-Arapahoe than at the Kiowa-Comanche. The difference might be partially explained by the presence of more water in the Washita River and the area around Anadarko.

Malaria was a persistent health problem during the whole period. The Indians probably had better treatment available for malaria than did many whites in surrounding states. They were convinced of the effectiveness of the medication and were willing to take it. The white population was very prone to use patent medicines, especially

³⁷Peter M. Wright, "Fort Reno, Indian Territory, 1874-1885," unpublished Master of Arts thesis, University of Oklahoma, 1965, p. 87.

³⁸Ibid., p. 88.

when they could offer a "sure cure" without the nausea which sometimes accompanies quinine.

Records do not indicate the amount of quinine given or the treatment procedures of all the physicians, but a letter from Doctor Fordyce Grinnell written in January 1878, explained the procedure he followed.³⁹ The dosage and procedure used by Grinnell compares very favorably with that recommended in 1897 by Osler--ten to thirty grains divided into doses throughout the day.⁴⁰ He also administered it during the fever months to the school children as a preventive. As his supply of quinine diminished, Grinnell administered each dose himself to make certain none was wasted.

Other Diseases and Ailments

The agency physicians treated a variety of other illnesses and complaints. The following sanitary reports are examples of the health problems at the agencies. Many of the diseases listed are not actually diagnoses, but are symptoms or manifestations of diseases.

Cheyenne-Arapaho Agency, September 1878
Number treated: 970

Tertian Intermittent Fever	470
Quotidian Intermittent Fever	398
Conjunctivitis	8
Diarrhea	60

³⁹Grinnell to Agt. Williams, Jan 1, 1878, "K-C Doctors" file, Ind. Arch., OHS.

⁴⁰Osler, p. 218.

Dysentery	24
Paralysis	1
Scrofula	3
Consumption	10
Constitutional Syphilis	6

L. A. E. Hodge, Agency Physician⁴¹

Kiowa-Comanche Agency, September 1878

Number treated: 848

Quotidian Intermittent Fever	328
Tertian Intermittent Fever	145
Quartan Intermittent Fever	2
Unknown type Intermittent Fever	290
Acute Diarrhea	10
Primary Syphilis	1
Constitutional Syphilis	8
Gonorrhea	1
Stricture of Urethra	1
Chronic Rheumatism	2
Consumption	2
Maggots	2
Conjunctivitis	9
Phlyctenular Ophthalmia	1
Stye	1
Deafness	1
Acute Bronchitis	6
Constipation	11
Enlarged Spleen	3
Inanition (infantile)	1
Abscess	5
Boil	1
Whitlow	1
Skin Diseases	1
Incised Wound	2
Punctured Wound	1

Remarks:

Seven deaths are attributed to intermittent fever of unknown type--none of these cases are known to have been seen by the physician. Three were very old persons, at least two of whom refused medicine as reported by their friends. . . .Great and increasing embarrassment is occasioned by the non-receipt of medical supplies for the current year, three months of which have already elapsed. Naturally, many of

⁴¹"C-A Doctors" file, Ind. Arch., OHS.

those articles most needed are the ones missing from our shelves.

Irving W. Smith, Agency Physician⁴²

The peak month for intermittent fevers at the Cheyenne-Arapahoe agency of 1878 was the month of August, with 1,292 cases and thirty-six deaths. In the above report the intermittent fever cases dropped to 878, and Hodge reported only fifteen deaths, which were cases not seen by a physician. Smith treated almost the same number of intermittents, 863, but he saw a larger variety of other cases. He reported seven deaths from intermittent fever of an unknown type and one from infant starvation. The small number of injuries such as the two wounds treated by Doctor Smith is typical. On the whole, physicians at both agencies reported very few cases due to accidental injury, such as wounds or fractured bones.

An epidemic of measles in 1877 was a significant health problem of the 1870's. Agent Miles reported the circumstances:

Soon after the Indians returned from the chase, in April, measles broke out in an epidemic form, and notwithstanding the faithful and unceasing care and medical attention of our worthy agency physician, L. A. E. Hodge, the 'badge of mourning' is worn by the heads of almost every lodge in the two tribes. Out of 113 children in school 74 were down with measles at one time, thus converting the school building into a hospital and the teachers and workers into nurses; and as a happy result, under the skilled supervision of Dr. Hodge and the faithful attention of all the school-workers, every child was restored to

⁴²"K-C Doctors" file, Ind. Arch., OHS.

health. In this we gained a very important point with the camp Indians, demonstrating the advantage of our manner of treatment over theirs, and the superiority of warm houses over that of the damp lodge in sickness. One family of five children were all taken off except one, who was in school. The Arapahoes say they lost 136 children and the Cheyennes 83 during the epidemic. Since that time the health of the Indians and employes has been comparatively good.⁴³

There were no measles reported by either physician at the Kiowa-Comanche reservation.

During 1879 and through July 1881, the monthly reports of Doctor Hodge reveal a lower than usual seasonal incidence of the malarial fevers. However, there were over three hundred cases of diarrhea and dysentery with four deaths during June, 1880. The total number of deaths varied from four to sixteen per month.⁴⁴ There was a corresponding increase in intestinal disorders at the Kiowa-Comanche agency, plus a small outbreak of chicken pox and increased respiratory disorders.⁴⁵ A change in the health problems among the Indians at this time is indicated by the diagnoses of the chronic conditions of scrofula, consumption and syphilis, which account for most of the Cheyenne-Arapahoe deaths in August 1880 and March 1881, the months with the highest mortalities. The Kiowa-Comanche physician was also treating increased numbers of consumption and other respiratory ailments, plus

⁴³ARCIA, 1877, p. 85.

⁴⁴SR, 1879 through July 1881, "C-A Doctors" file, Ind. Arch., OHS.

⁴⁵SR, 1879 through July 1881, "K-C Doctors" file, Ind. Arch., OHS.

scrofula, and a marked increase in venereal diseases. In March 1879 one-half of the ten deaths were due to consumption. Large numbers of eye infections, all listed generally as conjunctivitis, appeared on the reports and continued during the 1880's. Hodge reported treating from 102 to 362 cases of acute conjunctivitis per month. Scattered through the reports are varying amounts of parasitic infections, including tapeworms, pinworms and other ascarids, head lice, and itch.

Although syphilis was on the increase, there was a tendency on the part of the agents and others to emphasize venereal disease as the root of most Indian health problems.

Miles' annual report of 1880 is an example:

Among the Arapahoes--and to a more limited extent the Cheyennes--scrofulous diseases, the result generally of venereal sickness prevails. Nearly all the deaths the past year among the Arapahoes are directly traceable to this cause, and unless most stringent measures are adopted to check further contamination of Arapahoe women the future life of these people and their children will be deplorable. . . .⁴⁶

Skin lesions which were the result of scrofula, impetigo, or other skin infections, could have easily been mistaken for syphilitic lesions. Kiowa-Comanche physician Lewis McCabe reported, however, a large increase in syphilis in November 1879, with fifty-four remaining under treatment for the disease. The same report lists one of the few cases of surgery

⁴⁶ARCIA, 1880, p. 70.

performed during the period, the removal of a fibroid tumor.⁴⁷

Doctor Whitwood's report at Anadarko summarizes the diseases at that agency for the year ending August, 1882:

Total number of cases treated during the year 9017, of these about 2000 were the result of malarial poisoning and about 1200 were diseases of the respiratory organs chiefly bronchitis, there were about 1000 cases of diseases of the eye, principally conjunctivitis, added to the usually numerous cases of constipation, syphilis and its resulting lesions and we have the most important of the diseases with which the year has been marked. Twice during the year we have been visited with the usual smallpox scare. At one time it approached so near our border that we thought best to vaccinate, and the Indians with the exception of the Kiowas who had never before been vaccinated nearly all seemed anxious for the operation and I have no doubt all would have done so had it become necessary. We have had a few cases of measles, chicken pox, and whooping cough, but these cases have been so mild that but little treatment has been required. A little attention to the general health and the administration of a mild laxative has sufficed in all cases that came under my notice. I might add further that nearly all the cases mentioned above sought treatment of their own accord and without effort on my part. I have almost entirely given up the practice of soliciting them, having learned by experience that those so obtained never continue the treatment only in my presence. On the other hand those who have tried their own native medicine man and failed to obtain relief and then come to me of their own free will usually take the medicine and continue it as directed. One cannot fail to notice a decided improvement . . . in this particular, with many drugs they have made themselves as familiar as our white people and as fully appreciate their value. . .⁴⁸

⁴⁷SR, Nov. 1879, "K-C Doctors" file, Ind. Arch., OHS.

⁴⁸Whitwood to Hunt, Aug. 31, 1882, Kiowa Letterbook, Vol. 10, pp. 469-470, Ind. Arch., OHS.

Whitwood notes an increase in respiratory infections. It is possible and probable that a number of these were tuberculosis. Eighteen eighty-two was the year that Robert Koch discovered the bacillus which causes the disease. A positive diagnosis of many of the respiratory infections encountered at the Indian agencies would not be possible without a laboratory examination to augment the clinical examination.

Agent Miles in his annual report of 1883 noted that the Cheyennes and Arapahoes had been healthier than usual during the year. Many, however, had suffered from chronic diseases and some from malaria. He also stated: "During the summer a few children have died, but considering their nomadic life, their filthy habits, and exposure that they are subjected to, it is a source of wonder that many more do not die."⁴⁹

Doctor Whitwood reported in 1883 that during the period of his association with the agency he had observed that the Indians were becoming more and more accustomed to the use of the white man's medicine, and their faith in it had gradually grown stronger. However, he said, "there is an element--the native medicine man who exerts a powerful influence over them, and very often succeed in wresting them from my hands especially when the patient shows signs of failing or when death is about to end the suffering of the

⁴⁹ARCIA, 1883, p. 65.

patient."⁵⁰ He reported that malaria, syphilis, and scrofula, seemed to be the most frequently recurring troubles. One of the problems involved in treating syphilis, he pointed out, was that most of the Indians lived an average of forty miles from the agency. As a result, the doctor prescribed for the patient, who left the dispensary and might not be seen again for two to four months. Other significant diseases reported were bronchitis and phthisis (another name for pulmonary tuberculosis).⁵¹

During the middle 1880's, the Cheyennes and Arapahoes were still afflicted with many cases of intermittent fever and related varieties of remittent fever. The clinical distinction between typho-malarial fever and typhoid fever was undoubtedly due to the sewage contamination of the rivers and the poor personal sanitary habits of the Indians. The river was contaminated not only by the Indians and other Darlington residents, but also by Fort Reno. Malaria, typhoid, typho-malarial fevers and the dysentery group of enteric infections accounted for eight to thirteen deaths monthly in the summer and autumn of 1884 and 1885, and one in four deaths in the winter and spring.⁵² From 1884 to 1885 the numbers of new patients with consumption aver-

⁵⁰SR, Feb. 1883, "K-C Doctors" file, Ind. Arch., OHS.

⁵¹Ibid.

⁵²SR, July through Nov. 1884, and June 1885, "C-A Doctors" file, Ind. Arch., OHS.

aged over eight per month (102 per year) and scrofula exceeded thirty per month (365 per year). Consumption and scrofula together were given as the cause of eighty-six deaths.⁵³ Deaths of children listed under convulsions or inflammation of the brain may have been tuberculous meningitis.⁵⁴

Tubercular diseases were becoming a major health problem of Indians. Scrofula is a tubercular disease of the lymph nodes which results in draining from the nodes and produces ulcers on the skin which were sometimes mistaken for syphilitic lesions. In less than twenty years after leaving their old life on the open plains, the Indians had become afflicted with tubercular diseases in significant numbers. The Indian Commissioner recognized the tuberculosis problem and was aware of the importance of the medical service as a whole. In the Annual Report of 1888, a special report was devoted to the sanitary condition of the Indians. A total of 2,406 cases of tuberculosis was reported, with 623 deaths resulting.⁵⁵ The deaths from tuberculosis were almost half of the total Indian deaths for that year. The need at every agency for a hospital in which patients could be properly cared for was pointed out.

The incidence of eye disease among the Indians on both reservations increased during the 1880's, with cases among the Cheyennes and Arapahoes ranging from seventy-five to

⁵³Ibid.

⁵⁴Doctor R. Palmer Howard, Univ. of Okla. Health Sciences Center, interview, June 15, 1973.

⁵⁵ARCIA 1888, p. xxxiv.

almost three hundred per month.⁵⁶ The blinding eye disease, trachoma, which became a significant problem among Oklahoma Indians in the early 1900's, had not been diagnosed yet. Most of the eye problems were listed under the general term, conjunctivitis. This term refers to any inflammation of the conjunctiva covering the eye. It could include irritation from pollens and dust on a windy prairie, a minor infection called "pink eye," allergic reactions to paints used by the Indians on their faces, or irritation from the air in smoke-filled lodges. If trachoma were present in the early 1880's, the sanitary reports give little indication of it. Doctor W. W. Graves at Anadarko in June, 1889, is the first to mention granulated lids, which accompany trachoma, and the fact that some Indians were going blind.⁵⁷ The virus causing trachoma had not been identified yet, nor had the means to eradicate it been developed.

Doctor Tobin's report for September 1884 reveals that health problems of the Kiowas and Comanches were similar to those of the Cheyennes and Arapahoes:

During the last three months the number of Indians calling at the dispensary for medical aid has increased, in fact quite a number of them have lost all faith in medicine men and depend entirely in all cases of sickness upon the white man's medicine. It will be noticed from this and previous reports, that rheumatism, syphilis, malaria, and pulmonary troubles are the most frequent occurring diseases. The last two mentioned and especially the last in the form of phthisis is increasing to an alarming extent, and unfortunately the patients as a rule

⁵⁶SR, 1884, through 1889, "C-A Doctors" file, Ind. Arch., OHS.

⁵⁷SR, June 1889, "K-C Doctors" file, Ind. Arch., OHS.

do not report at the dispensary until the disease has reached the last stage. In all cases of malaria the majority of them I might say depend entirely upon quinia. Their confidence in this drug in some instances is wonderful. Especially, when we note the pressure brought to bear against it and the white man's medicine in general by the native doctors. I will venture to say that in the majority of the camps or lodges quinia can be found at all times laid away and kept in readiness for any attack of fever that might occur in their homes.

In regard to the first two mentioned diseases, rheumatism and syphilis, quite a number call at the dispensary for treatment while the majority remain in camp under the care of the native doctor. This I attribute to the fact that most of the Indians on this reserve live a long distance from the agency. I believe that if a hospital should be erected at this agency with proper accommodations, that the Indians would voluntarily bring in most of these cases and place them under the care of the agency physician.⁵⁸

Some months the sanitary records showed fairly large numbers of cases listed under vague categories such as headache, constipation, colic, dyspepsia, and catarrh. Doctor Elder explained, "Many of the ailments are trivial, though they think they are very sick and if not prescribed for are mortally offended. . . ." ⁵⁹

For the fiscal year ending June 30, 1891, Doctor Westfall reported treating a total of 1,228 cases at the Cheyenne-Arapahoe agency.⁶⁰ He also stated that many of these cases were trivial, but all called for and received treatment from the agency physician. He reported epidemics of influenza,

⁵⁸SR, Sept. 1884, "K-C Doctors" file, Ind. Arch., OHS.

⁵⁹Agt. Chas. Adams to CIA, Mar. 6, 1890, NARS, OIA letters rec'd, #7499.

⁶⁰ARCIA 1891, p. 349.

whooping cough, and mumps. Although there was a large amount of illness, the death rate declined. Westfall attributed this to mild weather with no sudden changes of temperature or storms. Doctor Westfall commented on the effect of the weather on Indian health:

The Indians have not been subjected to sudden and great changes of temperature, nor have their bodies been exposed to wet and chilling storms, a very potent factor in the production of colds, pneumonia, and other diseases. After a severe storm the increase among them is very marked. This is not surprising when we recollect how insufficient is their clothing, and they are often compelled to go hours and sometimes days clad in wet garments, and either barefooted or in moccasins that afford little or no protection to the feet.⁶¹

Westfall noted that there was a decrease in some diseases, noticeably itch, but an increase in others, especially tuberculosis. Not only was there an increase of the disease among the camp Indians, but there was a larger number than previously of the school children afflicted with tuberculosis.⁶²

The Kiowas and Comanches were fortunate to have missed the measles epidemic in 1877, but not so fortunate in 1892. The whole year was very bad for Indian health. Rivers had overflowed in June, inundating the bottom lands, which resulted in an immense amount of malaria in the autumn.⁶³ Two large epidemics of whooping cough and measles followed in the winter. The result was a death loss of fifty-five

⁶¹Ibid.

⁶²Ibid.

⁶³ARCIA, 1892, p. 388.

from a population of 3210.⁶⁴ Doctor Hume commented on the high fatality of measles among the Indians:

It seems to be a well-established fact that measles is one of the most fatal diseases which can attack camp Indians. This is the result of the universal custom with them of using cold plunge and sponge baths in cases of fever, and while this is rational treatment in many cases of malarial fever it either causes sudden death from internal congestion in measles or induces pneumonia and other latent lung troubles from which they are sure to die sooner or later.⁶⁵

Hume reported that the number of Indians applying for treatment was constantly increasing, and he had been called upon to visit a large number of homes.

The doctor reminded the Indian Commissioner of the great need for a hospital and new equipment. He advised that many of the instruments and appliances were old and out of date. Some of the reference books antedated the days of antiseptic surgery, and many had been published before some of the practicing physicians of the time had been born. He commented that when he viewed the inconveniences and inadequacies of the medical department, in the language of his Indian friends, "It makes my heart feel bad."⁶⁶

Eighteen ninety-two was the year the Cheyenne-Arapahoe lands were opened for settlement, and the year in which the agreement to open Kiowa and Comanche land was signed, although not implemented. The period immediately following

⁶⁴ Ibid., p. 792.

⁶⁵ Ibid., p. 388

⁶⁶ Ibid.

white entrance into the Indian lands presented a new set of problems for the Indian inhabitants. As white contact increased, Indian health problems gradually changed. Most significant was the increase in tuberculosis and syphilis.

During the reservation years, the Indians had experienced health problems similar to those of rural whites. However, the Indians had the added burdens of coping with forced removal to a new land not of their choice, a lack of mobility, and the demand to achieve an instant cultural change. Malnutrition, disease, grief and anger weakened their bodies and saddened their hearts. The psychological and physiological stresses associated with their removal and confinement contributed to social turbulence and antagonisms. The final subjugation created an aura of despair among the Indians that was detrimental to mental and physical health. Even though the quality of care available to the Indians was probably better as a whole than that of most rural whites, the Indians suffered more because of the additional stresses to which they were subjected. If the Indians had been given more time to acculturate and to overcome some of their problems of food and shelter, their health undoubtedly would have deteriorated less. During the later years of the reservation period, the increased contacts with whites meant increased health problems. The quality of life of the Indians and the progress of their adaptation to the dominant white society were adversely affected by their health problems.

CHAPTER VI

CONCLUSIONS

The rise or fall of nations depends on many factors-- success or failure in war and politics, population growth or decline, economic status, famine, or disease. In the period from 1868 to 1892, the Southern Plains Indians were defeated in war, their population decreased by battle losses and disease, and their economic system destroyed. They were relocated on reservations where they were subjected to a traumatic cultural shock imposed by the dominant white culture. Those responsible for the Indians failed to understand the psychological and physiological impact of their demands. Two cultures confronted each other, and neither possessed the psychological and sociological tools to understand the other. The white society as a result demanded instant acculturation by the Indians.

Confinement to the reservation could never be completely accepted by the older generation. To those born on the reservations, the new country acquired a new meaning and became their home. Had they been given time and allowed to live without white interference, they might have been able to achieve a workable adaptation to white culture. They were denied that opportunity, and their lands were invaded by

whites who brought a new set of problems and extended existing Indian health problems.

Agents, physicians, and other agency employees came to the reservations for a variety of reasons, including religious dedication and attraction to a guaranteed government salary. Whatever their initial reasons, after becoming involved in their work on the reservation most of them developed a genuine respect for their Indian charges. Even though many failed to understand the Indian culture, they worked hard in the Indians' behalf.

Indian health suffered greatly from government failures to keep treaty promises. These failures plus the existing social instability set off the hostilities of the middle 1870's. While Congress harangued over appropriations, the Indians went without rations, shelter, and medicines, which caused much suffering and impairment of their health. Political influence was an important factor in securing government contracts to supply Indian goods. This facet of the American enterprise system frequently worked to the disadvantage of the Indians. Inferior goods and spoiled rations sometimes resulted.

Contact with whites was highly detrimental. Whites encroached on Indian lands and stole Indian property with impunity. Illegal liquor traders victimized the Indians. Increased contact meant an increased incidence of contagious diseases among the Indians. In the latter reservation years especially, the incidence of tuberculosis and syphilis rose with increased contact with whites.

The Indian medicine men, who played a variety of roles, were important members of tribal society. Their importance was not understood by the white society of the late 1800's, and only now in the 1970's is an understanding and recognition of their role being sought. Medicine men were able to handle some of the health problems of the reservation Indians, especially those of camp Indians far from the agency. Some native doctors were very skillful in dealing with battle wounds and broken bones. Others treated the ailments of Indians with empirically derived techniques and herbal remedies.

Medicine and religion were almost synonymous terms to the Indians. The native doctor resorted to the use of mystic or spiritual powers when he treated internal illnesses which he could not understand. The relationship between the mystical religious aspect of the medicine man's treatment and his association with the tribal traditions gave his "medicine" psychotherapeutic advantages. The Indian medicine man, because of his role of priest and highly respected tribal leader, was seen by whites as a principal barrier to white acculturation of the Indians and Indian abandonment of their traditional way of life. The Indian Bureau saw the medicine man as an antagonistic and resistant force which prevented the absorption of new ideas and the adoption of new customs.

Many infectious diseases such as smallpox, scarlet fever, cholera, typhoid, and measles were contracted by the Indians through white contact. These diseases had not been known to

them before white colonization, and as a result the fatality rate was high. Malaria, typhoid, respiratory infections, and intestinal disorders were serious problems throughout the reservation period. Preventive measures were not well understood, and recommended sanitary procedures often were not carried out on the reservations. Unhygienic personal habits of the Indians contributed to the incidence of disease.

The quality of medical care available to the Indians was to a large extent determined by the status of medicine at that time. Measures to diagnose and control epidemic conjunctivitis and trachoma had not been developed, and the malaria vector was not discovered until 1897. Many exciting discoveries were being made by such men as Pasteur, Koch, and Laveran. However, a decade and sometimes more, was required for discoveries to gain acceptance and for new applications to the prevention and treatment of disease to be widely used.

The service of the agency physicians to the Southern Plains Indians was on the whole very conscientious. Most of the physicians at the Indian agencies were equal to the better trained physicians of that time. The care available to the Indians was probably better than that available to most rural whites. Rejection of the physicians' services by some of the Indians was due to the basic cultural clash. The scientific basis for the physician's practice provided only limited victories over the multidimensional religious and social influences of the native medicine men. When the

white physician provided a treatment whose effects were readily discernible, such as quinine's effect on malaria, the Indians were willing to accept his services.

The physicians practicing medicine on the reservations had the opportunity to broaden their general outlook on medical science through contact with another culture. Some of the agency physicians contributed directly toward the advancement of American medicine, such as Fordyce Grinnell who performed pioneer lung surgery on an Indian boy wounded by an arrow at the Kiowa-Comanche reservation. Several of Doctor Grinnell's journal articles were cited in Chapter III. Among others contributing to medical journals were Doctor William Harvey who wrote on epilepsy and germs,¹ and Doctor Fred Treon, who contributed two articles on consumption.²

To the Indian, the agency physician represented the white man's way; the medicine man symbolized the buffalo road and the traditional life of the Plains Indians. In matters of hygiene and treatment of illness, the struggle between the two cultures was complex. The agency physician beckoned urgently toward the white man's road, while the medicine man called softly to continue down the old familiar way of life. The conflict has not been resolved.

¹William F. Harvey, "Epilepsy.--Two Cases.--Indians," (The Cincinnati Lancet and Clinic, N.S. IX, 1882), p. 145.

²-----, "Germs, " (ibid., N.S. XIII, 1884), p. 502.

³Fred Treon, "Consumption Among the Sioux Indians," (ibid., N.S. XXIII, 1889), pp. 148-154.

⁴-----, "Consumption A Contagious Disease," (ibid., N.S. XXV, 1890), pp. 373-378.

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APPENDIX

AGENCY PHYSICIANS

Cheyenne-Arapahoe Physicians

Alpheus Henley	1869-1871
F. P. Cleary	1871
Samuel P. Varney	1871-1872
Jason Holloway	1872-1876
Lawrence A. E. Hodge	1876-1881
	1882-1883
William F. Harvey	1881-1882
J. F. DeBra	1883-1885
	1885-1886
S. E. Givan	1885
J. W. Gray	1886-1887
Hamilton K. Derr	1887-1888
George R. Westfall	1888-1906

Kiowa-Comanche-Wichita Physicians

Edward Palmer	1868
George D. Cook (Wichita)	1872-1873
Fordyce Grinnell (Wichita)	1873-1878
A. D. Tomlinson	1871-1873
Obadiah B. Given	1873-1877
Irving W. Smith	1877-1879
Lewis A. McCabe	1879-1882
James R. Whitwood	1882-1883
Hugh L. Tobin	1883-1886
William W. Graves	1886-1889
George W. Sutton	1889
Thomas H. Elder	1889-1890
Charles R. Hume	1890-1902

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