

AILMENTS AND CURES IN CALIFORNIA'S EARLY SHASTA COUNTY HISTORY (1849-1900)

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With relatively few readily available resources and limited access to “modern” health care, early occupants of Shasta County faced considerable health risks. Documented evidence from personal journals, physician accounts, and historic newspaper articles all highlight the health risks associated with this early period of Shasta County history, including the risk of contracting tuberculosis, scurvy, cholera, malaria, and other obscure ailments. It is not well understood, however, how these ailments were conceptualized or treated. This study, therefore, is a review of the available archaeological collections and literature for the region to identify how early citizens of Shasta County treated their ailments. As a result, this study produces information about disease consciousness and available medicinal treatments in the area from 1849 to 1900.

Living in California during the late nineteenth century was a risky business. Literary evidence abounds about the potential health pitfalls that could befall early California residents, particularly relating to Euro-American residents. Places like Shasta County, which is rich in nineteenth-century history, are often overlooked in the discussion of health during this time. In Shasta County, documented evidence from personal journals, physician accounts, and newspaper articles highlight the health risks associated with this period of California history.

It is not well understood, however, how ailments chronicled in these primary sources were conceptualized or even treated by Euro-Americans during this time in Shasta County. This study, therefore, reviews available archaeological collections and historical records with the aim of discussing ideas about disease consciousness and medicinal treatments in the county's early history from 1849 to 1900.

The study focuses on defining the specific ailments experienced and medical treatments used in Shasta County during this period. It also explores how the conceptualization of these ailments and treatments reflect the scientific thinking and knowledge of the nineteenth century. Additionally, it assesses whether there was a palpable change in the perception of disease and medical treatment leading into the twentieth century.

HEALTH AS A CULTURAL CONCEPT

The framework within which this study was developed is based on the concept that health is a cultural construct. In the words of Robert Hahn (1995:77),

The culture of a society *constructs* [emphasis added] the way members think and feel about illness and healing. Members are taught about different diseases and their names, their characteristic symptoms and courses, their causes and mitigating circumstances, their cosmological and moral significance, and appropriate responses.

That is to say that the way that a person thinks, feels, and interprets disease is defined by cultural constructs that will ultimately influence the way disease is identified, moralized, and treated (Susser 1973). Disease, therefore, is a subjective experience that is understood in terms of socially accepted paradigms, expressed through concepts of illness and sickness (Field 1976). The difference between disease, illness, and sickness, is that disease is the pathological processes that can produce an illness (Susser 1973); illness is defined as the subjective sense of feeling unwell, whereas sickness refers to the social and cultural interpretations relating to these feelings of unwellness. The cultural frameworks defining illness and sickness will in turn affect the conceptual understanding of what constitutes disease and how the management and

treatment of disease occurs. However, these frameworks are fluid, with no clear boundaries, and subject to change over time (Smith 2002). Therefore, incorporating cultural concepts of health for a given society at a given time is paramount to understanding and interpreting the significance of a person's lived health experience.

HEALTH IN THE NINETEENTH CENTURY

Early constructs of health in the European mindset worked off of Hippocrates's theory of humors (Conrad 1995; Porter 1999). Essentially, this theory held that the human body is filled with four basic substances, called humors, which are in balance when a person is healthy. An imbalance or surplus of the humors was thought to deleteriously affect the personality or health of a person. It was understood that all illnesses were results of an excess or deficiency of one (or more) of these four humors.

The environment was largely held to blame for upsetting the humors (Nash 2007). People were aware that certain geographical regions were riskier than others, and were particularly aware of miasmas that influenced health. A miasma was generally understood as a foul air that gives rise to illness; it was a flexible concept that expressed how people of the nineteenth century understood how they became ill (Last 2001).

There were numerous scientific advances in Europe and the United States at the beginning of and throughout the nineteenth century that eventually saw Hippocrates's theories ousted from medical theory and practice (Porter 1999). The most notable was the work of Louis Pasteur and Robert Koch in the 1870s and 1880s that resulted in the development of germ theory and the field of bacteriology. The resulting biomedical model, which focuses on the physical and biological aspects of disease, has come to dominate the way that pathological processes are understood, diagnosed, and treated (Susser 1973).

These scientific advances in turn led to changes in treatment practices. The concepts around treatment facilities, for example, changed during this period, particularly with regards to the hospital (Wall 2015). The concept of the hospital was not always as ubiquitous in life as we know it today (Granshaw and Porter 1989). Hospitals in the United States evolved from earlier places of care, such as almshouses, which focused on providing care and custody for the ailing poor, into institutions of scientific excellence, which instead focused on identifying, treating, and caring for acute conditions (Fee 1984).

The role of the doctor also changed significantly during this time. Doctors were generally not well regarded for most of the nineteenth century, due to a lack of standardization and professionalism (Harris 1932). Each had their own doctor's book with an array of remedies, and few had received medical training or education (McNeil 1971:2). Overall, professional standards were low, if they existed at all. It was not until the Johns Hopkins School of Medicine was established in 1889 that the training of doctors and the methods to diagnose and treat illness were standardized (Berliner 1975).

METHODS AND MATERIALS

Two types of information sources were used to explore ailments and treatments in early Shasta County history: archaeological and historical records. Archaeological records were reviewed for evidence of patent medicines, therapeutic recipes, medical equipment, and treatment facilities. The archaeological site records investigated for this study include those for CA-SHA-4321H, SHA-1450, and Historic Block 21 in downtown Redding (Figure 1).

SHA-4321H is the location of the old Shasta County Hospital, built in 1855 and in operation at that location until 1900. The Shasta College field archaeology class under the junior author's direction excavated at this site in 2005, 2006, and 2008, and recovered numerous artifacts, including medicine bottle fragments. Records for this excavation are stored at the Shasta College Archaeology Laboratory.

SHA-1450 is a historic mining campsite located along the Sacramento River near present-day Redding that was occupied sometime between 1877 and 1900. This site was excavated by the firm of Coyote and Fox in 1985 and resulted in the recovery of numerous embossed medicine bottles (Vaughan 1986).

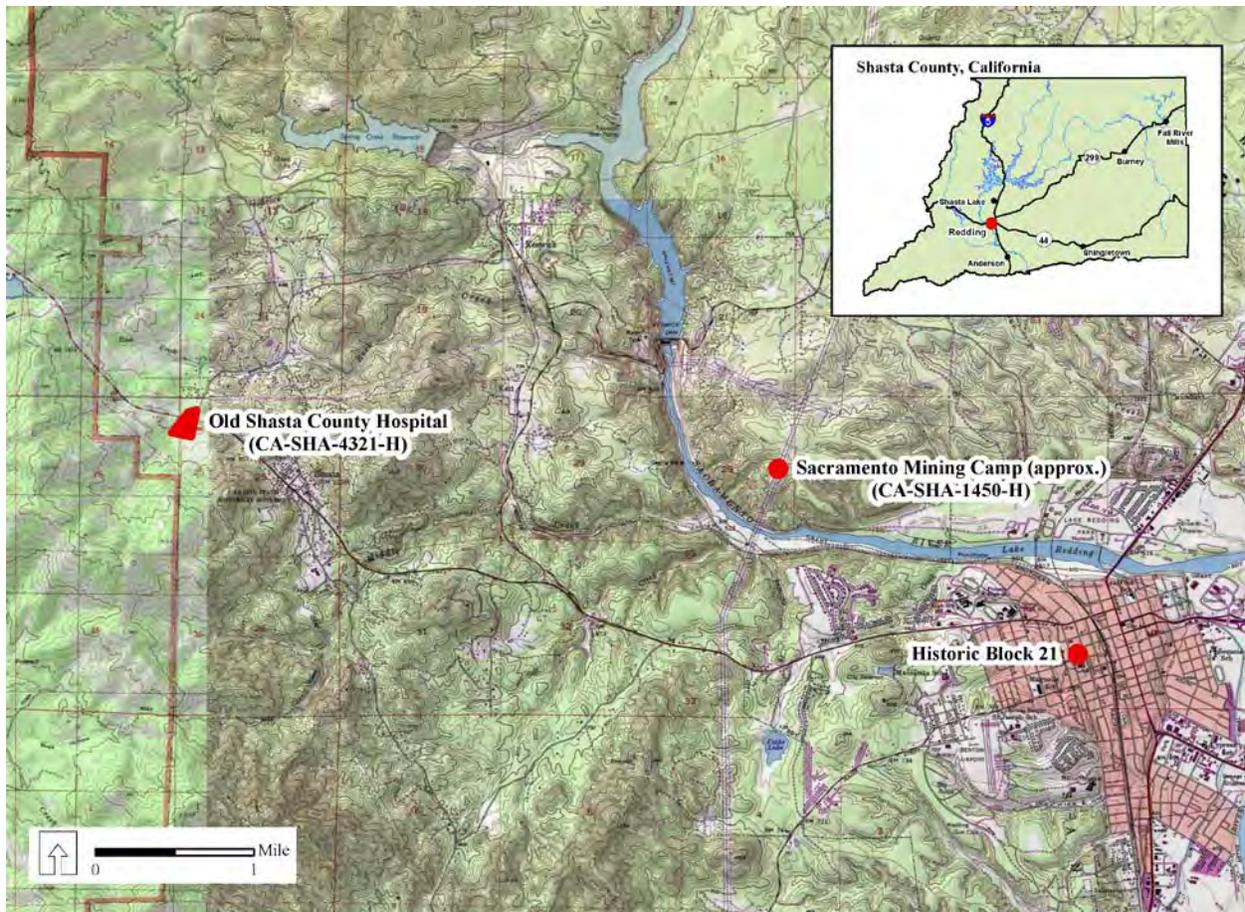


Figure 1. Map showing the location of northern California's Shasta County and the three archaeological sites that were examined as part of this study.

Historic Block 21 is one of the original residential neighbourhood blocks in Redding. A number of notable early Shasta County residents lived on this block, including well-known historian Helen Mae Boggs (née Bacon). Salvage excavation at this site by Coyote and Fox occurred in 2002 (Trudy Vaughan, personal communication 2015). Numerous embossed medicine bottles and bottle fragments were recovered as a result of this work. Records for this excavation were obtained from Coyote and Fox and are on file with the Bureau of Land Management, Redding.

In addition to the archaeological data, numerous historical records were consulted, including local periodicals, such as *The Covered Wagon*, which is produced annually by the Shasta Historical Society; newspaper accounts, including ones in the *Sacramento Daily Union* and the *Marysville Daily Appeal*; personal journal accounts housed at the Shasta Historical Society, the Shasta County Library, and the Shasta College Library; government records; and oral histories, anthologized in *Pioneer Medicine in Shasta and Trinity Counties* and compiled by Dr. Henry C. Woodrum. These historical records were reviewed for information pertaining to recorded epidemics, medical records, obituaries, narrative descriptions of treatments and medical practices, medical recipes, and information about local doctors and pharmacies.

Table 1. Diseases and epidemics that occurred in Shasta County between 1849 and 1900.

YEAR	DISEASE	REFERENCE
1850	Cholera	Smith 1999
1857	Bloody flux	McNeil 1971
1863	Scarlet fever	McNeil 1971
1863	Smallpox	Woodrum 1972
1864	Diphtheria	Smith 1999
1865	Consumption	<i>Marysville Daily Appeal</i> , 21 November 1865
1867	Syphilis	<i>Marysville Daily Appeal</i> , 3 April 1867
1868	Consumption	<i>Marysville Daily Appeal</i> , 17 March 1868
1873	Measles	McNeil 1971
1873	Whooping cough	McNeil 1971
1874	Smallpox	Woodrum 1972
1875	Pleurisy	McNeil 1971
1875	Cold	McNeil 1971
1875	Measles	McNeil 1971
1875	Scarlet fever	McNeil 1971
1877	Scarlet fever	McNeil 1971
1880	Diphtheria	McNeil 1971
1885	Lung troubles	McNeil 1971
1885	Typhoid fever	McNeil 1971
1890	Typhoid fever	Cemetery record
1892	Diphtheria	Cemetery record
1899	Measles	Cemetery record

RESULTS AND DISCUSSION

Diseases

Evidence from historical records indicates that at least 13 epidemics occurred in the area between 1849 and 1900 (McNeil 1971; Smith 1999) (Table 1). Diseases included cholera, scarlet fever, measles, cold, whooping cough, pleurisy, diphtheria, dysentery, tuberculosis, typhoid, malaria, and syphilis. In a couple of instances, older, more antiquated terms were used to describe some of these diseases, including consumption and pleurisy for conditions most likely attributable to tuberculosis, and the bloody flux to describe dysentery (Great Britain Registrar General of Births, Deaths and Marriages in England 1839). Many of these diseases are related to poor living conditions, poverty, urban populations, and poor personal hygiene (Bollet 2004; Porter 1999).

Indicators for how these epidemics and diseases were conceptualized and treated come from oral history. A Mrs. Lamus from Whiskeytown described how a doctor, Dr. W. A. Gray, diagnosed her father with scarlet fever when she was about four or five, ca. 1860 (Woodrum 1972). As a result, her mother sent her off to Shasta in order to prevent her from contracting the disease. Somebody, possibly a neighbour, later suggested that it might be pneumonia rather than scarlet fever, but the doctor continued to insist that it was scarlet fever. Her mother later confirmed that it was pneumonia. This example shows how concepts of illness and sickness were used to combat disease. It also appears that Mrs. Lamus was cognizant of the risk that scarlet fever posed to her young daughter. Whether Mrs. Lamus perceived that the risk was a result of the highly infectious nature of the disease or due to a miasmatic effect causing a humoral imbalance is less clear. Nonetheless, preventative measures were used to quarantine the patient and remove the most vulnerable members of the household to prevent the disease from spreading.

Mrs. Lamus also described how, ca. 1863, there was a smallpox epidemic, and in order to protect his family, her father went to another family who had recently experienced a less virulent strain of smallpox to

Table 2. Patent medicines bottle brands recovered from archaeological sites in Shasta County.

Syrup of Figs	Dr. D. Jaynes Tonic
Wynkoop's (Extract Sarsaparilla)	Shiloh's Consumption Cure
The Mother's Friend	Dr. Wistar's Basalm of Wild Cherry
Dr. King's New Discovery	Warner's Safe Cure
Chamberlain's Pain Balm	Dr. D. Jaynes Alternative
Boschee's German Syrup	Dr. Pierce's Golden Medical Discovery
Bromo Seltzer	Dr. Kennedy's Medical Discovery
Marchand Peroxide	Kennedy's Salt Rheum Ointment
Protonuclein	H.H.H. Horse Medicine DDT 1868
Sozodont	Cuticura System of Curing Constitutional Humors
Saxlehners/Hunyadi Janos Bitters	Hostetter's Bitters
Dr. S. Pitcher's/Castoria	Ayer's Sarsaparilla
Laxol	Hood's Sarsaparilla
Wm. R. Warner	Warner's Log Cabin Sarsaparilla
Johann Hoff (Malt Extract)	California Fig Syrup (of San Francisco)
W.B.M. Co.	(Dr. Miles) New Heart (Cure)
Rex Bitters	Hall's Cure for Catarrh
KnoxIt	Scott's Emulsion
Listerine	Centaur Liniment
A. Trask's Magnetic Ointment	Vapo Cresolene Co.

collect scabs from their arms to use to infect his family, all for the purpose of developing immunity (Woodrum 1972). Although the transcript has her describing the incident as a vaccination, the process was actually known as inoculation and was a well-known practice prior to Edward Jenner's invention of smallpox vaccination (Porter 1999). When smallpox broke out again in 1874, this time Mrs. Lamus's family bought the vaccine from the drug store (Woodrum 1972). Whether or not this was a result of a shift in medical thinking on the part of Mrs. Lamus's father (i.e., from trusting the tried-and-true method of inoculation to later trusting in the efficacy of vaccination) or if it is reflective of changes in the availability of newer treatment options in the area, is not clear and deserves further investigations.

Patent Medicine

In the three archaeological collections consulted for this project, a total of 40 different patent medicine products are represented (Table 2). Out of the 40, it was possible to identify the primary ingredients for 31 of the products (Table 3). The majority of the identified bottles originate from Historic Block 21 and the Sacramento River Mining Camp site; unfortunately, the assemblage from the Shasta County Hospital only had one identifiable embossed bottle, in addition to fragments of numerous possible medicinal and liquor bottles that might once have had paper labels.

For those bottles that could be identified, a list of all the ailments these medicines claimed to treat was compiled (Table 4). Most of the patent medicines claim to treat more than one of these afflictions.

Most of the listed "ailments" for these medicines are symptomatic and cannot be attributed to a disease per se, but they do indicate what symptoms people experienced and interpreted as being abnormal and worthy of treatment. These would have been afflictions that diverged from "normal" and would have impacted, if only marginally in some instances, a person's perception of their own health or their ability to perform "normal" activities. Indeed, many of the collective conditions that these medicines claimed to treat were part of a single bodily system. Figure 2 illustrates the majority of systems that these medicines were treating were the respiratory/pharyngeal system, gastro-intestinal system, metabolism, and bodily pain/swelling. This information forms the beginning of our understanding of Euro-American-based disease experience and perception in early Shasta County.

Table 3. Patent medicine brands recovered from excavations in Shasta County and their respective ingredients.

BRAND	INGREDIENTS
Dr. Wistar's Basalm of Wild Cherry	Cherry bark, alcohol, opiates
Warner's Safe Cure	Extract <i>Lycopus virginiana</i> , extract liverwort, extract wintergreen, potassium nitrate, alcohol (90%), glycerin, water
Dr. Pierce's Golden Medical Discovery	Pure water, borate of soda, golden seal root, queen's root, stone root, black cherrybark, bloodroot, mandrake root, glycerine
Dr. Kennedy's Medical Discovery	Mandrake, dandelion, leptandra, alcohol, water
H.H.H. Horse Medicine DDT 1868	52% alcohol, camphor oil, wintergreen, cedarwood, camphor soap, ammonia.
Hostetter's Bitters	Alcohol, sugar, anise, coriander, cinchona, gentian
Ayer's Sarsaparilla	Sarsaparilla root, stillingia, mandrake, yellow dock, iodine of potassium and iron
Hood's Sarsaparilla	Sarsaparilla root, dandelion, gentian, juniper berries, 18% alcohol
California Fig Syrup (of San Francisco)	Senna, fig syrup, alcohol
(Dr. Miles) New Heart (Cure)	Cactus, alcohol, iron, phosphate, glycerin, caramel coloring
Hall's Cure for Catarrh	Alcohol, potassium iodide, sugar, vegetable extractives
Scott's Emulsion	Cod liver oil, hypophosphite of lime, soda, glycerine
Centaur Liniment	Oil of pennyroyal, oil of thyme, oil of turpentine, soap, caustic soda, water
Dr. S. Pitcher's/Castoria	Pumpkin, anise, worm seed, Rochelle salts, peppermint, 3% alcohol
Syrup of Figs	Senna, fig syrup, alcohol
Wynkoop's (Extract Sarsaparilla)	Ginger root
The Mother's Friend	Mixture of oil and soap
Bromo	Sodium bromide, acetanilide
Dr. King's New Discovery	Morphine, chloroform
Boschee's German Syrup	Laudanum
Scott's Emulsion	Cod liver oil, hypophosphite of lime, soda, glycerin
Bromo Seltzer	Sodium bromide, acetanilide
Protonuclein	Iodine
Sozodont	Orris root, carbonate of calcium, magnesia (powder) / castile soap, glycerin, water, alcohol, oil of peppermint, clover, cinnamon, star anise
Rex bitters	Cascara sagrada bark wine
Listerine	Alcohol, eucalyptol, menthol, methyl salicylate, thymol.
A. Trask's Magnetic Ointment	Raisins, lard, nicotine
Shiloh's Consumption Cure	Chloroform, oil of tar, peppermint, lobella extract, licorice extract, terpia hydrate, glycerin
Laxol	Castor oil
Wm R Warner	Extract <i>Lycopus virginiana</i> , extract liverwort, extract wintergreen, potassium nitrate, alcohol (90%), glycerin, water
California Fig Syrup (of San Francisco)	Senna, fig syrup, alcohol

When the ingredients for these patent medicines are examined, it is clear that the main differences between all of these recipes are the combinations of herbs that they used. The emphasis on herbal ingredients is reminiscent of humoral concepts of health. In addition to this, many of these patent medicines were marketed as “purgers,” which again is reminiscent of humoral methods, whereby an ailment is treated through the release of excess humor to restore balance to the entire system.

In truth, though, most of these patent medicines were mainly alcohol- or opiate-based. There is not a single patent medicine listed in Table 1 that did not contain alcohol. The percentage of alcohol and opiates is disproportionate to other ingredients and often as high in proof as hard liquor. It leads to the question about whether or not these “medicines” were being used for medicinal purposes or were a means of feeding an addiction. Or perhaps they started out for medicinal purposes, but led to an addiction—a predicament oft-attested by critics of the industry.

Table 4. Ailments that the patent medicine brands seen in Table 2 claim to treat.

Trigeminal neuralgia / neuralgia	Eczema	Rheumatism
Neurasthenia	Chilblains / frostbite	Sciatica
Syphilis	Chafing	Lumbago
Gonorrhea	St Anthony's fire / erysipelas	Swelling of joints
Tuberculosis / consumption	Scald head	Gout
Scrofula	Halitosis	Pain in back
Bronchitis	Toothache	Earache
Influenza	Bright's disease	Hangovers
Croup	Inflammation of liver	Headaches
Whooping cough	Inflammation of kidneys	Bone swelling / ulcerations
Asthma	Kidney stones	Dropsy
Cold	Heart disease	Tumors
Coughs	General debility	Lameness
Hoarseness	Exhaustion	Muscle cramps
Pneumonia	Wasting diseases (in addition to TB)	Dyspepsia
Sore throat	Anemia	Colic
Pulmonary diseases	Marasmus	Dysentery
Catarrh	Weakness	Constipation
Laryngitis	Sprains	Biliousness
Goiter / bronchoesie	Bruises	Worms
Quinsy	Burns	Indigestion
Diphtheria	Female weakness	Venomous bites
Salt rheum	Childbirth / pregnancy	Malaria / ague
Pimples		

As noted by Vaughan (1986), the use of patent medicine as a vehicle for substance abuse is probably well-founded for the Sacramento Mining Camp site (SHA-1450). In comparison with alcohol bottles, patent medicine bottles are far more abundant. This is probably in part due to the relatively cheap cost of patent medicines as opposed to liquor following the Revenue Tax of 1862, which placed a higher tax on alcoholic beverages than on medicine. As already noted, some of these medicines had an alcohol content nearly identical with hard liquor. This imbalance between patent medicine bottle and alcohol bottle representation does not exist, however, for the Historic Block 21 or the Old Shasta County Hospital collections, which suggests that the patent medicines found at these two sites may be more reflective of experienced ailments than those found at the Sacramento Mining Camp site. The fact that patent medicines are present in the archaeological record up to the turn of the century gives an indication that patent medicines retained some level of legitimacy with the residents of Shasta County. However, the extent to which patent medicine had legitimacy is more difficult to say. Identifying this would go a long way in helping to interpret some of the ailments experienced and treated by early Shasta County residents.

Local Pharmaceuticals

There also appears to have been a local professional industry of medicine production occurring during this period. Medicine bottles embossed with the names of local and nonlocal doctors and druggists were found at these sites, most notably at Historic Block 21. No mention of the contents of these bottles was found. The mystery around these embossed bottles raises questions. What role did local pharmacies and doctors play in defining and perpetuating prevailing health concepts and treatments? What were they selling, and what did they treat? Who made them? Who prescribed them? Were they accredited, or was it simply a marketing tactic? What ingredients did they include? Did Euro-American patients seek out other ethnic remedies (see Heffner 2013)? Undoubtedly, these are questions worthy of further investigation. Some clues

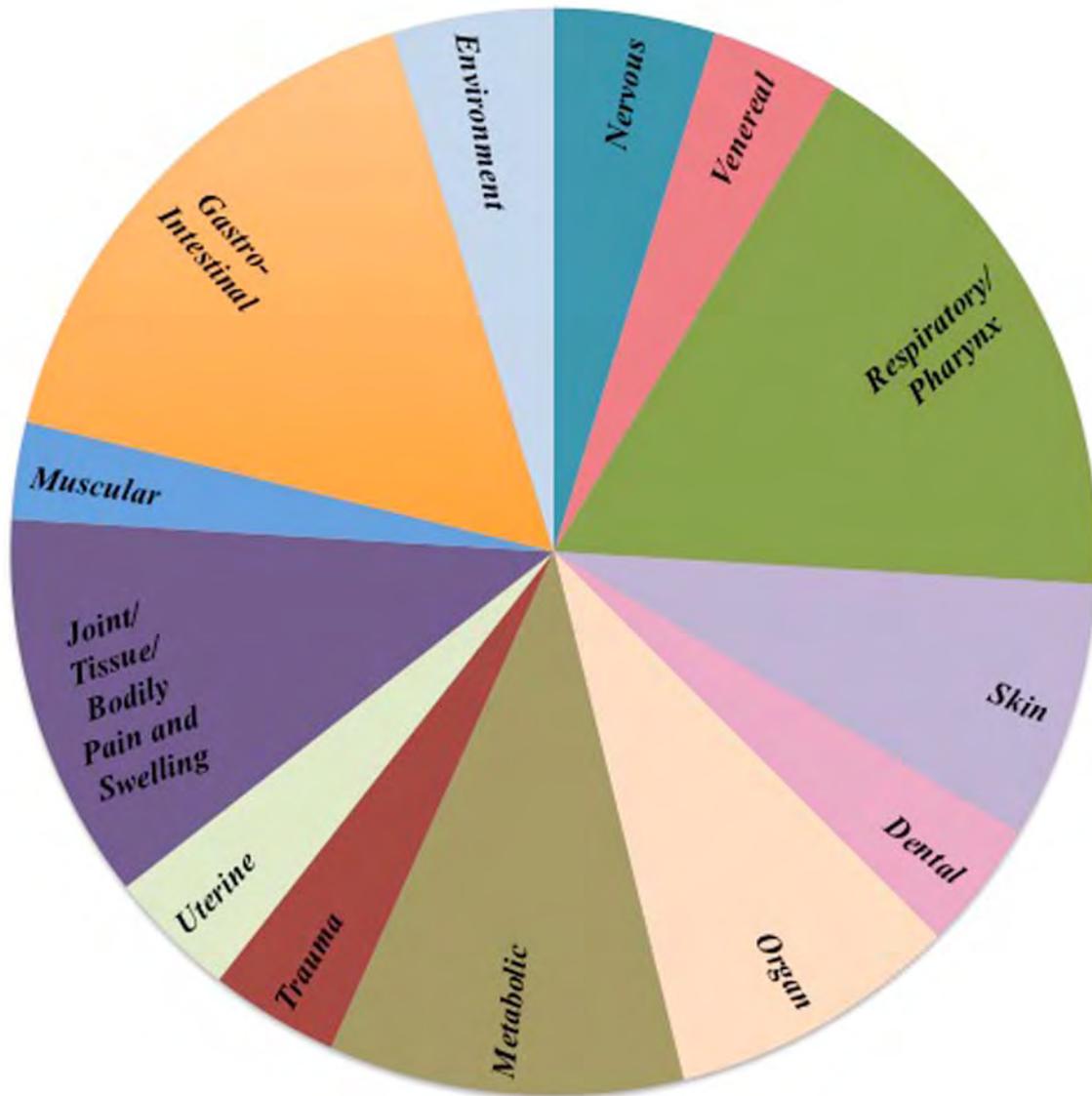


Figure 2. Bodily systems treated, based on the symptoms the recovered patent medicine bottle brands reportedly treat.

come from Eaton's pharmacy, which was responsible for filling unnamed prescriptions that included the following ingredients: calomel (purgative), hydrastic, nux vomica, cinchona, simply syrup, asafetida (hung about neck to ward off colds), and "blood tonic" (Woods 1972).

Local pharmacies were also responsible for selling patent medicines. Advertisements from Easton's drug store indicate that they stocked a range of products, including Dr. King's New Discovery for consumption, cold, and coughs (1887 advertisement); Chamberlain's Colic for cholera and diarrhoea (1888 advertisement); St Patrick's Cathartic and Liver Pill (1888 advertisement); Shiloh's Cough and Consumption (1888 advertisement); and Modoc Kidney and Liver Cure (1888) (Woodrum 1972).

Medicines were also being made in homes, as evidenced by old-time recipes from the era (Table 5) (Anderson Chamber of Commerce 1997). Many of these medicines treated the symptoms in ways that are understandable and logical; others, less so. It appears that a degree of mystic interpretation for the cause and cure of certain ailments was present in Shasta County. Ultimately this would have impacted the efficacy of

Table 5. Home remedies for common ailments (Anderson Chamber of Commerce 1997).

AILMENT	CURE
Rheumatism	A buckeye carried in the pocket
Neuralgia	A piece of nutmeg tied around the neck
Burns	Bottle of vanilla
Bleeding	Use a mixture of soot from chimney and lard/oil.
Bleeding	Place a spider web across the wound.
Measles	Give the patient a hot drink to make him break out; others say give a cold drink. Try one, if it is does not work on the patient, try the other.
Sore feet	1 cup marigold petals, ½ cup petroleum jelly; fry on low heat for 30 minutes, store in jar, put on sore feet.
Swelling / sprain	Paste of dirt dauber nest and vinegar
Warts	Stump water
Warts	Steal someone's dish rag, rub it on warts, and hide it.
Cough / sore throat	Boil cherry bark, honey, and a bit of whiskey; take a teaspoon as needed.
Tonsillitis / croup	A tea from catnip leaves
Tonsillitis / croup	Spread tar on a cloth; fold cloth with grease side next to skin. Change once or twice a week.
Cough	½ cup honey, 3 tsp. paregoric, and ½ cup whisky
Bed wetting	Kill a big barn rat, skin it as you would a squirrel, cut it up, flour it, and fry it up like you would a chicken. Feed it to the victim.
Leg aches	Tie a string soaked in turpentine around the leg, or rub the leg with kerosene.
Stings	Apply chewing tobacco, or use household ammonia.
Stings	Apply a paste of soda and table vinegar.
Baldness	Do not cut hair in the darkness of moonlight.
Congestion	Plaster of boiled onions on the chest
Headache	Wet a piece of a brown paper bag with vinegar, coat it with baking soda, and wrap it around head.
Headache	Bind wilted beet leaves on the forehead.
Headache	Mix a little turpentine and beef tallow in a bandage and wrap it around the head.
Asthma	Burn rabbit tobacco and inhale the fume.
Asthma	Keep a Chihuahua dog around the house.
Itch	Homemade lard thickened with sulphur and a few drops whisky; put it all over body for several hours. Burn all clothes and put on clean ones.

how these ailments were treated. It also appears that conditions like bed-wetting and sore feet were conceptualized as ailments, worthy of treatment and capable of being cured.

Doctors

Self-medication was not the only option available to citizens of early Shasta County. Between the years 1849 and 1900, more than 60 people were credited with the title “doctor” (Woodrum 1972). By 1860, Shasta County established a Register of Doctors, which listed the names of doctors and when they received their medical training. It is unclear how meaningful any of this medical training would have been, though. The so-called “medical training” of Dr. Abraham Gallard is a prime example (Zelinsky 1998). Originally a clerk, Dr. Gallard received his credentials the moment he bought his practice from Dr. Gann. Dr. Gann, in turn, was originally a blacksmith who had no medical training. Dr. Gallard’s only claim to legitimization as a doctor came from the fact that he dispensed medication. Dr. Gallard was infamous for treating everything from a toothache to dysentery with Brandeth’s Pills (a laxative) and a shot of whisky. Yet people of Shasta County considered him a doctor, and some even a good doctor. The idea that a laxative could be a cure-all is reminiscent of the humoral philosophy of health and the need to cleanse oneself of the imbalance in order to restore system equilibrium.

An interview with George Albro by Dr. Kay in the 1950s indicates that patent medicines were not the only sources for alcohol- and opiate-based treatment. Local doctors would also prescribe tonics with opium and alcohol, for the purposes of quieting the symptoms being experienced by the patient (Woodrum 1972).

Dr. Tucumseh White would also prescribe the occasional pint of whiskey for medicinal purposes. Whether or not it was believed that this was a curative treatment (i.e., treating the disease) or a stopgap measure for an ailment (i.e., treating the illness) is not clear. These treatments, however, would have had a noticeable effect on the body. This was important, because it clearly demonstrated that some therapy had been performed, whether or not it actually worked (Valenčius 2002).

Doctors also looked to the local environment to find solutions for patient ailments. Dr. Teass, for example, adopted Native American medicinal treatments when appropriate, particularly when treating members of the local Wintu tribes, collaborating with a local Wintu woman named Mary (Woodrum 1987).

It seems that treatment was also flexible and situational and that doctors would improvise when needed. Dr. Stevenson, for example, performed an amputation in the late 1880s using borrowed kitchen knives sharpened by the blacksmith (Masterson 1968). It appears that in certain situations the theory behind the medicine did not matter, especially when there was need for expediency, and primitive conditions restricted a doctor's ability to effectively incorporate the newest models for medical treatment.

Hospitals

Further insights into ailments and cures in early Shasta County history come from records about the old Shasta County Hospital. When it opened its doors in 1855, it did so with the intention of providing a place “where the destitute sick, instead of being kicked from one noisy boarding house to another, can have repose, receive proper nursing, and have some chance for their lives” (*Shasta Herald*, 3 December 1859). The hospital initially acted as an acute care facility, as evidenced by the inventory of patients in the February 9, 1856 edition of the *Shasta Republican*, which identifies the following patient conditions: accidental injury, debility, rheumatism, diarrhea, ulceration, remittent fever, typhoid fever, intermittent fever, convulsions, and others. Records also indicate that the hospital acted as an epidemic treatment center. In 1869, the Board of Supervisors instructed Benjamin Shurtleff to construct facilities to be used in the event of an epidemic (minutes recorded at the Shasta County Board of Supervisors office in Redding). Out of necessity, it quickly became a combination of an acute care facility and a chronic care facility (Philben and Ritter 2009). It would also come to be a charitable institution for people who were not really sick but who had nowhere else to go. In 1861, the hospital physician reported that Peter Thompson had been admitted for five days with the diagnosis of “beggar” (*Shasta Courier*, 16 November 1861). He was discharged “cured” sometime later. The direction of the shifting role of the hospital is almost opposite of what is expected (see Granshaw and Porter 1989). Instead of beginning as an institution of custody and care of the poor, it ended up as such. This may be less a reflection of shifting perceptions about the role of the hospital, and perhaps more a reflection of the shifting political focus away from the town of Shasta towards the town of Redding at the end of the nineteenth century (Shurtleff 1957).

CONCLUSION

Health in Shasta County from the very beginning of the historic epoch reflected the prevailing beliefs about medicine and treatment of the time. Conceptual understanding of disease mainly followed the Hippocratic theories that relied on system balance and looked to the local environment for disease rationales. Early on, institutional systems were in place to provide respite for the poor and alone. Doctors abounded and treated as would be expected: with little consistency and a mixed bag of professionalism. Toward the turn of the twentieth century, though, the framework seems to have begun to shift towards a more evolved system of disease conceptualization and treatment.

The results and discussion presented in this study are representative of an on-going project. The information presented in this presentation is not exhaustive, and the interpretations are only preliminary. Much more research is still ahead of us.

The scope of this article is limited to Euro-American perspectives of health, illness, and disease in Shasta County during this period. The authors recognize that there were other ethnic groups present in Shasta County at this time, including Chinese, Latinos, African-Americans, and Native Americans, who would have

had their own culturally defined perspectives. It is the intention of the authors to expand the discussion presented here to include a wider cultural perspective of health, illness, and disease in subsequent publications.

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