

A Tree without Roots: Lessons for the Future of Herbalism from the 19th Century

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*A people without the knowledge
of their past history, origin and
culture is like a tree without roots.*

Marcus Garvey

On a brisk November morning, my wife, daughter, and I left our home in Forestburgh, NY, to travel 24 miles across the county to a cemetery overlooking the town of Liberty. Liberty lies in the southern Catskills of the Upper Delaware Watershed of New York, part of a region extending down to Long Island, eastern Pennsylvania and much of New Jersey that had been the historical homeland of the Leni-Lenape.

I was not so confident that our search for a specific grave over a century old in this large cemetery would bear fruit. Would the most likely modest stone still be there, not cracked or concealed by overgrowth? Would it still be legible or would it be too worn down by time and acid rain? Would my four year-old Rose get too cold or too tired before we found it? As it turns out, it took only 30 minutes of wandering, and with sharper eyes we might have more quickly found the large, well-preserved monument prominently placed just inside the cemetery entrance:

PHOEBE CHAMPLIN LOW, M.D.
BORN JUNE 2, 1837
DIED AUG 21, 1911

Dr. Low, clearly a well-respected member of her community (if such a thing can be judged by her resting place), was buried overlooking the town where she practiced medicine a century and a half before our time. I first learned of Phoebe Champlin Low in a column by county historian John Conway published in the *Sullivan County Democrat* in September 2013, in which he profiled Dr. Low as most likely the first female physician in the region. But it was the third paragraph that captured my attention. “Dr. Low graduated from the Eclectic Medical College of Pennsylvania in Philadelphia in 1872...[and]... was consistently elected to high office in the Eclectic Medical Societies on the county, state and national level” (Conway 2013). During the decade after her graduation from the Eclectic Medical College, she served variously as the secretary of the National Eclectic Medical Society, treasurer of the New York Eclectic Medical Society, and secretary of the Sullivan County Eclectic Medical Society. One wonders if her name would be more widely known today if not for gender bias. She is buried alongside her two



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daughters, one of whom was also an M.D.

Despite her apparent prominence in her community, Dr. Low might have easily faded into oblivion. Despite living so close by and being a student of our Eclectic history, I would not have heard of her were it not for Conway's article. I did not even know that our county had been home to a local Eclectic Society 140 years ago.¹

How inclusive were the Eclectics of women practitioners? Compared to many of their contemporaries, it can be argued that by and large, the Eclectics took a progressive stance on issues of gender. At their sixth annual meeting in 1855, the National Eclectic Medical Association admitted its first female member, Carrie Richard of Connecticut, only six years after Elizabeth Blackwell had become the first woman to earn a medical degree in the United States (NEMA 1877, NIH 2014). That same year, the association adopted a policy of co-education urging the various medical colleges to freely admit female students. In his 1870 address to the National Eclectic Medical Association in

Chicago, Alexander Wilder, then president of the Eclectic Medical Society of New York, refers to 14 recent female graduates of the New York Eclectic Medical College and makes an impassioned argument in favor of open enrollment for women and co-education in fully shared classrooms.² Most notably, Wilder wrote, "We do not consider this to be liberality; it is not courtesy even, but simple justice" (Wilder, 1870).

That said, it is a natural human tendency to romanticize, and we must be careful not to do so with the Eclectics. They were clearly male-dominated, and we can have little doubt that at least some espoused and perpetuated the sexist mores of their day just as they utilized remedies and approaches handed down from unacknowledged or at least under-acknowledged traditional female healers. This is equally true of race as well of gender. To a great degree, the Eclectics were a reflection of their time, when white men gained the bulk of recognition and whose stories and names have survived to us through the ages, despite having stood on the shoulders of untold and usually anonymous women and people of color. Despite progress made since then, we – meaning the herbal community in general and the AHG in particular – still have work to do to ensure that those who attain prominence and recognition fully reflect the rich diversity of herbal practice. It is by recognizing and reflecting upon not only the successes but also the shortcomings of our past that we can move forward toward this goal.

A prime example of this inheritance is the life and achievements of Wooster Beach, widely considered the father of Eclectic medicine and deservedly praised in our history. Before establishing his own medical school in New York City, Beach apprenticed with healer Jacob Tidd, a German immigrant who had worked as an indentured servant to local practitioner Dr. George Viesselius. Tidd continued Viesselius' practice after his death in partnership with his widow, whose work unsurprisingly has received

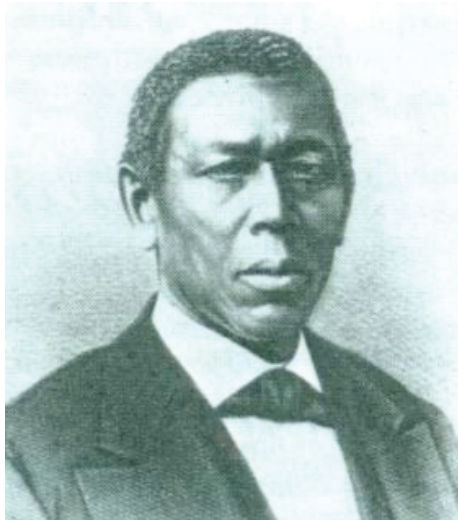
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Phoebe Champlin Low's gravemarker at Liberty Cemetery, Liberty, NY. Photo by Richard Mandelbaum

scarce attention and whose name I have not been able to uncover. In addition, Tidd attributed his knowledge to what he had learned from Native American healers during a period of captivity.³ After Tidd's death his daughter Dr. Polly Bennett continued his practice (Nevins 2011), but unsurprisingly, little has been written about her.

Beach and Tidd's story not only provides more examples of the prominence of women healers working equally alongside men, but also the reliance that Eclectic medicine had on the accumulated wisdom of Native American medical practice. Although the Eclectics referred to this inheritance, it can be said that they never fully acknowledged the debt they owed to Native American healers and could be justifiably accused of crossing the line from borrowing to cooptation.

While some herbalists like Phoebe Low were prominent in their time but since forgotten, and others such as Dr. Polly Bennett forgotten with stories remaining to be told, still others rose to prominence against the odds through force of will. James Still of New Jersey was such a man.

As early as 1772, New Jersey had begun to restrict the practice of medicine to those with licenses or diplomas from regular medical schools that provided training for conventional physicians predominantly utilizing heroic and often toxic remedies such as mercury-based calomel, while for the most part shunning botanical medicines (Nevins 2011; Berman & Flannery 2001). Later reforms granted freedom of practice but prohibited the collection of fees from non-licensed practitioners, a move explicitly enacted to put "root doctors" out of business. In *America's Botanical-Medical Movements*, Berman and Flannery describe root doctors as "freelance botanic practitioners" also referred to as "herb doctors" and "Indian doctors" who used primarily native plant remedies. They were also often labeled as "irregulars" to distinguish them from licensed mainstream physicians (Berman & Flannery 2001).



James Still, "black doctor of the pines."

In the mid-19th century, James Still, the famous "black doctor of the pines" and self-educated son of ex-slaves, successfully circumvented this law by charging fees only for herbs and not for consultation services. In 1880, the state legislature further restricted the practice of medicine, widely seen at the time as a move specifically targeting Still, who had angered the white medical establishment with his successful treatment of patients who had been deemed beyond hope. A public outcry resulted in an amendment to the law and kept Still in business (Sherk and Jackson 2012).⁴ Although highly successful and self-made, Still had to give up his life-long dream of attending medical school, thwarted by poverty and the intense racial prejudice of the time. As he described it, "I had no finance... and worst of all, I was not the right color to enter where such knowledge was dispensed." In 1871, his son James Thomas Still became one of the first African-Americans to graduate from the Harvard School of Medicine, with honors (Sherk and Jackson 2012).

What other stories might lie buried in our backyards waiting to be unearthed, remembered, bearing lessons from the past? The history and lineage of 21st-century herbalists can be made even more obscure when bolstered by racial, gender, or other biases marginalizing so many of those to whom we owe our heritage and accumulated knowledge. We will never know all their names or stories, but we can honor them just the same. Perhaps the most meaningful form of honoring the likes of James Still and Phoebe Champlin Low is to work to

build a truly inclusive organization that represents the tremendous and beautiful diversity of herbal practice today.

History is a vast early warning system.

Norman Cousins

Restrictive laws similar to those James Still battled in New Jersey had been adopted in other states during this same period. In fact, the British colonies in North America had begun adopting laws restricting the practice of medicine as early as 1649 (Baas et al 1889). In 1760, the city of New York restricted the practice of medicine to those granted a license, with a penalty of £5 for any violations⁵ (Beck 1850). In 1827, the State of New York enacted what even at the time was being referred to as an “anti-quack law” to fully restrict medical practice to those licensed or having graduated from regular medical schools – a move Lyman Stanton, an Eclectic doctor in New York in the late 19th century, claimed was directly initiated to shut down root doctors including famed herbalist Wooster Beach and the followers of Samuel Thomson. Stanton describes the broad public opposition that was mobilized to challenge these legal restrictions: “Between the years 1828 and 1833, about seventy petitions, containing 100,000 names, were presented to the Legislature” (Stanton 1870). Continued opposition resulted in gradual abolition of the monopoly on medical practice: the botanical practice of medicine without a license became fully legal in 1830 but the collection of fees was punishable by fines and or imprisonment. This made it all but impossible to make a living as an herbalist. Finally in 1844, after more public outcry which included a “thirty yard long” petition, the restrictive law was fully repealed (Stanton 1870). Increasing regulation and medical licensing laws gradually came back in force throughout the

country at the beginning of the 20th century began, solidified in New York with the passage of the Medical Practice Act of 1926 which once again restricted practice to licensed physicians (Johnson & Chaudhry 2012).

As our past shows us, as we debate the benefits of licensing versus alternatives, perhaps we can learn from the legal victories of the Eclectics and Thomsonians in the 19th century. The decades-long period of health freedom that existed in New York and throughout the country might have seemed an unachievable fantasy to those herbalists in the 1820s whose practices were shut down. In the case of New York’s history at least, it seems that such a legal turn-around was only possible with the mobilization of the public. The fact that in the 1820s over 100,000 signatures calling for a repeal of monopolistic medical licenses could be delivered in New York alone is remarkable. We could compare this with the more recent public victory in 1997 over the government-proposed dilution of organic standards. Almost 200 years later, and with the aid of the Internet and a vastly higher population, it was viewed as monumental and unprecedented that the USDA received 275,000 total and 100,000 individual comments from around the entire nation to protect the integrity of organic agriculture⁶ (Keating 2011).

Wake Up! You’re in the Presence of Your Future.

George Clinton

Such groundswells rarely happen on their own, but are usually the result of successful organizing, as in the case of the organic movement. Alexander Wilder alluded to this in 1870 when describing the moribund period of the National Eclectic Medical Association in the 1850s, which he attributed to “a centrifugal element in the ranks.” He went on to say, “The number of Eclectic

The regulatory struggles and debates of 21st century herbalists are nothing new. We have been navigating precarious legal status and monopolies of practice in the form of licensing in historical cycles.

physicians would have been larger, the standard of professional attainment higher, and the principles of medical reform more pure and unmixed, if the National Association had continued to meet” (Wilder 1870).

The passage of time and loss of our collective memory can trick us into thinking the challenges we face are novel or somehow unique to our time. Our community is characterized by many free thinkers, non-conformists, and self-described anarchists (author included) – all things to be celebrated. Yet anarchism and chaos are not synonymous; the legal and political framework of our society determines the space in which we work as herbalists. The choice between a future of licensed herbalism that restricts the right to practice of some, or on the other hand increasing marginalization is a false dichotomy. The historical struggles of the Thomsonians and Eclectics, continued by the modern health freedom movement, inform us that engaging the legal and political challenges before us can lead to more freedom for herbal medicine, not less, by removing restrictive language in current law. If we are to play a role in determining this future, active participation in grassroots organizations will be crucial. The AHG has explicitly endorsed freedom of practice for herbalists; it is worth asking as we reflect on the AHG’s past and contemplate its future, what continued role the organization could or should be playing in these battles. In this 25th anniversary year of the American Herbalists Guild, the true value of reflecting on our past as an organization would be to help inform our future. How can we serve as a positive influence in building our community’s capacity to not only be prepared for what is to come, but to shape it? ■

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Notes

- 1 Can we envision a future in which the AHG for instance is vibrant enough to have not only state, but thriving county chapters?
- 2 At another point in the same address Wilder refers to “an eclectic college for the medical instruction of women in Hindoostan” (modern-day India), which would be a fascinating subject for future research.
- 3 In another version of the story it was not Tidd, but a relative, who had learned the use of herbs from Native Americans while in captivity.
- 4 This legal victory was all the more remarkable considering Still’s life story - told most notably in his autobiography *Early Recollections and Life of Dr. James Still* (Philadelphia: J. B. Lippincott and Company, 1877). Although not directly associated with the Eclectics, Still’s path was intertwined with theirs. As he recounted, he was inspired to become a physician when in 1815 at the age of three he was inoculated for smallpox, an experience which made a lasting impression. Smallpox inoculation at the time was being heavily promoted by John Redman Coxe M.D. of Philadelphia, not far from Still’s home in southern New Jersey. In addition to his *Practical Observation on Inoculation for the Cow-Pock*, published in 1802, Coxe also authored the *American Dispensatory* in 1806, a practical and comprehensive materia medica cited later by the Eclectics as one of their foundational works.
- 5 Interestingly and perhaps not entirely coincidentally, this is the same period in which male physicians began replacing female midwives. (Beck 1850)
- 6 Under the Clinton Administration the USDA had proposed the allowance of factory farming, industrial sewage sludge, and genetically modified organisms within the scope of organic certification – all of which was reversed as a direct result of the public outcry. (Keating 2011)