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Natural Science in the New World: The Descriptive Enterprise

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Résumé de l'article

L'échange de connaissances médicales et pharmaceutiques est une facette importante de la rencontre entre autochtones et nouveaux arrivants en Nouvelle-France. Récollets et Jésuites bénéficient d'un accès également privilégié à la population autochtone et aux plantes indigènes. Curieusement, au moment de décrire les traitements médicaux, ce sont uniquement les personnes et non les plantes médicinales qui sont au centre de ce qu'on pourrait appeler « l'entreprise descriptive ». Tentant de séparer les remèdes chamaniques jugés suspects des remèdes considérés naturels, les missionnaires documentent soigneusement le contexte entourant le traitement médical au lieu de simplement décrire le médicament utilisé. À partir des traces laissées par les premiers missionnaires canadiens, cet article se penche sur le caractère particulier des échanges médicaux dans les missions de la Nouvelle-France du 17^e et 18^e siècle pour étudier les échanges interpersonnels qui sont un élément constitutif de la botanique coloniale et qui ont façonné la manière selon laquelle les audiences métropolitaines se représentent le savoir indigène.

Medical Encounters and Exchange in Early Canadian Missions ¹

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Abstract: The exchange of medical and pharmaceutical knowledge was an important facet of the encounter between native and newcomer in early Canada. Throughout New France Récollet and Jesuit missionaries were given privileged access both to indigenous peoples and indigenous plants. Curiously, however, when it came to describing medical treatments, it was people, rather than medicinal plants, that were targets of what might be called “the descriptive enterprise.” Attempting to divide suspect shamanic remedies from those deemed natural, missionary observers carefully documented the context of medical treatments rather than simply the specific remedy applied for treatment. Using records left by early Canadian missionaries this paper will look at the peculiar character of medical exchange in the missions of seventeenth and eighteenth-century New France to look at the interpersonal encounters that formed a constitutive element of colonial botany and framed the way in which indigenous knowledge was represented to metropolitan audiences.

Résumé : L'échange de connaissances médicales et pharmaceutiques est une facette importante de la rencontre entre autochtones et nouveaux arrivants en Nouvelle-France. Récollets et Jésuites bénéficient d'un accès également privilégié à la population autochtone et aux plantes indigènes. Curieusement, au moment de décrire les traitements médicaux, ce sont uniquement les personnes et non les plantes médicinales qui sont au centre de ce qu'on pourrait appeler «l'entreprise descriptive». Tentant de séparer les remèdes chamaniques jugés suspects des remèdes considérés naturels, les missionnaires documentent soigneusement le contexte entourant le traitement médical au lieu de simplement décrire le médicament utilisé. À partir des traces laissées par les premiers missionnaires canadiens, cet article se penche sur le caractère particulier des échanges médicaux

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dans les missions de la Nouvelle-France du 17^e et 18^e siècle pour étudier les échanges interpersonnels qui sont un élément constitutif de la botanique coloniale et qui ont façonné la manière selon laquelle les audiences métropolitaines se représentent le savoir indigène.

The encounter between French colonists and North American flora in early Canada was, at the same time, an encounter with other cultures. Although it has been called a “gentle conquest,” one devoid of the bloodshed and conflict that suffused other American conquests,² in recent years historians have written the history of botany with a new sensitivity to the colonial dimensions of botanical exchange and discovery. Perhaps not surprisingly, historians turning their attention to organized scientific expeditions and the colonial study of aboriginal medicines have frequently recounted histories of the appropriation of indigenous knowledge and the expropriation of indigenous plants; charting, for instance, the contours of transatlantic networks that drew seeds and specimens inexorably towards European gardens and scientific societies. More recently still, both the complexity and ambivalence of colonial exchanges has taken centre stage in studies that have instead pointed to the problems associated with the translation and communication of indigenous and colonial knowledges. As Londa Schiebinger has recently suggested, the exchange of knowledge and of specimens are two distinct, if clearly related, processes, and the localized encounter and (mis)communication between indigenous and European knowledge systems deserves closer attention.³

This paper will visit the Catholic missions of early Canada to assess the exchange of knowledge of medicinal plants and discuss, in the encounter between indigenous and French missionary medical cultures, what might be termed the history of a “thwarted knowledge.”⁴ It will argue that in seeking to distill natural, and therefore morally and spiritually acceptable, remedies from supernaturally inspired indigenous medical practice, missionaries consciously blended reports of contact with aboriginal cultures and Canadian medicinal flora and that it often appears to have

2. See for instance James Reveal, *Gentle Conquest: The Botanical Discovery of the North America* (Washington: Starwood, 1992).

3. See Londa Schiebinger, “Prospecting for Drugs: European Naturalists in the West Indies,” in *Colonial Botany: Science, Commerce, and Politics in the Early Modern World*, eds. Londa Schiebinger and Claudia Swan (Philadelphia: University of Pennsylvania Press, 2005), 119-135; and Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004).

4. Neil Safier, “Fruitless Botany: Joseph de Jussieu’s South American Odyssey,” in *Science and Empire in the Atlantic World*, eds. James Delbourgo and Nicholas Dew (New York: Routledge, 2008), 205.

been plants that were overshadowed in the process. In fact, it seems that concern with the provenance of indigenous knowledges in the end limited the ability and willingness of missionaries to decontextualize and lay claim to indigenous plants. Thus, where one might expect an appropriation, one instead finds dialogue and where one might expect to find descriptions of indigenous plants, one instead finds descriptions of indigenous peoples.

It can't simply be denied that early Canadian missionaries didn't care about American flora. Read here, for instance, what can only be described as a facet of "the descriptive enterprise" in Gabriel Sagard's *Le Grand Voyage du pays des Hurons* (1632):

... the finest plant that I have seen among the Hurons is, in my opinion, that which they call *Angyahouiche Orichya*, that is, turtle's hood, for the leaf is like the thick part of a lobster or sea-crayfish, firm and hollow inside like a cup so that one could use it at need to drink the dew found in it every morning in summer. The flower is also quite pretty. I saw in some places on the way to the Hurons beautiful red lilies, with only one or two blossoms on the stalk; or orange lilies like those of Canada, or cardinal flowers, so in all Canada I saw no red lilies or turtle's hoods, nor many other species of plants that I saw among the Hurons; still there might be some of them there without my knowing it.⁵

Describing the colour, the morphology, a hint at possible utility and both Wendat (Huron) and French names, Sagard's description of turtle's hood provides a powerful example of the level of detail early travelers in New France were capable of, and Sagard was hardly alone. Written almost a century later between 1722 and 1724, Joseph-François Lafitau's *Mœurs des sauvages américains*, furnishes further proof of French interest in Canadian plants when the Bayberry is described in great detail:

... as there are trees and plants which produce a honey which is not the work of the bees, there are also plants which produce a wax in which the bees have no part. This is a little shrub which grows on the banks of lakes, rivers and marshes. It has the appearance of a myrtle. Its leaf does not differ from the emetic holly which has been discovered in Louisiana. It bears berries of the thickness of a grain of pepper. These berries are boiled in water on whose surface there arises a fat or oily matter, which is gathered and is the substance of these very berries detached from the kernel. Then they melt all this mater together which, when it gets cold, becomes of the consistency of green wax, transparent, hard, and has a very sweet-smelling odour.⁶

5. Gabriel Sagard, *The Long Journey to the Country of the Hurons*, ed. George M. Wrong, trans. H.H. Langton (Toronto: Champlain Society, 1939), 241.

6. Joseph-François Lafitau, *Customs of the American Indians Compared with the Customs of Primitive Times*, vol. 1, ed. and trans. William N. Fenton and Elizabeth L. Moore (Toronto: Champlain Society, 1974-77), 159.

Here again, one sees a profound interest in the descriptive enterprise in early North America that extends from morphological considerations to a more practical interest in the possible utility of New World flora.

Hardly unique in their careful attention to botanical description, these examples were selected from amongst the frequent accounts of New World flora and fauna authored by the many French missionaries that established themselves in New France in the seventeenth and eighteenth-centuries and illustrate a continued curiosity with Canadian plants. Whether in Gaspésie, the ‘pays d’en haut’, or the Illinois or Iroquoian territory, Récollet and Jesuit missionaries were granted a privileged access to Aboriginal natural knowledge. With their knowledge of aboriginal languages and their close and frequent contact with aboriginal cultures, missionaries would seem to have been ideally positioned to gain access to indigenous medical knowledges. Both the collected works of the *Jesuit Relations* and the individual writings of French missionaries such as Joseph-François Lafitau, Chrestien Le Clercq, Gabriel Sagard and Pierre François-Xavier de Charlevoix reveal extensive contact with indigenous peoples and nature, and descriptions of plants and animals, motivated as often by curiosity as economics, are rife.

Yet the level of detail devoted to often seemingly trivial plants soon disappears when missionaries turn their attention to medicinal plants used by the aboriginal peoples they shared their lives and their faith with. In another example, again from Lafitau’s eighteenth-century work, this curious lacuna quickly becomes apparent:

An Indian at Michilimackinac cured, in a week, one of our missionaries of a general paralysis which made all his members useless and forced him to have himself taken to Québec for treatment. The secret of the cure was known but has been lost. All that I have been able to learn of it is that he went to the marshes to look for some root which he then mixed with water hemlock. I saw an Indian woman in my mission who, people assured me, had been cured of a well developed case of dropsy. I neglected to learn from her how and by what remedy.⁷

Thus it seems that not all plants were given equal attention and, perhaps paradoxically, those plants that would seem to be of most value, in economic and medical terms, received little of the attention garnered by other local plants.

When one searches these records for documentation of the medical encounters between natives and newcomers in early Canada, it is, above all, a strange and seemingly out of place lack of detail that confronts the reader. Descriptions of the medicinal properties of plants proffered by native peoples are frequently vague or lacking altogether. This seems

7. Lafitau, vol. 2, 206.

particularly strange in light of the regularity of contact with aboriginal medical practitioners and the frequently evidenced familiarity with aboriginal medical practices that missionaries showed; living amongst populations repeatedly harassed by diseases such as measles, influenza and smallpox throughout the seventeenth and eighteenth-centuries, missionaries were offered frequent first hand experience with aboriginal medicine. That they didn't make more of this contact is particularly surprising considering the interest that both contemporary and past missionaries showed in both Mexican and Ayurvedic medicine and the potential profits that the transatlantic market offered.⁸ This paper will address this as yet inadequately explained lacuna in the exchange of natural knowledge between early Canadian missionaries and aboriginal peoples.

It is true that comparing the European encounters with Canadian and tropical environments is problematic. In fact, it seems possible that many of the medicinal plants we may expect to see mentioned were already familiar to European eyes and may have been easily "identifiable with European generic names."⁹ Canada was never a land of wondrous cures and marvelous plants. While the first Europeans in Latin America may very well have recognized that the flora and fauna of the New World was essentially different from that of the Old, early European travelers to Canada seem to have had a different experience and a far greater degree of initial familiarity that was expanded considerably by contact with aboriginal peoples and first hand experience of the Canadian environment. While in a very real sense the French in North America were encountering a New World, much of it would have been at least somewhat familiar to them at first sight; as Jonathan Sauer has noted, nowhere else could Europeans have traveled so far to see to so many familiar sights.¹⁰

8. See both Sabine Anagnostou, "Jesuits in Spanish America and Their Contribution to the Exploration on the American *Materia Medica*," *Pharmacy in History* 47, 1 (2005): 3-7; and Sabine Anagnostou, "Jesuit Missionaries in Spanish America and the Transfer of Medical-Pharmaceutical Knowledge," *Archives internationales d'histoire des sciences* 52, 148 (2002): 176-197 for information on Jesuits in New Spain and John M. de Figuerido, "Ayurvedic Medicine in Goa According to the European Sources in the Sixteenth and Seventeenth Centuries," in *Scientific Aspects of European Expansion*, ed. William K. Storey (Aldershot: Varorium, 1996), 247-57 for information on Jesuit activities in Southeast Asia.

9. Jonathan D. Sauer, "Changing Perception and Exploitation of New World Plants in Europe, 1492-1800," in *First Images of America: The Impact of the New World on the Old*, ed. Fredi Chiappelli, vol. 2 (Berkeley and Los Angeles: University of California Press, 1976), 815.

10. *Ibid.*

Yet we can get the sense from some missionaries that there were in fact curative plants simply waiting to be found in the forests of New France. In 1718 Joseph-François Lafitau wrote jealously of the medical discoveries of his fellow missionaries working in Brazil and Peru and lamented that those who had worked in New France may have missed a valuable opportunity by being too quick to dismiss as superstition that which may have enriched their church and their nation.¹¹ Pointing directly to the confrontational nature of missionary work in early Canada, Lafitau's critique hints that much of this lacuna may be explained by the discursive character of missionary texts that sought, albeit often with mixed success, to establish clear lines between Christian and pagan cultures in the New World. Certainly, as authors such as Réal Ouellet, Marie-Christine Pioffet and Dominique Deslandres have shown, the missionaries of early Canada at the same time possessed a resoundingly Manichean worldview, seeing themselves as soldiers in a fight against the devil himself, and were painstakingly aware of their audience and the language with which they described their enterprise. While some passages may have been refashioned in hindsight to give tongue-tied Jesuits the last word in conflicts with indigenous critics and others were cast in biblical and epic discourse to give hope and coherence to their mission, it is clear that missionary discourse frequently distanced and silenced legitimately aboriginal worldviews.¹²

Yet, problematic as they may be, these remain sources written by men forced to come to terms with aboriginal knowledges. As a result of their professed goals and their place within aboriginal communities, early Canadian missionaries were unable to simply ignore the indigenous knowledges that confronted and often resisted their efforts at conversion. That this means we cannot expect an unbiased account seems clear but to expect anything more is to overlook the discursive nature and partiality of any text relating the encounter between native and newcomer. Thus while any conclusions we may seek to make about the nature of aboriginal

11. Joseph-François Lafitau, *Mémoire présenté a son altesse royale Monseigneur le duc d'Orleans, regent du royaume de France, concernant la précieuse plante du gin-seng de Tartarie, découverte en Canada par le P. Joseph François Lafitau, de la Compagnie de Jesus, missionnaire des Iroquois du Sault Saint Louis* (Paris: chez Joseph Mongé, 1718), 13.

12. Marie-Christine Pioffet, *La tentation de l'épopée dans les relations des Jésuites* (Sillery: Septentrion, 1997), 30, 38, 51; Réal Ouellet, "La citation biblique comme procédé conatif dans les Relations du père Lejeune," in *Rhétorique et conquête missionnaire: le jésuite Paul Lejeune* (Sillery: Septentrion, 1993), 25-26; Dominique Deslandres, *Croire et faire croire: les missions françaises au XVIIe siècle (1600-1650)* (Paris: Fayard, 2002), 438. See also Carole Blackburn, *Harvest of Souls: the Jesuit Missions and Colonialism in North America, 1632-1650* (Montreal and Kingston: McGill-Queen's University Press, 2000).

medical practice must remain tentative, missionary texts remain invaluable as records of the means by which Jesuit and Récollet missionaries struggled both to come to terms with and undermine aboriginal knowledge systems, including those that we would identify as medical. As such they can shed a great deal of light on the encounter between French medical cultures and indigenous plants and peoples and can offer some important hints that may help explain the apparent conservatism of early Canadian medical practice.

Numerous historians have suggested convincingly that aboriginal pharmaceutical knowledge had little effect on colonial medical practice in New France and that medical practice in early Canada remained overwhelmingly French. One has only to read the appeal of Jean de Lamberville, who saw potential converts die for lack of European remedies, or to read the lists of drugs requested by hospitals in Québec to see that even where close contact with aboriginal peoples was the rule, European remedies remained a defining part of colonial medical practice.¹³ Whether this was a result of a sense of cultural superiority, the incommensurability of aboriginal and European medical beliefs and practices, or a far more simple therapeutic conservatism, historians of New France have often conflated this failure to incorporate local remedies into colonial medical practices into a more systemic lack of exchange.¹⁴ Recent works by both Allan Greer and Gilles Havard have countered that contacts between French and Aboriginal medical cultures were far more frequent than have previously been appreciated but have yet to explain the reasons for this apparent silence on the specific medical uses of indigenous plants.¹⁵ Thus, while real medical exchange is now well documented, its peculiar character remains unaddressed.

13. Reuben Gold Thwaites, ed., *The Jesuit Relations and Allied Documents*, 73 vols. (Cleveland: The Burrows Brothers Company, 1896-1901), 52: 103, 62: 93.

14. Denys Delâge, *Bitter Feast: Amerindians and Europeans in Northeastern North America*, trans. Jane Brierly (Vancouver: UBC Press, 1993), 207; William Fenton, *Contacts Between Iroquois Herbalism and Colonial Medicine* (Seattle: Shorey Book Store, 1971), 504; Toby Gelfand, "Medicine in New France," in *Medicine in the New World: New Spain, New France, and New England*, ed. Ronald L. Numbers (Knoxville: University of Tennessee Press, 1987), 92; Rénaud Lessard, "Pratique et praticiens en contexte colonial: Le corps médical canadien aux 17^e et 18^e siècles" (PhD diss., Université Laval, 1994), 249; Ronald L. Numbers, "Conclusion," in *Medicine in the New World: New Spain, New France, and New England*, ed. Ronald L. Numbers (Knoxville: University of Tennessee Press, 1987), 157-58; Marcel J. Rheault, *La Médecine en Nouvelle-France: Les Chirugiens de Montréal 1642-1760* (Sillery: Septentrion, 2004), 47; Virgil J. Vogel, *American Indian Medicine* (Norman: University of Oklahoma Press, 1970), 9.

15. Gilles Havard, *Empire et Métissages: Indiens et Français dans le Pays d'en Haut, 1600-1715* (Sillery: Septentrion, 2003), 607-09; Allan Greer, "The Exchange of Medical Knowledge between Natives and Jesuits in New France," in *El saber de los jesuitas*,

Missionary Skepticism and Indigenous Medical Practice

First, however, an important caveat must be offered. As others have noted, many of the encounters between missionaries and aboriginal medical practices and practitioners were resoundingly negative. In the written documents left by missionaries in early Canada, a few principle concerns with aboriginal medical practices surface repeatedly. The most frequent and totalizing attacks on aboriginal medical knowledge and practice were launched at relatively small scale native communities. Writing in 1616, the Jesuit father Biard informed his readers that Acadian aboriginal communities were entirely incapable “even of providing arts and trades for the relief and amelioration of life, nor to satisfy other wants however pressing.”¹⁶ Later he suggests that these same people applied their “simple remedies” virtually at random.¹⁷ Likewise, some two decades later among the Montagnais in 1636, Le Jeune suggested that the Montagnais knew of only three natural remedies: the shavings of a certain unidentified tree, bleeding and sweating.¹⁸

This representation of an underdeveloped medical culture is further articulated with Le Jeune’s warnings that “to be sick among these Barbarians, and to have already one foot in the grave, is one and the same thing.”¹⁹ In his own experiences with the Montagnais he frequently contended that aboriginal peoples simply left their sick to die and that it could be very dangerous for a Frenchman to fall ill amongst them.²⁰ David Cowen for one has suggested that a romanticized conception of pre-contact Amerindian medicine has overstated the medical knowledge base of aboriginal societies; even the Haudenosaunee (Iroquois), he suggests, knew only 75 species and the Anishinaabe even less at 53.²¹ While obviously such findings must inevitably remain tentative and problematic, there seems good reason to believe that the medical practices of smaller scale societies such as the Mi’kmaq or the Montagnais might have fallen short of Iroquoian populations to the west in the eyes of European observers. Recent anthropological work on the medical consequences of contact on Amazonian and Southeast Asian

historias naturales y el Nuevo Mundo, eds. Luis Millones-Figueroa and Domingo Ledezma (Frankfurt/Madrid: Vervuert-Iberoamericana, 2005), 135-146.

16. Thwaites, 3: 115.

17. *Ibid.*, 3: 125.

18. *Ibid.*, 7: 127.

19. *Ibid.*, 9: 97-99.

20. *Ibid.*

21. David Cowen, “The Impact of the Materia Medica of the North American Indians on Professional Practice,” in *Botanical Drugs of the Americas in the Old and New World: Invitational Symposium at the Washington-Congress 1983*, ed. Wolfgang Hagen Hein (Stuttgart: Wissenschaftliche Verlagsgesellschaft, 1984), 51.

aboriginal communities has suggested that frequently, with low population densities and few endemic diseases prior to sustained contact with traditionally Old World illnesses, the pharmaceutical knowledge of hunter-gatherer societies is often extremely limited; it is thus contended that systematic medical use of local flora may be a conscious adaptation in the wake of contact with new peoples and, more importantly, new diseases.²² While, the applicability of what has been called the “healthy forager profile” can only ever remain conjecture in the Canadian context, it is surely telling that, some fifty years after Biard’s description, Récollet missionary Chrestien Le Clercq wrote of the Mi’kmaq he knew that “They are all by nature physicians, apothecaries, and doctors, by virtue of the knowledge and experience they have of certain herbs, which they use successfully to cure ills that seem to us incurable.”²³

While accusations of an overly simplistic or non-existent medicine seem primarily to have been launched at small scale Algonquian societies, both they and larger, largely sedentary societies such as the Haudenosaunee and Wendat confederacies drew fire for their reliance on suspect healing rituals. Early Canadian missionaries frequently criticized the beliefs and practices of the men these missionaries variously termed jugglers, charlatans and sorcerers; that is to say, aboriginal shamanic healers. While some suspected that such figures were merely deluded and misguided, others feared far worse and suggested that diabolical forces were at work in the rituals performed; as Le Clercq wrote,

... it is difficult to believe that it is by natural means that a juggler ... gives the blow of death to an Indian, even if forty to fifty leagues distant ... who in fact does die and expire at the same moment that the juggler pronounces the sentence of death against him.²⁴

Charlevoix would add in the eighteenth-century that,

It is also certain that their jugglers are too often correct in their predictions, to suffer us to believe that they divine at random, and that there pass on those occasions, things which it is almost impossible to account for, in any natural way.²⁵

22. Ina Vandebroek, et al., “A Comparison of Traditional Healers’ Medicinal Plant Knowledge in Bolivian Andes and Amazon,” *Social Science and Medicine* 59, 4 (2004): 847; Robert A. Voeks and Peter Sercombe, “The Scope of Hunter-Gatherer Ethnomedicine,” *Social Science and Medicine* 51, 5 (2000): 86-87.

23. Voeks, 86-87; Chrestien Le Clercq, *New Relation of Gaspesia; with the Customs and Religion of the Gaspesian Indians*, ed. and trans. William F. Ganong (Toronto: Champlain Society, 1910), 296.

24. Le Clercq, 217.

25. Pierre-François-Xavier de Charlevoix, *Journal of a Voyage to North-America Undertaken by Order of the French King*, 2 vols. (London: R. and J. Dodsley, 1761), 2: 169.

As this quote suggests, it was often the success of shamans that missionaries found most troubling even though many were seen as simple tricksters. As Allan Greer has recently noted, the Jesuit critique of shamanic healing was a critique of a specific, and to catholic eyes diabolical, source of supernatural power rather than a rejection of supernatural healing entirely.²⁶

A multitude of examples offer themselves but, suffice it to say, whether the ritual prescribed was an orgy, a feast, a dance, a game of lacrosse or a redistribution of goods to satisfy the desires of a patient, missionaries sought to undermine the position of shamanic healers by offering parallel services of their own. Highly charged duels between shamans and missionaries appear routinely in seventeenth and eighteenth-century documents that were often meant to evidence the divine favour of their project.²⁷ While the soul of a patient was obviously at stake in each such conflict, each engagement was principally a larger battle of disease etiologies and, for the Jesuit authors at least, a contest with decidedly religious implications. As historians such as Dominique Deslandres have shown, apparently supernatural cures were, in fact, a key means by which Jesuits hoped to convince both aboriginal peoples and the readers of their relations in Europe of the validity of their message; a clear control on the exercise of legitimate supernatural power was fundamental to the success of early Canadian missions.²⁸ As Steven J. Harris writes, “in the hands of Jesuit missionaries, medical botany was as much a matter of defining and stabilizing ‘the natural’ and monopolizing ‘the supernatural’ as it was of fending off illness.”²⁹ In these contests aboriginal remedies such as dancing, singing and the removal of charms from afflicted bodies were pitted against the curative powers of prayers, baptisms and the distribution of crosses and holy relics.³⁰ Although Jesuit missionaries steadfastly maintained that much of their activity was aimed at the soul of potential or real converts rather than the body, each miraculous cure that resulted from gifts of crosses or sickbed baptisms was marshaled as proof of the justness of their cause and the soundness of their faith.

Some have seen in these spiritual battles the source of a more general contempt for aboriginal medicine and have suggested that these “perceptions négatives de la médecine amérindienne expliquent le peu

26. Greer, 138-39.

27. Thomas Worcester, S.J., “A Defensive Discourse: Jesuits on Disease in Seventeenth-Century New France,” *French Colonial History*, 6 (2005): 7, 10.

28. Deslandres, 412, 430.

29. Steven J. Harris, “Jesuit Scientific Activity in the Overseas Missions, 1540–73,” *Isis* 96, 1 (2005): 75.

30. Thwaites, 4: 93; 5: 233; 42: 145; 57: 221; Deslandres, 417.

d'influence qu'elle a eu sur la pratique médicale du corps de santé canadien" and that these conflicts thus discredited indigenous medical knowledge broadly defined.³¹ Yet simply explaining the failure to appropriate or at least describe aboriginal remedies by referencing a distrust of aboriginal natural knowledge seems problematic in light of the regularity of medical contact suggested by historians such as Greer and Havard. There can be no doubt that criticisms were frequent and real, and yet it is important that we not conflate these specific concerns with aboriginal medicine into a more general hostility. In spite of these complaints, real and substantive encounters between French missionaries and aboriginal medicine occurred; at the heart of these exchanges were what these authors frequently referred to as "natural remedies." Incredibly, some missionaries were willing to accept remedies deemed natural even when they came from the same shamans they otherwise ruthlessly denounced. When, for instance, a companion of Gabriel Sagard fell ill, shamans offering to provide dances and feasts were continually turned away although, "some good natural remedy would not have been refused if there had been any suitable to this illness."³² Le Jeune's relation of 1637 is even more explicit on this account where he stated that, "I do not condemn natural remedies. But these sweats, these dances, and these feasts are worth nothing, and are altogether useless, as far as health is concerned."³³ While suspect rituals could be involved in the collection of plants,³⁴ it seems that missionaries believed that these were often mere superstitions no matter what aboriginals might say to the contrary.

European tolerance for "natural remedies" seems to have sprung from a more general belief that specific aspects of native culture could be divested of pagan influence and put to use in service of a Christianized native and colonial culture. Bruce Trigger records that this frequently met with less than desirable results but that it remained a common conception and goal throughout the French regime in early Canada.³⁵ Lafitau, writing in the early eighteenth-century, provides one of the clearest articulations of this view when he divides native medicinal practice into natural or

31. Lessard, 248.

32. Sagard, 195.

33. Thwaites, 13: 207.

34. For a thorough description of more modern Iroquoian plant collection see James. W. Herrick, *Iroquois Medical Botany* (Syracuse, NY: Syracuse University Press, 1995).

35. Bruce G. Trigger, *Natives and Newcomers: Canada's "Heroic Age" Reconsidered* (Montreal and Kingston: McGill-Queen's University Press, 1985), 246, 249-50; James Axtell, *The Invasion Within: The Contest of Cultures in Colonial North America* (Oxford: Oxford University Press, 1985), 256.

herbal medicine and “another which was entirely in the province of religion.”³⁶ While many other early Canadian writers believed that the devil lay behind their religiously inspired medicine, Lafitau is far more tolerant of what many others considered demonic or diabolical power.³⁷ In contrast, natural remedies seem to have been understood as if they owed their efficacy to God; even where native medical cultures suggested that plants be picked at specific times or by pregnant women, native natural remedies could be relatively easily incorporated into European practice as Jesuit writers frequently argued that it was God alone that gave them their healing power.³⁸ When, for instance, a convert fell ill in Ossossané but was miraculously cured it was because God intervened to “grant a blessing to the remedies” that had saved his life.³⁹ In 1636 Jean de Brébeuf, epitomizing the belief that natural remedies were effective only because God allowed them to be, suggested that “miracles of nature are great aids to those of grace, when it pleases the Author of both to employ them.”⁴⁰ Although medicinal plants may have possessed some innate curative power, healing remained at God’s own discretion and medicinal plants in their own right offered no guarantee of a cure.

This all important distinction between natural and supernatural remedies was, however, often difficult to fully pin down as individual treatments frequently blended both. As late as Charlevoix’s eighteenth-century tour of New France, the Jesuit wrote that aboriginal healers, “exercise this art by principles, founded on the knowledge of simples, on experience, and as is done everywhere else, on the circumstances of the case, but very rarely without a mixture of superstition and quackery.”⁴¹ In the Jesuit Relation of 1663, Father Le Moyne wrote disapprovingly of an incident amongst the Haudenosaunee where:

The Father’s hostess, being troubled by an inflammation of the cheek, saw herself apparently cured in a dream by men of another nation, who were captives in Onnontagué. They were summoned, and ordered to administer to the patient the best drugs used by the Medicine-men of their country. They made their preparations, and all the Village assembled in the cabin to witness a wonderful cure. First appeared some old women, who began to dance in time to the beating of a sort of Tambourine; and soon afterward there were seen to enter, with measured tread, three counterfeit Bears, hopping now on one foot, now on the other, and making as if they would pounce on the sick woman and devour her, although their purpose was merely to apply warm ashes to her swollen cheek. Finally, the men

36. Lafitau, 2: 203-04.

37. *Ibid.*

38. *Ibid.*, 1: 243.

39. Thwaites, 17: 51.

40. *Ibid.*, 10: 199.

41. Charlevoix, 2: 171-72.

and women joined with these animals in executing a dance which was certainly capable of exciting laughter in those who did not pity these people's blindness, and the prompt obedience which they render to their demon. The result was that the woman was left very well pleased with the ceremonies, but as ill as before.⁴²

Early Canadian missionaries sought to draw a line that had no reference in the reality of aboriginal medical practices when they sought to distinguish between natural and supernatural remedies. Where incommensurate aboriginal ontologies seemingly blended forces deemed diametrically opposed and threatened their own, missionaries expressed considerable unease.

Native shamans, with a very different conception of epidemic disease, took a very different approach towards the sick and dying. The sorts of epidemic diseases that had ravaged aboriginal populations were frequently understood as a violation of communal or corporeal boundaries by evil forces.⁴³ Shamanic therapeutic practices were often aimed at uncovering the identity of the assailant and at making efforts to negate the power of the offending sorcerers through the correct deployment of ritual and natural remedies. Frequently they involved the removal of offending elements from the individual or communal bodies; various attempts to end the epidemics produced a small lead pellet from the body of a Neutral native, a Turtle's egg with a leather strap, and even encouraged the rejection of iron kettles.⁴⁴ Shamanic healing in early Canada often involved entire native communities in a bid to rid their villages of the mysterious and devastating illnesses. Although the exact details of the process were frequently kept secret, every member of a native community was expected to take part in the shaman's prescription.⁴⁵

With a direct relationship between the health of individuals and the health of the larger community, complete participation was essential. Even Jesuits were asked to take part in what they themselves considered to be diabolical ceremonies and were physically threatened when they refused to take part.⁴⁶ Lola Romanuci-Ross has written that shamans were healers, not only of the body and mind of sick individuals, but of the

42. Thwaites, 47: 179-81.

43. *Ibid.*, 7: 279, 12: 73, 13: 181; Elisabeth Tooker, *An Ethnography of the Hurons: 1615-1649* (Midland: The Huronia Historical Development Council, 1967), 82, 117-18.

44. Louis-Armand de Lom d'Arce, baron de Lahontan, *Œuvres Complètes*, ed. Réal Ouellet (Montréal: Presses de l'Université de Montréal, 1990), 686; Thwaites, 15: 21; 10: 283; 50: 291.

45. Sagard, 202-03; A great deal has been written on the importance of secrecy in aboriginal healing. See for, example Gérard Fortin, "La pharmacopée traditionnelle des Iroquois: une étude ethnohistorique," *Anthropologie et Sociétés* 2, 3 (1978): 117-138.

46. Thwaites, 17: 169.

larger community as well. Orchestrating a medical event that involved many participants including the patient, their family and their community, shamans took a very different approach to the sick and dying that, in many ways, was diametrically opposed to that of the Jesuits who often sought to isolate the sick from their larger community and focus more exclusively on their individual soul and salvation.⁴⁷

Natural Remedies and the Limits of Medical Exchange

So it is important to note that neither Jesuit nor Récollet missionaries threw caution to the wind and adopted aboriginal remedies wholesale. In fact, although they suggested that they accepted them at least in theory, the written accounts of early encounters with aboriginal medicine show missionaries that were often hesitant even to try these novel remedies. Yet the character of their explanations for their hesitancy shows a fundamental shift from their broad criticisms of aboriginal medical practice with spiritual dimensions. Gone are the totalizing condemnations of ritual practice and diabolical influence; instead one finds concerns situated in a particular time and place and far more specific to individual remedies and practitioners. The relation of 1634-35, for instance, shows that Le Jeune was quite simply repulsed by the look and taste of his remedy, and refused aboriginal care because he thought that it might upset his stomach.⁴⁸ Another missionary, Gabriel Sagard, writing of the Wendat practice of sweating that had grown popular amongst other transplanted Frenchmen, was worried above all about the propriety of naked French men sitting in the lodges together with Aboriginal peoples.⁴⁹ In 1655, Le Moyne suggested that it was an incorrect dosage of drugs that were evidently rather too effective that killed an unfortunate Haudenosaunee woman.⁵⁰ Perhaps one of the best examples, however, arrives by way of one particular encounter between a sick François Joseph le Mercier and the Wendat shaman Tonneroauanont. Le Mercier relates that,

... he gave the sorcerer to understand that we could not approve this sort of remedy, that the prayer he offered availed nothing, and was only a compact with the devil, considering that he had no knowledge of, or belief in, the true God, to whom alone it is permitted to address vows and prayers; that as far as natural remedies were concerned, we would willingly employ them, and that he would

47. Lola Romanucci-Ross, "The Impassioned Knowledge of the Shaman," in *The Anthropology of Medicine*, eds. Lola Romanucci-Ross, Daniel E. Moerman and Laurence R. Tancredi (Westport: Bergin & Garvey, 1997), 215.

48. Thwaites, 7: 129.

49. Sagard, 198.

50. Thwaites, 42: 165.

oblige us by teaching us some of them. He did not insist further upon his sweat, and named to us two roots,—very efficacious, he said, against fevers,—and instructed us in the method of using them.⁵¹

What is telling about these examples is that, despite concerns with familiarity, morality, or a host of other specific issues, the exchange of knowledge about the medicinal use of local flora or “natural remedies” continued all the same.

Thus often it seems that medical encounters involving “natural remedies” did not necessitate a conscious choice between indigenous and European medical traditions; at times aboriginal peoples and missionaries were able to blend foreign and familiar natural remedies in pursuit of a potential recovery. An excellent example that evidences the tolerance that both natives and newcomers showed for a blended medical approach comes by way of an unfortunate encounter between the Récollet missionary Chrestien Le Clercq and an unnamed native woman burned in a fire that had left her inches from death. In attempting to heal this recent convert, the Sieur de Henaut, a French physician accompanying Le Clercq, combined his own medical practices with remedies provided by another native present at the scene. While their patient ultimately succumbed to gangrene and died some weeks later, Le Clercq never doubts the potency or efficacy of native medicine. Rather, he suggests that it may have been provided too late to have had any effect or that it may have counteracted the European medicines applied.⁵² Although the decision in this case seems to have been made on behalf of the patient by those present, elsewhere we find numerous examples of natives simultaneously utilizing European and traditional aboriginal remedies in times of sickness. In combating illness the sick and injured in early Canada seem to have employed a “hierarchy of resorts,” adding new remedies in successive stages as earlier therapies proved inadequate.⁵³ Natives, while often relying on traditional remedies at the beginning of an illness increasingly incorporated European medicines as an illness progressed.⁵⁴ Europeans similarly employed both native and European medicines in the course of recovery. In the tale of Father Joseph Poncet we find a Christian missionary who in 1653, although originally treated by Haudenosaunee healers, later turned to Dutch physicians at Fort Orange for the treatment of his finger.⁵⁵ While falling well short of a

51. Thwaites, 13: 103.

52. Le Clercq, 183-85.

53. Lola Romannuci Schwartz, “The Hierarchy of Resort in Curative Practices: The Admiralty Islands,” *Journal of Health and Social Behaviour* 10, 3 (1969): 203.

54. Thwaites, 14: 61-63; 17: 135; 50: 45; 51: 93; 56: 101.

55. Thwaites, 40: 139-43.

syncretic or hybrid medicine, early Canadian patients were more than willing to step outside the boundaries of their own traditional medical cultures and experiment with the potentially lifesaving medical knowledge offered by foreign sources.

Aboriginal natural remedies were believed to offer respite from a host of different ailments. Missionary documents variously describe treatments for fertility, toothaches, fever, paralysis, epilepsy, dropsy and multiple other ailments common and uncommon in contemporary Europe. It is true that the pharmaceutical history of early Canada can offer little that compares to the histories of *lignum vitae* or cinchona and yet any number of remedies employed by Canadian aboriginal peoples could have had an impact, if not in France, then at least in the practices of colonial apothecaries and surgeons. In contemporary New Spain Jesuits such as José de Acosta or Anton Sepp were regularly incorporating local remedies into their practices and translating aboriginal medical knowledge for Old World correspondents.⁵⁶ Yet clearly Canadian missionaries avoided the appropriation of this knowledge for themselves. In each of the examples above, individual missionaries witnessed aboriginal medical knowledge firsthand, and yet from these encounters we learn not a single name, a single physical description beyond the generic labeling of two “roots,” nor are we provided with any clear explanation of any particular medicinal properties.

Daniela Bleichmar has recently suggested that written works produced within the early modern Spanish Empire describing the medicinal properties of plants could have lessened reliance on aboriginal peoples themselves and, by stripping the narrative and provenance of New World flora, quickened their incorporation into Spanish pharmacopeias.⁵⁷ Yet, if one follows the logic of the written accounts produced by Canadian missionaries, the end result would have been more rather than less dependence on native peoples as possessors of natural knowledge. In effect, the message that accompanies these otherwise vague accounts is that if you were sick with an illness incurable by European practices, the key to your salvation may be indigenous peoples rather than simply indigenous plants. An image thus forms of an embodied knowledge that missionaries showed themselves hesitant to fully explain or appropriate.

Not all figures in these accounts are forced into a similar anonymity. Often it is only plants that suffer this strange silence while the key descriptive is instead who provides the remedies and, to a lesser extent,

56. Anagnostou, *Jesuit Missionaries in Spanish America*, 179, 183.

57. Daniela Bleichmar, “Books, Bodies, and Fields: Sixteenth-Century Transatlantic Encounters with New World Materia Medica,” in *Colonial Botany*, 89-90.

who takes them. Broadly, encounters with aboriginal natural remedies can be grouped into two categories; those offered by a generalized “native” and those offered by shamanic healers. Generally, the tone employed with shamans is, not surprisingly, far more suspicious. Father de Carheil, for instance, implied that he specifically watched the application of natural remedies by an Iroquoian shaman to make sure that he saw nothing wrong with them.⁵⁸ In an example from the relation of 1637 mentioned above, sick Jesuits would not accept that the shaman himself prepare the remedies but preferred, instead, that he divulge the name of the roots he suggested and their ideal method of preparation.⁵⁹ Where the supernatural facets of otherwise natural remedies were less explicit or at least more easily explained by missionary observers, the remedies were more readily accepted. While the illegitimacy of shamanic remedies was based, in the eyes of Jesuit observers, on their personal character flaws and use of diabolical power, the validity of those offered by other members of aboriginal communities were legitimated by their origin amongst people thought to have made their botanical discoveries naturally.

What is interesting to note here then, is that the most dominant description employed is of a generalized and often anonymous aboriginal healer that was clearly established as distinct from native shamans. This natural medical knowledge is thus frequently cast as a seemingly innate characteristic of aboriginal peoples; as an intrinsic connection with the natural world that was evidently not deemed easily reducible to a simple description of specific plants in the seventeenth and early eighteenth-centuries. Le Clercq’s contention that his Mi’kmaq were “all by nature physicians, apothecaries, and doctors, by virtue of the knowledge and experience they have of certain herbs, which they use successfully to cure ills that seem to us incurable” again seems an important statement that highlights the belief in a knowledge universal among aboriginals.⁶⁰ Lafitau echoed this particular conception more clearly still some while later when he described a medical culture based upon a thorough knowledge “of plants whose virtue they knew rather through long usage than through subtle reasonings,” practiced in a place where, he suggested, “men and women are all doctors.”⁶¹ Thus, it is not so much the remedies themselves that were natural but the knowledge that supported them and the people that offered them. Natural remedies were those acquired from careful observation of indigenous environments and amassed over time;

58. Thwaites, 52: 185.

59. *Ibid.*, 13: 103.

60. Le Clercq, 296.

61. Lafitau, 2: 202-203.

based on a prolonged communication with a nature that owed its character to God, aboriginal knowledge of indigenous plants was attributable to God but in practice seems to have been thought to have been inseparable from the life ways of aboriginal peoples and their own particular ways of belonging to Canadian ecologies. The key to a successful exchange was far more frequently the provider of a remedy rather than the character of specific plants.

Thus whether root or leaf, bark or flower, the most important gauge of the efficacy of a remedy is that it passed through aboriginal hands and this is what is described. Rather than a discussion of morphology or pharmaceutical properties, what the reader finds instead is an often fairly detailed description of the specifics of the act of exchange; in encounters with aboriginal medicine it is as much who and where that matter. That this is an undoubtedly aboriginal world is underlined by the language deployed to describe these encounters; in both the *Jesuit Relations* and the individual works of seventeenth and eighteenth-century missionary authors, a discursive distance is created that reinforces the otherness of aboriginal medicine and reifies the distinction between Canadian and European medical practices and beliefs. Aboriginal medicine was shown to be useful time and time again but, all the same, was just as often shown to be out of reach of European observers.

Londa Schiebinger has recently suggested that plants were stripped of narrative as they crossed the Atlantic and were incorporated into European pharmacological and botanical registers.⁶² In this case, in the missions of early Canada, it seems that the opposite may have taken place as narratives, stripped of references that tied them to specific plants, were sent overseas to an audience that thus gained an appreciation not of indigenous plants but indigenous peoples. Although concerned with the often blurry line between natural and supernatural remedies, missionaries in early Canada showed a sustained interest in aboriginal remedies throughout the seventeenth and early eighteenth-century. In spite of their unceasing criticism of ritualistic treatments tied explicitly to diabolical powers, Jesuit and Récollet missionaries hesitantly began to explore the *medica materia* of the aboriginal communities they had crossed the Atlantic to live with. In their encounters with Canadian nature, however, it was often the characteristics of people that mattered and were described as much as the properties of plants. As a result aboriginal medicine in New France seems to have remained something done to but rarely by the French in early Canada.

62. Schiebinger, *Plants and Empire*, 87.