Avoiding the Smallpox Spirits: Colonial Epidemics and Southeastern Indian Survival

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Abstract. Current scholarship on the impact of epidemics on American Indians is inadequate to explain how Indians survived. Too often Indians are given no credit for being able to combat emergent diseases, and too often epidemics are depicted as completely undermining native religious beliefs. This article, however, examines the response of Southeastern Indians to disease and shows that Native Americans were capable of successfully retarding mortality rates and curtailing the spread of contagions. Through their innovative responses to epidemiological crises, spiritual leaders reinforced tribal customs as well as their leadership position.

In the 1830s, Daniel Buttrick, a Protestant missionary, asked several Cherokees to discuss their ancient religious traditions. One of the ceremonies he learned about, however, was not as ancient as he thought. The attentive missionary recorded a description of the Itohynv, or what he called the “Smallpox Dance.” Given that smallpox was not present in the Americas prior to European contact, the Cherokees must have created this special ritual during the recently passed colonial period to deal with the deadly virus that periodically threatened them.

According to Buttrick’s informants, the Cherokees performed the Itohynv whenever supernatural beings above the earth let loose evil spirits known as Kosvksvskini. Sent to punish them for breaking tribal laws and for failing to perform religious ceremonies correctly, Kosvksvskini afflicted Cherokees with smallpox. These evil spirits “prowled in [a] wide and open public way,” making it unsafe for Cherokees to travel. Instead, they remained in their villages and performed the Itohynv in order to purify themselves from past transgressions and to obtain divine pardon. Members of

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a village gathered at the Council House and consumed medicines prepared by the Ooleestooleeh, or priest, who presided over the Itohvnv. A specially consecrated medicine man, or Teekanaughbitsee, led dances and prayerful songs to “exorcise” the village of impurities. For seven days, women, men, and children dutifully performed various rituals. The occasion was most solemn, and the Cherokees could leave the Council House “only to gather needful food at hours when the Small Pox spirits were not abroad.” Koskyvskiini rested only at midnight, and even then Cherokees traveled by way of “by-paths” in the woods to avoid an unfortunate meeting with evil spirits.⁴

Although the missionary who recorded the description of the Itohvnv probably did not realize the ritual’s historical significance, the Smallpox Dance represented how one particular American Indian group responded to one of the most important processes in colonial history. When Europeans and Africans came to the Americas, they brought with them a multitude of pathogenic microbes that Native Americans had never before experienced. Lacking acquired immunity to many common illnesses, Indians suffered from virgin-soil epidemics of many diseases, including measles, yellow fever, and most important, smallpox. Countless deaths resulted, leading some scholars to label this historical phenomenon a “holocaust.”⁵ The debate continues as to the degree of population decline, but scholars agree that virgin-soil epidemics exacted horrific casualties and created a “widowed” land for Europeans to take with ease.⁶

Demographic loss was not the only problem associated with epidemics. As many scholars have argued, Indians faced tremendous social and cultural disruptions. Unprepared for the new diseases, infected Indians panicked, fled to neighboring villages, and spread contagion even farther. With everyone succumbing to infection, basic social services broke down; sick individuals were left without food, water, and care, making survival even more difficult. In addition, the novelty and destructive power of the diseases affected the spiritual life of Indians. Unable to cure individuals or impede epidemics, Indian religious leaders became discredited; their followers abandoned them, and tribal ceremonial life suffered irreversible damage. Some Indians even became vulnerable to acculturation, adopting the beliefs of the colonizers, whose gods might bring salvation from the terrible epidemiological crisis.⁷

The nightmare of epidemic spared few if any native groups, and the Cherokees and their southeastern neighbors, the Creeks (or Muskogees), Choctaws, and Chickasaws—the Four Nations as they were collectively called—were no exception.⁸ In the sixteenth century, new diseases may have had an impact on all the Southeastern Indians, possibly spreading by
way of Spanish exploration or by aboriginal trade routes that linked the region with Mexico and the Caribbean. In the seventeenth century, virgin-soil epidemics certainly erupted in Florida and could have affected Indians living in the interior. While their remote locations and limited contact with Europeans may have protected them from early epidemics, the Four Nations did not escape disease after establishing significant trading relationships with the English and French in the late seventeenth century. Eight major epidemics of smallpox, for example, erupted among one or more of the Four Nations between 1696 and 1783. Colonial epidemics certainly posed serious demographic problems for the Four Nations, but their victimization from disease should not lead scholars to overlook what the missionary Buttrick learned from his Cherokee informants. Native Americans were capable of responding creatively to epidemics and avoiding complete physical and spiritual destruction. Ethno-historical evidence makes this especially clear in regard to the Southeastern Indians. They explained diseases in such a way that traditional tribal beliefs were reinforced during times of potential catastrophe. Their religious leaders, moreover, played an enduring and effective role in meeting challenges that could have been overwhelming. They acted as priests, conducting village ceremonies designed to gain divine favor and to ward off sickness; they served as counselors, predicting whether an illness or other danger was in the future and advised others about the potential epidemiological consequences of tribal actions; and last, they were healers, improvising practices to curtail infection and treat individuals. Had these positive actions not been taken by tribal religious leaders, the Four Nations would have suffered higher mortality rates from colonial epidemics and would have had a more difficult time maintaining stability during the epidemiological holocaust that threatened to destroy them.

Explaining the causes of epidemics certainly proved a difficult task for American Indians. The diseases that Europeans introduced were far different from and more deadly than indigenous ailments and afflictions that traditional native medicine aimed to relieve. Nonetheless, members of the Four Nations came up with a variety of creative interpretations.

According to Southeastern Indian mythology and folklore, an array of intermediary agents created illness. The most common intermediaries were animal spirits. Animals, according to Cherokees, created diseases to defend themselves against human predators. Humans had multiplied rapidly and invented bows, knives, blowguns, spears, and hooks that increased their hunting yields. Animals conferred and "began then to devise and name so many new diseases, one after another, that had not their invention at last
failed them, no one of the human race would have been able to survive.” Plants, however, remained friends of the humans. Plants heard of the animals’ “evil designs” and decided to furnish medicine that would cure the resulting various ailments. Cherokee also believed that by asking forgiveness they could escape some diseases that animals created. For example, Little Deer, the powerful and invisible chief of the deer tribe, kept watch over all his species, and when a human shot a deer, he immediately knew it. He listened for the hunter to ask for forgiveness, and if such a request occurred, Little Deer forgave the hunter. If not, Little Deer followed the hunter home and afflicted him with rheumatism that lasted forever.

Creek medical folklore also associated illness with certain animals. Unlike the Cherokees, Creeks did not record in their myths that animals created illness to punish human predators. Instead, Creeks named their illnesses after animals whose characteristics resembled the symptoms. Deer, bison, bear, rabbits, dogs, squirrels, and many other animals, Creeks believed, were associated with a variety of ailments, including fevers, intestinal disorders, respiratory troubles, rheumatism, virtually every health problem imaginable.

By connecting illness with animals, the Southeastern Indians were not unlike other native groups in North America. Nevertheless, it does not follow that members of the Four Nations blamed indigenous animals or their spirits for virgin-soil epidemics. Indians had associated various ailments with certain animals well before European contact, indicating that such beliefs most likely preceded the arrival of the Europeans. The diseases that Europeans brought with them called for different explanations. Instead of animals, members of the Four Nations appear to have attributed intermediary agency of epidemics to other spirits, and these new spirits were particularly mysterious and malevolent.

The Cherokee explanation of smallpox as deriving from the evil spirit Kosvkvsksini is the clearest association of malevolent spirits with an epidemic disease. According to some Cherokees, Kosvkvsksini physically appeared in the form of both man and woman. The female was of “a ripe chestnut burr colour, and similarly covered all over with fine prickles, whereupon she flitted the prickle, on touching any one, [and] raised the fine red pimple characteristic of the disease.” The male was of “a ripe choke berry hue; and his touch, wherever that of the [female spirit] had preceded, gave the blackness which the pustules afterwards assumed.”

Similar accounts existed among the Creeks. In the eighteenth century, some Apalachicola Creeks relocated their town after floodwaters had inundated their settlements and an unidentified sickness, perhaps a waterborne disease, such as typhoid, or a mosquito-borne illness, such as malaria,
plagued the inhabitants. But it was not the high water that the Creeks blamed for the illness. Rather, they believed they had become "haunted and possessed with vengeful spirits" because of the murders of a group of traders several years earlier. "Repeatedly warned by apparitions and dreams to leave," the Creeks moved to a healthier location. Similarily, the Taskegee Creek Indians informed a twentieth-century anthropologist that "spirits of the dead, who have not reached the home of the spirits, but who wander about the earth, cause fever in its various forms."  

Choctaw folklore also associated disease and other misfortunes with spirits of the dead. The Choctaws traditionally retained the bones of their deceased loved ones and even carried the bones with them whenever they resettled their villages. Choctaws feared abandoning the bones because "the spirits hovered about their bones to see that they were respectfully cared for." In the event that the caretakers neglected the bones, the offended spirits would punish the Choctaws with "bad luck, sickness, or even death."  

Malevolent spirits, Southeastern Indians believed, worked in conjunction with witches or wizards to spread disease. These individuals possessed supernatural powers, but unfortunately they used their powers for malevolent purposes. As early as 1708, the English learned that Southeastern Indians generally feared witches. In his visit to the Creeks, Thomas Nairne claimed that a man named Cossittee of Okfuskee was reluctant to become headman, "for the general opinion of the Indians is, that men of power and authority are generally the objects of the [W]izards' malice, who frequently bewitch them into lingering distempers." James Adair commented that "there are not greater bigots in Europe, nor persons more superstitious, than the Indians, (especially the women) concerning the power of witches, wizards, and evil spirits."  

The link between witchcraft and disease appears vividly in nineteenth-century oral history. George Stiggins wrote that Creeks believed that a wizard spread disease by "flying about the country to poison people who were inimical to him." Such an evil spirit struck his victim by "blowing a contagious air into a house in passing by it at night, blowing into the nostrils and lungs of a person he did not like when asleep, causing instant death."  

John Ridge, a Cherokee bicultural, similarly described traditional beliefs about witchcraft. The Cherokees in "their most savage state," Ridge wrote, believed in "a great first cause or spirit of all good and in a great being the author of all evil." Witches and wizards, who had supernatural powers, always worked in "intercourse with the Devil or bad spirit" to produce misfortune. These malevolent individuals could transform themselves into animals, especially birds, which then sought people to afflict. Such
beings “take their nocturnal excursions in pursuit of human victims, particularly those suffering from disease.” A sick person could ward off death by employing “witch shooters” to protect him or her from the evil spirits.23 It was not uncommon, then, for relatives of deceased victims of disease to take vengeance on individuals suspected of practicing witchcraft. Sometimes they made accusations themselves or acted on the beliefs of their dying kinsmen. A Cherokee “dying by disease, and charging his death to have been procured by means of witchcraft, or spirits, by any other person,” one Anglo-American discovered, “consigns that person to inevitable death.”24 At other times, shamans had the duty to determine with whom the malevolent spell originated.25

Commonly, Southeastern Indian villagers blamed their own residents, who sometimes included religious leaders who were suspected of using their craft for evil rather than good. The Chickasaws whom Nairne visited in 1708 had killed at least two suspected witches, who were “conjurers and rain makers” and who prevented rain from falling.26 Insecurity also plagued healers. “Sometimes it is dangerous to be a medicine man,” a Frenchman reported. “When someone dies, the Indians attribute the death to the medicine and not to the patient’s condition.”27

Most often, however, well-respected religious leaders did not face execution. More frequently it was elderly individuals who had not achieved much status over the course of their lives who were blamed for witchcraft. Such people were believed to have achieved their advanced age by adding to their own life expectancy the years of those who had died young.28 As a result, village members immediately suspected these individuals whenever a young member died. After suffering the loss of a child, for example, one Indian family called on a village priest to ascertain the cause of death. The priest immediately suspected witchcraft and charged an old lady with the crime, consequently resulting in her murder.29 Accusations seemed to fall more on women than men, but the Cherokees punished elderly men and women equally for suspected witchcraft.30

As outsiders who probably did not participate in all aspects of tribal religious life, traders naturally engendered suspicion and occasionally faced retribution for allegedly being wizards. Numerous traders perished at the hands of their Native American hosts, and many, but of course not all, of their deaths resulted from charges of witchcraft. In 1748, for example, a Cherokee killed a white trader for being “a Devil and a witch.”31 In addition, a Creek family once held a trader responsible for the death of a kinsman due to “pleurisy.” They probably believed that the trader cursed the dying man with disease after the two had a fight.32

Although Southeastern Indians attributed illness to suspicious people
within their tribes or to resident traders, they also interpreted sickness as the result of witchcraft originating beyond tribal bounds. For example, the Indians whom the Roanoke colonists encountered in the sixteenth century suffered mortality from a mysterious illness and blamed the English for shooting them with "invisible bullets." Although not associated with a particular epidemic, an episode involving eighteenth-century Creeks corresponded to the Roanoke example. Creeks, one American learned, believed that members of other tribes could shoot them with invisible bullets. These informants told the American that "their Indian enemies have the power of shooting them as they lay asleep, at the distance of 500 miles." Creek warriors at that time singled out their neighbors, the Choctaws and Chickasaws, for such malevolence.

Wars among the Four Nations probably originated with one group blaming an epidemic on the witchcraft of another. Following the 1747–50 epidemic, the Creeks and Cherokees became engulfed in violent conflict. In addition, relations between the Creeks and Choctaws deteriorated substantially following the 1764 smallpox outbreak, and the two nations battled each other into the 1770s. These wars had multiple causes, including competition over hunting grounds and the desire to avenge the deaths of kinsmen. It would not be surprising to discover, however, that war priests and other religious leaders rallied their people into battle by charging enemies with using witchcraft to spread contagion.

An outbreak among the Choctaws provides substantial evidence that Southeastern Indians suspected that epidemics originated through witchcraft practiced by their enemies. In 1731, the Choctaws blamed widespread sickness on poisoned trade items that the Chickasaws and English traders circulated. Toupaoulastabé, a Choctaw headman, claimed that "the sickness which was current in the nation came from a medicine that the English made with cane sugar and put in the limbourg that they had sent to trade by way of the Chickasaws for the purpose of making all the Choctaws die." Choctaw warriors sought vengeance against the Chickasaws, "who had cast a sickness into the villages that made them all die." Whether the method be poison, invisible ammunition, or other devices, only witches or wizards used such malevolent medicine.

The English and French attempted to manipulate beliefs in witchcraft to promote their imperial interests among Southeastern Indians. The French, who had comparatively little to offer the Indians in way of trade goods, circulated rumors that the English practiced witchcraft. After suffering the loss of some of their delegation in 1749, Creek leaders left Charles Town claiming that "what was told them by the French was too true." What the French told them was probably what they told the Cherokees
several years later. During the sickly decade of the 1750s, one Cherokee leader claimed that the French said “that the Carolina People had Conjurers amongst them, that could send up different Bundles of Sickness to their Nation which they scattered amongst their Towns from which proceeds the Decrease of their People.” The French also claimed that the English were directly responsible for the deaths of Cherokee leaders in Charles Town in 1749. Governor Glen’s “arms and hands” were “all stained with Blood,” the French argued. Cherokees, however, were reluctant to hold their British suppliers responsible. Instead, one can conjecture that the Cherokees’ long-standing friendship with the English and frequent attacks on the French indicated that they blamed the latter more than the former for witchcraft.

Still, witchcraft was just one possible—and not the most frequently blamed—cause of the spread of disease. Responsibility for epidemics, Southeastern Indians believed, more often lay with powerful supernatural forces that subjected people to diseases after they had violated sacred tribal law. The Cherokees’ belief that spirit beings let Kosykvskini loose to afflict people with smallpox provides one of the most telling examples of where the ultimate responsibility for an epidemic could be found. When the spirit beings let Kosykvskini free, the Cherokees explained, “they were displeased with the people for their sins.” Beliefs among all the Four Nations in fact associated disease with transgressions against the larger spiritual world that controlled life.

The belief that epidemics resulted from upsetting the supernatural stemmed from traditional Southeastern Indian interpretations of natural disasters, such as floods and droughts. A Muskogee rainmaker, for example, once claimed that the bad conduct of young adults ruined his ability to mediate with the supernatural, which he referred to as “Loak Ishtoohoollo.” “Loak Ishtoohoollo was sorely vexed with most of their young people for violating the chastity of their neighbours’ wives,” Adair learned from the medicine man. “They spoiled the power of his holy things, and tempted Mingo Ishto Elóa, ‘the great chieftain of thunder,’ to bind the clouds, and withhold the rain.”

The Cherokees believed that youthful transgressions brought not only drought but also sickness. The Cherokees showed their deference to the Great Spirit by making sacrifices of deer meat and maize to the four winds, which fell under divine control. When they disobeyed this tribal law, the Great Spirit set the four winds against the earth “to destroy the crops” and to bring “a famine on the earth to punish them for their disobedience.” Cherokees courted catastrophe when they failed to heed the authority of their religious leaders. “When he [the Great Spirit] sees that they will not be reclaimed by the king nor priests nor beloved men,” a Cherokee priest
recited to an English trader, “he sends [the four winds] either with war or sickness or some grievous famine to destroy these rebellious people.”

Not surprisingly, Cherokee priests explained the smallpox epidemic of 1738–9 as a natural disaster brought about by supernatural forces unleashed after tribal laws were violated. The alleged transgression that brought the epidemic involved sexual intercourse between men and women in the cornfields. Laws against such activity undoubtedly functioned to keep the attention of Cherokees focused on the important duty of guarding crops against animal scavengers; dereliction of such duty could result in disastrous loss of a season’s vegetable supply. Guarding cornfields, as one can imagine, was not exciting, however, and youth probably used their time in the cornfields for sexual experimentation despite strict laws against it. Thus when the smallpox outbreak occurred, Cherokee elders imagined the disease “to proceed from the invisible darts of angry fate, pointed against them, for their young people’s vicious conduct.” In addition, the elders equated the epidemic with a natural disaster, calling smallpox “oonatáquára,” a term related to eentaquároske, the Cherokee word for thunder.

Southeastern Indians believed that sickness not only resulted from individual violation of tribal law but also from communal disregard for traditional modes of religious worship. Writing about the Four Nations in general, Adair claimed that the Indians believed that the correct practice of their Green Corn Ceremony, or what he called the “annual expiation of sin,” would bring good health and safety. A key element of this ceremony occurred on the third day, when a village priest extinguished the fire of the past year and ignited a new fire, which Southeastern Indians considered sacred. In the event that tribal members did not show proper regard for this ritual, catastrophe would result. Such irreverence might involve failure of common people to remain in their dwellings and to extinguish all their old fires while the head priest produced the new fire for the village. As a consequence of their transgression, “the divine fire will bite them severely with bad diseases, sickness, and a great many other evils.”

The Green Corn Ceremony gave religious leaders of the Four Nations an opportunity to enumerate tribal laws and command their obedience. On the fourth day of the annual event, priests exhorted the people of their village to abide by the sacred rules. Southeastern Indians believed such obedience would “enable their prophets, the rainmakers, to procure plentiful harvests, and give war leaders victory over the enemies.” The priests, moreover, would be able to use “the communicative power of their holy things” or their medicine to bring “health and prosperity.” In the event that people ignored tribal law, they could expect “a great many extraordinary calami-
ties, such as hunger, uncommon diseases, a subjection to witchcraft, and captivity and death by the hands of the hateful enemy in the woods.”

The Creeks also saw epidemics as a consequence of improper regard for tribal laws and village rituals. At some point in their history, Creeks belonging to the town of Tuckabatchee came into possession of a few brass plates. The artifacts may have come from the earliest Spanish explorers, other Indians, or an eighteenth-century French or British source. The Creeks nonetheless incorporated the objects into their ceremonies as sacred items that only head priests and their specially trained assistants could handle. The plates were displayed on ritualized occasions, such as the Green Corn Ceremony, or what the Creeks called the “Puskita,” which the English referred to as “Busk.” The Creeks considered the plates “relics of great value, on account of the blessing supposed to be attached to the proper attention to them.” The “health and prosperity” of Tuckabatchees depended on the proper observance of the objects’ ritual use. If an unconsecrated person even touched the plates, “he would certainly die, and sickness or some great calamity would befall the town.”

While improper attention to village rituals could bring disaster, correct performance could ensure health and prosperity. In 1736, a Creek priest reported that the Busk involved the use of four medicines: pasaw, or rattlesnake root; mico weanochaw (also called mico hoyanidja), or red root; sowatchko, or something akin to wild fennel; and eschchapootchke, or small tobacco. Various Creek ceremonies practiced both in the colonial period and today involve the ritual consumption of these specially consecrated medicines believed to protect their villages from sickness and misfortune. High-status priests, known as Hillis Haya, had the duty of obtaining materials for the sacred medicines and preparing them for communal consumption. The Taskegee Creeks claimed that red root and rattlesnake root “were sacred plants given to [them] by the Master of Breath as purifiers and insurers of good health in being free from possession by harmful spirits.” The Yuchis also valued the two roots, claiming that the Sun gave them to the Indians for ritual consumption during the Busk. “On that day,” the Yuchis believed, “no trouble comes to the people when they have taken the medicines.” Another Creek, speaking about the town of Eufala, commented that “miko hoyanidja is taken to ward off ills, to act as a kind of wall about the people against pestilence or any kind of disease.” “The mashed medicine,” he further reported, “should be taken home after the Busk and used in cases of sickness.”

The persistence of beliefs that proper personal conduct and reverent adherence to village ceremonies ensured good health demonstrated that epidemics did not necessarily undermine Southeastern Indian religion. On
the contrary, village priests convinced their followers that the ultimate causation of such catastrophes lay in the entire community’s relationship with the supernatural. Religious leaders exhorted village members that to survive they must maintain their relationship with the supernatural through traditional modes of worship. Such a worldview not only reinforced the status of religious leaders, it also reaffirmed the belief of the members of the Four Nations that they could control their own destiny.55

In more years than not, traditional Southeastern Indian practices must have appeared to their followers to ward off sickness. Epidemics, though certainly devastating, only struck every five to ten years. But what happened when epidemics penetrated into the interior, when diseases lurked in nearby settlements, or, worse, when illness struck the village? In these situations, such annual traditions as the Green Corn Ceremony could not suffice. New methods of avoiding disease and treating the afflicted were needed. To meet this need, the Four Nations relied on their religious leaders more than ever.

Before the age of modern medicine, the natural reaction of human beings to epidemics was avoiding communities affected by disease. The Four Nations were no different. In the fall of 1739, for example, Cherokee hunters did not return to their villages for fear of smallpox. “Smallpox is said to be still raging among the Cherokees,” a Georgia settler wrote. “This is one of the reasons that the men would rather be in the forests than at home.”56 Southeastern Indians, however, did more than avoid their own villages. As the eighteenth century progressed, religious leaders listened closely to rumors of epidemic and counseled against traveling into areas suspected or known to be experiencing an outbreak.

The Four Nations especially sought to shun the disease-ridden settlements of South Carolina. Periodically in the early years of the century, members of the Four Nations died on the trip to Charles Town, but by mid-century, native groups were hesitant to visit the colonial capital. In 1748, Creeks and Cherokees reminded Governor James Glen about the “ill consequences that attends Headmen going to Charles Town by sickness, [and] that from time to time they have lost a great many Headmen.”57 They also asked him to hold future meetings away from the Low Country, preferably at Fr. Moore in the Carolina Piedmont.58 Despite the complaints of the Cherokees and Creeks, Glen insisted that meetings continue to be held at Charles Town. And, in 1749, Cherokees and Creeks reluctantly journeyed to the colonial capital, where they stumbled into a disastrous epidemic. From that point on, native religious leaders became more firm in their resolve to prevent their people from traveling into areas where patho-
gens frequently loomed. The Cherokees believed that the road to the colonial capital had become contaminated, and the “fear of pollution” even kept them from burying their dead. In 1755, Old Hop of the important town of Chota, whom the English recognized as a powerful “high priest,” ordered that future meetings be held at Congarees, a fort above the fall line. He exclaimed to British officials that many of his “best warriors had perished coming home [from Charles Town], and [he] does not want anymore to die.”

As a Cherokee religious leader, Old Hop served as a counselor who employed the art of “knowing” or “communicating” with the supernatural world to learn the potential consequences of tribal actions. Such counselors exerted considerable influence in the 1750s especially. In 1758, for example, Cherokee religious leaders prevented warriors from joining the British to fight the French and their Indian allies in the Ohio Valley. Cherokee counselors perceived “bad omens . . . in their Conjurations” and predicted that if their warriors went they would suffer “Sickness and Death” from a “pestilential distemper.” One Cherokee headman, the Little Carpenter, further explained that he and his warriors “never undertook any Thing of Consequence [on their own], but they consulted their Conjurers to know the Pleasure of the Great Man above and they never departed from his Opinion.”

In the 1750s, Cherokee counselors had good reason to worry that young men would contract infectious diseases. From 1755 to 1757, smallpox raged in the North, particularly among the troops that the British wanted their Indian allies to join. Perhaps the Cherokees had learned of the epidemic from traders or contacts with other tribes. French-allied Indians had continually visited Cherokee villages in the 1750s and attempted to enlist them against the English or at least to guarantee their neutrality. In addition, Cherokees may have also learned that smallpox had erupted in their immediate vicinity. In June 1757, the British trader Daniel Pepper received a “flying report” that smallpox had struck a Chickasaw village located among the Upper Creeks. Additional reports circulated that smallpox, measles, and other diseases were spreading in Georgia and Carolina and had hit the Catawbas. Cherokee religious leaders may have obtained some of this information, thus encouraging them to predict harmful consequences for their people should they travel much beyond their homelands.

In the smallpox epidemic of 1763, Southeastern Indians again proved reluctant to enter areas where disease raged. In that year, the British sought to meet with the Four Nations. At first, they wanted to hold a conference in South Carolina but moved the location due to the lingering presence of smallpox. The British informed the Indians of the disease and the neces-
sity of choosing a location other than Carolina. Understandably the Indians became “disinclined” to travel into English settlements. The Creeks, Choctaws, Chickasaws, and Catawbas, according to the Georgia Gazette, “absolutely refused” to go to the town of Dorchester, where the royal governors of Virginia, North Carolina, and South Carolina proposed seeing the Indian delegates. The Lower Creeks and Cherokees also expressed reservations about meeting at Augusta. In the late fall, representatives of the Four Nations, after much cajoling, eventually met with the British at Augusta. It may have been at that meeting that the Creeks contracted the virus and carried it back to their villages.

During the Revolutionary War, Southeastern Indian fears of contracting diseases in Anglo-American settlements became pronounced. In 1775, Lower Cherokee leaders curiously remarked to the British in East Florida that they did not care to trade with South Carolinians any longer. “Our paths to them,” the Cherokees claimed, “are grown up with Brush.” The cession of trade occurred because “the Great Man above sent a Distemper,” which had “seized the whole [Anglo-American population] from Boston to Georgia.” It may be the case, however, that the “distemper” was a metaphor for rebellion. The Cherokee leader proclaimed that the colonists were “now all mad.” Whether disease or warfare afflicted the colonists, the Cherokees did not want anything to do with them.

During the 1779–80 epidemic, the Cherokees again avoided certain areas out of fear of smallpox. In these years, the virus spread through the South. The British hoped to enlist the Four Nations against the rebellious colonists, but the smallpox virus ruined any chance that large numbers of Indian troops would join the fray. One British officer described his difficulties with the Cherokees, who remained reluctant to expose themselves to contagion for the benefit of the British:

Having held a conference with the [Cherokee] Indian chiefs on this subject, they told me, “they were willing and ready to give every assistance in their power to the Great King and had come down from their nation for that purpose but that as the smallpox . . . raged throughout the province, they would not be able to prevail on their young men and warriors to remain under their present apprehension of receiving an infection from which their nation had on a former occasion sustained a loss of 2500 men.”

The Creeks also feared contracting smallpox from the Euro-Americans in 1779. In that year, Creeks were more aware than Cherokees that smallpox lurked in their immediate vicinity. The virus had penetrated a few of their villages. Not surprisingly, they refused to send warriors to aid
the British. “I endeavored by every means in my power to get them down to the Army,” a beleaguered English agent claimed. “But their superstitious ceremonies to which they are unalterable attached would not permit them to turn out of their course.” The date of the British report indicated that the Creeks were performing their annual Busk. According to the Creek worldview, the Busk protected them from the very harm that would surely follow if they ventured into the smallpox-ridden Anglo-American settlements.

Although avoiding disease-filled locations undoubtedly minimized the risk of Southeastern Indians of contracting illness, such practices did not totally prevent epidemics from spreading into the interior. Diseases, of course, traveled into the homelands of the Four Nations, forcing them to be even more creative in developing ways to deal with outbreaks.

To curtail the spread of contagion from village to village, the Four Nations learned to implement quarantine. In 1748, smallpox infected some Upper Creek towns and threatened to spread throughout the Creek Confederacy. The Indians, however, “cut off every kind of communication” with infected villages and posted sentinels “at proper places, with strict orders to kill” people from infected villages “as the most dangerous of all enemies.” Such measures reportedly worked. Continual practice of quarantine, moreover, facilitated the Creeks’ population resurgence in the second half of the eighteenth century. The epidemics of 1764 and 1779 appeared to be confined to certain towns, and population estimates showed no major demographic losses.

Although the use of quarantine may have been borrowed from the English, Native Americans traditionally sanctified such practices with elaborate ceremonies designed to gain divine favor. In 1776, the Creek town of Attassee turned to rituals to gain supernatural aid in avoiding disease. The town had previously experienced an outbreak that had “lain in the grave abundance of their citizens,” and they did not want to suffer another round of disease. “At this time the town was fasting, taking medicine, and I think I may say praying,” the visitor William Bartram discovered, “to avert a grievous calamity of sickness.”

Other Creek tribes practiced avoidance ceremonies. The twentieth-century Yuchs, for example, had “a general public ceremony, the object of which is to ward off not only sickness but evils of other sorts whatever they might be.” Yuchs called their special disease avoidance ritual Tsoti’ bene, or “Medicine Drinking.” The town chief ordered that the ceremony be held whenever “sickness, or trouble in general is abroad or threatens the town.” The ceremony embodied the beliefs of traditional Creek festivals. The vari-
ous families gathered at the town and purified themselves by consuming an emetic until they vomited. They also danced as a form of "propitiation to the various supernatural beings" who would protect them from disease.72

During their medical rituals, Creeks consumed special potions to ward off infectious diseases. One of these medicines, *kadohwu*, or honey locust, was specifically taken to prevent exposure to "contagious such as smallpox and measles."73 Family members bathed in the medicine for four successive days in order to be protected from disease. As during their annual agricultural ceremonies, religious leaders prepared medicines that were used in highly ritualized formats. Prayers, dances, and songs were important for medicine to be fully effective.

The *Tsoyi* bene resembled the Cherokees' Smallpox Dance. Both were ritualized forms of quarantine, which functioned to quell contact between infected and uninfected villages, and both rites showed that Native American religion proved resilient amid the threat of epidemics. Cherokees had another avoidance ceremony, which provides even richer detail of how Indians responded creatively with novel rituals to aid their own survival.

The Cherokees performed a modified version of their "Great New Moon" festival, or *Ahtawhgunah*, in order "to avert contagious fevers and other similar epidemics." The Great New Moon festival was held annually after the appearance of the first new moon of fall. It marked the beginning of the new year and was a time in which Cherokees gathered at their respective towns and purified themselves through use of herbal medicines, ritualized bathing, and special dances. Cherokee head priests, or Ooleestooleeh, however, determined to hold a modified version of the ceremony whenever "disease was apprehended or prevailed."74 "When God was displeased with any people he sent sickness by means of . . . the fire, the water, the moon, or the thunder," Cherokees explained. "Other towns fearing a like calamity celebrated the [Ahtawhgunah] in order to please god and had him to defend them from so great a calamity."75

The modified Ahtawhgunnah was a lengthy ceremony that, like the Smallpox Dance, essentially shut Cherokee villages off from the outside world. The head priest made the decision to hold the event seven days in advance, and the ceremony itself lasted another seven days. On the first day of the ceremony, the Ooleestooleeh, his Beloved Men, and a Teekanawghistee prepared the medicinal beverages that village members would consume. Over the next several days, the Ooleestooleeh acted as a counselor, employing the art of knowing to make predictions about the village's fate. Each member of the village presented a bead to the priest that "he might, in the event of any one being taken sick, determine the result by means of the bead representing the sufferer."76
The prophecy of the Ooleestooleeh did not stop there. He also sacrificed a deer’s tongue to the divine fire and sprinkled it with tobacco. He prayed that he might learn “whether the dreaded pestilence would be driven away.” If smoke formed a bluish cloud and remained over the flame, sickness would prevail. If no such cloud formed and the flame rose straight up, the pestilence would spare the medicine man’s village. If sickness seemed imminent, the priest would consult his divining crystal, which above everything else symbolized his medicinal powers. Within the divining crystal the entire village would appear to the Ooleestooleeh. Victims of disease would come into view as distinctly dark blue, while the others would look bright. The crystal would grow more and more brilliant if good health was predicted. After conducting these rituals, the Ooleestooleeh told the villagers the results. Undoubtedly, positive predictions gave Cherokees spiritual comfort while ominous ones caused them much concern and reflection.

During the smallpox years of the late 1750s, the Cherokees appeared to practice the modified Ahtawwhungnah, the Smallpox Dance, or another disease avoidance ritual. In January 1759, a Presbyterian missionary found people of the town of Chota engaged in religious activity. “They are much given to conjuring & the conjurers have great Power over [them],” the missionary wrote. “They have these few days been preparing a Physick [which] they say will drive away all their Disorders.”

Smallpox afflicted some Cherokees in 1759 and 1760, but even during these years, when they were at war against the British, they strove to curtail the spread of the epidemic. By December 1759, Lower Cherokees had contracted the virus, probably from neighboring Catawbas who had transported it from Pennsylvania. In that month, English soldiers invaded and helped spread the disease through Lower Cherokee villages, which were forced to communicate with each other to meet the emergency. After the British departure, however, Cherokees attempted to arrest the progress of smallpox. Through the winter and spring of 1760, “the ravaging smallpox . . . induced the Lower Towns to lie dormant.”

Not until after the second British invasion in June 1760 and the subsequent destruction of Lower Cherokee villages did the disease seem to spread. The exigencies of warfare prevented Cherokee villages from shutting themselves off from each other and performing disease avoidance rituals. Lower Cherokee refugees, fleeing their homes in western South Carolina, unintentionally carried the virus to other Cherokee settlements. Reportedly, the Middle Towns, which lay to the north and west of the Lower Towns in western North Carolina, came down with the illness. Smallpox, however, stopped short of the Overhill Settlements, which lay
west of the Middle Towns in eastern Tennessee. The Overhills were “in such Dread of the Infection, that they will not allow a single Person from the [Lower or Middle Towns] to come amongst them.”

As the smallpox epidemic of 1759–60 showed,Southeastern Indians attempted to avoid epidemics. They did not always succeed, however. In that case, treatment became as important as prevention. Religious leaders had to respond by employing the art of healing.

As many scholars have emphasized, healers proved ineffective in dealing with the crisis of epidemics. An entire village succumbed to infection at the same time, leaving no one to prepare food, obtain water, and gather firewood. Traditional healing practices, such as sweating and cold-water bathing, moreover, did nothing to arrest and may have even expedited the progress of a disease. In the smallpox epidemic of 1738, for example,bewildered religious leaders among the Cherokees destroyed their aboriginal medicinal artifacts, and some stricken patients killed themselves believing there would be no deliverance from the horribly disfiguring virus.

After first experiencing a virgin-soil epidemic, however, Southeastern Indians learned more effective ways of treating the sick. The most important mode of treatment involved removing the patient from the village and preventing his or her contact with other tribal members. Seclusion was not a new practice. Menstruating women as well as new mothers and their infants remained outside their villages for varying amounts of time. So did wounded warriors, whose blood threatened to pollute the village. These afflicted individuals remained in huts outside of their villages, where only “prophets” and “superannuated women” treated them.

Southeastern Indians looked upon victims of smallpox and other infectious diseases in much the same way. Even during what appeared to be their first experience with smallpox, Cherokees worried about the consequences of keeping the sick in the village and ordered them to sleep in the fields. Cherokee priests, according to James Adair, “were . . . afraid, that the diseased would . . . pollute the house, and by that means, procure all their deaths.” Cherokee oral history, recorded in the 1830s, mentions similar fears of disease victims:

Long ago the Indians were afflicted with some very awful diseases which do not now prevail. One of these differed from the smallpox, or yaws, yet occasioned dreadful sores in the flesh. When any one in a family was taken with that disorder the diseased person was removed, and had a hut, or tent, raised at a distance from any other habitation, and there lived alone. Then the priest was sent for to cleanse the dwelling just left by the diseased, as if some person had died in it. After this
should any one touch the diseased, he would be unclean as if he had touched a dead body.\textsuperscript{83}

A century earlier, the Creeks treated patients similarly. In 1764, Thomas Campbell visited the Creeks. Although making no reference to smallpox, which reportedly struck the Creeks in the year of his visit, he commented that “none but near relations inquire after the sick.”\textsuperscript{84} Campbell referred to the common practice of each clan having its own healer, who administered treatment to his kinsmen.

Treatment of patients followed an elaborate ritual involving healers, their assistants, and special medicines. But because healers guarded their sacred knowledge, their rituals were generally hidden from observation by Europeans. Only brief descriptions survive in eighteenth-century records. “When taken sick,” a typical account said of the Indians, “they are particularly prone to superstition, and their physicians administer their simple and secret cures with a variety of strange ceremonies and magic arts.”\textsuperscript{85} One possible healer, whom the English frequently referred to in the 1750s, was a man from the Cherokee town of Settico, known as the “Smallpox Conjurer.”\textsuperscript{86} One only wishes that the English had taken more notice of the activities of this interesting man. Perhaps he was a skilled healer who achieved his mystical powers by surviving a severe case of smallpox.\textsuperscript{87} If so, acquired immunity to the virus would have enabled him to work closely with infected victims. It may also be the case, however, that instead of a healer, the Cherokee religious leader may have been a priest who led or even created the Smallpox Dance. Whatever the Smallpox Conjurer’s exact role, he lamentably falls into the same obscurity as a number of other mysterious yet powerful religious leaders to whom literate observers gave little attention.

Fortunately, the “strange ceremonies” and “magic arts” that eighteenth-century Europeans only scantily recorded become more detailed in nineteenth-century accounts. In 1840, the Chickasaws practiced a ceremony called the Tonshpashoopah (later called the Pishofa), which demonstrated the elaborate ritual involved in patient treatment. The ceremony involved a family calling on a healer to care for an afflicted member. The healer secluded his patient in a hut and commenced “singing and shaking a gourd over the patient” to determine the cause of the sickness. When the healer discovered the cause, he used “herbs, roots, steaming and conjuring” to treat his patient. He also ordered family members to have a “large feast” in which they eat, dance, and sing. Such activities, the healers believed, “raises the spirits of the sick, and weakens the evil spirit” that caused the disease.\textsuperscript{88} Choctaws also practiced the Tonshpashoopah. The Choctaws as well as the Chickasaws appointed consecrated individuals known as Tisho
Mingos to guard the patient and prevent anyone from entering the sick person's hut. Moreover, participants in the ritual believed that by dancing they would scatter the disease, driving it from their communities. 89

Avoidance rituals, quarantine practices, and healing ceremonies of the Four Nations were not always effective. Despite stern warnings from their religious leaders, individuals walked into disease-infested Anglo-American settlements and carried pathogens with them back to their home villages. Certainly there were times when native healers, such as those who conducted the Pishofa, contracted diseases from patients and exposed other members of the village. In addition, while ceremonies such as the Smallpox Dance attempted to cut off villages from communication, in some cases it may have been too late. Infected villagers brought a disease with them to their village ceremonies, thus exposing an entire village.

Nevertheless, at the very least, Southeastern Indian survival strategies slowed the progress of contagious diseases. The limited spread of epidemics in 1747–50, 1759–60, 1763–4, and 1779–83 and the lack of observable demographic losses following these outbreaks suggest that Southeastern Indians responded effectively. Historian Peter Wood, for example, has surveyed the colonial record and calculated that the total population of the Four Nations actually increased over the last half of the eighteenth century, growing from 35,500 in 1745 to 40,300 in 1790. 90 Of course, counting the number of Indians in the eighteenth century is hindered by multiple problems, including unreliable estimates by Europeans and continual population movement in and out of each of the Four Nations. In addition, such increases indicate that by the middle of the century the Southeastern Indians were no longer virgin populations. One can conclude, however, that had the Four Nations not taken such an active response to the four outbreaks that struck the region between 1747 and 1783, colonial observers would have recorded much smaller populations. Children born after epidemics were particularly vulnerable to smallpox and other acute infectious diseases, which required surviving an active infection to achieve immunity. Undoubtedly the Southeastern Indians took conscious actions that isolated some of their villages and spared them from the ravages of disease. In addition, in those villages that were unfortunate enough to be visited by contagion, healing rituals most likely lowered mortality rates. The seclusion of afflicted individuals outside the village again impeded, if not prevented, the dissemination of germs through an entire community. This kept large numbers of people from getting sick at the same time and allowed normal social services, such as food gathering and caring for the sick, to continue.

One does not have to believe that native healers in fact effected cures
through mediation with the spirit world to acknowledge that they had a positive impact on their patients. Unlike the barbaric cures of colonial-era Euro-American doctors, who bled patients and inflicted them with doses of mercury and other toxic materials, native herbal medicines were quite benign. Compared to their European counterparts, native healers let nature take its course, which in the absence of modern medicines such as antibiotics and vaccines was the best regimen to pursue. "Quite elementary nursing will greatly reduce mortality," the medical historian William McNeill has found. "Simple provision of food and water, for instance, will allow persons who are temporarily too weak to cope for themselves to recover instead of perishing miserably."91

Indeed, "simple nursing" along with a regimen of prayers and dances bolstered the health and morale of Indians stricken with contagious diseases. It was no surprise, then, that one Choc'atw chief compared the beloved English agent John Stuart to a religious leader. "You are like a great Doctor who can cure all Distempers, the sight of whom comforts and cheers the Spirits of his patient," the Choc'atw chief commented.92 South-eastern Indians indeed held their religious leaders in high esteem. As priests, counselors, and healers, these individuals interpreted diseases, gave effective advice, constructed avoidance ceremonies, and performed healing rituals that reinforced traditional religious beliefs and built village solidarity in the midst of epidemics that threatened to destroy their communities. Through such an active response to eighteenth-century epidemics, the Four Nations survived not only physically but also culturally and spiritually.

Notes

1 Buttrick learned about the Smallpox Dance from several Cherokees who had been trained to be religious leaders. He recorded the information and sent it in a letter to John Howard Payne, who later included it in a manuscript. Payne's manuscript and Buttrick's letter, respectively, can be found in the John Howard Payne Papers, Newberry Library, Chicago, microfilm, 1:159 and 4:n.p. The John Howard Payne Papers are hereafter cited as JHPP.

2 Russell Thornton, American Indian Holocaust and Survival (Norman, OK, 1987).

3 The epidemiological consequences of European colonization have spawned a substantial body of literature. The seminal works on this topic are Alfred Crosby, The Columbian Exchange: Biological and Cultural Consequences of 1492 (Westport, CT, 1972); William McNeill, Plagues and Peoples (New York, 1977); and Henry Dobyns, Their Number Become Thinned: Native American Population Dynamics in Eastern North America (Knoxville, TN, 1983). See also the often overlooked earlier studies by John Duffy, especially "Smallpox and the Indians in the American Colonies," Bulletin of the History of Medicine 25 (spring 1951): 324-41. Several regional environmental histories have included the impact of European and African diseases on Indians as the first episode in the ecological


In the late eighteenth century, U.S. officials and members of the Cherokee, Creek, Choctaw, and Chickasaw nations frequently used the term Four Nations. For example, see Benjamin Hawkins, *Letters of Benjamin Hawkins, 1796–1806*, Collections of the Georgia Historical Society, vol. 9 (Savannah, 1916), 180, 214, 248, 252, and 255. The term did not receive much currency past 1800 due to the emergence of the Seminoles. Thereafter, the name Five Civilized Nations became more prevalent. Because this essay does not include the Seminoles, the uncommon name, the Four Nations, will be used for convenience.


Patricia Galloway, *Choctaw Genesis* (Lincoln, NE, 1995). For a vivid example of the demographic upheavals experienced by one particular Southeastern Indian group outside of the interior, see James Merrell, *The Indians’ New World: the Catawbas and Their Neighbors from European Contact through the Era of Removal* (Chapel Hill, NC, 1989).


This essay refers to the priests, spiritual counselors, and healers of the Four Nations as religious leaders because the generic title encompasses the full variety of men and women who played a role in confronting colonial epidemics. Eighteenth-century Euro-Americans most commonly called native spiritual and medical practitioners “conjurors” while also referring to them, on occasion, as “doctors,” “magicians,” “prophets,” and “jugglers.” Modern scholars refer to them as “shamans,” “medicine men,” or the gender-neutral form “medicine people.” Members of the Four Nation, moreover, gave their religious leaders many different names and titles and accorded them varying levels of status within their societies. The Ooleeetsoooleeh and Teekanawghistee, who conducted the Cherokees’ Smallpox Dance, for example, were just two types of religious leaders who would play a role in confronting the challenges of colonial epidemics. It is not the intention here to give a taxonomic analysis of the variety of individuals who had religious and medical duties within each of the Four Nations; others have skillfully handled that task. John R. Swanton has provided the seminal works on this topic: *The Indians of the Southeastern United States*, Bureau of American Ethnology Bulletin, No. 137 (Washington, DC, 1946); “Religious Beliefs and Medical Practices of the Creek Indians,” in *Forty-Second Annual Report of the Bureau of American Ethnology* (Washington, DC, 1928); “Social and Religious Beliefs and Usages of the Chickasaw Indians,” in *Forty-Fourth Annual Report of the Bureau of American Ethnology* (Washington, DC, 1930); and *Source Material for the Social and Ceremonial Life of the Choctaw Indians*, Bureau of American Ethnology Bulletin, No. 103 (Washington, DC, 1931). See also James Mooney, *History, Myths, and Sacred Formulas of the Cherokees* (Washington, DC, 1900; Asheville, NC, 1992); and Charles Hudson, *The Southeastern Indians* (Knoxville, TN, 1976). For a general overview of Native American medicine, see Virgil Vogel, *American Indian Medicine* (Norman, OK, 1970). Vogel’s greatest contribution is his discussion of American Indian pharmacology, which is not the subject of this essay.

Historian William McNeill found that populations generally took one hundred years to “learn to live” with a newly introduced disease and to display population growth, but he left it to others to examine how indigenous societies specifically adapted to new illnesses. That is just what this essay intends to do. See McNeill, *Plagues and Peoples*, 128. In addition, Peter Wood has estimated that the populations of the Four Nations were increasing after 1745, which neces-

13 Ibid., 264.
16 JHPP, 1:159–60.
22 George Stiggins, *Creek Indian History: A Historical Narrative of the Genealogy, Traditions, and Downfall of the Isopoga or Creek Indian Tribe of Indians*, ed. Virginia Pounds Brown (Birmingham, AL, 1989), 88.
23 John Ridge to Albert Gallatin, 27 February 1826. JHPP, 8:n.p.


32 Adair, History of the American Indian, 156.


35 Among the Iroquois, intertribal conflict commonly followed epidemics, but the “mourning wars,” conducted to replace lost kinsmen, were not the same phenomenon as accusing a rival tribe of witchcraft. On mourning wars, see Daniel Richter, Ordeal of the Longhouse: the Peoples of the Iroquois League in the Era of European Colonization (Chapel Hill, NC, 1992).


37 Ibid., 60.


40 Ibid., 358.

41 Adair, History of the American Indian, 93–94.


43 Ibid., 18.

44 Adair, History of the American Indian, 244–5.

45 Bartram recorded Creek customs of guarding cornfields. See Bartram, Travels, 172.

46 Adair, History of the American Indian, 69. This name for smallpox does not survive, probably because it was a Lower Cherokee term. As the century proceeded the Lower dialect became less prevalent. Umudakwala, meaning “holes in the face,” is another Cherokee word for smallpox. For a similar interpretation of the Cherokees’ explanation for the 1738 smallpox epidemic, see Theda Perdue, Cherokee Women: Gender and Culture Change, 1700–1835 (Lincoln, NE, 1998), 58. Perdue argues that the Cherokees viewed semen and other bodily emissions as polluting and thus regarded such pollution as the reason the spiritual world sent smallpox.

47 Adair, History of the American Indian, 111. Although not focusing specifically on
disease, Joel Martin expounds on this idea in his analysis of the Red Stick movement among the Muskogeans in the nineteenth century. The Creeks believed that misfortune resulted when the spiritual powers of the upper and lower worlds became unbalanced. Humans and animals who lived in between the upper and lower worlds maintained the balance by proper regard of the sacred. When humans did not show the expected reverence, they could expect misfortune. See Martin, Sacred Revolt: the Muskogeans’ Struggle for a New World (Boston, 1991), 33.

48 Adair, History of the American Indian, 113–4. Swanton suggests that the Choc- twaws lacked the Green Corn Ceremony until the Creeks introduced it to them in the nineteenth century. See Swanton, Social and Ceremonial Life of the Chocotaw, 221. This suggestion, however, seems ludicrous. Green Corn ceremonialism was widespread through the eastern woodlands. In addition, harvest festivals appear universal among most, if not all, preindustrial societies. That Choctaw ceremonies went largely unrecorded does not mean they did not exist. Instead, one should assume that the Choctaw ceremonialism was as elaborate as that of the other Southeastern Indians.


50 Ibid., 506.

51 Von Reck’s Voyage, 49. See also “Ancient Georgia Indian Lore,” Georgia Historical Quarterly 15 (June 1931): 194.


54 Swanton, “Religious Beliefs and Medical Practices of the Creek Indians,” 608.

55 Gregory Evans Dowd also came to this conclusion concerning Native American religious beliefs about misfortune in the eighteenth century. See Dowd, A Spirited Resistance: the Native American Struggle for Unity (Baltimore, MD, 1992), 5–6.


59 South Carolina Gazette, 31 July 1755; and Adair, History of the American Indian, 85, 113. Old Hop was also referred to as “Cannacaughte” (also spelled as “Kanekadi”), whom one Englishman defined as a physician or conjuror. John Gerar De Brahm, Report of the General Survey in the Southern District of North America, ed. Louis DeVorsey Jr. (Columbia, SC, 1971), 118. In contemporary Cherokee, ganagati means “surgeon.” Whether Old Hop acted as a healer, however, remains unseen. He certainly served as a priest and a counselor. For a theoretical discussion of Old Hop’s status, see Fred O. Gearing, Priests and Warriors: Social Structures of Cherokee Politics in the 18th Century (Menasha, WI, 1962). Gearing overestimates the power of Old Hop, arguing that the priest headed a tribal state with its capital at Chota. Old Hop certainly wielded considerable influence, but Cherokee power was dispersed more widely among several religious leaders, civil chiefs, and warriors, who lived in a variety of Cherokee
towns. For an account of internal Cherokee political dynamics during the colonial period, see M. Thomas Hatley, *The Dividing Paths: Cherokees and South Carolinians through the Revolutionary Era* (New York, 1995).


61 Ibid., 471. Further evidence of the Cherokees’ reliance on knowers to predict the consequences of tribal actions can be found in De Brahm, *Report of the General Survey*, 113.


65 Georgia *Gazette*, 20 October 1763. It is unclear whether they meant Dorchester, Georgia, or Dorchester, South Carolina, but both were near the smallpox-infested settlements of Savannah and Charles Town, respectively.


69 David Taitt to George Germaine, 6 August 1779, CO 5, vol. 80:n.p.


71 Bartram, *Travels*, 366–7. There were several descriptions of varying detail of eighteenth-century Creek ceremonies, but all (except Bartram’s) were weak in providing evidence of the particular purpose of consuming medicines. They generally referred to the idea that medicines would bring good fortune, particularly in warfare, and would purify individuals and an entire village of past transgressions. See Bossu, *Travels*, 147; Louis Le Clerc de Milfort, *Memoir of a Casual Glance at My Different Travels and My Sojourn in the Creek Nation*, ed. John F. McDermott (Chicago, 1956), 135–42 and 152–3; Swan, “Position . . . in the Creek or Muscogee Nation,” 267–8; Benjamin Hawkins, *A Sketch of the Creek Country in the Years 1798 and 1799* (New York, 1971), 75–78. See also the nineteenth-century account, Stiggins, *Creek Indian History*, 60–64.


74 The entire description of the modified Ah-tawh-hung-nah can be found in *JHPP*, 1:152–8.

75 *JHPP*, 3:32.

76 *JHPP*, 3:156.


78 Adair, *History of the American Indian*, 266.

79 Pennsylvania *Gazette*, 4 September 1760.


82 Ibid., 245.

83 *JHPP*, 1:23.


87 Old Hop of Chota, the Smallpox Conjuror’s rival, achieved his status by surviving a terrible wound while he was young. His crippled condition kept him from traveling to meet with the English in Charles Town, but he maintained his authority through his religious leadership (see South Carolina Gazette, 31 July 1755). Similarly, a Natchez man became an esteemed spiritual figure by surviving a lightning strike (see Swanton, *Indians of the Southeastern United States*, 780). Conceivably, surviving a deadly infection but becoming marked for life with pox scars gave the Smallpox Conjuror equal powers. Unfortunately, the evidence does not indicate whether the Smallpox Conjuror or other eighteenth-century healers achieved their position in such a manner. In addition, individuals also became religious leaders through a variety of other means, including training from a preexisting medicine man.


90 Wood, “The Changing Population of the Colonial South,” 38–39, 64–66. The populations of each of the Creek, Choctaw, and Chickasaw nations steadily increased from 1745 to 1790, while the Cherokees increased from 7,200 in 1745 to 8,500 in 1775 and then decreased to 7,500 in 1790. Cherokee losses from 1775 to 1790 were in large part the result of devastation caused by the Revolutionary War, in which their population scattered and some starved as American armies invaded their nation twice, destroying villages, crops, and livestock. Nevertheless, their relatively stable population levels between 1745 and 1775, despite the occurrence of three epidemics in the area, indicate an active and effective response to disease. Without conscious efforts to impede contagion during the 1779–83 epidemic, Cherokee population would have fallen even more.

