

Southern New Hampshire University

Backwoods Cures:
An Exploration of Southern Appalachian Folk Medicine

A Capstone Project Submitted to the College of Online and Continuing Education in Partial
Fulfillment of the Master of Arts in History

By

Katherine E. Perry

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July 31, 2018

Southern New Hampshire University
College of Online and Continuing Education

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Abstract

The people of the Southern Appalachians have a unique culture all their own. An important component of this culture can be observed in the manner in which these individuals chose to combat that enemy of all mankind: disease. A beautiful amalgamation of cultures including Cherokee, Scotch-Irish, and other European ancestries is present in this region and exhibited through the rural remedies utilizing a rich local pharmacopeia and magico-religious folklore related to healing. However, the people of the Southern Appalachians, while geographically isolated, did not exist in a vacuum. Exciting discoveries of local primary sources demonstrate the employment of contemporary medicine in tandem with what was available locally. This project also examines the utility of virtual museums. Together with the research on the subject of Southern Appalachian Folk Medicine, the research on virtual museums culminates in the creation of a digital exhibition using the Omeka exhibit building platform. This exhibition can be visited at the following link: <http://backwoodscures.omeka.net>

Dedication

For my Appalachian ancestors and all the children of our family yet to come, I dedicate this research and exhibition project with reverence and gratitude.

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Preface

When I moved to Western North Carolina with my mother at the age of ten, we encountered neighbors who still had a functioning outhouse, tattoos done with homemade ink, and twangy colloquial phrases for things that were simultaneously amusing and confusing. Josephine, the matriarch of the family who loved and accepted us though we were newcomers, used to remark of people with dental problems saying things like “that boy could eat corn through a picket fence!”

Certainly, Mom and I had ideas about the “hillbillies up the way from us” that mirrored what we had seen in the media, but imagine our shock when these very people were the ones to help us accurately diagnose disease and fungus in our plants and chickens on our small subsistence farm. Over time, it became apparent that these backwoods mountaineers had knowledge that could not be found in any of our gardening books, and so we began to listen more intently and with more respect to what they had to say. We used to gather for family dinners with the neighbors and we found out about plants that “grow all around these parts” that had medicinal value. When I had gotten a rash from playing outside near some poison ivy, Josephine took a look at my arms and said “that young’un needs the jewel weed.” Jewel weed is a plant whose proper name I still don’t know, but I still remember how to split the stalk and apply the sap for immediate relief from poison ivy rash. My point is this: I believe it a sort of cosmic repayment to do right by the backwoods families I had the pleasure to know by illustrating the value of their knowledge, skill sets, and culture to the rest of the world. This capstone project of an online exhibit of Southern Appalachian folk medicine is my first contribution toward that goal.

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Introduction

There is a prevailing image of the typical resident of yesteryear's Southern Appalachia as ignorant, uncivilized, unclean, and uneducated. It is the image that comes up when we hear words like hillbilly, redneck, and yokel. It is easily recognized in cartoons, country songs, movies, and even in the packaging of certain brands. Yet, when pressed, can we even define the true time period, values, skills, or community structure of such an iconic individual as the southeastern mountaineer? The history of Southern Appalachia has gained spotlight in the historiography of the American South over the last twenty years as researchers work to define and investigate these very characteristics. One portal into cultural understanding that begs greater attention is that of the folk remedies of Southern Appalachians, which speak not only to their methods of healing but also to their concept of disease within the context of the rest of the United States. Southern Appalachia's rich history of folk medicine should be showcased in an online exhibit because it is interwoven with interesting relevant issues including the value of natural medicine versus conventional medical approaches, how stereotypes of rural Americans impede valuation of regional knowledge, and the importance of preserving knowledge passed down through oral tradition as a mark of American identity.

Appalachian medicine from the 1700s-1940s was a mixture of wide-spread official written medical knowledge and remedies preserved by intergenerational oral tradition through grannywomen and other healers.¹ What marks the beginning and the end of this chronology is the influx of European populations into the geographically isolated region, largely due to the fur

¹ Anthony P. Cavender, *Folk Medicine in Southern Appalachia* (Chapel Hill: The University of North Carolina Press, 2003,) 29.

trade, and the exposure of Appalachian people to the rest of the globe during the World Wars, respectively. (This is not to say that folk remedies have not lingered on well into the twenty-first century, but their relationship to mainstream Appalachian culture has changed greatly.) The area of Southern Appalachia refers to North Georgia, the Western Carolinas, a portion of Northeastern Alabama, and East Tennessee. For the purposes of this research proposal, these will be the chronological and geographical limits in the study of folk medicine to be conducted.

The virtual exhibit itself is focused on a more acute chronological range. That range is, the time period from the 1850s through the 1910s. This time period is significant in terms of primary sources because more artifacts concerning this time period survive than from previous years. Additionally, the majority of interviews of Appalachian people were conducted with the advent of audio recording technologies. Many of these people were children during the aforementioned era or knew of cures used by their elders who lived during this time. Additionally, the emergence of germ theory in this area and the First World War in the 1910s represented an end to the relative isolation of Southern Appalachian people. It is due to these reasons that the artifacts chosen for the virtual exhibition do not come from any time preceding the 1850s.

The nature of finding undocumented local primary sources, a primary goal for cultural preservation in this project, also necessitated a limited geographical range of Western North Carolina and Eastern Tennessee. This is due to the procedure necessary for source hunting among the older generations of Appalachian people. It is rare that this demographic is involved in social media outside of a possible dabbling in platforms like Facebook, but even this presence is rare. In order to ascertain who may have private holdings of local artifacts or a family history

of folk remedies, it is necessary to meet a friend of a friend through an often complex chain of kinships and friendships. Some have no interest in sharing family information with someone unknown to them, while others are thrilled to have someone affiliated with an official historical project show interest in the very items and stories they have been unofficially curating for years. Regardless of the outcome, the process is slow and the gaining of trust is crucial. Southern Appalachians are keenly aware of how they have been portrayed in the media, and want to review this project's findings for assurance that they will not be mocked for the more superstitious parts of their family remedies before they divulge any personal information.

Due to the reverence this researcher has for the materials entrusted to the Southern Appalachian Folk Medicine Exhibition produced through Omeka, the virtual exhibit will be used to showcase the multifaceted nature of this cultural construct with clear images and explanations. Within the exhibit are oral history components, including voice recordings of an elderly woman discussing ghost sightings as told to her by a doctor making house calls at the turn of the century, as well as an interview with a local man about his family's rather unusual cure for warts. The exhibit also features a collection of items from two pharmacies in Hendersonville, North Carolina from the turn of the century with valuable details about the components of each prescription. Perhaps most impressive are the items carried by 1860s Southern Appalachian Dr. Christopher Grimshawe.

This research project and virtual exhibition have been completed in partnership with the Henderson County Genealogical and Historical Society Archives. The HCGHS operates exclusively on a volunteer basis, accepting donations and membership fees in addition to an

endowment from The Community Foundation of Henderson County, Inc.² With these funds, the HCGHS curates its holdings at the Archives and Gallery located on Main Street in historic downtown Hendersonville, North Carolina. The mission statement of the HCGHS is as follows: “This non-profit, educational, and cultural organization promotes research into the heritage of Henderson County by collecting, preserving and publishing the history of Henderson County, North Carolina and of her people.”³ By collecting and preserving local findings during the course of this research project and receiving research materials from the archives, a reciprocal relationship has been established between the Southern Appalachian Folk Medicine Exhibition and the HCGHS that satisfies the institution’s mission.

The history of Southern Appalachian folk medicine is rich with romantic cultural nuances, revealing the beauty and brutality of life in this region. This written component of the project begins with a literature review/historiography on this topic and the topic of virtual exhibits themselves in Chapter 1. In Chapter 2, the methodology of this thesis is discussed at length, placing the project in the context of various historical lenses as they emerged over the past century. Chapter 3 provides information on the target audience for the online exhibition along with an explanation about the educational efficacy of providing remote access to museum exhibits for the public.

Chapter 4 provides detailed information of the topic researched in order to provide deeper scholarly context for the online exhibition offered to the public. Chapter 5 comprises the recommendations and ethical considerations involved in the total project, with special consideration given to cultural sensitivity and the potential danger of visitors misidentifying

² “Henderson County Genealogical and Historical Society, Inc,” accessed May 18th, 2018. <http://www.hcghs.com/>.

³ “Henderson County Genealogical and Historical Society, Inc.”.

and/or employing herbal remedies listed to their detriment. Budgeting and staffing are discussed in Chapter 6, which features a table of costs in order to facilitate planning. These chapters are followed by the conclusion and two appendices. Appendix A consists of exhibit panels from the virtual exhibition. Appendix B shows the primary sources and signed permission forms provided by the private contributors of primary sources to this project.

Chapter 1: Historiography/Literature Review

When evaluating sources for historical material such as the above, historians are obligated to follow professional standards and practices. Both primary and secondary sources must be weighed for biases in order to assess the accuracy of the material within. To accomplish this, primary sources must be put in context of the time period, events, and the author's background. For example, this project utilizes the journal of Northern Protestant reformer Olive Dame Campbell who documented her travels through Southern Appalachia in detail as she and her husband sought to generate resources for education. Campbell's biases toward her cause are evident throughout her journal, as she overemphasizes the ignorance of backwoods folk by repeating that mountaineers were heavily suspicious of anything new or educational and providing few examples of statements to that effect from their sources.¹ However, the journal of her husband John C. Campbell offers quantitative measurements and statistics that are more reliable including the rate of illiteracy in the mountains in 1910 (all races total, 13.4%) and more balanced descriptions of the people he encountered.² This author has selected these primary sources because they are the clearest, most thorough documents from the time period that include measurements of health information, and they contain census information to provide a quantitative frame of reference for the digital exhibit's intended audience.

Additionally, the publications used to educate "doctor-book doctors" (physicians who practiced from self-education having never attended an institution) have been especially useful in

¹Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels: The Diary of Olive Dame Campbell*. (Lexington: The University Press of Kentucky, 2014,) 30.

² John C. Campbell, *The Southern Highlander and His Homeland* (Lexington: The University of Kentucky Press, 1969,) 261.

assessing common medical beliefs of different time periods.³ These works include *Every Man His Own Doctor; or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicine* by William Buchan (1816), John Tennent's *Every Man His Own Doctor: or The Poor Planter's Physician* (1756), and *Domestic Medicine, or Poor Man's Friend, in the Hours of Pain, Affliction, and Sickness* by John C. Gunn (1836). All three works are recorded as among the top works for medical consultation in the era before standardized medical treatments were formed.

Finally, *Cherokee Plants and Their Uses – A 400 Year History*, a book created by teacher, librarian, and recipient of the 1986 Mountain Heritage Award Mary U. Chiltoskey, was selected for its clear history of Cherokee medical theory and pharmacopeia. Herself a member of the Eastern Band Cherokee Nation, Chiltoskey spent forty four years of her career working in cultural preservation, teaching the Cherokee dialect of Kitowah, and recording her extensive knowledge of Cherokee cultural practices including cooking and natural remedies.⁴ Her descriptions of medical beliefs related to folklore, wherein plants consciously conspire to help mankind battle the spiritual and physical burdens of bodily affliction, have been tapped for this research project as will her catalogue of plants and their uses.

Secondary sources must similarly be evaluated for bias and experience level of the authoring historian. Peer-reviewed research and writings from established professors in related fields are preferable. It is for this reason that the work of Dr. Anthony Cavender, Professor Emeritus of Anthropology at East Tennessee State University and author of multiple books and

³ Anthony P. Cavender, *Folk Medicine in Southern Appalachia* (Chapel Hill: The University of North Carolina Press, 2003,) 25.

⁴ “Mary Ulmer Chiltoskey, 1986,” *Digital Heritage: Connecting Appalachian Culture and Traditions with the World*, Accessed June 29th, 2018, <https://digitalheritage.org/2013/02/mary-ulmer-chiltosky-1986/>.

journal articles on folk medicine practices in Appalachia, was selected as the cornerstone for this project proposal. Cavender's most recent publication, *Folk Medicine in Southern Appalachia*, boasts a voluptuous wealth of sources drawn which he synthesizes into digestible segments supported with qualitative and quantitative information. He also assesses the methodology of the previous historiography of Appalachian folk medicine and explains his own thoroughly.

The primary sources used vary in their use by other authors on the topic of Southern Appalachian folk medicine. Most have consulted portions of John C. Campbell's *The Southern Highlander and His Homeland*, which is valued for its statistical data and clear organization. However, none have consulted his wife Olive Dame Campbell's diary kept during their travels through the Southern Appalachians. Though biases are evident more so in Mrs. Campbell's writing than in Mr. Campbell's, her more personal descriptions of the people they encountered, places they stayed, and conversations they had offer the reader something more in providing the cultural context where remedies were used. In one such instance, Olive Dame Campbell describes how whiskey, used as a base for many tinctures, was believed to be a remedy unto itself.⁵ The contemporary medical books used by "doctor-book doctors" show bias toward the prevailing medical theories of the 1800s, which included both humoral and miasmatic/atmospheric theories. It is also necessary to be aware that Progressive reformers were suspicious of money-making schemes at the expense of the common man, and proponents of domestic medicine such as authors Gunn, Bright, and Buchan were all of the opinion that one could cure himself at home without the superfluous expense of a dubiously trained, self-declared doctor.

⁵ Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels*, 203.

Anthony Cavender has used many medical manuals from the 1700s and 1800s in assessing what the common medical treatments were in the greater United States and in Appalachia before federal standardization of medical treatments guaranteed a modicum of safety for the afflicted. Since the age and popularity of these manuals has placed them in the public domain, they will be consulted and displayed in part on the digital exhibit so that the visitor may see how very little they differ from the folk materia medica. In this project, these will be placed side-by-side with some of the Cherokee remedies as well from *Cherokee Plants and Their Uses – A 400 Year History*.

The historiographical debates on the topic of Southern Appalachian folk medicine are focused on whether or not the approach was primitive and largely superstitious or comparably adequate to the contemporary conventional medical approaches of the United States. Dr. Anthony Cavender's main assertion is that Appalachian medicine was a blend of folk and scientific mainstream medicine because the region was not entirely isolated from outside contact, which is a contradiction to the main body of research that tends to emphasize the region's geographic and cultural isolation.

John Alexander Williams contrasts this view in his assertions that the area was more geographically and culturally isolated, claiming that the area was virtually devoid of health care before the growth of mining industries in the 1960s prompted President Johnson to issue the Appalachia Regional Development Act.⁶ Richard B. Drake argues that what he describes as the "health revolution in Appalachia" did not begin until after the turn of the twentieth century,

⁶ John Alexander Williams, *Appalachia: A History* (Chapel Hill and London: The University of North Carolina Press, 2002,) 342.

where before there had been a complete backwardness in attendance to illness.⁷ Each of these three authors are able to back up their assertions with reliable sources and both write eloquently, however Cavender's research is more exclusively focused on folk medicine. As an expert in this specific field of Appalachian history, Cavender holds a higher degree of credibility in matters of folk medicine and provides a deeper examination of the multiple resources used by Appalachians to address disease including popular books, doctors, and herbal remedies.

There are large gaps in the existing literature on the topic of Southern Appalachian folk medicine. Many of the remedies examined have to do with disease and childbirth. There are few that have anything to do with mental illness or disabilities. Though the proposed public history project will not necessarily address these gaps directly, there is the potential for a subsection of the exhibit to include recommended folk remedies for these conditions should the archival holdings reveal any supporting evidence during future investigations.

In addition to the historiography/literature review of sources concerning the topic of Southern Appalachian folk medicine, it is necessary to review prevailing literature on the efficacy of virtual exhibits for the purposes of education and entertainment. In the past two decades, the popularity of virtual exhibits among public history institutions such as museums and cultural heritage centers, as well as their visiting public, has grown exponentially. The rapid growth in remote attendance of public history institutions is so strong that some museums and cultural heritage centers have made provisions for their collections to be available in their entirety through remote access online. While virtual media usage by prolific institutions of history has been the most notable, local public historians who work on a smaller scale have also found virtual media to be an invaluable resource for providing the broadest possible audience for

⁷ Richard P. Drake, *A History of Appalachia*, (Lexington: The University Press of Kentucky, 2001) 190.

their findings. Researchers the world over, both inside and outside the field of public history, are collaborating in projects, case studies, conferences, and articles in order to ascertain the best possible usage for virtual media in museums and cultural heritage projects

What is a virtual exhibit? Professor and Chair of Interactive Media Design at Delft University of Technology, Dr. Elisa Giaccardi is an interdisciplinary academic professional whose expertise lies at the intersection of cultural heritage studies, design engineering, and interactive media. She theorizes that all museums are virtual, whether tangible or intangible saying:

All museums are virtual, independent of information technologies. Museums extract each piece from an environment that, as the site of origin, is deemed to hold some significance. The piece is then transferred to a new site, the museum, in which the relationships with its original environment and time are recreated. In this sense, museums are virtual because they collect pieces that work as a switch to “something else”; they represent, as André Malraux suggested at the middle of the twentieth century, a meta-place.⁸

Astute as this observation may be, for the purposes of this examination the term ‘virtual exhibit’ will pertain to museum and cultural heritage materials available through remote access via the World Wide Web and in virtual interfaces within traditional museum settings.

The evolution of virtual exhibits closely follows that of the boom in online access to communication in the mid-2000s, when access to smartphones with photography, videography, and internet access capabilities grew exponentially. The creation of YouTube, where any member of the public can upload a video of themselves or any topic they deem of interest, meant that crowdsourcing for public history institutions had become a more viable option than it had

⁸ Elisa Giaccardi, “Collective Storytelling and Social Creativity in the Virtual Museum: A Case Study,” *Design Issues* 22, no. 3 (2006) 29-41. <https://www-jstor-org.ezproxy.snhu.edu/stable/25224061>. 30.

been in the age when it was necessary to have a cumbersome scanner with a home or office internet connection in order to upload an image or document.

As the access to communication systems with the capability of providing material for digital exhibits as well as visiting them has evolved, so has the scholarship surrounding the topic. The variety of approaches to studying the topic of virtual exhibits reveals the interdisciplinary nature of the subject. In the 120th Nobel Symposium of 2002, media archaeologist Erkki Huhtamo traced the history of the virtual museum beginning with an intangible museum accessible exclusively by phone in 1991 Japan.⁹ This advancement was followed by museum collections available on CD-ROM, and later the same were available on the World Wide Web. Huhtamo, preceding Giaccardi's work by four years, adds that the concept of virtual museums can be traced to the Futurism art movements of the early 1900s, long before the computer was even invented.¹⁰ Huhtamo and Giaccardi have continued their studies begun in the early 2000s into the current decade, while other cultural heritage and digital technologies professionals have focused their efforts on understanding how virtual exhibits can be of use today.

Professor of Special Education Cynthia Okolo's work comprises statistical data on the usage and efficacy of virtual museums in middle school educational settings for students with ranging abilities. Specifically, her research for the 2011 article "The Virtual History Museum: Learning U.S. History in Diverse Eighth Grade Classrooms" in the academic journal *Remedial and Special Education* reveals an upward trend in the capabilities of eighth grade students in

⁹ Erkki Huhtamo, "On the Origins of the Virtual Museum," *Virtual Museums and Public Understanding of Science and Culture*, Nobel Symposium 120, Stockholm, Sweden, May 26-29, 2002, accessed March 4th, 2018. https://www.nobelprize.org/nobel_organizations/nobel_foundation/publications/symposia/ns120-lectures/huhtamo.pdf. 1.

¹⁰ Erkki Huhtamo, "On the Origins of the Virtual Museum, 1.

honors, typical, and special needs classes concomitant with the introduction of virtual museum access to the curriculum.¹¹

Similarly, archivist Judith Rosenbaum's article "Beyond the Ivory Tower: Doing Public History in the Digital Age" shows a connection between virtual public history resource access and the building of positive self-image for students and members of the general public alike. She theorizes that personal connection to relatable role models in different eras and locales throughout history is the best possible means for engaging audiences with the chosen topics. She also posits that taking a reciprocal approach to engaging with education and the public through virtual media holds the key to increased cultural resource appreciation saying, "Beyond sharing stories, inspiring people, training educators, and helping to cultivate stronger communal and/or civic identities, what can public history do? The new tools of the digital era give public historians enhanced opportunities to engage the community in the raw material of history and in the collection of historical documents and artifacts."¹² With reciprocal engagement as a focus, public history institutions can use these findings as motivation to search for opportunities to turn visitors into active participants, and repeat customers.

Like the employment of virtual exhibits themselves, discourse on the utility of digital media has expanded across the globe in the most recent years. This recent scholarship has been focused largely on how digital imaging can be used to bring archaeological sites that are otherwise unreachable to the public in a new interactive venue. Mediterranean historian Savvas Kazanis provides a case study in 2017 for the usage of this technology in "Developing a Virtual

¹¹ Cynthia M. Okolo, et al., "The Virtual History Museum: Learning U.S. History in Diverse Eighth Grade Classrooms," *Remedial and Special Education* 32, no.5 (September 2011): 417-428. <http://journals.sagepub.com.ezproxy.snhu.edu/doi/10.1177/0741932510362241>. 417.

¹²Judith Rosenbaum, "Beyond the Ivory Tower: Doing Public History in the Digital Age," *American Jewish History* 98.2 (April, 2014): 55-59. Literature Resource Center, EBSCOhost (accessed March 30th, 2018). 58.

Museum for the Ancient Wine Trade in Eastern Mediterranean.”¹³ Within, he elucidates the ways in which virtual imaging technologies have influenced the study of the ancient Mediterranean wine trade. Modern digitization capabilities have provided more reliable and accurate data on the trade routes and artifacts concerning this area of history.¹⁴ Additionally, 3D models and interactive maps created through the edutainment platform MEDWINET have provided Kazanis’s team with global support for further research that would have otherwise been unavailable in a traditional museum environment.¹⁵

Similarly, Loris Barbieri describes in his 2017 article “Virtual Museum System Evaluation Through User Studies,” that patrons can connect with parts of the ancient past that are otherwise difficult to imagine using virtual maps of underwater archaeological sites in Southern Italy. In contrast to Kazanis, Barbieri’s team’s study assesses the enjoyment value of these digital interfaces within the traditional museum setting. The experiment compares the usage of two different types of virtual interfaces: System A which utilizes a track-ball to control the cursor on the screen, and System B which utilizes a touch-screen interface. The team noted a preference for System B stating, “Probably this preference is related to the results about the typology of errors, which demonstrate that the system B is more usable thanks to the adoption of the touch screen console.”¹⁶ They also recognized that any virtual museum system can be evaluated whether remote or in the traditional setting using three distinct criteria. They provide the following conclusion; “The results demonstrate that the proposed methodology is effective and it

¹³ S. Kazanis, et al., “Developing a Virtual Museum for the Ancient Wine Trade in Eastern Mediterranean,” *International Archives of the Photogrammetry, Remote Sensing, & Spatial Information Sciences* 42, no. 25 (August 18, 2017): 399. Complementary index, EBSCOhost (accessed March 4th, 2018). 399.

¹⁴ S. Kazanis, et al., “Developing a Virtual Museum for the Ancient Wine Trade in Eastern Mediterranean,” 399.

¹⁵ Ibid. 399.

¹⁶ Loris Barbieri, Fabio Bruno, and Maurizio Muzzupappa, “Virtual Museum System Evaluation Through User Studies,” *Journal of Cultural Heritage* 26 (July-August 2017): 101-108. <https://www-sciencedirect-com.ezproxy.snhu.edu/science/article/pii/S1296207416303016?> 106.

could be generalized and applied to any VM system that requires three key qualities: easy to use, enjoyable, and educative.”¹⁷

Other recent studies in addition to those aforementioned include a variety of case studies designed to ascertain the facts about the general public’s desire for virtual exhibits and their preference for the many forms those exhibits may take. These studies have been conducted by nonprofit marketing specialists, spatial analysis and GPS engineers, electronic commerce researchers, human-computer interactions analysts, and even public historians. Public historians are listed at the end of this series purposely.

Surprisingly, public historians hailing from academic historical backgrounds have not been the most significant contributors to the historiography of virtual exhibits, thereby creating a considerable gap in analysis. With the exception of a small cohort of public historians including archivist Judith Rosenbaum and Professor of History Anne Lindsay, the majority of scholarly study on the effects of virtual exhibits on the public historical industries have been conducted by professionals with interdisciplinary backgrounds that include some limited public history training or none at all.

For example, Professor of Information Management at National Chung Cheng University Shin-Yuan Hung and his team published the findings of their 2013 study on the likely increase of digital museum popularity in their article, “Critical Factors Predicting the Acceptance of Digital Museums: User and System Perspectives.”¹⁸ In contrast to the work of public historians, Hung

¹⁷ Loris Barbieri, Fabio Bruno, and Maurizio Muzzupappa, “Virtual Museum System Evaluation Through User Studies,” 108.

¹⁸ Shin-Yuan Hung, et al., “Critical Factors Predicting the Acceptance of Digital Museums: User and System Perspectives,” *Journal of Electronic Commerce Research* 14, no. 3 (2013) 231- 243.
<http://eds.a.ebscohost.com.ezproxy.snhu.edu/eds/pdfviewer/pdfviewer?vid=9&sid=e20b6b5b-bef5-4e07-87b7-8f1b6a80e7c1%40sessionmgr4009>. 231.

and his team generated quantitative statistical data on the usage of virtual museums. The team asserts that, “Digital museums enabled by ICT can turn geophysical, temporal and resource limitations into advantages, such as encouraging more visitors, increasing the accessibility, transparency, the frequency and the duration of each visit, and enriching each visiting experience.”¹⁹ Consequently, Hung’s team feels that in light of their findings, traditional museums could become less popular sooner rather than later. This prediction is based on the concept that virtual exhibits change the roles of the audience from passive spectators to “information creators and disseminators.”²⁰ No similar study has been headed by those with a more intimate knowledge of the traditional museum experience and the rigorous historical research necessary to generate meaningful content; those who specialize exclusively in public history.

Yet, where public historians do weigh in on the controversial topic of traditional museum extinction, they are able to provide the most realistic discourse on the subject in a manner accessible to those whose background is not one of experimentation and statistics, but rather one of connection with the history lover. Anne Lindsay, author of “#VirtualTourist: Embracing Our Audience through Public History Web Experience” for the scholarly journal *The Public Historian* offers her perspective on the value of virtual tourism for the museum industry in narrative form. She takes her readers on a journey through all the enjoyable details one is able to access on three separate and highly notable public history sites: Monticello, Colonial Williamsburg, and Mount Vernon. She asserts, “The virtual tourist is also a cultural heritage tourist, and in a difficult economic climate, when institutions of cultural heritage are fighting

¹⁹ Shin-Yuan Hung, et al., “Critical Factors Predicting the Acceptance of Digital Museums,” 231.

²⁰ Ibid. 233.

harder than ever for market share, cultural heritage institutions must court this visitor.”²¹

However, Lindsay also analyzes the potentially conflicting future of traditional museums and virtual exhibits with regard to visitors settling for a remote experience free of cost and never visiting the actual cultural heritage site, saying:

Finally, institutions that support a virtual tourism audience may find themselves expending precious funds to court an audience that takes for granted that online access will be free because fee-based interactions are not standard for this audience. However, through virtual interactions, heritage institutions have the ability to reach more visitors and potential donors more frequently and provide accessible experiences for those who cannot easily travel to or engage in tours of heritage locations. The virtual tourist audience is a significant factor to consider in the future of heritage interactions and should be of equal concern in the development of mission and available content on-site and off-site.”²²

Here, Lindsay recognizes the wealth of untapped resources that are available through engaging with virtual visitors. She also touches briefly on visitors who struggle with physical limitations to visits in the traditional setting.

Herein lies another gap in the scholarship concerning virtual exhibits; special needs communities and how they may be better served by the public history industry. Special needs clientele are only mentioned in passing in the studies conducted over virtual exhibits if they are mentioned at all. With the recent increases in the diagnosis of Autism Spectrum Disorders, visitors who may find the traditional museum environment overstimulating due to the lighting, sounds, presence of other patrons, and unfamiliar surroundings would be able to have control over their level of stimulation in-home through virtual exhibits. This would require a

²¹ Anne Lindsay, “#VirtualTourist: Embracing Our Audience through Public History Web Experience,” *The Public Historian* 35, no.1 (February, 2013): 67-86. https://www-jstor-org.ezproxy.snhu.edu/stable/10.1525/tph.2013.35.1.67?&seq=1#page_scan_tab_contents. 68.

²² Anne Lindsay, “#VirtualTourist: Embracing Our Audience through Public History Web Experience,” 69.

comprehensive study on the needs of clientele with ASDs, and extensive consultation with ABA and sensory-integrative therapists as well as guardians of visitors on the Autism Spectrum.

Unfortunately, individuals with limited cognitive capabilities are lumped in with those who have disadvantages in mobility. The broad range of variances in what it means to have special needs is not mentioned anywhere in the historiography, much less how to better meet those needs as an industry which prides itself on disseminating knowledge as widely as possible. It is the public historian's ethical responsibility to be as inclusive as possible regardless of its patrons' ability range. Here, more than anywhere else is the need for inclusion, interdisciplinary approaches, and a possible explanation for the popularity of the topic of virtual exhibits among non-historians is exposed. As historian Anne Lindsay relates in her article for *The Public Historian*:

The study of cultural heritage tourism represents an interdisciplinary mix. Those who study the subject frequently draw upon theories from tourism, marketing, public history, sociology, and psychology to analyze the delicate balance that heritage sites seek among their interests in education, market share, funding, and visitor numbers. These issues come together to some degree at all heritage tourism locations, but where their impact is most recognizable is at the web presence of these institutions.²³

Clearly, inclusion and interdisciplinary involvement with the special needs community is an untapped, or at least under-tapped resource for public history institutions in their goal of community outreach and education. Virtual exhibits are key to drawing in this demographic.

With special needs patrons in mind, public historians must strive to maintain accountability, transparency, and integrity. This standard also applies to the ethical considerations related to the expanding global audiences who may now attend previously

²³ Anne Lindsay, "#VirtualTourist: Embracing Our Audience through Public History Web Experience," 69.

inaccessible museums through remote digital interfaces. As was exemplified in the Enola Gay Exhibit's controversy in 1995, an event detailed in "Museums and the Public: Doing History Together" by Dr. Thomas A. Woods, when audiences with different perspectives on historical events form expectations surrounding the treatment of a sensitive topic, chaos can and will ensue. According to Woods, the Enola Gay Exhibit contained sensitive material concerning the end of World War II and the advent of the atomic age, wherein The National Air and Space Museum sought to honor both those Japanese who suffered the bombing and the American soldiers who sacrificed for the war effort.²⁴ A mishandling of expectations for commemoration versus a more academic look at the motivations at play in the prolific event led to the collapse of support for the exhibit and its closing as well. Since virtual exhibits open otherwise local institutions to increased public exposure and potential scrutiny, the public historian is required all the more to employ cultural sensitivity and a keen awareness of potential bias in the virtual exhibit's script in order to humanize the material for the broadest possible audience.

With regard to humanizing the virtual museum experience, the industry's attention must be focused upon the future implications of virtual exhibit studies. Human-computer interactions expert S. Shyam Sundar and his research team faced quandaries in including components of human interaction within the milieu of remote digital museum attendance. Their experiment, detailed in "Communicating Art, Virtually! Psychological Effects of Technological Affordances in a Virtual Museum," analyzes the successful employment of live chat features that allow virtual attendees the opportunity to converse with museum staff and other visitors in real time. The team's findings show that this component of the Museum of Modern Art's digital interface

²⁴ Thomas A. Woods, "Museums and the Public: Doing History Together," *The Journal of American History* 82, no. 3 (December 1995): 1111-1115. <http://www.jstor.org.ezproxy.snhu.edu/stable/2945116>.

is an invaluable resource for providing quality experiences. Analysis of the live chat feature revealed, “This exchange of information, knowledge, and emotions among website users, especially among those who view the same artwork, can serve to provide the online equivalent of the social context needed for a satisfying museum experience.”²⁵

Sundar’s team also assessed the psychological relationship between virtual museums and the public. As many public historians would agree, the researchers state, “A museum is not simply a repository of art and artifacts. Theory and research suggest that the success of a museum lies in the way it produces an enjoyable experience to its visitors.”²⁶ Moving forward from this understanding, Sundar’s team analyzed whether or not virtual exhibits can produce a quantifiable psychological impact on visitor enjoyment when compared to a traditional museum experience. They write, “Three factors associated with the museum experience— personal, social, and physical—are considered to be particularly determinative of the quality of one’s museum experience.”²⁷ Usability, synchronicity, customization, and the ability to live-chat with docents and other museum staff were measured in addition to the administration of user questionnaires over the ease of use of the virtual museum platform in the experiment. The findings of this study show that the factors relating to measurement of enjoyment in attending a museum virtually versus in-person were comparable, however they also depend upon the patron’s ability to successfully use a computer. With such specific information on user feedback, future public historians will be able to make data-driven decisions on how to craft a virtual

²⁵ S. Shyam Sundar, et. al., “Communicating Art, Virtually! Psychological Effects of Technological Affordances in a Virtual Museum,” *International Journal of Human-Computer Interactions* 31 (2015): 385-401. DOI: 10.1080/10447318.2015.1033912. 387.

²⁶ S. Shyam Sundar, et. al., “Communicating Art, Virtually! Psychological Effects of Technological Affordances in a Virtual Museum,” 386.

²⁷ S. Shyam Sundar, et. al., “Communicating Art, Virtually! Psychological Effects of Technological Affordances in a Virtual Museum,” 386.

exhibit. This will limit the considerable anxiety that goes along with planning an exhibit and waiting to see how it may be received by the public.

One year after Sundar's team published their study in 2015, archaeologist Sofia Pescarin and communications scholar Maja Pivec conducted their respective studies on the viability of virtual exhibits in the public history and cultural heritage sectors. Whereas scholars of the early 2010s debated over whether or not virtual exhibits would phase out traditional museums entirely, the most recent scholarship has consisted of case studies on how to maximize the user experience and on how public historians can use such media to engage with visitors on a more deep and fulfilling personal level.

Pescarin's study was conducted at the #Museum Week conference in Italy, where she and her team obtained valuable data on their virtual exhibit crafted specifically for the event. Their findings revealed that the key humanizing element of their interface was the live-chat feature, which provided clients with a true sense of involvement/reciprocal engagement with the museum environment and staff.²⁸

In contrast to these findings, Pivec and her team found that elements of playfulness were key in keeping their study subjects engaged. Young visitors were provided with apps and video games to interweave the educational and diversional aspects of the museum experience into one that can be enjoyed on-site or at home. Other visitors were provided with the ability to virtually pick up and manipulate museum objects which would otherwise be labeled 'do no touch' in the traditional setting. Some games, called Museum Quests, also provide groups of museum goers

²⁸ Sofia Pescarin, Ivana Cerato, and Paola Romi, "Virtual Museums and Social Networks," *2016 IEEE 2nd International Forum on Research and Technologies for Society and Industry Leveraging a better tomorrow (RTSI)*, Bologna. (2016): 1-6. doi: 10.1109/RTSI.2016.7740551

with a competitive scavenging experience, turning the entire traditional visit into a virtual game in itself.²⁹

With regard to virtual exhibits, the public history landscape is changing rapidly. As an area of educational and financial development, the technology's potential seems inversely proportionate to its young age. However, professionals from disciplines formerly unrelated to the industry of public history and coming together in studies, conferences, and articles to combine their passions for technology and cultural heritage preservation. Though much remains to be seen in the areas of special needs community outreach and the framing of exhibits for global audiences, virtual exhibits and the professionals who contribute to them are deserving of praise for their accomplishments in turning passive observers into engaged participants.

The popularity and heightened utility of virtual exhibits means that this approach to sharing cultural heritage pairs well with the subject of Southern Appalachian folk medicine. Though the historiography of both topics is rich in detailed information, certain gaps exist that invite further discourse. Particularly, there are very few primary source materials pertaining to specifically to Southern Appalachian folk medicine and even fewer of these available to researchers or other interested parties online. In an effort to address this gap specifically, a clear methodology for this research project has been formulated and applied.

²⁹Maja Pivec, and Anika Kronberger, "Virtual Museum: Playful Visitor Experience in the Real and Virtual World," *2016 8th International Conference on Games and Virtual Worlds for Serious Applications (VS-GAMES)*, Barcelona. (2016): 1-6. doi: 10.1109/VS-GAMES.2016.7590376. 3-5.

Chapter 2: Methodology

Given the fact that Appalachian culture formed due to the amalgamation between European Americans and Native Americans, it is reasonable to consider the development of Appalachian culture as part of Atlantic History. Traditionally, Atlantic History topics have been explored from a “top-down” approach (i.e. focused on the most notable historical figures and neglected the marginalized and everyday players who contributed to any given historical event). Early twentieth-century military chroniclers Lippman and Davis wrote in this fashion, with their discussions kept largely Anglo-centric.¹ A progressive movement toward creating an academic niche for Atlantic History truly began in the 1940s and culminated in the 1950s with the publication of Palmer’s *The Age of Democratic Revolution* and Verlinden’s *Journal of World History*. These works focused on government institutions, economics, philosophy, and politics. Later Atlantic historians would come to be criticized for approaching history in a “top-down” approach as various movements to promote the Civil Rights of marginalized groups gained popular favor in the United States.² In the topic of European settlement in the New World, this traditional approach meant that Europeans were cast as the bringers of civilization and progress.

Historians Jack P. Greene, Jim Egan, and Peter H. Wood all advocate for a refocusing of scholarly exploration when it comes to North American history. The bulk of previous historians have concentrated on the establishment of the British colonies along the east coast and the subsequent westward expansion of Europeans across the continent. Greene, Egan, and Wood all

¹ Bernard Bailyn, *Atlantic History: Concepts and Contours*, (London: Harvard University Press, 2005) 7.

² Joyce E. Chaplin, “The Atlantic Ocean and its Contemporary Meanings, 1492-1808,” *Atlantic History: A Critical Appraisal*, ed. Jack P. Greene and Philip D. Morgan, (New York: Oxford University Press, 2009) 35.

call for an increased usage of the *annalistes*' approach of history from below.³ This approach favors provincial histories over histories of cosmopolitan areas, laypeople over great men of note, and multiple cultures over singular dominant cultural presences. The *Annales* school pioneered the lenses of social and cultural history, which align with what this week's authors describe as the future of Atlantic and Hemispheric histories.

Wood suggests that new understandings of the diverse native groups that were already present and remained the majority of the population into the nineteenth century must be explored in order to create a more comprehensive foundation for future social history studies.⁴ Greene advocates for a deeper probing of hemispheric studies, where the overlay between colonizing forces and indigenous populations in South, Central, and North America can provide valid context for comparative inquiry as opposed to the prevalent approach of connecting the Americas to Europe and Africa in Atlantic history.⁵ Similar to Wood, Egan describes how ideas, pathogens, and cultural influences diffused not only from east to west, but west to east again advocating for greater inclusion of the entire North American continent in the historiography.⁶

It was facts such as these that necessitated the emergence of more inclusive historical lenses in the 1980s. These lenses created new approaches to Atlantic History that are still useful today. The lens of social history had become popular in the decades following the 1950s and was giving much needed focus to otherwise neglected demographics. Instead of focusing on victorious conquests as had been popular in imperial history and studies of exploration and

³ Jack P. Greene, "Hemispheric History and Atlantic History," *Atlantic History: A Critical Appraisal*, ed. Jack P. Greene and Philip D. Morgan, (New York: Oxford University Press, 2009). 300.

⁴ Peter H. Wood, "From Atlantic History to a Continental Approach," *Atlantic History: A Critical Appraisal*, ed. Jack P. Greene and Philip D. Morgan, (New York: Oxford University Press, 2009) 287.

⁵ Jack P. Green, "Hemispheric History and Atlantic History," 301.

⁶ Jim Egan, "How to Write the History of the New World: Historiographies, Epistemologies, and Identities in the Eighteenth-Century Atlantic World," *Early American Literature* 38.2, (2003) 319.
<http://search.proquest.com.ezproxy.snhu.edu/docview/215383478?accountid=3783>.

discovery, social and cultural historians sought to look at history from the bottom up.⁷ In other words, individuals who formed the lower tiers of Atlantic societies gained the investigative spotlight. In studies of Europeans in the New World, women, slaves, Native Americans, and indentured servants became topics of interest in contrast to the previous focus on more politically identifiable historical figures. It is necessary to add to this list the demographic of the blended race that comprises the people of the Southern Appalachians. Given the extensive amalgamation of the Cherokee and Northwestern Europeans that occurred in this area, it is justifiable to refer to the people of this region as blended both racially and culturally. In the case of Southern Appalachian folk medicine, European contributions to the *materia medica* only constituted a portion of the sum total of Appalachian medical knowledge. In many cases, European medicine was every bit as fraught with what would be considered errant superstition by modern Americans as its Native American counterpart.

In considering the changes in methodological trends over the past century, the most applicable lenses to this study become the cultural and public historical lenses. The cultural historical lens applies directly to medicine, as medicine is a cultural construction. Approaches to mollifying the suffering inflicted by disease reveal important core beliefs in any culture. Hierarchies of values are present in the consideration of which cures will prove most effective, which explains the prevalence of magico-religious elements in all medical systems prior to the popular acceptance of germ theory. What mainstream medical standards now classify as the placebo effect was before understood to be faith healing, and was considered an important part of healthcare. The cultural and religious ties to healing mean that folk medicine can only be properly viewed through a lens of cultural history, at least in part.

⁷ Bernard Bailyn, *Atlantic History: Concepts and Contours*, 5.

The public historical lens has also been utilized in this project so that the efficacy of employing digital technologies to the study of Southern Appalachian folk medicine can be examined properly. Not only are sources on this topic somewhat limited, but remotely accessible exhibits on the topic are even more so. In order to invite a broader audience to take interest in folk medicine and its place in Southern Appalachia, virtual accessibility must be expanded and justified through a study of the efficacy of virtual exhibits for cultural heritage institutions.

With the scholarly lenses of cultural, medical, and public history firmly in place for this project, the rigorous challenge of research remained. This process occurred in two phases. The first included preliminary research based on secondary sources from various journals and primary sources from official repositories. This phase yielded some alarming results in that it revealed a scarcity of primary sources relating to the topic of Southern Appalachian folk medicine. This scarcity is largely due to the fact that many of the implements used for the creation of folk remedies are the same as the equipment used to cook family meals, meaning the artifacts of folk medicine in this region do not exclusively relate to medical practice nor were they likely to remain in good condition for research. Additionally, many local families retain ownership to family writings, oral tradition, and artifacts related to their personal *materia medica*.

In light of these findings, a second phase began with a focus on acquiring local primary sources. Some of these include the private holdings of local Pharmacists Mike Rogers and Bill Cheek, whose extensive collection of vintage medicines and documents boasts an intriguing find: a medical kit used by traveling physician Dr. Christopher Grimshawe circa 1865, and a pocket

kit of medical remedies belonging to the same man.⁸ In addition to acquiring permission to document this and other artifacts for the online exhibit, an interview with lifelong Haywood County, North Carolina resident Jeremy Patton was conducted on the subject of his family remedies.⁹ The preservation of such oral tradition is key in the study of Southern Appalachian Folk Medicine.

Finally, in obtaining membership of and a working partnership with the Henderson County Genealogical and Historical Society there was significant success in obtaining reliable primary source material on one of the most mysterious and difficult to find primary sources relating to grannywomen. Specifically, photographs and recorded history of local legend Dr. Polly King Justice was made readily available for this project by the directors and staff of the HCGHS Archives and Gallery in Hendersonville, North Carolina.¹⁰ The staff of the HCGHS have also offered personal contacts to local elders who have direct knowledge of folk medical remedies in Western North Carolina, however time constraints of this project have placed accessibility and recording of these primary sources in the future of this project rather than the present.

In light of the complex history of how the applicable scholarly historical lenses were formed, it becomes clear that the appropriate lenses to apply to this research project must be as inclusive as possible. Due to the amalgamation of marginalized cultures, the Scotch-Irish who were marginalized in Europe and the Cherokee who were marginalized in turn by European

⁸ "Traveling Doctor's Medicine Chest – 1865," *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, Accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/4>.

⁹ Jeremy Patton, "Family Recipe to Cure Warts," *Southern Appalachian Folk Medicine Exhibition*, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/3>.

¹⁰ Frank L. FitzSimons, *From the Banks of the Oklawaha*, (Hendersonville, NC: Golden Glow Publishing Co., 1976). 137.

settlers, a cultural historical lens must be applied. The lenses of medical and public history also apply due to the nature of this projects basic subject matter, folk medicine, and the manner in which that matter will be communicated to the public via a virtual exhibition. Progress throughout the research methodology of this project has necessitated rerouting several times, which yielded benefits in the addition of previously unknown items held in private collections and small local repositories. Finally, a partnership between this research project and the HCGHS created a mutually beneficial relationship that continues to serve both the institution's mission and the research project's objectives. Both the HCGHS and the Southern Appalachian Folk Medicine Exhibition aim to serve the broadest possible audience in sharing the beauty and dynamic nature of Southern Appalachian culture.

Chapter 3: Target Audience

Southern Appalachia is currently experiencing a boom in tourism. In Asheville, North Carolina alone (one of the most popular areas to visit) 29,800 tourists arrived daily, spending \$5.2 million dollars per day in 2016, according to the Asheville Convention and Visitors Bureau.¹ Therefore the target audience for the proposed project and exhibit will include potential visitors to the area, as well as locals who are eager to learn more about their own heritage medical practices and history. In addition to these demographics, care will be taken in the creation of the online exhibit to include visitors with physical and neurodevelopmental limitations for whom visiting a traditional museum may be uncomfortable or impractical. With visitors to the digital exhibit potentially including children and others who may erroneously seek to create and try folk remedies for themselves, explicit warnings against re-creating the documented formulations will be posted at the beginning and throughout the exhibit as well.

While tourism is an important factor to consider, so is the typical age of museum goers. In recent decades, museums have been expanding their educational programming to include more adult programs in addition to those designed for school-age children and teens. A study conducted by Bonnie Sachatello-Sawyer and Robert Fellenz and published in *The Journal of Museum Studies* in 2001 revealed that the largest number of adult educational program participants fell within the age range of 40-59.² Additionally, of the total adults who participated

¹ "Research and Reports: Buncombe County Tourism Overview," *Asheville Convention and Visitors Bureau*, accessed May 5th, 2018. <https://www.ashevillecvb.com/research-reports/>.

² Bonnie Sachatello-Sawyer and Robert Fellenz, "Listening to Voices of Experience: A National Study of Adult Museum Programs," *The Journal of Museum Education* 26, no. 1 (Winter, 2001): 16-21, <https://www-jstor-org.ezproxy.snhu.edu/stable/40479199>, 17.

in adult education groups in museums, seventy-two percent were college graduates.³ Though the Southern Appalachian Folk Medicine Exhibition is not an in-house adult education program provided by a museum, it still qualifies as an educational platform. It is likely that adults over the age of 18 will make up the majority of the audience for this virtual exhibit, however the language used on the website is easily understood by teen audiences as well. In addition, because of the variety of media chosen as primary sources in the exhibit, even children will enjoy the storytelling audio clip and antique photographs. Moreover, remote accessibility via the internet means that potential for a broader audience is increased.

Virtual exhibits increase the ability of patrons with physical or financial limitations to gain exposure to interesting historical topics and even to participate in ways that have been previously inaccessible. To this end, the Southern Appalachian Folk Medicine Exhibition features a page labeled “Contact the Historian” where patrons are encouraged to reach out with questions, comments, and contributions to the topic. The virtual exhibit also has its own page on the social media platform Facebook where attendees can interact with the creating historian and one another. Public Historian Nigel Briggs asserts in his article “Reaching a Broader Audience” that connecting museum visitors with the past is the most effective way to broaden the audience. He states, “One way to achieve this is for the museum to base its programs upon shared or overlapping experiences that tie the artifacts, ideas, and stories to visitors, exploring the relationships between museum audiences and artifacts and, in so doing, enabling the visitor to discover his or her own connections to history.”⁴ By providing fluid communication and remote

³ Bonnie Sachatello-Sawyer and Robert Fellenz, “Listening to Voices of Experience: A National Study of Adult Museum Programs,” 17.

⁴ Nigel Briggs, “Reaching a Broader Audience,” *The Public Historian* 22, no. 3 (Summer 2000): 95-105, <https://www-jstor-org.ezproxy.snhu.edu/stable/3379581>. 96.

accessibility, the Southern Appalachian Folk Medicine Exhibition is poised to reach the broadest possible audience. The nature of the findings in this project, including artifacts previously unseen by any museum visitor, reveals a culture that deserves to be shared with the public.

Chapter 4: Topic Research and Exhibit Script

Background Research

When considering the chronological scope of Southern Appalachian folk medical history, the transitional period from the end of the nineteenth century into the early twentieth is of particular interest. Anthropologist Anthony Cavender, the foremost expert on Southern Appalachian medical history states, “From around 1880 to 1910 a remarkable transformation occurred. Of greatest importance was the ascendancy of the germ theory of disease, which displaced prevailing miasmatic and atmospheric theories and lingering concepts of humoral pathology.”¹ Alongside this change in medical theory, which removed a great deal of spirituality from the official medical approach, came other important changes in the United States. The Progressive Movement brought on a strong eager of civic responsibility and community outreach to those perceived to be less fortunate. Theodore Roosevelt created the Country Life Commission to gather information on living conditions in rural America.² For the largely female Protestant Mission groups of the North, this meant the Appalachian mountaineer. Reformers braved what was rumored to be the last patch of wilderness remaining on the east coast, where people still lived as their ancestors over one hundred years before, in order to bring education, infrastructure, uprightness, and healthcare to the “less fortunate.” While it is true that Progressive

¹Anthony P. Cavender, *Folk Medicine in Southern Appalachia* (Chapel Hill: The University of North Carolina Press, 2003,). 8.

² Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920*, (New York: Free Press, 2003,) 106.

reformers were shocked by some of the cultural differences they encountered, they also found themselves uniquely inspired by their resiliency, faithfulness, and work ethic.³

It is this unique juxtaposition of both degeneration and preservation of trademark American values that has pervaded the image of the Southern Appalachian and, as is the case with all people groups the world over, there were some surprising positive and negative aspects to the culture. For example, backwoods folk of the region were not as illiterate as perceived by reformers. Indeed each family typically had a Bible with the names of each family member written, forming makeshift genealogical documents.⁴ Some families also kept “commonplace books” of blank pages that could be filled in with all sorts of useful information including medicinal remedies, some dating back to the 1700s.⁵ Education was indeed hard to come by, since many families were reluctant to send children through dangerous terrain to schools spread too far apart, but those interested in the region’s history must take care when assuming that this means children were not taught to read in the family home.⁶ The people of Southern Appalachia followed advice from contemporary medical books consulted by the majority of other Americans of the time period whose titles were so lengthy that they functioned as a kind of table of contents. For example, John Bright’s *A Plain System of Medical Practice, Adapted to the Use of Families, With Additional Diseases and New Articles in the Materia Medica; Also Minor Surgery* was a book that helped create an industry standard for treatment, found all across the nation including Appalachia, before federal medical standards were formed in the early twentieth century.

³ Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels: The Diary of Olive Dame Campbell*. (Lexington: The University Press of Kentucky, 2014,) 9.

⁴ “Souther Family Bible,” *Henderson County North Carolina Genealogical and Historical Society Journal* 34, no. 1 (March 2018): 6.

⁵ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*. 35

⁶ Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels*. 33.

Additional evidence of the connection between literacy and folk medical practice can also be seen on the cover page of John Tennent's *Every Man His Own Doctor: or The Poor Planter's Physician*.⁷ The clarification of the book's contents and intention for use by poor agrarians lies beneath the title stating, "Plain and Easy means for Persons to cure themselves of all, or most of the Distempers, incident to this Climate, and with very little Charge, the Medicines being chiefly of the Growth and Production of this Country."⁸

Furthermore, though Southern Appalachia was geographically isolated, it was not completely removed from current events or current theories of illness and medicine. Folk remedies functioned on the same theories as did conventional medicine of the greater United States during the 1700s and 1800s. In the 1700s, the theory of humoral pathology was deeply entrenched in Europe and the United States. This theory operated on the understanding that there were four fluids in the body, any imbalance of which would result in disease. This theory was eclipsed in the 1800s with miasmatic and atmospheric theories, which held that exposure to foul air (i.e. from something dead, someone sick, excrement, or a nearby bog) brought about disease. As germ theory emerged to clear up misunderstandings in these two former theories of pathology in Europe, the United States was slower to accept the change, with Southern Appalachia's doctors holding fast to the miasmatic and atmospheric theories until the 1920s.⁹

Indeed, a modern layperson would have been appalled at the lack of sanitary medical treatments, understanding of disease origin, and the popularity of primitive treatments using toxic substances that was so common throughout the nation. Southern Appalachia stands out

⁷John Tennent, *Every Man His Own Doctor: or The Poor Planter's Physician*, 3rd Ed, (Williamsburg, Virginia: Wil Parks Press, 1756) 1.

⁸ John Tennent, *Every Man His Own Doctor*. 1.

⁹ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*. 8.

among the rest of the nation for its lush pharmacopeia of plant-based medicines which were safer by comparison to other more popular treatments like arsenic, strychnine, and mercury infusions used to treat common illnesses.¹⁰ In fact, a census conducted in 1916 shows the mortality rates for various fatal diseases plaguing the United States, including pneumonia and influenza, were considerably lower in Southern Appalachia than in all other documented rural and urban areas of the United States.¹¹ Examples of homeopathic solutions to illness used from the 1860s to the 1910s are clearly visibly in the primary sources used in the Southern Appalachian Folk Medicine Exhibition. Namely, Dr. Christopher Grimshawe's medical chest (c. 1865) of sixty plant based remedies use only the named plant and a lactose binder.¹² Also, the Justus Pharmacy ledger shows detailed ingredient lists for each prescription from 1903-1906, none of which contain poisonous substances such as mercury.¹³

However, due to close living conditions and the tradition of "sittin' up," where friends and family would gather around the sick for support, communicable diseases like tuberculosis and typhoid were higher than in other areas of the United States.¹⁴ Regardless, the qualities of American identity like endurance, adaptation, resourcefulness, and self-reliance can be seen in the approach of Southern Appalachians who employed a variety of folk-medical remedies, both spiritual and natural, to those in need within the community.

The research questions that have driven this initial journey into studying Southern Appalachian folk medicine were somewhat broad. How did Native American and European

¹⁰ Ibid. 40.

¹¹ Ibid. 19.

¹² Traveling Doctor's Medicine Chest – 1865," *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/4>.

¹³ "Justus Pharmacy Ledger," *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018. <http://backwoodscures.omeka.net/items/show/5>.

¹⁴ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*. 21.

influences blend to create the culture of the Southern Appalachians? How did folk medicine function as a part of Southern Appalachian culture? Was Appalachian folk medicine a primitive form of superstitious healthcare in comparison to the rest of the United States' conventional medical approaches, or did it have commendable benefits all its own?

After surveying the first dozen books on these subjects, this author's initial conclusions were that Native American and European influences were prolific in the formation of not only Appalachian culture, but also in the medical approaches of these backwoods-people. Specifically the Cherokee and Scotch-Irish. These two groups amalgamated due in part to similar beliefs in the magico-spiritual components of disease.¹⁵ In other words, that plants conspired to help humanity in its spiritual war against early death through disease created by those spirits who had personal grudges against mankind.¹⁶ The two groups also respected women as community leaders, carriers-on of clan kinship, and healers which led to a reliance upon midwives and grannywomen as facilitators of recovery. Mutual respect was demonstrated in early European encounters with Native American populations in the Carolinas in the documents composed by John Lawson in 1701 stating that he witnessed them implement "admirable Cures...which would puzzle a great many graduate Practitioners."¹⁷

Such cures from the European and the Native American components of what would blend to become the Southern Appalachian culture began as and remained both mystical and practical. Any condition could have a practical or spiritual cause (i.e. a snakebite or a curse, respectively)

¹⁵ A. Sneddon, "Medicine, Belief, Witchcraft, and Demonic Possession in Late Seventeenth-Century Ulster," *Medical Humanities* 42, no. 2 (June 2016) 81-86. Accessed August 20th, 2017. doi: 10.1136/medhum-2015-010830. 82.

¹⁶ Mary U. Chiltoskey and Paul D. Hamel, *Cherokee Plants and Their Uses – A 400 Year History*. (LOC Card Catalogue Number 75-27776, 1975,) 6.

¹⁷ Colin G. Calloway, *New Worlds for All: Indians, Europeans, and the Remaking of Early America* (Baltimore: The Johns Hopkins University Press, 2013,) 27.

that could be treated with a practical or spiritual cure (i.e. rattlesnake fern boiled into a syrup and applied topically or use of the medication in doses of three to form a spiritual cure).¹⁸ Some more superstitious cures included letting a child sleep next to a fatigued elderly person with the belief that some of the child's youthful vigor would transfer to the elderly person in the night, carrying a potato or buckeye in one's pocket to absorb arthritis, and applying certain herbs during certain movements of heavenly bodies in order to increase their efficacy.¹⁹ Though some of these magico-religious cures may seem unusual to the modern layperson, superstitious origins and treatments for illnesses were the norm in much of the United States during the seventeen and eighteen-hundreds. The effectiveness of the Southern Appalachian cures cannot be evaluated on the spiritual level by quantitative measures, but the use of many medicinal plants native to the region is fully confirmed.

Exhibit Script

Homepage: Introduction

Many stereotypes of the Southeastern mountaineer exist in movies, advertisements, songs, and other forms of media. They include words like hillbilly, yokel, and hayseed that bring images of poverty-stricken, uneducated people to mind. But are these limiting stereotypes the real face of the people of the Southern Appalachians?

¹⁸ Mary U. Chiltoskey and Paul D. Hamel, *Cherokee Plants and Their Uses*. 34.

¹⁹ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*. 45.

This exhibition of Southern Appalachian Folk Medicine aims to explore the deeper side of that culture, revealing the ingenuity, resilience, and adaptability that is the very essence of what it means to be an American. Through learning more about how these rural people fought against mankind's strongest enemy, disease, we can discover the truth of what it took to survive in one of the most beautiful and wild parts of the United States of America.

Within this exhibition, visitors will encounter rare artifacts from guarded private collections, mysterious family cures, faded photographs of bygone eras, recordings of storytellers, and much more. Please enjoy the exhibition and e-mail any questions, comments, or contributions in the form provided in the Contact the Historian tab.

Warning: The information in this exhibition is intended for educational use only. Do not attempt to recreate or use any of the remedies described on this site. Minors should browse this site only under adult supervision. This exhibition was created in proud partnership with the Henderson County Genealogical and Historical Society of Hendersonville, North Carolina.

Collection 1: A Rural Doctor's Essentials

Doctors in the rural parts of the Southern Appalachians needed supplies in order to bring comfort to the sick. This meant having medicines and surgical tools on hand for house calls since the sick were often unable to leave home and travel the winding paths on horseback to get medical care. Some doctors could afford pre-made medicines made from natural sources. Others had to rely on knowledge from medical texts and local wisdom from the Cherokee and European

Americans in order to craft medicines themselves.²⁰ Rural doctors had to function not only as doctors, but also as surgeons, pharmacists, and biologists. This collection contains an exclusive look at medical kits from the 1800s courtesy of the private collection of pharmacists Bill Cheek and Mike Rogers, the title page of a well-used medical textbook, and more!

Item 1: Traveling Doctor's Medicine Chest - 1865

This medical kit was brought from England to the Southern Appalachian Mountains of Western North Carolina circa 1865 by Dr. Christopher Grimshawe, who used it during house calls. The kit contains sixty different homeopathic remedies in the form small white lactose pills within the glass vials. The interior lining of the chest reads "Turner Homeopathic Chemist Piccadilly Manchester." Dr. Grimshawe would have had a keen knowledge of the remedies of this chest and of local plants' medicinal uses. This chest, as well as the pocket medical kit, was given to pharmacists Bill Cheek and Mike Rogers by Dr. Grimshawe's grandson. Both items are currently on display at their homeopathic pharmacy in Asheville, NC: Nature's Vitamins and Herbs.

Item 2: Photo of an Ox-drawn Wagon on a Western North Carolina Road

In the 1800s and early 1900s, the two main routes of transportation came in the forms of the railway and dirt roads.²¹ There were very few paved roads outside of cities such as Asheville, NC and Chattanooga, TN. This photograph shows one of the more easily-traveled dirt roads in Western North Carolina. Still, curvy mountain roads such as the one pictured here would have

²⁰ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*, 31.

²¹ Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels: The Diary of Olive Dame Campbell* (Lexington: The University Press of Kentucky, 2014), 16.

made quick responses to medical emergencies difficult, if not impossible.²² For this reason, folk healers were necessary for situations where a certified medical doctor was not available.

Item 3: John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician."

3rd Edition, 1756

Surprisingly, certified medical doctors across the United States were not all that different from the folk healers of Southern Appalachia in some aspects. Until the early 1900s, it was not necessary for a doctor to attend college to become an official physician. Instead, many who practiced medicine were 'doctor book doctors', or people who had received their education exclusively through reading books including John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician."²³ As we can see from the title page pictured here, herbal cures were not considered an unusual approach to medical care for much of the history of the United States. The description below the title reads "Plain and Easy means for Persons to cure themselves of all, or most of the Distempers, incident to this Climate, and with very little Charge, the Medicines being chiefly of the Growth and Production of this Country."²⁴ In other words, the cures listed within these books were affordable and locally available to anyone who could recognize the useful plants in the Eastern American countryside.

Item 4: Pocket Medical Kit belonging to Dr. Christopher Grimshawe

²² Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels: The Diary of Olive Dame Campbell*, 51.

²³Anthony P. Cavender, *Folk Medicine in Southern Appalachia*, 25.

²⁴ John Tennent, *Every Man His Own Doctor: or The Poor Planter's Physician*, 3rd Ed, (Williamsburg, Virginia: Wil Parks Press, 1756) 1.

This pocket medical kit belonged to Dr. Christopher Grimshawe, who came to the Appalachian mountains in the 1860s. Like the larger medicine chest, the glass vials contain herbal remedies in the form of lactose-based pills. Dr. Grimshawe would have kept this smaller medical kit on his person and well-stocked with his most typical remedies in case he encountered a patient in need by chance. This kit, as well as the medicine chest, was given to pharmacists Bill Cheek and Mike Rogers by Dr. Grimshawe's grandson. Both items are currently on display at their homeopathic pharmacy in Asheville, NC: Nature's Vitamins and Herbs.²⁵

Collection 2: Grannywomen of Southern Appalachia

Women held important positions in Southern Appalachian society, particularly if they had the wisdom of age on their side. "Grannywomen" as they were sometimes called, were responsible for imparting wisdom to children, preserving culture through storytelling, keeping a mental catalog of recipes and cures, and having a working knowledge of midwifery.²⁶ In this collection are images of grannywomen in Western North Carolina and East Tennessee, including the famous healer of Hendersonville, North Carolina - Dr. Polly King Justice.

Item 1: Dr. Polly King Justice

In discussing grannywomen, or the female folk healers of the Southern Appalachians, it is useful to examine one such individual in order to gain an understanding of what her life was like and the impact she had on her community. Dr. Polly King Justice was the most famous folk

²⁵ "Pocket Medical Kit belonging to Dr. Christopher Grimshawe," *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/14>.

²⁶ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*, 29.

healer of Hendersonville, NC from the early 1800s until her death in 1904.²⁷ According to family records as documented by local historian Frank L. FitzSimons, Polly King was born in Hendersonville, North Carolina on November 13th, 1819 and married John H. Justice while she was still in her teens. She gave birth to twelve children, nine of whom survived to maturity.²⁸

It is not uncommon for legend to surround grannywomen, as these women were often viewed as spiritually endowed with healing abilities that set them apart from the rest of the women in their societies. The story of Dr. Polly King Justice's healing abilities is one well-curated in her family, many of whom still reside in Hendersonville today. The story goes that after Polly gave birth to her first son, his umbilical cord refused to heal and began to fester with infection. Polly claimed that one night in a dream, God came to her and showed her the appropriate tree barks and plants to use in a concoction to heal her son and save his life. The following morning, Polly followed the directions God had given her and within a few days her son was completely healed.²⁹ From that moment on, Polly made it her life's work to heal the sick. Though she could not read or write, Dr. Polly learned while her husband read medical texts to her by the light of their fire at night. She became renowned for her willingness to travel great distances alone at any hour of the day or night to help the people of the Southern Appalachians.³⁰ She had taught herself to create medical cures from local plants and even to perform some surgeries successfully.

Item 2: East Tennessee Woman at Spinning Wheel

²⁷ Frank L. FitzSimons, *From the Banks of the Oklawaha*, (Hendersonville, NC: Golden Glow Publishing Co., 1976). 137.

²⁸ Frank L. FitzSimons, *From the Banks of the Oklawaha*, 138.

²⁹ Frank L. FitzSimons, *From the Banks of the Oklawaha*, 138.

³⁰ Frank L. FitzSimons, *From the Banks of the Oklawaha*, 139.

In addition to maintaining a thorough understanding of how to care for their families and neighbors in need, grannymen were the well-respected curators of important life skills, as seen in this photo of an East Tennessee woman spinning cleaned fibers into yarn for later use in the creation of home-made cloth.³¹ Children often learned by observation of the elders in their family. Older children would even be invited to assist in these important tasks. In this way, knowledge was passed down through generations for hundreds of years in Southern Appalachia.

Collection 3: Justus Pharmacy Materials – Hendersonville, North Carolina

This collection features items from the private collection of pharmacists Bill Cheek and Mike Rogers, and photographs from the Henderson County Genealogical and Historical Society Archives. The Justus Pharmacy was established in the town of Hendersonville, NC in 1882.³² Hendersonville was an important railway stop throughout the 1800s and early 1900s. Because the railroad system was a lifeline connecting the rural town to the rest of the nation, the people of Hendersonville enjoyed access to more goods, professional services, and educational materials than did the people of the surrounding regions. Some of the quality prescriptions created at the Justus Pharmacy share the same key ingredients as medications still in use today.³³ This collection contains a medical prescription ledger, individual prescription details, and more!

Rights

³¹ John Alexander Williams, *Appalachia: A History*, (Chapel Hill and London: The University of North Carolina Press, 2002), 122.

³² “Justus Pharmacy Prescription Pad,” *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/8>.

³³ “Analgesic Prescription,” *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/7>.

The Justus Pharmacy Materials pictured here are part of the private collection of Michael Rogers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rogers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

Item 1: Justus Pharmacy Photos

These photographs of the Justus Pharmacy in Hendersonville, NC are housed in the Justus Pharmacy Collection at the Henderson County Genealogical and Historical Society Archives. The photographs show a remarkably modern pharmacy for the time period (early 1900s) that one may not expect to see in rural Appalachia. These photographs show that remote towns were still part of polite society. Note the well-dressed patrons outside the storefront and the beautiful details of the pharmacy's interior.³⁴ The Justus Pharmacy would have filled prescriptions written by doctors in traditional offices, as well as doctors who made house calls in the more remote regions.

Item 2: Justus Pharmacy Ledger

Within this ledger are orders for medical prescriptions filled by the Justus Pharmacy. The record book is significant in that it provides the ingredients list and quantity used, total amount yielded, recommendations for use, and cost to the customer.³⁵ The identification card contains a misspelling of the Justus name.³⁶ This was an easy mistake to make since there were two prolific

³⁴ "Justus Pharmacy Photographs," c. early 1900s. *Justus Pharmacy Collection*, Box 1, Folder 4, 1882-1920, Henderson County Genealogical and Historical Society Archives, Hendersonville, North Carolina.

³⁵ "Justus Pharmacy Ledger," *Southern Appalachian Folk Medicine Exhibition*, Rogers-Cheek Private Collection, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/5>.

³⁶ "Justus Pharmacy Ledger," *Southern Appalachian Folk Medicine Exhibition*.

medical families in Hendersonville, NC: the Justus family, who owned the pharmacy, and the Justice family who share kinship with the famous folk healer Dr. Polly King Justice.

Item 3: Justus Pharmacy Ledger: First Page

The first page of the Justus Pharmacy Ledger shows exciting information on the very first entry. Upon examination, the first remedy reads "Nux Vomica - Digestive." Nux Vomica is the plant from which the poison strychnine is derived. However, in milder doses, it was used as an aid for indigestion, nausea, and general discomfort of the digestive tract. Native to Southeast Asia and India, Nux Vomica would not have been a native remedy to the Southern Appalachian Mountains.³⁷ Instead, it was brought to the region by European-Americans who would have accessed the plant through trade with the Far East.

Item 4: Analgesic Prescription

An analgesic is a medication intended for pain relief. Although the purpose of some herbally compounded medications may require in-depth research, the purpose of prescription 41595 in the Justus Pharmacy Ledger is easily understood from its two main ingredients: morphine and laudanum. Both are derived from opium and were strong pain-killing drugs used during surgeries for the wounded soldiers of the Civil War. Morphine is still used in analgesic medications today. Even in the early 1900s, the United States government was already aware of the need to regulate these substances. It was a well-known fact that morphine could create "cravings," an early term for addiction.³⁸ Because of this, the U.S. government required official federal documentation from any pharmacy that would use opium-based substances in its

³⁷ "Nux Vomica," Merriam-Webster Dictionary, accessed June 10th, 2018, <https://www.merriam-webster.com/dictionary/nux%20vomica>.

³⁸ "Nux Vomica," Merriam-Webster Dictionary.

prescriptions detailing the amount of morphine in their stock.³⁹

The prescription, written by Dr. Tilton and filled at the pharmacy on December 22nd, 1906 reads as follows:

Rx Morphine Sulphate gr 1/1 (meaning one grain of morphine or 65 mg)

Draught Laudanum gtt xx (meaning 20 drops of liquid laudanum)

Ag. Distilled Z 1/1 (meaning 1 ounce of water)

Sig. (directions) z (1 teaspoon) every 4 to 6 hours until pain stops

The entire order of this medicine cost the patient only \$.20.⁴⁰

Item 5: Justus Pharmacy Prescription Pad

This prescription was written by an unnamed local doctor for a mother and child. The script is difficult to read, but the word "soda" is legible in the second line of handwritten text. To the far right of the pad the date is visible reading "2/16/10".⁴¹ Given that the prescription was written in winter time for two people in a household, it is possible that this prescription may have been intended for the treatment of a seasonal cold, flu, or other easily communicable illness.

Collection 4: Oral Traditions Collection

³⁹ "Justus Pharmacy Federal Order for Opium," 1917, *Justus Pharmacy Collection*, Box 1, Folder 6, 1882-1920, Henderson County Genealogical and Historical Society Archives, Hendersonville, North Carolina.

⁴⁰ "Analgesic Prescription," *Southern Appalachian Folk Medicine Exhibition*.

⁴¹ "Justus Pharmacy Prescription Pad," *Southern Appalachian Folk Medicine Exhibition*.

In Southern Appalachian folk medicine, the lines between the scientific and the spiritual blurred in some areas. Superstitions, such as administering a remedy in doses of three to invoke the power of the Holy Trinity, often occurred alongside what modern people would consider more reasonable cures, such as using a warm compress to remove a splinter more easily.⁴² This collection contains audio clips and transcripts of interviews with the people of the Southern Appalachians. They reflect some of the more far-fetched approaches to medicine and the spiritual realm.

Item 1: Family Recipe to Cure Warts

In this interview, Mr. Patton offers his family's folk medical cure for warts as related to him by his father and his grandmother who lived from 1910s-1984.⁴³ Though there is no direct spiritual or practical reasoning given to this cure, there are many like it in the Southern Appalachians. Some healers were even given the title of 'wart doctor' for what was believed to be their divinely bestowed ability to cure warts on faith.

Item 2: Interview with 70+ year old white female and 15 year old boy, Tennessee

This unique interview with an unidentified woman in her seventies in East Tennessee gives visitors to this exhibit the opportunity to hear true Southern Appalachian storytelling. The

⁴² Anthony P. Cavender, *Folk Medicine in Southern Appalachia*, 44.

⁴³ Jeremy Patton, "Family Recipe to Cure Warts," *Southern Appalachian Folk Medicine Exhibition*, accessed June 30, 2018, <http://backwoodscures.omeka.net/items/show/3>.

woman in the recording describes several incidents of hauntings in her area. One such sighting relates to the magico-spiritual side of Appalachian folk medicine. It is the story of a house-call doctor fleeing from a ghost on his horse.⁴⁴

Miscellaneous Items

Item 1: The Souther Family Bible

Many families kept important family information in the blank pages often located in the front of the family Bible. In many cases, these records were limited to the family's genealogy.⁴⁵ Such is the case in the Souther Family Bible, located in the archives at the Henderson County Genealogical and Historical Society. The family record contained lists ten births ranging from 1798 to 1862, marriages from 1820 to 1850, and deaths from 1849-1872.⁴⁶ Though the Souther Family Bible provides an excellent example of family records for historical research, it lacks what are known as 'family receipts'. In addition to genealogical information, some families used their family Bibles to keep records of medical concoctions they found to be effective. Recipes such as these from the 1700s and 1800s were called 'family receipts'.⁴⁷ Though it may seem odd, many families today also have anecdotal cures for common maladies. Have you ever heard that

⁴⁴ Joseph S. Hall, "Unidentified Woman, and Unidentified Boy. Interview with 70+ year old white female and 15 year old boy, Tennessee," accessed June 10th, 2018, <https://www.loc.gov/item/afccal000019/>.

⁴⁵ "Souther Family Bible," *Henderson County North Carolina Genealogical and Historical Society Journal* 34, no. 1 (March 2018): 6.

⁴⁶ "Souther Family Bible," *Henderson County North Carolina Genealogical and Historical Society Journal*.

⁴⁷ Anthony P. Cavender, *Folk Medicine in Southern Appalachia*, 35.

hot chicken soup could help cure a cold? Surprisingly, that idea is part of modern folk medicine in many families in the United States today!

Item 2: The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin

Stereotypes of Southern Appalachian people often include mentions of poverty and a lack of education. Though poverty was a reality for many families in the more rural parts of the region, and attendance to formal schools made impossible by the rough terrain, families still passed on knowledge of important life skills including reading and writing.⁴⁸ In this photograph of the Faust family, men and women are helping to spin the fibers from the flax plant into yarn: a skill that has nearly disappeared from the region today.⁴⁹

Item 3: A Cherokee Remedy: Broadleaf Plantain

The Cherokee knowledge of regionally available plants and their uses is a significant part of Southern Appalachian folk medicine. The Cherokee and European Americans of this region intermarried throughout the centuries. As their cultures blended into what became Appalachian culture, so did their approaches to medicine. Thankfully, Cherokee cultural preservationist Mary U. Chiltoskey recorded her community's knowledge of medicinal plants in her book "Cherokee Plants and Their Uses - a 400 Year History." The above are photos of a plant foraged in Western North Carolina called the Broadleaf Plantain, Green Plantain, or *Plantago Major*. In her book, Chiltoskey lists the uses of this plant as follows:

- poultice and wound dressing for burns, blisters, ulcers, sores, headache, yellow jacket sting

⁴⁸ Olive Dame Campbell and Elizabeth Williams, *Appalachian Travels*. 33.

⁴⁹ John Alexander Williams, *Appalachia: A History*, 121.

- root tea for dysentery
- leaf and rush infusion to strengthen a child learning to crawl or walk
- tea for bowel complaints, feminine cleanser, poisonous bites, bloody urine
- juice of the plant for sore eyes⁵⁰

Warning: This information is for educational purposes only. Attempts to recreate this remedy will be done at visitor's own risk and liability.

⁵⁰ Mary U. Chiltoskey and Paul D. Hamel, *Cherokee Plants and Their Uses – A 400 Year History*, 50.

Chapter 5: Ethical Considerations and Recommendations

There are several ethical considerations and accompanying recommendations related to this project. First is the treatment of Southern Appalachian materials with appropriate respect. Many of these items are one of a kind and therefore irreplaceable. When a private collector agrees to the usage of their holdings for historical research purposes, risk mitigation through appropriate handling and support materials is paramount to the maintenance of trust between the researcher and the private collector.

Demonstrations of respect for both materials and subject matter are crucial to maintaining open channels of access to local primary sources. One must be quick to smile but slow to laugh when treasured stories of family remedies are shared. Remaining cognizant of the honor implicit in inclusion of local history is an absolute must during the acquisition of primary source materials, always refraining from judgment and approaching the topic with curiosity.

Additionally, researchers must remain aware that it is only appropriate to ask for information and access to artifacts when contributors have been given full awareness of how their materials will be used. Part of this respect for contributors lies in the legal acquisition of intellectual property rights and/or rights of usage. Official forms detailing the ways in which the items and their likenesses can be used should be signed, and copies given to all parties involved. Modification of the legal forms must also be made possible so that contributors may feel able to limit or open access in whichever manner suits them best. Financial compensation of the contributors may also be necessary should the project garner any significant profit. Though the materials used in this project are intended strictly for educational purposes only, future

popularity of the subject could create profits, of which the contributors may be entitled in part. A plan should be created in the event that the exhibit should become profitable so that contributors may be fairly compensated for the usage of their private holdings should they desire.

An awareness of local social customs is also paramount to the success of this project, as well as to the success of future educational and cultural preservation projects in this region. To neglect the custom of reciprocal hospitality, wherein a newcomer is expected to bring a gift and write a note of thanks afterward in appreciation of being accepted into someone's home and private life, would likely result in the closing of that home to future research projects. To behave in a manner that precludes future research opportunities or leaves the contributor feeling in any way insulted is entirely unethical to the practice of public history and historical research as a whole.

In terms of other ethical considerations, one must take into account the standards of cultural heritage institutions. Though the virtual exhibit is not located in a single tangible building, it will still be considered part of a cultural heritage institution due to its subject matter and affiliation with the Henderson County Genealogical and Historical Society. In *Cultural Heritage Ethics: Between Theory and Practice*, Constantine Sandis mentions the treatment of cultural subject matter in a way that pertains directly to the Southern Appalachian Folk Medicine Exhibition saying, "The acknowledgement of heritage forms part of the ethics of remembering, and it is important to remember both the good and the bad, atrocities as well as achievements."⁵¹

⁵¹ Constantine Sandis, *Cultural Heritage Ethics: Between Theory and Practice*, (Cambridge: Open Book Publishers, 2014) 13.

This project explicitly states, both in the research and in the virtual exhibit, that hurtful stereotypes of Appalachian people as a largely ignorant, unclean, and poor American subculture are prominent in the media. However, this stereotype exists for a reason. Many of the people of the Southern Appalachians, particularly in the more remote regions, endured backbreaking poverty and a lack of access to education or the sanitary infrastructure of civilization. It is unethical to display Southern Appalachian people as preferring a lifestyle of isolation and need. However, it is equally unethical to portray these same people as helpless and deeply desiring of the more interconnected lifestyles lived within towns. Simply put, Southern Appalachian people do not and did not think and act as a single unit. Therefore, when describing their culture, it is pivotal to the maintenance of ethical cultural heritage standards to reflect upon these differences and permit discourse between community of scholarly historians and the public on this dynamic culture.

In addition to these more social ethical concerns is a consideration whose potential consequences are far graver. Visitors to the virtual exhibit will be introduced to the herbal concoctions of the Southern Appalachian people. Since knowledge on this topic in the past was disseminated directly from teacher to student in the field, identification of the plants for these remedies was also taught directly and over time, decreasing the risk of accidental poisoning. Visitors to the virtual sight may find themselves inspired to experiment with the remedies described in the exhibit. According to Dr. Blake Froberg's article "Poison Plants" in the academic journal *Emergency Medicine Clinics of North America*, there are over 10,000 reported exposures to toxic plants per annum in the United States alone.¹ Though the majority of these are

¹ Blake Froberg, et.al. "Plant Poisoning," *Emergency Medicine Clinics of North America* 25, no. 2 (May 2007) 375-433. <https://doi.org/10.1016/j.emc.2007.02.013>. 375.

due to non-fatal accidental ingestions by young children, some are attributed to the intentional consumption of edible/medicinal plants by adults. The latter adult demographic shows far more consistent instances of fatal exposure, either due to misidentification or inaccurate dosage of an appropriately identified plant.² In order to avoid life-threatening errors, statements have been posted on the introductory page of the virtual exhibit warning that children should only review the virtual exhibit under the guidance of an adult, where clear information on the dangers of certain featured plants is delineated. Additional warnings against amateur remedy preparation have been posted on the introductory page and any other pages containing indicated remedies with ingredients listed.

² Blake Froberg, et.al. "Plant Poisoning," 375.

Chapter 6: Budgeting and Staffing

Item	Cost
Omeka Plus Annual Membership	\$35.00
Safe Artifact Handling Materials	\$200.00
Travel Expenses	\$2,000.00
Photography Equipment	\$800.00
Reciprocal Hospitality Materials	\$500.00
Total	\$3,535.00

Figure 1: Projected Budget

Authors Murray Dropkin and James Halpin provide clear recommendations for budgeting such projects as this in their book, *Bookkeeping for Nonprofits: a Step-by-Step Guide to Nonprofit Accounting*. When planning for a projected budget, Dropkin and Halpin point out that keeping to a budget for an individual nonprofit project such as this proposed online exhibit is easier and more accurate when specific budgeting procedures are laid out. Their specific recommendations in regard to this planning step prompt the responsible party to, “Identify the specific steps, responsibilities and timetables in the budgeting cycle and the budgeting calendar.”¹ In order to satisfy this recommendation, a table showing the projected budget is included above. The budget has been created for one calendar year, with one-time costs appearing in white fields and

¹ Murray Dropkin and James Halpin, *Bookkeeping for Nonprofits: a Step-by-Step Guide to Nonprofit Accounting*, (San Francisco, California: Jossey-Bass, 2005) 310.

recurring annual costs appearing in green. This plan provides both structure and flexibility in that it shows detailed costs for one-year of the project which can be replicated for subsequent years throughout the life of the project.

The proposed budget for this project includes an annual membership to Omeka Plus. This level of service provides the user with two websites, 20 plug-ins, 8 themes, and 2,048 MB of data.² It is the most modest package not associated with a brief trial package, making it ideal for this initial probing into the subject of Southern Appalachian folk medicine. This item and cost in the Projected Budget table above is highlighted in green in order to identify it as a recurring annual cost.

Similarly, all annual recurring costs are highlighted in green including travel expenses and reciprocal hospitality materials. Travel expenses comprise gas, moderate vehicle maintenance, overnight accommodations, and food sufficient for 8-12 trips per year. Since many destinations for research are within a six-hour driving radius, overnight accommodations will rarely be necessary. This accounts for the relatively low cost of travel expenses.

The final recurring cost is associated with reciprocal hospitality materials. As outlined in Chapter 5: Recommendations and Ethical Considerations, the practice of reciprocal hospitality in this region is part of an implicit social contract. In order to remain in good standing with contributors to this cultural preservation project, it will be necessary to present them with modest gifts including but not limited to food, flowers, and items of need (particularly if the contributor has implied need of an item in previous discussions). The interaction should be followed up promptly with a note of thanks on appealing stationery within two weeks of the interaction. Annual cost of reciprocal hospitality materials should not exceed \$500.00. In other

² "Pricing." *Omeka.net*. Accessed June 5th, 2018. <http://www.omeka.net/dashboard/upgrade-plan>.

words, each gift presentation should total less than \$50.00 in order to avoid the appearance of arrogance or extravagance.

Non-recurring costs in the projected budget include safe artifact handling materials. As previously mentioned, it is unethical to handle artifacts in private collections carelessly. Professionalism must be applied to this process in particular, which includes the usage of various safety materials. These include nitrile gloves for delicate materials (particularly toxic liquid medicines that could touch the skin), foam pads with fabric covers for bottles and papers, foam wedges with fabric covers for books, and a sturdy yet portable table for proper examination and photography. These items may be reused with the exception of the nitrile gloves, which are cheaply available. Therefore, the one-time cost of these items should be no more than \$200.00.

Photography equipment is the final non-recurring cost. This includes the purchase of a quality digital camera and memory card, with an estimated cost of \$600.00. In addition to this, lighting equipment for proper illumination and the elimination of glare should be purchased. The estimated cost of these latter items is an approximate \$200.00, leading to the total photography equipment cost of \$800.00.

There is no budgetary category for staffing as this project is an individual undertaking. However, additional research and website design staff may be added on a volunteer basis should the project grow outside these projected confines. Should staff be added to the project, clear delineations in the appropriate handling of materials and treatment of subject matter will be distributed in a packet of orientation materials. In “The Making of Exhibitions: Purpose, Structure, Roles and Process,” The Smithsonian Institution recommends the usage of a charter in order to clearly outline the responsibilities of staff and exhibit outcomes. Yet the charter can be a flexible

document as evidenced by the following statement: “In some cases, the charter spells out the roles and responsibilities of individuals; that is, the document deals with the operation of the project. In other cases, it is more closely linked to the product; that is, it spells out expectations for the exhibition.”³ In light of this information, it is more practical that this exhibition’s charter should reflect a focus on outcomes since volunteer assistance can fluctuate depending upon individual availability. Additionally, all work will be reviewed by the administrating historian prior to publication on the web. Volunteers may be sourced from the Henderson County Genealogical and Historical Society, which operates exclusively on a volunteer basis as well.

Dropkin and Murray state, “Total anticipated operating income and expenses for each individual program or unit should match. If they do not match, plans for alternative income generation must be developed, or expenses must be cut.”⁴ The Henderson County Genealogical and Historical Society, from whom this project receives support and fellowship, is funded by donations, membership fees, and an endowment administered by the Community Foundation of Henderson County, Inc.⁵ Should the online exhibition prove valuable to increasing memberships and visitor traffic at the HCGHS Archives and Gallery, funding from these sources may be allocated to the continuation of the project. Additionally, the HCGHS has the opportunity to participate in cultural festivals in Western North Carolina through the sales of replica historical documents and locally authored books on the area in order to raise funds. Participation in and contributions to such fundraising activities are the most viable way in which the Southern

³ Smithsonian Institution, “The Making of Exhibitions: Purpose, Structure, Roles and Process,” Washington, D.C.: Office of Policy and Analysis, 2002, accessed June 12th, 2018. <http://www.si.edu/Content/opanda/docs/Rpts2002/02.10.MakingExhibitions.Final.pdf>. 9.

⁴ Murray Dropkin and James Halpin, *Bookkeeping for Nonprofits: a Step-by-Step Guide to Nonprofit Accounting*, 309.

⁵ “Henderson County Genealogical and Historical Society, Inc.” Accessed May 18th, 2018. <http://www.hcghs.com/>.

Appalachian Folk Medicine Exhibition could generate alternative income to fund ongoing research.

Conclusion

In conclusion, the rich culture of the Southern Appalachian people deserves to be simultaneously explored and celebrated through the creation of an online exhibition. Through resourcefulness, perseverance, and the ability to blend cultural traditions from differing backgrounds the people of Southern Appalachia have embodied what it means to be an American. The folk medicine of this region consisted of dynamic components. Some cures were magico-religious in nature, while others were based on that most scientific of skills: observation. By tracking the development of Southern Appalachian folk medicine throughout time, it becomes apparent that backwoods cures are far more than they first appear to be, much like the Appalachian people themselves.

Accessibility to Southern Appalachian folk medical materials has been previously limited to a few scattered repositories and museums, none providing patrons with remote access via the internet. Through an in-depth study on the utility of virtual museums, the digital Southern Appalachian Folk Medicine Exhibition has been created to showcase primary sources relating to this topic, some never before seen by museum visitors. In order to accomplish this goal, a thorough historiography/literature review was composed, clear methodology laid out, target audience selected, topic research conducted, exhibit script written and implemented within the exhibition, ethical considerations and recommendations enumerated, and a plan for budgeting and staffing consideration crafted. This research and exhibition project represents a sincere and ongoing effort to share Southern Appalachian culture with the world for the purposes of education and enjoyment.

Appendix A: Exhibit Panels



Figure 2: Exhibit Introduction Panel Top

Warning: The information in this exhibition is intended for educational use only. Do not attempt to recreate or use any of the remedies described on this site. Minors should browse this site only under adult supervision.

Featured Item

Traveling Doctor's Medicine Chest - 1865



This medical kit was brought from England to the Southern Appalachian mountains of Western North Carolina circa 1865 by Dr. Christopher Grimshawe, who...

Featured Collection

Oral Traditions Collection



In Southern Appalachian folk medicine, the lines between the scientific and the spiritual blurred in some areas. Superstitions, such as administering...

Recently Added Items

A Cherokee Remedy: Broadleaf Plantain



The Cherokee knowledge of regionally available plants and their uses is a significant part of Southern Appalachian folk medicine. The Cherokee and...

Justus Pharmacy Photos



These photographs of the Justus Pharmacy in Hendersonville, NC are

Figure 3: Exhibit Introduction Panel Middle



is a significant part of Southern Appalachian folk medicine. The Cherokee and...

Justus Pharmacy Photos



These photographs of the Justus Pharmacy in Hendersonville, NC are housed in the Justus Pharmacy Collection at the Henderson County Genealogical and...

Pocket Medical Kit belonging to Dr. Christopher Grimshawe



This pocket medical kit belonged to Dr. Christopher Grimshawe, who came to the Appalachian mountains in the 1860s. Like the larger medicine chest, the...

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Figure 4: Exhibit Introduction Bottom Panel

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A Rural Doctor's Essentials

Description

Doctors in the rural parts of the Southern Appalachians needed supplies in order to bring comfort to the sick. This meant having medicines and surgical tools on hand for house calls since the sick were often unable to leave home and travel the winding paths on horseback to get medical care. Some doctors could afford pre-made medicines made from natural sources. Others had to rely on knowledge from medical texts and local wisdom from the Cherokee and European Americans in order to craft medicines themselves. Rural doctors had to function not only as doctors, but also as surgeons, pharmacists, and biologists. This collection contains an exclusive look at medical kits from the 1800s courtesy of the private collection of pharmacists Bill Cheek and Mike Rogers, the title page of a well-used medical textbook, and more!

Collection Items

Traveling Doctor's Medicine Chest - 1865



This medical kit was brought from England to the Southern Appalachian mountains of Western North Carolina circa 1865 by Dr. Christopher

Grimshawe, who used it during house calls. The kit contains sixty different homeopathic remedies in the form small...

Photo of an Ox-drawn Wagon on a Western North Carolina Road



In the 1800s and early 1900s, the two main routes of transportation came in the forms of the railway

Figure 5: A Rural Doctor's Essentials Collection panel

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Traveling Doctor's Medicine Chest - 1865



Figure 6: Medicine Chest Top Panel

Collection

[A Rural Doctor's Essentials](#)

Citation

"Traveling Doctor's Medicine Chest - 1865," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/4>.



Dublin Core

Title

Traveling Doctor's Medicine Chest - 1865

Subject

Portable Medical Kit

Figure 7: Medicine Chest Middle Panel

Description

This medical kit was brought from England to the Southern Appalachian mountains of Western North Carolina circa 1865 by Dr. Christopher Grimshawe, who used it during house calls. The kit contains sixty different homeopathic remedies in the form small white lactose pills within the glass vials. The interior lining of the chest reads "Turner Homeopathic Chemist Piccadilly Manchester." Dr. Grimshawe would have had a keen knowledge of the remedies of this chest and of local plants' medicinal uses. This chest, as well as the pocket medical kit, were given to pharmacists Bill Cheek and Mike Rogers by Dr. Grimshawe's grandson. Both items are currently on display at their homeopathic pharmacy in Asheville, NC: Nature's Vitamins and Herbs.

Date

c. 1865

Rights

The Grimshawe Materials are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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Figure 8: Medicine Chest Bottom Panel

Photo of an Ox-drawn Wagon on a Western North Carolina Road



Collection

[A Rural Doctor's Essentials](#)

Citation

Photo by William A. Barnhill, "Photo of an Ox-drawn Wagon on a Western North Carolina Road," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/12>.

Dublin Core

Title

Photo of an Ox-drawn Wagon on a Western North Carolina Road

Description

In the 1800s and early 1900s, the two main routes of transportation came in the forms of the railway and dirt roads. There were very few paved roads outside of cities such as Asheville, NC and Chattanooga, TN. This photograph shows one of the more easily-traveled dirt roads in Western North Carolina. Still, curvy mountain roads such as the

Figure 9: Ox-Drawn Wagon Top Panel

In the 1800s and early 1900s, the two main routes of transportation came in the forms of the railway and dirt roads. There were very few paved roads outside of cities such as Asheville, NC and Chattanooga, TN. This photograph shows one of the more easily-traveled dirt roads in Western North Carolina. Still, curvy mountain roads such as the one pictured here would have made quick responses to medical emergencies difficult, if not impossible. For this reason, folk healers were necessary for situations where a certified medical doctor was not available.

Creator

Photo by William A. Barnhill.

Source

Ox-Drawn Wagon on Mountain Road. , None. [Between 1914 and 1917] Photograph.
<https://www.loc.gov/item/2004680341/>.

Date

between 1914 and 1917

Rights

No known restrictions on publication.

[← Previous Item](#)

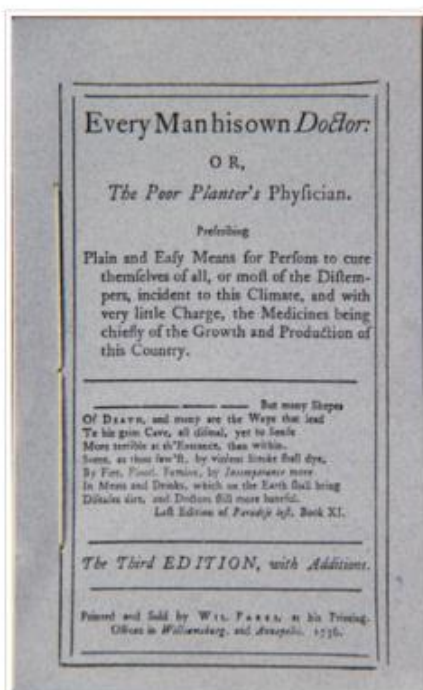
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Figure 10: Ox-Drawn Wagon Bottom Panel

John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician." 3rd Edition, 1756



Collection

[A Rural Doctor's Essentials](#)

Citation

"John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician." 3rd Edition, 1756," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/13>.

Dublin Core

Title

John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician." 3rd Edition, 1756

Figure 11: Tennent Book Top Panel

Description

Surprisingly, certified medical doctors across the United States were not all that different from the folk healers of Southern Appalachia in some aspects. Until the early 1900s, it was not necessary for a doctor to attend college to become an official physician. Instead, many who practiced medicine were 'doctor book doctors', or people who had received their education exclusively through reading books including John Tennent's "Every Man His Own Doctor: or The Poor Planter's Physician." As we can see from the title page pictured here, herbal cures were not considered an unusual approach to medical care for much of the history of the United States. The description below the title reads "Plain and Easy means for Persons to cure themselves of all, or most of the Distempers, incident to this Climate, and with very little Charge, the Medicines being chiefly of the Growth and Production of this Country." In other words, the cures listed within these books were affordable and locally available to anyone who could recognize the useful plants in the Eastern American countryside.

Source

Tennent, John. Every Man His Own Doctor: or The Poor Planter's Physician, 3rd Ed. Williamsburg, Virginia: Wil Parks Press, 1756.

Date

1756

Rights

There are no known restrictions on publication.

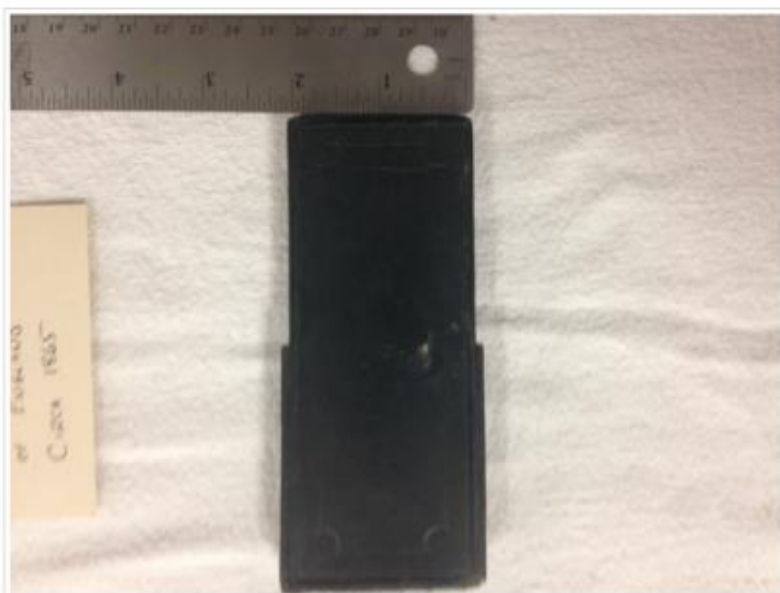
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Figure 12: Tennent Book Bottom Panel

Pocket Medical Kit belonging to Dr. Christopher Grimshawe



Collection

[A Rural Doctor's Essentials](#)

Citation

"Pocket Medical Kit belonging to Dr. Christopher Grimshawe," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscurers.omeka.net/items/show/14>.

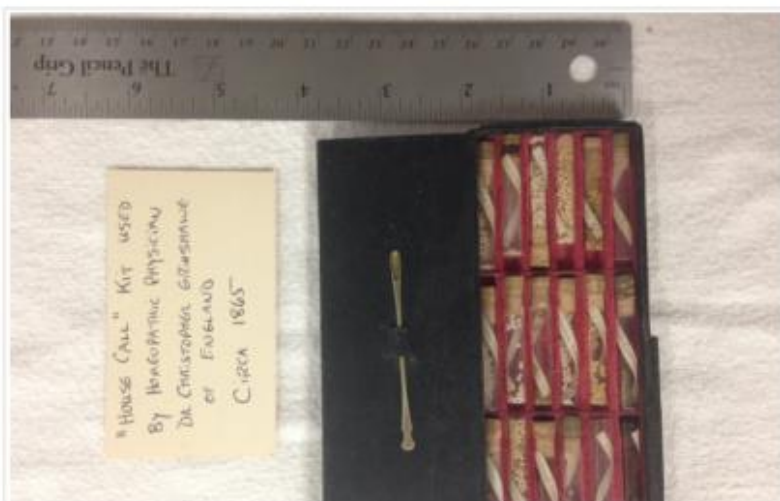


Figure 13: Pocket Medical Kit Top Panel



Figure 14: Pocket Medical Kit Middle Panel

Title

Pocket Medical Kit belonging to Dr. Christopher Grimshawe

Description

This pocket medical kit belonged to Dr. Christopher Grimshawe, who came to the Appalachian mountains in the 1860s. Like the larger medicine chest, the glass vials contain herbal remedies in the form of lactose-based pills. Dr. Grimshawe would have kept this smaller medical kit on his person and well-stocked with his most typical remedies in case he encountered a patient in need by chance. This kit, as well as the medicine chest, were given to pharmacists Bill Cheek and Mike Rogers by Dr. Grimshawe's grandson. Both items are currently on display at their homeopathic pharmacy in Asheville, NC: Nature's Vitamins and Herbs.

Date

1865

Rights

The Grimshawe Materials are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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Figure 15: Pocket Medical Kit Bottom Panel



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Grannywomen of Southern Appalachia

Description

Women held important positions in Southern Appalachian society, particularly if they had the wisdom of age on their side. "Grannywomen" as they were sometimes called, were responsible for imparting wisdom to children, preserving culture through storytelling, keeping a mental catalog of recipes and cures, and having a working knowledge of midwifery. In this collection are images of grannywomen in Western North Carolina and East Tennessee, including the famous healer of Hendersonville, North Carolina - Dr. Polly King Justice.

Collection Items

Dr. Polly King Justice



In discussing grannywomen, or the female folk healers of the Southern Appalachians, it is useful to examine one such individual in order to gain an understanding of what her life was like and the impact she had on her community. Dr. Polly King...

East Tennessee Woman at Spinning Wheel

Figure 16: Grannywomen of Southern Appalachia Collection Panel

Dr. Polly King Justice



Collection

[Grannywomen of Southern Appalachia](#)

Citation

"Dr. Polly King Justice," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/9>.

Figure 17: Dr. Polly King Justice Top Panel



Dublin Core

Title

Dr. Polly King Justice

Description

In discussing grannywomen, or the female folk healers of the Southern Appalachians, it is useful to examine one such individual in order to gain an understanding of what her life was like and the impact she had on her community. Dr. Polly King Justice was the most famous folk healer of Hendersonville, NC from the early 1800s until her death in 1904. According to family records as documented by local historian Frank L. FitzSimons, Polly King was born in Hendersonville, North Carolina on November 13th, 1810.

Figure 18: Dr. Polly King Justice Middle Panel

viewed as spiritually endowed with healing abilities that set them apart from the rest of the women in their societies. The story of Dr. Polly King Justice's healing abilities is one well-curved in her family, many of whom still reside in Hendersonville today. The story goes that after Polly gave birth to her first son, his umbilical cord refused to heal and began to fester with infection. Polly claimed that one night in a dream, God came to her and showed her the appropriate tree barks and plants to use in a concoction to heal her son and save his life. The following morning, Polly followed the directions God had given her and within a few days her son was completely healed. From that moment on, Polly made it her life's work to heal the sick. Though she could not read or write, Dr. Polly learned while her husband read medical texts to her by the light of their fire at night. She became renowned for her willingness to travel great distances alone at any hour of the day or night to help the people of the Southern Appalachians. She had taught herself to create medical cures from local plants and even to perform some surgeries successfully.

Source

Photos courtesy of the Henderson County Genealogical and Historical Society Archives.

Background Information on Dr. Polly King Justice:
FitzSimons, Frank L. From the Banks of the Oklawaha. Hendersonville, NC: Golden Glow Publishing Co., 1976.

Rights

There are no known restrictions on publication.

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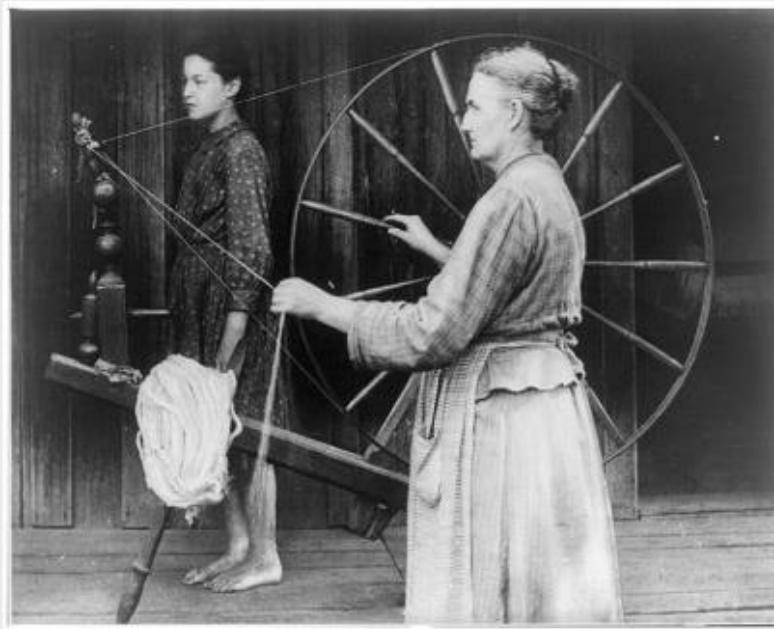
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Figure 19: Dr. Polly King Justice Bottom Panel

East Tennessee Woman at Spinning Wheel



Collection

[Grannywomen of Southern Appalachia](#)

Citation

"East Tennessee Woman at Spinning Wheel,"
Southern Appalachian Folk Medicine Exhibition,
 accessed July 1, 2018,
<http://backwoodscures.omeka.net/items/show/10>.

Dublin Core

Title

East Tennessee Woman at Spinning Wheel

Description

In addition to maintaining a thorough understanding of how to care for their families and neighbors in need, grannywomen were the well-respected curators of important life skills, as seen in this photo of an East Tennessee woman spinning cleaned fibers into

Figure 20: East Tennessee Woman at Spinning Wheel Top Panel

Description

In addition to maintaining a thorough understanding of how to care for their families and neighbors in need, grannywomen were the well-respected curators of important life skills, as seen in this photo of an East Tennessee woman spinning cleaned fibers into yarn for later use in the creation of home-made cloth. Children often learned by observation of the elders in their family. Older children would even be invited to assist in these important tasks. In this way, knowledge was passed down through generations for hundreds of years in Southern Appalachia.

Source

Woman at Spinning Wheel, Young Girl in Background. , ca. 1900. [Between and Ca. 1910] Photograph. <https://www.loc.gov/item/2013646076/>.

Date

c. 1900

Rights

There are no known restrictions on publication.

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Figure 21: East Tennessee Woman at Spinning Wheel Bottom Panel



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Justus Pharmacy Materials

Hendersonville, North Carolina

Description

This collection features items from the private collection of pharmacists Bill Cheek and Mike Rogers, and photographs from the Henderson County Genealogical and Historical Society Archives. The Justus Pharmacy was established in the town of Hendersonville, NC in 1882. Hendersonville was an important railway stop throughout the 1800s and early 1900s. Because the railroad system was a lifeline connecting the rural town to the rest of the nation, the people of Hendersonville enjoyed access to more goods, professional services, and educational materials than did the people of the surrounding regions. Some of the quality prescriptions created at the Justus Pharmacy share the same key ingredients as medications still in use today. This collection contains a medical prescription ledger, individual prescription details, and more!

Collection Items

Justus Pharmacy Ledger



Within this ledger are orders for medical prescriptions filled by the Justus Pharmacy. The record book is significant in that it provides the

ingredients list and quantity used, total amount yielded, recommendations for use, and cost to the customer....

Justus Pharmacy Ledger: First Page

Figure 22: Justus Pharmacy Materials Collection Panel

Justus Pharmacy Photos



Collection

[Justus Pharmacy Materials](#)
[Hendersonville, North Carolina](#)

Citation

"Justus Pharmacy Photos," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/15>.

Figure 23: Justus Pharmacy Photos Top Panel



Figure 24: Justus Pharmacy Photos Middle Panel

Title

Justus Pharmacy Photos

Description

These photographs of the Justus Pharmacy in Hendersonville, NC are housed in the Justus Pharmacy Collection at the Henderson County Genealogical and Historical Society Archives. The photographs show a remarkably modern pharmacy for the time period (early 1900s) that one may not expect to see in rural Appalachia. These photographs show that remote towns were still part of polite society. Note the well-dressed patrons outside the storefront and the beautiful details of the pharmacy's interior. The Justus Pharmacy would have filled prescriptions written by doctors in traditional offices, as well as doctors who made house calls in the more remote regions.

Source

"Justus Pharmacy Photographs." c. early 1900s. Justus Pharmacy Collection, Box 1, Folder 4, 1882-1920. Henderson County Genealogical and Historical Society Archives, Hendersonville, North Carolina.

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Figure 25: Justus Pharmacy Photos Bottom Panel

Justus Pharmacy Ledger



Figure 26: Justus Pharmacy Ledger Top Panel

Collection

[Justus Pharmacy Materials](#)
[Hendersonville, North Carolina](#)

Citation

"Justus Pharmacy Ledger," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/5>.



Figure 27: Justus Pharmacy Ledger Middle Panel 1

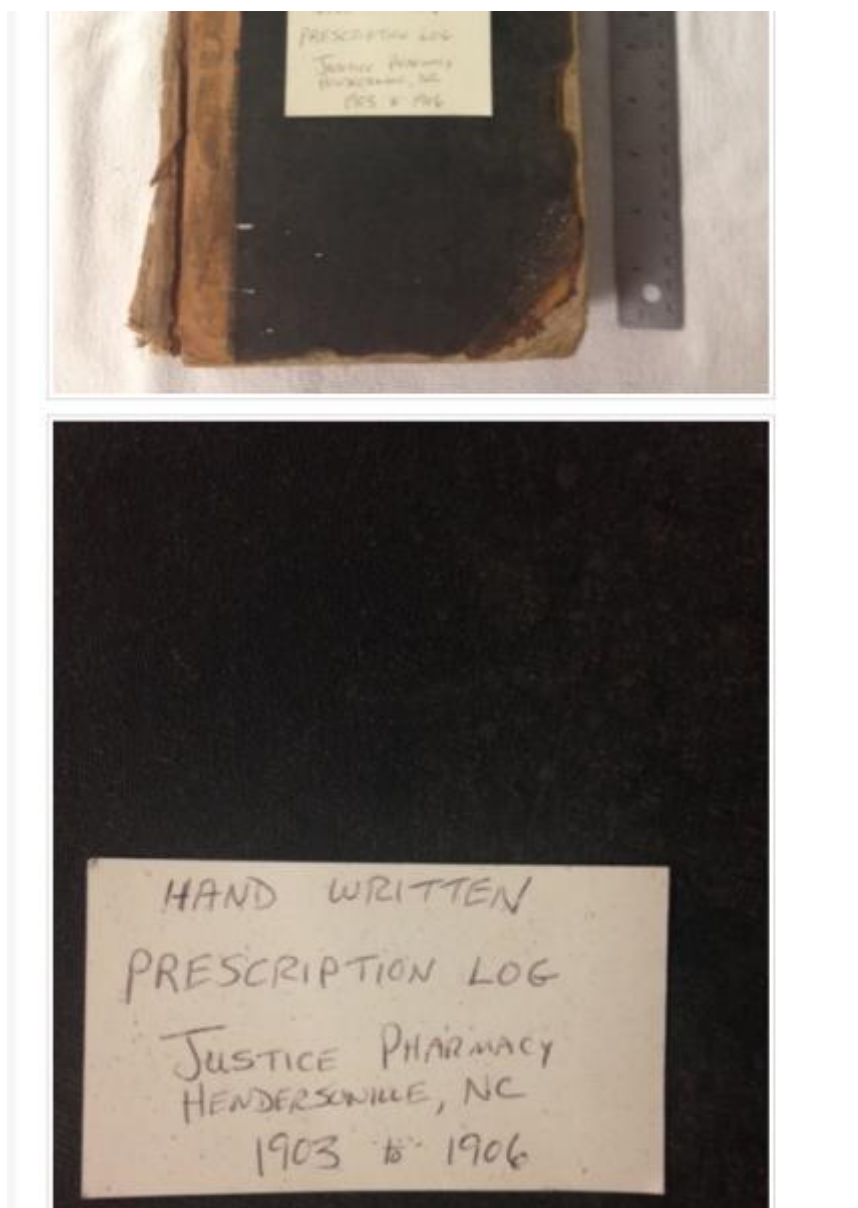


Figure 28: Justus Pharmacy Ledger Middle Panel 2

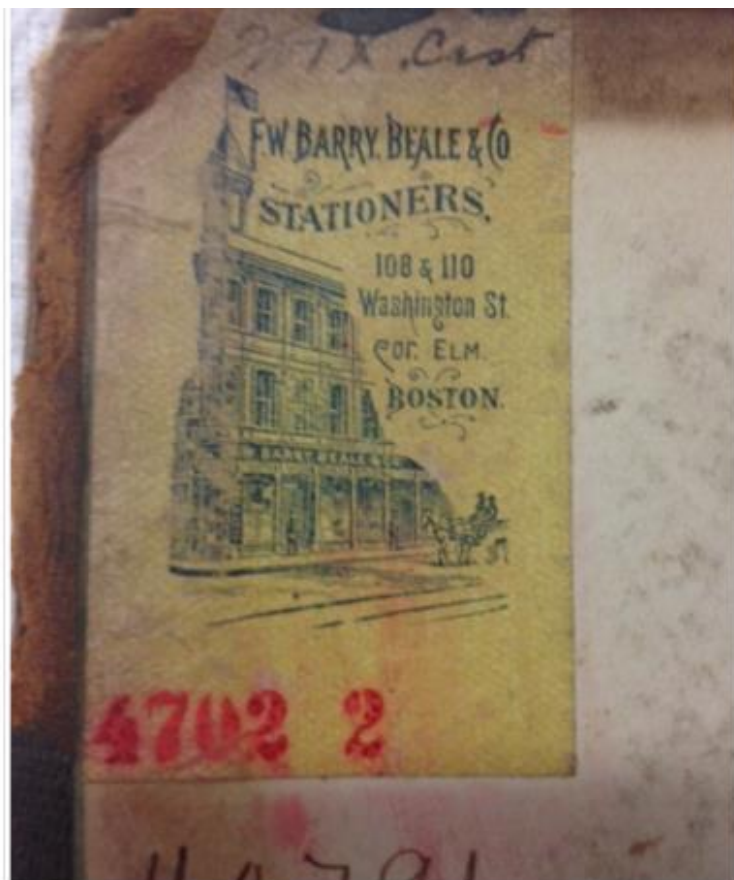


Figure 29: Justus Pharmacy Ledger Middle Panel 3

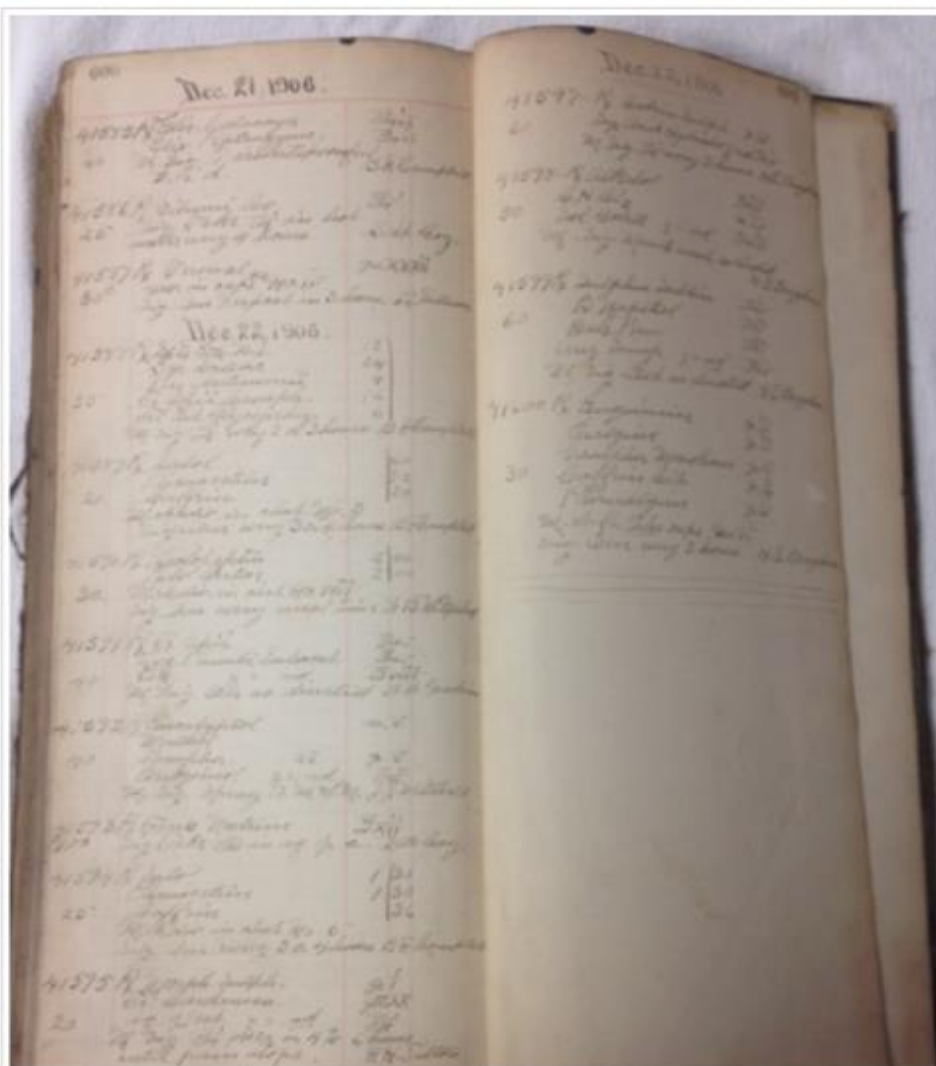


Figure 30: Justus Pharmacy Ledger Middle Panel 4

Title

Justus Pharmacy Ledger

Subject

This pharmaceutical record comes from the Justus Pharmacy in Hendersonville, North Carolina.

Description

Within this ledger are orders for medical prescriptions filled by the Justus Pharmacy. The record book is significant in that it provides the ingredients list and quantity used, total amount yielded, recommendations for use, and cost to the customer. The identification card contains a misspelling of the Justus name. This was an easy mistake to make since there were two prolific medical families in Hendersonville, NC: the Justus family, who owned the pharmacy, and the Justice family who share kinship with the famous folk healer Dr. Polly King Justice.

Date

December 23rd, 1903- December 22nd, 1906

Rights

The Justus Pharmacy Materials pictured here are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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Figure 31: Justus Pharmacy Ledger Bottom Panel



Dublin Core

Title

Justus Pharmacy Ledger: First Page

Description

The first page of the Justus Pharmacy Ledger shows exciting information on the very first entry. Upon examination, the first remedy reads "Nux Vomica - Digestive." Nux Vomica is the plant from which the poison strychnine is derived. However, in milder doses, it was used as an aid for indigestion, nausea, and general discomfort of the digestive tract. Native to Southeast Asia and India, Nux Vomica would not have been a native remedy to the Southern Appalachian Mountains. Instead, it was brought to the region by European-Americans who would have accessed the plant through trade with the Far East.

Rights

The Justus Pharmacy Materials pictured here are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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Figure 33: Justus Pharmacy Ledger First Page Bottom Panel

SOUTHERN APPALACHIAN FOLK MEDICINE EXHIBITION

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Analgesic Prescription

Dec. 21, 1906.

41573	Extr. Sassafras	50
40	Extr. Sassafras	50
41574	Extr. Sassafras	50
41575	Extr. Sassafras	50
41576	Extr. Sassafras	50
41577	Extr. Sassafras	50
41578	Extr. Sassafras	50
41579	Extr. Sassafras	50
41580	Extr. Sassafras	50
41581	Extr. Sassafras	50
41582	Extr. Sassafras	50
41583	Extr. Sassafras	50
41584	Extr. Sassafras	50
41585	Extr. Sassafras	50
41586	Extr. Sassafras	50
41587	Extr. Sassafras	50
41588	Extr. Sassafras	50
41589	Extr. Sassafras	50
41590	Extr. Sassafras	50
41591	Extr. Sassafras	50
41592	Extr. Sassafras	50
41593	Extr. Sassafras	50
41594	Extr. Sassafras	50
41595	Extr. Sassafras	50
41596	Extr. Sassafras	50
41597	Extr. Sassafras	50
41598	Extr. Sassafras	50
41599	Extr. Sassafras	50
41600	Extr. Sassafras	50

Dec. 21, 1906.

41573	Extr. Sassafras	50
41574	Extr. Sassafras	50
41575	Extr. Sassafras	50
41576	Extr. Sassafras	50
41577	Extr. Sassafras	50
41578	Extr. Sassafras	50
41579	Extr. Sassafras	50
41580	Extr. Sassafras	50
41581	Extr. Sassafras	50
41582	Extr. Sassafras	50
41583	Extr. Sassafras	50
41584	Extr. Sassafras	50
41585	Extr. Sassafras	50
41586	Extr. Sassafras	50
41587	Extr. Sassafras	50
41588	Extr. Sassafras	50
41589	Extr. Sassafras	50
41590	Extr. Sassafras	50
41591	Extr. Sassafras	50
41592	Extr. Sassafras	50
41593	Extr. Sassafras	50
41594	Extr. Sassafras	50
41595	Extr. Sassafras	50
41596	Extr. Sassafras	50
41597	Extr. Sassafras	50
41598	Extr. Sassafras	50
41599	Extr. Sassafras	50
41600	Extr. Sassafras	50

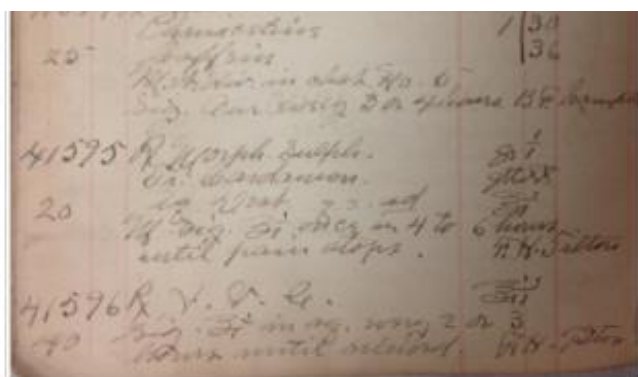
Collection

[Justus Pharmacy Materials](#)
[Hendersonville, North Carolina](#)

Citation

"Analgesic Prescription," Southern Appalachian Folk Medicine Exhibition, accessed July 1, 2018, <http://backwoodsources.omeka.net/items/show/7>.

Figure 34: Analgesic Prescription Top Panel



Dublin Core

Title

Analgesic Prescription

Description

An analgesic is a medication intended for pain relief. Although the purpose of some herbally compounded medications may require in-depth research, the purpose of prescription 41595 in the Justus Pharmacy Ledger is easily understood from its two main ingredients: morphine and laudanum. Both are derived from opium and were strong pain-killing drugs used during surgeries for the wounded soldiers of the Civil War. Morphine is still used in analgesic medications today. Even in the early 1900s, the United States government was already aware of the need to regulate these substances. It was a well-known fact that morphine could create "cravings," an early term for addiction. Because of this, the U.S. government required official federal documentation from any pharmacy that would use opium-based substances in its prescriptions detailing the amount of morphine in their stock.

The prescription, written by Dr. Tilton and filled at the pharmacy on December 22nd, 1906 reads as follows:

Rx Morphine Sulphate gr 1/1 (meaning one grain of morphine or 65 mg)

Draught Laudanum gtt xx (meaning 20 drops of liquid laudanum)

Ag. Distilled Z 1/1 (meaning 1 ounce of water)

Sig. (directions) z (1 teaspoon) every 4 to 6 hours until pain stops

The entire order of this medicine cost the patient only \$.20.

Rights

The Justus Pharmacy Materials pictured here are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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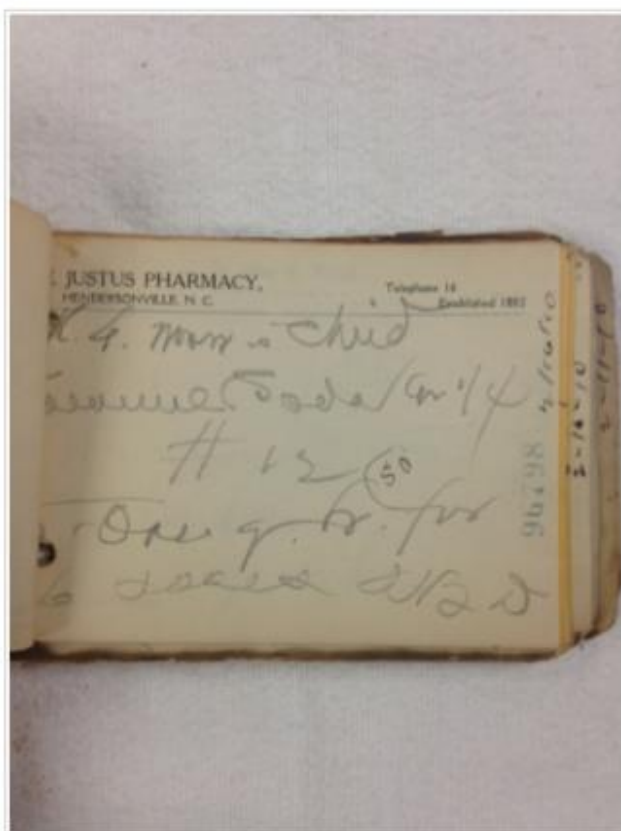
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Figure 35: Analgesic Prescription Bottom Panel


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Justus Pharmacy Prescription Pad



Collection

[Justus Pharmacy Materials](#)
[Hendersonville, North Carolina](#)

Citation

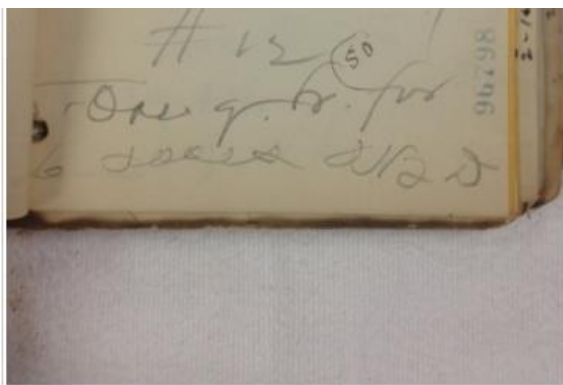
"Justus Pharmacy Prescription Pad,"
 Southern Appalachian Folk Medicine Exhibition,
 accessed July 1, 2018,
<http://backwoodscures.omeka.net/items/show/8>.

Dublin Core

Title

Justus Pharmacy Prescription Pad

Figure 36: Justus Pharmacy Prescription Pad Top Panel



Dublin Core

Title

Justus Pharmacy Prescription Pad

Description

This prescription was written by an unnamed local doctor for a mother and child. The script is difficult to read, but the word "soda" is legible in the second line of handwritten text. To the far right of the pad the date is visible reading "2/16/10". Given that the prescription was written in winter time for two people in a household, it is possible that this prescription may have been intended for the treatment of a seasonal cold, flu, or other easily communicable illness.

Date

February 16th, 1910

Rights

The Justus Pharmacy Materials pictured here are part of the private collection of Michael Rodgers and Bill Cheek, Pharmacists at Nature's Vitamin and Herb Homeopathic Pharmacy in Asheville, NC. Usage rights for the Rodgers-Cheek Collection have been granted to Historian Katherine (Perry) Berrios.

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Figure 37: Justus Pharmacy Prescription Pad Bottom Panel



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Oral Traditions Collection

Description


In Southern Appalachian folk medicine, the lines between the scientific and the spiritual blurred in some areas. Superstitions, such as administering a remedy in doses of three to invoke the power of the Holy Trinity, often occurred alongside what modern people would consider more reasonable cures, such as using a warm compress to remove a splinter more easily. This collection contains audio clips and transcripts of interviews with the people of the Southern Appalachians. They reflect some of the more far-fetched approaches to medicine and the spiritual realm.

Collection Items

Interview with 70+ year old white female and 15 year old boy, Tennessee

This unique interview with an unidentified woman in her seventies in East Tennessee gives visitors to this exhibit the opportunity to hear true Southern Appalachian storytelling. The woman in the recording describes several incidents of hauntings in...

Family Recipe to Cure Warts



In this interview, Mr. Patton offers his family's folk medical cure for warts as related to him by his father and his grandmother who lived from 1910s-1984. Though there is no direct spiritual or practical reasoning given to this cure, there are many...


[View all 2 items](#)


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Figure 38: Oral Traditions Collection Panel





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Family Recipe to Cure Warts

The following is transcription of an interview with Helong Haywood County, North Carolina resident Mr. Jeremy Patton, conducted by historian Katherine Perry. Mr. Patton works as a licensed therapist in Western North Carolina, and has generously offered his family's folk medical cure for warts as related to him by his father and his grandmother who lived from 1910 to 1986.

May 22nd, 2018

Perry: Hello Jeremy, will you tell me how the Patton family cures warts?

Patton: [laughter] Well, you take a knife and cut an "X" into the wart. Then you get corn kernels.

Perry: How many corn kernels do I need?

Patton: I don't remember an exact number. Just some corn kernels. Rub the kernels in the blood from the wart. Then allow a chicken to peck the kernels.

Perry: One chicken only? Not multiple chickens?

Patton: No. One chicken. Just the one.

Perry: Who taught you about this?

Patton: My grandmother taught my dad, and dad told me.

Perry: Did your grandmother ever report on the efficacy of this remedy?

Patton: No, I never heard about the efficacy. Don't know if it worked at all.

Perry: What about the theory behind it? As in, why only one chicken? What's the significance of the corn?

Patton: I have no idea [laughter].

Perry: Well, thank you Jeremy. This is really interesting to hear first hand.

Patton: You're welcome! Happy to help.

Collection

[Oral Traditions Collection](#)

Citation

"Family Recipe to Cure Warts," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodsoures.omeka.net/items/show/3>.

Dublin Core

Title

Family Recipe to Cure Warts

Subject

Figure 39: Family Recipe to Cure Warts Top Panel

Patton: I have no idea (laughter).

Perry: Well, thank you Jeremy. This is really interesting to hear first-hand.

Patton: You're welcome! Happy to help.

Dublin Core

Title

Family Recipe to Cure Warts

Subject

Transcription of an interview with lifelong Haywood County, North Carolina resident Mr. Jeremy Patton, conducted by historian Katherine Perry.

Description

In this interview, Mr. Patton offers his family's folk medical cure for warts as related to him by his father and his grandmother who lived from 1910s-1984. Though there is no direct spiritual or practical reasoning given to this cure, there are many like it in the Southern Appalachians. Some healers were even given the title of 'wart doctor' for what was believed to be their divinely bestowed ability to cure warts on faith.

Date

Source collected on May 31st, 2018

Rights

Permission given to historian Katherine (Perry) Berrios and Southern New Hampshire University for use.

Format

Interview Transcription

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Figure 40: Family Recipe to Cure Warts Bottom Panel



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Interview with 70+ year old white female and 15 year old boy, Tennessee

▶ 0:00 / 3:53

Dublin Core

Title

Interview with 70+ year old white female and 15 year old boy, Tennessee

Description

This unique interview with an unidentified woman in her seventies in East Tennessee gives visitors to this exhibit the opportunity to hear true Southern Appalachian storytelling. The woman in the recording describes several incidents of hauntings in her area. One such sighting relates to the magico-spiritual side of Appalachian folk medicine. It is the story of a house-call doctor fleeing from a ghost on his horse.

Source

Hall, Joseph S, Unidentified Woman, and Unidentified Boy. Interview with 70+ year old white female and 15 year old boy, Tennessee. [Unknown] Audio. <https://www.loc.gov/item/afccal000019/>.

Publisher

Library of Congress

Date

unknown

Contributor

Hall, Joseph S. (Joseph Sargent), 1906- (Collector)
Unidentified Woman (Creative)


Collection

[Oral Traditions Collection](#)

Citation

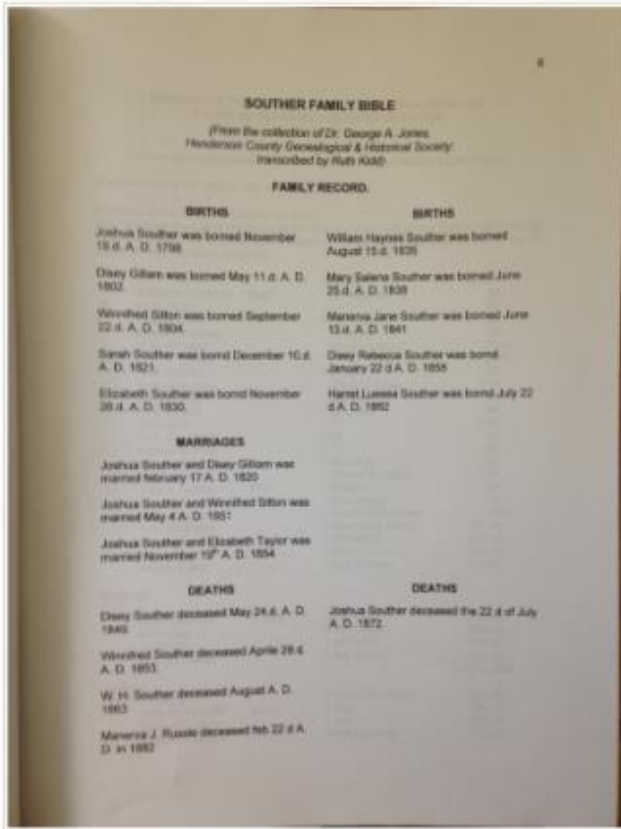
"Interview with 70+ year old white female and 15 year old boy, Tennessee," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodsoures.omeka.net/items/show/1>.

Figure 41: Interview Audio Clip Top Panel



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The Souther Family Bible



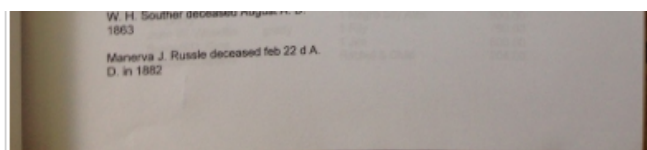
Citation

"The Souther Family Bible," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodscures.omeka.net/items/show/11>.

Dublin Core

Title

Figure 42: Souther Family Bible Top Panel



Dublin Core

Title

The Souther Family Bible

Description

Many families kept important family information in the blank pages often located in the front of the family Bible. In many cases, these records were limited to the family's genealogy. Such is the case in the Souther Family Bible, located in the archives at the Henderson County Genealogical and Historical Society. The family record contained lists ten births ranging from 1798 to 1862, marriages from 1820 to 1850, and deaths from 1849-1872. Though the Souther Family Bible provides an excellent example of family records for historical research, it lacks what are known as 'family receipts'. In addition to genealogical information, some families used their family Bibles to keep records of medical concoctions they found to be effective. Recipes such as these from the 1700s and 1800s were called 'family receipts'. Though it may seem odd, many families today also have anecdotal cures for common maladies. Have you ever heard that hot chicken soup could help cure a cold? Surprisingly, that idea is part of modern folk medicine in many families in the United States today!

Source

"Souther Family Bible." Henderson County North Carolina Genealogical and Historical Society Journal 34, no. 1 (March 2018): 6.

Date

1798-1872

Rights

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Figure 43: Souther Family Bible Bottom Panel


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The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin



Citation

"The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin," *Southern Appalachian Folk Medicine Exhibition*, accessed July 1, 2018, <http://backwoodsoures.omeka.net/items/show/2>.

Dublin Core

Title

The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin

Description

Stereotypes of Southern Appalachian people often include mentions of poverty and a lack of education. Though poverty was a reality for many families in the more rural parts of the region, and attendance to formal schools made impossible by the rough terrain, families still passed on knowledge of important life skills including reading and writing. In this photograph of the Faust family, men and women are helping to spin the

Figure 44: Faust Family Photograph Top Panel



Dublin Core

Title

The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin

Description

Stereotypes of Southern Appalachian people often include mentions of poverty and a lack of education. Though poverty was a reality for many families in the more rural parts of the region, and attendance to formal schools made impossible by the rough terrain, families still passed on knowledge of important life skills including reading and writing. In this photograph of the Faust family, men and women are helping to spin the fibers from the flax plant into yarn: a skill that has nearly disappeared from the region today.

Source

The Faust family, Anderson County, Tenn. at spinning wheel in front of cabin. Anderson County Tennessee, ca. 1910. Photograph. <https://www.loc.gov/item/2012648342/>.

Date

c. 1910

Rights

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Figure 45: Faust Family Photograph Bottom Panel

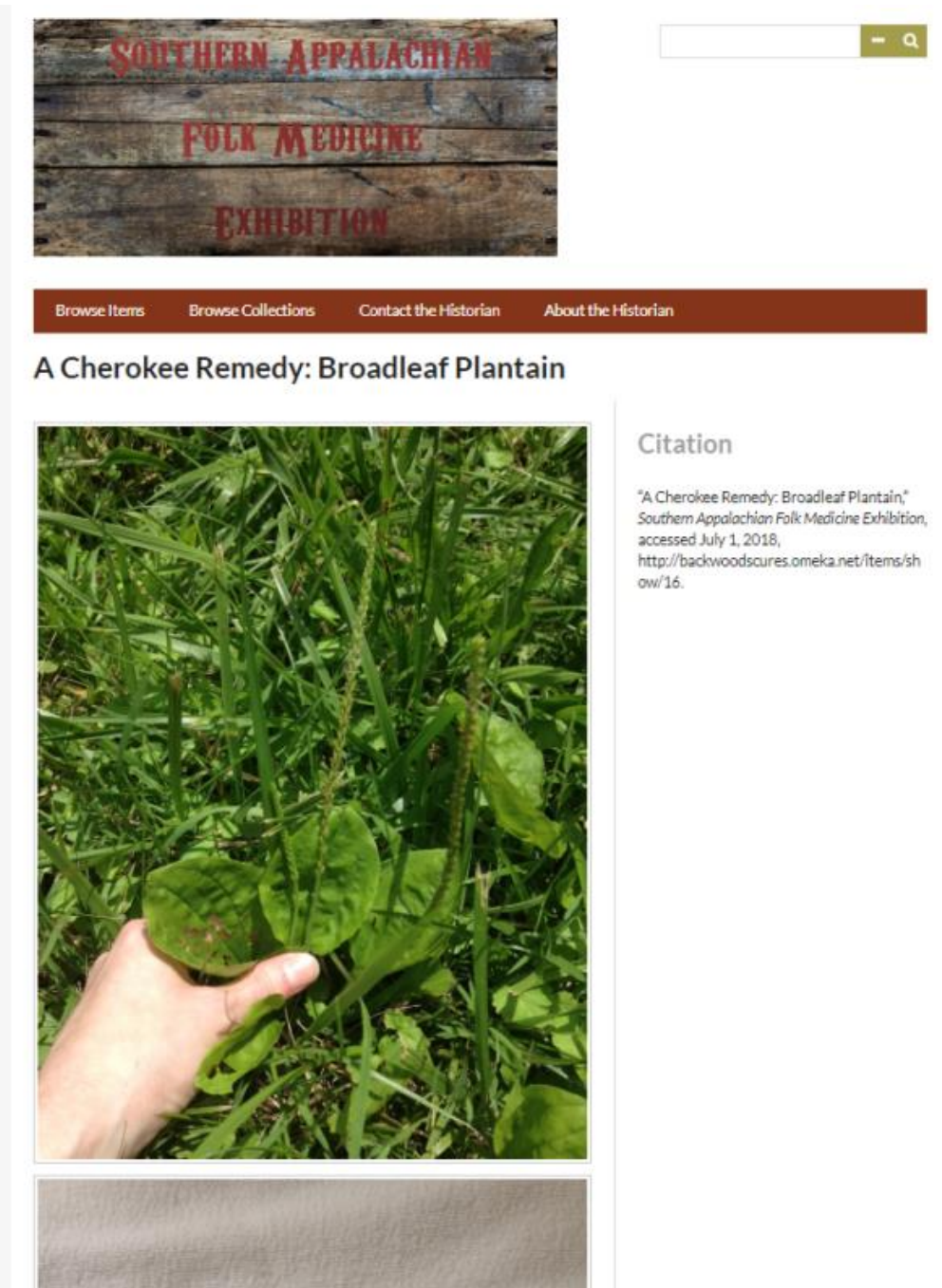


Figure 46: A Cherokee Remedy Top Panel



Dublin Core

Title

A Cherokee Remedy: Broadleaf Plantain

Description

The Cherokee knowledge of regionally available plants and their uses is a significant part of Southern Appalachian folk medicine. The Cherokee and European Americans of this region intermarried throughout the centuries. As their cultures blended into what became Appalachian culture, so did their approaches to medicine. Thankfully, Cherokee cultural preservationist Mary U. Chiltoskey recorded her community's knowledge of medicinal plants in her book "Cherokee Plants and Their Uses - a 400 Year History." The above are photos of a plant foraged in Western North Carolina called the Broadleaf Plantain, Green Plantain, or Plantago Major. In her book, Chiltoskey lists the uses of this plant as follows:

- poultice and wound dressing for burns, blisters, ulcers, sores, headache, yellow jacket sting
- root tea for dysentery
- leaf and rush infusion to strengthen a child learning to crawl or walk
- tea for bowel complaints, feminine cleanser, poisonous bites, bloody urine
- juice of the plant for sore eyes

Warning: This information is for educational purposes only. Attempts to recreate this remedy will be done at visitor's own risk and liability.

Figure 47: A Cherokee Remedy Middle Panel



Dublin Core

Title

A Cherokee Remedy: Broadleaf Plantain

Description

The Cherokee knowledge of regionally available plants and their uses is a significant part of Southern Appalachian folk medicine. The Cherokee and European Americans of this region intermarried throughout the centuries. As their cultures blended into what became Appalachian culture, so did their approaches to medicine. Thankfully, Cherokee cultural preservationist Mary U. Chiltoskey recorded her community's knowledge of medicinal plants in her book "Cherokee Plants and Their Uses - a 400 Year History." The above are photos of a plant foraged in Western North Carolina called the Broadleaf Plantain, Green Plantain, or Plantago Major. In her book, Chiltoskey lists the uses of this plant as follows:

- poultice and wound dressing for burns, blisters, ulcers, sores, headache, yellow jacket sting
- root tea for dysentery
- leaf and rush infusion to strengthen a child learning to crawl or walk
- tea for bowel complaints, feminine cleanser, poisonous bites, bloody urine
- juice of the plant for sore eyes

Warning: This information is for educational purposes only. Attempts to recreate this remedy will be done at visitor's own risk and liability.

Source

Chiltoskey, Mary U., and Paul D. Hamel. Cherokee Plants and Their Uses - A 400 Year History. LOC Card Catalogue Number 75-27776, 1975.

Rights

There are no known restrictions on publication.



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Figure 48: A Cherokee Remedy Bottom Panel



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Contact the Historian

Please send us your comments and suggestions.

Your Name:

Your Email:

Your Message:

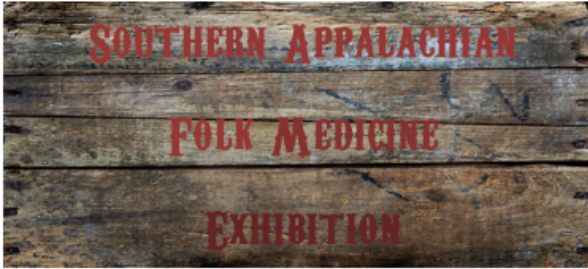
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Figure 49: Contact Form Panel



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About the Historian



Katherine (Perry) Berrios is a teacher and historian specializing in Atlantic History through a cultural scholarly lens. She has created this exhibit in order to honor the people of her home region and invite further discourse on all subjects related to the Southern Appalachians. If you have any questions or comments for Kate, please use the form available in the Contact the Historian tab. In the interest of ongoing research, user contributions are welcome in the Southern Appalachian Folk Medicine Exhibition!

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Figure 50: About the Historian Panel

Appendix B: Undocumented Primary Sources and Permission Forms

The following is a transcription of an interview with lifelong Haywood County, North Carolina resident Mr. Jeremy Patton, conducted by historian Katherine Perry. Mr. Patton works as a licensed therapist in Western North Carolina, and has generously offered his family's folk medical cure for warts as related to him by his father and his grandmother who lived from 1910s-1984.

May 31st, 2018

Perry: Hello Jeremy, will you tell me how the Patton Family cures warts?

Patton: (laughter) Well, you take a knife and cut an "X" into the wart. Then you get corn kernels.

Perry: How many corn kernels do I need?

Patton: I don't remember an exact number. Just some corn kernels. Dab the kernels in the blood from the wart. Then allow a chicken to peck the kernels.

Perry: One chicken only? Not multiple chickens?

Patton: No. One chicken. Just the one.

Perry: Who taught you about this?

Patton: My grandmother taught my dad, and dad told me.

Perry: Did your grandmother ever report on the efficacy of this remedy?

Patton: No, I never heard about the efficacy. Don't know if it worked at all.

Perry: What about the theory behind it? As in, why only one chicken? What's the significance of the corn?

Patton: I have no idea (laughter).

Perry: Well, thank you Jeremy. This is really interesting to hear first-hand.

Patton: You're welcome! Happy to help.

Figure 51: Transcript of Interview with Jeremy Patton

Southern New Hampshire University
Interview Consent Form

Southern New Hampshire University: College of Online and Continuing Education
33 South Commercial Street, Suite 203
Manchester, NH 03101
1-866-860-0449

I, (please print your name) Jeremy Patton, give Southern New Hampshire University the absolute right and permission to use my written or spoken material for educational purposes in the 792: History Capstone understand that the written material may be used in a course presentation, discussion forums, or other educational setting.

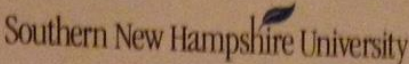
The results of the interview will be used in course assignments or discussion forums, but your name or identity will not be revealed.

I release the University, the filmmaker/photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Name: JEREMY PATTON Date: 5.21.18
Address: 116 JEROME LN State: NC Zip: 28739
Phone: 878 692 1124 E-mail: jpatton@lifehausacademy.com
Signature: [Signature]

Please return this form to the student(s) involved in the 792 course, and you may keep one copy for your records. Should you have any questions please do not hesitate to contact the 792 instructor or the SNHU College of Online and Continuing Education Office at 1-866-860-0449.

Figure 52: Jeremy Patton Rights of Usage and Publication


 Southern New Hampshire University
 Interview Consent Form

Southern New Hampshire University: College of Online and Continuing Education
 33 South Commercial Street, Suite 203
 Manchester, NH 03101
 1-866-860-0449

I, (please print your name) William B. Cheek, give
 Southern New Hampshire University the absolute right and permission to use my written or
 spoken material for educational purposes in the 792: History Capstone. I understand
 that the written material may be used in a course presentation, discussion forums, or other
 educational setting.

**The results of the interview will be used in course assignments or discussion forums, but your
 name or identity will not be revealed.**

I release the University, the filmmaker/photographer, their offices, employees, agents, and
 designees from liability for any violation of any personal or proprietary right I may have in
 connection with such use. I am 18 years of age or older.

Name: William B. Cheek Date: June 14, 2018
 Address: 752 Biltmore Ave → Spmae State: NH Zip: 28503
 Phone: 828-251-0094 E-mail: NaturesVitaminsandHerbs.com
 Signature: William B. Cheek

Please return this form to the student(s) involved in the 792 course, and you may keep one
 copy for your records. Should you have any questions please do not hesitate to contact the
792 instructor or the SNHU College of Online and Continuing Education Office at 1-866-860-
 0449.

Figure 53: Bill Cheek Rights of Usage and Publication

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