Physician to Body and Soul

Jotham Meeker—Kansas Missionary

by Charles R. King

A comparison of nineteenth-century medicine with medical science today demonstrates how far it has advanced in a comparatively short time. During the 1850s the germ theory of disease causation was not known, the techniques and principles of aseptic surgery were not available, and only a handful of effective drugs and medications were recognized. At least as much knowledge about medical diagnosis and therapeutic methods and procedures was dispensed in common lore and in the many manuals of domestic advice as was provided by physicians. Consequently the knowledge gap between an educated layman and a formally trained physician often was insignificant. During this era one of the greatest differences between physicians and their sectarian colleagues or lay practitioners was heroic medical therapy. Allopathic physicians regularly dosed, bled, puked, purged, and blistered their patients in an effort to eradicate death and disease by restoring humoral balance and bodily homeostasis. Unfortunately these efforts often led to therapeutic effects worse than the

Charles R. King is a professor of obstetrics and gynecology at Medical College of Ohio, Toledo. Dr. King’s article on physician Don Carlos Guffey appeared in the spring 1992 issue of Kansas History. His most recent publication is Children’s Health in America: A History (1993).

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Jotham Meeker, physician to body and soul among the Ottawas in Franklin County.
disease. As a result many agreed with a frontier Kansas homeopathic physician who concluded that "blood was made to flow by the use of the lancet or cupping; the delicate membranes of the stomach and intestines, were raked with broadsides of emetics and cathartics; the nervous system was shattered by narcotics and stimulants, and the functions of every organ deranged by showers of destructive allopathic missiles." Not surprisingly, when faced with distasteful therapy and incompletely successful treatment, patients often preferred disease to the available therapy, and many only sought professional medical advice from their death beds.

In this medical milieu Jotham Meeker (1804–1855) practiced medicine as a Baptist missionary to the Ottawa Indians of present-day Franklin County, Kansas. He was recognized by the Ottawas and his white colleagues as a physician, and more than a quarter century after his death he would have been legally recognized as such throughout most of the nation. For example, as late as the 1870s the supreme court of Michigan, the state in which Meeker initially received his missionary calling, ruled that anyone calling themselves a physician was a physician.

Aside from Meeker's recognition of himself as a physician, how did he establish his medical authority amid frontier missionary circumstances that one Presbyterian missionary described as mere "abodes of ignorance and degradation?" First, Meeker established a trust and understanding with the Ottawas. By gaining the tribe's confidence, he created an environment of mutual understanding that convinced many Ottawas to follow his direction. He "mingled with them in their occupations." As he taught agricultural methods or dispensed medications, Meeker also taught Christianity and offered dietary, sanitation, and medical advice. He advanced the Ottawas money for their offering tithes, and he personally accounted for each item of government issue. As a result, Meeker and the Ottawas demonstrated a mutual understanding better than the relationship between many nineteenth-century whites and Native Americans. The nature of this relationship was confirmed at Meeker's death in early 1855 when reportedly the head of every Ottawa household, or at least those who professed Christianity, attended his funeral. Consequently the Ottawas were willing to accept his advice, ministries, and therapy for medical problems. Second, simply no other formal medical care was available. When he requested outside advice or professional attention for his own ailments, Meeker waited days for assistance, if he received aid at all. If for no other reason, the clergyman was recognized as a physician simply out of necessity. Third, Meeker possessed medical knowledge and skills comparable to that of formally trained physicians of the day. He obtained his medical skills and training from four major sources: other missionaries, traditional medical lore and domestic advice, practicing physicians, and infrequent trips to the East. By these means Meeker provided medical care, which was equivalent to the efforts of many formally trained physicians of the day, to himself, the Ottawas, his family, and passing strangers.

Many missionaries performed multifaceted careers on the western frontier, but few detailed records of their medical efforts have survived. Meeker, for example, is better known for introducing the printing press to Kansas, transcribing Native American tracts, and publishing the Shawnee Sun than he is for his medical skills. "So small a thing as medicine" often has been overlooked as part of the missionary's frontier duties except within the religious context as a

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9. Joseph P. Grant, "Jotham Meeker: Orthographer, Pioneer Printer, and Missionary" (Ph.D. diss., Baptist Theological Seminary, Kansas City, 1952); Douglas C. Murtrie and Albert H. Allen, Jotham Meeker Pioneer Printer of Kansas (New York: Eyncourt Press, 1930), 17. The Shawnee Sun not only was the first periodical or newspaper published in Kansas, but it was the first in the nation printed in a Native American language.
means to prevent the “idolatrous ministrations of the devil over the sick.” In some instances the frontier preacher had formal medical training. Such was true of Presbyterian missionary Marcus Whitman of Independence, Missouri, who had sufficient training to save both body and soul. Most missionaries, including Meeker, had no formal medical training but often provided the only educated medical advise to their frontier congregations. In his journal of more than twenty years (1832–1855), Meeker provided an unusually complete record of the life and medical practice of a Protestant missionary of the middle third of the nineteenth century. He recorded the details of nineteenth-century medical practice and demonstrated the skills typical for a physician of the day. He diagnosed, prescribed, and treated the illnesses and ailments of those about him.

As a clergyman to the Ottawas, Meeker ministered to the soul as well as the body. He frequently visited the sick and dying, preached and talked about religion, and comforted his flock as best he could. On occasion he called from “home to home,” and at times when Indian parents had a dying child, he brought the family into his home. When death finally came, he “spoke for some time at the grave.” The Ottawas often called upon Meeker to attend to their spiritual needs. On such occasions the clergyman recorded “much religious talk” as his primary therapy. Therapy was effective, as Meeker’s future wife, Eleanor, recognized following her 1829 recovery by God’s grace from illness. Her condition made her “feel in some measure, the great necessity of applying to, and relying on, that great Physician, who is willing and able to heal and support all, who will call upon him.” For the Meekers, most other missionaries, and many other Americans, the success and the basis of medical practice were found within the chapter and verse of the Christian mission. God

12. Ibid., August 10, 1839, September 9, 1842.
13. Eleanor Meeker to her mother, April 28, 1829, Meeker Collection.
was responsible for both health and disease, and believers like the Meekers, other missionaries, and many members of their flocks were resigned to accepting their spiritual and mortal fates and the healing powers of their God.

As with other Native American tribes, the Ottawas practiced traditional native healing; but despite his interest in Indian languages, Meeker neither described in detail nor recorded the specific methods of traditional Ottawa healing practices. Nor did he report the healing effects of traditional Native American methods, like consuming wild onions to remedy scurvy. Instead Meeker, like most white missionaries, depreciated native healing ceremonies as mere drumming, dancing, and singing accompanied by the curative benefits of “esteemed, sacred” medicine bundles. These wraps contained, as Meeker noted, “a lot of articles, which the Indians venerate in their medicine dances, such as skins of weasels, minks, a white raccoon, snake skins, shells and various kinds of medicine which is said to have supernatural power.”

Fellow Westport missionary Isaac McCoy described these native medicine men as “conjurors” who had “recourse to charms and incantations.” Many missionaries did not understand that this was the Indian way of contacting the spiritual world. In effect, the spirits of another world provided the necessary cure, and the medicine man served only as an intermediary much as the Christian missionaries who called upon the healing power of their God. On at least one level, for both whites and Native Americans, successful healing was truly a miraculous event.

From the mission’s early foundation, Meeker regularly recorded the Ottawas’ requests for medical attention. Many tribal members reportedly became dependent on Meeker’s medical skills. As he recorded, “formerly, the Indians never applied to us for medicine—now nearly half of the nation depends upon us to doctor them.” This dependency was demonstrated by frequent requests, nearly daily, for medical advice, expenses of more than thirty dollars (nearly one-tenth of his annual salary) for medicines, and the loss
of position, status, and resources for the Ottawa “conjurers” who now were “among the poorest, and are compelled to work for a living as do others.” So successful were such healing efforts that Meeker’s wife wrote a friend about the high frequency of illness and that “Indians are coming for medicines and necessary comforts from almost every direction.”

Meeker had undertaken the treatment of his Indian charges from his earliest days (1827) as a missionary in Michigan. While stationed along the Grand River, where sickness was common and “we were frequently called upon for medicine,” Meeker provided his first recorded treatment. He treated a dying child with an emetic, not realizing the seriousness of the child’s problem and “that the child was so near the end.” Unfortunately, and perhaps partially as a result of Meeker’s efforts, the child died, creating “unpleasant” feelings among the Indians but “more so” among the missionaries. The uncertainties of this situation must have affected Meeker, but his reactions were not recorded. In all likelihood he accepted the child’s death within the context of the frequent infant and childhood death of the day, and more importantly within the canon of divine will. In the same context, when Meeker’s daughter was “failing” and appeared “to be preparing to change worlds,” he resolved that the “Lord’s will be done. He gave and has a right to take away—blessed be his name.” Perhaps such knowledge and belief reassured Meeker, but in all likelihood it provided little comfort for many grieving Native American and white families. Even Meeker’s questioning the death of his newborn son suggests that at times devout believers also puzzled at the events in God’s world.

Nearly every page of Meeker’s journal records his thoughts about illness and the results of his methods of treatment. Few other writers of the era described their own health, that of their families, their patients, other missionaries, and travelers in the detailed manner that Meeker reported for the diagnosis and treatment of a variety of medical conditions. Typical of such reports was the entry for September 25, 1839: “Sister Blanchard is taken down very sick—My wife is still confined to her bed. Maria is complaining much. Jane has left us and is sick, and I have a constant severe head and toothache, I have to do all the out of doors work, cooking, wait on the sick.” In the process of recognizing, recording, and remedying such problems, Meeker demonstrated the skills and knowledge of a typical nineteenth-century frontier physician, as well as the continued responsibilities of a frontier homesteader and missionary.

The special medical knowledge that Meeker possessed was recognized by the Ottawas, his family, other missionaries, government agents, and travelers. An Ottawa woman requested “me to doctor her—she wished to throw herself at my disposal. She said that if she could only get well she would listen to me always.” He treated her, but she lived only eleven days. An old Ottawa man requested Meeker’s attendance “in great haste.” He was afflicted with great pain in the bowels, pulsing, purging, cramps and a hot fever. The clergyman provided comfort and mercy and “did for him what I could.” The man recovered promising “to comply with the requisition of the gospel.” In August 1833 Meeker was awakened early in the morning by the interpreter for a nearby Indian agent. He called “for me to go immediately to see the Agent, with medicines, etc. Went, and found that he had apparently . . . intermittent paroxysms. Left medicine directions, and returned.” The following month a traveler from Westport was injured in a buggy accident near the Meeker home. The man had a broken “left ankle bone,” and Meeker feared he was “badly hurt otherwise.” The traveler soon experienced “spells of chilliness, drowsiness, fainting and flyghty symptoms.” Meeker prepared splints and provided constant attention for four days. Shortly after the man’s wife arrived, Meeker had two patients, as she soon fell “into a fit” (whether a simple fainting spell or an epileptic seizure is uncertain). Four weeks later Meeker fabricated crutches and sent the couple

15. Jotham Meeker to L. Bolles, February 7, 1842; Eleanor Meeker to Sister Stevenson, August 13, 1848, Meeker Collection.
17. Meeker Journal, April 21, 1842.
18. Ibid., September 25, 1839.
home to Westport. The accurate and matter-of-fact manner in which Meeker recorded these summons for help indicated that he not only was accustomed to managing such problems, but that he was familiar with the medical procedures and medications that he employed. In short, Meeker, like regular physicians of the day, diagnosed disease and injury and applied the best available therapy to his ailing patients.

Meeker and contemporary physicians commonly treated infectious diseases—malaria, influenza, scarlet fever, measles, even cholera. The missionary’s initial visit to Kansas was accompanied by “influenza which has prevailed generally east of us” and was “now breaking out in this vicinity with considerable violence.” Meeker reported treating as many as twenty patients daily for four days in July 1843. On another occasion he reported that “nearly every Indian in the country has been sick and many have died.” Meeker hoped that he would not “be taken with another relapse” of the ague (malaria) that he, his wife, family, and many other early settlers experienced while residing on the Kansas prairies.

Members of the Meeker family, like many midwesterners of the day, experienced at least annual relapses of the fever, chills, weakness, ill health, and for many death, that accompanied recurrences of the mosquito borne malarial parasite. In August 1837 all members of the Meeker family suffered repeated fevers and chills of the condition. Although the recurrent attacks of the ague were unwelcome, painful, and bothersome, Meeker recorded the reassuring knowledge that an impending illness was in fact the ague and not a more troublesome or dangerous condition like pneumonia. “Am taken down myself with a chill and burning fever—hope it is only the ague.” Meeker’s wife recovered from the ague by “close per-

19. Ibid., May 10, March 10, 1840, August 22, 1843; Jotham Meeker to James W. Parker, September 19, 1853, James W. Parker Collection, Missouri Valley Room, Kansas City Public Library, Kansas City, Mo.; Meeker Journal, September 26, 1853.
20. Jotham Meeker to L. Bolles, February 20, 1832; Meeker Journal, July 31, 1843; Jotham Meeker to Herman Lincoln, December 22, 1845, Meeker Collection.

severance in taking medicine.” Meeker’s daughter Maria had symptoms for thirty-two days before he reported that “this day misses her ague.” She recovered rapidly (within forty-eight hours) after Meeker commenced “some of Sappington’s Ague pills” “according to directions.” These pills provided by Dr. John Sappington of Arrow Rock, Missouri, contained quinine, one of the few effective therapeutic agents available during the mid-nineteenth century. Sappington regularly distributed these sassafras-flavored pills to travelers along the westward trails. Meeker periodically returned to the East via Missouri River boats, and in the process he had opportunities to restock his supply of this most helpful medication.

Quinine also had potentially serious side effects, which Meeker recognized and recorded although some of his more professionally trained colleagues did not. In October 1845 he reported “serious fears that the quinine has permanently impaired my hearing. A constant roaring and ringing continues in my head—everything sounds different from what it formerly did—it is difficult for me to understand common conversation, and noise continues to confuse my head very much.” Clearly the heroic therapy of the day that Meeker had dispensed to himself was neither pleasant, miraculous, nor always successful. Unlike Meeker, many practitioners did not recognize either the beneficial or harmful effects of their ministrations.

Before the advent of understanding the germ theory, many sickened and died from infectious diseases such as pneumonia, influenza, and dysentery, for which only limited means of therapy were available. Perhaps the most dreaded communicable disease of the nineteenth century was cholera, a bacterial gastrointestinal illness accompanied by high fever, watery diarrhea,dehydration, and frequently rapid death. By mid-century cholera frequently accompa-
nied emigrants on their westward journeys across the Plains. As early as 1835, Meeker’s cousin provided the missionary with “a little [news] about the cholera.” Forty-seven deaths were reported near the family homestead in southern Ohio; but it was fourteen years before Meeker reported that an Ottawa woman “probably has the Cholera, the first case among the Ottawas.” A month later on a “rainy Sunday” in July 1849, he recorded the successful treatment of a white woman: “By administering medicine, friction, etc. her symptoms left her, and she is to-day, apparently, getting well. This is the first case of Cholera I have ever attended personally, if it be the Cholera.” Although the exact formulation employed was not recorded, throughout the month Meeker reported cases of cholera and their successful treatment with two or three doses of “my cholera mixture.” By August more than one hundred Native Americans of various tribes, including the Ottawa, had died. On August 11 Meeker noted that he and his wife had “something similar to cholera symptoms,” but no additional problems for either were recorded over the following week, suggesting either a very mild case of the disease or another gastrointestinal illness less severe.  

Meeker’s unusually frequent report of such therapeutic successes, when death rather than survival was expected, suggests that other gastrointestinal illnesses, including dysentery, amebiasis, and influenza, rather than cholera, may have been the basic illness of many of his reported cholera patients. In an ironic twist, by the end of the summer Meeker received word from his brother that their mother had died from the cholera “nine hours” after an attack of the disease. Many American families of the day had similar unhappy experiences with this dread disease of then unknown cause.

The therapeutic regimens that Meeker regularly employed, whether for cholera or other conditions, were very similar to those of regular doctors of the day. He bled, blistered, puked, and purged himself and his patients. In the autumn of 1836, while suffer-

25. Randolph Meeker to Jotham Meeker, June 29, 1835, Meeker Collection, Meeker Journal, June 18, July 8, 15, August 11, 1849.
Meeker based his medical skills on knowledge obtained from a variety of sources, including medical textbooks and manuals of domestic advice.

ing with the shooting leg and back pains of the nerve irritation sciatica, which troubled the clergyman for years, Meeker was blistered, cupped, and bled. The following day he recorded “a very sore back from a blister 15 inches long.” He induced purging and purging with calomel, ipecac, or other similar medications, and often reported their successful results: “I gave her calomel, applied blisters, etc.—she is better this evening.” But according to Meeker’s missionary colleague, Dr. Johnston Lykins, therapy only was successful when “the liver is roused—palliatives will not do.” In other words therapy was successful only when its actions were more powerful than the disease, and such actions only were apparent when patients experienced the ill effects of purging, purging, and blistering. Following such heroic but hardly miraculous therapy, Meeker reported, “I took medicine last evening which sickens me all day, so that I cannot work out.” On another occasion he recorded the sore mouth and salivation typical of mercury toxicity, initiated in Meeker’s case by high doses of calomel therapy. In August 1838 his mouth continued “so sore that I do not hold any meeting to-day.” While Meeker rarely missed his missionary duties, at times not only illness but the ill effects of heroic treatment precluded the completion of his professional ministerial duties.

For Meeker to treat his patients he needed a variety of medications, many that he compounded himself. He prepared ointments, salves, pills, and elixirs. On some occasions he prepared as many as fifteen hundred pills at a time, and on others more modest batches of five hundred. In 1846 Meeker reported: “Overhaul my medicines, and take them out of the boxes where they have hither to been kept, and arrange the bottles and vials in a cupboard.” By so doing he demonstrated the important role that medical practice played in his missionary activities and the necessity of regular attention by the good physician to the tools of his trade.

27. Ibid., October 4, 1836, April 19, 1840; Johnston Lykins to Jotham Meeker, December, 1845, Meeker Collection.
29. Ibid., July 31, 1843, March 21, 1841, December 15, 1846.
Meeker also relied on outside medical suppliers, and he periodically received medical supplies from Westport and points farther east. Along with food, including staples such as oats, flour, salt, and meal, he ordered castor oil, port wine, branly, paregoric, mustard, calomel, myrrh, opium, quinine, camphor, and vials, cocks, and sundry items for packaging. In one shipment, Meeker ordered twenty-six medications, chemicals, and ingredients for his pharmaceutical preparations. At times supply orders required as long as five months to arrive from the East. Not only was transportation slow, but breakage was common. In 1848, in spite of Meeker’s personal attention to the shipment, two jugs were broken in transit. The remaining medications were “much injured by the breaking in the boat.” The problem of supply was eased when eastern philanthropists donated food and medication to the mission. In 1844 Meeker received “a valuable box of assorted medicines prepared, put up, and contributed to this station by Mr. Samuel Burdahl, Druggist, the most of which are just such medicines as we need.” Without the help of benefactors, missionary medical practice was problematic at best, and it often was limited by problems of supply as much as by the restricted professional skills of the healers of the day.

Meeker based his medical skills on knowledge derived from a variety of sources. He corresponded with his family, other missionaries, and physicians about medical problems and their treatments. This correspondence reported disease symptoms and the effects of therapy. Meeker also read medical textbooks, manuals of domestic advice, and on occasion ordered copies of medical textbooks along with his medical supplies. He applied this newfound knowledge to his own treatment and to that of others. “Read in medical books relative to my indigestion, etc. Commence a more abstemious course of living.” During visits to the East, whether in Cincinnati or Boston, Meeker consulted physicians about his personal health, his family’s problems, and the ails of the Ottawas. He also provided medical attention to fellow travelers who suffered illness or injury. On one occasion he attended and dressed “the wounds of a child, who by a fall, became badly mangled.”

The most frequent recorded source of medical knowledge for Meeker was consultation with his frontier colleagues. While visiting or obtaining supplies in Westport he often consulted local practitioners. In 1846, while obtaining supplies, he visited Dr. Drummer and got “his advice relative to the disease[s] of my wife, child and self.” With limited methods of rapid communication and often slow means of transportation, it is not surprising that Meeker did not always obtain desired consultations with his colleagues. Instead he employed the only opportunities available to him. For example, “by an Indian who goes down the river I send word that if Doctor Chute is on the river for him to come and see us.” The doctor was not on the river nor did advice arrive from Westport, and ultimately Meeker became his own consultant.

Physicians also visited the Meeker home. In 1838 Dr. J.A. Chute of Westport, a Dartmouth graduate, “man of science, of extensive reading in his profession and good morals” attended the Ottawas. He was sent by the federal government to vaccinate the tribe against smallpox. For three days Meeker traveled with and interpreted for his visiting colleague. The following year another government physician completed similar duties with Meeker’s help. “Spend the day principally with the doctor, who vaccinates the Indians at our house.” These extended consultations provided the clergyman opportunities to supplement his medical knowledge with information about medical procedures and ideas.

The Baptist missionary and later physician to the Potawatomis, Johnston Lykins was perhaps Meeker’s single most important recorded source of medical knowledge. Lykins was not formally trained as a

30. Jotham Meeker to Peck (unidentified), January 20, 1851, Meeker Collection, Meeker Journal, August 4, 1852, May 20, 1846; Jotham Meeker to Samuel Trevor, October 18, 1844, Meeker Collection.

31. Jotham Meeker to Peck, January 20, 1851; Meeker Journal, January 24, May 29, 1846, April 12, 1848, August 3, 1846.

32. Meeker Journal, February 27, 1846, June 13, 1838.

33. Ibid., July 2, 1838, July 18, 1839.
physician, but according to Isaac McCoy "his reading, and the practice which necessity had urged upon him in our remote residences, had given him a respectable reputation as a physician." In 1844, when Lykins was appointed physician to the Potawatomis, nearly a dozen local doctors attested to the "intelligent character of his conversation on medical subjects" and his "high standing as a gentleman of general intelligence and excellent moral character." Lykins had become a physician by performing the duties of a physician, calling himself a physician, and having his colleagues attest to his abilities. He preceded Meeker in acquiring the skills, knowledge, and techniques of contemporary practitioners by learning from educated but often not formally trained doctors. Lykins and Meeker both were successful physicians, and if asked, Meeker's colleagues, like those who spoke for Lykins, would have attested to his skills as a frontier practitioner.

For more than twenty years Meeker and Lykins were missionary and medical colleagues. Especially during the 1840s they frequently corresponded on medical matters. Lykins advised Meeker on diagnosing numerous medical problems and on using calomel and quinine, and he provided recipes for compounding medications. For treating catarrh (the common cold), he advised:

boil a few ounces of per.[Peruvian] bark [a source for quinine] so as to make a strong decoction pour off and add an equal amount of brandy and to a 2 ounce vial of the mixture add a pinch of alum the size of a pea. Dip small bits of lint or raw cotton in the liquid and introduce up the nostril as near the back of nostril as possible—frequently renewing the lint. If case "obstinate" take a very mild course of blue pills. 35

The ready availability of such medical advice from Lykins and other practitioners enabled Meeker to ac-

cumulate the practical skills and methods of frontier medical practice.

By the 1850s the Meeker mission to the Ottawas was drawing to a close. During the previous two decades the clergyman had baptized, cured, and buried members of the tribe. Births now exceeded deaths, and according to Lykins, agricultural production based on "sober and industrious" labor provided sustenance for the people. Meeker's long ministrations to the Ottawas had healed body and soul for many members of the tribe; healing the ails of the body perhaps was easier than restoring the soul. Meeker would have agreed with Lykins, who concluded while treating an aging Shawnee that the "poor sufferer . . . perhaps will die unprepared." 36 They had learned, as did many frontier missionaries and physicians, that healing either body or soul was not easy. Such therapeutic efforts were especially problematic for practitioners who cared for Native Americans, because their patients practiced traditional methods of healing, spoke a different language, and poorly understood the "civilizing" ways of white Americans.

The success that Meeker achieved as a physician, missionary, and friend to the Ottawas was not attained without a price. As Meeker informed his sister-in-law, "I have had a lameness [sciatica] in my back for several years—it lately runs down the cords of my left leg to my toes, so that it hurts me to sit long at a time, or to walk any distance, or, to ride a horseback. I have been blistering, rubbing on liniments, and taking medicines inwardly, but it does not relieve me." The pain of the sciatica worsened and the ague relapsed. In early 1855, in spite of continued attention and warm applications to his ailing back, Meeker continued to fail. Always the physician, he responded to his wife's request for a consultation: "I do not think a Dr. can do me any good, but I am willing to search for one so that you may feel better satisfied." After examining the failing missionary, an unidentified consultant concluded that Eleanor Meeker had

34. McCoy, History of Baptist Indian Missions, 422; Joseph O. Boggs to the president, June 22, 1843, Meeker Collection.
36. Ibid.
"treated the case thus far very propisously." Despite Meeker's lifetime of missionary evangelism, no miraculous events transpired, and five days later the Ottawas' missionary/physician was dead.

As physician to the Ottawas, Meeker was as well trained, skilled, and successful as many formally trained practitioners. Smallpox was prevented by vaccination and relapses of the ague were avoided with Sappington's quinine pills. But cholera more often than not was fatal, and no therapy that Meeker or others dispensed avoided the episodic pain of sciatica. By employing the drugs and doses that other practitioners used, Meeker demonstrated his familiarity with the best medical advice and practices of the day. While his efforts seem incomplete by today's criteria, few contemporary practitioners more accurately recorded the successes and failures of their medical practices than did Jotham Meeker. While a quantitative survey of Meeker's success is not possible, in 1851 he reported not only an increasing Ottawa population but three times as many births as deaths. The expanding Ottawa population at a time when transplanted Native Americans died more rapidly than they were born, suggests that Meeker ministered to his flock and their ails at least as well as and perhaps better than many frontier practitioners of the mid-nineteenth century.

37. Jotham Meeker to Emeline Meeker, June 10, 1848, Meeker Collection; Meeker Journal, January 9, 1855.
38. Meeker Journal, September 12, 1851.