

# Medicine & Meaning:

A Look at Medicine Practices in the Market Street Chinatown

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## **Introduction**

Throughout Winter Quarter, I have had the privilege to work with artifacts from the San Jose Market Street Chinatown site that was excavated in 1985, as part of the Cultural and Social Anthropology (CASA) 103 course: Laboratory Methods in Archaeology. Having started the course with limited archaeology background, I was able to explore and familiarize myself with the methods one would use to catalog archaeological materials, as well as found insight to methods used in fieldwork. My efforts and knowledge in archaeological laboratory methods have culminated in this research project.

As a freshman at Stanford, I was most decidedly a pre-med student with the intent of majoring in Human Biology or Biology. However, my interest in archaeology was peaked after taking an introductory seminar on archaeological thought. A year of pre-med classes later, I am now pursuing my interest in archaeology. When faced with the opportunity of creating my own research project based on the materials from the San Jose Chinatown site, I was excited to link my two interests: medicine and archaeology. My research project focuses upon the significance of medicinal practices of the families within the Chinatown community. Keeping in mind a possible profession as a doctor, I have an invested interest to learn about the inner workings of families. It is fascinating to understand and learn about the reasons behind utilizing medicinal practices and how medicine may improve/decline quality of life. I am interested in comparing the humanistic concept of “quality of life” to the more scientific concept of “medicine,” all within an archaeological context.

## **Background**

Santa Clara County was originally used extensively for what farming, but the emphasis shifted to cultivating orchards. Chinese immigrants were very useful and cheap laborers who helped fuel productivity in Santa Clara's agricultural endeavors. There were a growing number of Chinese immigrants and they would seek and utilize valuable resources, like employment, which non-Chinese community members resented. (Yu, 12-13) Prejudice against Chinese became more prevalent, even to the point of Anti-Chinese movements facilitated by the local government and members of the community. Chinese immigrants lacked the security they should feel in their own communities. Thus, the Anti-Chinese movements and racism necessitated the formation of safe havens such as the Chinatowns.

The Market Street Chinatown was located in downtown San Jose, where the Fairmont Hotel currently resides. This Chinatown was constructed in the 1860s but was later destroyed by arson in 1887. Before the arson, the Market Street Chinatown thrived. It was in a central location in the heart of downtown, a location that is appreciated even by today's standards. There was a diverse group of Chinese including a large population of families and some bachelors. The streets of Chinatown were filled with stores of all kinds, restaurants, a temple, and even a large theater. Mercantilism was well incorporated into the Market Street Chinatown, which contained "at least a dozen grocery stores, a fish market, a temple, three restaurants, numerous barber stands, clothing shops and general merchandising stores." (Yu, 22) The Market Street Chinatown was the victim of two disastrous fires that took place in 1870 and 1887. Ultimately destroyed by arson in 1887, the Market Street Chinatown had been covered up by newer buildings and

businesses. In 1985 and 1986, the Chinatown area was to be redeveloped. Under difficult time constraints and conditions, local archaeologists oversaw the construction and worked to rapidly recover materials that were indicative of the Market Street Chinatown that once stood at that site. The materials recovered from the 1985 dig, comprise the collection of materials I worked with for this research project.

The Market Street Chinatown was not the only Chinatown to exist in San Jose. Other San Jose Chinatowns have been commonly known as the Woolen Mills, Vine Street, and Heinlenville Chinatowns. The Vine Street Chinatown was a temporary venue for the residents of the Market Street Chinatown after it was destroyed by fire, for the first time, in 1870. Once the Market Street Chinatown was re-established, the residents of the Vine Street Chinatown returned to their reconstructed home. Heinlenville was a response to the destruction of the Market Street Chinatown. John Heinlen sympathized with and understood the prejudice the Chinese faced and rose to help them by leasing his land to Chinese merchants. Heinlen's property soon became the site of the new Chinatown, a place of security and comfort for many Chinese families. Unfortunately, John Heinlen himself faced bankruptcy and despite the noble beginnings, Heinlenville was eventually deserted. Woolen Mills was the third Chinatown to be established. In 1887, the Woolen Mills Chinatown was constructed across the street from the San Jose Woolen Mills. The Chinatown community directly reflected the San Jose Woolen Mills. The Woolen Mills workers were the inhabitants of this Chinatown community, which can be described as a bachelor society. Due to the racism against the Chinese, laws were established that prevented laborers from bringing/sending for their wives or families from China, permitting only merchants and doctors to do so. The Woolen Mills, because it is a

bachelor society, provides a great comparison to the Market Street Chinatown site, which housed a large number of families, rather than bachelors.

To better understand the communities living in the Chinatowns, it is good to take a look at Chinese communities. Chinese overseas communities are the best representation of the communities in the Chinatowns. When adapting to a new host culture, the Chinese find themselves holding onto some of their traditional beliefs while modifying and possibly eliminating others. (Hsu and Serrie, 1) Often the Chinese would rely upon independently owned ethnic mercantilism, such as being an herbalist, for survival. Their communities would be based upon familial ties and not just in the sense of blood relation or kinship. The Chinese seemed to redefine the concept of kinship to include others who can identify with their culture and ethnicity. They have a strong sense of community channeled into venues such as the Chinatowns.

Chinese-American communities exhibit similar characteristics as the overseas communities. For example, according to the publication, "*The Chinese Among Us: A Self-Portrait of the Chinese-American Community*", the Chinese-American community is divided between those people who can identify more with the "American" aspect and those who identify more with "Chinese". Also, the assimilation of the Chinese into the American community is somewhat limited, as proven by geographical distribution. The aforementioned publication notes that the Chinese cluster in groups, forming communities primarily comprised of Chinese. Grouping themselves in such a manner provides the Chinese a locale for practicing their own culture within the context of a different culture. A study, "The Assimilation of Chinese in America", analyzed both foreign and native-born Chinese students. When given a choice of choosing friends, the

vast majority chose other Chinese students. In the conclusions, it was determined that each generation becomes progressively more removed from the Chinese culture and assimilation into the American communities is more common.

Delving into material that is more pertinent to the research project, it is also important to take a look at medicine and note its context of the nineteenth century. At this time, the global medicine view is undergoing major changes. In 1863, the Red Cross is established, partially to signify a global approach to healing the sick. Also, the concept of preventative medicine is spurring a lot of interest. The medical profession had been criticized for only attempting to help those people who have been already afflicted by illnesses and disease. Outbreaks of cholera and malaria were common, the public was scared, and the medical community responded by incorporating preventative medicine as a new way of combating illness.

In the United States during the nineteenth century, the focus of the medical field was exploring the science of medicine. It was experimental medicine, particularly from the standpoint of utilizing drugs as a means of healing that captured the interest of the American medical professionals. They used techniques such as statistical methods and clinical medicine rather than the traditional methods including purging and bleeding patients. Surgical methods developed and self-medication became increasingly popular among Americans.

Traditional Chinese medicinal practices have been an important aspect of the Chinese culture that even the overseas communities have continued to use as part of their livelihood. Shennong is the legendary emperor who is often attributed to the start of Chinese medicine and the introduction of acupuncture. ‘The traditional Chinese believed

in the harmony of nature – the close relationship between heaven, earth, and man, the so-called “three forces”.” (Ho and Lisowski, 11 -12) It is this harmony that pulls together the varying parts of man to form one being centered upon an internal force. The Chinese also incorporated other cosmic concepts like “The Five Elements” (water, wood, fire, earth, and metal) to describe the foundation of their medicinal practices. They are searching to restore, maintain, or find the body’s equilibrium. The Chinese are known for using alternative medicines, including massage, cauterization, acupuncture, acupressure, talismans, and medicinal herbs. Their alternative methods of medical practices led to criticism from other members of the medical field. Western medicine-practicing professionals were “convinced of their ... scientific superiority [and] they could not imagine the existence of a standard of values other than their own and they regarded its manifestation in China as an example of bad taste.” (Huard and Wong, 131) Opium usage had been very popular in Chinese communities, but was a source of outrage in the eyes of the public. “Nineteenth -century physicians were appalled by this sort of behavior” (Courtwright, 28). These physicians viewed the use of opium as a vice that has no medicinal purposes and only served to display the Chinese medicine practices as “uncultured.”

## **Research Design**

The main project goal is to answer the question: “How does medicine impact family life?” To explore this question, I took a look at slightly more specific questions such as, “What are typical medical practices in the Chinatown?”, “How were families utilizing medicine to impact quality of life?”, and “Are these medical resources readily available?”

In order to analyze medicine usage in the Market Street Chinatown, I had to identify what could be classified as “medicine.” Also, it is key that a definition of “quality of life” be determined to set the measurability of medicine’s impact. To go about answering these questions, I have conducted research of literary materials on Chinese medicine, 19<sup>th</sup> century medicine, Chinese overseas communities, and glass bottles and archaeology. I have identified, cataloged, and analyzed medicine bottles from the Market Street Chinatown collection, which will serve as the main source for my research.

I also incorporated a comparison of the Market Street Chinatown to the Woolen Mills Chinatown mostly in terms of recovered artifacts. The purpose of this comparison is to show the differences between a bachelor community and a family-oriented community, while having a basis for comparison of medicinal artifacts from Chinese overseas communities (Chinatowns).



## **Methodology/Methods**

When conducting a research project, it is important to consider what assumptions must be made for the research to be valid. The first assumption to be made is regarding the definition of “quality of life”. Quality of life is an actual medical term, usually referring to terminally ill patients. For the purposes of the research project, I must consider a more general definition that can reflect upon one’s life. I would like to use the idea that quality of life is one’s personal satisfaction with one’s living conditions (including environment and situation). The definition of quality of life brings up an interesting question to be discussed in the research of “How does one change one’s living conditions to improve quality of life?”

The next assumptions are directly related the Market Street Chinatown collection itself. The Market Street Chinatown was excavated in two different digs. The materials available to me in the laboratory were only of half the collection, labeled as 85-31. Thus, it must be assumed that the materials I have worked with can in fact represent the site as a whole. This assumption is particularly helpful when comparing the data from the Woolen Mills site to materials from the Market Street Chinatown site.

Another assumption that must be made refers specifically to the comparison of the Woolen Mills and Market Street sites. Although the Market Street site is primarily known as the family community, there are also a number of bachelors living at the site. An assumption must be made that despite the bachelors at the Market Street Chinatown, there are significantly more families that would reflect the materials seen in the collection, and most likely family life has influenced the bachelors’ lifestyles.

It is difficult to provide a definition of medicine so instead I limited what qualifies as medicine. My research focuses on medicine bottles including medicinal vials and paneled bottles. I chose not to include bottles for hair tonic, soda water, aromatic schnapps, although in many cases they may be considered medicinal. Limiting the research to particular bottles representative of medicine used at the Chinatown site, allows for more accurate analysis because the materials are indicative of traditional medicine.

The methods of analysis used are based on comparisons. By looking at only the Market Street Chinatown collection of medicine bottles, I can analyze trends and make interpretations based completely within the context of the Chinatown itself. After the in-depth analysis of the collection alone, I would incorporate the comparison with the Woolen Mills Chinatown to provide a broader context of Chinatowns in San Jose rather than just the Market Street Chinatown. The best method is to create a presence/absence list of medicine materials found on the two different Chinatown sites. Once there is a comparison between sites established, it is possible to more thoroughly analyze the Market Street Chinatown medicine bottle collection.

### Data

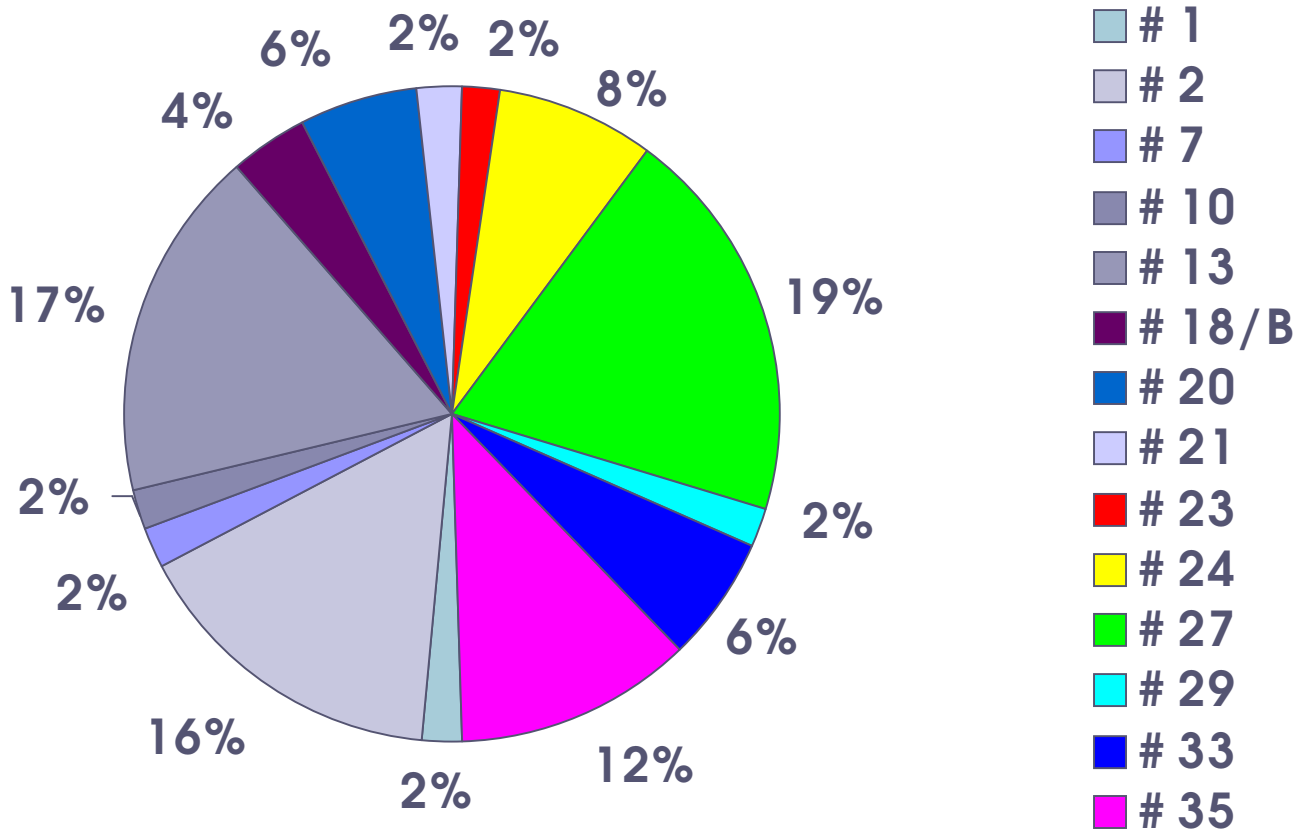


Figure 1: A pie chart displaying the spread of the features where the medicine bottles were found. The legend displays the feature numbers.

Catalog #	Feature #	Glass Color	Artifact Description	Weight	% Completed
85-31/35-9	35	Colorless	Medicine Bottle	10.7g	<25%
85-31/35-10	35	Colorless	Medicine Bottle	18.6g	<25%
85-31/23-48	23	Aqua	Indeterminate Use	28.2g	<25%
85-31/10-28	10	Aqua	Medicine Bottle	126.4g	50-75%

85-31/18B-1	18B	Aqua	Medicine Vial	16.1g	whole
85-31/13-67	13	Aqua	Medicine Bottle	28.4g	<25%
85-31/24-32	24	Aqua	Medicine Bottle	13.4g	<25%
85-31/33-17	33	Colorless	Medicine Bottle	38.1g	<25%
85-31/18-488	18	Blue	Medicine Bottle	30.3g	whole
85-31/35-23	35	Blue	Medicine Bottle	104g	50-75%
85-31/35-17	35	Brown	Medicine Bottle	123.9g	50-75%
85-31/24-27	24	Aqua	Medicine Bottle	230g	75-100%
85-31/27-12	27	Aqua	Indeterminate Use	52.2g	whole
85-31/13-65	13	Colorless	Medicine Bottle	29.1g	whole
85-31/35-20	35	Brown	Medicine Bottle	30.6g	<25%
85-31/13-323	13	Colorless	Medicine Bottle	1.7g	<25%
85-31/27-11	27	Aqua	Indeterminate Use	85.8g	whole
85-31/27-16	27	Aqua	Indeterminate Use	16.4g	<25%
85-31/27-14	27	Colorless	Medicine Bottle	24.5g	<25%
85-31/27-118	27	Aqua	Indeterminate Use	10.3g	<25%
85-31/13-66	13	Colorless	Medicine Bottle	41.0g	whole
85-31/27-123	27	Colorless	Medicine Bottle	36.2g	<25%
85-31/20-29	20	Aqua	Medicine Bottle	8.4g	50-75%
85-31/20-30	20	Aqua	Medicine Bottle	27.2g	75-100%
85-31/27-125	27	Colorless	Medicine Bottle	9.6g	<25%
85-31/27-124	27	Colorless	Medicine Bottle	8.0g	<25%

85-31/27-131	27	Green	Indeterminate Use	3.0g	<25%
85-31/2-72	2	Aqua	Medicine Bottle	42.4g	<25%
85-31/13-2	13	Colorless	Medicine Bottle	64.5g	whole
85-31/33-11	33	Colorless	Medicine Bottle	100.1g	whole
85-31/35-16	35	Aqua	Medicine Bottle	176.8g	whole
85-31/7-120	7	Aqua	Indeterminate Use	53.1g	25-50%
85-31/24-16	24	Colorless	Medicine Bottle	9.8g	<25%
85-31/24-19	24	Colorless	Medicine Bottle	13.7g	<25%
85-31/29-20	29	Aqua	Medicine Bottle	11.0g	<25%
85-31/13-288	13	Aqua	Medicine Bottle	87.1g	75-100%
85-31/2-73	2	Aqua	Medicine Bottle	34.5g	<25%
85-31/2-74	2	Aqua	Medicine Bottle	61.0g	<25%
85-31/2-75	2	Aqua	Medicine Bottle	8.9g	<25%
85-31/2-301	2	Colorless	Medicine Bottle	5.0g	<25%
85-31/2-82	2	Colorless	Medicine Bottle	64.5g	<25%
85-31/20-16	20	Aqua	Medicine Bottle	90.3g	whole
85-31/13-4	13	Aqua	Medicine Bottle	47.8g	whole
85-31/21-1	21	Colorless	Medicine Vial	29.8g	whole
85-31/13-318	13	Aqua	Indeterminate Use	22.0g	75-100%
85-31/13-324	13	Colorless	Medicine Bottle	19.4g	<25%
85-31/24-17	24	Colorless	Medicine Bottle	4.2g	<25%

*Table 1: This table includes all artifacts used in analysis of this research project.*

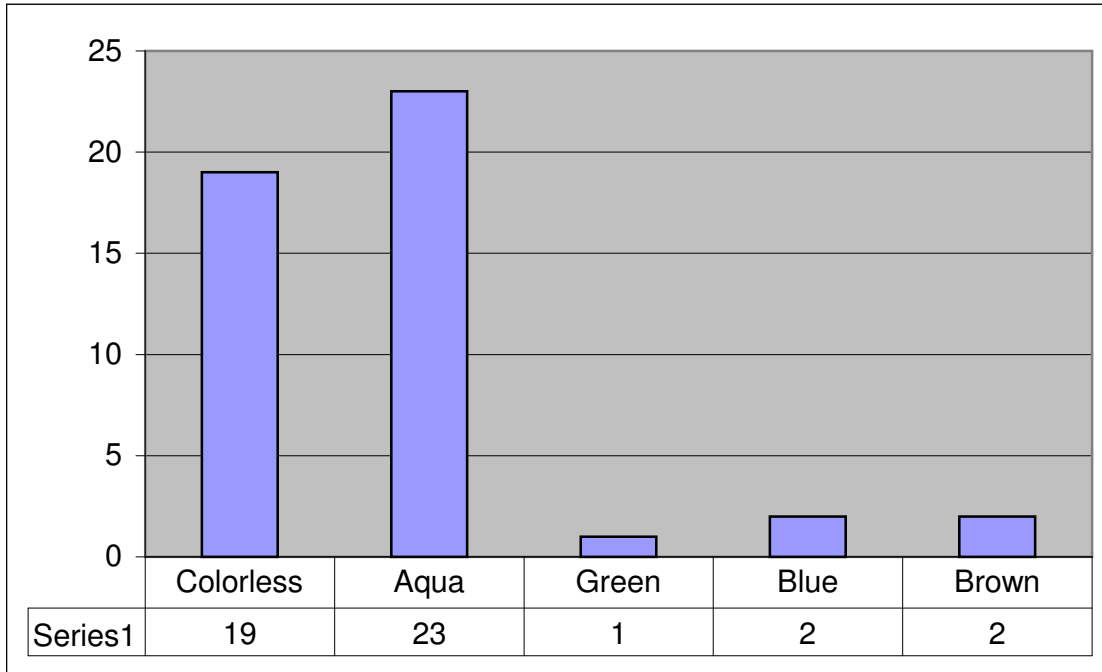


Figure 2: This table shows the distribution of glass color of the medicine bottles.

Market Street Chinatown	Woolen Mills Chinatown
Chinese medicine vials	Chinese medicine vials
Consumption Cure bottles	Consumption Cure bottles
General patent medicine bottles	Liniment bottles
	Cough Remedy bottles
Tonic bottles not considered “medicinal”	Tonic bottles
Local pharmaceutical bottles	Pharmaceutical bottles

Table 2: This table is simply a presence/absence list of the types of bottles found at the Market Street and Woolen Mills Chinatown sites.

## **Interpretations**

Figure 1 shows the great distribution of medicine bottles on the Market Street Chinatown site. Although there seems to be a good number of medicine bottles located in particular features, such as features 2, 13, 27, and 35, in general there is a widespread distribution of bottles over the entire site. This scattering of bottles may suggest that medicine was popularly used in specific areas, but also medicine practices were utilized throughout the Chinatown, including around stores and tenement housing.

Table 1 displays the variation in bottle size, color, and state of completion within the collection. As is emphasized by Figure 2, most of the medicine bottles are either made of colorless or aqua (natural) glass, which suggests that color was not very significant to medicine practice or that the contents of the bottles could not easily be damaged by exposure to light. It further suggests that alcohol was not a critical component of patent medicines. Patent medicine bottles were consistently found throughout the site, but very few were actually labeled. Thus, these bottles may have been used to store medicine created locally by a local herbalist or druggist. Bottles with embossing usually provide information about the pharmacy rather than about the contents of the container. This may suggest that the pharmacist used the bottles for storing multiple different medicines or that the pharmacist did not specialize in a particular medicine like for cough. It is possible that the druggist created medicine for individuals on a personal basis rather than commercially producing generalized medicines for promoting good health.

Many of the bottles are created using a cup bottom mold, although it is difficult to define the bottom seam around the base. Cup bottom molds were popular during the mid

to late-nineteenth century. However, through closer analysis, there are a couple of medicine bottles that have been made by semi-automated manufacturing methods, which is early and rather revolutionary for its time. Semi-automated and automated manufacturing methods are not popular until the early twentieth century.

Based upon my knowledge of the medicine materials in the collection, many bottle necks were found, but it is unclear whether they were snapped off of a bottle or if bottles simply were consistently broken around the neck. Medicine vials are usually the types of glassware that is opened by breaking its neck, but the numbers of vials found on the site are fairly small. On the Woolen Mills Chinatown site, there was a number of Chinese medicine vials found, particularly in one of their large cisterns.

The Woolen Mills Chinatown seemed to contain a greater number of medicinal artifacts. It was interesting to see that tonic bottles were classified as medicinal, whereas I have excluded tonic bottles from the medicine/health category. Colorless glass is more prevalent on the Woolen Mills site and aqua-colored glass is hardly popular. Looking at the Woolen Mills Chinatown report, it was apparent that the data on medicinal glassware came solely from two features (feature 501 and 502). Knowing that at least one of the features in the Market Street collection is from the bottom of a cistern, it seems that medicine bottles were not discarded as frequent or in as much abundance as on the Woolen Mills site. This may suggest that the inhabitants of the Market Street Chinatown re-used containers or the medicine bottles contained multiple doses of medicine. Another piece of evidence that supports this idea is that the medicine bottles found on the Market Street site are fairly large based upon weight and percent completion.



## Conclusions

While conducting this research project, I realized that I faced a number of limitations that ultimately effect the interpretations. Previously mentioned as part of an assumption, the fact that I did not have access to the entire collection of Market Street Chinatown artifacts. I had access to about half of the materials, but due to time constraints, not all of the materials were cataloged. Since the focus of the course and knowledge was on ceramics, the boxes containing ceramic materials were cataloged first. To obtain materials for my research project, it was necessary to look through each of the boxes containing glassware and find bottles that could readily be identified as medicinal. Thus I chose to focus my research on purely medicine bottles, excluding bottles for hair tonic and soda water.

I cannot know for certain whether I was able to collect, catalog, and analyze all medicine bottles. Most of the recovered bottles used in this research are patent medicine bottles, but the Chinese had also been known for re-using containers and it is possible that local medicines, like from an herbalist, could have been placed in bottles originally containing other materials, or perhaps not even in bottles.

Also, the comparison to the Woolen Mills Chinatown may be inaccurate because the actual sizes of the excavation sites are unknown. It is difficult to tell whether a comparison is a viable venue of research in terms of comparable conditions like size, depth, and background information on the inhabitants.

Despite the limitations of this research project, it is possible to come to some tentative conclusions. Referring back to the question posed to this research project of “Do families utilize medicine practices to improve quality of life?”, I believe it to be true.

It seems that families all over the Chinatown site were using medicine in some way in their lives. Families were taking preventative measures against diseases and ailments. There are not a lot of single-dose medicine vials on the Market Street site, and there is a large number of bottles that may have contained multiple doses of medicine. This would suggest that the Chinese felt secure in the Chinatown and were willing to make a personal investment in maintaining health and establishing themselves in the community. Particularly compared to the Woolen Mills Chinatown, the Market Street residents predominantly took care of each other in groups, most likely evidence of family units. Woolen Mills residents sometimes would take care of one another, but the significant number of single-dose medicine vials suggest that the bachelors made less of an effort to become engrained in daily life, and perhaps viewed their situation as temporary, so medicine was purchased on an as-needed basis.

The main, yet very tentative, conclusion is that living as a family seems to increase one's quality of life or in the very least, inspires on to improve quality of life.

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