

THESIS

FINDING PRIVACY IN THE RED-LIGHT DISTRICT:
AN ANALYSIS OF VICTORIAN ERA MEDICINE BOTTLES FROM THE VANOLI
SITE (5OR.30) IN OURAY, COLORADO

Submitted by

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ABSTRACT

FINDING PRIVACY IN THE RED-LIGHT DISTRICT: AN ANALYSIS OF VICTORIAN ERA MEDICINE BOTTLES FROM THE VANOLI SITE (5OR.30) IN OURAY, COLORADO

A sample of bottles from the Vanoli Site (5OR.30), part of a Victorian era red-light district in Ouray, Colorado are examined. Previous archaeological studies involving the pattern analysis of brothel and red-light district assemblages have revealed high frequencies of medicine bottles. The purpose of this project was to determine whether a sense of privacy regarding health existed and how it could influence disposal patterns. The quantity and type of medicine bottles excavated from two pairs of middens and privies were compared. A concept of privacy was discovered to have significantly affected the location and frequency of medicine bottle disposal. A greater percentage of medicine bottles was deposited in privies, the private locations, rather than the more visually open and accessible middens. This study concludes that, while higher percentages of medicine bottles are found within brothel and red-light district locations, other factors such as privacy and feature type may affect the artifact patterns associated with such sites.

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CHAPTER 1

INTRODUCTION

This thesis examines a sample of bottles from the Vanoli Site (5OR.30), part of a Victorian era red-light district in Ouray, Colorado. Earlier archaeological research involving the pattern analysis of brothel and red-light district artifacts have noted high frequencies of medicine bottles within these collections. This project was undertaken in order to explore the high frequency of medicine bottles further by analyzing a collection of bottles according to the type of feature in which they were deposited. The purpose of this project was to determine whether a concept of privacy existed in regard to health and how it could influence disposal patterns. The quantity and type of medicine bottles excavated from two pairs of middens and privies were compared. Through the analysis of bottles from these four features, it was established that cultural ideology, in this case the sense of privacy surrounding one's health, could influence disposal patterns. The amount of privacy associated with features was discovered to significantly affect the location and frequency of medicine bottle disposal. A greater percentage of medicine bottles was deposited in the more private locations, privies, as opposed to the more public areas, the middens. This study concluded that, while higher frequencies of medicine bottles occur within brothel and red-light district sites, factors such as privacy and feature type may affect artifact patterns.

PATTERN ANALYSIS

Previous archaeological studies have revealed a variety of trends within Victorian red-light district artifact assemblages. In the 1970s, Stanley South used functional groups to categorize artifacts in an effort to determine a signature artifact pattern for certain types of archaeological sites (South 1977). Many studies have since used and built upon South's work by conducting quantitative examinations of assemblages by separating artifacts into a variety of categories in order to identify patterns (Sprague 1981; Watson et. al 1984; Martin 1985; Seifert 1991; see Blee 1991 for a discussion of some of these studies). These archaeologists searched for a pattern, or signature, unique to the site or type of site. These trends can be used to compare important functional aspects of sites and site types as well as give insight into past human activities. (For information on the use of quantitative and pattern recognition approaches and the need for a larger historical archaeology database on Colorado Victorian sites see Baker and colleagues (2007: 168-175)).

Working in Washington D.C., Seifert (1991) and Seifert and Balicki (2005) used pattern analysis to compare Victorian brothel assemblages and a variety of household types in order to distinguish how consumer patterns differed. Artifacts were separated into eight functional categories created by South (Seifert 1991: 97; Seifert and Balicki 2005: 61, 64-65). Seifert's (1991: 98) earlier pattern comparison from the Hooker Division revealed that the brothel assemblage had greater proportions of clothing, personal, tobacco and activity related items and lower proportions of kitchen and architecture related items. Seifert (1991: 103-104) determined that, while many aspects the lives of working girls and prostitutes were similar, working class households made

consumer choices based on family considerations while the brothel made purchases based on individuals' personal preferences and the madam's business decisions. Seifert and Balicki (2005) built on Seifert's earlier work by comparing multiple brothels with a variety of household types but also examining smaller sub-categories of artifacts within the eight functional groups. The pattern analysis resulted in the revelation that brothel patterns differ from each other in relation to period and class in addition to differing from other types of households (Seifert and Balicki 2005: 65). There is no one unique artifact pattern that signals a brothel (Seifert and Balicki 2005: 71).

While the above work confirmed that no single, identifying brothel artifact signature exists, other studies have noted patterns and similarities among brothel and red-light district sites. Rebecca Yamin (2005) compared the artifact pattern from a New York brothel privy to that of a contemporary upper-middle class household site. She determined that the prostitutes led dual lives, pretending to be of higher class during work but actually living at a lower class level (Yamin 2005: 16). In another study, Meyer, Gibson, and Costello (2005) compared the artifact pattern of a Los Angeles brothel privy to those of neighboring household deposits and discovered differences in the frequencies of artifacts associated with alcohol, food, and grooming and health. The study concluded that the quality of social drinking was higher in the brothel, that the brothel had served guests food on higher quality ceramics while the prostitutes themselves used vessels similar to that of their neighbors, and that the brothel had a significantly higher percentage of grooming and health related items (34%) as compared to the neighboring domestic sites (20%) (Meyer et al. 2005: 122). In the final artifact pattern analysis to be discussed here, Catherine Holder Spude (2005) used a variety of artifact categories

including gender-specific groups and compared eight brothel and saloon assemblages, including the Vanoli Block assemblage, to a variety of domestic sites in order to explore how gender affected the business types' material culture. Spude (2005: 100) concluded that brothels had high frequencies of female-specific artifacts and medicines while saloons had higher frequencies of male-specific items and "other" artifacts. While each pattern analysis mentioned above was meant to answer different questions, two of the three brought forth an interesting similarity, the high frequency of health related items.

HIDING ILLNESS IN OURAY

Many archaeological studies on American Victorian brothels and red-light districts refer to high numbers and frequencies of medicine bottles and other health related items (See Chapter 3). While this pattern is frequently indicated within articles and graphs, few archaeologists attempt to explain or investigate further. This project is meant to expand upon their work. High medicine bottle frequency is investigated and compared to the frequency of other bottle types within the context two particular types of features. The hypothesis examined here is that medicine bottles, especially those related to serious or socially taboo health issues, would be more frequently disposed of within privies rather than middens and therefore demonstrate that human conceptions of health and privacy can affect artifact patterns in American Victorian era red-light districts. This hypothesis was tested by analyzing the glass bottle assemblages from two middens and two privies within a single red-light district.

The first question addressed with these data concerned the factors responsible for the red-light district artifact signatures being discussed within the archaeological pattern analysis studies cited above, especially the high frequency of medicine bottles. In

modern times, medicine and health are often related to privacy. Two examples supporting the previous statement are that certain illnesses, such as STDs, are often considered unacceptable topics of conversation and that health-care providers are not allowed to release patient information without permission. The initial two part question is, therefore, as follows: Did a concept of privacy relating to health exist within the American Victorian period and how would that concept of privacy possibly affect disposal patterns of medicine bottles within the red-light districts? To answer this question, this project compares the bottle glass in privies with those from nearby middens. As discussed later in detail, privies offered a more private disposal location as opposed to middens which are more public. The results of the privy/midden analysis led to the answer of the second portion of the question. If human concepts of privacy or other factors affect where medicine bottles were disposed of then the types of features being examined must be factored into the pattern analyses.

The second and third questions being answered within this paper are supplementary questions. The second question, also in two parts, focuses on the individual medicine bottles and asks “What health issues were being treated within the red-light districts and how were people coming by their remedies?” This question allows the inquiry as to what the contents of the medicine bottles were meant to treat but also the examination of what illnesses may have been considered more private than others. The manner in which the occupants of the red-light districts obtained their medicines also speaks to the level of privacy of each illness. The third question asks “Did gender affect the disposal pattern of medicine bottles?” This question considers whether men and women had different health problems and whether they reacted in the same manner.

Conceptions of privacy could vary according to gender and thereby affect how each gender obtained medicine, which types of treatments they used, and how and where they disposed of their medicine bottles.

The analysis reported here was conducted on artifact samples that came from two privy/midden sets from the Vanoli Site, a single city block of Ouray, Colorado's red-light district. Ouray is situated roughly 200 miles southwest of Denver in the San Juan Mountains and was founded as a mining town in 1876 (Smith 2003: 22). The Vanoli Block's functioned as part of the red-light district between the early 1880s and Colorado Prohibition in 1916. As little was done with the property since the businesses closed in the early 1900s, the Vanoli Site offered a unique, intact archaeological site. Steven Baker realized the Vanoli Block's potential as a scientific resource and initiated a project in 1970 to excavate and salvage portions of the site before its demolition (Baker et al. 2007: 170). Initial quantitative data following the excavation was based on artifact counts from categories reminiscent of those of South (Baker et al. 2007: 170). Information from the original Vanoli Site artifact counts has been used in various studies (see Baker 1978, 2006; Blee 1991; Spude 2005).

After the excavation of the site, the artifact collection was stored privately by Steven Baker until 2009 when it was transported to Colorado State University (CSU). CSU's Anthropology Department has taken a key role in the further analysis and curation of the Vanoli collection. During the spring semesters of 2010 and 2011, the students of the graduate seminar in Historical Archaeology used the Vanoli collection as both a teaching tool and subject matter for research projects. In addition, a number of graduate

students and practicum students have begun working with the collection for individual projects and laboratory experience. This thesis is one portion of the student research being conducted on the Vanoli assemblage at CSU.

SUMMARIZATION OF CHAPTERS

This project explores how conceptions of privacy regarding health affected the disposal of medicine bottles at two businesses within the Vanoli Block, in Ouray Colorado. This thesis set out to examine whether medicine bottles, especially those treatments for more serious and socially unacceptable health problems, would be more frequently disposed within private locations, such as privies. In doing so, this research suggests that differences in artifact signatures could be influenced by the type of features being excavated and other factors such as human values.

Chapter Two and Chapter Three provide the necessary historical and contextual background to understand the project. Chapter Two is entitled “Mining and Red-Light Districts”. This chapter provides temporal and cultural context through brief overviews of the history of the American West, Colorado, Ouray, and the Vanoli Block as they relate to mining and red-light districts. As such, this chapter conveys how both the Vanoli Block and the town of Ouray were formed and operated. Chapter Three offers further thematic context for this project by relating the history of American Victorian health and medicine to the concept of privacy as well as the occupation of prostitution. Within this chapter are discussions on how health and medicine were viewed in the Americans Victorian era, how archaeology has explored the topics of Victorian health and privacy, and how sex work can affect one’s health.

Chapter Four outlines the research methods involved in this project. A brief description of the methods used during the 1970s excavations explains certain archaeological terms and techniques important to the understanding of the analysis. The reasoning behind the selection of the artifact sample and the work conducted upon it are also detailed within this chapter. The “Methods” section outlines the recordation and analysis of the bottle assemblage.

Chapter Five presents both the quantitative and qualitative analysis of the data. Patterns within the quantitative analysis are identified. Significant individual medicine bottles and their uses are also discussed in order to provide information on the types of illnesses present as well as the sources of procurement of various medicines. The final part of the analysis considers gender differences and whether they affected the data. This chapter identifies and discusses the information revealed within this study and provides the basis for the conclusions.

Chapter Six explains the findings of this project and their significance. The earlier stated hypothesis proved to be correct. The notion of privacy does not appear to have affected the discard habits of Ouray, Colorado’s red-light district occupants. Medicine bottles were deposited more frequently in privies rather than middens. Additionally, a variety of health problems and consumer trends were identified within the red-light district’s artifact sample. Interestingly, these illnesses may have varied according to gender. Finally, suggestions for additional, related research are proposed.

CHAPTER 2

MINING AND RED LIGHT DISTRICTS

The American Victorian era is a term often used to describe the period between the mid-nineteenth century and early twentieth century. The actual years vary depending on the sources. Thomas Schlereth (1991) uses the dates 1876 to 1915 for his book while Shifflett (1996) ends the era in 1913. While the temporal range is not always agreed upon, historians do agree that this period of American history was characterized by industrialization, geographical expansion, immigration, and modernization (Howe 1976: 3; Schlereth 1991, Shifflett 1996).

The cultural characteristics listed above correlate well with the United States' expansion into the western frontier during the Victorian period. The idea of modernization and the increasing movement away from agricultural areas and into urban and industrial areas led to the need for more raw materials. This, in addition to the growing population, led to the expansion into the West. Miners were often some of the first people to lead the way into the western regions, such as Colorado. These miners were men from a variety of backgrounds seeking wealth and success (Shifflett 1996: 9). Where they went, others often followed in hopes of securing a share of the fortune.

A BRIEF INTRODUCTION TO COLORADO MINING

A high number of Colorado's historical archaeological sites date to the Victorian Era, many of which are mining settlements (Baker et. al.2007: 153-154). Donald L. Hardesty (1991: 31) links western mining sites such as those in Colorado with the larger

world system through their dependence on the world market and capitalist system. He indicates that mining communities went through boom and bust cycles during which their ties to the financial and industrial core strengthened and waned (Hardesty 1991: 31). Hardesty (1991: 31) states that the boom periods were accompanied by large amounts of labor, technology, capital, and supplies being invested in the periphery followed by the bust period in which the capital system withdrew support from the periphery and miners labored only for their own subsistence. The Colorado American Victorian Era therefore commenced with a boom and steady support from the core.

The 1858 discovery of gold at Pikes Peak launched the mining boom and a mass migration to the area later known as Colorado quickly followed; approximately 100,000 would-be miners traveled to the eastern slope of Colorado's Rocky Mountains within the following year (Smith and Brown 2001: 51; Stoehr 1975: 3). As usual with initial mining prospects in the West, many of the Colorado gold rushers were single young men aspiring to make a quick fortune and a triumphant return home (Stoehr 1975: 3-4). While many miners did not settle permanently, the population rose to over 25,000 people making Colorado an official territory in 1861 (Stoehr 1975: 6). These prospectors traveled further and further into Colorado territory, and soon mining camps and towns were being formed on both the eastern and western slopes. Roads were created for easier travel and transport of supplies over the mountain passes to the more isolated areas of Colorado (Stoehr 1975: 7). Railroads were slower to follow miners to the western slopes, making the cost of living higher and access to goods more limited. Once a railroad was established, towns along the route often experienced rapid development (Baker et al. 2007: 158).

The increasing population and political importance of Colorado was confirmed in 1876 when it was granted statehood (Stoehr 1975: 7). The state's economic power could be seen in the value of the ores which it produced. While the initial rushers prospected only for gold, other ores such as silver and lead were mined as early as the 1870s (Stoehr 1975: 6). Prior to the Silver Crisis of 1893, Colorado was producing over 20 million dollars worth of silver and over five million dollars worth of gold annually (Stoehr 1975: 8). For a time, Colorado was the top mining producer in the union.

Because a large portion of the state's economy focused on silver production, 1893 and the subsequent years were a very difficult time for Coloradoans. That year marked the repeal of the Sherman Silver Purchase Act (Stoehr 1975: 9). This federal action demonetized silver and switched the United States from a bimetallist monetary system to the gold standard by no longer requiring the mints to purchase silver. The resulting drop in the demand and price of silver became known as the Silver Panic of 1893. That year marked an economic crisis for many men, families, and businesses. Mining, however, continued within the state, as some miners adapted to the new markets by seeking gold and other ores.

PROSTITUTION IN THE WESTERN RED LIGHT DISTRICTS

Historian Julia Laite (2009: 741) notes in her research that prostitution has been linked to industrial development and capitalism. This is true in the case of the American West during the Victorian era. Red light districts were quick to appear in mining camps and boom towns throughout the mining landscapes of California, Colorado, Nevada, Montana, and Alaska. Mining communities, especially in their initial years, offered numerous business opportunities for saloons, gambling halls, dance halls, and

prostitution. Western territories and mining communities commonly had an unequal ratio of men and women. Shifflet (1996: 9) states that the 1870 census reveals that while the ratio of men to women in the United States was equal the distribution of the genders across the nation was not. Men outnumbered women in the western frontier three to one (Shifflet 1996: 9). In 1861, only 4,484 women were among the 25, 329 people living within the Colorado Territory (Stoehr 1975: 6). In the face of that gender disparity, the formation of red light districts is logical from a business prospective.

Despite the simplicity of supply and demand, Laite's (2009) study of prostitution within several mining contexts presents a variety of perspectives on the subject revealing the possible complexity of the situation. She exposes prostitution as a strategy of resistance, a way in which women, who were not usually permitted to physically claim or work in the mines themselves, found a way to make a profit from the mines (Laite 2009: 742,744). In this light, we can see prostitutes as women rebelling against the rules of society by traveling west in search of their own fortunes while many of the female conformists remained in the East. Laite states that the line between this type of resistance and survival was thin (2009:246). Few other employment opportunities existed for women at the time. Finally, prostitution can be seen as the "reproduction of male labor" as it was such an integral part of the mining community (Laite 2009: 742). Prostitutes played many roles within the mining community by performing not only sexual labor but domestic labor as well. From the numerous and often shifting perspectives presented by Laite, prostitution in mining towns appears to be a multi-faceted topic and not the simple, straight forward subject it often appears to be.

While it remains uncertain how many women prostituted themselves as an act of rebellion as opposed to that of survival, it is known that numerous women participated in the sex industry during the American Victorian era. Historian Anne Butler (1985: xvii) notes that an estimated 50,000 prostitutes worked west of the Mississippi during the second half of the nineteenth century. These women represented many backgrounds, races, nationalities, and ages. Unsurprisingly, their trade was also quite varied. Butler (1985: xvii) and MacKell (2004) describe four distinct types of prostitution found in western red light districts: brothel workers, saloon and dancehall girls, crib workers, and street walkers. The term brothel, a house of prostitution, can indicate a range of working situations from upscale parlor houses to low-class brothel tents (MacKell 2004: 287, 12). These businesses usually employed multiple prostitutes under the management of a madam or business owner. In contrast, dancehall girls usually worked in saloons or dancehalls by dancing, singing, and performing skits with some girls doubling as prostitutes (MacKell 2004: 13). Crib girls were common in smaller towns and often worked by themselves out of small houses or shacks, called cribs, while paying rent to a landlord for the space (MacKell 2004: 14, 16). These cribs were usually clustered together along alleys or roads (Butler 1985: xviii). Street walkers were the poorest type of prostitute who earned the least money, rented only the poorest accommodations, and were the unhealthiest (MacKell 2004: 16). All of these types of prostitution were present within Colorado and the Western frontier.

Prostitution was a difficult profession. Women moved frequently to avoid the stigma and legal ramifications of their occupation as well as to search out fresh client bases (Butler 1985; MacKell 2004). They usually had little money and clung to their few

material possessions (Butler 1985). Historians have indicated that the prostitutes' social lives were limited to clients, co-workers, pimps, madams, and, in some cases, their spouses (Butler 1985; MacKell 2004). Butler (1985) suggests that these relationships were often fleeting and abusive. The living conditions and occupational hazards that these women faced are cited as contributing to the suicide, addiction, alcoholism, and illness which marked many western prostitutes' careers (Butler 1985, MacKell 2004).

Many of the emotional and substance abuse problems may have stemmed from the way these women were perceived. During the American Victorian era, prostitution was seen by mainstream society as an immoral institution with the prostitute often portrayed as the offender. A cultural transition involving the sexuality of the genders occurred at the beginning of the Victorian era. While men and women had been previously portrayed as being equally desirous of sex, this view shifted so that women were believed to be disinclined to participate in sexual activities (Haller and Haller 1974: 98; Vermeer 2006: 32). With men being portrayed as more sexually driven than their wives, society figuratively turned its back on men's discrete visits to the red light districts (Haller and Haller 1974: 237). Due to this secretive attitude toward prostitution, brothels, parlor houses, and even cribs were often labeled as boarding houses or female boarding on maps and within city directories (MacKell 2004: 10, 288). Often the public appears to have allowed prostitution to continue so long as it remained in the background of society. Jaclyn Reid (2004: 5) describes Victorian prostitutes as "balanced between visibility and invisibility, knowledge and the unknown, and acceptability and exile". Calls for legal action and the dispersal of red light districts often came following a public incident, such

as a drunken prostitute roaming the same streets as school children (MacKell 2004: 103). The mining communities often allowed red light districts to quietly flourish for a surprisingly long time after the initial mining boom died.

As indicated by Laite, red light districts and prostitution remained common fixtures in mining communities after the initial rushes ended for a variety of reasons. The views of their impact on society, however, shifted during the development of the mining communities. Small red light districts usually formed while individual prospectors owned claims in mineral rich areas during the early development of the mining communities. These men, however were often unable to fund the development of their mines and sold their claims to rich business men or stock companies. This transition of ownership not only caused changes within the mines but within the mining communities as well. As mines became more developed and structured, companies and managers hired individual miners for a wage as opposed to the temporary fortune seeking prospectors of the initial rushes (Jameson 1998: 38). In these early stages, prostitution was often considered a "necessary evil" (Laite 2009: 749). Prostitutes kept the miners happy and entertained between shifts, patronized many local businesses, were early civilizing influences on the miners, and performed charity and domestic work which was normally performed by other groups of women out East (Vermeer 2006: 44; Laite 2009: 749-753). As mining communities developed, the perspective on prostitution changed and it was considered more detrimental. Mining as a "wage-earning occupation" drew more permanent types of employees and their families (Jameson 1998: 38). Prostitutes would not be needed to perform as many domestic or charitable services. Mining companies also saw them as becoming a threat to production as the men often escaped

corporate space and rules by spending time at the red light district (Laite 2009: 748,755). In addition, communities viewed prostitutes as impure elements and a reminder of economic decline rather than of the glory of earlier boomtowns (Laite 2009: 755-758). Despite the shifting positions on prostitution in the communities and the influx of other women, many men, both married and single, continued to patronize the red light districts.

THE FORMATION OF OURAY, COLORADO

Ouray, Colorado is located in a mineral rich area along the Uncompahgre River in the San Juan Mountains (See Figure 1). The community was founded after successful prospecting in the area during the initial period of exploration and mining of the southwestern portion of the Colorado territory. Prospectors arrived during the 1860s, but the first discovery of silver, the Trout and Fisherman Lodes, did not occur until 1875 (Smith 2003: 9, 13). Within a year of this initial discovery, hundreds of mining claims were registered in the immediate vicinity (Smith 2003: 33). The community of Ouray was the result of not only those miners, but the businesses and people that followed them hoping for a share of the profits.

The year between 1875 and the end of 1876 marked the initial development of Ouray as a mining settlement. Ouray was officially declared a town site by the county commissioners in 1876 (Smith 2003: 22). By that summer, a post office, grocery store, blacksmith shop, saloon, meat market, and hotel had been established (Smith 2003: 16, 20-21). These businesses supported the mining efforts by supplying the miners with food, equipment, services, and shelter. As the number of mines in the area increased, the

demand for these goods and services also escalated. The profits made by miners were often spent in these local businesses because, prior to the arrival of the railroad, the transportation of goods and services from areas like Denver proved slow, difficult, and expensive.

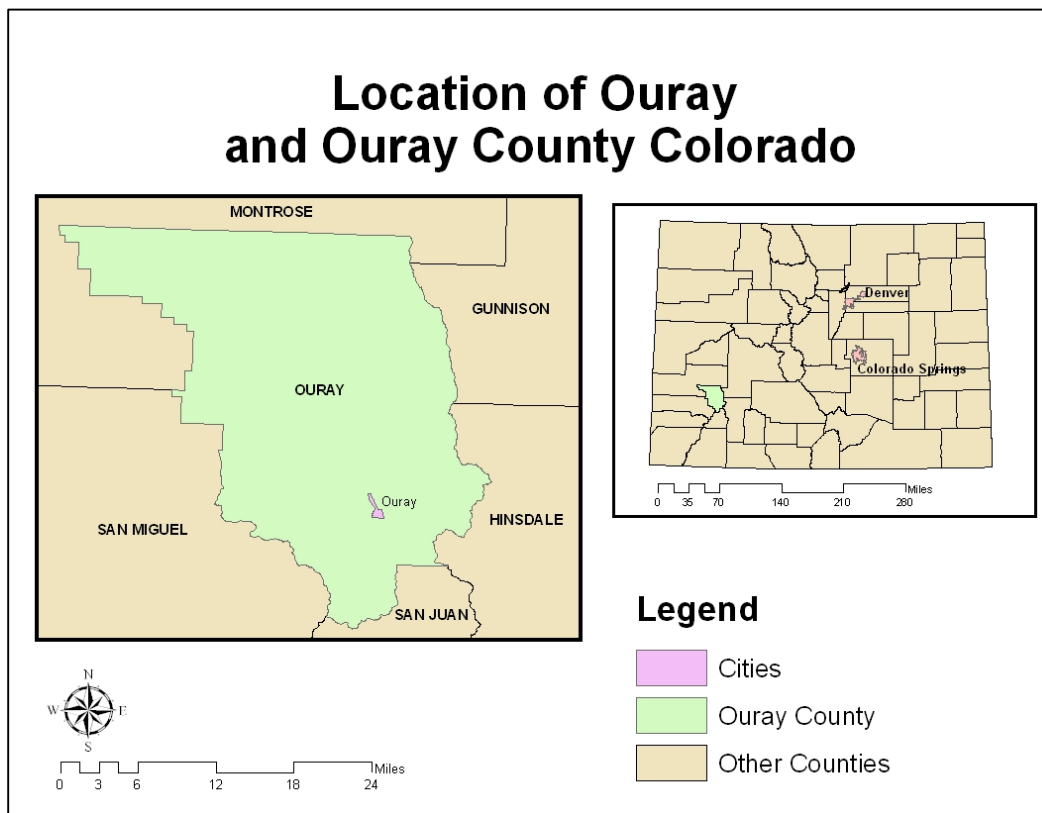


Figure 1- The above maps indicate the location of the city of Ouray and Ouray county in relation to the state of Colorado and the larger cities of Denver and Colorado Springs.

The subsequent years saw an increasing development of the mining community. Ouray became the county seat of Ouray County in 1877 with a population of over 400 people (Smith 2003: 22-23). By the 1880s, Ouray was ranked among the top ten largest towns in Colorado with 864 people (Bachman and Bacigalupi 1990: 9; Smith 2003: 45). The county itself had a population of 2,669, including townspeople, miners, ranchers, and farmers (Bachman and Bacigalupi 1990: 9-10). Multiple silver mines in the Ouray area produced millions of dollars worth of ore in the 1880s (Smith 2003: 46-47). This period

of successful mining initiated the further development of Ouray as mining profits flowed into the community. Ouray's affluence was demonstrated by the number and style of prominent and public buildings that were built during this period, including the Beaumont Hotel, St. Joseph's Miner's hospital, and the Wrights Opera House (Smith 2003: 51-54). The area's prosperity was only improved through its connection to the outside world via the completion of a railroad line running to Ouray in 1887 and the arrival of a second line in 1890 (Wolle 1974: 371; Gregory 1995: 59). The rapid growth of population and the development of businesses, institutions, and transportation reveal that Ouray was a flourishing boom town during the 1880s.

Despite the seemingly firm foundation laid by its success during the 1880s, Ouray faced a difficult time during the 1890s. The Silver Panic of 1893 caused many local mines to close and even more miners to be laid off (Gregory 1987: 6). The impact of this economic crisis can be seen by reviewing the county and city populations prior to and after this date. In 1890 the city held a population of 2,534 people with 6,510 people living within the county (Bachman and Bacigalupi 1990: 9). By 1900, 2,196 residents continued to live in town but only 4,731 residents remained in the county (Bachman and Bacigalupi 1990: 9). The drop in mining revenue caused many Ouray businesses to close, a local bank to fail, and hundreds of people became unemployed or left the area (Gregory 1995: 88; Smith 2003: 63). The local mining industry subsequently switched from relying primarily on silver to focusing two-thirds of the production on gold (Wolle 1974: 371). The switch to gold production in the mines saved the community of Ouray from vanishing, but the town never achieved the same status and prosperity as before.

THE DEVELOPMENT OF OURAY'S RED LIGHT DISTRICT

The red light district in Ouray formed over time with its prosperity mirroring that of the greater community. The 'sporting culture' was popular from the establishment of the settlement. A saloon was built within a year of the discovery of silver (Smith 2003: 16, 20-21). From that beginning, the number of saloons and other 'sporting' establishments rose until reaching their peak during the late 1880s and early 1890s. At its height, Ouray boasted roughly 35 saloons with an undisclosed number of gambling parlors, dancehalls and brothels (Smith 2003: 56). Ouray's red light district existed on Blocks 7 and 9, located on 2nd Street between 7th and 8th Avenues as well as Block 8 along 3rd Street between 8th and 9th Avenues (Sanborn Insurance Maps: 1886, 1893, 1899, 1908; Smith 2003: 54). These blocks were located towards the outer edges of the northwest side of town, just a block or so east of the Uncompahgre River and later the railroad. Roughly 100 girls worked in the houses of prostitution in Ouray between the 1880s and 1890s (Gregory 1982b: 2; Smith 2003: 55; MacKell 2004: 103). These establishments included the Temple of Music, The Bon Ton, the Bird Cage, the Monte Carlo, the Clipper, the Morning Star, and the Club (Smith 2003: 55; MacKell 2004: 103). During the boom years, the red light district provided multiple forms of entertainment to many men and could be seen as an investment by businessmen.

The development of mining claims and the arrival of the railroad during the late 1880s signaled a shift in Ouray's perception of the red light districts. The influx of women, temperance and religious groups, and town development would play key roles in the continuous attempt to control and shut down Ouray's red light district. The initial movement occurred in the 1880s when brothels were officially outlawed, with fines for

prostitution ranging between ten and one hundred dollars (Gregory 1982b: 2; Smith 2003: 54; MacKell 2004: 103). The law seemed to have little effect on the red light district and the fines likely had more to do with raising funds for the community than actually halting prostitution. Another movement in 1895 focused on closing dancehalls and eradicating gambling and prostitution (Smith 2003:73). This movement temporarily succeeded in 1902 with the closure of dancehalls and again in 1903 when most forms of gambling were outlawed (Gregory 1982b: 49; Smith 2003: 80). With most of the attention on prohibiting gambling and dance halls, prostitution was still flourishing in 1908 (Gregory 1982b: 53). The major downfall of the red light district came in 1916 when Colorado passed its state prohibition officially closing the saloons (Smith 2003: 86). There were few ways in which red light district businesses could legally profit. Bootlegging and secret gambling were known to occur but never at the same levels as before. Most of the red light district businesses died out while a few illegal industries lingered in secret.

THE HISTORY OF THE VANOLI BLOCK

The portion of Ouray's red light district known as the Vanoli Block was originally designated as Block 8 and situated on 3rd Street between 8th and 9th Avenues See Figure 2). Block 8's red light businesses were located primarily along 3rd Street, rather than being located along 2nd Street like those of Blocks 7 and 9. 3rd Street was Ouray's main street so any person entering Ouray from the north or traveling through town would pass by the Vanoli Block businesses.

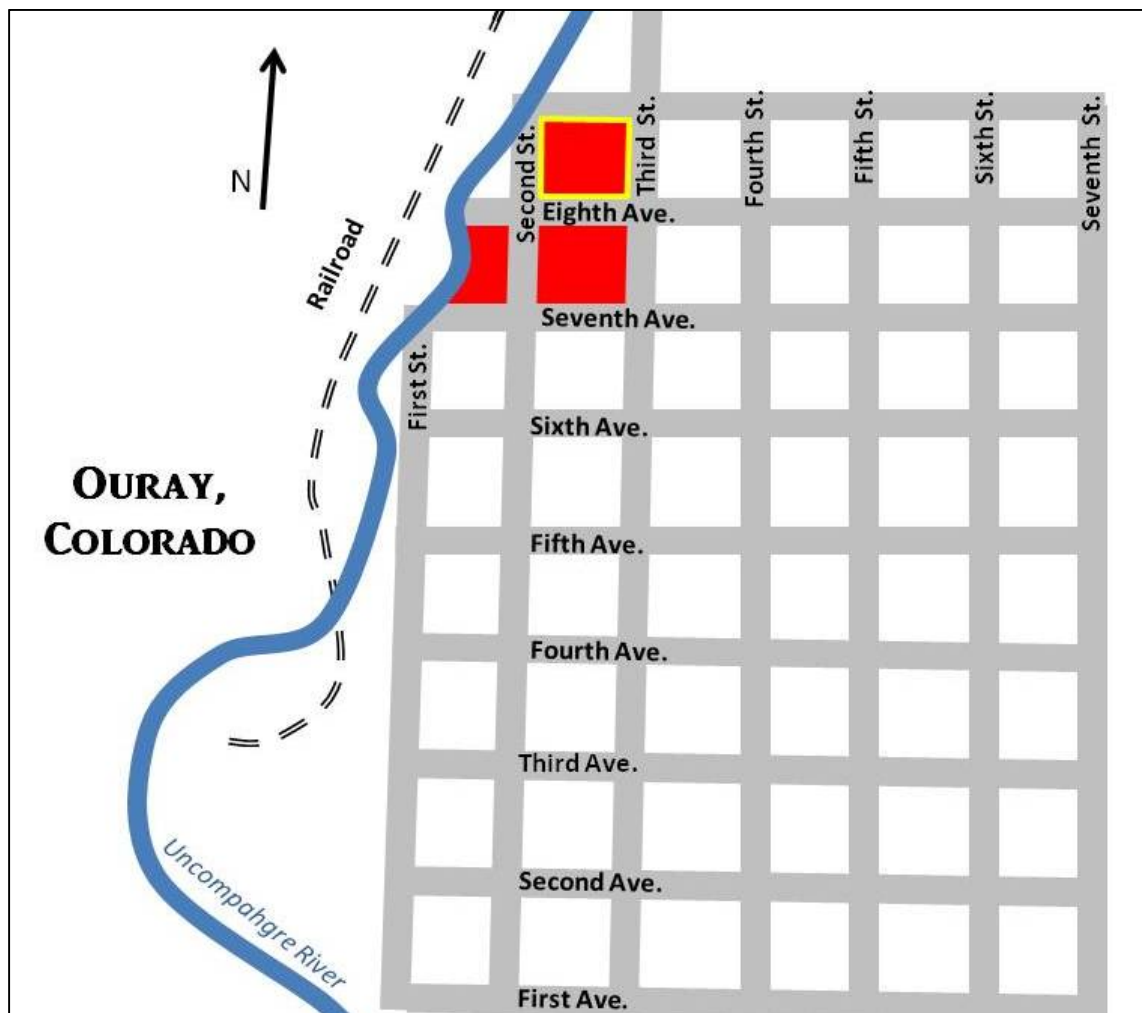


Figure 2- The above map shows where the Vanoli block, highlighted with a yellow border, and rest of the red light district were located in association with the rest of Ouray.

The Vanoli Block is named for the Vanoli family who owned the majority of red light businesses and property on that block. The Vanoli family was headed by two Italian immigrant brothers, John and Domenick (Gregory 1982a 19). The 1880s and early 1890s were a prosperous time for the brothers as they came to own several red light businesses Ouray, Red Mountain, and Telluride (Gregory 1982b: 1; MacKell 2004: 103). At the height of Ouray's prosperity, the Vanoli block featured two types of properties; those associated with the freighting industry and those related to the red light district. By the

turn of the century, buildings on Block 8 included a livery, barns, a freighting office, wagon storage, two saloons, a Chinese laundry, the 220 dancehall/boarding house, the Gold Belt theatre, a possible restaurant, and many facilities for prostitution (Sanborn Insurance maps from 1886, 1893, 1899, 1908; Block 8, Ouray, Colorado map ca. 1900; Gregory 1982a: 19; Smith 2003: 55). The Vanoli family came to own four of the six red light businesses and multiple cribs located on the block. Among other things, the Vanoli family's businesses featured liquor, dancing, gambling, vaudeville, and prostitution (Gregory 1982a: 19).

Table 1- This table indicates the development of the Vanoli block's red light businesses as seen within the Sanborn Insurance maps. During the height of the red light district the Vanoli's owned lots 8,9, 19, 20, 21, and 22.

Development of the Vanoli Block's Red Light Businesses				
Lots	1886	1893	1899	1908
1-2	dwelling with attachment	3 female boarding houses	single structure	wagon supply storage
8	empty	dwelling	dwelling	female boarding
9	empty	structure present	structure	burros
17	dwelling	2 dwellings	Chinese laundry and 4 cribs	Chinese laundry and dwelling
18	coal house	lodgings	saloon	saloon
19	empty	saloon with attachment	saloon with attachment	saloon with attachment
20	vacant building	building with attachment	dwelling with attachment	dwelling with vacant attachment
20-21 (220)	boarding	boarding	boarding	tenements
20-22 (Gold Belt)	empty	Gold Belt	Gold Belt	Gold Belt

In 1885, John Vanoli made his first purchase, a building on Lots 21 and 22, later known as the 220 (Smith 2003: 55). The 220 may have originally been built in 1881 and known as the Grand Pacific hotel which boasted liquor and gambling on the first floor and rooms for women on the second (Gregory 1982b: 3-5). While the Sanborn Insurance maps listed the building as a boarding house, it is well known that the 220 acted as a popular dancehall as well (Gregory 1982b: 10). The upstairs boarding rooms were often

used for prostitution (Gregory 1982a: 19). After Vanoli's purchase of the 220, the building was linked with some wild events, such as drunken prostitutes and shootings during the 1880s (Gregory 1982b: 13-16).

Other than the 220, the Gold Belt was the most prominent and well known of the Vanoli businesses. The Gold Belt theatre was located on the western portions of lots 20, 21, and 22 with access from the alley. The theatre was a barnlike corrugated metal building which opened in the late 1880s (Gregory 1982b: 21). The building featured a stage, bar, and attached rooms on the upper exterior portion of the building for prostitution (Gregory 1982b: 22-23). Outbuildings for the Gold Belt included at least one privy and what is thought to have been a bath house. The theatre became well known for its entertainment.

After John's initial purchase of the 220, the brothers came to own multiple other lots and businesses on that block. By 1900, the Vanoli family owned lots 8, 9, 19, 20, 21, and 22 of Block 8 in Ouray. The development of these establishments over time can be seen above in Table 1. By the turn of the century, the main businesses included cribs in Lot 8, a single unidentified structure on Lot 9, the Roma saloon with rooms for prostitution on the upper floor on Lot 19, a restaurant on Lot 20, the 220 on Lots 21 and 22, and the Gold Belt Theatre on the Lots 20, 21, and 22.

Other red light businesses on Block 8 were owned by people outside the Vanoli family. A John Cresto, who might have been an associate of the Vanoli's, bought Lots 17 and 18 in the late 1890s (Gregory 1982b: 11, 42). Cresto built a Chinese laundry/possible opium den and cribs in Lot 17 and a saloon on Lot 18 (Gregory 1982b: 42). Lots 1 and 2 were also temporarily part of the red light district in 1893 when three

structures, labeled female boarding, appeared on the Sanborn insurance maps (Sanborn insurance map, 1893; Gregory 1982b: 30-31). Lots 17 and 18 also came to be owned by members of the Vanoli family in 1935.

Despite their property holdings and the type of businesses that they kept, the Vanolis were known as a somewhat respectable family within the larger Ouray community. Upon his shooting of a patron the local newspaper advocated a community petition for John Vanoli's release from jail (Gregory 1982b: 19-20). The petition must have been popular as John Vanoli was released eight months into a two year sentence (Gregory 1982b: 20). The newspapers usually wrote about the Vanoli family with respect despite the nature of their business holdings.

The Vanoli Block began to decline in the mid-1890s and closed in the early 1900s. The Vanoli family businesses survived the Silver Panic of 1893 but were impacted by other events. In 1895, John Vanoli died in California (Gregory 1982b: 40; MacKell 2004: 104). John's businesses were transferred over to his brother, Domenick, and nephew, Tony (Gregory 1982b: 42). In 1902, the 220 and Gold Belt would have temporarily closed due to the law against dancehalls. In 1903, however, the Gold Belt was granted a liquor license again (Gregory 1982b: 51-52). By 1908, the Vanoli block was facing stiff competition from the other prostitution establishments and many of the female boarding and crib locations on the block were vacated (Gregory 1982b: 53; Sanborn Insurance map, 1908). Only two years later, Domenick Vanoli died, leaving his property to his children (Gregory 1982b: 55). Within the decade, Domenick's death was followed by state and federal prohibitions further limiting the family business ventures (Gregory 1982b: 56, 59). However, Mary and Minnie Vanoli, Domenick's daughters

lived in the old Roma saloon until their deaths in 1967 (Gregory 1982b: 61). The deteriorating buildings were condemned to demolition in 1972 with the last building, the Gold Belt theatre, being razed in 1981 (Gregory 1982b: 61). The buildings and the many material remains of the Vanoli block were archaeologically examined and recorded in the 1970s before this portion of history could be destroyed forever. The nature of these studies will be described in more detail in Chapter 4.

SUMMARY

The nature of western mining camps, often having been formed quickly by single men, allowed for the development of red light districts during the initial mining boom. Laite (2009) indicates that prostitutes were often welcomed in the early stages due to their ability to perform domestic work, patronize local businesses, and keep the miners entertained and happy. Communities in later stages of the mining development were not so welcoming and viewed prostitution as detrimental. Whether for these reasons or not, Ouray's red light district and the Vanoli block appear to have followed the pattern identified by Laite (2009). The town, red light district, and Vanoli block prospered until the Silver Crisis of 1893 which crippled the economy. After the mid-1890s, the town of Ouray began the process of slowly changing perspectives about and phasing out the red-light district. While legislation limited the activities of the red light district during the late 1890s and early 1900s, the Colorado Prohibition in 1916 officially closed the majority if not all of the Vanoli businesses.

CHAPTER 3

HEALTH AND PRIVACY

Humans have a wide range of responses to their own health conditions as well as the conditions of those around them. Many variables could potentially affect responses to illness including one's knowledge of the condition and treatment, access to care, cost of care, and cultural beliefs. The people of Ouray, Colorado had access to several types of health care during the late nineteenth and early twentieth centuries. Health problems could be diagnosed by a doctor, druggist, friend, guidebook or magazine, family member, or one's self. After being diagnosed, residents of Ouray could be treated by doctors, go to the local hospital, use folk remedies, speak to their local druggist, or self-medicate by purchasing any number of medicines. Similar to today, certain health problems were not discussed openly and were treated discretely whenever possible. These particular illnesses could have temporarily affected a person's public reputation.

This chapter considers the illnesses suffered by and medical options available to the people in Ouray's red-light district during the turn of the century as well as how the desire for privacy may have affected particular choices of treatment and medicine bottle disposal. Research on United States history provides background on the medical knowledge available at that time. Archaeological, historical, and modern research on health in red light districts offers insight on what types of illnesses were common and what kinds of treatments were used in sites and populations similar to that of the Vanoli Block. The archaeological studies involving middens and privies demonstrate the

privacy levels of these features. Combined these data provide the foundation for this thesis by linking a concept of privacy to medical treatments and disposal. A variety of health issues are shown to affect red light district populations. This information will provides insight for the analysis of the Vanoli Assemblage.

MEDICAL CONDITIONS IN COLORADO MINING COMMUNITIES

In the late nineteenth century, transient populations had “greater than average vulnerability to disease, irregular access to medical services, and little money for services” (Cassedy 1991: 69). Small towns, especially those in the West, mainly relied on general practitioners for their essential medical needs but also on their druggists (Cassedy 1991: 70). Over time, improved transportation, such as roads and railroads, allowed for access to better medical care (Cassedy 1991: 70). Mining populations in remote areas such as Ouray would have had few health care options in the early camp stage. Successful mines, increased population, and the railroad would have enticed more medical professionals to the town.

In their book on the history of medicine in western mining communities, Duane Smith and Ronald Brown (2001) discuss how factors such as the topographic location and industrial environment detrimentally affected health. High elevations created a greater risk for contracting pneumonia (Smith and Brown 2001: 58). Mining populations such as those found at Leadville suffered from poor air quality due to dust, smoke, and chemicals from the mining and smelting operations, poor housing conditions, hard labor, cold temperatures, bad water, poor sanitation, and limited diet (Smith and Brown 2001: 59). Smith and Brown (2001:61) reviewed a sample of San Juan county obituaries between 1870 and 1900. These obituaries revealed that while mining accidents,

avalanches, and exposure caused the most fatalities, a significant number died from pneumonia and heart disease (Smith and Brown 2001:61). Of the 20 cases which listed no cause for death Smith and Brown (2001: 61) suggested that alcohol or venereal disease may have been responsible and as such would not be mentioned within a public obituary. As a transient population living within the San Juan Mountains of Colorado, residents of Ouray's red-light district were more likely to be susceptible to some of the illnesses listed above than people living in other types of environments.

HEALTH AND MEDICINE

The business of health and medicine between the late nineteenth and early twentieth century was booming. The social and environmental changes brought on by the industrialization and urbanization of the United States along with the slow advance of medical understanding resulted in a large and varied market for doctors and remedies. This period marks a time during which little regulation existed allowing almost anyone to practice medicine or to create and market patent medicines. While families traditionally relied on folk remedies and only called for doctors in extreme situations, a greater number of options became available. In the thriving medical business:

Competition could come in many forms: fellow practitioners; hospitals and dispensaries that treated patients who had means to pay a private doctor; chemists and pharmacists who sold medicines directly to the public; advice books that encouraged every man to be his own doctor; itinerate "specialists", mountebanks, and drug peddlers; shrewd mail-order merchants; homeopaths and other sectaries who challenged the very basis of medical orthodoxy (Bynum 1994: 196-197).

Turn of the century medicine was a diverse and profitable enterprise for health professionals and businessmen alike.

The status of the doctor was unstable during the American Victorian era. Many licensed nineteenth-century American doctors were trained in proprietary schools of varying standards and backgrounds (Bynum et.al. 2006: 137). The quality of a doctor's education was far from standardized with some training under a certified doctor and others taking only a few medical courses (Smith and Brown 2001: 63). Some institutions even sold medical diplomas via the mail (Bynum et. al. 2006: 214). The varying degrees of education combined with the numerous self-appointed doctors led, in part, to a loss of status and trust given to doctors.

In his book summarizing the history of American medicine, James Cassedy (1991: 25) identifies another issue that affected the popularity of the late nineteenth century conventional doctors, the continued practice of post-revolution "heroic" treatments. These treatments were based on "traditional humeral theory" and often called for bloodletting, blistering, and purging (Stage 1979: 47; Duffy 1982:5). Stage (1979: 47, 50) suggested that one reason behind these aggressive "heroic" methods was the pressure to produce visible results. Because of the expense involved, doctors were usually called to attend only the more serious cases (Schlereth 1991: 284). Visible treatments and reactions provided evidence that the doctor's presence was having some effect on the convalescent. Unfortunately many of these treatments caused further harm. For example, the extensive use of calomel by orthodox doctors resulted in mercury poisoning (Stage 1979: 49). In the late-nineteenth century, some conventional doctors also began prescribing medications composed of mixtures of narcotics and alcohol, such as those seen in patent medicine (Stage 1979:62). These intense methods caused people to look for other gentler and more effective medical options.

The lack of confidence in orthodox treatments helped various other medical approaches rise in popularity. Homeopathy was perhaps the main rival for conventional treatments. Having spread to America from Europe, homeopathy was based on the idea of “like curing like” (Stage 1979: 57; Cassedy 1991: 37-38). Using this idea, illnesses were treated with small doses of drugs that caused the same effects as the symptoms (Cassedy 1991: 38). Due to the small doses and less detrimental effects on the patients, homeopathy became quite popular in the United States (Cassedy 1991: 38). The other main sect during the mid to late-nineteenth century was known as Eclecticism. This branch of medicine combined various ideas and treatments from other types of practices such as Thomsonian, Orthodox, and homeopathic practices (Cassedy 1991: 38). Again, eclecticism offered gentler methods than those used by conventional doctors. The less aggressive treatments allowed practitioners from these medical sects to gain in popularity over the orthodox doctors.

Other avenues of treatment and medical advice were available to those who either could not afford or did not choose to summon a doctor for aid. Rather than calling upon a doctor and being given a prescribed medicine, many people treated themselves in the case of common illnesses and injuries (Cassedy 1991: 97). Frontier families often possessed a medicine chest filled with various dried herbs or medicines purchased from a druggist (Steele 2005: 138-139). Those being treated at home used knowledge found in home treatment manuals and from family traditions (Duffy 1982: 7; Cassedy 1991: 97).

Ordinary citizens also had access to drugs, medical supplies, and advice at their local druggist or pharmacy (Cassedy 1991: 97). With few laws pertaining to the sale of medicine, druggists could supply their customers with a variety of products ranging from

hard core narcotics to patent medicines (Steele 2005: 139). Druggists often ordered various sizes of medicine bottles which they could fill from larger supply vessels, known as shop furniture. Often the American Victorian era pharmacist-filled bottles carried an embossed business label as well as some sort of paper label (Griffenhagen and Bogard 1999: 36). Plain, non-embossed bottles also were given paper labels which could hold business and/or prescription information (Griffenhagen and Bogard 1999: 28-49). Between 1878 and 1899, at least eight druggists existed within the Ouray city limits (Seamans and Robb 1969: 59).

By the late nineteenth century, many patent medicines were advertised in medicine shows, newspapers, magazines, and catalogs (Steele 2005: 156, 158). As stated above, these types of medicines could be purchased through the local pharmacist but also via mail order. Patent medicine advertisements were often composed in ways that prompted consumer interest and self-diagnosis. Patent medicines were a very large business in which many people advertised themselves as medical authorities and announced the discovery of their miracle cure. Many patent medicines included high percentages of alcohol mixed with various types of drugs (Haller and Haller 1978: 275-288). A number of these patent medicines gained such popularity that they were available throughout the United States (Schlereth 1991: 283).

By the late 1800s, hospitals were rising in popularity as modern community institutions (Schlereth 1991: 286). Ouray was among the growing number of smaller towns which had the benefit of a local hospital. In 1887, St. Joseph's Miner's Hospital opened with its primary task being to care for sick and injured miners (Gregory 1987:1,4). Drawing funds from donations and being run by the Sisters of Mercy, the

hospital offered an option for those unable to afford a private doctor (Gregory 1987: 2, 4). Gregory (1987: 7) summarized St. Joseph's patient records for the years between 1887 and 1893 by listing a total of 998 patients consisting of 393 private patients, 339 miners, 109 county patients, and 156 charity patients. It is possible that even the occupants of the red-light district were granted medical treatment under one or more of these categories.

Given the remote location of Ouray, the community offered several options for medical services. For those who could not be cured by friends or family, multiple doctors, druggists, and the hospital were available options for treatment. Access to medications could also be accomplished in different manners whether through a druggist, catalog, advertisement, or private doctor. That so many options were available to the ill or suffering occupants in the red-light district suggested that a large variety of medicine bottles would be present in the assemblage.

RELATING HEALTH AND PRIVACY

Some health issues are known to have been considered sensitive matters during the Victorian era. Two of the best examples of Victorian privacy regarding health are women's complaints and sexually transmitted diseases (STDs). Women's issues were particularly considered private. Haller and Haller (1978:107) indicate that the lack of communication about women's health and bodies left a quarter of Victorian era women uninformed about their bodies and bodily functions such as their menses. Other historians, such as Steele (2005: 138), suggest that women passed on some knowledge, such as how to make a douche and trusted contraceptives, to family members or close friends. Along with female-related health issues, STDs were also sensitive topics. The

level of secrecy invoked by such diseases was reflected by late nineteenth and early twentieth century references to STDs as the “private disease” or “secret disease” (Haller and Haller 1978:263; Bynum et al. 2006: 183). Due to the stigma associated with these diseases, some hospitals were known to refuse patients seeking treatments for STDs (Haller and Haller 1978: 263). Those who could afford the expense often sent for private doctors for their discretion and experience treating STDs (Stage 1979: 83). Interestingly, the taboo which kept people from discussing and certain practitioners from treating STDs did not keep those in the medicine business from producing and advertising a multitude of “cures”. Outside of these advertisements, both the topics of women’s complaints and STDs were avoided in everyday discussions.

Another example of a concept of privacy surrounding health issues can be seen at the community-level. Towns were often afflicted with outbreaks of particular diseases during the Victorian era. Mining communities tended to keep these epidemics quiet rather than announce the situation to outsiders (Smith and Brown 2001: 60). Local newspapers often chose not to describe health problems in order to maintain the community’s positive image (Smith and Brown 2001: 60). To make certain health issues public could have detrimental effects on the economy of the community.

While the above discussion reveals that a conception of privacy surrounding health existed, it does not appear to have been all encompassing. Some illnesses were considered suitable topics of conversation. The best example of a publicly acknowledged illness is that of neurasthenia. Neurasthenia, or nervous exhaustion, was the most popular health issue among the middle class by 1869 and an infinite number of symptoms were accredited to it (Haller and Haller 1978: 5; Schlereth 1991: 289-290). This type of

nervous illness, unlike many others, was socially acceptable to discuss (Haller and Haller 1978: 25). Middle class women were especially known to openly discuss their symptoms and sip medicines to treat this illness. The prevalence of neurasthenia revealed that, while certain topics were private, other health problems could be discussed in public and bordered on being trendy.

Similar to today, health was not a single black or white issue to be either avoided or openly discussed. Societal norms fashioned what particular health topics would have been acceptable to be discussed within certain sub-cultures in Victorian America. Much of the historical information on health and privacy focuses on the middle class, an urban culture group which had its own rules of propriety. Working class people on the Western frontier were unlikely to follow those same norms. Neurasthenia, for example, was popular mainly in the middle class circles. Working women and men would be less likely to claim the illness and therefore less likely to discuss it. However, the working class on the frontier may have been more likely to discuss other illnesses more common to their communities. Because the few references regarding health and privacy seemed to have focused on a small section of American society, it is difficult to evaluate how sensitive certain health topics would have been in the red light district of Ouray, Colorado.

PROBLEMS WITH PROSTITUTION: MEDICAL CONDITIONS IN RED LIGHT DISTRICTS

A number of sources exist on the history of red-light districts but many only briefly attend to the topics of STDs, pregnancy, contraception, and substance abuse. A similar lack of information exists for modern populations of sex-workers. As such,

archaeological studies offer the best chance to comprehend the full range of health problems in Victorian era red-light districts as well as how privacy and health related. Unfortunately, the limited number of archaeological projects within red-light districts revealed that few researchers have delved into this topic.

As stated in Chapter 1, archaeological studies have revealed certain patterns within Victorian red-light district artifact assemblages. The prevalence of medicine bottles has been noted by many researchers (Ketz et al. 2005; Meyer et al. 2005; Spude 2005; Yamin 2005). In an article focused on the differences between brothel and saloon assemblages, Spude (2005: 91) noted that while both saloons and brothels included high percentages of alcohol related items, brothels contained higher percentages of medicinal artifacts. Another example of this pattern was discovered by Meyer et al. (2005: 119) who determined that a brothel assemblage in Los Angeles had twice the quantity of medicine bottles as comparable residential assemblages. While a number of authors mentioned the high frequency of medicine bottles, few explored the topic further and provided little additional information.

Three studies went further than just noting the prominence of medicine bottles within red-light district sites by exploring the issue of health in more detail through the discussion of bottles types, illnesses, and uses for those medicines. (Yamin 2005; Meyer et al 2005; Ketz et al. 2005). While performing research on the quality of life at a brothel site in the Five Points area in New York, Yamin (2005: 10) noted that a total of 39 medicine bottles were found within a single privy. Among the health related artifacts were a single bottle of venereal disease treatment, a possible douche container, a syringe, and multiple patent medicine bottles which could be used to treat stomach problems

(Yamin 2005: 10). In Los Angeles, Meyer et al. (2005: 119) excavated 199 medicine bottles. Of those that were identified and discussed, 30 appeared to be prescription bottles from local druggists, nine held douche solutions, and 12 jars were for Vaseline (Meyer et al. 2005: 120). In addition to the medicine bottles, Meyer et al. (2005: 120) noted six syringes and injector bulbs which were used for douches. In a study comparing the front entrance midden assemblage to the backyard midden assemblage of a St. Paul bordello, Ketz et al. (2005: 77-78) noted a large difference between the frequencies of medicine bottles within the glass assemblages for each feature: 6.7% in the entranceway and 44.7% in the backyard. In addition, the majority of medicine bottles on site were prescription bottles and the identified patent medicine bottles were citrate of magnesia, a bitters bottle, and a cough syrup (Ketz et al. 2005: 77-78, 87). This information comprises the limited amount of knowledge on health related artifacts in Victorian red-light districts.

When considered together, these three articles revealed a few pertinent details for the study of health in the red-light districts. First, many of the identifiable health related artifacts could be used as treatments for venereal disease and as contraceptives. Among these artifacts were bottles containing douches, douching equipment, and Vaseline. Vaseline's placement in this category is questionable due to its use for many different health issues in addition to contraceptive mixtures. Given the nature of these sites, the presence of these artifacts was not surprising. The next pattern among these articles was the high frequency of prescription bottles noted by Meyer (2005) and Ketz (2005). These bottles would have been purchased from either a doctor or druggist. Ketz et al. (2005: 87) suggested that the large number of prescription bottles could be related to the proximity of doctors across the street as well as be indicative of there being more serious

and chronic diseases within the St. Paul bordello. Meyer also noted the proximity of druggists from which the bottles came to that of the brothel. Finally, by identifying some of the bottles, these authors provide some insight on the types of health problems, other than venereal disease, which occurred within the brothels. Judging from the number and types of medicines found, stomach problems were common within brothel environments. The single cough syrup bottle mentioned above could indicate multiple respiratory illnesses from the common cold to pneumonia. While limited, the information presented within archaeological publications aids in the further understanding of the high percentages of medicine bottles and health within the red-light districts.

To address the higher frequency of medicine bottles at brothel sites, Spude (2005: 99) suggested that females use more medicine resulting in the higher percentage of health-related items in brothel assemblages. Many Victorian era medicines are known to have been composed of multiple drugs and alcohol at the same time that the temperance movement was gaining popularity. Due to the lack of regulations, few medicine companies revealed their ingredients. Some sources stated that women, in particular, used these medicines as a socially acceptable way to consume alcohol (Haller and Haller 1978: 302; Spude 2005: 94). This is likely true in certain middle class situations. However, due to the nature of the Vanoli site, medicines are unlikely to have been used for the purpose of masking objectionable activities, such as female alcohol consumption. The women of the red-light districts already participated in "deviant" behavior through their occupations and drinking would be unlikely to further affect their reputations. Dancehall girls, in particular, were expected to drink on the job. One of the ways such an establishment made money was from men buying their dance partners' drinks (Gregory

1982: 2; Seagraves 1994:59; MacKell 2004: 103). With this in mind, dancehall girls at the “220” would especially be unlikely to use medicine to hide their drinking habits. With the location and activities of these brothel sites in mind, the most probable conclusion about the high frequency of medicine bottles was that they were related to health issues.

Sources on the history of Victorian era red-light districts rarely discuss medicine and health in any depth. Those that talk about health focus on the sexual, physical, and mental aspects of the prostitutes’ occupations. Sexual aspects include contracting STDs, pregnancy, and abortion. One book stated that working girls feared pregnancy as much as STDs due to the loss of work time and possible responsibility of a child (Seagraves 1994: 62). Some women were trained to check and wash their customers and themselves in an effort to avoid contracting STDs (MacKell 2004: 45). Prostitutes in Ouray were given regular checkups by a doctor in order to keep infected girls from working (Gregory 1995:126). Nearby Silverton was said to have mandatory weekly examinations and displayed bills of health for those working as prostitutes (MacKell 2004: 90). Birth control methods in the red-light districts included a variety of douches, use of sponges, mixtures of Vaseline or cocoa butter, homemade diaphragms, and habitual use of opiates (MacKell 2004: 33, 41; Seagraves 1994: 63). Those who did not use contraceptives or used faulty ones often turned to a dangerous method of abortion, such as ingesting poisons and drugs (Seagraves 1994: 63; MacKell 2004: 2, 41).

Prostitutes also suffered from physical abuse, mental stress, and drug and alcohol addiction. Physical violence was common among prostitutes and between prostitutes and their customers or significant others (MacKell 2004: 36-39, 44; Seagraves 1994: 116-

117). Friendships and relationships were often fluid and volatile. Due to the various stresses of the jobs, working girls were at risk for alcoholism and addiction (Butler 1985: 67, Seagraves 1994: 123; MacKell 2004: 43). Laudanum, morphine, cocaine, opium, and alcohol were all popular drugs within the red-light districts (MacKell 2004: 43). Occasionally sources described prostitutes who had ended their careers with suicide, usually via overdoses of laudanum or morphine (Butler: 68; Seagraves 1994:58; MacKell 2004: 46). Both addiction and suicide were usually attributed to a state of depression (MacKell 2004: 43). Beyond these issues very little else is discussed regarding health.

As few sources could be found on health issues within the Victorian red-light districts, literature regarding health issues among modern populations of sex workers was consulted. While current health problems may not represent the exact health issues and rates of the past, they can serve as a basis for understanding the general types of problems nineteenth century prostitutes may have faced. Research by Raymond (1999), Cwikel et al (2003), and Baker et al. (2003) provide information on the physical and mental problems suffered by modern sex workers. Baker and Raymond studied prostitutes from cities in the United States while Cwikel et al. studied brothel workers in Israel. Problems detailed in modern literature include the expected STDs, sexual assault, drug and alcohol abuse and addiction, pregnancy, and miscarriages (Raymond 1999; Baker et al. 2003; Cwikel et al. 2003). The authors also found that dental problems, respiratory problems, skin problems, stomach problems, various body pains and numbness, vision problems, facial sores and rashes, bleeding ulcers, sterility, depression, post traumatic stress disorder, anxiety problems, and eating disorders were common health issues for modern sex workers (Raymond 1999; Baker et al. 2003; Cwikel et al. 2003). While one would

assume that prostitutes were at higher risk of communicable illnesses due to the frequent contact with multiple partners, little focus outside STDs has been given to this subject. Only Baker et al. (2003: 70) touched on this subject by mentioning that Midwestern prostitutes worried about catching contagious respiratory problems such as colds, tuberculosis, and pneumonia. Cwikel et al. (2003:811) noted that 21 percent of the 55 female Israeli brothel workers surveyed were on prescription medication, other than contraceptives, for various health problems. Similar information was not available for American prostitutes. Also, no mention was made of how many women were using over the counter medications. The multitude of health problems in modern sex worker populations illustrates some of the problems which Ouray's prostitutes may have faced. That over a fifth of the Israeli women were on prescription medications suggests even more were taking over the counter medications such as pain killers or cold medicine. Cwikel et al.'s research offers some insight into the high frequency of medicine bottles found in Victorian era brothel sites. While new illnesses have arisen during the last century, many historic health problems have decreased due to advances in hygiene, waste disposal, and the medical profession. In light of these issues, the probability that historic sex workers suffered from higher rates of health problems should be kept in mind.

Through the study of historic, archaeological, and modern red-light districts a variety of common health issues have come to light. All three types of sources identified common consequences of the women's occupations: STDs and pregnancy. Beyond the obvious sexual, mental, and drug and alcohol related health issues, much remains

unknown. The research presented above, however, indicated that both modern sex-workers and Victorian era prostitutes suffered from stomach and respiratory problems therefore providing a bit more knowledge on this subject.

SEPARATING PRIVATE FROM PUBLIC

Understanding the formation processes of the features being excavated will aid in the investigation of Victorian era red-light districts. In an article which argues that consumer behavior such as acquisition, use, and discard patterns should be understood at the household level, Charles LeeDecker (1994: 345) states that “feature creation and filling processes directly reflect cultural formation processes, and these formation processes must be understood in order to interpret patterning in the archaeological record.” Human ideology and behavior must be understood in order to understand the patterns within archaeological sites and their formations. That middens and privies differ in levels of privacy is clear. Middens were trash piles found on the ground surface. Privies, however, were enclosed structures whose primary function was the disposal of human waste. Because of this function, many privies were located near property boundaries behind or to the side of the lots away from the public view on the street, granting an even higher level of privacy (Wheeler 2000: 6). By understanding the cultural formation processes of these features, the differences between public and private disposal become clearer.

In his discussion of features and their formation, LeeDecker (1994) discusses both middens and privies, but focuses more on the formation of privies and other similar discrete refuse deposits. LeeDecker (1994: 354) notes a list of six behaviors related to privy filling: 1) elimination of human waste, 2) accidental loss of objects, 3) steady and

continuous deposition of household objects, 4) rapid deposition of household materials, 5) re-deposition of yard midden waste, 6) placement of object for percolation fill. Only two factors were mentioned as to the removal of privy deposits: cleaning and looting (LeeDecker 1994: 354). These lists of behaviors show that privies allowed for the disposal of various objects in a variety of ways while preventing the easy removal of those items. In contrast, the very nature of middens permitted ease of retrieval as well as disposal. While midden refuse was easily accessible, the contents of privies were likely to remain untouched after deposition.

Because of their enclosed and untouchable nature, privies made the ideal disposal location for sensitive materials. In his article on the archaeological investigations of privies from a Civil War prison, David R. Bush (2000: 69) notes that many contraband items were located within the privy vaults. The existence of contraband items within privy vaults suggest that privies were used to dispose of the evidence of secretive behavior as well as being possible locations for those particular behaviors. Further examples of the use of privies for the disposal of sensitive items can be found in an article by Thomas Crist. Crist (2005) describes the discovery of the skeletal remains of two newborn babies and one fetus within a privy in New York's Five Point District and further discusses possible cultural reasons behind their disposal. Had items such as the above contraband and skeletal remains been deposited in middens rather than privies, the items would probably have been discovered soon after their disposal and the responsible parties would have been sought.

The reasoning behind human discard behavior was further developed in Douglas Wilson's article about secondary refuse aggregates. Wilson (1994) urges archaeologists to focus on the behavior behind the formations of these features. He discusses some of the human thought and behavior that led to the formation of various types of secondary refuse aggregates. An important point within this article was the discussion of hindrance within the larger discussion on how conceptions of future use of and risk from the materials being discarded affect the nature of secondary refuse. Hindrance incorporates the belief that the object may "interfere with human activities" through four factors (Wilson 1994: 47). The factor relevant to this thesis is the type of waste produced (Wilson 1994: 47). While speculating on the possible types of waste, Wilson incorporates the concept of the hazardousness or the believed dangers of the waste (1994: 47). Wilson states that depending on the perceived nature of the waste object, such as the potential for re-use or its hazardousness, a person or group chooses different areas to dispose of the object (1994: 47-48). One could assume that occupants of the red-light district chose private locations for the disposal of hazardous or sensitive materials, such as medicine bottles or aborted babies, for their higher levels of privacy.

The hypothesis for this study is that concepts of privacy regarding health affected disposal patterns which cause different frequencies of medicine bottles within privies and middens. A previous study by Ketz et al. (2005) revealed that the artifact assemblages of a brothel's public entranceway midden and a more private backyard midden differed in composition and artifact category frequencies. As mentioned in the previous section, medicine bottles were more frequently disposed of in the backyard rather than in the entranceway (Ketz 2005: 77-78). The authors reason that this disposal pattern was due to

the assumption that prostitutes would be unlikely to consume medications while working or in public view of the patrons (Ketz et al. 2005: 80). This thesis further pursued this line of reasoning by examining how privacy and health affected medicine bottle disposal in a sample of Ouray's red-light district midden and privy artifact assemblages.

SUMMARY

As a relatively transient population within the Colorado mining frontier, both the miners and the prostitutes of the Victorian era red-light district of Ouray, Colorado had a number of medical services available to them. Which of the options were used the most frequently and for what illnesses will be explored in the analysis portion of this thesis. One can hypothesize based on the archaeology, history, and modern literature about red-light districts that local doctors or druggists and patent medicines were most commonly used to treat illnesses. It is likely that the prostitutes suffered from a wide range of illnesses but were at particular risk for STDs, pregnancy, mental issues, drug and alcohol addiction, and stomach problems. While some of these health issues would have been kept secret, it is possible that some illnesses, symptoms, or treatments were discussed. Having certain health problems, such as venereal disease, may have proven hazardous to the individual, business, and occasionally the community. As studies have shown that privies are the more ideal locations for discrete disposal when compared to middens, medicines should appear most frequently in the privies at the Vanoli site.

CHAPTER 4

METHODS

This project was conducted by analyzing a previously excavated assemblage. No fieldwork was conducted by the author, and the excavation of the Vanoli Site was not undertaken with this topic in mind. As such, the methods and documentation of the work completed more than thirty years prior to this project placed some restrictions on this study with regard to exact provenience information. While these problems were minimal, certain spatial and temporal limitations were considered during the sample selection and the formulation of both the research questions and methods. The following sections discuss in greater detail both the field and laboratory methods necessary to understand this project and its conclusions.

THE EXCAVATION OF THE VANOLI BLOCK

Archaeological work on the Vanoli Site and artifact collection was conducted between 1970 and the early 1980s by Stephen Baker of Centuries Research, Inc (Baker n.d.c: 3). This work was carried out in an effort to document the unique historic resource, after several of the Vanoli Block's structures and features were scheduled for demolition (Baker n.d.c: 1). Many of the original Victorian buildings were still standing in the early 1970s and most of the property had not been used since Prohibition. Baker, a student of Stanley South, desired to "build a model of the sporting subculture via quantified material culture studies set within a larger model of American Victorian culture" (Baker n.d.c: 2). During the period between 1970 and 1981 Baker tested several areas within the

site including many of the buildings, middens, and other features (Baker n.d.c:3). A series of four field seasons were conducted over a ten year period with time in between spent on documentary research, oral history interviews, and laboratory analysis (Baker n.d.c: 3).

Baker's excavation strategy for the Vanoli Site was based on the Parks Canada provenience system. The Parks Canada system, derived from a method originally implemented by the University of Pennsylvania Museum, was created in the 1960s to be used in the excavation of historic Euro-Canadian occupation sites (Parks Canada 2005: 2). The system has been promoted for utilization on sites with complex stratigraphy, topographical features, numerous archaeological materials, large spaces, and variable researchers (Parks Canada 2005: 2). As many of these characteristics describe the Vanoli project, the Parks Canada system was a good choice.

Within the Parks Canada system, excavated areas are alphanumerically coded with provenience or spatial information based on operations, sub-operations, and lots. Operations are the largest subdivisions within the hierarchical spatial apportionment of a site and should be used to signify culturally significant portions of the site (Parks Canada 2005: 4.3). Within the Vanoli excavations, these operations are represented numerically within a provenience code from 1 to 23. The areas assigned to specific operations were then divided further into sub-operations. Sub-operations are horizontal spatial divisions of the larger operations and are represented by alphabetical characters in the provenience code (Parks Canada 2005: 4.4). The reasoning behind the sub-operations is to divide the culturally significant areas or operations into manageable, smaller areas which can be more easily recorded and excavated (Parks Canada 2005: 4.4). The horizontal sub-

operations of the site are vertically divided into lots (Parks Canada 2005: 4.5). Lots, being the smallest and most precise provenience level within the Parks Canada system, can be assigned to excavation levels, the interface of deposits, clusters of artifacts, individual artifacts, archaeological samples, trench walls, and core samples (Parks Canada 2005: 4.5). These lots are assigned sequential numeric characters following the sub-operation alphabetic character within the provenience code. By planning the excavation and recording the artifacts with this system in mind, all of the artifacts can be traced back to a relatively small point of origin.

During the decade long archaeological project, 23 operations were conducted within the Vanoli Block. The operations were established on portions of Lots 6, 8, 9, 10, 17, 18, 19, 20, 21, and 22 of Block 8 in Ouray, Colorado. The operations were spatially related to the Gold Belt Theatre, 220 dancehall/boarding house, Chinese laundry, cribs, Roma Saloon, restaurant, and another saloon. Various operations were conducted in order to create exploratory trenches, locate particular features from historic photographs or maps, or gather a sample of the material remains. Field notes and maps were kept throughout the excavation of each operation. Baker was attempting to salvage as much information as possible to provide insight into this era of Ouray's history.

Materials collected during Baker's excavation of the Vanoli Site were inventoried and stored for future analysis. In her doctoral dissertation, Catherine Holder Blee (1991: 201) notes that 8,799 non-structural artifacts composed the Vanoli Block assemblage. These artifacts were cleaned, labeled, bagged, and boxed soon after their excavation. Initial identification and counts of artifact types were conducted. These artifact counts

can be found within the original field notes as well as the computer files which are in Baker's possession. The paperwork, artifacts, and other material samples were then stored within the Centuries Research, Inc. facility until 2009.

In the winter of 2009, the Vanoli site assemblage and paperwork were transferred from Montrose to the Historical Archaeology lab at Colorado State University (CSU). Over one hundred boxes of cultural materials and soil samples were moved along with copies of the excavation field notes and other collection records. These material resources were brought to CSU for further analysis and for their use in academic studies and teaching. It is from these documents and cultural remains that the sample for this thesis was chosen.

THESIS SAMPLE

The sample for this project is composed of two feature sets, each composed of a single midden and privy. Each pair was deliberately chosen for the estimated temporal compatibility and spatial proximity of the two features. These specifications in the selection of the sample controlled for functional and residential population differences. Each feature set was associated with a business that had been historically linked to prostitution. The decision to use artifact assemblages from middens and privies was due to the substantially different degrees of privacy that these types of features offer people for the disposal of items. An initial search for potential features to sample identified eight privies and four middens that had been excavated or sampled during Baker's exploration of the Vanoli Block (See Tables 2 and 3 below).

Table 2- Eight privies were identified during the excavations in the Vanoli Block. This table lists the location and related business for each privy as well as any important information on the excavation and location of these features.

Privies	Associated with	Lots	Description from Field Notes
1-C	Gold Belt	22	Excavated by male and female halves
3-B-[7-14]	220	22	Cleaned privy
7-A	cribs	8	West of cribs
8-A&B	Chinese laundry/cribs	17	Excavated in halves
10-B-[3-7]	Saloon	18	Privy behind saloon, near Chinese laundry & cribs
19	220	22	Privy near Op 21 privy
21	220	22	Found under Op 19-B-8, excavated in halves
23	Gold Belt	22	Small privy in Trench #3 of OP 18

Table 3- Four operations were identified as having contained middens. The table below lists the location and related business for each middenas well as any other important information listed within the field notes.

Middens	Associated with	Lots	Description from Field Notes
3	220	22	Includes either a large sheet midden or multiple midden
8-C	Chinese laundry/crib	17	North of privy in same operation
9	crib or Gold Belt	6	Sample from midden in gully
18	Gold Belt	22	Multiple small middens and strange features

During the selection process, two criteria had to be met while choosing the sample features for this project. First, the midden and privy pairs were chosen based on spatial proximity to each other. People patronizing or working in one business are more likely to use privies and middens within a short distance of that business rather than ones located further away. The selection of feature sets by their spatial association with the same building therefore helped control for differences in populations. This proximity requirement significantly reduced the sample size. The second criterion for the selection was that the midden-privy pairs had to have been used during the same time period and at least partially during the American Victorian period. A brief preliminary examination of

artifacts from each feature's assemblage allowed for an estimated date range to be established. Due to these two criteria, feature sets from only two businesses were eligible to be analyzed for this project.

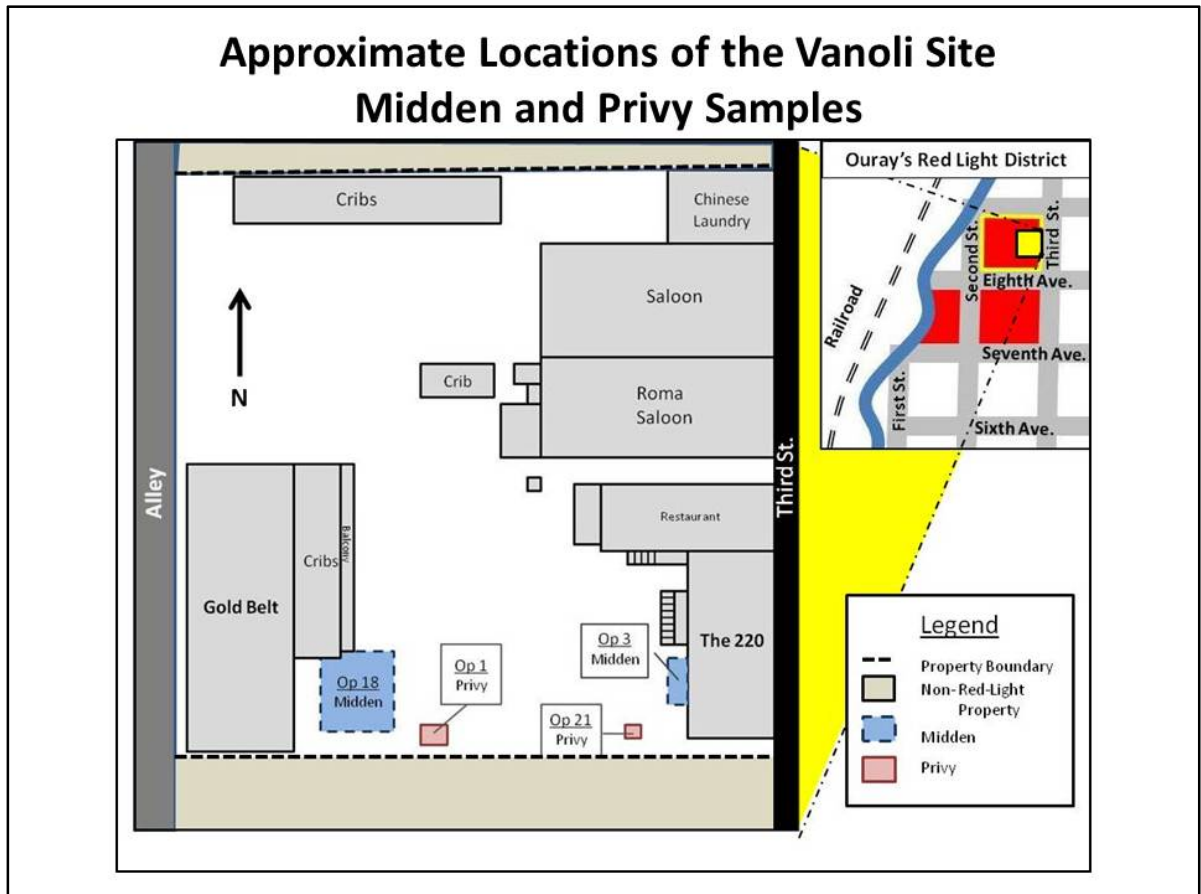


Figure 3- The above map reveals the approximate locations of the assemblages selected for use in this study.

The selected sample included a midden/privy set for both the Gold Belt Theatre and the 220 Dancehall/Boarding house (see Figure 3). The 220's feature set included the midden located within Operation 3 and the privy vault from Operation 21. While Operation 3 was the only midden choice for this business, there were three operations with privies related to the 220. These included Operation 3, Operation 19, and Operation 21. As Operation 3's privy had been cleaned of all cultural materials, the choice was limited to the privies in Operations 19 and 21. While the Operation 19 privy was slightly

closer to the 220 and its midden, Operation 21's privy was chosen due to the easier identification of which lots compose the cultural layers within the privy vault. Similarly, the Gold Belt Theatre offered a small variety of feature combinations. The midden samples were chosen from Operation 18 as that was the only option available. There was a choice between two privies: one in Operation 1 and the other in Operation 23. Of these two, the Operation 1 privy was selected based on the amount of artifacts, the feature's status as the main outhouse for the theatre, and the fact that it had been excavated according to the male and female sides. The final choice of the feature sets was based on the desire for larger artifact samples and the clarity with which the privies' cultural materials could be distinguished from non-privy related materials. The exact choice of lots which contribute to the sample will be discussed below with more specific lot information located in Table A-1 of the Appendix.

Fifteen lots within Operation 1's Sub-operation C compose the artifact sample for the Gold Belt Theatre. These include Lots: 9, 11, 13-14, 17, 20-21, 24, 27-33. Operation 1 was excavated in 1975 and includes the area surrounding the main privy and ash heaps located in lot 22 to the southeast of the Gold Belt Theater (Baker 1975). Sub- operation C focused on the excavation of the actual privy vault (Baker 1975). During its use, the privy structure had been separated into halves with the western side being used by men and the eastern side being used by women (Baker 1975). A sketchmap from the 1975 excavation indicates that there were two privy seats along the center wall on each side of the privy. The above specified lots were chosen as the sample because the artifacts within them were estimated to date to before the 1940s based on artifact date ranges and were not from collapsed walls, mixed layers, or obtrusive sediments. Other lots within

Sub-operation C were rejected for a variety of reasons such as having been dated to after the 1930s, used for the removal of intrusive fill, or used for profile cleanings of the walls (Baker 1975). The sample was chosen to maximize temporal and functional control.

Six lots within Operation 18 make up the midden sample for the Gold Belt Theatre. Lots from two sub-operations, A and B, were chosen due to their spatial positions and artifact quantities. Each lot was noted to be high in “trash” content and away from the possible outbuildings located during the exploratory trenching (Baker n.d. a). Lots 4 through 8 in Sub-operation A are close to the actual structure of the Gold Belt Theatre and may have been partially within, over, or under an addition which no longer existed in the 1970s (Baker n.d. a). Lot 24 in Sub-operation B was described as a pile of bottles and other trash and did not appear to be located in the proximity of any of the smaller out buildings in the area (Baker n.d. a). The choice of these lots was based on the desire to find visually open middens that were undeniably associated with the Gold Belt rather than another business or possible out building.

The 220's privy sample is composed of 19 lots from four different sub-operations. Operation 21 was created for the excavation of this privy. All lots from Operation 21 were included in this sample except for those that contained materials from lots above the privy fill, wall cave-ins, wall cleanings and the builders trench. Lots that were not considered part of this sample include: all Sub-operation A lots; Sub-operation B Lot 2; and Sub-operation C Lots 6, 11, and 12. The remaining lots compose the privy sample and represent the materials located within the vault. The Operation 21 privy was

excavated in halves for more control (Baker n.d. b). Unlike the Gold Belt privy, the 220 privy was not a known two sided privy. Materials from both male and female users would be mixed together within this sample.

The Operation 3 midden, which was compared to the Operation 21 privy, is located directly west of the 220 building. The midden lies underneath both a coal ash/coal layer as well as a wooden board layer which has been interpreted as a fuel storage area (Baker 1976). While six lots from four sub-operations compose this sample, the midden appears to have been a single discrete feature (Baker 1976). The midden sample includes Sub-operation A Lots 4 and 6, Sub-operation B Lots 6 and 18, Sub-operation C Lot 7, and Sub- operation E Lot 4.

METHODS

Before analysis of the sample could begin, preparatory work was required on the assemblage as a whole. Having been stored in a private facility for over 20 years, the bags and boxes had deteriorated. Some of these artifacts needed to be re-bagged, re-boxed, and re-labeled so that provenience information would not be lost during the sorting of artifacts. The entire collection was then reorganized so that the glass artifacts were separated from the other material types. Previous work by Baker and his crews had been conducted so that, while the artifacts from various operations were intermixed within the boxes, usually the different types of artifacts had been bagged separately. This meant that most of the glass fragments for each lot were bagged together, often with diagnostic fragments and non-diagnostic fragments located in different bags. At CSU, the glass artifacts were further sorted and re-boxed by their Operation numbers to simplify their storage, recording, and analysis. Students of the 2010 graduate seminar in

Historical Archaeology class and practicum students sorted, recorded, and analyzed the glass artifacts from multiple operations for their academic studies. In terms of this thesis, the majority of the Operations 21 privy sample and a portion of the Operation 3 midden sample were analyzed by these students under the author's supervision.

All glass artifacts within this sample were sorted and recorded in the same manner. While multiple people worked with portions of the sample, all participants were trained by the author in the sorting, identification, and recording of glass artifacts. Each participant used the same Excel database format and codes for data entry (see Appendix Tables A 2 through Table A 8). Glass artifacts were initially sorted by provenience or lot. The vessels and shards within each lot were identified by artifact type such as bottle glass or serving ware glass. The fragments were then further sorted into vessels by considering various attributes including color, thickness, shape, labeling, and portion. Refits were attempted. Non-diagnostic glass was bagged by color unless it was able to be refit with a diagnostic fragment. As much of the non-diagnostic glass and diagnostic glass had already been separated before the collection's arrival at CSU, refits between the two groups were difficult to find. Non- diagnostic fragments will be described below. Data for each vessel and incomplete vessel was entered into the Excel database for later analysis.

All glass artifacts were initially categorized by their functional type and then sub-type. Functional types used in this study include bottle glass, serving glass, plate glass, and miscellaneous glass. This thesis only uses the bottle glass data. Within the bottle glass category, there are 11 sub-types (see Table A 3 in the Appendix). Bottles and diagnostic bottle fragments which could not be identified by or fit into the sub-types were

placed into the “Other” category. Non-diagnostic fragments that were not refit with diagnostic fragments were placed in the “non-diagnostic” category. For this project, non-diagnostic fragments were glass fragments which contained no identifiable features. Diagnostic features included a recognizable portion of the bottle base, finish, a maker’s mark, or label. If the fragment had no trait which could potentially be used to identify the bottle’s sub-type, it was considered non-diagnostic. The majority of non-diagnostic fragments are body fragments which have no additional markings. Occasionally, a small portion of a base or finish would be considered non-diagnostic due to its inability to provide information about the bottle.

Medicine bottles composed one of the 11 sub-types of glass bottles. These medicine bottles were initially recorded in the same manner as the other types of bottles. After all glass artifacts within the sample had been recorded, more time was dedicated to the identification of the medicine bottles for qualitative data. The author mainly focused on identifying the contents and uses of the medicines within the bottle as well as the dates of manufacture. This information was later used in attempt to understand the types of illnesses present in the red-light district.

The analysis of the data for this project can be split into two separate parts: the quantitative and the qualitative. The quantitative analysis was used to discover whether a concept of privacy surrounding health existed. The qualitative analysis was used to discover what types of illnesses may have been present in the red-light district and what types of medicine were being used to treat the inhabitants. Methods for both of these analyses can be found below.

The quantitative analysis of the bottle sample from Operations 1, 3, 18, and 21 was very straight forward. The minimum number of vessels (MNV) for each bottle sub-type, excluding the closure and non-diagnostic sub-types, was established in two ways. The MNV was determined by considering either how many bases or finishes were represented within the samples. If more bases were present within the sample than finishes the number of bases was considered to be that subtype's MNV. The opposite is true if more finishes existed for a sub-type than bases. Within each sample, the total MNV and the MNV for each sub-type were determined, once again excluding the closure and non-diagnostic sub-types. The percentage of each sub-type within each sample as a whole was then calculated. The percentages of medicine bottles within each sample were then compared.

These quantitative data were used to look at the samples in various ways. First, special attention was given to whether there were significant differences between the privy and midden bottle sub-type percentages, especially the medicine bottle percentages. Second, the data was used to look for patterns between the two privies and also between the two middens. This allowed observations on whether patterns existed according to feature type. Quantitative data was also used to compare the male and female sides of the Gold Belt privy. Data from each half of the privy were analyzed to see if a pattern existed due to gender differences.

The qualitative analysis considered the individual medicine bottles and bottle fragments. Each bottle and fragment was examined for any clue that could be used to trace the origin, use, manufacture, or content of the bottle. Each bottle's finish, base, shape, maker's mark, and label were considered in the study. Information on particular

bottles and fragments was pursued via books, journals, site reports, and the internet. The purpose of this was to determine the type of medicine which was contained within the bottle and for what type of illness that medicine was used. How the medicine would have been obtained was also investigated. In the case of the Operation 1 privy, the types of medicines were analyzed to understand if there was a difference in either the types of illnesses between the male and female populations.

The methods outlined above were used to investigate whether occupants of the Vanoli Block acted on a sense of privacy when disposing their medicine bottles. While the author had no control over the initial data collection and excavation of the site, she was able to design the methods of data entry and train participants in order to collect specific data for this project. The resulting quantitative and qualitative analyses of the assemblage data were intended to provide answers to the research questions outlined in Chapter 1 and confirm the hypothesis.

CHAPTER 5

ANALYSIS

The analysis of bottle data from the midden and privy samples was conducted in multiple manners in order to answer all three research questions. First, the quantitative analysis of all bottle types was done in order to understand the disposal patterns of the red-light district occupants. These data were also used to distinguish whether privacy affected medicine bottle discard-locations. The frequency of medicine bottle types found within each feature was studied to determine which types of treatments were being used. Finally, qualitative analysis explored what the contents could say about the health and consumer behavior of the people within the red-light district. The final analysis utilized artifacts from the Gold Belt's main privy and investigated the effects of gender on the deposition of medicine bottles and other glass artifacts.

QUANTITATIVE ANALYSIS

A tally and comparison of the glass bottle contents of two privy/midden pairs was conducted after concluding the data entry. A MNV of all bottle types showed that at least 361 bottles were represented within the four contexts analyzed (See Tables A 9 through A 12 in the Appendix). Three of the four features being analyzed contained similar sized bottle assemblages, while number of bottles in the Gold Belt privy was considerably larger. The Gold Belt privy also held a greater number of complete vessels. This disparity in sample sizes and conditions may have affected the analysis. The relative

frequency of bottle types fluctuates more in the smaller samples. Therefore, the smaller samples are more likely to be affected by the misidentification, non-identification, or presence of particular bottles as compared to larger samples. The disparity of sample sizes should therefore be kept in mind throughout the following analysis.

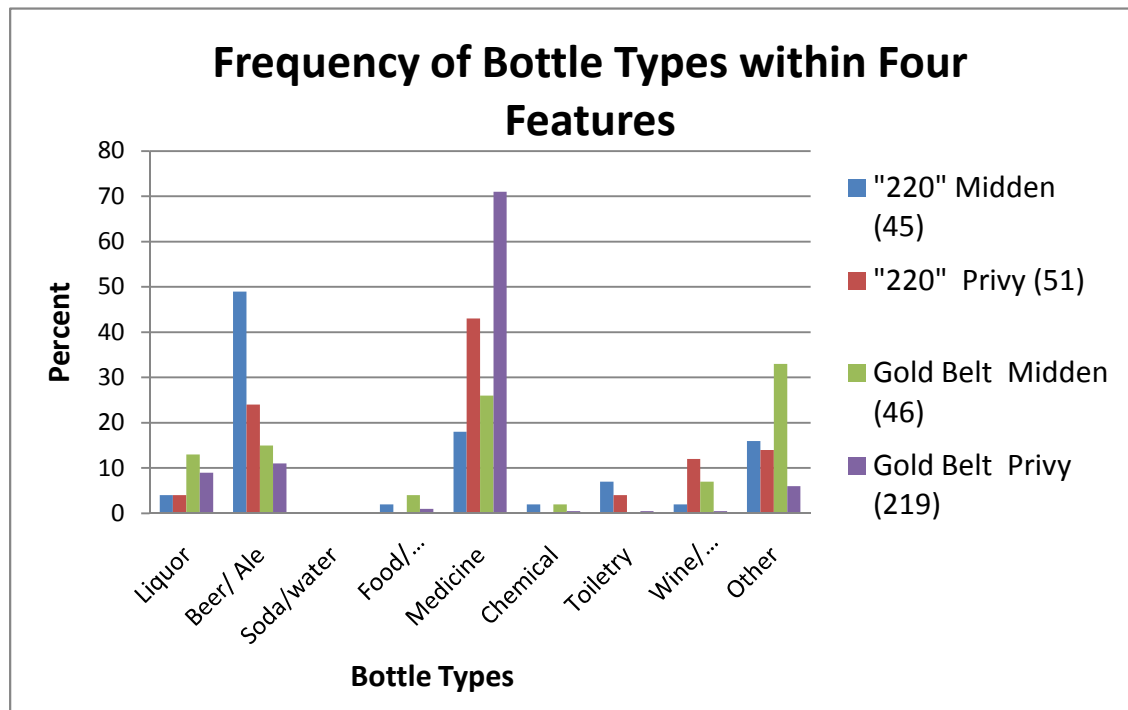


Figure 4- The above figure illustrates the frequency of bottle types found within each of the four features. The most significant of these patterns is that privies have higher frequencies of medicine bottles. Sample sizes are listed in parentheses within the key.

The analysis of bottle types from the privy/midden feature sets associated with the Gold Belt and 220 revealed multiple additional trends within the data (see Figure 4 above). There is a lack of soda and water bottles in all four features. This absence is interesting because mineral water and soda bottle are fairly common in other saloon and red light district sites (Ketz et al. 2005; 77-78). While examples of these bottles have been found within the Vanoli site they do not appear within any of these four feature samples. Reasons for this may be that soda and water were not as popular in the two

businesses being studied as elsewhere on the site or that these bottles may have been collected for reuse. As early soda and water bottles tended to be constructed from thicker glass than other types of bottles, the breakage rate may have been lower than thinner alcohol bottles. While these suggestions are possible there is no way to solve the mystery of this absence.

Alcohol bottles were deposited at all four locations. If the percentage of bottles deposited within each feature reflects the rate at which each beverage was served in each business, the “220” served significantly more beer and ale than hard liquor or wine/champagne. The Gold Belt, on the other hand, sold nearly equal proportions of beer/ale and hard liquor. It is possible that the ratios of these types of alcohol bottles were due to both the time periods these businesses were used as well as the cost and availability of the types of alcohol. The 220 was built in 1881 (Smith 2003:55) while the Gold Belt was built in the late 1880s (Gregory 1982: 21). A review of the feature’s date ranges indicates that the 220’s midden and privy were used predominately between the late 1870s and 1900s with some bottles dating to the 1910s to 1930. The Gold Belt’s bottles suggest use of these features as early as the 1880s, but the majority of the date ranges are between the 1890s and 1910s with later dates stretching into the 1930s. Bottles from the 220 were likely deposited more frequently earlier than those from the Gold Belt sample. As the railroad arrived in Ouray in 1887 and 1890 (Gregory 1995: 59; Wolle: 371), the Gold Belt had better, cheaper access to non-local goods such as wine and liquor from the beginning. The 220, with its earlier dated assemblage, may not have had the same access to liquor and wine/champagne. Without the railroad to guarantee availability, the cost of wine and liquor could have been higher than beer, a locally

produced item. At least five breweries existed in Ouray between 1880 and 1900 while no distillers or vineyards are known to have been in the area (Seamans and Robbs 1969: 59). It is, therefore, possible that the different date ranges between the two businesses explains the different trends seen in the alcohol type frequencies.

Regardless of the dates and access to liquor and wine/champagne, beer and liquor bottles were more often discarded within the middens rather than the privies at each business. The wine and champagne bottle discard rates varied between businesses. While the wine/champagne bottles followed the same discard pattern as the other alcohol bottles in three of the four contexts analyzed, they did not follow the trend in association with the 220 privy. While wine and champagne bottles composed 12% of the 220 privy bottles, they only made up 2% of the 220 midden assemblage. The cause for this anomaly is unknown.

Further patterns illustrated that non-beverage bottles had a low discard rate. Food/condiment, chemical, and toiletry bottles were not very frequent in any of the features. The few food/condiment and chemical bottles within this project's data set were deposited almost exclusively within the middens. The toiletry bottles, however, reflected an entirely different discard pattern. The majority of the toiletry bottles within the sample were located within features associated with the "220" dancehall/brothel. No toiletry bottles were recorded within the Gold Belt midden sample and the toiletry bottles found within the Gold Belt privy composed less than one percent of that bottle assemblage. These non-beverage and non-medical bottles represented less than four

percent of the MNV for the entire sample analyzed. As evidenced by these bottle frequencies, food and cleanliness were obviously minor concerns to patrons and employees of these two of Vanoli's businesses.

Most important to this study was the analysis of medicine bottles. The MNV for the medicine bottles composed around 54 percent of the total MNV for the four features analyzed. The results of the bottle type analysis showed that both the "220" privy and the Gold Belt privy contained significantly higher percentages of medicine bottles than their midden counter parts (see Figure 4 above). The "220" privy had a medicine bottle frequency of 43% while its corresponding midden only had a medicine bottle frequency of 18%. Similarly, the Gold Belt privy had a frequency of 76% while the midden's medicine bottle frequency was 26%. Medicine bottles were therefore more likely to be deposited within privies rather than nearby middens.

Further analysis of the types of medicine bottles found within each feature showed that they varied in composition (See Figure 5 below). While this study illustrated a variety of trends, the significant differences in the number of medicine bottles recovered from each feature must be noted (This can be found in Tables A9 through A 12 in the Appendix). The medicine bottle sample sizes for the features ranged between only eight for the 220 midden to 168 for the Gold Belt privy. As with many archaeological studies, frequencies seen within the smaller samples could rise or fall sharply with the re-identification of a single artifact. The small sample sizes should be kept in mind while reviewing the following data.

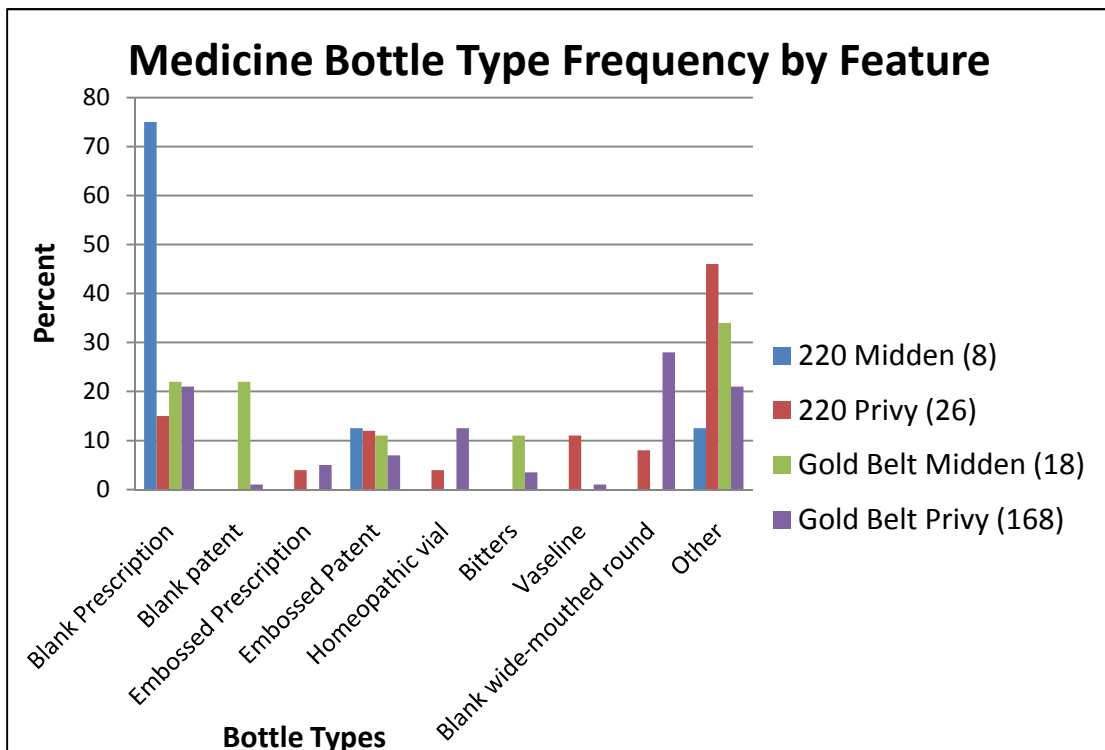


Figure 5- The above graph illustrates relative frequencies of different types of medicine bottles present within the four features analyzed. Sample sizes are listed in parentheses within the key.

Multiple trends regarding medicine types can be seen in Figure 5 (above). First, there are many types of medicine bottles and a significant number from each feature sample were placed into the other category due to traits which were not consistent with the other types or lack of identification. Outside the “other” category, blank prescription bottles and embossed patent medicine bottles composed the larger number of bottles in each of the feature samples. As paper labels were popular on medicine bottles throughout the American Victorian period (Griffenhagen and Bogard 1999), these blank prescription bottles may have at one time had paper labels. Little information can be drawn from these unmarked bottles. The high frequency of embossed patent medicine bottles, however, may relate to their cost in comparison to prescription medicines. In his article on an American Victorian era New York working class neighborhood, Michael Bonasera

(2000:373) states that patent medicines were often chosen due to their claims to cure multiple illnesses, the ability to self-medicate, the lower cost compared to prescriptions, and the alcohol and drug contents. While the frequencies of prescription and patent medicine bottles reveal prescription medicines to be more popular, these reasons still stand as to why a high frequency of patent medicines exist in the red light district.

Another trend in the medicine bottle type categories was that embossed prescription bottles, homeopathic vials, Vaseline, and the wide-mouthed round bottles were only discarded within the private locales, the privies. Similarly, fragments of blank patent medicine bottles and bitters were also restricted in their deposition. These two bottle types were only present in the features associated with the Gold Belt. While the reasons for many of the above trends are likely to remain unknown other explanations may be deduced. The prescription bottles, homeopathic vials and even the wide-mouthed rounds may once have had paper labels. Medicine labels from that time period provided a variety of information such as business information, product name, patient name, dose instructions, and date. The Victorian sense of privacy may have led some people to seek out discrete disposal locations for these bottles due to that personal information. Also in the case of the wide-mouth round bottles, the bottles may signify the use of recreational drugs. This type of bottle was used to hold many different medicines (personal correspondence with John Odell), but the style was also used to hold morphine and heroin. While the actual contents are currently unknown and there are multiple other

possibilities, these bottles may have been disposed of privately if they contained these narcotics. Without knowledge of the bottles' contents and information from their missing labels, many of these interesting trends within the medicine bottle type data cannot be explained.

QUALITATIVE ANALYSIS

While most bottles within this sample are only recognizable as medicine bottles, a small percentage of the sample had diagnostic traits which allowed for further classification. The more precise identification of these bottles reveals information on



Figure 6 - The Injection Brou bottle (Op3_94), seen above, once contained a treatment for venereal diseases. This bottle, recovered from the 220 midden, is one of the few STD related bottles found within the Vanoli site.

either the original medicinal contents or how the bottle may have been obtained. This section of the analysis describes each identified bottle and any important information about it.

Within the 220 midden (Operation 3), only a single bottle could be linked to its contents. This bottle (#94) was labeled “Injection Brou” (See Figure- 6). Injection Brou was a patent medicine imported from Paris and used for the treatment of genital diseases (Fike 2006:168; Devner 1968: 49).

This medicine would not have been drunk but instead used as a douche to relieve the pain and other symptoms of these diseases.

Eight bottles within the 220 privy (Operation 21) were further identified (See Figure 7 below). Among these are a single embossed prescription bottle, three Vaseline bottles, a Florida water bottle, and three patent medicine bottles. The prescription bottle (#17) was embossed with the name “Graves & Scott” and listed Denver as their address.



Figure 7- The above photograph shows a sample of whole bottles found within the 220’s privy. Labeled bottles are discussed further within the text of this section.

As a prescription bottle, the contents would have been mixed and filled by the druggist by order of a doctor or possibly the patron himself. As such, this bottle would have traveled to Ouray from Denver as a personal possession of a customer. The three Vaseline bottles (# 37), however, were manufactured by a nationally known company and would have been part of larger shipments to Ouray businesses. These three bottles are embossed with the words “CHESEBROUGH MFG Co/VASELINE”. At the time,

Vaseline had many uses including as a remedy for skin problems, wounds, and bruises as well as an ingredient in certain prophylactics (Fike 2006: 56; MacKell 2004: 33). The Florida Water bottle (#4) contained a liquid which could be used as a toiletry, perfume, and medicine. Florida water was advertised to be used as a sedative for nervous problems, use on surgical dressing, and as a treatment for exhaustion and depression (Hart 1881: 924). While the contents of these three types of bottles could have been used for a variety of purposes, their presence provides hints about the activities on site and the accessibility of medicine during that period. Both Florida Water and Vaseline were distributed nationally indicating that the town of Ouray was well linked to the outside world and that patrons had the choice between local medicines and national brands. The prescription bottle from Denver indicates regional travel. The 220 privy assemblage reveals that the people of the Vanoli block had multiple options regarding medical care and products.

Three different patent medicine bottles were also discovered within the 220 privy. The first is labeled Syrup of Figs and was produced in San Francisco, California. The main purpose of this product was likely as a laxative but it was also marketed as a treatment for headaches, colds, and kidney, liver, and stomach problems (Devner 1968: 19). The second patent medicine found in the 220 privy was Hamlin's Wizard Oil. This liniment was primarily used to treat muscle and rheumatic pains (Long 1993: 3). However, like many products of its time, Hamlin's Wizard Oil was also marketed as a cure-all. The medicine contained 50 to 70 percent alcohol and could be used both internally and externally (Long 1993: 3). As seen in the above example (Figure 8), various advertisements stated that it cured multiple ailments. Other sources include

cancer, hydrophobia, and pneumonia among that list (Fike 2006: 193; Long 1993: 3, Devner 1968: 41). The final patent medicine was Renne's Nervine. Little is known about this particular nervine but this type of medication was used to calm nervous disorders. As with the non-patent medicine bottles, patent medicines present difficulties in pinpointing the exact illnesses which the contents were used to treat. Patent medicines were created as commodities. Promoting a medicine as a cure for multiple illnesses opened a larger market base.



WIZARD OIL CONCERTS

Have been heartily enjoyed by the citizens of nearly every town and city in the United States. Marvelous Cures have been performed, and witnessed by thousands of people, who can testify to
THE WONDERFUL HEALING POWER OF
Hamlin's Wizard Oil.
IT HAS NO EQUAL FOR THE CURE OF
RHEUMATISM, NEURALGIA, TOOTHACHE, EARACHE,
HEADACHE, CATARRH, CROUP, SORE THROAT,
LAME BACK, CONTRACTED CORDS, STIFF
JOINTS, SPRAINS, BRUISES, BURNS,
And Many Other Pains Caused by Accident or Disease.
It is safe and sure, does its work quickly and
gives universal satisfaction. For sale by druggists.
Price 30c. Our Song Book mailed free to everybody.
Address **WIZARD OIL COMPANY, CHICAGO.**

Figure 8- The above 1886 advertisement for Hamlin's Wizard Oil appeared in a Colorado paper and promoted the medicine as a type of cure-all. This ad indicates that this company used medicine shows to promote their product, a rather common practice during the time period.

The Gold Belt midden (Operation 18) sample did not produce any bottles which could be traced to their exact contents or associated with particular illnesses. Only two bottles within the Gold Belt midden sample were embossed. The first was a small fragment which read: “W^M E. N...” . Despite numerous attempts to collect more information about this bottle, nothing has been found. The second embossed bottle read: “J.



Figure 9- The above bottle (Op1_V9) once held Italian medicines. Two of these vessels were discovered within the artifact sample used for this project: one in the Gold Belt midden and the other in the Gold Belt's main privy.

Personeni Sole Agent & Importer New York” (Figure 9). While the contents of this bottle are unknown, some information on the proprietor is available. Joseph Personeni was an Italian immigrant living in New York who started an Italian perfume and medicine import business in 1892 (Brown 2007:18). The lack of information on the actual product and its distribution make it difficult to form any conclusions regarding the bottle. Similarly, fragments of a bitters bottle were also found within this midden but no definitive fragment existed to indicate the type or brand of bitter. The Gold Belt midden provided little information to aid in discovering any information about health problems within the red-light district.

The Gold Belt privy, however, provided a wealth of information about the type of medicines being taken and some of the health problems faced by those within the Vanoli Block. Both embossed prescription bottles and non-prescription medicines were found within this sample. Nine embossed prescription bottles were discovered. All of these bottles could be traced back to a city and druggist. Of the nine, seven were from C. C. Stratton, a local pharmacist in Ouray. C.C. Stratton's store was located in block 19 (Hoffman 2009: 21), 3 blocks from the Vanoli Block. That C.C. Stratton's store was within a short distance of the Vanoli Block could explain the high frequency of his bottles within the assemblage. As stated in Chapter 3, high frequencies of prescription bottles was also noted by Ketz et al. (2005: 87) who also suggested that it may be due to



Figure 10- This bottle (Op1_2) is an example of the most common embossed prescription bottle from the Gold Belt privy. C.C. Stratton was a pharmacist in Ouray, Colorado during the turn of the century.

the brothel's close proximity of doctors. The C.C. Stratton bottles likely post-date 1896 when advertisements for the City Drug Store first appear in Ouray Herald (Ouray Herald April 23, 1896: 1). Another bottle was embossed "W. R. SAMSON/DRUGGIST/TELLURIDE, COLO". Telluride is a nearby town located roughly ten miles to the southwest of Ouray. The final embossed prescription bottle from the Gold Belt privy read "BURT E. MORITZ, PH.G./ DRUGGIST/PHONE MAIN 1163/2101 LARIMER STREET, DENVER, COLO." . While seven of the nine embossed prescription bottles were from Ouray, the discovery of the bottles from Telluride and Denver are unsurprising. The maker's marks on both of these bottles suggest that they were produced between roughly 1888 and 1901 (Griffenhagen and Bogard 1999:123; Whitten 2005; Lockhart et al. 2006: 59). It was within this period that the railroad lines were built connecting these towns with an easier form of transportation. That the majority of the bottles came from a local drugstore indicates that residents of the Vanoli Block were patronizing local businesses rather frequently.



Figure 11- The above advertisement was the earliest found promoting C.C. Stratton's drug store within the historic newspapers of Ouray (Ouray Herald Apr. 23, 1896: 1). Stratton frequently advertised his business and the availability of a variety of medicines in Ouray's newspapers making his the most advertised drugstore in town.

Table 4- This table lists the 17 labeled non-prescription medicine containers found within the Gold Belt’s main privy. Also listed are the types of illness each medicine was known to treat.

GOLD BELT PRIVY NON-PRESCRIPTION MEDICINES		
Medicine	Use	Temp #
Dr. Bauer's Wild Cherry Cordial	unknown	18
Mosco	foot/ corn and callous treatment	142
Cuticura System of Blood and Skin Purification	unknown	V3; 26
The Weatherby Remedy	unknown	31
The Baker-Levy chemical co	unknown	42
Lydia Pinkham's Vegetable compound	women's complaints	139
Rubifoam for the Teeth	teeth care	132
Salon Palmer Florida water	nerves/head/skin	15
Lash's Bitters (fragments)	unknown	124; 123
Fernet Branca (fragments)	stomach	125; 126; 127; 128
Chesebrough Vaseline	skin care, prophylactic	137; 138
The Tarrant Co. /Chemists	dizziness/ headache	77
Husband's Calcined Magnesia Philada	stomach	131
Maltine	stomach	140
Bromo-Seltzer	headache	48
J. Personeni Sole Agent and Importer	unknown	V9

The embossed non-prescription medicine bottles and their uses are listed in Table 4 above. Of the 16 kinds of non-prescription, embossed medicine bottles, ten were treatments for identifiable illnesses. Judging by the number of bottles meant to treat each illness, stomach problems and headaches were the most common problems for those frequenting the Gold Belt. Husband’s Calcined Magnesia Philada, Maltine, and Fernet Branca treated stomach problems. Another medicine, Lydia Pinkham’s Vegetable Compound, was used to take care of assorted “female issues”. Other medicines, such as the Mosco corn and callus treatment, the Vaseline, and the Rubifoam, were most likely

being used to maintain or improve teeth and skin. These bottles and their contents shed insight into the everyday maladies that the residents of the red light district suffered rather than the work-related illnesses and conditions usually researched by studies on participants in the sex industry.

GENDER ANALYSIS OF THE GOLD BELT PRIVY ASSEMBLAGE

An in depth exploration of the Gold Belt privy bottle assemblage revealed non-definitive data on bottle disposal associated with gender. The privy structure was separated into two sides. Baker deduced that the privy was separated according to gender with women using the eastern half and the men using the western half (Baker 1975). Evidence supporting this includes the fact that the western door, at least, was marked with the word "Men " and had a medicine advertisement and graffiti on the walls that was geared towards men (Personal communication with Steven Baker). A 1975 sketchmap illustrates four privy seats or holes within the Gold Belt privy. Two seats were located on each side of the privy along the central wall. There is no indication that a barrier separating the sides of the vault existed. The location of these privy seats suggests that waste from each hole and each side would be deposited fairly close together in the middle of the privy. Human waste and other objects may have freely intermixed within the possibly loose and somewhat fluid sediments within the vault. Sketches show that general lime/organic layers appear to spread across the privy vault and indicate comingling. However, some profile sketches show separate crusted lime/organic deposits under the privy holes. These layers suggest that at least some of the materials deposited within the privy may not have moved or intermixed very much. The excavation of this privy reflected the functional division of space, with the eastern and western halves of the

vault being excavated separately (See Table A 13 in the Appendix for individual lots).

No guarantee exists that items deposited on one side didn't intermix with those from the other or that men and women even followed the suggested segregation of gender within the privy. This analysis, however, was conducted as though that gender separation did exist. It was hoped that by analyzing the bottle assemblage in terms of gender, a better view of health in the red-light district could be discovered.

In terms of the number of bottles, the male side of the privy contained 64% of the privy bottles while the female side yielded only 36%. Bottles appear to have been deposited more frequently in the male portion of the privy. These bottles were analyzed by bottle type for each side of the privy (See Table A 14 in the Appendix for complete details). The gender analysis revealed that no significant difference could be seen between the bottle type proportions in each assemblage. The majority of vessels consisted of medicine, liquor, and beer bottles (See Figure 12 below). Each of these three types revealed similar frequency in deposition within each half of the privy. While there are some minor variations in frequency of bottle types, no significant differences were seen due to gender. As discussed above the lack of a barrier within the vault between the two sides may have allowed some intermixing to occur making the two assemblages appear to be more similar than they actually were.

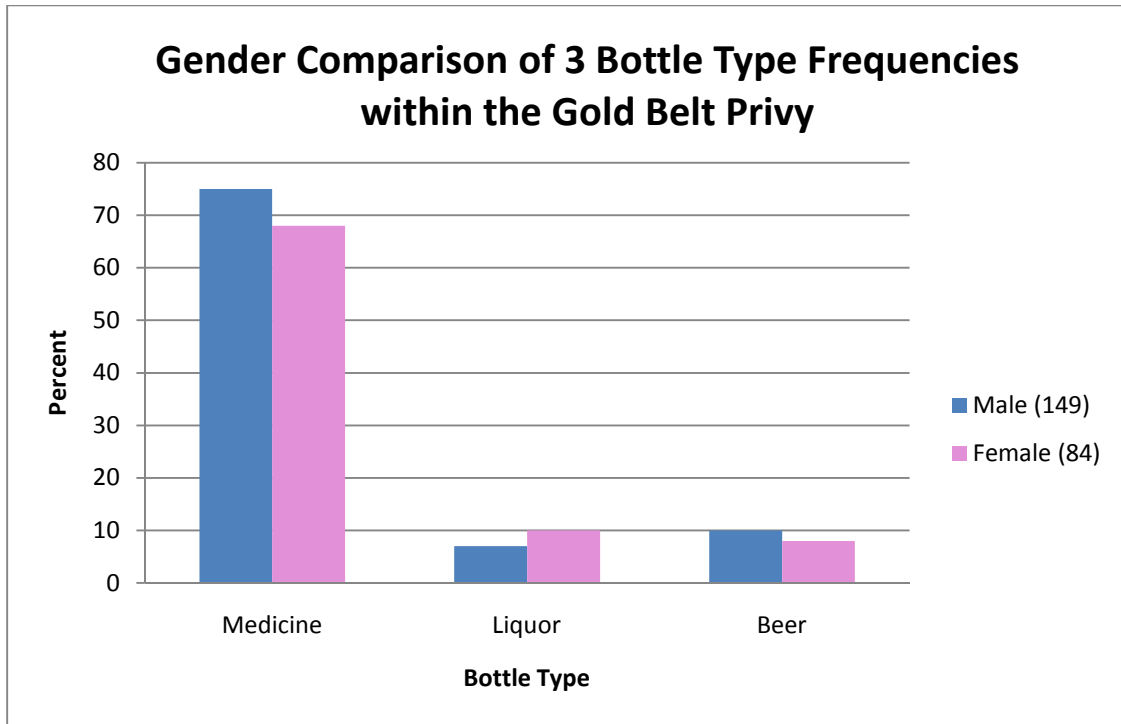


Figure 12- The above graph illustrates the similar proportions of the three most prominent bottle types found within the male and female sides of the Gold Belt's main privy.

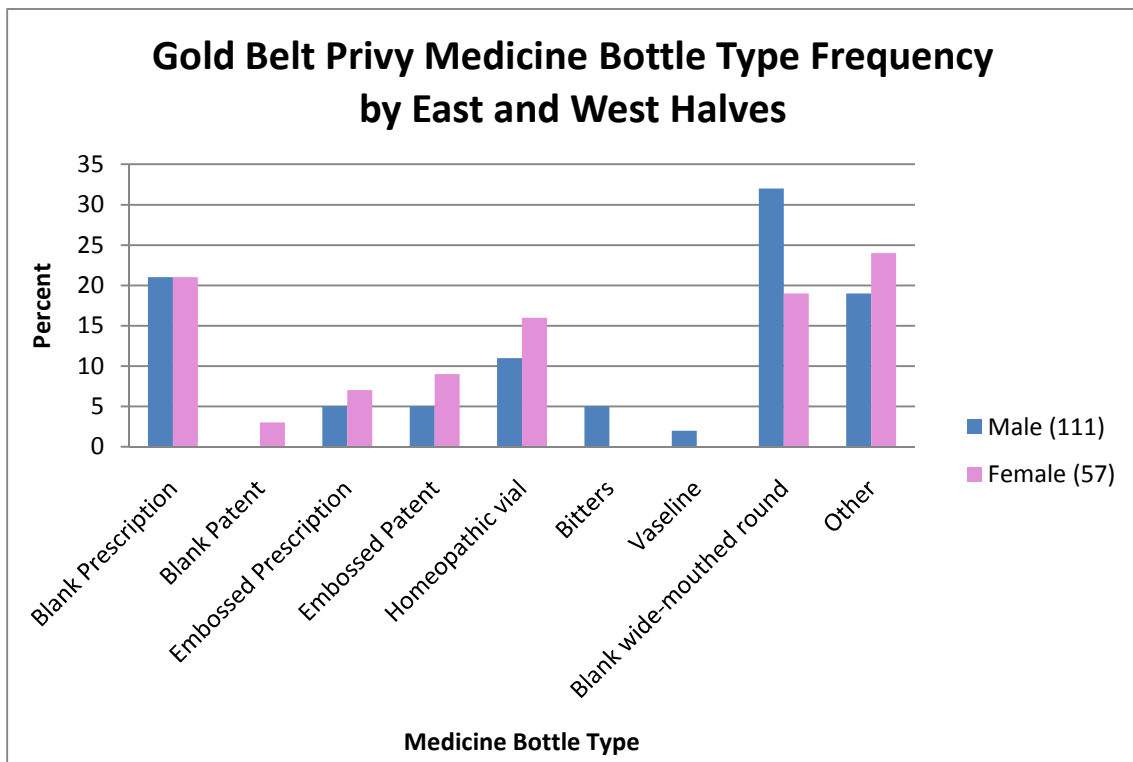


Figure 13- The above graph reveals the variation in frequency of medicine bottle type between the male and female portions of the Gold Belt privy.

The male and female halves of the main Gold Belt privy were also analyzed for differences in medicine bottle types (See Figure 13 above). This was investigated to see if gender affected the types of medications being taken. As Figure 13 illustrates, both the male and female sides show similar high frequencies of prescription bottles. The women's half of the privy held higher proportions of patent medicine bottles and homeopathic vials. This may suggest that women were more likely to purchase nationally or regionally available patent medicines and homeopathic remedies. Multiple possibilities exist to explain the high levels of patent medicines on the female side of the privy. One could be that the stigma of being a red light district resident caused the women to seek more mail order remedies or consistently priced medicines. However, the high frequency of prescription bottles in addition to that of the patent medicines indicate that women were able to afford and often did purchase prescription medicines from doctors and druggists. Other possible reasons behind the higher frequency of patent medicine bottles in the female assemblage include that they may have been cheaper and easier than any home remedy or prescribed drug and that advertisements for these drugs may have been directed towards women. The higher frequencies of homeopathic vials could be linked to the desire for a gentler kind of treatment. In contrast, the male side of the privy had greater frequencies of bitter bottles, Vaseline, and wide-mouthed round bottles. As Vaseline bottles were found exclusively on the male side of the privy, the use of Vaseline as a prophylactic seems less likely. The wide-mouthed round bottles, however, could indicate drug use in the red-light district was more prevalent in the male population. It is likely that recreational use of narcotics occurred in the Vanoli Block. Opium smoking was known to occur there and opium related artifacts have been

recovered (see Figure A-1 in Appendix for related news article). Additional newspaper stories referencing morphine (Figures A-2 and A- 3) usually cited the drug's use in suicide in relation to Ouray's red light district but also occasionally mentioned narcotic use as an addiction or habit (Ouray Herald Aug 29, 1901; Ouray Herald Jan. 16, 1903: 1; Ouray Herald Nov. 19, 1896: 3). Some of the above data suggests that one's gender may have influenced the type of medicinal products being purchased in Ouray's red light district.

An examination of the individually identified medicine bottles provides interesting preliminary insights into how gender affected health and medicine. First, the embossed prescription bottles from both the male and female sides of the privy revealed that most of these bottles were filled by the local pharmacist, C.C. Stratton (See Table A 15). Each side also held an embossed prescription bottle filled by a Colorado druggist outside Ouray's city limits. The female side's bottle was from Denver and the one on the male side was from Telluride. Most people, male and female, within the red-light district appear to have used local businesses for their medical needs.

The nationally or regionally available non-prescription medicine bottles located in the Gold Belt Privy reveal possible gender differences in health conditions. The data related to these differences can be seen in Table A 16 in the Appendix. By looking at the provenience and contents of the identified bottles found within the Gold Belt privy, various health problems appear to have affected different genders within the Vanoli Block. As discussed in the Qualitative Analysis section above, 10 of 16 types of medicines could be connected to certain illnesses. Of those 10 medicine bottles, only two were discovered in the female section of the privy vault. The other eight were located in

the male side. The two medicines from the women's half were used to treat corns and calluses on the feet and women's complaints. The eight medicines on the male side included remedies for stomach problems, headaches, nerves, skin care, and teeth health. These labeled bottles suggest that different illnesses may have plagued each gender

SUMMARY

The analysis of bottles from four features within the Vanoli Block revealed a number of patterns regarding the activities and health of the occupants of Ouray, Colorado red-light district. The quantitative analysis revealed that while medicine bottles composed a significant percentage of each of the bottle assemblages, they were more frequently deposited in privies. Of the total number of medicine bottles, patent and prescription bottles had high frequencies in all four features. Privies, however, were the only type of feature in which embossed prescription bottles, homeopathic vials, Vaseline, and the wide-mouthed round bottles were discarded. The correlating middens did not possess a single bottle of any of those types.

The qualitative analysis further examined the individual bottles for clues regarding the type of health issues being treated. Surprisingly, only a single bottle directly related to STDs. A few other bottles such as the Vaseline and the Lydia Pinkham's Vegetable Compound bottle could possibly be linked to sexual activity. Later spatial information from the gender analysis, however, suggests that the Vaseline was more likely to have been used to treat men's skin problems. The other identified treatments revealed that stomach problems and headaches were prominent health issues at this site. Less commonly found on the site were medicines for nervous disorders, muscle aches, dental health, foot problems, and skin care.

The gender analysis of the Gold Belt privy assemblage was not definitive. The conditions under which this analysis was conducted were not ideal. Given the structural design of the privy, lack of barrier between the sides of the vault, and possible fluid nature of the vault sediments, intermixing and movement of artifacts were likely to have occurred. The small sample sizes also give cause to question the outcome of this portion of the study. While the gender analysis suggests some interesting patterns within the data, those trends may not be accurate representations of the disposal of glass artifacts at the Vanoli site.

The above information provides a new look into the health and lives of the occupants of Ouray's red-light district. Trends within the bottle data confirm that the Vanoli Block activities produced high percentages of alcohol and drug/medicine bottles. Medicine bottles were among the most frequently deposited type of bottle, especially in the privies. This demonstrates that some sense of privacy did exist for health issues. The qualitative data further indicates that everyday issues plagued the red light districts and little evidence remains of sex-related illnesses or issues. While some evidence exists that regional and national patent medicines were bought frequently, the higher frequency of prescription bottles on site suggests that the stigma of their occupation did not keep red light district residents from purchasing local products or seeing doctors. These trends will be discussed further in the conclusion.

CHAPTER 6

DISCUSSION AND CONCLUSION

This study demonstrated that archaeologists need to consider the human ideology behind site formation processes while conducting pattern analyses. The bottle frequency analysis confirmed the initial hypothesis that a sense of privacy affected the deposition pattern of medicine bottles. Furthermore, examination of the individual medicine bottles provided many insights into the illnesses suffered by the occupants of the red-light district. The styles and labels of these bottles also hinted where these medications were being obtained. Additionally, while not definitive, the limited gender analysis conducted on the Gold Belt privy sample raised some interesting questions about gender-differences in illnesses and consumer choices. This final chapter will discuss the results of the bottle analysis and suggest new directions for the further study of related topics.

HEALTH AND PRIVACY

This thesis focused on determining whether residents of the Vanoli Block made decisions pertaining to the disposal of certain waste based on a sense of privacy. It was proposed that medical bottles, being related to health issues, would be considered more private items. As such, medicine bottles would therefore be deposited in more secluded locations affecting the artifact distribution patterns. As stated above, the quantitative data proved this hypothesis to be correct. A comparison of the bottle type frequencies for each privy (43% and 71%) to its corresponding midden (18% and 26%) indicated that significantly higher frequencies of medicine bottles were deposited within the privies.

The results of this study indicate that occupants of the red light district were making conscious decisions regarding where to dispose particular items. They chose to deposit health-related items into more discrete locations, namely the privies, while at the 220 and Gold Belt. The choice of feature types being sampled during excavations at similar red-light districts may therefore affect the total artifact signature of these sites. This may be one reason why a unique brothel artifact signature has yet to be discovered.

In contrast to the medicine bottle distribution patterns, the distribution of non-medicine bottle types did not reveal any patterns indicative of being influenced by privacy. Beer/ale, chemical, and food/condiment bottle types actually occurred more frequently in the middens. Some of these trends may not be significant due to sample sizes. Both the chemical and food/condiment categories had incredibly small MNVs. The tendency of beer/ale bottles to appear more frequently in the more public locations or middens rather than privies is less pronounced than that of the medicine bottles. This preference may be due to the convenience of disposal and proximity of the middens to business. Rather than exhibiting extreme bias towards public and private locations, most of the other bottle type categories, especially those involving alcohol, illustrated more subtle activity-oriented differences between businesses. One example is the presence of toiletry bottles almost exclusively at the 220. The location of these bottles at the 220 business rather than both businesses gives credence to the belief that crib prostitutes lived elsewhere in town while those in the 220 were actual boarders. While other trends could be seen within the bottle type data, the obvious frequency patterns between the feature types were seen only within the medicine bottle data.

The examination of medicine bottles by type further indicates the desire for privacy. That the embossed prescription bottles, homeopathic vials, Vaseline, and the wide-mouthed round bottles were found only within the privy assemblages is notable. As discussed in Chapter 5, it is possible these types of bottles were discarded in privies because they could be linked to sexual activities, recreational drug use, or particular people or illnesses via their paper labels. Because no traces of paper labels remain and chemical analysis was not conducted, the contents of these bottles remain largely unidentified. This lack of knowledge the contents makes it difficult to determine why these bottles were disposed of privately.

MEDICATIONS: REVEALING AILMENTS, OPTIONS, AND ORIGINS

As seen in Figure 5 (Chapter 5), prescription bottles and patent medicines were the two most frequent types of medicine bottles within the sample being analyzed. This is especially true when combining the blank and embossed categories of the two types. Prescription bottles would have been available through any druggist or doctor while patent medicines would have been more widely available. These medications were often nationally or regionally obtainable from drugstores, catalogs, mail-in-order forms, traveling medicine shows and more. The accessibility of both types of drugs was quite high in Ouray given that the hospital and at least eight drugstores existed within Ouray between the years 1878 and 1900 (Seamans and Robb 1969: 59). .

The analysis of individual prescription bottles also suggests that occupants of the red light district obtained their medications locally. Of the ten embossed prescription bottles found within this sample, seven were from a single local pharmacist located a few blocks from the red-light district. Two others were from Denver while the final bottle

was filled in Telluride. As stated in Chapter 5, transportation to and from Denver was well established by the 1890s. It is possible that the Denver bottles were from people going to Denver to see a specialist, a traveling prostitute who recently relocated from Denver, or just a visitor looking for a good time in Ouray's red-light district. These bottles probably had paper labels which disintegrated through time. As such, we can only use the knowledge gained from analyzing the small percent of embossed bottles to conclude that residents of the Vanoli Block obtained their prescription medicines locally.

The presence of homeopathic vials in the privies also indicates the availability of medical options within Ouray. The frequency of homeopathic vials in the Vanoli Block privies suggests that a homeopathic practitioner was locally available. It also confirms that homeopathic medicine was gaining popularity within the remote places of the West during the American Victorian era.

Putting the data from all four features together allowed for a better examination of illnesses within the Vanoli Block. Only a single bottle, the Injection Brou, from this sample can be directly linked with STDs which are often associated with prostitution. Other medications that could be tentatively connected to sexual activity include Lydia Pinkham's Vegetable Compound and Chesebrough Vaseline. The results of the gender analysis, however, suggest that the Vaseline was actually being used to treat skin conditions. Considering the number of cribs and boarding rooms which contributed to the artifact assemblage being studied, a very small percentage of the bottles can be directly related to sexual relations. Most health problems experienced by the occupants of the Vanoli Block appear to be common ailments. Of the 220 medicine bottles used within this study, 23 bottles could be linked with specific contents. Identifiable bottles

and fragments indicate that stomach problems were the most prominent ailment within the red light district. 30 percent of the identifiable medicines were treatments for stomach issues. The second most common health problem could be either nervous problems or headaches. Other ailments, evident through less frequent types of medicine bottles, were muscle aches, corns and calluses, and tooth problems. Overall, the list of ailments from the Vanoli Block appears to be composed of everyday issues rather than serious or contagious illnesses.

The above findings are similar to those of other archaeological and modern studies on health in sex worker populations. Similar to the Vanoli collection, large proportions of prescription bottles were noted by both Meyers et al. (2005: 120) and Ketz et al. (2005: 77-78, 87). Meyers et al. (2005: 120) further pointed out that the prescription bottles were mainly from local druggists and that a large number of Vaseline bottles were located at a Los Angeles brothel. Yamin (2005: 10) noted a high frequency of stomach medicine bottles in her Five Points, New York collection. The prevalence of medicine bottles correlates well with the results from this analysis of the Vanoli assemblage. The earlier review of modern day sex worker populations in Chapter 3, produced a list of common health problems which correlates well with the illnesses identified in this study. That modern sex work and Victorian prostitution produced similar health problems suggests that this occupation can be associated with more exposure and vulnerability to everyday illnesses in addition to the higher risk of sex-related health problems which are more popularly studied.

HEALTH AND GENDER

The gender analysis of bottles within the main Gold Belt privy was not definitive. While the analysis brought up a number of questions, several issues limit the implications of the study. As the only privy on the Vanoli site to have separate male and female sides, it presented a unique opportunity to delve into gender issues. However, the absence of any type of barrier between the east and west portions of the vault and the small sample sizes limits the significance of the conclusions.

The analysis of medicine bottle types from this small sample revealed some differences between the two sides. While similar proportions of prescription bottles were used, few other similarities existed between the male and female deposits. Patent medicines and homeopathic vials were more frequently deposited on the female side. This suggests that women were taking advantage of the multiple options for health care by seeing both homeopathic and orthodox doctors, patronizing druggists, and possibly diagnosing and treating themselves with patent medicines. The male side of the privy had much higher frequencies of the wide-mouthed round bottles and contained two types of bottles not present in the female side: Vaseline and bitters. As discussed earlier, the higher frequency of the wide-mouthed round bottles could indicate a greater use of recreational drugs within the male population. Few conclusions regarding gender could be drawn from the analysis of bottle types within the privy.

The examination of the identifiable medicine bottles in terms of gender sides of the privy, suggests that different illnesses were affecting each population. The female side of the privy only contained a foot corn and callus treatment and a remedy for female complaints. The male side of the privy, however, held medicine bottles that contained

stomach medications, headache remedies, Vaseline, and a tooth care product. As with many of the patterns seen within this gender analysis, given the incredibly small samples of identifiable bottles and unknown extent of the intermixing of the artifacts, these lists are unlikely to reflect any real differences between the illnesses affecting each gender.

CONCLUSIONS

The methodological implications of this project are that archaeologists should contemplate how human conceptions can affect pattern analyses and site formation processes while planning their research and analyzing their data. This thesis establishes that a sense of privacy existed regarding medicine and health in the Vanoli Block, an American Victorian era red light district in Ouray, Colorado. Medicine bottles were discarded in privies more frequently than in middens associated with the same businesses. Occupants of the red light district affected site formation by endeavoring to hide evidence of their health problems in more discrete locations. This discovery suggests that differences in the artifact frequencies and the lack of a unique artifact signature seen within the pattern analyses of other American Victorian red light district and brothel sites may have been due to the type and location of features being excavated for the project. As seen in this project, the privacy level of a feature and the human value of privacy regarding illnesses can affect artifact distribution patterns. Future archaeological studies should give more consideration to how cultural conceptions of privacy can affect site formation. Archaeologists will benefit from considering the impacts of cultural conceptions during the research design, excavation, and analysis phases of their projects.

FUTURE RESEARCH

This research project raised many questions during the research and analysis of this topic. Further studies should be conducted on health and privacy. Additional sites and assemblages should be analyzed to see if the Vanoli pattern holds at other sites. Investigations should also be performed to see how conceptions of privacy affect different types of deposits. Additional red-light districts should be examined for more information on the types of health problems suffered by their occupants. In regards to the Vanoli site, many offshoots of this research project would be particularly informative. First, a chemical analysis of bottle contents should be performed. While many bottles have been washed, others still retain their contents or some type of residue. A chemical analysis of these bottles might allow us to see what the contents actually were and in the case of medicine bottles what illnesses they may have treated. If possible, a residue analysis of some of the more popular medicine bottle types such as the wide-mouthed round bottles, possible serum bottles, and amber screw cap bottles would provide information about the possible contents of these types of bottles. The wide-mouthed round bottles should be specifically checked for traces of narcotics as that style of bottle has been known to contain both morphine and heroin. Such an analysis of any wide-mouthed round bottles that have contents would provide for further investigations into recreational drug use on site. An investigation of how advertisements and news articles regarding drugs, drug stores, and medical practices (i.e. homeopathy versus orthodox) could influence consumers may elucidate some of the patterns found within this study. Further prostitution-oriented investigations should also be pursued. Within this thesis, data were presented indicating that the toiletries were located almost entirely within the

220 assemblages. This pattern suggests that while the women who worked at the 220 may have actually lived within the second floor of the dancehall, the women working within the Gold Belt cribs probably did not reside there. A further consideration of where the prostitutes lived and worked and their standards of living could also be pursued. Finally, a more detailed gender analysis of the Gold Belt privy would also be informative. By considering all types of artifacts deposited within the privy, we stand a better chance of discovering whether the male-female sides were used as suggested. Obviously, many avenues of inquiry are left to be pursued and could provide information useful to the re-evaluation of this study.

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APPENDIX

Table A 1- The below table provides information from the field notes of each Operation, Sup-operation, and lot for Operations 1, 3, 18, and 21. This information was used to select which lots would be used as the sample for this thesis. Lots selected for this sample are seen in the yellow highlighted areas.

Operation Details			
Operation	Sub - Op.	Lot	Description
1	~	~	Lot 22- area around the ash heaps and main privy south east of the Gold Belt-conducted in August 1975
1	A	~	no excavation-cleaning of operation area-cut weeds, clear surface to original features noted in 1970
1	A	1	provenience of all Sub-op A material
1	B	~	excavation of 20th century ash heap on the north side of privy, which partly blocks west side's privy door
1	B	1	materials recovered from ash heap to original ground surface, screened via 1/4" mesh
1	C	~	Excavation of privy vault to SE of Gold Belt. Excavated in 6" levels except in obvious intrusive lenses and separated in east (Female) and west (male) halves
1	C	1	surface cleaning to undisturbed fill- relic hunters have affected contours. Papers on floor and in fill date from 1929 to 1950s
1	C	2	E half-1st 6" level -some intrusive soil/lense- materials date to 1930s
1	C	3	E half-2nd 6" level - bottom of lot conformed to natural layer
1	C	4	surface cleaning after rain storm washed surrounding material onto excavated privy surfaces
1	C	5	E half-removal of intrusive materials (cobbly soil and artifacts) from the cave in of south and east walls, contrasted with privy fill (organic soil)
1	C	6	E half-extrusive layer of coal ash along south wall
1	C	7	interface between organic/coal ash and rubble and the underlying organic /lime layer in center of vault, found during removal of cave-in materials
1	C	8	E half-coal ash/organic layer in NE area near intrusive rubble, dates to Mary Vanoli period (ca 1930s-1940s)
1	C	9	E half-pile of lime/organic material in NW corner - Directly under privy hole
1	C	10	profile cleaning between east and west sides to 1st arbitrary level

1	C	1 1	W half-upper layer of coal ash/organic fill
1	C	1 2	W half-intrusive black rubble layer along north side-is the upper 6"level of this layer (above lot 15-which is the lower level)
1	C	1 3	W half-organic/lime pile under privy seat in west half
1	C	1 4	W half-continuation of lime/organic layer
1	C	1 5	W-half-intrusive black rubble layer along north side .-2nd/lower 6"level of this layer (below lot 12)
1	C	1 6	W half-intrusive coal ash layer- from south wall under lot 11 and next to lot 14
1	C	1 7	W half- lime/organic layer between intrusive ash and rubble- under lot 14- 6" arbitrary level from elev. 6.5' AD
1	C	1 8	E half- intrusive coal ash along south wall-
1	C	1 9	W half- clean intrusive rubble from north side
1	C	2 0	W half- organic/lime layer completely sealed under intrusive layers from north and south walls- separate from lot 17 but similar in nature. West wall caved in after excavated this layer
1	C	2 1	E half- first 6" level of organic/lime layer- directly under lot 9 and above lot 24-elev. Starts at 7.4'AD, ends at 6.5'
1	C	2 2	E half- intrusive rubble/coal ash along south wall-
1	C	2 3	E half- intrusive rubble on east wall-due to displaced boards
1	C	2 4	E half- lime/organic- under lot 21- next to lots 25 (to south)and 26 (along east wall)
1	C	2 5	E half- intrusive coal ash/rubble from south wall cave in
1	C	2 6	E half- intrusive rubble from east wall cave in
1	C	2 7	E half- discrete organic/lime layer- begins at elev. 5.5' arbitrary datum (AD)- ended at 5'AD in pile and 4.6' AD on general level (?)
1	C	2 8	E half- organic fill with animal bone layer and restaurant/whore house debris-measures ~1' thick- 4.6'AD to 3.7'AD
1	C	2 9	E half-last .2' of privy fill to floor- floor at 3.5' AD.- last lot on E half
1	C	3 0	W half- lime/organic layer-lot originally designated as lot 21 but no materials were located and cave-in occurred- elev. 4.9' to 4.6'AD on piles under privy hole and 4.5' for general elevation
1	C	3 1	W half-continued lime/organic layer which started in lot 30- arbitrary level ended at bone layer (lot 32)-elev. 3.05'AD
1	C	3 1 B	screwy sub-lot (said this in notes, no other description known)

1	C	3 2	W half- almost solid layer of animal bone-elev. between 3.05' and 3.5'AD- 5-6" thick
1	C	3	W half- organic layer- between 3.5' and 3.4' (floor of privy vault)
1	C	3 4	W-half- wall and floor cleanings
1	C	3 5	North wall of privy west end, 1970, privy roof, vault construction, sub-floor etc
1	C	5 0	rubble collapse of west end of privy
1	D	~	irregular excavation of area NE of privy vault
1	D	1	first .6-.8' level of trench- rubble/ash overlaying original ground surface
1	E	~	7' x2 ' E/W trending trench directly west of privy
1	E	1	12" arbitrary level from surface down
1	E	2	coal ash and rubble in east end of trench below lot 1
1	E	3	wood ash below lot 1 in west side of trench
1	E	4	2nd level of wood ash (below lot 3)
1	E	5	coal ash and rubble between wood ash (in west) and rubble (in east) overlies foundation line(trending n/s) which runs through trench
1	E	6	general cleaning in west side of trench
1	E	7	lowest level from west end of trench-includes material below wood/organic stain of collapsed wall or floor on inside of foundation . 1888 dime found
3	~	~	Lot 22- exploration/ trench excavation of area directly west of the 220 Dancehall-conducted in 1976
3	A	~	3' trench originally extending 16' to the west of the 220 SW corner- later expanded to 23.5'-meant to locate vault of two story privy- included trash heap, fuel storage area, and possible privy (not the one looking for)
3	A	1	topsoil and sod down to 6" below surface-located rubble and cultural material at base of this lot
3	A	2	highly organic fill between two lines of rubble in center of trench
3	A	3	layer of coal ash in west end of trench, west of rubble line
3	A	4	layer of coal ash and wood debris from east end of trench- began below topsoil to 6" below surface- found 1887 dime
3	A	5	excavation of western portion of trench below lot 1 and west of the rubble lines
3	A	6	wood and cultural fill (a floor) below coal ash in lot 4 on east side of trench
3	A	7	wall cleanings from east end of trench
3	A	8	sterile soil in east end of trench below lot 6
3	B	~	3' E/W oriented trench originally extending 26'- located north of box elder tree- attempt to locate 2 story privy- located a clean privy, trash dump, and fuel storage area
3	B	1	topsoil and sod removal
3	B	2	removal of last of the topsoil to coal ash and wood layer- entire length of

			trench
3	B	3	black organic with coal layer below sod/topsoil in west half of trench- between lots 2 and 4
3	B	4	layer of heavy wood ash in west half of trench- under lot 3
3	B	5	6" layer of relatively clean gravel east of lot 4- extends east until it encounters the coal and floor remains
3	B	6	wood debris and midden in extreme east end of trench-wood floor and fuel level were lumped into underlying midden layer due to difficulty in separating the layers in the heavy rubble matrix
3	B	7	arbitrary 6" level in privy fill-elev. 1.6' to 2.4' BGS
3	B	8	Arbitrary 6" level in privy fill-elev. 2.4' to 2.8' BGS
3	B	9	arbitrary 6" level in privy fill-elev. 2.8' to 3' BGS
3	B	10	arbitrary 6" level in privy fill-elev. 3' to 3.5' BGS
3	B	11	arbitrary 6" level in privy fill-elev. 3.5' to 3.7' BGS
3	B	12	arbitrary 6" level in privy fill-elev. 3.7' to 4.3' BGS
3	B	13	arbitrary 6" level in privy fill-elev.4.3' to 5' BGS
3	B	14	material from floor level in privy fill-elev. 5' to 5.5' (may include to 6.5'BGS or this may be lot 15-unlabeled on map)
3	B	15	wood beam layer/may not be used?
3	B	16	topsoil and rubble from extension of extreme east end of trench
3	B	17	coal/rubble layer from east extension of trench
3	B	18	midden debris from east extension of trench
3	C	~	9' by 7' excavation unit between sub-ops A and B- showed extent of fuel storage area and underlying midden west of 220-between building and box elder tree- done to increase artifact sample from structure, main privy had been cleaned
3	C	1	topsoil and sod removal include rotten wood remains just below surface
3	C	2	wood/rubble layer with possible flooring or logs- between lot 1 and 3
3	C	3	dark layer of coal/coal ash under lot 2 (wood/rubble) and over lot 4 (boards. wood debris)
3	C	4	wood flooring and debris and materials on top of floor surface
3	C	5	removal of wood and floor remains and layer of coal.
3	C	6	layer of fairly clean rubble under the floor and above midden
3	C	7	rich midden layer- doesn't extend all the way south
3	C	8	rubble layer under midden becoming thicker/higher in southern side of sub-op
3	D	~	excavation of suspected privy in sub-op A trench (area between lines of

			rubble)- determined to not be privy
3	D	1	arbitrary level of dark organic soil with glass content-under lot 3-A-2-ended at solid layer of rubble- began at 96.8' and ended at 95'- boulder encountered
3	E	~	removal of 6' by 2' bulk between Sub-ops C and A- attempt to clarify midden deposit sequence
3	E	1	removal of sod/topsoil and underlying rubble and wood debris- elev. (east to west) 1.1', 1.6', 1.8' below datum- ends at coal layer
3	E	2	relatively pure coal layer- above floor layer- elev. (begin) 2.1, 2.2, 2.3'
3	E	3	wood flooring/fuel debris layer
3	E	4	midden deposit under wood debris- contains some wood fragments and rubble-Elev. (begin) 2.6, 2.9, 1.6' below datum or 97.4', 97.1', 98.4' AD
3	E	5	alluvial sand layer under midden- elev. 2.85' and 3.05'- dips in center of profile may be a drip line
3	E	6	rubble layer-beginning elev. 2.3', 3.7, 4.1' west
18	~	~	series of 8 exploratory trenches SE of the Gold Belt- area is east of Gold Belt, south of the Gold Belt cribs and Op 2, west of Ops 1& 2, and north of the property line and Op 1.- purpose was to discover features and sample middens
18	A	~	3' by 27' trench (Trench #3) running E from Gold Belt, to south of the attached cribs-attempted to find foundation of structure from Sanborn maps and sample middens
18	B	~	series of 7 trenches south of Sub-op A trench/Trench #3
18	C	~	excavation of non-organic fill and overburden from a stone lined feature- Trench #1
18	D	~	excavation of organic/mixed organic-like fill from the interior of stone-lined feature- Trench #6
18	E	~	wall cleanings from interior of the stone lined feature
18	A	1	loose grey brown topsoil of 3 by 15" trench-down 2' to wood ash layer-excavation suspended at ends of trench and center 10' removed to ash layer- screened at 1/2" mesh- top 12" had higher artifact content with bones, glass, and ceramics
18	A	2	wood ash layer under lot 1- not screened
18	A	3	sterile light brown gravelly soil under ash in lot 2
18	A	4	top 4-6" of disturbed material in western extension of 3' by 12' to trench-stretches to Gold Belt-attempt to learn about addition that once stood in that corner of the gold belt- east half high in artifacts while west half is much lower
18	A	5	layer of grey brown silt/ash with trash and charcoal- below lot 4 and taken down to level of lot 1- east of planks which may indicate location of addition - base elev. 3.7-3.8 b.d.2- screened with 1/2" mesh
18	A	6	layer of light grey/brown silt/clay below lot 4 to the west of the planks- few artifacts- base elev. 3.7-3.8' b.d.2- screened with 1/2" mesh
18	A	7	layer of grey/brown gravelly rubble below lot 5- depth 4.6 in east and 4.9

			in west b.d.2- 1/2" mesh
18	A	8	loose light grey ash layer with few artifacts- below lot 6- elev. 4.6 in east, 5.2 in west (foundation of Gold Belt) bd2.- 1/2" mesh
18	A	9	backhoe trench to southwest of 18A1 to box elder tree- investigate location of possible privy-backhoe materials not screened- materials from hand cleaning screened with 1/2" mesh
18	A	10	charcoal concentration under lot 8- in west half of lot- elev. 4.8 in east and 5.5 in west b.d.2- 1/2" mesh
18	B	1	surface raking and removal of rocks, leaves, and intrusive artifacts- pre-1960s artifacts collected and bagged- Se of gold Belt
18	B	2	Trench #1- 3 by 5' trench east of Gold Belt- meant to extend Op 1 trench to the west toward Gold belt-top 2" layer of soil loose grey brown soil- elev. 3 to 3.15' b.d.3.- 1/2" mesh
18	B	3	trench #1- below lot 2-same soil- elev. 3.8and 4' BD3-1/2" mesh
18	B	4	trench #1- below lot 3-division of sterile grey brown soil in west and ashy black area with many artifacts in east- elev. 4.1/4.2 in west and 4.7 in east BD2-1/2" mesh
18	B	5	Trench #2- 3 by 5' trench from SE corner of Gold Belt to east- loose grey brown soil with high artifact density-elev. 3.8/3.9 BD-1/2" mesh
18	B	6	Trench #4- 2 by 8' trench paralleling Gold Belt heading North from the bulk between Trench 1 and 2- loose salty grey/brown trashy soil- elev. at base 4' b.d.- 1/2" mesh
18	B	7	trench #5- 2 by 8.2' trench north and continuous of trench #4- loose crumbly grey brown silty soil with high number of artifacts- base elev. 4' b.d. 3- 1/2" mesh
18	B	8	trench #6- 2 by 3' trench paralleling Trench #1 with a 2' bulk between the two trenches- loose crumbly grey brown silty soil with high number of artifacts- base elev. 2.9' b.d. 2- 1/2" mesh
18	B	9	trench #6- ashy fill under lot 8 in eastern portion of trench- base elev. 2.9 and 3.1 b.d.2- 1/4" mesh
18	B	10	Trench #6- layer of same fill as lot 8 under lot 8 in western portion of trench- base elev. 2.9/3' bd- 1/4" mesh
18	B	11	trench #6-loose brownish organic-like fill- below lots 9 and 10- covered entire trench- down to even floor- elev. 3.1' bd- 1/4" mesh- soil sample taken
18	B	12	Trench #1- 3 by 3' extension to east- same soil type- base elev. 3.7' bd-1/4" mesh
18	B	13	trench #1- under lot 12- base elev. 4.2' b.d.- encountered felt-like material which extended to east
18	B	14	Trench #1- loose rubble with coal-base elev. 4.7' b.d.- 1/4" mesh- end at organic fill
18	B	15	Trench #7- western section of trench-usual soil- 1/4" mesh
18	B	16	Trench #7-eastern section of trench- coal ash similar to lot 9 in Trench #6- top elev. 2.7 to 2.2 base elev. 3.25 to 3.0- 1/4" mesh

18	B	1 7	trench #5- under lot 7- darker brown rubbly gravel with fewer artifacts- ends when soil becomes more clay like and mostly sterile- top elev. 4' base elev. 4.8'b.d. 3- 1/4" mesh
18	B	1 8	trench #4- under lot 6- dark brown gravelly soil with large rocks- ends at clay compact and mostly sterile soil- top elev. 4' and base elev. 4.8'b.d.3- mesh 1/4"
18	B	1 9	Trench #2- under lot 5- same fill with less artifacts-artifact appear to be more modern items- mesh 1/2"
18	B	2 0	Trench #8- 2 by 9' trench from south boundary of trench #4 east to base of box elder tree- usual soil- base elev. 3.55' b.d.3- 1/4 " mesh
18	B	2 1	trench #8- below lot 20- dark grey/brown soil- base elev. 4.15' b.d. 3- mesh 1/4"
18	B	2 2	bulk between trenches #1 and #2- excavated to determine extent of stone masonry wall- not screened
18	B	2 3	Trench #8-below lot 21 in western 4.5' of trench- determine whether sterile layer had been reached- base elev. 4.75' b.d. 3-not screened
18	B	2 4	backhoe cut at SE corner of junction between Trench #3 and #5- small pile of bottles and trash
18	C	1	Trench #1-eastern half of trench-apparent organic fill concentration of broken bottles- ended at 5.7' b.d.- fill from stone lined subterranean structure
18	C	2	Trench #6- loose rocky fill in eastern 2' of trench- overburden of stone lined structure
18	C	3	Trench #6- non-organic fill under 18D1- similar to lot C2- overburden to stone lined structure- elev. 3.6' b.d.-1/4" mesh
18	D	1	Trench #6- organic fill with rocks- soil sample taken-originally thought to be privy fill but was overburden to stone lined feature.- western 4' of trench- 1/4" mesh
18	D	2	trench #6- organic originally thought to be privy fill-1/4"mesh
18	D	2	Trench #7- continuation of organic fill from trench #6- elev. 5.3'- mesh 1/4'
18	D	3	trench #1- 3 by 3' extension-mixture of organic fill and coal ash and liquor bottle fragments- base elev. 5.3 b.d.- 1/4" mesh
18	D	4	trench #1 -in 3 by 3' extension- same fill as lot 4- elev. 5.7' b.d.- 1/4" mesh-
18	D	4	trench #7-organic fill from 5.3' to 5.7' B.D.2- 1/4" mesh
18	D	5	Trenches 6,7,&1- fill from 5.7' to 6.3' b.d.- all of trenches 1 and 7 but only part of trench #6- grayish brown soil with rubble and stones from collapsed stone wall- artifacts include liquor bottles and trash- non-organic fill was sampled- 1/4" mesh
18	D	6	Trenches 6,7,&1- wall cleanings from N, s, and W walls from the top to 6.3' b.d.- 1/4" mesh
18	D	7	Trenches 6,7,&1- fill from interior of stone-lined structure from 6.3' to 6.2' b.d.- brownish fill with rubble and fallen wall- more organic than lot 5- sample taken-1/4" mesh
18	D	8	Trenches 6,7,&1- fill from elev. 6.9-7.4' b.d.- dark brown loose fill and somewhat organic- artifacts mostly broken bottles- 1/4" mesh

18	D	9	Trenches 6,7,&1- fill from elev. 7.4-7.9' b.d.- same fill as lot 8-soil sample taken- 1/4" mesh
18	D	0	Trenches 6,7,&1- fill from elev. 7.9 to 8.4' b.d.- same fill as lot 8 and 9 with less artifacts- 1/4" mesh
18	D	1	Trenches 6,7,&1-floor and wall scrapings- organic fill with lots of lumber- floor is ashy/sandy soil- 1/2" mesh
18	E	1	Trenches 6,7,&1-clean up of south half of east wall of masonry structure- 1/4' mesh
18	E	2	Trenches 6,7,&1-clean up of north half of east wall below masonry of masonry structure-1/4' mesh
18	E	3	Trenches 6,7,&1-clean up of north half of east wall above masonry of masonry structure-1/2" mesh
18	E	4	Trenches 6,7,&1-clean up of north wall in masonry structure-1/2" mesh
18	E	5	Trenches 6,7,&1-clean up of west wall in masonry structure-1/2" mesh
18	E	6	Trenches 6,7,&1-clean up for photos in masonry structure-1/2" mesh
21	~	~	excavation of a privy found under 19-B-8
21	A	~	mixed organic and non-organic fill above obvious privy fill
21	A	1	organic privy fill with bones, shoes, and bottles- 1/4" mesh
21	A	2	dark grey silty ash with few artifacts below lot 1- begin elev. 3.85' b.d.2- mesh 1/4"
21	A	3	soft semi-organic material in E portion of op 21- base elev. 5.2' b.d.- mesh 1/4"
21	A	4	coal ash layer below lot 2 in west portion of op 21- turned to light brown gravel/soil-base elev. 5.2' b.d.2- 1/4" mesh
21	A	5	isolated pocket within lot 4- skeletal remains of animal
21	A	6	area of lot 3 and 4- loose brown gravelly fill with some organic content- base elev. 5.6-5.7' b.d.2- 1/4" mesh
21	A	7	intact area in NW excavated to level of lot 6- loose light brown gravelly soil- 1/4" mesh
21	A	8	first lot to cover entire Op 21/ area below lots 6 and 7- loose gravelly fill/organic- base elev. 6' b.d.2- 1/4" mesh
21	A	9	same as lot 8 but lower level- organic concentration enlarging to obvious privy fill- base elev. 6.5 b.d.2- 1/4" mesh
21	B	~	obvious privy fill under 21-A-9
21	B	1	first lot of obvious privy fill under A-9- loose light brown silt with organic material and 1000s of bones- base elev. 7'- 1/4" mesh
21	B	2	wall cave in clean up- material from several proveniences
21	B	3	material above ash layer- 1/2" mesh
21	B	4	fill from west wall- mostly rubble and little organic content with lots of bones- 1/2" mesh
21	C	~	West half of the privy below 7' b.d.2.
21	C	1	privy fill with bone- light brown gravelly matrix- elev. 7 to 7.5'- 1/4" mesh
21	C	2	below lot 1- fill identical to lot 1- elev. 7.5-8' b.d.2- mesh 1/4"
21	C	3	below lot 2- privy fill- elev. 8 to 8.5'- 1/4" mesh
21	C	4	privy fill below lot 3- elev. 8.5- 9'b.d.2- 1/4" mesh

21	C	5	extends over entire privy (no more west/east division)- under C-4and D-4- privy fill to floor- base elev. 7.3-7.5' b.g.s. or 9.7' to 9.9' b.d.2- 1/4" mesh
21	C	6	wall clean up of all walls
21	C	7	semi-organic fill beneath ash level mixed with rubble in south wall of privy- 1/2" mesh
21	C	8	privy fill beneath ash layer on south wall of privy- 1/4" mesh
21	C	9	rubble level in builders trench- some organics present- 1/2" mesh
21	C	10	organic material behind 21 B 3 on south wall of privy-1/4" mesh
21	C	11	clean up of east wall of privy- 1/4" mesh
21	C	12	clean up of organic material from north wall of privy- 1/4" mesh
21	C	13	clean up of organic material from west wall of privy- extended wall back 10"-1/4" mesh
21	C	14	organic material and fill near large clump of lime surrounding organic material down to floor-1/4" mesh
21	C	15	organic material into south wall and into west wall in corner- bottle concentration-1/4" mesh
21	D	~	east half of privy below 7' b.d.2
21	D	1	identical fill to 21-c-1- elev. 7 to 7.5' b.d.2- 1/4" mesh
21	D	2	same fill- below lot 1- 7.5-8' b.d.2- 1/4" mesh
21	D	3	below lot 2- privy fill- elev. 8 to 8.5'- 1/4" mesh
21	D	4	below lot 3- privy fill- elev. 8.5-9'- 1/4"mesh
21	E	1	all floated materials from 21-C-3,4 and 21-D-3,,4- mostly small bones

Table A 2- The table below lists the Excel database codes used for the recording of different types of glass.

Glass Type	
Type	Code
Bottle	1
Serving	2
Flat/Plate/Window	3
Miscellaneous	4

Table A 3- The table below lists the Excel database codes for the different types of glass bottles.

Bottle Sub-types	
Sub-Type	Code
Liquor	1
Beer/Ale	2
Soda/water	3
Food/condiment	4
Medicine	5
Chemical	6
Toiletry	7
Non-diagnostic	8
Wine/Champagne	9
Other	10
Closures	11

Table A 4- The table below lists the Excel database codes for the different types of serving glass vessels.

Serving Glass Sub-types	
Sub-type	Code
Mug	1
Stemware	2
Drinking glass	3
Plate	4
Bowl	5
Other	6

Table A 5- The table below lists the Excel database codes for the different types of flat or plate glass.

Flat Glass Sub-types	
Sub-type	Code
Mirror	1
Decorated	2
Other	3

Table A 6- The table below lists the Excel database codes for the different types of miscellaneous glass artifacts.

Miscellaneous Glass Sub-types	
Sub-type	Code
Decorative	1
Toy	2
Other	3

Table A 7- The table below lists the Excel database code-names for the different types of popular glass colors.

Glass Color	
Color	Name
Clear with no tint	clear
Clear with bluish green tint	aqua
Clear with purple tint	amethyst
opaque white	milk glass
dark green	wine green
light (7-up) green	light green
bright blue	cobalt blue
light transparent blue	light blue
brown/amber	amber
Clear with yellow tint	selenium yellow

Table A 8- The table below lists the Excel database codes for the different portions of glass bottles. These codes were also used to describe comparable portions of serving ware.

Portion	
Portion	Code
Whole	1
Finish	2
Base	3
Base & body	4
Finish & body	5
Body	6
base, body, and finish	7

Table A 9- The 220 Midden Table reveals how the bottle type percentages and MNVs were calculated for the quantitative analysis.

220 Midden					
Bottle Type	# of Entries	# of finishes	# of Bases	MNV	Percentage
Liquor	3	2	1	2	4
Beer/Ale	42	22	21	22	49
Soda/water	0	0	0	0	0
Food/condiments	1	1	0	1	2
Medicine	8	8	2	8	18
Chemical	1	1	0	1	2
Toiletry	3	1	3	3	7
Non-diagnostic	34	0	0	0	0
Wine/champagne	1	1	0	1	2
Other	11	7	5	7	16
Closures	6	0	0	0	0
Total	110	43	32	45	100

Table A 9- The 220 Privy Table reveals how the bottle type percentages and MNVs were calculated for the quantitative analysis.

220 Privy					
Bottle Type	# of Entries	# of finishes	# of Bases	MNV	Percentage
Liquor	3	2	2	2	4
Beer/Ale	21	12	12	12	24
Soda/water	0	0	0	0	0
Food/condiments	0	0	0	0	0
Medicine	26	22	22	22	43
Chemical	0	0	0	0	0
Toiletry	2	2	2	2	4
Non-diagnostic	45	0	0	0	0
Wine/champagne	6	6	6	6	12
Other	7	4	7	7	14
Closures	1	0	0	0	0
Total	111	48	51	51	101

Table A 10- The Gold Belt Midden Table reveals how the bottle type percentages and MNVs were calculated for the quantitative analysis.

Gold Belt Midden					
Bottle Type	# of Entries	# of finishes	# of Bases	MNV	Percentage
Liquor	7	1	6	6	13
Beer/Ale	9	3	7	7	15
Soda/water	0	0	0	0	0
Food/condiments	4	2	1	2	4
Medicine	18	12	4	12	26
Chemical	1	1	0	1	2
Toiletry	0	0	0	0	0
Non-diagnostic	34	0	0	0	0
Wine/champagne	6	1	3	3	7
Other	33	13	15	15	33
Closures	9	0	0	0	0
Total	121	33	36	46	100

Table A 112- The Gold Belt Privy Table reveals how the bottle type percentages and MNVs were calculated for the quantitative analysis.

Gold Belt Privy					
Bottle Type	# of Entries	# of finishes	# of Bases	MNV	Percentage
Liquor	20	20	18	20	9
Beer/Ale	30	24	23	24	11
Soda/water	0	0	0	0	0
Food/condiments	3	3	3	3	1
Medicine	168	155	154	155	71
Chemical	1	1	1	1	0.5
Toiletry	1	1	1	1	0.5
Non-diagnostic	29	0	0	0	0
Wine/champagne	2	1	1	1	0.5
Other	17	11	14	14	6
Closures	47	0	0	0	0
Total	318	216	215	219	99.5

Table A 123- The below table reveals the individual lots that compose the gender sides of the Gold Belt privy sample used within this thesis sample. Intrusive and post-1930 lots were not included within this sample.

Male (W) Half	Female (E) Half
11	9
13	21
14	24
17	27
20	28
30	29
31	
32	
33	

Table A 134- The following table separates the bottles from the male and female sides of the Gold Belt's main privy (Operation 1-C). Bottle count information for each side is presented by lot as well as gender-side totals.

Female Lots	liquor	beer	food	med	chemical	toilet	wine	other	total
9	0	0	0	1	1	0	0	0	2
21	0	0	0	9	0	0	0	0	9
24	3	0	0	4	0	0	0	1	8
27	1	1	1	9	0	0	0	0	12
28	4	6	0	27	0	0	0	7	44
29	0	0	0	7	0	0	0	2	9
totals	8	7	1	57	1	0	0	10	84

Male Lots	liquor	beer	food	med	chemical	toilet	wine	other	total
11	0	0	1	10	0	0	0	0	11
13	1	0	0	3	0	0	0	0	4
14	0	0	0	11	0	0	0	1	12
17	1	0	0	8	0	0	0	0	9
20	4	1	1	30	0	1	0	2	39
30	2	2	0	16	0	0	0	2	22
31	1	2	0	1	0	0	0	0	4
32	2	10	0	32	0	0	2	2	48
33									0
totals	11	15	2	111	0	1	2	7	149

Table A 145- The below table shows the number and origination of each of the embossed prescription bottles found within the main Gold Belt privy.

Prescription Medicines from the Gold Belt Privy		
Female Side		
Druggist	Number	Temp Number
C. C. Stratton, Ouray	3	46; 51; 29;
Burt E. Moritz, Denver	1	32
Male Side		
Druggist	Number	Temp Number
C. C. Stratton, Ouray	4	69; 2; 30; 130;
W.R. Samson, Telluride	1	110

Table A 156- The following Table lists the brand name of the non-prescription medicines and their uses by gender-side of the main Gold Belt privy.

Non-prescription Medicines from the Gold Belt Privy		
Female Side		
Medicine	Use	Temp #
Dr. Bauer's Wild Cherry Cordial	unknown	18
Mosco	foot/ corn and callous treatment	142
Cuticura System of Blood and Skin Purification	unknown	26
The Weatherby Remedy	unknown	31
The Baker-Levy chemical Co	unknown	42
Lydia Pinkham's Vegetable compound	women's complaints	139
Male Side		
Medicine	Use	Temp #
Rubifoam for the Teeth	teeth care	132
Salon Palmer Florida water	nerves/head/skin	15
Lash's Bitters (fragments)	unknown	124; 123
Fernet Branca (fragments)	stomach	125; 126; 127; 128
Chesebrough Vaseline	skin care, prophylactic	137; 138
The Tarrant Co. /Chemists	dizziness/ headache	77
Husband's Calcined Magnesia Philada	stomach	131
Maltine	stomach	140
Bromo-Seltzer	headache	48
Cuticura System of Blood and Skin Purification	unknown	V3
J. Personeni Sole Agent and Importer	unknown	V9

Last night Marshal Knous raided the Chinese laundry just below Vanoli's saloon and secured an opium layout ready for use, consisting of three pipes, lamp, opium, etc. The persons present were placed under arrest and will be tried before the police magistrate at 4. p. m. today. They are: "Red Headed" Gert. Hurley, "Taller Face Kid" Burns, Minnie Marley and two Chinamen whose names are unknown.

The police have been on the lookout for some time for violators of the law relating to opium and other arrests are more than likely to follow; some that may cause a sensation, for the use of opium is not confined to the demi-monde, their parasites and Chinamen. Of the latter very few do not smoke, nor do they attempt any particular secrecy about it. The crusade against opium should be prosecuted until the evil is stamped out.

Figure A- 1-The below article from the Ouray Herald was entitled "Opium joint raided" and indicates some of the drug use being practiced in the Vanoli Block (Ouray Herald June 10, 1897: 2).

Glen L. Reese, aged 32 years, ended his life in the domicile of a Fourth ward fairy near the old Gold Belt dance hall Wednesday night about 10:30, by taking morphine. He was a strong, robust husky fellow about 32 years of age and despondency over love affairs is said to have led him to commit the rash act.

When it was discovered he had taken the deadly drug medical assistance was called, but he was practically dead when the doctors arrived. Coroner Kincaid was notified who took charge of the remains and notified his mother, Mrs. Jennie Bayles of Durango, by phone. She arrived last night on the stage from Silverton and it is likely his remains will be buried here.

Figure A- 2- The above article from the Ouray Herald details the suicide of a man within the Vanoli Block (Jan. 16, 1903: 1)

Mable Coyle, a demi-monde (that's the stereotyped way of putting it), concluded last night or this morning sometime that life, such as it was in her line, had no more charms for her and she took the morphine route—an overdose they say—and went across the range to the great beyond. The suicide idea is said to have occurred to her late in the night as she was reported to have been in a very good humor last evening. But sometimes the desire to slide out of existence occurs very suddenly in this part of the world.

The deceased has been a resident of Ouray for a number of years and at the time of her death was a resident of the place known as "The Club," in the Fourth ward. Her former home was in Denver where she is known to have been married at one time. At the present writing it is not known whether the body will be buried here or in Denver. Mable's social position in life was not the very best—it was probably a knowledge of a lost life and golden opportunities wasted that hurried her to make the plunge into eternity. It is not a pleasant reflection to think of a young life thus ended (she was but twenty years old) and under such circumstances and surroundings, but maybe she was not wholly to blame. There are always conditions with which the public are not familiar, nor do they care to be—but enough; we draw the veil.

Figure A- 3- The following article notes the suicide of a prostitute in Ouray's red light district by way of morphine (Ouray Herald Aug. 29, 1901: 1)