

**GIFTED WOMEN AND SKILLED PRACTITIONERS:
GENDER AND HEALING AUTHORITY
IN THE DELAWARE VALLEY,
1740–1830**

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ABSTRACT

This dissertation uncovers women healers' vital role in the eighteenth- and early nineteenth-century healthcare marketplace. Euro-American women healers participated in networks of health information sharing that reached across lines of class and gender and included female practitioners in American Indian and African American communities. Although their contributions to the healthcare labor force are relatively invisible in the historical record, women healers in the Delaware Valley provided the bulk of healthcare for their families and communities. Nonetheless, apart from a few notable monographs, women healers' practices and authority remain understudied. My project complicates a medical historiography that marginalizes female practitioners and narrates their declining healthcare authority after the mid-eighteenth century due to the emergence of a consumer society, a culture of domesticity, the professionalization of medicine, and the rise of enlightened science, which generated discourses of women's innate irrationality. Using the Philadelphia area as a case study, I argue that women healers were not merely static traditional practitioners destined to fall victim to the march of science, medicine, and capitalism as this older narrative suggests.

Instead, I assert that women healers of various classes and ethnicities adapted their practices as they found new sources of healthcare authority through female education in the sciences, manuscript authorship, access to medical print media, the culture of sensibility, and the alternative gender norms of religious groups like the Quakers. Building on a longstanding foundation of recognized female practitioners, medically skilled women continued to fashion healing authority by participating in mutually affirming webs of medical information exchanges that reflected new ideas about

science, health, and the body. In addition, women doctresses, herbalists, apothecaries, and druggists empowered themselves by participating in an increasingly commercialized and consumer-oriented healthcare marketplace. Within this unregulated environment, women healers in the colonies and early republic challenged physicians' claims to a monopoly on medical knowledge and practice. The practitioners analyzed in this study represent a bridge between the recognized and skilled women healers of the seventeenth century and the female healthcare professionals of the nineteenth century.

DEDICATION

To Sam, Laura, Christie, and Hannah, with appreciation for all their support.

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INTRODUCTION

LADIES BOUNTIFUL, DOCTRESSES, AND OLD WIVES

In August 1749, impresarios Walter Murray and Thomas Keane arrived in Philadelphia and announced their professional theatrical troupe to an eager colonial audience, despite prominent Quakers' objections to this worldly pastime. Along with Shakespearean tragedies, their repertoire included George Farquhar's popular 1707 Restoration comedy, *The Beaux-Stratagem*. The Murray-Keane Company introduced Philadelphians to Farquhar's engaging character, Lady Bountiful, whom the playwright described as "an old, civil, country gentlewoman, that cures all her neighbors of all distempers."¹ In this comedy of hidden identities, a down-on-his-luck rake named Aimwell pretends to be a viscount to win the hand of Lady Bountiful's daughter, Dorinda. The local tavern keeper toasts Lady Bountiful and advises Aimwell that along with spending half her fortune on charity for her poor neighbors, the benevolent lady also "cures rheumatisms, ruptures, and broken shins in men; green-sickness, obstructions, and fits of the mother, in women; the king's evil, chincough, and chilblains, in children." "In short," quips the tavern-keeper, "she has cured more people in and about Litchfield

¹ H. Macaulay Fitzgibbon, ed., *The Beaux-Stratagem: A Comedy Written by George Farquhar* (London: J. M. Dent and Co., 1898), 2, 8. In 1750, the Pennsylvania General Court passed a law prohibiting theatrical productions, and the Murray-Keane Company moved to New York. See *Pennsylvania Gazette*, March 6, 1750. Despite Quakers' continuing objections, various theater troupes visited Philadelphia. See Heather S. Nathans, *Early American Theatre from the Revolution to Thomas Jefferson* (New York: Cambridge University Press, 2003), 14–8; Paul Kuritz, *The Making of Theatre History* (Englewood Cliffs, NJ: Prentice-Hall, 1988), 241; George Overcash Seilhamer, *History of the American Theatre: Before the Revolution, 1749–1774* (Philadelphia: Globe Printing House, 1888; repr. 1968), 1–11, 49–50, 248–51; and Thomas Clark Pollock, *The Philadelphia Theatre in the Eighteenth Century* (Westport, CT: Greenwood Press, 1968), 7. *The Beaux-Stratagem* was staged as early as 1735 in Charlestown [Charleston], South Carolina. See Don B. Wilmeth, *The Cambridge Guide to American Theater* (New York: Cambridge University Press, 2007), 2–3.

within ten years than the doctors have killed in twenty.”² Nonetheless, Lady Bountiful’s skills fail her when Aimwell appears at her door in the throes of a feigned fit. The good lady prescribes Hartshorne drops and Hungary Water, when the real cure for Aimwell’s malady is the heart and fortune of the lovely Dorinda.

The seeds for the Lady Bountiful character lie in John Bunyan’s 1678 *Pilgrim’s Progress*, in which he alludes to a woman named Bountiful who showed “kindness to the poor.” However, through the vehicle of *The Beaux-Stratagem*, she fully entered popular Anglo-American culture as a benevolent elite healer. *The Beaux-Stratagem* was staged frequently in America and Britain throughout the eighteenth century, and it remained popular into the nineteenth century, reifying the Lady Bountiful caricature in the public’s imagination. The printed play was published and sold on both sides of the Atlantic, widening its influence on an increasingly literate populace. Leading lights of the Georgian theater played principal roles, including the prominent actress Catharine Maria Charke, who portrayed Lady Bountiful on the British and American stages. The role was likely of special interest to Catharine Charke. Her mother, actress Charlotte Cibber Charke, called herself “a young lady Bountiful” in her 1755 autobiography.³

² Fitzgibbon, *Beaux Stratagem*, 2–3.

³ Bunyan’s strong-minded Bountiful continued to offer benevolence to the poor against her churlish, non-Christian husband’s wishes. See J. M. Hare, ed., *Pilgrim’s Progress by John Bunyan* (London: Simpkin, Marshall, and Co., 1856), 255. For a stage and publishing history of the *Beaux-Stratagem*, see Fitzgibbon, *The Beaux-Stratagem*, xii–xvi. After starring on the London stage, Catharine Maria Charke (1730–1773) came to America in 1758 and acted for several seasons in Philadelphia and New York theaters until her death in New York in 1773. She played Lady Bountiful at New York’s John Street Theater. For a stage biography of Catharine Charke, also known by her married name Mrs. Harmon, and a biography of Charlotte Cibber Charke, see Philip H. Highfill, Jr., Kalman A. Burnim, and Edward A. Langhans, *A Biographical Dictionary of Actors*, vol. 3 (Carbondale, IL: Southern Illinois University Press, 1975), 165–77. Catharine Charke Harmon’s obituary in *Rivington’s Gazette*, June 3, 1773, and *The New York Mercury*, June 7, 1773, described her as “a just actress and an exemplary woman—sensible, humane, and benevolent.”

The elder Charke's descriptions of her healthcare practices as Lady Bountiful exemplify the multiplicity of women healers' roles in both Britain and America that will be explored in this dissertation. Charlotte Charke asserted that before embarking on a stage career, "I grew passionately fond of the study of physic [medicine]" and visited an apothecary's widow "to furnish myself with drugs." When her father refused to continue paying the apothecary's bill, Charke compounded her own ointments for patients in her "Dispensary." She also consulted popular medical manuals by William Salmon and Nicholas Culpeper.⁴ Although this anecdote is a prelude to Charlotte Charke's chronicle of her flamboyant theatrical lifestyle characterized by cross-dressing, her foray into medicine was consistent with traditional feminine gender norms.

Elite British and European women had provided healthcare for their families, communities, and the poor since the medieval period. As Charlotte Charke noted, she was inspired by her grandmother, another Lady Bountiful, who "took particular delight in visting the old, the indigent and the infirm . . . and in preparing such medicines as were useful to the maladies of the peasantry."⁵ According to Charke, her grandmother was devoted to "botanic study" and served as "the village doctress." She "seldom passed a

⁴ See for example, William Salmon, *Pharmacopoeia Londinensis; or, The New London Dispensatory* (London, T. Dawns, 1678); Nicholas Culpeper, *The Practice of Physick: Wherein is Plainly Set For the . . . Cure of All Diseases in the Body of Man* (London: P. Cole, 1664); both held by University of Pennsylvania Rare Books and Manuscripts Library. See also, William Salmon, *Synopsis Medicinae, or a Compendium of Astrological, Galenical, and Chymical Physick* (London: W. Godbid for Richard Jones, 1671) and Nicholas Culpeper, *Pharmacopoeia Londinensis or, the London Dispensatory* (London: George Sawbridge, 1679), both held by the Library Company of Philadelphia and in the private collections of Philadelphians James Logan and John Bartram.

⁵ See Charlotte Charke, *A Narrative of the Life of Mrs. Charlotte Charke, Youngest Daughter of Colley Cibber, Esq.* (London: Whittaker, Treacher, and Arnot, 1829), 9–10, 22–6; Kathryn Shevelov, *Charlotte: Being a True Account of an Actress's Flamboyant Adventures in Eighteenth-Century London's Wild and Wicked Theatrical World* (New York: Picador, 2005), 73–5, 352–5.

day without exemplifying the benevolence of her nature.”⁶ Charke’s popular autobiography exemplifies the prevalence of the term “Lady Bountiful” and its gendered associations with elite women’s expected role in providing benevolent healthcare to the poor in their neighborhoods.

Charke’s account demonstrates the wide variety of ways that women engaged in the practice of healing. Elite women practitioners frequently provided medical care gratis, enhancing their social capital and that of their families. Some called themselves “doctresses,” a term that implied medical authority and diagnostic abilities comparable to those of physicians. Like Charke’s grandmother, Ladies Bountiful also participated in the popular fascination for science or “natural philosophy,” which included medically related studies of botany, chemistry, and pharmacy. Their practices reflected evolving medical and natural philosophical theories. Charke also alluded to female apothecaries who received fees for compounding and dispensing medicines, demonstrating their engagement with emerging market capitalism. Some English widows were even granted their late husband’s apothecary guild privileges. Charke’s narrative points to women’s participation in a self-help medical print market, whose authors, like Salmon and

⁶ Charke, *A Narrative of the Life*, 9–10, 22–6. While I agree with Shevelow that Charke’s goal in telling the story of her interest in medicine was to create a sensationalized, masculine persona, I argue that Charke’s description of her healing practice is consistent with the practices of other mid-eighteenth-century English and American women healers. Healing was part of women’s domestic activities that blurred the boundaries between the public and private spheres. Despite the book’s playful, satiric tone, Charke tells the truth in jest about women’s actual medical practices. Charke noted that her grandmother, Elizabeth, was influenced by her godmother, Lady Tynt, who was “the lady Bountiful of the surrounding villages.” Charke’s book was one of the first women’s secular autobiographies and the first written by an actress. As Shevelow notes, it was initially published in inexpensive eight-part installments costing only threepence and in condensed form in the *Gentleman’s Magazine* in 1755, and thus accessible to a general reading audience.

Culpepper, encouraged readers to be “their own doctor.”⁷ Her acting fame and writing skills facilitated her own authorial success. Charke’s autobiography went through multiple editions and appeared in serial form in the *Gentleman’s Magazine*, a periodical avidly read by eighteenth-century Delaware Valley women.

It is not surprising that Lady Bountiful resonated with audiences as she represented a familiar presence in Anglo-American communities. Charitable women called Ladies Bountiful appeared in popular novels, literary miscellany, and medical prescriptive literature throughout the eighteenth century.⁸ English and American manuscript medical recipe books of the period demonstrate that elite women provided healing services to their families and neighbors using the same remedies that Farquhar mentions in his play. For example, Farquhar introduces a “Countrywoman” who seeks Lady Bountiful’s medical advice “to have a cure” for her husband’s “sore leg.” In a vignette that could have played out in countless communities in America as well as Britain, Bountiful prescribes a “diet-drink” that is her special remedy. Compounding instructions for diet drinks appeared in both female and male practitioners’ manuscript and printed eighteenth-century medical recipe books. Although the term invokes weight loss preparations for the twenty-first century reader, eighteenth-century diet drinks were actually complicated compilations of numerous ingredients prescribed for a variety of illnesses, including kidney stones, menstrual disorders, tumors, scrofula, and

⁷ See for example, an American edition of Nicholas Culpepper, *Pharmacopoeia Londinensis* (Boston: John Allen for Nicholas Boone, 1720).

⁸ Some examples include Emily Willis, *Memoirs of a Coquet* (London: W. Hoggard, 1765), 39; Robert Jephson, *The Batchelor, or Speculations of Jeoffry Wagsaffe, Esq.* (Dublin, Ireland: James Hoey, Jr., 1769), 13–5; James M. Adair, *An Essay on Regimen for the Preservation of Health* (London: J&P Wilson, 1799), 49, 120.

inflammations.⁹ Lady Bountiful's Hartshorne drops and Hungary Water featured in the play were also familiar and popular remedies. Although her daughter-in-law wonders if Lady Bountiful's medicines "have cured anybody," the good lady staunchly defends her practice: "Though you laugh, I have done miracles about the country here with my receipts."¹⁰

The Lady Bountiful character raises questions regarding women practitioners. Were they miracle workers or laughable frauds? Were they authoritative healthcare providers or merely deceitful quacks? As Charke's autobiography suggests, Lady Bountiful represents only one type of healer. In addition to women who compounded and sold medicinals, female practitioners known as "wise women" or "old wives" generally charged for or bartered for their healthcare services to their communities. Nonetheless, "Old Wife" was a more pejorative term than "Lady Bountiful," connoting a woman from the lower social orders whose tales and remedies were mere lies and superstitions.

This negative image has deep roots. In his popular, authoritative 1597 *Herball*, the surgeon John Gerard thoroughly disparaged "Old Wives" as "that beggarly rabble of witches, charmers, & such like couseners, that regarde more to get money than to helpe for charitie." By contrast, Gerard praised gentlewoman Anne Wylbraham who cured poor

⁹ See for example a discussion of diet drinks in a book cited by Charke; Nicholas Culpepper, *Complete Herbal Consisting of a Comprehensive Description of nearly all Herbs with their Medicinal Properties and Directions for Compounding the Medicines Extracted from Them* (London: W. Foulsham & Co., Ltd., 1653; repr. Whitefish, MT: Kessinger Publishing, 2005), 58.

¹⁰ For diet drink recipes, see for example, Medical Recipe Book, Eighteenth Century, HMD Collection, MS B 405, National Library of Medicine; John Leacock, Observations and Experiments Extracted from the Philosophical Transactions, Commonplace Book, 1768–1781, includes diet drink recipes from Philadelphians James Logan and Cadwallader Evans, Mss. B. L463, American Philosophical Society; Collection of Medical Recipes with a few Others, Eighteenth Century, English, includes a Diet Drink for King's Evil [scrofula], Stowe 1076, British Library; Mary Campbell Bard, Memorandum Book, 1752–1768, Burlington, NJ, "Paid Mrs. Elton for Diet Drink," C1394, Princeton University Rare Books and Manuscripts. See also Fitzgibbon, *The Beaux-Stratagem*, 72–5.

neighbors gratis. For Gerard, old wives' tales should be "cast out" of both "books and memory."¹¹ In *Pilgrim's Progress*, John Bunyan similarly commends the elite Bountiful character but warns against the deceits of "old wives" that are opposed to Christian truths.¹² Gerard and Bunyan's influential books, containing their praise for elite women healers and admonitions against devious old wives found prominent places on bookshelves in American libraries and homes throughout the eighteenth and early nineteenth centuries.

As literary historian Adam Fox argues, the term "old wives" did the cultural work of situating lower-class village women as illiterate "creatures of the spoken word" in binary opposition to academically trained men, whose ideas were grounded in evidenced-based inquiry and validated by male-authored writings. Old wives' medical information was mere hearsay. According to Fox, the phrase's cultural meaning reflected "prejudice against the products of female culture as at best trivial and erroneous and at worst dangerous and corrupting."¹³ Elite male education in Latin theoretically created additional cultural separation between the healing knowledge produced by learned men

¹¹ John Gerard, William Rogers, and Rembert Dodoens, *The Herball or Generall Historie of Plantes* (London: Edm. Bollifant for [Bonham Norton and] Iohn Norton, 1597), 288, 315, 351, quoted in Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550–1650* (Burlington, VT: Ashgate Publishing Ltd., 2009), 21–2; Adam Fox, "Old Wives Tales and Nursery Lore" in *Oral and Literate Culture in England, 1500–1700* (New York: Oxford University Press, 2003), 177.

¹² Hare, *Pilgrim's Progress*, 36; Bunyan references 1 Tim. 7, King James Version, "But refuse profane and old wives' fables, and exercise thyself rather unto godliness." References to Old Wives and Ladies Bountiful persisted. Religious tracts published in America and American newspaper articles referenced the 1 Tim. verse warning against old wives. In *The Adventures of Philip on His Way Through the World*, vol. 3 (Boston: Estes & Lauriat, 1896): 81, William Makepeace Thackeray uses the term in relation to a beneficent healer. Richard Redgrave's mid-nineteenth-century painting, "Young Lady Bountiful" shows an elite woman with a basket visiting cottagers. See also Jessica Gerard, "Lady Bountiful: Women of the Landed Classes and Rural Philanthropy," *Victorian Studies* 30, no. 2 (1987): 192. By the early twentieth-century, Lady Bountiful was featured in comic strips and vaudeville shows as a philanthropist rather than a healer. See also essays in Kathleen D. McCarthy, ed., *Lady Bountiful Revisited: Women, Philanthropy, and Power* (New Brunswick, NJ: Rutgers University Press, 1990).

¹³ Fox, "Old Wives Tales," 174–6.

and old wives.¹⁴ However, in healthcare practice, there was more overlap than separation between women's oral healing cultures and the medical pedagogy of learned men. The persistence of physicians, surgeons, and apothecaries' complaints against "old wife" practitioners also speaks to anxieties regarding women's successful competition with medical men. Women who charged for their healing services placed themselves in direct business competition with male practitioners, whereas Ladies Bountiful posed less of a professional threat, because they often cared for patients unable to afford healthcare. Like Gerard, eighteenth- and early nineteenth-century male practitioners cultivated the patronage of wealthy Ladies Bountiful and their families but could defame lower-status women healers. Images of benevolent elite women healers and "wise women" practitioners persisted in various literary genres into the nineteenth century.¹⁵

Recovering a History of Women Healers

This dissertation recovers women healers' actual practices and analyzes their relationship to popular representations of Ladies Bountiful and Old Wives. In the Delaware Valley, free Euro-American women healers participated in networks of health information sharing that reached across lines of class, gender, and race, and included

¹⁴ Fox, "Old Wives Tales." Fox also points out that elite men were exposed to the oral culture of "old wives" from their nurses (nursery maids) and female servants before being sent away to the homosocial world of boys schools. See also Mary E. Lamb, "Old Wives' Tales, George Peele, and Narrative Abjection," *Critical Survey* 1, no. 1 (January 2002): 29–33; Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth Century England* (Chicago: University of Chicago Press, 1994), 87–92.

¹⁵ See for example, George Peele, *The Old Wives Tale: A Pleasant Conceited Comedie* (London: John Danter, 1596); Thomas Bridges, *Homer Travestie: Being a New Burlesque Translation* (London: S. Hooper, 1767), 54; *The Old Wives Tales: A Poem* (London: J. Morphew, 1712); and A Gentlewoman in New-England [Anne Bradstreet], *Several Poems Compiled with a Great Variety of Wit and Learning* (Boston: John Foster, 1678), 43. For the contrast between science and old wives' tales, see *Encyclopædia Britannica*, vol. 3 (Edinburgh: J. Balfour and Co., 1778), 1563–4. An article on a natural philosophical priest states, "Whereas the ancients filled the heavens with monsters and old-wives tales, the Abbe de la Caille chose rather to adorn them with the instruments and machines which modern philosophy has made use of for the conquest of nature."

authoritative female practitioners in American Indian and African American communities. Women healers of various classes and ethnicities were vital healthcare providers in the Delaware Valley's diverse medical marketplace. However, their contributions to the healthcare labor force are relatively invisible in the historiography. Apart from a few notable monographs by Laurel Thatcher Ulrich, Rebecca Tannenbaum, and Susan Klepp, eighteenth- and early nineteenth-century female healers' roles, practices, social status, and healing authority remain understudied.¹⁶ Women healers hover on the sidelines of women's history and remain on the margins of the history of medicine. Traditional histories of American medicine focus on the rise of the medical profession, acknowledging female healers' presence without a clear picture of their actual practices or authority. One reason for this lack of interest is that the historiography of American women healers has followed a declension narrative. This model narrates female practitioners' prominence in the seventeenth and early eighteenth centuries and their subsequent loss of authority in the late eighteenth century due to the emergence of a consumer society, a culture of domesticity, the professionalization of medicine, and the rise of enlightened science, which generated discourses of women's innate irrationality.¹⁷

¹⁶ Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785–1812* (New York: Vintage Books, 1990). The title of my dissertation borrows from Ulrich's epilogue in which she describes Ballard's gifts and skill as perceived by the midwife's great-great-granddaughter. See also, Rebecca Tannenbaum, *The Healer's Calling: Women and Medicine in Early New England* (Ithaca, NY: Cornell University Press, 2002); Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009).

¹⁷ Regina Markell Morantz-Sanchez, *Sympathy & Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 17; John Duffy, *From Humors to Medical Science: A History of American Medicine* (Urbana: University of Illinois Press, 1993), 284–6; Lamar Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760–1860* (Tuscaloosa, AL: University of Alabama Press, 1991), 51–9; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982); 49; Sylvia Hoffert, *Private Matters: Attitudes Toward Childbearing and Infant Nurture in the Urban North, 1800–1860* (Urbana: University of Illinois Press, 1989), Introduction.

In this dissertation, I complicate the older declension narrative that marginalizes women healers. Women healthcare providers were not merely static traditional practitioners destined to fall victim to the march of science, medicine, and capitalism, as the traditional medical historiography suggests. I argue instead that women healers of various classes and ethnicities adapted their practices as they found new sources of healthcare authority through female education in the sciences, manuscript authorship, access to medical print media, the culture of sensibility, martial masculinity, and the alternative gender norms of religious groups like the Quakers. Building on a longstanding foundation of recognized female practitioners, medically skilled women continued to fashion healing authority by participating in mutually affirming webs of medical information exchanges that reflected new ideas about science and the body. In addition, women doctresses, herbalists, apothecaries, and druggists empowered themselves by participating in an increasingly commercialized and consumer-oriented healthcare marketplace. Along with providing medical advice, women practitioners sold popular proprietary pharmaceuticals in their shops and homes or as itinerant vendors. Within this unregulated environment, women healers challenged physicians' claims to a monopoly on medical knowledge and practice. I analyze how women healers defined and constructed authority from 1740 to 1830 in the Delaware Valley, encompassing eastern Pennsylvania, western New Jersey, and Delaware.

The Delaware Valley, including its vital port city of Philadelphia, was a significant region in early American healthcare history. Philadelphia was America's premier city of medicine and science during this period, and it was the location of America's first hospital, medical school, medical society, and philosophical society. Free

white women healers took advantage of opportunities to participate in a public culture that emphasized natural philosophical studies. Science-based spectacles, such as anatomical museums and electrical demonstrations, transmitted new ideas regarding medicine and the body to women of various social orders and ethnicities through webs of healing information exchanges. Philadelphia's reputation for medical excellence, education, and innovation reached far beyond the mid-Atlantic region, because the city was the colonies' premier commercial port through which goods, people, flora, and medical information circulated.

The area was also ethnically diverse, with voluntary and coerced immigrants from the British Isles, Africa, the Caribbean, the German States, and other European countries. The Quakers, who founded colonies in Pennsylvania and New Jersey, also continued to exert influence in the region, offering women alternative gender norms in addition to an early antislavery discourse. Healthcare practitioners of numerous ethnicities and religious persuasions contributed a rich variety of health practices and theories to the marketplace of medicine. Perceptions of wellness, illness, the human body, and healing are culturally constructed and gendered. African American, American Indian, German-American, French, and Anglo-American women had differing medical world views but found common ground in their desire to exchange health information and to discover innovative cures for illnesses. European colonists eagerly sought healthcare knowledge from American Indian women whom they perceived had knowledge of local herbal remedies to treat New World diseases. Euro-Americans also consulted free and enslaved African American women healers for their exoticized medical expertise. However, American Indian and African American healing adepts recognized that to have medical knowledge

of herbs and poisons was to wield the power of harming as well as healing. The denigrating epithets of “squaw” and “wench” joined the lexicon of “old wives,” but misogynistic discourses only underscored Euro-American colonists’ anxieties about powerful women healers.¹⁸

I use the expansive term “women healers” and construe healing in its broadest sense to encompass the spectrum of women’s paid and unpaid healing roles and practices. These roles include women who provided diagnostic, prescriptive, medicinal, obstetrical, and nursing services either gratis or in cash or barter exchanges. In the early twenty-first century, we place these roles in rigid categories regulated by the state licensure of physicians, nurses, nurse practitioners, nurse midwives, nurses’ aides, physicians’ assistants, and pharmacists. By contrast, eighteenth- and early nineteenth-century women healers practiced in an unregulated medical marketplace, and their healing work could encompass any combination of these categories at various stages of their lives. Women practitioners provided the bulk of healthcare services for people of all social classes in their communities, and their work fell on a continuum from those who provided domestic healing within their households to those who practiced outside their immediate families. When historians disregard women healers, they also overlook the majority of the population that did not receive care from male physicians.¹⁹

¹⁸ Brown, *Good Wives, Nasty Wenches*; Fett, *Working Cures*; Rayna Green, “The Pocahontas Perplex: The Image of Indian Women in American Culture” quoted in *Contested Images: Women of Color in Popular Culture*, ed. Alma M. Garcia, (Lanham, MD: Rowman and Littlefield Press, 2012), 159–65; Susan Sleeper Smith, *Indian Women and French Men: Rethinking Cultural Encounter in the Western Great Lakes* (Amherst: University of Massachusetts Press, 2001), 150.

¹⁹ Monica H. Green makes this argument for medieval women healers in her chapter, “Documenting Medieval Women’s Medical Practice,” in Luis García-Ballester, et al., eds., *Practical Medicine from Salerno to the Black Death* (New York: Cambridge University Press, 1994), 352.

A Historiography of Hidden Healers

Historical interest in female healthcare providers developed out of women's health and political concerns in the late 1960s. In *Witches, Midwives, and Nurses: A History of Women Healers* (1973), Barbara Ehrenreich and Deirdre English argued that physicians' eighteenth-century takeover of the female ritual of childbirth and their suppression of female healers in the nineteenth century obscured women's historical contributions to the healing arts.²⁰ Ehrenreich and English's clarion call to re-examine the history of women healers came as feminist historians were breaking new ground in the study of women and gender, and social historians were reconstructing the history of medicine using the interdisciplinary tools of demography, anthropology, and sociology. On a grassroots level, Boston women formed a collective, and wrote *Our Bodies, Ourselves* in 1973, making a statement about reproductive rights while educating women about their physiology and health.²¹ In the realm of healthcare, nurse practitioners and nurse midwives began a longstanding battle for licensed independent practices and prescribing privileges.

Before the 1970s, historians based their medical histories on the "Heroic Model of Science," which narrated the progress and ultimate "victory" of enlightened, technologically proficient late nineteenth- and twentieth-century male physicians over the superstitions of "granny" healers, midwives, "quacks," and "irregular physicians." Women's marginalization was also taken for granted in late twentieth-century histories

²⁰ Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: Feminist Press, 1973).

²¹ Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book by and for Women* (New York: Simon and Schuster, Inc., 1973).

that assumed physicians' inevitable elevation to professional, political, and economic power.²² However, scholars investigating the history of childbirth in the 1970s and 1980s provided new insights into female practitioners and their healing networks. These childbirth historians echoed Ehrenreich and English's concerns regarding man-midwives' attempts to gain control over female-mediated social childbirth as a precedent for the early twentieth century.²³

In her path-breaking 1990 book, *A Midwife's Tale, The Life of Martha Ballard, Based on Her Diary, 1785–1812*, Laurel Thatcher Ulrich complicated the narrative of the rise of man-midwives. She situated a female midwife in the rich milieu of her community networks as well as in the broader context of cultural, legal, economic, and political transformations. Ulrich shattered negative stereotypes of incompetent, uneducated “granny” midwives to reveal a skilled healer who was the “most important practitioner” in Hallowell, Maine.²⁴ In addition to caring for her midwifery patients, Ballard had a busy general medical practice. Ulrich challenged readers to see women's healing practices as part of a dual male–female economy, a means of familial support, a personal

²² Duffy, *Humors to Medical Science*, 284–6; Murphy, *Enter the Physician*, 51–9; Starr, *Social Transformation*, 49–50; Joseph Kett, *The Formation of the American Medical Profession* (Santa Barbara, CA: Greenwood Press, 1980).

²³ See for example, Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: The Free Press, 1977); Jane B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978); Catherine M. Scholten, *Childbearing in American Society, 1650–1850* (New York: New York University Press, 1985); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986); Sylvia D. Hoffert, *Private Matters: American Attitudes Toward Childbearing and Infant Nurture in the Urban North, 1800–1860* (Urbana: University of Illinois Press, 1989); Sally G. McMillen, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Baton Rouge: Louisiana State University Press, 1990).

²⁴ Laurel Thatcher Ulrich, “‘The Living Mother of a Living Child’: Midwifery and Mortality in Postrevolutionary New England,” in *Women and Health in America: Historical Readings*, ed. Judith Walzer Leavitt (Madison, WI: University of Wisconsin Press, 1999), 49; Ulrich, *A Midwife's Tale*. Ulrich recognized healing as part of the tasks of a New England “goodwife,” in *Good Wives: Image and Reality in the Lives of Women in Northern New England, 1650–1750* (New York: Vintage, 1982).

calling, and a key component of local healthcare delivery. Her work should have opened the floodgates for further studies on eighteenth-century female healers, but surprisingly it did not generate significant historical momentum. Instead, it concluded over two decades of significant but scattered research on early American midwifery and women practitioners in the water cure movement. Scholarly interest in American female healers dissipated as the 1970s Women's Health Movement progressed from radical grassroots activism to the healthcare mainstream by the early 1990s.²⁵

More than a decade would elapse before Rebecca Tannenbaum published *The Healer's Calling: Women and Medicine in Colonial New England* in 2002, in which she examines women's seventeenth- and early eighteenth-century domestic, midwifery, and general healing practices. Tannenbaum asserts that seventeenth- and early eighteenth-century New England women created authoritative practices that were embedded in Puritan/Congregational religious and community networks. She argues for differences in gendered healing roles, positing that physicians provided intellectual and directive care, whereas deferential female healers offered pragmatic hands-on care, often under male practitioners' supervision.²⁶ Tannenbaum's findings underscore the differences between the context and period that she studied, and the eighteenth- and early nineteenth-century Delaware Valley, where the lines between healing roles and claims to medical authority were less clear. Independent Quaker women healers such as Margaret Hill Morris

²⁵ See for example, Susan Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple University Press, 1991); Jane Donegan, *Hydropathic Highway to Health: Women and Water-Cure in Antebellum America* (Westport, CT: Greenwood Press, 1986).

²⁶ Tannenbaum, *The Healer's Calling*.

directed patient care, and physicians like Thomas Bond included the hands-on labors of surgery, man-midwifery, and pharmacy in their general medical practices.

Although practitioners were not the focus of her pathbreaking book, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820*, Susan Klepp emphasized the importance of midwives and laywomen healers as mediators of women’s fertility limitation practices, and as key nodes of contraceptive knowledge exchanges that included both vernacular and learned sources. Klepp unearthed women’s use of remedies and contraceptive technologies that were previously lost to the historical record, and she discovered that women’s childbearing bodies were a locus for political consciousness. Some women internalized Revolutionary discourses of liberty, equality, sensibility, and restraint, and they consciously began limiting their fertility. Klepp’s reconceptualization of the startling decline in American women’s fertility reminds us to look beyond traditional public and political spaces to find ways that women creatively empowered themselves in the healthcare arena.²⁷

Kathleen Brown’s important intervention in body theory and its links to personal and public sanitary practices provides another way to contextualize transitions in women’s healing work. In *Foul Bodies: Cleanliness in Early America*, Brown analyzes the ways that perceptions of bodily cleanliness and prescriptions for bodily maintenance reflected and enforced changing gendered imperial projects and transformations in

²⁷ Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009). See also, Klepp, “Revolutionary Bodies: Women and the Fertility Transition in the Mid-Atlantic Region, 1760–1820,” *Journal of American History* 85, no. 3 (1998); Klepp, “Lost, Hidden, Obstructed, and Repressed: Contraceptive and Abortive Technology in the Early Delaware Valley,” in *Early American Technology: Making and Doing Things from the Colonial Era to 1850*, ed. Judith A. McGaw (Chapel Hill: University of North Carolina Press, 1994), 68–113.

cultural norms from the early modern period through the nineteenth century. She notes that the early nineteenth-century emergence of the “cult of domesticity” marked the beginning of a trend in which the “housewife’s responsibility for preventing disease grew and her authority as a healer declined” in the face of a new emphasis on cleanliness and domestic sanitation.²⁸ My project confirms Brown’s findings regarding cultural pressures against women’s independent healthcare practices, but it also examines women who resisted prescriptive norms.

Because of the dearth of American studies on female healers, this study will mobilize the richer historiographies of female healers written by historians of France, the German States, and Britain. Works by Monica Green and Susan Broomhall argue for a long history of authoritative elite European women healers that extends back to the Middle Ages.²⁹ Women of various classes maintained authoritative practices, even in continental Europe where governmental systems exerted far more control over healthcare than in Britain or its colonies.³⁰ Scholars of early modern Britain, including Rebecca Laroche, Elaine Leong, and Sarah Pennell have generated new interest in recipe books as sources for understanding medical knowledge economies and the relationship between

²⁸ Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, CT: Yale University Press, 2009), 215, 221.

²⁹ Green, “Documenting Medieval Women’s Medical Practice;” Green, *Women’s Healthcare in the Medieval West: Texts and Contexts* (Burlington, VT: Ashgate, 2000); Green, *The Trotula: A Medieval Compendium of Women’s Medicine* (Philadelphia: University of Pennsylvania Press, 2001); Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (New York: Oxford University Press, 2008); Susan Broomhall, *Women’s Medical Work in Early Modern France* (Manchester, UK: Manchester University Press, 2004); Barbara Duden, *The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (Cambridge, MA: Harvard University Press, 1998). For a classic article, see Susan Mosher Stuard, “Dame Trot,” *Signs* 1, no. 2 (1975): 537–42.

³⁰ Laroche, *Medical Authority*; Elaine Leong and Sarah Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace,’” in Mark S. R. Jenner; Patrick Wallis, *Medicine and the Market* New York: Palgrave, 2007): 133–52.

gender and healing authority. Like these scholars, I employ gender analysis to denaturalize the healing practices that allegedly “belonged” to men or women. Gender operated through healing practices to create and sustain power hierarchies. However, this study avoids the pitfalls of the binaries described in initial studies like those by Ehrenreich and English, in which physicians were the oppressors and women healers the heroic victims doomed to failure. Physicians were initially unsuccessful in creating a monopoly over medical practice, and the victim role does not characterize the successful practices of some Philadelphia-area women. This study complicates narratives of physicians’ inevitable takeover of women’s practices by placing the work of female adepts in the context of an emerging consumer-oriented medical marketplace that diffused physicians’ exclusive claims to authority.

Women Healers in a Medical Marketplace

The “medical marketplace” entered the history of medicine lexicon in works by Roy Porter, Dorothy Porter, and Harold Cook on England’s long eighteenth century. These historians introduced the concept of a medical marketplace that offered consumers myriad of healthcare providers, including authoritative non-physician practitioners. Cook and the Porters offered important correctives to previous historians’ assertions of a fixed and regulated tripartite hierarchy of physicians, surgeons and apothecaries, whose societies and guilds controlled nonphysicians’ practices.³¹ In the early 1990s, Roy Porter

³¹ My discussion follows from an excellent historiographical essay on the medical marketplace in Mark S. R. Jenner and Patrick Wallis, eds., *Medicine and the Market in England and its Colonies, c. 1450–c. 1850* (New York: Palgrave, 2002): 1–23. Lucinda Beier discussed the medical marketplace in her PhD thesis, “Sufferers and Healers: Health Choices in Seventeenth-Century England” (PhD thesis, University of Lancaster, 1984). See also, Dorothy Porter and Roy Porter, *Patient’s Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford, CA: Stanford University Press, 1989); Harold Cook, *Decline of the Old Medical Regime in Stuart London* (Ithaca, NY: Cornell University Press, 1986); R. Porter, ed., *Patients*

melded the medical marketplace with a new economic history that that focused on the rise of a consumer society in Britain and its colonies. However, Mary Fissell sounded a cautionary note in her study of Bristol, England's marketplace. Despite a diversity of practitioners, Fissell discovered limits to the free market of medicine, especially for poor and institutionalized patients. In addition, as Mark Jenner and Patrick Wallis asserted, this limited notion of a medical marketplace did not explain economic change over time.³²

William Helfand and Charles Rosenberg found a similar consumer-oriented marketplace in British North America that included a flourishing colonial print marketplace peddling literature proclaiming “*Every Man His Own Doctor.*”³³ An expansion in medical print was interwoven with sales of self-help pharmaceuticals, which fostered patients' self-diagnosis and self-medication. Lisa Rosner argues that the marketplace model had particular salience in the early American republic, since medical practices were not regulated by medical societies, licensure, legislation, or guilds.³⁴ One effect of the unregulated marketplace of medical knowledge, products, and practice was

and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society (Cambridge, UK: Cambridge University Press, 1985); R. Porter, “The Patient's View: Doing Medical History from Below,” *Theory and Society* 14, no. 2 (1985): 175–98; R. Porter, *Health for Sale: Quackery in England 1660–1850* (Manchester, UK: Manchester University Press, 1989). Colin Jones found similar diversity of practitioners and a consumer medical market even in the more regulated environment of eighteenth-century France. See Colin Jones, “The Great Chain of Buying: Medical Advertisement, the Bourgeois Public Sphere, and the Origins of the French Revolution,” *American Historical Review*, vol. 101, no. 1 (1996): 13–40.

³² John Brewer and Roy Porter, eds., *Consumption and the World of Goods* (New York: Routledge, 1993). Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (New York: Cambridge University Press, 2002); Jenner and Wallis, eds., *Medicine and the Market*, 15–8.

³³ Charles Rosenberg and William H. Helfand, “*Every Man is His Own Doctor*”: *Popular Medicine in Early America, an Exhibition Drawn from the Collections of Charles E. Rosenberg, William H. Helfand, and the Library Company of Philadelphia* (Philadelphia: Library Company of Philadelphia, 1998).

³⁴ Lisa Rosner, “Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800–1825,” *Social History of Medicine* 5 (1992):19–42.

to place healing authority in the hands of patients and non-physician practitioners, including laywomen healers. I argue for continuities between the Georgian healthcare marketplace and the early eighteenth century popular health movement described by Charles Rosenberg, Ronald Numbers, and Norman Gevitz.³⁵ Although economic historians' interest in celebratory consumer histories waned in the face of a twenty-first-century economic downturn, medical historians have renewed their interest in the medical marketplace.³⁶ Early twenty-first century political concerns regarding healthcare access and affordability have made historical studies of medical economics particularly relevant. In addition, women's roles in the development of the medical and pharmaceutical economic sectors deserve further investigation. My research recovers the day-to-day workings of the medical marketplace and the ways that women healers constructed authority within economic networks.

Healing Authority

Eighteenth- and early nineteenth-century Euro-American Delaware Valley women healers' authority rested on a foundation of longstanding Anglo-European traditions of skilled women's healthcare practices that were intertwined with women's

³⁵ Charles E. Rosenberg, ed., *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene* (Baltimore: Johns Hopkins University Press, 2003); C. Rosenberg and Morris J. Vogel, eds., *The Therapeutic Revolution: Essays in the Social History of American Medicine* (Philadelphia: University of Pennsylvania Press, 1979); Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988); Ronald L. Numbers, "The Fall and Rise of American Medical Profession," in ed. Judith Walzer Leavitt and Ronald Numbers, *Sickness and Health in America*, 3rd ed. (Madison: University of Wisconsin Press, 1985): 185–96; Richard H. Shyrock, *Medicine and Society in America 1660 to 1860* (New York: New York University Press, 1960); Elaine Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: New York University Press, 2012).

³⁶ See Wallis and Jenner, *Medicine and the Market*, 2002; Roy Porter, "The Historiography of Medicine in the United Kingdom," in ed., Frank Huisman and John Harley Warner, *Locating Medical History: The Stories and Their Meanings* (Baltimore: Johns Hopkins University Press, 2006), 201, 218; Christi Keating Sumich, "Soul-Sick Stomachs, Distempered Bodies, and Divine Physicians: Morality and the Growth of the English Medical Profession" (PhD diss., Tulane University, New Orleans, LA 2008), 6, 12.

domestic expertise in gardening, food preparation, distilling, and family health maintenance. Although they were excluded from the learned authority conferred by university medical schools, medical associations, and philosophical societies, some literate women read medical and scientific books and deployed new experimental philosophies to affirm their practices. Euro-American women also appropriated spiritual authority to legitimize their medical practices as part of a culture of Christian benevolence that lauded those who cared for the poor and the sick. Women of various Christian denominations were taught verses from authoritative biblical scriptures that upheld patriarchy, prohibited women from usurping husbands' authority, and proscribed women's public preaching. However, Quakers and Moravians provided alternative gender roles that included women as ministers, missionaries, deaconesses, and preachers in public spaces. Some women took advantage of these potentially subversive alternatives to challenge age-old notions of male religious authority. American Indian and African American women's skilled and respected practices could also be imbued with spiritual power.³⁷ In public as well as in their homes, women practitioners asserted an independent judgment that members of their communities valued as skilled and trustworthy.

³⁷ 1 Cor. 14:34–37, KJV, is one of these passages. In her late eighteenth-century commonplace book, Mary Flowers transcribed a section of Quaker minister Jane Fenn Hoskins' diary, later published as *The Life and Spiritual Suffering of that Faithful Servant of Christ, Jane Hoskins a Public Preacher among the People Called Quakers* (Philadelphia: William Evitt, 1771). Hoskins remembered a male minister preaching about "David's bringing the Ark of the Lord from the house of Obed-Edom, also the festival sacrifice he offered to the Lord, and his dispensing the Bread and Flesh and wine to the multitude, to the women as well as the Men, which he repeated two or three times; from thence inferring the Lord's influencing the Females and well as the Males with divine authority to preach the Everlasting Gospel to the Nations." In Hoskins interpretation, God dispensed his authority to women as well as men. This inspired Hoskins to begin work as a traveling Quaker minister in 1722. See Mary Flower (1743–1795), *Commonplace Book*, ca. 1750s–1760s, MS 975 B, HQSC.

Samuel Johnson's authoritative *Dictionary of the English Language* published in 1755 and reprinted into the nineteenth century provides insights into how the dominant English-speaking American colonial culture understood the notion of authority.³⁸ Johnson used four phrases to define authority: legal power, influence, credibility, and testimony. Legal power has a valence of coercive power, and it underscores the limits of the medical marketplace model. Coercive medical authority could be legally enforced for men in the army and navy, for enslaved people, and for those in institutions including public hospitals and almshouses. In this "marketplace," bodies were commodified, and punitive medical procedures could be used as technologies of terror and control. White women might exert a measure of coercive medical authority for children, servants, and slaves under their auspices. However, as historian Sharla Fett reminds us, the healing arena was also a site for slaves and dependents to resist coercion.³⁹

The notions of influence, credibility, and testimony were more salient than coercion for the practices of most female healing adepts, including American Indian and African American practitioners.⁴⁰ In an unregulated marketplace of medicine, both male and female healthcare providers had to use their influence to win patients' hearts and minds and to convince sufferers that their medical knowledge, judgment, and remedies

³⁸ Samuel Johnson, *A Dictionary of the English Language* (London: W. Strahan, 1755), LCP. It was reprinted in America into the nineteenth century. For example, see Johnson, *Dictionary* (Philadelphia: J. Johnson & Co., 1805), LCP.

³⁹ Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002).

⁴⁰ Johnson, *A Dictionary of the English Language*, LCP. For the healing arena and the coercive power of healthcare institutions, see Fett, *Working Cures*; Michel Foucault, *The Archaeology of Knowledge*, trans. A. M. Sheridan Smith (New York: Pantheon Books, 1972); M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Pantheon Books, 1973); M. Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Pantheon Books, 1977).

were superior to those of other healers. Although physicians and surgeons created exclusive medical and scientific networks, they still had to persuade patients that their special knowledge and organizations had value. Learned, apprentice-trained, and self-taught practitioners all constructed their medical reputations and credibility on a foundation of healing successes and in the context of kin and community networks.

Johnson's inclusion of the word "testimony" makes sense in face-to-face communities and in a healthcare marketplace awash with medical authors and proprietary pharmaceutical purveyors, all hawking the authenticity of their putatively authoritative cures. A public, printed discourse that debated whether practitioners and their remedies were authentic or counterfeit appeared in mid-seventeenth-century England and was rife in Britain and its American colonies by the mid-eighteenth century. It is not surprising that in Johnson's dictionary, authority and authenticity are synonymous. My research has uncovered a language of testimonials shared by authors of manuscripts and printed medical recipe books, popular medical books, scholarly medical tomes, and proprietary medicine advertisements. These female- and male-authored sources all used the same expressions to indicate that a remedy was authoritative, including the phrases "approved," "cured when the doctors failed," "tried by me with success," and "given to me by a person of credit." A healer's trustworthiness, reliability, credibility, and authority were closely linked with that of their medical recipes or remedies. In the chapters that follow, I investigate the variety of ways that women appropriated medical authority, even as male practitioners increasingly attempted to monopolize medical practice.

Summary

This dissertation is organized into seven loosely chronological thematic chapters. Each chapter explores how women healers mobilized a particular aspect of gendered healing authority in the context of an unregulated self-help medical marketplace. Healers Elizabeth Coates Paschall and Margaret Hill Morris, whose well-documented practices cover the dissertation's time span, provide thematic continuity and serve as nodal points that connect to diverse practitioners' healing networks. In chapter 1, I discuss how Anglo-European women traditionally attained domestic healing authority by fulfilling a feminized religious calling and by demonstrating their successful medical skills, which were passed down through generations. I argue that mid-eighteenth-century Anglo-American and German American Delaware Valley women built on their foremothers' culturally normative medical practices and fashioned healing authority as they participated in complex, mutually affirming webs of local and transatlantic medical information exchanges. Within these empowering healing networks, female healthcare practitioners could sidestep the constraints of patriarchy and claim healing authority as skilled and legitimate medical providers.

In chapter 2, I argue that American Indian women healers' knowledge of locally grown herbs and remedies confirmed their healing expertise in their communities, served as a site of cultural exchange and persistence, and exerted an "exotic" authority that was sought after and appropriated by Euro-Americans. Borrowing from historian Kathleen Brown's concept of "gender frontiers," I examine "healing frontiers," which I define as the cultural borderlands of healthcare exchanges where healing power relations were relatively equalized by urgent needs for lifesaving cures. On healing frontiers, medical

information and remedies could be a source of mutual understandings as well as misunderstandings. Health information and medical practices were sites of intercultural cooperation even during the conflicts of the Seven Years' War.

The rise of empirical science challenged older modes of authority conferred by university degrees and ancient experts. I argue in chapter 3 that in Delaware Valley communities, Quakers' promotion of gender equality and women's education in the sciences provided new opportunities for women healers. Despite male natural philosophers' contentions that women were innately too "irrational" to contribute to the medical sciences, literate women like Elizabeth Coates Paschall read medico-scientific media, engaged in experimentation, participated in scientific societies and networks, and authorized their healing practices as legitimate producers of scientific knowledge. A profusion of self-help medical print challenged physicians' hegemony and located healing authority in the skilled hands of nonphysician healers.

The American Revolution created economic as well as political challenges for Delaware Valley women. Rather than imagining women healers as frozen relics of an idealized pre-capitalist world, in chapter 4, I argue that some free white women embraced the opportunities of a consumer-oriented medical marketplace, and adapted their entrepreneurial practices to weather the perils of emerging market capitalism that introduced new regimes of credit, cash exchange, and wage labor. The turmoil of the American Revolution impaired families' economic safety nets, making women's need to earn income more acute. Free women like Margaret Hill Morris could transition from roles as Ladies Bountiful providing free healthcare in their communities to paid

doctresses and apothecaries. Women healers' skilled reputations reinforced their medical legitimacy as well as their economic authority.

During the 1793 yellow fever epidemic, black nurses emerged from invisibility and became a locus of public debates over African Americans' worthiness for citizenship. For Sarah Bass, Mary Scott, and their Free African Society colleagues, nursing was both an act of medical benevolence and an enactment of political street theater. The nurses' performance embodied complex intertwined conceptual strands reflecting gendered notions of evangelical sensibility and virtuous republican self-sacrifice that were complicated by conflicted, evolving meanings of nursing in the public sphere. In chapter 5, I argue that despite the potential for defamation, Sarah Bass and her fellow Free African Society nurses successfully harnessed the powerful culture of sensibility to enact a unique image of civic nursing as a symbol of humanity and potential citizenship for African Americans.

The onset of yearly yellow fever epidemics initiated by the devastating episode in 1793, amplified people's fears about disease and bodily frailty. Philadelphia physicians' persistent rancorous conflicts over the correct treatment of yellow fever enacted in the press undermined the public's confidence in doctors' advice. In a democratizing political culture that cast aspersions on elite physician cabals, patients continued to depend on women healers' pharmaceuticals and healthcare services. In chapter 6, I argue that in the early national period, female healing adepts in the Delaware Valley took advantage of rising consumer demand for effective proprietary medicines and accessible healthcare, and they positioned themselves as authoritative and trustworthy apothecaries and doctresses.

In the early nineteenth century, an emerging “cult of domesticity” intertwined with new notions of cleanliness, creating discourses that sought to relegate women to the role of household sanitarians rather than skilled healers. Nonetheless, in the Quaker-influenced Delaware Valley, some women navigated alternative routes during the 1810s and 1820s to continue their work in healthcare-related fields. In chapter 7, I argue that numerous early nineteenth-century Delaware Valley women built upon eighteenth-century female healers’ authoritative foundation as they continued to embrace opportunities offered by an unregulated consumer medical marketplace, an expansion of women’s educational curriculum in the sciences, and reinvigorated efforts to reform society. Some middle class women found alternatives to restrictive domesticity, dependence, and republican motherhood. Nonetheless, there were limits to notions of equality in the “Quaker City” and its environs. For the majority of African American and American Indian healers, healing continued as a valued site of cultural persistence and as a source of income, as it was for lower-class white women.

To explore these topics, I analyze women healers’ recipe books, papers, and objects alongside newspapers, published herbals, dispensaries, city directories, and popular and scholarly medical works to recover women’s healthcare practices and the wide-ranging circulation of medical knowledge. I read across the grain of these sources to discover the practices of nonliterate white, African American, and American Indian women healers. The dearth of women healers’ documents has contributed to female practitioners’ misleading invisibility. Until the 1970s, women’s recipe books were generally not considered important enough to be accessioned in most archives, whose documents were collected and culled to chronicle a male-centered narrative of political,

medical, and scientific progress. Women healers' papers are often poorly catalogued and buried in dispersed family collections. A goal of my dissertation research has been to uncover women healers' hidden practices and their vital role in the Delaware Valley medical marketplace.

As one of George Farquhar's characters quips in *The Beaux' Stratagem*, "in a comedy . . . the ending of the play is never in doubt. The only question is how we get there." In writing the history of women healers, knowing "the ending" can erase the complex historical processes and the stories that tell "how we got here."⁴¹ Knowing that women were ultimately sidelined in the medical profession by the twentieth century can make a declension narrative seem inevitable. A goal of my dissertation is to destabilize and to begin to rewrite that narrative. I argue that women appropriated new forms of authority to build on their earlier reputations as respected healers so that they could resist physicians and prescriptive writers' attempts to marginalize their practices. Understanding the flexibility of early America's consumer-driven medical marketplace and the contingencies inherent in the development of its later top-down healthcare system provides important antecedents to the current healthcare crisis.

⁴¹ George Farquhar, *The Beaux' Stratagem, Thornton Wilder and Ken Ludwig's Adaptation* (New York: Samuel French, 2006), 26–7. Archer: "—for in a comedy, as opposed to life, the ending of the play is never in doubt. The only question is how we get there."

CHAPTER 1

THE AUTHORITY OF WOMEN'S HEALING NETWORKS

In the 1750s, Elizabeth Coates Paschall recorded a remedy for “an Asthma or Phthisick” in her manuscript medical recipe book.¹ Paschall was a widowed Philadelphia Quaker merchant who ran a dry goods business in a shop on the main floor of her house on Market Street. She was also well known in the community as a skilled healer, and her friends, kin, and neighbors, as well as strangers, sought her healthcare advice. Paschall’s manuscript is a uniquely discursive document in which she described her consultations with patients and her networks of medical information exchanges. This particular recipe book entry was prompted by an encounter with “an Elderly woman one Mary Toms,” who consulted Paschall for a cure for a serious respiratory ailment.

According to Paschall, Toms was so short of breath that “she could scarce bare to lye Down.”² Paschall did not specify whether Toms had a severe case of asthma or a wasting disease called phthisic, which could have been consumption (tuberculosis), or another degenerative pulmonary condition. Mary Toms was certainly quite ill. As Paschall understood, people in respiratory distress have difficulty lying flat and must sit up in their effort to catch a breath. Paschall prescribed a remedy made of ground raisins and mustard pounded into a conserve, and she advised Toms to “take a tea Spoonfull or two Every morning.”³ Toms’ grateful granddaughter informed Paschall that the remedy was a success, as evidenced by Toms’ ability to “ly down very well after she had taken it

¹ Elizabeth Coates Paschall (1702–1768), *Recipe Book*, ca. 1745–1767, 28R, College of Physicians, Philadelphia.

² Paschall, *Recipe Book*, 28R.

³ Paschall, *Recipe Book*, 28R.

a little while.” Paschall mitigated human suffering and proved her medical expertise. She recorded with satisfaction that Toms “her selfe wrote me word that it quickly relieved her.”⁴ Paschall’s medical recipe book provides insight into her own healing work as well as the skilled practices of innumerable other women healers in the Delaware Valley.

Documented interactions like this one between a woman healthcare practitioner and her appreciative patient are rare in eighteenth-century records. In addition to sharing her personal healing success supported by a patient’s testimonial, Paschall revealed her webs of medical information exchanges that imbued the recipe with multiple layers of authority. Paschall invoked the name of her brother-in-law, the prominent Quaker merchant John Reynell, whose reputation stretched across the ocean to London and throughout the Atlantic commercial world. She noted that Reynell’s sister “gives this an Extraordinary Carracter [reference] as a Medicine Being the advice of some Eminent Physician in England.”⁵ Paschall’s sister, Mary Coates, was married to Reynell, and the siblings were particularly close. When he came to Philadelphia in the late 1720s, Reynell left two sisters behind in Devonshire, England. Reynell’s sister, Sarah, was plagued with ill health, and she may have been the one who shared the successful recipe. The sister provided an additional aura of legitimacy, since the recipe had been endorsed by a prominent physician.

⁴ Paschall, *Recipe Book*, 28R. See also, Elizabeth Gartrell, “Women Healers and Domestic Remedies in 18th Century America: The Recipe Book of Elizabeth Coates Paschall,” *New York State Journal of Medicine* 87, no. 1 (1987): 23–9.

⁵ Paschall, *Recipe Book*, 28R. For John Reynell (1708–1784), see Thomas M. Doerflinger, *A Vigorous Spirit of Enterprise: Merchants and Economic Development in Revolutionary Philadelphia* (Chapel Hill: University of North Carolina Press, 2001), 19–55, 181–90; “Abstract” and “Background Note,” Collection 140, Coates and Reynell Family Papers, 1677–1930, HSP. For the wasting pulmonary diseases identified as phthisic or phthisis (Paschall also calls it Tisick, since the ph is silent), see Benjamin Marten, *A New Theory of Consumptions, More Especially of a Phthisis Or Consumption of the Lungs* (London: R. Knaplock, 1720), 108–11.

Paschall added yet another layer of healing authority based on her other patient care experiences. In a later postscript to the recipe squeezed in at the bottom of the page, Paschall noted that the addition of honey, syrup of cloves, or molasses while blending the original ingredients made the remedy “more pleasant & slides down easier.”⁶ Like many practitioners, Paschall experimented on herself, and she offered readers a personal testimonial. As Paschall explained to her recipe book readers, she tried augmenting the recipe with dried figs, lard, and liquorice, which “helped me Grately when almost choaked up with tough phlegm.”⁷ All the ingredients listed by Paschall were included in a physician-authored medical treatise on phthisic published in London in 1720. Medical recipes were not static. They were part of ongoing collaborative healing enterprises that extended across time and geographic spaces and that blurred the gendered boundaries between learned practitioners, medical print culture, and hands-on vernacular healing.

In this chapter, I use Elizabeth Coates Paschall’s recipe book as a point of entry into the oft-hidden sphere of free Euro-American women’s healing practices and their healthcare networks in the mid-eighteenth-century Delaware Valley. Although women of various ethnicities and social classes provided the bulk of healthcare during this period, they left minimal traces of documentary evidence. A close reading of extant recipe books like Elizabeth Paschall’s provides important clues to free women’s diverse healing work that was practiced within networks of families, religious societies, ethnic groups, and communities. I argue that in the middle decades of the eighteenth-century, free Euro-American Delaware Valley women built on their foremothers’ healthcare traditions and

⁶ Paschall, *Recipe Book*, 28R.

⁷ Paschall, *Recipe Book*, 28R.

fashioned healing authority as they participated in complex, mutually affirming webs of local, intercultural, and transnational medical information exchanges. While university-educated Philadelphia physicians developed transatlantic networks to position themselves as superior “Gentlemen of Science,” female healers created alternative wide-ranging webs of healing that bolstered their own sense of healing authority. Their successful practices and their grateful patients reinforced women healers’ perception of their healing acumen. Women healers’ networks encompassed kin and neighbors, male physicians and surgeons, female midwives and doctresses, and female and male apothecaries, as well as innumerable other practitioners. The lack of medical licensure or governmental regulations allowed women healers the freedom to hone their healing skills within collaborative as well as competitive healthcare networks that traversed hierarchies of gender, race, and social status. By situating themselves within empowering webs of healing, female healthcare practitioners could sidestep the constraints of patriarchy and claim healing authority as skilled and legitimate healthcare providers.

By the time Elizabeth Coates Paschall and her fellow mid-eighteenth-century healing adepts picked up their pens to record successful remedies, women’s recipe books were embedded within genres of manuscript and print literature that had developed over centuries. Although Paschall’s recipe book is unique in its details of her practice and networks, it is also evident that she followed longstanding conventions of form, content, and conceptualization that underscore women’s participation in the production of medical knowledge. It is important to place her recipe book within this broader context, particularly because no personal letters authored by Paschall are available, and her only other self-authored extant document is her business receipt book. Although there is

evidence in Paschall's manuscript that her mother, Beulah Jacques Coates, was a healing adept, neither Beulah's recipe book nor her letters have survived. However, the household manual of Gulielma Springett Penn, a founding mother of the Society of Friends (Quakers) and a contemporary of Beulah Coates' is extant. The Penn manuscript sheds light on the diverse healing practices of women like Coates who immigrated to the Delaware Valley in the late seventeenth and early eighteenth centuries. Englishwomen like Gulielma Penn laid the foundation for later practitioners such as Paschall. Both of these women's recipe books speak to the importance of supportive kinship and community networks in women's construction of personal healing authority. Penn and Paschall's books also fill in the gaps for the medical work of women who did not have the time, money, or literacy skills to record their busy healthcare practices in a blank manuscript book. Gulielma Penn's manuscript is an artifact whose transatlantic journey demonstrates the transmission of Anglo-European medical information to the American colonies, where female healers then melded them with newly encountered healing cultures.

Legacies of Healing Networks Inscribed in Recipe Books

In October of 1702, the household at Warminghurst Manor in Suffolk was in a flurry. The young master, William Penn, Junior, was scheduled to set sail from England for Philadelphia in a mere fortnight. William Junior was the eldest surviving son of his late mother Gulielma Springett Penn and the namesake of his father, the founder of the colony of Pennsylvania. Although Philadelphia had developed into a commercial town since Penn Senior had founded it in 1681, packing for this expedition to the New World still required planning. Amid the bustle of servants sorting and packing provisions and

clothing, William Junior decided at the last minute that he wanted to bring his mother's recipe book. He had proudly claimed ownership of this keepsake by writing on the fly page, "My Mother's Recepts for Cookerys Presarving and Cyrurgery [Surgery]— William Penn." But young Penn realized suddenly that this treasure trove of information might be lost or damaged during the voyage. He prevailed on the family clerk to waste no time in making a copy. In an apparent apology for his poor penmanship, the clerk noted, "Here ends the book of Coockary in great hast [haste] transcribed by Edward Blackfan the 25th of October 1702."⁸ However, Blackfan might have taken the time to make a more legible copy since it turned out that young William Penn's journey was delayed for a year. Penn Junior and the recipe book arrived in Philadelphia around the turn of the New Year in 1704.

Along with Gulielma Penn's household and medical recipe book, young Penn conveyed a legacy of authoritative elite women healers to early Philadelphia. Although the book was a memento of Penn's dear mother, it also provided important information for an early eighteenth-century household in colonial Pennsylvania. The book, encased in a soft leather binding, was typical of an aristocratic or gentry family's domestic manual, which contained cooking, medical, and home maintenance recipes collected and updated over the years. The medical recipes would have been a critical resource for William Penn Junior in his role as head of a household consisting of kin and numerous servants in a young colony that offered few trained physicians. Although early Pennsylvania

⁸ Gulielma Springett Penn, *My Mother's Recepts for Cookerys Presarving and Cyrurgery*, copied by Edward Blackfan, 1702, flypage, 57, *Penn Family Recipes*, Penn Papers, vol. 6, 1674–1716, HSP. The term *receipt* was used more often than *recipe* during the seventeenth and eighteenth centuries. However, to differentiate between culinary and medical recipe books and business receipt books, I will use the term *recipe* in this dissertation.

promoters like Gabriel Thomas had touted the health of the country, the younger William Penn had heard his father's stories of shipboard outbreaks of smallpox and newcomers' bouts with intermittent fever and ague described as the process of "seasoning."⁹ Gulielma Penn never came to Pennsylvania, but her family preserved the memory of her healing acumen as documented in her recipe manuscript.

Gulielma Penn left few documents, and one must read across the grain of romanticized Society of Friends biographies to discover clues to her character and healthcare practices. Like her husband, Gulielma Penn came from a family of the upper gentry class. A childhood friend asserted that "the endowments of her Mind . . . were in every way extraordinary."¹⁰ The complex recipes in Penn's manuscript, which she used to treat minor injuries as well as major life-threatening illnesses, confirms a contemporary biographer's description of her "great skill in physic and surgery."¹¹ Gulielma and William Penn were followers and friends of Quakerism's founders, George and Margaret Fell Fox, who urged believers to throw off the bonds of Protestant orthodoxy and instead follow the inner light of God's Holy Spirit. Quakers rejected social hierarchies and advocated lifestyles that testified to the ideals of simplicity, equality, peace, and integrity. Their antiauthoritarian stance created turbulence with the English government. Gulielma supported William Penn when he was imprisoned for his faith-

⁹ Gabriel Thomas, *An Historical and Geographical Account of the Province of Pennsylvania . . . and West Jersey* (London: A. Baldwin, 1698), 18–9; 43, HQSC Rare Book Collection; Susan E. Klepp, "Seasoning and Society: Racial Differences in Mortality in Eighteenth-Century Philadelphia," *William and Mary Quarterly*, 3rd ser., 51 (1994): 473–506.

¹⁰ Thomas Ellwood [childhood friend of Gulielma Springett], *The History of the Life of Thomas Ellwood* (1714), ed. S. Graveson (London: Headley Brother, 1906), 184, quoted in Alison Duncan Hirsch, "A Tale of Two Wives: Mythmaking and the Lives of Gulielma and Hannah Penn," *Pennsylvania History* 61, no. 4 (October 1994): 434.

¹¹ John Aubrey, *Aubrey's Brief Lives*, ed. Oliver Lawson Dick (London: Secker and Warburg, 1680, repr. 1949), 235.

based refusal to swear loyalty oaths to the Crown. Women of Fell Fox and Springett Penn's generation were part of a radical moment in Quakerism in which some defied gendered boundaries. Fell Fox affirmed women's intellectual attainments and wrote tracts that promoted women preaching and speaking in public in opposition to gendered norms that required women's silence in church and their relegation to the domestic sphere.¹²

Even before her marriage to William Penn, Gulielma Springett was an assertive advocate for the Society of Friends in her own right, and there is some evidence that she preached in public. Extant devices called branks or "scold's bridles" vividly depict English town officials' use of torture to control Quaker women's public speech. A brank was a cage-like iron device that encircled the head and featured a bridle bit that projected into the victim's mouth and pressed down on the tongue, interfering with speaking, eating, and drinking. A more vicious version included spikes that speared the tongue. Quaker minister Dorothy Waugh, a contemporary of Gulielma Penn's, described this "cruel usage by the Mayor of Carlisle," which was accompanied by public humiliation in the stocks and imprisonment. In the colonies, Puritan officials persecuted Quakers, exemplified by the 1660 hanging of Quaker minister Mary Dyer.¹³ As a member of the

¹² In their local meetinghouses and larger monthly, quarterly, and yearly Meetings, Quakers were bound by a code called the "discipline" that prohibited behaviors like drunkenness, gambling, "entertainments," sex outside marriage, marriage outside the community, "Sabbath breaking," and unscrupulous business practices. See Jack D. Marietta, *The Reformation of American Quakerism, 1748–1783* (Philadelphia: University of Pennsylvania Press, 2007), 3–30. See also, Karen Guenther, *Rememb'ring our Time and Work Is the Lords: The Experiences of Quakers on the Eighteenth-Century Pennsylvania Frontier* (Selinsgrove, PA: Susquehanna University Press, 2005), 16–25; Edwin B. Bronner, "Quaker Discipline and Order, 1680–1720: The Philadelphia Monthly Meeting," in *The World of William Penn*, eds. Richard S. Dunn and Mary M. Dunn (University of Pennsylvania Press, 1986), 323–36; Gary B. Nash, *Quakers and Politics: Pennsylvania, 1681–1726* (Princeton, NJ: Princeton University Press, 1968); Frederick B. Tolles, *Meeting House and Counting House: The Quaker Merchants of Colonial Philadelphia, 1682–1763* (New York: Norton, 1948, repr. 1963).

¹³ Catie Gill, *Women in the Seventeenth-Century Quaker Community: A Literary Study of Political Identities, 1650–1700* (Burlington, VT: Ashgate, 2005), 142; David Booy, *Autobiographical Writings by*

Philadelphia Quaker Monthly Meeting, Paschall would have been aware of Gulielma Penn's reputation as well as what Quakers described as the "sufferings" of outspoken early Quaker women such as Dyer. Their history of social marginalization made Quakers a close-knit religious society that developed supportive networks throughout the Atlantic world. It is not surprising that at least seventy of the 162 names mentioned in Paschall's receipt book were Quakers. Of these, thirty were members of her nuclear and extended families. Paschall was a link in these extended chains of Quaker kin and friendship, which undergirded her healing practice and sense of authority.

In addition to Gulielma Penn's legacy as a skilled healer and Quaker founder, Paschall also had an assertive female role model in her mother. Beulah Jacques Coates, who immigrated to Philadelphia in the 1690s, was remembered in family histories and in her obituary for her "upright life," her "promotion of the cause of Truth," and her leadership in the Darby and Philadelphia Monthly Quaker Meetings.¹⁴ Beulah Coates demonstrated her financial aplomb by serving as the first treasurer of the Women's Yearly Meeting, and she was later commissioned as an elder in the Society of Friends. Family historians also remember her as a "bluestocking" literary lady and "a woman of considerable business ability," who actively participated in the family merchant business.¹⁵ That every generation of her family line has included a daughter named

Early Quaker Women (Burlington, VT: Ashgate, 2014), 14–6; Meg Lota Brown and Kari Boyd McBride, *Women's Roles in the Renaissance* (Westport, CT: Greenwood Press, 2005), 67–8.

¹⁴ For Beulah Jacques Coates (ca. 1659–1741), Mary Coates, *Family Memorials and Recollections; or Aunt Mary's Patchwork* (Philadelphia: Printed for the Family, 1885), 13–4, Swarthmore Friends Historical Library.

¹⁵ Henry T. Coates, *Thomas Coates: Who Removed From England to the Province of Pennsylvania, 1683* (Philadelphia: Privately Printed, 1897), 14; Thomas Allen Glenn, *Some Colonial Mansions and Those Who Lived in Them* (Philadelphia: Henry T. Coates and Company, 1899), 109. John Fanning Watson noted that

Beulah is a measure of her powerful personality and her family's esteem. Elizabeth Coates Paschall's manuscript includes recipes that speak to her mother's healing skills, which Beulah would have practiced as part of her Quaker duty to minister to peoples' physical as well as spiritual needs. In a similar vein, Philadelphia-area female ministers like Elizabeth Paschall's friend, Elizabeth Whartnaby, combined healing with more formal Quaker ministries. Beulah Coates' activities reflect the variety of ways that Quaker women could enact visible leadership roles in addition to public preaching. Not all female Friends chose public roles, but those who did opened possibilities for innovative gender conventions for young women like Elizabeth Coates. Self-assured Quaker women preachers, businesswomen, and healers provided solid foundations for women like Paschall, who confidently authored their manuscripts and authorized their public healing work.

Evidence inscribed in both Penn and Paschall's recipe books underscores the importance of female family networks and wider webs of kin in the development of a young woman healer's skills and authority. Women's household manuscripts usually had a title page noting the original compiler, sometimes followed by the names of additional writers or owners if the book, like that of the Penn's, was passed down among family or friends. A clerk or scribe such as Edward Blackfan might copy a recipe book to create a duplicate or to produce an elegantly transcribed manuscript that might be given as a gift, often a wedding present for a woman setting up housekeeping. Occasionally, as in Penn's case, the recipe collection might be passed down to male kin. Recipe books like

"Mrs. Bulah [Beulah] Coates . . . kept a store in High Street" and famously sold "goods to the celebrated Blackbeard," in *Annals of Philadelphia and Pennsylvania* (Philadelphia: Carey and Hart, 1830), 463.

Paschall's that were focused on medical remedies reflected a woman's particular interest in healing or they might signal her healthcare practice. Because a household book was passed down among female descendants, a woman's preferences were indicated in the choice of recipes that she added to those of her forebears. For example, in her *Book of Cookery and Medical Receipts* begun in 1690, the original manuscript author, Englishwoman Mary Chantrell, recorded detailed healthcare recipes that evince her intense interest in medicine, including a recipe to cure consumption that is similar to one of Paschall's. However, the second section in the Chantrell manuscript was written in a different hand by one of Chantrell's descendants, who focused on cooking rather than medicine. The interest in medicine skipped down to the third generation with another kinswoman who recorded numerous medically focused writings in a new hand.¹⁶ Chantrell may have fostered her granddaughter's interest in medicine.

Gulielma Penn certainly acquired her healing acumen from her grandmother, Katherine Partridge Springett, who was a respected doctress, surgeon, and ocular specialist. The 158-page Penn manuscript is subdivided by topical headings, which followed a typical pattern, particularly in books that exceeded 100 pages. Penn's book consists of a first section that contains twenty-nine pages of ophthalmologic recipes and few ear remedies. The recipes are written in a neat and elegant script that may be either Gulielma Penn's or Katherine Springett's. The next section consists of fifty-seven cooking recipes transcribed in Edward Blackfan's spidery scrawl, as are the subsequent

¹⁶ Mary Chantrell and others, *Book of Cookery and Medical Receipts*, ca. 1690s through early eighteenth-century, MS 1548, 63R, Wellcome Library, London. For another example, see Anon., *Recipe Book*, English, ca. mid-eighteenth century, MS Codex 1038, Penn RBML. The Wellcome Library and the National Library of Medicine, Washington, DC, hold additional examples.

two “chapters.” William Penn, Jr. titled part three as “Recaipts of Physick and things and waters out of my mothers Book,” and he called the final section “Recaipts of oyntments and such Like of my Mothers.”¹⁷

The first section of the Penn manuscript underscores Gulielma Penn’s and Katherine Springett’s ophthalmological skills with its record of more than 100 complex recipes for eye diseases. According to her daughter-in-law, Mary Pennington, Katherine Springett was so skilled in cataract surgery, “that Hopkins the great oculist sent many to her house when there was difficulty of a cure.”¹⁸ It was not unusual for women to become ocular experts who prescribed medicines and “couched” cataracts using a flat needle to displace the cloudy diseased lens. The procedure required just the sort of fine motor skills developed by elite women adept at decorative needlework.¹⁹ Women practitioners also treated ocular diseases with medicines. For example, the Penn manuscript records a recipe using eggs and copperas (iron sulfate) to treat a potentially blinding disease called “pin and web.” Paschall recorded several eye remedies that used these common ingredients, and these remedies also appear in woman-authored published medical manuals.²⁰ An early eighteenth-century English healer named “E. Asby” recorded similar

¹⁷ Penn, *My Mother’s Recaipts*, HSP. When the Historical Society of Pennsylvania acquired the Penns’ recipe book, its 158 pages were unbound, and the pages were not in their original order and had to be reorganized. In her compilation of Gulielma Penn’s cooking recipes, Evelyn Benson speculates that when William Penn, Jr., returned to England after less than a year in Pennsylvania, he may have left the book at Pennsbury Manor. It may have been sent to England in the nineteenth century in a cache of Hannah Penn’s papers, and was later accessioned by the HSP. Some longer recipe books included indexes and finding aids.

¹⁸ “Mary Pennington to her Son,” transcribed in Maria Webb, *The Penns and Penningtons of the Seventeenth Century* (Philadelphia: Henry Longstreth, 1877), 62.

¹⁹ Marvin L. Kwitko and Charles D. Kelman, *The History of Modern Cataract Surgery* (New York: Kugler Publications, 1998), 18–22.

²⁰ The Countess of Kent, *A Choice Manuall*, facsimile reproduction in Elizabeth Spiller, *Seventeenth-Century English Recipe Books: Cooking, Physic and Chirurgery in the Works of Elizabeth Talbot Grey and Aletheia Talbot Howard* (Burlington, VT: Ashgate Publishing Company, 2008) 139, 164. The recipe for

eye remedies in her 370-page manuscript as well as a reference to a Mrs. Crick who was known to specialize in eye problems.²¹ Even in the late eighteenth-century, an Englishwoman named Hannah Walker wrote to Benjamin Franklin regarding her son's consultation with a female ocular specialist, "a very famais [famous] gentlewoman at Banbury [England]," to whom "People go for her Advice."²² Women transmitted manuscripts that contained remedies and information about both specialty and general healthcare practices.

The third and fourth sections of the manuscript speak to Penn and Springett's extensive medical work that included acute and chronic illnesses, minor surgery, bone setting, wound care, and nursing. According to Mary Pennington's biography, Springett was an innovative practitioner. She healed a child with a severely burned head and protected the wound with her own invention, a "pan of beaten sliver covered with a bladder to preserve the head in case of a knock or fall."²³ Springett saw twenty patients a day from her local community and cared for long-term invalids at no charge. As her reputation grew, some patients traveled from distant towns to seek her expertise. Springett's busy practice extended her domestic role into a skilled public ministry that testified to her Quaker faith. Gulielma Springett Penn was particularly close to her

pin and web in the Elizabeth Okeover manuscript is also similar. See Elizabeth Okeover and Others, *Recipe Book*, English, ca. 1675–1725, MS 3712/100, 191, Wellcome Library, London. "For a pin and web in ye Eye. Take ground that which hath the round & rough leafe for this or as some call it gill rundy ground & shred it small."

²¹ E. Ashby, *Recipe Book*, early eighteenth century, MS B 1, ID 2931001R, NLM. A loose sheet of paper in Ashby's recipe book also notes, "Mrs. Crick servt. [servant] To Mrs. Bridges at Barton . . . in North[mp]shire makes a famous Eye Wash & yt cures Red Rheumatic Eyes. Mrs Crick's mothr keeps an alehouse in Foddingworth in Loicr."

²² Hannah Walker letter to Benjamin Franklin, June 16, 1768, Benjamin Franklin Papers, APS.

²³ "Mary Pennington to her Son," transcribed in Maria Webb, *The Penns and Penningtons*, 61.

grandmother and followed in her healing footsteps. Penn's recipes document her diverse medical practice and the importance of healing networks that, like Springett's, extended beyond kin to include friends, lay healers, servants, physicians, and printed sources. Penn recorded "A Plaister for the Sciatica, approved by Mrs. Church," "An approved Medicine to cure the Reins of gravell . . . from Mr. Green the Empirick," a fortifying pudding endorsed by her sister-in-law, Margaret Lowther, and "Doctor Butler's Receipt for the hearing."²⁴ These names provided testimonials to the efficacy of the recipe, which could be verified with Penn's informants. Recipe book authors created collaborative manuscripts that evinced their healing authority within circles of kin and community.

Colonial American recipe books also underscore the importance of transmission of healing knowledge and expertise among female relatives. There are fewer examples of eighteenth-century American recipe books in general, and thus fewer that were written in multiple hands. Extant examples follow English patterns, but the books are not as multigenerational. Philadelphia Quaker healer Lowry Wister passed her healing expertise and recipe book down to her daughters Sarah, Elizabeth, and Hannah, who all contributed to the family manuscript. Quaker doctress and apothecary Margaret Hill Morris taught her daughter Gulielma healing skills, but Gulielma chose to compile her own medical recipe book.²⁵ Gulielma's name conveyed the legacy of a Quaker founding mother and

²⁴ Aubrey, *Brief Lives*, 235; Penn, *My Mother's Recaipts*, HSP, 97, 208, 222, 224; Evelyn Benson, *Penn Family Recipes* (New York: Shumway, 1966); Mary Pennington, *Experiences in the Life of Mary Pennington*, ed. Norman Penney (London: Friends Historical Society, 1911); Margaret Pelling, "Women of the Family? Speculations Around Early Modern British Physicians," *Social History of Medicine* 8, no. 3 (1995): 397.

²⁵ Lowry Wister, *Medical Recipes of Lowry Wister*, Eastwick Collection, 1746–1929, MSS 974.811.Ea7, box 6; Margaret Hill Morris, *Recipe Book*, HQSC. Gulielma Morris Smith, *Recipe Book*, HQSC. Margaret Morris' recipe book is less detailed; she chose to share recipes and healing advice among kin in her numerous letters.

expert healer. Elizabeth Paschall honored her own mother by naming her daughter Beulah. An eighteenth-century recipe book, whose unnamed author copied exact recipes from Elizabeth Paschall's book, may well have belonged to the younger Beulah.

These types of legacies support historian Laurel Thatcher Ulrich's argument that women in the patriarchal and patrilineal society of colonial America used naming patterns and moveable objects to establish strong female lineages and to create a sense of autonomous identity. In addition to healing remedies, Beulah Jacques Coates passed down her intricate, Boston-made silver chocolate pot to Elizabeth, who transmitted it through six generations of her female line. Beulah Coates also named Elizabeth Paschall and her sister Mary Reynell as executors of her estate along with their husbands. Elizabeth would go further to leave not only medical recipes, bed linens, and other moveable objects to her daughter, Beulah, but also the country house that she built outside Philadelphia.²⁶ Medical recipes and manuscript books formed a part of the treasured objects that women shared with each other, forging ties of family, community, and female identity.

However, these deep kinship networks did not preclude women from developing perceptions of their own personal healing authority. This is evident in the common but not consistent pattern for Anglo-American women to write their names in their recipe books followed by the phrase, "Her Book," emphasizing their sense of ownership. The

²⁶ Silver Chocolate Pot. Attributed to Boston silversmith Peter Oliver (c. 1682-1712). Purchased by Walter Jeffords, in 1948. Sold in 2004 by Sotheby's to a private collector. Inscriptions that descend through the family line include Beulah Jacquett [sic] Coates, Elizabeth Coates Paschall, Beulah Paschall, Sarah Paschall Morris, and four subsequent generations. A silver chocolate pot is listed in Elizabeth Coates Paschall's will and inventory. For "movable" objects passed down the female line, see Laurel Thatcher Ulrich, *The Age of Homespun: Objects and Stories in the Creation of an American Myth* (New York: Alfred A. Knopf, 2001), 129–35.

elite Englishwomen Elizabeth Strachey inscribed the phrase in her 1693 recipe book with an elegant flourish. Elizabeth Coultas, whose family ran an inn and ferry in the Philadelphia area, exemplified a mid-eighteenth-century mid-Atlantic woman who wrote “Her Book” on the fly page of her collection of medicinal and cooking recipes in a less elegant, but perfectly legible, hand. Elizabeth Garrett, a Quaker farm wife who lived in Chester County to the west of Philadelphia, also titled her manuscript manual, “Her Book.”²⁷ Although Paschall neither inscribed her name nor used this phrase, her writings speak to her sense of her own accomplishments. One must not underestimate the importance of the act of writing and book ownership for a woman in this period.

Reading was a skill that women of the elite and even middling orders increasingly obtained in England and its colonies. However, writing was a separate skill. To borrow a phrase from historian Catherine Kerrison, for women to “claim the pen” was an empowering and potentially subversive act of self-fashioning for women of any class or ethnicity. As Kerrison explains, “Just picking up the pen assumed an authority

²⁷ Elizabeth Strachey, *Her Book 1693, A Book of Receipts of all Sorts*, MS 101202660, NLM. The book was started in 1693 and was continued by a daughter until at least 1727. Elizabeth Strachey was the wife of notable geologist John Strachey of Somerset. The philosopher John Locke was a close friend of the family’s. The Wellcome Library, London, also holds a number of English manuscripts inscribed, *My Book by the female author*. See for example, Elizabeth Jenner [no apparent relation to the Edward Jenner family], *Her Book . . . for makeing Waters and Syrups and other Physical Remedies*, 1706, MS 3029; Hannah Hickee, *Her Book of Receaits* 1709, MS 2834; Mrs. Deborah Haddock, *Her Book, Culinary, Medical, and Household Recipes*, ca. 1720s, MS 7987; Deborah Branch, *Her Book*, 1725, MS. 1343; Rebecca Tallamy, *Her Book of Receipts*, 1735–1738, MS 4759; Elizabeth Michel, *Her Book of Receipts*, ca. mid-eighteenth century, Wellcome Library, London. For a published example, see Madam Susanna Avery, *Her Book, May ye 12th Anno Domini*, 1688, reprinted in Russell Alexander, *A Plain Plantain: Country Wines, Dishes, and Herbal Cures, from a 17th Century Household M.S. Receipt Book* (Sussex, England: St. Dominic’s Press, 1922). For American examples, see Elizabeth Coultas, *Recipe Book*, ca. 1740s–1750s, Doc. 1044, Winterthur; Hannah Garrett, *Her Book*, ca. late eighteenth century, Small MS 237, DCHS. For Elizabeth Ewen Coultas (d. 1769), see Harold D. Eberlein and Horace M. Lippincott, *The Colonial Homes of Philadelphia and Its Neighborhood* (Philadelphia: J. B. Lippincott Company, 1912), 98–106; Robert and Catherine Barnes, *Genealogies of Pennsylvania Families: From the Pennsylvania Genealogical Magazine* 3 (Philadelphia: Genealogical Publishing Company, 1982), 461, 472.

understood to be masculine,” and self-identified published female authors were criticized for their lack of female modesty.²⁸ Although it represented a more private venue, manuscript recipe book authorship was written proof of women’s literacy, and it allowed them to claim ownership of the intellectual and scientific abilities that undergirded their medical skills. Gulielma Penn, Elizabeth Paschall, and their fellow healers shared their written accomplishments among wide-ranging female and male healthcare networks that bridged private and public spheres and included oral and printed information.

Although it is difficult to quantify, female literacy became more widespread in the Delaware Valley during the eighteenth century. Englishwomen manuscript recipe book writers of the late seventeenth century, such as Gulielma Penn, tended to be of the aristocratic or gentry classes. In mid-eighteenth-century Pennsylvania, recipe books were kept by women of the merchant orders like Paschall, artisanal orders like Elizabeth Coultas, farm wives like Elizabeth Garrett, and single Quaker ministers like Elizabeth Whartnaby. Moreover, as scholar Cathy Davidson argues, literacy—including both reading and writing—was a process that women honed over the course of their lives. Like commonplace books, in which women recorded life events, copied poetry, and practiced penmanship, recipe book writing provided opportunities to develop literacy skills.²⁹ As women shared healing recipes in letters or on scraps of paper, which they inserted into their manuscript books, they also created support networks that facilitated reading,

²⁸ Catherine Kerrison, *Claiming the Pen: Women and Intellectual Life in the Early American South* (Ithaca, NY: Cornell University Press, 2006), 196–7.

²⁹ Cathy N. Davidson, *Revolution and the Word* (New York: Oxford University Press, 2004), 126; Janet Theophano, *Eat My Words: Reading Women’s Lives through the Cookbooks They Wrote* (New York: Palgrave, 2002), 13–4; Heidi Brayman Hackel and Catherine E. Kelly, “Introduction,” in *Reading Women: Literacy, Authorship, and Culture in the Atlantic World, 1500–1800*, eds. Heidi Brayman Hackel and Catherine E. Kelly (Philadelphia: University of Pennsylvania Press, 2011), 1–11.

writing, and healthcare knowledge production. However, to understand the legacy of women's manuscript recipe books, it is necessary to examine even deeper roots that stretched back to early modern healing, writing, manuscript, and publishing practices.

Medical Recipe Books: An Authoritative Genealogy

Women's medical recipe books are more than mere antiquarian domestic trivia. They are a record of women's participation in the production of healthcare knowledge. Manuscripts like Penn's and Paschall's must be placed within a history of complex early modern knowledge systems and innovations in botany, chemistry, anatomy, surgery, and medicine. As literary scholar Elizabeth Spiller argues, woman-authored print and manuscript recipe books evolved from four interconnected genres: books of secrets, Galenic humoral dietary manuals, household management guides, and Paracelsian chemical medicine recipe books. Medieval European "books of secrets" targeted an elite popular audience by publishing the mysteries of alchemical and medical knowledge, as well as artisanal craft skills that included distilling, dyeing, metallurgy, glassmaking, and printing.

A prominent English example is *The Secrets of Albertus Magnus*, published in the late sixteenth century, which revealed "the Vertues [medicinal properties] of Hearbes [herbs] along with other diverse subjects."³⁰ In his 1594 *Jewell House of Art and Nature*,

³⁰ Elizabeth Spiller, ed., *Seventeenth-Century English Recipe Books: Cooking, Physic and Chirurgery in the Works of Elizabeth Talbot Grey and Aletheia Talbot Howard* (The Early Modern Englishwoman: A Facsimile Library of Essential Works, ser. 3, vol. 3) (Burlington, VT: Ashgate, 2008), xi–xxxvi; Jayne E. Archer, "The Quintessence of Wit': Poems and Recipes in Early Modern Women's Writing" in *Reading and Writing Recipe Books, 1550–1800*, eds. Michelle DiMeo and Sara Pennell (Manchester, UK: Manchester University Press, 2013), 115; [Attributed to Albertus Magnus], *The Secrets of Albertus Magnus: Of the Vertues of Hearbes, Stones, and Certaine Beasts. Whereunto Is Newly Added, a Short Discourse of the Seaven Planets Gouerning the Nativities of Children* (London: V. Laggard, 1599), http://eebo.chadwyck.com.libproxy.temple.edu/search/full_rec?SOURCE=pgthumbs.cfg&ACTION=ByID

Hugh Plat borrowed from *Albertus Magnus* in his more accessible manual that included information on husbandry, distilling, and alchemy, as well as medicine. Plat recognized the potential for sales to a female readership, and he published *Delightes for Ladies*, which laid the groundwork for books that included culinary recipes, healing remedies, and instructions on household and estate management.³¹ Printed books of secrets exposed the skilled and occult knowledge of craftspeople, alchemists, apothecaries, physicians, and anatomists. Katherine Partridge Springett owned copies of these books in her personal library, and she likely melded printed healthcare information with the results of her own healing experiments and experiences. Books of secrets were precursors of the later “every man his own doctor” handbook genre that, according to one author, “laid open” the secrets of medicine.”³² Manuscript recipe books such as the Penn’s retained the cachet of treasured secret family recipes while liberally borrowing from printed works.

The success of books like Platt’s *Delightes for Ladies* paved the way for other authors to publish books that targeted women readers, like Gervase Markham’s *The*

&ID=44920255&FILE=../session/1402381140_13650&SEARCHSCREEN=CITATIONS&SEARCHCONFIG=var_spell.cfg&DISPLAY=AUTHOR; Allison Kavey, *Books of Secrets: Natural Philosophy in England, 1550–1600* (Champaign: University of Illinois Press, 2007), 60–71; William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton, NJ: Princeton University Press, 1996), 3–12; M. A. Katritzky *Women, Medicine and Theatre, 1500–1750: Literary Mountebanks and Performing Quacks* (Burlington, VT: Ashgate, 2007), 135–50.

³¹ For Plat, see Spiller, ed. *English Recipe Books*, xiv. For the long tradition of medieval women healers, see Victoria Sweet, *Rooted in the Earth, Rooted in the Sky: Hildegard of Bingen and Premodern Medicine* (Studies in Medieval History and Culture)(New York: Routledge, 2010); Monica H. Green, *Women’s Healthcare in the Medieval West: Texts and Contexts* (Burlington, VT: Ashgate, 2000); Monica H. Green, trans. and ed., *The Trotula: A Medieval Compendium of Women’s Medicine* (Philadelphia: University of Pennsylvania Press, 2001); Mary Fissell: “Introduction: Women, Health, and Healing in Early Modern Europe,” *Bulletin of the History of Medicine* 82 (2008): 1–17; Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (New York: Oxford University Press, 2004).

³² C. J. Lawrence, “William Buchan: Medicine Laid Open,” *Medical History* 19 (1975): 20–35.

English Hus-wife (1615) and Lord Ruthuen's *The Ladies Cabinet Opened* (1639).³³ Markham's work was part of a connected but distinct genre of manuals geared to the rising literate English gentry, and it provided pragmatic information on the effective management of households and farms. Markham specifically attempted to bolster the concept of patriarchal "household government" by delineating separate gendered spheres, with men responsible for outdoor husbandry and free to be "abroad" and women responsible for housewifery within the household. Nonetheless, Markham noted that he based his work on the manuscript of an "Honourable Contesse." Markham understood that by adding the cachet of authorship by an accomplished elite woman, he legitimized his male-authored household manual and appealed to a female readership. In the preface of his *Widowe's Treasure* (1586), John Partridge advised readers that he wrote his household manual "at the earnest request and sute of a Gentlewoman in the Countrie."³⁴ Elite women's longstanding roles as authoritative domestic healers and home managers were difficult for male authors to displace. Even these early household manual writers recognized that they could appropriate women's domestic authority as an endorsement of their books. Just as women's manuscript recipe books informed printed manuals, printed household literature in turn influenced the contents of women's manuscript writings.

³³ Gervase Markham, *The English Housewife: Containing the Inward and Outward Virtues Which Ought to Be in a Complete Woman*, ed. Michael R. Best (Montreal, Quebec, Canada: McGill-Queens University Press, 1986); Lord Ruthuen, *The Ladies Cabinet Enlarged and Opened: Containing May Rare Secrets. . . Under Three General Heads, Viz. Preserving, Conserving, Candyng, &c, Physic and Chirurgery, Cooking and Housewifery* (London: G. Bedell and T. Collins, 1655).

³⁴ John Partridge, *The Widowes Treasure Plentifully Furnished with Sundry Precious and Approoued Secretes in Phisicke and Chirurgery* (London: G. Robinson for E. White, 1586), quoted in Jayne E. Archer, "'The Quintessence of Wit,'" 119.

Although manuals like Markham's may have reflected and influenced cultural norms, Katherine Springett's extra-household healing work makes it clear that prescriptive literature was not an exact mirror of the English gentry and aristocracy's lived experiences and gender roles. The emerging market for women's books also points to women's literacy and the subversive potential for women to read and interpret the manuals' content for themselves.³⁵ As evidenced in Markham's subtitle, *Containing the Inward and Outward Virtues Which Ought to Be in a Complete Woman*, popular household literature affirmed that an effective "Hus-wife" was proficient in the arts of healing, distilling, gardening, herb-lore, chemistry, and cookery.³⁶ These skills required knowledge of medicine, botany, and chemistry/alchemy, as well as artisanal expertise. In the early twenty-first century, one tends to separate these activities into distinctive categories.³⁷ However, an early modern female healer would be adept in all of these skills as part of a holistic perspective on bodily health.

Diet was recognized as integral to good health, so medicinal cookery was part of women's domestic healing work related to health promotion. Dietary manuals that explained and endorsed the humoral precepts of Galen were another genre that influenced subsequent women's recipe books. The word *diet* derives from the Greek word *diaita*, meaning "way of life," and it follows that early modern dietary manuals were focused on disease prevention and the promotion of healthy lifestyles, including appropriate food

³⁵ For an extensive discussion of women's construction of medical authority through reading, interpreting, and transcribing male-authored medical texts, see Rebecca Laroche, *Medical Authority and Englishwomen's Herbal Texts, 1550–1650* (Burlington, VT: Ashgate Publishing Ltd., 2009).

³⁶ Gervase Markham, *The English Housewife*, ed. Michael R. Best.

³⁷ Margaret Pelling, "Medical Practice in Early Modern England: Trade or Profession?" in *The Professions in Early Modern England*, ed. Wilfrid Prest (London: Croom Helm, 1987), 90–128.

consumption.³⁸ The concept that food directly affected health had ancient origins. Galen, a second-century Roman physician, argued that disease was caused by humoral imbalances, and his theories remained the standard of medical care into the nineteenth century. According to Galen, the four humors—phlegm, black bile, yellow bile, and blood—were linked to the corresponding elements of water, earth, fire, and air, as well as qualities of warmth, coolness, wetness, and dryness.

To treat a patient appropriately, a doctor or practitioner had to “read” the patient’s dominant humoral bodily constitution, categorizing the person as phlegmatic, melancholic, choleric, or sanguine. Treatments were individualized and based on the patient’s dominant bodily humor, his or her age and activity level, the season of the year, the temperature and humidity level, the landscape and physical environment, astrological birth signs, and the current symptoms that pointed to an imbalance of particular humors. In the Galenic framework, gender also affected disease and diagnosis. Women were believed to contain more black bile and phlegm than men, making them cooler, softer, and physically less hardy. Galenic physicians also argued that, in contrast to men who were rational, and women were more passionate and lacked the capacity for intellectual attainments.³⁹ However, Quaker women ministers and women-authored medical manuals contested this stereotype.

In addition to prescribing simple herbs and compounded pharmaceuticals in an effort to balance the humors, patients and practitioners could manipulate Galen’s “six

³⁸ *Oxford English Dictionary*, 2nd ed., 20 vols. (Oxford: Oxford University Press, 1989). Also available at <http://www.oed.com/>.

³⁹ Amanda E. Herbert, *Female Alliances: Gender, Identity, and Friendship in Early Modern Britain* (New Haven, CT: Yale University Press, 2014), 31–4.

things non-natural”: food and drink, motion and rest, sleep and wakefulness, retention and evacuation, air, and passions of the mind. For example, a choleric person with fever symptoms (doubly hot and dry) might be prescribed oppositional therapies like cool baths and rest. A practitioner could also advise cooling food, drinks, and medicines that could include artichokes, rosewater, melons, sage, tamarind, or calendula. Additional therapies might include bleeding and purging to balance the bilious humor. In her recipe book, Elizabeth Paschall recommended a cool “eye water” made of alum and egg whites helps to “repell” the warm dry humor of a stye.⁴⁰ Women as culinary arbiters and domestic healers were on the front lines of Galenic medicine. Culinary and medical recipes documented by Gulielma Penn and Katherine Springett reflect classical Galenic theories, while some of Paschall’s reflect modifications to traditional humoral theory, based on newer theories of a more systematized physiology of the vascular and nervous systems. This medical worldview was shared by self-educated female practitioners, learned male physicians, apothecaries, surgeons, and the numerous other practitioners who provided healthcare.⁴¹

However, Galen’s humoral theories faced a serious challenge from a Swiss-born Renaissance physician and philosopher called “Paracelsus,” whose alchemical theories created the precedents for specific chemically based medicines found in women’s recipe

⁴⁰ Paschall, *Receipt Book*, 14L. For essays on medical theories, see Andrew Cunningham and Roger French, *The Medical Enlightenment of the Eighteenth Century* (Cambridge, UK: Cambridge University Press, 1990).

⁴¹ Klepp, *Revolutionary Conceptions*, 194. Klepp notes the blurry lines between folk and professional medical practices.

books.⁴² In addition to Galen's four humors, Paracelsus argued that three essences (mercury, sulfur, and salt) were connected to three spiritual principles (spirit, body, and soul). Paracelsus linked bodily disease to chemical imbalances, which could be cured by mineral-based remedies targeting particular symptoms and diseases. These contrasting and competing medical philosophies caused intense debates in medical communities in Europe and England in the seventeenth and early eighteenth centuries.

The success of Paracelsus' chemically mediated paradigm is reflected in the way that recipe books were increasingly organized to record specific remedies for particular illnesses that could be generalized across populations, as opposed to a more personalized Galenic analysis of an individual's bodily constitution. Paracelsian theories were particularly popular among Pennsylvania Germans and alchemical adepts like Paschall's brothers-in-law, John and Stephen. The Paracelsian influence is apparent in Paschall use of classical alchemical ingredients such as bole armoniac, galbanum, and Roman vitriol.⁴³ However, as evidenced in medical manuals and women's manuscript recipe books such as Paschall's, both Galenic humoral and Paracelsian iatrochemical theories and remedies became intermixed as part of standard healing practices.⁴⁴ Paschall's manuscript demonstrates how women's eighteenth-century recipe books fused aspects of all of these genres.

⁴² For Paracelsus' (1493–1541) complex medical and alchemical theories, see, for example, Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance*, 2nd ed. (New York: Karger, 1982) and Charles Webster, *From Paracelsus to Newton: Magic and the Making of Modern Science* (Cambridge, UK: Cambridge University Press, 1982).

⁴³ Paschall, Recipe Book, 1R, 6R, 18L.

⁴⁴ Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance*, 2nd ed. (New York: Karger, 1982); Charles Webster, *From Paracelsus to Newton: Magic and the Making of Modern Science* (Cambridge, UK: Cambridge University Press, 1982).

Women-authored recipe books and household manuals published beginning in the mid-seventeenth century further emphasized women's authority as medical arbiters. Although women authors were a distinct minority, a few penned books that became popular bestsellers, such as the Countess of Kent's *Choice Manual of Secrets . . . in Physick and Chyrurgery* (1653) and Lady Alatheia Talbot's *Nature Unbowelled By the Most Exquisite Anatomizers of Her* (1655).⁴⁵ These books reveal women healers' engagement with new theories of science and underscore the tight linkages between a popular self-help medical culture and a complementary flourishing of patent medicines. Both popular cultures were reflected in increased advertisements and sales of proprietary medicines and popular medical manuals. A medical mass consumer culture began a rapid uptick in England by the late seventeenth century, as evidenced in Gulielma Penn's manuscript.⁴⁶ Penn included a recipe for a well-known proprietary medicine called Gascon's Powder, which she described as "Gaskon Pouders given too expel any infactious Diseases."⁴⁷ Both manuscript and printed recipe books contained instructions for store-bought, brand-name medicines that women could prepare at home at a lower cost. In addition, when a woman healer prepared her own remedy, she was certain of the ingredients and their safety and efficacy.

There are similarities between recipes in printed compilations and those in the Penn manuscript. For example, the Gascon's Powder recipe in the Penn's book is similar to that in the Countess of Kent's *Choice Manuall*. The Countess approved a recipe for

⁴⁵ These books are reproduced in Spiller, ed. *English Recipe Books*.

⁴⁶ Mary E. Fissell, "The Marketplace of Print," in *Medicine and the Market in England and Its Colonies, c. 1450–1850*, ed. Mark S. R. Jenner and Patrick Wallis (New York: Palgrave Macmillan, 2007), 108–32.

⁴⁷ The remedy was also spelled Gascoigne's Powder. Penn, *My Mother's Recaipts*, 8, HSP.

“Gascons own Pouder,” with instructions to “Take of the powder of Pearl, of red Corral, of Crabs eye, or Harts-horn, and white Amber . . . the black toes of the Crabs clawes.”⁴⁸

Although Gulielma Penn’s recipe is similar to the Countess of Kent’s recipe, Penn’s recipe lists the ingredients in a different order, and her preparation instructions are not as detailed. Penn did not record the source for her remedy, but her recipe book is clearly part of extensive threads of medical information sharing and knowledge production. Even when a woman copied a recipe from a printed text or a from another healer’s manuscript, she had the opportunity to annotate and personalize it based on her own healing experience. The themes of women’s engagement with science and consumer market capitalism will be reprised throughout this dissertation, but it is important to understand that their roots were in the late sixteenth and seventeenth centuries.

Beneath the Gascon’s Powder, Penn recorded instructions for “Doctor Stougns Watters,” also known as the patent medicine “Stoughton’s Elixir,” which appeared in printed and manuscript recipe books as well as on apothecary shop shelves.⁴⁹ The Crown granted its creator, apothecary Richard Stoughton, an official English patent in 1712.⁵⁰ However, women healers continued to make “pirated” copies for home use, to provide the medicine gratis to people in their communities, or to sell in their shops or informal businesses. Englishwoman Elizabeth Strachey’s recipe book (ca. 1670–1722) also contains a recipe for Stoughton’s Elixir, along with other remedies obtained from printed

⁴⁸ The Countess of Kent, *A Choice Manuall*, 173.

⁴⁹ Penn, *My Mother’s Recaipts*, 8, HSP.

⁵⁰ George B. Griffenhagen and Mary Bogard, *History of Drug Containers and Their Labels* (Madison, WI: American Institute of the History of Pharmacy, 1999), 72–3.

works.⁵¹ The similar threads that run through both print and manuscript attest to a culture of health information sharing as recipes circulated between print, manuscript, and oral networks.

The intertextuality of medical recipes is exemplified in Eliza Smith's recipe for Stoughton's Elixir that appeared in the first 1727 edition of her bestselling book, *The Compleat Housewife*. Like Penn and Strachey's, Smith's recipe called for Seville oranges, gentian, and cochineal with brandy as the medicinal vehicle. The *Compleat Housewife* follows the genre conventions for recipe books described earlier, and the relatively random organization of its medical remedies suggests that it may have been copied from a manuscript recipe book.⁵² Smith's book went through more than twenty editions during the eighteenth century, and it remained popular in the nineteenth century as well. Although she did not cite it in her recipe book, Elizabeth Coates Paschall may have been familiar with Smith's *Compleat Housewife*, which was available at Philadelphia-area bookstores and lending libraries.

In her manuscript, Paschall recorded a recipe "To Make Stoughton's Bitters," another name for the popular elixir. She used the same ingredients listed in Eliza Smith's recipe that she mixed into brandy. However, Paschall included a New World twist to the recipe by adding North American snakeroot to her preparation. Both Virginia and Seneca snakeroots were used by colonists, who then exported the plants to England as pharmaceuticals as early as the mid-seventeenth century. A popular English cookbook

⁵¹ Strachey, *Her Book* 1693. The book was started in 1693 and was continued by a daughter until at least 1727. Elizabeth Strachey was the wife of notable geologist John Strachey of Somerset.

⁵² Eliza Smith, *The Compleat Housewife*, 2nd ed. (London: J. Pemberton, 1728), 245, British Library. See Patrick Spedding, "To (not) Promote Breeding: Censoring Eliza Smith's *Compleat Housewife* (1727)," *Script and Print* 31, no. 4 (2007): 233–42.

and herbal from the 1740s and an English medical manual from the 1770s also added Virginia snakeroot to the classic Stoughton's Elixir ingredients, demonstrating the multidirectional circulation of medical knowledge and products.⁵³ Women healing adepts like Penn, Strachey, Smith, and Paschall were part of extensive networks that encompassed transatlantic oral, written, and printed medical source materials. Paschall's recipe book and those of her predecessors speak to a long history of women's authoritative healthcare work, their extensive healing networks, and the creative enterprise of manuscript authorship.

Medicine and Mercantile

By the time George Farquhar introduced his character "Lady Bountiful" in his popular 1707 play, *The Beaux-Stratagem*, the culture of elite women healers and their extensive practices was well known to audiences on both sides of the Atlantic. Playgoers and play readers would have found in Farquhar's "old, civil, country gentlewoman, that cures all her neighbors of all distempers" a familiar presence in their communities.⁵⁴ The very ubiquity of Ladies Bountiful in person and in print made it easy for Farquhar to create his comedic but endearing stereotype of a woman healer. Elizabeth Coates, who grew up amid Philadelphia's early commercial development in the first decades of the eighteenth century, would have known family members, Quaker ministers, and others

⁵³ Paschall, *Recipe Book*, 28L; Anonymous, *Adam's Luxury, and Eve's Cookery; or, the Kitchen-garden Display'd . . . To which is added, The Physical Virtues of Every Herb and Root. Designed for the Use of all who would live Cheap, and preserve their Health to old Age* (London: R. Dodsley, 1744), 200, British Library; Francis Spilsbury, *The Friendly Physician: A New Treatise: Containing . . . Many Excellent Receipts for Particular Disorders* (London: Mr. Wilkie, 1773), 14, <http://name.umdl.umich.edu/004780943.0001.000>.

⁵⁴ H. Macaulay Fitzgibbon, ed., *The Beaux-Stratagem A Comedy Written by George Farquhar* (London: J. M. Dent and Co., 1898), 2.

who practiced as Lady Bountiful–style healing adepts, extending their domestic healing roles outside their households to serve the community gratis.

Elizabeth Coates would have also felt the pride of being a member of one of the first families who settled in Philadelphia as part of William Penn’s “Holy Experiment” in Quaker colony building. Her father, Thomas Coates, came to Pennsylvania in 1683. By 1696, he had developed a successful shipping and merchant business and had prospered enough to marry Beulah Jacques. In January 1702, the Coates welcomed their third child and first daughter, Elizabeth, into their home at the corner of High (later Market) and Second Streets. Like many Philadelphia merchants, the dry goods shop was on the first floor of the house. Elizabeth grew up in a mercantile household with her two brothers and two sisters, where she acquired her business acumen from both her parents.

Transcriptions of Thomas Coates’ ledger demonstrate that the shop sold a wide variety of goods, including fabrics, hardware, hats, watches, hay, flour, and groceries. Like many Philadelphia general merchandizers, the Coates also vended medicines.⁵⁵ Family wills, ledgers, and surviving furniture from the period indicate that the Coates were comfortable financially and purchased tasteful consumer goods. There is some evidence that Elizabeth was involved in managing the family business. After analyzing the alterations in the handwriting in Thomas Coates’ account book near the end of his life, a family historian concluded that the new hand was Elizabeth’s. If Elizabeth kept her

⁵⁵ For Thomas Coates (1659–1719) see Henry T. Coates, *Thomas Coates: Who Removed From England to the Province of Pennsylvania, 1683* (Philadelphia: Privately Printed, 1897), 14. Tolles, *Meeting House*, 89.

father's books, perhaps it is not surprising that at age seventeen, she appears along with her mother and elder brother Enoch as an executor of her father's 1719 will.⁵⁶

Two years after her father's death, nineteen-year-old Elizabeth married Joseph Paschall, the scion of another prominent Quaker family. Joseph's grandfather, Thomas Paschall, Sr., and his wife, Joanna Sloper Paschall, came to Philadelphia from Bristol England in 1682. Paschall was a pewterer, alchemist, and apothecary. Like Elizabeth's father, he had the cachet of being one of the first settlers in Philadelphia. Thomas Senior passed down his alchemical and apothecary knowledge to his descendants. Joseph's father, also named Thomas Paschall, operated a mill west of Philadelphia in Chester County, and like Thomas Senior, served in the Pennsylvania Assembly. Joseph Paschall was raised in a Quaker household in the fold of the Darby Monthly Meeting, where he married Elizabeth in 1721. The couple started their life together in the Coates' house on High Street, which Elizabeth had inherited from her father.

Like his sires, Joseph Paschall was civically minded. He was elected to positions on the Philadelphia City council in the 1730s. In 1736, he established Philadelphia's Union Fire Company along with Benjamin Franklin. In addition to assisting in the business, Elizabeth Paschall would have been responsible for entertaining councilmen and up-and-coming Philadelphians, like Franklin. Many influential men in the Paschall's civic, political, and natural philosophical circles were later listed as informants in Elizabeth's recipe book, including Dr. John Kearsley, Dr. Christopher Witt, Israel

⁵⁶ Coates, *Thomas Coates: Who Removed From England*, 14. Daughters were considered less rational than sons and were rarely charged with this responsibility. For male testators giving preference to male heirs, see Carole Shammas, Marylynn Salmon, and Michael Dahlin, *Inheritance in America from Colonial Times to the Present* (New Brunswick, NJ: Rutgers University Press, 1987), 45–55, and Karin Wulf, *Not All Wives: Women of Colonial Philadelphia* (Philadelphia: University of Pennsylvania Press, 2000), 3–13.

Pemberton, John Bartram, and Benjamin Shoemaker. Paschall later contributed to the Pennsylvania Hospital founded by Franklin and Dr. Thomas Bond, and she checked out medical books from Franklin's Library Company of Philadelphia.⁵⁷ These male networks also included female kin, which offered Paschall opportunities to explore her interests in medicine and science.

Joseph's death in 1742 left Elizabeth a widow with a shop to run and with three children to raise: fourteen-year-old Isaac, ten-year-old Beulah, and two-year-old Joseph. The 1740s were politically turbulent. American colonists participated in the War of Austrian Succession, also called King George's War, but the New England colonies did the bulk of the fighting. Philadelphians could cheer the British forces' capture of Fortress Louisburg in French Canada, while continuing their successful trade with the West Indies and Britain.⁵⁸ As an elite widowed woman of property, Paschall had the option to remarry but, like many Philadelphia widows, she chose to remain single. She embraced the role of merchant and prospered. Her 1746 announcement in the *Pennsylvania Gazette* that began, "Elizabeth Paschall, Shopkeeper, in Market Street" proclaimed a key aspect of her identity, which informed her healing work. Paschall explained to her customers that during the transition period when her home was demolished and rebuilt, she would

⁵⁷ For Joseph Paschall (1698/99–1741/42), Joseph's grandfather, Thomas Paschall, Sr. (1634–1718), and his wife Joanna Sloper Paschall (1634–1707), as well as his father Thomas Paschall, Jr., see, Howard Williams Lloyd, *Lloyd Manuscripts* (Lancaster, PA: New Era Printing Company, 1912), 223–32; Paschall, Recipe Book, 37L; Theodore Thayer, *Israel Pemberton, King of the Quakers* (Philadelphia: HSP, 1943), 3–11. In addition, Paschall's brother-in-law, Benjamin Shoemaker (1704–1767), and his son, Samuel Shoemaker, served as Philadelphia's mayors.

⁵⁸ Benjamin L. Carp, *Rebels Rising: Cities and the American Revolution* (New York: Oxford University Press, 2007), 10.

“continue to sell all Sorts of Merchant’s Goods as usual” in her temporary lodgings in Strawberry Alley.⁵⁹

According to historian Karin Wulf, women were heads of twenty percent of households in late colonial Philadelphia, and Patricia Cleary counted more than 160 women retailers in Philadelphia between 1740 and 1755.⁶⁰ Paschall was part of a network of elite female shopkeepers that included Mary Jacobs, Rebecca Steel, Magdalena Devine, and her sister-in-law Mary Coates Reynell. Both Reynell and Steel appear in Paschall’s business receipt book as partners at public auctions, or “vendues,” and they contributed medical recipes to Paschall’s manuscript.⁶¹ Perhaps it was in one of their shops that merchant Mary Jacobs shared with Paschall a remedy for the flux that had been tested and approved by William Hopkins.⁶² Shop-keeping women offered each other health information as well as social and commercial networking and support systems.

Although reform-minded Quakers, such as Paschall’s friend Anthony Benezet, exhorted Friends to practice lifestyles marked by simplicity, Paschall shared Philadelphians’ mid-century mania for real estate improvement and conspicuous consumption. A newspaper article complained that the city was “one eternal scene of

⁵⁹ “Elizabeth Paschall, Shopkeeper,” *Pennsylvania Gazette*, May 15, 1746; Tolles, *Meeting House*, 89.

⁶⁰ Wulf, *Not All Wives*, 13; Patricia Cleary, “‘She Will Be in the Shop’: Women’s Sphere of Trade in Eighteenth-Century Philadelphia and New York,” *Pennsylvania Magazine of History and Biography* 119, no. 3 (1995): 183.

⁶¹ Elizabeth Coates Paschall, *Business Receipt Books, 1741–1762* (2 vols.) in William Henry Russell Collection of Morris Family Papers, 1684–1935, Hagley Museum and Library, Wilmington, Delaware, copies of Receipt Book at The Philadelphia Museum of Art, Cedar Grove file. See, for example, “Goods bought in partnership at vendue,” Sarah Harding, May 11, 1753, Rebecca Steel, June 7, 1749 and August 30, 1749.

⁶² Paschall, *Recipe Book*, 21L.

pulling down and putting up . . . Additions, alterations, decorations are endless.”⁶³ In 1752, the Philadelphia Contributorship Insurance Company assessed Paschall’s remodeled townhouse at £150, including its newly added marble chimneypiece, decorative ironwork, and newel staircase.⁶⁴ Extant mahogany furniture testifies to Paschall’s preference for simple lines but the best materials. Her purchase of a carriage confirmed her status as one of Philadelphia’s “merchant grandees.” Paschall’s relationships with other elite merchant families are evident in the names recorded in her recipe book, which included Reynells, Logans, Pembertons, Shoemakers, and Wistars. The increased availability of consumer goods was reflected in an uptick of advertisements for imported name-brand medicines. It is unclear whether Paschall sold pharmaceuticals, but her manuscript includes recipes for the popular proprietary drugs Daffy’s Elixir and Stoughton’s Bitters. While Gulielma Penn had provided benevolent healthcare services at her English country manor, Paschall practiced healing out of her urban shop in the heart of the market district.⁶⁵

When Elizabeth Paschall was in her mid-forties, she began to document her work as a lay healer in a legible but unpolished script. She likely found more time for manuscript writing now that her youngest son was a more independent nine-year-old and her two adult children could help with the business. Paschall’s inelegant handwriting may

⁶³ Tolles, *Meeting House*, 130; Carole Shammas, “Changes in English and Anglo-American Consumption from 1550–1800,” in *Consumption and the World of Goods*, eds. John Brewer and Roy Porter (New York: Routledge, 1993), 177–205; Neil McKendrick, John Brewer, and J. H. Plumb, *The Birth of a Consumer Society. The Commercialization of Eighteenth-Century England* (Bloomington: Indiana University Press, 1982).

⁶⁴ Insurance Survey S00077, July 21, 1752 Primary Client Name: Paschall, Elizabeth, Philadelphia Contributorship Digital Archives online, <http://www.philadelphiabuildings.org/contributionship/>.

⁶⁵ “Elizabeth Paschall, Shopkeeper,” *Pennsylvania Gazette*, May 15, 1746; Tolles, *Meeting House*, 89.

be evidence of the basic level of schooling that even elite girls such as Paschall received in early eighteenth-century Philadelphia, or perhaps Paschall needed to record her remedies hastily, in the infrequent spare moments in her exceptionally busy life. Apart from several cooking and household recipes, Paschall's 167-page manuscript is all medical recipes. Based on internal evidence, Paschall started the book around 1749 and continued it until her death in 1768.

Unlike the Penn manuscript, it is not divided into chapter headings. Paschall's recipes are relatively random, except for instances when she grouped together a few remedies for a particular illness or recipes given by one of her informants. For example, one can imagine Paschall meeting Mary Deshler, her neighbor and fellow healer, for tea in the parlor or for a chat in the shop and then recording several of Deshler's recipes in succession. Toward the end of the document, Paschall began recording more recipes from printed sources, including books checked out from the Library Company of Philadelphia. Paschall's leather-bound book with its stains and signs of wear was certainly a work-a-day document. It is possible that it sat on the countertop at her shop, along with her business receipt book, since some recipe exchanges took place as part of her merchant business. Paschall's business and her healing practice bridged the spheres of private domesticity and public commerce.

Lady Bountiful: “She Cures All Her Neighbors of All Distempers”

As a practicing Quaker, it is unlikely that Paschall attended the Murray-Keane Company's Philadelphia opening of the play, *The Beaux-Stratagem*, in 1749. Even wealthy “Quaker Grandees” generally opposed the theater, considering it a spiritually

unedifying pastime.⁶⁶ However, in Philadelphia’s face-to-face community, it is certainly possible that she heard gossip about the bawdy comedy from shop customers and non-Quaker friends. Her neighbors may have noted the parallels between Lady Bountiful’s healing benevolence and the free healthcare that Paschall provided to friends, family, and members of the community. In the play, a tavern keeper explains that Lady Bountiful’s late husband “left her worth a thousand pounds a year” and “she lays out one-half on’t in charitable uses for the good of her neighbours.”⁶⁷

According to Farquhar, Lady Bountiful’s medical activities included “spreading of plasters, brewing of diet-drinks, and stilling rosemary-water.”⁶⁸ These were standard preparations in women’s recipe books of the period. Gulielma Penn recorded a recipe for a Dyet-Drink that cures “old wounds, green wounds, Bruises, or Aches . . . and the Cancer,” and Elizabeth Paschall described a “plaister” for postpartum sore breasts of her “own invention.”⁶⁹ The maladies cured by Lady Bountiful were also listed in both women’s recipe books. Lady Bountiful treated “rheumatisms, ruptures, and broken shins in men; green-sickness, obstructions, and fits of the mother, in women; the king’s evil,

⁶⁶ Heather S. Nathans, *Early American Theatre from the Revolution to Thomas Jefferson* (New York: Cambridge University Press, 2003), 14–8; *Pennsylvania Gazette*, March 6, 1750, “New York, February 26th.—Last week arrived here a company of comedians from Philadelphia, who, we hear, have taken a convenient room for their purpose.” For a comparative, Amanda Vickery cites the example of Lady Lawson, wife of a mid-eighteenth-century Yorkshire baronet, who had a reputation among her tenants as being “skilful in medicines and bountiful in bestowing them.” See Amanda Vickery, *The Gentleman’s Daughter: Women’s Lives in Georgian England* (New Haven, CT: Yale University Press, 1998), 154.

⁶⁷ H. Macaulay Fitzgibbon, ed., *The Beaux-Stratagem A Comedy Written by George Farquhar* (London: J. M. Dent and Co., 1898), 7, 23.

⁶⁸ Fitzgibbon, *The Beaux-Stratagem* 7, 23.

⁶⁹ Fitzgibbon, *The Beaux-Stratagem* 7, 23; Penn, My Mother’s Recaipts, 222, HSP; Paschall, Recipe Book, 4L.

chincough, and chilblains, in children.”⁷⁰ Like Lady Bountiful and the benevolent Gulielma Penn, Paschall provided healthcare for women, men, and children.

Aspects of Paschall’s recipe book reinforce historian Laurel Thatcher Ulrich’s depictions of female-centered social healing and female networks of medical information exchange.⁷¹ Like the Maine midwife Martha Ballard that Ulrich studied, Paschall displayed a sense of competence and confidence in her authority as a healer. Although Paschall did not practice midwifery, her recipe book includes cures shared between women for obstetrical and gynecological problems. For example, Paschall noted, “our [servant] Nancy Donaldson,” had “verry sore nipples in her Lyeing Inn [postpartum period].” Nancy informed Paschall about a recipe for balsam apple steeped in rum, which “speedily cured” Nancy’s problem.⁷² Paschall’s “Excellent Remedy against Abortion or Miscarriages” reveals the social support and information-sharing networks between women regarding women’s health issues. According to Paschall, “It was the advice of my friend Eliza Wartnaby” that “helped me after so Long a habit of miscarriage and So much weakness that I never expected health again.”⁷³ Along with frequent miscarriages, Paschall gave birth to nine children, with six dying in infancy.

As historian Susan Klepp argues, in the culture of early and mid-eighteenth-century America, childbearing was viewed positively. Writers and painters depicted pregnant bodies as productive, earthy, “abundant,” and “fruitful.”⁷⁴ The negatively

⁷⁰ Fitzgibbon, *The Beaux-Stratagem*, 8.

⁷¹ Ulrich, *The Age of Homespun*, 135–7.

⁷² Paschall, *Recipe Book*, 21R.

⁷³ Paschall, *Recipe Book*, 10L.

⁷⁴ Klepp, *Revolutionary Conceptions*, 64–70, 100–109.

charged Biblical word “barren” described a woman’s inability to have children or those who like Paschall had frequent miscarriages. While it is difficult to assess Paschall’s personal feelings about her childbearing problems, her recipe notations reflect the physical and emotional exhaustion of women’s reproductive years and the importance of the medical advice and social support of female networks. Paschall’s friend Elizabeth Whartnaby was an itinerant Quaker minister and a healing adept who sold proprietary medicines at her shop on Market Street.⁷⁵ In addition to sharing her healthcare expertise, Whartnaby could offer Paschall spiritual and emotional support.

Women family members figure prominently in Paschall’s manuscript book as sources and as patients, including her mother, sisters, sisters-in-law, female cousins, and her daughter. In several recipes, Paschall demonstrated a mother-to-daughter transmission of medical knowledge. She stated, “My Couson Parnell Sutton tould me that her mother ordered raw onions chopd fine” to be placed in Mr. Sutton’s chamber pot, which cured his kidney stone.⁷⁶ In another instance, a grandmother shared an herbal cure with her granddaughter and then with Paschall, who readily credited the second-hand advice based on the reliability of the source and the probability of cure. On a more personal note, Paschall described her mother, Beulah’s, effective poultice for infections, and her recipe “For Children’s Sore heads” that used beer, butter, and cabbage leaves to draw “the humour from their Eyes & Face.” At a moment of crisis in the late stages of a pregnancy in 1727, Paschall recalled being so struck with heat exhaustion and shortness

⁷⁵ For Elizabeth Duckworth Whartnaby, see *American Weekly Mercury*, March 23–30, 1721; John Richardson, ed., *The Friend: A Religious and Literary Journal*, vol. 29 (Philadelphia: Robb, Pile, and McElroy, 1856), 373–4.

⁷⁶ Paschall, *Recipe Book*, 42R.

of breath that she felt that she would “drop down dead.” Fortunately, her mother, Beulah, was on hand. Paschall recorded the ginger tea remedy that Beulah “compelled” her to drink, which gave relief “in an instant.”⁷⁷ By embedding themselves in family and community healthcare networks, healers like Paschall learned healing skills from other medical adepts. In the process, they also created medical safety nets for themselves and for their families in times of illness.

Paschall’s receipt book also includes remedies for childhood ailments shared between women kin, friends, and neighbors. She advised her “Neighbor Vernon” to give “her Eldest Son” a recipe to “cool and abate” an “Inward Fever” when the boy was “so reduced that he could scarce Creep 200 foot with a stick to support him.” One detects a note of pride in Paschall’s comment that her remedy cured the lad, “tho’ the Doctor Could not help him.”⁷⁸ In another case, Paschall’s friend Catherine Wistar told Paschall that her infant son Caspar had a swelling on his head “a day or two after his birth.” According to Wistar, the doctors could not cure Caspar, but a Dutch [possibly a German or Deutsch] woman advised Wistar to rub the swelling with “fasting spittle” and to cover the swelling with a piece of thin Lead.⁷⁹ This remedy, which contains an element of magical cure, demonstrates an extensive chain of shared information, which extended beyond the Quaker fold into the Pennsylvania German community. The authority of the unnamed German woman, whom Paschall never met, as told to Paschall by her trusted neighbor and friend Catherine Wistar, was greater than that of physicians because it

⁷⁷ Paschall, Recipe Book, 43R, 34L, 39L, 29R.

⁷⁸ Paschall, Recipe Book, 12L.

⁷⁹ Paschall, Recipe Book, 13L. Catherine Wistar (1703–1786) and Richard Wistar [the name is also spelled Wister] and their children were part of a prominent Pennsylvania German merchant family. Their son, Caspar Wistar (1739–1811) went on to become a well-known Philadelphia physician.

effected a cure. Paschal endorsed this second-hand knowledge by recording it for herself and her family in her receipt book.

Paschall's manuscript maps the urban geography of the north side of Market Street in her healing interactions with her close neighbors, the Vernons, Wistars, Jacobs, Harmons, and Deshlers. Historian Karin Wulf argues for the central role that women played in creating and sustaining urban networks of association, "which granted meaning and value to a variety of relationships." These networks were bound together by familial, neighborly, religious, economic, and political ties, and they provided stability as Philadelphians navigated the uneven transition from a face-to-face "moral economy" to a more impersonal market economy. However, as Wulf notes, Paschall reserves the term "neighbor" for those who shared her social standing.⁸⁰ For example, although she lived in Paschall's neighborhood, Paschall did not call Mrs. John Knight "neighbor." John Knight was a bricklayer who was Paschall's tenant. Paschall also offered medical advice and received information from the servants in her home but always with a patronizing "our" prefix: "our Martha Owen" or "our Phebe."⁸¹ Although Paschall likely enacted her role as Lady Bountiful with benevolent Quaker aims, it also provided her with social capital and served as a class marker.

Although female networks are clearly important modes of health information transmission, Paschall's book shatters any notion of a hermetically sealed domestic healing "separate spheres." In her manuscript, she mapped the ways that medical cures passed from father to son as easily as they flowed from mother to daughter, and men

⁸⁰ Wulf, *Not All Wives*, 122.

⁸¹ Paschall, *Recipe Book*, 10R, 43, 20R. See also Wulf, *Not All Wives*, 123–130; Henry Pemberton, "Directory of Friends," *The Pennsylvania Magazine of History and Biography* 16, no. 2 (1892): 231.

shared remedies with their male friends. She relates that her Uncle John Holme got a “Receipt from a Small Manuscript book of his father’s” that “cured Severall verry Bad Scald Heads.” Paschall gladly accepted the recipe on her uncle’s father’s authority, and added a few ingredients of her own. She then “imparted the secret” to her cousin Elizabeth Adams.⁸²

Men and women’s medical information networks often overlapped and extended among religious denominations. John Holme was a leader in Philadelphia’s First Baptist Church congregation, and he connected Paschall with healing informants from this religious group, including the respected lay healer Joseph Watkins and members of the Levering family. Watkins told Paschall about a cure for whitloe (infected finger) that an American Indian woman had imparted to Henry Clifton’s wife. The Cliftons shared the herbal medicine with Watkins who, according to Paschall, “has cured many with it since.” She noted that Watkins shared a nosebleed remedy he had received from a “man who had Treasured up many valuable Receipts.”⁸³ Paschall also recorded remedies from other male healing adepts, including Joseph Linington, and her brothers-in-law, John and Stephen Paschall, who were “alchymical doctors.”⁸⁴

Without apparent reticence, Paschall documented her open discussions with men regarding “indelicate” bodily topics. For example, Paschall’s brother-in-law, John Reynell, gave her the details of a remedy that had given Richard Blackham “admirable relief” from a case of piles (hemorrhoids), “which he himself experienced.” George

⁸² Paschall, Recipe Book, 3L.

⁸³ Paschall, Recipe Book, 12R, 43L.

⁸⁴ Paschall, Recipe Book, 13R.

Wood of the Darby Quaker Meeting was equally open about sharing with Paschall a recipe for an ointment-soaked rag to be “putt up the fundament” that cured his bleeding hemorrhoids “when Severall Docters failed.”⁸⁵ Her status as a skilled healer permitted Paschall to discuss intimate bodily functions that would be deemed inappropriate in polite conversation, particularly between unrelated women and men.⁸⁶

Paschall’s interpersonal healing networks extended beyond the city of Philadelphia. For example, a “country man” advised Paschall’s servant Martha Owen of a concoction of juniper oil to cure her laryngitis, after she had “applied to Severall Docters butt found no Relief.” Owen imparted the successful cure to her mistress. In another instance, Paschall received a ringworm recipe from a “Gentleman and Traveller” who “Lodged at the Widow Childs.”⁸⁷ Contributors to Paschall’s recipe book also reflected new relationships in the suburb of Frankford where she personally supervised the construction of a country house in 1748. Summer homes offered a healthful escape from the pestilential summers in Philadelphia. Although it was far less grand than estates like the Penn’s Pennsbury Manor, Paschall christened her second home Cedar Grove.

Paschall did not let her preoccupation with the building project stop the flow of medical information. Her friend, the lay healer Joseph Watkins, provided “scantling” [beams] for Cedar Grove from his Philadelphia lumber business, according to an August 1748 notation in Paschall’s business receipt book. Perhaps it was in this transaction that Watkins shared a recipe that cured a “violent swelling in his leg” after a “Pile of Boards”

⁸⁵ Paschall, *Recipe Book*, 4R, 47R.

⁸⁶ David S. Shields, *Civil Tongues and Polite Letters in British America* (Chapel Hill: University of North Carolina Press, 1997), 12–50.

⁸⁷ Paschall, *Recipe Book*, 10R, 45R.

fell on him. Watkins' father taught him to use an application of the leaves of black snakeweed. However, "it Being then winter season he could not get Leaves Butt took the Roots of this Rich weed," bathed his foot in a decoction of the herb, and gained relief.⁸⁸ Paschall noted Watkins' alternative recipe, and advised her readers how to locate and identify the weed. Her business account book also indicates that she paid a hired man to put in a small garden, which may have been a source for some of the herbs for her remedies.⁸⁹ Other names in her business receipt book coincide with those in her recipe book, demonstrating the seamlessness of her business, personal, and healthcare networks.

However, Paschall's chains of Quaker healthcare benevolence had limits. Despite her friendship with the abolitionist and pacifist reformer, Anthony Benezet, Paschall's recipe book demonstrates racialized distinctions. Benezet reaffirmed Quakers' assertion that all peoples, including American Indians and African Americans, possessed God's inner light and were thus the spiritual equals of Euro-Americans. However, the Society of Friends had few successes in converting these groups, and they rarely joined Quaker congregations. Historian David Brion Davis notes with irony that Philadelphia Quakers practiced a "fraternal relationship of unequals."⁹⁰ Abolitionists like Benezet challenged Quaker slaveholders to manumit their enslaved people, but some, like Elizabeth's

⁸⁸ Paschall, *Recipe Book*, 23L.

⁸⁹ Elizabeth Coates Paschall, *Business Receipt Books, 1741–1762*, August 6, 1748, Hagley Museum and Library. In the 1920s, Cedar Grove was moved to Fairmount Park and is administered by Philadelphia Museum of Art. See also Gartrell, "Women Healers," 25–6; Fiske Kimball, "Cedar Grove," *Pennsylvania Museum Bulletin* 118 (1928): 5–24.

⁹⁰ David Brion Davis, *The Problem of Slavery in Western Culture* (Ithaca, NY: Cornell University Press, 1966), 222.

brother-in-law, “Dr.” John Paschall, never did.⁹¹ Quaker practices that preserved racialized hierarchies in the midst of egalitarian ideology are echoed in the ways that Paschall refers to Indian and African American informants and patients in her book. Although Paschall identified Euro-American servants by name, and even noted the name of a stranger she met in a tavern, African American and American Indians, including servants in neighboring households, remain strangely nameless.⁹²

Much of Paschall’s manuscript was written during the Seven Year’s War, also called the French and Indian War, prosecuted from 1756 through 1763. During this period, anti-American Indian prejudice and violence escalated among many Euro-Americans, and Paschall’s recipe book may reflect white Philadelphians’ deep anxieties over Indian raids on the frontiers. However, Quakers like Paschall’s brother-in-law, John Reynell, decried anti-Indian violence. Reynell co-founded a nongovernmental organization to promote dialogue and peace with Indian groups on the frontier, and he worked closely with Christianized Lenape Indians on reservations in New Jersey.

Despite her close relationship with Reynell, Paschall chose not to document the name of “a Jersey Indian man” she treated for consumption, nor did she name his son, who returned to her shop to offer his appreciation for Paschall’s cure. However, Paschall was quite interested in recording the details of several “secret Indian cures” as well as the

⁹¹ Nash, *Forging Freedom: The Formation of Philadelphia’s Black Community, 1720–1840* (Cambridge, MA: Harvard University Press, 1988), 26–32. Nash notes that the Philadelphia Monthly Meeting instituted a separate monthly meeting for African Americans, which proved unsuccessful. See also Maurice Jackson, *Let This Voice Be Heard: Anthony Benezet, Father of Atlantic Abolitionism* (Philadelphia: University of Pennsylvania Press, 2011). Several Benezet family members are mentioned in Paschall’s recipe book, and Anthony Benezet was an executor of Paschall’s will. See also, Whitfield J. Bell, Jr., *Patriot-Improvers: Biographical Sketches of Members of the American Philosophical Society* (Philadelphia: American Philosophical Society, 1999), 192.

⁹² Paschall described several “Old Negro” men and a man’s “Negro Woman,” but they remain anonymous. See Paschall, Recipe Book, 7R, 26L, 25L, 38L.

celebrated “Negro Caesar’s cure for rattlesnake bites,” divulged by an enslaved man who thereby gained his freedom.⁹³ Medical information flowed across racialized boundaries, but the exchange did not necessarily redefine social hierarchies. Amid the turbulent winds of war and the internal religious stresses caused by Quaker pacifist and abolitionist reform, Paschall’s manuscript speaks to the ongoing quotidian life of health and illness. Postpartum women experienced breast abscesses, children got head lice, and adults suffered from hemorrhoids and rheumatism. Although Paschall’s recipe book does not reveal her specific opinions on warfare and racial politics, it demonstrates her commitment to providing healthcare to her community.

Authoritative Women Healers within Diverse Healthcare Networks

It is clear from the anecdotes in her recipe book that Paschall was a respected healer who practiced within a network of diverse practitioners. Her manuscript supports the paradigm of a marketplace of medicine in colonial America, in which a myriad of healers plied their trades without the hindrance of government regulation. Paschall’s writings underscore her relationships with university-educated and apprenticed-trained physicians, as well as self-taught and self-proclaimed doctors and doctresses. Her networks included midwives, elite Ladies Bountiful, lying-in nurses, hired nurses, and elderly “wise women” healers. These practitioners bridged various social orders as well as different religious, ethnic, and geographic communities. Through the power of her personality, the perceived successes of her cures, and her development of social capital

⁹³ Paschall, *Recipe Book*, 7R, 26L, 25L, 21K; “The Negroe Caesar’s Cure for Poison and Rattle Snake Bite,” *Boston Newsletter* (from *The South Carolina Gazette*) January 23, 1751.

and social bonds, Paschall became an authoritative “node” in a web of healthcare information exchanges.

Sociologists are intensely interested in analyzing how influence is created within social networks, particularly in the current context of online communities.⁹⁴ However, their theories are applicable to the face-to-face society of Paschall’s Philadelphia. Like other respected Delaware Valley healers, Paschall successfully won the hearts and minds of her patients and the esteem of her fellow practitioners. According to social network theorist Mark Granovetter, once a person becomes identified as an authoritative node within a social network, new network participants also look to that person for information and advice, and the process becomes self-reinforcing. Network participants continue to cluster around a person imbued with authority, and the clustering tends to snowball.⁹⁵

Paschall’s healthcare networks demonstrate the power of strong social ties exemplified by the authority generated by the reputable testimonials of her kin and people in her Quaker and shop-keeping communities. However, Paschall was able to reach beyond her immediate networks to participate wider communities. Her actions are consistent with Granovetter’s concept of the “strength of weak ties” in social networks. According to Granovetter, an authoritative person’s contacts with people outside of close-knit networks facilitate an ingress of new information and creativity, which strengthens that person’s claims as an authoritative “node.”⁹⁶ In addition to the “Country man’s”

⁹⁴ Christina Prell, *Social Network Analysis: History, Theory and Methodology* (Thousand Oaks, CA: Sage Publications, 2012), 5–59

⁹⁵ Mark S. Granovetter, “The Strength of Weak Ties,” *American Journal of Sociology* 78, no. 6 (1973): 1360–80.

⁹⁶ Granovetter, “The Strength of Weak Ties”; Richard Whitley, “Knowledge Producers and Knowledge Acquirers,” *Sociology of the Sciences* 9 (1985): 3–28; Noah E. Friedkin and Eugene C. Johnsen, *Social*

recipe for laryngitis, Paschall gleaned a new cure for deafness from Jane Davis of Goshen Pennsylvania. Paschall also recorded a brimstone-based remedy for the measles that she learned from “People from New England” and a cure from ringworm from a “Gentleman Traveller” named Paul Tooks. She described a complex rheumatism cure that was “a True Coppey from Jno. [John] Pyle of North Carolina, Doctor: Given to me by his Aunt Sarah Way who wrote to him for it for the Benefitt of my daughter.”⁹⁷ As she cultivated her extensive networks of medical knowledge, Paschall developed a captivating aura of healing authority.

From her manuscript, it appears that Paschall was effective at collaborating with other practitioners within her medical circles while simultaneously asserting her own role as a healthcare expert. Paschall described a trusting relationship with the university-trained John Kearsley, Sr., whom she may have originally met in her husband’s political circles. Kearsley was evidently the Paschall’s family physician and their social positions would have been relatively equal. In her recipe book, Paschall noted that she took Kearsley’s advice for a pine shaving tea for her son Isaac’s laryngitis, and she sought Kearsley’s approval for an herbal poultice recommended by Francis Knowles for Isaac’s “festered” eye.⁹⁸ Paschall welcomed Kearsley’s obstetrical advice for an herbal remedy that successfully halted her preterm labor. Kearsley also agreed with Paschall that nettle juice recipe she received from lay informant Nicholas Steel was an effective cure for Isaac’s pleurisy. Like many practitioners, including physicians, Paschall may have been

Influence Network Theory: A Sociological Examination of Small Group Dynamics (New York: Cambridge University Press, 2011), 28–52.

⁹⁷ Paschall, Recipe Book, 14L, 47L, 45L.

⁹⁸ Paschall, Recipe Book, 11L, 17R.

more disposed to seek objective outside healthcare advice for her own illnesses and those of family members. In each instance, Kearsley prescribed mild herbal prescriptions rather than more “heroic” bleeding and purges.⁹⁹

Although his herbal recipes may reflect Kearsley’s practice style, perhaps he modified his practice to match Paschall’s less interventionist methods, out of respect for her medical knowledge, to retain her family in his practice, or to garner patient referrals from her networks. Women healers were in a position to share their approval or disapproval of a physician with the members of their extensive circles. In one of his popular satiric novels, Tobias Smollett described the attempts of his protagonist, Dr. Ferdinand Fathom, to set up a practice in mid-eighteenth-century London. Since Smollett was himself a physician, he recognized that to be successful, Fathom had “to exert himself in winning the favour of those sage sibyls, who keep . . . the temple of medicine, and admit the young priest to the service of the altar.”¹⁰⁰ Smollett humorously referenced classical Greek female oracles, who were often skilled healers, to underline physicians’ need to win over women adepts. An immigrant “Dutch Doctor” likely appreciated the approbation given by the “sage sibyl” Elizabeth Paschall for his herbal remedy for pleurisy that cured her sister. This may have been a Dutch Doctor Diemer that she referenced or a German (Pennsylvania Dutch/Deutsch) physician.¹⁰¹ Paschall gladly

⁹⁹ Paschall, *Recipe Book*, 10L, 11R. William S. Middleton, “The John Kearsleys,” *Annals of Medical History* 3 (1921): 391–2.

¹⁰⁰ Tobias Smollett, *The Adventures of Ferdinand Count Fathom* (London: Printed for W. Johnston 1753): 310. Smollett may have also been referencing the well-known twelfth-century German Benedictine abbess Hildegard of Bingen, called the “Sibyl of the Rhine.” In addition to volumes of visionary writing, Hildegard was a skilled healer who wrote books on medicine.

¹⁰¹ Paschall, *Recipe Book*, 13L.

acquired knowledge from trusted doctors of various ethnicities and bestowed her approval of their therapies as appropriate.

However, Paschall was quick to note the many times that her remedies succeeded when those of physicians failed. Because physicians and nonphysician practitioners practiced within the same medical worldview, patients and lay practitioners recognized that doctors did not have a monopoly on medical information or therapies. In addition, sufferers recognized that many medical therapies had uncertain results or were simply ineffective. This lack of medical hegemony diffused doctors' healthcare authority. Patients' hierarchy of resort—their paradigm for seeking healthcare practitioners—was not consistent. Sufferers might try self-care, seek the advice of a physician, consult a woman healer, obtain a remedy from an apothecary or woman herb seller, seek treatment from a cancer specialist, find an American Indian or African American practitioner, or see a midwife—in any order. Their choices might be influenced by their social status, the cost or accessibility of a particular provider, their previous healthcare experiences, or any number of personal preferences.¹⁰² Although some patients sought a laywoman practitioner before seeking a doctor's care, some sufferers consulted lay healers such as Paschall when doctors were unsuccessful. Paschall documented several of her remedies

¹⁰² For the concept of hierarchies of resort see, Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 19–20; David J. Hufford, “Contemporary Folk Medicine,” in *Other Healers: Unorthodox Medicine in America*, ed. Norman Gevitz (Baltimore: Johns Hopkins University Press, 1988), 247–53.

that “cured when the doctors failed” and the phrase runs like a refrain throughout her manuscript, as it does other women’s recipe books.¹⁰³

Paschall narrated several cases of severe poison ivy that demonstrated complex hierarchies of resort. According to Paschall, “My Friend Eliza Brooks said she had one of her Sons was so Poison’d with it” that his “private parts became so Swollen that he could not make water.” The son had apparently put his knife smeared with the oil from the vine into “his britches pocket.” Brooks went to a nearby inn to consult with a female healing adept “where there happened to be a studious man that heard her Complaints” and advised her to bathe the area with warm honey and apply a cabbage leaf, “which quickly relieved him [her son].”¹⁰⁴ Brooks’ husband subsequently had such a severe case of poison ivy, his face “Swelld till he was blind.” A doctor prescribed an ointment of “house Leek & Cream which Did no Good.” Brooks applied the honey and warm cabbage leaves “which quickly cured him.” Brooks used the same remedy to cure a man “from Salem” with a similarly severe facial swelling from poison ivy.¹⁰⁵ In these cases, there was little to differentiate physicians and lay healers’ remedies: all used herbal cures. A practitioner’s healing success rather than his or her credentials convinced patients to adopt a particular cure.

Sufferers also sought out laywomen practitioners to avoid surgery recommended by a doctor. Surgical complications and infections were frequent, and patients often sought a second opinion to avoid the knife. Paschall cited the case of her friend, Martha

¹⁰³ See, for example, Paschall, *Recipe Book*, 4R, 11R, 19L. Kathleen M. Brown notes Paschall’s skepticism towards doctors, particularly unnamed physicians whose remedies fail. See Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, CT: Yale University Press, 2009), 214–5.

¹⁰⁴ Paschall, *Recipe Book*, 19L.

¹⁰⁵ Paschall, *Recipe Book*, 19L.

Petitt, who had “the King’s Evil” evinced by “a hard white swelling on her Neck, which “the Docter advised her to have cut out Butt she would not, both for fear of the pain & Charge.” Paschall reported that Petitt sought out Lodowich Christian Sprogell’s wife who prescribed “Pilgrim’s Salve.” Apparently, Petitt was put off by this “Nausious application” that included excrement and hog’s lard. Lodowich Sprogell was a Dutch-born dye merchant and land speculator whose wife Caterina was apparently a healing adept. Caterina Sprogell “informed her [Petitt] of an Extraordinary Cure performed by a Pedler in Holland or Germany on a Lady’s hand that was Black & Mortified,” which he accomplished “without cutting.” Petitt tried the remedy, and the Pilgrim’s Salve “completed the cure to the Docter’s admiration.”¹⁰⁶ Paschall added Petitt’s testimonial and Caterina Sprogell’s successful remedy from Holland into her treasure trove of medical knowledge, which she could deploy to help future patients avoid the dangers and expense of surgery.

In Paschall’s manuscript, when doctors’ treatments failed, patients most frequently consulted a laywoman healer, sometimes with the moniker, “antient woman.” Paschall recipe book offers glimpses into the authoritative practices of “wise women” healers, also called “old wives,” “ancient women,” or simply “countrywomen” by contemporaries. In English popular culture, “old wives” were of the lower orders, charged for their services, and were linked to regressive healing superstitions. In colonial

¹⁰⁶ Paschall, *Recipe Book*, 22L. Mrs. Sprogell may have been Catherina Sprogell, the wife/widow of Dutch-born Philadelphia merchant and assemblyman, Lodowick (or Ludwig), Christian Sprogell (1683–1729) or perhaps a grandson/family member of the same name (1739–1781). See Samuel Pennypacker, “Bebbers Township and the Dutch Patroons of Pennsylvania,” *Pennsylvania Magazine of History and Biography* 31 (1907): 13–5; John W. Jordan, *Colonial and Revolutionary Families of Pennsylvania* (New York: Lewis Publishing, 1911), 481.

America, the lines between “old wives” and Ladies Bountiful were blurry, since a woman might move from providing services gratis to requiring payment, depending on her financial circumstances.¹⁰⁷ For Paschall, a healer’s age denoted experience. For example, she described a friend’s mother who “was cured of a Cancer in her face” with a recipe using celandine. The remedy had been prescribed by “an Old Woman after she [the friend] had Spent Some Scores of pounds on the Docter.”¹⁰⁸ In another instance, a man was so costive (constipated) that “he was in such torture that could not help Continually Crying out,” but he “could find no Relief from the Docters.” “At last,” explained Paschall, “he was advised by antient woman” to take a preparation of hog’s lard and molasses. The man found “immediate Reliefe.”¹⁰⁹ Lard and molasses may sound like folksy ingredients, but physicians as well as nonphysician practitioners considered them valid remedies.

In a recollection about one of her miscarriages, Paschall maintained that an elderly “wise woman” healer saved her life. Paschall explained that she sought the care of both a doctor and a midwife to intervene to induce an abortion. Paschall was three months pregnant and experiencing “violent pain in her “Back & Bowells” that she described as colic, a paroxysmal, recurrent attack of pain. She was in premature labor, but she “could not be delivered” by the midwife. According to Paschall, both the doctor and midwife determined “that if I was not speedily delivered I should Dye.”¹¹⁰ These

¹⁰⁷ In one instance, Paschall does specify that “a poor old woman” provided successful healing advice. See Paschall, *Recipe Book*, 34L.

¹⁰⁸ Paschall, *Recipe Book*, 34L.

¹⁰⁹ Paschall, *Recipe Book*, 20R.

¹¹⁰ Paschall, *Recipe Book*, 9L; Klepp, *Revolutionary Conceptions*, 196–7. Klepp notes that this is a “very rare firsthand account of an induced abortion,” and Klepp’s book provides information on contraceptives

practitioners understood that if a fetus dies in utero and it is not naturally expelled, it must be aborted to prevent infection, hemorrhage, and other complications for the woman. In this dire moment, “an Elderly woman proposed giving me a Glister [enema] which was prepared immediately” and Paschall delivered the products of conception “with very little pain.”¹¹¹ The elderly woman may have been an assistant helping with the birth. If she had been a friend or family member, Paschall would have likely named her. When the more formal practitioners failed to provide a cure, Paschall turned to a healer with a lifetime of experience whose remedy contained the abortifacient chamomile. This “wise woman” may have been a lying-in nurse or a specialist in childbirth and women’s health whom women sought for contraceptives and emmenagogues as well as pregnancy advice. Both the doctor and midwife must have been impressed with the “Elderly woman’s” expertise.

Creditable Women with Imperative Authority

An analysis of the linguistic patterns deployed in women healers’ manuscripts provides additional clues to the ways that a woman developed an aura of medical expertise. Recipe books exhibit exclamatory and imperative linguistic patterns such as “Cured when the Doctors failed!” and “*Take Sweet Marjoram Dried and Distilled*” (my emphasis).¹¹² In her recipe “For the Fever & Ague,” Paschall followed standard genre conventions, which included the recipe title, ingredients, method of preparation, application, and an evaluation of the remedy’s efficacy. Paschall advised her recipe book

and abortifacients used by mid-eighteenth-century women and practitioners. For missed miscarriages and incomplete miscarriages, see Adele Pilliteri, *Maternal and Child Health Nursing: Care of the Childbearing and Childrearing Family*, 7th ed. (New York: Lippincott Williams & Wilkins, 2010), 557–9.

¹¹¹ Paschall, Recipe Book, 9L.

¹¹² Paschall, Recipe Book, 11R, 27R, 12R, 20, 7R, 16R.

readers, “Take mustard Seed Ground fine & fine black pepper & soot out of the Chimney of each a Table spoonful & Beat up the whites of an Egg & mix altogether” to form a poultice.¹¹³ The common opening phrase of a recipe usually began in the second person imperative, which compelled a reader to “take!” The admonition, which reflected the word “recipe’s” Latin root *recipere*, carried the ring of authority. Anglo-American women healers usually used the etymologically connected word “receipt” to describe the instructions for their medical remedies, with the word recipe becoming more common in the mid-eighteenth century. In addition to meaning, “to receive a written notation of money or goods received,” the word receipt carries an historical meaning denoting a set of instructions for a medical remedy. The apothecaries’ abbreviation *Rx*, which can still be found on prescriptions, derives from this Latin root.¹¹⁴ The etymology of these words helps to explain the sense of authority that a recipe author could generate, whether the prescriber was a female healer or a male practitioner.

After recording the recipe’s title, ingredients, and preparation method, Paschall directed readers treating fever and ague to apply her preparation to the wrists on “Bare Skin on the pulse” for two hours before the onset of “ague fit,” followed by details on other areas and times to apply the poultices. Paschall subsequently commanded, “If the first application fails of perfecting the Cure, apply it a second or third or more.”¹¹⁵

Intermittent fevers had plagued Delaware Valley residents since the early days of settlement, particularly in the sickly summer months. Members of her healing networks

¹¹³ Paschall, *Recipe Book*, 6R.

¹¹⁴ *Oxford English Dictionary*.

¹¹⁵ Paschall, *Recipe Book*, 6R.

would have been intensely interested in Paschall's expertise in this area. The active tense that Paschall used to record the medicinal application allowed the recipe book reader to become an active participant in the process of recreating the recipe and then prescribing it for a patient or taking it herself or himself. In a step not often documented in women's recipe books, Paschall described the outcomes of her medical therapies. In this instance, she explained, "I cured one that was verry Bad by the first application," and she then related the experiences of other patients whose intractable intermittent fevers required subsequent poultices at specific intervals. After experimenting with the remedy, Paschall proudly reported, "I now have Cured a Grate Number of people with it," including several with a variant of intermittent fever called the "Dumb Ague."¹¹⁶ As linguist Francisco Alonso-Almeida argues, a healer's affirmation of the remedy's efficacy or "virtue" was generally stated in the present tense, which increased the emphasis on the truth-value of the statement.¹¹⁷

Alonso-Almeida used an example from a seventeenth-century recipe book in which the female author stated her case as absolutely true: "It cureth the contract[ures] of the Sinnews and it comfourteth the stomack verily."¹¹⁸ The Latin term *Probatum est* meaning "it is proved" also frequently appeared in seventeenth- and early eighteenth-century recipe books, including Gulielma Penn's book. Latin was the language of university-educated men, and its use conferred additional authority. Although Paschall did not use this term, she often included confident assertions at the end of a recipe, such

¹¹⁶ Paschall, *Recipe Book*, 6R.

¹¹⁷ Francisco Alonso-Almeida, "Genre Conventions in English Recipes, 1600–1800," in *Reading and Writing Recipe Books*, eds. Michelle DiMeo and Sara Pennell (Manchester, UK: Manchester University Press, 2013), 68–90.

¹¹⁸ Alonso-Almeida, "Genre Conventions in English Recipes," 81. See also Paschall, *Recipe Book*, 21.

as “infallibly cures” or “perfected the cure.”¹¹⁹ Paschall took her proof statements to the next level by testifying to actual patient successes. In other recipes, she identified the names of the people she had healed, so that a recipe book reader could verify the cure with an individual sufferer.¹²⁰

Another way that Paschall and her fellow women healers legitimized their remedies was by assessing and asserting the personal honor, credibility, or “credit” of the recipe book contributor. Paschall frequently gave a character reference for her informants, along with a testimonial to the efficacy of their empirical cures. Paschall advocated a cure for a “Fellon” based on her informant Susannah Fowler’s “Good Reputation,” and her history as “an Acquaintance of mine from her Childhood.” A cure for consumption was of value, because it came from “a young woman that was well dressed and Seemed like a person of credit.” A cancer remedy from a “Country man” was worth recording because Paschall deemed him “Sober & Sollid.”¹²¹ Paschall described Mrs. Thomas Penrose as “an acquaintance of mine & a person of undoubted credit.” Thus Paschall willingly believed that Penrose “cured a young man that mostly Pised the Bed Every Night.”¹²² Paschall also accepted the legitimacy of one reliable informant whom she averred, “he has known ten or twelve peoples cured.” As a creative woman in her own right who touted remedies of “my own invention,” Paschall valued a recipe from “Rebecca McVaugh who is an ingenious woman of good credit.”¹²³ For Paschall, an

¹¹⁹ Paschall, Recipe Book, 21R, 21L, 5L.

¹²⁰ For example, Paschall, Recipe Book, 2R.

¹²¹ Paschall, Recipe Book, 1R, 19R, 7R, 5R.

¹²² Paschall, Recipe Book, 10R.

¹²³ Paschall, Recipe Book, 5R.

“antient woman” was as legitimate a healer as the university-educated Dr. John Kearsley, based on her medical successes and her personal credibility.

In Samuel Johnson’s *Dictionary of the English Language*, which was popular in this period, the words *honor* and *credit* were interchangeable. According to historian Craig Muldrew, the blurry lines between personal honor and economic credit reflected the transition to a market economy that continued to run on “a system of trust, credit, and ‘moral language,’ based on networks of dynamic interpersonal relationships.”¹²⁴ For example, the prominent Philadelphia physician, John Morgan, recognized that if he lost his honor, his medical practice that was based on his personal and monetary credit would suffer.¹²⁵ The emergence of market capitalism allowed a wider range of participants who were less personally known in relationships of economic credit. Although it appears that Paschall did not charge for her services, she was part of a healthcare knowledge exchange economy in which she gained social capital from her healing work, which would have had a positive impact on her business networks. A healer’s personal credit was a critical form of currency in the mid-eighteenth-century Delaware Valley that directly affected perceptions of her healing authority.

Conclusion: Authoritative Webs of Healing

Elizabeth Coates Paschall’s medical book reveals the complex inner workings of Philadelphia’s mid-eighteenth-century healthcare marketplace in which free Euro-America women healers played a vital role. Her manuscript details the ways that medical

¹²⁴ Samuel Johnson, *A Dictionary of the English Language*, vol. 1 (London: J. Knapton, 1756), 81, 88, 254, 314, 365; Craig Muldrew, “Interpreting the Market: the Ethics of Credit and Community Relations in Early Modern England,” *Social History* 18, no. 2 (1993): 170.

¹²⁵ John Morgan, *A Vindication of his Public Character in the Station of Director-General of the Military Hospitals, and Physician in Chief to the American Army* (Boston: Powars and Willis, 1777).

knowledge traveled intricate pathways before finding its way into her collection. Paschall assessed medical knowledge based on the credibility and credit of the informant and the evidence of successful cures. She then dispensed her medical prescriptions to her diverse patients, including the deeply grateful Mary Toms. When placed within a deep context of literary genres that embodied healthcare knowledge production, as well as traditions of women's assertive role as medical writers, Penn and Paschall's recipe books complicate common monikers like "kitchen physic" or "medical cookery" that trivialize women's medical work. Although women healers were often the first line of medical therapy for their families, some developed extensive practices outside their households that included healthcare for women, children, and men. Patients often sought out female healers for primary medical care, as well as for consultations, when the remedies of physicians or other healers failed.

Free Euro-American women in mid-eighteenth-century Philadelphia built on their foremothers' legitimate healing practices and carved out niches for themselves as authoritative healers. Paschall's manuscript maps the expanding consumer market for self-help print and pharmaceuticals, which allowed even lay healers like Paschall to participate in a medical public sphere in which university-trained doctors had not achieved hegemony. Paschall developed close-knit and extended networks of healing adepts who helped her to develop and sustain her reputation as a skilled healer. The very language of women's recipe books asserted the truth-value and authority of their healing expertise. As Paschall understood, medical knowledge was powerful, and her recipe book was a definitive repository of her lifetime of healing experiences that she handed down to her descendants.

CHAPTER 2

MEDIATORS OF CHANGE ON HEALING FRONTIERS

Local histories of Chester County, Pennsylvania, recount the story of an eighteenth-century Lenape woman called Hannah Freeman or “Indian Hannah,” who sold medicinal herbs and handmade baskets to Quaker families. When Hannah was born in 1730, there were still Lenape villages on the Wawassan or Brandywine Creek, which ran through the western part of the county. In her youth, Hannah still planted corn, wove baskets, and culled medicinal herbs along with her grandmother Jane, her mother Sarah, and the female kin of her matrilineal turtle clan. However, by mid-century, when Hannah Freeman was in her twenties, the Pennsylvania Lenapes’ population had declined due to epidemics of Old World diseases and Euro-Americans’ expropriation of Lenapes’ lands. Although some were pushed further west, Freeman’s female kin and other small Lenape (or Delaware Indian) groups remained and adapted to increasing Euro-American settlement.

Freeman lived, worked, and practiced healing in southern Chester County and northern Delaware, except for a seven-year period after the 1763 massacre of unarmed Conestoga Indians in their village near Lancaster, when she and her female relatives fled to safer lodgings among distant kin in New Jersey.¹ In an early nineteenth-century

¹ Moses Marshall, “The Examination &c of Indian Hannah,” July 28, 1797, in Hannah Freeman file, Chester County Historical Society, West Chester, PA; J. Smith Futhy and Gilbert Cope, *History of Chester County Pennsylvania*, vol. 2 (Philadelphia: L. H. Everts and Co., 1881), 189–91; Henry Graham Ashmead, *History of Delaware County, Pennsylvania* (Philadelphia: L. H. Everts and Co., 1884), 314; Jane Levis Carter, *Edgmont: The Story of a Township* (Kennett Square, PA: KNA Press, 1976), 111–5; Dawn Marsh Riggs, “She Considered Herself Queen of the Whole Neighborhood: Hannah Freeman, Lenape Sovereignty and Penn’s Peaceable Kingdom,” *Place and Native American History and Culture*, ed. Joy Porter (Bern, Switzerland: Peter Lang, 2007), 243–62; Marshall Becker, “Hannah Freeman: An Eighteenth-Century Lenape Living and Working Among Colonial Farmers,” *The Pennsylvania Magazine of History and Biography* 114, no. 2 (1990): 249–69; Amy C. Schutt, *Peoples of the River Valleys: The Odyssey of the*

newspaper account of her life, Quaker minister John Parker of Chester County identified Freeman as a doctress as well as a basket maker. Parker remembered visiting her “wigwam” and paying five shillings for a remedy for his sick children. According to a local historian, Hannah furnished Parker with “herbs and pounded roots” and “directions for their use.”² Hannah’s healing skills helped her make the transition to the emerging market economy with its monetized transactions and wage labor regimes. By selling medicinal herbs, medical advice, and baskets, along with paid domestic and day labor work, Hannah earned the income that allowed her to return to Chester County and to live out her life near her home places, seasonal encampments, and a sacred Lenape burial ground. Healing facilitated Hannah’s cultural and geographic persistence.

In this chapter, I argue that American Indian women healers’ medical skills were recognized in their communities, and their knowledge of locally grown herbs and remedies exerted an exotic authority that was sought after and appropriated by Euro-American colonists. For Lenape and Iroquois women, healing served as a site of cultural persistence and intercultural healing exchanges. However, American Indian female adepts in the greater Delaware Valley are particularly invisible in the historical record.

Delaware Indians (Philadelphia: University of Pennsylvania Press, 2007), 81. In 1925, a historic marker in honor of Hannah was placed by the Pennsylvania Historical Commission and the Chester County Historical Society east of present-day Kennett Square, which includes Hannah’s family information. See “Memorial to Indian Hannah,” *Bulletin of the Chester County Historical Society* (1929): 34. There was an uptick in conflict and violence between Euro-Americans and American Indian groups after the Conestoga Massacre by the “Paxton Boys.” See Benjamin Franklin, *A Narrative of the Late Massacres, in Lancaster County, of a Number of Indians, Friends of this Province, by Persons Unknown* (Philadelphia: Franklin and Hall, 1764). Dawn G. Marsh’s biography, *A Lenape Among the Quakers: The Life of Hannah Freeman* (Lincoln: University of Nebraska Press, 2014) was published after I completed this chapter. It is an excellent introduction and an in-depth source on Freeman.

² *Poulson’s American Daily Advertiser* (Philadelphia), January 31, 1824; Sherman Day, *History of Chester County, Pennsylvania* (Laughlintown, PA: Southwest Pennsylvania Genealogical Services, 1843, repr. 1986), 206–8; Marshall J. Becker, “Legends about Hannah Freeman (“Indian Hannah”): Squaring the Written Accounts with the Oral Traditions,” *Keystone Folklore* 4, no. 2 (1992): 1–14.

Like Euro-American women healers, their healthcare activities were part of daily gendered duties that included plant cultivation, dyeing, trapping, tanning hides, and cooking. The herbs and flora grown and processed for each of these tasks were often the same, further blurring the boundaries between healing and other responsibilities. Thus, Euro-American observers and writers tended to overlook American Indian women's healing work. In addition, these male traders, missionaries, and natural philosophers were often more interested in documenting the activities of male sachems, "powwows," and "medicine men," who wielded more obvious political and spiritual power, as well as medical authority. Even twentieth- and twenty-first-century historians tend to focus on nonmedical aspects of Native American women's lived experiences.³ In view of the dearth of sources, I analyze instances when healing surfaced as the focus of complex encounters between American Indians and Euro-Americans, particularly those moments that highlight women's intercultural healthcare work.

Borrowing from historian Kathleen Brown's concept of "gender frontiers," I examine "healing frontiers," which I define as the cultural borderlands of healthcare exchanges where healing power relations were relatively equalized by urgent needs for lifesaving cures and where medical information and remedies could be a source of mutual understandings as well as misunderstandings.⁴ Historians Alison Duncan Hirsch and Jane

³ See for example Susan Sleeper Smith, *Indian Women and French Men: Rethinking Cultural Encounters in the Western Great Lakes* (Amherst: University of Massachusetts Press, 2001). Smith effectively maps the economic and religious ties in multiethnic fur trade families, but she does not uncover Indian women's healing activities. In Mary-Ellen Kelm and Lorna Townsend's excellent edited book, *In the Days of Our Grandmothers: A Reader in Aboriginal Women's History in Canada* (Toronto, Ontario, Canada: University of Toronto Press, 2006) there are chapters on politics, religion, economics, gender, and sexuality, but healing is discussed only tangentially.

⁴ Kathleen M. Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Chapel Hill: University of North Carolina Press, 1996), 11–26; Kathleen M. Brown,

T. Merritt argue for a multiplicity of “frontiers” in colonial intercultural encounters, including linguistic, economic, diplomatic, legal, religious, social, and personal spaces. Gendered cultural concepts of health and healing formed additional frontiers between natives and newcomers. Households and hearthsides are important spaces to examine, since cross-cultural healing exchanges occurred as part of rituals of hospitality, often between women.

Hospitality was a fundamental cultural value for Euro-Americans, as well as for members of Iroquoian language groups and Algonquian-speakers like the Lenapes. During his travels in Pennsylvania, Moravian missionary John Heckewelder observed that Lenapes and other American Indian groups were “hospitable to all without exception,” and they shared what they had with “the stranger, the sick or the needy” as a “strict duty.”⁵ Euro-Americans of various Christian denominations professed hospitality as a biblical value, as in the oft-quoted New Testament verse admonishing believers to show hospitality to strangers, “for thereby some have entertained angels unawares.”⁶ Gift exchanges of healing herbs, remedies, and treatments were important aspects of cultural ceremonies of hospitality for Euro-Americans, Iroquois, and Lenapes. These intimate

“The Anglo-Algonquian Gender Frontier,” in *Negotiators of Change: Historical Perspectives of Native American Women*, ed. Nancy Shoemaker (New York: Routledge, 1995), 26–48; Nancy Shoemaker, “Introduction,” in *Negotiators of Change: Historical Perspectives of Native American Women*, ed. Nancy Shoemaker (New York: Routledge, 1995), 1–25; Jane T. Merritt, “The Gender Frontier Revisited: Native American Women in the Age of Revolution,” in *Ethnographies and Exchanges: Native Americans, Moravians, and Catholics in Early North America*, ed. Anthony G. Roeber (University Park: Pennsylvania State University Press, 2008), 165–74.

⁵ John Heckewelder, *History, Manners, and Customs of the Indian Nations Who Once Inhabited Pennsylvania and the Neighboring States* (New York: Arno Press, 1876, repr. 1971), 101. Heckewelder also noted that this fundamental cultural value flowed from Pennsylvania Indians’ beliefs that the “all-powerful-spirit” also called “the good Mannitto” had created the world and its contents for the common good of humankind.

⁶ Heb. 13:2, King James Version. The verse references an Old Testament account in Judg. 13, in which a childless couple encounters a prophetic man who turns out to be an angel.

interactions, linked to bodily suffering, created networks of indebtedness as well as friendship.⁷ Of course, healing interactions recorded in Euro-Americans' writings or in treaty documents represent only a small fraction of actual healthcare transactions, since most were orally mediated and were not documented. Nonetheless, available evidence suggests that healing gift exchanges could potentially create webs of trust and mutual understanding in encounters between American Indians and Euro-Americans in the mid-eighteenth century.

However, the healing arena also could be a site of mutual misunderstanding and medical power struggles. An obvious hostile example is British General Jeffrey Amherst's 1763 attempts to engage in biological warfare by sending smallpox-infected blankets to American Indian groups.⁸ On a more subtle level, some Christian missionaries, like David Brainerd, interpreted American Indian healing ceremonies as demonic rituals and failed to find a place of cultural understanding. Medical interactions could even become part of the dance of diplomacy and affect the political, economic, and land conflicts between Europeans and Indians.

Whether they were part of relationships of empathy or aggression, healing exchanges provide a rich space to consider intercultural relations of power and gender. Infectious, systemic, and chronic diseases, as well as injuries, wounds, and broken bones could strike people and populations without apparent warning. Both Euro-American and

⁷ Alison Duncan Hirsch, "Indian, Métis, and Euro-American Women on Multiple Frontiers," in *Friends and Enemies in Penn's Woods: Indians, Colonists, and the Racial Construction of Pennsylvania*, eds. William Pencak and Daniel K. Richter (University Park: Pennsylvania State University Press, 2004), 79; Jane T. Merritt, *At the Crossroads: Indians and Empires on a Mid-Atlantic Frontier, 1700–1763* (Chapel Hill: University of North Carolina Press, 2003), 51.

⁸ Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775–82* (New York: Hill and Wang, 2001), 88–91.

American Indian sufferers experienced intense vulnerability as they sought skilled practitioners who could wield numinous healing powers in spiritual realms or provide pragmatic remedies from plants and minerals. There were few “sure cures” to be had from learned or lay practitioners in Euro-American or American Indian cultures. Even leaders with great wealth and power might die of a mere cough that became pneumonia or an infected wound that progressed to septicemia.

Fears of pain, disability, and death were perceived differently in the diverse cultures inhabiting the early-to-mid-eighteenth-century Delaware Valley, but sufferers certainly experienced apprehensions. Migrations of peoples through settlement or wars had the potential to spread serious diseases like smallpox, which created new incentives for vulnerable patients to seek care from a variety of practitioners outside their own culture group. In the face of strange new diseases that seemed to emanate from Europeans, native peoples desired novel healing remedies from the newcomers when the best efforts of their shamans and female herbalists failed. Some Euro-Americans believed that exotic, supernatural, and “secret Indian cures” could be obtained from Native Americans who were viewed as “noble savages,” uncorrupted by civilization and thus more in touch with remedies available in the natural world. On the “middle ground” of healing exchanges, uneven relations of power and gender might be momentarily balanced.⁹

⁹ Richard White, *The Middle Ground: Indians, Empires, and Republics in the Great Lakes Region* (New York: Cambridge University Press, 2011), 328–9; Clara Sue Kidwell, “Indian Women as Cultural Mediators,” *Ethnohistory* 39, no. 2 (1992): 97–107. An early Dutch traveler confirmed that “Indians can cure very severe and dangerous wounds and sores . . . by means of herbs and roots indigenous to the country, and which are known to them.” Quoted in Adrian Van der Donck, *Remonstrance of New Netherland and the Occurrences There: Addressed to the . . . States General of the United Netherlands . . . 1649*, trans. E. B. O’Callaghan (Albany, NY: Weed, Parsons, and Company, 1856), 11, 13.

This chapter examines the increasingly turbulent years of the mid-1740s through the 1760s, which witnessed rapid alterations in relations between native peoples and colonizers caused in part by the increased expansion of Euro-American economic development and settlement in both New Jersey and Pennsylvania.¹⁰ Increased local tensions reflected the broader conflicts of the War of Austrian Succession in the 1740s and the Seven Year's War in the 1750s and early 1760s, which became a global battle between Western European powers. Lenapes, Iroquois, Shawnees, Conestogas, and others had to determine how these European wars would advance their own political goals and their relationships with neighboring groups. Amid the tensions of formal warfare and borderlands clashes, healing could be a site of intercultural cooperation and exchange between American Indian and Euro-American women healers.

A Healer's Persistence

Like many American Indian women who were adept at healing, Hannah Freeman left no written records documenting her life. Perhaps the only reason that we know anything about her is that local residents remembered her as “The Last of the Lenni Lenape Indians in Chester County.”¹¹ By the early twentieth century, “Indian Hannah” was regaled in poetry and prose. As one newspaper story explained, Freeman’s death marked the moment when “the red man was no longer seen tilling small plots of land with crude and primitive plows and harrows.”¹² By this account, “primitive Indians” had allegedly disappeared by the turn of the nineteenth century. In the mid-twentieth century,

¹⁰ Jean Soderlund, “The Delaware Indians and Poverty in Colonial New Jersey,” in *Down and Out in Early America*, ed. Billy G. Smith (University Park: Pennsylvania State University Press, 2004), 289–309.

¹¹ John Russell Hayes, *The Collected Poems of John Russell Hayes* (Philadelphia: Biddle Press, 1916), 317–8. His 1909 poem, “The Indian’s Grave,” includes Hannah’s epitaph.

¹² *Reading Eagle* (Reading, PA), September 2, 1928.

historian C. A. Weslager noted the pathos of Hannah's solitary 1802 death at age seventy-two at the Chester County Poorhouse. According to Weslager, "There was loneliness in the two hands withering still and useless on the white muslin sheet . . . she belonged to no country, she was of the wind, the rains, and the sun."¹³ From the early nineteenth century, "Indian Hannah" has been used to perpetuate stereotypes of American Indians as dispossessed savages whose remnants were wandering folk, inebriates, herbalists, and basket sellers, whose passing was theoretically mourned by Euro-Americans after Lenapes had "vanished" from the landscape. Nonetheless, Hannah Freeman was more than a useful fiction. She was an actual woman who adapted her Lenape life ways and healing skills to survive the dramatic political and economic changes of the mid-eighteenth-century Delaware Valley.

Freeman's story must be sketched by analyzing an interview by an overseer of the poor, reading across the grain of romanticized local histories and newspaper accounts, and piecing together Lenape oral traditions and archaeological evidence. From what can be gleaned from Freeman's life, her work as a healer reflected both pragmatic and spiritual aspects of her Lenape cultural heritage. Freeman's medical exchanges and economic relationships with Euro-American settlers reflected Lenapes' creative subsistence strategies, which were particularly important in the face of Lenapes' increasing social marginalization in eastern Pennsylvania and New Jersey. According to Freeman's interview with a Chester County Poorhouse official, she was born in a cabin in

¹³ Clinton Alfred Weslager, *Red Men on the Brandywine* (Wilmington, DE: Hambleton Company, 1953), 1–3. In his later writings, Weslager was opposed to the notion of the "vanishing Indian." See Clinton Alfred Weslager, *The Delaware Indians: A History* (New Brunswick, NJ: Rutgers University Press, 1972), 277–8.

what is now Kennett Square, Pennsylvania, “on William Webb’s place.” Reading between the lines, it is likely that this land near the Brandywine River had belonged to the Lenapes long before the Quaker Webb family arrived. Hannah, her parents, her Grandmother Jane, and her Aunts Betty and Nanny “lived in Kennett in the winter and in the summer moved to Newlin to Plant Corn.”¹⁴ Freeman and her family negotiated with the Webb and Newlin families so that they could continue their seasonal migrations to land that had previously belonged to Lenapes. Some histories relate that Hannah had two younger brothers and note her common-law marriage to a man named Andrew Freeman, but there is no indication that the couple had any children. Freeman was a common name taken by emancipated African Americans, but there are no specifics regarding Hannah’s husband.

In the early eighteenth-century, Lenape women and men had particular gendered roles in their communities. Women like Hannah Freeman had charge over agricultural lands, and they produced corn and other products vital for their communities’ survival. Lenapes were matrilineal, with clan descent proceeding down female lines, and matrilocal, meaning that a husband usually moved from his mother’s lodge or longhouse to that of his wife. Clan “matrons” held political advisory positions in council meetings. Freeman’s brief biography retains elements of these cultural forms, particularly in her choice to stay in the Brandywine River Valley with her mother, grandmother, and aunts, even when her father moved north to the village of Shamokin sometime in the 1750s. Around this time, as Freeman’s poorhouse narrative states, “the rest of the family moved

¹⁴ Moses Marshall, “The Examination &c of Indian Hannah,” CCHS.

to Centre in Christiana Hundred, New Castle County [Delaware] and lived in a Cabin on Swithin Chandler's place." Freeman and her family maintained the traditional Lenape pattern of seasonal movements, and "they continued living in their Cabins sometimes in Kennett [Pennsylvania] and sometimes at Centre [Delaware], some ten miles apart."¹⁵ They may have traded work, baskets, medications, or healing skills for permission to live on the Chandlers' land.

However, Freeman's life was significantly disrupted when "the Indians were killed at Lancaster soon after which, they being afraid, moved over the Delaware to N. Jersey and lived with the Jersey Indians for about Seven Years."¹⁶ Freeman was referring to the 1763 massacre of unarmed Conestoga women, men, and children in their village near Lancaster at the hands of Scots-Irish men who were called the "Paxton Boys." One hundred of these vigilantes marched on Philadelphia to attack Christian Indians who had been moved there for safety. However, an anti-Paxton delegation led by Benjamin Franklin and Governor John Penn diffused their actions. As historian Daniel K. Richter explains, 1763 marked a watershed in Euro-American and Indian relations. It encompassed both the Paxton Boys' Massacre and the onset of Pontiac's War, which was part of a Pan-Indian spiritual revival and a "last stand" to maintain the lands of Mid-Atlantic and Northeastern Indians. William Penn's vision of a peaceable kingdom was

¹⁵ Marshall, "The Examination &c of Indian Hannah," CCHS; John Thomas Scharf, *History of Delaware, 1609–1888*, vol. 2 (Philadelphia: L. F. Richards & Co., 1888), 611–17, 920; Herbert Standing, "Quakers in Delaware at the Time of William Penn," *Delaware History* 20, no. 2 (1982), 127. <http://nc-chap.org/church/quaker/standingDH3crop.pdf>

¹⁶ Marshall, "The Examination &c of Indian Hannah," CCHS; Marshall Becker, "A New Jersey Haven for Some Acculturated Lenape of Pennsylvania during the Indian Wars of the 1760s," *Pennsylvania History* 60, no. 3 (1993): 326.

clearly on the wane.¹⁷ Little wonder that Freeman and her female kin fled the increasing anti-Indian violence and moved near their distant kin, the “Jersey Indians,” possibly at reservation communities at Bethel Indian Town or Brotherton. In about 1770, Freeman, her “Granny Jane,” mother, and aunts returned to their “cabin” on the Brandywine River at Kennett, Pennsylvania, moving seasonally to a cabin at Centre, Delaware. At some point, all her female kin died, and Freeman lived alone, selling handmade baskets, brooms, herbal medicines, and healing advice. She treated Quaker families in her community. In addition to John Parker’s recollection, the Chalfourt family remembered Freeman successfully treating their daughter for the whooping cough with herbal medicines.¹⁸ However, the documentation is scarce.

Hannah’s brief narrative makes it difficult to gain a clear picture of her healing practice. However, her story shares similarities with an Abenaki woman named Molly Ockett, remembered in local histories of the Androscoggin River Valley in Maine as a skilled healer and the “last Pigwacket Indian.” Ockett, also known by her Catholic baptismal name Marie Agatha, retained a seasonally migratory lifestyle typical of Abenakis, who, like the Lenapes, were an Algonquian-speaking group. She was of a similar age to Hannah Freeman, since Ockett was likely born sometime in the late 1730s and died in 1816. The Abenakis in Maine were increasingly dispossessed, but, like

¹⁷ Daniel K. Richter, *Facing East from Indian Country: A Native History of Early America* (Cambridge, MA: Harvard University Press, 2001), 206–8; Krista Camenzind, “Violence, Race, and the Paxton Boys,” in *Friends and Enemies in Penn’s Woods: Indians, Colonists, and the Racial Construction of Pennsylvania*, ed. William Pencak and Daniel K. Richter (University Park: University of Pennsylvania State Press, 2004), 201–20; John Dunbar, ed., *The Paxton Papers* (The Hague, The Netherlands: M. Nijhoff, 1957), 85; Kevin Kenny, *Peaceable Kingdom Lost: The Paxton Boys and the Destruction of William Penn’s Holy Experiment* (New York: Oxford University Press, 2011).

¹⁸ Marsh, *A Lenape among the Quakers*, 94–5; Hannah Freeman File, CCHS.

Freeman, Ockett chose to stay on Abenaki lands and live in proximity to the increasingly numerous English settlers. Ockett had an extensive practice as a midwife and a doctress, treating both Euro-Americans and Abenakis. Like Freeman, she also sold baskets and intricate needlework goods. Local accounts record the irony of Ockett treating the wife of a celebrated Indian fighter and provide the detail that she cured the woman's infected finger with a remedy made from Solomon's seal. Historians Bunny McBride and Harald Prins emphasize the agency exercised by Indian healers and midwives like Ockett, who provided lifesaving care in the intimate spaces of Euro-American and Indian households. In her role as a healer, Ockett acted as a mediator between her Pigwacket community and Euro-American settlers.¹⁹ Both Ockett and Hannah Freeman used their traditional skills to earn income so that they could live in relative independence near their home places that had become Euro-American communities.

Authoritative “Guardians of Tradition”

For women such as Hannah Freeman who belonged to Eastern Algonquian language groups, as well those who were Iroquoian speakers, healing conferred cultural authority within their communities. In her work with Lenape women, anthropologist Regula Trenkwalder Schöenenberger contrasts the limited notion of a male sphere of political authority in patrilineal Western European societies—in which women were by definition excluded—with the power relations in “small scale” societies like those of the

¹⁹ Bunny McBride and Harald E. L. Prins, “Walking the Medicine Line: Molly Ockett, a Pigwacket Doctor,” in *Northeastern Indian Lives, 1632–1816*, ed. Robert S. Grumet (Amherst: University of Massachusetts Press, 1996), 321–47, quotation, page 338; Laurel Thatcher Ulrich, *The Age of Homespun: Objects and Stories in the Creation of an American Myth* (New York: Vintage, 2001), 248–76. For an additional comparison, Ann Marie Plane cites a 1730 legal case in New England involving a healer called “Indian Hannah” who provided abortifacient herbs to a woman suspected of infanticide. See Plane, *Colonial Intimacies: Indian Marriage in Early New England* (Ithaca, NY: Cornell University Press, 2000), 125–6.

seventeenth- and eighteenth-century Lenapes. As Schöenenberger argues, in Lenape villages, authority was “dispersed, genderless, and negotiable” and it depended on “the person’s ability, capacity or competence in certain areas that were crucial for the survival or recreation of the community.”²⁰ Authority flowed from a person’s aptitude in creating spheres of influence without the threat of violence or coercion. It was based on one’s “ability to produce or distribute resources, to initiate or maintain social groups, to have special knowledge in the field of medicine/herbs, or in the field of ritual/religion.”²¹ Lenapes valued two types of healers: nentpikes who provided herbal cures for wounds and diseases and medew (or meteinu) who were also adept at diagnosing and treating illnesses of spiritual origins. Female herbalists and midwives tended to be nentpikes. However, these roles overlapped, and both demonstrated spiritual power.²² For Lenapes, healing authority flowed from specialized healthcare knowledge and skills that allowed female healing adepts to wield noncoercive medical and spiritual influence, which contributed to the wellness of their communities.

Iroquois groups shared this model of female healing authority. Between 1676 and 1753, the Lenapes were a client nation of the Iroquois League, which increased their mutual tensions but offered opportunities for health information transmissions.²³ In

²⁰ Regula Trenkwald Schöenenberger, *Lenape Women, Matriliney, and the Colonial Encounter: Resistance and Erosion of Power (c. 1600–1876)* (Bern, Switzerland, Peter Lang, 1991), 93–4.

²¹ Schöenenberger, *Lenape Women*, 93–4.

²² Herbert C. Kraft and John T. Kraft, *The Indians of Lenapehoking*, 3rd ed. (South Orange, NJ: Seton Hall University Museum, 1988); Herbert C. Kraft, *The Lenape: Archaeology, History, and Ethnography* (Newark, NJ: New Jersey Historical Society, 1986), 178–82; Jane T. Merritt, “Cultural Encounters along a Gender Frontier: Mahican, Delaware, and German Women in Eighteenth-Century Pennsylvania,” *Pennsylvania History* 67, no. 4 (2000): 508.

²³ Gunlog Fur unpacks the relationship between Lenapes and the Iroquois League in *A Nation of Women: Gender and Colonial Encounters Among the Delaware Indians* (Philadelphia: University of Pennsylvania Press, 2009).

Iroquoian (or Haudenosaunee) groups, the act of healing was part of a general culture of reciprocal gift exchanges that bound kin, communities, and clans together. Reciprocity also reflected the high value that Haudenosaunees placed on maintaining balance with the natural and spiritual worlds. In some instances, women even formed female medicine societies and presided over rituals to heal a person's illness caused by malevolent spirits.²⁴

Iroquoian scholar Barbara Alice Mann argues for complementary spheres of gendered authority that mirrored the Earth-Sky balance of Iroquoian cosmology. Women were linked with "earth medicine" that encompassed water, caves, plants, and blood, which was reflected in their power to preside over childbirth and herbal healing practices.²⁵ In Iroquoian and Eastern Woodland cultures, women's role as child bearers and midwives gave them life-giving authority. A woman named Katteuha clearly articulated this maternal sphere of female power in a petition to Benjamin Franklin from a later period. Katteuha pressed Franklin to "consider that woman is the mother of All—and that woman Does not pull Children out of Trees or Stumps . . . , but out of their Bodies." Thus she admonished, "They ought to mind what a woman says, and look upon her as a mother."²⁶ Although Katteuha was a War Leader of the Cherokee, a different

²⁴ Arthur C. Parker, "Secret Medicine Societies of the Seneca," *American Anthropologist* 11, no. 2 (1909): 161–85.

²⁵ Barbara Alice Mann, *Iroquoian Women: The Gantowisas* (New York: Peter Lang, 2000), 215–6; Barbara Alice Mann, "Haudenosaunee (Iroquois) Women: Legal and Political Status," in *The Encyclopedia of Native American Legal Tradition*, ed. Bruce Elliott Johansen (Westport, CT: Greenwood Press, 1998), 112–31; Daniel K. Richter, *The Ordeal of the Longhouse: The People of the Iroquois League in the Era of European Colonization* (Chapel Hill: University of North Carolina Press, 1992), 22–3. Richter notes reciprocal male/female spheres. When men were away during hunts or warfare, an Iroquois village was a place of women and children.

²⁶ "[Katteuha, The Beloved Woman of Chota and] Cherokee Indian Women to Pres. [President of Pennsylvania, i.e., Governor Benjamin] Franklin, 1787," in Samuel Hazard, *Pennsylvania Archives*:

language and culture group from Iroquois or Lenape, her printed 1787 petition to Pennsylvania Governor Franklin exemplifies American Indian women whose speech and actions projected authority.

For both Iroquois and Lenape groups, personal, community, and cosmological health depended on the balance between the deeply interconnected natural and spiritual realms inhabited by humans and other powerful living beings. Female medical adepts taught their daughters and acolytes the healing and harming properties of plants and the correct ways to collect, process, store, and administer them, with interwoven spiritual rituals. Like male shamans, women healers' administration of herbal remedies might be accompanied by songs, prayers, dreams, dances, and the rhythmic sound of turtle shell rattles to counter disease-causing spiritual entities.²⁷ Although it is important not to overemphasize Lenape and Iroquoian women's authoritative roles, the diffusion of political and healing power, even among male leaders, provided spaces for women to assert healing authority.

As Indian groups increasingly came into contact and conflict with Europeans in the early eighteenth-century Delaware Valley, these diverse peoples discovered cultural consonances as well as differences. Healthcare exchanges in household spaces, mediated by rituals of hospitality, provided women of different communities the opportunity to learn about each other's healthcare practices.²⁸ Although Indian groups' authority

Selected and Arranged from Original Documents, vol. 11 (Philadelphia: Joseph Severns and Co., 1855), 180–1; Barbara Alice Mann, *Native American Speakers of the Eastern Woodlands: Selected Speeches and Critical Analyses* (Westport, CT: Greenwood Press, 2001), 126–30.

²⁷ Mann, *Iroquoian Women*, 215–6; Shoemaker, ed., *Negotiators*, “Introduction;” Richter, *The Ordeal of the Longhouse*, 59–60.

²⁸ Hirsch, “Indian, Métis, and Euro-American Women,” 79.

structures differed from those in European societies, their notion of healing authority based on interpersonal influence rather than coercion would have been mutually understandable. In addition, although their medical theories and spiritual frameworks differed, both European and American Indian women healers valued physical and spiritual balance as part of wellness. For example, American Indians and Europeans used the therapeutic modalities of bleeding and purging, and both recognized the healing powers of immersion in hot sulfur springs. Europeans were interested in American Indians' use of sweat baths, since the practice was consistent with their standard medical theories dating back to classical Greece and Rome.²⁹ Similarities in healing cultures facilitated exchanges.

Like their Native American counterparts, Euro-American women healers taught their daughters and apprentices how to gather and process healing herbs, which included rituals and timing that might coincide with the seasons, the time of day, or the phases of the moon. Some European missionaries and travel writers attempted to create false dichotomies between allegedly rational, science-based European medical practices and what they considered American Indians' healing superstitions. However, Euro-American lay healers and doctors continued to incorporate astrology, alchemy, and magic into their practices, despite the emergence of Enlightenment medical and science-related theories. In addition, most Euro-Americans operated within a religious worldview, and they recognized the power of prayer and God's occasional miraculous interventions. In

²⁹ Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, CT: Yale University Press, 2009), 15–57. The Finnish-Swedish colonists were familiar with wet and dry saunas, which were popular in early modern Finland. See Mikkel Aaland, *Sweat: The Illustrated History* (Santa Barbara, CA: Capra Press, 1978), 98–104.

intercultural encounters, compatible healing practices were objects of great interest and cultural exchange.³⁰

Nonetheless, cross-cultural medical understandings and healthcare hospitality became increasingly strained as Lenapes, Iroquois, and other Indian groups in the greater Delaware Valley were faced with new waves of colonists. European settlement challenged native peoples' life ways and health through the expropriation of lands, rapid environmental changes, and epidemic diseases. To borrow a phrase from historian Kathryn Holland Braund, during the cultural dislocations caused by European settlement, Eastern Woodland and Iroquoian women were “guardians of tradition” as well as “handmaidens to change.”³¹ As evidenced in glimpses of Hannah Freeman and other Indian women's lives, healing was a strategy that reflected their attempts to maintain cultural traditions and ties of kinship while adapting to geographic displacement and rapid social changes.

Healing Exchanges

A brief backward glance at the early period of Delaware Valley settlement provides a context for later healing encounters. Reports of “secret Indian cures” that circulated in the mid-to-late seventeenth century generated continued interest for Euro-American colonists throughout the eighteenth century. Beginning in the late 1630s, small numbers of Swedish and Dutch peoples settled among Lenape groups in what is now Delaware and New Jersey. Healthcare information exchanges were part of the closely

³⁰ Nancy Shoemaker, *A Strange Likeness: Becoming Red and White in Eighteenth-Century North America* (New York: Oxford University Press, 2004), 3–12.

³¹ Kathryn Holland Braund, “Guardians of Tradition and Handmaidens to Change: Women's Roles in Creek Economic and Social Life during the Eighteenth Century,” *American Indian Quarterly* 14, no. 3 (1990): 239–58.

connected daily lives of Europeans and Lenapes. Peter (Pehr) Kalm, a Swedish botanist who traveled in the Mid-Atlantic during the 1740s, recorded elderly Swedish settlers' recollections of these interactions from the late seventeenth and early eighteenth centuries. Aged Swedish settlers in Raccoon (later Gloucester County, New Jersey) explained that the Swedes "could tell a great many things concerning their [Lenapes'] manner of living."³² Lenapes and other Indian groups in the area also learned new information about Europeans' life ways. Hannah Freeman's grandmother and her distant New Jersey kin would have remembered these early days of colonial encounters before extensive European settlement. Recognizing that Europeans were there to stay, Lenape leaders worked to incorporate colonists' weapons, soldiers, and trade goods into their own political alliances and conflicts with other Indian "nations."³³

However, Europeans also transmitted waves of devastating diseases such as smallpox, which were particularly virulent for American Indians whose bodies had never encountered Old World organisms. These new maladies often eluded the curative powers of male and female Indian healing adepts, and they sought healing information from colonists. As Kalm's informants confirmed, early European settlers also faced morbidity and mortality from epidemics of pleurisies and throat distempers, as well as seasonal bouts of fever and ague.³⁴ Although Europeans brought their own armamentariums of

³² Peter Kalm, *Travels, into North America; Containing Its Natural History and a Circumstantial Account of Its Plantations and Agriculture in General*, 2nd ed., vol. 1 (London: T. Lowndes, 1772), 36. Kalm traveled under the auspices of the Royal Swedish Academy of Sciences.

³³ Gregory Evans Dowd, *The Indians of New Jersey, New Jersey History*, ser. 3 (Trenton: New Jersey Historical Commission, 2001), 42–3.

³⁴ Alfred W. Crosby, *The Columbian Exchange: Biological and Cultural Consequences of 1492* (Westport: CT: Praeger, 2003), 42–60; Fenn, *Pox Americana*, 3–43; Israel Acrelius, *A History of New Sweden: or, The Settlements on the River Delaware* (Philadelphia: Historical Society of Pennsylvania, 1876), 99; Kalm, *Travels*, 120.

domestic healing recipes along with their endemic diseases, they eagerly sought cures from native peoples. Colonists were primed with the understanding that diseases arose from specific environments. Natural philosophers as well as theologians argued that God had mercifully provided cures for diseases in the areas in which illnesses were endemic. American Indian healers were critical sources for herbal remedies to cure medical problems that were new to the settlers, such as North American rattlesnake root used to treat bites of venomous snakes unknown in Europe. American Indians were also acknowledged experts in healing wounds and broken bones. In the new disease environment created by intercultural mixing, vulnerable sufferers from various culture groups were motivated to exchange healing information.

For example, Swedish colonists learned the medicinal uses of sassafras from Lenapes. This aromatic tree (*Laurus sassafras*) abounded in Mid-Atlantic forests, and both Lenapes and Iroquois used it for a variety of medical problems, including dropsy, eye ailments, and venereal diseases. Early English Philadelphians also used sassafras for numerous illnesses, and they successfully exported it to Europe. Peter Kalm recorded a Swedish woman's medicinal use of sassafras, noting, "An old Swede remembered that his mother cured many people of dropsy by a decoction of the root of sassafras in water, drank every morning" and she "used to cup the patient on the feet." In addition to sassafras, the woman used the European practice of cupping, which involved placing heated glass cups on skin to draw out the excess humors. The patients must have been quite ill, since the aged son remembered that he had "often seen people cured by this

means . . . brought to his mother wrapped in sheets.”³⁵ The Swedish woman combined a classic American Indian botanical with the common European practice of cupping, creating an intercultural remedy for dropsy.

Recorded incidents of hearthside health information sharing suggest that these types of transactions may have been commonplace during the early years of Swedish and Dutch settlement, setting a precedent for medical reciprocity in subsequent decades. In his missionary journals from 1712–1723, Andreas Hesselius, a Swedish Reformed minister to Christiana (now Wilmington, Delaware), recorded botanical and healing information exchanges. In his accounts of American Indians’ medical remedies, Hesselius demonstrated a mix of natural philosophical curiosity and a personal desire for a cure. In the role of natural philosopher, he collected plant and animal specimens and recorded their medical uses. Along with a description of the turkey vulture, Hesselius noted the Lenape’s medical uses of the bird’s renderings. As he explained, the vulture was “allowed to roast by a good fire until the fat is dripping.” The fat was stored and used as an ointment, which “causes incredible relief if rubbed in for dry aches, pains in the joints or in the back for gouty twinges.”³⁶ One wonders if Hesselius experienced the “incredible relief” himself. Hesselius’ natural history notes of the settlement would have

³⁵ Kalm, *Travels*, 284. Dropsy was identified by severe swelling in the extremities, and it could be caused by heart, liver, or kidney failure. See also Peter Kalm, *The America of 1750: Peter Kalm’s Travels in North America*, trans. Adolph B Benson (New York: Wilson-Erickson, Inc., 1937), 78–9, 179–80; William N. Fenton, “Contacts Between Iroquois Herbalism and Colonial Medicine,” *Annual Report of the Board of Regents of the Smithsonian Institution* (Washington, DC: US Government Printing Office, 1941), 515–6. Colonists also used sassafras in dyeing cloth, flavoring beer, and preventing bedbug and moth infestations.

³⁶ October 17, 1712, Andreas Hesselius (1677–1733), “Observations on the Natural History of Delaware during the Years 1711–1724,” translated and transcribed in *The Proceedings of the Delaware Valley Ornithological Club*, 21 (1918), 13–4. http://www.dvoc.org/CassiniaOnLine/Cassinia22/C22_06_18.pdf; Benjamin Ferris, *A History of the Original Settlements on the Delaware: From Its Discovery by Hudson to the Colonization Under William Penn* (Wilmington, DE: Wilson & Heald, 1846), 179–80.

been of interest to his colleagues at Uppsala University in Sweden, the Academy of Sciences, government officials, and merchants. In addition to their interpersonal significance, the trade value of medicinal herbs like sassafras and ginseng served as an economic driver of botanical exchanges.

However, as historian Gunlog Fur explains, a personal crisis caused Hesselius to seek medical advice from Chicalicka Nanni Ketteleve, a Lenape woman healing adept. Hesselius' son was desperately ill from intestinal worms, and he believed that Ketteleve's herbal treatment saved the boy's life. The minister copied down Ketteleve's herbal remedy, but she admonished him to keep her method of decocting the cure a secret.³⁷ Hesselius clearly respected Ketteleve's healing acumen, and she reciprocated by sharing her secret cure with the minister. Healthcare information and medicinals were important commodities in survival, in alliances, in trade, and in ceremonies of gift exchanges that cemented ties between natives and newcomers. Kalm and Hesselius' accounts suggest that American Indian and Euro-American women healing adepts were on the front lines of these encounters, which could generate new blended pharmaceutical and healing cultures.

Just as Lenape women held respected healing roles in their communities, Euro-American women in early settlements provided the bulk of healing, particularly because

³⁷ Andreas Hesselius till Kengl, "Radet Greve Gustaf Cronhjelm, December 1, 1712," in Gunlog Fur, *A Nation of Women*, 44. For a comparative example of a Wampanoag woman healer and midwife, see Experience Mayhew, *Indian Converts: or, Some Account of the Lives and Dying Speeches of a considerable number of the Christianized Indians of Martha's Vineyard, in New-England* (London: Samuel Gerrish, 1727), 140–1. I appreciate historian David Silverman pointing out this reference.

there were few trained doctors.³⁸ The experience of Mary Spratt Provoost Alexander, who lived in New York and New Jersey, exemplifies the types of healing encounters and personal relationships that were possible between Mid-Atlantic Euro-American and American Indian women in the early to mid-eighteenth century. Local histories record that as a child growing up at the turn of the eighteenth century in the Dutch-influenced English “village” of New York, Mary Spratt learned the Lenape language while playing with Lenape children who gave her a special name.³⁹ As an adult, Mary Spratt Provoost participated in ceremonial gift exchanges with the Manhattan Lenapes that likely included healing herbs and health information along with “pottery, embroidered moccasins, wampum belts, and dried fruit.”⁴⁰ After the death of her first husband, Mary ran the family merchant business. In 1721, she married New Jersey attorney and politician, John Alexander.

In the 1740s, Mary Provoost Alexander’s kitchen and physic garden was adjacent to a place where various Native American groups camped when trading with New Yorkers. Manhattan Lenapes apparently recognized Alexander as a great “medicine

³⁸ See Stephen Wickes, *History of Medicine in New Jersey and of its Medical Men from the Settlement of the Province to A.D. 1800* (Newark, NJ: Martin R. Dennis & Co., 1879), 16; Peter S. Craig, 1671 *Census of Delaware* (Washington, DC: Genealogical Society of Pennsylvania, 1999), 28. In his *History of New Sweden*, Israel Acrelius noted that the settlement of Ammansland (now Darby, PA), which Swedish settlement named in the 1630s honor of its resident nurse-midwife underlines the value that settlers placed on skilled female healers. Ammas can mean midwife, wet nurse, or lying-in nurse. See Acrelius, *History of New Sweden*, 204.

³⁹ For Mary Spratt Provoost Alexander (1693–1760), see Mrs. John King Van Rensselaer [May Denning (1848–1925)], *The Goede Vrouw of Mana-ha-ta: At Home and in Society, 1609–1760* (New York: Charles Scribner’s Sons, 1898), 347–58; June O. Kennedy, “Mary Spratt Provoost Alexander (1693–1760)” in *Past and Promise: Lives of New Jersey Women*, ed. Joan N. Burstyn (Syracuse, NY: Syracuse University Press, 1997), 6; Livingston Rutherford, *Family Records and Events: Compiled Principally from the Original Manuscripts in the Rutherford Collection* (New York: De Vinne Press, 1894). Spratt’s mother was Dutch-American, and her father was Scottish.

⁴⁰ Van Rensselaer, *The Goede Vrouw of Mana-ha-ta*, 354.

woman” and sought her healing expertise. Mary Alexander would have incorporated American Indian healing knowledge with the medicinal teachings that she learned from her Dutch grandmother, who was a healer. The grandmother exchanged health information with one of New York’s early colonial physicians, Dr. Hans Kierstede, and she shared his secret recipe for a medicinal ointment with her granddaughter, Mary. Biographer May Van Rensselaer noted that Provoost’s burn salve, herb teas, and remedies were “much sought after,” and “many a sick person was brought to her door who never left it empty-handed.” Mary Provoost Alexander was known for her “mixture of green tea and tobacco,” a secret recipe that was “always compounded under her own eye.”⁴¹ Provoost Alexander created a unique medication that involved a transnational blend of Chinese green tea and American Indian tobacco. The Alexanders moved to northern New Jersey in the 1750s, and Mary continued her merchant business and healing practice. She successfully treated her second husband’s gout with tar water, a remedy popularized by George Berkeley, the Anglo-Irish Bishop of Cloyne. Berkeley learned this Native American cure when he visited America in the late 1720s to missionize “the Indians.” However, instead of converting Native Americans, Berkeley made believers of

⁴¹Van Rensselaer, *The Goede Vrouw of Mana-ha-ta*, 355–7. Mary Provoost Alexander’s business records, including fabric samples, are housed at the New York Historical Society, Alexander Papers (1668–1818), ser. 3, and at the New Jersey Historical Society, Rutherford Family, Manuscript Group 398. Dr. Hans Kierstede’s great-great-grandson, druggist General Henry T. Kiersted of Harlem, continued to market “Kierstede’s Ointment.” See *The Brooklyn Medical Journal* 17 (1903). See also Alice Morse Earle, *Colonial Days in Old New York* (New York: Charles Scribner’s Sons, 1896), 162. Earle noted other instances of women who knew Indian languages and served as Indian traders, interpreters, and land agents, including Peter Schuyler’s wife.

countless medical consumers throughout the Atlantic World who readily put their trust in his American Indian–derived tar water remedy.⁴²

The popularity of tar water on both sides of the Atlantic underscores the exotic power of American Indian medical knowledge, especially when harnessed to an effective sales pitch. However, Bishop Berkeley’s fame after the publication of his best-selling 1744 pamphlet overshadowed tar water’s Native American origins. The efficacy of tar water as a universal cure for innumerable ailments was debated in formal medical and natural philosophical circles as well as in the popular press and satirical broadsides. Tar water remedies circulated widely, frequently appearing in mid-century Euro-American Delaware Valley women’s manuscript recipe books.⁴³ Mary Spratt Provoost Alexander’s healthcare practice speaks to health exchanges between American Indians and Mid-Atlantic laywomen healers, as well as the extensive diffusion of American Indian healing knowledge. Like Kalm and Hesselius’ accounts, Alexander’s narrative demonstrates the movement of health information between, physicians, “gentlemen of science,” American Indian practitioners, and European women healers of various ethnicities.

Crossroads of Healing Diplomacy

As long as settlements were scattered and Euro-American colonists and Indian groups lived in independent but interconnected communities, intercultural sharing was common, particularly in Quaker William Penn’s Commonwealth of Pennsylvania.

⁴² Van Rensselaer, *The Goede Vrouw of Mana-ha-ta*, 347–50; George Berkeley, *The Works of George Berkeley*, vol. 3, ed. Alexander C. Fraser (London: Henry Frowde, 1901), 115–337, fn 142. Includes *Siris: A Chain of Philosophical Reflexions and Inquiries Concerning the Virtues of Tar-water* (1744).

⁴³ Edwin S. Gaustad, *George Berkeley in America* (New Haven, CT: Yale University Press, 1979). For example, see Elizabeth Coates Paschall (1702–1768), *Recipe Book*, ca. 1745–1767, College of Physicians Philadelphia, 29L, 32L.

Quaker teachings of equality and pacifism caused Quaker colonists to attempt to avoid warfare. The Lenapes, as well as the other Indian groups who migrated into Pennsylvania, served as a military buffer for the conflict-shy Quaker-led Pennsylvania Assembly, who eschewed funding a colonial militia to protect the frontiers from the French and their Indian allies. However, conflict percolated beneath the surface of the much-lauded seventy years of peace under the Penns.⁴⁴ While Lenape groups in New Jersey were able to remain in the Pine Barrens lands that were less attractive for farming, Pennsylvania Lenapes like Hannah Freeman's Brandywine group were increasingly faced with land-hungry settlers and squatters. A late nineteenth-century history of Chester County records Lenapes' legal battles with the Pennsylvania Assembly over land rights "on this spot" where "Indian Hannah, the last of her race dwelt for many years."⁴⁵

⁴⁴ Mid-Atlantic American Indians' geopolitical issues in the late seventeenth and early-to-mid eighteenth century were complex. During the 1720s, the Pennsylvania government cemented the Covenant Chain alliance between the Five (later Six) Nations of the Iroquois. Since the Lenapes were a client nation of the Iroquois League, Pennsylvania leaders like James Logan could deal directly with Iroquois leaders on matters of land purchases, which often sidelined the Lenapes. See Fred Anderson, *The War That Made America: A Short History of the French and Indian War* (New York: Penguin, 2006), chapter 1; F. Anderson, *Crucible of War: The Seven Years' War and the Fate of Empire in British North America, 1754–1766* (New York: Random House, 2007); Timothy J. Shannon, *Iroquois Diplomacy on the Early American Frontier*, Library of American Indian History (New York: Penguin, 2008); Richter, *The Ordeal of the Longhouse*, 135–50.

⁴⁵ In 1725, five years before Hannah's birth, Lenape leader Checochinican (or Sheekonicikan) and a delegation from his village on the Brandywine Creek addressed the Pennsylvania Assembly in Philadelphia through an interpreter. Checochinican invoked the Brandywine Lenapes' "perpetual friendship" with William Penn and reminded the council, "after we sold him our country, he reconveyed back a certain tract of land upon Brandywine" that was to be theirs "from generation to generation" as "long as the water ran down that creek." Although "the wrighting [land deed]" was destroyed in a fire, the Lenapes "remember very well the contents." Checochinican detailed the environmental damage caused by English settlement, including deforestation and a decline in game and fish. J. Smith Futhey and Gilbert Cope, *History of Chester County*, 189–91. See also Schutt, *Peoples of the River Valleys*, 80; Dawn Marsh, "Old Friends in New Territories: Delawares and Quakers in the Old Northwest Territory," in Charles Beatty-Medina, Melissa Rinehart, eds., *Contested Territories: Native Americans and Non-Natives in the Lower Great Lakes, 1700–1850* (East Lansing: Michigan State University Press, 2012), 87; C. A. Weslager, *The Delaware Indians*, 186–93; David L. Preston, *The Texture of Contact: European and Indian Settler Communities on the Frontiers of Iroquoia, 1667–1783* (Lincoln: University of Nebraska Press), 128–9. Preston argues that free-ranging livestock destroyed Lenapes' corn crops.

Freeman's mother and grandmother would have remembered the Brandywine Lenape leader Checochinican addressing the Pennsylvania Assembly in 1725 to protest English settlement that violated longstanding agreements with William Penn. By the time Hannah was a child in the 1730s, the Brandywine Lenapes were increasingly dispossessed. Euro-Americans' continued land grabs are exemplified in the so-called "Walking Purchase" of 1737, a land swindle that resulted in Lenapes losing over one million acres of their lands. Lenapes' simmering anger over this land fraud would erupt two decades later during the Seven Years' War.⁴⁶

When Pennsylvania officials evicted these Lenapes from their lands, they moved west to the Susquehanna and Wyoming river valleys, beginning a northwestern migration of Lenapes. In her transcribed autobiography, Freeman recalled, "The Country becoming more settled the Indians were not allowed to Plant Corn any longer" so my "Father went to Shamokin and never returned."⁴⁷ Freeman's father followed other Brandywine Lenapes up the Susquehanna River to villages like Shamokin, where some stayed and recreated their lives among the Shawnees, Susquehannocks, Senecas, and other transplanted residents. In Shamokin, Freeman's father would have found diverse groups of Indian peoples who were adapting to new cultural, religious, diplomatic, and physical environments.

⁴⁶ In the "Walking Purchase," Penn family proprietors of Pennsylvania reprised a flimsy 1680s deed purporting that Lenapes had previously promised to sell prime lands at the confluence of the Delaware and Lehigh Rivers near Easton. The area comprised the distance that a man could walk west in one and one-half days. Penn secretary James Logan hired three fast runners rather than walkers to stake out the territory, thus falsely appropriating more than one million acres of Lenape lands. Lenapes appealed to the Iroquois League to mediate, but Iroquois leaders found it to be in their best interest to allow the dispossession of this Lenape group.

⁴⁷ Moses Marshall, "The Examination &c of Indian Hannah," CCHS.

Shamokin's location at the confluence of the east and west forks of the Susquehanna River and at intersections of overland trade routes made it a natural gathering place for displaced American Indians, trappers, traders, soldiers/warriors, and diplomatic go-betweens. It was also a commercial hub with linkages to the important village of Onondaga to the north in New York and the greater Philadelphia area to the south. An influential Oneida leader named Shikellamy presided over the village when he was not traveling in his role as a diplomat in negotiations and treaties between colonial governments and Indian groups. Some missionaries viewed this rowdy, diverse town as a city of sin that was ripe for the Christian gospel.

On visiting Shamokin in 1745, Presbyterian missionary David Brainerd was reminded of the Tower of Babel. He noted the presence of "different tribes of Indians speaking three languages wholly unintelligible to each other. About one half of its inhabitants are Delawares [Lenapes], the others called Senakes [Senecas], and Tutelas [Tutelos]." Brainerd mourned, "Satan seems to have his seat in this town" filled with men who were "counted the most drunken, mischievous, ruffianly fellows of any in these parts."⁴⁸ Reading against the grain of Brainerd's religious musings along with other sources, one can infer that for Lenapes like Freeman's father, Shamokin was either a stopping place on their journey into the Ohio territory or a destination open to refugees from a number of Indian groups. In Shamokin, healing exchanges were part of a wide range of cultural and economic encounters. Along with commerce in furs, guns, cloth,

⁴⁸ David Brainerd, diary entry, September 13, 1745, in Jonathan Edwards, ed., *An Account of the Life of the Late Reverend Mr. David Brainerd, Minister of the Gospel, Missionary to the Indians . . . Chiefly Taken from his Own Diary, and Other Private Writings* (Boston: D. Henchman, 1749), 352, LCP. Brainerd's journal was published in 1745 by Philadelphia printer William Bradford.

and export pharmaceuticals like ginseng, recorded instances of medical interactions suggest that Shamokin was a place where people sought cross-cultural information on healing remedies, herbs, and medicines.

In one encounter, German-born interpreter and mediator Conrad Weiser requested medical care from the Métis trader, diplomat, and interpreter Madame Montour. Weiser suffered from a chronic stomach problem that he described as a “fever,” and Montour prescribed her proprietary fever powders. The languages through which they chose to communicate are unknown since they were both multilingual, but sometime in the mid-1740s Weiser copied down Montour’s instructions in German at the back of his account book. Translated into English, he wrote

Memorandum of Madame Montour: Take a good thimbleful tied in a rag and dissolve it in a half pint of water, and throw the rest away. It dissolves like salt. The few remaining crumbs are thrown away. When the fever comes the patient must be given this half pint of water, to be drunk, and if the fever returns, it is repeated. For a child, according to proportion.⁴⁹

Had Montour shared the actual recipe for her fever powders with Weiser, the ingredients might have provided insights into the pathways of multicultural medicinal exchanges in which she participated throughout her lifetime. Born to a French trader father and a Sokakis Indian mother, Montour was captured and adopted by an Oneida group, and

⁴⁹ “Memorandum of Madame Montour,” Peters MSS, II, 16 quoted in Arthur D. Graeff, *Conrad Weiser: Pennsylvania Peacemaker*, vol. 8, Pennsylvania German Folklore Society (Allentown, PA: Schlechter, 1945), 144. Graeff notes that Weiser also received a prescription for a “paper bark vomit” for his ailment from Dr. Thomas Graeme in Philadelphia. See also Paul A. W. Wallace, *Conrad Weiser, 1696–1760: Friend of Colonist and Mohawk* (Philadelphia: University of Pennsylvania Press, 1945), 196. Weiser had known Montour since 1737 when he stayed at her home north of Shamokin while on a diplomatic journey. According to Weiser, “We quartered ourselves with Madame Montour, a French woman by birth, of good family; but now in mode of life a complete Indian.” See Charles A. Hanna, *The Wilderness Trail, Or, The Ventures and Adventures of the Pennsylvania Traders on the Allegheny Path*, vol. 1 (New York: G. P. Putnam’s Sons, 1911), 200; Alison Duncan Hirsch, “The Celebrated Madame Montour”: ‘Interprestress’ across Early American Frontiers,” *Explorations in Early American Culture* 4 (2000): 81–112.

raised by an Oneida family. In his youth, Conrad Weiser had lived with a Mohawk family for a year, so he and Montour had both experienced intercultural adaptations. Along with her Oneida husband, Montour served as a valued personal interpreter for the governor of New York. After her husband's death in 1729, Montour moved with her three children to Pennsylvania, just north of her close colleague Shikellamy's home at Shamokin.⁵⁰

In Pennsylvania, Montour continued her role as an interpreter and cultural broker. She played a key role along with Conrad Weiser at the 1744 Treaty of Lancaster, where she may have prescribed her fever powders. Montour shared with a commissioner at a Maryland treaty conference that she had learned English in Philadelphia, and that she "was much caressed by the gentlewomen of this city."⁵¹ However, no extant recipes have been discovered that record Montour's fever powders in Philadelphia women's recipe books. In her travels to treaty conferences, Montour may have met another female mediator named Molly Brant (Degonwadonti), a Christian-influenced Mohawk, who was the common-law wife of William Johnson, the British Superintendent for Indian Affairs in the Northern Colonies.

There is evidence that Brant also practiced healing as part of her intercultural diplomatic interactions, and she was well known for her hospitality to American Indian

⁵⁰ Nancy L. Hagedorn, "Faithful, Knowing, and Prudent': Andrew Montour as Interpreter and Cultural Broker, 1740–1772," in *Between Indian and White Worlds: The Cultural Broker*, ed. Margaret Connell Szasz (Norman: University of Oklahoma Press, 2001), 44–5; Nancy Hagedorn, "A Friend to Go between Them': The Interpreter as Cultural Broker during Anglo-Iroquois Councils, 1740–70," *Ethnohistory* 35, no. 1 (1998): 60–80. As Hagedorn explains, the family history of Madame Montour, or possibly Elizabeth Couc (died 1753) is debated by historians.

⁵¹ John O. Freeze, "Madame Montour," *Pennsylvania Magazine of History and Biography*, vol. 3 (1879): 85.

and Euro-American guests at Johnson Hall in New York.⁵² William Johnson shared medical information that he learned from various American Indians, likely including his wife Molly, with Peter Kalm on his botanical travels. In a letter remembering his earlier visit with Kalm, Johnson commented, “There are many simples [herbal medicinals] in this country which are, I believe, unknown to the learned, notwithstanding the surprizing [sic.] success with which they are administered by the Indians.”⁵³ Since communicable diseases were transmitted along with diplomatic information among the diverse participants at treaty conferences, effective herbal remedies administered by skilled healers like Montour and Brant would have been in demand. At her hearthside and during her travels, Montour had innumerable opportunities for cross-cultural healing exchanges like the one that Weiser happened to document.

Montour would have also have had ample occasions to practice her healing skills in her homes at Otstuguay (French Town) and at Shamokin, where she lived in her later years. Shamokin was a crossroads for the movement of peoples and thus a place frequented by disease epidemics. As Conrad Weiser noted in a letter to Provincial Secretary Richard Peters, “The Indians about Shamokin have been sick with the fever and ague very much.” Shikellamy, his wife, and his children were desperately ill and were

⁵² Molly Brant or Degonwadonti (c. 1736–1796) became William Johnson’s common-law wife in the 1750s and mother of possibly eight of their children. See Lois M. Feister and Bonnie Pulis, “Molly Brant: Her Domestic and Political Roles in Eighteenth-Century New York,” in Robert S. Grumet, *Northeastern Indian Lives, 1632–1816* (Amherst: University of Massachusetts Press, 1996), 295–320. In the 1790s, Elizabeth Simcoe recorded that Molly Brant “prescribed a Root—I believe it is calamus [sweet flag]” for her husband, Upper Canada’s Governor John Simcoe, “which really relieved his Cough in a very short time.” Quoted in Feister and Pulis, “Molly Brant,” 318. See also James Taylor Carson, “Molly Brant: From Clan Mother to Loyalist Chief” in Theda Perdue, ed., *Sifters: Native American Women’s Lives* (New York: Oxford University Press, 2001), 48–59.

⁵³ Sir William Johnson to Dr. Samuel Johnson (London) with an Acct. of an Indian plant for Dr. Gale of Killingworth, December 23, 1767 in Alexander Flick, ed., *The Papers of Sir William Johnson*, vol. 6 (Albany: The University of the State of New York Press, 1928), 31–2.

treated by “Indian doctors.” Weiser also administered Philadelphia physician Thomas Graeme’s bark remedy to Shikellamy and his family, “which had a very good effect.”⁵⁴ However, Weiser noted that despite healing ministrations, a Moravian missionary had died. Evidence of Indian and Euro-Americans’ frequent illnesses run like a refrain through Weiser’s writings, as they do in his contemporaries’ letters and journals. Sickness, along with healing remedies, crossed ethnic, geographic, and religious boundaries.

Healing on Religious Frontiers

The Moravians viewed Shamokin as a fertile mission field, but their missionaries were also intent on learning and understanding Indian languages and cultures and caring for ill bodies as well as souls. Moravians were a Pietist, evangelical sect that had sent immigrants to Pennsylvania from their enclave in Saxony. Moravians deployed single as well as married women as missionaries and lay ministers to American Indian villages. Some Moravian women missionaries were trained in the healing arts and in the Lenape and Iroquois languages. Before beginning their resident mission at Shamokin, Moravian missionaries Martin and Jeanette Rau Mack lived with Madame Montour at her home north of Shamokin, apparently seeking Montour’s diplomatic, healthcare, and intercultural expertise that she had honed over the course of more than eighty years. Montour also entertained Moravian founder Count Nickolas van Zinzendorf, missionary

⁵⁴ Conrad Weiser to Richard Peters, [Provincial] Secretary in Philadelphia, September 27, 1747, and Conrad Weiser to Richard Peters, Esq., Secretary of the Province of Penna, transcribed in Clement Zwingli Weiser, *The Life of Conrad Weiser, the German Pioneer, Patriot, and Patron of Two Races* (Reading, PA: Daniel Miller, 1876), 155–9.

David Zeisberger, and Moravian Bishop August Gottlieb Spangenberg at her home.⁵⁵ Her son, Andrew Montour was a well-respected diplomatic negotiator and guide, and he had worked closely with Zinzendorf, Weiser, and Shikellamy. Moravian missionaries clearly recognized the Montours as an important diplomatic family.

In 1745, Madame Montour consulted with Bishop Spangenberg regarding her daughter, Margaret's, skin abscesses, and the bishop recorded that he lanced and dressed Margaret's boils. In addition to his ministerial education, Spangenberg had studied medicine briefly at the Pietist University of Halle in Brandenburg-Prussia.⁵⁶ The bishop's learned European treatment was consonant with an Indian therapy for infected skin lesions. In his missionary journal, David Zeisberger noted, "Indians applied a warm poultice of Indian cornmeal to boils, which were lanced when ripe."⁵⁷ Montour may have preferred that another skilled practitioner implement this unpleasant procedure on her daughter.

Historian Jane Merritt points to another occasion where spiritual rituals of feasting and friendship clearly intertwined with Spangenberg's medical work. From Montour's house at Shamokin, Spangenberg traveled with Conrad Weiser to Onondaga in New York in 1745, where there "came many sick people and demanded some medicine"

⁵⁵ William Henry Egle, ed., *Notes and Queries: Chiefly Relating to the History of Dauphin County*, vol. 1 (Harrisburg, PA: Harrisburg Publishing Company 1887), 74.

⁵⁶ Simone Vincens, *Madame Montour and the Fur Trade (1667–1752)*, trans. Ruth Bernstein (Bloomington, IN: Xlibris Corporation, 2011) 231–2; Hanna, *The Wilderness Trail*, 204–5. August Gottlieb (Joseph) Spangenberg (1704–1792) received a degree in theology at the University of Jena, and he later taught at the Halle Orphanage associated with the Halle University. Halle developed its own hospital and pharmaceutical manufactory. Spangenberg was dismissed from Halle in 1733 because of his Moravian leanings, several years before Heinrich Melchior Muhlenberg obtained his theological and medical training there. Muhlenberg immigrated to Pennsylvania in 1742 to establish Lutheran Churches in America, and he married Conrad Weiser's daughter Anna Maria in 1745.

⁵⁷ Zeisberger quoted in Virgil J. Vogel, *American Indian Medicine* (Norman: University of Oklahoma Press, 1970), 293.

from Spangenberg, “and the Lord blessed it.”⁵⁸ Spangenberg recognized that Onondaga was the Iroquois League’s geographic, political, and spiritual center. When the Onondaga leader and diplomat Canassatego saw Spangenberg’s boat arriving for a second visit, he “built a fire and prepared food” for a ritual feast. A Moravian companion noted, “When Bro. [Brother] Spangenberg landed, he [Canassatego] requested him to bleed him” as part of the welcoming ritual.⁵⁹ As Merritt notes, by placing his trust in Spangenberg’s healing expertise, Canassatego did not relinquish his power as a shaman and healer. Instead, cultural borrowing between men and women of various ethnicities introduced new healing practices that either party could incorporate into their own repertoire of remedies. Healing and ritual exchanges like those between Spangenberg, Montour, Weiser, and Canassatego strengthened intercultural ties and provided a middle ground for sharing health practices.⁶⁰

At the request of American Indian patients, Spangenberg provided therapeutic bleeding during other missionary journeys, and female Moravian missionaries like Jeanette Rau Mack also offered this healthcare service. Based on early contact accounts, it is possible that American Indian groups practiced some type of bloodletting prior to European settlement. However, it is clear that by mid-century, therapeutic bleeding was a

⁵⁸ John W. Jordan, ed., “Spangenberg’s Notes of Travel to Onondaga in 1745,” *Pennsylvania Magazine of History and Biography* 3 (1879): 60; Merritt, *At the Crossroads*, 121; “Moravian Journals Relating to Central New York, 1745–66,” www.americanjourneys.org/aj-117/.

⁵⁹ Jordan, ed., “Spangenberg’s Notes,” 56–60, Merritt, *At the Crossroads*, 121.

⁶⁰ Spangenberg had also learned local cures on his 1752–1753 travels in North Carolina. On September 26, 1752, while in Granville County, some of his fellow travelers were “suffering from remittant fever—of a bad type.” Several of his companions, including apothecary/doctor Timothy Horsfield were sick “and going through a severe sweating process—induced by a certain medicinal herb.” For Horsfield, see note 108. See August Gottlieb Spangenberg, *Journal of August Gottlieb Spangenberg’s Voyage to North Carolina to Establish a Moravian Settlement, September 13, 1752 –January 08, 1753* [translation], vol. 05, 1–14 in Documenting the American South online, Colonial and State Records of North Carolina <http://docsouth.unc.edu/csr/index.html/document/csr05-0001>. Accessed November 18, 2013.

remedy valued by both American Indians and Euro-Americans for numerous illnesses, including fevers and smallpox.⁶¹ Blood held ritual power for Euro-American Christians, Algonquians, and Iroquois, and it appears to have had particular salience for Algonquian-speaking women. In his recollections of his travels in “the Indian Territories” during the 1760s, New Jersey native Alexander Henry remarked, “The medical information, the diseases and the remedies of the Indians, often engaged my curiosity.” Henry noted American Indian healers’ practices (by unspecified groups) that were shared by Euro-Americans, including “emetics, cathartics, and the lancet [therapeutic bleeding]; but especially the last.” He added, “bleeding is so favorite an operation among the women that they never lose an occasion for enjoying it, whether sick or well.”⁶²

Apparently, Henry gained a reputation as a skilled bleeder and healer. As he maintained, “I have sometimes bled a dozen women in a morning as they sat in a row along a fallen tree” and “no persuasion of mine could ever induce a woman to dispense with it.”⁶³ Ethnohistorian Richard White argues that bloodletting may have been linked to women’s beliefs about menstruation, and it corresponded with Algonquian medicine practices that focused on removing disease-causing poisons or foreign bodies. For Lenape and other Algonquian-speaking women, a menstruating woman was considered spiritually powerful, and therapeutic bleeding may have invoked this power.⁶⁴ Although Henry did not provide examples of American Indian women practicing bleeding, he

⁶¹ Merritt, *At the Crossroads*, 169–81.

⁶² Alexander Henry (1739–1824), *Travels and Adventures in Canada and the Indian Territories between the Years 1760 and 1776*, ed. Milton M. Quaipe (Chicago: R. R. Donnelley and Sons, 1921), 75, 177.

⁶³ Henry, *Travels and Adventures*, 75.

⁶⁴ White, *The Middle Ground*, 328–9. For Lenape menstruation rituals, see Merritt, “Cultural Encounters,” 509–12.

recognized their acumen in curing wounds, noting that a wounded priest was left in the care of “some praying [Indian] women.” Moravian missionary David Zeisberger confirmed Henry’s observations, asserting, “Wounds and external injuries they [the Lenape] treat very successfully, knowing what applications to make.”⁶⁵ Although their medical and religious theories about bleeding and wound care were different, Euro-American travelers and missionaries sought healing information from American Indians on these practices and, in exchange, shared their own medical acumen.

During their mission at Shamokin in the mid-1740s, Jeanette Rau Mack and her husband Martin provided healthcare services and bloodletting for Christianized and non-Christian Indians, thus ministering to physical as well as spiritual needs. According to one account, the Macks were “especially held in high esteem” in the village, because they “are always ready to assist in case of sickness.”⁶⁶ Jeanette Mack was even more fluent in Indian languages than her husband, which would have facilitated intercultural healing communications. Understanding a patient’s medical history and symptoms were critical to a correct diagnosis and treatment. Moravian healers’ therapeutic bleedings were accompanied by prayers and religious songs, a practice that would have been comprehensible to the Indian groups they encountered. However, for Moravians, the bloody wounds in Jesus’ hands and side held particular sacred meaning, representing his

⁶⁵ David Zeisberger, quoted in Vogel, *American Indian Medicine*, 61. Moravian missionary George Henry Loskiel was also struck by the acumen in wound management by the Indians he encountered, including their careful extraction of shot and iron balls (bullets). See George Henry Loskiel, *History of the Mission of the United Brethren [Moravians] among the Indians of North America*, vol. 1, trans. Christian Latrobe, (London: The Brethren’s Society, 1794), 112–3; William Penn to the Committee of the Free Society of Traders, 1683, quoted in A. C. Myers, ed. *Narratives of Early Pennsylvania, West Jersey, and Delaware, 1630–1707* (New York: Charles Scribner’s Sons, 1912), 227–9.

⁶⁶ Shamokin Diary, Moravian Church Archives, Bethlehem, PA, quoted in James H. Merrell, *Into the American Woods: Negotiators on the Pennsylvania Frontier* (New York: W. W. Norton, 1999), 84; Schutt, *Peoples of the River Valleys*, 100.

sacrificial death on the cross that they believed provided spiritual healing and salvation. Although the Moravians hoped that their offers of healthcare would win converts, it was also an intimate space where the missionaries could demonstrate genuine concern for American Indians and gain medical cultural insights from them.

Historian Alison Duncan Hirsch's model that places healing within the context of a household sphere of hospitality provides a useful way of understanding healing encounters as a site of relational trust-building and reciprocity.⁶⁷ Montour must have had confidence in Spangenberg's healing acumen to place her daughter's healthcare in his hands, just as sharing her fever powder cure with her colleague Weiser was a link in their long chain of friendship. Scholars Amy Schutt and Katherine Faul's close readings of Moravian women's memoirs confirm that Euro-American and Indian women formed close and mutually supportive bonds within female-centered household spaces and in sex-segregated religious groups they called "Choirs." As Schutt argues, Moravians segregated their members by sex, age, and marital status. This segregation had consonance with Algonquian- and Iroquoian-speaking women's gender roles, which were separate, but interconnected, with those of men.

The Moravians were the first Protestant denomination to send single and widowed female missionaries to live within Indian villages, and they often ministered specifically to women. Missionary Jeanette Mack recorded that she visited and cared for sick Indian women, and she and other female Moravian missionaries assisted with Indian women's childbirths. There are also a few recorded instances of Moravian women seeking a female

⁶⁷ Hirsch, "Indian, Métis, and Euro-American Women," 79.

Indian midwife.⁶⁸ Female-centered relationships that were developed in Moravian and Indian women's domestic spaces offered opportunities for learning each other's healing remedies along with related cultures of cookery, needlework, and dyeing cloth. In their households, where women of both cultures practiced hospitality, sharing healing remedies would have been part of gift exchanges that solidified social bonds.

Multicultural healing information could be handed down to the next generation. Conrad and Anna Feck Weiser's daughter, Anna Maria, would have learned skills of intercultural mediation and healing acumen from her parents and from frequent visitors to the family's home at Tulpehocken. Young Anna Maria met Moravian women missionaries, American Indian women, and other travelers of various ethnicities. She later married Lutheran minister Heinrich Melchior Muhlenberg, and they imported and sold medications from a Pietist pharmaceutical manufactory in Halle, Brandenburg, Prussia. Anna Maria Weiser Muhlenberg ordered drugs, mixed the medications, and provided healing advice.⁶⁹ Her versatile skills as the daughter of a cultural broker and his German wife must have been of inestimable value as she and her minister husband established a church and a medicinal business in a rural town on a trade route north of Philadelphia. For Montour, Shikellamy, Spangenberg, the Macks, the Weisers, and

⁶⁸ Schutt, *Peoples of the River Valleys*, 98–105; Katherine Faull, *Moravian Women's Memoirs: Their Related Lives, 1750–1820* (Syracuse, NY: Syracuse University Press, 1997); Jon Sensbach, *Rebecca's Revival: Creating Black Christianity in the Atlantic World* (Cambridge, MA: Harvard University Press, 2009), 1–7. A mark of Moravians' willingness to forge intercultural ties was their acceptance of marriage between Moravians of European, American Indian, and African descent.

⁶⁹ Renate Wilson, *Pious Traders in Medicine: A German Pharmaceutical Network in Eighteenth-Century North America* (University Park: Pennsylvania State University Press, 2008), 129–63; Lisa Minardi, *Pastors and Patriots: The Muhlenberg Family of Pennsylvania* (Kutztown, PA: The Pennsylvania German Society, 2011), 23.

numerous other undocumented people in their networks, healing was a site to share lifesaving information and to build trust, friendships, and diplomatic relations.

However, healing in religious arenas could be problematic. For missionaries like David Brainerd, healing was a site of religious misunderstandings rather than intercultural bonding. In his journal, Brainerd noted the healing as well as the political power of male Indian leaders like Shikellamy, whom he called “powwows, conjurers, and jugglers.”⁷⁰ These adepts challenged the authority of the Christian message and its missionaries. In one instance, Brainerd attempted to preach to a group of Indians, but

they gathered together all their powwows (or conjurers), and set about half a dozen of them to playing their juggling tricks, and acting their frantic distracted postures, in order to find out why they were then so sickly . . . numbers of them being at that time disordered with a fever, and bloody flux. [The sachems were] engaged for several hours, making all the wild, ridiculous, and distracted motions imaginable; sometimes singing; sometimes howling . . . then spurning water as fine as mist . . . bowing down their faces to the ground; wringing their sides, as if in pain and anguish . . . turning up their eyes.⁷¹

Brainerd was irritated by what he perceived as “heathenish dance and revel,” particularly because he believed that one sick Indian man’s “disorder was much aggravated by the noise.”⁷² He failed to understand that the ceremonies, songs, and dances were rituals aimed at healing the ill man and restoring wellness to the community by quelling malevolent supernatural powers. These rituals were likely combined with physical treatments for the ill Indian.

⁷⁰ Jonathan Edwards, ed., *An Account of the Life of the Late Reverend Mr. David Brainerd, Minister of the Gospel, Missionary to the Indians . . . Chiefly Taken from his Own Diary, and Other Private Writings* (Boston: D. Henchman, 1749), 352, LCP.

⁷¹ Edwards, ed., *An Account*, 352.

⁷² Edwards, ed., *An Account*, 352. For additional documentation of Lenape healing rituals, see Schutt, *Peoples of the River Valleys*, 152–6.

Brainerd was less interested in understanding the Indians' healing cultures, because one of his goals was to "win" the souls of Lenape sachems in hopes that they would influence others in their village. Brainerd recorded that he had more success converting several Lenape leaders who were spiritual and healing adepts in his work at Crossweeksung, New Jersey, than he did in the rowdy town of Shamokin. He described one Christian convert as "a man advanced in years" who had been "a murderer, a powwow (or conjurer), and a notorious drunkard," and another who was "brought to give up his rattles (which they use for music in their idolatrous feasts and dances)."⁷³ Philadelphia printer, William Bradford, published Brainerd's journal in 1746. The minister's outlandish descriptions of American Indians and his misunderstanding of healing rituals likely fed readers' imaginations. When Euro-Americans like Brainerd denigrated Native Americans' curing methods as irreligious, irrational, and superstitious, it was more difficult to find commonalities on healing frontiers.

Secret Indian Cures

These hostile and cooperative healing encounters in diplomatic, religious, and domestic spaces raise questions regarding actual American Indian healing practices, which are rarely detailed in the written record. For example, returning to Hannah Freeman's story, a romanticized local history describes how she "spent the summers collecting herbs and roots, then sold her nostrums, brooms and beautifully woven baskets of oak and ash splints, often decorated by colors of her own brewing, at farm and village kitchen doors." The local historian invoked "old wives" familiarity with the supernatural,

⁷³ Edwards, ed., *An Account*, 360.

adding, “At friendly hearthsides she told fortunes and shared ancient wisdoms.”⁷⁴ Like the ingredients in Madame Montour’s fever powders, Hannah’s specific remedies went unrecorded. One problem in recovering medical recipes is that Indians and Europeans shared the notion that effective cures should remain secret and should be divulged only to trusted sources as valued gifts or a valuable legacies passed down to family members. As Moravian minister John Heckewelder recorded, “The Materia Medica of the Indians consist of various roots and plants known to themselves, the properties of which they are not fond of disclosing to strangers.” They kept their compounding techniques “a profound secret.”⁷⁵ Euro-American women’s medical recipe books, Euro-Americans’ travel narratives, archaeological evidence, and anthropological back-streaming provide clues to American Indians’ botanical remedies.

Philadelphia Quaker merchant and healer Elizabeth Coates Paschall eagerly sought what she called “secret Indian cures.” In her mid-eighteenth-century recipe book, Paschall recorded a recipe using the Indian botanical elder (*Sambucus canadensis*) to cure a “Whittloe” [Whitlow], an infection on the tip of the finger. To a twenty-first-century reader with access to antibiotics, this may sound like a minor first aid injury. However, in this period, even a local infection left untreated could quickly become serious. The internal pressure caused by an infection in the closed compartment of the fingertip could lead to cell death and sloughing of tissue (necrosis), bone infection (osteomyelitis), and infected joints (septic arthritis). Early intervention by domestic healers or lay healing adepts was crucial in avoiding serious wound complications or amputations.

⁷⁴ Carter, *Edgmont*, 114.

⁷⁵ Heckewelder, *History, Manners, and Customs*, 224; Vogel, *American Indian Medicine*, 60.

In her recipe book, Paschall directed: “Take Elder leaves or if you Cannot Get Leaves the Winter Roots or Bark will do.” She advised pounding “them fine with Cream to Moisten it” and applied the mixture to the finger as a poultice, which “Dissolves and cures the whittloe.” Then Paschall shared her sources: “An Indian woman cured Henry Clifton’s wife of one & he Imparted the Secret to Joseph Watkins, who has cured many with it since.”⁷⁶ Watkins was a local lay healer and a frequent informant in Paschall’s recipe book. He later updated the remedy, advising Paschall that his experiences with patients demonstrated that the roots were more effective than the leaves, and this was how the “Indians use it.”⁷⁷ Paschall provides a brief window into a healing encounter between an American Indian woman healer and a Euro-American woman, in which a secret cure was exchanged, likely in the intimate space of the household. The discursive recipe also attests to the value that Euro-Americans placed on Indians’ botanicals and remedies, demonstrated by the way that the knowledge was carefully passed between trusted healing practitioners.

James Logan, the powerful secretary to the Penn family and an informant in Paschall’s book, also sought Indian cures in his constant contacts with American Indians as a mediator and land speculator. Logan was keenly interested in natural philosophy and medicine, as reflected in the books on these subjects in his extensive library. “An Indian Cure for a Felon or Whitlow” originally provided by John Heckewelder was passed down in the Logan family and appeared in an early nineteenth-century recipe book of Sarah

⁷⁶ Elizabeth Coates Paschall, *Recipe Book*, 13. Twenty-first-century cases of necrotizing fasciitis or “flesh-eating bacteria” give one an idea of how quickly a small, embedded thorn or minor wound can quickly become life threatening.

⁷⁷ Paschall, *Recipe Book*, 13.

Logan, one of James Logan's granddaughters. Sarah Logan recorded this recipe with instructions for a poultice "made of the Roots of the common blue violet."⁷⁸ During the same period, Deborah Norris Logan, the wife of James Logan's grandson Dr. George Logan, advised her cousin Susannah Emlen to use the American Indian botanical pipsissewa to treat her intractable breast cancer, noting its "powerful efficacy" in treating cancer in the wife of the family's gatekeeper.⁷⁹ "Secret Indian cures" were passed among family members as healing legacies.

In addition to James Logan, Paschall's cousins, John and Ann Bartram, were part of her circle of natural philosophically minded healing adepts interested in Indian remedies, and both were informants in her medical recipe book. John Bartram was a well-respected botanist who traveled throughout the Northeast searching for medically useful and ornamental botanicals to send to his London Quaker colleague Peter Collinson. Paschall consulted John and Ann Bartram and their sons, apothecaries Isaac and Moses, regarding botanical medicinals with Indian origins. In a conversation about rattlesnake root, Moses Bartram confirmed for Paschall that it could safely be "taken inwardly" but only in the correct dosages lest it poison the patient.⁸⁰ Paschall did not elucidate whether she was using Virginia snakeroot (*Aristolochia serpentaria*) or the unrelated black snakeroot (*Actaea racemosa*). Black snakeroot or black cohosh was also called "squaw-root," and it was used in gynecological problems and for rheumatism. Virginia snakeroot

⁷⁸ Elizabeth Sarah Logan, "Receipts for Pickling, Preserving, Cooking, and Quacking," ca. 1810s, 68.2.50, Stenton Archives, Germantown, PA; *Catalogue of the Books Belonging to the Loganian Library: To which is Prefixed a Short Account of the Institution, with the Law for Annexing the Said Library to that Belonging to "The Library Company of Philadelphia,"* (Philadelphia: C. Sherman and Co., 1837), LCP.

⁷⁹ Deborah Logan (Stenton) to Susan Emlen (Westhill, Burlington, NJ), May 29, 1814, G. M. Howland MS Coll. 1000, HQSC.

⁸⁰ Paschall, Recipe Book, 6.

was used to treat snakebite and innumerable other ills. Although “squaw” was a pejorative, the name invokes the healing knowledge of American Indian women practitioners. Paschall also requested John Bartram’s advice on the correct identification of the white beech tree, used by Lenapes as well as Paschall for respiratory complaints.⁸¹

John Bartram was a member of international networks of natural philosophers that included Americans Benjamin Franklin and James Logan, and Swedish botanists Carl Linnaeus and Peter Kalm. In 1751, Franklin and David Hall published John Bartram’s edited version of Thomas Short’s *Medicina Brittainca*, which included Bartram’s appendix titled “Descriptions, Virtues and Uses of Sundry Plants of these Northern Parts of America; and Particularly of the Newly Discovered Indian cure for the Venereal Disease.” Bartram provided the directions for a decoction of lobelia root (*Lobelia inflata*) to treat “the Pox” or syphilis. He also detailed the path of medical knowledge transmission: “The learned Peter Kalm (who gained the Knowledge of it from [Indian Agent] Colonel [William] Johnson, who learned it from the Indians.” Bartram continued, “After great Rewards were bestowed,” the American Indian healers revealed the secret of “a lobelia remedy for syphilis more effective than mercury.”⁸²

For deep syphilitic ulcers, the American Indian adepts also advised Johnson to use “the inner bark of the Spruce-tree,” and for “inveterate” cases the Indians used a decoction of *Ranunculus folio reniformis* (a flower in the buttercup family). Although these accounts often used the gender-neutral term “Indians” for medical informants,

⁸¹ Paschall, Recipe Book, 7R; Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009), 191–4.

⁸² Thomas Short, *Medicina Britannica, with Mr. Bartram’s Appendix containing Descriptions, Virtues and Uses of Sundry Plants of These Northern Parts of America; and Particularly of the Newly Discovered Indian Cure for the Venereal Disease*, 3rd. ed. (Philadelphia: B. Franklin and D. Hall, 1751), 5.

women healers like Molly Brant, William Johnson's common-law wife, may have also deployed these therapies. The exchange of Native American remedies between Kalm and Bartram went both ways. Kalm recorded in his journal that Bartram told him of a Virginia woman who used sassafras to cure herself of severe foot pain of three years duration, which "almost hindered her from walking." In her American Indian-derived recipe, the Virginia woman described boiling sassafras berries to extract essential oils, which she rubbed into her feet daily. According to Bartram, the woman was "entirely freed from the pain and recovered completely."⁸³ In view of these reports of successful cures, American Indian pharmaceuticals like sassafras and lobelia were of commercial as well as medical interest to Bartram and Kalm.

Both these "Gentleman of Science" recognized Euro-American and American Indian women healers as credible medical informants. In his travels to Albany in the late 1740s, Kalm met the "wife of Colonel Lydius" who "suffered from pain in her legs as a result of the cold." The pain was so severe that one leg was disabled, and she had to use a crutch. "Finally," Kalm continued, "a native woman came to the house who cured her [Mrs. Lydius]."⁸⁴ The Indian woman may have been an Iroquois or a member of diverse Indian groups, including the Lenapes, who lived at Albany. Kalm recorded the Indian healer's remedy: "She went into the forest, took twigs and cuttings of the dogwood, removed the bark, boiled them in water and rubbed the legs with this water." He added, "The pain disappeared within two or three days."⁸⁵ Colonel and Mrs. Lydius also

⁸³ Kalm, *The America of 1750*, 78–9.

⁸⁴ Kalm, *The America of 1750*, 606.

⁸⁵ Kalm, *The America of 1750*, 606.

provided Kalm with American Indian recipes for an iris root-based remedy for sores on the legs, and a sassafras decoction used to cure ocular diseases. Bartram concurred that blue flag iris (*Iris versicolor*) was widely used medicinally by a variety of Indian groups.

Kalm also sought American Indian women's recipes for the common problem of abscessed teeth. He linked Native Americans' increased incidence of tooth decay to their adoption of tea drinking. The usual addition of sugar to tea might well have exacerbated dental problems. In 1748 travels on the Mohawk River, Kalm reported, "I saw a young Indian woman, who, by frequent drinking of tea, had got a violent tooth-ache." He discovered that "to cure it, she boiled the *Myrica asplenii folia* [sweet fern or *Myrica aspleniifolia*], and tied it as hot as she could bear it, on the whole cheek." The unnamed Iroquois woman advised Kalm, "The remedy had often cured the toothache before."⁸⁶ Other Iroquois healers applied the boiled inner bark of the "*Sambucus canadensis*, or Canada Elder" to the site of a toothache with success.⁸⁷ A British-American woman, the wife of a Captain Lindsey, shared an additional Iroquois toothache remedy with Kalm. According to Mrs. Lindsey, "They take the seed capsules of the Virginian Anemone, as soon as the seed is ripe" and grind them until they are "a cotton-like substance," which they dip into brandy and "put into the hollow tooth."⁸⁸ Euro-American and American Indian women healers' remedies were published in Kalm's travel journals, which were later translated into French, Dutch, and English. Subscribers to the London version included prominent Quaker physician John Fothergill, chemist Joseph Priestly, and a

⁸⁶ Kalm, *Travels*, 35.

⁸⁷ Kalm, *Travels*, 35.

⁸⁸ Kalm, *Travels*, 34. For more on sassafras root for dropsy, see Constantine J. Skamarakas, "Peter Kalm's America: A Critical Analysis of His Journal" (PhD diss., Catholic University of America, Washington, DC, 2009), 69.

number of women interested in natural philosophy.⁸⁹ Kalm's accounts of authoritative pharmaceutical exchanges between women adepts on American healing frontiers reached a wide international audience of female as well as male readers.

Paschall, Kalm, and Bartram's writings demonstrate the variety of medicinal native plants that Mid-Atlantic Euro-Americans borrowed from American Indians. Scholars Gladys Tantaquidgeon and Virgil Vogel used anthropological and historical sources to recover the extensive botanicals used by Algonquian and Iroquois-speaking groups in the greater Delaware Valley. Their research demonstrates that eastern American Indian groups made medicines from numerous plants, including sassafras, elder, lobelia, dogwood, Virginia snakeroot, black snakeroot, iris, beech, ginseng and spruce. Tantaquidgeon also noted the importance of processing procedures. For example, "if in preparing the inner bark for medicine it was scraped upward, it acted as an emetic; if scraped downward it acted as a laxative."⁹⁰ Some preparation techniques like grinding herbs in a mortar and pestle would have been practiced by both Lenapes and Euro-Americans, as evidenced in Mrs. Lindsey's instructions to grind Virginia anemone seed pods. The iris-based recipe for severe leg pain that Kalm obtained from Mrs. Lydus required that one wash and boil the root then "crush it between a couple of stones" to create a mixture for a poultice.⁹¹ He recorded that most Indians "had only wooden

⁸⁹ Kalm, *Travels*, Preface. Women subscribers included the Misses Blackburne, Bold, Hayworth, and Stebbing.

⁹⁰ Gladys Tantaquidgeon, *Folk Medicine of the Delaware and Related Algonkian Indians* (Harrisburg, PA: The Pennsylvania Historical and Museum Commission, 1971), 33; Vogel, *American Indian Medicine*, 269–399.

⁹¹ Kalm, *The America of 1750*, 606.

pestles,” but some were “of blackish stone.”⁹² The reported efficacy of “secret Indian cures” continued to generate interest among Euro-Americans intent on learning the correct procedures for gathering, drying, and processing medicinal botanicals.

Euro-Americans were also fascinated by American Indians’ nonpharmacological therapeutics that included wound cauterization, sweat baths, smoke therapy, massage, and immersion in hot springs. For example, David Zeisberger noted that in addition to “twenty or more kinds of roots . . . bathing and sweating plays a great part” in the treatment of rheumatism.⁹³ John Heckewelder was so convinced by Indian therapies that he tried the treatment of “sweating in a hot hut” to cure his own rheumatism, which he noted was successful.⁹⁴ Over time, Indian botanicals and therapeutics became commonplace in Euro-Americans’ healing repertoire. American sassafras appeared in the *Pharmacopoeia Londinensis* as early 1618, and it was listed along with tobacco as a major export from Virginia. Indian-derived botanicals continued to be added to English and American pharmaceutical manuals and apothecary shelves. David Zeisberger reported that Pennsylvania apothecaries sold dogwood root for fevers in place of cinchona bark (quinine).⁹⁵ Nineteenth and early twentieth-century American

⁹² Kalm, *Travels*, 41. For precontact Lenape mortars and pestles, see Schutt, *Peoples of the River Valleys*, 15.

⁹³ David Zeisberger, *History of the Northern American Indians* (1910; repr., Whitefish, MT: Kessinger Publishing, 2010), 23–7, 55–7.

⁹⁴ Heckewelder, *History, Manners, and Customs*, 226, 229.

⁹⁵ David Zeisberger, “History of the North American Indians,” *Ohio Archaeological and Historical Quarterly* 19, nos. 1–2 (1910), 51; Vogel, *American Indian Medicine*, 300; Martha Robinson, “New Worlds, New Medicines: Indian Remedies and English Medicine in Early America,” *Early American Studies* 3, no. 1 (2005), 94–8; Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 152–60, 196. Tantaquidgeon, *Folk Medicine*, 29–39, 267–399.

pharmacopeias cited more than 500 Indian remedies.⁹⁶ Euro-American women's recipe books also contained numerous examples of Indian pharmaceuticals that reflect webs of intercultural gift exchange and mutual indebtedness. As part of healthcare interactions in intimate household spaces, acts of healing and the sharing of secret recipes could even facilitate intercultural friendships. Maintaining good will was critical amid increasingly fractious relationships between natives and newcomers with the onset of the Seven Year's War.

Conflict and Cooperation on Healing Frontiers

Peaceful intercultural interactions like those between Madame Montour, Conrad Weiser, Peter Kalm, Mrs. Lydus, Mrs. Lindsey, Moravian missionaries, and numerous unnamed American Indian women became more difficult to pursue over the course of the Seven Years' War. Colonists on the Pennsylvania frontiers under British rule who faced both encroaching French combatants and raids by their Indian allies increasingly viewed mediators like Conrad Weiser, as well as pacifist Moravians and Quakers, as potential conspirators with hostile enemies. After the devastating defeat of British General Edward Braddock (and Virginia militia Lieutenant Colonel George Washington) at Fort Duquesne in 1755 by French and Indian troops, dispossessed Pennsylvania Indians began attacking settlements as part of a strategy to regain their lands, including those lost in the Walking Purchase swindle. Scots-Irish, German, and English settlers in western Pennsylvania retaliated, beginning a long cycle of violence that resulted in the deaths of American Indian and Euro-American men, women, and children. To protest Euro-

⁹⁶ Vogel, *American Indian Medicine*, ix.

Americans' appropriation of their lands, Lenapes on the western frontiers tended to side with the French after 1756, which led some colonists to question the loyalties of New Jersey's remaining Lenapes, including those in Christianized Indians communities. In 1756, the governors of Pennsylvania and New Jersey declared war on France and offered bounties on French-allied Indians' scalps.⁹⁷

Newspaper editors found that salacious accounts of American Indian reprisals sold copy, which further inflated colonists' anxieties. Lenapes like Hannah Freeman, who lived near Euro-American settlements, correctly feared that they would be targeted as enemies. In a 1760 diary entry, Quaker lay healer Ann Cooper Whitall opined, "O the dismal nuse [news] of the Endians cilling [killing] of the white people," underscoring the racialized undertones of gossip. Whitall remembered dreaming of "Endians cilling of me" as a child, and now she feared for her own children.⁹⁸ Despite her qualms about the Lenapes, Whitall used their remedies like sumac, snakeroot, and chestnut bark, but she did not acknowledge these botanicals' origins.

However, Elizabeth Coates Paschall documented continued healing interactions between Indians and Euro-Americans, even during wartime. As in her recipe for a whitlow quoted earlier, Paschall clearly cited her recipes' American Indian origins and demonstrated her appreciation for their expertise. In a section of her recipe book from the late 1750s, Paschall's recipe "for a Sore Legg" hints at the conflicts and cooperation

⁹⁷ Peter Silver, *Our Savage Neighbors: How Indian War Transformed Early America* (New York: W.W. Norton & Company, 2008), 40–71, 161. Silver quotes "Council minutes and proclamation, April 14, 1756," *Pennsylvania Colonial Records 7* (1756): 88. See also Marshall Becker, "A New Jersey Haven," 326.

⁹⁸ Ann Whitall, Diary, 16th day, 3rd month, 1760, copied from a Library of Congress transcript owned by Miss Anne L. Nicholson of St. Davids, PA, March 25, 1973, Transcribed by Jo Ann Wright June 16, 2011, from the above-noted book in the collection of the Gloucester County Historical Society Library, Woodbury, New Jersey <<http://www.rootsweb.ancestry.com/~njgchs/PDF/Whitall.pdf>>

between settlers and Native Americans and between Indian groups who sided with the English or the French in their geopolitical struggles.

Paschall wrote, “Susannah Mason said that William Logan Informed her that there was a Boy in the Country that had a verry Bad Sore Legg.”⁹⁹ The boy’s knee was so infected that the family feared it would have to be amputated. However, “an Indian whome his Enemies of a Different Nation Persued had taken Shelter in their house and was Concealed.” Despite the atmosphere of fear and violence between Euro-Americans and American Indians, a settler family chose to hide the fleeing man despite the risk that they might be attacked by his pursuers. He perceived that the Euro-American family saved his life. In return for this “favavour,” Paschall noted that the man “Revealed this Secrit of an Indian Cure to them.”¹⁰⁰ Paschall explained, “Take the dried powder of yellow poplar bark and blow it into the Deep Sores & Bathe it with a Strong Decoction of the Same, which quickly Cured” the boy.¹⁰¹

William Logan was James Logan’s eldest son, and like his father, he had frequent contacts with American Indian groups. Paschall considered Logan and her friend Susannah Mason credible sources. Her dispassionate recording of the recipe contrasts with the intensely emotional scenario that she portrayed. In the context of two potentially life-and-death situations and in the intimate space of the household, the family’s offer of a safe haven resulted in the man’s choice to divulge an effective medical recipe that

⁹⁹ Paschall, *Recipe Book*, 37R.

¹⁰⁰ Paschall, *Recipe Book*, 37R; Anderson, *Crucible of War*, 160–5; Silver, *Our Savage Neighbors*, 40–8.

¹⁰¹ Paschall, *Recipe Book*, 37R. Paschall noted the difference between the yellow poplar (*Liriodendron tulipifera*) and white poplar. See also, Jack Marietta, *Reformation of American Quakerism*, 191; John Dunbar, ed., *The Paxton Papers* (The Hague, The Netherlands: M. Nijhoff, 1957), 85. William Logan (1718–1776) was James Logan (1674–1751) and Sarah Reed Logan’s eldest son.

saved the boy's leg. Despite the stress of warfare, healing could be a site of compassion that created bonds of appreciation and obligation. The episode generated a narrative of intercultural cooperation that moved through networks of healers along with the "secret Indian cure."

However, collaboration with American Indians could have negative implications, as the Quaker Paschall knew well, since pacifist Friends were accused of aiding and abetting Indians' attacks on settlements. Prominent Quakers like Paschall's brother-in-law John Reynell and her friend Israel Pemberton sought extra political measures to stem the escalating backcountry violence. In 1756, they formed a nongovernmental organization called the "Friendly Association for Regaining and Preserving Peace with the Indians by Pacific Measures" to mediate for Lenapes in colonial affairs. Leaders of the Friendly Association attended treaty meetings at Easton and Lancaster where they supported Lenapes' longstanding land claims. The association also provided material goods to facilitate ceremonies of exchange at treaty conferences, which included needed supplies and medicine for Lenapes and other groups.¹⁰² Lenape leader, Moses Tatamy from the Bethel Christian Indian Town in New Jersey worked alongside the Friendly Association as a treaty negotiator. However, the Friendly Association's work caused a virulent anti-Quaker backlash that targeted Reynell and his family.

¹⁰² Theodore Thayer, "The Friendly Association," *The Pennsylvania Magazine of History and Biography* 67, no. 4 (1943): 36–376. Signers of a Quaker Petition against War with the Indians (1756) included John Reynell and Israel Pemberton. See *Minutes of the Provincial Council of Pennsylvania: From the Organization to the Termination of the Proprietary Government*, vol. VII (Harrisburg, PA: Theo. Fenn & Co., 1851), 86. See "List of Goods Delivered to the Indians at Easton," July 30, 1756, Images HC11-21043 and HC11-21044, Friendly Association Records, Philadelphia Yearly Meeting Collection, HQSC, http://tritych.brynmawr.edu/cdm/compoundobject/collection/HC_Friendly/id/2586/rec/43.

During this period, Elizabeth Paschall recorded treating “a Jersey Indian man of about 50 years who was in consumption.”¹⁰³ The man may have been from the Bethel Lenape community, since they were called “Jersey Indians.” His “consumption” was likely tuberculosis or another debilitating respiratory ailment. The unnamed Indian man and his son sought Paschall in her dry goods shop on Market Street for diagnosis and treatment. Paschall prescribed a decoction of “Blackberry Bryer Roots,” and “Sassafras Roots & White Beach [Beech] Bark,” which were “brewed up” with yeast.¹⁰⁴ Ironically, Paschall used a recipe compiled from standard Lenape botanicals to treat the Lenape man.

Paschall continued, “While I was dosing him to it a woman that was well Dressed & Seemed like a person of credit commended this highly.” The woman advised Paschall, the Indian man, and his son that a young woman in her neighborhood was “cured of a consumption by this same Drink when She had been Given Over as past Recovery.” Paschall also noted that her healing adept friend Nathaniel Thomas “Perfectly cured a man of his who was brought so Low as to keep to his bed.”¹⁰⁵ The Indian and his son were sent on their way with these encouraging words and additional tonic. Paschall wrote with satisfaction that in a few months, the son “came looking for me at my house & gave me thanks for what I had done for his father” who was cured in a month.¹⁰⁶ Despite the potential for a negative backlash, some Quakers like Paschall chose to assist Indians in

¹⁰³ Paschall, Recipe Book, 37R.

¹⁰⁴ Paschall, Recipe Book, 37R; John Pumpshare, Indian to Mr. Isr. Pomberton [Israel Pemberton] clerk of Philadelphia Yearly Meeting October 23, 1756, “Living in New Jersey at Cranberry at Indian Town Place Called Bethel” see Documents from the Friends Indian Committee scanned and online at Bethel Indian Town website, <http://gnadenhutten.tripod.com/bethelindiantown/index.html>. Accessed November 18, 2008.

¹⁰⁵ Paschall, Recipe Book, 37R.

¹⁰⁶ Paschall, Recipe Book, 37R.

need. However, Paschall maintained some social distance by declining to either discover or note the “Jersey Indian” man’s name as she provided him with personal healthcare.

Healing exchanges could be woven into the work of Pemberton, Reynell, and the Friendly Association, as well as their Quaker friends like Paschall. However, in the tense war years, medical issues could also rise to the level of a formal diplomatic crisis. For example, the July 1757 shooting of Lenape interpreter William Tatamy by a Euro-American youth threatened to derail the preliminary diplomatic discussions that would lead to the 1758 Treaty of Easton. Moravian women’s domestic healing skills were a subtext in the episode. The goal of the 1757 council, presided over by Pennsylvania Governor William Denny, was to reconcile Indian land disputes and to persuade the Lenape leader Teedyescung, who represented ten Indian “Nations,” to agree to side with the British against the French. A delegation led by Teedyescung traveled to Easton, north of Philadelphia. Interpreter Moses Tatamy and his son William, also a skilled mediator, traveled with the delegation. Moses Tatamy was well-respected among Euro-American Pennsylvanians, including Conrad Weiser and the Quaker Friendly Association. While working in the 1740s as an interpreter for the Brainerds’ Presbyterian mission to New Jersey Lenapes, Moses Tatamy converted to Christianity and for a time preached to his fellow Lenapes.¹⁰⁷

When the diplomatic delegation stopped at the Moravian town of Bethlehem on the way to Easton, William Tatamy went by himself into the town. In an anxious letter to Governor Denny at Easton, Army Captain Jacob Orndt explained subsequent events: “A

¹⁰⁷ John A. Grigg, *The Lives of David Brainerd: The Making of an American Evangelical Icon* (New York: Oxford University Press, 2009), 80–4.

foolish wite [white] boy about[t] 15 years of eage [age], followed him [William Tatamy], and Shot him in the Right Thigh of the out side bone, but not morterly [mortally].” Orndt understood the gravity of the shooting of Moses Tatamy’s son, and expressed a need to station troops “to Protackt [protect] the Indians and to hinder a Scrabel [scuffle] . . . which might fall out between Wite Peoble [white people] and the Indians.”¹⁰⁸ William Tatamy was taken to a nearby Moravian farm, where he received nursing care. In this diplomatically sensitive situation, Drs. John Otto and Charles Moore were called in to examine and treat Tatamy. Initially, Dr. Otto had good news for Governor Denny and the delegation. In a July 27, 1757, letter, Otto noted that the “Wound looks well, is without inflammation.” He did not name the Moravian women caring for Tatamy, but Otto reported, “I believe, with good nursing & attendance, if nothing unforeseen happens, he may, by God’s Help recover.”¹⁰⁹ The conference at Easton was meeting that same day. As the doctors and the Moravian family labored to save William Tatamy’s life, the implications of the shooting were dire enough to be included in the treaty records.

According to the published minutes, Provincial officials professed, “The Accident grieves us. In such Times, Indians should not go single, or into inhabited Parts, without proper Passports and Escorts.” Perhaps Denny realized that a “blaming the victim” strategy would not convince William’s father, a Christian Indian who was deeply

¹⁰⁸ Captain Jacob Orndt to Governor Denny, July 1757, in *Pennsylvania Archives*, ed. Samuel Hazard, vol. 3, 209.

¹⁰⁹ Dr. John M. Otto to Timothy Horsfield, Bethlehem, July 27, 1757, and John Matthew Otto to Governor [William] Denny at East-Town, July 31, 1757, *Pennsylvania Archives*, ed. Samuel Hazard, 209, 247. Dr. John M. Otto was son of Dr. Bodo Otto. Both were German-born and university educated. See James E. Gibson, *Dr. Bodo Otto and the Medical Background of the American Revolution* (Springfield, IL: C. C. Thomas, 1937); W. P. Walker, ed., *Lehigh Valley Medical Magazine* 10, no. 4 (Easton, PA: 1899), 55–6; Joseph M. Levering, *A History of Bethlehem, Pennsylvania, 1741–1892* (Bethlehem, PA: Times Publishing Co., 1903), 533–4.

embedded in Euro-American culture and moved freely in the province. Pennsylvania officials then addressed Moses Tatamy directly. They offered a ceremonial strand of wampum and assured him that “strict Justice shall be done” to the jailed shooter, particularly “in case the Messenger (William) dies.” They also advised the elder Tatamy, “We have employed the most skillful Doctor . . . and we pray that the Almighty would bless the Medicines that are administered for this Cure.”¹¹⁰ The doctors and the Moravian women kept William Tatamy alive long enough for the Easton peace treaty to be completed. However, despite prayers, the doctors’ skills, and the “good nursing” by the Moravian family, William died in August. Ironically, although American Indians were widely recognized by colonists as adepts at curing wounds, there is no indication that American Indian healers were consulted. The Moravian women who provided emergency healthcare for William Tatamy were placed in a situation in which their nursing care had the potential to impact colonial wartime politics. But there was no balm to heal Moses Tatamy’s grief and disillusionment with Indian diplomacy after his son’s murder, particularly when treaties increasingly dispossessed the Lenapes.

¹¹⁰“At A Meeting in Easton, Wednesday, July 27, 1757,” reprinted Julian P. Boyd, ed., *Indian Treaties Printed by Benjamin Franklin, 1736–1762* (Philadelphia: The Historical Society of Philadelphia, 1938), 195 (page 7 in original document), Temple Special Collections Research Center. For Moses Tatamy (ca. 1690–1760) and his son, William, see also Merrell, *Into the American Woods*, 145, 293–4; [Moses] Tetamy’s [Tatamy’s] Account of the Indian Complaints, ca. 1750s, The [Quaker] Friendly Association Papers, vol. 1 65A–658, HQSC, digitized online at http://triptych.brynmawr.edu/cdm/compoundobject/collection/HC_Friendly/id/2251/rec/19. American Indians frequently sought healthcare from the Moravians, perhaps because of their perceived expertise or because they developed trusting relationships. In November 1758, after the Treaty of Easton, an “Indian Man” named Captain Henry Quamash sought medical care for his chronic lameness at Bethlehem, Pennsylvania, from Mr. Horsfield, Dr. John Otto’s partner. Quamash had a lengthy convalescence, perhaps at a Moravian home under the care of Moravian women. His “great Obligations to the Moravians,” “during his Cure,” led Quamash to divulge information to Pennsylvania officials regarding New Englanders’ claims contested lands in the Wyoming district of Pennsylvania. Healing became embroiled in treaty politics. See Henry Quamash, an Indian to Gov. Hamilton, 1760 and Lewis Grodon to R.[Richard] Peters at Easton, July 29, 1761 in *Pennsylvania Archives*, ed. Samuel Hazard, vol. 4, 66.

In addition, epidemics exacerbated by wartime movements of troops and refugees also threatened Lenape communities. Paschall listed a remedy for the “Untolerable itching of the worst sort of Small Pox” that followed a recipe from a 1759 edition of Benjamin Franklin’s *Poor Richard’s Almanac*.¹¹¹ In the winter of 1759, there was a smallpox outbreak in the Philadelphia area and in the Quaker community of Mount Holly, New Jersey, likely affecting the nearby Bethel Indian community. In her diary, Ann Whitall confirmed that it was “a sickly time in Philadelphia” as well as New Jersey, with “20 or 15 or 16 to be put in the ground every day.”¹¹² Quaker reformer and Indian advocate John Woolman, whose neighbors died in the Mount Holly epidemic, viewed the calamity as a “messenger sent from the Almighty to be an assistant in the cause of virtue.”¹¹³ Unlike Woolman, Paschall did not record her theological musings on the problem of pain and suffering in the world.

She did note in her recipe book that a castile soap bath cured “an Indian girl at Isaac Lane’s” whose “Corroding, Eating” smallpox sores were so ulcerated “that People Could Scarce Come near her.”¹¹⁴ The entry speaks to the pathos and persistence of devastating European infectious diseases among Native American groups. Paschall usually named the Euro-Americans she described in her book, even if they were servants, but she never named American Indians or African Americans. The nameless “Indian girl,” who worked for the Lanes as a paid or indentured servant or as a slave, suffered

¹¹¹ Paschall, *Recipe Book*, 26L.

¹¹² Ann Whitall, *Diary*, 118.

¹¹³ John Woolman, *The Journal and Major Essays of John Woolman*, ed. P. Moulton (New York: Oxford University Press, 1971), 102–3.

¹¹⁴ Paschall, *Recipe Book*, 26L.

from smallpox in a Euro-American home away from the care of her family and community. Her putrid and foul-smelling smallpox sores only increased her isolation. Nonetheless, either Paschall or one of the female family members or servants in the Lane household personally bathed the girl's lesions with the curative castile soap. As a servant or slave of the Lanes, the girl's illness underscored her lack of freedom and confinement in a home where people avoided coming near her.

Euro-Americans also experienced various levels of unfreedom when they were taken captive and adopted by Native American groups. In the intimate spaces of longhouses and villages, some captives learned healing remedies, especially if there was a medical adept in their new family. Taking captives was part of a mourning war culture that had been long practiced by Iroquois and some Algonquian groups when they faced population losses caused by warfare and diseases. In a ritual of adoption, the captive took the place of a lost family or clan member. Adult men usually faced the ritual torture considered the honorable death for a warrior, so adoptees were generally women and children. The number of Euro-Americans taken captive increased during the Seven Years' war, with thousands abducted from western Pennsylvania and Virginia.¹¹⁵ Captivity could be a coercive space, but some younger captives adapted their adoptive families' gender roles and cultures, and they chose not to return to their Euro-American families after the war.

Although some Euro-Americans published their captivity narratives, family and local histories of Lehigh County, Pennsylvania, record healer Margaret Frantz Wotring's

¹¹⁵ Kathryn Derounian-Stodola, *Women's Indian Captivity Narratives* (New York: Penguin, 1998), xv; Richter, *The Ordeal of the Longhouse*, 39–60.

story. In 1760, an American Indian raiding party kidnapped fifteen-year-old Margaret Frantz and her friend Soltz while they washed flax in the creek near their homes.

According to the narrative, “Margaret lived with the Indians for seven years during which time she learned the Indians’ use of herbs and roots for medicinal purposes.”¹¹⁶ One account specifies that Frantz lived with a Lenape group near the Delaware Water Gap. Margaret Frantz chose to return to her community in Lehigh County as part of the Pennsylvania government’s negotiations with Indian leaders in 1767. A local historian records, “She was known far and wide for her knowledge of herbs which she had acquired of the Indians.” In her rural community, “her services for relieving the sick were in great demand, she always journeyed on horseback.” Frantz’s friend Soltz “lived with an Indian as his wife and had two children” and “she was allowed to keep the girl when she was returned to the whites.”¹¹⁷

This abbreviated account leaves out a world of intercultural experiences of grief, change, and personal adaptations. Pennsylvanian Mary Jemison’s captivity narrative helps to illuminate Frantz and Soltz’s experiences. Although she did not describe healing experiences, Jemison detailed positive relationships with her Seneca family and the supportive female culture that surrounded women’s agricultural work and daily tasks.

¹¹⁶ For Margaret Frantz Wotring [or Woodring] (1745–1783) who married John Nicholas Wotring (1745–1818) in 1769, see James J. Hauser, *A History of Lehigh County Pennsylvania from the Earliest Settlements to the Present Time* (Allentown, PA: Jacks, 1902), 19; Kae Tienstra, “Margaret Frantz Wotring,” in *Our Hidden Heritage: Pennsylvania Women in History*, ed. Janice McElroy (Washington, DC: American Association of University Women, 1983), 115; Gladys M. Lutz, *The Early History of North Whitehall Township* (North Whitehall Bicentennial Historical Committee, 1976), 4.

¹¹⁷ Hauser, *A History of Lehigh County*, 19; Tienstra, “Margaret Frantz Wotring,” 115; Lutz, *North Whitehall Township*, 4.

Jemison chose to remain for the rest of her life with her Seneca husband and children.¹¹⁸

By contrast, Frantz married Nicholas Wotring in 1769 and used her experiences in Lenape communities to create an authoritative healing practice.

Fragments of evidence suggest that African American women who lived in American Indian communities also learned healing skills after they were captured or purposely sought refuge after escaping from slavery. Although the dearth of sources makes it difficult to understand the details of healing exchanges between African Americans and American Indians, it is clear from Moravian missionaries' journals that African Americans were adopted into Indians clans and communities. In a late eighteenth-century journal entry for her female benevolent organization, Quaker reformer Ann Parrish noted that she provided assistance to an elderly black woman named Anna Dalemoa Bellamy, who was suffering from dropsy. According to Parrish, in an earlier time, Bellamy was "taken prisoner by the Indians with several fishing companions from their own premissis [sic]." Later, "by the assistance of some of her friends made her escape." Parrish noted that she was quite interested in Bellamy, who was "a woman of education—and called by some the black doctor—she professes—bone setting bleeding tooth drawing—and cureing wounds."¹¹⁹ Because American Indian healers were particular adepts at all these skills, Bellamy would have had ample opportunities to enhance her practice. Parrish did not record information on Bellamy's exchanges of her own African American healing culture. Doctor Anna Bellamy's practice points to the

¹¹⁸ James Seaver, *A Narrative of the Life of Mrs. Mary Jemison* (Howden, England: R. Parking, 1826), LCP; Kathryn Derounian-Stodola, *Women's Indian Captivity Narratives* (New York: Penguin, 1998).

¹¹⁹ Ann Parrish, *Visitations of the Sick, 1796*, Parrish Collection, box 5, bound volumes, #1653, HSP. I appreciate Samantha Seeley pointing out this reference.

ways that women could use their skills to earn needed income and to develop a healing reputation.

Conclusion: Intercultural Legacies

Nonetheless, a healer's illness or age-related debility could interfere with her independent practice. Like Bellamy who sought assistance when she was ill with dropsy, Hannah Freeman became more dependent when she reached her late sixties and early seventies. Freeman continued to deploy her healing skills coupled with wage labor as a subsistence strategy, but as the women in her kin networks died, she had to rely on her Quaker neighbors. In the 1790s, Freeman returned to her homeplace near Kennett, working as a live-in laborer with the Quaker William Webb family for board. "But," the poorhouse account states, "she got no money except for baskets, besoms (handmade brooms) &c."¹²⁰ John Parker's newspaper account and local histories fill in the "et cetera" that included Freeman's healing practice and sales of herbs. Freeman fits the pattern of other Delaware Valley women on the economic margins, who became increasingly less autonomous as health and energy failed. The healer was "afflicted with rheumatism" and ultimately required healthcare. Freeman requested medical services from a Jacob Peirce, and he recorded bleeding her in 1795, 1799, and 1800, perhaps reflecting Lenape women's advocacy of therapeutic bleeding. The Webbs and several

¹²⁰ Moses Marshall, "The Examination &c of Indian Hannah," CCHS. According to this record, during her sojourn in New Castle County, Delaware, "White Thomas Chandler" paid Freeman "3/6 per week wages" for "Sewing &c.," "Black Thomas Chandler" also paid her wages for her work, and Swithin Chandler paid her "3/6 per week wages."

other Quaker families took up a subscription to defray the costs for board and Freeman's medical care.¹²¹

It must have been a poignant moment for Freeman as she was admitted to the newly built Chester County Poorhouse so close to the traditional lands of the Brandywine Lenapes. Over the course of seventy years, she had witnessed the dispossession of the majority of Lenapes in Pennsylvania, the marginalization of remaining Lenapes, and the end of the myth of William Penn's peaceable kingdom. Freeman died in the Chester County Home in 1802. She was buried with other paupers on the poorhouse grounds, rather than in the sacred burial ground of Brandywine Lenapes. Nonetheless, over the course of her life, Freeman chose to remain near her home places, adapting to dramatic cultural change while mobilizing the healing, agricultural, and basket-making skills that she had learned from her female kin. Hannah's grandmother, mother, and aunts had provided mutual support as they shared the lifelong challenges of their roles as custodians of tradition and mediators change. Although most Lenapes were forced to migrate west, remnant groups remained in New Jersey, and women healers continued to pass down skills as part of an oral culture to subsequent generations.¹²²

Fragments of written documents suggest the rich repository of healing knowledge and practices that were retained by Lenape women like Hannah Freeman. Euro-Americans in the Delaware Valley clearly recognized Lenape and Iroquois women's expertise and sought to discover their exotic and effective "secret Indian cures." The narratives of Moravian women's relationships with American Indian women and the

¹²¹ Marshall, "The Examination," CCHS; Becker, "Legends About Hannah Freeman," 16.

¹²² Tantaquidgeon, *Folk Medicine of the Delaware*, 1–12.

frontier encounter recorded by Elizabeth Coates Paschall suggest the possibilities for cooperation and friendships on the middle ground of healing exchanges. They are a reminder that intercultural conflict was not inevitable. However, because healthcare exchanges were part of oral and hands-on healing cultures, most of the interactions that occurred on healing frontiers at mid-century are lost. In addition, as in the case of Bishop Berkeley's tar water, some remedies' American Indian origins were purposely obscured to foreground Euro-Americans' allegedly superior medical knowledge. Just as Lenapes in New Jersey hid in plain sight, quietly pursuing their lives, American Indian pharmaceuticals were reimagined as standard Euro-American medicinals in published pharmacopeias. In more subtle ways than the minister David Brainerd's patronizing journal, Paschall's recipe book traces the personal as well as the cultural barriers created by something as simple as not choosing to learn or remember a "Jersey Indian man's" name. Although medical information advocating American Indian medical practices circulated widely, it did not necessarily level social hierarchies. Still, healing frontiers could be spaces where the cultural forces of race, gender, and class might be temporarily suspended when a sufferer sought a pain-relieving or life-giving cure from someone outside their culture group.

CHAPTER 3

WOMEN HEALERS AND THE AUTHORITY OF SCIENCE

In her mid-eighteenth-century medical recipe book, Philadelphia Quaker merchant and lay healer Elizabeth Coates Paschall asserted her ingenuity, authorship, and authority with the bold strokes of her pen. Paschall assimilated medical data from local experts, including, her brother-in-law John Paschall, a respected “alchymical doctor,” her cousin, John Bartram, an internationally acclaimed botanist, and Dutch-born healing adept Catherina Sprogell. In addition, Paschall compiled information from authoritative medical and science-related texts at the Library Company of Philadelphia. She transcribed a fever recipe from London physician Robert James’ *Medicinal Dictionary* that explains in complex terms how the “viscid Juices Coagulated by the febrile Heat are Resolved” by tar water’s “Diaphoretic” qualities.¹ Undeterred by his exclusive jargon, Paschall noted, “It was tarr water that cured our neighbor Matthias Bush of a long lingering wasting Flux when all other medicine failed.” She found that her celandine remedy for wounds was “strongly recommended” in the famed chemist Robert Boyle’s “*Phylosophical Works*.”² Although male physicians and natural philosophers created structural barriers to prevent women’s participation in medicine and the sciences, Paschall synthesized information from local natural philosophical adepts, engaged authoritative printed medical texts, and positioned herself alongside learned male experts as a legitimate producer of knowledge in the natural sciences. As she shared remedies of

¹ Robert James, MD, *A Medicinal Dictionary; Including Physic, Surgery, Anatomy, Chymistry, and Botany, in All Their Branches Relative to Medicine*, vols. 1 and 3 (London: T. Osborne, 1745).

² Robert Boyle, *The Philosophical Works of the Honourable Robert Bolye, Esq.*, vol. 3, ed. Peter Shaw (London: W. and J. Innys, 1738), 446.

her “own invention” and inscribed them in her medical recipe book, Paschall appropriated the increasingly important authority of science.

Paschall’s writings challenge the traditional medical historiography that narrates female practitioners’ loss of authority due to the rise of enlightened science, male-authored medical texts, and anatomical medical education. Historian Londa Schiebinger argues that European women who provided “midwifery and medical cookery” did “not survive the scientific revolution intact but declined dramatically” by the mid-eighteenth century with the rise of exclusively male professional medical societies and science-related gentlemen’s organizations like London’s Royal Society.³ However, Schiebinger’s analysis cannot be extrapolated to America, where the medical marketplace was unregulated, and professional monopolies lagged behind those in Europe. Philadelphia women such as Paschall were able to participate in the Library Company’s more female-friendly natural philosophical public sphere.

Numerous nonphysician practitioners populated the city’s medical landscape, which prevented doctors from dominating the healthcare market. Philadelphia Quakers promoted religious gender equality, basic female education, and the pursuit of what they called “useful knowledge” with practical applications to “benefit mankind.” Some women took advantage of this environment to engage in public medical and science-related pursuits. Nevertheless, as Schiebinger points out, a number of male Enlightenment natural philosophers’ writings read by people on both sides of the Atlantic argued that women were illogical, physically inferior, and incapable of full participation

³ Londa Schiebinger, *The Mind Has No Sex? Women and the Origins of Modern Science* (Cambridge, MA: Harvard University Press, 1989), 104, 115–6.

in “rational” science-related enterprises. Natural philosophers’ gendered language, taxonomies, and practices, as well as their institutions, marginalized women.⁴

In this chapter, I argue that some literate white Philadelphia women like Paschall resisted marginalization and found new sources of healing authority through literacy, natural philosophical networks, manuscript authorship, and access to medical print media. I first examine how Enlightenment experimental science and Quakers’ early radical beliefs challenged longstanding hierarchies of authority, which provided literate free white women in mid-eighteenth-century Philadelphia opportunities to engage with new botanical and chemical medical theories. I then consider how Elizabeth Coates Paschall and the women in her healthcare networks enhanced their traditional healing authority by documenting medical innovations in their recipe books, by participating in natural philosophical circles, and by appropriating medical and scientific print to affirm their own healing practices.

Challenges to Traditional Hierarchies of Authority

Beginning in the mid-sixteenth century and extending into the eighteenth century, a profound shift in philosophical thought created new possibilities for women healers like Paschall to participate in the construction of medical and natural philosophical knowledge and authority. The phrase *natural philosophy* encompassed the systematic study of the natural and physical sciences, including medicine. Although the term natural

⁴ Prominent advocates of women’s innate inferiority included Jean Jacques Rousseau and Immanuel Kant. However, women’s status was a matter of debate. See Schiebinger, *The Mind Has No Sex*, 220–39; Barbara Taylor and Sarah Knott, eds., *Women, Gender, and Enlightenment* (New York: Palgrave Macmillan, 2007), 2–18; Patricia Fara, *Pandora’s Breeches: Women, Science, and Power in the Enlightenment* (London: Pimlico, 2004), 1–13; Karen O’Brien, *Women and Enlightenment in Eighteenth-Century Britain* (Cambridge, UK: Cambridge University Press, 2009), 1–34; Eve Tavor Bannet, *The Domestic Revolution: Enlightenment Feminisms and the Novel* (Baltimore: Johns Hopkins University Press, 2000), 3–10.

philosophy was more common, by the mid-eighteenth-century, the word *science* began to refer more specifically to what we consider *the sciences* rather than merely diffuse *knowledge*.⁵ Although historians debate the notion of a “Scientific Revolution,” most agree that during the long seventeenth century, a number of scholars challenged the wisdom of the Bible and ancient experts like Aristotle and Galen. Natural philosophers argued that it was possible to discover the laws of nature by reasoned empirical observation, hands-on experimentation, precise measurements, and mathematical calculations.⁶

Empirical science facilitated new sites of knowledge production outside of universities and new ways of constructing knowledge that differed from the older practices of scholasticism, which had prevailed in Britain and Europe since the medieval period. At the heart of the scholastic method was the “disputation,” in which professors and students interrogated theological or philosophical questions through dialectical arguments based on the writings of ancient authorities like Aristotle. This type of knowledge production occurred in universities by elite males and by men in religious

⁵ In the mid-seventeenth century, the term *science* was transitioning from meaning *knowledge* (Latin root *scientia* or knowledge) to the systematic study of the natural and physical sciences. However, “scientists” and “scientific” came into use in the nineteenth century. See Joyce Chaplin, *The First Scientific American: Benjamin Franklin and the Pursuit of Genius* (New York: Basic, 2007), 6.

⁶ The historiographical debates over the notion of a “Scientific Revolution” are extensive. For classic works, see Allen G. Debus, *Man and Nature in the Renaissance* (New York: Cambridge University Press, 1978), 1–14; Steven Shapin, *The Scientific Revolution* (Chicago: University of Chicago Press, 1998); Jan Golinski, *Science as Public Culture* (Cambridge, UK: Cambridge University Press, 1992); Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1996); Michel Foucault, *The Order of Things* (New York: Routledge, 1989); Lorraine Daston and Elizabeth Lunbeck, eds., *Histories of Scientific Observation* (Chicago: University of Chicago Press, 2011). For science as part of imperial political and economic projects, see James Delbourgo and Nicholas Dew, *Science and Empire in the Atlantic World* (New York: Routledge, 2008), 333–4; John Gascoigne, *Science in the Service of Empire: Joseph Banks, the British State, and the Uses of Science in the Age of Revolution* (Cambridge, UK: Cambridge University Press, 1998), 16–33; Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, CT: Yale University Press, 2007), 1–40.

orders. By contrast, the “New Science,” pioneered by scholars like Francis Bacon, challenged ancient philosophers’ authority and focused instead on observing, mapping, and mastering the natural world in situ. Either learned people or those with artisanal skills could generate experiments that artificially manipulated chemical or biological processes. New experimental methods authorized the practices of natural philosophy outside the confines of universities. Although older authorities like Aristotle were not completely abandoned, the theories of the ancients could be challenged by either gentlemen virtuosos or artisanal adepts who had pragmatic experience in fields like metallurgy, botany, or alchemy.⁷

Aristocratic British women joined “gentlemen of science” and took advantage of the production of natural philosophical knowledge outside of the male sphere of universities. Elite women familiarized themselves with the precepts of the “New Science” by reading books about natural philosophy and by interacting with male kin and friends who were eager participants in this novel enterprise. Aristocrats like Margaret Cavendish, Duchess of Newcastle, participated in natural philosophical networks, befriending Thomas Hobbes, Pierre Gassendi, and Rene Descartes. Their philosophical influence is evident in Cavendish’s letters and her published works like *Observations upon Experimental Philosophy* (1666).⁸ Lady Damaris Masham gained the respect of mathematician and philosopher Gottfried Leibnitz and became a close confidant of John Locke. Masham boldly asserted, “I see no reason why it should not be thought that all

⁷ Lawrence M. Principe, *The Aspiring Adept: Robert Boyle and his Alchemical Quest* (Princeton, NJ: Princeton University Press, 1998), 281–3, 304.

⁸ Margaret Cavendish, Duchess of Newcastle, *Observations Upon Experimental Philosophy: To Which Is Added the Description of a New Blazing World* (London: Printed by A. Maxwell, 1666).

Science lyes as open to a Lady as to a Man.”⁹ In this period before the professionalization of science, gentlewomen could claim self-taught expertise and become part of natural philosophical networks.

Women of the middling orders increasingly obtained literacy and participated in the public sphere of science. Mary Astell, who was born into a wealthy merchant family, countered common cultural notions of women’s innate irrationality by arguing in her published books that women were rational beings. She maintained that women’s apparent intellectual deficits were due to lack of education, especially in philosophy and the sciences.¹⁰ Bathusa Makin, of the middling orders, also promoted female educational reforms, and she put them into practice when she tutored one of the royal princesses. In her *Essay to Revive the Antient Education of Gentlewomen* (1673), she argued that the idealized goodwife in the oft-quoted Biblical passage in Proverbs chapter 13 required education in the sciences to succeed in her numerous household tasks. As Makin reasoned, ‘To buy Wooll and Flax, to die Scarlet and Purple, requires skill in Natural Philosophy.’ Purchasing land and household goods necessitated geometry and arithmetic, and governing her family demanded knowledge in “Politicks and Oeconomicks.” In addition, the woman praised in Proverbs chapter 13 “could not look well to the way of

⁹ Lady Masham quoted in Karen O’Brien, *Women and Enlightenment*, 42.

¹⁰ For Margaret Cavendish (1661–1717), Mary Astell (1666–1731), Damaris Cudworth (1659–1708), and Lady Masham (1659–1708), see Margaret Atherton, ed., *Women Philosophers of the Early Modern Period* (Indianapolis: Hackett Publishing Company, 1994), 22–8, 77–83, 96–105; Jacqueline Broad and Karen Green, *A History of Women’s Political Thought in Europe, 1400–1700* (Cambridge, UK: Cambridge University Press, 2009), 199–220, 265–80. In “John Locke, Equality of Rights and Diversity of Attributes,” Chris Nyland maintains that Masham differed from her female peers who asserted that women should be educated so they could “serve the needs of their husbands.” By contrast, Masham “insisted that women needed to be educated so they could effectively undertake the education of their children.” See Robert Dimand and Chris Nyland, eds., *The Status of Women in Classical Economic Thought* (Northampton, MA: Edward Elgar Publishing, 2003), 45–6. Masham’s ideas regarding women’s education reappeared in the early American Republic.

her household, except she understood Physick and Chirurgery.”¹¹ Makin’s writings were not simply theory: she was reckoned a “Good Chymist” and a healing adept.¹² Medicine was interwoven into natural philosophy, and gentlewomen as well as “gentlemen of science” practiced lay medicine and experimented with medical theories that flowed from new concepts of the rational workings of the natural and physical universe. Although women were barred from natural philosophical societies and marginalized in some printed discourses, some chose to empower themselves through self-education and to demonstrate their aptitude in the sciences and medicine.

As part of this mid-seventeenth-century ideological ferment, “gentlewomen of science” like Elizabeth Talbot Grey, Countess of Kent, and her sister, Alethea Talbot Howard, Countess of Arundel, demonstrated their healing acumen by publishing bestselling medical recipe books. These published works reflected a long history of women’s unpublished manuscripts that documented their mastery of healing remedies and practices.¹³ As historian Harold Cook argues, the authority of university-trained physicians, especially members of London’s elite College of Physicians, declined in

¹¹ Bathusa Makin’s “An Essay To Revive the Antient Education of Gentlewomen” (1673), quoted in Fara, *Pandora*, 10.

¹² Lynette Hunter and Sarah Hutton, *Women, Science, and Medicine 1500–1700: Mothers and Sisters of the Royal Society* (London: Sutton Publishers, 1997), 11. See also Jennifer Munroe and Rebecca Laroche, “Introduction” in Munroe and Laroche, *Ecofeminist Approaches to Early Modernity* (New York: Palgrave Macmillan, 2011), 1–14.

¹³ Elizabeth Spiller, *Seventeenth-Century English Recipe Books* (Hampshire, UK: Ashgate, 2008), ix–xxii; Rebecca Laroche, *Medical Authority and Englishwomen’s Herbal Texts, 1550–1650* (Burlington, VT: Ashgate, 2009), 103–13; Kathleen P. Long, “Introduction” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Burlington, VT: Ashgate, 2010), 1–12. For examples of unpublished manuscripts that document women’s extensive medical knowledge and skills, see Caroline Powys, Household Recipe Book, BL 42173, British Library; Anne Neville, Collection of Medical Receipts, ca. mid-eighteenth century, MS 3685, Wellcome Library, London; Collection of Medical Recipes, Stowe 1076, British Library; Anonymous, Recipe Book, ca. 1765, MS Codex 1038, University of Pennsylvania Rare Books and Manuscript Library.

England during the seventeenth century due to a competitive medical marketplace and the persistence of antihierarchical and antiprofessional society sentiments instigated by the English Civil War.¹⁴ The public's mistrust of elite medical cliques offered opportunities for nonphysician adepts to assert their healing authority.

The Countess of Arundel's *Nature Unbowelled By the Most Exquisite Anatomizers of Her* exemplifies elite women's engagement with the natural sciences, including the emerging authority of anatomy. In *A Choice Manual of Secrets in Physick and Chyrurgery*, the Countess of Kent demonstrated elite women healers' familiarity with the precepts of Enlightenment science.¹⁵ She described her own innovative recipes and medical experiments using apothecaries' accurate measures. *A Choice Manual* was initially published by a woman printer, demonstrating some artisanal women's participation in the diffusion of printed medical knowledge. Both of these manuals were reprinted into the eighteenth century for a female and male readership.¹⁶ They reflect women's engagement with a culture of self-help medical and science-related books and other printed materials that burgeoned in the mid-seventeenth century and continued to flourish into the eighteenth century.

¹⁴ Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY: Cornell University Press, 1986), 28–9. See also Aaron Mauch, “‘By Merit Raised to That Bad Eminence’: Christopher Merrett, Artisanal Knowledge, and Professional Reform in Restoration London,” *Medical History* 56, no. 1 (2012): 26–47.

¹⁵ Philiatros [Alethea Talbot Howard], *Natura Exenterata; or, Nature Unbowelled by the Most Exquisite Anatomizers of Her. Wherein are contained . . . receipts, fitted for the cure of all sorts of infirmities* (London, H. Twiford [etc.], 1655); Elizabeth Grey, Countess of Kent, *A Choice Manual of Rare and Select Secrets in Physick and Chyrurgery* (London: Printed by G. D., and are to be sold by William Shears . . ., 1653). Deconstructing the image of nature (gendered female) being unbowed by anatomists is beyond the scope of this chapter. See Carolyn Merchant, *The Death of Nature: Women, Ecology, and the Scientific Revolution* (New York: Harper and Row, 1989); Schiebinger, *The Mind*, 247–59; Lynne Dickson Bruckner, “N/nature and the Difference ‘She’ Makes,” in *Ecofeminist Approaches to Early Modernity*, eds. Jennifer Munroe and Rebecca Laroche (New York: Palgrave MacMillan, 2011), 15–36.

¹⁶ Spiller, *English Recipe Books*, ix–xi.

New epistemologies—novel ways of thinking—about nature and medicine were interlaced with European imperial expansion into Asia, Africa, and North and South America. As literary historian Elizabeth Spiller notes, Elizabeth Grey’s *Choice Manual* presented a “rich Cabinet of knowledge,” likening recipe compilations to private curios and museum collections of exotic flora and fauna.¹⁷ Natural philosophy provided the theories and mechanisms that imperial planners and merchants could use to catalog and commodify new peoples, natural resources, botanicals, and exotic medicinals. Some literate women participated in the intellectual project of Enlightenment science and in the economic enterprise of Britain’s imperial mastery over the exotic products of global empire.¹⁸ In her pursuit of science-based medicine in colonial Philadelphia, Elizabeth Coates Paschall stood on the shoulders of numerous educated seventeenth-century Englishwomen.

Quakers and Gendered Authority

Just as new natural philosophical theories destabilized the wisdom of “the ancients,” a profusion of mid-seventeenth-century antiauthoritarian religious movements challenged political and gender hierarchies. Although the 1649 regicide of Charles I by Parliamentarians is a dramatic example of an assault on patriarchy, radical dissenting religious movements, like those of the Puritans, Levellers, Ranters, Diggers, and Quakers, also questioned the civil as well as theological status quo.¹⁹ The destabilizing

¹⁷ Elizabeth Grey, Countess of Kent, *A Choice Manual, or, Rare and Select Secrets in Physick and Chirurgery*, 11th ed. (London: Gartrude Dawson, 1659), University of Colorado-Denver, Health Sciences Library Special Collections; Spiller, *English Recipe Books*, xxxii.

¹⁸ Golinski, *Public Culture*; Kuhn, *The Structure*; Foucault, *Order*; Delbourgo and Dew, *Science and Empire*, 333–4.

¹⁹ Andrew Bradstock, *Radical Religion in Cromwell’s England* (London: Tauris, 2010).

effects of new religious sects that challenged Anglican Church authority, as well as the influences of “The New Science,” continued to reverberate from the mid-century Cromwellian interregnum to the restoration of the English monarchy in 1660. Religious dissenters emphasized literacy for both women and men, so that each individual could read and interpret the Biblical scriptures for themselves. This gave literate dissenting women access to a variety of religious, literary, and science-related works. Some women of the middling social orders, like Elizabeth Singer Rowe and her sister, joined elite Anglican women, like Grey and Howard, in their personal pursuit of academic learning and science. Rowe was encouraged by her educated mother and dissenting minister father to cultivate her mind, and she claimed the authority of authorship by publishing poems, novels, and hymns. According to Rowe, her sister shared her “thirst for knowledge” and had “the same extreme passion for books, chiefly those of medicine, in which art” her sister “arrived to a considerable insight.”²⁰ Increasing literacy rates among dissenting women by the early eighteenth-century provided some women of the middling and even the lower orders access to authoritative printed sources of religious and natural philosophical authority.

Quaker women embraced the power of literacy to improve their minds, to interpret biblical scriptures, and to further their religious ministries. The Society Friends (called Quakers) founded by George and Margaret Fell Fox in the 1650s asserted that each person has an indwelling of God’s “inner light” and that God’s presence could be

²⁰ Elizabeth Singer Rowe was known for her poetry, prose, novels, and religious writings in which she defended poetry and authorship as women’s purview. For quote, see Mrs. Elizabeth Rowe, *Poems on Several Occasions; to which is Prefixed an Account of the Life and Writings of the Author* (London: D. Midwinter, 1759), 5. See also Thomas Rowe, ed., *The Works of Mrs. Elizabeth Rowe* (London: John and Arthur Arch, 1796).

accessed directly without the intervention of ministers within a church hierarchy. Ideally, Quakers' lives testified to their beliefs in peace, simplicity, integrity, and equality. They rejected notions of social hierarchies, and they refused to tip their hats to social superiors or to swear loyalty oaths to the Crown. Like other dissenting sects, Friends were banned from Anglican schools and universities, but Quakers encouraged parents to educate their girls as well as boys at home.²¹

Beginning in the 1660s, George Fox established academies that instilled Friends' doctrines, along with a general curriculum that included the sciences. For Quakers, inquiry into the sciences was like examining God's "book of nature." Fox's acolyte, William Penn, asserted that studying the natural world was like looking into the face of God. Understanding the practical workings of God's creation provided spiritual insights and was particularly important as Friends deemphasized the authority of Biblical scriptures in favor of the "inner light." Penn maintained that it was a "pity therefore those books have not been composed for youth, by some curious and careful naturalists." Fox shared this concern, and he advised a Quaker colleague to start a school that included education on the "nature of herbs, roots, plants, and trees."²² Recognizing the need for girls' formal education, in 1668, Fox created Shacklewell School "for women."

²¹ Edwin B. Bronner, "Quaker Discipline and Order, 1680–1720" in *The World of William Penn*, eds. Richard S. and Mary M. Dunn, (Philadelphia: University of Pennsylvania Press, 1986), 323–36.

²² William Penn wrote in *Fruits of Solitude* (1692), "It would go a great way to caution and direct people in the Use of the World, that they were better studied and known in the Creation of it. For how could Man find the confidence to abuse it, while they should see the Great Creator stare them in the Face in all and every Part thereof?" And, "It were happy if we studied nature more . . . and acted according to nature: whose rules are few, plain, and most reasonable." See Penn, *Fruits of Solitude in Reflections and Maxims Relating to the Conduct of Human Life* (London: William Elliot, 1807), 4–5. George Fox asserted that being in "Unity with the Creation" was part of being in "Health." See Margaret Fell Fox, *A Journal Or Historical Account of the Life, Travels, Sufferings . . . of that . . . Faithful Servant of Jesus Christ [George Fox]* (London: J. Sowle, 1709), 28.

Shacklewell offered girls basic skills in reading, mathematics, and, according to Fox, “whatsoever thinges was civill and useful in ye creation.”²³ By the early eighteenth century, more than fifty Quaker academies had been established in England.²⁴

For Quakers, science, medicine, and benevolent religious ministry intertwined seamlessly. George Fox had initially considered the “practice of physic for the good of mankind” as his calling, but instead he chose the ministry.²⁵ According to his writings, he practiced faith healing to cure his followers’ diseases. One reason that Fox founded a Women’s Meeting in the 1650s was so that “all the sick, the weak, the widows and the fatherless should be . . . looked after,” explicitly placing women’s domestic healing in a context of religious ministry.²⁶ As was discussed in chapter 1, William Penn’s devout wife, Gulielma Springett Penn, provided Quakers with an exemplary woman healer, whose book of healing recipes corroborates her reputation as an innovative and skilled physician and surgeon. Quaker schoolmaster Thomas Lawson, who began his career by tutoring Margaret Fell Fox’s daughters, opened a co-educational school in the North of England that provided hands-on instruction in botany and the preparation of herbal medicines. His 1680 tract on education advised godly instruction in botany, zoology, chemistry, “Medicine,” “Chyrugery,” and “Inoculating” for the “Benefit and Advantage

²³ George Fox, *The Journal of George Fox*, vol. 2, ed. Norman Penney (London: Cambridge University Press, 1911), 119.

²⁴ Geoffrey Cantor, “Real Disabilities?: Quaker Schools as ‘Nurseries of Science,’” in *Science and Dissent in England, 1688–1945*, ed. Paul Wood (Burlington, VT: Ashgate, 2004), 150–1.

²⁵ George Fox, *Journal of George Fox*, 7th ed., vol. 1, ed. Wilson Armistead (London: W. and F. G. Cash, 1852), 66.

²⁶ “A True Information of our Blessed Women’s Meeting,” 11, quoted in Cadbury, *George Fox’s Book of Miracles*, 46–7.

of others.”²⁷ Following Lawson’s example, the first school in Pennsylvania founded by William Penn included education in botany, so that children could “know simples [healing remedies with minimal herbal ingredients], and to learn to make [medicinal] oils and ointments.”²⁸ Penn maintained that nature “should be the Subject of the Education of our Youth.”²⁹ Quaker girls as well as boys could follow in their founders’ footsteps and learn “useful” knowledge in the sciences and medicine “for the good of mankind.”

Along with broadening their educational opportunities, some Quaker women transgressed gender norms through their public ministries. As historian Karin Wulf argues, Quakers’ antiauthoritarianism was reflected in Friends’ assertions that religious gender hierarchies were evidence of sin, while gender equality was part of the restoration of God’s kingdom on earth. Founder Margaret Fell Fox wrote tracts like *Women’s Speaking Justified, Proved, and Allowed by the Scriptures*, which authorized women’s voices in religious meetings and promoted their public roles as itinerant ministers, prophetesses, and leaders in women’s organizations.³⁰ More than 200 Quaker women ministers published popular tracts and spiritual biographies. Prominent preachers, like Elizabeth Ashbridge, traveled throughout the British Atlantic world.³¹

²⁷ For Thomas Lawson (1654–1751), see E. Jean Whittaker, *Thomas Lawson, 1630–1691: North Country Botanist, Quaker, and Schoolmaster* (York, England: Sessions Book Trust, 1986); Ronald H. Peterson, *New World Botany: Columbus to Darwin* (Königstein, Germany: Koeltz Scientific Books, 2001), 196, 228–9.

²⁸ Edward Parrish, *An Essay on Education in the Society of Friends* (Philadelphia: J. B. Lippincott, 1866), 22.

²⁹ Penn, *Fruits of Solitude*, 2.

³⁰ Margaret Fell Fox, *Women’s Speaking Justified, Proved, and Allowed by the Scriptures*, ed. Mary Waite (Los Angeles: Augustan Reprint Society, 1992).

³¹ Karin Wulf, *Not All Wives: Women of Colonial Philadelphia* (Philadelphia: University of Pennsylvania Press, 2000), 55–66; Bonnelyn Kunze, “The Friendship of Margaret Fell, George Fox, and William Penn,” *Church History* 57, no. 2 (1998): 170–86; T. H. S. Wallace, ed., *A Sincere and Constant Love: An Introduction to the Work of Margaret Fell* (Richmond, IN: Friends United Press, 2009). For Elizabeth

Quaker women's activities contrasted sharply with Protestantism's usual assertions that women should avoid public roles, remain silent in church, and, as in the oft-quoted biblical passage, never "usurp authority over the man."³² In this period, religion was deeply interconnected with all aspects of culture, including politics, science, and medicine, so challenges to gender in the religious sphere resonated into the others. Elizabeth Coates Paschall's relative lack of deference to male physicians, which contrasts with the obsequiousness of some New England Puritan female healers, may reflect her Quaker heritage.³³ Nonetheless, by appropriating traditionally "masculine" roles in the church and in public, Quaker women incited a backlash of persecution from the Anglican English establishment. In response, after the restoration of the monarchy, some Quaker women's writings reflected a retreat from social radicalism.³⁴ Still, Quaker women of the upper, middling, and lower social orders pioneered new spaces of female authority that they could apply to their healing ministries and businesses, particularly in the more fluid social milieu of the American Middle colonies.

Useful Knowledge and the Gendered Uses of Knowledge

It was out of this context of scientific, religious, political, and gendered ferment that Thomas and Joanna Sloper Paschall, Elizabeth Cotes Paschall's future grandparents-

Ashbridge's empowerment through authorship, see William J. Scheick, *Authority and Female Authorship in Colonial America* (Lexington, KY: The University Press of Kentucky, 1998), 93–106.

³² 1 Tim. 2:12–15, King James Version; E. Jean Whittaker, *Thomas Lawson*; Peterson, *New World Botany*, 196, 228–9; Rebecca Larson, *Daughters of Light: Quaker Women Preaching and Prophesying in the Colonies and Abroad, 1700–1775* (Chapel Hill: University of North Carolina Press, 2000), 68–78.

³³ Rebecca Tannenbaum, *The Healer's Calling: Women and Medicine in Early New England* (Ithaca, NY: Cornell University Press, 2009), 88–9; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard Based on her Diary, 1785–1812* (New York: Knopf, 1990), 255.

³⁴ See for example, Catie Gill, *Women in the Seventeenth-Century Quaker Community: A Literary Study of Political Identities, 1650–1700* (Burlington, VT: Ashgate, 2005); Phillis Mack, *Visionary Women: Ecstatic Prophecy in Seventeenth-Century England* (Berkeley: University of California Press, 1995).

in-law, set sail with Quaker leader William Penn's first fleet in 1682 to found the proprietary colony of Pennsylvania. The Paschalls settled on a land grant of 500 acres south of Philadelphia.³⁵ Elizabeth's father, Thomas Coates, emigrated from England to Philadelphia a year later and set up a dry goods and shipping business. To briefly review from chapter 1, by 1696, Thomas Coates had prospered enough to marry Beulah Jaques. In January of 1702, the Coates welcomed their third child and first daughter, Elizabeth. Young Elizabeth learned her business acumen from her mother as well as from her father. Beulah Jaques Coates was remembered as a "bluestocking" or literary lady, and she likely educated Elizabeth at home. Family histories cite Beulah Coates as "a woman of considerable business ability," who advised her husband in his enterprises. She demonstrated her Quaker commitment and financial aplomb by serving as the first treasurer of the Women's Yearly Meeting, and she was later elected as the head of the organization. In addition, Beulah Coates passed down healing knowledge and remedies to her daughter Elizabeth. Two years after her father's death in 1719, Elizabeth married Joseph Paschall, also the scion of a commercially and politically successful Quaker family. They established their own mercantile business on High Street (now Market Street) and Second Street in Philadelphia, but they maintained a close relationship with

³⁵ Thomas and Joanna Paschal sailed on *The Society* with their children Thomas, William, and Mary. See "Ships of Penn's Fleet and Their Passengers," <http://www.texasdar.org/chapters/BrazosValley/ships.htm>, accessed June 29, 2014; "Account of the Paschall Family of England and Philadelphia," Presented June 7th 1894 by Miss Paschall, Fc Pa, HSP; Jean R. Soderlund, *William Penn and the Founding of Pennsylvania: A Documentary History* (Philadelphia: University of Pennsylvania Press, 1983), 185–7.

the widowed Beulah Coates.³⁶ Young Elizabeth had a religiously inclined, educated, medically adept, and assertive mother as a role model.

Quaker families like the Coates and Paschalls brought with them from England a penchant for the sciences, including the study of botany, alchemy, and medicine. First settler Thomas Paschall was a pewterer, an apothecary, and an alchemical adept, who passed down books like *Paracelsus of the Chymical Transmutation* (1657), along with his healing and metallurgical knowledge to his sons and grandsons.³⁷ The Penn's extensive 1726 library catalogue from their home at Pennsbury Manor also demonstrates early colonists' interests in alchemy, astronomy, mathematics, and botany, as well as medicine. In addition to religious "Books Wrote by Wm Penn," the catalogue includes mystical alchymical works like *Basil Valentine's Last Testament, Secrets in Chymistry*, and *Mercury's Caducean Rod*, as well as more pragmatic chemistry tomes like Robert Boyles' *New Experiments and Natural Philosophy*. The Penns also collected self-help medical books and herbals, such as George Herbert's *Rules of Health* (1636) and John Parkinson's *Theatrum Botanicum* (1640).³⁸ These printed works informed the work of nonphysician healing adepts who were particularly important in the face of a scarcity of trained physicians in the young colony. Wealthy early Quaker settlers like the Paschalls

³⁶ Mary Coates, *Family Memorials and Recollections, or Aunt Mary's Patchwork* (Philadelphia: Printed for the Family Only, 1885), 13–4, FHL; John Fanning Watson, *Annals of Philadelphia* (Philadelphia: Carey and Hart, 1830), 180, 463; Henry T. Coates, *Thomas Coates: Who Removed From England to the Province of Pennsylvania, 1683* (Philadelphia: Privately Printed, 1897), 19; John Fiske, *The Dutch and Quaker Colonies in America* (New York: MacMillan, 1899), 341–3.

³⁷ Philipp Theophrastus Bombastus von Hohenheim [Paracelsus (1493–1541)], *Paracelsus of the Chymical Transmutation, Genealogy, and Generation of Metals & Minerals: Also, of the Urim and Thumim of the Jews—Whereunto Is Added, Philosophical and Chymical Experiments of—Raymund Lully Containing the . . . perfect way of making the Great Stone of the Philosophers*, trans. R. Turner (London: Moon & Fletcher, 1657), Am 1657 Par, LCP. Inscriptions: Thomas Paschall, Stephen Paschall, Seth Flower, Enoch Flower.

³⁸ Catalogue of Books Taken February 23, 1726, Penn Manuscripts, Misc., William Penn, 1674–1716, vol. 6, 51–2.

and Penns transmitted a popular print culture that touted self-help medical and science-related books so that every person could, in the words of numerous authors, be “their own doctor.”³⁹

Philadelphia’s newspapers, almanacs, and periodicals promoted do-it-yourself medicine, and they were accessible to literate people of various social orders. Editors and printers understood that female readers represented an important sector in the popular consumer print market, and they included articles that appealed to women. Philadelphia printer Benjamin Franklin recognized women readers’ purchasing power, advising “the Fair Sex” that if his article in the *American Weekly Mercury* “contributed to the Embellishment of their Minds,” he would doubtless garner their “Favour and Encouragement.” Franklin demonstrated his support for women’s scientific interests by publishing his correspondence with his London friend Polly Stevenson in a pamphlet detailing his experiments with solar heat.⁴⁰ Philadelphia women could read articles in *The Ladies Library* and *The Female Spectator* promoting the benefits of practical scientific experimentation in the cultivation of women’s minds. An article in the *Guardian* reprised Lady Damaris Masham’s argument that the “Fair Sex are as capable as Men of the Liberal Sciences.” These women’s journals echoed an earlier *Spectator* article on the

³⁹ John Tennent, *Every Man His Own Doctor: or, The Poor Planter’s Physician* (Philadelphia: B. Franklin, 1736); Charles E. Rosenberg and William H. Helfand, “Every Man His Own Doctor”: *Popular Medicine in Early America* (Philadelphia: Library Company of Philadelphia, 1998), 2–9, 24–47.

⁴⁰ Carla Mulford, “Benjamin Franklin, Traditions of Liberalism, and Women’s Learning in Eighteenth-Century Philadelphia,” in “*The Good Education of Youth*”: *Worlds of Learning in the Age of Franklin*, ed. John Pollack (New Castle, DE: Oak Knoll, 2009), 109–10; Brooke Hindle, *Early American Science* (New York: Science History Publications, 1976), 16; Larry Tise, *Benjamin Franklin and Women* (University Park: Pennsylvania State University Press, 2000); *American Weekly Mercury*, February 4, 1729; 74; Roy Porter, *Health for Sale: Quackery in England, 1660–1850* (Manchester, UK: Manchester University Press, 1989), 21–9; Roy Porter, “Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman’s Magazine,” *Medical History* 29, no. 2 (1985): 138–68.

“Curiosity” of an extensive “*Lady’s Library*.” Along with classics of literature and history, the library included Sir Isaac Newton’s *Works*, Culpepper’s *Midwifery*, and a bottle of “Hungary Water,” a remedy that appears frequently in women’s medical recipe books.⁴¹ Literary scholar Kathryn Shevelow cautions that despite the destabilizing potential of women’s literacy and philosophical acumen, periodicals also promoted sentimental domesticity, which sought to relegate women to the confines of the home. Similarly, male medical manual writers, such as William Buchan and Dr. Robert James, attempted to limit laywomen’s practices by arguing that female healers should defer to male doctors’ expertise. Nonetheless, as Shevelow point out, women readers could choose to resist prescriptive writers’ admonitions.⁴² Resisting readers like Paschall could master new medical information and use it to augment their sense of healing authority.

In this context of popular science and medicine, it is not surprising that the “founding” Coates and Paschalls’ interest in these topics continued into subsequent generations. Elizabeth Coates Paschall became a “gentlewoman of science” within a family network that was interested in “useful” civic, medical, and natural philosophical pursuits. Philadelphia had come a long way since the early days of settlement, and it was the most populous British colonial metropolis by the mid-eighteenth century. This bustling commercial center was the premier city of the British North American colonies in science and medicine. It was home to the colonies’ first hospital, medical school,

⁴¹ Sarah Fotherly, *Gentlewomen and Learned Ladies: Women and Elite Formation in Eighteenth-Century Philadelphia* (Bethlehem, PA: Lehigh University Press, 2008), 69–73; *The Spectator*, April 12, 1711.

⁴² Kathryn Shevelow, *Women and Print Culture The Construction of Femininity in the Early Periodical* (London: Routledge, 1989), 32, 13–37. For a classic analysis, see Judith Fetterly, *The Resisting Reader: A Feminist Approach to American Fiction* (Bloomington: Indiana University Press, 1978).

lending library, and philosophical society.⁴³ Elizabeth's husband, Joseph Paschall was a city councilman during the 1730s, and, along with Benjamin Franklin, established the Union Fire Company as an important health and safety measure in the fire-prone city. Franklin represented himself as the quintessential "man of science" in Philadelphia, and the Paschall and Coates families joined him in his numerous medical, intellectual, and natural philosophical pursuits. Elizabeth's brothers-in-law, John and Stephen Paschall, were charter members of Franklin's Library Company of Philadelphia founded in 1731.⁴⁴

Although women were initially denied membership, Paschall circumvented this barrier, accessed the library's reading room, and checked out books under the auspices of male family members. Historian Sarah Fatherly notes that Library Company minutes from the 1740s indicate that the library directors also allowed Elizabeth's sister-in-law, Margaret Paschall, to check out books and to authorize an underage male relative to borrow books in her name. In 1742, the library directors voted to allow Elizabeth North to take over her late uncle's share in the company. Since the Library Company was organized as a joint stock company, women like North and a "Widow Coates" (possibly

⁴³ Gary B. Nash, *First City: Philadelphia and the Forging of Historical Memory* (Philadelphia: University of Pennsylvania Press, 2006), 45–78.

⁴⁴ Suzanne Parry Lamborn, *Thomas Paschall and Family* (Berwyn Heights, MD: privately published, 2003); Paschall Family Papers, Ann Paschall Jackson papers, RG 5/186, Friends Historical Library, Swarthmore College, Swarthmore, PA, Whitfield J. Bell, *Patriot-Improvers: Biographical Sketches of Members of the American Philosophical Society*, vol. 1, 1743–1768 (Philadelphia: APS, 1997), 226; Bible Records and Notes: Morris and Paschall families, BR MO LOC 104, HSP. The historiography on Benjamin Franklin is extensive. See for example, Chaplin, *The First Scientific American*; Edmund S. Morgan, *Benjamin Franklin* (New Haven, CT: Yale University Press, 2002); David Waldstreicher, *Runaway America: Benjamin Franklin, Slavery, and the American Revolution* (New York: Hill and Wang, 2004); David Waldstreicher, "The Long Arm of Benjamin Franklin," in *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, eds. Katherine Ott, David Serlin, and Stephen Mihm (New York: New York University Press, 2002), 300–26; Stanley Finger, *Doctor Franklin's Medicine* (Philadelphia: University of Pennsylvania Press, 2011); Theodore Diller, *Franklin's Contribution to Medicine* (New York: Albert T. Huntington, 1912). Stephen Paschall (1714–1800) founded Paschall's Steel Furnace, and practiced lay healing. See *Pennsylvania Gazette*, September 24, 1767; Stephen Paschall, Business Receipt Book, 1760–1771, doc. 657, Joseph Downs Collection, Winterthur Library.

Elizabeth Coates Paschall's sister), found a way to inherit male family members' share in the company along with its privileges and legal standing.⁴⁵ Women's de facto participation opened the way for their later official membership in the 1770s. The library's diverse collection and reading room offered women, as well as men, opportunities to learn new information and to share literary and natural philosophical knowledge.

One of Franklin's subsequent organizations also dovetailed nicely with the "useful" philosophical and philanthropic goals of Quakers and their founders, like George Fox. In their 1743 founding statement for a philosophical society, Franklin and the Paschalls' Quaker cousin, John Bartram, articulated an enlightened vision for "Promoting Useful Knowledge" in America for the "benefit of mankind."⁴⁶ This early iteration of what would become the American Philosophical Society encouraged medical, botanical, metallurgical, and chemical innovations to serve the colony's commercial needs as well as its benevolent interests. In 1751, Franklin and Dr. Thomas Bond demonstrated Philadelphia's medical benevolence by founding the Pennsylvania Hospital. Both Paschall and Coates family members contributed to this charity institution for the sick poor, and several men related to these families served on the hospital board. Although women could not serve formally in the organization, Elizabeth Paschall and her mother, Beulah Coates, joined "charitable widows and other good women of the city" to contribute funds for the hospital's pharmacy in 1754. Considering her family's involvement in his enterprises, it is not surprising that Benjamin Franklin remembered

⁴⁵ Fatherly, *Gentlewomen and Learned Ladies*, 105–6.

⁴⁶ Benjamin Franklin, *A Proposal for Promoting Useful Knowledge Among the British Plantations in America* (Philadelphia: Printed by Benjamin Franklin, 1743).

Elizabeth Paschall as “my dear old friend.”⁴⁷ Quaker women like Paschall participated informally but significantly in the city’s medical and science-related organizations.

When Franklin and Bartram’s Society for Promoting Useful Knowledge was disbanded from 1746 through 1767, the Library Company took its place as a scientific society as well as a lending library in the imposing space of the Pennsylvania State House. Beginning in the late 1730s, the Library Company received donations of scientific instruments, including a vacuum pump, an electrical apparatus, a telescope, and a microscope from the Penn family, as well as fossils, botanicals, and other “curiosities of nature,” like scorpions.⁴⁸ The collection reflected a fashionable proclivity for popular science and public demonstrations that attracted spellbound spectators, including women. Library Company members could bring female guests, and historian Sarah Fatherly found evidence of “ladies’ tickets” and women in the audience for these demonstrations.⁴⁹ A 1750 advertisement in the *Pennsylvania Gazette* invited “gentlemen to attend a course in

⁴⁷ William H. Williams, *America's First Hospital: the Pennsylvania Hospital, 1751–1841* (Wayne, PA: Haverford House, 1976), 90–100. For contributions, see Benjamin Franklin, *Some Account of the Pennsylvania Hospital* (Facsimile), I. Bernard Cohen, ed. (Philadelphia: B. Franklin, 1754; repr. Baltimore: Johns Hopkins Press, 1954), 29–30. The hospital doctors provided medicines gratis until December 1752. Later, “to pay for these Medicines, which cost One Hundred Twelve Pounds, Fifteen Shillings, and Two-pence Halfpenny, Sterling, a Subscription was let on Foot among the charitable Widows, and other good Women of the City . . . From this Bounty the Managers have since been enabled to furnish Medicines to many poor Out-patients.” See also Leonard W. Labaree, ed., *Papers of Benjamin Franklin*, vol. 5 (New Haven, CT: Yale University Press, 1962), 310–17. In 1753, Elizabeth Paschall donated £3. Beulah Coates donated £1 7 shillings in 1754 along with a group of women from prominent families, including Mary Allen, Sarah Logan, and Paschall’s friend and recipe book informant Mary Standley. See also John Thomas Scharf and Thompson Westcott, *History of Philadelphia, 1609–1884*, vol. 2 (Philadelphia: L. H. Everts, 1884), 1584–5; Bell, *Patriot-Improvers*, 212–3, 290–1. For Franklin’s quotation regarding Mrs. Paschall as his “dear old Friend,” see page 213. John Bartram was disowned in 1758 by the Darby Monthly Meeting for his heterodox views, but Quaker values continued to inform his life and work. Dr. Thomas Bond was born a Quaker, but he later joined the Anglican Christ Church.

⁴⁸ Chaplin, *The First Scientific American*, 30–3; *A Short Account of the Charter, Laws, and Catalogue of Books of the Library Company of Philadelphia With a Short Account of the Library Prefixed* (Philadelphia: Joseph Crukshank, 1770), 4–5.

⁴⁹ Joyce Chaplin, “Benjamin Franklin’s Science: In Public and Private,” (presentation, American Philosophical Society, Philadelphia, October 2011); Fatherly, *Gentlewomen and Learned Ladies*, 82–3.

experimental philosophy, and to bring a lady gratis,” confirming women’s attendance in public natural philosophical programs.⁵⁰ Elizabeth Paschall may well have attended her friend Franklin’s lectures.

Natural philosophers took particular interest in distinctly American specimens collected by colonial naturalists. As scholar Susan Scott Parrish observes, American naturalists’ ability to collect, experiment, and observe nature in situ in the “New World” allayed anxieties regarding their perceived inferiority as mere vulgar colonials. Parrish explains that colonists could stake “out for themselves a unique place in the empire through nature observation and the collection and trade in specimens.”⁵¹ This was particularly important in the face of humoral medical theories that exposure to inferior colonial environments could degenerate people’s bodies and make them less “civilized” than their metropolitan counterparts. Colonial men and women who were natural philosophical adepts could study and export natural curiosities that would advance both imperial science and commerce to enhance their own self-fashioning, as well as “for the benefit of mankind.”

Public natural science exhibitions opened the secrets of nature and medicine to male and female audiences who used them to supplement the popular education they received in printed health, botanical, and alchemical “do-it-yourself” manuals. The presence of scientific devices accompanied by the commencement of a public lecture series announced the Library Company’s status as a scientific society. Benjamin Franklin and his colleague Ebenezer Kinnersley delighted audiences with dramatic electrical

⁵⁰ *Pennsylvania Gazette*, December 6, 1750 and January 29, 1751.

⁵¹ Susan Scott Parrish, *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill: University of North Carolina Press, 2006), 104, fn. 2.

demonstrations. Franklin chronicled these events in his popular *Pennsylvania Gazette* and *Poor Richard's Almanac*. Both men experimented with medical applications for electrical stimuli, particularly for neurological problems like paralysis or apoplexy (stroke). There was even early interest in electricity's potential to revivify a person after drowning.⁵² By wielding his "Electrical Fire" and by advertising his electrical shows as "a most amazing scene of wonders," Kinnersley developed a philosophical reputation in the colonies that rivaled Franklin's.⁵³

As a founding member of Philadelphia's First Baptist Church and a Baptist minister, Kinnersley apparently found time to share his interest in science from the church pulpit.⁵⁴ Elizabeth Byles, another First Baptist founding member, appropriated Kinnersley's language of science in the religious poetry and letters in her journal. She wrote to a friend in 1759 that she enjoyed their "literary correspondence," and she contemplated the "pleasure of a nearer Acquaintance in a happy Electricity." In another transcription in her commonplace book, Byles celebrates her sense of intellectual autonomy in her journal by asserting, "The one thing I beg of kind Heaven/ Is a mind independent and free."⁵⁵ Although she was not a Quaker, Byles was likely acquainted

⁵² Sir John Pringle to Benjamin Franklin, ca. 1758, Benjamin Franklin Papers, APS. Pringle implored Franklin to use therapeutic electrification to cure the Duke of Amaster's daughter's "spasms and convulsions." See also, James Delbourgo, *A Most Amazing Scene of Wonders: Electricity and Enlightenment in Early America* (Cambridge, MA: Harvard University Press, 2006), 200–30.

⁵³ *Pennsylvania Gazette*, April 11, 1751; James Delbourgo, *A Most Amazing Scene*, 31–96.

⁵⁴ For Philadelphia's First Baptist Church, including members Elizabeth Byles and Ebenzer Kinnersley, see Horatio Gates Jones, "The First Baptist Church of Philadelphia: List of Constituents and other Early Members," in Horace Wemyss Smith, ed., *Miscellaneous Americana: A Collection of History, Biography and Genealogy* (Philadelphia: Dando Printing and Publishing, 1889), 8–11; Janet Moore Lindman, *Bodies of Belief: Baptist Community in Early America* (Philadelphia: University of Pennsylvania Press, 2011), 27–30.

⁵⁵ Elizabeth Byles, Recipe Book, n.p., William Ball Collection, Col. 612, box 1, Winterthur; Elizabeth Byles to Peggy, December 3, 1759; Elizabeth Byles, Letter Book, 1750–1783 and Diary, 1757–1763, Ball

with the Paschall family, since her father was a pewterer like Joseph Paschall's father and grandfather. In addition, Byles was a healing adept who kept a medical recipe book, and she may have known Elizabeth Paschall through their shared interests. Apparently, Kinnersley and Byles perceived no contradiction between the study of science and evangelical belief—in fact, both could be preached and marketed to mass audiences. Science as public spectacle made natural philosophical information more accessible, making it increasingly challenging for “gentlemen” and “gentlewomen” of science to differentiate their scientific activities as evidence of their social status.

Like some English counterparts, elite Philadelphia women appropriated natural philosophy as a marker of fashion, education, and status for themselves and for their families. As historian Sarah Fatherly argues, some women's participation in enlightened science was part of a broader culture of elite sociability that included attending literary gatherings, assemblies, the theater, card parties, and concerts, which allowed them to claim “the intangible assets of reason, rationality and taste.”⁵⁶ Elizabeth Graeme Fergusson, whom one biographer calls “the most learned woman in America,” exemplifies this culture. She hosted French enlightenment-style salons for Philadelphia's intellectuals, where salonnières like Dr. Benjamin Rush and Francis Hopkinson discussed natural philosophical and medical topics. Fergusson also met Dr. John Fothergill, Quaker physician, naturalist, and Pennsylvania Hospital patron, during her sojourn in London in

Family Papers, HSP. Elizabeth Byles' elaborate needlework, “Queen Esther at the Court of King Ahaseurus,” September 2, 1730, on loan to Winterthur, also may reflect Byles' sense of herself. In the biblical account in the book of Esther, Queen Esther displays political shrewdness and risks her life to save her people. See Esther 2, King James Version.

⁵⁶ Fatherly, *Gentlewomen and Learned Ladies*, 89.

the 1760s, and she continued to correspond with him upon her return to Philadelphia.⁵⁷

Although natural philosophical enquiry was linked to other stylish leisure activities, it is clear from their writings that women such as Fergusson and Paschall satisfied their intense intellectual curiosity through philosophical pursuits.

Like Fergusson, Paschall lived tastefully and well. As a nod to the Quaker testimony of simplicity, Paschall preferred unadorned but elegant lines for her clothing and household goods made from expensive silk, silver, and mahogany. Surviving wills, architectural information, and family artifacts indicate that Paschall's home and lifestyle were, in the words of her brother-in-law and fellow merchant John Reynell "of the best Sort, but Plain."⁵⁸ Philadelphia Quaker women like Paschall joined their Anglican counterparts in deploying class markers that included grand houses and elegant goods, as well as education in the arts and sciences, to solidify their families' elite status. However, at mid-century, a Quaker reformation was under way. Quaker reformers, like Paschall's friend Anthony Benezet, urged Friends to stay true to the testimonies of simplicity, peace, integrity, and equality. Benezet charged elite Quakers to live more simply, and he admonished Quaker women like Paschall to eschew vain fripperies and return to Quaker plainness. Healing was ideally suited to satisfy the intellectual curiosity of Quaker women like Paschall, while pursuing study in a field that clearly had pragmatic benefits

⁵⁷ Anne M. Ousterhout, *The Most Learned Woman in America: A Life of Elizabeth Graeme Fergusson* (University Park: Pennsylvania State University, 2004), 100–2, 306–7.

⁵⁸ Letter dated November 25, 1738, Reynell Letterbook, HSP, quoted in Frederick Tolles, *Meeting House and Counting House* (New York: Norton, 1963), 128; Elizabeth Coates Paschall, Business Receipt Book, 1741–1762, Hagley Library; Insurance Survey S00077, July 21, 1752, Paschall, Eliz., Philadelphia Contributorship Digital Archives <http://www.contributionship.com> (October 10, 2008); Carl and Jessica Bridenbaugh, *Rebels and Gentlemen* (New York: Oxford University Press, 1965), 181, 192, Elizabeth Coates Paschall file, Philadelphia Museum of Art Archives.

for humankind. Quaker women had more motivation than Anglicans to downplay opulent class markers and to instead educate themselves in the natural sciences and mobilize their public roles as benevolent healers.⁵⁹

Although the pursuit of science was a tasteful but acceptable activity, Quaker women like Paschall had to tread carefully. Quaker ministers endorsed the pursuit of natural philosophy if it served humanitarian goals, but they frowned on the quest of knowledge for knowledge's sake, as that served only to puff up one's vanity. As popular Quaker minister Samuel Fothergill instructed, "Let reason be exercised; not to pride and ostentation of science, but as God's precious gift."⁶⁰ In 1754, Anthony Benezet opened the first public girls' school in North America that provided a Quaker education for young women of all social orders and proffered religious values that would satisfy ministers like Fothergill. Benezet taught girls reading, writing, and arithmetic. It is intriguing that he later added courses in Latin and Greek—the *sine qua non* of the educated English gentleman and the languages of science and medicine.⁶¹ According to historian Geoffrey Cantor, Quaker education "emphasized the importance of nature and the natural world as a legitimate activity." As he explains, "This positive sanction is all

⁵⁹ Tolles, *Meeting House and Counting House*, 130; Jack Marietta, *The Reformation of American Quakerism* (Philadelphia: University of Pennsylvania Press, 1984), 102–3.

⁶⁰ Samuel Fothergill to Dr. Samuel Ritty, First Month [January] 8, 1761 in John Kendall, *Letters on Religious Subjects, Written by Divers Friends, Deceased* (Burlington, NJ: J. Rakestraw, 1805), 21, LCP. Although this collection was published later, it exemplifies the teachings of Quaker ministers like Fothergill who preached extensively in the Delaware Valley before the American Revolution. This book was owned by descendants of the Paschall/Morris families, Isaac W. Morris and Catharine W. Morris.

⁶¹ Maurice Jackson, *Let This Voice Be Heard: Anthony Benezet, Father of Atlantic Abolitionism* (Philadelphia: University of Pennsylvania Press, 2010), 21.

the more significant given the many activities that were prohibited to the strict Quaker—such as dancing, attending comedies, and playing games of dice and cards.”⁶²

Quaker girls like Deborah Norris and Sally Wister, who were educated at Benezet’s school, found creative ways to express their interest in the natural sciences. Although girls’ needlework might be dismissed and as mere mindless “women’s work,” their subject matter—including designs with numbers, letters, flora, and fauna— could testify to their mastery of subjects like reading, math, and the sciences. Intricate works by Norris and other elite Philadelphia girls portray botanical and zoological images that were meticulously copied from illustrated books on the natural sciences. In her Quaker school, minister Rebecca Jones taught young women useful business, mathematics, and science-related skills, including complex equations, compounding interest, metallurgy measurements, and apothecaries’ terminology and conversions. However, some Delaware Valley girls’ schools provided only basic education in reading, math, and needlework. Nonetheless, by mid-century there were more educational options for girls of Elizabeth Paschall’s daughter’s generation and increased opportunities for women’s self-education in the sciences and experimental medicine.⁶³

The Authority of Experience and Experiment

Paschall’s medical recipe book reflects her participation in the educational, natural philosophical, and medical innovations in America’s “First City.” However, her

⁶² Cantor, “Real Disabilities?,” 150–1.

⁶³ Rebecca Jones, *Manuscript Arithmetic Book [for her School]*, 1766, Diaries and Manuscript Books 968 box 12, HQSC; “Rebecca Jones,” *Dictionary of Quaker Biography* [looseleaf, n.p.], HQSC. For more on Rebecca Jones, who was later commissioned as a traveling Quaker minister, see chapter 4. For needlework and science, see Virginia Jarvis Whelan, “Discoveries in Philadelphia Needlework: The Tree of Life Embroideries,” *Antiques* 170 (2006): 94–103.

roles as a “gentlewoman of science” and healing adept were only two aspects of her complex identity. In 1742, after her husband Joseph’s untimely death, the “Widow Paschall” was left with a merchant business to run and three children to rear: fourteen-year-old Isaac, ten-year-old Beulah, and two-year-old Joseph. When she began recording her medical recipes approximately seven years later, her two eldest children were grown and could lend a hand in the business, and her youngest son was a more independent nine year old. At this life stage, she would have had more time to document her healing practice.⁶⁴ Paschall’s dry goods shop on the first floor of her strategically located townhouse on Market Street bridged the spheres of private domesticity, communal neighborliness, commerce, and public science.

Paschall chose never to remarry, and she took advantage of her legal status as *feme sole*, which, unlike that of married women, allowed her to conduct business, real estate, and legal transactions. Along with providing healthcare and managing her household and merchant business, Paschall supervised the renovation of her townhouse. Her 1746 announcement in the *Pennsylvania Gazette* that began, “Elizabeth Paschall, Shopkeeper, in Market Street” proclaimed a key aspect of her identity. During the transition period when her home was demolished and rebuilt, Paschall advised her customers that she would “continue to sell all Sorts of Merchant’s Goods as usual” in her temporary lodgings in Strawberry Alley. In 1748, Paschall meticulously supervised the construction of her country house in Frankford, northeast of Philadelphia.⁶⁵ She did not hand over responsibility for the family’s dry goods shop to her eldest son, Isaac, until

⁶⁴ Tolles, *Meeting House and Counting House*, 89.

⁶⁵ “Elizabeth Paschall, Shopkeeper, in Market Street, intending to take down and rebuild the House she now lives in . . . ,” *Pennsylvania Gazette*, May 15, 1746.

after her death. It is evident in Isaac's few extant letters to his brother Joseph that "our good Mother" called the shots in the family business, adamantly vetoing her son's plans in the 1760s to join other colonial merchants in smuggling goods in violation of the Navigation Acts.⁶⁶ It is easy for Paschall and her fellow healers' work to be buried beneath their numerous and more visible household and business roles. However, for Paschall, her business, healing, and personal identities were intertwined. Her assertive business style is reflected in her self-confident writings in her recipe book and in her avid pursuit of current information on science-based, experimental medicine.

Unfortunately, Paschall left little written evidence. Her medical recipe book, a business receipt book, her will, and other legal documents must be mined to understand her participation in natural philosophical networks. However, compared with other American and British recipe books of the period, Paschall's book is particularly discursive and provides a wealth of information on her practice and on her colleagues. Rather than merely recording the outline of a medical recipe, she detailed her information sources, patients' conditions, medical outcomes, and her own experiments. Her documentation is consistent with the methods of empirical science. For example, Paschall recorded her "own Invention" of "An Excellent Salve for a Burn" and her unique "Invention" of a cup-shaped plaster made of beeswax, lead, and spermaceti to cure women's postpartum inflamed breasts. Like many physicians, Paschall experimented on herself. For example, she tried veal broth for "Inward Weakness after Miscarriage," noting, "I have found by my Own Experience" that it was effective "for it Restored me to

⁶⁶ Isaac Paschall to George Paschall, November 9, 1763, Morris and Paschall Families, Bible Records, Letters, and Notes, BR MO LOC 104, HSP.

Admiration when I seemed . . . past all hopes of Recovery.”⁶⁷ Paschall confirmed popular medical writer William Buchan’s assertion, “Very few of the valuable discoveries in Medicine have been made by physicians.” In the first edition of his bestselling self-help volume, *Domestic Medicine, or the Family Physician*, Buchan noted that medical innovations have “either been the effect of chance or of necessity, and have been usually opposed by the [Medical School]Faculty, till every one else was convinced of their importance.”⁶⁸ Buchan points to medical knowledge production by nonuniversity-trained healers like Paschall. Her writings testify to her confidence as an authoritative healer who discovered remedies that “Cured when Severall [male] doctors failed.”⁶⁹ As was discussed in chapter 1, Paschall began her recipe book by recording recipes from diverse male and female informants, including botanical authorities.

“An Useful Study and Labour to Mankind”: Claiming Botanical Authority

In a space beneath a recipe for a topical medication for rheumatism, Paschall noted that a key ingredient, the “Deadly Nightshade,” was extremely poisonous. She wrote herself a reminder: “Inquire of John Bartram or Sons if that be wholesome taken inward.”⁷⁰ For a substance like nightshade, its correct dosage and preparation could mean the difference between a medication that healed or harmed. Paschall also had a question about the dosage and safety of rattlesnake weed for the dreaded “Quinsy” [peritonsillar abscess]. She recorded that John’s son, Moses Bartram, assured her that rattlesnake weed

⁶⁷ Elizabeth Coates Paschall, *Recipe Book*, ca. 1745–1767, 4L, 13R, College of Physicians, Philadelphia.

⁶⁸ William Buchan, *Domestic Medicine*, 1st ed. (Edinburgh, Scotland: Auld, 1769), xxii. See also C. J. Lawrence, “William Buchan: Medicine Laid Open,” *Medical History* 19 (1975): 20–35; Charles Rosenberg, “Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*,” *Bulletin of the History of Medicine* 57, no. 1(1983): 22–42.

⁶⁹ Paschall, *Recipe Book*, 4R. See also, 10R, 11R, 12, 16R, 37L.

⁷⁰ Paschall, *Recipe Book*, 6L.

may be taken “inwardly,” but only in small quantities. In another instance, Paschall noted at the end of a recipe for consumption: “Bartram says there is but one beech in the country besides the water beech or Buttonwood and you cannot mistake that.”⁷¹ Through her cousin John Bartram, and his sons, apothecaries Moses and Isaac, Paschall had access to important sources for botanical theories, cures, and information exchanges. Paschall must have known John Bartram all her life. Like her parents, Bartram was a member of the Darby Quaker Monthly Meeting, until he was disowned in 1758 for deism. His house and garden were adjacent to a tract of land belonging to the Paschalls.⁷² Apparently, Bartrams’ heterodoxy did not preclude their continued relationship and shared botanical interests.

Although he had no formal education, John Bartram read extensively on botany, experimented in his garden, and sold seeds and plants to naturalists in Britain. In a 1742 newspaper advertisement requesting subscriptions to support his work, Bartram explained that he had a “Propensity to Botanicks from his Infancy, and to the Productions of Nature in general, and is an accurate Observator.”⁷³ Like Paschall, he supplemented his home schooling by reading books, obtaining information from adepts in his circle, and honing the critical natural philosophical skill of observation. Paschall may well have used the Bartram’s personal library, which along with classic herbal texts like those authored by Parkinson and Culpepper, contained copies of Bartram’s 1751 pamphlet, *Description*,

⁷¹ Paschall, Recipe Book, 6L, 7R.

⁷² Whitfield J. Bell, “John Bartram: A Biographical Sketch,” in Nancy Hoffman and John Van Horne, *America’s Curious Botanist: A Tercentennial Reappraisal of John Bartram* (Philadelphia: American Philosophical Society, 2004), 3–22.

⁷³ “A COPY of the Subscription Paper, for the Encouragement of Mr. John Bartram,” *The Pennsylvania Gazette*, March 17, 1742.

Virtues and Uses of Sundry Plants . . . of America, and Particularly of the Newly Discovered Indian Cure for the Venereal Disease. The tract was also available to American readers like Paschall as an appendix to Thomas Short's *Medicina Britannica*. In his advertisement, Bartram reprised themes from the founding statement of the philosophical society, asserting that "Botany, or the Science of Herbs and Plants, has always been accounted . . . by the Illiterate as by the Learned, an useful Study and Labour to Mankind, as it has furnished them with Cures for many Diseases," as well as ornamental garden plants.⁷⁴ Bartram underlined that botany was a foundational science for the "useful" pursuits of medicine and pharmacy, and he applied his knowledge in his practice as a lay healer.

In addition to seeking botanical knowledge from his less-literate neighbors and "Learned" colonial adepts, Bartram developed correspondences with internationally recognized botanists like Carl Linnaeus, Sir Hans Sloane, Dr. John Fothergill, and Peter Collinson. His sons Isaac and Moses Bartram had an apothecary shop on Second Street near Paschall's business, which would have allowed opportunities for them to stop in and discuss botanical medicine. In 1765, in the midst of colonial protests against the Stamp Act, Bartram prevailed upon patronage networks and was named King's Botanist for North America. Although there has been recent historical interest in formal cosmopolitan natural philosophical networks formed by "gentlemen of science," it is important to place women like Paschall and John's second wife, Ann Mendenhall Bartram, as a part of these

⁷⁴ Thomas Short, *Medicina Britannica, with Mr. Bartram's Appendix containing Descriptions, Virtues and Uses of Sundry Plants of These Northern Parts of America; and Particularly of the Newly Discovered Indian cure for the Venereal Disease*, 3rd ed. (Philadelphia: B. Franklin and D. Hall, 1751), 5; John Bartram, "Letters of the Epidemics of Pennsylvania and New Jersey," in *The Philadelphia Medical and Physical Journal*, vol. 2, ed., Benjamin Smith Barton (Philadelphia: John Conrad & Co., 1806), 7–9.

webs of “learned” and “useful” botanical information sharing, specimen collection, and knowledge production.⁷⁵

Evidence in Paschall’s recipe book suggests that Ann Bartram, like her husband and sons, practiced healing outside of her family circle. Paschall gave Ann Bartram’s advice equal weight with that of the Bartram men. After citing a remedy for “the Dropsy,” Paschall noted, “Coz Ann Bartram says this cured Thomas Worth when his Leggs were very much swelled.”⁷⁶ Dropsy was a life-threatening ailment with symptoms that included swelling of the lower extremities caused by heart or kidney failure. Ann’s testimonial to the efficacy of a cure performed on Worth, likely a local Quaker tavern keeper, augmented the authority of this important remedy. Ann apparently provided healing for her own family as well. In his diary, John recorded that Ann treated his dislocated rib caused by the kick of a horse. She also participated in the family’s botanical enterprises, including working in the family’s botanical and medicinal garden. Her conversations with her cousin Paschall and with the family’s friends like Benjamin and Deborah Franklin were likely replete with botanical and scientific information sharing.⁷⁷ Ann Bartram had access to their family library as well as Library Company,

⁷⁵ Joel T. Fry, “John Bartram and His Garden,” and Alan W. Armstrong, “John Bartram and Peter Collinson: A Correspondence of Science and Friendship,” in Hoffman and Van Horne, 155–184; Thomas P. Slaughter, *The Natures of John and William Bartram* (Philadelphia: University of Pennsylvania Press, 2005); Katherine Arner, “Making Global Commerce into International Health Diplomacy: Consuls and Disease Control in the Age of Revolutions,” *Journal of World History* 24, no. 4 (2013): 771–96; Simon Finger, *The Contagious City: The Politics of Public Health in Early Philadelphia* (Ithaca, NY: Cornell University Press, 2012), 76–85.

⁷⁶ Paschall, Recipe Book, 35R. For the Worths, see J. Smith Futhey and Gilbert Cope, *History of Chester County Pennsylvania*, vol. 2 (Philadelphia: Everts, 1881), 477, 774–5.

⁷⁷ Merril Smith “The Bartram Women: Farm Wives, Artists, Botanists, and Entrepreneurs,” *Bartram Broadside* (Winter 2001): 1–4; Conversation with Joel Fry, Curator, Bartram’s Garden, October, 23, 2010; William Darlington, *Memorials of John Bartram and Humphry Marshall* (Philadelphia: Lindsay &

since John was an early member. Apparently, at least one of Ann's daughters, also named Ann, maintained the family's interest in medicine. The younger Ann signed her name to a pocket anatomy handbook that was part of the Bartram collection.⁷⁸ Although historical memory has privileged the Bartram men's contributions to botany and medicine, in the mid-eighteenth century, Ann Mendenhall Bartram was a valued expert in Paschall's healing circle.

The Bartrams connected Paschall to the contributions of other literate white colonial women interested in science. When Bartram visited William Byrd II's Virginia home on a botanical collection tour in the late 1730s, Maria Taylor Byrd shared Bartram's scientific interests and encouraged him to document his discoveries in pictures. Jane Colden, daughter of New York "gentleman of science" Cadwallader Colden, corresponded with Bartram regarding her botanical interests. In 1755, her father wrote to Peter Collinson in London that he was encouraging his daughter to pursue botanical studies "as it is not unusual for woemen to take pleasure in Botany as a Science." Jane Colden became a natural philosophical authority in her own right and was recognized for her "Botanic Manuscript," her discoveries of medically useful plants, and her chemical experiments to create an improved type of cheese.⁷⁹ Women like Paschall, Byrd, and

Blakiston, 1849), 38; Ann B. Shteir, *Cultivating Women, Cultivating Science: Flora's Daughters and Botany in England, 1760 to 1860* (Baltimore: Johns Hopkins University Press, 1996), 33–47.

⁷⁸ Robert Hooper, *The Anatomist's Vade-Mecum, Containing the Anatomy and Physiology of the Human Body*, 1st [American] ed. (Boston: David Carlisle, 1801), LCP. This copy was inscribed by James Bartram, John M. Bartram, and Ann C. Bartram. The term "vade-mecum" means a useful handbook that can be carried about on one's person for easy reference. The text demonstrates the younger Ann's interest in medicine, and offers a clue that she understood and appropriated medical print to affirm the emerging authority of anatomy.

⁷⁹ Cadwallader Colden to Peter Collinson, ca. October 1755 quoted in Kevin Hayes, *A Colonial Woman's Bookshelf* (Knoxville: University of Tennessee Press, 1996), 125–6.

Colden were linked to intercolonial and transatlantic chains of natural science for “the benefit of mankind.”

However, like many naturalists, John Bartram’s benevolent pursuits in botany were wedded to his commercial interests as a supplier of plants and botanical information to Quaker botanist, Royal Society member, and entrepreneur, Peter Collinson. Collinson marketed Bartram’s plant and seed exports in Britain, providing pharmaceuticals for consumers, medicinal plants for Sir Hans Sloane’s London physic garden, and ornamental plants to decorate the gardens of aristocrats and gentry. Like Elizabeth Paschall, Bartram understood the importance of local botanical knowledge that had been learned, applied, and passed down among American Indian groups and Anglo-European settler families. As Bartram explained, “The Wildernesses, Mountains and Swamps in America, abound with Variety of Simples and Trees, whose Virtues [medicinal properties] and proper Uses are yet unknown to Physicians and curious Persons both here and in Europe.” Bartram offered himself as a “skilful and hardy” man who would undertake “a compleat Discovery of such Herbs, Roots, Shrubs and Trees, as are of the Native Growth of America, and not described in Herbals or other Books” for the “general Benefit.”⁸⁰ Such discoveries that went beyond current book knowledge also benefited Bartram.

Peter Collinson financed Bartram’s intercolonial travels throughout the Eastern Seaboard to collect plants, seeds, and medical remedies, and he was particularly interested in American Indians’ healing expertise. Bartram learned a remedy for the

⁸⁰ *Pennsylvania Gazette*, March 71, 1742.

“Bloody Flux” using Apocynum (dogbane) from an American Indian healer, and a Native American recipe for a lobelia decoction to cure venereal disease that he obtained secondhand from Indian agent William Johnson. Bartram also interrogated “the Country People” for plants like “Chelidonium” or “Red Root” to cure jaundice.⁸¹ Just as Bartram mixed plants’ Latin and common names in his writings, high science and vernacular gossip overlapped in botanical collecting. In a similar fashion, Paschall sought out “secret Indian cures” and remedies from “country people,” as well as information from more elite natural philosophical women and men. Natural philosophers like the Bartrams cultivated these newly acquired medicinals in their botanical gardens.

Although Paschall valued her sources of vernacular knowledge, her acquaintances with people like the Bartrams, who developed experimental botanical gardens, offered her up-to-date information on current international botanical trends. In addition to the Bartrams, informants in Paschall’s recipe book who established botanical gardens included Dr. Christopher Witt in Germantown, the James Logan family at Stenton, her niece and nephew Sarah and Edward Penington, and James Alexander, Proprietor Thomas Penn’s head gardener. Alexander was a particularly knowledgeable self-taught adept who also had a seed export business in competition with Peter Collinson and John Bartram. In 1756, Collinson wrote to Bartram that he feared that their plant business would be “outdone” by Alexander. Bartram shared his partner’s concerns, attributing

⁸¹ Short, *Medicina Britannica*, 46; William H. Geotzmann, “John Bartram’s Journey to Onondaga in Cotext,” in *America’s Curious Botanist: A Tercentennial Reappraisal of John Bartram, 1699–1777*, eds. Nancy Hoffman and John Van Horne (Philadelphia: American Philosophical Society, 2004), 97–106; Darlington, *Memorials*, 38; Sir Hans Sloane to Dr. John Bartram, MS 4069, British Library.

Alexander's success to his "discourses with all the people he can get any intelligence of."⁸²

In her recipe book, Elizabeth Paschall conferred with John Alexander regarding an American Indian-derived remedy that cured his infected finger using the "inner bark of the Linden Tree." He informed Paschall that linden trees could be found in the Penn's gardens and "in the widdow Jekyl's Garden on Second Street." Paschall confirmed the efficacy of Alexander's linden tree bark for burns by citing a female healer's successful cure below her transcription of his remedy.⁸³ Alexander understood that adepts like Paschall who were not reckoned "gentlemen of science" had pharmaceutical knowledge with philosophical and commercial significance. From the Proprietor's secretary and botanical expert James Logan, Paschall gleaned a recipe for a felon [infected finger] that used the "Root of Cat Tails which Grows in ponds or marshes."⁸⁴ Paschall created an extensive informant network of botanical adepts, which included female herbalists, American Indian healers, and "country people," as well as "gentlemen of science." Paschall's discursive recipe book attests to her sense of herself as a healing authority within a community of botanical experts.

"Philosophers by Fire": Authoritative Alchymical Networks

In addition to botanical information, Paschall sought out chemically based medical knowledge from adepts like her brother-in-law, John Paschall, a self-educated

⁸² John Bartram to Peter Collinson, June 12, 1756 transcribed in *Memorials of John Bartram and Humphrey Marshall*, ed. William Darlington (Philadelphia: Lindsay and Blakiston, 1849), 209–10. For Alexander, see also Bridenbaugh, *Rebels and Gentlemen*, 311.

⁸³ Paschall, *Recipe Book*, 39R. The American linden or basswood (*Tilia americana*) differs from the European linden. For Alexander, see Bridenbaugh, *Rebels and Gentlemen*, 311; Bell, *Patriot-Improvers*, 286–93.

⁸⁴ Paschall, *Recipe Book*, 2R.

“alchymical doctor.” As Paschall recorded in her medical recipe book, “Brother John” healed nosebleeds by carrying “a handkerchief that has caught the warm blood” under his arm for “6 or 8 miles, then anointing it [the handkerchief] with Cato’s Roman Vitriol.” She explained, “Brother John Says it Cures it by Sympathy.”⁸⁵ “Dr.” John Paschall was well respected in the community and was known for his proprietary chemically based medicine, “Paschall’s Golden Elixir.” In their commonplace books, John Paschall and his brother, Stephen, recorded alchemical experiments, metallurgical data, innovative diagrams of chemical apparatuses, and medical information handed down from their grandfather, pewterer/apothecary/chemist, Thomas Paschall. In addition, the Paschall brothers demonstrated their interest in the search for the alchemical “Philosopher’s Stone” that allegedly transmuted base metals into gold, cured all illnesses, and conferred eternal life.⁸⁶ Stephen’s iron and steel foundry provided the laboratory for their experiments.

Elizabeth Paschall and her brothers’ alchemical focus and their “sympathetic” cures might appear to be artifacts of a regressive vernacular culture of mystical healing at odds with the putative march of eighteenth-century science and medicine. Instead, their manuscripts underscore continued debates between humoral Galenic medicine and subversive alchemically based theories of the human body and physical matter introduced

⁸⁵ Paschall, *Recipe Book*, 22R. For alchemists as “philosophers by fire,” see Herman Boerhaave, *A New Method of Chemistry; Including the Theory and Practice of that Art*, trans. P. Shaw, M.D., and E. Chambers, Gent. (London: J. Osborn and T. Longman, 1721), 9, IK Boer 115.Q, LCP. The prominent physician and chemist Boerhaave explains [via Dr. Peter Shaw’s translation] that alchemy is also called “Pyrotechnia, or the art of fire; whence that mighty chemist, Helmont, denominates himself philosopher by fire.”

⁸⁶ John Paschall, *Commonplace Book*, Paschall Family Papers, 1705–1770, HSP; Stephen Paschall, *Commonplace Book*, Paschall and Hollingsworth papers, HSP; Bell, *Patriot-Improvers*, 226.

by the Swiss-born Renaissance physician/philosopher, Paracelsus. In his writings, Paracelsus advised his followers to seek out “old wives [women healers], gipsies, sorcerers, wandering tribes . . . and such outlaws to take lessons from them.” He argued for the value of experiential vernacular knowledge over university learning, maintaining “knowledge is experience.”⁸⁷ The chemical medical or “iatrochemical” theories of Paracelsus’ followers became part of lay medical practice, further blurring the lines between learned medicine, vernacular healing, alchemy, magic, and mysticism.

John Paschall’s nosebleed recipe was derived from theories of “vitalism” propounded by the early seventeenth-century Flemish physician and chemist, Jean Baptiste van Helmont, a follower of Paracelsus. Van Helmont argued for a vital primal force within humans and its connections to invisible “sympathetic” connections between living beings and material objects. Isaac Newton’s theories of unseen universal gravitational forces lent weight to vitalism’s proponents. Ironically, Newton’s acolytes opposed vitalism, arguing for their own determinist “mechanistic” matter theories. In the 1650s, English philosopher Sir Kenelm Digby, a follower of van Helmont, elaborated on the theory of vitalism with his “weapon salve,” a preparation made with Roman vitriol—the ingredient in John Paschall’s nosebleed cure. According to Digby, his salve or “powder of sympathy” applied to a blood-soaked weapon or a cloth bloodied by an

⁸⁷ According to Paracelsus (1493–1541), “my shoe buckles are more learned than your Galen and Avicenna, and my beard has more experience than all your high colleges.” For this quote and his comments on vernacular healers see Paracelsus, *Paracelsus: Essential Readings*, trans. and ed. Nicholas Goodrick-Clarke (Berkeley, CA: North Atlantic Books, 1999), 15, 74. Paracelsus was in fact university educated, and his antiuniversity rants may be posturing, but in his peripatetic wanderings, he did seek out information from a variety of vernacular sources. For Paracelsus’ theories, see Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance*, 2nd ed. (New York: Karger, 1982); Charles Webster, *From Paracelsus to Newton: Magic and the Making of Modern Science* (New York: Cambridge University Press, 1982).

injury, cured wounds from afar by the power of sympathetic bonds. Digby's 1658 treatise, *A Late Discourse . . . Touching the Cure of Wounds by the Powder of Sympathy*, went through twenty-nine editions, keeping the debate alive into the eighteenth century.⁸⁸ The recipe from "Dr." John that Elizabeth Paschall transcribed into her manuscript demonstrates the longevity of this theory, despite its critics. Although physicians and scholars argued over the validity of chemically mediated medical practices versus longstanding Galenic theories based on balancing the four humors, most English and American doctors and healers melded aspects of each in their actual practices. Elizabeth Paschall's eclectic medical recipes underline this syncretism.

John and Stephen Paschall's intense interest in chemical medicine and alchemy is evident in their commonplace books. They transcribed extensive sections of alchemical manuscripts, including works by Eirenaeus Philalethes [peaceful lover of truth], the pen name for Harvard-educated alchemical healer and adept George Starkey, who worked in the prominent gentleman-chemist Robert Boyle's late seventeenth-century English laboratory.⁸⁹ In his medical publications, the "chymical doctor" Starkey promoted

⁸⁸ Sir Kenelm Digby, *A Late Discourse made in Solemne Assembly of Nobles and Learned Men Touching the Cure of Wounds by the Powder of Sympathy* (London: R. Lowdes, 1658); E. Hedrick, "Romancing the Salve: Sir Kenelm Digby and the Powder of Sympathy," *British Journal of the History of Science* 41 (2008): 161–85; W. F. Bynum, "The Weapon Salve in Seventeenth Century English Drama," *Journal of the History of Medicine and Allied Sciences* 21 (1966): 8–23; Betty Jo Dobbs, "Digby and Alchemy," *Ambix* 20 (1973): 143–54. See also Allen G. Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth Century* (New York: Dover, 2002), 191–2, 285–90, 479; Keith Thomas, *Religion and the Decline of Magic* (New York: Penguin, 1991), 223–6. For Boyle's advocacy of sympathetic cures and experimental philosophy, see Robert Boyle, *Some Considerations Touching the Usefulness of Experimental Natural Philosophy*, 2nd ed. (Oxford, UK: Henry Hall, 1664), LCP copy. An early eighteenth-century recipe book by an Englishwoman named "E. Asby" also contains a recipe for the powder of sympathy: "Wounds made by a ffork tine or sword—A man in Nottingham shire us'd to cure wounds by sympathy thus people came to him from 20 miles round abt him . . ." See E. Ashby, *Recipe Book*, ca. early eighteenth century, 49, MS B 1, NLM.

⁸⁹ William R. Newman and Lawrence M. Principe, *Alchemy Tried in the Fire: Starkey, Boyle, and the Fate of Helmontian Chemistry* (Chicago: University of Chicago Press, 2002); Principe, *Aspiring Adept*; L. M.

meticulously dosed chemical medications directed at specific medical problems, avoiding “promiscuous Purge[s], or vomiting.” According to Boyle, the “Great Chymist” Starkey cured him without the “Martyrdom of Physicke,” referring to the unpleasant emetics and bleedings ordered by Galenic physicians.⁹⁰ For Elizabeth Paschall, chemical remedies targeting specific diseases provided alternative therapeutic strategies to the more traditional humoral methods. On initial inspection, there are differences between Paschall’s book and those of her brothers-in-law. Elizabeth’s manuscript evokes the feminized aromatic herbal aromas of kitchen, hearth, and garden, whereas those of the brothers Paschall are redolent with the sulphurous smells and raucous sounds of Vulcan’s masculine world of molten metals and machines. But on closer examination, it is clear that common threads of alchemical theories, practices, and ingredients are woven into all their writings. Unlike botany, which was a culturally approved science for women, chemistry was considered a male pursuit. Nonetheless, scholars of early modern Britain

Principe, *The Secrets of Alchemy* (Chicago: University of Chicago Press, 2013). Although historians have recently become interested in alchemy, I was unable to find information on Delaware Valley Quakers and alchemy. With ancient roots in the Middle East, alchemy flourished in Ptolemaic Egypt in the first few centuries BCE. Alchemical adepts honed practical skills in metallurgy, glassmaking, dye making, distillation, and fermentation as well as pursuing a spiritual quest for a supernaturally powerful primordial matter called the “philosopher’s stone” that could transmute base substances into precious metals and confer immortality and healing. The Muslim conquest of the southern Iberian Peninsula in the early eighth century brought Arabic scientific and medical writings to Europe in its wake, and Jewish scholars translated them into the Latin language accessible to elite Europeans. Over time, Roman Catholic monks and other alchemical practitioners superimposed Christian theology and symbolism onto ancient Islamic and alchemical ideology, aligning it with Christian beliefs but further complicating the already esoteric writings. Although alchemy’s practical side promoted innovations in metallurgy, medicine, dyeing, and distilling and was rarely controversial, its more mystical aspect of spiritual transformation and the quest for the philosopher’s stone were more provocative by the mid-eighteenth century.

⁹⁰ Robert Boyle to John Mallet, 1651, in R. E. W. Madison, *The Life of the Honourable Robert Boyle* (London: Taylor and Francis, 1969), 78; William R. Newman, *Gehennical Fire: The Lives of George Starkey* (Chicago: University of Chicago Press, 2003), 75; Boerhaave, *New Method of Chemistry*, 133; Boyle, *Philosophical Works*, 579; Paschall, *Recipe Book*, 52, 53.

have recently uncovered numerous examples of elite female chemical adepts, demonstrating that Paschall was not unique in her interests.⁹¹

Paschall's choice to include chemically based medical recipes had a longstanding basis in popular seventeenth- and early eighteenth-century household manuals directed toward a female readership. These handbooks provided complex guidelines for dyeing cloth, fermenting, distilling healing cordials, compounding chemical medicines, and producing chemicals for household maintenance. Paschall's medical recipe book and those of her Delaware Valley contemporaries include these types of recipes as well as remedies that use classic alchemical ingredients like Armenian bole, white lead, oil of amber, and "Pilgrim's Salve." Some seventeenth-century "gentlewomen of science" had contested the gendering of alchemical knowledge as "masculine," arguing that women's skills in dyeing and distilling medications demonstrated that "chymistry" could be a female domain with proper education.

Scholar Jayne Archer notes that philosophical adept Margaret Cavendish, introduced earlier in this chapter, ridiculed the "authority of male scientists who claim[ed] sole right to 'inform the world' with their experiments and theories." In one of her mid-seventeenth-century works, Cavendish argued, "I am confident, Women would labour as much with Fire and Furnace, as Men, for they'l make good Cordials and

⁹¹ Shteir, *Cultivating Women*, 33–47; Penny Bayer, "Lady Margaret Clifford's Alchemical Receipt Book and the John Dee Circle," *Ambix* 52 (2005): 274–81; Sara Pennell, "Perfecting Practice? Women, Manuscript Recipes, and Knowledge in Early Modern England" in *Early Modern Women's Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium*, eds., Victoria Burke and Jonathan Gibson (Burlington, VT: Ashgate, 2004), 237–58.

Spirits.”⁹² In her *Choice Manual*, the Countess of Kent listed a recipe for her proprietary chemically based medicinal powder developed through her own experiments.⁹³ Women family members and female servants associated with artisanal shops specializing in the chemically based fields of distilling, fermenting, metallurgy, dyeing, and glassmaking would have also been chemical adepts in Britain and its colonies. For example, Philadelphian Susannah Morris worked as a distiller on Market Street.⁹⁴ Paschall recognized the efficacy of some chemically based and distilled medications, including them along with herbal cures in her recipe book.”

In addition to her brothers-in-law, Paschall sought chemical healing information from other local experts who had roots in Western Europe, including Dr. John Jacob Diemer, Mrs. Ludowick Christian Sprogell, Mary and David Deshler, and Dr. Christopher Witt. Healers from the Netherlands and the German states were even more likely than British immigrants to transmit the legacy of Paracelsian chemical medicine, vitalism, and transmutational alchemy to the colonies⁹⁵ These practitioners were part of wider philosophical networks that included Germantown residents Dr. George de Benneville, who was originally from France, and the German-speaking printer

⁹² Jayne Archer, “Women and Chymistry in Early Modern England: The Manuscript Recipe Book (c. 1616) of Sarah Wiggles,” in Long, *Gender and Scientific Discourse*, 195. For the Cavendish quote, Archer cites Eve Keller, “Producing Petty Gods: Margaret Cavendish’s Critique of Experimental Science,” *English Literary History* 64, no. 2 (1997): 447–71.

⁹³ Archer, “Women and Chymistry,” 191–200;

⁹⁴ Elizabeth Byles’ future husband, William Ball, paid “Mrs. Susannah Morris Destiller [sic.] in Market Street” more than £7 for “1 Crate Ware No. 2 on October 12, 1760,” *William Ball’s Merchandise Journal*, 1759–1762, Col 163, Winterthur. Susannah Morris may have been related to the Anthony Morris of a family of brewers. It is possible that she was a Susanna Morris who served as a Quaker itinerant minister as well as brewer. See Larson, *Daughters of Light*, 88–97, 229–31; Robert C. Moon, *The Morris Family of Philadelphia* (Philadelphia: Ketterlinus, 1908), 131–2, HSP.

⁹⁵ Renate Wilson, *Pious Traders in Medicine: A German Pharmaceutical Network in Eighteenth-Century North America* (University Park: Pennsylvania State University Press, 2000), 1–14.

Christopher Sauer. These healers represented religious groups like German pietists, Lutherans, Huguenots, Moravians, Kelpian mystics, Schwenkfelders, and Dutch Reformed believers. The German-born merchant David Deshler and his French-born wife Mary, both Quaker converts, were also healing adepts who shared their Western European medical cures with their friend and neighbor, Elizabeth Paschall.⁹⁶ Perhaps when Paschall purchased “six penny nails” from David Deshler in November 1749, he shared with her his balsam apple remedy to cure an open wound. David’s wife, Mary Lefevre Deshler, gave Paschall the details of a cure for a felon [infected finger] using ground earthworms. Mary was known for her “Deshler’s Salve,” which was later included in a published pharmaceutical dispensatory.⁹⁷ The religious and cultural diversity of Philadelphia’s mid-century medical marketplace, along with the persistence of alchemical theories, is evident in Paschall’s recipe book.

In her manuscript, Paschall also related the account of a “Dutch Dr. Diemer” who saved the life of her sister Mary Reynell’s washerwoman when she “had Bled at the Nose almost to Death, an Immeasurable quantity” so that “they could scarce keep life in her.” An intractable posterior nosebleed could certainly prove life threatening. Although Paschall calls him Dutch, Dr. John (Johann) Jacob Diemer hailed from the Palatine area of Rhennish-Bavaria and was thus Deutsch or German. His medical training is uncertain, but he self-identified as a “practitioner in physick and surgery” and served as a militia

⁹⁶ Paschall, *Business Receipt Book*, November [date unclear] 1749; Paschall *Recipe Book*, 21R, 19R, 34R; Watson’s *Annals of Philadelphia*, vol. 2 (Philadelphia: E. L. Carey & A. Hart, 1830), 602; Townsend Ward, “The Germantown Road and its Associations,” *Pennsylvania Magazine of History and Biography* 6, no. 2 (1882), 141–3.

⁹⁷ George B. Wood and Franklin Bache, *The Dispensatory of the United States of America*, 2nd ed. (Philadelphia: Grigg & Elliot, 1833), 809; Samuel Fitch Hotchkin, *Ancient and Modern Germantown, Mount Airy and Chestnut Hill* (Philadelphia: P. W. Ziegler and Co., 1889), 66–70.

captain.⁹⁸ According to Paschall, to stop the washerwoman's persistent nosebleed, Diemer prescribed a mixture of the washerwoman's blood, salt, ashes, and hog's dung applied as a cloth poultice on the wrists and neck. Paschall relates, "Immediately [sic.] after it was laid on the Back of her Neck the Bleeding Stop'd."⁹⁹ Diemer's recipe, as shared by Paschall's creditable sister, confirmed the efficacy of the Helmontian theory behind her "Brother John's" nosebleed remedy that cured by "sympathy." Paschall recorded both recipes on the same page.

In another instance, Paschall noted that her friend Martha Pettit, who suffered from a "hard white swelling on her Neck," sought the advice of "Lodowich Christian Sprogell's wife," a healing adept. Mrs. Sprogell was likely Catherina Sprogell, the widow of a Dutch-born Mennonite Philadelphia merchant.¹⁰⁰ Pettit's physician diagnosed the swelling as the "King's Evil," and he recommended surgery. However, Pettit demurred fearing the pain and the potentially fatal consequences of an excision. She consulted Mrs.

⁹⁸ Paschall's Dr. Diemer was likely Dr. John Diemer (1720–1757), whose financial dealings created a scandal in the Presbyterian Church. See Letter of Mr. Boehm and the Consistory at Philadelphia to Deputy Velingius, October 28, 1734, "Letters and Reports of Rev. John Philip Boehm," *Journal of the Presbyterian Historical Society* 7 (1913–1914): 128–31; Louis A. Meier, *Early Pennsylvania Medicine: A Representative Early American Medical History* (Philadelphia: Gilbert Print Company, 1976), 121.

⁹⁹ Paschall, Recipe Book, 22R. For a text by the German physician and botanist Christian Franz Paullini on the medicinal uses of excrement, see Kristian Frantz Paulini, *Die heylsame Dreck-Apotheke* (Frankfurt am Mayne: Verlegung F. D. Knochen, 1734).

¹⁰⁰ Paschall, Recipe Book, 22L. Mrs. Sprogell may have been Catherina Sprogell, the wife/widow of Dutch-born Philadelphia merchant and assemblyman, Lodowick (or Ludwig) Christian Sprogell (1683–1729) or perhaps a grandson/family member of the same name (1739–1781). See Samuel Pennypacker, "Bebbers Township and the Dutch Patroons of Pennsylvania," *Pennsylvania Magazine of History and Biography* 31 (1907): 13–5; John W. Jordan, *Colonial and Revolutionary Families of Pennsylvania* (New York: Lewis Publishing, 1911), 481; Jay Robert Stiefel, "Philadelphia Cabinetmaking and Commerce, 1718–1753: The Account Book of John Head, Joiner," *APS Library Bulletin* 1, no. 1 (2001), fn. 472; Samuel W. Pennypacker, *The Settlement of Germantown Pennsylvania and the Beginning of German Emigration to North America* (Philadelphia: William J. Campbell, 1899), 139, GHS; Collinson Read, A. Jordan, William M. Rockefeller, M. L. Shindel, *The American Pleader's Assistant: Being a Collection of Approved Declarations, Writs, Returns and Proceedings in the Several Actions Now in Use in the United States* (Sunbury, PA: William M'Carty, 1853), 123. For Christopher Witt (1675–1765), see 224–7.

Sprogell, who recommended a plaster of “Pilgrim’s Salve,” made from “Human Dung and Hogs Lard.” This was a classic remedy long used by alchemical doctors that had filtered into common practice. According to Paschall, Sprogell had seen this remedy perform an “Extraordinary Cure” in “Holland or Germany” on a woman’s gangrenous hand. This “surprised the Surgeons” who had recommended amputation. Pilgrim’s Salve also successfully cured Pettit’s tumor without surgery “& compleated the Cure to the Docter’s admiration.”¹⁰¹ Embedded within complex transatlantic webs of medical information, healers like Paschall exchanged and experimented with remedies whose origins lay in alchemy.

Although some healing adepts chose to concentrate on one aspect of science, like the Paschall brothers’ focus on chemistry or the Bartrams’ fascination with botany, other philosophical virtuosos pursued more wide-ranging subjects. Paschall shared her multiplicity of natural philosophical interests with her friend, Dr. Christopher Witt of Germantown. Witt was a polymath “gentleman of science,” who practiced as a physician, alchemist, astronomer, astrologer, botanist, clockmaker, and Rosicrucian mystic. Paschall recorded Witt’s recipe for rheumatism that used “unguinieum nervenium” and the chemical “Oyle of Amber” as key ingredients.¹⁰² Witt was likely acquainted with the brothers Paschall as well as Elizabeth, since he shared their interest in alchemy. However, like Paschall, Witt interwove herbal cures with his chemical remedies, and his Germantown botanical garden predated that of the Bartrams. The doctor was part of the botanical networks that included the Bartrams, Peter Collinson, and his close friend,

¹⁰¹ Paschall, Recipe Book, 22L.

¹⁰² Paschall, Recipe Book, 42L.

Christopher Sauer, who published the first herbal handbook in America—in German. Although he owned a telescope and was adept at astronomy, Witt also read patients’ astrological “nativities,” which provided information on their natal bodily constitutions, a key aspect of diagnosing and prescribing in Galenic medicine.¹⁰³ This was still considered important health information, as evidenced by the popularity of Nicholas Culpepper’s astrological herbal as well as astrological information in almanacs. Dr. Christian Warner later sold “Dr. Witt’s celebrated medicines” from his shop in Germantown.¹⁰⁴ Witt represents the persistent close connections between natural philosophy, magic, religion, experimental science, and vernacular healing.

Paschall’s recipe book underlines this lack of consensus regarding what constituted authoritative medical practice and scientific expertise. Although Philadelphia physicians who studied at Edinburgh University at mid-century were exposed to the attempts of Professors William Cullen and Joseph Black to separate applied chemistry from mystical transmutational alchemy, a variety of chemical theories persisted alongside evolving ideas regarding the nervous and vascular systems’ influence on humoral medicine. Newtonian mechanistic matter theories could not completely displace

¹⁰³ For Christopher Witt (1675–1765), see *Pennsylvania Gazette*, February 7, 1765; Pennypacker, *The Settlement of Germantown*, 224–7; Howard Atwood Kelly, *A Cyclopaedia of American Medical Biography: Comprising the Lives of Eminent Deceased Physicians and Surgeons from 1610 to 1910*, vol. 1 (Philadelphia: W. B. Saunders, 1912), 521; Bridenbaugh, *Rebels and Gentlemen*, 309; Samuel Fitch Hotchkin, *Ancient and Modern Germantown, Mount Airy and Chestnut Hill* (Philadelphia: P. W. Ziegler & Co., 1889), 144, 176, 188.

¹⁰⁴ *Germantuaner Zeitung*, March 1, 1791; “Dr. Witt’s Medicines,” *Germantown Crier* 22, no. 3 (1970): 107–8 [publication of the Germantown Historical Society]; Thomas A. Horrocks, *Popular Print and Popular Medicine: Almanacs and Health Advice in Early America* (Amherst, MA: University of Massachusetts Press, 2008), 17–41.

Helmontian vitalism.¹⁰⁵ Despite Benjamin Franklin's efforts to lead readers of *Poor Richard's Almanac* toward the more philosophical study of astronomy, astrology remained popular. Rather than solidifying the boundaries of the "New Science," the increasing commercialization of medical print and pharmaceuticals in the mid-to-late eighteenth century provided practitioners with additional spaces to assert the efficacy of their own particular style of healing. The persistence of chemical cures is exemplified by the popularity of "Paschall's Golden Drops," a patent medicine that was marketed by John's son and sold by women druggists into the early nineteenth century.¹⁰⁶ In a medical landscape packed with a multiplicity of natural philosophical experts and theories in a diverse, commercializing medical marketplace, Elizabeth Paschall could position herself as an authority within her networks. Paschall appropriated medical remedies from a wide variety of experts and made the cures her own as she recorded her sources and methods in her recipe book.

The Malleable Authority of Print

Paschall and the women healers in her networks augmented their botanical and chemical knowledge from oral networks by reading both popular and scholarly medical and scientific print. Midway through her recipe book, Paschall begins to include more printed sources, such as *The Pennsylvania Gazette*, *Poor Richard's Almanac*, and *The*

¹⁰⁵ A. L. Donovan, *Philosophical Chemistry in the Scottish Enlightenment: The Doctrines and Discoveries of William Cullen and Joseph Black* (Edinburgh, Scotland: Edinburgh University Press, 1975), 3–90.

¹⁰⁶ John Paschall, Commonplace Book, 150 E 42, vol. 2, HSP; Stephen Paschall, Account Book, 1714–1800, Marjorie P. M. Brown Coll., (Phi) Am .97845, HSP; broadside advertisement for "Paschall's Golden Drops," early nineteenth century, box C 10 #3, DCHS. The broadside describes John Paschall as the inventor. Subsequent vendors included his son, Dr. Henry Paschall (1746–1835), as well as women druggists such as Alice Pearson. See also Bell, *Patriot-Improvers*, 226; Debus, *Chemical Philosophy*, 191–2; Paschall, Recipe Book, 7.

Gentleman's Magazine. All were awash with health information and advice, with some articles that featured women's healing skills. For example, articles in the London *Gentlemen's Magazine* reported English lay healer Joanna Stephens' discovery of a kidney stone cure, which earned her a £5000 award from Parliament. Stephens' recipe appeared in a 1739 article adjacent to a column on astronomy and a letter detailing a cure for dropsy. Women readers could be inspired by other women's medical accomplishments and broaden their knowledge of science and medicine. Stephens' effective cure continued to circulate in the American colonies among both male and female readers who practiced lay healing. Paschall's friend, Benjamin Franklin, shared Stephens' recipe in a 1744 letter to his mother and father advising them how to treat the "stone and gravel [bladder and kidney stones]." He noted that the secret was "lately purchased at a great price by the Parliament," from Mrs. Stephens. According to Franklin, the cure was consistent with the famed Leiden physician Herman Boerhaave's experimental chemical principles. With false modesty, Franklin confessed to his parents that he was far "too busy in prescribing and meddling in the doctor's sphere."¹⁰⁷ Franklin's friend, "Mrs. Paschall" also referenced periodicals.

Paschall directs her recipe book readers to "look in *The Gentleman's Magazine* in June 1761 for a man cured of the stone." Paschall copied an additional kidney stone recipe from this magazine using chicken broth and onions, advising readers directly, "I Believe onions are an excellent remedy for the stone." Paschall then relates that a male customer in her shop shared another successful kidney stone cure using an onion poultice

¹⁰⁷ Benjamin Franklin to Josiah and Abiah Franklin, September 6, 1744, in *The Works of Benjamin Franklin*, vol. 7, ed. Jared Sparks (London: Benjamin Franklin Stevens, 1882), 14–5.

on the navel, which was given to him by the woman healer in his village. In Paschall's book, magazine writers' printed personal testimonies overlap with her verbal consultations, creating an expanding but seemingly intimate network of experts.¹⁰⁸ In oral circuits, manuscript, and print, the sharing of personal health information and bodily functions between friends and strangers was treated as normative within an intertextual sphere of healing. Both readers and magazine editors shared their own testimonials of successful remedies and medical experiments in chatty letters and columns, creating a transatlantic virtual community of scientifically minded, health-conscious readers. As Paschall and Franklin demonstrated, healing adepts shared information from published sources in their personal letters and then transcribed it into their manuscript recipe books, further widening this medical and natural philosophical virtual public sphere.

Quaker healer Susanna Wright also consulted *The Gentleman's Magazine* as well as science-related books sent to her by her friends and correspondents such as Benjamin Franklin, Isaac Norris, and Provincial Secretary James Logan. She lived at Wright's Ferry in Lancaster County west of Philadelphia, and as ferry keepers, her family home was a stopping place for diverse travelers. According to historian Frederick Tolles, Wright functioned as a "physician and apothecary, distilling simples and compounding

¹⁰⁸ Sylvanus Urban, ed., *The Gentleman's Magazine* (London: Cave, 1739), 297–8; Paschall, *Recipe Book*, 38, 42.; Porter, "Lay Medical Knowledge," 138–68. Male physicians and healers also read *Gentleman's Magazine* and occasionally found unfortunate surprises. For example, Dr. Benjamin Gale of Connecticut wrote to his friend Benjamin Franklin that "after transmitting my Dissertation to Dr. Huxham [in London] on the Subject of Inoculation . . . I have heard nothing from him, till found these Words" in the "*Gentleman's Magazine*" that "must set me in a disadvantageous light." Dr. Benjamin Gale to Benjamin Franklin, December 26, 1766. Gale also wrote to Franklin regarding a meadow saffron recipe for dropsy that he saw in a magazine. See Benjamin Gale to Benjamin Franklin, November 15, 1766, Letters of Benjamin Franklin, APS.

medicinal herbs, which she prescribed and dispensed gratis to her neighbors.”¹⁰⁹ Wright was active in politics, participated in a circle of Philadelphia women poets, experimented with botany, and had success in the “useful science” of silkworm production.¹¹⁰ Dr. Benjamin Rush praised Wright for her “good sense and valuable improvements of mind.”¹¹¹ She is not mentioned in Paschall’s medical recipe book, but it is likely that Paschall was acquainted with this prominent Quaker healer and natural philosophical adept. The self-educated Wright knew French, Italian, and Latin, and her “Directions for the Management of Silk-Worms” was later published in *The Philadelphia Medical and Physical Journal*.¹¹² Along with silk worms, Wright cultivated her identities as healer, natural philosopher, poet, and “the bluestocking of Lancaster” throughout her long life.

Although Wright’s recipe book is not extant, healer Elizabeth Coultas transcribed Wright’s “proven” recipe for “Turlington’s Balsam of Life” into her recipe book, just as a woman who may have been Paschall’s daughter copied and cited a number of Paschall’s recipes in her manuscript book.¹¹³ As discussed in chapter 1, recipes were altered and annotated as they circulated between printed sources, oral information networks, and women’s manuscript recipe books, gaining authoritative status the more they moved

¹⁰⁹ Frederick Tolles, “Susannah Wright,” in Edward T. James, Janet Wilson James, and Paul S Boyer, *Notable American Women, 1607–1950* (Cambridge, MA: Harvard University Press, 1971), 689.

¹¹⁰ Silkworm cultivation was popular among “gentlewomen of science.” See for example, John Bartram to Dr. Benjamin Franklin, London, April 29, 1771, “My Daughter Elizabeth [Bartram] hath saved servral [sic] thousands of eggs of silkworms . . . she intends to give them a fair tryal this spring,” Benjamin Franklin Papers, APS; Daines Barrington, “Historical Account of Propagating the Silk Worm and making Silk in England” in *The Gentleman’s and London Magazine*, vol. 55 (Dublin, Ireland: John Exshaw, 1741): 64.

¹¹¹ Tolles, “Susannah Wright,” 689.

¹¹² Mrs. S. Wright, “Directions for the Management of Silk-Worms,” *The Philadelphia Medical and Physical Journal* 1 (1804): 103–7.

¹¹³ Susannah Wright (1697–1785), will dated January 28, 1782, original held at Lancaster County Historical Society, microfilm, HSP; Elizabeth Meg Schaefer, *Wright’s Ferry Mansion: The House* (Columbia, PA: The von Hess Foundation, 2005), 25–30; Susan Stabile, *Memory’s Daughters* (Ithaca, NY: Cornell University Press, 2004), 10; Wulf, *Not All Wives*, 63–6.

through healing circuits. Coultas augmented her own authority by invoking that of Wright and her “proven” version of a well-known patent medicine.¹¹⁴ This circulation of health information supports literary scholars’ assertions that manuscript authorship was a performative process for literate eighteenth-century women that offered them a variety of opportunities to construct and refashion their identities as authoritative individual selves and as members of writing and reading communities.¹¹⁵ In the case of Paschall and her fellow female adepts, their networks of philosophical women healers facilitated the development of their identities as “gentlewomen of science.”

Women’s recipe books like those of Paschall and Coultas must be read carefully to discern how medical authority was constructed. Female healers frequently cited the successful recipes of other women adepts, annotating them as Paschall does with notations like “proven,” “cured to admiration,” or “cured when the doctors failed.” However, the flow of authority is more complex when Paschall increasingly cites male-authored printed sources in her recipe book. As Paschall’s recipes of her “own invention” change to remedies recorded “in his own words taken from the book,” it might seem that she relinquished her own authority to that of published, learned male experts.¹¹⁶ Nevertheless, on closer examination it is clear that Paschall appropriated male medical and natural philosophical knowledge to affirm her own healing expertise. This is evident

¹¹⁴ Elizabeth Coultas, *Recipe Book*, ca. 1749, and finding aid information, Winterthur.

¹¹⁵ Catherine Blecki, “Reading Moore’s Book,” in Blecki and Karin Wulf, *Milcah Martha Moore’s Book* (University Park: Pennsylvania State University Press, 1997), xvi, 27–67; Carla Mulford, ed., *Only for the Eye of a Friend: The Poems of Annis Boudinot Stockton* (Charlottesville: University of Virginia Press, 1995), 8–9; Angela Vietto, *Women and Authorship in Revolutionary America* (Burlington, VT: Ashgate, 2005), 4–6; Michel Foucault, “What Is an Author?” in ed. Donald Bouchard, *Language, Counter-Memory, Practice* (Ithaca, NY: Cornell University Press, 1977), 113–30.

¹¹⁶ Paschall, *Recipe Book*, 4L, 30R.

in Paschall's first-person assessment of the kidney stone remedy in *The Gentleman's Magazine* and in her testimonial to her authoritative personal experiences in treating this problem. As literary scholar Rebecca Laroche discovered in her analysis of seventeenth-century Englishwomen's health-related manuscripts, "In the circulation of knowledge through the printed text, women became owners of the textual truth that was then modified and recontextualized in their own experience."¹¹⁷ Paschall's discursive recipe book is particularly suited to examine this process of claiming ownership of a male-authored text. From her notations, it seems that she checked out books and read them in the Library Company's reading room. Regarding John Hill's *History of the Materia Medica*, she noted proudly, "I had it out of the Library."¹¹⁸ Paschall's detailed transcriptions from medical and scientific books along with her annotations allow us to follow in her footsteps and glimpse her intellectual project of reading and synthesizing male-authored printed materials.

Because the Library Company has been in continuous operation from the time of its founding by Benjamin Franklin, a twenty-first-century reader can obtain and read the exact volumes listed in Paschall's recipe book and analyze how she read and responded to specific texts. Paschall assumed that her family members and recipe book readers could also access the Library Company of Philadelphia, and she directly advised them to "look in James' Grate Folio Dictionary," providing the volume and page number for easy reference. Dr. Robert James' *Medicinal Dictionary* is an imposing three-volume folio set that offers histories of medicine, biographies, scientific theories, and anatomical

¹¹⁷ Laroche, *Medical Authority*, 6.

¹¹⁸ See for example, Paschall, *Recipe Book*, 21L.

diagrams. The book's full title evokes its comprehensive, encyclopedic scope: *A Medicinal Dictionary, Including Physic, Surgery, Anatomy, Chymistry, and Botany, in All Their Branches Relative to Medicine; Together with a History of Drugs, an Account of Their Various Preparations, Combinations, and Uses; and an Introductory Preface, Tracing the Progress of Physic and Explaining the Theories Which Have Principally Prevail'd in All Ages of the World*. One can imagine Paschall hefting one of these fifteen-pound volumes onto the reading room desk and discussing James' theories with other library patrons.

James was an Oxford-educated and licensed London physician who supplemented his income by penning medical treatises, like his better-known *Medicinal Dictionary*. He also translated works by medical authorities like Herman Boerhaave and Friedrich Hoffmann. However, James was best known at the time for his patented "Dr. James' Fever Powders."¹¹⁹ His printed works helped to advertise his secret remedy in Britain and its colonies, which generated more income than his books. James' weighty "Grate Dictionary" purveyed the authority of his healing and pharmaceutical knowledge, as well as his commercial medical marketing panache.

In her transcriptions, Paschall demonstrated her interest in applying James' expert knowledge to her own healthcare experiences. She noted the similarities between James' remedies and her own for the "Bloody Flux," fevers, and smallpox. Paschall transcribed James' recipe "for the Convulsive Colic" in which he advocated "carefully anointing the

¹¹⁹ James, *A Medicinal Dictionary*, Preface, [headers] ANA, PED, PEX, LCP; Robert James, *Dr. Robert James's Powder for Fevers: And All Inflammatory Disorders* (London: Published by Virtue of His Majesty's Royal Letters Patent, 1780); Lulu Stine, "Dr. Robert James," *Bulletin of the History of the Medical Library Association*, 29, no. 4 (1941): 187–98.

Navel with oil of Turpentine,” cautioning readers not to try the remedy without the “advice of a Skillfull Physician.” According to James, an anatomical understanding of how the “umbilical arteries adhere to the sides of the bladder” was crucial for the remedy’s success. Paschall was apparently undaunted by James’ warning, as she had already recorded a similar navel-applied remedy that she had used without a consultation with a doctor. If she required a better understanding of urinary tract anatomy, she could simply study James’ anatomical drawings. Kathryn Shevelow uses the term “resisting reader” to describe women who refused to be molded by prescriptive writers’ restrictive notions of women’s sphere.¹²⁰ Paschall might rather be called a “synthesizing reader.” Although she resisted physicians like James’ attempts to limit her practice, she also appropriated and internalized new medical information to authorize her own healing practices. She then shared her innovative knowledge within her network of healing adepts.

The paragraph that Paschall copied from James’ lengthy article on the famed physician Herman Boerhaave also emphasizes her use of male texts to legitimize her healing work. Benjamin Franklin and Paschall’s brothers-in-law recognized Boerhaave as a chemical and medical authority. Boerhaave chaired the departments of medicine, chemistry, botany, and anatomy at the prestigious University of Leyden in Holland. Rather than focusing on his later accomplishments that underscore women’s lack of access to higher education, Paschall transcribed Boerhaave’s personal experiences that led him to choose healing as a profession. At age twelve, Boerhaave developed an

¹²⁰ Paschall, *Recipe Book*, 33; Kathryn Shevelow, *Women and Print Culture*, 16.

excruciatingly painful ulcer on his thigh lasting five years that “defeated all the art of the Surgeons & Physicians.” Their treatments were “so tormenting” that the “Disease & Remedies were Equally Insufferable.” Paschall recorded that Boerhaave’s “own anguish taught him to [be] compassionate [to] that of others,” perhaps thinking of her own painful illnesses that she self-treated.¹²¹ Like Paschall, Boerhaave began to experiment on himself, finding a cure for his chronic ulcer similar to one of Paschall’s. Out of James’ five-page hagiographical tribute to the great man, Paschall focused on the narrative that made Boerhaave a kindred spirit as a compassionate empirical healer who began his practice by self-experimentation.

Constituting the Theories of Chemistry and Botany

Paschall demonstrated her continued interest in Boerhaave and his chemical theories by reading Dr. Peter Shaw’s translation and abridgement of Boerhaave’s *New Method of Chemistry*. Shaw was a fellow of London’s Royal College of Physicians who wrote and translated numerous books directed at a literate popular audience. According to Shaw’s “Introduction,” he marketed his popular books to “the unlearned and the novice” as well as “the philosopher and scholar,” leaving readers like Paschall to categorize themselves as they desired. Boerhaave, according to Shaw’s translation, supported Paschall’s use of simple chemical remedies like vinegar. Paschall transcribed a passage she found consonant with her practice. She cited Boerhaave’s assertion, “I have often endeavored in vain by Elaborate Chemical productions to Relieve persons” suffering from “Lethargic Dropsy and Vomiting Disorders,” when vinegar “effected the cure.”¹²² A

¹²¹ Paschall, *Recipe Book*, 30; James, *A Medicinal Dictionary*, vol. 1, [header] BOE, LCP.

¹²² Paschall, *Recipe Book*, 30.

New Method of Chemistry also supported knowledge production through personal observation and experimentation—skills available to Paschall and her chemically adept brothers-in-law.

Paschall's frequent annotations, "tried by me with success" or "proven" speaks to her sense of experiment. According to Boerhaave (via Shaw), "For chemistry is no science form'd *a priori*; 'tis no production of the human mind, framed by reasoning and deduction: It took its rise from a number of experiments casually made." Boerhaave argued that chemistry only became a philosophical system by "collecting and comparing the effects of such unpremeditated experiments, and observing the uniform tendency thereof" so that "they may be consider'd as constituting the theory of chemistry."¹²³ Paschall's discursive recipe book follows this pattern of observing, collecting, and comparing information with an eye to discovering and confirming effective remedies. Although he was an academic, Boerhaave's writings support the production of chemical and medical knowledge "on the ground." Boerhaave's text also provided Paschall with an education in the chemical basis of diseases, an interest shared by her fellow Philadelphia Quaker, Mary Pemberton.

Both Paschall and Pemberton were intrigued by sea water's potential as a saline chemical remedy for stomach complaints. While visiting the New Jersey shore in 1759, Pemberton "consulted a treatise" on the subject and experimented on her female companion. Mary Pemberton was one of the Library Company's first official women members, and the library's copy of Richard Russell's *Dissertation on the Use of Sea-*

¹²³ Boerhaave, *A New Method of Chemistry*, vi, 133, IK Boer 115.Q, LCP.

Water would have been available to her.¹²⁴ Her interest in sea water remedies may speak to her involvement in the Pennsylvania Hospital’s healing networks, as her husband, prominent merchant Israel Pemberton, was on the hospital board. Paschall’s brother-in-law and fellow merchant John Reynell informed Paschall that “they keep a barrel of fresh sea water” at the hospital to cure “Billious Chollick,” which caused paroxysmal abdominal pain. Reynell was a hospital founder and board member, and, as was previously noted, Paschall was a hospital contributor. Paschall wrote in her recipe book that, according to “Brother Reynell,” draughts of sea water cured their friend John Armit of a severe case of colic. Like the Library Company reading room, the Pennsylvania Hospital offered a context to share information and to compare printed treatises with clinical experience.¹²⁵

The recipes that Paschall copied from Dr. Peter Shaw’s abridgement of *The Philosophical Works of the Honourable Robert Boyle* also provided chemical theories for new remedies as well for her basic cures. In a three-volume set comprising 2,215 pages, Shaw compiled works by the famed chemist Boyle, known for his fundamental gas law and his presidency of London’s Royal Society. Recent monographs by historians William Newman and Lawrence Principe have complicated earlier historiographies that positioned Boyle as initiating “modern” chemistry. Instead, by focusing on Boyle’s

¹²⁴ Library Company of Philadelphia, *A Catalogue of the Books, Belonging to the Library Company of Philadelphia; to which is Prefixed, A Short Account of the Institution, with the Charter, Laws and Regulations* (Philadelphia: Zachariah Poulson, 1789). Mary Pemberton is listed as a member, with no obvious male Pemberton relatives on the list. LCP holdings include Richard Russel, *Dissertation on the Use of Sea-water*, 3rd. ed. (London: W. Owen, 1755).

¹²⁵ Boerhaave, *A New Method of Chemistry*, 133; Paschall, *Recipe Book*, 8L; Fatherly, *Gentlewomen and Learned Ladies*, 83; Mary Pemberton to Israel Pemberton, Fifth Month [May] 23, 1759, Pemberton Papers, vol. 33, 71, HSP; Theodore Thayer, *Israel Pemberton* (Philadelphia: Historical Society of Pennsylvania, 1943), 37–8, 197.

relationship with his acolyte George Starkey, these scholars discovered that Boyle, like Isaac Newton, was intensely interested in transmutational alchemy. This is the same George Starkey whose alchemical works were transcribed by Paschall's brothers-in-law. Boyle's tome (abridged by Shaw) was a logical choice to satisfy Paschall's interest in chemical medicine. Like Boerhaave, Boyle asserted the superiority of simple rather than compound medicines, since complex preparations made it difficult for a practitioner to know which component was effective. Editor Shaw anticipated readers' potential objections: "The remedies, cries one, are simple, such as the good women prescribe, and some . . . appear ridiculous [but] Mr. Boyle cou'd have prescribed as elegant compounds as any physician."¹²⁶ In other words, although Boyle's recipes are easily recognized as the "simples" prescribed by women healers, they are still authoritative based on Boyle's stature as a natural philosopher and by his experiences with the remedies.

Boyle's recipes are so similar to the "simples" in women's recipe books that they beg the question of the extent to which Boyle consulted his medically and alchemically adept sister, Katherine Boyle Jones, when compiling his healing remedies. Katherine Boyle Jones (Lady Ranelagh) wrote her own book of medical recipes called *Kitchin-Physic*. The recipes she shared with her brother that are documented in their letters reflect only a part of their interpersonal exchanges, since Robert lived with his sister. It is possible that Paschall found particular affinity to Robert Boyle's recipes that seemed so akin to her own and those of her female colleagues. Paschall transcribed a passage in which Boyle averred, "the chin cough [whooping cough] in children . . . often frustrates

¹²⁶ Boyle, *Philosophical Works*, 446.

the endeavors of Physicians,” and “I have not known any Magisterial composition so effectual as the simple juice of Pennyroyal.” Paschall frequently used this herb in her practice, and, like Boyle, she noted remedies that “cured when the doctors failed.”¹²⁷ Popular works by virtuoso “gentlemen of science” like Robert Boyle provided justification for other nonphysicians like Paschall and Katherine Boyle Jones to assert their own empirical medical expertise based on processes of observation, collection, and documentation in manuscript books.

Paschall added to her botanical medical knowledge by reading books that featured the language of Linnaean taxonomies used by philosophical “gentlemen of science.” Sections on botany in John Hill’s *Materia Medica* reinforced information that she gleaned from local experts like James Alexander and John and Ann Bartram and likely sparked conversations with them. When Paschall consulted Hill for information on hyssop’s usefulness to cure bruises or contusions, she read the authoritative Linnaean name, *Didynamia gymnospermia* on a page liberally sprinkled with Latin monikers. The *Materia Medica* provides pages of details on plants’ characteristics, habitats, and anatomical structures, as well as quotes from Carl Linnaeus, whom Hill admired as “that great Ornament of the present botanical World.”¹²⁸ Hill reinforced Boerhaave and Boyle’s focus on empirical science, while applauding the authority of print as well as

¹²⁷ Paschall, *Recipe Book*, 4, 53; Boyle, *Philosophical Works*, 576–9, 582, LCP; Principe, *The Aspiring Adept*, 14–6, 50; Lynette Hunter, “The Circle of Katherine Jones, Lady Ranelagh,” in Hunter and Hutton, *Women, Science, and Medicine*, 178–97; Richard Holmes, “The Royal Society’s Lost Women Scientists,” *The Observer* (London) November 20, 2010. A manuscript recipe book at the Wellcome Library in London is attributed to Katherine Boyle Jones, and early meetings of the Royal Society were held at her home. Steven Shapin notes that Lady Ranelagh practiced “elementary medicine” and kept “a collection of medical ‘reciepts’ which her brother intermittently acknowledged in his publications” and she may have been a source of his medicinals. See Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1994), 371.

¹²⁸ John Hill, *A History of the Materia Medica* (London: Longman, 1751), ii; Paschall *Recipe Book*, 27.

experiment. As Hill opined, “A Man is hardly qualified to write on any Subject, who has not read every thing that has been well written on it.” After reading a profusion of others’ works on natural science, Hill brought “them to the Test of Nature” by his “own Experiments.”¹²⁹ Paschall may have found a kindred spirit in Hill, who did not hesitate to refute the work of ancient and contemporary authorities if his own experiences contradicted their assertions.

In the process of reading these texts, Paschall entered the halls of science inhabited by ornamental male natural philosophers speaking in recondite Latin and Greek jargon. However, her transcriptions from London apothecary John Quincy’s *Pharmacopoeia Officinalis Extemporanea* demonstrate that she recognized the exclusionary potential of this gentleman’s club. Rather than merely copying Quincy’s medical remedies, she translated Latin diagnoses and apothecaries’ terminology for her readers. Like many manuscript authors, Paschall wrote her book for readers who may have included family members or other people in her healthcare network. Although the *Pharmacopoeia* is geared for a professional audience, Paschall was not deterred. After digesting information in the preface, she translated Quincy’s listing, “Emplastrum Mamillare,” into the more comprehensible, “For Sore Breasts.” Paschall clarified that “Emplastrum” means a “plaister” or plaster—a topically applied medication. She defined for her readers the apothecary symbols for pounds and ounces and explains explained that the term “S.A.” used by Quincy “signifies according to art.” Paschall advised readers to add “a Dram of Venice Turpentine” to Quincy’s recipe, improving on the expert’s advice

¹²⁹ John Hill, *Materia Medica*, iii, 373, 886, LCP.

based on her own experience.¹³⁰ As she mastered new material, Paschall appropriated the authority of an educator by explaining and augmenting expert medical information for her readers. It is clear that Paschall did not simply defer to male medical authors' authority. As a synthesizing reader, she assimilated new information, tested it against her own healing experiences, improved on it where needed, and translated it in plain language for her readers. In addition, she circulated her new medical knowledge within her healthcare networks.

Anatomical Authority

In addition to botany and chemistry, several of Paschall's recipes demonstrate her interest in learning more about the popular and authoritative subject of anatomy. Like the mastery of Latin and Greek, anatomical study differentiated learned doctors from other nonphysician healers. In addition, anatomy was becoming one of the most important markers of a trained physician. Paschall appears to be attuned to the importance of this source of medical authority. When one follows Paschall's reading pathway, it leads from a recipe in her manuscript to the section she transcribed from Dr. Robert James' *Medicinal Dictionary* on the subject of a bronchocele tumor.¹³¹ It is clear from the placement of the passage and the lack of a reference in the index that she could have found the source for her transcription only while reading fifteen densely written folio pages. To discover the passage about a bronchocele cured by a respected woman healer, Paschall plowed through a lengthy entry in the *Medicinal Dictionary* titled "Anatomy"

¹³⁰ John Quincy, *Pharmacopoeia Officinalis & Extemporanea, or, A Complete English Dispensatory*, 6th ed. (London: J. Osborn and T. Longman, 1726), 35, 524, LCP; Paschall, *Recipe Book*, 35; Howard Jones, "John Quincy, M.D. Apothecary and Iatrophysical Writer," *Journal of the History of Medicine and Allied Sciences* 6 (1951): 149–75.

¹³¹ James' term "bronchocele," in twenty-first-century terminology may refer to a brachial plexus tumor.

that included James' transcription of "an Account . . . presented by the ingenious Dr. *Douglass* to the *Royal Society*." According to Douglass, "I had lately the Opportunity of opening a Woman about fifty Years old, who had a very large Tumor . . . in the fore Part of the Neck." He proceeded with a detailed description of the dissection, liberally peppered with anatomical terminology: "The fleshy Fibres of the *Latissimus Colli* were scarcely visible, the *Mastoidoeus* and *Coracohyoidoeus* were extremely thin . . . it was connected to the *Levator Scapulae*, and lower down to that Part of the *Cucullaris*."¹³² Through the medium of print, Paschall could virtually "sit in" on Douglass' dissection of the woman presented before the London Royal Society. If she had questions about the terminology, she could refer to the pull-out anatomical diagrams in the *Medicinal Dictionary*.

Paschall pored through Douglass' esoteric anatomical language to discover more earthy similes that matched her own tactile diagnostic experiences. She found resonance with Douglass' description of the tumor as having the "Consistence of a Cow's Udder when boiled," and she included this passage in her transcription. Significantly, Paschall also copied a section in which Douglass explained, "I was formerly acquainted with a Woman who was in great Reputation for resolving these Tumors. Her Secret consisted in anointing the Part frequently with the Oil of Chamomile made by Infusion."¹³³ Paschall sifted through the words of Drs. James and Douglass to discover a passage that lauded a woman healer's medicinal expertise that prevented risky surgery. As she copied down

¹³² James, *A Medicinal Dictionary*, vol. 1, [header] ANA, LCP. In 1801, Maine midwife Martha Ballard recorded attending a "the Desection" [autopsy] of a young boy performed by two local physicians, and observed a total of four autopsies. See Ulrich, *A Midwife's Tale*, 248–50.

¹³³ Paschall, *Recipe Book*, 53L; James, *A Medicinal Dictionary*, vol. 1, [header] ANA, LCP.

Douglass' accolades for the woman healer's successful remedy, Paschall extended her circle of healthcare adepts to a female practitioner who inhabited the virtual world of print. While recording the account of another woman healer of "great Reputation," Paschall confirmed her own authority.

The recipe in Paschall's book and her apparent interest in anatomy date from the early to mid-1760s, the same period that Dr. William Shippen returned from his medical education in Edinburgh and England. Shippen had studied anatomy in London under the renowned surgeon, William Hunter. Hunter argued that the hands-on anatomical training he offered at his anatomy school differentiated physicians from other allegedly less-qualified practitioners. Shippen and other Philadelphia physicians who had trained under Hunter brought with them this new emphasis on anatomy on their return to America. Shippen opened a medical museum at the Pennsylvania Hospital that featured anatomical drawings and plaster casts donated by London Quaker patron, Dr. John Fothergill. Shippen charged the hefty sum of one dollar for "such Persons who from Curiosity may apply to view the said Paintings &c." However, Shippen faced competition from Dr. Abraham Chovet, who arrived from London in the 1760s. Chovet opened a museum to display specimens "in spirits" and hundreds of wax anatomical models that some viewers found more lifelike than Shippen's.¹³⁴ In England, both women and men of various

¹³⁴ François Jean Chastellux, Marquis de, George Grieve, and George Washington, *Travels in North America in the Years 1780-81-82*, trans. by an English Gentleman (New York: White, Gallaher, & White, 1827), 110–1. Benjamin Rush considered Abraham Chovet, "a minute anatomist, but grossly ignorant of medicine." See Benjamin Rush, *Letterbook, Rush Family Papers, Benjamin Rush Letterbook*, vol. 82, Y2 7262 F.v1, HSP; *A Catalogue of the Medical Library, Belonging to the Pennsylvania Hospital . . . Also, a List of Articles Contained in the Anatomical Museum* (Philadelphia: Archibald Bartram, 1806), 121–7; William Pepper, *Descriptive Catalogue of the Pathological Museum of the Pennsylvania Hospital* (Philadelphia: Collins, 1869), iii. Abraham Chovett [sic] was listed under "Physicians at Surgeons" in Francis White, *The Philadelphia Directory* (Philadelphia: Young, Steward, and McCulloch, 1785), 93. See

classes visited anatomical museums, and Philadelphians may have followed this pattern. In 1765, Shippen also invited the public to view human dissections at his new “Anatomical Theater on Fourth Street.” Initially, Shippen opened his dissections to midwives as well as medical students and the general public. Some Philadelphians were fascinated with dissection demonstrations, Shippen’s lectures also provoked shocking rumors that he had robbed graves to procure corpses. A mob of Philadelphia citizens attacked Shippen’s home and smashed his windows to protest this perceived desecration of sacred human remains.¹³⁵ Despite controversy, Shippen continued to hold public anatomical lectures and to assert physicians’ anatomical authority. Paschall would have heard about these scandals and debates in the newspapers or through gossip in her dry goods shop.

Although doctors attempted to appropriate anatomical training as a skill exclusively for physicians and surgeons, female adepts like Paschall found ways to learn anatomy. While Paschall expanded her knowledge through books, a number of eighteenth-century European women also learned the art of creating wax anatomical models, which required extensive information on human anatomy. One prominent example was Parisian Marie Catherine Biheron, a friend of Benjamin Franklin’s, who created exquisite wax models from the mid-to-late eighteenth century. Biheron sold her wax specimens to anatomists, but she also displayed them in her own anatomical museum accompanied by

also Sarah Knott, *Sensibility and the American Revolution* (Chapel Hill: University of North Carolina Press, 2009), 84–7.

¹³⁵ *Pennsylvania Gazette*, September 26, 1765. See also, *Pennsylvania Gazette*, November 11, 1762, and May 19, 1763; Scharf and Westcott, *History of Philadelphia, 1585–1587*; Betsy Copping Corner, *William Shippen, Jr., Pioneer in American Medical Education* (Philadelphia: American Philosophical Society, 1951).

her medical lectures.¹³⁶ The Marquis de Chastellux, upon visiting anatomical museums in Philadelphia, wrote that Dr. Abraham Chovet's specimens were inferior to Biheron's.¹³⁷

There was at least one female anatomical sculptor counterpart of Biheron in the Philadelphia area. In 1767, Shippen sent Benjamin Franklin, who was in London, a wax preparation that he wished to donate to the British Royal Society. The model represented "a very extraordinary *Lusus Naturae* [freak of nature], two female children joined firmly together from the breast bone as low as the navel." Shippen enclosed "an exact account of the appearance on dissection &c for the use & amusement of the curious & learned," noting Franklin's "Love of every thing curious or useful." He also advised Franklin that the "preparation of wax was made by a gentlewoman who is a great tho unimproved genius in this way, tis the exact semblance of the original wch [which] I have in spirits."¹³⁸ It is telling that Shippen did not divulge the woman's name and that he denigrated her "great" genius by describing it as unimproved or unlearned to maintain the focus on his own professional status.

¹³⁶ Marie Catherine Biheron (1719–1786) was the daughter of an apothecary who studied anatomy under "the celebrated Basseport." She also created botanical models for her friend, the noted botanist Jacques Barbeau-Dubourg, who named a mushroom species in her honor. Benjamin Franklin met Biheron in the 1760s, and the APS holds several of her later correspondences with Franklin that include discussions of a translation of one of his works on physics. See Marie Catherine Biheron to Benjamin Franklin, September 10, 1772, June 26, 1773, October 10, 1774, Papers of Benjamin Franklin Part I, APS; "Mademoiselle Bieron [sic]," *The Lady's Monthly Museum*, vol. 22 (London: Dean and Munday, 1825), 187. This article notes that Biheron's works were "preserved at the Museum of Nature History at Paris," and that "the Empress of Russia bought several for her cabinet." See also Lucia Dacome, "Women, Wax, and Anatomy in the 'Century of Things,'" *Renaissance Studies* 21, no. 4 (2007): 522–50; Danica Marković and B. Marković-Živković, "Development of Anatomical Models," *Acta Medica Medianae* 49, no. 2 (2010): 56; Rebecca Messbarger, *The Lady Anatomist: Anna Morandi Manzolini* (Chicago: University of Chicago Press, 2010).

¹³⁷ Chastellux, *Travels in North America*, 110.

¹³⁸ William Shippen [Philadelphia] to Benjamin Franklin, Craven Street, London, May 14, 1767, Benjamin Franklin Papers, APS. By choosing not to name the female anatomical wax artists, Shippen followed in the footsteps of his mentor, William Hunter (1718–1783) who failed to recognize the skilled artist Jan van Rymdyk, whose drawings Hunter ultimately published in his popular *The Anatomy of the Human Gravid Uterus* (Birmingham, UK: John Baskerville, 1774).

It is possible that the Philadelphia female anatomical adept was Quaker Rachel Lovell Wells or her sister Patience Lovell Wright, both well-respected artists and skilled wax sculptors. In addition to artistic sculptures, Wells created wax anatomical specimens for physicians.¹³⁹ Other Delaware Valley women may have learned anatomical wax sculpting, but their names, like Shippen's anatomical artist, remain unknown. In her recipe book, Paschall does not reveal whether she knew Shippen's female anatomist, whether she attended Shippen's lectures, or whether she joined other Philadelphians in visiting anatomical museums for education and "amusement." However, her interest in anatomy was sparked at a time when anatomical spectatorship became a popular public pastime and when the subject was under debate in the city as either a significant medical innovation or as a desecration of human bodies.¹⁴⁰ In following Paschall's reading pathway, it becomes clear that she had a keen interest in staying up-to-date on the current anatomical, chemical, and botanical trends in medical practice.

Conclusion: Women of Great Reputation

It is easy to dismiss women's participation in medicine and the sciences in the mid-eighteenth century, because they were barred from universities and scientific and

¹³⁹ Rachel Lovell Wells (ca. 1735–1796), born in Crosswicks, Burlington County, New Jersey, was a Quaker born into a family who asserted the equality testimony and believed in equal rights for women. Wells and her sister Patience Lovell Wright exhibited their wax sculptures in Philadelphia, New York, and London. They also served as spies during the American Revolution. Viewers remarked on Wells' life-sized figure of the famed minister George Whitfield. Patience Wright later corresponded with Benjamin Franklin, and her son, painter Joseph Wright, is remembered for paintings representing displays of public science. See Joan N. Burstyn, ed., and Women's Project of New Jersey, *Past and Promise: Lives of New Jersey Women* (Syracuse, NY: University of Syracuse Press, 1990), 38–9; Charles Coleman Sellers, *Patience Wright: American Artists and Spy in George III's London* (Middletown, CT: Wesleyan University Press, 1976); Linda K. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America* (Chapel Hill: University of North Carolina Press, 1980), 87–92, fn. 27.

¹⁴⁰ John Fothergill to James Pemberton, Philadelphia 1762. Pemberton Papers, Etting Collection, II, 47, HSP; *The Pennsylvania Gazette*, September 26, 1765, and April 12, 1764. For Hunter, see W. F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World* (New York: Cambridge University Press, 1985).

medical societies and they rarely received formal recognition. As scholar Patricia Fara argues, “women have not been written out of the history of science: they have never been written in.”¹⁴¹ This chapter writes Delaware Valley women back into the narrative of American science-based experimental medicine and argues against a simple narrative of female healers’ inevitable decline. It is clear that women like Elizabeth Coates Paschall and those in her personal and virtual healing networks found ways to engage experimental botanical and chemical science, as well as new trends in anatomical medicine, in ways that were meaningful to their healing practices and their sense of themselves as “gentlewomen of science.” Paschall took advantage of the opportunities available to her as a literate elite British colonial Quaker woman in mid-eighteenth-century Philadelphia.

Seventeenth-century challenges to traditional hierarchies of philosophical, medical, religious, and gendered authority had reverberated into the subsequent century in Pennsylvania. A Quaker-influenced culture persisted in Philadelphia that opposed professional hierarchies, promoted “useful knowledge for the benefit of mankind,” accepted relatively egalitarian gender norms, and advocated women’s literacy and basic education. In addition, Paschall stood on the shoulders of seventeenth-century Englishwomen who had argued for the sciences as an appropriate study for women and for women’s acumen as learned healers. Within this milieu, Philadelphia’s elite and “middling” free white women could pursue science-based learning and public medical practice. The emergence of experimental science with its new emphasis on the authority

¹⁴¹ Fara, *Pandora*, 19.

of personal observation and experience opened the way for knowledge production outside of universities by Paschall and other laywomen healers. Unresolved debates over natural philosophical and medical theories created a lack of consensus over standards of healing practice. In this flexible context, Paschall could enter debates over best medical practices, vaunt her own unique remedies based on empirical results, and assert her medical expertise as a skilled healer.

Although women healers like Paschall or Ann Bartram did not receive the public accolades accorded to Dr. William Shippen or “King’s Botanist” John Bartram, they were well respected within their wide-ranging healing circles. Evidence in Paschall’s recipe book suggests that physicians and patients appreciated her healing skills. Dr. John Kearsley, a prominent Philadelphia physician, confirmed several of Paschall’s remedies.¹⁴² According to Paschall, the son of a Lenape man from New Jersey, whom she had cured of consumption, “came looking for me at my house” and “thanked me for what I had done.” Mrs. Edward Williams from Chester County consulted Paschall regarding a longstanding and “excruciating rash all over her hands” that rendered her “almost unfit for any business.” Prescriptions from physicians had failed, but Paschall’s remedy was successful. According to Paschall, Williams “came to my house spreading Both her hands held up with these Acclamations, the Lord in Heaven bless you, for what you advised me to do has Cured me!”¹⁴³ Paschall’s unflagging sense of confidence in her own

¹⁴² Paschall, *Recipe Book*, 10L, 11 R, 14 L, 17R; Dr. John Kearsley (1684–1772) was one of the early prominent university-trained physicians in the Philadelphia area. See William S. Middleton, “The John Kearsleys,” *Annals of Medical History* 3 (1921): 391–2; Rexford Newcomb, “Dr. John Kearsley, Physician: Architect of Philadelphia,” *The Architect* (May 1928): 177–82.

¹⁴³ Paschall, *Recipe Book*, 5L, 7R,

knowledgeable, up-to-date healing authority contrasts sharply with some mid-eighteenth-century natural philosophers' notions of women as dependent and irrational.

Paschall and the female healers in her network appropriated new remedies, terminology, and theories from recognized male authors and experts, but they did not relinquish their own authority. As synthesizing readers, they digested new information, tested it against their own healing expertise, revised it, recorded their findings in their recipe books, and incorporated it into their practices. Paschall and her fellow healers' practices were not static: They adapted their therapeutics to reflect new botanical, chemical, and anatomical information. These women took "his words found in a book" and blended them with information from expert networks and their own life experiences to narrate themselves as authoritative women healers. During the expansion in women's education following the American Revolution, some middle class women would mobilize this legacy to find new ways to exert their authority as healers and health educators when they faced marginalization in medicine and the sciences. In addition, the commercialization of medicine, exemplified in women healers' marketing of "alchemical doctor" John Paschall's Golden Elixir, provided female healers with an economic space to assert themselves as scientifically savvy entrepreneurs. The next chapter examines how women like Elizabeth Coates Paschall's cousin Margaret Hill Morris built on the legacy of Delaware Valley women from an earlier generation and deployed their economic expertise along with healing skills to navigate the perils of war and revolution.

CHAPTER 4

WOMEN’S HEALING ENTREPRENEURSHIP DURING

THE AMERICAN REVOLUTION

The American Revolution challenged Quaker healer Margaret Hill Morris’ economic independence. Morris was known as a medically skillful woman who provided healthcare gratis for her kin and community. However, by 1778, wartime inflation and currency depreciation left the widowed Morris in financial distress. She told a sister that that she hated to “spunge off” her wealthy brother, because she desired fiscal self-sufficiency. Morris prayerfully considered a plan for “getting into a little business,” and she opened a medical and apothecary practice in Burlington, New Jersey, in 1779. Morris diagnosed illnesses; provided nursing care; and prescribed, compounded, and dispensed medicines. She noted proudly in a letter to her sister, “I have more custom than I expected!”¹ With her usual dry wit, Morris quipped, “When a patient comes by for advice, if I’m at a loss, I open the bookcase, w[hi]ch. Is my Apothecary shop, & fumble about the bottles & turn over [William] Buchan’s [*Domestic Medicine*], till I meet with something like the case, & then with a grave face prescribe.”² Although Morris’ sense of humor was exceptional, exemplified here as she lampooned physicians’ alleged gravitas along with her makeshift medical office, her healing practice was *not* unique.

¹ Margaret Hill Morris to Samuel Preston Moore and Hannah Hill Moore, March 23, 1779, and Margaret Hill Morris to Hannah H. Moore, April 1779, box 7, folder 1, G. M. Howland MS Coll. 1000 Haverford Quaker Special Collections (hereafter HQSC).

² Margaret Hill Morris to Samuel Preston Moore and Hannah Hill Moore, March 23, 1779, and Margaret Hill Morris to Hannah H. Moore, box 7, folder G. M. Howland MS Coll. 1000, HQSC. Harold J. Cook, “Good Advice and a Little Medicine: The Professional Authority of Early Modern English Physicians,” *Journal of British Studies* 33 (1994): 1–31. A self-presentation of gravitas was a more important than medical skill for physicians applying to the elite London College of Physicians in the early eighteenth century. London satirists continued to ridicule doctors using humorous permutations of “grave.”

Local historians remember Morris as the first woman physician and apothecary in Burlington, but that is only because they failed to record the practices of numerous other women healers.³ Morris participated in healthcare networks that included her female kin, apothecary Grace Buchanan, minister Martha Routh, poet, Susanna Wright, and other Delaware Valley women of various classes and ethnicities. Women in these healthcare networks sold salves, herbs, proprietary remedies, and medical advice. These women healers fashioned webs of transatlantic healthcare information exchanges that cemented community ties, developed social capital, and created medical safety nets for their families and kin. When faced with wartime economic reversals, healing was also a profitable skill that female adepts like Morris could deploy within these networks to achieve a measure of economic autonomy by bolstering struggling family economies or by supporting themselves and their households.

Historians Jeanne Boydston, Lucy Simler, Joan Jensen, and Ellen Hartigan-O'Connor argue persuasively that women were embedded in the processes of emergent market capitalism in both urban and rural areas in late eighteenth-century America.⁴ Hartigan-O'Connor demonstrates that women were “quintessential market participants” and she places them at the center of urban economic networks linked to transatlantic

³John Jay Smith, *Recollections of John Jay Smith* (Philadelphia: Lippincott, 1892), 240; Joan Burstyn, *Lives of New Jersey Women* (Syracuse, NY: Syracuse University Press, 1997), 32–3.

⁴See for example, Jeanne Boydston, “The Woman Who Wasn’t There: Women’s Market Labor and the Transition to Capitalism in the United States,” *Journal of the Early Republic* 16, no. 2 (1996): 183–206; Lucy Simler, “‘She Came to Work’: The Female Labor Force in Chester County, 1750–1820,” *Early American Studies* 5, no. 2 (2007): 427–53; Joan M. Jensen, *Loosening the Bonds: Mid-Atlantic Farm Women, 1750–1850* (New Haven, CT: Yale University Press, 1986); Ellen Hartigan-O’Connor, *The Ties that Buy: Women and Commerce in Revolutionary America* (Philadelphia: University of Pennsylvania Press, 2009). See also articles by Ellen Hartigan-O’Connor, Cathy Matson, Serena Zabin, Mary Beth Sievens, Marla Miller, Kristi Rutz-Robbins in a special forum on “Women’s Economies in North America before 1820,” *Early American Studies* 4, no. 2 (2006), as well as classic works by Mary Blewett, Thomas Dublin, and Alice Kessler-Harris.

chains of credit.⁵ However, the dearth of sources on women healers has made it difficult to incorporate their practices into this narrative. Women provided the bulk of medical care in their communities, but apart from a few monographs by Laurel Thatcher Ulrich, Rebecca Tannenbaum, and Susan Klepp, eighteenth-century American women healers' practices and the self-help, unregulated medical marketplace in which they worked remain understudied. In addition, some older medical histories imply that women healers were static traditional practitioners destined to fall victim to the onward march of scientific medicine and capitalism.⁶

In this chapter, I examine the ways that elite and “middling” female healing adepts like Margaret Hill Morris mobilized their expert healing knowledge as an economic asset. Rather than imagining women healers as frozen relics of an idealized precapitalist world, I argue that some free white women embraced the opportunities of a consumer-oriented medical marketplace and adapted their entrepreneurial practices to weather the perils of an emerging capitalist market that introduced new regimes of credit, cash exchange, and wage labor. Morris' practice overlapped nonmonetized economies and cash/credit transactions, suggesting women healers' participation in the uneven transition to a market economy.⁷ Margaret Hill Morris and her medical networks offer unique sites to examine this process in the greater Philadelphia area.

⁵ Hartigan-O'Connor, *The Ties that Buy*, 2.

⁶ For example, John Duffy, *From Humors to Medical Science* (Urbana: University of Illinois Press, 1993), 284–6; Lamar Murphy, *Enter the Physician* (Tuscaloosa: University of Alabama Press, 1991), 51–9; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982) 49; Sylvia Hoffert, *Private Matters* (Urbana: University of Illinois Press, 1989).

⁷ The historiography of the emergence of capitalism in early America is extensive. Debates continue surrounding the timing of the transition to a market economy and the definition of “capitalism” itself. See for example, Cathy Matson, “A House of Many Mansions: Some Thoughts on the Field of Economic History,” in *The Economy of Early America: Historical Perspectives and New Directions*, ed. Cathy

Despite generalized cycles of expansion in colonial trade during the third quarter of the eighteenth century, British monetary and taxation policies created inequalities in wealth distribution in the Delaware Valley. Historian Terry Bouton points to crippling scarcities of specie, collapsing chains of credit, and property foreclosures. In addition, prolonged military conflicts, including the Seven Year's War, Pontiac's War, and the American Revolution, exacerbated economic downturns in parts of Pennsylvania and New Jersey.⁸ At the level of family economies, women of various classes and ethnicities

Matson (University Park: Pennsylvania State University, 2006), 1–70; Seth Rockman, “The Unfree Origins of American Capitalism,” in *The Economy of Early America: Historical Perspectives and New Directions*, ed. Cathy Matson (University Park: Pennsylvania State University, 2006), 335–62; David Waldstreicher, “Capitalism, Slavery, and Benjamin Franklin’s American Revolution,” in *The Economy of Early America: Historical Perspectives and New Directions*, ed. Cathy Matson (University Park: Pennsylvania State University, 2006), 183–217. Rockman and Waldstreicher counter earlier narratives by historians like Gordon Wood and Joyce Appleby, who argue for capitalism as a liberating, democratizing force. They instead analyze how capitalism was built on various levels of unfreedom. It is not my intent to create another celebratory history of capitalism. I argue that some widowed women who might easily fall into poverty and dependence “capitalized” on an unregulated medical marketplace to support themselves and their families. Almshouse records make it clear that many others fell into poverty, dependency, and indentured servitude. See also John J. McCusker and Russell R. Menard, *The Economy of British America, 1607–1789* (Institute of Early American History and Culture, 1985); Christopher Clark, “The Transition to Capitalism in America,” *The History Teacher* 27, no. 3 (1994), 263–88; Christopher Clark, “Household Economy, Market Exchange and The Rise of Capitalism in the Connecticut Valley,” *Journal of Social History* 3, no. 2 (1979): 169–189; Winifred B. Rothenberg, *From Market-Places to a Market Economy: The Transformation of Rural Massachusetts, 1750–1850* (Chicago: University of Chicago Press, 1992). See also works by Charles Sellers, Alan Dawley, Sean Wilentz, James Henretta Paul Gilje, Naomi Lamoreaux, and Michael Merrill. In “Putting ‘Capitalism’ in Its Place,” *The William and Mary Quarterly* 52, no. 2 (1995): 315–26, Michael Merrill defines *capitalism* as “a market economy ruled by, or in the interests of capitalists.” In *Scraping By: Wage Labor, Slavery, and Survival in Early Baltimore* (Baltimore: Johns Hopkins, 2009), 5, Seth Rockman focuses more on the unequal power relations of a “political economy that dictated who worked where, on what terms, and to whose benefit.” In *Runaway America: Benjamin Franklin, Slavery, and the American Revolution* (New York: Hill and Wang, 2004), David Waldstreicher destabilizes previous narratives of Franklin as the classic capitalistic “self-made man,” by demonstrating how Franklin’s rise paralleled the transition to capitalism, with both dependent on and interwoven with narratives of the exploitation of unfree labor. In addition, Waldstreicher’s assessment of the importance of creative self-fashioning in his narrative of Franklin and capitalism are salient in understanding the con-artist-style “quackery” that undergirded the consumer medical and pharmaceutical market.

⁸ Terry Bouton, *Taming Democracy: “The People,” the Founders, and the Trouble Ending of the American Revolution* (New York: Oxford University Press, 2007), 21–7; Terry Bouton, “Moneyless in Pennsylvania: Privatization and the Depression of the 1780s,” in *The Economy of Early America*, ed. Cathy Matson, 218–35; Bruce H. Mann, *Republic of Debtors: Bankruptcy in the Age of American Independence* (Cambridge, MA: Harvard University Press, 2009); Carla Pestana and Sharon Salinger, eds., *Inequality in Early America* (Hanover, NH: University Press of New England, 1999). Marc Egnal argues for two long waves of

became widows or heads of households when their soldier-husbands died or were disabled. Other women were left in charge of homes and businesses when male kin were away at the battlefield or at sea. Epidemics that followed troop movements also ravaged families on the home front. Scarcities of imported medicinals caused by disruptions in shipping and difficulties accessing expensive physicians' services made women healers' knowledge of local herbs and healing remedies particularly marketable during the wartime.⁹ In the face of a volatile wartime economy and its trail of personal losses, expert women practitioners like Morris could sell their medical skills and specialized knowledge to maintain their financial viability.

Morris exemplifies how women deployed their healthcare expertise across an economic spectrum—from the provision of free medical care to the creation of flexible healthcare businesses that required cash, credit, or bartered goods in exchange for medicinals and services. As Morris demonstrated, women's healing roles were fluid and often changed over the course of a lifetime.¹⁰ For elite white women, providing free healing services in the role of "Ladies Bountiful" confirmed their social status and

growth in the colonial economy based on exports (chiefly to Britain). See Marc Egnal, *New World Economies: The Growth of the Thirteen Colonies and Early Canada* (New York: Oxford University Press, 1998) and "The Pennsylvania Economy, 1748–1762: an analysis of short-run fluctuations in the context of long-run changes in the Atlantic trading community" (PhD diss., University of Wisconsin, Madison 1974); Anne Bezanson, *Prices and Inflation During the American Revolution, Pennsylvania, 1770–1790* (Philadelphia: University of Pennsylvania Press, 1951), 5–33. Susan E. Klepp, Farley Grubb, and Anne Pfaelzer de Ortiz note how the American Revolutionary War "played havoc with markets and prices" and exacerbated local poverty in the Philadelphia's hinterlands in *Souls for Sale: Two German Redemptioners Come to Revolutionary America* (University Park: Pennsylvania State University Press, 2006), 37.

⁹ Mary Beth Norton, *Liberty's Daughters* (Ithaca, NY: Cornell University Press, 1996), 195–208; Linda Kerber, *Women of the Republic* (Chapel Hill: University of North Carolina Press, 1980), 86–96; Elizabeth Fenn, *Pox Americana* (New York: Hill and Wang, 2001); George Griffenhagen, *Drug Supplies in the American Revolution* (Smithsonian: Washington, DC, 1961).

¹⁰ For women's multiple roles over the lifespan, see Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812* (New York: Knopf, 1990), 64, and Ulrich, *Good Wives: Image and Reality in the Lives of Women in Northern New England* (New York: Vintage, 1991), 133–4; Jensen, *Loosening the Bonds*, 11–9, 44.

invoked the “moral economy” of preindustrial exchanges between the “lower sorts” and their “betters.” A healer’s reputation for therapeutic successes within social networks of kin and community continually reinforced perceptions of her medical authority, which in turn opened the way for more patients to seek her advice and remedies. In their work on Englishwomen’s medical recipe books, historians Elaine Leong and Sara Pennell argue that even in the absence of cash exchanges, healing recipes and healthcare knowledge functioned as forms of “currency,” which they define as “a commodity which flowed between people and the authority and reliability, which was inflected by the circumstances of that movement.”¹¹ Leong and Pennell’s definition of “currency” situates women’s medical work in overlapping spheres of informal as well as formal economies. For women who did not charge for their services, this healthcare currency created chains of nonmonetary indebtedness and dependency that could be called on in the future to reinforce their social capital or to acquire needed goods or services.

For female entrepreneurs, healthcare knowledge was a commodity that was explicitly exchanged for cash, credit, services, or goods. Medical consumers expected a medication along with medical advice, and most women healers, like their physician counterparts, sold pharmaceuticals. Women entrepreneurs’ fee-for-service practices spanned a business continuum. Their work ranged from the provision of healthcare services and the sale of home-processed herbs and pharmaceuticals that required only low up-front costs and overhead, to more formal businesses like apothecary shops, which necessitated start-up funds, capital investment, operating budgets, real estate or rental

¹¹ Elaine Leong and Sara Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace,’” in eds., Mark S. R. Jenner and Patrick Wallis, *Medicine and the Market in England and Its Colonies, c. 1450–c. 1850* (Basingstoke, UK: Palgrave Macmillan, 2007), 134.

properties, and credit lines with British or German drug manufacturers.¹² Free and unfree women of various classes and ethnicities, including African Americans and American Indians, participated mainly in the former types of enterprises because their apparatuses—mortars, pestles, gallipots, and alembics—were also used in food processing and cookery. Middling and elite Euro-American women who possessed startup funds who had inherited a business from male kin were more likely to be proprietors of formal shops. Morris' medical and apothecary practice was at a midpoint on this continuum. By locating the business in her home and situating her apothecary shop in her bookcase, Morris minimized her initial costs and reinvested some of the proceeds to build her practice incrementally. Morris purchased pharmaceuticals from the Philadelphia Quaker apothecary Townsend Speakman, who in turn imported medicines from the London Quaker drug manufacturer Thomas Corbyn. We must envision Morris' healing work as a node in a complex transatlantic web of healthcare exchanges and medical commerce that altered and expanded during Morris' long lifetime from 1737–1816.

Women healers like Morris formed critical ligaments that connected individual healthcare consumers to the broader structures of an emerging consumer market for self-help medical guides and publications, pharmaceuticals, and healing services. Although historians of medicine have used the term “medical marketplace” since the 1980s, the medical sector as a small but important aspect of the consumer economy is still not well

¹² For a comparison of the persistent challenges for women entrepreneurs in various countries and a discussion of the business continuum (micro, small medium, and large enterprises), see *Women Entrepreneurs in Small and Medium Enterprises*, proceedings of an international conference on “Women Entrepreneurs in SMEs: A Major Force in Innovation and Job Creation” (Danvers, MA: Organisation For Economic Co-Operation and Development, 1998), 17–30.

conceptualized.¹³ Morris and her networks supported an earlier rendering of this paradigm that underscores the instability of the English “tripartite” hierarchy of physicians, surgeons, and apothecaries, in which authority purportedly flowed downward from the physician.

As discussed in previous chapters, in eighteenth-century British American colonies, healthcare practice was virtually unregulated, which created a competitive marketplace replete with a myriad of university-educated, apprentice-trained, and self-proclaimed medical practitioners. Women like Morris could call themselves an apothecary or a “doctress” and set up practice without interference from the state or from medical societies that lacked the ability to enforce practice guidelines. To borrow historian Colin Jones’ phrase, patients sought healthcare à la carte in a cafeteria line of practitioners that included laywomen healers, midwives, nurses, physicians, surgeons, apothecaries, cancer doctors, Indian doctors, bonesetters, African conjure doctors, and ministers.¹⁴ Colin Jones argues that patients made their choice according to a hierarchy of resort that was subject to constraints that included the accessibility of practitioners, income, religious persuasion, and the nature and relative urgency of an illness or

¹³ Medical historian Alun Withey argues that Mark Jenner and Patrick Wallis’ 2007 statement, “[H]istorians still know very little about the scale, scope, boundaries or internal dynamics of the market for medicine” was still true in 2011. See Jenner and Wallis, “The Medical Marketplace” in *Medicine and the Market*, 2, and A. Withey, “‘Persons that live remote from London’: Apothecaries and the Medical Marketplace in Wales in Seventeenth-and Eighteenth-century Wales,” *Bulletin of the History of Medicine* 85, no. 2 (2011): 222–47.

¹⁴ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 19. For Anthoy Yeldall, see *Pennsylvania Evening Post*, March 11, 1777; Charles Rosenberg, William Helfand, and James Green, *Every Man His Own Doctor: Popular Medicine in Early America* (Philadelphia: Library Company of Philadelphia, 1998), 26; T. H. Breen, *The Marketplace of Revolution: How Consumer Politics Shaped American Independence* (New York: Oxford University Press, 2004), 57–8. Breen views the rise of the consumer medical marketplace at mid-century as part of an expansion of a colonial consumer culture.

condition.¹⁵ As discussed in chapter 1, these practitioners shared a similar medical world view based on modified Galenic humoral medicine, so that nonphysicians could successfully compete in this diverse marketplace. The unregulated nature of healthcare practice, which contrasted with broad regulations governing trade and specific rules regarding city market stalls, situated many healing activities in the nebulous category of “informal economies”—economic exchanges outside of government control that were often nonmonetized and only loosely connected to more formal businesses and credit relationships.¹⁶ Medical legitimacy was based on a healer’s ability convince medical consumers that her skilled advice and particular remedies were effective. A practitioner’s perceived experience and skill gave her the authority to charge the market rate, exchange valued labor, or barter for her healthcare services and pharmaceuticals.

In addition to demanding a variety of healing products and services, literate consumers increasingly clamored for medical self-help manuals, such as John Tennent’s *Every Man His Own Doctor* or Dr. William Buchan’s *Domestic Medicine*, the book that Morris consulted. As Buchan argued, “laying Medicine more open to mankind” would have a similar positive effect to the empowerment of the laity that occurred in post-Reformation Protestantism. In addition, physicians like Buchan could supplement their incomes with book sales.¹⁷ *Domestic Medicine* was published in more than twenty

¹⁵ Brockliss and Jones, *Early Modern France*, 19.

¹⁶ For “informal economies,” see Serena Zabin, *Dangerous Economies: Status and Commerce in Imperial New York* (Philadelphia: University of Pennsylvania Press, 2009), 58–9. In this study of eighteenth-century New York, Zabin argues that poor white women were “linchpins” in informal economies that were connected to formal trade, marketplaces, and lines of credit.

¹⁷ William Buchan, *Domestic Medicine; or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London: Printed for W. Strahan, 1784), “Introduction”; John Tennent [authorship debated], *Every Man his Own Doctor or, The Poor Planter’s Physician: prescribing plain and easy means for persons to cure themselves of all, or most of the distempers, incident to this climate, and with very little*

editions in multiple languages over the course of a century. Consumers' demand for self-help printed materials complemented their desire for proprietary pharmaceuticals. This "do-it-yourself" culture challenged physicians' attempts to establish medical hegemony. As discussed in chapter 3, British physician Robert James practiced medicine, published medical texts, and hawked his patented "Dr. James's Celebrated Fever Powders," that were in demand into the late nineteenth century in America as well as Britain.¹⁸ Popular patent medicines like Dr. James' Powders, Turlington's Balsam of Life, and Daffy's Elixir were sold by various vendors, including physicians, apothecaries, lay healers, patent medicine retailers, booksellers, and dry goods merchants. For example, Benjamin Franklin's wife, Deborah, sold her mother's proprietary salve from the family print shop along with self-help medical books, almanacs touting healthcare advice, and even a novel titled *The Amiable Doctress*.¹⁹ Women healer's like Deborah Franklin and her mother participated in the rising consumer demand for medical print and proprietary pharmaceuticals.

A healing adept named Ann Tucker also advertised in the Franklin's popular *Pennsylvania Gazette*. Tucker hawked, "A CHOICE Ointment for curing the Piles,

charge, the medicines being chiefly of the growth and production of this country . . ., 4th ed. (Philadelphia: Re-printed and sold by B. Franklin, 1736), LCP; William Buchan, *Domestic Medicine; or, The Family Physician* (Philadelphia: John Dunlap, 1772), LCP; Charles Rosenberg, "Medical Text and Social Context: Explaining William Buchan's Domestic Medicine," *Bulletin of the History of Medicine* 57, no. 1 (1983): 22–42; Christopher Lawrence, "William Buchan: Medicine Laid Open," *Medical History* 19 (1975): 20–35; Peter M. Dunn, "Dr. William Buchan (1729–1805) and his Domestic Medicine," *Archives of Disease in Childhood* 83, no. 1 (2000): 71–3.

¹⁸ See Lulu Stine, "Dr. Robert James," *Bulletin of the History of the Medical Library Association* 29, no. 4 (1941): 187–98.

¹⁹ Jeanne Abrams, *Revolutionary Medicine* (New York: NYU Press, 2013), 85; John Pollack, "The Good Education of Youth": *Worlds of Learning in the Age of Franklin* (New Castle, DE: Oak Knoll, 2009), 112; Wulf, *Not All Wives: Women of Colonial Philadelphia* (Ithaca, NY: Cornell University Press, 2000), 132; *Pennsylvania Gazette*, September 17, 1747; Margaret Hill Morris, *Recipe Book, 975, Diaries and Certificates*, HQSC.

Rheumatism, Strains, all Kinds of Pains, Ring worms, Moths, Carbuncles, Sun burning . . . Women that are likely to have sore Breasts, if they apply in Time.”²⁰ Tucker encouraged patients with “old Sores to cure” to visit her shop, where they could also purchase a Powder for curing the Toothach, and keeping the Scurvy from the Gums” and “Pills for cleansing of the Blood, and a gentle Purge.”²¹ Women like Morris recorded their own “secret recipes” for proprietary medicines, indicating that they home produced remedies like fever powders at a lower-than-retail cost. In this environment, it was easy for a woman like Morris, who provided medical services at no charge, to transition to the role of paid healer. To understand Morris’ evolving medical practice, her role in this multifaceted medical marketplace, and her financial predicament during the American Revolution, requires a short backward look at her younger years.

Transatlantic Quaker Healing Networks

From early childhood, Margaret Hill experienced on a deep, interpersonal level the potentially devastating risks of emerging market capitalism. She was born near Annapolis, Maryland, in 1737 into a medical and commercial Quaker family that subsequently moved to Philadelphia. Her father, Richard Hill, was a physician and a merchant who provided an early example of historian Toby Ditz’s traders whose companies, credit, and masculinity were shipwrecked on the shoals of merchant capitalism. In 1739, Hill’s commercial partnership failed, and he and his wife Deborah fled their creditors to the island of Madeira to start a wine business. The Hills left baby Margaret and five other siblings in Philadelphia in the care of their 15-year-old daughter

²⁰ *Pennsylvania Gazette*, February 2, 1764, January 17, 1765, and October 31, 1766.

²¹ *Pennsylvania Gazette*, February 2, 1764, January 17, 1765, and October 31, 1766.

Hannah, who had recently married Quaker merchant-physician, Samuel Preston Moore. The Moores served as surrogate parents, and their respectability helped the Hill children overcome the personal humiliation of their father's economic "embarrassments," as well as the anger of unpaid creditors.²²

Margaret grew up in comfortable circumstances in a family of merchants, physicians, and women healers who served as role models and educators. Her mother, Deborah Hill, and her eldest sister, Hannah, were both healing adepts. Healing intertwined with women's expertise in gardening, food preparation, distilling, dyeing, and family health maintenance, and these skills were passed down through generations. Healing's domestic roots have obscured women's medical practices in male-oriented archives and have hidden their contribution to the healthcare labor force. However, the Hill women's extensive healing webs created a visible presence within their communities. Hill family letters document their wide-ranging transatlantic business, kin, and healthcare information networks that included Funchal (Madeira) and London, as well as Philadelphia and other colonial ports. Along with personal and business news,

²² John Jay Smith, ed., *Letters of Doctor Richard Hill and His Children* (Philadelphia: T. K. Collins, 1854), vi–xxi. The Hill children left with Hannah Hill were Richard (18), Deborah (11), Rachel (8), Henry (7), Margaret (1), and Sarah (7 months). See also Toby Ditz, "Shipwrecked; or, Masculinity Imperiled: Mercantile Representations of Failure and the Gendered Self in Eighteenth-Century Philadelphia," *Journal of American History* 81, no. 1 (1994): 51–80; Toby Ditz, "Secret Selves, Credible Personas: The Problematics of Trust and Public Display in the Writing of Eighteenth-Century Philadelphia Merchants," in *Possible Pasts: Becoming Colonial in Early America*, ed. Robert Blair St. George (Ithaca, NY: Cornell University Press, 2000), 219–44; David Hancock, "'A Revolution in the Trade': Wine Distribution and the Development of the Infrastructure of the Atlantic Market Economy," in *The Early Modern Atlantic Economy*, eds., John McCusker and Kenneth Morgan (New York: Cambridge University Press, 2000), 105–53; Peter Mathias, "Risk, Credit and Kinship in Early Modern Enterprise," in *The Early Modern Atlantic Economy*, eds., John McCusker and Kenneth Morgan (New York: Cambridge University Press, 2000), 15–35; David Hancock, "The Triumphs of Mercury: Connection and Control in the Atlantic Economy," in *Soundings in Atlantic History*, eds. Bernard Bailyn and Patricia Denault (Cambridge, MA: Harvard University Press, 2009), 112–40; David Hancock, *Oceans of Wine: Madeira and the Emergence of American Trade and Taste* (New Haven, CT: Yale University Press, 2009); Margaret Hill Morris to Hannah H. Moore August 12, 1769, June 6, 1772, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC.

family members shared healing advice and medical materials. For example, Deborah Hill asked her daughter, Hannah, to send the medicinal herb tansy, as well as snakeroot and elecampane, noting that “cousin Lloyd hath both in his garden” in Philadelphia. Deborah sent dragon’s blood tree from Madeira, a botanical that was used in remedies and dyes.²³ Healers in the Hill family melded Old World and New World flora and remedies into their daily practices.

By the mid-eighteenth century, Margaret Hill’s hometown of Philadelphia was the most populous city in British North America, and it was a vital commercial port with connections to West Jersey’s capital of Burlington. Philadelphia was also the premier city of medicine and science, boasting the colonies’ first hospital, medical school, medical society, and philosophical society.²⁴ Margaret’s brothers-in-law Dr. Samuel Preston Moore and Dr. Charles Moore, as well as the women in their families, participated in these enterprises, either directly or through benevolent contributions.²⁵ Free white women healers, like those in the Hill-Moore-Morris families, also took advantage of opportunities to participate in a public culture that encouraged “useful” natural philosophical (scientific) studies, particularly those with commercial applications. Through public science-based spectacles that included human dissections and electrical machine demonstrations, new ideas regarding medicine and the body were transmitted to

²³ Deborah Hill to Richard Hill, Jr., May 16, 1743; Deborah Hill (Madeira) to Hannah Hill Moore (Philadelphia) December 2, 1749, in John Smith, *Dr. Richard Hill*, 30–2, 53. Deborah Hill many have used tansy as a contraceptive, see Susan Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009), 179–80.

²⁴For Philadelphia as America’s “First City,” see Gary B. Nash, *First City: Philadelphia and the Forging of Historical Memory* (Philadelphia: University of Pennsylvania Press, 2011).

²⁵ See for example, Hannah Hill Moore to Richard Hill, Sr., January 27, 1757, in Smith, *Dr. Richard Hill*, 139.

women of various social orders. In addition, the region was religiously and ethnically diverse, with free and forced immigrants from the British Isles, the German States, Africa, and the Caribbean, which created a rich mix of healthcare practices.

According to historian Karin Wulf, the relatively egalitarian beliefs of the early Quakers, like Morris' in-laws, who founded Pennsylvania and New Jersey, continued to alter the way that gender operated in the mid-Atlantic region.²⁶ The Quakers' foundational testimonies of peace, integrity, simplicity, and equality offered women alternative norms that validated public female religious authority. Quaker women ministers, like Morris' cousin Rebecca Jones, embodied the equality testimony by preaching in public spaces and publishing their sermons. As historian Rebecca Larson demonstrates, some left children and husbands behind and traveled thousands of miles alongside male ministers on preaching tours throughout the Atlantic world.²⁷ This contrasted sharply with Protestantism's usual admonitions that women should remain silent in church, avoid public roles, and tend only to domestic duties. Itinerant Quaker women ministers like Morris' friends Martha Routh and Mary Swett followed the example of male Protestant preachers and combined skilled healing with their public religious ministry in America and in Britain. Some Quaker women, like Morris' friend the prominent poet, "doctress," and politician Susanna Wright, argued that women could avoid the "chains of matrimony," remain single, and still have fulfilling lives and ministries. Wulf notes that in some pre-Revolutionary Philadelphia neighborhoods,

²⁶ Wulf, *Not All Wives*, 12.

²⁷ Rebecca Larson, *Daughters of Light: Quaker Women Preaching and Prophesying in the Colonies and Abroad, 1700–1775* (Chapel Hill: University of North Carolina Press, 2000), 5–12, 98–104.

women headed more than twenty percent of households.²⁸ Young Margaret was exposed to authoritative women's roles and unconventional gender discourses that destabilized gender hierarchies, enabling her to claim healing authority and economic independence.

Not surprisingly, Quaker women were well represented in Philadelphia and Burlington's business communities. According to historian Patricia Cleary, the number of female-run local businesses in Philadelphia grew from a few dozen in the 1740s to approximately 160 by 1775.²⁹ Some women, like Morris' distant cousin Elizabeth Coates Paschall, combined their merchant businesses with healing practices. Paschall's Philadelphia dry goods shop on Market Street was a locus of health information sharing and commerce. Martha Brand was another healer who practiced as a doctress in Philadelphia, garnering the respect of prominent physicians. Morris' friend Grace Buchannan trained as an apothecary in London before moving to Burlington in the mid-eighteenth century. Buchannan plied her trade on Burlington's High Street, underlining women healers' visible and respected practices in their communities despite their historiographical obscurity.³⁰

²⁸ Wulf, *Not All Wives*, 13 (statistics), 63–6 (Wright). For Susanna Wright (1697–1784), see also Elizabeth Meg Schaefer, *Wright's Ferry Mansion* (Columbia, PA: Von Hess, 2005); Susan Stabile, *Memory's Daughters* (Ithaca, NY: Cornell University Press, 2004), 10. See also Rebecca Jones' journal of her ministerial travels to Britain with the Dillwyns, Coll. 986 box 12, diaries and manuscript books G-Z, HQSC, and minister/healer Mary Howell Swett's (ca. 1739–1821) Memorandum Book and Medicinal Remedies, 975 C, diaries and certificates, HQSC. Martha Routh (1743–1817) was an English itinerant Quaker minister and healer who lived in Burlington for a time and befriended Morris. Massillon Library, <http://www.massillonmemory.org/cocoon/kendal/viewobject.req> (Accessed September 15, 2012).

²⁹ Patricia Cleary, "She Will be in the Shop, Women's Sphere of Trade in Eighteenth-Century Philadelphia and New York," *Pennsylvania Magazine of History and Biography* 119, no. 3 (1995): 181–202. For a New England comparative, see Patricia Cleary, *Elizabeth Murray: A Woman's Pursuit of Independence in Eighteenth-century America* (Amherst: University of Massachusetts Press, 2000).

³⁰ Elizabeth Coates Paschall, *Recipe Book*, College of Physicians Philadelphia; Whitfield J. Bell, "Martha Brand (1755?—1814): An Early American Physician," *Journal of the History of Medicine* 33, no. 2 (1978): 218; Philadelphia Will Book, no. 5, 233; Smith, *Recollections*, 7. Even under the older guild system in England, women could occasionally inherit an apothecary practice from their husband or father.

Quaker girls like young Margaret Hill learned healing and business skills through formal Quaker schooling and informal studies in natural philosophy—the term for natural and physical sciences including medicine. Delaware Valley Quakers promoted basic female education, but some like Morris’ cousin Rebecca Jones taught girls skills that allowed them to excel in a variety of trades. Jones was single and supported herself and her Quaker ministry by teaching school. In an environment open to female entrepreneurship, Jones taught girls about compounding interest, brokerage, land and metallurgy measurements, and apothecaries’ terminology and conversions. The importance of women’s math and science-related business skills was evident after Margaret Hill Morris opened her practice during the American Revolution and asked her sister Sarah to assist with compounding medicinals. Sarah refused because she was not trained in apothecaries’ nomenclature, and she feared making medical errors. Morris acquired these skills, either from her Quaker school or from knowledgeable family members.”³¹

As a young woman, Margaret enhanced her education by participating in literary networks that included her friends Susanna Wright and the wealthy Anglican Elizabeth Graeme Ferguson, her cousin Hannah Griffitts, and her siblings Dr. Samuel and Hannah Hill Moore, Dr. Charles and Milcah Martha Hill Moore, and George and Sarah Hill Dillwyn. Scholars Karin Wulf and Catherine Blecki demonstrate that women in this web

³¹ Rebecca Jones (1739–1817), “Manuscript Arithmetic Book [for Her School],” 1766, Diaries and Manuscript Books, 968, box 12, HQSC; “Rebecca Jones,” *Dictionary of Quaker Biography* [looseleaf, n.p.], HQSC; Thomas Scharf and Thompson Westcott, *A History of Philadelphia*, vol. 2 (Philadelphia: L. H. Everts & Co., 1884), 1250–1; Wulf, *Not All Wives*, 13; Cleary, “She Will Be in the Shop,” 183; Sarah Fatherly, *Gentlewomen and Learned Ladies: Women and Elite Formation in Eighteenth-Century Philadelphia* (Bethlehem, PA: Lehigh University Press, 2008), 85–8; Margaret Hill Morris to Samuel Preston Moore and Hannah Hill Moore, March 23, 1779, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC.

of literati empowered themselves through literacy, writing, and exchanges of self-authored poetry and manuscripts.³² However, medical recipes, medicinal herbs, and healthcare advice and information also flowed through these oral and written networks, confirming healing authority along with female authorship. Margaret's close web of brothers and sisters also reinforces historian C. Dallett Hemphill's findings that colonial Euro-American "sibling relations offered an egalitarian space to soften the challenges of the larger patriarchal family and society," as well as supportive sites for individuals to try out new skills and gender roles.³³

The Morris family's case is particularly relevant, because Margaret's eldest siblings, Hannah and Dr. Samuel Preston Moore, served as parents for the younger Hill siblings. Margaret Hill Morris had additional Moore and Dillwyn siblings who were also effective medical role models. Margaret's sisters and brothers-in-law supplemented her schooling by teaching her the pharmaceutical and healing knowledge and the hands-on skills necessary for a successful healing practice. In addition, Margaret became comfortable interacting on an equal basis with her physician brothers and other doctors in their circle. This was later manifested in her confidence when collaborating with physicians or challenging their medical findings. Hemphill's model of sibling support systems that lasts throughout the lifespan is also salient; the Morris family continued to offer help and advice through letters even when the siblings were apart. For Margaret

³²Catherine L. Blecki and Karin A. Wulf, eds., *Milcah Martha Moore's Book: A Commonplace Book from Revolutionary America* (University Park: Pennsylvania State Press, 1997), 60–76.

³³C. Dallett Hemphill, *Siblings: Brothers and Sisters in American History* (New York: Oxford University Press, 2011), 6.

Morris, supportive social networks of medical and literary family and friends fostered her evolving sense of independent healing acumen.

“Doctor” Grenville Gets a Dose of Women Healers’ Physic

Margaret Hill shared letters and poetry with dry goods merchant William Morris of the prominent Anthony Morris family. After several years of courtship, she married him in 1758. William shared Margaret’s medical and literary interests, and they both supported the new charitable Pennsylvania Hospital.³⁴ Because William was a merchant who hawked imported goods to shops in the Pennsylvania backcountry, the couple was also concerned about a series of new taxes imposed by the British Parliament under the guidance of Prime Minister George Grenville, culminating in the Stamp Act. The act, which required that stamps purchased with hard currency be affixed to innumerable colonial documents, had far—reaching implications. In October of 1765, William Morris joined healer-merchant Elizabeth Coates Paschall and 400 business owners, including eight female shopkeepers, seven physicians, and fourteen apothecaries, in signing a nonimportation petition to protest the Stamp Act, declaring it “unconstitutional” as well as detrimental to trade.

As these men and women in the healthcare trades understood, the Parliamentary tax acts interfered with the business of medicine as well as other trades. The typical *Pennsylvania Gazette* announcement proclaiming, “Just imported . . . from London . . . by Isaac and Moses Bartram . . . a Fresh and Large assortment of drugs and medicines,” underlines the importance that apothecaries and other medical practitioners attached to

³⁴ Margaret Hill Morris to William Morris, n.d. ca. 1758, and January, 5 1759, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC.

open and affordable trade.³⁵ Although some Philadelphia merchants responded angrily to this direct tax enacted without American colonists' consent, some prominent Quakers were ambivalent because of their dependence on trade with British manufacturers and merchants. The petition signers kept their arguments simple. They maintained that the act increased the cost of imports, enlarged the province's debt to Great Britain, and decreased the availability of specie, curtailing the merchants' "ability to pay the duties imposed on us, much less to serve as a medium of our trade."³⁶ The petition also encouraged colonists to buy American products and to boycott British imports like tea and textiles.

The female merchants like Elizabeth Paschall who signed the petition supported ongoing boycotts in which women throughout the colonies were key participants. The public display of women's names on a political document ran counter to gender conventions that excluded women from the male public sphere, and this type of publicity was considered detrimental to female modesty. However, the precedent of Quaker women preaching in public may have made the document less shocking. Paschall and her fellow signers agreed on their "word of honour" that until the Stamp Act was repealed they would not import or export British goods.³⁷ Here Paschall asserted a type of honor usually reserved for men that invoked a man's integrity, rank, and "credit" or credibility

³⁵ See for example, *Pennsylvania Gazette*, November 1, 1764.

³⁶ "Non-Importation Agreement Signed by the Merchants of Philadelphia," October 25, 1765, Am 340, HSP; Norton, *Liberty's Daughters*, 160–9; Kerber, *Women of the Republic*, 37–9; Edmund and Helen Morgan, *The Stamp Act Crisis* (Chapel Hill: University of North Carolina Press, 1962); Benjamin Carp, *Rebels Rising* (New York: Oxford, 2007), 172–12. Despite their willingness to sign the petition, Thomas Doerflinger points to Philadelphia merchants' cautiousness regarding deteriorating relationships with Britain because of their close ties and dependency upon their British agents/suppliers. See Thomas Doerflinger, *A Vigorous Spirit of Enterprise: Merchants and Economic Development in Revolutionary Pennsylvania* (Chapel Hill: University of North Carolina Press, 1986), 188–192.

³⁷ "Non-Importation Agreement."

in legal, political, or economic transactions.³⁸ Quakers like Benjamin Lay and Morris' friend Anthony Benezet had instituted the idea of boycotts in their early teachings against slavery and the conspicuous consumption of Philadelphia's Quaker "grandees."³⁹ Morris and Paschall could invoke this earlier Quaker tradition of boycotts in their politicized economic protests against Parliament while remaining true to their religious testimonies of peace, simplicity, integrity, and equality.

Although some women participated in spinning, weaving, and home-manufactures demonstrations that were mere show, manuscript recipe books like those of Margaret Morris and Elizabeth Paschall validate that elite urban women used their recipes for home production of herbal teas, dyes, soaps, whitewash, pesticides, wines, and liquors, as well as medicinals. Women in Margaret Morris' medico-literary circle had exchanged healing recipes and parcels of herbs among their social networks for decades, but nonimportation added urgency and authority to these productions⁴⁰ The group also discussed the issues surrounding the Stamp Act and nonimportation. Morris' sister, Milcah Martha Moore, copied into her commonplace book a nonimportation poem

³⁸ Samuel Johnson, *A Dictionary of the English Language*, vols. 1 and 2 (London: J. Knapton, C. Hitch and L. Hawes, . . . and M. and T. Longman, 1756), 81, 88, 254, 314, 365; Joanne B. Freeman, *Affairs of Honor: National Politics in the New Republic* (New Haven, CT: Yale University Press, 2001), xx–xxi.

³⁹ For example, as early as the 1730s, Quaker mystic Benjamin Lay boycotted slaved-produced sugar and admonished Quakers to eschew luxuries like flashy clothing, expensive furniture, and carriages. During the mid-eighteenth century, John Woolman, Anthony Benezet, and Morris' brother-in-law George Dillwyn echoed these earlier sentiments. See chapter 3 and Jane E. Calvert, *Quaker Constitutionalism and the Political Thought of John Dickinson* (New York: Cambridge University Press, 2009), 157–60. See also Geoffrey Plank, *John Woolman's Path the Peaceable Kingdom: A Quaker in the British Empire* (Philadelphia: University of Pennsylvania Press, 2012); Thomas P. Slaughter, *The Beautiful Soul of John Woolman, Apostle of Abolition* (New York: Hill and Wang, 2008).

⁴⁰ See for example, Margaret Hill Morris to Hannah Hill Moore, September 1, 1767, Margaret Hill Morris to a sister, February 3, 1768, and Margaret Hill Morris to Milcah Martha Moore, August 12, 1769 in G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC; "Rect. For preserving Raspberry juice &c. from Mrs. Moore to Miss Suzy Wright, ca. 1770s," Misc. Society Collection, Recipes, Loc. 104, HSP.

penned by their cousin Hannah Griffiths that uses metaphors describing women healers and their remedies trumping those of physicians. This is not surprising, because Moore was herself a healing adept.

In her poem titled “The Female Patriots: Address’d to the Daughters of Liberty in America,” Griffiths encouraged women to demonstrate their patriotism by boycotting tea and dyeing their own cloth. While Griffiths’ admonitions are partly rhetorical, they had a material basis as well, because the women in her circle could reference their recipe books for home manufactures. In her poem, Griffiths encouraged the “Daughters of Liberty” to “nobly arise,” to participate in boycotts, and to “bid Grenville to see/that rather than Freedom we’ll part with our Tea.” She continues—

When this Homespun shall fail, to remonstrate our Grief
We can speak with the Tongue or scratch on a Leaf.
Refuse all their Colours, the richest of Dye,
The juice of a Berry- our Paint can supply . . .

And trust Me a Woman by honest Invention,
Might give this State Doctor a Dose of Prevention . . .
But a motive more worthy our patriot Pen,
Thus acting—we point out their Duty to Men . . .⁴¹

Griffiths used humorous medically themed metaphors to assert that women’s concerted boycotts would get the attention of British Prime Minister George Grenville, the Stamp Act’s author.

The dose of preventive medicine that these trusty political woman “healers” planned to give “Doctor” Grenville came in the form of an emetic, also called a “vomit.”

⁴¹ Blecki and Wulf, *Milcah Martha Moore’s Book*, 64–6. Kerber, *Women of the Republic*, 38. After the onset of war, they shared recipes because of shortages: “If an oppo.[rtunity] should offer, [I] shall be obliged for the rect. to dye cotton with red lead, the young woman who had the S.Pox in Town . . . told us of this method of dying [dyeing],” Margaret Hill Morris to Hannah Hill Moore, November 27, 1777, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC.

Griffitts toys poetically with the power relationships between inventive women healers, allegedly authoritative physicians, and the “degenerate” Philadelphia “Sons of Liberty,” who were not doing their duty in the cause of boycotts. Just as women healers could be trusted to prescribe the most effective medications, female patriots could be relied on to assert their liberties and to shame their menfolk into concerted actions against the Stamp Act. Griffitts was well acquainted with the inventive, assertive, and respected women healers in her literary network. The nonimportation movement allowed Quakers in the group to assert political views while remaining committed to pacifism and pursuing a mediated settlement with Britain. In addition, the movement provided opportunities for these women to hone their healing and pharmaceutical skills, which they could redeploy to earn income during the war.

Boston silversmith Paul Revere’s widely circulated medically themed political cartoon, “The able Doctor, or America Swallowing the Bitter Draught (1774) echoes and inverts Griffitt’s poetic representation.⁴² Revere depicted Britain as a quack doctor forcing the unwanted remedy of East India tea down America’s throat. Using a popular trope, Revere represented America as a recumbent nude American Indian woman, while a female robed Britannia powerlessly averts her gaze. In Griffitt’s poem, women healers are the active agents forcing the undesirable “vomit” down Grenville’s gullet. However, like the classic female representations in Revere’s cartoon, Morris and other elite pacifist Quaker women were powerless to prevent a war. As conflicts between the Continental Congress and Parliament increased, hopes of a peaceful resolution faded.

⁴² *The Able Doctor, or America Swallowing the Bitter Draught*, 1774, etching, PC1 – 5226, Library of Congress, Prints and Photographs Division, Washington, D.C.

Healers at the Crossroads of Revolution

Within a year of the Stamp Act's repeal, Morris' husband died suddenly, leaving her widowed after only eight years of marriage. The grieving Morris and her four children went to live at "Green Bank" in Burlington, New Jersey, with her sister Sarah and brother-in-law George Dillwyn, a prominent Quaker minister. She wrote, "My heart still bleeds and the wound remains unclosed."⁴³ Morris leaned on her Quaker faith to cope with her loss. Like Dillwyns and their colleague Anthony Benezet, Morris took part in a Quaker reform movement that challenged Friends to avow pacifism along with antislavery and the testimonies of equality, integrity, and simplicity. For Morris, the American Revolution was neither a glorious cause nor a rebellion against imperial Britain: it was pointless social confusion, and she longed for the day that the battling parties would be reunited. She prayed that Heaven "would interpose & spare the effusion of more blood."⁴⁴ In addition, the Quaker community was painfully fractured, dividing along a political continuum that included Free Quakers who eschewed pacifism and fought in the Revolution, reformist Quakers like Morris who avowed pacifist neutrality, and those who identified as loyalists to Great Britain. As Morris advised her sister in Philadelphia, "Things are low in a religious sense" for "we are a living People scattered"

⁴³ Margaret Hill Morris to Hannah Hill Moore, 8 February 1768, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC; "Wrote on the Death of Willm. Morris Junr.," Blecki and Wulf, *Milcah Martha Moore's Book*, 168–9.

⁴⁴ Margaret Hill Morris to Hannah Hill Moore, November 27, 1777, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC.

and seeking a “resting place from the Stormy Day.”⁴⁵ Morris’ devout Quaker beliefs and her pacifism informed her healing practice.

The Delaware Valley’s location as a military theatre of war from 1776 through 1779 and again in the war’s later phases had disastrous economic, personal, and health consequences for Quakers and other residents in the path of warfare. Communicable diseases, including smallpox, typhus, dysentery, and a variety of fevers, spread through both military and civilian populations. As Morris noted, “I never knew such a sickly time since I came to Burlington.”⁴⁶ The area’s numerous loyalists and “fence-sitters” created an atmosphere of civil war. American officials suspected pacifist Quakers like Morris of treason. Rioters vandalized her sister’s house, and other Quakers’ homes were looted. The Philadelphia Committee of Safety declared Morris’ friend apothecary Townsend Speakman “an enemy to his country and precluded from all trade” for “refusing to receive Bills of Credit emitted by the authority of Congress.”⁴⁷ For Speakman and other

⁴⁵ Jack Marietta, *The Reformation of American Quakerism, 1748–1783* (Philadelphia: University of Pennsylvania Press, 2007), 170–9; 276; Margaret Hill Morris to Hannah H. Moore, November 27, 1777, G. M. Howland MS Coll. 1000, box 7, folder 1, HQSC; Hannah Callender Sansom, *The Diary of Hannah Callender Sansom: Sense and Sensibility in the Age of the American Revolution*, eds. Susan E. Klepp and Karin Wulf (Ithaca, NY: Cornell University Press, 2010), 264–6.

⁴⁶ Margaret Hill Morris to Hannah Hill Moore, November 27, 1777, G. M. Howland MS Coll., box 4, folder 1, HQSC; Thomas Fleming, “Crossroads of the American Revolution,” in Barbara J. Mitnick, *New Jersey in the American Revolution* (New Brunswick, NJ: Rivergate Books, 2005), 1–14; David J. Fowler, ““These Were Troublesome Times Indeed’: Social and Economic Conditions in Revolutionary New Jersey,” in Barbara J. Mitnick, *New Jersey in the American Revolution* (New Brunswick, NJ: Rivergate Books, 2005), 15–30; Arthur J. Mekell, *The Relation of Quakers to the American Revolution* (Washington, DC: University Press of America, 1979), 173–88, 208–16; Mary C. Gillett, *The Army Medical Department, 1775–1818* (Washington, DC: Center for Military History, 1981); Larry R. Gerlach, *Prologue to Independence: New Jersey in the Coming of the American Revolution* (New Brunswick, NJ: Rutgers University Press, 1976); Charles Royster, *A Revolutionary People at War: The Continental Army and American Character, 1775–1783* (Chapel Hill: University of North Carolina Press, 1996), 164, 300; Stephen Wickes, *Medicine in New Jersey* (Newark, NJ: Martin Dennis, 1879), 63–9.

⁴⁷ Philadelphia Committee of Public Safety, “Townshend [sic.] Speakman as an enemy to his country and precluded from all trade or intercourse with the inhabitants of the Colonies,” *American Archives: Documents of the American Revolution*, Northern Illinois University, DeKalb, <http://lincoln.lib.niu.edu/cgi-bin/amarch/getdoc.pl?var/lib/philologic/databases/amarch/.14404>.

reformist Quakers, the bills were linked to violent warfare, and thus their use was contrary to Quakers' pacifist beliefs. In 1777, seventeen of Morris' prominent Quaker friends were arrested and imprisoned in Winchester, Virginia, on charges of treason. Writing to his sister from Winchester, merchant John Pemberton noted, "Besides the sword, & sickness which hath carried off multitudes, the want of Bread is like to prevail with many, sorrowful waste & devastation is made in many places—the Destroying worm hast wasted the Precious grain."⁴⁸ Along with shortages, Morris and other Burlingtonians faced shelling by Patriot gunboats and the confiscation of homes and household goods by Continental and British soldiers.

A local historian of Chester County to the west of Philadelphia recorded the difficulty that military physicians and surgeons had in procuring medicines for the Continental Army, noting that "articles of our indigenous flora, American senna and white-walnut bark being substances largely in demand."⁴⁹ Women healers, including American Indian women, would have been important sources for these botanicals. Dr. John Davis, who practiced on the outskirts of Philadelphia, "had all his medicines taken in order to replenish the army medicine chests of His Britannic Majesty."⁵⁰ In addition, physicians were less accessible to civilians on the home front as they joined the army or fled the conflict. The increased prevalence of diseases, the dearth of physicians, and shortages of medical supplies and staples made women's healing work and their

⁴⁸ John Pemberton to Sarah Zane, George Vaux Collection 1167, box 2, Parrish-Quary folder, HQSC; James D. Anderson, "Thomas Wharton, Exile in Virginia, 1777–1778," *The Virginia Magazine of History and Biography* 89, no. 4 (1981): 425–47.

⁴⁹ J. Smith Futhey and Gilbert Cope, *History of Chester County, PA with Genealogical & Biographical Sketches*, vol. 1 (Philadelphia: Louis H. Everts, 1881), 101–55.

⁵⁰ Futhey and Cope, *History of Chester County*, 106.

knowledge of local medicinal herbs particularly important in their war-torn communities.⁵¹

“I Treated Them According to Art”

Before the American Revolution, Morris and her sisters provided free healthcare to their extensive extended family as well as members of the community as part of their social roles as benevolent elite Quakers. As revolutionary warfare escalated in New Jersey, Morris treated soldiers and civilians affected by epidemics on both sides of the conflict. On June 14, 1777, Patriot gunboats cruising the Delaware shot at Morris’ home, thinking it was a Loyalist stronghold. Later in the day she noted in her diary, “Some sailors and their wives being sick, and no doctor in town . . . were told Mrs. Morris was a skillful woman, and kept medicines to give to the poor.” She added wryly, “And notwithstanding their late attempts to shoot my [son], they . . . begged me to come [and help them].” As Morris explained, “They were very ill with a fever . . . so I treated them according to art and they recovered”⁵²

In appreciation, one of the American sailors found out where Morris’ sister, Hannah, lived in Philadelphia. Hannah sent the sailor back to Burlington with “a bushel of salt, a jug of molasses, a bag of rice, some tea, coffee, and sugar” for Morris’s

⁵¹ In September 1782, the Pennsylvania legislature passed an act that allowed county commissioners to assess damages sustained by inhabitants at the hands of British troops. Confiscations were extensive, including livestock, crops, timber, liquor supplies, and household goods and destruction of property. See “Register of Damages for Chester County,” Chester County Historical Society; also noted in Futhey and Cope, *History of Chester County*, 104–8.

⁵² Margaret Morris, *Private Journal Kept During a Portion of the Revolutionary War, for the Amusement of a Sister*, John J. Smith, ed. (Philadelphia: Privately Printed, 1836), 23–5, 30–1; Margaret Hill Morris to Hannah Hill Moore via Dr. Samuel Preston Moore, n.d. ca. 1777, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

family.⁵³ In a chain of reciprocity, Morris' healing skills provided an unexpected windfall of necessities. Morris tearfully thanked the soldier and her "Heavenly Father" for the "seasonable supplies" and in turn "divided the bushel, and gave a pint to every poor person who came for it—having abundance left for our own use."⁵⁴ Morris viewed her experiences from a providential perspective, likening the episode to the biblical miracle story of Jesus feeding the hungry "multitude" with a few fish.⁵⁵ However, her experiences demonstrate that even "middling" and elite families felt the effects of the war-related scarcities of goods.

Ann Cooper Whitall also embodied Quaker pacifism when she treated both British-affiliated Hessian soldiers and American troops gratis. Whitall and her husband lived at "Red Bank," thirty miles south of Morris' "Green Bank" on the Delaware River. In October 1777, as Hessian troops advanced, Whitall remained in her home. According to romanticized local histories, she sat serenely spinning throughout the battle, even when a British cannonball exploded through a wall. After the battle, the Whitall house served as a military hospital where the indomitable Whitall provided herbal medicines and healing services for the hundreds of wounded American and Hessian troops.⁵⁶ Whitall

⁵³ Morris, *Private Journal*, 23–5, 30–1; Margaret Hill Morris to Hannah Hill Moore, HQSC.

⁵⁴ Morris, *Private Journal*, 23–5, 30–1; Margaret Hill Morris to Hannah Hill Moore, HQSC.

⁵⁵ Morris, *Private Journal*, 23–5, 30–1; Margaret Hill Morris to Hannah Hill Moore, HQSC. For the biblical miracle story, see Matt. 14:13–21 and John 6:1–14, King James Version.

⁵⁶ For Ann Cooper Whitall (1716–1797), see Joan N. Burstyn, ed., and Women's Project of New Jersey *Past and Promise: Lives of New Jersey Women*, (Syracuse, NY: Syracuse University Press, 1997), 38–40; Isabella George, Wallace McGeorge, and Gloucester County Historical Society, *Ann Whitall: The Heroine of Red Bank* (Woodbury, NJ: Gloucester County Historical Society, 1917); Hannah Whitall Smith, *John M. Whitall: The Story of his Life* (Philadelphia: Printed for the Family, 1879), 6–23; Benson J. Lossing, *The Pictorial Field-book of the Revolution*, vol. 2 (New York: Harper & Brothers, 1852), 289–91; François Jean Chastellux (Marquis de), *Travels in North America in the Years 1780-81-82*, trans. by an English Gentleman (New York: White, Gallaher, & White, 1827), 124–5. See also Ann Whitall, Diary, copied from a Library of Congress transcript owned by Miss Anne L. Nicholson of St. David's, PA, March 25, 1973,

considered her healing actions as part of her Quaker benevolence and pacifism, but her contributions could also garner pragmatic results. Both British and American troops would remember her benevolent healthcare work and might be inclined to spare her family from future violence or confiscation of goods.

“She Reacheth Out Her Hand to the Needy”

Women’s healing work could assert political allegiance as well as religious convictions and could extend from battlefields to urban homes where soldiers were quartered. Apothecary Christopher Marshall, the chairman of the Committee in Philadelphia for Sick Soldiers, noted in his diary that he placed wounded soldiers in private homes, where they were cared for by female family members, servants, or enslaved women. His anxious phrase, “Great numbers of sick soldiers arriving into the town” runs like a refrain in his diary in 1777, especially as the Continental army retreated from New Jersey.⁵⁷ Marshall later belatedly realized that he had “scarcely taken any notice of my wife’s employment,” noting how his wife Abigail had been “a faithful nurse and attendant.”⁵⁸ Like the “virtuous woman” of the oft-cited biblical passage in Proverbs chapter 31, Marshall applauded the way Abigail “reacheth out her hand to her needy friends and neighbors.”⁵⁹ Abigail Marshall’s healthcare works supported her family’s position as leading members of the “fighting Quaker” Patriot opposition to Great Britain.

Transcribed by Jo Ann Wright June 16, 2011, from the above-noted book in the collection of the Gloucester County Historical Society Library, Woodbury, NJ.
<http://www.rootsweb.ancestry.com/~njgchs/PDF/Whitall.pdf>. The typescript copy of her diary is in the Frank H. Stewart Collection, Savitz Library Gloucester County Historical Society.

⁵⁷ Christopher Marshall, *Extracts from the Diary of Christopher Marshall, 1774–1781*, ed. William Duane (Albany, NY: Joel Munsell, 1877), 107–8, 157–8.

⁵⁸ Marshall, *Diary of Christopher Marshall*, 107–8, 157–8.

⁵⁹ Marshall, *Diary of Christopher Marshall*, 107–8, 157–8.

After the disastrous Battle of Germantown on October 4, 1777, other Philadelphia women reached out to needy soldiers. As elite Quaker Deborah Norris Logan recounted, “wagons full of the wounded arrived in the city, who’s Groans and sufferings would be enough to move the most inhuman to pity.”⁶⁰ American troops sustained significant casualties, and hundreds of injured Americans waited in agony at the State House while British physicians first treated their own soldiers. According to Logan, “The street was filled with women of the city” bringing food and bandages to care for the wounded. When a British Officer laughingly reproached a woman for neglecting British officers, she replied, “Oh Sir . . . we cannot see our own Countrymen suffer, and not do something for them.”⁶¹ Another local history recounted that Christian Hensch’s wife died from typhus fever contracted “while on errands of mercy” caring for “invalid soldiers.”⁶² Although later histories romanticized women’s healing work, it could exact a deadly cost. When female healing adepts practiced their craft gratis, under risky conditions, they became links in chains of reciprocity that might make a political statement, assert religious benevolence, reinforce social capital, or, as in Margaret Morris’ case, provide an unlooked for windfall of food supplies and necessities.

Other healers like the widowed Irish immigrant Mary Watters and a “Mrs. Adams” worked as paid nurses in military hospitals. Some were able to overcome

⁶⁰ Deborah Logan (1761–1839) to John Fanning Watson, September 20, 1822, bound in John Fanning Watson, *Historical Collections*, pp. 145–6 in *Watson Family Papers*, HSP. I appreciate Professor Susan Klepp’s bringing this to my attention. In the early nineteenth century, Deborah Logan wrote her memoirs of the Revolutionary period based on her experiences and family documents. Watson included Logan’s writings in his *Annals of Philadelphia*, 1830.

⁶¹ Deborah Logan (1761–1839) to John Fanning Watson, *Watson Family Papers*, HSP.

⁶² Futhey and Cope, *History of Chester County, PA*, 101. Deborah Norris wrote to her friend Sally Wister, also noting hardship to the family when troops were billeted in private homes. See Deborah Norris [in Philadelphia] to Sally [Sarah Wister in North Wales] January 27, 1777, Eastwick Collection, 1746–1929, Mss. 974.811/EA 7, series I, box 3, APS.

ingrained stereotypes of hired nurses as bawds, drunkards, and thieves. In the summer of 1778, military chaplain Reverend James Sproat visited Mrs. Adams who served as Matron (supervising nurse) at the Yellow Springs Hospital west of Philadelphia. He wrote that he “Drank tea with the Matron and the doctors” was “Genteely treated” by “the matron Mrs. Adams.”⁶³ For some women, work as an army nurse might be a degrading necessity, but for those like Watters and Adams who were adept at social networking, it offered opportunities to advance their social positions. Mary Watters apparently met Dr. Benjamin Rush while serving as an army nurse. After the war, Rush commended Watters for her skills in the Proceedings of the College of Physicians. In his commonplace book, Rush described Watters’ postwar business strategies that flowed from her Revolutionary service.

As Rush recounted, Watters was “once sent for to prescribe for a lady in consumption, for her skill was known to many people.” However, “Before she went, she [Watters] found out whose patient this lady was.” After the woman complemented her, Watters said, “Indeed Madam I know nothing but what I learned from Dr. ____ (mentioning the name of the physician who attended her) in the military hospitals.”⁶⁴ As a shrewd entrepreneur, Watters simultaneously garnered Philadelphia

⁶³ John W. Jordan, “Extracts from the Journal of Rev. James Sproat, Hospital Chaplain of the Middle Department, 1778,” *The Pennsylvania Magazine of History and Biography* 27 (1903): 443–4, HSP; Alice Loxley, “Sustaining the Hospital: Food, Water, and Care during the American Revolution,” *Proceedings of the 2010 Association for Living History, Farm and Agricultural Museums*, ed. Carol Kennis Lopez (North Bloomfield, OH: Association for Living History, Farm and Agricultural Museums, 2011), 88–91. James Sproat, (1772–1793) was a Presbyterian minister appointed as a chaplain to hospitals in counties north and west of Philadelphia.

⁶⁴ Benjamin Rush, Letterbook, vol. 82, Y1 7262 F. v1, Rush Family Papers, HSP; George W. Corner, *The Autobiography of Benjamin Rush His Travels Through Life Together with His Commonplace Book for 1789–1813* (Princeton, NJ: Princeton University Press, 1948), 201; James Hennessey, *A History of the Roman Catholic Community in the United States* (New York: Oxford, 1983), 60.

physicians' approval while reminding patients of her own authoritative wartime healing experiences. It is important to note that Watters entered the patient's home to diagnose and prescribe a remedy for the woman's consumption, assuming the roles of doctress and apothecary, as well as nurse. She developed positive business relationships with Philadelphia physicians and ingratiated herself with prominent women like Quaker Elizabeth Drinker. In the 1780s, Drinker noted several times in her diary that "Nurse Waters [sic.]" visited with Dr. John Redman and took tea or dined.⁶⁵ By performing rituals of sociability, Adams and Watters were able to enact gentility, deflecting the negative associations with hired nurses.

Some women, like Quaker midwife Lydia Darragh, continued their usual practices amid warfare and the British occupation of Philadelphia. Darragh is remembered as a "heroine of the Revolution" for gathering and sharing intelligence in early December 1777 regarding a surprise British attack on General George Washington's troops, providing time for Washington to be on the offensive. In his 1830 *Annals of Philadelphia*, John F. Watson also noted that Darragh was a midwife "who assisted in increasing the census of the city more than any lady in her profession."⁶⁶ This role would have made Darragh privy to useful networks of military gossip. Philadelphians doubtlessly valued Darragh's wartime midwifery services as well as her

⁶⁵ Elaine Forman Crane, ed., *The Diary of Elizabeth Drinker*, vols. 2 and 3, (Boston: Northeastern University Press, 1991), 506, 513, 515, 517, 519, 521, 526, 530–2, 536, 544, 555, 584, 621, 624, 720, 1109, 1079.

⁶⁶ John Fanning Watson, *Annals of Philadelphia* (Philadelphia: E. L. Carey and Hart, 1830), 358, 613.

spying, and her healing work provided earnings during the vicissitudes of military occupation.⁶⁷

“Then with a Grave Face Prescribe”

Like numerous other healers who sought paid employment during the war, the widowed Morris needed to translate her medical knowledge into income to support her family. Persistent wartime economic instability and inflation continued to create financial problems for Morris. Although she held several properties in the Philadelphia area, Morris had difficulty collecting rents from lessees who also experienced financial reverses, which were further complicated by the British occupation. As was previously explained, Morris wrote to her sister Hannah that she hated to “sponge” off her wealthy merchant brother, Henry Hill, who ran the Philadelphia office of the family wine importing partnership, Lamar, Hill, and Bissett.⁶⁸ Morris desired financial independence.

Henry Hill’s choice to eschew pacifist Quaker principles and enlist in the military may have also influenced Morris’ desire not to be indebted to him.⁶⁹ Reformist Quakers like Morris had to tread carefully when planning worldly pursuits. As minister Samuel Fothergill admonished a Quaker physician, “an *anxious* pursuit of business in the medical

⁶⁷ For Lydia Darragh (1728–1789), also spelled Darrah or Darrach, see Henry Darrach (no relation), *Lydia Darragh, One of the Heroines of the Revolution* (Philadelphia: Moyer and Lotter for the City History Society of Philadelphia, 1915), 383, HSP; Watson, *Annals of Philadelphia*, 358, 613.

⁶⁸ Smith, ed., *Richard Hill*, xv–xvi; Hancock, “The Triumphs of Mercury,” 112–40.

⁶⁹ Henry Hill returned to Philadelphia from Madeira in 1763 and ran that branch of the family wine business. Despite his Quaker upbringing, he was a colonel in the 4th Pennsylvania Regiment during the Revolution, and he participated in the Pennsylvania Constitutional Convention. See John W. Jordan, ed. *Colonial and Revolutionary Families of Philadelphia*, vol. 1 (Baltimore: Genealogical Publishing Co., Inc. Reprint, 1978), 40–4; Smith, *Dr. Richard Hill*, xiv–xvii; Charles Penrose Keith, *The Provincial Councilors of Pennsylvania, who Held Office Between 1733–1776* (Trenton, NJ: W. S. Sharp, 1883), 30–3.

way is very unsuitable to our situation on the borders of eternity.”⁷⁰ With a sense of God’s peace, Morris opened a medical practice in her home in March of 1779. If Morris kept ledgers for her business, they are not extant. One can only discern the outlines of her practice through her letters, diaries, and medical recipe book. With a touch of humor, Morris told her sister Hannah that, as she had “long supplied many gratuitously,” she might as well charge for it now.⁷¹ She was pleased at the “custom” she attracted in this “first attempt at business,” and it appears that her previously nonpaying patients accepted the change. By 1780, Morris noted, “There is not a dose of physic to be got in this town without coming to me for it.” She added proudly, “I feel quite alert at the thoughts of doing something that may set me a little step above absolute dependence.”⁷² Clearly, Morris’ valued her economic autonomy.

Morris’ healing work encompassed a spectrum of roles that in the early twenty-first century we place in rigid categories regulated by the state licensure of physicians, nurses, nurse practitioners, nurse midwives, physicians’ assistants, nurses’ aides, and pharmacists. However, in the unregulated environment of North America during the 1770s and 1780s, Morris’ practice would have flowed seamlessly between these identities.⁷³ Nonetheless, to better understand the scope of Morris’ medical work I will examine separately her roles as “doctress,” nurse, and apothecary and compare them with other women healers in West Jersey and Philadelphia.

⁷⁰ Samuel Fothergill to Dr. Samuel Ritty, First Month [January] 8th 1761 in John Kendall, *Letters on Religious Subjects, Written by Divers Friends, Deceased* (Burlington, NJ: J. Rakestraw, 1805), 21, LCP.

⁷¹ Margaret Hill Morris to Hannah Hill Moore, February 5, 1778, G. M. Howland MS Coll. 1000, box 1, folder 4, HQSC.

⁷² Margaret Hill Morris to her brother-in-law Dr. Samuel Preston Moore, February 1, 1779, G. M. Howland MS Coll. 1000, box 1, folder 5, HQSC.

⁷³ Ulrich, *Midwife’s Tale*, 40. Maine midwife Martha Ballard also enacted multiple roles.

One aspect of Morris' practice was to diagnose medical conditions and to prescribe either pharmaceuticals or alterations in the patient's lifestyle, including changes in diet, exercise, and access to fresh air. Patients consulted doctress Morris in the room that housed her apothecary bookcase, but her practice spaces were also flexible. Once in the midst of a Quaker meeting Morris urgently bled an acutely ill woman "on the spot," which apparently relieved the patient "considerably."⁷⁴ At another time, she was "called in after meeting" to examine a young woman who had a film growing over her eye. Morris explained to her healing adept sister, Hannah, "I directed Molasses to be dropt in at Night, & and to take a dose of Rhubarb." She added facetiously, "It was rec'd. as Gospel, & the sale of the Rhubarb may pay for heeltaps."⁷⁵ Like her physician counterparts, Morris also visited clients in their homes. Morris' grandson remembers her making house calls in a borrowed carriage, appropriating this symbol of physicians' status and authority along with the lancet for therapeutic bleeding.⁷⁶ Sometimes Morris stayed overnight to monitor an acutely ill patient. In one instance, she stayed with a patient to titrate and administer the dosage of the cinchona bark she prescribed to treat the

⁷⁴ Smith, *Recollections*, 242. In June 1778, Methodist minister Freeborn Garrettson recorded being attacked and beaten for preaching in Delaware without a license. He "lay on the ground in an insensible state." He was "taken to a house near by and [was] bled by a doctress, who just then passing by, and who carried her lancet when called out. This restored him to his senses." See John Lednum, *The Rise of Methodism in America: Sketches of Methodist Itinerant Preachers from 1736 to 1785* (Bedford, MA: Applewood Books, 1859), 214–5.

⁷⁵ Margaret Hill Morris to Samuel Preston Moore and Hannah Hill Moore, March 23, 1779, box 7, folder 1, G. M. Howland MS Coll. 1000, HQSC.

⁷⁶ Physician-author Tobias Smollett humorously explains the carriage as a well-known symbol of physician's authority in *The Adventures of Ferdinand Count Fathom*, vol. 2 (London: Cooke, 1753), 109–10: "[Dr. Fathom] resolving to make his first medical appearance in London with some éclat, he not only purchased an old chariot [carriage], which was new painted for the purpose, but likewise hired a footman . . . in order to distinguish himself from the common run of his brethren . . . This equipage, though much more expensive than his finances could bear, he found absolutely necessary . . . so that a walking physician was considered as an obscure pedlar [sic.] . . ."

woman's remitting fever. Apparently, Morris did not like this family, and she hesitated to make the house call because of previous negative encounters. As she told her sister, "I am not fond of works of Supererogation [showy good works] and did not offer to set up with JB's wife." However, he "intreated me to come . . . to watch the going off of the fever to give her the bark . . . [and] I went without expecting any reward," But, she exclaimed, "behold he . . . [paid me with] a Chest of fresh imported medicines."⁷⁷ Apothecary and dry goods stores sold medicine chests for families or for practitioners, but with the Revolution's shipping disruptions the chest was a scarce and valuable commodity. Morris cited other barter payments in letters to her sisters, including a tea set, a bushel of potatoes, and baskets of turnips and eggs.⁷⁸

However, in the absence of a business receipt book, it is difficult to assess Morris' income from bartered goods or cash paid for her medicinals and medical care. Perhaps this is not surprising, since few physicians' ledgers are extant from the mid-to-late eighteenth century. Morris' friends Drs. Thomas and Phineas Bond did leave behind a rare co-partnership ledger. In the 1760s, the Bonds averaged one to £2 sterling for an overnight house call and approximately £1 for an obstetrical delivery. They provided services on credit that at times were not settled "by cash in full" for years.⁷⁹ Like physicians and female shopkeepers, women healers may have also kept either written or

⁷⁷ Margaret Hill Morris to Hannah Hill Moore (n.d. November, ca. early 1780s), G. M. Howland MS Coll. 1000, box 1, folder 2, HQSC.

⁷⁸ Margaret Hill Morris to Hannah Hill Moore (n.d. ca. late 1770s), G. M. Howland MS Coll. 1000, box 7, folder 5; Margaret Hill Morris to Hannah Hill Moore, March 26, 1780, G. M. Howland MS Coll. 1000, box 7, folder 2; and Margaret Hill Morris to Milcah Martha Moore, 1784, Edward Wanton Smith Collection 95, box 6, folder 1, HQSC.

⁷⁹ Thomas and Phineas Bond Co-Partnership Ledger, 1751–1770, vol. 4, Z10/1, College of Physicians Philadelphia.

remembered credit and debit accounts that might be collected for cash, barter, or exchange of services. In her analysis of Maine frontier midwife Martha Ballard's post-Revolutionary diary, historian Laurel Thatcher Ulrich found that Ballard accepted both cash and bartered goods, and she suggests that Ballard charged less than local physicians. Ballard's average fee for a delivery was six shillings, whereas a standard Hallowell physician's fee was £1 or even a guinea.⁸⁰ Morris did not leave behind financial accounts like Ballard, nor did she practice midwifery, but it is clear from her letters that she was satisfied with her practice that set her "above absolute dependence."⁸¹

Morris's "doctress" role overlapped with the provision of personal nursing services. Women healers may have been more likely than physicians to nurse patients, as it was typical for women to provide this service to family members and kin during illnesses. For example, Morris treated "Mr. C." for a serious illness, and he credited her with saving his life. During his convalescence, he called on Morris for nursing as well. As Morris commented to a sister, "When others try to get him out of bed he cries out I'm too weak, then they send for me, & I warm the gown & tell him it is time for him to set in the Chair & he never refuses." She added, "And all the while I stay he is wishing . . .

⁸⁰ Ulrich, *Midwife's Tale*, 69–70; 197–9. It appears that Ballard also accepted credit from some patients. For example, "Isaac Hardin had 1 oz. of Burn Salv. Price 1/which is not paid." There is no evidence that Morris practiced the specialty of midwifery, but she appears to have been called as an adjunct attendant during deliveries. The Bonds charged between £1 and £2 for a house call and various prices for medications. When John Morgan returned to Philadelphia from his British medical education to start a medical school, he recommended that physicians charge a guinea for a house call. In the 1750s, a German apothecary in London noted that apothecaries charged less than physicians who "ask for 2 guineas for every visit and 1 guinea for a prescription." Secretary Albinus, Reply to Heinrich M. Muhlenberg, October 20, 1754, cited in Renate Wilson, *Pious Traders in Medicine: A German Pharmaceutical Network in Eighteenth-Century America* (University Park: Pennsylvania State University Press, 2000), 120.

⁸¹ Morris was called in as an expert assistant in childbirths but apparently did not practice midwifery. See for example, Margaret Hill Morris to Milcah Martha 1784, 955 Edward Wanton Smith Collection, box 6, HQSC.

[me] Blessings & Comforts.”⁸² Morris also cared for patients in her home as they convalesced after smallpox inoculations, which was becoming a profitable business as more advanced methods increased the safety of the practice.⁸³ Postinoculation care was a new twist on women’s age-old practice of keeping boarders. Historian Ellen Hartigan O’Connor notes that female tavern keepers in Providence, Rhode Island, occasionally charged for nursing and medical care, either provided by the landlady or outsourced to local practitioners.⁸⁴ Philadelphia doctress, Martha Brand, was a cancer specialist who also diagnosed, treated, and cared for sick patient in her home.⁸⁵ Deploying their domestic nursing skills for pay could be a component of elite and middling free women’s economic strategies.

In an extension of her nursing role, Morris supported patients facing death. She had been treating a patient with a terminal case of dropsy when some family members became alarmed and called in the prominent consulting physician, John Jones from Philadelphia. Although Morris had excellent relationships with a number of doctors in the greater Philadelphia area, including her brothers-in-law, she apparently had little patience with the pompous Dr. Jones. As she wrote to a sister, “Dr. Jones is come—& there is to be a grand Consultation this afternoon about our poor neighbor.” However, she confided, “I doubt if its in the power of Med[icine] to save him—the Dropsical symptoms advance

⁸² Margaret Hill Morris to Hannah Hill Moore, n.d. ca. early 1780s, G. M. Howland MS Coll. 1000, box 7, folder 5, HQSC.

⁸³ For inoculation, see Smith, *Recollections*, 242; David Van Zwanberg, “The Suttons and the Business of Inoculation,” *Medical History* 22 (1978): 71–82; Annette Gordon-Reed, *The Hemingses of Monticello: An American Family* (New York: Norton, 2008), 215–22.

⁸⁴ Hartigan-O’Connor, *The Ties That Buy*, 44. She also notes medicinal exchanges between women, 145, 192.

⁸⁵ Bell, “Martha Brand,” 218. For more on Brand, see chapter 7.

fast upon him.”⁸⁶ When Jones returned to Philadelphia without fully explaining the gravity of the man’s condition, Morris was left to inform the patient that his case was terminal and to talk about the “Comforts that await a weary traveler when the journey is at an end.”⁸⁷ Morris’ compassionate provision of end-of-life care placed her in a position of authority as she presided over this final life stage.

Good Advice and a Profusion of Proprietary Medicines

Whether they provided nursing care, medical diagnoses, or minor surgical procedures, female healers like Morris usually met their patients’ expectations by prescribing and administering a medication. As historian Harold Cook points out, the emphasis on physicians’ providing “good advice and a little medicine” shifted over the course of the eighteenth century to focus more on the predominance of the medication over the advice as medicine became more commercialized.⁸⁸ It is not surprising that Morris described her practice as both a medical business and an apothecary shop. With a profusion of self-help pharmaceuticals available, informed and opinionated patients sought additional advice from skilled practitioners, often after having tried self-diagnosing and prescribing. Patients’ assertions of medical knowledge challenged physicians’ authority and leveled the playing field for nonphysician healers. It is difficult to disentangle the commerce in self-help pharmaceuticals and trade in popular medical print that advocated “do-it-yourself doctoring.” As we have seen, Morris consulted William Buchan’s best-selling *Domestic Medicine*, and she appropriated remedies from

⁸⁶ Margaret Hill Morris to Hannah Hill Moore, June 2, 1787, box 7, G. M. Howland MS Coll. 1000, HQSC.

⁸⁷ Margaret Hill Morris to Hannah Hill Moore, June 2, 1787, box 7, G. M. Howland MS Coll. 1000, HQSC.

⁸⁸ Cook, “Good Advice,” 1–31. Cook quotes William Shakespeare, “With good advice and little medicine. My Lord Northumberland will soon be cool’d,” *History of Henry IV*, part 2, act 3, scene 1.

other manuals like William Salmon's classic *English Herbal*. She was also a member of the Library Company of Burlington and had access to its medical and scientific collections. In addition to her brothers-in-law's scholarly medical tomes, she could consult a variety of print as well as personal sources for medical information.⁸⁹

Women consumed self-help medical print and occasionally authored publications. For example, the Library Companies of Burlington and Philadelphia held copies of Eliza Smith's popular household manual, *The Compleat Housewife*. Smith's book is remembered for its cooking recipes, but it also contains more than 300 complex medical remedies, including "secret" recipes for proprietary medicines. This woman-authored manual appealed to a literate white female audience, and its "proven" healing remedies appear to be drawn from a woman's medical recipe book. According to Smith, a woman's medical knowledge could increase her social capital and generate needed income. Smith explained that her medical recipes were for families and "publick-spirited Gentlewomen as would be beneficent to their poor neighbors" who in turn gain the poor's "Good will and wishes" as well as a reward in the life to come.⁹⁰ However, Smith made it clear that her book could also be used as a "how-to" manual for the aspiring doctress and apothecary. She noted, "I communicated [the recipes] to a Friend [who] procured a very handsome Livelihood."⁹¹ Smith's *Compleat Housewife* demonstrates the blurry lines between healing as a benevolent enterprise and as a paid business, as well as the intertwined nature of the medical print and self-help pharmaceutical markets.

⁸⁹ William Salmon, *Botanologia: The English Herbal* (London: I. Dawks, for H. Rhodes, 1710), University of Pennsylvania Rare Books and MS; Anita Schorsch, "A Library in America" (PhD diss., Princeton University, 1986), 52.

⁹⁰ Eliza Smith, "Preface," *The Compleat Housewife* (London: J. Buckland, 1766), LCP.

⁹¹ Smith, "Preface," *Compleat Housewife*.

The sale of homegrown and processed medicines engendered low upfront costs, allowing women of various classes and ethnicities to earn income by meeting consumer demand. Burlington and Philadelphia women of the “lower and middling sort” who sold pharmaceuticals are difficult to recover in the historical record, but they were well known to their communities. Burlington residents “Widow Barker,” Mrs. Shaw, Mrs. Elton, and Mary Harris vended healing herbs, medicinal waters, patent medicines, and salves out of their homes, door-to-door, or as hucksters. For example, elite Burlingtonian Mary Bard Campbell noted in her memorandum book that she purchased a half of a pound of Carolina Pink Root from Mary Harris for five shillings.⁹² This attractive flowering plant was also known as Wormgrass, because it was a standard remedy for intestinal worms, an infestation that caused particular morbidity in children.

Margaret Morris worked in cooperation with Burlington’s female pharmaceutical vendors. For example, Morris encouraged an unnamed fellow healer to charge more for her proprietary salve, arguing that the healer “undervalued” her remedy, “by setting so low a price as 2 shillings.” Morris quipped, “I’d cheerfully pay 15!”⁹³ In Burlington’s face-to-face community, Morris may have known the Lenape healer and herb-seller Hannah Freeman during Freeman’s sojourn in the Burlington area.⁹⁴ Women healers deployed their pharmaceutical knowledge in these informal economic networks.

⁹² Mary Bard Campbell, Memorandum Book, C1394, Princeton University Rare Books and Manuscripts Collection.

⁹³ Margaret Hill Morris to Hannah Hill Moore, February 5, 1778; Martha Ballard charged £1 for her burn salve, see fn 46.

⁹⁴ As was explained in chapter 2, Hannah Freeman spent most of her life in Chester County, Pennsylvania, but after the 1763 massacre at Conestoga Indian Town, she lived for seven years with distant “Jersey Indian” kin. See also Marshall Becker, “Hannah Freeman: An Eighteenth-Century Lenape Living and Working Among Colonial Farmers,” *The Pennsylvania Magazine of History and Biography* 114, no. 2 (1990): 249–69; Amy C. Schutt, *Peoples of the River Valleys: The Odyssey of the Delaware Indians*

Morris home processed a number of medicinals, harvesting herbs from her garden and distilling medicines in her alembic. Her garden and kitchen were both pharmaceutical and culinary spaces, making the medical aspect of her work less visible to historians. Creating medicines required skills in chemistry and botany, and it allowed women to produce novel scientific knowledge and products. However, sometimes kitchen chemistry spilled over into other work of the home. Morris apologized to her sister Hannah for sending a foul-smelling letter. According to Morris, “Son John [and I] had been making musk julep for [Neighbor] Carey, on the Counter where my paper laid and scented it.”⁹⁵ Morris may have gotten the recipe from Buchan’s *Domestic Medicine*, as he recommended it for a variety of “nervous fevers” and “spasmodic affections.”⁹⁶ Morris had apprenticed her son John to his uncle Dr. Charles Moore in Montgomery, northwest of Philadelphia, in part to hide this able-bodied youth from military recruiting officers. Morris relished John’s stealthy visits home, where “the business of an Apothecary be still carried on by a diligent apprentice, & watchful Mother.”⁹⁷ Morris’ kitchen was a site of medical education as well as medicinal production.

Morris’ medical recipe book and letters demonstrate that she purchased imported pharmaceuticals to supplement her local herbs. For example, her Musk Julep recipe

(Philadelphia: University of Pennsylvania Press, 2007), 81, Dawn Marsh Riggs, “She Considered Herself Queen of the Whole Neighborhood: Hannah Freeman, Lenape Sovereignty and Penn’s Peaceable Kingdom,” ed., Joy Porter, *Place and Native American History and Culture* (Bern, Switzerland: Peter Lang, 2007); Ulrich notes that an itinerant “Negro doctress” was patronized by residents of Hallowell, Maine, in the 1790s in Ulrich’s *Midwife’s Tale*, 49–53.

⁹⁵ Margaret Hill Morris to Hannah Hill Moore, n.d., ca. early 1780s, box 7, folder 5, G. M. Howland MS Coll. 1000, HQSC.

⁹⁶ Buchan, *Domestic Medicine*, 711.

⁹⁷ Margaret Hill Morris to Hannah Hill Moore ca. 1780 and Margaret Hill Morris to Hannah Hill Moore via Dr. Samuel Preston Moore, May 16, 1782, G. M. Howland MS Coll. 1000, box 7, folder 4, HQSC.

required store-bought musk, a malodorous substance extracted from the gland of an Asian Musk Deer. Morris traded with Philadelphia Quaker apothecary Townsend Speakman, whose avowed pacifism likely made his business more popular with reformist Quakers than that of “fighting Quaker” apothecaries Christopher Marshall & Son’s. Moreover, as Morris noted, Speakman’s prices were cheaper than Marshall’s, and he granted credit. Morris planned to send a list to Speakman to “add to my shop by a little at a time.”⁹⁸ Speakman had managed to avoid imprisonment for his treasonous refusal to accept Continental currency based on his Quaker beliefs that linked the currency to war. His religious principles that required payment in specie also made good business sense as Continental currency rapidly depreciated.

Morris recorded her efforts to find cash to pay off her apothecary bills, noting “I think upon the whole I had best buy this list of Meds. with hard money—as the sum in Dr. Br[other] M[oore]’s hand will clear my last year’s score for wood.”⁹⁹ Morris relied on her brother to obtain cash to pay her apothecary bill. Morris hoped to have the same credit arrangement with apothecary Isaac Bartram: credit granted up front with a promise to pay cash later. However, apparently he insisted on cash payments. In response to a package of medicine that her sister sent from Philadelphia, Morris grumbled, “I’m sorry thee paid for the medicines . . . as I’ve dealt so much with Bartram, he might have let

⁹⁸ Margaret Hill Morris to Hannah Hill Moore, February 5, 1778, box 1, folder 4, and Margaret Hill Morris to Hannah Hill Moore, May 7th 1781: “I enclose 7/6. Please to send me a pound & half of Glauber’s Salt, from Speakmans, he sells for 5/—the others ask 6/,” G. M. Howland MS Coll. 1000.

⁹⁹ Margaret Hill Morris to Samuel P. Moore, February 1, 1779 and Margaret Hill Morris to Hannah Hill Moore ca. 1780s, G. M. Howland MS Coll. 1000, box 1, folders 4 and 5, HQSC.

them come without the money.”¹⁰⁰ Bartram and Speakman linked Morris to transatlantic networks of pharmaceutical credit, but they also kept her tied to the uncertainties of wartime currency in Philadelphia.

Morris participated in the interdependent economic channels that connected to Thomas Corbyn’s London pharmaceutical manufactory and wholesale distribution center. Corbyn was a member of the Society of Friends and was particularly well connected with transatlantic Quaker merchant networks. Along with Speakman, Corbyn supplied other Philadelphia apothecaries, including the Marshalls, Esther White, and Isaac and Moses Bartram.¹⁰¹ However, Corbyn faced competition from an established drug manufactory in Halle, Brandenburg-Prussia. The prominent Pennsylvania German Lutheran minister Heinrich Melchior Muhlenberg and his wife Anna Maria imported medications from Halle, which sold to parishioners to earn needed income. Anna Maria Wiser Muhlenberg processed the raw ingredients to create the medicinal compounds, and she sold pharmaceuticals and self-help medicine chests. She vended medicines out of her home in Trappe and later in Philadelphia.¹⁰² Anna Maria kept a separate account book and likely paid for the wholesale preparations out of her own substantial inheritance. Both Corbyn and the Halle manufactory were affected by shipping disruptions caused by the American Revolutionary warfare. Morris and Anna Maria Muhlenberg formed part of the person-to-

¹⁰⁰ Margaret Hill Morris to Hannah Hill Moore, June 2, 1787, G. M. Howland MS Coll. 1000, box 7, HQSC.

¹⁰¹ Thomas Corbyn, Business Ledger, MS 5442, Wellcome Library; Roy and Dorothy Porter, “The Rise of the English Drug Industry: The Role of Thomas Corbyn,” *Medical History* 33 (1989): 277–95; Richard Palmer, “Thomas Corbyn,” *Medical History* 33 (1989): 371–6; Jacob Price, “The Great Quaker Business Families of Eighteenth-Century London” in *The World of William Penn*, eds., Richard S. and Mary M. Dunn (Philadelphia: University of Pennsylvania Press, 1986), 363–90.

¹⁰² Wilson, *Pious Traders*, 129–63; Lisa Minardi, *Pastors and Patriots: The Muhlenberg Family of Pennsylvania* (Kutztown, PA: The Pennsylvania German Society, 2011), 23.

person sales force linked to transatlantic economic supply chains that kept these businesses afloat during the economic downturns.

Some women specialized as apothecaries, but like Morris, they also would have offered medical diagnoses and advice along with medicinal sales. As historian Patrick Wallis argues, apothecaries were one of the first retail businesses to develop innovative marketing strategies.¹⁰³ Female as well as male apothecaries advertised in newspapers and broadsides. They made extravagant claims regarding the efficacy and safety of their remedies, backed up by patient testimonials. Of course, in an unregulated market, their products might well be unsafe and ineffective. Proprietors created distinctive packaging and installed bow-front leaded glass shop windows to display richly decorated majolica and Delftware apothecaries' jars to entice customers into their shops. Morris recorded purchasing a glass-front apothecaries' cabinet in 1782.¹⁰⁴ Apothecaries Esther White and Elizabeth Weed hawked their shops and goods in Philadelphia newspapers.

Before the Revolution, Elizabeth Weed and her husband, George, ran an apothecary shop out of the first floor of their home on Front and Arch Streets.¹⁰⁵ After the onset of the British occupation in October 1777, Elizabeth Weed announced "Dr." George Weed's death in *The Pennsylvania Evening Post*, declaring that she would carry

¹⁰³ Patrick Wallis, "Consumption, Retailing, and Medicine in Early Modern London," *The Economic History Review* 61, no. 1 (2008): 26–53; James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, NJ: Princeton University Press, 1961), 3–15.

¹⁰⁴ Wallis, "Consumption, Retailing, and Medicine," 26–53; John Morris, Jr. to Margaret Hill Morris, September 17, 1782, G. M. Howland MS Coll. 1000, box 7, folder 4, HQSC.

¹⁰⁵ See Pennsylvania Archives, Marriages, <http://usgwarchives.net/pa/1pa/paarchivesseries/series2/vol2/pass2-09.html>; Weed genealogy, <http://genforum.genealogy.com/weed/all.html>. They married on January 12, 1768. Elizabeth Deliplin [Delaplaine] married William Dickinson on October 11, 1755, at Gloria Dei Church. See Park M'Farland, Jr., *Marriage Records of Gloria Dei Church, "Old Swedes," Philadelphia* (Philadelphia: M'Farland & Son, 1879), 17.

on her late husband's apothecary practice. Elizabeth Weed advised customers that as "she has his receipts, and been employed these several years past in preparing them herself, she intends still to continue them for the use of the public."¹⁰⁶ For a woman to continue her husband's apothecary business was not unusual in Europe and England under the guild system or the unregulated British colonies. For example, two years before the war, a Philadelphia German language newspaper advertised the "Gold tincture to be sold by the widow of Augustus Schubart."¹⁰⁷ Like Mrs. Schubart, the Widow Weed assured readers that despite her husband's demise, they could "depend on being supplied" as usual with "patent and shop medicines, ointments, and salves." Weed particularly touted the shop's bestselling preparations that included "the Royal Balsam, the Bitter Tincture, the Essence of Tar &c. &c."¹⁰⁸ Elizabeth Weed clarified for patients that she had the expertise to compound the medicines and provide medical advice. Weed appropriated her husband's medical and economic authority while asserting her own.

The widow Weed faced uncertain economic times during the British occupation of Philadelphia. In a column adjacent to Weed's announcement, the *Evening Post* chronicled British General William Howe's triumphal entry into Philadelphia and the defeat of General George Washington's Continentals at Germantown, while others publicized business closures and partnership dissolutions. The occupation disrupted businesses, markets, and monetary systems. Prices for staples like salt, sugar, coffee, and

¹⁰⁶ *Pennsylvania Evening Post*, (Philadelphia), October 11, 1777.

¹⁰⁷ *Der Wochentliche Pennsylvanische Staatsbote* (Philadelphia), January 19, 1773, LCP. For examples of English and European widows who practiced pharmacy under the guild systems, see Glenn Sonnedecker, *Kremers and Urdang's History of Pharmacy* (Madison, WI: American Institute for the History of Pharmacy, 1976), 68, 85–94, 102–115.

¹⁰⁸ *Pennsylvania Evening Post*, (Philadelphia), October 11, 1777. I appreciate Aaron Sullivan bringing this advertisement to my attention. The British occupied Philadelphia from September 26, 1777–June 1778.

flour had increased by a factor of six earlier in the year and had more than doubled again in the fall of 1777.¹⁰⁹ Howe announced that the occupiers had ceased printing Continental currency, and it quickly lost value. Some non-Quaker as well as Quaker shopkeepers demanded payment in scarce specie. Within a few months, ships from British ports ran the Patriot blockade, and Philadelphia's remaining merchants were able to restock their shelves, providing more merchandise for consumers. Inflated prices for pharmaceuticals and decreased access to the care of absconded physicians made affordable women healers' advice and self-help pharmaceuticals particularly desirable. If she could successfully sell her goods at inflated prices, Elizabeth Weed could potentially profit from the occupation.

However, Weed faced stiff competition from other drug suppliers. Apothecary William Smith's *Evening Post* advertisement assured customers that despite regime change, "they may still be supplied with all kinds of DRUGS AND MEDICINES as usual at his shop . . . on reasonable terms" with punctual delivery if needed.¹¹⁰ A few months later, Smith took advantage of the confusion of occupation and commandeered a shop abandoned by a Whig merchant in a better location in the city. Dry goods shopkeeper Nicholas Brooks enticed readers to buy "DR. RYAN'S incomparable WORM DESTROYING SUGAR PLUMBS, necessary to be kept by all families."

¹⁰⁹ Willard O. Mishoff, "Business in Philadelphia during the British Occupation, 1777–1778," *The Pennsylvania Magazine of History and Biography* 61, no. 2 (1937); Scharf and Westcott, *History of Philadelphia*, 8, 98. Scharf and Westcott note that in the early phase of the occupation, "The Philadelphians, accustomed to good living . . . suffered from the scarcity of provisions. Then hard money was exceedingly rare and paper money was worthless. Indeed, it had depreciated to such an extent before the arrival of the British that silk sold at one hundred dollars per yard, and tea commanded fifty and sixty dollars per pound." But over the course of the occupation, "if prices remained high, merchandise of every kind was not wanting."

¹¹⁰ *Pennsylvania Evening Post*, October 11, 1777.

Although a shopkeeper, Brooks considered himself a healing adept, noting that he had “cured a great many children of whooping or chin coughs, and agues.”¹¹¹ Below this advertisement, “Dr.” Anthony Yeldall, “well known for his travels through most of the United States,” offered consultations at his shop, at patients’ homes, or by post. Yeldall’s marketing strategies included entertaining audiences with his clown Merry Andrew, offering medicines gratis to the poor on Mondays, and grandiosely labeling his shop as a “medicinal warehouse.”¹¹² It is possible that Yeldall’s use of the term “United States” was provocative to the British occupiers, but his opium prescriptions dulled the pain of the occupation for both British and colonials. Elizabeth Weed had to rely on her sales experiences to differentiate her products and to market her pharmaceuticals in this competitive business environment. She intertwined her husband’s medical and economic reputation with her own formidable abilities.

Despite business competition and wartime economic vicissitudes, women like Weed and Morris developed respected practices. Both kept their shops open throughout the war, and patients demonstrated their approbation by patronizing their businesses. After her marriage to carpenter Thomas Neville in 1779, Elizabeth Weed Neville’s name was juxtaposed to Thomas’ in Philadelphia city directories as a proprietor who “prepares medicines against the ague &c.,” and she continued to advertise in newspapers. However, that same year, *The Pennsylvania Packet* announced that a competitor “Mrs. Kayser had a safe and peculiar method for the cure of the fever and ague . . . and she has great

¹¹¹ *Pennsylvania Evening Post*, October 11, 1777.

¹¹² *Pennsylvania Evening Post*, October 11, 1777; Rosenberg, Helfand, and Green, “Every Man His Own Doctor,” 26; Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in 18th c. British Consultation Letters* (Amsterdam: Rodopi, 2006).

pleasure in the general way of Physic and Surgery.”¹¹³ Nevell and Kaiser’s advertisements represent only a fraction of actual practitioners who, like Margaret Morris, promoted their practices through word of mouth within their healing and interpersonal networks.

Mary Watters used her successes as a military nurse and contacts with physicians like Benjamin Rush to legitimize her postwar practice, self-identifying as a doctress and apothecary in city directories. Patients also continued to seek Morris’ advice in her home business and at public sites like the Quaker Meetinghouse. For example, a woman consulted Morris after Meeting regarding her sick son. Morris returned home and found a remedy that her sister Milcah Martha Moore had sent her, and the woman later expressed appreciation for Morris’ successful cure.¹¹⁴ Neville, Watters, and Morris deployed differing marketing strategies, including printed advertisements and word-of-mouth endorsements, and their diverse business sites encompassed a formal apothecary shop practice, drug sales in a print shop, and a home-based medical practice. Nonetheless, they all developed healing and economic authority through their creditable medical work.

Physicians as well as patients recognized women healers’ expertise. Like Watters, Morris won the esteem of Benjamin Rush as well as other prominent physicians, including Samuel Powel Griffitts, Thomas and Phineas Bond, and even the imperious John Jones. In a 1781 letter, Dr. Jones wrote to a patient, confirming that the man’s medical condition had been “very sensibly penned by Mrs. Morris.” Morris had written this well-respected university-trained physician, whose patients included George

¹¹³ *Pennsylvania Packet; or, The General Advertiser*, September 11, 1779.

¹¹⁴ Margaret Hill Morris to Hannah Hill Moore, ca. late 1780s, G. M. Howland MS Coll. 1000, box 1, folder 6, HQSC.

Washington and Benjamin Franklin. Despite his credentials, Morris confidently questioned Jones' diagnosis. In response, Jones grudgingly admitted, "It is very possible that I may have mistaken the nature of your disease for it is not an uncommon thing for Doctors to be mistaken."¹¹⁵

Physicians as well as nonphysician patients also consulted Morris' friend, itinerant Quaker minister and healer Martha Routh.¹¹⁶ Routh had visited Morris' brother-in-law, Dr. Charles Moore in Montgomery and had prescribed her proprietary anodyne for his chronic pain. When Routh returned to Burlington, she delivered the medicine to Morris, who sent her "dear Brother a phial of M. Routh's Anodyne" to be "taken about half an hour before bed."¹¹⁷ Although women healers were theoretically doctors' competitors, both nonelite women like Mary Watters and elite women like Routh and Morris created collaborative relationships within physician networks.

As will be further explored in chapter 6, Morris moved back to Philadelphia in the Revolution's wake and continued her healing practice. Morris remained to care for family and patients in the city during the devastating 1793 yellow fever epidemic. In

¹¹⁵ Dr. John Jones to a patient [likely to a Mr. Carey, since Jones extends best wishes to Mrs. Carey, possibly Margaret Hill Morris's neighbor], April 19, 1781, box 6, G. M. Howland MS Coll. 1000. Jones does continue with "damage control" comments: "I am still very clear that a strict regimen is absolutely necessary to promote your recovery; & though some indulgence may be allowed in your drink, I can by no means consent to much latitude in your diet." Jones (1729–1791) received his medical degree from Reims University in 1751. He served in the American Revolution and authored *Plain, Concise, Practical Remarks on the Treatment of Wounds and Fractures* (Philadelphia: Robert Bell, 1776), LCP. David Hosack, M.D. pays tribute to Jones in *A Tribute to the Memory of the Late Caspar Wistar, M.D.* (New York: C. S. Van Winkle, 1818), LCP.

¹¹⁶ Margaret Hill Morris to Milcah Martha Hill Moore, 2nd month [February] 7th 1797, Thomas Stewardson Collection, Letters, 1759–1844, Historical Society of Pennsylvania; Martha Winter Routh, *Memoir of the Life, Travels, and Religious Experience, of Martha Routh* (York, UK: W. Alexander, 1822). This is a focused spiritual biography, but it refers to visiting the sick. Martha Routh is also mentioned in Elizabeth Sandwith Drinker's diary. See for example, Elizabeth Drinker, *The Diary of Elizabeth Drinker*, vol. 3, ed., Elaine Forman Craine (Boston: Northeastern University Press, 1991), 1743, 1750.

¹¹⁷ Margaret Hill Morris to Milcah Martha Moore, 2d mo 7th (17)97, 3rd day, Thomas Stewardson Coll., Letters, 1759–1844, (Phi) 631, HSP. Routh also shared the recipe for her secret anodyne with Morris.

1795, during a subsequent yellow fever outbreak, she wrote to her daughter, “Patty M. has been very ill & . . . with visiting her, and looking after the sick in my own family & other patients, I hardly have time to attend to anything else.”¹¹⁸ She noted that her home as usual had become like a “little hospital,” but she admitted that she relished her healing role. Morris added, “Dr. G[riffitts] being obliged to be out of Town for some days requested me to prepare medicines & visit several of his patients in his absence, saying he could depend on me to do it.”¹¹⁹ For Griffitts to ask Morris to cover his practice was a clear marker of his trust in her expertise. In addition, this young Quaker physician may have depended on the medically well-connected Morris for patient referrals. Morris continued her authoritative healing practice into her seventies.

Conclusion: Women Healers and the Business of Medicine

Women’s healing work deserves more consideration in the historiography of late eighteenth-century women’s economies. Shortages of medicinals and difficulties accessing physicians’ care made women healers’ work even more important during the American Revolution. Healing knowledge was particularly suited for translation into a variety of paying occupations that offered a range of startup and operating costs. Women of various social orders and ethnicities could enter the medical market by vending home-produced pharmaceuticals and providing healing advice. For elite women like Morris, the healing skills that they deployed gratis to create social capital and webs of healing

¹¹⁸ Margaret Hill Morris to Gulielma Morris Smith, December 11, 1795, G. M. Howland MS Coll. 1000, box 1 folder 7, HQSC.

¹¹⁹ Margaret Hill Morris to Gulielma Morris Smith, December 11, 1795, HQSC. G. M. After Morris’ physician son John called her to his bedside when he was stricken with yellow fever, Morris demonstrated her trust in Griffitts by calling him in on consultation. Despite Morris, Griffitts, and Dr. Parke’s best efforts, John died. Margaret Hill Morris to Milcah Martha Hill Moore, September 25, 1793, Edward Wanton Smith Coll. 955, box 6, HQSC. See also chapter 6.

reciprocity exchanges could be used to generate income during personal financial crises and periods of political turbulence.

Moreover, Morris was not an exception. Women like Abigail Marshall continued to trade on the “currency” of free medical care to undergird their social status and to assert new political identities. Others like Mary Watters and Elizabeth Weed Neville inventively marketed and advertised their wares to meet the demands of an informed, self-help-oriented clientele. Watters’ wartime military service was a badge of both patriotism and skilled healing experience that she developed into a marketing tool and a path to webs of physician referrals. Morris, Weed Neville, and Anna Maria Muhlenberg were members of a frontline sales force linked to transatlantic supply chains of pharmaceutical manufacturers and distributors. Their practices straddled older nonmonetized healing exchanges and newer emphases on credit and cash transactions. In a competitive healthcare marketplace, these healers established reputations as providers of beneficial healing advice and medicinals, which reinforced their medical legitimacy as well as their economic authority. Margaret Hill Morris and her fellow healing adepts formed ligaments that connected and actuated the economic structures of the increasingly commercialized business of medicine, and some, like Morris, found a measure of economic independence.

CHAPTER 5

THE FEVERED RACIAL POLITICS OF HEALING

The enigmatic illness first appeared on the Delaware River waterfront in early August of 1793. Initially, Philadelphians were not alarmed by a few fever-induced deaths on Water Street, since the city could be a sickly place in the sweltering heat of late summer. However, by August 19, as cases spread toward the market district, prominent physician Benjamin Rush announced the advent of a devastating epidemic. As church bells tolled the mounting fever deaths, Philadelphia elites fled the city, leaving local, state, and federal governments in disarray. Those left behind hid in their homes, ignoring the plight of dying neighbors. Skilled healers were in demand, but they were scarce in the midst of a yellow fever epidemic that ultimately killed approximately ten percent of the city's population.¹ The enormity of the disaster reprised American Revolutionary discourses of martial masculinity and self-sacrificing republican virtues, as few people of benevolent sensibility defended the city from the epidemical invader. Some African American women seized this opportunity to display their republican virtue and humanitarian civic service by delivering desperately needed nursing care.

On September 7, a small public notice appeared in the Philadelphia *Independent Gazetteer* next to a dramatic rendition of France's radical Declaration of the Rights of Man and Citizen. Mayor Matthew Clarkson announced that Absalom Jones and Richard

¹ Susan E. Klepp, "How Many Precious Souls Have Fled?" in *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic*, eds., J. Worth Estes, and Billy G. Smith, (Canton, MA: Science History Publications, 1997), 164–9. Klepp explains that crude death rate is based on an estimated 5,000 deaths from yellow fever in a total population of 51,200 in 1793. However, with people fleeing the city, the resident population may have been closer to 24,000, raising the crude death rate to approximately 20 percent.

Allen, the leaders of “the [Free] *African Society*, touched by the distresses” of the prevailing epidemic, offered to mobilize women and men in their community to provide nurses to attend the sick.² Volunteers Sarah Bass, Mary Scott, and other members of this black benevolent organization risked their lives to provide nursing care for desperately ill Euro-American Philadelphians. These Free African Society (FAS) nurses hoped to make a political statement by entering the public sphere to demonstrate African Americans’ religious and civic virtues to the Philadelphia community.

Instead of offering accolades for this benevolent civic service, publisher Mathew Carey accused “the vilest” of the African American nurses of theft and profiteering in his bestselling “real-time” October 1793 pamphlet entitled, *A Short Account of the Malignant Fever*.³ Carey not only tapped into longstanding racialized discourses that denigrated people of African descent, he also exploited stereotypes that portrayed hired nurses as drunkards, thieves, and prostitutes.⁴ At the FAS nurses’ insistence, Jones and Allen published a pamphlet in the epidemic’s aftermath titled, *A Narrative of the Proceedings of the Black People During the Late Awful Calamity . . . And a Refutation of Some Censures Thrown Upon Them*. As Allen and Jones asserted in the *Narrative’s* first paragraph, “In consequence of a partial representation of the conduct of the people who

²*Philadelphia Independent Gazetteer*, September 7, 1793. For a similar notice, see the *National Gazette* (Philadelphia), September 11, 1793.

³ Mathew Carey, *A Short Account of the Malignant Fever*, 1st ed. (Philadelphia: Printed by the Author, 1793), 77; *Minutes of the Proceedings of the Committee appointed on the 14th September, 1793 . . . to alleviate the sufferings of the afflicted with the malignant fever* (Philadelphia: R. Aitken, 1794), 3, 14, LCP.

⁴ Anne Hudson Jones, ed., *Images of Nurses: Perspectives from History, Art and Literature* (Philadelphia: University of Pennsylvania Press, 1988), xix–xxii; Patricia M. Donahue, *Nursing the Finest Art: An Illustrated History* (St. Louis, MO: Mosby, 1996), 165.

were employed to nurse the sick . . . we are solicited, by a number of those who feel themselves injured thereby . . . to step forward and declare the facts.”

Although historians emphasize Jones and Allen’s authorship, Bass, Scott, and the “nurses” provided the impetus for the pamphlet. The *Narrative* presents emotionally “affecting scenes,” mobilizing the popular rhetoric of sensibility to refute Carey’s slander and to defend the nurses’ actions in the court of public opinion. Jones and Allen countered Carey’s images of degraded servile wenches by representing FAS nurses as respectable, model “Good Samaritans” and as soldiers whose valiant service was forgotten in the battle’s aftermath.⁵

Nursing a yellow fever patient certainly required martial fortitude. Sources describe delirious patients writhing with convulsions, “raging with madness,” “vomiting blood, and screaming enough to chill” the nurses “with horror.”⁶ During the epidemic,

⁵ Absalom Jones and Richard Allen, *A Narrative of the Proceedings of the Black People, During the Late Awful Calamity in Philadelphia in the Year 1793 and a Refutation of Some Censures thrown Upon them in Some Late Publications* (Philadelphia: William W. Woodward, 1794; repr., Philadelphia: Independence Historical Park, 1993), 15, 17. While the roles and impact of the male death cart drivers and male nurses deserve further study, they are beyond the scope of this chapter. For Euro-Americans describing lower-class white women as wenches and then the term devolving on African American women, see Kathleen M. Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Chapel Hill: University of North Carolina Press, 1996), 1–6, 107–36. Richard Allen biographers Richard Newman and Phillip Lapsansky (Emeritus Curator of the Library Company of Philadelphia’s African American Collection) assert Jones and Allen’s authorship of the *Narrative*. See Richard S. Newman, *Freedom’s Prophet: Bishop Richard Allen, the AME Church, and the Black Founding Fathers* (New York: New York University Press, 2008), 78–104; Richard Newman, Patrick Rael, and Phillip Lapsansky, *Pamphlets of Protest: An Anthology of Early African-American Protest Literature, 1790–1860* (New York: Routledge, 2001); Richard Newman, “Protest in Black and White,” in *Beyond the Founders: New Approaches to the Political History of the Early American Republic*, eds. Andrew W. Robertson and David Waldstreicher, (Chapel Hill: University of North Carolina Press, 2004), 183–5; Jeffrey L. Pasley, Andrew W. Robertson, and David Waldstreicher, “Introduction” in *Beyond the Founders: New Approaches to the Political History of the Early American Republic*, eds. Andrew W. Robertson and David Waldstreicher (Chapel Hill: University of North Carolina Press, 2004), 183–5. Conversations and email correspondence with Phillip Lapsansky, November 2007.

⁶ Jones and Allen, *Narrative*, 15, 17. Other contemporary records offer similar accounts. See, for example, J. H. Powell, *Bring Out Your Dead* (1949; repr., Philadelphia: University of Pennsylvania Press, 1993), xx, 27, and Carey, *Short Account*, 15–16. Carey wrote, “The symptoms which characterized the first stage of

these tenacious black nurses emerged from invisibility and became a locus of public debates over African Americans' worthiness for citizenship. For Sarah Bass, Mary Scott, and their colleagues, nursing was both an act of medical benevolence and an enactment of political street theater. The nurses' performance embodied complex intertwined conceptual strands reflecting gendered notions of evangelical sensibility and virtuous republican self-sacrifice that were complicated by conflicted, evolving meanings of nursing in the public sphere. In this chapter, I argue that despite the potential for defamation, Sarah Bass and her fellow FAS nurses successfully harnessed the powerful culture of sensibility to enact a unique image of civic nursing as a symbol of humanity and potential citizenship for African Americans.

A Bold but Risky Performance

Although the dramatic narrative of the 1793 Philadelphia yellow fever epidemic has long interested historians, it still raises unanswered questions. Who were these nurses, and why did they think that public volunteer nursing would convince the Philadelphia community of their civic virtue? What did it mean to be a nurse? To answer these questions, I reexamine Jones and Allen's narrative and other sources documenting the epidemic from the perspective of nursing history and in the context of the eighteenth-century culture of sensibility. I analyze notions of evangelical and republican sensibility

the fever, were, in the greatest number of cases, after a chilly fit of some duration, a quick, tense pulse—hot skin—pain in the head, back, and limbs—flushed countenance—inflamed eye—moist tongue—oppression and sense of soreness at the stomach, especially upon pressure—frequent sick qualms, and retchings to vomit, without discharging any thing, except the contents last taken into the stomach—costiveness . . . If these symptoms were not soon relieved, a vomiting of matter, resembling coffee grounds in colour and consistence, commonly called the black vomit, sometimes accompanied with, or succeeded by haemorrhages from the nose, fauces, gums, and other parts of the body—a yellowish purple colour, and putrescent appearance of the whole body, hiccup, agitations, deep and distressed sighing, comatose delirium, and finally, death.”

to examine why the nurses' actions resonated so positively with some white Philadelphians, like Mayor Matthew Clarkson and Dr. Benjamin Rush, and yet so negatively with others, like publisher Mathew Carey. The vehement responses by critics like Carey demonstrate that they recognized the power of the nurses' performance of humanitarian sensibility.

Bass, Scott, and the nurses' bold response to a devastating civic crisis had the potential to promote African American "social uplift" and to positively shape political discourse regarding free black's participation in the polity. African American nurses' success in publicly representing their community's strengths may explain Carey's need to swiftly repudiate their services. Carey deployed gendered and racial stereotypes to impugn the nurses' actions and to destabilize their public enactment of "selfless benevolence" that was a hallmark of both evangelicism and idealized classical republicanism.⁷ Nevertheless, in their visible performance of self-sacrificing humanitarianism, FAS nurses embodied the ideal Christian citizen of sensibility and

⁷ The notion of "social uplift" or "racial uplift" has been a contested strategy for African American advancement into the twentieth century. In the early eighteenth century, FAS leaders and members enacted this strategy believing that they could become full members of the polity. See Newman, *Freedom's Prophet*, 57–8 and Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996). I build on David Waldstreicher's arguments regarding the power of the "politics of the street" to shape political discourse and the connections between street theater and masculine sensibility. See David Waldstreicher, *In the Midst of Perpetual Fetes: The Making of American Nationalism, 1776–1820* (Chapel Hill: The University of North Carolina Press, 1997), 1–25, 143–5. See also Simon Newman, *Parades and the Politics of the Street: Festive Culture in the Early American Republic* (Philadelphia: University of Pennsylvania Press, 1997), 31–3, and 158–63. Although some scholars have become critical of historians like Gordon Wood's top-down reading of the ideological influence of classical republicanism, I argue that African Americans like Jones, Allen, and Bass creatively appropriated this ideology to write themselves into the dominant national narrative. Examples of this dense historiography include Bernard Bailyn, *The Ideological Origins of the American Revolution* (Cambridge, UK: Belknap Press, 1992), Gordon S. Wood, *The Radicalism of the American Revolution* (New York: Alfred A. Knopf, Inc., 1992), 98–110, and J. G. A. Pocock, *The Machiavellian Moment: Florentine Political Thought and the Atlantic Republican Tradition* (Princeton, NJ: Princeton University Press, 1975). For debates see Thomas P. Slaughter, "Plus Ça Change . . .," *Reviews in American History* 34, no. 3 (2006): 291–306 and Gary Nash, *The Unknown American Revolution: The Unruly Birth of Democracy and the Struggle to Create America* (New York: Penguin, 2006), xiii–xxvii.

“feeling” in the young Republic. They were not merely “parroting” dominant political discourse. As scholar Carla Peterson explains, in the Early National period, African Americans “constructed a productive discourse generated from within the community that borrowed the vocabulary and categories of the dominant discourse only to dislocate them from their privileged position of authority.”⁸ I argue that Jones, Allen, Bass, and the nurses creatively appropriated the ideology of classical republicanism to write themselves into authoritative narratives of national belonging.

Unfortunately, like those of many eighteenth-century black women, the voices of the FAS nurses, their healing practices, and their early activism are difficult to recover since they left few documentary traces. This chapter builds on works by Richard Newman, Gary Nash, Julie Winch, and Phillip Lapsansky, who have stressed the significance of Jones and Allen’s *Narrative* in the history of African American protest literature and their importance as African American “founding fathers.” In her book, *A Fragile Freedom*, Erica Armstrong Dunbar effectively expands on these classic works to emphasize African American women’s central role in Philadelphia’s black community formation.⁹ However, black women healers are poorly represented in this historiography

⁸ Carla L. Peterson, *“Doers of the Word”*: African-American Women Speakers and Writers in the North 1830–1880 (New York: Oxford University Press, 1995), 14.

⁹ Newman, *Freedom’s Prophet*; Gary Nash, *Forging Freedom: The Formation of Philadelphia’s Black Community, 1720–1840* (Cambridge, MA: Harvard University Press, 1988); Julie Winch, *Philadelphia’s Black Elite: Activism, Accommodation, and the Struggle for Autonomy, 1787–1848* (Philadelphia: Temple University Press, 1988); Julie Winch, *A Gentleman of Color: The Life of James Forten* (New York: Oxford University Press, 2002); Phillip Lapsansky, “‘Abigail, A Negress’: The Role and the Legacy of African Americans in the Yellow Fever Epidemic,” in *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic*, eds., J. Worth Estes and Billy G. Smith (Canton, MA: Science History Publications, 1997), 61–78; Erica Armstrong Dunbar, *A Fragile Freedom: African American Women and the Emancipation in the Antebellum North* (New Haven, CT: Yale University Press, 2008); Erica Armstrong [Dunbar], “Negro Wenches, Washer Women, and Literate Ladies: The Transforming Identities of African American Women in Philadelphia 1780–1854” (PhD diss., Columbia University, New York, 2000).

due to the lack of sources. The yellow fever epidemic conveyed FAS nurses out of historiographical obscurity and onto center stage in a documented public debate over African American citizenship. Although FAS nurses did not leave a written record, the documents generated by their controversial nursing services provide a detailed chronicle of their actions, which speak to the nurses' understanding of the politicized nature of their public volunteer caregiving role.¹⁰ It is important to “read” their actions carefully to understand how the women involved with the FAS were active participants in the founding moments of Philadelphia's African American community along with their leaders. By situating Bass, Scott, and the nurses at the center of the narrative, this chapter looks beyond the black founding fathers to examine a community of African American women and men who worked collectively to make a political argument for citizenship through their work in the yellow fever epidemic.

African American women are particularly invisible in eighteenth-century histories of medicine and nursing. Although, like Florence Nightingale, professional nursing's famous founder, the FAS nurses volunteered during a national crisis, they have not received similar recognition.¹¹ In the *Narrative*, Jones and Allen explicitly link nursing to

¹⁰ See David Waldstreicher, “The Wheatleyan Moment,” *Early American Studies* 9, no. 3 (2011): 522–51; Kirstin Sword, “Remembering Dinah Nevil: Strategic Deceptions in Eighteenth-Century Antislavery,” *Journal of American History* 97, no. 2 (2010): 315–43. These historians argue for the active engagement of women of color with the politics of antislavery and human rights. I build on their arguments that the prominent black poet Phillis Wheatley and the less-known Dinah Nevil (who was described as both a “mulatto” and an Indian) shaped their political landscapes. According to Waldstreicher, Wheatley was “a lightning rod: a one-woman antislavery argument whose fate, and words, had real implications at a moment in history when the future of the colonies, and slavery, had yet to be determined” (527). Sword argues that Nevil's “freedom lawsuit became the impetus for the first antislavery society” (315). In a similar vein, I argue that Bass and her colleagues were also “lightning rods” and political actors who influenced the political debates of 1793 and beyond.

¹¹ Regarding the absence of black nurses in eighteenth-century historiography, see “African American Nurses” in Mary Ellen Snodgrass, *Historical Encyclopedia of Nursing* (Santa Barbara, CA: ABC-CLIO, 1999), 4; Mary Elizabeth Carnegie, *The Path We Tread: Blacks in Nursing, 1854–1984*, 2nd ed.

the culture of “feeling” sensibility, making the unique, striking assertion that nursing is “a considerable art, derived from experience, as well as the exercise of the finer feelings of humanity.”¹² Through their actions, the FAS nurses publicly reframed African American women’s healthcare work as an act of benevolent civic virtue, rather than mere menial service or financial gain. This was sixty years before Florence Nightingale introduced a global audience to the notion of nursing as a humanitarian pursuit for white middle class “ladies” through her work in military hospitals during the mid-nineteenth-century Crimean War. Nightingale famously argued that “nursing is an art . . . the finest of Fine Arts.” Although Nightingale and her British nurses initially engendered criticism, they ultimately garnered international accolades for their soldierly services.¹³ However, Bass and her colleagues preempted Nightingale. In 1793, they advanced a unique, positive image of African American nurses exhibiting “finer feelings” and publically defending their city from an invading epidemic with compassionate nursing.

(Washington, DC: The National League for Nursing Press, 1991), ix–5. While commenting on my paper on this topic at the September 2007 Annual Meeting of the American Association for the History of Nursing, University (White Plains, NY), the late Karen Buhler Wilkinson, University of Pennsylvania nursing professor emeritus and past director of the Barbara Bates Center for the History of Nursing, commented on the dearth of eighteenth-century studies in the history of nursing. Also discussed in a meeting with Karen Buhler Wilkerson, August 8, 2007.

¹² Jones and Allen, *Narrative*, 13.

¹³ Florence Nightingale, “Nursing is an Art,” *Macmillan’s Magazine* (April 1867). Nightingale also viewed home nursing as an act of Christian charity: “Nursing, especially that most important of all its branches—nursing of the sick poor at home—is no amateur work. To do it as it ought to be done requires knowledge, practice, self-abnegation . . . and direct obedience to . . . the highest of all Masters and from the highest of all motives. It is an essential part of the daily service of the Christian Church.” Quoted in Sarah Southall Tooley, *The Life of Florence Nightingale* (New York: Macmillan Company, 1905), 300. Nightingale frequently referred to nursing as an art; see for example her *Notes on Nursing* (London: Harrison, 1860), 3, 20, 193. See also Carol Helmstadter and Judith Godden, *Nursing Before Nightingale: 1815–1899* (Burlington, VT: Ashgate, 2011), 25–30. Nightingale’s work also fell into a liminal space between heroic martial manhood (gendered masculine) and healing domesticity (gendered feminine). See Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1989), 164–98.

Of the numerous female nurses, only Sarah Bass and Mary Scott are named in *A Narrative of the Proceedings of the Black People*. Mary Scott may have been related to a William Scott, cited as a founding member of Absalom Jones' St. Thomas' Church in 1794, or a "John Scott (African)" listed as a "mariner" in a 1795 Philadelphia city directory. However, no additional information has been discovered.¹⁴ Although the outlines of Bass' life are sketchy, she left more traces than Scott because she married Richard Allen in 1801 and became the "founding mother" of the African Methodist Episcopal (AME) Church.¹⁵ Sarah Bass Allen's passage from slavery to freedom and then to activist for black equality anticipated the path taken by many early nineteenth-century freedwomen. Placing Bass Allen's life in context provides insight into how some FAS women's early lives may have shaped their actions in the yellow fever epidemic and how their volunteer nursing informed their later activism. The fragments of Sarah Bass Allen's life help to put a face on the otherwise faceless and nameless FAS nurses. To better understand Philadelphia's African American community in 1793, it is important to take a brief backward look at Sarah Bass' early years to gain a sense of the possible influences in her life.

¹⁴ "Af. John Scott—Mariner" at 199 Laurel Street living with another African American mariner is listed in Edmund Hogan, *The Prospect of Philadelphia and Check on the Next Directory* (Philadelphia: Printed by Francis and Robert Bailey, 1795), 145, LCP. A John Scott "Taylor," heading a household of ten free blacks lived in Philadelphia's southern district on the North side of Spruce Street. See Janet R. Brittingham and Mildred C. Williams, *1790 Census for the City of Philadelphia* (Jamison, PA: Will-Britt Books, 1989), 249. My thanks to Susan Klepp for this reference. For William Scott, see William Douglass, *Annals of the First African Church* (Philadelphia: King and Baird Printers, 1862), 109.

¹⁵ Hallie Q. Brown, *Homespun Heroines and Other Women of Distinction* (New York: Oxford University Press, 1988), 11–2; J. Gordon Melton, *A Will to Choose: The Origins of African American Methodism* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2007), 91–4; Newman, *Freedom's Prophet*, 74–6; Sarah Allen, Rent Book, Mother Bethel AME Church Archives, Philadelphia.

Sarah Bass: Shadows of Slavery and Legacies of African Healing

Considering her importance in AME history, there are surprisingly few details of Sarah Bass' life before her marriage to Richard Allen at Philadelphia's Saint George's Methodist Church in 1801, when she was identified as a freedwoman. Bass' death certificate, her obituary, and AME histories record that she was a born enslaved in Isle of Wight County, Virginia, in 1764.¹⁶ This Tidewater county was a tobacco-growing and mixed agricultural region on the south side of the James River, and it was home to both enslaved and free African Americans. Genealogies of Nathaniel Basse (or Bass), the English founder of the county, note that his male family decedents' intermarried with both Nansemond Indian and African American women and often identified with their wives' communities.¹⁷ Sarah's exact relationship to this family is unclear, since Jones and

¹⁶ Sarah Bass Allen, death certificate, 1849, Philadelphia City Archives; Darlene Clark Hine, *Black Women in America* (New York: Oxford University Press, 2005), 42–3. "Mrs. Sarah Allen Consort of Rt. Rev. Richard Allen," obituary in Daniel A. Payne, *History of the African Methodist Episcopal Church* (Nashville, TN: AME Sunday School Union, 1891), 86–8. According to the obituary, "Our aged and dear mother was a native of Virginia, Isle of Wight County, and came into the city of Philadelphia at an early age [approximately eight years old]."

¹⁷ See Paul Heinegg, *Free African Americans of North Carolina, Virginia, and South Carolina*, 5th ed., vol. 1 (Baltimore: Clearfield Company by Genealogical Publishing Co., 2005), 111–30. Englishman Nathaniel Basse (or Bass) established "Basse's Choice" Plantation in 1621 in Isle of Wight County. According to various genealogies, Nathaniel Basse's son John Basse (or Bass) married "Kesiah Elizabeth Tucker, daughter of Robin the Elder of ye Nansimuns [Nansemond Indian] kindom, and Baptized Xtian [Christian]" in 1638. John's son William (1676–1751) married a "Molatto" woman named Sarah Lovina or Leviner in 1729. They had a daughter Sarah born ca. 1727 who was listed as a taxable. Several of William's sons married African Americans and identified with the black community, and some moved to North Carolina. In his Forward to Heinegg's genealogical work, historian Ira Berlin points to the way that family histories demonstrate the permeability of freedom and slavery and notions of "race" in the Tidewater until the early eighteenth century. "The Norfolk County Register of Free Negroes and Mulattoes, 1809–1852" lists a number of free men and women with the surname Bass, many described as "mulatto," "Indian complexion," and "Indian descent." For example, Julia Bass "About 31 year of age light complexion, Born free, August 19, 1816," Library of Virginia microfilm 133 and photocopies of original at courthouse. Although some genealogists have challenged Heinegg's arguments, his genealogical information is a useful starting point. Available online at <http://www.freeafricanamericans.com/norfolkfn.htm>. See also, <http://freepages.genealogy.rootsweb.ancestry.com/~bandb/NOTES/BASS/HUMPHREY/notenathanielbass.htm> and <http://www.freeafricanamericans.com/bailey-berry.htm> (Accessed November 15, 2013). See also John H. Russell, *The Free Negro in Virginia, 1619–1865* (Baltimore: Johns Hopkins Press, 1913), 11, 61–

Allen call Sarah Bass a widow in the *Narrative*. Bass may have been her first husband's name, or the designation of "widow" might have been used to confer respectability on the thirty-one-year old Bass and her deceased partner. Nonetheless, Sarah grew up in a county whose free black community and ethnically mixed families taught her how slavery's constrictive boundaries might be crossed. However, by the mid-eighteenth century, legal and cultural notions of "race" were becoming increasingly fixed in Virginia.

In this environment, young Sarah would have been exposed to skilled women healers of color, whose multicultural medical knowledge conferred authority. African healing practices spread throughout the Atlantic world as part of information exchanges in the Black Atlantic Diaspora.¹⁸ In both the Virginia Tidewater and in the cosmopolitan port city of Philadelphia, African American, American Indian, and Euro-American healing adepts shared remedies and curative herbs. Enslaved women fleeing from Virginia and other southern states to Philadelphia brought their medical expertise with them. Although eighteenth-century African American healing practices are difficult to recover, historian Laurel Thatcher Ulrich maintains that an "aura of mystery" and exotic authority surrounded black women healers, who sometimes practiced as "doctresses" in

2, 138, 159; John B. Boddie, *Seventeenth Century Isle of Wight County, Virginia: A History of the County of Isle of Wight, Virginia, During the Seventeenth Century* (Chicago: Chicago Law Print. Co, 1938; repr., Baltimore: Genealogical Publishing Co., 1973), 32, 88–90. Isle of Wight County had a population of between 250 and 450 free blacks in 1790. See United States Census Office, *Ninth Census of the United States: Statistics of Population, Tables I to VIII Inclusive* (Washington, DC: Government Printing Office, 1872), 70, 72.

¹⁸ Paul Gilroy, *The Black Atlantic: Modernity and Double Consciousness* (Cambridge, MA: Harvard University Press, 1993); Randy Sparks, *Two Princes of Calabar* (Cambridge, MA: Harvard University Press, 2004). See also Gary Nash, *First City: Philadelphia and the Forging of Historical Memory* (Philadelphia: University of Pennsylvania Press, 2002), 45–53, 122–4, and W. Jeffrey Bolster, *Black Jacks: African American Seamen in the Age of Sail* (Cambridge, MA: Harvard University Press: 1997), 6, 27, 36, 40–1.

the North as well as in the South.¹⁹ The scarcity of documentation regarding black women healers belies their presence in the Delaware Valley. For example, in a journal from a slightly later period, Philadelphia Quaker reformer Ann Parrish noted that an aged free African American woman named Anna Dalemoa Bellamy sought assistance from the Female Society of Philadelphia for the Relief and Employment of the Poor after Bellamy escaped from captivity by an Indian group. Parrish described Bellamy as “a woman of education—and called by some the black doctor—she professes—bone setting bleeding tooth drawing—and cureing wounds.”²⁰ During her captivity, Bellamy would have had opportunities to observe American Indian healers’ acknowledged expertise in setting broken bones and healing infected wounds in an environment where movement of peoples included exchanges of health information. Bellamy’s educational accomplishments and her transcultural healing experiences added weight to the “exotic” healing authority conferred to African American practitioners.

Historian Sharla Fett argues for the cultural persistence of communal African healing practices that espoused a holistic, spiritual worldview on nineteenth century southern slave plantations, offering clues to Sarah Bass’ experiences with black healers in Virginia. Enslaved communities valued the healing expertise and religious authority of

¹⁹ Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard Based on her Diary, 1785–1812* (New York: Knopf, 1990), 52–3. In her diary, midwife Martha Ballard noted that townspeople in Hallowell, Maine, sought the services of an itinerant “Negro Doctress.”

²⁰ Ann Parrish, *Visitations of the Sick, 1796*, Parrish Collection, box 5, bound volumes, #1653, HSP, 4–5. For more on Anna D. Bellamy, see chapter 7. Male African American healers were sometimes more visible. See, for example, David Waldstreicher’s description of a runaway named Simon, who according to an advertisement, “talks good English, can read and write . . . can bleed and draw Teeth, Pretending to be a great Doctor and very religious and says he is a Churchman.” Simon likely did more than just “pretend” to be a doctor. See David Waldstreicher, *Runaway America: Benjamin Franklin, Slavery, and the American Revolution* (New York: Hill and Wang, 2004), 9; Waldstreicher, “Reading the Runaways: Self-Fashioning, Print Culture, and Confidence in Slavery in the Eighteenth-Century Mid-Atlantic,” *William and Mary Quarterly* 3rd ser. 56, no. 2 (1999): 255.

their female healers, who provided services as midwives, herb doctors, and nurses, as well as acting as spiritual healing adepts. Most importantly, Fett argues that skillful African American practitioners wielded the power of both healing and harming.²¹ Healers working in the intimate spaces of the sickroom controlled the medications and treatments they provided to a vulnerable sick person. Practitioners' knowledge of the effects and appropriate dosages of herbal and chemical medications meant that they also knew what substances and doses were deadly poisons.

Euro-Americans' fears of this potentially harmful medical knowledge is apparent in laws enacted in 1748 in Virginia and in 1749 in South Carolina prohibiting enslaved people from compounding or administering medications. However, it is unclear how well

²¹ Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002), 112; see also 2–7, 53–6, 60–4, 72, 82, 99, 111–41. See also Mary Elizabeth Carnegie, *The Path We Tread: Blacks in Nursing Worldwide, 1854–1994* (New York: National League of Nursing Press, 1995), 1. It is difficult to assess the persistence of African healing practices in the Delaware Valley, particularly for enslaved peoples born in America. Gary Nash in *Forging Freedom*, 16, notes that Africans continued to arrive in Philadelphia in the 1750s and 1760s, but that free blacks also faced pressure to acculturate to Euro-American norms. In his analysis of slave plantation records in early nineteenth-century Jamaica, B. W. Highman found slaveholders who admitted that “negro doctors’ possessed as much medical knowledge as many of the white journeymen practitioners.” He notes James Knight’s statement from his 1743 *History of Jamaica*, that “negro doctors” were “often more successful than the whites in obtaining cures through their use of host baths of herbs, or fermentations,” and that slaves “lacked confidence in the white physicians.” He also found evidence that slave hospitals were administered by enslaved nurses, both female and male. See B. W. Highman, *Slave Population of the British Caribbean, 1807–1834* (Kingston, Jamaica: The Press of the University of the West Indies, 1995), 266–7; Katherine Paugh, “The Politics of Childbearing in the British Caribbean and the Atlantic World during the Age of Abolition, 1776–1838,” *Past and Present* (November 2013), doi:10.1093/pastj/gtt011. For information of laws limiting black healers’ practices and African American remedies, see Herbert C. Covey, *African American Slave Medicine: Herbal and Non-Herbal Treatments* (Lanham, MD: Lexington Books, 2007), 43–4; Sarah Mitchell, “Bodies of Knowledge: The Influence of Slaves on the Antebellum Medical Community,” (MA diss., Virginia Polytechnic Institute and State University, Blacksburg, 1997). See also Yvonne Chireau, *Black Magic: Religion and the African American Conjuring Tradition*, (Berkeley: University of California Press, 2003), 8, and chapters 3–4; Fett, *Working Cures*, 62–83; Albert J. Raboteau, *Slave Religion: The “Invisible Institution” in the Antebellum South* (New York: Oxford University Press, 1978), 1–17. Bass and FAS nurses may well have been exposed to Vodou (or Voodoo) healing practices from black émigrés from St. Domingue, but because these practices were suppressed by colonial powers, they are difficult to recover. See Karol K. Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue* (Urbana: University of Illinois Press, 2006), 110–25.

the assemblies enforced the legislation, as whites were torn between fears of African American healers' power and their desire for black practitioners' expert medical knowledge. For example, "Negroe Caesar's Cure for Poison and Rattlesnake Bite" circulated throughout the colonies and appears in colonial newspapers, in numerous Euro-American women's recipe books, and in William Buchan's popular *Domestic Medicine*. The ingredients that Caesar used, including horehound, saffras, and plantain, reflect medicinal exchanges between peoples of European, American Indian, and African descent.²² The South Carolina Assembly so valued Caesar's healing knowledge that they granted him freedom and a lifetime annuity of £100 per year. Caesar's cures were published in the *Pennsylvania Gazette* and numerous other colonial and British newspapers through the late eighteenth century.²³ Although some Euro-Americans attempted to disempower black healers by devaluing their work as lowly, menial labor, their practices were also imbued with spiritual and medical power and knowledge. This tension between what Fett describes as "contradictory elements of skill and servitude" followed African Americans like Sarah Bass into freedom.²⁴

²² For a comparative study that notes healing exchanges between Indian and African *curandreras* (healer) in Mexico, see Quintard Taylor and Shirley Ann Wilson Moore, *African American Women Confront the West: 1600–2000* (Norman: University of Oklahoma Press, 2003), 44–6.

²³ "The Negroe Caesar's Cure for Poison and Rattle Snake Bite," *Boston Newsletter* (from *The South Carolina Gazette*), January 23, 1751; *New York Evening Post*, January 24, 1751; *Pennsylvania Gazette*, August 30, 1764; Elizabeth Coates Paschall, Recipe Book, CPP; William Buchan, *Domestic Medicine; or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London: Printed for W. Strahan, 1784), 488; Covey, *African American Slave Medicine*, 50, 78, 98–9. Covey identifies horehound (or "hoarhound") as a North American plant traditionally used by African Americans practitioners or as a home remedy. Covey also notes that because of their healing power, black practitioners on slave plantations could be blamed if their white slave owners became ill. Caesar's Cure also circulated transatlantically; see a newspaper clipping from a British newspaper extracted from the *Carolina Gazette* ca. early 1760s in Samuel C. Reynardson [and family] of Holywell Hall Stamford, England, Manuscript Medical Recipe Book, 1765, HMD Coll., MS B 262, NLM.

²⁴ Fett, *Working Cures*, 112.

Along with healing practices, Sarah would have been exposed to radical forms of evangelicism that promised spiritual freedom and supported antislavery tenets. As historian Cassandra Pybus notes, Tidewater Virginia was an early hotbed of radical Methodism and numerous Bass family members were adherents. In 1769, the Irish-born Methodist minister Robert Williams began preaching to open-air audiences composed of both black and white Tidewater residents. Like many early Methodist ministers, Williams was opposed to slavery. Upon hearing Williams preach atop the Norfolk courthouse, the mayor told a friend, “If we permit such fellows as these to come here we shall have an Insurrection of the Negroes.” Williams may have influenced self-appointed African American Methodist minister Mary Perth, who recalled that she often strapped her infant to her back and walked twenty miles to preach in open-air meetings near the Great Dismal Swamp, adjacent to Isle of Wight County.²⁵ Sarah likely imbibed the egalitarian tenets of radical evangelicism that offered opportunities for black women to claim authority as preachers and spiritual adepts.

²⁵ Cassandra Pybus, “‘One Militant Saint’: The Much Traveled Life of Mary Perth,” *Journal of Colonialism and Colonial History* 9, No. 3 (2008). Pybus cites “Singular Piety in an African Female,” a letter from Rev. Clarke, dated July 29, 1796, published in *Evangelical Magazine* 4 (London, 1796), 464. In the article, Clarke praised Perth as “one come down out of heaven” and added a bit patronizingly, “I am as happy in her company as I ever was in that of any Christian of my own colour.” By this time, Perth, a black Loyalist, had traveled to Canada and then to West Africa to help found the colony of Sierra Leone. Clarke was the chaplain for the colony. See also Cassandra Pybus, *Epic Journeys of Freedom: Runaway Slaves of the American Revolution and Their Global Quest for Liberty* (Boston: Beacon Press, 2007), and “Mary Perth, Harry Washington, and Moses Wilkinson: Black Methodists Who Escaped from Slavery and Founded a Nation” in Alfred Young, Gary B Nash, Ray Raphael, *Revolutionary Founders: Rebels, Radicals, and Reformers in the Making of the Nation* (New York: Alfred A. Knopf, 2011), 155–68. See also Dee E. Andrews, *The Methodists and Revolutionary America, 1760–1800: The Shaping of an Evangelical Culture* (Princeton, NJ: Princeton University Press, 2012) 44–5, 74–5; Judith F. Ledbetter, *In this Place I Delivered My Soul: The Methodists of Charles City, Virginia* (Charles City, VA: Memorial United Methodist Church, 1995). Some family genealogies cite family members who were Methodist preachers in Isle of Wight County in the 1760s and 1770s. For example, the Davis family genealogy cites several male preachers and a female adherent. See http://steamcheng.net/genealogy/?page_id=10 (Accessed November 20, 2013). See also Cynthia Lynn Lyerly, *Methodism and the Southern Mind* (New York: Oxford University Press, 1998), 53–67, 102.

In 1772, when Sarah was about eight years old, church histories record that she was “brought” to Philadelphia. There is no record of whether young Sarah was taken or sold as a slave, or whether she fled slavery with family members.²⁶ While men traveling alone or in groups predominate in runaway slave advertisements, occasionally families attempted to flee bondage.²⁷ For example, in November 1772, the *Virginia Gazette* advertised a reward for the recovery of twenty-five year old Doll, “a short well made woman,” who was fleeing with her husband Nat, their daughter Sarah “about six years old,” and a male friend named Cato. Doll and Sarah would each fetch a twenty-shilling reward, while Nat and Cato warranted £3. Women fled with children and male partners for a variety of reasons. Enslaved women were considered sexually available to their male masters, which gave an added impetus for Doll to escape and to bring her daughter along to preserve the child from future abuse. Enslaved women also feared that slaveholders would separate them from male partners and children. In addition, running away was an act of politicized resistance against a violent and disempowering labor regime that commodified women’s productive labor as well as their reproductive labor. Like Doll and Nat’s daughter, Sarah Bass would have learned the gendered calculus of slavery. Women traveling alone or with families often absconded to cities like

²⁶ Payne, *History*, 86–8; Carol V. R. George, *Segregated Sabbaths: Richard Allen and the Emergence of Independent Black Churches, 1760–1840* (New York: Oxford University Press, 1973), 129–30; Brown, *Homespun Heroines*, 11–2.

²⁷ For statistics from Richmond, Virginia, newspapers from the early nineteenth century demonstrated that only fifteen percent of runaways advertised were female; see Wilma King, *The Essence of Liberty: Free Black Women During the Slave Era* (Columbia: University of Missouri Press, 2006), 21. Billy G. Smith found that approximately twelve percent of runaways from Virginia between 1730 and 1740 were female in a more generalized study. He found that “sixteen percent of female fugitives in both the Delaware Valley and South Carolina fled with at least one child.” See Billy G. Smith, “Black Women Who Stole Themselves in Eighteenth-Century America,” in *Inequality in Early America*, eds. Carla Gardina Pestana and Sharon V. Salinger (Hanover, NH: University Press of New England, 1999), 134–59.

Philadelphia, where they could disappear with their kin into free black communities and fashion themselves as freedwomen.²⁸

Sarah's passage to the "Quaker City" at age eight coincides with Lord Mansfield's path-breaking 1772 decision on the celebrated Somerset Case in London, which prompted numerous enslaved peoples to flee slavery. Although the exact date of Sarah's departure from Virginia cannot be known for certain, it is intriguing that the year of a watershed event in African American history adheres to the narratives of her life. James Somerset was an enslaved man taken by his American owner to England. Somerset escaped, was recaptured, re-enslaved, and imprisoned on a ship bound for Jamaica. English abolitionists contested these actions in the Court of the King's Bench before Lord Chief Justice Mansfield.

The Chief Justice ruled that Somerset could not be removed from Britain against his will and made a slave. Although Mansfield had not intended to make a broad ruling on slavery, the decision, shepherded along by abolitionist Granville Sharp, was viewed as an antislavery victory. It prompted rumors throughout the Atlantic World that if enslaved people could get to England, they would automatically be free. A perceived uptick in

²⁸ *Virginia Gazette*, November 12, 1772. This group was fleeing from Middlesex County north of Williamsburg (Isle of Wight County is south), so it is less likely that this Sarah was Sarah Bass. Waldstreicher, "Reading the Runaways, 243–72; Waldstreicher, *Runaway America*, 3–26. For slaveholders' sexual coercion of enslaved women, see for example Deborah Gray Whites, *Ar'n't I a Woman?: Female Slaves in the Planation South* (New York: W.W. Norton, 1990), 62–89; Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004); Linda Brent [Harriet Jacobs], *Incidents in the Life of a Slave Girl Written by Herself*, ed. L. Maria Child (Boston: Published for the Author, 1861). See also Angela Davis' classic argument on enslaved women's problematic gender roles and acts of resistance in "Reflections on Black Woman's Role in the Community of Slaves," *The Black Scholar* 3 (1971): 2–15. According to Davis, "In order to function as a slave, the Black woman had to be annulled as a woman; this is, as a woman in her historical stance of wardship under the entire male hierarchy. The sheer force of things rendered her equal to her man."

runaway slaves after the Mansfield decision created anxieties among slaveholders as the colonies progressed toward the Imperial Crisis.²⁹ A 1774 *Virginia Gazette* runaway advertisement made this plain:

Negro man named BACCHUS cunning, artful, sensible Fellow . . . He will probably endeavour to pass for a Freeman . . . and attempt to get on Board some Vessel bound for Great Britain, from the Knowledge he has of the late Determination of Somerset's Case.³⁰

The Mansfield decision was particularly salient for African Americans in the Tidewater area, as James Somerset had lived for a number of years in Norfolk and was well known to its free and enslaved black community. Young Sarah may well have heard her adult kinfolks' whispered conversations and rumors about legal liberation from bondage that circulated among enslaved peoples' networks.

The Ambiguities of Liberty and Slavery in the City of Brotherly Love

Within a few years of Sarah Bass' arrival in Philadelphia, the Delaware Valley was engulfed in the Revolutionary War. The Revolutionaries' ideological cries for liberty from the yoke of imperial Britain resonated on a more personal level for black residents living in slavery or in tenuous freedom. By the spring of 1775, imperial tensions evolved into open battles between British soldiers and American colonists. That year, Sarah may have either encountered Dinah Nevil or heard the story of her freedom lawsuit. As historian Kirstin Sword explains, Nevil was a woman of color described as either

²⁹ David Waldstreicher, "The Mansfieldian Moment: Slavery, the Constitution, and American Political Tradition," *Rutgers Law Journal* 43 (2013): 471–85; Simon Schama, *Rough Crossings: Britain, the Slaves and the American Revolution* (New York: Harper Collins, 2006), 18, 44–57; Pybus, *Epic Journeys*, 81–5.

³⁰ *The Virginia Gazette*, June 30, 1774. See Emma L. Powers, "The Newsworthy Somerset Case: Repercussions in Virginia" http://research.history.org/Historical_Research/Research_Themes/ThemeEnslave/Somerset.cfm (Accessed September 25, 2013).

“Indian” or “Mulatto” who, like Somerset, claimed to be free but was brought by her putative owner to Philadelphia to be sold as a slave. Sword argues that Nevil’s plight and her freedom suit formed part of the founding impetus for the formation of the Pennsylvania Society for the Assistance of Free Negroes Unlawfully Held in Bondage, later the Pennsylvania Abolition Society (PAS).³¹ Some AMEs posit that Sarah Bass was herself freed by the PAS. Free and enslaved African Americans were faced with the difficult choice of escaping to a promised liberty in British-occupied areas or remaining and asserting the American revolutionary declarations of liberty and equality. Although numerous enslaved Philadelphians shipped out with the British after the occupation of Philadelphia, others, like Sarah Bass’ future husband, Richard Allen, threw in their lot with American Patriots. Allen worked as a carter for the Continental Army to earn the money to purchase his freedom, where he would have observed both positive and negative perceptions of women healers, since female nurses and camp followers frequently hitched rides on supply carts.³² As she grew into young womanhood, Sarah Bass experienced the ambiguities of the Revolutionary promises of liberty alongside the realities of racism.

With its history of Quaker benevolence and possibilities for urban employment, numerous freed African Americans and runaways migrated to Philadelphia, particularly

³¹ Kirsten Sword, “Remembering Dinah Nevil: Strategic Deceptions in Eighteenth Century Antislavery,” *Journal of American History* 97, no. 2 (2010), 315–43. Dee E. Andrews, “Reconsidering the First Emancipation: Evidence from the Pennsylvania Abolition Society Correspondence, 1785–1810,” *Pennsylvania History* 64 (Special Supplemental Issue 1997), 230–49.

³² Discussions with AME parishioners and Allen descendants at The Founders of Philadelphia’s African American Churches Conference, Historic St. George’s United Methodist Church, Philadelphia, September 2001. Holly Mayer notes that “most women rode on wagons at every opportunity” although General George Washington and officers persisted in writing orders to forbid it. See Holly Mayer, *Belonging to the Army: Camp Followers and Community During the American Revolution* (Columbia: University of South Carolina Press, 1999), 48–50.

after the 1780 Pennsylvania's Gradual Emancipation Act promised freedom for some over time. However, some freed people, including African American children, were subsequently indentured and experienced what historian Jean Soderland describes as "freedom by degrees." In 1787, the PAS reorganized under the mandate to abolish slavery and improve the "condition of the African race." That same year, the Constitutional Convention in Philadelphia set a date to end the international slave trade but maintained the institution of slavery.³³ In 1793, despite protests by members of Philadelphia's black community, Congress passed the first Fugitive Slave Act that allowed the seizure of allegedly escaped slaves without a legal warrant.³⁴ Not surprisingly, black Philadelphians faced social, political, and economic marginalization in the "city of brotherly love." Still, Philadelphia's Quaker reputation and the PAS's legal manumissions drew African Americans to the city. By mid-1793, Philadelphia's African American population was 3,320 out of a total population of 51,200. Sarah Bass spent her young adulthood in the midst of the largest free black community in the United States. To use Gary Nash's phrase, Philadelphia's black community "forged freedom" as they rediscovered a pride in their African heritage while creating new blended cultural forms that included healing practices.³⁵

³³ David Waldstreicher, *Slavery's Constitution: From Revolution to Ratification* (New York: Hill and Wang, 2009).

³⁴ Edward Needles, *An Historical Memoir of the Pennsylvania Society for Promoting the Abolition of Slavery* (Philadelphia: Merrihew and Thompson, Printers, 1848; repr., New York: Arno Press, 1969), 29. For Constitutional Convention debates, see also Richard D. Brown, *Major Problems in the Era of the American Revolution, 1760–1791*, 2nd ed. (Boston: Houghton Mifflin Company, 2000), 404–10; Nash, *Forging Freedom*, 100–61; Gary B. Nash and Jean R. Soderlund, *Freedom by Degrees: Emancipation in Pennsylvania and its Aftermath* (New York: Oxford University Press, 1991), 137–93.

³⁵ Pennsylvania's radical 1776 constitution theoretically granted some African Americans voting rights, but social pressures prevented them from going to the polls. For additional discussion of ambiguities in Philadelphia, see Newman, *Freedom's Prophet*, 111, and Donald R. Wright, *African Americans in the*

Philadelphia City Directories in the 1790s listed black freedpersons in a variety of occupations. Men were employed as laborers, carpenters, and mariners, while others found entrepreneurial success as chimney sweeps, caterers, and hairdressers. Some African American men combined the trade of barber with that of medical bleeder. African American women worked as washerwomen, hucksters, fruiterers, herb sellers, live-in domestics, or day household workers. A few worked as teachers in African American schools, and at least three owned property. Although the directories rarely list nurses of any ethnicity, other sources suggest that African American women provided nursing care in Philadelphia households, often as a part of their domestic duties. Some African American women created entrepreneurial businesses as doctors, herb sellers, or as boardinghouse owners.³⁶ Neither Sarah Bass nor Mary Scott is listed in Philadelphia City Directories. However, Absalom Jones is described as a shopkeeper, and Richard Allen is recorded as a shoemaker, chimney sweep, and later as a master chimney sweep with apprentices.³⁷

As increasing numbers of black workers moved to Philadelphia, Jones and Allen recognized the need for a mutual aid society to assist families when the male or female head of household became ill, disabled, or died. In 1787, Allen and Jones founded the

Colonial Era: From African Origins Through the American Revolution (Arlington Heights, IL: Harlan Davidson, 1990), 89.

³⁶ Hogan, *Prospect of Philadelphia*, 37, 79, LCP, includes “Af. Polly Haine,—Pepper-pot-maker, Af. Jane Gibbs,—Washer, and Af. Isabella Aron,—Huckster,” and other African American women workers. See also James Hardie, *The Philadelphia Directory and Register: Containing the Names, Occupations and Places of Abode of the Citizens* (Philadelphia: T. Dobson, 1793); Dunbar, *Fragile Freedom*, 43–8; Nash, *Forging Freedom*, 102–3; Billy G. Smith, *The ‘Lower Sort’: Philadelphia’s Laboring People, 1750–1800* (Ithaca, NY: Cornell University Press, 1990), 193–6; Joe Trotter and Eric Ledell Smith, eds., *African Americans in Pennsylvania: Shifting Historical Perspectives* (University Park: Pennsylvania State University Press, 1997), 81–4.

³⁷ Hogan, *Prospect of Philadelphia*, 146, LCP. Sarah Bass is not named in *Philadelphia City Directories* for 1791, 1793, or 1794.

nondenominational FAS in response to a lack of social services for African Americans.³⁸ Allen and Jones, who were members at St. George's Methodist Church, also began plans for a separate autonomous African Church. Sarah Bass was likely a congregant at St. George's and a participant in FAS activities. Although the FAS's official membership was male, women were involved with the organization.³⁹ In 1787 and 1788, the FAS regularly met in the widow Sarah Dougherty's home, and women could vote on decisions regarding recipients of FAS aid money.⁴⁰

Allen and Jones' choice of "African" in both the church and the benevolent organization's titles demonstrates the community's sense of pride in their African culture and their recognition of the need to create black-run organizations. This practice continued with later black women's benevolent organizations. Sarah Bass may well have joined Allen, Jones, Sarah Dougherty, "Mother" Duncan, Jane Ann Murray, and other African American women and men who walked out of St. George's to protest segregated seating.⁴¹ Bass was certainly a founding member of the ultimately autonomous Bethel

³⁸ Julie Winch, *Philadelphia's Black Elite*, 4.

³⁹ Julyanne E. Dodson, *Engendering Church: Women, Power, and the AME Church* (Lanham, MD: Rowman & Littlefield Publishers, 2002), 10.

⁴⁰ Dodson, *Engendering Church*, 10, 11. Women could vote in decisions on distribution of FAS aid money. James Oliver Horton found that women played similar key support roles in Boston's black churches, and as in Philadelphia, some served as itinerant or substitute informal ministers. See James Oliver Horton, "Freedom's Yoke: Gender Conventions among Antebellum Free Blacks," *Feminist Studies* 12, no. 1 (1986): 55.

⁴¹ See George, *Segregated Sabbaths*, 40–51. On June 19, 1794, Richard Allen formed Bethel Methodist Episcopal Church out of Saint George's Methodist. Allen formed two Methodist "classes," which were Bible study and accountability groups central to church organization and fellowship. The Monday evening class led by Blades Wildgoose included Richard Allen and his first wife Flora, Sarah Bass, Benjamin Clark, William Hogen, Eli Sans, Jonathan Trusty, Ether Trusty, Daniel Smith, Dieleh Johnson, Charles Wansley, Elihu Samons, and Jane Anderson. The members of John Clinton's class included James Gibbs, David Jackson, Peter Petekin, Jupiter White, Hill, Solomon Brittanham, Stephen Miller, Francis Spires, Elizabeth Claypoole, Saborah Morris, Pricilla Perkins, Cynthia Bell, Esther Freeman, Sabrina Miller, Lucy White, Jane Gebron, and Mary Spires. See Melton, *A Will to Choose*, 94, and *African Methodist Episcopal Church, Class Leader's Book of Members of the Bethel African Methodist Church* (Baltimore, 1852), 16.

AME Church, because she appears in one of Bethel's original two Methodist bible study and accountability class lists, along with Richard Allen and his first wife, Flora. These "classes," which represented the "building blocks" of the church, had been part of St. George's. African American women like Bass were central to church and community building. They led and participated in "prayer bands" and created supportive female religious networks; some were informal preachers.

Black churchwomen like Sarah Bass were responsible for developing a perception of African American Christian respectability that contributed to the "social uplift" of their community. In this role, they were subject to surveillance and criticism from Euro-Americans in the city. However, as later Bethel Church records demonstrate, black churchwomen also policed the members of their community to conform to standards of female Christian sobriety, modesty, and sexual purity. In addition, they encouraged non-church members of the African American community to avoid being labeled "drunken" or "disorderly."⁴² Although this watchfulness may seem intrusive, it underlines black women's power to "uplift the race" through the performance of respectability.

According to historian Joanne Pope Melish, northern urban free black women were "supremely self-conscious actors," who realized that their job "was not simply to raise and train virtuous black children, parallel to the role of white women; it was to stand

Also cited in Dodson, *Engendering Church*, 22. See also, Albert J. Raboteau, *A Fire in the Bones: Reflections on African American Religious History* (Boston: Beacon Press, 1995), 79–88.

⁴² Dunbar, *Fragile Freedom*, 48–53. Black female exhorter Jarena Lee (1783–?) wrote about the importance of the support networks of women's prayer bands in her autobiography, *The Life and Religious Experience of Jarena Lee* (Philadelphia: Printed and Published for the Author, 1836), 13. According to Lee, parting from this spiritual sisterhood when her husband moved from Philadelphia to New Jersey was "hard" and "a great trial."

for the race, always and in all behavior and speech.”⁴³ Black women’s public roles potentially conflicted with black men’s efforts to reject the vestiges of slavery’s disempowerment and to assert their masculinity by conforming to gender roles that expected men to be the protectors and providers for their allegedly submissive female kin. Free African American churchwomen often found themselves amid these conflicting gendered cross-currents that required them to assume the modest domesticity of elite white women while simultaneously working outside the home to support families and publically engaging in antislavery and civil rights activism.⁴⁴ Sarah Bass had to take care as she performed her multiple roles in her community and in the broader Philadelphia society. Still, by participating in organizations like the FAS and the African Church, black women and men could work together to support their community.

Claiming a Place at the Millennial Banquet Table

Considering her work under FAS auspices during the epidemic, it is likely that twenty-nine-year-old Bass was among the 200 people who gathered for the celebratory banquet commemorating the raising of the African Church on August 22, 1793. That miserably hot summer day must have been alive with possibilities. The smell of freshly sawn wood and the soaring roof beams evinced the proud words of the mutual aid organization’s articles of incorporation: “We the free Africans and their descendants, of

⁴³ My thanks to Joanne Pope Melish for her unpublished comments on my paper titled, “The Vindication of Sarah Bass: Race, Sensibility, and Nursing in the 1793 Philadelphia Yellow Fever Epidemic” presented at the Society for Historians of the Early American Republic’s Annual Meeting, July 2013, in Saint Louis, MO. See also, Joanne Pope Melish, *Disowning Slavery: Gradual Emancipation and “Race” in New England, 1780–1860* (Ithaca, NY: Cornell University Press, 1998), 122–31. Melish notes that charges of “disorderliness” directed at black women were more numerous after the American Revolution.

⁴⁴ Horton, “Freedom’s Yoke,” 51–76.

the City of Philadelphia.”⁴⁵ As FAS members celebrated the fulfillment of their dream of an independent church, Philadelphia newspapers reported that in Revolutionary France, people of color appropriated the French National Assembly’s radical claims of liberty, equality, and brotherhood to claim citizenship and to agitate for the abolition of slavery. According to the *Philadelphia Independent Gazetteer*, a marching band of black Parisians paraded into the National Assembly, celebrating new abolitionist legislation that “raised them to the rank of MEN.” Other articles voiced fear that “the contagion of liberty is catching and spreading,” since it appeared that the French Revolution was destabilizing political, gender, race, and class hierarchies.⁴⁶ Liberty’s fire had certainly ignited slave revolts on the French Caribbean colony of Saint Domingue, and refugees flooding into Philadelphia brought news of people of color seizing freedom by force. James Forten, Philadelphia’s most prominent black businessman, later remembered that Philadelphia’s African American community was electrified by news from Saint Domingue, but he also recognized that they needed to keep a low profile to avoid exacerbating Euro-Americans’ anxieties over slave revolts.⁴⁷ Sarah Bass and other black Philadelphians at the African Church dedication shared a renewed community consciousness amid waves of radical revolutionary fervor.

⁴⁵ The only extant FAS minutes were recorded in Douglass, *Annals of the First African Church*, 15. Apart from a few church registers, all other records were lost. See Robert Ulle, “A History of St. Thomas’s African Episcopal Church, 1794–1865” (PhD diss., University of Pennsylvania, Philadelphia, 1986), 30–2. Jones, Allen, and several other male FAS members are listed in the 1790 census. See <http://www.usgwcensus.org/cenfiles/pa/philadelphia/1790/pg190.txt>, accessed July 6, 2014. See also Clement Biddle, *The Philadelphia Directory* (Philadelphia: James and Johnson, 1791), 3. For weather, David Rittenhouse, “Meteorological Observations,” in M. Carey, *Short Account*, 105

⁴⁶ *Independent Gazetteer* (Philadelphia), October 5, 1793, and *Federal Gazette*, August 20, 1793; *Federal Gazette*, August 20, 1793.

⁴⁷ Winch, *A Gentleman of Color*, 210; Winch, *Philadelphia’s Black Elite*, 4.

At the church-raising celebration, FAS members served a banquet to express appreciation for their prominent white supporters in attendance. Dr. Benjamin Rush recorded that he offered two optimistic two toasts:

“Peace on earth and good will to men,” and “May African churches everywhere soon succeed African bondage.” After which we rose, and the black people (men and women) took our seats. Six of the most respectable of the white company waited on them, while Mr. Nicholson, myself, and two others . . . set down with them.⁴⁸

Although Gary Nash argues for the “separate but equal” aspects of this dining turnabout, Rush’s inclusion of African American women is also significant. For women like Sarah Bass who were born enslaved, taking an equal place at the table with white men while being *served* by them represented a powerful reversal of racial, class, and gender hierarchies. Rush noted that FAS leader William Gray was moved to tears of sensibility as he addressed the gathering.⁴⁹ For Methodists like Bass, Gray, and Allen, the dinner likely suggested the biblical parable of the wedding feast that symbolized the coming of a just heavenly kingdom. In the biblical parable, as at the African Church banquet, marginalized people claimed an equal place at the millennial banquet table and experienced justice as the true inheritors of the Kingdom of God.⁵⁰ As historian Gary

⁴⁸ Benjamin Rush to Julia Rush, August 22, 1793, in L. H. Butterfield, *Letters of Benjamin Rush, 1793–1813*, vol. 2 (Princeton, NJ: Princeton University Press, 1951), 639. This event is also described in ed., George W. Corner, *The Autobiography of Benjamin Rush: His “Travels Through Life” Together with his Commonplace Book for 1789–1813* (Westport, CT: Greenwood Press, 1948), 228. For clarity, I used the Commonplace Book’s version of the toast “May African Churches . . . succeed African bondage,” as opposed to the letter version, “succeed *to* African bondage,” which obscures his meaning. Gary Nash’s classic study analyzes the banquet’s “racial reciprocity” and “separate but equal” aspects in *Forging Freedom*, 1–2, 121. The founding of the African Church is also described in Richard Allen, *The Life Experiences and Gospel Labors of the Rt. Rev. Richard Allen* (Philadelphia: Martin and Boden, Printers, 1833; repr., New York: Abingdon Press, 1960), 12–4.

⁴⁹ Benjamin Rush to Julia Rush, August 22, 1793, in Butterfield, *Letters*, vol. 2, 639.

⁵⁰ See Lk. 14:16–24, King James Version. For a slightly different version of the parable of the wedding feast, see Matt. 22:1–4. In the Gospel of Luke, Jesus tells the parable of a wealthy man who called his invited guests to a lavish banquet. This “master” was angry when the invited guests declined to come and

Nash points out, it was a short step from claims of spiritual equality to African Americans' demands for civil equality and justice.⁵¹ Despite their marginalized status, the egalitarian theology of their evangelical faith and the natural rights discourse of the ongoing French Revolution gave Sarah Bass and other FAS participants reason to hope and strive for a more equal polity.

With this empowering millennial imagery fresh in their minds, Bass and the FAS volunteers placed themselves on the front lines of a deadly epidemic. The *Narrative* cites the names of both Mary Scott and Sarah Bass in addition to describing the benevolent actions of three other unnamed women. Naming women in print potentially compromised a woman's respectability, as it connoted a "public woman" or prostitute, and this would have been of concern for Bass and Scott. However, it is unlikely that the Reverends Jones and Allen cited these women's names without their permission. As we have seen, Bass had been in a close-knit Methodist "class" with Richard and Flora Allen, so she would have been comfortable approaching Allen. Bass and Scott felt strongly enough about the importance of the public perceptions of their nursing services that they essentially "signed their names" to one of the first black protest pamphlets arguing for civil equality

offered only flimsy excuses. In response, the master ordered his servant to go to the streets and to bring in the outcasts, "the poor, the maimed, the halt [crippled], and the blind." As Jesus explained to his listeners, if one invites one's friends to a banquet, they will reciprocate, providing a mere earthly reward. However, if one invites marginalized people who "cannot recompense thee," one "will be repaid at the resurrection of the just." According to Jesus, the absent invited guests who had expected to enjoy the rewards of the heavenly kingdom would "not taste of my supper." In the biblical banquet, like that in Philadelphia, roles were reversed: marginalized people experienced justice as the true inheritors of the Kingdom of God. See also Methodism's founder's commentary on this verse in John Wesley, ed., *The New Testament with Explanatory Notes* (Halifax, Nova Scotia: William Nicholson and Sons, 1869), 180–2. Wesley interpreted the passage to mean, "he that exalteth himself shall be abased, and he that abaseth himself shall be exalted."

⁵¹ Jones and Allen were educated at Anthony Benezet's school and they were likely literate. However, evangelical theology was also an oral culture shared in sermons, prayers, and hymns. Charles Wesley's hymn "Come Let us Join Our Friends Above" (1759) reflected similar millennial sentiments. (Charles was John Wesley's brother.) See *The United Methodist Hymnal* (Nashville, TN: United Methodist Publishing House, 1989), #706.

and abolition. They may well have been part of the contingent that “solicited” Jones and Allen to write the *Narrative*.

“Our Services Were the Production of Real Sensibility”

According to Jones and Allen, Sarah Bass was “a poor black widow” who “gave all the assistance that she could.” Mary Scott’s nursing services were so valued by one family that they provided her with an annuity. Jones and Allen continue, “An elderly black woman nursed with great diligence and attention; when recovered he asked what he must give for her services she replied “a dinner master on a cold winter’s day.” They explained, “She went from place to place rendering every service in her power without an eye to reward.” The ministers also cite a “young black woman” who was “requested to attend one night upon a white man and his wife, who were very ill, no other person could be had—great wages were offered her—she replied, I will not go for money.” Jones and Allen note with regret, “She was afterward very ill with fever.”⁵² Although as Philip Gould argues, the pamphlet war became embroiled in economic issues over the value of nurses’ wages, it was important for Jones and Allen to assert that FAS nurses provided benevolent *volunteer* services, as appropriate for refined charitable women.⁵³ By disengaging their actions from the dependency of wage labor, Bass and the nurses strengthened their performance of religious and republican service.

⁵² Jones and Allen, *Narrative*, 11–12. See also Powell, *Bring Out Your Dead*, x, xvii; Klepp, “How Many Precious Souls,” 164–9.

⁵³ Philip Gould, “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia,” *Early American Literature* 35 (2000): 157–86; Philip Gould, *Barbaric Traffic: Commerce and Antislavery in the Eighteenth-Century Atlantic World* (Cambridge, MA: Harvard University Press, 2003), 152–89. See also Jacquelyn C. Miller, “The Wages of Blackness: African-American Workers and the Meanings of Race during Philadelphia’s Yellow Fever Epidemic,” *Pennsylvania Magazine of History and Biography* 129 (2005): 163–94.

However, since most free black women were in fact dependent on employer referrals for their work as domestics and nurses, the issue of respectability was also woven into concerns that character defamation would negatively affect FAS nurses' future earning potential. The wage issue was complicated by the fact that some caregivers detached themselves from the FAS so that they could accept higher wages offered by employers competing for their services.⁵⁴ Jones and Allen then attempted to fix reasonable prices for nursing services, but they had no real control over the actions of nurses outside FAS auspices in the midst of a civic crisis in which all goods and services were wildly overpriced. Bass and the nurses inadvertently found themselves mired somewhere between the performance of elite Ladies Bountiful, who benevolently provided healthcare gratis, and lower class healers who charged for their services. This was particularly problematic during the height of the epidemic when some nurses, including Bass, received remuneration pressed upon them by grateful patients in appreciation for their life-saving services.

In addition, the FAS nurses' work underscored a tension between the nurses' public civic activism to advance black equality ("public" women *not* ladies) and their private performance of respectability and sensibility as "ladies," which dignified African Americans. In the racialized context of 1793 Philadelphia, black women healers had difficulty finding the balance in public perceptions that were successfully maintained by elite Euro-American healers like Margaret Hill Morris and Dr. Benjamin Rush. Morris and Rush could assert that their services were based on religiously motivated

⁵⁴ Jones and Allen, *Narrative*, 8.

benevolence, even as they were paid for their work. In the *Narrative*, Jones and Allen attempted to keep the focus on benevolence not wages, arguing that they could “with certainty assure the public that we have seen more humanity, more real sensibility from the poor blacks than the poor whites.”⁵⁵

By affirming the FAS volunteers’ “humanity” and “real sensibility” and asserting that “our services were the production of real sensibility,” Jones and Allen invoked a popular transatlantic cultural movement. Sensibility’s performative language operated in a variety of cultural registers to evoke sensations of sympathy and to prompt benevolent actions that comforted pathetic sufferers.⁵⁶ The cultural movement of sensibility influenced novels, plays, poetry, political treatises, abolitionist tracts, and evangelical literature. While sensibility served as a compelling rhetoric for evangelical and abolitionist movements, it was also a marker of refinement. In the *Narrative*, Jones and Allen creatively melded several strands of sensibility, including activist benevolent

⁵⁵ Jones and Allen, *Narrative*, 11. I appreciate Joanne Pope Melish’s unpublished comments on my paper, “The Vindication of Sarah Bass: Race, Sensibility, and Nursing in the 1793 Philadelphia Yellow Fever Epidemic,” presented at the annual meeting of the Society for Historians of the Early American Republic, July 2013, Philadelphia, PA. As Melish trenchantly notes, “The market economy was not a fruitful environment for the exercise of Republican virtue and self-sacrifice, the extension of bonds of sympathy. Paradoxically, the refusal of wages on the part of Sarah Bass and her sisters was a clear demonstration of their freedom; by refusing wages, they extended those bonds and staked a claim to republican virtue that suggested they were better citizens than the whites who hid and fled and turned their back on the needs of others. The outrage of Mathew Carey, and the fact that the debate became all *about wages*, are signals that Carey recognized the real significance of such a refusal.”

⁵⁶ Jones and Allen, *Narrative*, 4. There is a large, diverse body of literature on sensibility. See for example, Janet Todd, *Sensibility: An Introduction* (London: Methuen, 1986), 3–77; Sarah Knott, “Benjamin Rush’s Ferment: Enlightenment Medicine and Female Citizenship in Revolutionary America,” in *Women, Gender, and Enlightenment* (New York: Palgrave, 2005), 649–66; G. J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago: University of Chicago Press, 1995); Brycchan Carey, *British Abolitionism and the Rhetoric of Sensibility: Writing, Sentiment, and Slavery, 1760–1807* (New York: Palgrave MacMillan, 2005), 1–9, 18–21; Claudia Johnson, *Equivocal Beings: Politics, Gender, and Sentimentality in the 1790s* (Chicago: University of Chicago Press, 1995).

evangelicism and emotive aspects of classical republicanism to describe Sarah Bass and the nurses' actions during the epidemic.

Sensibility was closely linked with the evangelicism practiced by many FAS members, and its humanitarian precepts offered opportunities for women healers like Bass to assert their medical authority as part of their ministry as spiritual adepts and preachers. For evangelical ministers like Richard Allen and Methodism's founder John Wesley, healing was an ideal way to minister to the whole person that included the converts' physical and emotional as well as spiritual facets. One of Wesley's goals in publishing his popular health manual, *Primitive Physic: Or, An Easy and Natural Method of Curing Most Diseases*, was to educate itinerant Methodist ministers so that they could treat their congregants' illnesses.⁵⁷ His remedies paralleled those commonly found in women's medical recipe books. Wesley also appointed female "deaconesses" to visit the sick.⁵⁸ Jones and Allen were trained as medical bleeders in addition to their chimney sweep and dry goods businesses, which offered them opportunities to minister to the sick. To be truly human was to feel a fellow sufferer's pain. This is clear in the following hymn that was popular among Methodists, written by the dissenting abolitionist, Anna Aikin Barbauld:

⁵⁷ John Wesley, *Primitive Physic: or An Easy and Natural Method of Curing most Diseases* (Philadelphia: Prichard & Hall, 1789), LCP. John Wesley's perspective on healing the whole person is also reflected in his brother Charles' hymns. See also Deborah Madden, *A Cheap, Safe and Natural Medicine: Religion, Medicine, and Culture in John Wesley's Primitive Physic* (New York: Rodopi, 2007).

⁵⁸ John Wesley appropriated the deaconess role after his positive encounters with Moravians. See Paul W. Chilcote, *She Offered Them Christ: The Legacy of Women Preachers in Early Methodism* (Nashville, TN: Abingdon Press, 1993), 21–2.

Blest is the man whose softening heart
Feels all another's pain
To whom the supplicating eye
Was never raised in vain.

Whose breast expands with generous warmth
A stranger's woes to feel;
And bleeds in pity o'er the wound
He wants the power to heal⁵⁹

Humanitarian people intent on offering spiritual and physical healing must figuratively bleed in sympathy along with the sufferer.

John Wesley's hymnodist brother, Charles, made the link between physical healing and sensibility more explicit in one of his hymns that was popular on multiethnic camp meeting circuits. Charles Wesley began by affirming that to care for the poor, sick, and imprisoned was akin to caring for Christ himself. Wesley continued, "In Sickness will I make his Bed/The Cordial Draught [medication] prepare/My Hands shall hold his fainting Head/And all his Burthen [burdens] bear."⁶⁰ In addition, in evangelicism's reverse spiritual economy, the least became the greatest in God's millennial kingdom: a self-sacrificing, servant-healer could become an ideal leader, channeling Jesus' role as

⁵⁹ For the links between Methodism and sensibility as articulated by women hymnists like Anna Aikin Barbauld (1743–1825), see Barker-Benfield, *Culture of Sensibility*, 266–270. Barbauld's hymn echoes the famed hymnodist Isaac Watt's earlier and earthier hymn that invokes humoral theory: "Blest is the man whose bowels move/And melt with pity to the poor." (1719). See also, Anna Laetitia Barbauld, *Ninety-Eight Poems* (PoemHunter.Com, 2012), http://www.poemhunter.com/i/ebooks/pdf/anna_laetitia_barbauld_2012_6.pdf (Accessed November 7, 2013). See also Charles Wesley, *Short Hymns on Select Passages of the Holy Scriptures*, vol. 2 (Bristol, England: F. Farley, 1762), 15: "I want the weeping prophet's heart:/O might my Lord to me impart/That bleeding sympathy!/On me, thou Man of griefs, bestow/ the spring of tears, the depth of we, The love that was in thee." Susan E. Klepp and Roderick MacDonald quote this in "Inscribing Experience: An American Working Woman and an English Gentlewoman Encounter Jamaica's Slave Society, 1801–1805," *The William and Mary Quarterly*, 3rd ser., 58, no. 3 (2001): 637–60.

⁶⁰ The hymn begins by affirming that to care for the poor, sick, and imprisoned is to care for Christ himself. "Sick and in Prison will I find/And all his Sorrows cheer/Or bring Him forth, and doubly kind/Relieve, and tend Him here./ In Sickness will I make his Bed/The Cordial Draught prepare/My Hands shall hold his fainting Head/And all his Burthen bear." See Charles Wesley, *Hymns and Sacred Poems*, vol. 1 (Bristol, England: Felix Farley, 1749), 215.

“the Great Physician.” Nursing and acts of healing provided Bass and the FAS nurses opportunities to embody empowering Christ-like service by potentially laying down their lives to save others. In Christian theology, this was the greatest act of love, as it paralleled Christ’s sacrifice on the cross.⁶¹ It is important not to underestimate the cultural power of the discourses of religious sensibility and the lived experiences of evangelical fervor and belief.

Feeling the Pain of the Enslaved

Evangelicals, like Wesley, Allen, and Jones, also mobilized the rhetoric of sensibility to promote their antislavery agendas. The language of sensibility and Christian humanitarian manhood is evident in the questions John Wesley posed to an imagined slave trader in *Thoughts Upon Slavery*:

Are you a *man*? Do you never *feel* another’s pain? Have you no Sympathy? When you saw the flowing eyes . . . or the bleeding sides . . . of your fellow-creatures, was you a stone, or a brute?⁶²

Wesley’s words invoke the image of Jesus’ suffering and crucifixion and link it to a beaten slave to evoke religious sympathy in readers. Although antislavery activists used representations of “poor Africans” and pathetic, disempowered slaves to win public sympathy for their cause, these images also served to render blacks as helpless victims.

⁶¹ See John 15:13, King James Version: “Greater love hath no man than this, that a man lay down his life for his friends.” This is also the moment when Jesus refers to his followers as friends, equalizing their relationship.

⁶² John Wesley, *Thoughts Upon Slavery* (Philadelphia: Reprinted by Joseph Crukshank, 1774), LCP. Also cited in Carey, *British Abolitionism*, 150–1.

As African-descended people joined the abolition movement and entered the public sphere of print media, they contested these disempowered stereotypes.⁶³

Jones and Allen joined other black abolitionist writers like American poet Phillis Wheatley and British authors Olaudah Equiano and Ignatius Sancho, who used the rhetoric of sensibility to persuade their readers of the hard-hearted immorality of slavery. As historian Richard Newman points out, African Americans' entrance into the virtual "republic of print" posed a strong argument for their intellectual equality as well as their humanity.⁶⁴ Phillis Wheatley provided a role model for African American women like Bass and other FAS women. Like Wheatley, Bass transitioned from slavery to freedom and chose to engage in political issues of slavery and citizenship. As historian Gary Nash notes, there is no surviving evidence of the Philadelphia black community's connection to Wheatley's writings. However, it seems highly unlikely that the group associated with Jones and Allen was unaware of Wheatley's shrewdly politicized poetry as well as her status as the first published black poet in America.

Wheatley's book and works by Equiano and Sancho were available in Philadelphia bookstores. Jones and Allen indirectly communicated with the preeminent

⁶³ Julie Ellison, *Cato's Tears and the Making of Anglo-American Emotion* (Chicago: University of Chicago Press, 2000), 18. See also Helen Thomas, *Romanticism and Slave Narratives: Transatlantic Testimonies* (New York: Cambridge University Press, 2000), 5–6; Kathleen Wilson, *The Island Race* (New York: Routledge, 2003), 55–8; Laura Stevens, *The Poor Indians* (Philadelphia: University of Pennsylvania Press, 2004).

⁶⁴ Newman, *Freedom's Prophet*, 32; Newman, Rael, and Lapsansky, *Pamphlets of Protest*, 2–28; Newman, "Protest," 181–5. While in literary circles sensibility was in decline in the 1790s, its rhetoric and tropes persisted into the nineteenth century in abolitionist writings. For sensibility and abolitionism, see Carey, *British Abolitionism*, 19, 39, 132–42; David Brion Davis, *The Problem of Slavery in the Age of Revolution, 1770–1823* (Ithaca, NY: Cornell Press, 1975), 45–6. Davis also analyzes the wide array of ideologies encompassed by the terms "abolition" and "antislavery" including the amelioration of slaves' condition, abolition of the slave trade, and immediate abolition of slavery. See also Vincent Carretta, *Equiano: The African* (Athens: University of Georgia Press, 2005) and Vincent Carretta, ed., *Phillis Wheatley: Complete Writings* (New York: Penguin, 2001).

London abolitionist Granville Sharp through Benjamin Rush, who exchanged news of the progress of Philadelphia's African Church and abolitionist activism in letters brimming with "feeling."⁶⁵ Jones and Allen's fluent use of the language of abolitionist sensibility underscored these transatlantic connections. Sharp had met with Wheatley and supported her writings during her authorial tour of England in the mid-1770s. Surely Allen, Jones, Bass, and the women and men participants in their society kept alive the memory of a woman that historian David Waldstreicher calls the "most famous individual of African descent in England and America" and a "lightening rod" for debates over slavery during the mid-1770s and early 1780s. Waldstreicher argues persuasively that Wheatley's poems were intentional, strategic assaults on the slave system that shaped the politics of slavery and prompted responses from prominent abolitionists and politicians on both sides of the Atlantic.⁶⁶

It is unclear whether volunteer nurses like Sarah Bass were literate at this time. However, even nonliterate black women and men shared an active oral culture through which they could internalize the rhetoric of abolitionist sensibility just as they imbibed evangelicism's potentially subversive, egalitarian theology through camp meetings, sermons, and hymns.⁶⁷ The nurses are certainly presented in the *Narrative* as empowered

⁶⁵ Benjamin Rush to Granville Sharp, *The Selected Writings of Benjamin Rush*, ed., Dagobert D. Runes (New York: Philosophical Library, 1947), 24. In addition, the Pennsylvania Abolition Society corresponded with the London Society for the Abolition of the Slave Trade to share positive reports on the ability of free blacks to be "orderly and useful citizens." See Nash, *Forging Freedom*, 3–4.

⁶⁶ Waldstreicher, "Wheatleyan Moment," 527.

⁶⁷ Allen, *Life Experiences*, 6–17; Sylvia Frey and Betty Wood, *Come shouting to Zion: African American Protestantism in the American South and British Caribbean to 1830* (Chapel Hill: University of North Carolina Press, 1998), xii, 104–10, 127–37, 165; Jon R. Sensbach, *Rebecca's Revival: Creating Black Christianity in the Atlantic World* (Cambridge, MA: Harvard University Press, 2005), 1–8, 66–70; Christine L. Heyrman, *Southern Cross: The Beginnings of the Bible Belt* (Chapel Hill: University of North Carolina Press, 1997), 165, 203.

healers enacting “sensible” benevolence through healing. The FAS leaders’ participation in an international abolitionist discourse and an early black public sphere gave their pamphlet cultural authority and introduced Bass and other black female nurses’ performance of humanitarian civic service to a wide transatlantic audience.

As the 1793 *Narrative*’s appended antislavery tracts make clear, Jones, Allen, Bass, and the nurses understood that progress toward free African American equality was predicated on the emancipation of those still enslaved.⁶⁸ In a style that reflects the language of sensibility, Jones and Allen addressed their abolitionist audience directly: “You sympathize with us in the heart-rendering distress, when the husband is separated from the wife, and the parents from the children.” After contemplating these scenes of heartbreaking enslaved families’ separations due to their sale by slaveholders, “the tear of sensibility trickles from your eye” and “your righteous indignation is roused.”⁶⁹ Enslaved families felt the pain of separations as equally as the abolitionist audience or Euro-American kin might, and this proved their common humanity.

According to literary scholar Brycchan Carey, central tenets of abolitionist sensibility were that “a sympathetic heart is common to all human beings” and that “equality of feeling proves the equal status of all human beings.”⁷⁰ Jones and Allen made the further theological assertion that all peoples, including those of African descent, are “children of one father who made of one blood all the nations of the earth.” In the *Narrative*, they argued for equal membership in the Christian community, frequently

⁶⁸ Jones and Allen, *Narrative*, 29–30; Lapsansky, “Abigail, A Negress,” 71; Carey, *British Abolitionism*, 2, 48.

⁶⁹ Jones and Allen, *Narrative*, 29.

⁷⁰ Carey, *British Abolitionism*, 39.

depicted in the Bible as the “Body of Christ,” which God put together to honor even the least important part.⁷¹ The joint abolitionist and evangelical movements provided a politico-religious platform for FAS leaders, Bass, and her fellow nurses to question slavery’s morality and to expand the notion of spiritual equality into a mandate for civil equality and emancipation. Jones and Allen’s declaration in the *Narrative* that the FAS nurses’ benevolent services were “the production of real sensibility” was a powerful assertion of African Americans’ humanity and equality.⁷²

Soldierly Nurses and Republican Sensibility

“Sensible” self-sacrificing evangelical abolitionist beliefs dovetailed nicely with the emotive rhetoric of classical republicanism reprised during the yellow fever epidemic and radicalized by articles about French revolutionary “citizens” and “citizenesses” featured in Philadelphia newspapers. In the fall of 1793, newspaper articles emphasized masculine sensibility and called for self-sacrificing citizens to battle the epidemic that was invading the city. Editors lauded benevolent Philadelphians like the FAS’ colleague Dr. Benjamin Rush, who remained “at their posts” in the city.⁷³ This language of feeling martial manhood was familiar to Philadelphians. From the time of the American

⁷¹ Jones and Allen, *Narrative*, 30. See the Acts 17:26 King James Version. This verse supports the biblical notion of monogenesis: that all peoples were the product of a single couple (Adam and Eve) and that all peoples are interrelated “family” rather than arising from multiple separate “racial” origins (polygenesis). See Colin Kidd, *The Forging of Races: Race and Scripture in the Protestant Atlantic World, 1600–2000* (New York: Cambridge University Press, 2006), 40–8, 76–84; Wilson, *The Island Race*, 77–8. The classic Bible verses describing the “Body of Christ” are in 1 Cor. 12: 1–31, King James Version. See also Rom. 12: 5 and Eph. 4:12.

⁷² Jones and Allen, *Narrative*, 4.

⁷³ *Independent Gazetteer*, September 21, 1793; *National Gazette*, October 26, 1793; *General Advertiser*, September 23, 1793; *Columbian Gazetteer* (New York), September 23, 1793; Carey, *Short Account*, 90; *Mayor Clarkson Committee Minutes*, 35, LCP. Julie Ellison argues that martial masculine sensibility was foundational to this cultural movement in *Cato’s Tears*, 48–56. See also Sarah Knott, *Sensibility and the American Revolution* (Chapel Hill: University of North Carolina Press, 2009).

Revolution, masculine sensibility had been portrayed in literary fiction and in tear-drenched, pathos-laden Roman dramas like Joseph Addison's *Cato* that were popular among elite military officers cum politicians like George Washington, Alexander Hamilton, and Benjamin Rush.⁷⁴ The play, based on the life of the Stoic Roman statesman Cato the younger, features virtuous citizens who, by definition, sacrifice personal interests for the good of the Republic and volunteer as soldiers to defend a besieged city. Plays of this genre were also viewed in theaters by a cross-section of the populace who imbibed the language of sympathetic martial manhood. Public military parades reinforced emotive martial pageantry.⁷⁵ The bonds of sympathy between soldierly "bands of brothers" coexisted with their assertions of "masculine" rationality. Bass and the nurses appropriated this rational masculinized soldierly image that contrasted sharply with stereotypes of African Americans as irrational and disempowered.

Carey also mobilized this rhetoric of martial sensibility during the epidemic, noting that he served his "tour of duty" as a patriotic member of Mayor Clarkson's

⁷⁴ Joseph Addison, *Cato: A Tragedy* (London: Chiswick Press, 1815); Ellison, *Cato's Tears*, 18.

⁷⁵ Addison, *Cato*; Ellison, *Cato's Tears*, 18. For the "Catoic image" and the play's relationship to *Cato's Letters* see Bailyn, *Ideological Origins*, 39–48. Washington so appreciated the play *Cato* that he arranged for it to be staged for his troops at Valley Forge. He included lines from *Cato* in his correspondence and in his farewell address. See also, François Furstenberg, *In the Name of the Father: Washington's Legacy, Slavery, and the Making of a Nation* (New York: Penguin, 2007), 200–16. Ironically, *Cato*, like *Caesar*, was a common name given by slave owners to enslaved men. See also, Knott, *Sensibility*, 187–92. Knott notes that army chaplain Abraham Baldwin combined "providentialism, natural rights, [and] republican ideology in an execution sermon. Susan Branson argues that in late eighteenth-century Philadelphia, classical republicanism coexisted with Lockean liberalism "that privileged the rights and freedoms of the individual over those of the states, and a culture of sensibility that placed value and importance on emotion and feeling and lent a legitimacy to the public dimensions of women's lives." See Susan Branson, *These Fiery Frenchified Dames: Women and Political Culture in Early National Philadelphia* (Philadelphia: University of Pennsylvania Press, 2001), 4–5. Linda Kerber, *No Constitutional Right to Be Ladies: Women and the Obligations of Citizenship* (New York: Hill and Wang, 1998), 236–42.

emergency civic committee.⁷⁶ As an Irish Catholic and a relative outsider, Carey attempted to promote his version of the civic crisis to advance his own standing in Philadelphia society and to exclude African Americans from recognition as model citizens. However, Jones and Allen noted that “Mr. Carey, although chosen a member of [Mayor Clarkson’s] band of worthies,” quickly fled the city. Carey’s absence is confirmed in the minutes of Mayor Clarkson’s ad hoc committee organized to provide emergency city services for the Philadelphia in the face of the fever disaster.⁷⁷ In his pamphlet responding to Jones and Allen’s *Narrative* titled *A Desultory Account of the Yellow Fever*, Carey grudgingly acknowledges the services of Jones, Allen, and a few others. However, he did not use martial language to describe their actions, nor did he retract his previous slander toward “the vilest of the nurses.”⁷⁸ Carey did laud the civic virtues of other white male Philadelphians, like merchant Stephen Girard, who worked with Mayor Clarkson’s volunteer citizen’s committee to organize the Bush Hill fever hospital. According to Carey, Girard worked as much as six hours a day at the hospital, and he even occasionally assisted patients, “handing them whatever they are in need of . . . wiping the sweat off their brows . . . and performing many offices of kindness to them at which nice feelings in any other circumstances would revolt.”⁷⁹ These “laudable and

⁷⁶ Carey, *Short Account*, 90; *Minutes of the Proceedings of the Committee*, 35. Since Carey missed the September 15 meeting of the mayor’s emergency committee, he also did not know that the committee chose to pay Bush Hill Hospital nurses from two to four dollars per day, which was comparable to the two to five dollars per day allegedly received by some home care nurses.

⁷⁷ Jones and Allen, *Narrative*, 8; *Minutes of the Proceedings of the Committee*, 3, 14, LCP.

⁷⁸ Mathew Carey, *A Desultory Account of the Yellow Fever, Prevalent in Philadelphia, and of the Present State of the City* (Philadelphia: M. Carey, 1793), 6–7.

⁷⁹ Carey, *Desultory Account*, 6–7.

dangerous offices” merited “the unceasing gratitude of [his] fellow citizens.”⁸⁰ Although Girard’s work deserved merit, Carey’s encomiums to the merchant must have been particularly galling to Sarah Bass and the slandered FAS nurses who soldiered on for days without respite in direct patient care.

In response, Jones and Allen cite a proverb that attributes martial sensibility to Bass and the courageous, but unappreciated, nurses, who “exposed their lives in the late afflicting dispensation”:

God and a soldier, all men do adore, in time of war, and not before;
When the war is over, and all things righted, God is forgotten, and the soldier slighted.⁸¹

The nurses’ “soldierly” actions were particularly notable compared with those of retired army officers like President George Washington and Alexander Hamilton, who fled the city early in the epidemic. The notion of African American women as nurse-soldiers blurred race and gender boundaries, particularly because black male soldiers were controversial. However, FAS nurses presented a heroic image that was less threatening than representations of armed men of African descent, like those portrayed in newspaper accounts fighting for their freedom in Saint Domingue. Rather than merely assimilating the dominant culture’s rhetoric of republican and evangelical sensibility, Jones and Allen appropriated its language and redeployed it to explain the Bass and FAS nurses’ public performance as courageous Christian soldiers risking their lives as they battled to save the city—by definition republican citizens. Their enactment challenged discourses that

⁸⁰ Carey, *Desultory Account*, 6–7.

⁸¹ Jones and Allen, *Narrative*, 21. I am uncertain of the origin of this oft-cited verse. It is quoted in a 1770 broadside, signed by the British “16th Regiment of Foot” expressing bitterness regarding the New York Sons of Liberty’s lack of appreciation for their service in the Seven Years’ War. See *The Pennsylvania Gazette*, February 15, 1770. Online quotation sources list the author as unknown.

defined citizenship as the purview of white males, especially those who displayed heroic martial masculinity.⁸²

Some religiously minded leaders of the early Republic like Dr. Benjamin Rush maintained that the “feeling” connections between soldiers who had created the martial camaraderie necessary for the success of the late Revolutionary War would also help to bind citizens together and build a nation.⁸³ Rush promoted a novel vision of the “man of enlightened sensibility and virtue—the new republican citizen.” His model citizen embodied Christian morality and benevolence along with self-sacrificing republicanism.⁸⁴ For Rush, sensibility was the guardian or “centinel [sentinel] to the moral faculty” and the glue that cemented ties between Christian American citizens.⁸⁵ In *Medical Inquiries*, Rush asserted that sensibility must be constantly “exercised” by a “familiarity with scenes of distress from poverty and disease,” which produce virtue in the citizen.⁸⁶ By Rush’s reckoning, their nursing role allowed Bass and the FAS nurses to “exercise” their sensibility and thus demonstrate civic virtues. Jones and Allen also use the term

⁸² Jones and Allen, *Narrative*, 11. By the 1740s in Britain, the discourse of physicians as valiant soldiers risking their lives to battle disease was widespread, which likely informed the heroic image of Florence Nightingale. See Michael Brown, “Like a Devoted Army: Medicine, Heroic Masculinity, and the Military Paradigm in Victorian Britain,” *Journal of British Studies* 49, no. 3 (2010): 592–622. Martial discourses also developed in relation to nineteenth-century female missionaries. See Judith Rowbotham, “‘Soldiers of Christ’? Images of Female Missionaries in Late Nineteenth-Century Britain: Issues of Heroism and Martyrdom,” *Gender and History* 12, no. 1 (2000): 84.

⁸³ John 15:13, King James Version: “Greater love hath no man than this, that a man lay down his life for his friends.” This oft-quoted verse was attributed to Jesus.

⁸⁴ Sarah Knott, “Sensibility and the American War for Independence,” *American Historical Review* 109 (2004): 35.

⁸⁵ Benjamin Rush, “An Enquiry into the Influence of Physical Causes on the Moral Faculty, Delivered Before the American Philosophical Society . . . on the 27th of Feb., 1786,” in Rush, *Medical Inquiries and Observations* (Philadelphia: T. Dobson, 1793), 44–5. Rush’s “Enquiry” was also published as an Oration printed in Philadelphia by Charles Cist in 1786. See also Bruce Dorsey, *Reforming Men and Women: Gender in the Antebellum City* (Ithaca, NY: Cornell University Press, 2006), 31–2, 83.

⁸⁶ Rush, *Medical Inquiries*, 44–5.

“exercise” in their positive description of nursing as “a considerable art, derived from experience, as well as the exercise of the finer feelings of humanity.”⁸⁷

In his novel *Arthur Mervyn* that chronicles the 1793 epidemic, Charles Brockden Brown supports this notion that the crisis offered an opportunity to demonstrate sensible virtues.⁸⁸ As Brown asserts, “Men only require to be made acquainted with distress for their compassion and their charity to be awakened.” For Brown, a depiction of “the evils of disease and poverty” calls “forth benevolence in those who are able to afford relief; and he who portrays examples of disinterestedness and intrepidity” is a model of virtue.⁸⁹ Like the novel’s physician–narrator and his wife who risked their lives to heal the fever-stricken Arthur Mervyn, Bass and the FAS nurses embodied idealized “disinterested benevolence.”

In a letter, Rush stated that he gave a “hint to the black people” that their nursing services in the epidemic offered a “noble opportunity” to “place them, on point of civil and religious privileges, upon a footing with” white Philadelphians.⁹⁰ By explicitly linking healing, sensibility, and citizenship, Rush encouraged FAS leaders and nurses to envision their healthcare services during the yellow fever crisis as a pathway to incorporation into the body politic. According to Jones and Allen, they chose to “imitate

⁸⁷ Jones and Allen, *Narrative*, 12.

⁸⁸ Charles Brockden Brown, *Arthur Mervyn: Memoirs of the Year 1793* (Philadelphia: H. Maxwell, 1799), vi, LCP. Brown’s close friend, Elihu Hubbard Smith, had studied medicine under Rush. William L. Hedges, “Benjamin Rush, Charles Brockden Brown, and the American Plague Year,” *Early American Literature* 7, no. 3 (1973): 295–311.

⁸⁹ Brown, *Arthur Mervyn*, vi.

⁹⁰ Benjamin Rush to Richard Allen (?), n.d., MSS. Corr. B. Rush, vol. 38, p. 32, cited in Winch, *Philadelphia’s Black Elite*, 15; Jones and Allen, *Narrative*, 19. Rush’s perception of himself as the instigator of the notion of healing as disinterested benevolence and proof of equality must be read carefully. Although it is likely that Rush discussed these ideas with Jones and Allen, by their account, the preachers approached Mayor Matthew Clarkson at their own initiative.

the Doctor's benevolence."⁹¹ Rush's letters to his wife demonstrate personal interactions with African American nurses, including discussion of the potential positive impact of the nurses' work. For example, Rush recorded a playful comment made to an FAS nurse he met on his rounds: "'Hah! Mama,' said I, 'we black folks have come into demand at last.' She squeezed my hand and we parted."⁹² Although Rush's appropriation of African American dialect may have been patronizing, his underlined phrase "we black folks" revealed that he identified with the nurses' efforts and confirmed that the white community valued their services.

However, because none of the nurses documented their experiences in the epidemic, it is difficult to ascertain the precise rationales for their volunteer services. It is likely that Methodist churchwomen like Bass had religious motivations. After noting that they were "solicited" by the nurses to write the *Narrative*, Jones and Allen explained that nursing during the epidemic was a "charge we took upon us." For Methodists, a "charge" implied a religious mission and a divine calling to "serve the present age" as exemplified by the popular Methodist hymn, "A Charge to Keep."⁹³ Jones and Allen's *Narrative* also reflects the politically charged atmosphere in the fall of 1793, and describes the nurses' actions in language that blends religious, abolitionist, and politicized motivations. It is important to remember that the nurses prompted Jones and Allen to publically proclaim

⁹¹ Rush to Allen (?), n.d., MSS. Corr. B. Rush, vol. 38, 32, cited in Winch, *Philadelphia's Black Elite*, 15; Jones and Allen, *Narrative*, 19.

⁹² Benjamin Rush to Julia Rush, September 10, 1793, in Butterfield, *Letters*, 657. Rush's cultural appropriation deserves further deconstruction.

⁹³ "A Charge to Keep" in Charles Wesley [the hymnodist brother of Methodism's founder, John Wesley], *Short Hymns*. The hymn is based on Lev. 8:35. The hymn begins, "A charge to keep have I/A God to glorify/A never-dying soul to save/And fit it for the sky/To serve the present age/My calling to fulfill/Oh, may it all my power engage/To do my Master's will!"

the true motives of their services. Allen and Jones explained that by performing “real sensibility” during the yellow fever epidemic, Bass and the FAS nurses’ actions spoke for all African Americans who demanded recognition of their humanity and civic equality. FAS leaders and nurses were exposed to various permutations of evangelical, abolitionist, and republican sensibility, and the nurses’ performance of benevolent Christian citizenship embodied all these complex strands. Healing bodies of the corruption of yellow fever symbolized curing the body politic of the sinful diseases of slavery and racial discrimination.

What’s in a Name? Changing Images of Nurses

Nursing was especially suited to demonstrate Bass’ and the volunteer nurses’ feelings of humanity *if* it could be linked to positive maternal images of Ladies Bountiful who benevolently nursed kin and neighbors in family households gratis. The culture of sensibility affirmed this representation. As discussed in the previous chapter, eighteenth-century discourses held images of nurses in tension between positive representations of Ladies Bountiful and negative depictions of degraded lower-class hired nurses who worked for pay in the public sphere. Hired nursing in hospitals or in nonfamilial homes was considered a servile job of last resort, even below domestic service. Paid nurses of the lower orders had a problematic longstanding association with criminality, drunkenness, theft, and prostitution. In this intimate service offered to physically vulnerable people, nurses held the power of harming as well as healing for the patient.

Nurses’ healing power created particular anxiety for patients during the epidemic, because nurses were often the only able-bodied persons in a household of sick patients. This independent role left nurses open to charges of theft as well as patient abuse and

neglect. In subsequent editions of his yellow fever accounts, Mathew Carey played on terrifying images of uncontrolled and dissolute nurses, likening the behavior of the nurses at the Bush Hill fever hospital to the worst excesses of the early eighteenth-century plague at Marseilles. Jones and Allen relate in the *Narrative*:

Mr. Carey tells us, Bush-hill exhibited as wretched a picture of human misery, as ever existed. A profligate abandoned set of nurses and attendants . . . rioted on the provisions and comforts, prepared for the sick, who . . . were left almost entirely destitute of every assistance. The dying and dead were indiscriminately mingled together. The ordure and other evacuations of the sick, were allowed to remain in the most offensive state imaginable. Not the smallest appearance of order or regularity existed. It was in fact a great human slaughter house, where numerous victims were immolated at the altar of intemperance.⁹⁴

Jones and Allen recognized that these images might easily be imputed to African American rather than Euro-American nurses, especially when combined with Carey's use of the term "the vilest of the blacks." As scholar Jeannine DeLombard argues, "Carey's print allegations exposed black Philadelphians to the very real hazards of extrajudicial censure and punishment."⁹⁵ Jones and Allen understood that it was important to clarify that only two African American nurses were part of the original group of Bush Hill nurses, and their services were so valued that they were rehired after the hospital was reorganized under the more orderly rule of Stephen Girard.⁹⁶ Although the African American men who also served as nurses could be denigrated for working in a servile and feminized role, black women were particularly vulnerable to Carey's printed defamations.

⁹⁴ Jones and Allen, *Narrative*, 9–10.

⁹⁵ Jeannine Marie DeLombard, *In the Shadow of the Gallows: Race Crime, and American Civic Identity* (Philadelphia: University of Pennsylvania Press, 2012), 139.

⁹⁶ Carey, *Short Account*, 61, LCP; Jones and Allen, *Narrative*, 10.

Negative images of nurses mirrored the binary stereotypes of African American women described by historian Deborah Gray White as either loyal, asexual, motherly domestics or uncontrolled, sensuous, and scheming “Jezebels.”⁹⁷ Nurses of all ethnicities faced similar binaries that vacillated between prostitutes and the virginal nuns who provided public nursing in Catholic countries.⁹⁸ As African Americans, lower-class freedwomen, and as caregivers, Bass and the FAS women’s performance of feeling Christian republicanism in the role of nurses left them open to just the sort of attacks leveled by Carey. Perceptions of women’s conduct were critical to the success of free African Americans’ strategies for “racial uplift” and respectability.⁹⁹ Allen notes in his appended abolitionist tract titled “To the People of Colour,” that “much depends” on free blacks’ behavior, as “the enemies of freedom” could cite freed persons’ who were “lazy and idle” as an excuse to “keep many in bondage.”¹⁰⁰

To create an aura of “respectability,” African American women had to appear sober and sexually pure as well as honest and industrious. In the stadial theories that were popular in this period, Enlightenment natural philosophers like Adam Smith looked to the women of a particular culture to determine where their “race” fit on the scale of “civilization” that allegedly progressed from hunter-gatherers, pastoralists,

⁹⁷ White, *Ar’n’t I a Woman*, 27–62. Although White argues that the binary of “Mammy” and “Jezebel” were more fully developed in the nineteenth century, the yellow fever epidemic supports her argument that the images had deeper roots. The references to the biblical Jezebel can be found in 1 Kings chapters 16, 19, and 21 and in 2 Kings chapter 9, Kings James Version. Rev. 2:20 also contains a negative New Testament reference to a prophetess named Jezebel who is a sexually promiscuous apostate, leading believers astray. Some feminist readings of the princess Jezebel are more positive, arguing that she was an assertive woman who refused to be controlled by the powerful men around her.

⁹⁸ See chapter 4 for a discussion of Catholic nurses.

⁹⁹ For a discussion of Richard Allen’s strategies for racial and moral uplift for African Americans, see Newman, *Freedom’s Prophet*, 18, 57–8, 152–4. For the persistence of this problematic strategy into the twentieth century, see Gaines, *Uplifting the Race*.

¹⁰⁰ Allen, “To the People of Colour.”

agriculturalists, and finally to the most “evolved” commercial societies.¹⁰¹ As historian Kathleen Brown argues, in American colonial slave societies, the term “nasty wench” that was used for white lower-class women became racialized and associated with African American women, placing them on the lowest social rung.¹⁰² Although Carey offered understated praise for Jones and Allen’s humanitarian efforts, by creating linkages between “vile” female nurses and licentious criminality, he could move African American men as well as women backward on the “scale of civilization,” contradicting Bass and the nurses performance of humanity and worthiness for citizenship.

Carey carefully chose the term he used to slander the “vilest of the nurses.” The word vile was often associated with the gendered epithet, “vile strumpets and common prostitutes” in literature, newspapers, murder trial pamphlets, and private documents. Although their etymological roots differ, *vile* was also associated with the word *villainous* and criminality. For example, in his novel *Tom Jones* (1749) that remained a bestseller throughout the eighteenth century, author Henry Fielding provided a list of phrases associated with the term *vile strumpet*.¹⁰³ A character calls the abandoned

¹⁰¹ Rosemarie Zagari, *Revolutionary Backlash: Women and Politics in the Early American Republic* (Philadelphia: University of Pennsylvania Press, 2007), 17–9; Fonna Forman-Barzilai, *Adam Smith and the Circles of Sympathy: Cosmopolitanism and Moral Theory* (New York: Cambridge University Press, 2010), 240–4; Nathaniel Wolloch, *History and Nature in the Enlightenment: Praise of the Mastery of Nature in Eighteenth-Century Historical Literature* (Burlington, VT: Ashgate Publishing, 2011), 92–100. For gender and stadial theories see Alison Twells, “‘A Christian and Civilized Land’: The British Middle Class and the Civilizing Mission,” in *Gender, Civic Culture and Consumerism*, eds., Alan Kidd and David Nicholls (Manchester, UK: Manchester University Press, 1999), 51.

¹⁰² Brown, *Good Wives*, 1–10. See also King, *Essence of Liberty*, 35.

¹⁰³ Samuel Johnson, *Dictionary of the English Language* (Boston: Benjamin Perkins, 1828), 370. Johnson defines vile as “sordid, wicked, worthless, mean.” One of his synonyms for villainous is vile. He defines “degenerous” as “degenerated, base, vile.” See pages 94, 370, 376. In his *General Dictionary of the English Language* (London: John Stockdale, 1795), William Perry defined prostitution as “the life of a vile strumpet.” See *Oxford English Dictionary* online: “Of actions, conduct, character, etc.: Despicable on moral grounds; deserving to be regarded with abhorrence or disgust; characterized by baseness or depravity;” “Base or degrading in character or effect;” “Of little worth or account; Of little worth or

foundling Tom's absent mother "an impudent slut, a wanton hussy, and audacious harlot, a wicked Jade, a vile strumpet, with every other appellation with which the tongue of virtue never fails to lash those who bring a disgrace on the [female] sex." In some works, the word vile was also linked to *nurse*.¹⁰⁴ Uncivilized, vile "Jezebel" nurses wreaking havoc on desperately sick Philadelphians did not meet the standards of humanity, much less citizenship. They were antithetical to emerging notions of orderly, restrained, sexually pure, white middle-class women.¹⁰⁵ In addition to issues of gendered and racialized defamation, perceptions of the caregivers' actions in Allen, Jones, and Carey's printed war of words depended on just how one defined a nurse.

Carey's slander of black nurses was launched in a context of other negative print imagery that defamed women of various ethnicities who provided healthcare for pay outside their households. A 1790 newspaper article promoting the Philadelphia Dispensary argued that outpatient services under the nursing care of family members

account (ie. vile worms)."

<http://www.oed.com.libproxy.temple.edu/view/Entry/223381?rskey=ZgL7Wo&result=1&isAdvanced=false#eid>. Accessed July 7, 2013. The term strumpet (prostitute) is associated with the word vile. The term "vile strumpet" to connote prostitution and murderous criminality was used in the pamphlet, Robert Franklin et al., *A Murderer Punished and Pardoned or a True Relation of the Wicked Life and Shameful-Happy Death of Thomas Savage* (1668). The term appears frequently in popular eighteenth-century novels, plays, and histories. A character in Aphra Behn's, *The Dutch Lover* (1673), exclaims, "By Heaven's, 'tis she: Vile Strumpet!" See Behn, *The Plays, Histories, and Novels of the Ingenious Mrs. Aphra Behn*, vol. 1 (London: Mary Poulson, 1724), 204. See also, Oliver Goldsmith, *The Vicar of Wakefield in Miscellaneous Works of Oliver Goldsmith*, vol. 2 (Edinburgh, Scotland: W. & R. Chambers, 1833), 72, 98, and Capt. George Carleton, *The Memoirs of an English Officer* (London: E. Symon, 1758).

¹⁰⁴ Henry Fielding, *The History of Tom Jones*, (Paris: Fr. Ambrose Didot, 1780), 19. For "vile nurse" see Alexander Thomson, *Pictures of Poetry: Historical, Biographical, and Critical* (London: Mundell & Son, 1799), 170. Thomson (1763–1803) was a Scottish poet of some repute. See also novelist Sarah Green's *Romance Readers and Romance Writers: A Satirical Novel* (London: Hoekham, 1810). This term is often associated with nursemaids who are conflated with "old wife" healers. See dissertation introduction.

¹⁰⁵ Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009), 90–132; also Claire Lyons, *Sex Among the Rabble: An Intimate History of Gender & Power in the Age of Revolution, Philadelphia, 1730–1830* (Chapel Hill: University of North Carolina Press), 289–92.

prevented the genteel poor from “exposing themselves as patients in a public hospital.”¹⁰⁶ Hospitals were still considered dangerous to both the reputation and health of their inmates because of the disreputableness of nurses and hospital workers. Another newspaper article reported that two attendants at the Pennsylvania Hospital were imprisoned for theft. The newspaper subsequently expanded on the report, extending suspicions to other employees: “Apprehensions had been, for some time, entertained by the steward of the city hospital, that illicit practices were carried on at that place.” In another account, a New Yorker who had visited Philadelphia wrote a letter to a newspaper describing his hospitalization at the Pennsylvania Hospital. He noted that he was unable to seek healthcare in a home because he had no acquaintances in the city, and he reluctantly admitted himself to the Pennsylvania Hospital. However, he noted with pleasant surprise that he had received excellent care from “sober attentive nurses,” as if he had expected negligent treatment from inebriates.¹⁰⁷ This backhanded compliment indicated that excellent nursing care in public hospitals was the exception rather than the rule.

Negative images of hospital nurses were extended to nurses working for hire in others’ homes who were generally of the “lower orders” of society. Satirical prints like Thomas Rowlandson’s *Humours of a Hired Nurse* from his collection, *Miseries of Human Life*, reified negative images and emphasized nurses’ disreputable lower class status. Although this biting caricature is from a slightly later period, it encapsulates the

¹⁰⁶ “Plan of the Philadelphia Dispensary,” *New-York Daily Gazette*, Issue 612, November 12, 1790.

¹⁰⁷ For nursing thefts see, *Federal Galaxy*, October 30, 1797; Richard Folwell, *Short History of the Yellow Fever, That Broke Out in the City of Philadelphia, in July, 1797* (Philadelphia: Printed by Richard Folwell, 1797), 22, LCP; “City-Hospital [Philadelphia], *New-York Gazette* September 4, 1798,” Issue 3060, September 7, 1798.

types of nursing stereotypes that Carey appropriated. Rowlandson depicts a slovenly dressed, obese, and inebriated nurse slumbering in a chair in a female patient's room. The caption explains that the hired nurse, "among other attractions, like a drop of comfort" and "stamps about the chamber like a horse." After she "slops you as you lie with scalding possets," the negligent nurse "falls into a dead sleep the moment before you want her, and then snores you down when you call to her."¹⁰⁸

In a final delinquent act, the nurse knocks over a candle and ignites a house fire, while the helpless bedridden patient looks on. If white women working as nurses tended to be classified as dissolute, African American women like Bass working as nurses were even more open to criticism. When free black women provided nursing care outside their own domestic spaces, they were exposed to the same stereotypes that plagued white women nurses in addition to negative racialized representations. As Anne Boylan argues, in the late 1790s, white women were considered "virtuous until proved otherwise."¹⁰⁹ By contrast, stereotypes of African American women rendered them sexually promiscuous and immoral.

¹⁰⁸ Thomas Rowlandson, *Humours of a Hired Nurse*, 1807, caricature, 32 × 23 cm, National Library of Medicine. Also in Donahue, *Nursing the Finest Art*, 165. For another negative image, see Rowlandson's *The Dance of Death: Chamber War*, 1816, 12 × 20.9 cm, 31983i, Wellcome Library, London, also described in Roy Porter, "Dr. Doubledose: A Taste of One's Own Medicine," *British Medical Journal* 309 (1994): 1714–8. Kathleen M. Brown notes the early modern origins of these stereotypes that linked the terms *laundress* and *nurse* with *whore* or *bawd* and the reality of women mixing the roles of nurse, laundress, and sex worker to earn income. See Brown, *Foul Bodies*, 30–2.

¹⁰⁹ Anne M. Boylan, "Benevolence and Antislavery Activity among African American Women in New York and Boston, 1820–1840," in Jean F. Yellin and John Van Horne, eds., *The Abolitionist Sisterhood: Women's Political Culture in Antebellum America* (Ithaca, NY: Cornell University Press, 1994), 120. Boylan contrasts these stereotypes of black women with those of white women who were considered "virtuous until proven otherwise" in "Benevolence," 120. See also Brown, *Good Wives*, 110–28; Morgan, *Laboring Women*, 1–48; White, *Ar'n't I a Woman?*, 29–61.

Nonetheless, in the 1780s and 1790s, some alternative images of nurses were associated with the rhetoric of sensibility, which offered the FAS nurses and leaders representations that counteracted notions of nurses as drunken bawds. For example, in 1780, nineteen-year-old elite Philadelphian Deborah Norris wrote from a heart “fill’d with tender sentiments” to her friend Sarah Logan who was nursing her sick mother.¹¹⁰ In a letter overflowing with expressions of sensibility that paralleled the language of popular literature, Norris told Logan, “How I admire and reverence thee in the character of a nurse, how amiable and lovely does my sweet friend appear fulfilling her filial duty!”¹¹¹ After the American Revolution, magazine stories and family oral histories extended this positive connotation of domestic nursing to women of middling and lower orders who had served as nurses in wartime in military hospitals. As described in chapter 4, military nurses like Mary Watters gained public accolades that facilitated the success of their postwar healing practices. Some representations of nurses in print linked these healthcare providers with the popular term “disinterested [selfless] benevolence,” which encouraged readers to reimagine military nurses in a positive, romanticized light that was linked to ideal republicanism.

For example, a 1790s magazine story titled “Eugenio, or The Adventures of a Soldier,” demonstrates how sensibility encompassed not only feminized benevolence but also the pathos and tears of masculine soldierly bonding.¹¹² After he is wounded in battle, the story’s narrator is nursed back to health by Matilda, the wife of his fellow officer

¹¹⁰ Deborah Norris Logan (1761–1839) to Sally Fisher Corbit, 1780 in John Sweeny, *The Norris–Fisher Correspondence: A Circle of Friends, 1779–1782* (Wilmington, DE: Historical Society of Delaware, 1955), 46.

¹¹¹ Deborah Norris Logan to Sally Fisher Corbit, 1780.

¹¹² “Eugenio, or the Adventures of a Soldier; a Tale,” *The Weekly Museum* [New York], February 11, 1797.

named Eugenio. Despite the narrator's embarrassment in receiving personal healthcare from "a lady," Matilda reassures him by explaining, "I have been my husband's surgeon and nurse through seven campaigns; and God knows with what heartfelt joy I have torn my clothes to bind up the wounds of a brave gentleman in the field of battle." Matilda wears a belted military jacket and her "bold" face "would have been masculine" without her dimples, "long sweeping lashes," "lustrous eyes," and one of the whitest necks in the world." Matilda's race, class, and status as an officer's wife help to confer respectability to her nursing role, despite her gender ambiguities. While the author maintains a tension between the nurse's virtue and her frank sensuality, he also invites the reader to imagine a courageous, intelligent, and assertive nurse. When the narrator brings news of Eugenio's death to Matilda, she is on her deathbed and succumbs to an illness "caught in the offices of humanity." The narrator weeps tears of patriotic sensibility over the tombs of his virtuous, self-sacrificing friends.¹¹³

In their published writings, early women's rights advocates Mary Wollstonecraft and Judith Sargent Murray also portrayed nurses positively and they promoted women healers and nurses' authoritative practices beyond the domestic sphere. Murray presents a village healer who exemplifies "female capability" and "feelingly sympathizes with every invalid."¹¹⁴ Bass and the FAS nurses representations of "disinterested benevolence," like

¹¹³ "Eugenio."

¹¹⁴ Carol H. Poston, ed., Mary Wollstonecraft, *A Vindication of the Rights of Woman: An Authoritative Text, Backgrounds, The Wollstonecraft Debate, Criticism* (New York: W. W. Norton, 1988), excerpts, in *Women and Social Movements in the United States, 1600–2000*, eds., Kathryn Sklar and Thomas Dublin, 2 (1998), online as document 1 in Kathryn Sklar and Thomas Dublin, eds., *Women and Social Movements in the United States, 1600–2000*, vol. 2 (1998), <http://libproxy.temple.edu:2493/wasm/wasmrestricted/DP44/doc1.htm>, accessed November 4, 2007; Constantia [Judith Sargent Murray], *The Gleaner: A Miscellaneous Production*. In *Three Volumes*, vol. 3 (Boston: I. Thomas and E. T. Thomas, 1798), 220–1.

those in popular and early feminist literature, posited nursing as a “feeling” art and nurses as capable heroines battling the epidemic.

“Our Duty to Do All We Could to Our Suffering Fellow Mortals”

Despite the possibilities inherent in these positive images of nurses, Carey could still deftly meld negative representations of black women and nurses to depict thieving and degenerate caregivers. Nonetheless, Bass and the nurses had another antidote to defamation. Philadelphia’s citizens recognized that careful nursing was critical for yellow fever patients’ survival, whereas negligent nursing care was considered a death warrant. Prominent Philadelphia physician Caspar Wistar credited his sister Catharine’s skilled nursing for saving his life when he was stricken with yellow fever.¹¹⁵ A September 1793 column placed by Mayor Matthew Clarkson in the Philadelphia *Federal Gazette* advertised “generous wages” for “suitable persons” willing to work as nurses at the newly organized Bush Hill Fever Hospital as “much depends on good nursing.” Another article in the same edition documenting the devastation of the yellow fever epidemic lamented that “many of the sick suffer greatly . . . from the want of the attendance of nurses and friends.”¹¹⁶ In the *Narrative*, Jones and Allen concede that with the disintegration of civic life during the epidemic, some people of all ethnicities were negligent or resorted to inhumane acts and profiteering, but they argue that the nurses under FAS auspices ministered to their patients rather than exploiting them.

¹¹⁵ Milton Rubincam, “The Wistar-Wister Family: A Pennsylvania Family’s Contributions Toward American Cultural Development,” *Pennsylvania History* 20, no. 2 (1953): 142–64.

¹¹⁶ *Federal Gazette* (Philadelphia), September 13, 1793. Sarah Logan Fisher, whose domestic nursing skills were idealized by her friend a decade before, wrote with alarm in her diary during the 1793 yellow fever epidemic that a “drunken Negro man” provided nursing care for her male family members. Sarah Logan Fisher, *Diary*, October 14, 1793, cited in Miller, “The Wages of Blackness,” 163–94.

Although Rush encouraged FAS members to volunteer as nurses based on his assumption of their immunity to yellow fever, it is clear from Bush Hill hospital records that by the first week in September, African Americans were dying of the disease.¹¹⁷ African American carters, who brought ill patients to the hospital as well as the deceased to cemeteries, would have had immediate information on hospital deaths. As historian Susan Klepp points out, African Americans working as nurses and death cart drivers had more opportunities for exposure to mosquitoes carrying the yellow fever virus, although they were not aware of this mode of transmission.¹¹⁸ While the underrecording of African American deaths makes statistical calculations difficult, Klepp asserts that the crude death rates for blacks were indeed lower than those for whites, probably related to prior residential exposure in Africa, the West Indies, or the American South, which may be a source of Rush's misconception.¹¹⁹ Still, it quickly became evident that African Americans could indeed contract yellow fever, and there were ultimately approximately 198 black deaths out of a resident population of 2,142. Allen himself was seriously ill with yellow fever by October. As FAS leaders, members, and friends sickened and died of the disease, black nurses continued to provide nursing care at the risk of their own lives.

Jones and Allen's references to nurses as unappreciated soldiers were apt. Nursing a yellow fever patient posed profound challenges. As physicians fell ill, died, or left the city, Bass and the FAS nurses increasingly acted as primary healthcare providers for

¹¹⁷ Bush Hill Hospital records in *Minutes of the Proceedings*, Appendix 185–204; Benjamin Rush to Julia Rush, September 25, 1793, in Butterfield, *Letters*, vol. 2, 684. For danger of contact with fever victims and deaths, Carey, *Short Account*, 79, 89–90.

¹¹⁸ Klepp, "How May Precious Souls," 167–8.

¹¹⁹ Klepp, "How May Precious Souls," 167–8.

patients facing a complex disease process that in current medical terms included kidney failure, coagulopathies, hemodynamic instability, and shock.¹²⁰ Contemporaries described patients with “chills, fevers, headaches, nausea, retching, nosebleeds” and, after a brief remission, jaundiced eyes, “puking, fearful straining of the stomach, the black vomit, comatose delirium, purplish discoloration of the whole body,” and finally death.¹²¹ Observers noted the overpowering stench of the sickroom.¹²² Jones and Allen reveal that only one tenth of the volunteers were experienced hired nurses.¹²³ Others mobilized their domestic nursing skills, which may have encompassed a variety of African, Native American, and Euro-American healing practices. Nurses worked in intimate contact with patients. One account describes an African American nurse sharing her female patient’s bed. Jones and Allen indicate that Bass and many FAS nurses worked alone, were “up night and day, without any one to relieve them,” and were “worn down with fatigue, and want of sleep” after working constantly for seven to ten days, despite warnings from The College of Physicians that overexertion and exhaustion increased the risk of catching yellow fever.¹²⁴

¹²⁰ T. P. Monath and A. D. Barrett, “Pathogenesis and Pathophysiology of Yellow Fever,” *Advances In Virus Research*, 60 (2003): 343–95.

¹²¹ Powell, *Bring Out Your Dead*, 27.

¹²² Powell, *Bring Out Your Dead*, 27; Jones and Allen, *Narrative*, 5, 13, 15.

¹²³ Jones and Allen, *Narrative*, 5, 13, 15.

¹²⁴ Jones and Allen, *Narrative*, 13. *Philadelphia Independent Gazetteer*, August 31, 1793. Benjamin Rush’s letters to his wife indicate that many FAS nurses worked under his guidance or that of his medical students. However, when Rush fell ill and several medical students sickened or died, Rush sent his African American assistant Marcus on house calls. Rush also trained Jones and Allen to work as bleeders and to provide basic diagnostic and therapeutic care. They treated “upwards of eight hundred” of their “suffering fellow mortals.” A number of patients must have received care from a group of predominantly African American healthcare workers. See Butterfield, *Letters*, vol. 2, 738–9.

Nurses who followed Rush's patient care instructions found his regimen complex, requiring nonliterate nurses to memorize a detailed treatment plan. Rush prescribed a specific dietary regimen at different stages of the disease, which nurses prepared and administered. Nurses measured and mixed doses of the purgatives calomel and jalap, determining the medications' timing and dosage based on their assessment of the patient's symptoms, including the pulse rate. If the pulse "became weak and low," Rush directed nurses to substitute "infusions of camomile and snake root water, elixir of vitriol and laudanum, or wine."¹²⁵ Purgatives further complicated nursing care and necessitated frequent changes of clothing and linens. Nurses' responsibilities included the physically challenging task of "speedily" removing bodily discharges, washing soiled linens in tubs of heated water, and hauling water from wells that were running dry in drought conditions. Jones and Allen pointed out that male and female African American nurses often left "their dearest connections sick" and "suffering for want" while they nursed in white homes.¹²⁶ Mirroring but reframing a problematic issue for enslaved families, FAS nurses prioritized white patients' health over the needs of their own kin. In this case, however, they had a community-building rather than a mere servile goal. The difficult realities of nursing yellow fever patients and their familial sacrifices caused Bass and the FAS nurses to feel that they deserved more than slander for their services during the epidemic.

As yellow fever continued to ravage Philadelphia in the fall of 1793, news of the increasingly radical regime in Revolutionary France and the related slave revolts in Saint

¹²⁵ *Independent Gazetteer* (Philadelphia), September 14, 1793.

¹²⁶ Jones and Allen, *Narrative*, 15; *Independent Gazetteer* (Philadelphia), September 14, 1793.

Domingue reached the city, challenging the boundaries of the body politic. Philadelphia newspapers that remained in business published lurid, “affecting scenes” of terror in Saint Domingue that placed Europeans in sensibility’s classic role of distressed sufferers at the hands of militant black slaves, evoking sympathy and anxiety on the part of white Philadelphians. While the African American community in Philadelphia likely found first-hand accounts of self-emancipated blacks heartening, leaders like Jones and Allen also had to tread carefully to avoid an ideological backlash. Critics attacked the antislavery movement by linking it with the bloody excesses of the French and Saint Domingue revolutions, which dampened antislavery agitation in England and America. At this crucial moment, the success of Philadelphia’s black churches had wide-reaching consequences for the transatlantic antislavery movement.¹²⁷ If African churches were to “succeed African bondage,” as Rush and the FAS leaders and members hoped, they needed an empowered alternative to violent militancy.

Jones and Allen presented Sarah Bass and the FAS nurses’ performance as virtuous republican soldiers robed in Christian benevolence and welcomed into the homes of whites to battle the invading epidemic with empathetic nursing care. They pointed to the dearth of humanitarian role models among white Philadelphians, including many who displayed “barbarity” instead of compassion, inverting the stereotypical

¹²⁷ *Independent Gazetteer*, August 31, 1793; David Brion Davis, “Impact of the French and Haitian Revolutions,” in David Geggus, *The Impact of the Haitian Revolution in the Atlantic World* (Columbia: University of South Carolina Press, 2001), 3–9; Susan Branson and Leslie Patrick, “Étrangers dans un Pays Étranger,” in *The Impact of the Haitian Revolution in the Atlantic World*, ed. David Geggus (Columbia: University of South Carolina Press, 2001), 193–208; Olwyn Blouet, “Bryan Edwards and the Haitian Revolution,” in *The Impact of the Haitian Revolution in the Atlantic World*, ed. David Geggus (Columbia: University of South Carolina Press, 2001), 44–57; Simon P. Newman, “American Political Culture and the French and Haitian Revolutions,” in *The Impact of the Haitian Revolution in the Atlantic World*, ed. David Geggus (Columbia: University of South Carolina Press, 2001), 72–89; Carey, *British Abolitionism*, 186–90; Nash, *Forging Freedom*, 3–4, 6.

depictions of African Americans as “savage barbarians.”¹²⁸ Bass and her fellow nurses did not conform to the popular sentimental image of “poor Africans” enshrined in the transatlantic abolitionist logo, which portrayed persons of African descent as helpless, chained suppliants that required the patronage of sympathetic white elites.¹²⁹ Instead, Bass and her fellow nurses were raised to the status of virtuous Good Samaritans who “found a freedom to go forth, confiding in Him who can preserve in the midst of a fiery furnace, sensible that it was our duty to do all we could to our suffering fellow mortals.”¹³⁰ The credibility of the nascent black church movement rested on the public perceptions of the nurses’ actions, because they represented all peoples of African descent forwarding “the cause of freedom.”¹³¹ With so much at stake, it is not surprising that the nurses “solicited” their leaders to defend their actions in the public space of print.¹³² For Bass, civic nursing became a pathway to activism. She chose to publically identify herself in one of the earliest African American protest pamphlets, visibly championing the movement for black liberation and equality.

¹²⁸ Jones and Allen, *Narrative*, 11, 20.

¹²⁹ Abolitionists like Benjamin Rush and John Wesley used the terminology “poor Africans.” See Benjamin Rush to Granville Sharp in Runes, *Selected Writings*, 24; Wesley, *Thoughts Upon Slavery*, 10. See also Nash, *Forging Freedom*, fn 299; Sparks, *Two Princes of Calabar*, 146; Carey, *British Abolitionism*, 134–5; Ellison, *Cato’s Tears*, 6–8.

¹³⁰ Jones and Allen, *Narrative*, 29.

¹³¹ Jones and Allen, *Narrative*, 29.

¹³² Jones and Allen, *Narrative*, 3. While I agree with Julie Winch that the nurses were concerned about their future employability, I argue that they also understood that credibility of black church movement was at stake. See Winch, *Philadelphia’s Black Elite*. For the performative nature of identities, see Judith Butler, *Gender Trouble* (New York: Routledge, 1990), 25; Ronald Hoffman, Mechal Sobel, Fredrika J. Teute, and the Omohundro Institute of Early American History & Culture, *Through a Glass Darkly: Reflections on Personal Identity in Early America* (Chapel Hill: Published for the Omohundro Institute of Early American History & Culture, Williamsburg, Virginia, by the University of North Carolina Press, 1997), 1–12.

Conclusion: Legacies of 1793

In retrospect, the egalitarian possibilities of the 1790s were not realized, and citizenship for African American women and men was hotly contested for more than a century. Sarah Bass and her fellow nurses' concerns for their reputations were justified, as Carey's slander continued to follow them in subsequent epidemics. "Philanthropos" writing in the *Philadelphia Gazette* during the yellow fever epidemic of 1797 attributed "many deaths" in the 1793 outbreak to the "remissness of nurses." While he argues for the necessity of "faithful nursing," he warns against the "danger of entrusting to hardened or impious creatures, the care of the lives of a father, mother, or other endearing relations."¹³³ African American women and men continued to provide nursing care in subsequent epidemics, but there is no evidence that the FAS or the black churches that grew out of it organized corps of volunteer nurses.

Nonetheless, the Philadelphia African American community and some Euro-Americans persisted in revering and memorializing the contributions of Bass and the FAS nurses during the 1793 yellow fever epidemic. Just as Mayor Matthew Clarkson had publically supported the efforts of Jones, Allen, and the FAS nurses in the *Narrative's* preface, the *Massachusetts Magazine* praised the ministers in an anonymous poem titled "Eulogium," embellished with the language of religious sensibility. This tribute "in Honour of Absalom Jones and Richard Allen, two of the Elders of the African Church, who furnished Nurses to the Sick, during the late pestilential fever" tangentially recognizes the nurses' heroic "toil," divine sympathy, and "godlike zeal":

¹³³ *Philadelphia Gazette and Universal Daily Advertiser*, August 25, 1797.

Brethren of Man, and friends of fairer clay!
Your Godlike zeal in Death's triumphant day
Benignant Angels saw—they lent a smile,
'Twas temper'd with the dew of sympathy divine
And whilst they kenned [recognized] your more than mortal toil
To both they cried, "the praise of doing well be thine."¹³⁴

Bass and the other nurses could certainly garner the "praise of doing well" along with their leaders.

FAS nurses continued to be memorialized in print. Theater historian Heather Nathans argues that the FAS nurses' role in the 1793 epidemic influenced Philadelphia playwright John Murdock's decision to portray the first emancipation scene presented on the American stage.¹³⁵ In addition, an abolitionist Quaker printer in London published the *Narrative*, introducing Sarah Bass and the FAS nurses' activism to a wider abolitionist audience. Richard Allen also included a copy of the *Narrative* with his published 1833 autobiography. In 1838, when African Americans protested the new Pennsylvania constitution's revocation of black suffrage, they invoked the memory of the FAS nurses' actions during the 1793 epidemic to argue for civil equality. Activist Robert Purvis asserted, "When the yellow fever ravaged Philadelphia and the whites fled . . . many whites were forsaken by their own relations and left to the mercy of this fell disease were

¹³⁴ "Eulogium in Honour of Absalom Jones and Richard Allen," *The Massachusetts Magazine* (December 1793), quoted in Powell, *Bring Out Your Dead*, 101, and in Gould, *Barbaric Traffic*, 181–2.

¹³⁵ I appreciate Jenna Gibbs for pointing out this source: John Murdock, *The Triumphs of Love, or Happy Reconciliation* (Philadelphia: Printed by R. Folwell, 1795), LCP. Benjamin Rush purchased six copies. Murdock is described by his fellow Democrat-Republican Benjamin Franklin Bache as a "man of feeling" in the preface to another of his plays, the *Beau Metamorphized*. Quotation: Heather Nathans, *Early American Theatre from the Revolution to Jefferson: Into the Hands of the People*: (New York: Cambridge University Press, 2003), 95. See also Heather Nathans, "Trampling Native Genius: John Murdock versus the Chestnut Street Theatre," in *Journal of American Drama and Theatre* 14 (2002): 29–43.

nursed gratuitously by the colored people.”¹³⁶ Like Bass and the FAS leaders, Purvis thought that it was important to emphasize that the nurses’ volunteer services were “gratuitous.” Mid-nineteenth-century AME historian William Douglass situated the FAS nurses’ work as foundational for the black church movement.¹³⁷

Like their leaders, Bass and the nurse volunteers gained critical skills during the epidemic that positioned them to become benevolent reformers as they created black churches and organizations to advance African American emancipation, education, and civil equality.¹³⁸ Sarah Bass was one of the founding members of the Bethel AME Church created by Richard Allen in the wake of the 1793 epidemic. After the death of his first wife Flora, Allen married Sarah Bass at Saint Georges’ in 1801.¹³⁹ Apparently, Allen saw in Sarah Bass a woman whose experiences in the 1793 epidemic qualified her to serve as a co-worker in what he would later call his “gospel labors.” Along with her husband, Sarah Bass Allen ministered to a congregation numbering approximately 500 people, in addition to managing a household that included apprentices and the Allen’s six children. She directly engaged in the struggle for the abolition of slavery. At the risk of imprisonment, Bass Allen harbored enslaved runaways in her home, which offered

¹³⁶ Allen, *Life Experiences*; Robert Purvis, *Appeal of Forty Thousand Citizens, Threatened with Disfranchisement, to the People of Pennsylvania* (Philadelphia: Merrihew and Gunn, 1838), 11, 14, quoted in Lapsansky, “Abigail, a Negress,” 75.

¹³⁷ Douglass, *Annals of the First African Church in the United States of America* (Philadelphia: King and Baird, 1862), 11. Also cited in Nash, *Forging Freedom*, 114.

¹³⁸ James Oliver Horton and Lois E. Horton, *In Hope of Liberty: Culture, Community and Protest among Northern Free Blacks, 1700–1860* (New York: Oxford University Press, 1997), 125–49; W. E. B. DuBois, *The Philadelphia Negro* (Philadelphia: University of Pennsylvania Press, 1899; repr., 1996), 19; Nash, *Forging Freedom*, 121–30.

¹³⁹ Marriage record of Richard Allen to Sarah Bass, 1801, *Marriage Records, 1789–1817*, St. George’s Methodist Episcopal Church, Philadelphia. Although Bethel was initially under the auspices of Saint George’s Methodist Church, Allen and his congregation fought for years to separate themselves from their parent church and to form an autonomous black church, which ultimately became one of the first African American Protestant denominations.

opportunities for her to hone her healing skills. According to an AME historian, “Sarah Allen takes a place of leadership” as the founding “Mother in Israel” of the “mother church” of the AME denomination.¹⁴⁰

Just as the eyes of the Philadelphia community were watching the behavior of the FAS nurses in 1793, they were also trained on Bass Allen’s performance of respectability in the early nineteenth century. As a “Mother in Israel,” she had to set the example of female Christian courage, piety, modesty, sobriety, and industry for her congregation and the black community at large. Pieces of her floral china set and mahogany linen chest currently on display at the Mother Bethel Church Museum attest to Bass Allen’s participation in the rituals of respectable sociability, including presiding over a tea table set with delicate porcelain and freshly pressed table linens. In several letters, Benjamin Rush casually mentioned having tea “at Reverend Allen’s house.”¹⁴¹ It is not surprising that Bass Allen’s portrait on display at Bethel AME Church radiates modesty and respectability.

However, the need to perform respectability and “social uplift” continued to place black churchwomen in contested spaces. Women like Sarah Bass Allen who had publically performed nursing activism in the yellow fever epidemic were theoretically

¹⁴⁰ Richard Allen, *Life Experience*, 1, 3, 40. Quote from Charles H. Wesley, *Richard Allen: Apostle of Freedom* (Washington, DC: Associated Publishers, 1935; repr., 1969), 159. Brown, *Homespun Heroines*, 10–12.

¹⁴¹ Benjamin Rush, *A Memorial Containing Travels through Life or Sundry Incidents in the Life of Dr. Benjamin Rush*, ed. Louis Alexander Biddle (Philadelphia: Lanoraie, 1905), 153, 162. Although the biblical term “Mother of Israel” developed associations with idealized motherhood in the nineteenth century, it also had empowering associations. It refers to Deborah (c. 1200–1124 BCE), a prophetess and judge (ruler) in ancient Israel. Like the FAS nurses, Deborah demonstrated martial prowess. She prevailed on the Israeli army to attack the Assyrians, resulting in forty years of peace for the Jewish people under her rule. In her song of victory, she describes the oppression of the people of Israel “Until I, Deborah, arose/Arose a mother in Israel.” For the “Song of Deborah,” see Judg. 5:2–31, King James Version.

consigned to domesticity and a secondary status in the black church community.

Although Richard Allen had challenged racial barriers to Methodist church leadership, he drew the line when his wife's friend, Jarena Lee, attempted to challenge gender barriers by arguing that she heard the "call" from God to preach. Lee asserted, "If the man may preach, because the Savior died for him, why not the woman, seeing he died for her also?"¹⁴² Sarah Bass Allen's support of Jarena Lee's public ministry offers clues regarding her continued approval of women's public activism.

Bass Allen cared for Jarena Lee's son so that Lee could preach on the itinerant circuit, and their supportive friendship continued. Lee noted that Sarah Bass Allen had encouraged her to write her ministerial autobiography, and Bass Allen was one of the first people to purchase a copy of Lee's book.¹⁴³ Through her actions, Bass Allen supported Lee's assertion: "As unseemly as it may appear now-a-days for a woman to preach . . . nothing is impossible with God."¹⁴⁴ Although Bass Allen never formally preached, her lengthy obituary emphasized that she "walked with God," the "power of which was felt as often as she opened her mouth to rebuke, to counsel, or encourage."

¹⁴² Jarena Lee, *Religious Experience and Journal of Mrs. Jarena Lee, Giving an Account of Her Call to Preach the Gospel* (Philadelphia: Printed and Published for the Author, 1849), 11.

¹⁴³ I appreciate Professor Anna Lawrence sharing this information on Jarena Lee's relationship to Sarah Allen.

¹⁴⁴ Lee, *Religious Experience*, 61. Peterson, "Doers of the Word," 16–9; William L. Andrews, ed., *Sisters of the Spirit: Three Black Women's Autobiographies of the Nineteenth Century* (Bloomington: University of Indiana Press, 1986), 5, and Introduction; King, *Essence of Liberty*, 125. In her autobiography, Lee states that she left her son James, who was ten or eleven years old, with "Rev. Bishop [Richard] Allen." Although it was important for Lee to invoke the Reverend Richard Allen and his confirmation of her ministry, it is more likely that Sarah Allen took charge of young James, particularly as Richard Allen became ill during this time. In addition, James was not apprenticed by Richard Allen. In 1885, AME Bishop Henry McNeal Turner formally ordained Sarah A. Hughes as a deacon and itinerant preacher (North Carolina) but the AME conference overturned his ruling in 1888. Women were not ordained as ministers until the 1960s, with the first AME female bishops elected at the turn of the twenty-first century. See Rev. Sandra Smith Blair "History of Women in Ministry in African Methodism" AME Women in Ministry, http://www.sedwim.org/Documents/Herstory_of_WIM_in_the_AMEC_8-07.pdf

The obituary links her name to the male founders of the AME denomination, asserting that Bass Allen “battled mightily for the establishing of our beloved Zion.” The eulogy continues, “The poor flying slave . . . has lost a friend,” and the “Church has indeed lost a pillar from the building.”¹⁴⁵ Sarah Bass Allen continued to battle for equality and for the abolition of slavery until her death in 1849.

During the 1793 Philadelphia yellow fever epidemic, Sarah Bass learned that public politicized activism took martial courage. Bass and the FAS nurses’ unique representation of African American women as public citizen-soldier caregivers challenged race and gender norms that reserved martial displays of citizenship for white men. In his vituperative pamphlets, Mathew Carey attempted to police these blurred racial and gender boundaries by castigating the nurses as licentious profiteers and labeling their bodies as “vile.”¹⁴⁶ At the nurses’ insistence, Jones and Allen responded in print, asserting African Americans’ worthiness for membership in the masculine republican body politic and in the feminine, benevolent “Body of Christ.”¹⁴⁷ Through their actions, Bass and the black nurses attempted to write African Americans into the narrative of United States nationhood. In the mid-nineteenth century, AME Church historian William Douglass sentimentally described the early days of the FAS as “an age of searching enquiry into the equity of old and established customs,” asserting that “a moral earthquake had awakened the slumber of ages.”¹⁴⁸ At the foundational moments of the black church movement, FAS women as well as men created the seismic tremors that

¹⁴⁵ Payne, *History*, 86–8.

¹⁴⁶ Carey, *Short Account*, 61.

¹⁴⁷ Jones and Allen, *Narrative*, 13–4.

¹⁴⁸ Douglass, *Annals of the First African Church*, 11.

propelled their community toward self-determination. According to the *Narrative*, Sarah Bass and the nurses were slandered by “unprovoked enemies” who “begrudge us the liberty we enjoy, and are glad to hear of any compliant against our colour.” Nonetheless, Bass could assert along with Jones and Allen, “We are confident, we shall stand justified.”¹⁴⁹ Although Sarah Bass Allen was born a slave, according to her death certificate, she died a “lady” and an activist founding mother of an activist black church.¹⁵⁰

¹⁴⁹ Jones and Allen, *Narrative*, 13–4.

¹⁵⁰ Jones and Allen, *Narrative*, 13–14; Death certificate of Sarah Allen (dated 1849), Philadelphia City Hall, Register of Wills.

CHAPTER 6

THE BUSINESS OF HEALING IN THE EARLY REPUBLIC

In July 1787, while Philadelphians debated the tenets proposed by the Constitutional Convention assembled in the city, Elizabeth Weed Nevell was more concerned about bodily constitutions and the health of her pharmaceutical business. After the death of her husband a decade earlier, Elizabeth Weed had taken over the family apothecary shop. She had plied her trade and supported her young son during the early years of the American Revolution and the British occupation of Philadelphia. After a subsequent marriage to the Patriot carpenter Thomas Nevell in 1779, Elizabeth continued to run a successful pharmaceutical business on Philadelphia's waterfront. Despite stiff competition from other drug vendors, Weed Nevell capitalized on the city's flourishing consumer-oriented medical culture and developed a strong client base. Indeed, Weed was so successful in marketing her proprietary "Weed's Syrup" that it gained brand-name recognition.

However, Weed Nevell was shocked to discover that the crafty James Craft, a barber and a shoemaker, was counterfeiting her popular proprietary medicine. She was likely unaware that the convention delegates meeting in Philadelphia recognized the importance of patent protections and added a clause to the Constitution that addressed the issue. Article I, Section Eight assigned the regulation of intellectual property rights to Congress, authorizing it to "promote the Progress of Science and useful Arts, by securing for limited Times to Authors and Inventors the exclusive Right to their respective Writings and Discoveries." Although patent acts in the 1790s further clarified this clause,

effective copyright legislation would not be enacted until the 1830s.¹ In the meantime, as Weed discovered, pharmaceutical products were particularly prey to counterfeiting. Weed Nevell's only alternative was to take legal action. She sued James Craft, publically accusing him of the "basest act of forgery" in the press.² In a period when Enlightenment natural philosophers argued that a woman's mind was innately inferior, Weed Nevell used the courts to assert her exclusive intellectual property rights in her authentic "Weed's Syrup." She recognized that medical and pharmaceutical knowledge were valuable commodities worth defending.

Weed Nevell's story demonstrates the complicated ways that discourses regarding gender and medical authority were enacted in the lived experiences of women healers in the Delaware Valley during the Early National Period. Amid a postwar economic downturn and political instability under the Articles of Confederation, women like Weed Nevell seized entrepreneurial opportunities and succeeded in their healthcare enterprises. Although philosophical writers were intent on positioning women as irrational weaker vessels unfit for medical science, Weed Nevell did not let these notions interfere with her apothecary business.³ Nor did she appear to be concerned about remaining modestly

¹ Constitution of the United States, transcript, National Archives Washington, DC, http://www.archives.gov/exhibits/charters/constitution_transcript.html (Accessed January 16, 2014); B. Zorina Kahn, *The Democratization of Invention: Patent and Copyrights in American Economic Development, 1790–1920* (New York: Cambridge University Press, 2005), 49–56; 128–61. For a culture of monetary counterfeiting and general anxieties about authenticity in the early Republic as reified in Herman Melville's *The Confidence Man* (New York: Dix, Edwards, 1857) who sometimes posed as a patent medicine salesman, see Stephen Mihm, *A Nation of Counterfeiters: Capitalists, Con Men, and the Making of the United States* (Cambridge, MA: Harvard University Press, 2009), 1–10.

² *Pennsylvania Gazette*, July 11, 1787.

³ Londa Schiebinger, *The Mind Has No Sex? Women and the Origins of Modern Science* (Cambridge, MA: Harvard University Press, 1989), 104, 115–6; Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009), 60–1; Rosemarie Zagari, *Revolutionary Backlash: Women and Politics in the Early American*

ensconced in the private domestic sphere, as advocated by prescriptive literature aimed at regulating women's behavior. Weed Nevell boldly used her name in her pharmaceutical advertisements as well as in her very public tongue-lashing of the base counterfeiter James Craft.

The business savvy of healing adepts like Weed also complicates standard medical and pharmaceutical histories that position late-eighteenth-century female healing adepts within static, traditional healing cultures that rendered them ill-equipped to face the challenges of emerging market capitalism and its production systems that undermined the legitimacy of women's homespun medical remedies and advice. Histories of late-eighteenth-century pharmacy cite a few visible women apothecaries but consider them aberrations.⁴ By contrast, in this chapter, I recover women's continued participation in pharmaceutical-related trades as providers of medicines and healing advice. I argue that numerous free women in the Delaware Valley took advantage of rising consumer demand for effective proprietary medicines and accessible healthcare, and they positioned themselves as authoritative apothecaries and doctresses. Alongside the redoubtable Weed Nevell's narrative, this chapter continues the histories of Mary Watters and Margaret Hill

Republic (Philadelphia: University of Pennsylvania Press, 2007), 4–8; Patricia Fara, *Pandora's Breeches: Women, Science, and Power in the Enlightenment* (London: Pimlico, 2004), 3–22; Marjorie Levine-Clark, *Beyond the Reproductive Body: The Politics of Women's Health and Work in Early Victorian England* (Columbus: Ohio State University Press, 2004), 1–11.

⁴ See, for example, John Duffy, *From Humors to Medical Science*, 2nd ed. (Chicago: University of Illinois Press, 1993), 284–6; Lamar Murphy, *Enter the Physician* (Tuscaloosa: University of Alabama Press, 1991), 51–9; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 49; Joseph Kett, *The Formation of the American Medical Profession* (Santa Barbara, CA: Greenwood Press, 1980), 178; Sylvia Hoffert, *Private Matters* (Urbana: University of Illinois Press, 1989), Introduction. Standard histories of pharmacy cite a few female apothecaries and druggists as unique and unusual practitioners. See, for example, Juanita G. L. Burnaby, *A Study of the English Apothecary from 1660–1760* (London: Wellcome Library, 1983); Leslie G. Matthews, *History of Pharmacy in Britain* (Edinburgh, Scotland: Livingstone, 1962); Harold B. Gill, *The Apothecary in Colonial Virginia* (Charlottesville: University Press of Virginia, 1972); Glenn Sonnedeker, *Kremers and Urdang's History of Pharmacy* (Madison, WI: American Institute for the History of Pharmacy, 1986), 157.

Morris whose practices underscore the flexibility of women's healing work in the early Republic. In addition to preparing and prescribing medicines, their duties could encompass medical diagnosis and treatment, as well as personal nursing care.

The onset of yearly yellow fever epidemics initiated by the devastating episode in 1793 amplified people's fears about disease and bodily frailty. Amid rising death tolls, Philadelphia physicians' rancorous conflicts over the correct treatment of yellow fever enacted in the press undermined the public's confidence in doctors' advice. In this environment, patients continued to depend on women healers' pharmaceuticals and services. Ongoing mortality from yellow fever fractured families, leaving single women with families to support. It was far too easy for widows or for free women of color to fall into poverty and to have to seek public assistance at the alms house or through poor relief. Free women could deploy their healing acumen to earn income, shifting between self-employment, paid healthcare work, and the provision of free benevolent healthcare, depending on their financial needs.

One measure of the achievements of the widows Weed, Watters, and Morris is that they all successfully set up their sons in business. In an economic twist on the notion of Republican Motherhood, these women ensured that their sons had both the educational and financial foundations to excel in the early Republic's emerging market economy as well as in its civil society. However, these women and their fellow female healers also experienced the personal satisfaction of positioning themselves in the authoritative, multifaceted roles of pharmaceutical vendor, doctress, and nurse. In a new and commercializing nation, Delaware Valley residents wondered how to tell the difference between trustworthy and counterfeit medical practitioners and products. Women

apothecaries and doctresses, such as Weed, Watters, and Morris, asserted themselves as authentic healthcare providers who prescribed effectual pharmaceuticals.

The Business of Therapeutic Self-Fashioning

Elizabeth Delaplaine Dickinson Weed Nevell and her fellow female medicinal vendors provided historians with opportunities to consider how Philadelphia women participated in webs of commerce in health-related consumer goods and innovations in retail marketing.⁵ Unfortunately, Weed Nevell left few documentary traces. According to marriage records, Elizabeth Delaplaine married William Dickinson in 1755 at Old Swedes' Church in Philadelphia.⁶ Her husband may have been the Philadelphian named "Docter William Dickinson" who was taxed £20 in 1756, which was in the low-to-middle range of what the city's physicians were assessed.⁷ If her husband was indeed a doctor, Elizabeth would have had opportunities to learn new medical and pharmaceutical skills or to enhance her existing healing acumen. By mid-century, the commerce in pharmaceuticals and medical print was flourishing along with a generalized growth in the availability and consumption of consumer goods. Elizabeth Dickinson next appears in records that document her marriage to George Weed in in January 1768 at Philadelphia's Anglican Christ Church, which was often the choice for upwardly mobile Philadelphians,

⁵ For a comparison with women's business and advertising activities in eighteenth-century Britain, see Nicola Phillips, *Women in Business, 1700–1850* (Rochester, NY: Boydell Press, 2006), 203–9.

⁶ Elizabeth Deliplin [Delaplaine] married William Dickinson on October 11, 1755, at Gloria Dei Church. See Park M'Farland, Jr., *Marriage Records of Gloria Dei Church, "Old Swedes," Philadelphia* (Philadelphia: M'Farland & Son, 1879), 17. T. H. Breen, *The Marketplace of Revolution: How Consumer Politics Shaped American Independence* (New York: Oxford University Press, 2004), 57–8; Francisco Guerra, *American Medical Bibliography: 1639–1783* (New York: Lathrop C. Harper, Inc., 1962), Introduction.

⁷ William Henry Eagle, *Pennsylvania Archives*, vol. 14 (Harrisburg, PA: William Stanley Ray, State Printer, 1897), 113. See table, "Distribution of Taxable Wealth," in Billy G. Smith, *The "Lower Sort": Philadelphia's Laboring People 1750–1800* (Ithaca, NY: Cornell University Press, 1990), 86.

because its congregation tended to come from the higher social orders.⁸ After their marriage, George and Elizabeth Weed followed the pattern of many Philadelphia business owners by setting up shop on the first floor of their house on Front Street, near the bustling mercantile wharves on the Delaware River. Fragments of background information on George Weed provide a context for his apothecary practice with Elizabeth. George demonstrated a knack for fashioning his medical persona to suit his circumstances. Elizabeth likely learned from George's skills in self-promotion, which were an asset in pharmaceutical sales.

George Weed's first wife, Esther, had also been a healing adept. In 1760, and before his marriage to Elizabeth, "Dr." George Weed of Haddonfield, New Jersey, was hired to serve as apothecary and hospital steward at the Pennsylvania Hospital. Esther Weed was appointed hospital matron, the term for supervising nurse. The couple lived at the Pennsylvania Hospital, serving together in these medical posts from 1760 through 1767. Although George Weed styled himself a doctor, the hospital managers, who included university-educated physicians, referred to him as an apothecary. It is unclear whether George Weed had received a formal medical education. Weed also added "Reverend" to his title, augmenting his medical expertise with the aura of religious authority. According to Philadelphia's First Baptist Church minutes, Weed asked for permission to preach in 1762, but the church elders declined "Brother Weed's" request. To the elders' chagrin, "having charge of the Hospital," Weed assumed "ministerial functions, preaching there as a minister" to his captive audience "without the authority of

⁸ John B. Lin and William H. Egle, *Record of Pennsylvania Marriages Prior to 1810*, vol. 1 (Baltimore: Genealogical Publishing Co., 2008), 72.

the church.”⁹ The infuriated elders erased his name from the Baptist Church records when Weed persisted as an unrecognized Baptist stump preacher.

In January 1767, the hospital board noted with regret the death of Matron Esther Weed, “who had been in Service several Years with Credit to herself, & satisfaction to the Managers” and consistently exhibited “Christian Tenderness to the Diseased and Distressed.” However, her husband “the Apothecary not being so fully Qualified as we could wish, left the service, by consent, a few Months since.” They were now “in want of an Apothecary superior to the last.”¹⁰ If we read between the lines, it appears that the managers had retained George because of Matron Esther Weed’s administrative and healing acumen, but after her death, they fired him. George Weed skillfully reconfigured his ouster from the hospital staff as a new beginning in “a more private station” in which he could benevolently “contribute to the relief of the sick, the wounded, infirm and distressed.”¹¹

George Weed exemplifies the fluidity of healthcare roles and identities in Philadelphia’s unregulated medical marketplace. A male or female practitioner’s title and authority were based on effective therapeutic self-fashioning and winning the hearts and

⁹ For Weed’s conflicts with Philadelphia’s First Baptist Church, see David Spencer, *The Early Baptists of Philadelphia* (Philadelphia: William Syckelmoore, 1877), 83. According to this account, when church elders refused Weed’s request to preach in the church, he was displeased and “said it was like a trick which Dr. Faustus played with the devil.” The elders wrote a letter to Weed chiding him for preaching at the hospital without church permission, “declaring that they knew Bro. Weed very well, yet are not willing to know Minister Weed.” He was removed from church rolls on July 1, 1765.

¹⁰ Thomas Morton, *The History of the Pennsylvania Hospital, 1751–1895* (Philadelphia: Times Printing House, 1897), 543–4, letter from Thomas Wharton and James Pemberton to Dr. John Fothergill in London dated November 18, 1767, cited on pages 527–8. Wages for the Weeds services plus those of the nurses and servants were more than £267 in 1766. See Pennsylvania General Assembly House of Representatives, *Votes and Proceedings of the House of Representatives of the Province of Pennsylvania 14 October 1766* (Philadelphia: William Goddard, 1767). The Managers reprised sentiments in Esther Weed’s obituary from earlier in the year. See *Pennsylvania Gazette*, January 8, 1767.

¹¹ *Pennsylvania Gazette*, September 3, 1767.

minds of patients and customers. In a subsequent advertisement, George explained that he was “bred to the practice of Physic and Surgery, and has had more than thirty years’ experience,” including his stint as the Pennsylvania Hospital apothecary. Just as the demarcations between apothecaries, drug manufacturers, and drug retailers were blurred, the boundaries between physicians, surgeons, and apothecaries were indistinct.¹² In London, the College of Physicians strove to maintain physicians’ authority at the top rung of this tripartite system. However, Philadelphia’s small number of university-educated doctors and their nascent medical society and medical school could not exert control over the practices of other healthcare providers.

In the Delaware Valley, apothecaries like George Weed often functioned as general medical practitioners, and many performed surgical procedures. Women and men who set up as apothecaries or druggists usually provided medical advice along with the medications that they dispensed, and some offered therapeutic bleeding. Practitioners with more formal-sounding titles competed with other self-styled female and male medical providers, who, as previously discussed, might include ministers, doctresses, wise-women healers, African American conjure doctors, midwives, bonesetters, bleeders, American Indian healers, and cancer specialists. The emergence of pharmaceutical advertising added the legitimizing power of the printed word to practitioners’

¹² *Pennsylvania Gazette*, July 12, 1770. For the art of self-fashioning practiced by both free and enslaved people, see David Waldstreicher, “Reading the Runaways: Self-fashioning, Print Culture, and Confidence in Slavery in the Eighteenth-Century Mid-Atlantic,” *William and Mary Quarterly*, 3rd ser., 56, no. 2 (1999): 243–72. See also, Cecil Wall, *A History of the Worshipful Society of Apothecaries of London*, eds. Charles Cameron and E. Ashworth Underwood (London: Oxford University Press, 1963); Mark S. R. Jenner and Patrick Wallis, “The Medical Marketplace,” in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. Jenner and Wallis (New York: Palgrave Macmillan, 2007), 2–15; Harold J. Cook, “Good Advice and a Little Medicine: The Professional Authority of Early Modern English Physicians,” *Journal of British Studies* 33, no. 1 (1994): 1–31.

proclamations of their medical achievements, which were supported by written patient testimonials. Women's participation in this public space of the consumer medical market underscored the malleability of the boundaries of domestic healing in the putatively private household sphere. In this flexible environment, women healing adepts such as Elizabeth Dickinson Weed could engage in the business of medicine and experiment with new advertising strategies to develop their practices.

Within a year after Esther's death, George Weed promptly found in Elizabeth Delaplaine Dickinson another skilled woman with whom he could forge a healthcare business partnership. Although it is clear from Elizabeth's Weed's later newspaper notices that she compounded medicines and worked alongside her husband in the apothecary shop, advertisements in the July 1768 issues of the *Pennsylvania Chronicle* promoted only George's medicinals and credentials. As a married woman, Elizabeth was less visible in the press. The ads appealed to customers' budgets by noting that the shop sold medications "on terms as low as can be thought reasonable."¹³ Although George held center stage, the shop's advertisements provide information on the couple's joint pharmaceutical practice.

The Weeds treated a variety of illnesses, including "venereal disease in all its stages," the bloody flux, "colds, coughs, shortness of breath, spitting of blood," consumption, rheumatism, and gout. George's experiences as a preacher may have helped him hone his persuasive abilities. He boldly advised customers that "persons in both town and country" testified that his remedies had been "under God, the means of saving their

¹³ *Pennsylvania Chronicle*, July 4–July 11, 1768.

lives.” The Weeds also marketed the opiate paregoric for curing children’s intestinal complaints and for ensuring that an infant is “easy and quiet, more healthy, and requires less tending.”¹⁴ Because women traditionally provided the bulk of children’s and women’s healthcare, advising mothers and dispensing pediatric medications would have been an obvious practice space for Elizabeth. She may have also discreetly treated their female clients for sexually transmitted diseases and other women’s health issues.

Although a number of contemporary apothecaries’ advertisements began with the phrase, “Just imported from London, a large quantity of DRUGS and MEDICINES,” the Weeds did not make this claim. This may indicate that they compounded a number of their drugs in the shop, which would have provided Elizabeth Weed with medicinal production experience. As a descendant of a Philadelphia apothecary recalled, a late-eighteenth-century druggist had to be “both botanist and chemist, not only to make the tinctures from drugs” in the store, “but to go out into the woods, collect the plants, dry and powder them.”¹⁵ In addition to identifying botanicals and chemicals, Elizabeth Weed’s duties required an understanding of apothecaries’ weights and measures, substances’ medicinal properties, and the correct ways to compound and process them. Like other apothecaries, she honed a variety of skills for making tinctures, decoctions, distillations, plasters, ointments, and pills. In the same 1768 issue in which the *Pennsylvania Chronicle* published the “Liberty Song” to protest the Townsend Acts, the

¹⁴ *Pennsylvania Chronicle*, July 4–July 11, 1768. In the same issue of the *Chronicle*, Richard Tidmarsh also advertised his practice as a surgeon and apothecary, trumpeting his “Large quantity of DRUGS and MEDICINES” imported from London. Advertisements for medicines “Just imported from London” are legion. See, for example, *Pennsylvania Gazette*, November 1, 1764.

¹⁵ Evan T. Ellis, “The Story of a Very Old Philadelphia Drug Store,” *American Journal of Pharmacy* 75 (1903): 50.

Weeds asserted their liberty to advertise and to sell their pharmaceuticals.¹⁶

As political tensions escalated toward war in the mid-1770s, the Weeds advertised more brand-name and imported proprietary drugs in several newspapers. Their “neat assortment of medicines” included Stoughton’s Bitters, Daffy’s Elixir, and Anderson’s Pills, as well as their own “Weed’s Syrup.” In an attempt to undercut their competition and to reach a wider audience, they advertised that their products were priced so reasonably that “the poor may be able to purchase them.” They provided “Printed directions” with their medications “gratis,” which empowered and educated patients in the self-administration of their pharmaceuticals and served as take-home advertisements for their practice. The *Pennsylvania Courier* also printed a testimonial allegedly written by a female patient who had been plagued with sores and facial swellings and was “perfectly cured” by “Dr. George Weed’s ROYAL BALSAM.” However, the woman’s testimonial suspiciously repeats particular phrases from George Weed’s original Royal Balsam article, such as “cures by the blessing of God” and “with a sincere desire to do good.”¹⁷ It is quite possible that the Weeds either invented the testimonial or were involved in its production. By the time of George’s death in 1777, Elizabeth was experienced in drug compounding and pharmaceutical marketing.

¹⁶ T. H. Breen, *Marketplace of Revolution*, 19–24. For women, nonimportation, and home manufactures, see Mary Beth Norton, *Liberty’s Daughters: the Revolutionary Experience of American Women, 1750–1800* (Boston: Little, Brown, 1980), 156–66; Linda K. Kerber, *Women of the Republic Intellect and Ideology in Revolutionary America* (Chapel Hill: University of North Carolina Press, 1980), 37–41; Edmund Morgan and Helen Morgan, *The Stamp Act Crisis* (Chapel Hill: University of North Carolina Press, 1962).

¹⁷ *Pennsylvania Gazette*, July 12, 1770, and see also the editions of September 3, 1767, and December 23, 1772; *Pennsylvania Chronicle* (Philadelphia), June 25–July 2, 1770 and July 15–July 22, 1771. In the *Pennsylvania Gazette*, Bookseller/Stationer Thomas Anderson competed with the Weeds in an adjacent ad that offered proprietary medicines including Baron Van Sweiten’s pills, Daffy’s Elixir, Godfrey’s Cordial, and Stoughton’s Drops.

However, Elizabeth Weed faced financial and personal challenges during the occupation. In addition to general shortages of supplies, disrupted markets, and a fluctuating monetary system, Weed's three-year-old son, George Junior, had been "very sickly and weak," which may have influenced her decision to stay in the city rather than face the uncertainties of life as a widowed refugee.¹⁸ To aggravate Elizabeth's financial problems, the will of George Weed, Senior, was contested by Elijah Weed, his son from a previous marriage. The will remained unproved until after the Revolution.¹⁹ Despite setbacks, Elizabeth Weed soldiered on with her pharmacy business, and she weathered the economic and political vicissitudes of the first four years of the Revolution.

In 1779, Elizabeth Weed married master carpenter Thomas Nevell, whose solid Patriot credentials would quell any rumors of loyalism related to Elizabeth's residence in Philadelphia during the occupation. Nevell had served in Pennsylvania's First City Battalion and was appointed to build artillery carriages for the Continental Army. He was a member of the Carpenter's Company, and he supervised the repairs to Carpenter's Hall after the British left the city. Restoring Carpenter's Hall had particular resonance for Philadelphians, because it had housed the First Continental Congress, as well as the carpenters' trade association. However, tax records cite Thomas Nevell as a carpenter with only one cow, no property, no servants, and a tax payment of less than £5.²⁰

¹⁸ *Pennsylvania Evening Post*, March 11, 1777.

¹⁹ Hannah Benner Roach, "Thomas Nevel (1721–1797): Carpenter, Educator, Patriot," *Journal of the Society of Architectural Historians* 24, no. 2 (1965): 153–64. The will was settled in 1784. Elijah Weed received \$1,168 and Elizabeth Weed received \$238, with \$132 in medicines. See George Weed, Sr., "Settlement on the Estate of George Weed," Philadelphia, 1784, no. 66-1777, Philadelphia City Hall.

²⁰ Carl G. Karsch, "Thomas Nevell: "An Ingenious House Carpenter," <http://www.ushistory.org/carpentershall/history/nevell.htm>. The Georgian home that Thomas Nevell built for himself still stands at 338 South Fourth Street in Philadelphia. It attests to his architectural and building

Evidently, Elizabeth did not marry a man with a fortune. The Nevells lived in Elizabeth's house and shop on Front Street where she continued to sell medicines. The house was in Elizabeth's name and in her will, her son George, rather than her husband, was slated to inherit the property. Elizabeth used the legal system to maintain her own property and to secure a competence for her son. She continued the court battles with Elijah Weed over George, Senior's, will. In the Nevell's shop on Front Street, Thomas contracted work as a carpenter and a coffin maker. Apparently, this grave trade was not off-putting to Elizabeth's sick clients, as her name was juxtaposed with Thomas' in Philadelphia city directories as an apothecary who "prepares medicines against the ague &c." She also continued to advertise her medicinals in newspapers.²¹

Perhaps Elizabeth Weed Nevell should not have been surprised that her success in business and in marketing her popular "Weed's Syrup" would leave her prey to counterfeiters. Issues regarding drugs' authenticity had plagued the pharmaceutical business since the late seventeenth century. To prevent counterfeits, English drug manufacturers were careful to create uniquely shaped glassware embossed with the drug's name. For example, Londoner Robert Turlington, the inventor of Turlington's Balsam of Life, received one of the first royal pharmaceutical patents in 1744. The medication's blue-tinted glass phial was stamped "By the King's Patent" to underscore Turlington's sole intellectual property rights to his secret recipe. He mass produced the

skills and refined taste. He sold the house for \$700 in 1775, apparently to raise needed cash. See Roach, "Thomas Nevel," 153–64.

²¹ Roach, "Thomas Nevel," 153–64. For Elizabeth's advertisements, see, for example, *Pennsylvania Gazette*, September 17, 1783. See also, Francis White, *Philadelphia Directory* (Philadelphia: Young, Steward, and McCulloch, 1785), 52. In White, the name is spelled Nevill, "at the corner of Front and Arch-streets."

balsam for an international market. After Turlington's death, his niece Martha Wray assumed the patent and marketed the drug in the 1750s. Nonetheless, in Britain and later in America, glassmakers forged patent medicine bottles and sold them to apothecaries who filled them with their own counterfeited preparations. Robert Turlington warned his transatlantic customers of the "Villainy of some Persons, who buying up my empty bottles, have basely and wickedly put therein a vile spurious composition."²² American apothecaries and druggists could sell their knock-off products more cheaply than authentic imports. James Craft may have counterfeited the packaging and instruction sheet for "Weed's Syrup" when he began selling it in Burlington. Like Turlington, Elizabeth Weed Nevell used theatrical language to decry Craft's "basest of forgeries."

Weed Nevell also had precedents in Englishwomen who had sued over the exclusive rights to market their medications. The women in the Anthony Daffy family of Leicester, England, waged very public battles in the press and in the courtroom over the intellectual property rights to market Daffy's Elixir during the eighteenth century. The preparation was created in the 1670s by the shoemaker and self-styled "Doctor Daffy, student in Physick."²³ After Anthony Daffy's death, his wife Elleanor began marketing this bestselling drug. She claimed that the elixir cured melancholy, shortness of breath, colic, griping in the guts, green-sickness, scurvy and dropsy, coughs, wheezings, consumptions, agues, fits of the mother, rickets, and numerous other diseases. Elleanor

²² Robert Turlington, "By Virtue of the King's Patent," ca. 1750s, broadside, William Helfand Coll., In Turl 970.1F, Library Company of Philadelphia; Olive R. Jones, "Essence of Peppermint, a History of the Medicine and its Bottle," *Historical Archaeology* 15, no. 2 (1981): 3–4. David R. Watters, "A Turlington Balsam Phial from Montserrat, West Indies: Genuine or Counterfeit?," *Historical Archaeology* 15, no. 1 (1981): 105–8.

²³ Charles J. S. Thompson, *The Quacks of Old London* (London: Brentanos Ltd., 1928), 253–8.

Daffy quickly found cause to lambast a group of “upstart counterfeiters,” including a druggist named Jane White, whom she called “Ape-like imitators” and “sneaking Cub-Quacks, not yet lickt into form, but remaining Moon-blind brats, (still in swaddling clouts).”²⁴ In the early eighteenth century, Ellen Daffy Trubshaw battled with her estranged husband in the Court of Chancery over rights to the elixir. In the 1760s, Londoner Mary Swinton successfully sued a competitor for the rights to produce and market her alleged uncle’s elixir, but a female cousin challenged Swinton’s proprietary rights and produced her own version. Swinton informed the public that she sold the only “authentic” Daffy’s Elixir at her drug warehouse at the sign of the two Golden Balls near Fleet Street. She asserted in a broadside, “I am the personal Representative of Dr. Anthony Daffy, and the sole Proprietor of the original Receipt.”²⁵ Even Swinton’s 1780 obituary was embedded appropriately in an advertisement for Daffy’s Elixir. In addition to developing skills in sales and marketing, female druggists learned to defend their products in the courts and in print.

Taking a tack similar to that of Mary Swinton, Elizabeth Weed Nevell claimed the moral high ground in her tirade against the Weed’s Syrup counterfeiter, James Craft. She began her newspaper attack with a brief dissertation “TO THE PUBLIC” affirming that “HEALTH” was the “greatest temporal blessing,” and the next best thing was a knowledge of the “virtues” [medicinal values] of “the vegetable and mineral kingdoms” as well as the “art of restoring health when lost.” Weed Nevell asserted her own

²⁴ “Collection of Materials Relating to Daffy’s Elixir,” William Helfand Coll., 17124 Q, Library Company of Philadelphia.

²⁵ For the convoluted history of the Daffy family and battles over the elixir, see David B. Haycock and Patrick Wallis, “Quackery and Commerce in Seventeenth-Century London: The Proprietary Medicine Business of Anthony Daffy.” *Medical History Supplement* 25, no. 2 (2005): 3–12.

pharmaceutical and healing acumen, while reminding the public of her late husband George Weed's successful proprietary medicines, which were based on his years of experience. She argued that as his widow, she was the only one with "the Doctor's genuine recipe." Weed Nevell appealed to her customers' anxieties regarding safety by underscoring the uncertain health risks of knock-off drugs with questionable contents. By peddling his counterfeit cures, Weed Nevell argued, Craft "imposed on the public, and may possibly have injured many."²⁶ Weed Nevell had so successfully marketed Weed's Syrup that it gained brand-name recognition. The downside was that its popularity left the remedy open to being forged.

Although the alleged counterfeiter, James Craft, apparently worked as a barber/shoemaker, he is listed as a Burlington wholesaler and retailer in a later advertisement for "HOPKINS CELEBRATED RAZOR STROPS," which prevented "HUMAN BLOOD FROM BEING SPILLED" by "blunt razors. . . A Fact Clearly Proved!!!"²⁷ It is quite possible that Craft combined barbering and a surgical practice with a sideline in sales of patent medicine and shoes. Even in London, the Worshipful Company of Barber-Surgeons had separated into two organizations only in 1745, and barber-surgeons were listed in Philadelphia city directories into the early nineteenth century. In addition to providing shaves and haircuts, barbers and barber-surgeons practiced tooth-drawing, minor surgery, head lice removal, and therapeutic bloodletting.²⁸

²⁶ *Pennsylvania Gazette*, July 11, 1787.

²⁷ *Philadelphia Gazette*, July 19, 1798. Hopkins Razor Stropps also sharpened surgical tools.

²⁸ Ian Burn, *The Company of Barbers and Surgeons* (London: Farrand Press, 2000), 30–8, 196–8. The brass-capped red and white striped barber's poles displayed to advertise their shops represent the barber-surgeons' brass leech bowl, the rod that patients squeezed to reveal their veins for bleeding, and the intertwined mix of white and bloodied bandages. Some practitioners specialized in bleeding, and some

In the face of Weed Nevell's accusations, Craft likely perceived himself as a legitimate healthcare provider. He confidently countersued Elizabeth "Nevill" for slander, declaring in the press that he was merely reselling Weed's Syrup, which he had purchased from her.²⁹ Weed Nevell was still involved in the lawsuit on July 4, 1788, when her husband proudly marched with the Carpenter's Company in Philadelphia's Grand Federal Procession to support the ratification of the United States Constitution.

Weed Neville's successful apothecary practice enabled her to secure a legacy for her son, George. Based on her legal maneuvers, it appears that she was intent on facilitating George Junior's social mobility. However, twenty-two years in the apothecary business, Elizabeth Weed Nevell died in 1790. The census of that year listed sixteen-year-old "Doctor" George Weed as head of the household, with the sixty-nine year old Thomas Nevell, "house carpenter" listed after his name. George Weed continued to hold the title to the house on Front Street. Unlike Mary Watters' and Margaret Morris' sons who died in their youth, George Junior lived to find success, initially as an apothecary selling drugs and marketing "the only authentic Weed's Syrup."³⁰ In 1796, he sold the Front Street house and became the proprietor of the White Horse Tavern on Market Street. He later purchased the Gray's Ferry Inn and managed it until 1803. The inn was advantageously situated at a popular ferry south of the city and across the Schuylkill River from The Woodlands, William Hamilton's extensive estate and botanical gardens.

Philadelphia bleeders were women. For example, Catherine Hailer (also spelled Hayler or Heylin) is listed as a bleeder in city directories from 1797–1816.

²⁹ *Pennsylvania Gazette*, August 1, 1787.

³⁰ *Philadelphia Minerva*, December 3, 1796. The Philadelphia Census, Middle District, 1790 lists George Weed as a doctor, household head, and Thomas "Nevill" as a house carpenter. See <http://us-census.org/pub/usgenweb/census/pa/philadelphia/1790/pg0217.txt>, accessed May 5, 2014.

The inn had its own pleasure garden, and a local historian remembered the property as “a veritable fairy scene, with bowers, grottoes, waterfalls, bridges, islands, and a most attractive Inn, with tables set upon the greensward.”³¹ The “eminently successful” George Weed was also quartermaster for the Second Troop Philadelphia City Cavalry, whom he entertained in style at the Gray’s Ferry Inn.³² Through her apothecary business acumen, shrewd financial planning, and strategic marriages, Elizabeth Weed Nevell had secured for her son a successful livelihood and a place in Philadelphia society.

However, Weed Nevell’s medicinal legacy did not remain with her menfolk. In the back of carpenter Thomas Nevell’s commonplace book, there is an affidavit written by Rebecca B. Reed Nicholson dated September 25, 1795, two years before Thomas’ death. It states

I certify that the foregoing recipes are in Doctor Weeds own hand writing and that his widow after the Death of her Husband the Doctr. continued to make the preparations agreeable to the foregoing Recipes, That for & in consideration of a sum of mony to me in hand paid I now deliver them to Samuel Wetherill & Sons to be prepared & sold by them as they may think proper, & I hereby engage that I will not give or cause to be given the recipes to any other person or persons—³³

Although the recipes are scribbled over and a few pages appear to be missing, listings for “Weed’s Essence of the Essentials” and “Syrup for the Flux” are visible. Rebecca Nicholson had provided nursing care for the septuagenarian Thomas Nevell, whose

³¹ “Gray’s Ferry, Inn, and Garden,” in Samuel C. Atkinson, ed., *The Casket: Flowers of Literature, Wit, and Sentiment*, no. 7 (1829), 74.

³² For George Weed, Jr., see W. A. Dorland and William Bingham, “The Second Troop Philadelphia City Cavalry,” *Pennsylvania Magazine of History and Biography* 46 (1922): 36, 57–77, 74, 265, 350; John Scharf and Thomas Westcott, *History of Philadelphia, 1609–1884*, vol. 3 (Philadelphia: L. H. Everts & Co., 1884), 992; *American Daily Advertiser*, July 8, 1794. A “George Weed—Inkeeper” is listed at 218 and 220 Clymer’s Alley, but no Nevell/Nevil’s are listed. Edmund Hogan, *The Prospect of Philadelphia* (Philadelphia: Printed by Francis and Robert Bailey, 1795), 11.

³³ Nevell, Thomas (1721–1797), Thomas Nevell’s Day Book, 1762–1785, MS Codex 1049, University of Pennsylvania Rare Book and Manuscript Library.

health was failing. It is possible that Elizabeth gave the Weed's secret proprietary medicines to Thomas Nevell or to her son, and that the recipes were bartered to pay for Thomas' healthcare. Or perhaps Elizabeth Nevell had bequeathed them directly to Nicholson. In either case, Nicholson sold them to the prominent Philadelphia druggists Samuel Wetherill and Sons. Another woman, then another business kept the Weeds' pharmaceutical legacy alive. Medicinal knowledge was a valuable and transferrable commodity that networks of women could mobilize to generate income and maintain their economic independence.

“Her Occupation Was a Noble One”

Mary Watters' postwar practice provides another example of a Philadelphia healing adept who matched Weed Nevell's business acumen, her desire for financial independence, and her success in securing her son's economic future. Watters, a widowed Irish immigrant with a young son introduced in chapter 4, served as a nurse in Continental Army hospitals during the Revolution. Her postwar business strategies flowed from her successful wartime service. After the Revolution, she used her medical contacts with prominent physicians, such as Benjamin Rush, to legitimize her practice and to create webs of physician and patient referrals. Rush was a prominent Edinburgh-educated member of Philadelphia's medical community, and he likely encountered Watters in his brief stint as the chief medical officer of the Continental Army's Middle Department. Rush was so impressed with Watters that he began her biography in his commonplace book.

In his draft of Watters' biographical sketch, Rush asked a striking question: “Why not? Her occupation was a noble one—and her example may be interesting to thousands.

Only few men can be Kings—& yet biography for a while had few other subjects.”³⁴

Rush recognized that the life story of a female nurse would likely meet with objections, since political narratives featuring famous men were considered proper historical topics. He preempted British novelist Jane Austen’s well-known critique of history as merely a tiresome retelling of “the quarrels of popes and kings, with wars and pestilences in every page; the men all so good for nothing, and hardly any women at all.”³⁵ Rush’s interest in democratizing the genre of biography apparently extended to women. As a “man of feeling” who embraced the language of sensibility, Rush could envision a chronicle of a woman’s benevolent wartime nursing service as a source of moral instruction as well as historical interest.

Since Watters left no personal letters, diaries, recipe books, or business records, her narrative must be constructed by reading against the grain of the fragments of others’ writings and by placing her practice in a deeper context. According to Rush, Watters “served during the whole war in the military hospitals where she was esteemed and beloved by all who knew her.”³⁶ Rush addressed Watters’ bedside manner and her healing acumen. As he explained in the biography, “I never saw her out of humor—she is chatty—and tells a merry story very agreeably.” He adds, “She possesses a good deal of skill—and an uncommon regard to cleanliness.”³⁷ Apparently, Watters shared Rush’s interest in new theories regarding the importance of sanitation in disease prevention. Her

³⁴ Benjamin Rush, “Hints for the Life of Nurse Mary Waters,” Benjamin Rush Letterbook, vol. 82, Yi2 7262 F.v1, 146, HSP.

³⁵ Jane Austen, *Northanger Abbey* (Boston: Little, Brown, and Co., 1903), 120. Austen wrote *Northanger Abbey* between 1798 and 1799, but it was not published until after her death in 1817.

³⁶ Rush, “Nurse Mary Waters,” HSP.

³⁷ Rush, “Nurse Mary Waters,” HSP.

insistence on cleanliness evinced her sensibility and set her above the stereotype of a slatternly lower class nurse. Watters' Revolutionary experiences also influenced her desire for medical challenges. As Rush explained, "She dislikes nursing lying in women—as well as all such persons as are not very ill. Nothing but very great danger rouses her into great activity and humanity."³⁸ Rush portrayed Watters' skill as a hospital nurse as courageous medical benevolence. Historian Marjorie Levine-Clark argues that working women "constructed an ideal of womanhood based upon able-bodied-ness" that was "associated with health, strength, and work" as opposed to the biblically prescribed notion of women as the "weaker vessel."³⁹ Watters' empowered sense of her personal accomplishments followed her into civilian life.

Watters developed positive business relationships with physicians such as Rush, and she fashioned social ties with her patients. Both Rush and the elite Quaker diarist, Elizabeth Drinker described Watters as a nurse in their writings. Drinker noted in her diary in February 1794 that "Nurse Waters" visited her home several times in the company of the elderly Doctor John Redmond, a prominent physician who had trained numerous Philadelphia physicians, including Rush. In November 1794, Watters called on the Drinkers with Dr. Adam Kuhn. Watters took tea with Drinker and even dined with the family—both important rituals of sociability and status that cemented social bonds.⁴⁰

However, in city directories, Watters called herself a doctress and an apothecary, terms

³⁸ Rush, "Nurse Mary Waters," HSP. Kathleen Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, CT: Yale University Press, 2009), 159–83; Simon Finger, *The Contagious City: The Politics of Public Health in Early Philadelphia* (Ithaca, NY: Cornell University Press, 2012), 86–102.

³⁹ Levine-Clark, *Beyond*, 170; 1 Pet. 3:7, King James Version: "Likewise, ye husbands, dwell with them according to knowledge, giving honour unto the wife, as unto the weaker vessel."

⁴⁰ Elizabeth S. Drinker, *The Diary of Elizabeth Drinker*, vols. 2 and 3, ed. Elaine Forman Crane (Boston: Northeastern University Press, 1991), 544 (Redman), 621 (Kuhn), 521, 526, 530–6, 720, 737.

that infer more independent practices and professional challenges. Rush and Drinker commented on Watters' affable garrulousness that she apparently used to create business connections with doctors, even as she was discreetly in competition with them.⁴¹ Like George Weed, Watters constructed her healthcare roles to suit her circumstances.

Watters' skill at reshaping her professional image to cater to her constituents can obscure her actual practices, making them difficult to track as she shifted from courageous but deferential nurse to assertive doctress/apothecary. As Rush recounted, Watters was "once sent for to prescribe for a lady in consumption, for her skill was known to many people." After meeting the patient, Watters complemented the attending physician and emphasized that she had learned her healing acumen from him during the war. From Rush's perspective, Watters renewed the lady's "confidence in her physician" and "showed a disposition to support their [the doctors'] influence in medicine."⁴² But Rush's assessment must be read critically. As a shrewd entrepreneur, Watters was able to simultaneously garner Philadelphia physicians' approval while reminding patients of her own authoritative wartime healing experiences. A subtext of this encounter is that before consulting a physician, the patient had called in Watters to diagnose and to *prescribe* for the woman's pulmonary condition. Watters assumed these customary roles of a physician, and thus Rush's writings actually provide insight into Watters' independent practice. She also sold imported pharmaceuticals and her personally compounded

⁴¹ Benjamin Rush, *The Autobiography of Benjamin Rush His Travels Through Life Together with His Commonplace Book for 1789–1813*, ed. George W. Corner (Princeton, NJ: Princeton University Press, 1948), 201. Mary Waters (sic.) is listed as a doctress in Thomas Stephens, *Stephen's Philadelphia Directory, for 1796* (Philadelphia: Thomas Stephens, 1796), 193; as a doctress in Willing's Alley in Cornelius William Stafford, *Philadelphia Directory for 1798* (Philadelphia: William W. Woodward, 1798), 149; as an apothecary in Stafford's directories for 1797 (pg. 190) and 1798 (pg. 191).

⁴² Rush, "Nurse Mary Waters," HSP.

proprietary medicines out of a shop on the first floor of her home. Like Weed, Watters recognized the increasing consumer demand for medicinals, and she interwove the role of drug vendor into her practice as a nurse and a doctress.

Rush's biography becomes even more intriguing, citing Watters' birthplace as Dublin and noting that she was a practicing Catholic. Watters had immigrated to Philadelphia in 1766 after the end of Britain's Seven Years' War with Catholic France. Although a few Dubliners from the artisanal class emigrated, most came to the Delaware Valley as redemptioners who negotiated indentured labor contracts on arrival. Anti-Irish and anti-Catholic prejudices were rife, making it difficult for Dubliners to find jobs. Almshouse records demonstrate that a number of Irish widows with children were impoverished and sought public assistance.⁴³ However, like Elizabeth Weed Nevell, Mary Watters was able to deploy her healing skills to make a living for herself and her son, James. Watters found an advocate in Father Ferdinand Farmer at St. Joseph's Catholic Church. Rush noted that Watters "once left off nursing, but was induced to undertake it again by the advice of her minister the late Revd. Mr. Farmer."⁴⁴ The priest told Watters that "her skill in nursing was a commission sent to her from heaven, w[h]ich

⁴³ Billy G. Smith, *The "Lower Sort": Philadelphia's Laboring People, 1750–1800* (Ithaca, NY: Cornell University Press, 1990), 42–62, 164–74; B. G. Smith, ed., *Life in Early Philadelphia: Documents from the Revolutionary and Early National Periods* (University Park: Pennsylvania State University, 2003), 3–28. Irish women also feature in newspaper advertisements for runaway servants and for those wishing to sell of a woman's indenture. See, for example, the *Pennsylvania Gazette*, "Run away...Irish servant girl named Rose," October 19, 1769; "To be Disposed of . . . two Irish Servants," and "The Time of an Irish Servant Woman, about 21 Years . . . to be disposed of . . . she is sold for want of employment," June 7, 1770. Watters was part of a mid-century migration of both Irish and German immigrants. See Susan Klepp, Farley Grubb, and Anne P. de Ortiz, eds., *Souls for Sale: Two German Redemptioners Come to Revolutionary America* (University Park: Pennsylvania State University Press, 2006), 1–24; Mary Peckham Magray, *The Transforming Power of the Nuns: Women, Religion, and Cultural Change in Ireland, 1750–1900* (New York: Oxford University Press, 1998), 1–21, 32–41, 74–7.

⁴⁴ Rush, "Nurse Mary Waters," HSP.

she was bound never to resign, and that she might merit heaven by it.”⁴⁵ Catholic women such as Watters had positive role models in nuns who had provided nursing care in Catholic European hospitals for centuries. For nuns, nursing was a benevolent calling rather than a job of last resort.⁴⁶ Rush also construed Watters as a beneficent Lady Bountiful, noting, “She was truly charitable,” as exemplified by her lending money to needy patients and families. Watters chose to continue her “noble” practice in all its permutations.⁴⁷

In 1793, Rush highlighted Watters’ nursing skills in the *Transactions of the College of Physicians*. Rush described Watters as a person “worthy of being known to the public” for her “fidelity, judgment, and humanity, which contributed greatly to the recovery” of the patient with smallpox that he details in his case study.⁴⁸ Understanding the sensibilities regarding a woman’s name in print, Rush wrote that he hoped that the “College will permit me to mention her name.”⁴⁹ In the *Transactions*, Rush called Watters a doctress, perhaps as a measure of his increasing respect for her practice.⁵⁰ The College of Physicians and its publications were part of a medical public sphere that

⁴⁵ Fr. Ferdinand Farmer (1720–1786) was a Jesuit priest who was born in Germany. Nevertheless, in 1757, St. Joseph’s congregation consisted of 72 men and 78 women who were predominately Irish. In addition to membership in the American Philosophical Society, Fr. Farmer was also Trustee of the College of Philadelphia (later University of Pennsylvania). He was involved in the Philadelphia community outside of parish business. Martin I. J. Griffin, *History of “Old St. Joseph’s,” Philadelphia . . .* (Philadelphia: I.C.B.U. Journal Print, 1882), 3–5. It is impossible to know whether Rush heard this story from Farmer, or from Watters. However, Rush may have known Farmer, since they were both members of the American Philosophical Society.

⁴⁶ Anne Hudson Jones, ed., *Images of Nurses: Perspectives from History, Art, and Literature* (Philadelphia: University of Pennsylvania Press, 1988), xix–xxii.

⁴⁷ Rush, “Nurse Mary Waters,” HSP.

⁴⁸ Benjamin Rush, *Transactions of the College of Physicians of Philadelphia* (Philadelphia: Printed by T. Dobson, 1793), 191, LCP.

⁴⁹ Rush, *Transactions*, 191, LCP.

⁵⁰ Rush, *Transactions*, 191, LCP.

excluded women, and it is significant that Watters got honorable mention in the *Transactions*. In addition, Rush's endorsement of Watters' practice was high praise from a physician who freely criticized his medical colleagues. By 1793, Rush was the focus of rancorous debates among Philadelphia physicians regarding his extreme treatments for yellow fever. But Mary Watters would have long recognized that maintaining business networks in the city's contentious medical community required careful navigation.

Healing Authority in a Fractious Medical Community

Physicians in the City of Brotherly Love had been fractured since the founding of the colony's first medical school in 1765. Erstwhile, friends and colleagues, Drs. John Morgan and William Shippen, had battled over the prestige of being considered the medical school's founding physician, with Morgan winning the title. Their simmering conflict erupted again in 1777 in the midst of the American Revolution. Dr. William Shippen had mobilized his family and political ties with General George Washington to have Morgan fired from the position of Director General of the Army Medical Department. In his 1777 pamphlet, *A Vindication of his Public Character*, Morgan attributed his dismissal to Shippen's "dark purposes" designed to "injure my character with the public." Morgan anguished, "How truly Machiavellian has been his conduct!"⁵¹ In response, Shippen merely scoffed at Morgan, exemplified in a letter to General Nathaniel Greene: "Ha! ha! ha! He [Morgan] is truly ridiculous and contemptible!" Doctor Benjamin Rush sided with Morgan and called Shippen a "monster of public

⁵¹ John Morgan, *A Vindication of his Public Character in the Station of Director-General of the Military Hospitals, and Physician in Chief to the American Army* (Boston: Printed by Powars and Willis, 1777); John Morgan to John Jay, June 15, 1779, *Continental Congress Papers*, no. 63, f. 129, copy in Whitfield Bell-John Morgan Collection, CPP.

iniquity.”⁵² The doctors’ theatrical language mirrors that of drug vendors of this period, who accused each other of counterfeiting proprietary medicinals. Shippen smugly took over Morgan’s position, but his ascendancy did not last long. In 1780, Morgan had Shippen court-martialed based on substantive evidence of his profiteering on medical supplies. The military tribunal acquitted Shippen by only one vote, leaving him under a cloud of suspicion.

The public responded negatively to this ongoing acrimonious brawl enacted in the press. The war was, after all, with the British and not with fellow American officers. Philadelphia physicians chose sides with either Morgan or Shippen, which frustrated attempts to align doctors into one medical society.⁵³ Many of the physicians in Watters’ consulting network were in the Morgan/Rush camp, but she also created ties with Shippenites. Physicians’ acrimonious behavior left Philadelphians puzzling over which doctor was trustworthy and which one was a counterfeit practitioner.

Rather than uniting the medical community, the advent of the yellow fever epidemics further divided them. Physicians disagreed vehemently in the press over the etiology and treatment of yellow fever. Dr. Benjamin Rush led the doctors who advocated extensive bleeding and purging to expunge the yellow fever. His critics, like Dr. William Currie, advocated less violent cures, and French West Indian physicians, like Dr. Jean Deveze, advocated even milder, supportive therapies. Newspaper editors publically begged physicians to desist from their conflicts because it escalated residents’

⁵² Shippen to Nathaniel Greene, February 3, 1780, Edward Shippen Papers, original in Library of Congress, copy in Whitfield Bell-John Morgan Collection, CPP; *Pennsylvania Packet*, December 23, 1780.

⁵³ “Doctor Shippen’s Vindication,” *Pennsylvania Packet*, November 25, 1780; Whitfield J. Bell, Jr., *John Morgan Continental Doctor* (Philadelphia: University of Pennsylvania Press, 1965), 206–39.

panic that was already heightened because of the uncertainty of the epidemics. Physicians also divided along political lines, signaling their allegiance to the emerging Federalist or Jeffersonian Democrat Republican factions.⁵⁴ While doctors wrangled among themselves, patients lost confidence in their acumen. Anxious medical consumers continued to appeal to skilled doctresses and apothecaries, like Weed and Watters, for diagnosis, treatment, and pharmaceuticals.

Despite their fractiousness, Philadelphia physicians did successfully enmesh themselves within international and interstate medical networks, exemplified by their participation in the transatlantically oriented American Philosophical Society, as well as in two separate local medical societies. The Philadelphia College of Physicians asserted that they were “created a body politic and corporate” to cultivate “order and uniformity in the practice of physic” and to advance “useful knowledge for the benefit of their country and of all mankind.”⁵⁵ New Jersey doctors also created a medical organization for benevolent national aims and to control nonphysician healthcare practices. These associations had no power to enforce practice standards, but they radiated an aura of scientific authority that attracted some patients, particularly those of the higher social orders. Even amid their differences, a number of doctors used their extensive wartime

⁵⁴ *Federal Gazette*, September 9, 1793, and September 12, 1793; Martin S. Pernick, “Politics, Parties, and Pestilence: Epidemic Yellow Fever In Philadelphia and the Rise of the First Party System,” in *A Melancholy Scene of Devastation: The Public Response to the 1793 Yellow Fever Epidemic*, eds., J. Worth Estes and Billy G. Smith (Canton, MA: Science History Publications, 1997), 79–96; J. H. Powell, *Bring Out Your Dead: The Great Plague of Yellow Fever in Philadelphia in 1793* (1949; repr., University of Pennsylvania Press, 1993), xi, 34–49.

⁵⁵ *Transactions of the College of Physicians*, vii.

medical experiences to launch political careers and to situate themselves as arbiters of public health.⁵⁶

However, as part of a movement towards democratization, working people expressed anxieties over the monopoly power of professional associations. For example, in his 1798 *The Key of Liberty, Shewing the Causes Why a Free Government Has Always Failed*, the populist writer William Manning decried the attempts of physician societies to control the diffusion of specialized medical knowledge and access to healthcare. According to Manning, “The Doctors have established their Medical Societies . . . by which they have so nearly enielated Quarcary [annihilated Quackery] of all kinds.” However, the results were negative, because “a poor man cant git so grate cures of them now for a ginna [guinea], as he could 50 year ago of an old Squaw for halfe a pint of Rhum.” In addition, “The bisness of a Midwife could be purfomred 50 years ago for halfe a doller” but now with physicians practicing man-midwifery, “it costs a poor man 5 hole ones.”⁵⁷ The subtext of Manning’s folksy wit was that physicians’ organizations had decreased accessibility to nonphysician practitioners and increased the cost of medical care. His term “squaw” was derogatory, but it also represented the reality of people who sought affordable care from American Indian women healers and other lay

⁵⁶ Simon Finger, *The Contagious City*, 76–102; Stephen Wikes, *History of Medicine in New Jersey, and of its Medical Men from the settlement of the Province to A.D. 1800* (Newark, NJ: Martin R. Dennis & Co., 1879), 43–50.

⁵⁷ For Manning and for working Americans’ fears of sinister cabals like medical associations and the Society of the Cincinnati, see William Manning, *The Key of Liberty: The Life and Democratic Writings of William Manning, “a Laborer,” 1747–1814*, ed. Michael Merrill and Sean Wilentz (Cambridge, MA: Harvard University Press, 1993), Introduction, 26. For the democratization of specialized knowledge, see Andrew John Lewis, *A Democracy of Facts: Natural History in the Early Republic* (Philadelphia: University of Pennsylvania Press, 2011), 1–12.

practitioners. Although Manning was from New England, he succinctly expressed Delaware Valley residents' suspicions of exclusive professional cabals.

This mindset was part of the “every man his own doctor” self-help movement that advocated publicizing the secrets of medical practices and pharmaceutical ingredients. Patients and healers alike recognized that few medical or surgical therapies, including those prescribed by doctors, offered the surety of a cure. Although women healers such as Watters worked collaboratively with physicians, at times they trusted their own judgment. When Quaker healer Margaret Hill Morris’s youngest daughter, Deborah, experienced severe swelling in her extremities, Morris’ brother stepped in and called in a team of prominent consultants, Dr. John Cadwallader and Drs. Thomas and Phineas Bond. The physicians examined Deborah and bled her, to little effect. Morris wryly quipped, “From the appearances I believe [the doctors] were doubtful what name to give her disorder.”⁵⁸ In the face of the consultants’ uncertainty, Morris took charge of Deborah’s care. After her prescriptions of a decoction of vinegar whey and sulfur poultices, Morris noted the Deborah was “much better indeed.”⁵⁹

Morris’ friend and fellow healing adept, Lowry Jones Wister, also had cause to question the efficacy of physicians’ treatment. In a poignant account of her three-year-old son’s death from smallpox, Wister wondered if by giving her son, William, the medicines prescribed by doctors, she had killed him with her “own hand.” Wister berated herself for attending to a woman in labor in the early stages of her “Little Willy’s” illness, but she

⁵⁸ Margaret Hill Morris to Hannah Hill Moore, n.d., ca. mid-1780s, G. M. Howland MS Coll. 1000, box 7, folder, 5, HQSC.

⁵⁹ Margaret Hill Morris to Hannah Hill Moore, n.d., ca. mid-1780s, G. M. Howland MS Coll. 1000, box 7, folder, 5, HQSC.

felt she had done the right thing by calling in physicians when Willy's case became dire. As she cared for her son over the course of several days, she observed that the doctors' bleeding and purging remedies only seemed to make Willy worse and may have hastened his demise.⁶⁰ Part of Wister's palpable guilt was the regret that her own therapies might have saved Willy. Amid physicians' attempts to organize, women healers created their own less visible but authoritative networks of female healthcare practitioners and loyal patients. Physicians failed to create medical hegemony in healthcare marketplace, leaving plenty of room for the practices of women healers such as Morris, Wister, and Watters, who gained the respect of patients, doctors, and other nonphysician practitioners.

**“Women Are Formed for Something Nobler than Merely
to Be Wives and Mothers”**

Mary Watters' successful practice generated enough income to support and educate her son, James, and to set him up in business. In addition, Watters' social networks gave James access to prominent Philadelphians who could facilitate his entry into the field of magazine publishing. This was quite an accomplishment for a widowed Irish immigrant. Her diverse achievements may have given Rush the impetus to sketch her biography as a woman with a “noble” calling. James Watters learned his trade under the distinguished printer, Thomas Dobson, who specialized in medically related printed

⁶⁰ Lowry Wister, “On the Death of Her Infant Son William,” October, 23, 1781, and Lowry Wister (1743–1804), *Medical Recipes*, Eastwick Coll. MS 974.811. Ea7, APS; Sarah Wister, *The Journal and Occasional Writings of Sarah Wister*, ed. Kathryn Zabelle Derounian (Cranberry, NJ: Associated University Presses, 1987), 106; Lucia McMahon, “So Truly Afflicting and Distressing to Me His Sorrowing Mother”: Expressions of Maternal Grief in Eighteenth-Century Philadelphia,” *Journal of the Early Republic* 32, no. 1 (2012): 27–60.

works. Beginning in 1789, James honed his editorial acumen as chief editor of Dobson's *Encyclopaedia*.

James Watters became part of a group of ambitious young literati that included printer James Maxwell and Charles Brockden Brown, one of America's first recognized novelists. Brown was a member of the Philadelphia Belles Lettres Club, and he helped to found the Society for the Attainment of Useful Knowledge. James Watters shared Brown's progressive views on women's rights and abolition.⁶¹ After completing the first edition of the encyclopedia in 1798, James Watters had gained enough experience to launch his own enterprise, *The Weekly Magazine*. The magazine's subscriber list featured Mary Watters' social, business, and religious contacts, including the Drinker family, Saint Joseph's Catholic Church parishioners, and most of the physicians in Philadelphia from both the Morgan and Shippen factions. Of course, James Watters could also claim credit for his own business and editorial successes. Charles Brockden Brown chose *The Weekly Magazine* to introduce his first serial novel, *The Man at Home*, followed by *Arthur Mervyn*, a novel chronicling the 1793 Philadelphia yellow fever epidemic.⁶²

While James established his business as a magazine editor, Mary continued the practices of nursing, medicine, and pharmacy. The Watters sold both magazines and medicinals out of their house in Willing's Alley, around the corner from Saint Joseph's Church. The Watters' intellectual and political views were developed in the context of an impetus to sell their products and to earn a living. Mary Watters strategically publicized

⁶¹ See Robert D. Arner, *Dobson's Encyclopaedia: The Publisher, Text, and Publication of America's First Britannica, 1789–1803* (Philadelphia: University of Pennsylvania Press, 1991).

⁶² For Charles Brockden Brown (1771–1810) and his literary circles, see Michael Cody, *Charles Brockden Brown and the Literary Magazine: Cultural Journalism in the Early American Republic* (Jefferson, NC: McFarland and Company, Inc., 2004), 11–36.

her medicines and her practice in advertisements on the back cover of *The Weekly Magazine*, which entered hundreds of Philadelphians' homes and was available at lending libraries. Mary likely entertained members of James' literary circle such as Brown, Maxwell, and Dr. Elihu Hubbard Smith in their home. This group discussed topics highlighted in the *Weekly Magazine*, including the rights of women, the culture of sensibility, and self-help medical remedies. Without extant personal writings, it is difficult to know Mary Watters' opinions on these issues or whether she was even literate.⁶³ However, she would have certainly been closely involved in her son James' work, friends, and politics.

Charles Brockden Brown's article titled, "The Rights of Women," which appeared in March 1798 editions of the *Weekly Magazine*, exemplifies the radical topics that James Watters published. Brown's article presents the contemporary debates over women's rights as a dialogue between Alcuin, a young schoolmaster, and a wealthy, educated salonnière named Mrs. Carter. Brown's article reflected his literary circles' positive response to the publication of Mary Wollstonecraft's *Vindication of the Rights of Women* in 1792.⁶⁴ After reading *Vindication*, Elihu Smith enthusiastically wrote to his

⁶³ Mary Watters signed with an X on her will, so she may not have been writing literate. However, she might have been reading literate. She had the visual and tactile skills to run a medical and apothecary business and to administer the *Weekly Magazine* for a short time after James' death. Mary Watters, Will, #414-1799, Philadelphia City Hall. Thomas Dobson witnessed the will.

⁶⁴ "The Rights of Women," in *Weekly Magazine* 1, no. 7 (March 17, 1798): 198–200; *Weekly Magazine* 1, no. 8 (March 24, 1798): 231–5; *Weekly Magazine* 1, no. 9 (March 31, 1798): 271–4; Charles Brockden Brown, *Alcuin: A Dialog*, ed. Cynthia Kierner (New York: Rowman and Littlefield, 1995), Introduction; Rosemaire Zagarri, *Revolutionary Backlash: Women and Politics in the Early American Republic* (Philadelphia: University of Pennsylvania Press, 2007), 11–3; Elizabeth Wall Hinds, *Private Property: Charles Brockden Brown's Gendered Economics of Virtue* (Newark: University of Delaware Press, 1997); Brian Waterman, *Republic of Intellect: The Friendly Club of New York City and the Making of American Literature* (Baltimore: Johns Hopkins University Press, 2007); Cathy N. Davidson, "The Matter and Manner of Charles Brockden Brown's Alcuin," in *Critical Essays on Charles Brockden Brown*, ed. Bernard Rosenthal (Boston: G. K. Hall, 1981), 74–86; Susan Branson, *These Fiery Frenchified Dames: Women and*

sister, “Women are formed for something nobler than merely to be wives and mothers. Think for yourself.”⁶⁵ Wollstonecraft’s controversial ideas regarding women’s equality were hotly debated in the press and in parlors throughout the United States. Watters may have followed debates on women’s political rights and the concept of citizenship based on military service, because she had served her fledgling country as an army nurse. She would have been particularly interested in Wollstonecraft’s views on women’s work outside the home.

As discussed in the chapter 5, Wollstonecraft considered the healing arts of nursing and midwifery as appropriate women’s occupations. She also asserted, “Women might certainly study the art of healing and be physicians as well as nurses.”⁶⁶ The American writer Judith Sargent Murray entered into these debates in her 1798 publication, *The Gleaner*. Murray cites a healer whose “extensive acquaintance with herbs, contributes to render her a skilful and truly valuable nurse” and makes her “the idol and standing theme of the village.” Of course, this widowed village healer was a model of sensibility who “feelingly sympathizes with every invalid.”⁶⁷ One of Murray’s goals was to identify respectable occupations outside of the household that would provide economic independence for single women and for those whose profligate husbands, like Murray’s, did not provide financial support. Melding women’s work with the culture of

Political Culture in Early National Philadelphia (Philadelphia: University of Pennsylvania Press, 2001), 141.

⁶⁵ Elihu Hubbard Smith to Fanny Smith, 1796, quoted in Marguérite Corporaal and Evert Jan van Leeuwen, *The Literary Utopias of Cultural Communities, 1790–1910* (New York: Rodopi, 2010), 27.

⁶⁶ Mary Wollstonecraft, *A Vindication of the Rights of Woman: with Strictures on Political and Moral Subjects*, 3rd. ed. (London: J. Johnson, 1796), 337.

⁶⁷ Constantia [Judith Sargent Murray], *The Gleaner: A Miscellaneous Production in Three Volumes*, vol. 1 (Boston: J. Thomas and E. T. Andrews, 1798), 220–1.

sensibility made women's potential empowerment through employment more acceptable. James Watters also featured articles and poems with sentiments that gushed, "Sweet Sensibility . . . 'Tis thou inspir'st the all-awaken'd glow/The moral polish of the feeling heart."⁶⁸ Mixing work and sensibility carried the potential to place women in a category of passionate rather than rational creatures, which could limit the scope of women's employments. Still, Wollstonecraft's arguments in favor of women's professions would have helped Watters to construe her healing work as a noble, benevolent calling worthy of a woman attempting to elevate her family into the middling orders of society.

Despite her aspirations of social mobility for her son, Watters apparently did not share Benjamin Rush's compunctions about displaying her name and promoting her business in the press. On the back cover of the *Weekly Magazine*, Watters advertised "*Huxham's Tincture of Bark, Lavendar Compound, and a Variety of other Medicines, particularly Eye-Water*" in addition to her proprietary "WORM CAKES."⁶⁹ The tincture of cinchona bark or quinine would have been particularly popular during fever outbreaks in the summer and early fall, but intestinal worms were a persistent medical problem. Watters demonstrated her fluency in the competitive advertising rhetoric that detailed a medicine's authenticity, affordability, safety, and efficacy. She marketed her Worm Cakes as "lacking any of those pernicious or dangerous Properties so evidently prevalent in other Remedies for the Worms." For only "*one Fourth of a Dollar for a single Cake,*" a customer could purchase a medication that, according to Watters, "effectively cleared

⁶⁸ A Lady, "Sensibility," *Weekly Magazine* 1, no. 4 (February 24, 1798): 126. This "Lady" chose not to reveal her name in the magazine.

⁶⁹ *Weekly Magazine* 1 (February 3–April 28, 1798), bound edition, back cover. I appreciate Jim Green and Connie King's help in discovering this information at the Library Company of Philadelphia.

the body” of intestinal worms and could be “taken with Safety and Propriety.” She reassured customers that the purging operation of worm cakes was painless, was effective in “grown persons as well as Children,” and was “not attended by any bad Consequence.” As historian Susan Klepp points out, worm preparations were also frequently used by women as emmenagogues and abortifacients. Watters’ note that her preparation could be taken safely “even where a Doubt should arise whether the Person be really subject to Worms” may signal that she also had a women’s health practice.⁷⁰

James Watters’ promising career was tragically cut short in the fall of 1798. He died of yellow fever, ironically in the midst of publishing the serialized version of Charles Brockden Brown’s *Arthur Mervyn* that chronicled the 1793 epidemic. Mary Watters briefly took over the *Weekly Magazine* and then sold it to another editor. In the February 1799 edition, the new editor eulogized James Watters as an “excellent young man” who was “gifted with a clear and steady mind, strong intellect, and judicious taste, combined with a benevolent and virtuous heart.” He “bid fair to rise into public notice—a pattern of worth to his associates . . . and the support of a declining parent’s age.”⁷¹ In her diary, Elizabeth Drinker noted James’ death, calling him “an industrious young man.” Drinker recognized that “his poor mother, Nurse Waters, will be almost heartbroken.” However, Drinker wryly noted that Watters’ grief had not deprived her of “her faculty of talking.”⁷² Her husband, Henry Drinker, administered James’ will. Mary Watters must

⁷⁰ *Weekly Magazine* 1 (February 3–April 28, 1798), bound edition. See also, Klepp, *Revolutionary Conceptions*, 185–7.

⁷¹ Ezekiel Forman, “James Watters,” *Weekly Magazine* 3, no. 36 (February 1799): 3.

⁷² Drinker, *The Diary of Elizabeth Drinker*, 1264; George W. Corner, *The Autobiography of Benjamin Rush His Travels Through Life Together with His Commonplace Book for 1789–1813* (Princeton, NJ: Princeton

have felt the genuine pain of the *Weekly Magazine*'s florid tribute to James: "But alas! the gay and flattering prospects are forever flown; and he, on whom these budding hopes were founded, now rests in the cold and dreary tomb!"⁷³ Unlike George Weed, Junior, James did not survive to rise in Philadelphia society. Still, Mary Watters' multifaceted healthcare practice allowed her to support herself as she grieved her loss. Watters' business and pharmaceutical acumen matched that of her competitor Elizabeth Weed, as well as that of the Quaker healer, Margaret Hill Morris.

"My Lot Has Been Cast—From One Sick Chamber to Another"

In the 1780s and the 1790s, Quaker healer Margaret Hill Morris faced new personal and professional challenges. Morris' flattering prospects for her son, Dr. John Morris, were also not realized. Like James Watters, John Morris died from yellow fever during one of the epidemics. Morris' narrative demonstrates how women's family circumstances, as well as their engagement with the business of medicine, altered over the course of their lifespans. When Morris moved from Burlington, New Jersey, back to Philadelphia in the mid-1780s, she continued her medical and apothecary practice, but it is unclear from her letters whether she charged for her services. Her economic situation had improved, so she may have returned to providing free healthcare. However, the financial reverses of her early years continued to haunt Morris, and her ability to use her healing acumen to earn income for her family provided her with a sense of security. Even in her late forties and fifties, Morris maintained a busy practice caring for patients inside and outside of her household. As she explained to a daughter, "Thus it is that my lot has

University Press, 1948), 201; James Hennessey, *A History of the Roman Catholic Community in the United States* (New York: Oxford, 1983), 60.

⁷³ Forman, "James Watters," 3.

been cast—from one sick chamber to another at which I murmur not—being willing to do what I can to comfort the afflicted.” She added, “in doing so have been favored to partake of the same.”⁷⁴ In addition to providing income when needed, Morris’ compassionate healing work continued to create webs of social capital and medical safety nets for herself and for her family.

Morris appears to have had a more extensive kinship network than Weed Nevell or Watters, but it is important to remember that most women healers were called in to care for family members and to juggle their household duties in addition to their medical and apothecary practices. In Morris’ close-knit extended family and Quaker community, the boundaries between domestic and public healing were often blurred. In the mid-1780s, Morris closely mentored her son John, a physician, and her daughter Gulielma, a healing adept. She also offered liberal and detailed medical advice in the care of her grandchildren. For example, Gulielma reported that her mother’s prescription for “the [cinchona] Bark Glysters & bathing his body with Bark Stewed in Wine & Vinegar” had removed her son’s “alarming symptoms.”⁷⁵ Like her friend, Dr. Benjamin Rush, who offered consultations by post, Morris provided medical advice in letters. She instructed her sister Rachel Wells to treat a large ulcerous sore by applying a blister, followed by an incision called an issue, into which Rachel was to insert a caustic preparation of cantharides or Spanish fly. Recognizing that Rachel might balk at this treatment aimed at expelling humors, Morris recounted how she had successfully cured Hannah Huling with

⁷⁴ Margaret Hill Morris to Gulielma Morris Smith, August 3, 1797, G. M. Howland MS Coll. 1000, box 7, folder 3, HQSC.

⁷⁵ Margaret Hill Morris to Gulielma Morris Smith, October 25, 1785, G. M. Howland MS Coll. 1000, box 9, folder 2, HQSC. See also Margaret Hill Morris to Gulielma Morris Smith, April 28, 1789, G. M. Howland MS Coll. 1000, box 9, folder 2, HQSC.

the procedure.⁷⁶ William Buchan's *Domestic Medicine*, which Morris had on hand, also recommended the use of "an issue."⁷⁷ Morris' intensive medical therapies, whether provided to family members or to patients in the community, were similar to those of the physicians in her healthcare network.

However, Morris continued to value health information from her female healing circles. Even as she advised her children, Morris was mentored by her eldest sister and healing adept, Hannah Moore, who had served as a surrogate parent for her Philadelphia siblings. Moore knew that her little sister Margaret would commiserate with her experience of being called to a woman in severe pain in the height of a "dreadfull stormy" night. As Moore explained in a letter, she found that the woman was in labor, so she called in the midwife and doctor, but she still stayed all night with the patient. The following day, the exhausted Moore was called to see Polly Wilcox who was "in a raging fever & almost distracted."⁷⁸ Moore's experiences demonstrate that laywomen healers continued to practice alongside other providers. Elite Philadelphia families increasingly consulted man-midwives, such as William Shippen. However, male practitioners did not completely displace the midwives and women adepts like Moore, who provided ongoing

⁷⁶ Margaret Hill Morris to Richard and Rachel Wells, June 2, 1787, G. M. Howland MS Coll. 1000, box 7, folder 5, HQSC.

⁷⁷ William Buchan, *Domestic Medicine, or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines: with an appendix, containing a dispensatory for the use of private practitioners: to which are added, observations on diet . . .* (New York: George Lindsay, 1812), 618.

⁷⁸ Hannah Hill Moore to Margaret Hill Morris, n.d., ca. 1780s, G. M. Howland MS Coll. 1000, box 9, folder M-PE, HQSC.

care for women in labor.⁷⁹ Although neither Moore nor Morris practiced midwifery, they provided supportive obstetrical, postpartum, and pediatric care.

Following in the footsteps of their distant cousin, Elizabeth Coates Paschall, Morris and Moore continued to provide general healthcare for women, men, and children in the early Republic. In January 1787, it was Morris's turn to assist her sister, Hannah Moore, who began to have a series of strokes that would ultimately leave her partially paralyzed. Morris wrote to her daughter Deborah that she "was too much engrossed by my sick Family to attend to much else—thy Aunt has had some severe turns."⁸⁰ Morris had taken in a young unwed single pregnant woman named Nelly who had been "ruined" by one of John Morris' friends, intending for the woman to assist with nursing and household tasks. Instead, Morris had more patients to tend. As she resignedly wrote to her daughter, "Nelly has had Chills & Fevers wch are now removed & the poor little Baby seems not to thrive."⁸¹ Nelly regained her health and became Morris' servant, but Hannah's condition deteriorated. In 1792, Morris wrote to Gulielma, "thy dear Aunt. . . is in a very helpless condition, & cant turn herself in bed nor feed herself at all . . . it takes three of us to lift her out & into bed again."⁸² Morris deployed her nursing skills to care for Hannah, who developed bedsores and suffered from persistent seizures. Although

⁷⁹ Betsy Copping Corner, *William Shippen, Jr: Pioneer in American Medical Education; a Biographical Essay. With Notes, and the Original Text of Shippen's Student Diary, London, 1759–1760; Together With a Translation of His Edinburgh Dissertation, 1761* (Philadelphia: American Philosophical Society, 1951), 52–74; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750–1950* (New York: Oxford University Press, 1986), 36–63; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812* (New York: Vintage, 1990), 175–8.

⁸⁰ Margaret Hill Morris to Deborah Morris Smith, January 9, 1787, G. M. Howland MS Coll. 1000, box 7 folder 1, HQSC.

⁸¹ Margaret Hill Morris to Deborah Morris Smith, January 9, 1787, G. M. Howland MS Coll. 1000, box 7 folder 1, HQSC.

⁸² Margaret Hill Morris to Gulielma Morris Smith, December 15, 1792, G. M. Howland MS Coll. 1000, box 7, folder 5, HQSC.

Morris employed one housemaid, it is clear from her letters that she provided much of her sister's personal care. However, she still found time for patients outside her household.

Hannah's bedridden state prevented Morris from leaving the city during the first of the late eighteenth-century yellow fever epidemics. On August 27, 1793, Morris wrote to her daughter Gulielma in Burlington to reassure her regarding rumors of a malignant fever in Philadelphia, but the news was not good. Morris spoke with Dr. Adam Kuhn, who said "that only 9 had died of it," and he advocated a plentiful use of Vinegar, Onions & a little wine between whites" as "preservatives against the fever." She advised Gulielma, "we burn tar in our lodging rooms & put camphor in the bosom, & strew Wormwood, Tansy-rue, & any other strong herbs," throughout the house.⁸³ Kuhn opposed Dr. Benjamin Rush's yellow fever treatment that featured large doses of the purgatives calomel and jalap. Although Morris may have been asked to see patients outside her household, within a few weeks of the epidemic's onset, she was busy caring for her own extended family.

In early September, Morris' daughter, Deborah Morris Smith, fell ill, and her husband, Benjamin, called in Morris instead of a physician. Morris successfully treated her daughter's yellow fever. However, her son, Dr. John Morris, came down with the fever, and the frantic mother was called to his bedside. Benjamin Smith contacted Richard Allen and Absalom Jones, who had advertised that they were organizing Free African Society (FAS) nurses to provide healthcare in the crisis. They sent two African American nurses to help care for John and his wife, Abigail. Morris voiced appreciation

⁸³ Margaret Hill Morris to Gulielma Morris Smith, August 27, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

for the nurses and detailed the intimate space of her son's sickroom. She told a sister, "I lay down by him [John]—the Negro woman sitting near the bed."⁸⁴ However, African American nurses remain nameless in Morris' letters, and any exchange of health information was not recorded. Perhaps Morris missed an opportunity to become acquainted with FAS nurse, Sarah Bass. By this time, Margaret Morris, along with FAS leader Richard Allen, agreed with Benjamin Rush that extensive therapeutic bleeding and purgatives were the most effective treatment for yellow fever. In a letter to his wife, Rush noted, "My medicine has got the name of an inoculating powder," because of its apparent ability to "universally" cure yellow fever.⁸⁵ Rush's terminology unwittingly echoed newspaper advertisements that touted universal panaceas for yellow fever, such as the "Vinegar of the Four Thieves," a form of Venice Theriac, which had been used against European outbreaks of plague. This medication, sold earlier in the century by apothecaries Elizabeth Whartnaby and Mary Banister, was reintroduced to battle the "prevailing fever."⁸⁶ As fever deaths mounted, vulnerable Philadelphians desperately sought an effective cure, unsure of which therapeutic regimen or which physician faction to trust.

Despite careful tending by Morris, Rush, and the African American nurses, John died. Rush blamed John's death on the young doctor's penchant for drink, which had allegedly compromised his constitution. However, neither Rush's medically "heroic" therapies nor Drs. Kuhn and Hutchinson's milder regimen stopped the rising death toll.

⁸⁴ Margaret Hill Morris to My Patty [Milcah Martha Hill Moore], September 25, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁸⁵ Benjamin Rush to Julia Rush, September 6, 1793, and September 8, 1793, in L. H. Butterfield, *Letters of Benjamin Rush*, vol. 2 (Princeton, NJ: Princeton University Press, 1951), 650–3.

⁸⁶ *Poulson's American Daily Advertiser* (Philadelphia), September 29, 1793.

John's wife, Abigail, died, and Deborah's husband, Benjamin Smith fell ill. Margaret Morris treated Smith, ordering him to be bled. Of eight therapeutic bleeders, only one was available. A number of the city's therapeutic bleeders were women, and the FAS leaders were skilled in this work, but Morris did not record practitioners' names. As Smith's case worsened, Margaret contacted her colleagues, Drs. Rush and Samuel Powel Griffiths, but both were sick with fever. She called in Dr. Isaac Cathrall, a member of the anti-Rush/Morgan faction, and he advised her that Smith was not suffering from yellow fever. Morris contested his diagnosis, and she ordered Rush-style therapeutic bleedings and "physick."⁸⁷ However, Benjamin Smith succumbed.

Morris was now faced with arranging funerals along with patient care. A male FAS nurse contacted a fellow member in charge of death carts and burials, and they assisted with the family's hasty funerals. Morris demonstrated her appreciation for this FAS nurse when he appeared in her kitchen after being thrown out of his lodgings because of his fever symptoms. This "valuable black man" was "very sick," and Morris cared for him, allowing him to stay in her home for a few days. Unable to manage another patient, and with the man's consent, Morris contacted a doctor at the Bush Hill fever hospital and transferred the man there.⁸⁸

Amid these fever-related anxieties, Hannah Moore had "another stroke of the palsy," which left her further incapacitated, and Morris prescribed her specialty Musk

⁸⁷ Margaret Hill Morris to Richard Hill Morris, October 19, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁸⁸ Margaret Hill Morris to Richard Hill Morris, October 15, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

Julep.⁸⁹ Morris was initially immobilized by grief along with a mild case of yellow fever. But, as she wrote to her son Richard, she had to “recruit herself” to nurse Hannah, to support her widowed daughter, and to care for John’s four orphaned grandchildren, as well as Deborah’s children. As she exclaimed, “What a charge it will be at my time of life!” In addition, with the cost of the funerals, nurses, and physicians’ care, Morris lamented that “there was little money left.”⁹⁰ In a letter to his wife, Rush confirmed that “great distress pervades our city from the want of it [cash].”⁹¹ He noted, “Provisions are high, and no service can be procured from the sick but at an immense expense,” adding “the price of bleeding in 7/6” and nursing at three to three and a half pounds per day.⁹² Even some of his wealthier patients could not afford medicines, and most apothecary shops were closed. There are suggestions in her letters that during the later fever years, Morris charged for patient care outside the home, in response to difficult economic times.

As the epidemic continued, Morris gained confidence in her healing acumen. Morris’ maid, Sally, also came down with yellow fever, and Morris hired two female FAS nurses to assist with her sickly household. With Rush still ailing, Morris brought in Dr. Thomas Parke, who called Sally’s case hopeless. In this dire situation, Morris “began to make experiments,” explaining to her sister, “I made her lick fine salt and a little

⁸⁹ Margaret Hill Morris to Richard Hill Morris, September 19, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁹⁰ Margaret Hill Morris to Richard Hill Morris, September 23, 1793, and September 24, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁹¹ Benjamin Rush to Julia Rush, October 1, 1793, in Butterfield, *Letters of Benjamin Rush*, 690.

⁹² Benjamin Rush to Julia Rush, October 1, 1793, in Butterfield, *Letters of Benjamin Rush*, 690. For nurses’ wages during the epidemic, see chapter 5.

allum—this made her thirsty & I gave her Elixir Vitriol, Vinegar & Water.”⁹³ Sally recovered, but a hired man sickened, and Morris treated him with a combination of Rush’s therapy and her own. When a cousin got the fever, Morris noted that “practice has made me bold,” and she bled and purged him until he recovered.⁹⁴

Like her distant cousin, Elizabeth Coates Paschall, Morris tried innovative therapies, and, like Mary Watters, the challenge of battling the fever made Morris more bold and confident in her medical practice. Nonetheless, this initial yellow fever epidemic in the 1790s had long-term effects on Morris’ household and well as her emotions.

Morris expressed her grief in a poem:

Here resignation take they stand
Prompt to perform thy friendly part
And gather with a trembling hand
The fragments of a broken heart.⁹⁵

She reprised the theme of resignation to the will of God, “the Great Disposer” that was interwoven throughout her family letters. At age fifty-six, Morris took in John and Abigail’s children to raise, and she continued to care for her bedridden eldest sister as well as members of her family and community.

A 1796 letter to her daughter Gulielma summarized Morris’ ongoing medical practice throughout the next decade, which included caring for patients during yearly yellow fever epidemics and treating sufferers for quotidian health problems. Morris humorously opined, “I believe my house will always be a hospital, but while the matron

⁹³ Margaret Hill Morris to My Beloved Sister [Sarah Hill Dillwyn], October 10, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁹⁴ Margaret Hill Morris to My Beloved Sister [Sarah Hill Dillwyn], October 10, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

⁹⁵ M. Morris, 1793, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

of it [Morris herself] keeps well, I have no cause to complain.”⁹⁶ However, Morris was still called to see ill people outside the household. For example, in 1798, Dr. Samuel Powell Griffiths asked her to follow and prescribe for several of his patients while he was out of town. During the yellow fever epidemic that year, Morris’ brother, the wealthy merchant Henry Hill, consulted her rather than a physician. Morris could see that her brother was coming down with yellow fever, but he mistrusted the care of doctors, fearing that they would kill rather than cure him. As Morris explained to a sister, Henry “said that if he should take the disease he was resolved not to apply to a Doctr [Doctor] for that he would be his own Physician.”⁹⁷ Unfortunately, Henry Hill died, and his name joined that of James Watters’ on the mortality lists for the 1798 yellow fever epidemic. Morris and her family demonstrate both patients’ and nonphysician practitioners’ ambivalence toward physicians in the first decades of the early Republic. Morris was deeply embedded in networks of university-trained physicians, whom she respected and who valued her healing acumen. However, the ongoing mortality from the yellow fever epidemics underscored the gaps in effective therapies for diseases. Patients continued to “be their own doctors” and to seek care from a variety of practitioners, including women healers, into the first decades of the nineteenth century.

Conclusion: Modernized Women

At the turn of a new century, Margaret Hill Morris moved back to Burlington, New Jersey. She raised John and Abigail’s children, continued her medical practice, and

⁹⁶ Margaret Hill Morris to Gulielma Morris Smith, April 2, 1796, G. M. Howland MS Coll. 1000, box 7 folder 2, HQSC.

⁹⁷ Margaret Hill Morris to Sarah Hill Dillwyn, October 1, 1798, Thomas Stewardson Collection, letters from 1759–1844, HSP.

started a medicinal herb and vegetable garden. Morris still offered medical advice by post. She was concerned when she heard about her relative, Susanna Dillwyn's, breast lump accompanied by malaise. As she wrote her daughter Gulielma, "tell our dear Susan that if she will daily chew a small bit of gin sang [ginseng] & swallow the Saliva, it will certainly prove an excellent medicine for the weakening complaint." Morris emphasized that "a very experienced practitioner lately told me of it, & mentioned several weakly patients who were restored to health by that simple remedy." She also stressed, "Now see that she follows it up—& let me know whether she is so Modernizd, as to neglect good medicine because it is recommended by an old woman."⁹⁸ Morris' quip underlines the changes under way as a culture of domesticity took hold in the "modern" nineteenth century, which created prescriptive strictures on white middle class women's work outside the home.

It is clear that Ladies Bountiful like Morris continued their practices. The deaths of her family members were wrenching, but they also provided Morris with financial legacies and real estate properties, which allowed her to be economically comfortable in her sixties. However, Morris' letters speak to her ongoing healing work. In 1801, Morris persuaded her sister, Milcah Martha, to come to live in Burlington after the death of her husband, Dr. Charles Moore. She also asked Milcah Martha to bring her alembic that was used to distill medicines. Morris took "the liberty to say it would be a pity to part with thy

⁹⁸ Margaret Hill Morris to Gulielma Morris Smith, January 9, 1798, G. M. Howland MS Coll. 1000, box 7, folder 2, HQSC.

little still.” She added, “There is plenty of room to fix [situate] it, either in the cellar or yard.”⁹⁹

The sisters kept up the tradition of Ladies Bountiful healers by preparing medicines in their makeshift stillroom. Morris’ grandson remembered that his grandmother and great-aunt “distributed them [medicines] among family and throughout the neighborhood.”¹⁰⁰ Morris passed down her healing skills to her daughters. Gulielma kept her own recipe book, and its contents suggest that she also had a healing practice. Younger, modernized women found other pathways to continue the work of Ladies Bountiful. Morris’ acquaintance, Philadelphia Quaker Ann Parrish, established the Female Society of Philadelphia for the Relief and Employment of the Poor in 1795, in response to the 1793 yellow fever epidemic. The organization persisted into the nineteenth century, inspiring other white middle class Delaware Valley women to find ways to project their Lady Bountiful image into the public sphere.

For aspiring artisanal or working-class women, such as Elizabeth Weed Nevell and Mary Watters, the first decades after the Constitution’s ratification ushered in an even more diverse market in health-related consumer goods. Weed Nevell and Watters took advantage of the melding of a self-help, “every man his own doctor” culture with increasing anxieties over the health of bodily constitutions. Even as physicians organized and positioned themselves as arbiters of personal and public health, yellow fever

⁹⁹ Margaret Hill Morris to Milcah Martha Moore, August 26, 1801, in John Jay Smith, *Letters of Doctor Richard Hill and His Children* (Philadelphia: Privately Printed, 1854), 316. See also Margaret Hill Morris, *Margaret Morris, Burlington, N. J., 1804 Gardening Memorandum*, eds. Nancy V. Webster and Clarissa F. Dillon (Chillicothe, IL: American Botanist Booksellers, 1996).

¹⁰⁰ Margaret Hill Morris to Milcah Martha Moore, August 26, 1801, in Smith, *Letters of Doctor Richard Hill*, 316, and unnumbered footnote.

epidemics further fractured the medical community and decreased public confidence in their practices. Although it is clear that patients often consulted doctors, sufferers also hedged their bets by seeking healthcare from women providers and their pharmaceuticals. In a desperate search for effectual and genuine cures, sufferers were quick to accept the fantastic claims of pharmaceutical vendors and their panaceas.

Female apothecaries deployed the press and modernized marketing techniques to sell their wares to a vulnerable and expansive patient population. However, burgeoning commercial opportunities also bred cutthroat competition. Weed Nevell recognized that maintaining her valuable pharmaceutical knowledge was worth a battle in the press and the courts. Any early stirrings of a culture of modest feminine domesticity were lost on Weed Nevell as she engaged the aggressive world of pharmaceutical sales and marketing. As the recipe for Weed's Syrup was transmitted from Rebecca Reed Nicholson to Wetherill's Apothecary Shop and beyond, Weed Nevell's legacy was kept alive. Weed's Syrup was listed in the 1826 Philadelphia *Druggist's Manual*, and it was remembered in Abraham Ritter's 1860 history, *Philadelphia and Her Merchants*. In his tour of the city, Ritter noted the structure of the Weeds' original shop, "whence flowed the popular 'Weed's Syrup,' with other nostrums for the health and well-being of mankind in general."¹⁰¹ Weed Nevell successfully rode the wave of late-eighteenth-century medical consumerism, and in the early nineteenth-century, other Philadelphia women could view her success and follow in her path.

¹⁰¹ Philadelphia College of Pharmacy, *The Druggist's Manual* (Philadelphia: Solomon W. Conrad, 1826), 32; Abraham Ritter, *Philadelphia and her Merchants* (Philadelphia: Published by the Author, 1860), 142.

Nonetheless, it would be wrong to view sales of medical advice and medicinals as antithetical to an image of female benevolence. Both Dr. Benjamin Rush and Reverend Francis Farmer framed Mary Watters' paid nursing, medical, and apothecary practice as courageous selfless benevolence and a heavenly commission. Of course, Rush also viewed his own practice as a humanitarian enterprise, even though he charged for his services. Authors Charles Brockden Brown and Judith Sargent Murray interwove discourses of women's rights and the culture of sensibility to imagine women's medical work as a noble profession and the village healer as a model of "*female capability*" to be admired and emulated.¹⁰² This representation is a far cry from the image of "old wives" healers who were mere witches peddling superstitious tales and remedies. Still, as FAS nurses such as Sarah Bass Allen discovered, the drunken, slatternly, "old wife" healer remained under the surface of more progressive ideas of women's work. This negatively charged image could be deployed readily to defame female practitioners based on their race or class. In the epidemics after 1793, African American nurses were mentioned in the press, but as in Morris' account, they remained nameless. However, within their own community, free black Philadelphians kept an image of stalwart benevolent African American nurses alive into the nineteenth century.

The narratives of Weed, Nevell, and Sarah Bass Allen must stand in for the innumerable Delaware Valley women of the middling and lower orders whose practices are obscure in documentary evidence of the 1790s and 1810s. Philadelphia city directories and Delaware Valley newspapers document the presence of women who

¹⁰² Constantia, *The Gleaner*, 217–4.

worked as midwives, doctresses, apothecaries, bleeders, and nurses. As in Mary Watters' case, these designations mask the flexibility of women's practices. Intriguing fragments suggest a vibrant and multidisciplinary world of women's healthcare work. Martha Brand was listed in directories as a nurse, but Benjamin Rush called her a doctress, and Elizabeth Drinker recognized her as a cancer specialist. Catherine Hailer (or Heyler) practiced as a bleeder with her husband Frederick from the mid-1790s through 1817. However, by 1819, Hailer was listed as widow, as well as a "bleeder and cupper and layer out of the dead."¹⁰³ Like Weed Nevell, Hailer took over the family healthcare business. Mary and Sarah Barnes were apothecaries in Trenton, New Jersey, who advertised a variety of pharmaceuticals in New Jersey newspapers.¹⁰⁴ Instead of being subsumed by a consumer market, these women capitalized on an unregulated, self-help business environment to pursue their healthcare practices. In the early nineteenth century, Ladies Bountiful, wise village healers, and female apothecaries found ways to reimagine and redeploy their healing roles to meet the challenges of prescriptive discourses aimed at limiting women's healthcare roles.

¹⁰³ For example, Catherine Heyler is listed as a bleeder at 148 Sassafras St. in *James Robinson, Philadelphia Directory for 1806* (Philadelphia: James Robinson, 1806), 134, and under "Dentists and Bleeders" as a "cupper, bleeder & layer out of the dead" in John A. Paxton, *Philadelphia Directory 1819* (Philadelphia: John A. Paxton, 1819), 42, 188.

¹⁰⁴ Glenn Sonnedecker, *Kremers and Urdang's History of Pharmacy* (Madison, WI: American Institute for the History of Pharmacy, 1986), 157.

CHAPTER 7

THE PERSISTENCE OF WOMEN'S HEALING AUTHORITY

On May 30, 1805, Charles Marshall formally confessed to the Philadelphia Quaker Monthly Meeting that he had mismanaged his apothecary business. Marshall made some bad investments, and he now faced bankruptcy. As a Quaker, he understood that “to be in unity with the Body of our religious Society . . . the Members should walk orderly.”¹ The bankruptcy was a family calamity as well as a cause of personal disorder. Marshall was the scion of a prosperous pharmaceutical business established by his grandfather, Christopher Marshall, in the 1730s. Now the stately two-story brick apothecary shop on Chestnut Street with its signature sign of the golden ball would be sold. However, Marshall found consolation in reflecting, “I have not intentionally been the cause of . . . my present unhappy Situation.”² Surely, his fellow Philadelphia Quakers would understand that unseen market forces might conspire against a businessman in this new, uncertain century.

Still, Marshall kept the faith. As he opined to the monthly meeting, “Altho my prospects be thus gloomy . . . yet I am at times favored with a sustaining hope that He [God] . . . will not be altogether unmindful of your afflicted friend.”³ Marshall’s prayers were answered in his eldest daughter, Elizabeth, who reopened the apothecary shop in their home and quickly placed the business on sound financial footing. When she sold the company in 1825, Elizabeth Marshall had trained numerous apprentices and had

¹ For Charles Marshall (1744–1825) and Elizabeth Marshall (1768–1836), see George M. Beringer, “The Centenary of Pharmaceutical Education in America,” *American Journal of Pharmacy* 93, no. 3 (1921): 89.

² Beringer, “Pharmaceutical Education in America,” 89.

³ Beringer, “Pharmaceutical Education in America,” 89.

expanded the apothecary shop into a successful drug manufactory. In retirement, she transitioned from pharmaceutical business owner to a Lady Bountiful, involving herself in Philadelphia's benevolent enterprises.

Elizabeth Marshall's narrative suggests that in the first few decades of the nineteenth century, free Delaware Valley women could still deploy their healthcare-related skills to find a measure of independence and to support themselves and their families. Marshall certainly lived up to proto-feminist author Judith Sargent Murray's ideal of "female capability," and she embodied Murray's hope that women could compete in the professional world.⁴ Because Marshall was so successful, it is tempting to conform to earlier accounts of her life and to categorize her as an exception or even an aberration. For example, one pharmacy historian called Elizabeth Marshall "the first woman pharmacist in America," while another qualified the statement, adding, "The first of whom we have any knowledge."⁵ Elizabeth Weed, Mary Watters, Grace Buchanan, and Margaret Morris would have presumed that their apothecary practices had preempted Marshall's. However, in a little over a century, their healthcare work would be forgotten.

In addition, these early twentieth-century pharmacy historians focused on Marshall's retirement years when she conformed to the suitable role of an elite female

⁴ Constantia [Judith Sargent Murray], *The Gleaner: A Miscellaneous Production in Three Volumes*, vol. 1 (Boston: J. Thomas and E. T. Andrews, 1798), 220–1; M. I. Wilbert, "Elizabeth Marshall, The First Woman Pharmacist in America," *American Journal of Pharmacy and the Sciences*, 76, no. 6 (1904), 276.

⁵ Wilbert, "Elizabeth Marshall," 271; Beringer, "Pharmaceutical Education in America," 89. In Edward Kremers and Glenn Sonnedecker, *Kremers and Urdang's History of Pharmacy* (Madison, WI: American Institute of Pharmacy, 1985) 326, the narrative highlights Charles Marshall's expansion of the business in the 1780s, skips over Elizabeth Marshall as head of the manufactory, then proceeds to the period after 1825, when Ellis and Morris purchased the company from Elizabeth. This book is still a standard history of pharmacy for pharmacy students.

philanthropist. Although he admitted that Marshall had saved the family business, pharmacy historian M. I. Wilbert cited one of Marshall's contemporaries who noted, "While her life lasted she was devoted to those active, yet unobtrusive duties of benevolence which are the chief ornaments of the Christian character."⁶ Wilbert also echoed eighteenth-century descriptions of elite women healers, proclaiming that Marshall "was beneficent and kind to all, and dispensed her charities with a liberal hand."⁷ In fact, benevolent ladies were repopularized in a newspaper comic strip that debuted in 1901, featuring a "Lady Bountiful" as the title character.⁸ By throwing the mantle of Lady Bountiful over Elizabeth Marshall's memory, these historians obscured the narrative of a savvy pharmaceutical businesswoman who dispensed medicines along with benevolence, and who marketed and manufactured pharmaceuticals. Female doctresses and healers were similarly overlooked in twentieth-century histories of medicine. However, Marshall and women of her generation faced their own early nineteenth-century cultural headwinds that challenged their public healthcare work.

In the 1810s and 1820s, authors of prescriptive and popular literature began to construct a "cult of domesticity," which proposed that women's proper sphere was confined to the home, where the idealized woman created a haven for her husband to

⁶ Wilbert, "Elizabeth Marshall," 271.

⁷ Wilbert, "Elizabeth Marshall," 271; H. V. Army, "Pharmacy, 100 Years Ago," *American Journal of Pharmacy* 93, no. 3 (1921): 189.

⁸ Popular cartoonist Gene Carr reprised George Farquhar's Lady Bountiful in newspaper comics, children's books, and magazines. However, the early twentieth-century Bountiful was a philanthropist who did not practice healing. See Judith O'Sullivan, *The Art of the Comic Strip* (Baltimore: University of Maryland Department of Art, 1971), 64–6; Gene Carr, *Lady Bountiful and Phyllis: A Picture Book to Amuse Children* (New York: Cupples & Leon, 1903). After the stock market crash in 1929, Lady Bountiful fell out of fashion.

escape the stress of urban workspaces outside the household. Feminine ideals of piety, purity, and submission allegedly helped to differentiate middle class white women from African American and American Indian women and those of the lower orders. According to this ideology, middle-class women's focus was on the proper care of their household and children. Ironically, housework was devalued, even as middle class women were discouraged from seeking employment outside the home. These women were considered mere consumers rather than active economic producers.

As historian Amy Dru Stanley argues, one driver of this gendered construct was the need to find ways to control the uncertainties of the emerging market economy. The culture of domesticity was also developed at a time when suffrage was increasingly a white male purview, and politics was considered a masculine public sphere, antithetical to the private household. In a subversive move, middle-class free African American women in Philadelphia appropriated this discourse with the goal of “uplifting” their community, and they bent some of the rules of domesticity by publicly working for abolition and civil equality.⁹ However, for women of all ethnicities, arguments for

⁹ For this classic argument, see Amy Dru Stanley, “Home Life and the Morality of the Market,” in *The Market Revolution in America*, ed. Melvyn Stokes and Stephen Conway (Charlottesville: University of Virginia Press, 1996), 74; Jeanne Boydston, *Home and Work: Housework, Wages, and the Ideology of Labor in the Early Republic* (New York: Oxford University Press, 1990); Barbara Welter, “The Cult of True Womanhood: 1820–1860,” *American Quarterly* 18, no. 2 (1996): 151–74; Shirley J. Yee “Black Women and the Cult of True Womanhood,” *Black Women Abolitionists: A Study in Activism, 1828–1860* (Knoxville: University of Tennessee Press, 1992), 40–59; Nancy F. Cott, *The Bonds of Womanhood: “Woman’s Sphere in New England, 1780–1835* (New Haven, CT: Yale University Press, 1997). In the Preface to the 2nd edition, Cott more clearly defines the “cult of domesticity” as a discourse, and she uses Gail Bederman’s definition: “A set of ideas and practices which, taken together, organize both the way a society defines certain truths about itself and the way it deploys social power” (xvi). Cott points out that ideology and experience are mutually constitutive.

women's differentness from men could be deployed to limit women's work and social roles.

Early nineteenth-century American physicians supported Enlightenment theories, which posited that women were inherently different from men and that gender was inscribed in female bodies. New neurological theories that had given rise to the culture of sensibility were used to argue that women's nervous systems were more delicate and passionate, thus precluding women from the harsh rational world of the professions, including medicine. According to this ideology, women were controlled and limited by their childbearing bodies and genitalia.¹⁰ As historian Kathleen Brown demonstrates, these trends in physiology dovetailed with new theories that emphasized the central role of sanitation and cleanliness in personal and public health. Prescriptive writers posited that women should become the guardians of household health. In the never-ending role of home sanitarians, middle class women faced daily battles to keep homes and children healthy through scrupulous cleanliness. Household and medical manual writers increasingly sought to limit women's domestic and community healing authority by belittling their skills and advising them to call in a physician for anything more than a minor illness. The literary genre of "mother's manuals," which were sometimes written by men, promoted idealized maternal images and encouraged women to seek the skilled advice of more experienced minds in the work of childcare. As they imbibed this culture

¹⁰ Carroll Smith-Rosenberg and Charles E. Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," in *Women and Health in America: Historical Readings*, 2nd ed., ed. Judith Walzer Leavitt (Madison: The University of Wisconsin Press, 1999), 111–30; Regina Markell Morantz-Sanchez, *Sympathy & Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 19.

reinforced by women's magazines and household manuals, some women embraced a new image of womanhood and motherhood to secure their status as members of the middle class.¹¹

Mary Hunt Palmer Tyler's manual, *The Maternal Physician: A Treatise on the Nurture and Management of Infants, from the Birth until Two Years Old*, reflects this evolving discourse of domestic motherhood. As Kathleen Brown points out, *The Maternal Physician* represents a bridge between women's authority as domestic healing adepts and women's new power as arbiters of infant and childcare in their own homes. A convenient pocket-sized edition was published in 1811, followed by a second Philadelphia edition in 1818. Tyler reflected a pro-natal aspect of Republican Motherhood, arguing that mothers, rather than physicians, were in the best position to counter high infant mortality rates. Her manual also reflected the "modernized" notions of cleanliness and home sanitation. Although she drew clearer lines between the roles of the maternal physician and learned doctors than had did writers like Eliza Smith, Tyler asserted a novel form of healing authority in addition to her confidence as a published author. Nonetheless, Tyler's notion of a maternal physician focused middle-class

¹¹ Kathleen Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, CT: Yale University Press, 2009), 215, 221; Cornelia S. King, "Right Living by the Book: A Gift of Mother's Manuals from Charles E. Rosenberg," *Annual Report of the Library Company of Philadelphia for the Year 2010* (Philadelphia: Library Company of Philadelphia, 2011), 59–63; Lamar R. Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760–1860* (Tuscaloosa: University of Alabama Press, 1991), 1–32.

women's healing energies toward their households and the responsibilities of raising healthy children of the young republic.¹²

Despite the power of the discourse of domesticity, in the Quaker-influenced Delaware Valley, some women produced cultural countercurrents or simply chose to navigate alternative routes. This chapter maps the pathways that women healing adepts forged in the 1810s and 1820s to continue their interests and work in healthcare-related fields. I argue that numerous early nineteenth-century Delaware Valley women built on eighteenth-century female healers' authoritative foundation as they continued to embrace opportunities offered by an unregulated consumer medical marketplace, an expansion of women's educational curriculum in the sciences, and new efforts to reform society. Although many Quaker women shared a deep commitment to their families as well as values of purity and piety inherent in the cult of domesticity, Quaker women ministers and early female abolitionists had a long history of nonconformity to ideals of submissiveness. Although their percentages in the population were diminished, Quaker women had provided their co-religionists, as well as those around them, with less restrictive gender roles and ideals.¹³ Ongoing religious awakenings ignited Baptist, Methodist, and Presbyterian communities and produced Euro-American and African

¹² As Brown notes, Tyler's book was "the first child care manual written and published in the United States." Tyler's husband was nationalist playwright and attorney, Royall Tyler. See Kathleen M. Brown, "The Maternal Physician: Teaching Mothers to Put the Baby in the Bathwater," in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles Rosenberg (Baltimore: Johns Hopkins University Press, 2003), 88–11; K. Brown, *Foul Bodies*, 224–30. See also, An American Matron [Mary Hunt Palmer Tyler], *The Maternal Physician: A Treatise on the Nurture and Management of Infants, from the Birth until Two Years Old* (New York: Isaac Riley, 1811), LCP; An American Matron [Tyler], *The Maternal Physician* (Lewis Adams, Clark, and Raser, Printers, repr., 1818), LCP.

¹³ Margaret Morris Haviland, "Beyond Women's Sphere: Young Quaker Women and the Veil of Charity in Philadelphia, 1790–1810," *William and Mary Quarterly* 3rd ser., 51, no. 3 (1994): 419–46.

American spiritual adepts whose public preaching challenged women's domestic roles as well as denominational authority.

A revitalized health reform movement combined the late-eighteenth-century's promotion of useful knowledge with new religious and scientific visions of societal perfectionism. Reforming zeal imbued the culture of self-prescribed medicine with fresh fervor. Middle-class women joined a new impetus for societal reform. Women from among the ranks of Philadelphia's white and black elite families could redeploy the role of Lady Bountiful to become benevolent reforming women advancing the personal and public health of their communities. Education reformers established female academies, wrote science-related textbooks, and educated women in mathematics and natural philosophy. Women's education in the sciences undercut notions of inherent female intellectual inferiority. In Philadelphia and larger towns, able-bodied women shopkeepers, entrepreneurs, and hucksters countered notions of female bodily frailty as they continued to work in family businesses or as sole proprietors.¹⁴ However, the preponderance of the Delaware Valley population lived in small towns and rural areas. In the countryside, older patterns of shared male/female household economies persisted, even as farm families incorporated an influx of waged agricultural laborers. In rural

¹⁴ Martha H. Verbrugge, *Able-Bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston* (New York: Oxford University Press, 1988), 28–35; Susan E. Klepp and Susan Branson, "A Working Woman: The Autobiography of Ann Baker Carson," in *Life in Early Philadelphia: Documents from the Revolutionary and Early National Periods*, Billy G. Smith, ed. (University Park: The Pennsylvania State University Press, 1995), 155–76.

regions, self-help healthcare still held sway and was inscribed in women's recipe books.¹⁵

Less access to doctors created an ongoing market for nonphysician healers.

Physicians continued to create transatlantic communities validated by medical societies and journals, but they failed to enforce standards for medical schools and licensure. The medical marketplace remained unregulated, and healthcare consumers recognized that physicians did not offer certain cures for illnesses. The marketplace for medicinals became more competitive, driven by rising consumer demand and an increased volume of inexpensive printed pamphlets and advertisements.¹⁶ Despite pressures to conform to notions of domesticity, Euro-American, African American, and a few American Indian women continued to assert their expertise as doctresses, midwives, therapeutic bleeders, nurses, druggists, and apothecaries.

Manufacturing Medicinal Authority

In a medical marketplace that continued to be unregulated, women were able to use their healing skills as apothecaries, trading on the long history of women's expertise with herbal preparations and medicinals. For example, Mrs. John West practiced as an apothecary with her husband in the Kensington suburb of Philadelphia. When her husband died in 1817, West followed Elizabeth Weed's pattern and continued the apothecary business. According to a family history, in 1825, West's skill, reliability, and proficiency merited her appointment as the "Official Apothecary for the District of

¹⁵ Joan M. Jensen, *Loosening the Bonds: Mid-Atlantic Farm Women, 1750–1850* (New Haven, CT: Yale University Press, 1986), 36–56; Hannah Garrett, Recipe Book, Small MS 237, Delaware County Historical Society.

¹⁶ James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, NJ: Princeton University Press, 1961), 31–43.

Kensington” with a certificate from the State of Pennsylvania. Like most apothecaries, West provided medical advice along with her pharmaceuticals. She practiced successfully in Kensington into her late seventies, until her death in 1855.¹⁷ West may have purchased drugs for her shop from Elizabeth Marshall, who expanded her Philadelphia retail practice to include a wholesale business.

Marshall and West may have also been part of intercolonial pharmaceutical circuits that included Hannah Lee, who owned Lee’s Patent and Family Medicine Store in New York City. In an 1817 promotional pamphlet, Lee boasted that her medicines “have been in high estimation and general use throughout the United States for upwards of 16 years.” Lee advertised that her patent drugs cured “most diseases to which the human body is liable.” However, she cautioned customers to “observe that an engraved label with the signature of Hannah Lee is pasted on the outside” of each bottle, “without which they are counterfeit.”¹⁸ Lee understood that her advertising pamphlet, which masqueraded as health advice, shaped her customers’ pharmaceutical consumption patterns. The market for patent medicines was even more competitive in the 1810s and 1820s than it was in Elizabeth’s Weed’s time. Women apothecaries and druggists had to be equally savvy in their marketing practices and product packaging, as well in their

¹⁷ Abraham Ernest Helffenstein, *Pierre Fauconnier and His Descendants* (Philadelphia: S. H. Burbank and Co., 1911), 69–70.

¹⁸ Hannah Lee, *Evening Amusement: Maxims on the Preservation of Health; An Account of Patent and Family Medicines* (New York, 1817), LCP; Lee family, *Maxims on the Preservation of Health* (?Baltimore, ca. 1801), LCP. The Lee’s pamphlets interweave health advice and pharmaceutical advertising. Like Elizabeth Marshall, Hannah Lee came from a long line of Lee family druggists, and she took over the business from her husband, Richard Lee, Jr., who died in 1806. A few bottles embossed with “H. Lees New York” are extant. Like the English Daffy family, the Lees engaged in internecine battles for the right to sell authentic Lee pharmaceuticals. See Historical American Glass, <http://historical-american-glass.com/the-lees-of-patent-medicine-fame-never-got-along.html>. Accessed November 7, 2013.

aggressive prosecution of counterfeiters. These women who appeared in print or in local histories must stand in for others whose practices were unrecorded.

A unique aspect of Elizabeth Marshall's more historically visible practice is that she recognized and developed business opportunities in pharmaceutical and chemical manufacturing. This is particularly impressive, because Elizabeth had to restart the shop in the small front room of the family home. Although her brother, Charles Junior, was a partner with his father and shared responsibility for the 1805 bankruptcy, local histories are silent as to why he did not attempt to recover the business. In this period, the forfeiture of a business was a blow to a man's sense of masculinity, and the loss of the physical presence of the landmark apothecary building would have been a constant reminder of personal failure.¹⁹ Although the whole family must have felt the humiliation of the bankruptcy, Elizabeth may have found it easier to open an apothecary shop in the parlor of her house. She could follow female precedents like that of Margaret Morris, who appropriated a personal bookcase to house apothecary jars or Mary Watters who started a small medical and medicinal business in her home. Family histories remember Elizabeth as the favorite grandchild of Christopher Marshall, who had founded the enterprise, and she may have learned her business acumen from him.

¹⁹ E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*, (New York: Basic Books, 1993), 167–93; Toby Ditz, "Shipwrecked; or, Masculinity Imperiled: Mercantile Representations of Failure and the Gendered Self in Eighteenth-Century Philadelphia," *Journal of the American Historical Association* 81, no. 1 (1994): 51–80; T. Ditz, "Secret Selves, Credible Personas: The Problematics of Trust and Public Display in the Writing of Eighteenth-Century Philadelphia Merchants," in *Possible Pasts: Becoming Colonial in Early America*, ed., Robert Blair St. George (Ithaca, NY: Cornell University Press, 2000), 219–44.

Within a decade, Elizabeth Marshall reintroduced the industrial drug production begun by her father, and she supervised the manufacture of specialty pharmaceuticals and chemicals, such as muriate of ammonia and the popular cathartic, Glauber's Salts. Philadelphia historian John F. Watson recalled from his childhood the smell of malodorous fumes that exuded from Marshall's drug manufactory. Elizabeth Marshall contributed to the science of pharmacy by compounding uniquely American preparations. For example, she worked with Dr. Benjamin Smith Barton to create a medicinal called *mistura glycyrrhizae composita* in 1814, which was later included in the United States Pharmacopeia.²⁰ Barton was a botanist, practicing physician, and professor at the University of Pennsylvania Medical School, who sent his prescriptions to be filled at Marshall's drug store. Marshall and Barton's innovations were part of a cultural nationalist movement aimed at demonstrating the ability of the United States to compete with Europe in the fields of science and medicine.²¹

In addition to running the business, Marshall employed and supervised from six to twelve apprentices, who were recognized by contemporaries as "the representative, progressive pharmacists of Philadelphia."²² One of these apprentices was Isaac Paschall

²⁰ *The Pharmacopoeia of the United States of America*, 6th ed. (New York: William Wood & Company, 1883), 171; John U. Lloyd, *King's American Dispensatory*, 19th ed., vol. 2 (Cincinnati, OH: The Ohio Valley Company, 1905), 1269.

²¹ Wilbert, "Elizabeth Marshall," 274–6; Eve Kornfield, *Creating an American Culture, 1775–1800: A Brief History with Documents* (Boston: Bedford St. Martin's, 2001), Introduction; Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: New York University Press, 2012), 102–12.

²² Wilbert, "Elizabeth Marshall," 274–6; John F. Watson, *Annals of Philadelphia: Being a Collection of Memoirs, Anecdotes, and Incidents of the City* (Philadelphia: E. L. Carey and A. Hart, 1830), 608; Charles R. Geisst, *Encyclopedia of American Business History* (New York: Infobase Publishing, 2006), 334.

Morris, healer Elizabeth Coates Paschall's great-grandson, who was born at Cedar Grove, the country home she had passed down through her female line. Unlike Elizabeth Paschall, Elizabeth Marshall remained single and did not have daughters or sons to train to inherit her business or property. All of Marshall's apprentices were men, which was consistent with a pattern of women not training in formal apothecary roles. In 1825, Elizabeth Marshall sold the business to her former apprentices Isaac Morris and Charles Ellis, and it became the preeminent pharmaceutical firm in Philadelphia.²³

The Philadelphia community recognized Marshall's accomplishments. A Philadelphia historian remembered her as "a woman of decided character, good business ability . . . and well calculated to command respect."²⁴ Although Elizabeth had rescued and managed the Marshall pharmaceutical business, it is telling that her elderly father, Charles, was elected president at the founding of the Philadelphia College of Pharmacy in 1821. Women could run apothecary shops, freely hawk patented medicines, or even establish a drug manufactory. Nonetheless, women of all ethnicities and classes were excluded from professional organizations, and they had to continually find ways to create authoritative practices and their own healthcare networks.

Doctresses in Town and Country

Just as women continued to proclaim themselves pharmaceutical adepts, they also persisted in appropriating the term "doctress" in both urban and rural areas in the

²³ Isaac Paschall Morris (1803–1869) was also a distant cousin of Margaret Hill Morris. See John W. Jordan, *Colonial and Revolutionary Families of Pennsylvania*, vol. 1 (New York: Lewis Publishing Company, 1911), 67–8.

²⁴ Jordan, *Colonial and Revolutionary*, 1029–30.

Delaware Valley. In the 1810s, Philadelphia city directories listed the widows Mary Keppler and Hannah Myers as doctresses, following in the footsteps of doctresses Mary Watters and Hannah Toy who had practiced until the turn of the century.²⁵ Although Philadelphia physicians participated in medical societies and philosophical organizations that excluded women, some still recognized women doctresses' expertise. Dr. Benjamin Rush not only praised Mary Watters but also referred patients to doctress Martha Gardiner Brand. In the early 1790s, the South Carolina physician, Peter Fayssoux, had been unable to cure his daughters' intractable and disfiguring facial skin lesions, which he had diagnosed as skin cancers. Fayssoux consulted with Rush by mail, but both physicians failed in their attempts to cure the girls. Rush recommended that Fayssoux seek care from Doctress Martha Brand, who was apparently a cancer specialist. Frances and Mary Fayssoux traveled to Philadelphia and lived with Martha Brand during their treatment. It is possible that, like Mary Watters, Brand provided nursing care as well as diagnostic and therapeutic services. However, in the 1790s, Brand was listed as a doctress rather than nurse in city directories.²⁶

The New Trade Directory, published in 1800, sorted Philadelphia residents according to occupations, and Brand was strikingly categorized under the heading "Physicians" along with Rush and the city's prominent doctors.²⁷ Mary Fayssoux also recognized Brand's expertise personally and in legal documents. She not only

²⁵ See for example, Stafford, *Philadelphia Directory*, 142, 149; Robinson, *Philadelphia Directory*.

²⁶ Whitfield J. Bell, "Martha Brand (1755?-1814): An Early American Physician," *Journal of the History of Medicine* 33, no. 2 (1978): 218-9.

²⁷ *The New Trade Directory for Philadelphia, Anno 1800* (Philadelphia: Way and Groff, 1799), 130.

remembered Brand's "tenderness and unremitting care and attention," Fayssoux later bequeathed the doctress \$800 in her 1804 will.²⁸ Perhaps in relation to this windfall, the *Philadelphia Directory* identified Brand as a "gentlewoman" from 1803 to 1810, although other directories persisted with the title of doctress.²⁹ The gentlewoman Doctress Brand continued practicing.

In June, 1806, Quaker diarist Elizabeth Drinker was dining with her friend Susannah Swett who was suffering from an ulcerous lesion. Drinker noted, "we sent for Patty Brand who is famous for cureing ill con[dition]'d sores." Patty was a common nickname for Martha, and Drinker was apparently close enough to Brand to use this appellation. "M. Brand" examined Swett the next day. As Drinker reported, "she [Brand] says she cannot pronounce the sore to be a canser . . . she is to send her [Swett] an ointment which if it brings it to run good matter, she thinks she can cure it." Several days later, Drinker's sister visited Swett, who was no better. Dr. Isaac Cathrall, who was "attending at their house" examined Swett and prescribed another type of therapeutic plaster. However, Elizabeth Drinker felt that Swett's consultation with Cathrall was out of order. Drinker asserted, "I think she [Swett] has done wrong in applying to another while she was under the care of M. Brand."³⁰ Rather than viewing Brand as a mere

²⁸ Philadelphia Will Book, no. 10, 560; Philadelphia Will Book, no. 1, 228; Bell, "Martha Brand," 218.

²⁹ *New Trade Directory*, 130; Philadelphia Will Book, no. 10, 560; Philadelphia Will Book, no. 1, 228; Bell, "Martha Brand," 218.

³⁰ Elizabeth Drinker, Diary, entries for June 11–June 15 and June 23, 1806, *The Diary of Elizabeth Drinker*, vol. 3, ed. Elaine Forman Crane (Boston: Northeastern University Press, 1991), 1936–40; Dine, "Diaries and Doctors," 413–44. For Dr. Isaac Cathrall (1764–1819) and his sister Hannah, who was also part of Drinker's circles, see John Scharf and Thompson Westcott, *History of Philadelphia, 1609–1884* (Philadelphia: L. H. Everts and Company, 1884), 1166, 1615.

laywoman healer to be supplanted by a doctor, Drinker considered Brand as a physician in her own right. Thus, Swett's action violated the protocol that called for patient/doctor loyalty. Doctress Martha Brand practiced until her death in 1814 at age fifty-nine.³¹

Additional pieces of evidence help to sketch women doctresses' practices and their relationships with other providers. In January 1819, the twenty-two-year-old Dr. Benjamin H. Coates sought healer Ann Booth's advice for the treatment of "patients suffering from the White-swelling," a severe joint inflammation caused by tuberculosis or arthritis. Coates was on his way to becoming a prominent Philadelphia physician, but he was also the healer Elizabeth Coates Paschall's great nephew. His father, Samuel Coates had been particularly close to his Aunt Paschall, and it is likely that Benjamin Coates had heard stories about her healing acumen. Thus, Coates had a precedent for trusting a woman healer's expertise.

Booth had spoken briefly to Coates, explaining her therapy for "White-swelling," but she followed up with a letter the next day to clarify the details. Booth addressed Coates as "Benjamin," perhaps because of his young age or because of the nature of their previous relationship. Booth outlined her treatment, explaining, "I enjoin a strict attention to a diet of vegetables and milk—to drink freely of a tea made of Elder flowers and if convenient, some of the black Alder mixed with them," accompanied by a wine glass full of salts. She then specified the dosage and prescribing directions. In addition, Booth provided instructions for a poultice made of Indian meal and elder flowers to be applied

³¹ *American Daily Advertiser* (Philadelphia), March 26, 1814; Philadelphia Will Book, no. 5, 233.

twice a day.³² That Coates kept the letter among his medical papers is a mark of his respect for Booth. It is unclear from the letter whether Booth had an entrepreneurial practice, or whether she saw patients gratis.

However, some Philadelphia women healers were clearly paid workers or entrepreneurs. As evidenced in city directories, Sarah Porterfield, Catherine Hailer, and other women had decades-long practices as bleeders or layers out of the dead. Practitioners of therapeutic bleeding could be called in directly by patients or by physicians, and clients would have sought their healing advice. An 1816 city directory also listed 134 female nurses and two women druggists. The practices of Mary Watters and Martha Brand demonstrate that these titles can obscure women's flexible roles that might encompass a variety of healthcare work. Although nurses still had to battle images that linked them to impoverished bawds, their work became part of a consumer healthcare culture, particularly in urban areas. Elizabeth Drinker's diary that she kept from 1758 to 1857 maps the change from a culture in which a woman could count on her kin and social healthcare networks to provide nursing care to a more impersonal marketplace. By the turn of the nineteenth century, Drinker records sending family members out to search for a hired nurse, and she carefully scrutinized the nurse's abilities. Anna Dalemoa Bellamy was not included in city directories, but the Quaker reformer Anne Parrish described Bellamy as "a woman of education" and "the black

³² Ann Booth to Dr. Benjamin H. Coates (1797–1881), January 1819, Coates and Reynell Family Papers, ser. 3, box 50, folder 6, HSP.

doctor,” who practiced bone setting, tooth drawing, and wound healing.³³ It is important to remember that directories only represent a fraction of actual practitioners.

Philadelphians of all ethnicities and social orders had a number of nonphysician healthcare options who offered a variety of services, often at more affordable prices than those of doctors.

Accounts of doctresses continued to appear in the press. Although publishers in the United States increasingly printed their own periodicals, Americans still consumed British literature, and *The Gentleman's Magazine* remained popular. An article in an 1813 edition noted the death at age ninety-seven of Jane Lloyd, “a famous country doctress” from Wales. Philadelphia-area Welsh Quakers, particularly those of the prolific Lloyd family, would have been interested in this account. In his popular health guide, *Monthly Gazette of Health* (1823), Richard Reece, a fellow of the Royal College of Surgeons, highlighted a number of “EXTRAORDINARY CURES” performed by a Doctress Preston who practiced in London and published a pamphlet detailing her successes with “cancer, dropsy, gout, asthma, jaundice . . . and cases deemed incurable.”³⁴ These images of famous and extraordinary doctresses supported the notion of women’s healing expertise.

³³ Stafford, *Philadelphia Directory*, 142, 149; Robinson, *Philadelphia Directory*; Lisa Rosner, “Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800–1825,” *Social History of Medicine* 5, no. 1 (1992): 19–42; Crane, ed., *Diary of Elizabeth Drinker*, 134, 147, 154, 155, 231, 236. For Bellamy, see Ann Parrish, *Visitations of the Sick, 1796*, Parrish Collection, box 5, bound volumes, #1653, HSP.

³⁴ “Obituaries with Anecdotes of Remarkable Persons,” *The Gentlemen's Magazine* 83 (1813): 669; Richard Reece, *The Monthly Gazette of Health* 3 (1823): 469–71.

In small towns and rural areas in the Delaware Valley, women's diagnostic and prescribing skills were also valued. Eliza Neff Bowman was remembered as a doctress who practiced her profession in the Neffsville community in the first half of the nineteenth century. She was frequently called to see patients in the nearby town of Lancaster, Pennsylvania.³⁵ In the small town of West Chester, Pennsylvania, Elizabeth Henson practiced as a bleeder and healer, gaining the respect of the town's prominent physician, William Darlington. South of West Chester, Lenape healer Hannah Freeman practiced as a doctress and herbalist into the mid-1810s. In Goshen Township, Quaker farm wife Hannah Garrett was remembered as a doctress, and her extensive recipe book outlines some of her practices as part of a network of Quaker abolitionists and healing adepts.³⁶ With physicians less accessible, residents of rural towns appreciated doctresses' expertise.

Although women practitioners included midwives who provided family healthcare, the documentary evidence is unfortunately thin. Three extant early nineteenth-century Delaware Valley midwifery records provide only basic information, such as the date, the families' names, and whether the infant was a boy or girl, along with some marginalia. Still, these manuscripts provide a brief snapshot of the continued work of a practitioner in New Jersey and two Pennsylvania German midwives. Susanna Rohrer

³⁵ For Elizabeth Neff Bowman, (1807–1868), see Franklin Ellis, *History of Lancaster County, Pennsylvania* (Philadelphia: Everts and Peck, 1883), 281.

³⁶ Hannah Garrett, Recipe Book, Small MS 237, Delaware County Historical Society. Hannah and Nathan Garrett and Nathan's brother, Thomas, were well-known abolitionists. See Samuel Fitch Hotchkin, *Rural Pennsylvania in the Vicinity of Philadelphia* (Philadelphia: G. W. Jacobs and Company, 1897), 422–4; Larry Gara, *The Liberty Line: The Legend of the Underground Railroad* (Lexington: The University Press of Kentucky, 1961), 97–9.

Müller practiced midwifery in Providence Township Pennsylvania, near Lancaster. She left a record of her practice from 1791 to 1815, and over those twenty-four years, she delivered 1,667 babies. Müller's annual deliveries increased over time, with low of thirty-seven deliveries during the yellow fever epidemic year of 1793 and topping out at 115 births in 1812. She delivered 110 babies in the year before her death at age fifty-nine. While most of her patients appear to be Pennsylvania Germans, Müller's practice also included Scots-Irish families who had migrated to the area. Family histories supplement her record book and attest to physicians and patients' respect for Müller's skills. According to Müller's grandson, during a difficult delivery, his grandmother sent for a doctor in Lancaster in the middle of the night, but when the physician heard that Müller was the presiding midwife, he replied, "It is all right, she knows as much about the case as I do."³⁷ Müller delivered the child safely. Her grandson remembered that families of women in labor summoned his grandmother frequently in the night. Müller often ordered her husband to saddle her horse and she gave "a lively chase in reaching the home of a patient."³⁸

Susanna Müller also helped to run the family farm, which included a still and an herb garden in which she grew medicinal plants. A family story relates that Müller and her husband distilled sixty ounces of oil of peppermint. Their grandson rode seventy

³⁷ For Susanna Rohrer Müller (1756–1815) and quotation, see M. D. Learned and C. F. Brede, "An Old German Midwife's Record," in *The American Ethnological Survey: Conestoga Expedition, 1902*, vol. 12, ed. Marion D. Learned (New York: D. Appleton and Company, 1911), 3–4. Müller spelled the names of her Scots-Irish patients phonetically. For example "mogelerger" translates to "McGallagher." See also a slightly different version of this article in *German American Annals* 1, no. 2 (February 1903): 73–117. The article notes that its information came from Susanna's grandson, Benjamin Miller Müller) of Lancaster.

³⁸ Learned and Brede, "Old German Midwife," 3–4.

miles to Philadelphia in one day, sold the peppermint oil to an apothecary for sixty dollars, and returned home the next day. There is evidence that Müller had a general medical practice along with her midwifery work, and she apparently distilled medicinals to use in her practice and to earn additional income. Of her seven children, two daughters followed Müller in the practice of midwifery. The available evidence suggests that Pennsylvania German women had less educational opportunities and were more socially conservative than their Anglo-American contemporaries. Skilled and literate midwives would have been important sources for information on contraception and women's health for their community.³⁹

Two other extant record books provide additional information regarding early nineteenth-century midwives' practices. In her forty years of practice from the 1790s through 1832, Cumberland County, New Jersey, midwife Martha Austin Reeves delivered more than 1000 babies, averaging thirty childbirths a year. Reeves also had a general medical practice and provided nursing care. In her midwifery book, she recorded recipes for fevers, the bloody flux, and other common ailments. Reeves compounded pills, ointments, and syrups, which she sold to patients during house calls. She charged two to three dollars for a delivery and twelve to thirty-six cents for medicinals. Her need

³⁹ Learned and Brede, "Old German Midwife," 3–4; Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009), 253–7.

to support herself and her disabled daughter was particularly acute after her husband's death in 1811.⁴⁰

Midwife Mrs. Joseph Sarber's casebook from 1814 to 1831 is also extant. Sarber simply noted the names of her women patients and whether the child was a boy or a girl. Although Sarber was likely of German Palatine extraction, she practiced in a more diverse community closer to Philadelphia, near the falls of the Schuylkill River. Unlike Müller who wrote in German, Sarber recorded her practice in English. Over the seventeen years of her recorded practice, Sarber delivered 281 babies, delivering from twelve to twenty-five per year. Sarber may have combined midwifery with a more general family practice, but additional documentary evidence is elusive.⁴¹ Although Delaware Valley midwives faced competition from an increasing number of man-midwives, these extant books reflect female adepts' continued practices.

Rural Pennsylvania German women healers could also imbue themselves with special spiritual power as well as healing authority. For example, German-born Anna Maria Jung, known as "Mountain Mary" or the "Highland Healer" maintained a busy medical practice as a doctress in Berks County, Pennsylvania, until her death in 1819. More than 1,000 grateful friends and patients attended her funeral. Jung used traditional

⁴⁰ For Martha Austin Reeves (1760–1832), see "Martha Reeves Record Book of Births, 1801–1831," *Vineland Historical Magazine* 24 (1939): 247–67, and 25 (1940): 27–35, 57–63, 90–103; Joan N. Burstyn, ed., *Past and Promise: Lives of New Jersey Women* (Syracuse, NY: Syracuse University Press, 1997), 81–2.

⁴¹ Manuscript Memorandum kept by Mrs. Joseph Sarber, Midwife at the Falls of the Schuylkill, from 1814 to 1831, Am 9235, HSP.

Pennsylvania German healing practices interwoven with spiritual rituals called *brauche*.⁴² The year that she died, John George Hohman published *The Long Lost Friend*, a self-help manual for the medical/spiritual practice of *brauche* also called “powwow.” An English edition came out in 1820, with some versions translating the title as *The Long Secreted Friend*, placing it more clearly within the “book of secrets” tradition. Hohman cites his wife as a skilled *brauche* practitioner, and the book details their herbal remedies as well as their miraculous cures backed up by patient testimonials.⁴³

The bulk of *The Long Lost Friend* appears to be a transcription of the Hohman’s family recipe book, which includes remedies for eye waters, abscesses, burns, and other ailments typical of Anglo-American women’s medical recipe books of the period. Other recipes reprise the principles of seventeenth-century alchemy and vitalism, including the power of unseen sympathetic bonds that were thought to animate matter. These theories remained popular among Pennsylvania Germans. Recall that Elizabeth Coates Paschall’s practice was influenced by her “alchymical” doctor brothers, and her recipes that “cured by sympathy” would have resonated with the Hohmans. However, *The Long Lost Friend* also includes cures that deploy prayers and incantations to cure by faith healing. For example, to destroy a tape worm, the practitioner spoke over the sufferer, “Worm, I conjure

⁴² For Anna Maria Jung, anglicized to Mary Young (ca. 1749–1819) and powwow healing, see David W. Kriebel, *Powwowing Among the Pennsylvania Dutch: A Traditional Medical Practice* (University Park: Pennsylvania State University Press, 2007), 100–102.

⁴³ John George Hohman, *The Long Lost Friend: A Collection of Mysterious and Invaluable Arts and Remedies, for Man as Well as Animals With Many Proofs* (Harrisburg, PA: T. F. Scheffer, 1856); Don Yoder, “Hohman and Romanus: Origins and Diffusion of the Pennsylvania German Powwow Manual,” in ed. Wayland D. Hand, *American Folk Medicine: A Symposium* (Berkeley: University of California Press, 1976), 235–48.

thee by the living God, that thou shalt flee this blood and this flesh, like as God the Lord will shun that judge who judges unjustly, although he might have judged aright.”⁴⁴

Although these types of ritualized cures appear in seventeenth-century women’s medical recipe books, they became less prevalent in Anglo-American manuscripts by the nineteenth century. Hohman’s book was quite popular, and it is a reminder that in the face of the rise of scientific medicine in the nineteenth century, patients continued to choose practitioners with whom they felt a cultural affinity and whom they perceived as successful healers. However, the bulk of early nineteenth-century printed medical and household manuals were more similar to their eighteenth-century predecessors in form and content.

The Age of Priscilla Homespun

In 1818, the pseudonymous author “Priscilla Homespun” published the second edition of *The Universal Receipt Book; Being a Compendious Repository of Practical Information . . . [in] All the Branches of Domestic Economy*. In addition to cooking, preserving, and household “receipts,” the manual included fifty-three pages of medical recipes. It was printed by Philadelphian James Maxwell, friend of the late Mary and James Watters. As he set up the press or supervised the printing process, Maxwell may well have been reminded of Mary Watters’ healing and apothecary practice as he read Priscilla Homespun’s homemade recipes for “The True Daffy’s Elixir,” “Genuine

⁴⁴ Hohman, *Long Lost Friend*, 20.

Turlington's Balsam," and "Dr. Staughton's celebrated Stomachic Elixir."⁴⁵ In *The Age of Homespun*, historian Laurel Thatcher Ulrich identifies a late-nineteenth-century culture of nostalgia for the simple homespun world of colonial times.⁴⁶ Apparently, the term also resonated for readers in the 1810s, and a longing for a simpler past may have been part of the appeal of Hohman's *The Long Lost Friend*. Based on its organization and remedies, Priscilla Homespun's book appears to be a transcription of an actual woman's recipe book. It is comparable to extant examples of early eighteenth-century Delaware Valley women's medical manuscripts, in which they continued to record their healing knowledge and healthcare networks.

Both print and manuscript recipe books evinced continuities with longstanding genre conventions. The *Universal Receipt Book* begins with a section titled "In Cookery," which alternates between relatively random recipes and sections that group together similar topics such as puddings or sausages. As in women's manuscripts, some recipes cite the contributor, like "R. Hunter's Directions for making Potato Yeast" along with newspaper sources. The next part, called "Select Receipts in Medicine," follows a similar organizational and citation pattern. Like Elizabeth Coates Paschall's manuscript, the

⁴⁵ Priscilla Homespun [pseud.], *The Universal Receipt Book; Being a Compendious Repository of Practical Information . . . [in] All the Branches of Domestic Economy* (Philadelphia: Published by Isaac Riley, J. Maxwell, printer, 1818). The editor of the first edition was likely the writer Richard Alsop (1761–1815), whereas the second 1818 edition was edited by his brother-in-law, the publisher Isaac Riley. Riley also published the first edition of Tyler's *The Maternal Physician*. See Rosalind Reimer, *Printers and Men of Capital: Philadelphia Book Publishers in the New Republic* (Philadelphia: University of Pennsylvania Press, 2000), 120; Andrew F. Smith, *Pure Ketchup: A History of America's National Condiment* (Columbia: University of South Carolina Press, 1996), 20. The Library Company of Philadelphia holds a copy that was owned by the eccentric Philadelphia artist and drawing master, James Cox (1751–1834).

⁴⁶ Laurel Thatcher Ulrich, *The Age of Homespun: Objects and Stories in the Creation of an American Myth* (New York: Vintage Books, 2001), 3–10.

Universal Receipt Book cites newspapers, magazines, and published medical sources. Having read some of gentleman chemist Robert Boyle's works, Elizabeth Paschall would have appreciated the manual's inclusion of "The Honorable Mr. Boyle's Genuine Syrup for Coughs, Spitting of Blood, &c." A "receipt for the cure of the Jaundice" was extracted from the May 1813 New York Medical Repository. These sources conferred male medical authority, but as was evident in Paschall's manuscript, a female reader could use the recipe to affirm her own expertise. One recipe, The Dutchess [sic] of Rutland's Stomach Plaster for a Cough," hearkens back to the early eighteenth-century pattern of citing the authority of aristocratic Englishwomen.⁴⁷ Unlike a number of early nineteenth-century manuals, the *Universal Receipt Book* did not include a preface or introduction and thus did not offer prescriptive information regarding the reader's use of the book. This differs from William Buchan's *Domestic Medicine*, which began as a self-help treatise in 1769 but was progressively edited into the nineteenth-century to emphasize the times when patients should seek physicians' care.⁴⁸ By contrast, the *Universal Receipt Book* was an unmediated source of medical knowledge.

If healing adept Sarah Richardson Waln had picked up a copy of the *Universal Receipt Book* on her visits to Philadelphia from her Walnford estate in New Jersey, she would have found it similar to her own well-worn medical recipe manuscripts. Two of her recipe books that date from 1800 to the mid-1820s are among the handful of extant Mid-Atlantic recipe manuscripts from this period. Both urban and rural women in the

⁴⁷ Homespun, *Universal Receipt Book*, 82, 89, 90, 94, 113.

⁴⁸ Charles E. Rosenberg, "Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*," *Bulletin of the History of Medicine* 57, no. 1 (1983): 22-42.

Delaware Valley continued to keep medical recipe books, which signal their work as healers in their homes and communities. Like Priscilla Homespun, as well as Gulielma Penn and Elizabeth Paschall introduced in chapter 1, Waln recorded a recipe for the popular remedy, Stoughton's Bitters. However, Miss Homespun's recipe is more similar to Penn's and Paschall's. Waln omitted the classic ingredient, Seville oranges, perhaps because they were less available or too expensive. Unlike the other three books, Waln records her recipe in a list format, and she uses apothecaries' terminology and abbreviations. Her Daffy's Elixir recipe also differs from Priscilla Homespun's on several points, and she uniquely includes the secret recipe for New York druggist Hannah Lee's Pills.⁴⁹ A woman's recipe book still represented her particular healing knowledge and experience as well as the information gleaned from her healing networks.

Waln's recipes alternated between more formal prescriptions, which are similar to printed pharmacopoeias, and more folksy recipes that call for "a peck of Stallions dung" for rheumatism or a sheep's gallbladder to cure a cancer. The *Universal Receipt Book* relegates dung to its agricultural fertilizer section, but it also records common vernacular cures such as "the white of a new laid egg" for an eye ailment. Although Sarah Waln was a progressively thinking woman who participated in literary, natural philosophical, and Quaker reformist circles, her recipe manuscript demonstrates the mix of homespun and science-based healing that persisted into the nineteenth century.⁵⁰ Based on her scant letters and her medical recipe books, which are far less discursive than Elizabeth

⁴⁹ Sarah Richardson Waln (1746–1825), *Recipe Book*, ca. 1800, (Phi) Am. 1743, HSP, 3, 18; S. R. Waln, *Recipe Book*, ca. 1810–1820, n.p., private collection.

⁵⁰ Waln, *Recipe Book*, 1810–1820, n.p.

Paschall's, it is difficult to assess the extent of Waln's practice. As evidenced in examples from the previous decades, women who possessed skills as healing adepts shifted between roles of doctress, nurse, and apothecary, and they had the flexibility to use their skills either within family circles or within the wider community as unpaid or paid/bartered work.

When Sarah Richardson married Nicholas Waln in 1771, he was a wealthy attorney from a prominent Quaker family. Sarah Morris Richardson had grown up in comfortable circumstances in an elite Quaker merchant family. However, a few years after their marriage, Nicholas had a religious experience that caused him to retire from his lucrative law practice and begin a fulltime unpaid itinerant Quaker ministry. His ministry took him throughout the American colonies and Great Britain. Sarah was also a devout Friend whose grandparents were Quaker ministers. She supported her husband in his religious work and adopted plain speech and dress, as well as a simpler lifestyle.

Although Sarah inherited money from her family, her few extant 1780s letters to Nicholas on a preaching tour in England speak to difficult economic times. Paper money was scarce, crop prices were low, and their friends were imprisoned for debt. The Walns even sold their showy yellow carriage, and Sarah had to borrow conveyances on visits to Philadelphia when they lived with family members in New Jersey.⁵¹ Waln's medical proficiency would have been invaluable. She had her cousin, Margaret Hill Morris'

⁵¹ Letters of Sarah Richardson Waln, 1784–1786, Sarah Waln to Nicholas Waln, July 5, 1784, July 23, 1784, September 4, 1784, and October 25, 1784, box 1, folder 27, and Jacob S. Waln [her son] to Sarah Richardson Waln, February 10, 1807, box 1, folder 17, all in Nicholas Waln Family Papers, MS Coll. 966, HQSC. See also, Mary Harrison, *Annals of the Ancestors of Charles Custis Harrison and Ellen Waln Harrison* (Philadelphia: Privately Printed by J. B. Lippincott, 1932), 79–100.

example of the way that healing could provide a family with an economic safety net or needed income.

Sarah Waln certainly treated her family members. In 1797, a friend noted that Sarah traveled to Philadelphia to consult with a physician regarding her medical therapies for Nicholas' intractable leg ulcer, which had left him lame.⁵² Sarah may already have tried a remedy that she received from Sarah Logan, which included the standard American Indian herbs, sassafras, nettle, and the inward bark of the elder. In her recipe book, she noted that Logan "had it from Wright's family at Susquehanna, & it is said to have performed great Cures, after the greatest Swellings & when the Leg had run with watry sores for some time."⁵³ Recall that Susanna Wright was a recognized healer whose name carried the weight of authority. The male and female members of James Logan's family were also well-known healing adepts, who, like Wright, had obtained authoritative healthcare knowledge from Lenape and Iroquois Indians. In 1809, the Waln's finances improved dramatically when Nicholas inherited his father's thousand-acre farm and estate in Monmouth County, New Jersey. The Walns and their remaining children moved to the farm, but they kept close ties with the Philadelphia Quaker community.⁵⁴ In the latter part of her recipe book that dates from 1817 to the early 1820s, Sarah Waln's more rural life is evinced in her record of recipes to cure veterinary diseases that are not present

⁵² Leonard Snowden to Rebecca Jones, August 18, 1797, Hoskins-Warder Scrapbook of Letters and Documents, HQSC. The papers of Sarah Richardson Waln (1746–1825) and Nicholas Waln (1742–1813) are held at HSP and HQSC.

⁵³ Waln, Recipe Book, ca. 1800, (Phi) Am. 1743, HSP, 4.

⁵⁴ Jordan, *Colonial and Revolutionary*, 212; Philadelphia Monthly Meeting, *Quaker Biographies*, vol. 4 (Philadelphia: Friends' Book Store, 1916), 89–98; Hannah Logan Fisher Smith, *A Collection of Religious Memoirs and Extracts* (Philadelphia: E. G. Dorsey, 1839), 104–48.

in her earlier manuscript. Although, Sarah Waln periodically consulted with physicians, she also counted on her network of female healers.

It is unclear which Sarah Logan provided Sarah Waln with the leg ulcer recipe, because there was a Sarah in each Logan generation beginning in the early eighteenth century. The Logan family lived in a Georgian mansion called Stenton in the Philadelphia suburb of Germantown, built by James Logan in the early eighteenth century. His wife, Sarah Reed Logan's elegantly penned recipe book with an etching of Queen Anne on the cover is extant, but Sarah Waln would have been a child when Logan died in 1754.⁵⁵ A Sarah Elizabeth Logan authored a book of "Receipts for Pickling, Preserving, Cooking, and Quacking," that dates from the 1810s to the mid-nineteenth century and appears to have been passed down among female family members.⁵⁶ In the cooking section, Sarah Logan recorded a recipe for "Jumball from S. Waln," and an "Excellent" muffin recipe from her cousin, Gulielma Morris Smith, Margaret Hill Morris' daughter.⁵⁷ Although Sarah Logan's use of the term "Quacking" was humorous, her medical recipes collected from various sources were recorded in a typically serious fashion. Quaker minister George Dillwyn shared his "Essence for the Headache," perhaps borrowed from his

⁵⁵ Sarah Reed Logan, *Recipe Book*, MS ca. early eighteenth-century, Stenton Archives, Germantown, PA.

⁵⁶ Sarah Elizabeth Logan, *Receipts for Picking, Preserving, Cooking, and Quacking*, MS ca. 1810s–mid-nineteenth-century, n.p., Stenton Archives, Germantown, PA. According to Stenton's curator, Laura Keim, the manuscript's provenance is a bit unclear. Its dates are earlier than those that would match a Sarah Elizabeth Logan (1812–1859).

⁵⁷ Sarah E. Logan, *Receipts*.

sister-in-law Margaret Hill Morris, who prided herself in her effective proprietary headache powders.⁵⁸

Morris continued to practice as a healer in what she considered the country town of Burlington until a few years before her death in 1816, and she stayed in touch with the Logans and her cousin, Sarah Waln. Sarah Logan also interacted with more expansive healing networks. Moravian missionary John Heckewelder contributed “An Indian cure for a Felon or Whitlow [infected finger]” that used violet root. Logan also recorded a recipe for “An excellent salve for all kinds of sores recommended on long use by Margaret Marshall,” druggist Elizabeth Marshall’s sister-in-law. In their recipe books, both Morris and Logan give credence to recipes from lay healers as well as those from physicians and printed sources.⁵⁹

Despite the rise of man-midwives and their surgical practices, women’s social healing networks persisted, particularly for women’s health issues. This is exemplified in the case of Susanna Dillwyn Emlen’s six-year battle with breast cancer. Emlen was particularly close to her Aunt Sarah Dillwyn, Margaret Hill Morris’ sister. Recall that Emlen had detected a breast lump in 1798, and Morris had advised her daughter, Gulielma, to counsel Susanna to take ginseng. That is, unless Susanna was “so Modernizd as to neglect good medicine because it is recommended by an old woman.”⁶⁰

This episode may have been a benign cyst. However, in 1814, at age forty-four, Emlen

⁵⁸ Sarah E. Logan, Receipts; John Jay Smith, *Recollections of John Jay Smith* (Philadelphia: J. B. Lippincott Company, 1892), 14–7.

⁵⁹ Sarah E. Logan, Receipts.

⁶⁰ Margaret Hill Morris to Gulielma Morris Smith, January 9, 1798, G. M. Howland MS Coll. 100, box 7, folder 2, HQSC.

detected another breast lump “the size of a partridge egg” it was diagnosed as cancer by her brother-in-law, Dr. Philip Syng Physic. Emlen was in a quandary, because mastectomy without anesthesia was intensely painful and did not always eradicate the cancer.⁶¹

While Emlen awaited surgery, her cousin Deborah Logan wrote, advising her to try an American Indian-derived cure, a tea and a poultice both made from the herb called pipsissewa. Deborah and her husband, Dr. George Logan, had used the remedy with success, and she hoped Emlen would “give it a Tryal.” However, Deborah Logan realized, “in cases like this, different applications are posed by almost all with whom one converses,” and she recognized that Emlen had also consulted with Philadelphia’s eminent physicians. “Yet,” Logan continued, “as in a more important concern [the Christian gospel], the wisdom of the wise has been confounded by the weak and the simple; and as I believe infinite goodness has imparted powerful efficacy to many simples in medicine.”⁶² Paraphrasing a New Testament verse and adding the word “simple,” Logan invoked a longstanding tradition that God had placed in nature the cure for all diseases in basic herbal preparations, known as “simples.” Perhaps Logan was also intimating that at times the wisdom of laywomen healers, purportedly feminine “weaker

⁶¹ For Susanna Dillwyn Emlen, (1769–1819), see, Susan Garfinkle, “This Trial Was Sent in Love and Mercy for my Refinement: A Quaker Woman’s Experience of Breast Cancer surgery in 1814,” in *Women and Health in America*, 2nd ed., ed. Judith Walzer Leavitt (Madison: The University of Wisconsin Press, 1999), 68–90.

⁶² Deborah Norris Logan to Susanna Dillwyn Emlen, May 29, 1814, G. M. Howland MS Coll. 100, box 6 folder 20, HQSC. This collection also holds other letters offering medical advice to Emlen. Logan quoted the Bible, 1 Cor. 27, King James Version, “But God hath chosen the foolish things of the world, to confound the wise: and God hath chosen the weak things of the world, to confound the things which are mighty. For the preaching of the cross is to them that perish foolishness; but unto us which are saved it is the power of God.”

vessels,” might confound the learned knowledge of physicians. According to Logan, Emlen’s case had generated “great interest.” Emlen’s aunt proffered a salve and her friend, Deborah Bringhurst, in Wilmington, Delaware offered another remedy.⁶³ In June 1814, Dr. Physic and his colleagues excised the tumor, but in 1816, it recurred. Emlen died of breast cancer in 1819. Throughout the course of her illness, Emlen received medical advice, prayers, and support from her healing circle.

In the progressive Quaker networks of the Emlens, Walns, and Dillwyns, healing took on new meanings in the context of their activism in abolition and educational reform movements. Susanna Dillwyn Emlen’s husband Samuel established the Emlen Institute to teach African American and American Indian children, following in the footsteps of the Waln’s close friend, Anthony Benezet who had started a girls’ school in 1754 and an African American School in 1770. However, inspired reformist discussions could include quotidian health concerns. Benezet shared his proven remedy for the rheumatism with Sarah Waln, and she recorded it in her recipe book. Healing adepts and reformers in this circle included Susanna Emlen’s uncle and aunt, George and Sarah Dillwyn, their sister, Margaret Hill Morris, Dr. Benjamin Rush, and British abolitionist Thomas Clarkson. Like Benezet and Benjamin Rush, the Walns supported Philadelphia’s Free African American community’s activism for abolition, education, equality, and economic opportunity. In 1800, the prominent black ministers and community leaders, Richard Allen and Absalom Jones, tapped Nicholas Waln to present their abolition petition to the

⁶³ Deborah Norris Logan to Susanna Dillwyn Emlen, May 29, 1814, G. M. Howland MS Coll. 100, box 6 folder 20, HQSC.

United States Congress. To their chagrin, it was rejected. However, Absalom Jones, Richard and Sarah Bass Allen, and Sarah and Nicholas Waln continued to agitate for abolition.⁶⁴ For medical adepts and ministers' wives Sarah Allen and Sarah Waln, curing cancerous social ills like slavery were integral to their religious healing ministries.

Quaker merchant's wife Margaret Burd Coxe was also linked into these networks. However, Coxe more clearly represents the persistence of the classic Lady Bountiful healer exemplified by Gulielma Springett Penn: an elite woman in charge of a household of servants who provided medical care to her household and to the community. As historian Faye Dudden argues, the large labor pool of domestic servants in early nineteenth-century cities allowed women such as Coxe to pursue the nineteenth-century ideals of domestic womanhood into which they could meld the older image of Lady Bountiful.⁶⁵ A number of the culinary recipes in her *Cook Book and Medicinal Recipes, 1817–1832*, are geared toward entertaining, and Coxe likely took a supervisory role over her cook, Jane Bayard. Coxe's servants likely helped to prepare medicinals recorded in her manuscript. Like eighteenth-century elite women before her, Coxe collected recipes and advice from the preeminent doctors in Philadelphia, but she more often recorded "approved" remedies from her female networks.⁶⁶

⁶⁴ Sarah Richardson Waln, "For the Rheumatism, A. Benezet," Recipe Book, n.p., Private Collection; Maurice Jackson, *Let This Voice Be Heard: Anthony Benezet, Father of Atlantic Abolitionism* (Philadelphia: University of Pennsylvania Press, 2011); Richard S. Newman, *Freedom's Prophet: Bishop Richard Allen, the AME Church, and the Black Founding Fathers* (New York: New York University Press, 2008), 147–8. For Sarah Bass Allen, see chapter 5.

⁶⁵ Faye E. Dudden, *Serving Women: Household Service in Nineteenth-Century America* (Middletown, CT: Wesleyan University Press, 1985), Introduction.

⁶⁶ Mrs. Daniel W. [Margaret Burd] Coxe (1781–1845), *Cook Book and Medicinal Recipes, 1817–1832*, Am. 912339, vol. 1, HSP. See also, Burd Family Papers, MS Coll. 379, Series V, Coxe family, folders 49,

Cox's recipes to cure dropsy, wounds, or cancer were similar to those of female healing entrepreneurs, and her instructions for the preparation of the proprietary medicines Huxham's Tincture of Bark and Stoughton's Bitters were also comparable. However, her social role differed sharply from women who advertised their healthcare services for pay in the city directories. Nonetheless, Coxe's fluency with apothecaries' terminology and the complexity of her pharmaceutical compounds demonstrated the depth of her medical knowledge. Coxe's recipes also underscored her access to store-bought goods in the urban marketplace. For example, in a remedy for a physic (purge), she advises her recipe book readers to obtain "Compound Powder of Crocus Metallorum—from [apothecary] Moses Bartram—about 3 ounces will make 4 doses."⁶⁷ In the 1820s, Coxe's husband faced some financial reversals, and the family was embroiled in an expensive lawsuit over land in Louisiana.⁶⁸ Margaret Coxe's ability to provide healthcare for her household and to home-manufacture pharmaceuticals when necessary would have contributed to the family economy, or as the seventeenth-century household manuals had phrased it, the "Domestick Oeconomy."

Letitia Billmeyer, the wife of a Pennsylvania German printer and publisher who lived in the suburb of Germantown, also kept an extensive English language medical recipe book, which reflects either a particular interest in medicine or a healing practice. Billmeyer's beautifully scripted, leather-bound volume contains recipes for both serious

50, 52, University of Delaware Special Collections Department. However, these papers are predominantly business and general family letters and do not elucidate Margaret Coxe's healing practice.

⁶⁷ Coxe, *Cook Book and Medicinal Recipes*, HSP, 28, 36, 51, 57.

⁶⁸ Eliza Cope Harrison, *Best Companions: Letters of Eliza Middleton Fisher and Her Mother* (Columbia: University of South Carolina Press, 2001), 82–3, 152, 255.

and minor ailments. Her recipe to cure “White Swelling” is quite different from Ann Booth’s, using a decoction of silver root, fennel seed, nutmeg, and crab’s eyes in a wine base. Her Huxham’s Tincture of Bark resembles Margaret Coxe’s recipe, but her Stoughton’s Bitters recipe adds the local ingredient, ginseng. Billmeyer occasionally updated her written recipes by pinning on a newspaper clipping. For example, on top of her “Cure for Consumption,” she pinned an undated article from the *Virginia Valley Farmer* with a “Cure for Pulmonary Complaints.” As in the eighteenth century, women’s recipe books documented women’s pharmaceutical experimentation and the ongoing accumulation and synthesis of medical knowledge. In addition to newspapers, Billmeyer consulted and copied recipes from the United States Dispensary, a standard pharmacist’s reference book.

Although her book is not as discursive as Elizabeth Paschall’s, Billmeyer cited a number of women informants, as well as the aptly named Dr. Phillip Syng Physic and Dr. Adam Kuhn, who was of German descent. Inserted in the back cover are more than thirty recipes on small pieces of paper from Billmeyer’s circle of female healers. A recipe for Arrowroot Blancmange, a bland food for sick patients, is inscribed, “Miss Sarah Pancoast” follow by “a Present’ with a circle drawn around the word for emphasis.⁶⁹ Medical and household recipe books kept by the women in the Pennock family in Chester

⁶⁹ L. [Letitia] Billmeyer, *Medical Cookery and Other Recipes*, ca. 1800–1820s, Private Collection; Thomas H. Shoemaker, “Inhabitants of Germantown and Chestnut Hill in 1809,” *Pennsylvania Magazine of History and Biography* 15, no. 4 (1891): 449–80.

County and the Clymer family in Berks County, Pennsylvania, also suggest that a vibrant self-help medical culture persisted in which women honed their healing skills.⁷⁰

Middle-class and elite Philadelphia-area families such as the Coxes, Billmeyers, and Drinkers increasingly used the proprietary term “our family physician” as a class marker, just as many women aligned with a man-midwife for obstetrical care.⁷¹ However, to physicians’ chagrin, women were arbiters of domestic spaces and still felt free to advise attending physicians and to veto their orders. Charity hospitals were for the very poor and for most patients, healthcare was provided at home. Doctors had to mind their bedside manner when entering a patient’s domain. For example, after falling and injuring her chest, the merchant’s wife Elizabeth Drinker sent for Dr. Adam Kuhn. According to Drinker, Kuhn “advised the parting with 10 ounces of blood, which I would not comply with . . . it was not done. He then desired me to take a dose of physic, which I told him I had not done since I was ill 2 years ago . . . so I got off of that.” She then asked if “dieting myself” would not be better, and he capitulated.⁷²

Rebecca Jones, a Quaker minister, schoolteacher, and healing adept introduced in previous chapters, frequently called in physicians for a consultation. Like Drinker, the

⁷⁰ Recipe Book from the Pennock Family, and Eliza Pennock, *Commonplace Book with Medical and Cooking Recipes*, MS 31832–33, MS 1113, CCHS; Clymer Family, *Account Book and Recipe Book*, 1788–1854, MS Coll. 387, University of Pennsylvania Rare Book and Manuscript Library.

⁷¹ Judith Walzer Leavitt, *Brought to Bed: Childbearing in American, 1750–1950* (New York: Oxford University Press, 1986), 3–13; Charles E. Rosenberg, “Health in the Home: A Tradition of Print and Practice,” in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles E. Rosenberg (Baltimore: Johns Hopkins University Press, 2003), 1–21.

⁷² Henry Drinker Biddle, ed., *Extracts from the Journal of Elizabeth Drinker, From 1759 to 1807, A.D.* (Philadelphia: J. B. Lippincott Company, 1899), 410.

redoubtable Jones also peppered doctors with her own medical advice.⁷³ Whether recognized as competent domestic healers, healing adepts, or doctresses who served their communities, women practitioners continued to wield healthcare authority. In the early decades of the nineteenth century—the Age of Priscilla Homespun—urban and rural Delaware Valley women educated themselves in new scientific therapeutics but continued some of the respected practices of their mothers and grandmothers.

“Improve Thyself in Every Branch of Thy Learning”

Quakers Rebecca Jones and Elizabeth Drinker had precedents for speaking their minds to physicians and other healers. Recall that Rebecca Jones was a Quaker minister who preached to congregations and audiences of men and women. In addition, she was an educator who taught girls mathematics, apothecaries’ terminology, and business skills to prepare them for a life of work as well as household management. Women increasingly founded female academies and penned textbooks for girls as well as boys, which included science-related topics for female learners. Male reformers were also part of the women’s education movement. Benjamin Rush had founded the Young Ladies’ Academy of Philadelphia in 1797, and its curriculum included geography, chemistry, mathematics, and natural philosophy.

Margaret Hill Morris recognized these new possibilities for girls. In 1807, she wrote to her namesake granddaughter studying at Westtown Quaker School of the “the many advantages that you of the present day enjoy.” She encouraged Peggy to “improve

⁷³ Rebecca Jones (1739–1818), Almanac, Memorandum Books, Diary, Receipt Book, Allinson Family Papers, MS Coll. 968, box 12, and R. Jones letters to Leonard and Jane Snowden, 1797–1805, Hoskins-Warder Scrapbook of Letters and Documents, HQSC.

thymself in every branch of thy learning.”⁷⁴ The family’s commitment to education had already been demonstrated by Morris’ sister, Milcah Martha Hill Moore, who started a school in the 1790s geared toward children of the lower classes. Moore also published a textbook based on her writings titled, *Miscellanies, Moral and Instructive*. Anne Parrish, also a Quaker, founded the Aimwell School for the Free Instruction of Females in Philadelphia in 1795 to provide free basic education for poor girls. The school remained active into the early twentieth century. Other denominations also opened charity schools in the Philadelphia area in the early nineteenth century.⁷⁵

Educational reform for women expanded in the 1810s and 1820s, and female educators continued to pen textbooks and found female academies. Women members of the Library Company of Philadelphia could check out books by Priscilla Wakefield, a well-known English Quaker, who published a popular series of books on botany and the natural sciences for girl’s schools and home education. The library also held a copy of Wakefield’s earlier feminist tract, *Reflection on the Present Condition of the Female Sex*

⁷⁴ Margaret Hill Morris to Margaret [Peggy] Smith, December 12, 1807, November 18, 1800, G. M. Howland MS Coll. 100, box 6, folder 4, HQSC; Ann D. Gordon, “The Young Ladies Academy of Philadelphia,” in ed. Carol Ruth Berkin and Mary Beth Norton, *Women of America: A History* (Boston: Houghton Mifflin, 1979), 68–91.

⁷⁵ Milcah Martha Moore (1740–1829), *Miscellanies, Moral and Instructive, in Prose and Verse* (Philadelphia: Joseph Cruikshank, 1973); Catherine La Courreye Blecki and Karin A. Wulf, *Milcah Martha Moore’s Book: A Commonplace Book from Revolutionary America* (University Park: Pennsylvania State University Press, 1997), 59–64; Aimwell School Records, 1797–1935, MS 1183, boxes 1 and 4, HQSC; *Some Account of the Aimwell School Instituted by the Society for the Free Instruction of Female Children, Now Incorporated Under the Title of “The Aimwell School Association”* (Philadelphia: Pile and M’Elroy, Printers, 1861); Philadelphia Religious Society of Friends Tracts and Annual Reports, Wh 529.525.52, HSP; Carla Mulford, “Benjamin Franklin, Traditions of Liberalism, and Women’s Learning in Eighteenth-Century Philadelphia” in *“The Good Education of Youth”: Worlds of Learning in the Age of Franklin*, ed. John Pollack (New Castle, DE: Oak Knoll, 2009), 109–110.

With Suggestions for Its Improvement.⁷⁶ Almira Hart Lincoln (later Phelps) exemplified women educators who emphasized science-related subjects, including the medically related subjects of botany, chemistry, and anatomy in her classes at the Troy Female Academy in New York. She later published botany and science textbooks geared for women students; these books were available at lending libraries and bookstores in the Philadelphia region. In the 1820s, other American women educators in the Mid-Atlantic states established female academies that taught students skills in botany, chemistry, geography, astronomy, mathematics, and occasionally anatomy.⁷⁷

Benjamin Rush and other school reformers emphasized that a central goal of female academies was to educate women to be intelligent wives and knowledgeable mothers who could train their sons to be loyal citizens of the young republic. However, despite efforts to circumscribe female education, knowledge could also be empowering because it provided women with proof of their intellectual equality and their ability to excel in the sciences. Even in a small school in New Brunswick, New Jersey, young Rachel Van Dyke imagined that she and a female friend “would together climb the hill of science,” and she believed that she could reach the summit.⁷⁸ These natural philosophical studies enriched the healing practices of female medical adepts. In addition, as historian

⁷⁶ Priscilla Wakefield, *Reflection on the Present Condition of the Female Sex with Suggestions for Its Improvement* (London: J. Johnson [etc.], 1798).

⁷⁷ Paul Wood, *Science and Dissent in England, 1688–1945* (Burlington, VT: Ashgate, 2004), 152; Kimberly Tolley, *The Science Education of American Girls: A Historical Perspective* (New York: Routledge Falmer, 2003), 1–12, 35–45; Jessica C. Linker, “Cultivating the Blossoms and the Fruit: Women and Science in the Early Republic” [unpublished manuscript presented to the Society of Historians for the Early American Republic National Conference, July 2012, Baltimore, MD., cited with permission].

⁷⁸ Lucia McMahon and Deborah Schriver, eds., *To Read My Heart: The Journal of Rachel Van Dyke, 1810–1811* (Philadelphia: University of Pennsylvania Press, 2000), 141.

Mary Kelley points out, women’s proficiency in oratory—“learning to stand and speak”—gave young women the confidence to lecture to female or mixed audiences regarding a variety of reform-related topics.⁷⁹ As a renewed popular health movement took off in the late 1820s, middle-class women of various ethnicities were poised to become authoritative lecturers in anatomy, physiology, childbearing, sexuality, and women’s health.

Philadelphia-area girls also followed Elizabeth Coates Paschall’s earlier example by taking advantage of less formal educational opportunities offered in printed materials and public lectures. On the fly page of her medical recipe book, Sarah Richardson Waln pasted an undated newspaper clipping detailing a “beautiful chemical experiment [that] may easily be performed by a lady.” In his memoirs, Charles Wister recalled his scientific lectures at the Germantown Academy in the early 1820s; the academy attended by young women as well as young men. Wister was the son of healer Lowry Jones Wister, who had served the Germantown community. According to Wister,

The conversation of the fair sex was no longer confined to the engrossing subjects of ribbons and laces, but was delightfully diversified with learned dissertations on philosophical questions, which mineralogical and chemical technicalities slipped off their tongues as glibly as mantuamaker’s and milliner’s terms had hitherto.⁸⁰

The tone of Wister’s comment is quite patronizing, matching the jocular tone of his memoirs. However, his remark points to women’s continued participation in science-

⁷⁹ Mary Kelley, *Learning to Stand and Speak: Women, Education, and Public Life* (Chapel Hill: University of North Carolina Press, 2006), 21–37; Kornfield, *American Culture*, 27–38.

⁸⁰ Charles Jones Wister, *The Labour of a Long Life: A Memoir of Charles J. Wister by C. W. J., Jr.* (Germantown, PA: Privately Printed, 1866), 55; Charles Jones Wister, Memoranda 1820, Eastwick Collection, MS 974.811/Ea 7, series 1, box 6, APS.

related learning. In Philadelphia, Quaker and non-Quaker women attended natural philosophical lectures at Charles Wilson Peale's natural history museum and enjoyed exhibits displaying botanicals, fossilized bones, and natural history specimens.

Although geography and botany were deemed appropriate female pursuits, anatomy education became a particularly contentious issue. The top university-educated Philadelphia physicians had studied anatomy in the late eighteenth century under William and John Hunter in London. The Hunters were intent on making anatomy education the defining achievement of a doctor and the way to tell an authentic physician from a counterfeit quack. Recall that Dr. William Shippen had offered public anatomy courses featuring dissection demonstrations in Philadelphia from the mid-1760s. The public was fascinated with bodily spectacles and viewed anatomical models at the medical museum at the Pennsylvania Hospital, as well as at Dr. Abraham Chovet's private collection of exquisite wax reproductions and pickled specimens.⁸¹

However, when Shippen and his medical students faced accusations of grave-robbing, periodic riots ensued. The potential to advance medicine was tempered the public's fears that the bodies of loved ones in sacred graveyard spaces would be violated. Historian John Watson remembered his childhood terror of Dr. William Shippen's dissecting theater, "deemed the receptacle of the dead bodies, where their flesh was boiled and their bones were burnt down for the use of the faculty!" Public revulsion was

⁸¹ Roy Porter, "William Hunter: A Surgeon and a Gentleman," in *William Hunter and the Eighteenth-Century Medical World*, ed. W. F. Bynum and Roy Porter (New York: Cambridge University Press, 1985), 7–34; Michael Sappol, *A Traffic in Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-century America* (Princeton, NJ: Princeton University Press, 2002), 9–24.

rekindled when an unmarked graveyard was discovered on the grounds after Shippen's death in 1808. Watson recorded the popular ditty, "The body-snatchers they have come/and made a snatch at me/They hav'nt left an atom there/of my anatomie!"⁸² To dampen controversy, by the early nineteenth century, the University of Pennsylvania Medical School held private dissection classes limited to male medical students. However, the opening of new schools like Jefferson Medical College in 1826 reignited public anxieties over grave robbing. In the late nineteenth century, physicians would succeed in making anatomical study a prerequisite for an educated physician, but in the 1810s and 1820, the public reaction was mixed, casting a cloud over physicians' medical authority.⁸³

Non-physician practitioners appropriated the emerging and contested authority of anatomy despite doctors' attempt to control the diffusion of this knowledge. An 1820 pamphlet penned by a physician at Harvard Medical School exemplified some doctors' attempts to deploy the exclusiveness of anatomy education to marginalize women healthcare practitioners. The physician argued, "Women should no longer be employed as midwives, because their character would be destroyed by acquaintance with

⁸² John F. Watson, *Annals*, 608; "A Very Diffused Disposition": Dissecting Schools in Philadelphia, 1823–1825," *The Pennsylvania Magazine of History and Biography* 108, No. 2, (1984): 203–15. William Shippen (1736–1808) was a Philadelphia physician and man-midwife who contended that he founded the country's first medical school. African American graveyards were particularly at risk. For antidissection riots in New York City, see Caroline de Costa and Francesca Miller, "American Resurrection and the 1788 New York Doctor's Riot," *The Lancet* 377, no. 9762 (2011): 292–3. Medical student and resurrectionists often robbed the graves of African Americans, and this later became an issue at Jefferson. See Suzanne M. Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians* (Jefferson, NC: McFarland and Company, 2005), 5–7, 81–6.

⁸³ Ruth Richardson, *Death, Dissection, and the Destitute* (New York: Routledge, 1987), 76–90; John Harley Warner and James M. Edmonson, *Dissection: Photographs of a Rite of Passage in American Medicine 1880–1930* (Jackson, TN: Blast Books, 2009).

dissections.”⁸⁴ However, as historian Laurel Thatcher Ulrich notes, Maine midwife Martha Ballard attended autopsies as part of her ongoing desire to learn medical information to improve her practice. Patience Lovell Wright of New Jersey, and the famed Parisian Madame Marie Tussaud studied anatomy and became adepts at creating wax anatomical models.⁸⁵ Young middle- and upper-class women growing up in the early decades of the nineteenth century recognized the new authority of anatomy, and fragments of evidence suggest that some taught themselves anatomical knowledge if it was not taught in school. Recall that Ann Bartram Carr, the granddaughter of Philadelphia botanists and healers, John and Ann Bartram, signed her copy of the *Anatomists Vade Mecum*, her well-used personal handbook of anatomy. In 1828, at the age of eighteen, Mary Gove (later Nichols) recalled, “I commenced reading on Pathology, and continued for several years reading Medical, Anatomical, Physiological, and Pathological works, as they came my way.” Her self-education was the prelude to careers in health-related work and activism as a women’s health educator, hydrotherapist, and free love advocate.⁸⁶

⁸⁴ [Walter Channing], *Remarks on the Employment of Females as Practitioners in Midwifery* (Boston: Cummings and Hilliard, 1820), 7; Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard Based on Her Diary, 1785–1812* (New York: Vintage Books, 1991), 251.

⁸⁵ Charles Coleman Sellers, *Patience Wright, American Artist and Spy in George III’s London* (Middletown, CT: Wesleyan University Press, 1976), 18–45; Pamela M. Pilbeam, *Madame Tussaud and the History of Waxworks* (New York: Hambledon and London, 2003).

⁸⁶ Robert Hooper, *The Anatomist’s Vade-Mecum, Containing the Anatomy and Physiology of the Human Body*, 1st [American] ed. (Boston: David Carlisle, 1801), LCP. This copy was inscribed by James Bartram, John M. Bartram, and Ann Bartram. The term “vade-mecum” means a useful handbook that can be carried about on one’s person for easy reference. The text demonstrates the younger Ann’s interest in medicine and offers a clue that she understood and appropriated medical print to affirm the emerging authority of anatomy. Ann Bartram Carr (1779–1858) was the daughter of John Bartram, Jr., and she continued the family’s botanical garden and export business along with her husband, Robert Carr. See also, Merril Smith

Women's interest in bodily education was an early manifestation of a revitalized popular health movement, which included public discussions of women's anatomy and sexual health. For Sarah Coates, a resident of West Chester, Pennsylvania, and a devout Quaker, the impetus for educating women about their anatomy and physiology came as a religious calling. Coates, who later moved to Salem, Ohio, used anatomical models as tactile and visual aids in her publically advertised health education classes. A broadside detailed her "Course of Lectures to the Ladies" on "ANATOMY, PHYSIOLOGY, AND HYGIENE," enlivened by "the MODELLE DE FEMME, OR ARTIFICIAL FEMALE FIGURE, and a set of life-size anatomical plates." The anatomical models exhibited body organs "in situ," but could be taken apart to "answer all the general purposes of an actual dissection."⁸⁷ As a marketing tool, Coates advertised a free introductory lecture with a twenty-five cent admission charge for subsequent single lectures or one dollar for the entire course. There is some suggestion that she also provided medical consultations after her lectures. In 1850, Coates would serve as the secretary of the Ohio Convention for Women's Rights.⁸⁸

"The Bartram Women: Farm Wives, Artists, Botanists, and Entrepreneurs," *Bartram Broadside* (Winter 2001): 1–4. For May Gove Nichols (1810–1884), Mrs. Mary S. Gove, *Lectures to Ladies on Anatomy and Physiology* (Boston: Saxton and Peirce, 1842); Jean Silver-Insensadt, *Shameless: The Visionary Life of Mary Gove Nichols* (Baltimore: Johns Hopkins University Press, 2002); Susan Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple University Press, 1991).

⁸⁷ Undated broadside held by New York Historical Society, reproduced in Sally Gregory Kohlstedt, "Physiological Lectures for Women: Sarah Coates in Ohio, 1850," *Journal of the History of Medicine* 33 (1978): 75–81.

⁸⁸ Elizabeth Cady Stanton, Susan B. Anthony, and Matilda Joslyn Gage, eds., *History of Woman Suffrage, 1848–1861*, vol. 1 (New York: Fowler and Wells, 1881), 101–4; Janet Farrell Brodie, *Contraception and Abortion in Nineteenth-Century America* (Ithaca, NY: Cornell University Press, 1997), 108. Coates is likely related to Elizabeth Coates Paschall's family, but I have been unable to locate her genealogy.

Sarah Mapps (later Douglass) taught anatomical and physiological health education as part of a program of social “uplift” for the African American community. As a member of Philadelphia’s black elite, Douglass understood that women were empowered through knowledge of their bodily health, and this information allowed them to contribute to the general health of the African American community. Douglass was the granddaughter of Cyrus Bustill, a founding member of the Free African Society.⁸⁹ Although her family was Quaker, and she later married St. Thomas African Episcopal Church’s rector, Douglass likely joined Sarah Bass Allen and women of Mother Bethel in their community activism. According to health reformers, self-improvement fostered social and moral progress. Health teaching allowed educated middle class women to reconfigure female healers’ traditional private health promotion practices into public endeavors. In turn, health education would improve the body politic. Later organizations, such as the American Physiological Society founded in 1837, supported women as health lecturers, and some, like Harriot Hunt, became abolitionist activists on the lecture circuit. Women’s interest in health education was interwoven with a revived impetus for reforming projects that included women’s rights, abolition, temperance, the conditions of the poor, public sanitation, and more humane conditions in prisons, asylums, and hospitals.⁹⁰

⁸⁹ Carla L. Peterson, *“Doers of the Word”*: African-American Women Speakers and Writers in the North 1830–1880 (New York: Oxford University Press, 1995), 15–6; Dorothy Sterling, *We are Your Sisters: Black Women in the Nineteenth Century* (New York: Norton, 1984), 129.

⁹⁰ Verbrugge, *Able-Bodied Womanhood*, 28–35.

Middle-class Ladies Bountiful interested in medicine could promote health in hospitals while maintaining their distance from actual nursing work. For example, in 1824, the Pennsylvania Hospital established the “Board of Female Assistants for the Internal Management of the Hospital.” Its members included Amy Coates, Mary Cope, Catharine Wistar Morris, and Beulah Sansom. The board was responsible for visiting the hospital, interviewing patients, overseeing nursing administration, and offering suggestions to the hospital managers for reforms. Although the women’s board was initially a success, in 1827, they came into conflict with the male board of managers when they adamantly suggested that an incompetent nurse be fired. The managers overruled the women’s judgment, and the entire female board resigned in protest.⁹¹ Hospitals would become spaces in which male administrators and physicians could exercise control over female reformers or healers. Nonetheless, throughout the nineteenth century, for all but the poorest patients, healthcare was provided in domestic spaces that were increasingly viewed as women’s domain.

The Female Society of Philadelphia for the Relief and Employment of the Poor exemplifies the intertwined natures of philanthropy, health reform, and science education. The organization, founded by Ann Parrish in 1795, was one of the first women’s benevolent societies. That same year she also established the Aimwell School. Early society minutes record Parrish’s plan to visit sufferers “in their solitary dwellings, without distinction of nation or color, sympathizing in their afflictions, and, as far as their

⁹¹ Kristen A. Graham, *A History of the Pennsylvania Hospital* (Charleston, SC: The History Press, 2008), 62.

ability extends, relieving them.”⁹² Catharine Wistar Morris took over the organization in the early nineteenth century, and it was officially incorporated in 1815. Its leaders and members included women from the next generations of the Wistar, Bartram, Morris, Jones, and Coates families. Elizabeth Wetherill Jones remembered that in 1815, she and fellow society members attended “very interesting and instructive” lectures on botany given by Dr. John Waterhouse “in the rooms of the Philosophical Society.” According to Jones, “We were regarded as . . . very strong-minded young women.” She noted, “Growing out of these lectures a committee was appointed to collect herbs, indigenous ones, for the poor.”⁹³ Jones connected botanical education with philanthropic healthcare.

The Female Society’s records also narrate the poverty experienced by women in the early republic, often precipitated by illnesses and disability of parents, partners, and family members. Widowhood could begin a downward spiral toward poverty. Ann Parrish’s extant journal from the 1790s provides a glimpse of the society’s healthcare related work into the nineteenth century. For example, while making a house call, Parrish found “the widow Agnew’s children in the measles—her sister Bradshaw verry poorly herself.” Elizabeth Mull was found to be “much indisposed.” Between the lines of terse

⁹² For Ann Parrish and the Female Society of Philadelphia for the Relief and Employment of the Poor, see *Visitations of the Sick, 1796*, Parrish Collection, box 5, bound volumes, #1653, Parrish Family Papers, 1614–1874, HSP. For Euro-American and African American women’s involvement in Philadelphia reform movements, see Bruce Dorsey, *Reforming Men and Women: Gender in the Antebellum City* (Ithaca, NY: Cornell University Press, 2006), 11–35.

⁹³ Elizabeth W[etherill Jones] Leveck, *Recollections of Her Early Days* (Philadelphia: Printed for Her Children, 1881), 23–4, 40. My thanks to Susan E. Klepp for pointing out this reference. For Anne Parrish (1760–1800), see Haviland, “Beyond Women’s Sphere,” 423–4; Kathleen D. McCarthy, *American Creed: Philanthropy and the Rise of Civil Society, 1700–1865* (Chicago: University of Chicago Press, 2005), 30–5. Catharine Morris’ Wistar ancestors had originally emigrated from the German States; however, they became Quakers, and mixed with the more diverse Germantown community. It appears that Pennsylvania German women were less involved in reform.

entries, one reads the culture shock of young white middle-class women encountering the lived experiences of poverty and the broken dreams of women who simply sought subsistence for themselves and their families. For example, Morris provided details on “Braw, a young black woman” had carried her infant forty miles to Philadelphia in hopes of finding employment in domestic service, but was “disappointed in her expectation.” Even the skilled healer Anna Dalemoa Bellamy could not practice and earn income when afflicted with the dropsy. According to the journal, Bellamy “arrived here [in Philadelphia] sick and destitute.” Like the Lenape healer Hannah Freeman, Bellamy’s condition deteriorated, and she was admitted to the “poor house.”⁹⁴ However, at the Philadelphia Friends’ Almshouse, several older women made “a little money” cultivating medicinal roots and herbs in their cottage gardens. Even in grim conditions, healing skills could be part of subsistence strategies for women in economic distress.⁹⁵

Amid market cycles of boom and bust, the demand for consumer medical products in the 1810s and 1820s offered more fortunate women entrepreneurial opportunities. Patent medicines became consumer necessities, providing opportunities for women with apothecary skills, either in shops or through direct sales and marketing of home-produced or manufactured products. In Delaware County Pennsylvania, Ann

⁹⁴ Ann Parrish, *Visitations of the Sick, 1796*, Parrish Collection, box 5, bound volumes, #1653, HSP, 12, 23; Billy G. Smith, “The Institutional Poor: The Almshouse Daily Occurrence Docket,” in *Life in Early Philadelphia: Documents from the Revolutionary and Early National Periods*, ed. Billy G. Smith (University Park, PA: The Pennsylvania State University Press, 1995), 29–56; Simon Newman, *Embodied History: The Lives of the Poor in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2003), 16–39. For a comparison with women’s poverty in New York City, see Christine Stansell, *City of Women: Sex and Class in New York, 1789–1860* (New York: Alfred A. Knopf, 1987).

⁹⁵ Scharf and Westcott, *History of Philadelphia*, 1449–50.

Pearson and several other women sold Paschall's Golden Drops, a panacea that cured most ills. This was the medicinal created by Elizabeth Coates Paschall's brother John, the "alchemical" doctor. The secret remedy was handed down to his son, Dr. Henry Paschall, who manufactured Golden Drops and distributed the product among authorized women and men druggists.⁹⁶ For women who practiced as apothecaries and druggists, the early popular health and sexual reform movement produced more visible newspaper advertisements for herbal contraceptives, abortifacients, and contraceptive devices such as douches. By the late 1820s, contraceptives and abortifacients were widely marketed in pharmacies and dry goods shops, and drug companies hired women to sell contraceptive products to other women door-to-door. Female practitioners continued to be a source of women's health information and products.⁹⁷

The rise of the Thomsonian botanical movement in the late 1820s provided women healers with another venue to assert their healing authority. The movement was a backlash against physicians' "heroic" mode of extensive bleeding and purging, but ironically, Thomsonian practitioners' preeminent botanical was lobelia, used as a purge. Samuel Thomson, who founded the Thomsonian botanical movement, provided a genealogy that links the popular health movement to female healers. Thomson revealed that he learned his herbal skills as a youth on botanical excursions in the countryside with

⁹⁶ "Paschall's Golden Drops," broadside, early nineteenth century, box C, 10, #3, DCHS.

⁹⁷ Klepp, *Revolutionary Conceptions*, 276–8; Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 13–16; Janet Farrell Brody, *Contraception and Abortion in Nineteenth-Century America* (Ithaca, NY: Cornell University Press, 1994); Hilary Marland, *The 'Doctor's Shop': The Rise of the Chemist and Druggist in Nineteenth-Century Manufacturing Districts in Louise Hill Curth, From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Burlington, VT: Ashgate, 2006), 79–104.

his village's healer, the Widow Benton. His experiences pointed to an apprenticeship model for training lay healers that crossed lines of gender. The popular Thomsonian movement of the 1820s–1840s reprised earlier populist arguments regarding the accessibility and affordability of healthcare. Thomson protested physicians' exorbitant fees and noted that the most educated physicians congregated in cities, leaving rural areas underserved. He also emphasized the safety and efficacy of self-diagnosis and medication. The novel practice based on the teaching of a female village healer provided a new impetus for women's roles as herbal healers.⁹⁸

The Thomsonian movement was only the beginning of a wave of new medical theories and practitioners. As “regular” physicians faced new challenges from homeopaths, osteopaths, and hydropaths, they were relegated to being called mere allopaths. Like the Thomsonians, homeopathic physicians were more open to women as practitioners than allopaths. For example, homeopathic Quaker physicians supported Hannah Longshore's work to create a medical school for women in Philadelphia at mid-century.⁹⁹ As in the past, patients had no assurances regarding the qualifications of their healthcare providers or the safety and efficacy of the remedies that they proffered. The

⁹⁸ For Samuel Thomson (1769–1842) and the Thomsonian Movement, see John S. Haller, Jr., *The People's Doctors: Samuel Thomson and the American Botanical Movement* (Carbondale: Southern Illinois University Press, 2001); Martha M. Libster, *Herbal Diplomats: The Contribution of Early American Nurses to Nineteenth-Century Health Care Reform and the Botanical Movement* (West Lafayette, IN: Golden Apple Publications, 2004), 40–9; William G. Rothstein, “The Botanical Movements and Orthodox Medicine,” in ed. Norman Gevitz *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988), 42–6; Ronald L. Numbers, “Do-It-Yourself the Sectarian Way” in Ruth J. Abram, *Send Us a Lady Physician: Women Doctors in America, 1835–1920* (New York: W. W. Norton & Company, 1985), 43–7; Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Expert's Advice to Women* (New York: Anchor, 2005), 60; Young, *Toadstool Millionaires*, 44–57.

⁹⁹ Anne Taylor Kirschmann, *A Vital Force: Women in American Homeopathy* (New Brunswick, NJ: Rutgers University Press, 2004), 8–26.

“allopathic” medical community only complicated the picture when “diploma mill” medical schools sprang up throughout the expanding United States, churning out physicians with uncertain education and experience in as short a time as three months.¹⁰⁰ Consumers who remained unclear regarding what constituted a physician continued to seek care from reputable women practitioners with a record of successful cures. A successful healing practice still required developing personal credibility and winning the hearts and minds of patients. Nonetheless, there were limits to notions of equality in the “Quaker City” and its environs. For the majority of African American and American Indian healers, healing continued as a site of cultural persistence and as a source of income, as it was for lower-class white women. Still, these healers were valued by people within their communities and by others who sought their expertise.

Conclusion: Remarkably Unremarkable Healers

What is remarkable about the extant medical recipes books and recovered anecdotes about the female healers collated in this chapter is that these skilled women are so unremarkable. These remembered stories, personal letters, or medical recipe book entries are records of daily healthcare practices that are so mundane, they are hardly worth calling history. Indeed, they have not been integral to standard histories of medicine. A typical encounter between young Dr. Benjamin Coates and Ann Booth, a female healing adept mentor, happened to be recorded in a letter, retained, and then buried in a collection of family papers. Susanna Müller’s pharmaceutical practice was

¹⁰⁰ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 30–59.

recorded as a sidebar to a humorous family story that focused of her son's 140-mile ride to Philadelphia in only two days. Random broadsides kept by local history museums raise more questions than they answer. What were the healthcare practices and lived experiences of the women behind the advertisements for Hannah Lee's Pills, Paschall's Golden Drops, and Sarah Coates' "ANATOMY, PHYSIOLOGY, AND HYGIENE" lectures? How many printed ephemera advertising women's healthcare activities as well as women's medical recipe books have been lost? What did teaching her African American sisters about women's physiology mean to Sarah Mapps Douglass as she worked with her community to battle increasing racism and social marginalization? Beneath the mantle of her later Lady Bountiful benevolence, one wonders what a typical day was like for Elizabeth Marshall, as she managed inventory, assessed market conditions, oversaw apprentices, developed a manufacturing business, and created new pharmaceuticals. These snapshots represent only a fraction of literate women whose documents were lost or never kept or nonliterate women whose skilled medical practices were part of verbal and tactile healing cultures.

What is clear is that by 1830, Delaware Valley women of various classes and ethnicities were poised to take full advantage of the next wave of the popular health movement. Fragments of evidence presented in this chapter suggest a vibrant culture of women healing adepts, who could deploy their skills as health educators, doctresses, druggists, patent medicine vendors, herb sellers, Thomsonian practitioners, homeopathic physicians, and water cure providers. Others continued to care for their families and communities as Ladies Bountiful or as village healers. A renewed effort to democratize

medical practice circumvented allopathic physicians' ongoing attempts to achieve medical hegemony, and a mass consumer print and pharmaceutical culture continued to provide opportunities for women entrepreneurs across a continuum of business models. In the early nineteenth century, women healers in the Delaware Valley built on previous generations' authoritative healing practices and continued to find in healthcare practices personally and economically rewarding alternatives to the restrictive cult of domesticity, dependence, and republican motherhood.

CONCLUSION

In 1850, the Female Medical College of Pennsylvania's first women graduates listened avidly while their commencement speaker, Dr. Joseph Longshore, celebrated their achievements as a "new and momentous enterprise" and "an eventful epoch in the history of your lives, in the history of woman."¹⁰¹ As Longshore emphasized, the graduates demonstrated that "woman's intellect is fully capable of grasping and comprehending, in a pre-eminent degree, all the various branches comprised in a thorough medical education." He explained that their achievements defied the longstanding belief that women were "intellectually and physically inferior to man." According to Longshore, after treading "the rugged paths of science," the women graduates could look "from behind the impenetrable fortress of scientific attainment" with "well founded confidence."¹⁰² As she listened to her brother-in-law's speech, Dr. Hannah Myers Longshore likely reflected on her early interest in medicine and science as a girl growing up in a progressive Quaker family in the 1820s.

After her marriage to Thomas Longshore in 1841, and following the birth of her two children, Longshore had apprenticed with Dr. Joseph Longshore in Attleboro, Pennsylvania, northeast of Philadelphia. Joseph Longshore and other Quakers supported Hannah's efforts to create an institution that would provide professional legitimacy for women healthcare practitioners. Her classmate, Ann Preston, had also had been interested

¹⁰¹ Joseph S. Longshore, *Valedictory Address Delivered before the Graduating Class at the First Annual Commencement of the Female Medical College of Pennsylvania* (Philadelphia: Published by the Graduates, 1852), 3, 5; Steven J. Peitzman, *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania, 1850–1998* (New Brunswick, NJ: Rutgers University Press, 2000), 5–22, 45–55.

¹⁰² J. Longshore, *Valedictory Address*, 7.

in medicine during her childhood in a Quaker community in Chester County, Pennsylvania, and she apprenticed with a physician for two years before entering medical school. Both women began their healing careers as health education lecturers, teaching physiology and hygiene classes. Their commitment to health reform was interwoven with their activism for women's rights, female education, abolition, and temperance. Within a few years after graduation, Preston was appointed professor of physiology at the Female Medical College, and Hannah Longshore taught anatomy. Preston also supervised the creation of a nurses' training school.¹⁰³

In 1855, it was Dean Ann Preston's turn to address the incoming class of students at the Female Medical College in Philadelphia. Preston offered encouragement to the women embarking on a "new and untried course."¹⁰⁴ The traditional history of women in medicine often begins with the founding of the Female Medical College and the battles that women physicians like Preston and Longshore faced as male doctors attempted to impede their professional medical training and to marginalize their

¹⁰³ For Ann Preston (1813–1872), and Hannah E. Myers Longshore (1819–1901), see Peitzman, *New and Untried Course*; 8–17, 45–55; Ruth J. Abram, "Introduction," in *Send Us a Lady Physician: Women Doctors in America, 1835–1920*, ed. Ruth J. Abram (New York: W. W. Norton, 1985); Regina Markell Morantz-Sanchez, *Sympathy & Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 28–50; Susan Wells, *Out of the Dead House: Nineteenth-Century Women Physicians and the Writing of Medicine* (Madison: University of Wisconsin Press, 2001), 57–79, 122–45. Ann Preston helped to found the Woman's Hospital of Philadelphia in 1861. In 1863, she instituted the first chartered school of nursing in the United States. The Ann Preston, M.D., Papers, 1831–1880, and the Longshore Family Papers, 1819–1902, are held at Drexel University College of Medicine, Legacy Center: Archives and Special Collections on Women in Medicine and Homeopathy.

¹⁰⁴ Ann Preston (1813–1872), "Introductory Lecture to the Course of Instruction," Female Medical College of Pennsylvania, 1855 quoted in Peitzman, *New and Untried Course*, 1.

practices.¹⁰⁵ However, their “new and untried course” was just a more obvious signpost on a well-trodden path. Longshore and Preston had precedents in other women who had expanded gendered boundaries in healthcare. Female Medical College professors and students stood on the shoulders of innumerable Delaware Valley women who had practiced as doctresses and apothecaries, as well as Quaker ministers who had pioneered spaces for women’s authoritative presence in public.

The obstacles that Female Medical College graduates faced, as delineated by Drs. Ann Preston and Joseph Longshore, would have been familiar to female healers of previous generations. The challenges for mid-century women physicians were consistent with the themes narrated in this dissertation. Longshore’s speech addressed issues related to the increasing authority of science and the need to balance healthcare benevolence with medical economics. Preston’s lecture underscored the continued importance of supportive female healthcare networks for women physicians. In her role as dean of the medical college, Preston recognized the medical marginalization of women of color, and she encouraged African American and American Indian women to attend medical lectures. Women interested in the healthcare professions would continue to follow their foremothers’ examples in appropriating new sources of healing authority.

Dr. Joseph Longshore and the first graduating class understood the importance of imbuing their medical work with the authority of science, just as Elizabeth Coates

¹⁰⁵ For Sarah Mapps Douglass (1806–1882), see Jean Soderlund, “Priorities and Power: The Philadelphia Female Anti-Slavery Society,” in *The Abolitionist Sisterhood: Women’s Political Culture in Antebellum America*, ed. Jean Fagan Yellin and John C. Van Horne (Ithaca, NY: Cornell University Press, 1994), 67–88; Margaret Hope Bacon, *Sarah Mapps Douglass, Faithful Attender of Quaker Meeting: View from the Back Bench* (Philadelphia: Quaker Press, 2003).

Paschall had sought out new information on the body and the sciences to enhance her healing practice. Paschall witnessed the emergence of the authority of anatomy in mid-eighteenth-century Philadelphia along with the controversies over the dissection of human corpses. A century later, knowledge of anatomy through dissection was more accepted as the skill that differentiated learned physicians from non-physicians.¹⁰⁶ Dr. Hannah Longshore recognized the importance of her post as Professor of Anatomy. She braced for the backlash from male physicians, which her brother-in-law described as “the thousand tongues of calumny ... ever busy to blast your reputations.”¹⁰⁷ Although Joseph Longshore’s commencement speech situated the women physicians within a bastion of “scientific attainment,” he recognized that critics would continue to challenge women’s intellectual capabilities.

In his commencement address, Joseph Longshore also spoke to the problematic relationship between healthcare as an art that benefitted humankind and the business of medicine. He exhorted the graduating women physicians to “be attentive and charitable to the poor everywhere” and “refuse them not your services, because of their inability to compensate you.” However, he delineated limits to their roles as Ladies Bountiful. He continued, “But when the competent and wealthy require your services, let a full and fair compensation be demanded. ... You are as justly entitled to full fees as are your brethren

¹⁰⁶ Michael Sappol, *A Traffic in Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-century America* (Princeton, NJ: Princeton University Press, 2002), 74–97; John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Princeton, NJ: Princeton University Press, 1997); John Harley Warner and James M. Edmonson, *Dissection: Photographs of a Rite of Passage in American Medicine 1880-1930* (Jackson, TN: Blast Books, 2009).

¹⁰⁷ Longshore, *Valedictory Address*, 9.

of the profession.”¹⁰⁸ Joseph Longshore even launched into a discourse on the injustice of unequal pay for women. Margaret Hill Morris would have recognized the fine points of establishing a financially remunerative medical and apothecary practice while maintaining the benevolent values of Ladies Bountiful.

However, Joseph Longshore cautioned graduates, “Resort to no flaming or pretending advertisements” and he advised them to rely only on a simple business card. According to Longshore, blatant publicity was “evidence of empiricism, and will bring upon you the odium and opposition of the profession.”¹⁰⁹ Women pharmaceutical entrepreneurs would have to look elsewhere for affirmation of their continued practices, particularly since the Philadelphia College of Pharmacy excluded women. Quaker Lydia Pinkham exemplifies the possibilities for women looking to follow in the footsteps of apothecaries like Elizabeth Weed. Pinkham, a respected local healer from Lynn, Massachusetts, melded the knowledge in her manuscript recipe book with information in *The American Dispensatory* to create her Lydia Pinkham’s Vegetable Compound. Like Elizabeth Weed and Hannah Lee, Pinkham was adept at marketing. Her motherly face, which adorned her Vegetable Compound packages, invited women to purchase her product to cure “female complaints.” Pinkham’s medicine became one of the bestselling proprietary pharmaceuticals in the nineteenth and early twentieth century. Savvy

¹⁰⁸ J. Longshore, *Valedictory Address*, 12.

¹⁰⁹ J. Longshore, *Valedictory Address*, 14.

businesswomen could still adapt to a changing consumer market to create income-generating products.¹¹⁰

Joseph Longshore encouraged the medical students to avoid placing themselves in the role of handmaidens to physicians. In their relationships with male doctors, he advised, “Do not, because you are women, regard yourselves as inferior, or your judgment of less value.”¹¹¹ He exhorted, “Have nothing to do with the duties of the nurse ... further than to exercise supervision, give directions and require obedience.” As Longshore explained, women physicians were “directed towards a higher and more responsible position than a performer of the mere drudgery of the invalid’s chamber.”¹¹² Women graduates like Ann Preston imbibed values that created boundaries between diagnostics, prescribing, and personal nursing care, which Margaret Hill Morris and Mary Watters would not have recognized. In attempting to gain a foothold in the medical profession, women physicians reified hierarchies of medical authority that placed doctors’ expertise as preeminent. The subsequent professionalization of nursing created new conflicts over the boundaries between the authority of nurses and that of physicians.¹¹³

¹¹⁰ Autumn Stanley, *Mothers and Daughters of Invention: Notes for a Revised History of Technology* (New Brunswick, NJ: Rutgers University Press, 1995), 117–9; Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women’s Medicine* (New York: Norton, 1979).

¹¹¹ Longshore, *Valedictory Address*, 13.

¹¹² Longshore, *Valedictory Address*, 8.

¹¹³ Patricia D’Antonio, “The Legacy of Domesticity,” *Nursing History Review* 1 (1993): 229–46; Patricia D’Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010), 1–27.

However, as a Quaker and an abolitionist, Preston recognized African American women's rights to professional education. Sarah Mapps Douglass became the first African American student to attend the Female Medical College. Like Sarah Bass Allen, Douglass intertwined healthcare, benevolence, and abolitionist politics as part of her broader civil rights agenda. Euro-American women also continued to transition from Ladies Bountiful into healthcare professionals and reformers. However, the accounts of visits to impoverished families by "lady" reformers like Ann Parrish underscore the toll that ill health took on women and their families. Even skilled practitioners such as Hannah Freeman and Anna Dalemoa Bellamy faced racial prejudice in addition the disabilities caused by disease and aging. The successes of Margaret Hill Morris, Mary Watters, and the Female Medical College graduates should not obscure the limits of healing skills and medical authority in the face of women practitioners' personal and economic crises. Nonetheless, Lenape healer Elizabeth Harker Elmer exemplifies women who continued practicing their healing craft throughout the nineteenth century, and passing their skills down to female relatives. Elmer was remembered as a skilled practitioner who was an asset to her Lenape community in Bridgetown, New Jersey. In the early-to-mid-nineteenth century, as Delaware Valley families moved west to the Ohio Country and beyond, women adepts brought along their healing skills and knowledge, and literate women transported their manuscript medical recipe books.¹¹⁴ In western

¹¹⁴ For Sarah Mapps Douglass, see chapter 7. For Elizabeth Harker Elmer (1832–1915), see Joan N. Burstyn, ed., and Women's Project of New Jersey, *Past and Promise: Lives of New Jersey Women* (Syracuse, NY: Syracuse University Press, 1997), 135; Evelyn Stryker Lewis, *Neptune and Shark River Hills* (Charleston, SC: Arcadia Publishing, 1998), 20. See for example, Rappe Family Recipe Book, ca.

borderlands, Euro-American, African American, and American Indian women faced new challenges on healing frontiers.

This case study of the Delaware Valley region has recovered women's central role in the healthcare marketplace. Women healers adapted to the challenges posed to their practices by the introduction of new ideologies and cultures of science, medicine, capitalism, and domesticity. Practitioners of various classes and ethnicities adapted their practices as they found new sources of healthcare authority through female education in the sciences, manuscript authorship, access to medical print media, the culture of sensibility, and Quakers and Moravians' alternative gender norms. Building on a longstanding foundation of recognized female practitioners, medically skilled women continued to fashion healing authority by participating in mutually affirming exchanges of medical information while they embraced novel ideas about science and medicine. As doctresses, herbalists, apothecaries, and druggists, women adepts empowered themselves by participating in an increasingly commercialized and consumer-oriented healthcare marketplace. Within this unregulated environment, women healers in the colonies and early republic challenged physicians' claims to a monopoly on medical knowledge and practice. The practitioners analyzed in this study represent a bridge between the

1810–1840, Doc. 512, Joseph Downs Coll., Winterthur. The Rappe family moved from Pennsylvania to Ohio in the 1820s, and the Rappe women kept a recipe book that reflects continuing interest in American Indian cures, recipes extracted from printed materials, reduced access to imported pharmaceuticals, and recipes that cured when physicians' treatments failed. Quaker Charity Rotch moved from Philadelphia to Ohio in the 1810s, and she continued to share news and healthcare information with the Quaker community in Philadelphia. See, for example, Mary R. Morton (Philadelphia) to Charity Rotch (Massillon, OH), August 4, 1820, Massillon Public Library Digital Collections, Thomas and Charity Rotch Documents, www.massillonmemory.org. Accessed August 27, 2013.

recognized and skilled women healers of the seventeenth century and the female healthcare professionals of the nineteenth century.

In addition, these women's narratives speak to issues that reverberate into the twenty-first century. Just as women's recipe books are more than mere domestic trivia, recovering the experiences and practices of women healers within their cultural context is not simply an antiquarian exercise. A recent *New York Times* article titled, "Why are There Still so Few Women in Science?" reflects the long history of women's marginalization in fields of study that form the basis for healthcare related jobs.¹¹⁵ The "fortress of scientific attainment" can still be daunting to young women in the United States. A study investigating the dearth of women in science, technology, engineering, and math (STEM) fields attributed ongoing problems attracting women students into these disciplines to students' ignorance regarding women's past contributions in science-related fields. The findings underscored the importance of historical role models for women, and emphasized foregrounding the history of women in the sciences at all educational levels.¹¹⁶ My research contributes to this pedagogical conversation by writing women healers back into the narrative of early American history, and demonstrating their continued engagement with changing healthcare knowledge and practices.

¹¹⁵ Eileen Pollack, "Why Are There Still so Few Women in Science?" *New York Times*, October 3, 2013. http://www.nytimes.com/2013/10/06/magazine/why-are-there-still-so-few-women-in-science.html?_r=0&pagewanted=print. Accessed November 14, 2013.

¹¹⁶ Heidi Reeder, Patricia A. Pyke, Lynn Lubamersky, and Seung Youn Chyung, "Perceptions about Women in Science and Engineering History," *Proceedings of the 2012 American Society for Engineering Education Annual Conference* (2012). <http://www.asee.org/public/conferences/8/papers/3444/view>. Accessed February 11, 2013.

**ABBREVIATIONS FOR SOURCES FROM
SELECTED ARCHIVES**

APS	American Philosophical Society, Philadelphia, PA
BCHS	Burlington County Historical Society, Burlington, NJ
CCHS	Chester County Historical Society, West Chester, PA
CPP	College of Physicians Philadelphia, Philadelphia, PA
DCHS	Delaware County Historical Society, Chester PA
FHL	Friends Historical Library, Swarthmore College, Swarthmore, PA
HQSC	Haverford College Quaker Special Collections, Haverford, PA
HSP	Historical Society of Pennsylvania, Philadelphia, PA
LCP	Library Company of Philadelphia, Philadelphia, PA
NLM	National Library of Medicine, Washington, DC
PRBSC	Princeton University Rare Books and Special Collections, Princeton, NJ
UPRBM	University of Pennsylvania Rare Book and Manuscript Library, Philadelphia, PA
WML	Winterthur Museum and Library, Wilmington, DE

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Wyck Association Collection

British Library, London, UK

Medical and Culinary Manuscript Recipe Book Collections

Burlington County Historical Society Library, Burlington, NJ

Gummere Collection

Medical and Culinary Manuscript Recipe Book Collection

Chester County Historical Society, West Chester, PA

Buffington Marshall Papers, 1707–1876

Hannah Freeman File

Manuscript Medical Recipe Books and Loose MS Recipes Collection

Paschall Family Manuscripts

Pennock Family Papers, Recipe Books

College of Physicians, Philadelphia, PA

Elizabeth Coates Paschall, Manuscript Recipe Book, ca. 1749–1769

Manuscript Recipe Book, ca. 1790s, attributed to Beulah Paschall

Thomas and Phineas Bond, Co-Partnership Ledger Books, 1751–1770

Whitfield J. Bell, Jr.—Dr. John Morgan Collection

Delaware County Historical Society, Chester, PA

Broadside advertisement for “Paschall’s Golden Drops,” early nineteenth century

Manuscript Recipe Books

Hannah Garrett, Her Book, and Nathan Garrett, His Book, ca. late eighteenth century

John Knowles Receipt Book, mid-eighteenth century

Friends Historical Library, Swarthmore College, Swarthmore, PA

Paschall Family Papers, Ann Paschall Jackson Papers

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Diaries and Manuscript Books
Edward Wanton Smith Collection
George Vaux Collection
Gulielma M. Howland Collection
Hoskins-Warder Scrapbook of Letters and Documents
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University of Pennsylvania Rare Book and Manuscript Library, Philadelphia, PA
Edgar Fahs Smith Papers
Manuscript Recipe Book Collection
Papers of Dr. John Morgan
Papers of Dr. William Shippen
Thomas Nevell's Day Book, 1762–1785

Wellcome Library, London, UK
Medical and Culinary Recipe Book Collection
Thomas Corbyn, Foreign Letter-book, 1741–1755

Winterthur Museum and Library, Wilmington, DE
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Joseph Downs Collection of Manuscripts and Printed Ephemera
Manuscript Medical and Culinary Recipe Book Collection
Stephen Paschall Business Receipt Book
Trade Labels
William Ball Collection

Newspapers/Selected City Directories

Newspapers

American Daily Advertiser (Philadelphia)
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Columbian Gazetteer (New York City)
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