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Susan H. Brandt’s *Women Healers: Gender, Authority, and Medicine in Early Philadelphia* leverages close readings of underused sources to reveal the long tradition of women's healing work in the greater Philadelphia area and contributes to the substantial scholarship on eighteenth-century female medical practitioners by looking across gender, class, and race lines. Brandt asks important questions about how these practitioners constructed authority and argues that they did so by mobilizing information networks, manuscript authorship, science education, entrepreneurship, health reform, and medical print media. Her eclectic cast of female healers dynamically harnessed the wider social, political, and economic changes of the late eighteenth century for their own benefit. Brandt, unfortunately, fails to capitalize on her substantial evidence to situate her findings in the wider eighteenth-century scientific and medical context and thereby limits the historiographical impact of her work.

Brandt begins her study by sketching two eighteenth-century caricatures of female healers, Lady Bountiful and the “old wives.” Lady Bountiful denoted the white wealthy woman who deployed her considerable social and economic resources for charitable healing work, while the pejorative “old wives” described women of a lower social status who charged for their work. Brandt describes how these representations have obfuscated the lived experiences of healers and rightly stresses the need for historians to look beyond them. But for caricatures with which Brandt would like to dispense, she invokes them frequently: for example, she states, "to modern readers, crushed snails and their slime might seem to invoke the magical potions of ‘old wife’ healers" (p. 28).

Chapters 1 and 2 elucidate the social networks of female healers: the familial connections and religious relationships of Gulielma Springett Penn and the economic links of Elizabeth Coates Paschall. These social relationships bolstered women’s medical authority and frequently crossed gender, class, and racial lines. Chapter 3 centers on Hannah Freeman, a Lenape woman, whose
healing knowledge and skill enabled her “cultural and geographic persistence” in the face of colonization (p. 65). In a particularly notable moment, Moravian female healers revitalized the Treaty of Easton by keeping the Lenape interpreter William Tatamy alive long enough (weeks) to negotiate and sign the treaty after being fatally shot. This account appears within a wider discussion of “medical diplomacy” where cross-cultural exchanges of recipes and healings became important nodes in webs of political alliances.

Turning to “mid-eighteenth-century Enlightenment science,” chapter 4 argues that, in the settler-colonial context, natural philosophy became a collective enterprise that relied on a diverse array of actors to gather information about the natural world. Quakers’ commitment to gender equality and female education facilitated women’s entrance into science and medicine. Brandt, however, lets this concept of “Enlightenment science” remain stable and unequivocal. Work by such scholars as Mary Terrall, Londa Schiebinger, and Paula Bertucci have expanded our views of the practices, locations, and actors that produced scientific knowledge in the eighteenth century.[1] Science of the period was more than “logical thinking and mathematical reasoning deployed to solve medical, social, and political problems” (p. 89). “Enlightenment science” was far from a homogenous field and internal bickering prevailed. Science took on an increased public presence during the century; it became public knowledge and women were significant consumers and innovators.[2] In this chapter, Brandt adds another layer to our understanding of women’s participation through her study of the book-lending activities of the Library Company but misses the opportunity to mobilize her compelling evidence to nuance and expand our definition of “Enlightenment science.”

The next two chapters explore the economic practices of healing work. Chapter 5 argues that female medical entrepreneurs used their healing skills as “economic assets” to endure the hardships and shortages of the Revolutionary War and the shift to market capitalism (p. 119). Meanwhile, chapter 6 contends that patent remedies supported female practitioners’ reputation building in the early republic. The 1793 yellow fever epidemic in Philadelphia has received significant attention from historians, but most consideration surrounds the men involved—Benjamin Rush, Richard Allen, and Absalom Jones. Chapter 7 highlights Sarah Bass Allen, nurse for the Free African Society involved in caring for the ill during the epidemic. Brandt uses Bass Allen’s story to maintain that the Free African Society nurses marshalled conceptions of compassionate care to argue for the place of African Americans in narratives of national belonging. Their healing work supported their claims of religious power, political legitimacy, and antislavery resistance. Brandt completes her study with a chapter on the new challenges to female healers brought by the ideology of republican motherhood. The unregulated medical marketplace provided space for women healers to adopt or reject aspects of this culture of domesticity to support their medical authority. The ideals of domesticity, Brandt argues, still led, in part, to the historical amnesia surrounding women’s healing work.

Women Healers would have benefited from deeper engagement, beyond token citations, with the long tradition of scholarship on women’s healing practices in early modern and eighteenth-century Europe. Striking omissions include Alisha Rankin’s Panacea’s Daughters: Noblewomen as Healers in Early Modern Germany (2013) and Sharon Strocchia’s Forgotten Healers: Women and the Pursuit of Health in Late Renaissance Italy (2019). By contextualizing her work within this larger field, Brandt would have been able to clarify the case for her own contribution and would have added nuance to her common refrain that female healers remain “understudied” or are hidden (p. 4). The reader naturally asks such questions as “forgotten by whom?” and “erased from where?” but finds no satisfactory answers. As
Brandt properly illustrates, the women of the larger Philadelphia area and their medical work were central to the survival and health of their communities. Their memories often live on, just not necessarily in the pages of mid-twentieth century history of medicine monographs. By the end of the twentieth century, however, the study of female medical practitioners had emerged as a vibrant and active scholarly field; Brandt ignores too much of this recent corpus of scholarship. In the end, Brandt convincingly demonstrates the long tradition of female healers in early American history but sells herself short by not articulating the distinctiveness of her cases.

The strength of Brandt's study lies in her diverse source material. She uses recipe books and personal letters to great effect to establish that male practitioners failed to monopolize medicine. She uncovers practitioners of various class positions and racial and ethnic identities. We learn about specific therapeutics, such as an indigenous practice of using North American elder trees to cure a whitlow (an infected fingertip). We see how Paschall collected recipes from male physicians, elderly women, servants, and African American healers. Such examples illustrate the prevalence of cross-cultural medical exchange and challenge any reductionist claims about early modern female healers. Brandt's ability to carefully reconstruct female healers' practices through recipe books and private letters adds important insight into their lived experiences. In fact, Women Healers' clear prose and compelling subjects offer opportunities for undergraduate teaching. Each chapter can stand alone and explores one central thematic topic (religion, diplomacy, patent remedies, etc.). Brandt recounts stories that would capture the attention of students and enliven eighteenth-century medicine.

Notes


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