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I arose and gave him mint water, he is better today :  
a re-evaluation of women's roles in domestic  
medicine using the diary of Elizabeth Sandwith  
Drinker, 1750-1830

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"I Arose and Gave Him Mint Water, He Is Better Today:"

A Re-evaluation of Women's Roles in Domestic Medicine  
Using the Diary of Elizabeth Sandwith Drinker,  
1750-1830

by

Catherine Teets-Parzynski

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in

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## ABSTRACT

The diary of Elizabeth Sandwith Drinker, which she kept from 1758 to 1807, offers a unique opportunity to study how one upper-class Quaker woman struggled with illness and injury in colonial Philadelphia. Drinker's near obsessive concern with the health of her family, friends, and neighbors can be traced through her almost daily diary entries. Her transformation from a socially outgoing young woman to a diligent wife and mother, and finally to a capable homebound healer is a captivating story. Drinker's private remarks reveal that at least this woman's interactions with the male medical community were characterized by respect and positive exchange, as opposed to the adversarial interactions described by some historians.

By looking at receipt/recipe books, correspondence, diaries and the advice literature of Drinker and her contemporaries, this thesis demonstrates how Drinker defies the existing narrow paradigms for colonial women healers. She was a dedicated mother intimately involved in every aspect of her children's lives, and by the end of the eighteenth century she was helping to raise and care for her children's children. Drinker also dedicated a great deal of her time and skill to helping other women. When Susannah Swett was no longer able to live independently as a result of old age, Drinker took her in until suitable accommodations could be found. And when Hannah Shoemaker was suffering through breast cancer, it was Elizabeth who helped her through her mastectomy.



In Drinker's diary historians have a chance to see a female caregiver not as one of a dying breed of domestic healers or as a woman relegated to her own "sphere." Instead, Elizabeth Sandwith Drinker comes across as a concerned spouse, parent and friend who unreservedly helped the people she cared about to the best of her abilities, even if that involved going to a male physician for advice and assistance. While the existing models of women's roles in healing portray women as either secondary attendants or midwives involved in mortal combat with the male medical community, Elizabeth Drinker was neither. She dealt with a wide variety of illnesses on her own, or called in a physician if she felt his presence was warranted. She regarded the male healers around her as her equals, and they reciprocated. Why? Because in colonial Philadelphia she was just as likely to be right as they were.

## INTRODUCTION

The literature concerning women's roles in the colonial period has been shaped to a large degree by the work of Elisabeth Anthony Dexter. Dexter, in her seminal study *Colonial Women of Affairs*, maintained that women in the colonial period enjoyed a greater degree of autonomy and economic freedom than their descendants in the nineteenth century.<sup>1</sup> Expanding upon this idea, Barbara Welter discussed how women went from participating in diversified occupations such as shopkeeper, butcher, tavernkeeper, and tanner, to being circumscribed by the Cult of Domesticity. Ruled by the principles of piety, purity, submissiveness, and domesticity, women were chained to the narrow confines of home and hearth by domineering husbands.<sup>2</sup> Since Dexter's time a great deal of ink has been spilled over whether or not the colonial period was really a "golden age" for women.

Women's essential participation in domestic medicine, in particular, has of late begun to receive the attention it deserves. Take for example, Laurel Thatcher Ulrich's captivating study of midwife Martha Ballard. Unfortunately, the discussion of domestic healers has, for the most part, remained narrowly fixed on women's roles as midwives.<sup>3</sup> Their participation in

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<sup>1</sup> Elisabeth Anthony Dexter, "Colonial Women of Affairs" *A Study of Women in Business and the Professions in America Before 1776* (Boston: Houghton Mifflin Company, 1924), 1-57.

<sup>2</sup> Barbara Welter, "The Cult of True Womanhood," *American Quarterly* 18 (1966), 152.

<sup>3</sup> Ulrich does deal with Martha Ballard healing outside of the delivery room in *A Midwife's Tale: The Life of Martha Ballard, Based on her Diary, 1785-1812* (New York: Vintage Books, 1990), 40. Ellen G. Gartrell also attempted to move beyond the midwife paradigm in her article "Women Healers and Domestic Remedies in Eighteenth Century America: The Recipe

healing besides midwifery has largely been ignored. There are two positions shaping the discussion of midwifery in particular, and domestic medicine in general. The first may be referred to as the Model of Exclusion. This position asserts that women had traditionally managed childbirth; by the mid-nineteenth century however, they were effectively forced out of their one medical stronghold, midwifery, by a united male medical profession bent on using obstetrics as a springboard to lucrative practices.

An extreme example of this model is the popular work of feminists Barbara Ehrenreich and Deirdre English. In their book *For Her Own Good: 150 Years of the Experts' Advice to Women* they pose the relationship between male and female healers in the following terms:

The historical antagonist of the female lay healer was the male medical professional ... While the female lay healer operated within a network of information sharing and mutual support, the male professional hoarded up his knowledge as a kind of property, to be dispensed to wealthy patrons or sold on the market as a commodity. His goal was not to spread the skills of healing, but to concentrate them within the elite interest group which the profession came to represent.<sup>4</sup>

Jane Donegan, in her more scholarly work *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America*, argued with

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Book of Elizabeth Coates Paschall," New York State Journal of Medicine (January, 1987), 25-26.

<sup>4</sup> Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Books, Doubleday, 1978), 34.

more evidence and less emotion that women had been displaced from midwifery and healing by male practitioners.<sup>5</sup>

The second position may be called the Model of Quiet Persistence. This model stresses that while elite women did turn to male doctors, women remained the principal medical caregivers for the rest of society primarily because of the affordability of their services which were comparatively inexpensive.<sup>6</sup> In fact, these scholars stress that today "in many parts of the world, near and far, even in the centers of bustling cities, folk medicine is a living art and a normal way of life for millions of people."<sup>7</sup> Although the Model of Quiet Persistence comes closer than the Model of Exclusion to describing the reality of women's involvement in domestic medicine, it has so far not been utilized to its full potential. Its historians focus on midwifery rather than on the other activities of women healers, primarily because women's participation in midwifery was widely debated and therefore well documented.

This paper argues that as historians interested in domestic medicine in early America, we have to move beyond the

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<sup>5</sup> Jane Donegan, *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, Connecticut: Greenwood Press, 1978), 4. Catherine M. Scholten's *Childbearing in American Society, 1650-1850* (New York: New York University Press, 1985) devotes a chapter to this very topic.

<sup>6</sup> Sharon A. Sharp, "Folk Medicine Practices: Women as Keepers and Carriers of Knowledge." *Women's Studies International Forum*, Vol. 9, No. 3. (Great Britain: Pergamon Journals Ltd., 1986), 243.

<sup>7</sup> Julia Morton, *Folk Remedies of the Low Country* (A. E. Seemann, Miami, 1974), 13. Judith Walzer Leavitt discussed in detail the socio-economic factors that have contributed to women's medical choices from the colonial period to modern day. Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986), 200-201.

focus on women healers' involvement in childbirth. Elizabeth Sandwith Drinker, as revealed through her almost daily diary entries from 1758 to 1807, defies placement into either of the two popular models just discussed. Not only did she demonstrate a definite aversion to participation in childbirth as a healer, she interacted with the male medical community in a decidedly nonadversarial manner.<sup>8</sup> The health care choices she made were controlled by her life cycle, her personal health, and by the health of her patients. By looking at her diaries we are able to see women healers as their families, friends, and neighbors saw them, as respected and necessary disseminators of medical advice and aid.

#### Historical Background: Medical Knowledge Between 1500 and 1850

Medical knowledge during Elizabeth Sandwith Drinker's lifetime (1735-1807) was a strange pastiche of science, superstition and common sense. The teachings of the great Greek physicians still exerted a great deal of influence. Hippocrates ( $\approx$  460 to 377 B.C.) and Galen (A.D. 130-201) were the principal philosopher-physicians still relied upon in Elizabeth's day. Hippocrates conceived of the body in a holistic manner. Health was considered to depend upon a harmonic combination of humors (*eucrasia*), while disease resulted from an unbalanced combination of humors (*dyscrasia*). To cure a humoral imbalance the physician could resort to any one of a variety of techniques. The primary method of treatment revolved around

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<sup>8</sup> Elaine Forman Crane, ed. *The Diary of Elizabeth Drinker, Vol. I - III* (Boston: Northeastern University Press, 1991), 893.

manipulating the diet through purging and vomiting.<sup>9</sup> Humors might also be regulated through sweating and bloodletting. If these methods failed to bring about relief, drugs were tried. Surgery, as always, was the last resort.

Galen of Pergamum was the last of the great Greek medical thinkers, and it was his medical philosophy that dominated practice well into the nineteenth century. He too subscribed to an essentially humoral theory of health. His therapeutics were schematic, in that he proposed the use of "cold" remedies for "hot" diseases and vice versa. He, unlike Hippocrates, had no qualms about an abundant use of drugs and bloodletting. In his commitment to polypharmacology he might include up to twenty-five drugs in one prescription. Thus his "blunderbuss" approach to medicine is easily recognizable in the homemade treatments and elixirs of Elizabeth Drinker's diary. Galen was also a proponent of the idea of "laudable pus." This theory, which maintained that every wound must produce some discharge to heal properly, was instrumental in delaying the discovery of asepsis until the nineteenth century.

During the medieval period (roughly 500-1300) in Europe, the practice of medicine as therapeutics (the branch of medical science that deals with the application of remedies to diseases) developed separately from the practice of surgery. Not only were physicians separated from surgeons, but those who compounded medicine, or apothecaries, developed their own

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<sup>9</sup> Erwin H. Ackerknecht, *A Short History of Medicine* (New York: The Ronald Press Company, 1955), 55.

distinct subfield. Physicians were often members of the clergy who had no practical hands-on experience in treating the sick. Actual medical practice, therefore, fell into the hands of a variety of irregular male and female practitioners. Female practitioners carved out a significant niche for themselves as midwives. Although most of these women had little if any formal training, they officiated at the majority of normal births well into the nineteenth century.<sup>10</sup>

A great deal of classical medical knowledge was lost during the Middle Ages. Not until the Renaissance, with its resurgence in interest in classical texts, was medicine able to move beyond the superstition and prayer that was perpetuated by medieval physicians with clerical backgrounds. Men like Andreas Vesalius (1514-1564) and Philippus Aureolus Theophrastus Bombastus von Hohenheim (1493-1541), more simply known as Paracelsus, made strides beyond the Galenic tradition. Vesalius endeavored to re-establish the link between medicine and surgery that had been severed during the Middle Ages. Paracelsus was revolutionary in his beliefs that diseases had specific causes and therefore had specific remedies. He introduced lead, sulfur, iron, arsenic, and opium (in the form of laudanum), into the traditional pharmacopoeia. This last was to become a widely used and abused curative throughout the world.<sup>11</sup> But while both men were able to demonstrate inconsistencies within Galen's

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<sup>10</sup> Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986), 15.

<sup>11</sup> Ackerknecht, 97.

methodology, neither man was able to come up with a superior system, and thus Galen's ideas remained dominant.

During the sixteenth century medical knowledge expanded greatly. This was due largely to the fact that the passive observational techniques of the previous century were abandoned in favor of hands-on experimentation. This trend towards active experimentation culminated in William Harvey's (1578-1657) discovery of the circulation of the blood. Marcello Malpighi (1628-1694) extended Harvey's work with his discovery of capillaries. Anton Von Leeuwenhoek (1632-1723) pioneered the field of bacteriology when he produced the first descriptions of bacteria through his use of the microscope.<sup>12</sup> Thomas Sydenham (1624-1689), perhaps best known for his work on gout, continued in the tradition of Paracelsus by attempting to compile a strict classification of disease. His belief in the individual nature of disease made him receptive to the notion that individual diseases might have specific cures. His support of quinine as a specific cure for malaria, a cure that produced no "evacuations" or "laudable pus," greatly undermined traditional pharmacological and pathological theories.<sup>13</sup>

Erwin Ackerknecht has argued in *A Short History of Medicine* that a great deal of energy was wasted in the eighteenth century in the pursuit of a comprehensive medical system to replace those of Hippocrates or Galen. William Cullen (1712-1790), for example, organized his medical system on the

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<sup>12</sup> Ackerknecht, 103-117.

<sup>13</sup> King, 139.



notion that life is based upon a "nervous force." His student, John Brown (1735-1788), posited that all disease resulted from either a dearth or overabundance of stimulation. Yet the man who was the most popular clinician and medical educator of the eighteenth century was the eclectic, Hermann Boerhaave (1661-1738) of Leyden. He did not confine himself to any particular system, but instead drew from all.<sup>14</sup>

The medical discoveries of the late seventeenth and early eighteenth century stimulated a new interest in both hygiene and public health. Thus, within Drinker's diary, we see more frequent references to cleanliness, bathing, and sanitation. She comments on the fact that her daughter, Nancy Skyrin, seemed unusually fond of bathing compared to most around her.<sup>15</sup> There are also several comments on the removal of waste from the Drinkers' cesspool. Emptying a cesspool and keeping your privy in good repair could be a matter of life and death in an age when people occasionally crashed through their outhouse floors and drowned in their own offal.<sup>16</sup>

Also during the eighteenth century, the related field of chemistry came of age and shed light on several medical mysteries. René Antoine de Réaumur (1683-1757) and Lazaro Spallanzani (1729-1799) clarified the process of digestion. They demonstrated that it was neither a mechanical process nor a

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<sup>14</sup> Ackerknecht, 120.

<sup>15</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 1187. See page 47 of this thesis for an illustration of what the Drinker's shower probably looked like.

<sup>16</sup> *Ibid.*, vol. 1, 463. See also Cecil K. Drinker, *Not So Long Ago: A Chronicle of Medicine and Doctors in Colonial Philadelphia* (New York: Oxford University Press, 1937), 27-28.

process of putrefaction. Instead, they showed that digestion depended upon a chemical reaction. The process of variolation was also introduced during this period.<sup>17</sup> Along with these innovations, a renewed interest in surgery developed, especially in France. Yet while the sources regale us with the discoveries of male medical thinkers, we find no mention of contributions made by women. The primary reason that women have remained on the periphery of healing hinges on their lack of formal education and their exclusion from scientific research. Without these credentials, neither their contemporaries nor historians have taken them seriously.

During the seventeenth and eighteenth centuries the male medical community, spurred on by the many new advances in medical knowledge, began to display a keen interest in reclaiming the field of obstetrics that they had abandoned to women healers during the Middle Ages. They based their claims on two arguments: (1)The male medical community was formally trained, and (2)They were in possession of technology that better enabled them to deal with crises in the birthing chamber. These male physicians, apothecaries, and surgeons could boast licenses, while domestic and lay practitioners could not.<sup>18</sup> Thus

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<sup>17</sup> Variolation is inoculation with *unmodified* smallpox usually from human to human. Because the person inoculated in this manner acquired further immunity against smallpox by actually contracting the disease, the chance of death was quite high.

<sup>18</sup> Within England, licenses were granted by the Royal College of Physicians of London. In the colonies, it appears that the restrictions placed on health care providers were handled by the various colonial governments in what appears to be a very cavalier manner. For example, in 1665, the Duke's Laws in New York was written "not ... to discourage any from all use of their skill, but rather [to] incourage & direct them." It stated that, "no Person or Persons whatsoever, Employed about the Bed of Men, women, or Children ... for the preservation of Life or

women healers in the colonies were stigmatized by the fact that they could not claim to have the same standards of knowledge that men possessed.<sup>19</sup> Both of these factors allowed the male accoucheur to become a common sight within the lying-in chamber by the mid-1800s.

Male obstetricians based a great deal of their authority on their formal educations. When "professionals" and "irregulars" had possessed the same relatively small amount of knowledge regarding anatomy and reproduction, male and female midwives had been on a fairly equal footing. But the scientific discoveries of men soon began to undermine this relative equality.<sup>20</sup> The typical obstetrician of the seventeenth century was able to read Latin and was familiar with classical authors. He gained his practical medical knowledge during an apprenticeship to an accomplished practitioner usually from his local area.<sup>21</sup>

Irvine Loudon has argued that during the period from 1750 to 1850 the basis of obstetrical training underwent a profound change. As the seventeenth century apothecary evolved into the eighteenth century male-midwife, the apprentice system no longer seemed appropriate. Therefore, a fairly systematic course of reading was recommended, to be supplemented with laboratory

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health ... [should] presume to exercise or put forth any Acte contrary to the known approved Rules of Art in each misery or Occupation, or Exercise and force, violence, or Cruelty upon [patients] ... without the advice and consent of such as are Skillful in that same Art." Donegan, 93-94.

<sup>19</sup> Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860*, (Tuscaloosa: University of Alabama Press, 1991), 1-2.

<sup>20</sup> Sharp, 244.

<sup>21</sup> Loudon, 39.

training and a liberal dose of practical experience. William Shippen (1736-1808), the prominent Philadelphia physician, left a partial diary of his medical school days in London. In it we get a glimpse of the way a male medical student filled his days. Shippen talked of days spent dissecting and preserving bodies with the renowned anatomist, "Mr. Hunter."<sup>22</sup>

Shippen's decision to specialize in obstetrics no doubt resulted from his tuition under William Hunter (1718-1783), the author of the seminal midwifery text, *Anatomy of the Gravid Uterus*. Shippen attended lectures in anatomy, obstetrics, and pharmacology. He also referred to the practical experience he gained tending the lower-class patients of Guy's Hospital. During the eighteenth century hospitals for the poor offered the best chance at practical experience for a young doctor.<sup>23</sup>

Knowledge gained studying pregnant poor women, ironically enough, gave male practitioners an edge over their female counterparts. In the seventeenth century, the male practitioner François Mauriceau (1637-1709) had made great contributions to the practice of obstetrics; he described the phenomenon of tubal pregnancy and created procedures that prevented the mother's pelvic bones from separating during delivery.<sup>24</sup> The eighteenth century brought further advances with the work of men like William Smellie (1697-1763), of England, and his student, William Hunter. Smellie authored the *Treatise on the Theory and*

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<sup>22</sup> Betsy Copping Corner, *William Shippen, Jr.: Pioneer in American Medical Education, A Biographical Essay* (Philadelphia: American Philosophical Society, 1951), 67.

<sup>23</sup> Loudon, 39.

<sup>24</sup> Ackerknecht, 115.

*Practice of Midwifery* and taught formalized courses on the subject with the aid of mannequins he had built himself.<sup>25</sup> Male midwives were not hindered by the fact that the upper echelon viewed them as fashionable and that kings and queens used their services.<sup>26</sup>

Male practitioners also had the "advantage" over female midwives by virtue of their advanced technology. In the late sixteenth century, Peter Chamberlen the Elder (1560-1631), one of the very first English male midwives, invented the short straight forceps to aid in difficult deliveries.<sup>27</sup> For several generations, the Chamberlen family practiced midwifery keeping the design of their forceps a closely guarded family secret. Finally, Hugh Chamberlen Junior (1664-1728), lacking an heir to succeed him, released the design of the instrument to the public shortly before his death.<sup>28</sup> Unfortunately, the proper use of the instruments had been as closely guarded as their design and users had difficulty handling them. Various and sundry types of fillets, hooks, and "crochets" had been created before the design for the forceps became public, so a variety of tools were used to shift, pull and sometimes destroy the fetus during a troublesome delivery.<sup>29</sup>

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<sup>25</sup> Jane B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, Connecticut: Greenwood Press, 1978), 63-68. Smellie was a sensitive soul who encouraged the accoucher to wear a "loose washing night-gown" in the lying-in chamber, to reduce the anxiety of the expectant mother. His sensitivity greatly amused his male colleagues.

<sup>26</sup> Hunter was in attendance to Queen Charlotte from 1761 to 1762; Corner, 71.

<sup>27</sup> For a drawing of straight forceps see page 48.

<sup>28</sup> Donegan, 49-50. For drawings of some of these tools see page 49.

<sup>29</sup> *Ibid.*, 52-57.

Midwives, traditionally, had no formal training and lacked any in-depth knowledge of anatomy. A lack of money and a second class status within society denied women access to higher education. A woman might become a midwife through some chance event. For example, she might be the only one present to assist at a normal birth, and if she performed capably she began to build a reputation for herself as a midwife. A woman might also become a midwife through a pseudo-apprenticeship. Women often shared information among themselves concerning the birthing process. In fact, even into the nineteenth century women had female friends and relatives with them in the delivery room to give aid and moral support.<sup>30</sup> Through hand-on experience early European midwives had discovered that ergot might be used to bring on powerful uterine contractions<sup>31</sup>, and that yarrow might be applied to stop bleeding. A female midwife's lack of "tools" might have actually been a blessing for parturient women. The male midwives of the 1750s onward were more likely to intervene in a normal birth that was just proceeding slowly, and damage the expectant mother with their instruments, or worse yet infect her with puerperal fever. The midwife, whether from personal experience or long observation, was less likely to rush the process, and when she did intervene she would most likely only use her lubricated hands.<sup>32</sup>

Until the mid-eighteenth century women were able to justify their presence in the "delivery room," in part, on the

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<sup>30</sup> Leavitt, 4.

<sup>31</sup> Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: Schocken Books, 1979), 16.

<sup>32</sup> Donegan, 43.

basis of propriety. While elite women might turn to male accoucheurs to deliver them, a modest middle-class woman protected her reputation and the dignity of her husband by relying on female midwives. They were also aided by the fact that before this period formally trained male physicians had little interest in invading the domain of the midwife. Jane B. Donegan argued in her study *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* that the trend towards professionalization spurred the entrance of men midwives into the birthing chamber. Why? Donegan convincingly maintained that obstetrics provided the perfect way for a young doctor to establish a practice. Childbirth, in the majority of cases, was a process that worked itself out. By acting with deference and propriety within the delivery room a man might earn the right to provide medical services to the woman's family. Therefore, by the early nineteenth century, female midwives came to be seen as the interlopers in the birthing chamber by male practitioners and their wealthy patrons.<sup>33</sup>

Yet female midwives did not go into retirement quietly. While male practitioners like Edmund Chapman might charge that midwives were dangerously ignorant, the midwives were able to play upon the sexual insecurities of middle-class husbands by claiming that only an immoral woman allowed herself to be touched in such an intimate manner by a male other than her spouse.<sup>34</sup> Many women subscribed to this idea and suffered

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<sup>33</sup> Donegan, 141-157.

<sup>34</sup> Ibid., 18.

physical agony for their modesty. Believing that a modest woman just did not talk about "private problems" with the male family physician, women allowed gynecological problems such as infections and vaginitis to go untreated.

Midwives were also able to beat male practitioners at their own game. As men claimed the benefits of education, so did women. Some doctors like England's William Smellie instructed women in obstetrics and certified them.<sup>35</sup> William Shippen, the Drinker family obstetrician, also trained and certified female midwives.<sup>36</sup> Thus midwives can be found advertising their services in newspapers in the following manner: A midwife recently arrived in America from London in the 1760s stated that she had studied "under the most celebrated Professors in London" for over twelve years and her efforts were always greeted "with Applause and Success." She also advertised that she had been examined by "most of the Gentlemen of the Faculty" in New York City.<sup>37</sup>

What must be remembered in studying men in the delivery room is the decidedly upper-class bias of the sources. While Elizabeth Drinker's daughters could afford to summon a male practitioner when they went into labor, most other women in the period from 1750 to 1850 could not. So while the evidence coming from middle- and upper-class sources may indicate that

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<sup>35</sup> Donegan, 65-66. Smellie offered sex segregated classes on midwifery teaching the women at eleven o'clock in the morning and then the men at three. The women were taught anatomy and the theory behind delivery, but they were not taught the use of instruments.

<sup>36</sup> Ibid., 117. In 1789, Grace Mulligan, upon moving from Philadelphia to Wilmington, Delaware, advertised that she had studied under Shippen and was recommended by him.

<sup>37</sup> Ibid., 121.



these women were turning to formally trained male doctors, most women were still turning to other empirically trained women to deliver them.

#### Elizabeth Sandwith Drinker: Outside the Existing Paradigms

Elizabeth Sandwith (1735-1807) was born in Philadelphia to Sarah Jervis Sandwith (1708-1756) and William Sandwith (1700-1756). Elizabeth had an older sister Mary (1723-1815) and a baby brother William (1746-1747), who did not survive infancy. When both of their parents died in 1756, the sisters first boarded for a period of fourteen months with the Quaker, Thomas Say (1709-1786), then went to live briefly with their maternal uncle, John Jervis. Elizabeth's diary begins in 1758 when both she and Mary are living with a family friend, Ann Warner (d.c. 1787). In 1761, after several years worth of spotty diary entries concerning visiting and friends, Elizabeth married the Quaker merchant, Henry Drinker. Following her marriage, both her life and the tone of her diary changed. Together Henry and Elizabeth formed a close and loving relationship that produced nine children: Sarah or "Sally" (1761-1807), Ann or "Nancy" (1764-1830), Mary (1765-1766), William (1767-1821), Henry (born and died 1769), Henry Sandwith (1770-1824), Elizabeth (born and died 1772), Mary or "Molly" (1774-1856), and Charles (1781-1786).<sup>38</sup> Only five of these children survived to maturity and Elizabeth frankly admitted in her diary that "My Children Have

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<sup>38</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 1, xii.

Been my Chiefest Care, both soul and body."<sup>39</sup> And it is predominantly concern over their health and happiness that fills the pages of Elizabeth's diary.<sup>40</sup>

Formerly, historians have characterized the interactions of female healers with the male medical community in "adversarial" terms. Jane Donegan argued that in the late eighteenth century "a bitter struggle" occurred between midwives and male practitioners over the obstetrics trade.<sup>41</sup> Donegan was at least willing to see women caregivers as valid competitors in one arena with men. Lester S. King, in his study *The Medical World of the Eighteenth Century*, simply dismissed the female healers he found practicing in England to be either one of two types of women. The first type was the interfering upper-class busybody, who occasionally enjoyed playing the role of philanthropist. The other group he identified was composed of lower-class, rural, and dangerous dabblers.<sup>42</sup> Elizabeth Sandwith Drinker defies such narrow characterizations. There is no evidence in her diary that she felt "threatened" by the male medical community or that indicates she felt herself to be their inferior. On the contrary, she was extremely well read on a wide variety of topics, of which medicine was only one, and from

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<sup>39</sup>Crane, ed., *The Diaries of Elizabeth Drinker*, vol. 2, 1537.

<sup>40</sup> For a rendering of the Drinker family tree see page 49.

<sup>41</sup> Donegan, 120. Also see Ehrenreich and English, *Witches, Midwives, and Nurses* and Claudia Dreifus, ed., *Seizing Our Bodies: The Politics of Women's Health* (New York: Vintage Books, 1978). For a less extreme view of the struggle see Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985).

<sup>42</sup> Lester S. King, *The Medical World of The Eighteenth Century* (Chicago: University of Chicago Press, 1958), 31-32.

her diary it is clear that she often thought it was the doctors who were wrong.<sup>43</sup>

Although the Drinkers were an elite Quaker family in colonial Philadelphia that could afford the very best medical treatment, they often consulted Elizabeth first before calling in a doctor. Elizabeth, herself, was a semi-invalid for most of her later life plagued by what she delicately referred to as "dis' ordered bowels." She was often in pain, and her diary reveals her daily attempts to strike a balance between diarrhea and constipation through the use of senna and manna. Luckily enough for the family, Elizabeth's maiden sister, Mary Sandwith, moved in with them and assumed the responsibility for the daily running of the household. Elizabeth was, therefore, left with enough free time to pursue the reading and writing that she loved.

While much of her reading was devoted to political philosophy, Drinker also tried to keep up with recent medical advances. For example, she apparently learned from her medical reading that vaccination was more effective than inoculation and she encouraged its use on her grandchildren. "I wrote to Molly endeavoring to preswade them to have their Children vaccinated instead of inoculated for smallpox - SR.[Samuel Rhoads, the children's father] is for the latter."<sup>44</sup> She possessed a much

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<sup>43</sup> Elizabeth Drinker's medical reading included treatises on gout, yellow fever, smallpox, female complaints and maternal instruction, venereal disease and the uses of opium.

<sup>44</sup>Crane ed., *Diaries of Elizabeth Drinker*, vol.° 3, 1819. Note: In the quotes from Elizabeth Drinker' diary, I have used the original spellings.

used copy of William Buchan's *Domestic Medicine* and read the works of family friend Dr. Benjamin Rush.<sup>45</sup>

The diary also gives us the sense that Elizabeth approached the world in which she lived in a scientific manner. She made daily observations on the weather conditions, and often made note of astronomical phenomena such as comets, meteors and eclipses, and new types of wildlife that she encountered. Much of her information was garnered from newspapers, from which she often extracted whole articles, such as one on the discovery of a "mammoth's" skeleton unearthed in New York in 1801, into her diary. On one occasion, Elizabeth described how she dissected a tapeworm passed by a grandchild. "Elizabeth Skyrin voided a worm 9 1/2 inches long, I cut it open with my Sicers and found several young ones in it."<sup>46</sup>

On almost every page of the diary Elizabeth made some kind of reference to health or medical care. She also made note of the people she knew who died and the anniversaries of the death of loved ones, like her mother or father. Over the course of the nearly fifty years covered in the diary, Elizabeth Drinker came into contact with almost every medical situation imaginable. She generally dealt with the common ailments and accidents of childhood. She nursed her children, and later her grandchildren, through scrapes and sprains and also through colds and chicken pox. One of the more humorous sections of the diary deals with the various attempts to get a groundnut

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<sup>45</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 1, 633.

<sup>46</sup> *Ibid.*, vol. 2, 1177.

(peanut) shell out of Elizabeth's granddaughter's nose. The nut remained stuck for two weeks and was finally removed not by a doctor, but by the little girl's father.<sup>47</sup>

Drinker had to deal with her fair share of serious illnesses as well. Her oldest son, William, spent a large portion of his life a semi-invalid due to the effects of tuberculosis. Her youngest daughter Molly, suffered from a vesicovaginal or rectovaginal fistula, caused by the birth of the first of her five children, that caused her pain and embarrassment for the rest of her life. Perhaps the greatest trial of Drinker's medical career was watching her eldest daughter Sarah (1761-1807) waste away from cancer, despite Elizabeth's best efforts to nurse her back to health and strength. Living in the port city of Philadelphia exposed Drinker to a variety of epidemic diseases, such as yellow fever. Thus we see that Elizabeth Drinker's medical experience extended far beyond childbirth and minor injuries.

Elizabeth's diary is testament to her wide range of medical skills. She was able not only to recognize various diseases, she compounded her own medicines, bandaged wounds of all kinds and also pulled teeth. For example, within the diary Elizabeth mentions that she gathered the herb necessary to make baum tea<sup>48</sup> and that she prepared rhubarb to be used for stomach ailments.<sup>49</sup> When her granddaughter Molly fell while playing, Elizabeth dressed her injured face with balsam-apple and soothed

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<sup>47</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 1, 477-78.

<sup>48</sup> *Ibid.*, 315.

<sup>49</sup> *Ibid.*, 573.

her. On June 25, 1805, Elizabeth recorded that she "finished making and Phil[ ]ing a quantity of Liquid Laudunum yesterday."<sup>50</sup> Her husband, Henry, also benefited from Elizabeth's tender ministrations. When he was involved in a carriage accident and injured his wrist and hip, Elizabeth was the one who attended to him. Since the wrist was the worst injury, she "polticed [her] husbands wrist with comfry, and gave him wine whey," and then put him to bed.<sup>51</sup> Elizabeth might also be found trying her hand at dentistry. In May of 1805, she recorded pulling a tooth for Henry.<sup>52</sup>

On the whole, her interactions with the male medical community were characterized by mutual respect, and lacked any "adversarial" overtones. Part of the reason for this cooperation stems from the fact that Drinker was not really commandeering a sector of the medical profession's market. The pages of Elizabeth's diary make it clear that Philadelphia's elites alone were suffering enough to keep male and female healers fully occupied. Elizabeth cared almost exclusively for her own family. Her healing was a natural extension of her duties as a wife and mother. For example, when William Drinker was overcome by tuberculosis while on a trip to New York in 1791, Elizabeth's diary entries stop for that year on the day she received word of William's illness and began preparing to go to him. The diary resumes on March 4th, 1792, with the Drinkers' moving into the front parlor since "dear William has

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<sup>50</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 3, 1805.

<sup>51</sup> *Ibid.*, vol. 2, 1198-1199.

<sup>52</sup> *Ibid.*, vol. 3, 1831.

been confind all this Winter and thee last also, thought it would be more lively to be near the street &c."<sup>53</sup> That Elizabeth ceased to keep her beloved diary for the whole period of William's illness shows just how much time she must have spent caring for her son.

The devotion that Elizabeth demonstrated in this situation is characteristic of her interactions with all her family members.. It would not have occurred to Elizabeth that traveling to her ill son herself was out of the ordinary, despite the fact that he was already being attended by two qualified physicians. Reflecting back in her diary on this period Drinker wrote, "the particular care of our good Doctors Bard and Jones," made it possible for William to travel back to Philadelphia.<sup>54</sup>

Elizabeth's willingness to rely on the prescriptions of trained physicians is demonstrated within her diary by the frequency with which she called them to her home and the number of times she noted following their advice. For example, in the ten days from May 15, 1794 to May 25, 1794, Elizabeth's physician visited the Drinker home four times. On the fifteenth, the doctor prescribed an anodyne for an ill granddaughter, which Elizabeth administered.<sup>55</sup> On the eighteenth and nineteenth, Elizabeth and her son William were ill, so the

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<sup>53</sup>Crane ed., *Diaries of Elizabeth Drinker*, vol. 1, 538.

<sup>54</sup> During the time that Elizabeth attended William in New York, she was assisted by two of her daughters. Nancy helped care for William for four weeks, and then Molly came and stayed for five weeks, thus giving both young women time to observe and practice healing skills.

<sup>55</sup> *Ibid.*, vol. 1, 558.

doctor was called again. The doctor also returned on the twenty-fifth since Elizabeth was still ill.<sup>56</sup>

Not only was Elizabeth Drinker willing to rely on the diagnosis and treatment prescribed by formally trained male practitioners, she depended on them during childbirth. Of the nine children born to Drinker, only five survived early childhood. Drinker never recorded in her diary what occurred during her own nine deliveries other than to note many years after the fact that they were extremely painful, perhaps too painful to write about. The diary reveals Drinker thought her childbirth experiences had been extremely traumatic, and that she believed that she had passed this trait on to her daughters. Nineteen years after the death of her youngest son Charles in 1784, she still mentioned the anniversary of his death in her diary.<sup>57</sup> Her sorrow at the loss of four very young children, combined with the agony she had suffered delivering her nine children made Drinker an extremely reluctant participant in the delivery process.

Her discomfort with childbirth is evident in her description of the events surrounding her daughter Sally's last pregnancy. The doctor she turned to first when any of her daughters was about to give birth was her old friend William Shippen.

Oct. 23, 1799: My poor Sally was taken unwell last night ... [later that same day] I went - found Dr. Shippen half asleep in the back parlor by himself - I question'd him relative to Sallys situation, he said she was in the old way, and thinks she dont require

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<sup>56</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 1, 560.

<sup>57</sup> *Ibid.*, vol. 3, 1635.



bleeding by her pulse ... - went into Sallys Chamber she is in pain at times, forerunning pains of lingering labour, a little low Spirited, poor dear Child - This day is 38 years since I was *in agonies [italics my own]* bringing her into this world of troubles: she told me with tears that this was her birth day, I endeavor'd to talk her into better Spirits, told her that the time of her birth was over by some hours, she was now in her 39th year, and that this might possibly be the last trial of this sort, if she could suckle her baby for two years to come, as she had several times done heretofore &c...

Oct. 24, 1799: after breakfast, and giving orders for dinner &c ... I went again to Sally, the Doctor had giving her an Opium pill three grains he said, in order to ease her pain, or to bring it on more violently: neither appear'd to happen - in the afternoon the Doctor said, the Child must be brought forward - he went out, which he had not done before, that he was going for instruments occur'd to me but I was afraid to ask him, lest he should answer in the affirmative - towards evening I came home as usual, and after seeing all thing in order, was getting ready to depart, when little Dan enter'd, the sight of him fluttered me, yet I had a secret hope that it was over, when Dan told us that his Mistress had a fine boy and was as well as could be expected - ... I was thankful, that I happened to be absent at the time, tho' I intended otherwise, Doctor Shippen told me that he thought he should have had occasion for instruments, which said he I have in my pocket, claping his hand on his side, when I heard them rattle, but sometime after you went away, I found matters were chang'd for the better, The Child, said he, is a very large one for Sally. - ... The Doctor was very kind and attentive during the whole afflicting scene, was there two nights and 2 days and sleep't very little - <sup>58</sup>

These are hardly the type of sentiments we would expect to hear from a woman comfortable with the traditional role as a birth attendant. In fact, in 1797, after all her daughters had given birth at least once, she commented in her diary that "I have

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<sup>58</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 1226-1228.. Not only do these entries demonstrate Drinker's aversion to childbirth, they also demonstrate that Quaker mothers and daughters were consciously discussing ways of limiting family size, ostensibly to avoid the pain of childbirth and possibly death.

often thought that women who live to get over the time of Child-bareing, if other things are favourable to them, experience more comfort and satisfaction than at any other period of their lives."<sup>59</sup> Unlike Martha Ballard of Hallowell, Maine (1735-1812), who delivered over 900 children in the period from 1785 to 1812 and felt comfortable doing it,<sup>60</sup> Elizabeth Drinker avoided the lying-in chamber. Not all women considered being present in the delivery room a joy.

One of the most interesting findings from a close examination of Drinker's diary, is that Elizabeth's dependence upon the male medical community was directly affected by her life stage and physical health. Her husband, Henry, on the other hand, remained loyal to one doctor. From the time of her marriage, in 1761, to approximately 1795 may be classified as the first period of Elizabeth's career as a healer. During this period the diary shows her slowly transforming from a young wife and mother into dignified Quaker matron. While her children were growing up, the majority of the Drinker family's medical care was provided by Dr. John Redman (1722-1808), an eminent Philadelphia physician who had been trained on the continent.

Elizabeth's attempts at healing were comparatively infrequent during this time period, and this might be explained by the fact that she was so involved in her offspring's childhood that it was easier for her to call a doctor when anyone in the Drinker home became ill. A second possibility is

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<sup>59</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 893.

<sup>60</sup> Ulrich, 232.

that as yet, Elizabeth lacked the confidence and knowledge that she needed to be a healer. Not until her children had all married and started families of their own do we see frequent references to healing in the diary.

As she entered her sixties, Elizabeth's health continued to decline, but she reached her most prolific period as a healer. Her diary is laced with such comments as "I have been unwell all this day, more than usual,"<sup>61</sup> and "I feel weak and poorly to day."<sup>62</sup> She was also prone to end each year's diary entries with a summation of the health of her family. A typical entry is that for December 31, 1798, "My husband is at present I think, in as good health as for years past, ..., Myself not so well as at this time last year ... The Children all pretty well at present. May we begin the Year with thankfull hearts!"<sup>63</sup> Yet oddly enough this is the period within the diary that we see Elizabeth come into her own as a healer.

During the period from approximately 1796 to 1802, Elizabeth still communicated a large number of doctors, but she began to assume most of the responsibility for caring for her family. She did this from a base of operations she established in her home, from which she daily sent messengers to check on the health of her various children. "My absent Children are often the subect of my thoughts, Henry is 60 miles from his sisters, we between them - I wrote to Nancy by the Lancaster Stage."<sup>64</sup> The diary is filled with entries describing

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<sup>61</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 1189.

<sup>62</sup> *Ibid.*, 1206.

<sup>63</sup> *Ibid.*, 1125.

<sup>64</sup> *Ibid.*, 816.

how the servants from various Drinker households transported information and medicine from mother to child. "Sallys Dan here to night for Magnesia, his mistress not very well,"<sup>65</sup> and "Peter [Elizabeth's servant] went to Mollys, the Child had a much better night then the night before."<sup>66</sup> Although Elizabeth's attention was focused mainly on her family, in particular her children and grandchildren, her friends, neighbors, and servants also benefited from her medical knowledge. When Peter's dog bit him on the thumb, Elizabeth "put a clean linnen rag round it," and hoped for the best. And when Sally Dawson fell ill because she went out in the cold without her jacket, Elizabeth "gave her a dose of Castor Oyl" that set her on the mend.<sup>67</sup>

The diary shows that often when Elizabeth was aiding someone outside of her immediate family it was by providing "medical paraphernalia," such as the use of her copy of William Buchan's *Domestic Medicine*, her "easy-chair,"<sup>68</sup> or even the family's bedpan. William Buchan's *Domestic Medicine: or the Family Physician* (1773) was published with the intention of helping the average reader to understand, prevent, and cure disease.<sup>69</sup> In his preface, Buchan mentions that not all members of the medical profession were pleased with his efforts to make

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<sup>65</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 1140.

<sup>66</sup> *Ibid.*, 1147.

<sup>67</sup> *Ibid.*, 1401.

<sup>68</sup> *Ibid.*, 1681-1683. A chair used by invalids who were tired of remaining in bed, and also by mothers about to deliver, to make them more comfortable. For an illustration see page 50.

<sup>69</sup> William Buchan, *Domestic Medicine; or the Family Physician: Being an Attempt to render the Medical Art more generally useful, by shewing people what is in their own power both with respect to the Preservation and Cure of Disease Chiefly Calculated to recommend a proper attention to REGIMEN and SIMPLE MEDICINES* (Philadelphia: Joseph Crukshank, 1773), v.

medicine understandable to the common man.<sup>70</sup> The book's reception by the general public was entirely different. So popular was Buchan's work that it went through many editions and revisions and was a household staple into the nineteenth century. Elizabeth Drinker's possession and frequent lending out of this book demonstrates that the medical profession's control over healing was far from complete.<sup>71</sup>

Although Elizabeth Drinker primarily cared for her immediate family and friends, she also cared for people she knew only in passing. When Betsy Bethel asked Elizabeth for some Uva ursi (bearberry), which was considered a good cure for "the [kidney] stone," Elizabeth was happy to oblige.<sup>72</sup> And when little Robert Potts needed a lead plaster for a lump that had formed on his chest, Elizabeth not only applied the first one, but also gave him extra for later.<sup>73</sup> Finally, Elizabeth writes of how the shoemaker's wife "was here to night for something for her son who she says is ill of disorder'd bowels."<sup>74</sup> In all three cases we see Elizabeth dispensing medicine and advice to people of a lower social class than herself. It is important to notice that in all three cases the patient came to Elizabeth, and that she didn't charge them for her services.<sup>75</sup> If the primary reason for entering healing was economics as historians

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<sup>70</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol., 847.

<sup>71</sup> For a list of the other medical books ED noted reading see page 51.

<sup>72</sup> *Ibid.*, vol. 2, 847.

<sup>73</sup> *Ibid.*, 936.

<sup>74</sup> *Ibid.*, 1067.

<sup>75</sup> On June 19, 1798, Elizabeth recorded yet another example of free health care for people of a lower social class, "Betty the whitewashers' daughter called for a plaster for her mother, which I sent her." *Ibid.*, 1046.

like King would maintain, what could possibly have been Elizabeth's motive for treating people of a lower social class for nothing? Drinker's great empathy for the ill, generated by her own almost life long health problems, seems to be the most obvious answer.

The period from 1803 to her death in 1807 constitutes the final phase of Elizabeth Drinker's career as a healer. During these years, she was often ill with severe stomach problems and constantly attended by Dr. Adam Kuhn. Yet despite the pain, she did not stop healing. She continued to monitor daily the health of her children and grandchildren, but the special focus of her attention was her husband Henry. She writes of pulling teeth for him and of rubbing his sore leg with ointment. Elizabeth was constantly trying new remedies on him that she had obtained from friends and neighbors, so it would seem that all of Philadelphia was familiar with Henry Drinker's inability "to make water." Such comments give a tantalizing hint to the larger lay healing networks that may have existed in Philadelphia. What is especially important to note is that both lay men and women offered suggestions to Elizabeth.

Her family was grateful for her help, and a busy medical community did not seem to mind her ministrations at all. In fact, if anyone was displeased by the medical treatment they received, it was Elizabeth Drinker. Several times in the diary she disagrees with the diagnosis of professional trained male physicians. She believed that some of their treatments, such as dipping an infant with disordered bowels in cold water, were

dangerous and ineffective. "Tho I generally revere the Doctors opinion ... I dont like this kill or cure work."<sup>76</sup> When Doctor Nicholas Way (1747-97), a young Philadelphia doctor, recommended that Molly be purged soon after a difficult delivery, Elizabeth confided in her diary that she felt that this was an unwise course.<sup>77</sup>

Throughout her life Elizabeth Drinker came into contact with a plethora of male physicians. Although she mentions more than one hundred by name in the diary, the Drinkers relied on only four primarily: Dr. Adam Kuhn (1741-1817), Dr. John Redman (1722-1808), Dr. Benjamin Rush (1745-1813) and Dr. William Shippen (1736-1808). And all four were respected and influential members of the Philadelphia elite and therefore traveled in some of the same social circles as the Drinkers. As mentioned previously, Elizabeth Drinker's choices concerning a health care specialist were largely shaped by her stage in the life cycle and also the nature of the medical problem that was affecting her family.

During the early years of her marriage, when she was raising her own children and not doing much healing of her own, Drinker relied heavily on Dr. John Redman. He was at least a decade older than any of the three other doctors, and the diary gives the impression that he was a trusted family friend. When Elizabeth was a young mother she called Redman to treat bumps, bruises, and childhood illnesses for the Drinker children, but

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<sup>76</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 939.

<sup>77</sup> *Ibid.*, vol. 2, 933.

as a grandmother she felt capable of treating these minor household emergencies. He was also a frequent guest to their home throughout his life. Henry Drinker preferred to have Dr. Benjamin Rush attend him when he was not being treated by his wife. In agreement with the medical theory of the time, Drinker was a proponent of bloodletting. He was bled with the changing of each season as preventative medicine and often resorted to bloodletting when he felt unwell. Rush, who advocated bloodletting to a degree that was truly astounding, was therefore a physician suited to the elder Henry.<sup>78</sup>

Dr. William Shippen was widely known in the colonies for his knowledge of obstetrics and his skill with the forceps. He had studied under the eminent William Hunter who preached a conservative use of the forceps. Shippen was, not surprisingly, Elizabeth Drinker's choice when any one of her daughters was giving birth. In fact, when in June of 1797, Sally Drinker Downing and Molly Drinker Rhoads went into labor Dr. Shippen was called to attend Sally, and a young and inexperienced Dr. Nicholas Way was allowed to attend Molly. Molly was in labor from eight in the morning until after five in the afternoon. The baby was apparently a breech birth, and after the Doctor "got down the feet and legs, it was long afterward that it was wholly deliver'd," stillborn.<sup>79</sup> We cannot help but wonder if Molly might have been spared the agony of vesicovaginal fistula,

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<sup>78</sup> Crane ed., *Diaries of Elizabeth Drinker*, vol. 2, 969.

<sup>79</sup> *Ibid.*, 929.



if only the more experienced Dr. Shippen had been available to deliver her.

While Elizabeth Drinker was clearly familiar with scores of doctors, she admittedly had one particular favorite to whom she remained faithful. This favorite was Dr. Adam Kuhn. Kuhn was the doctor whom Drinker chose to vaccinate both her children and it was probably on her recommendation that he vaccinated the Drinker grandchildren. Doctor Kuhn was also the doctor who attended Elizabeth from her forties until her death. When Henry was ill and being treated by Doctors Rush and Griffiths (?), Elizabeth confided to her diary that "I would rather have K[uhn] than any other."<sup>80</sup> Dr. Kuhn's education was similar to the other doctors who treated the Drinkers, so perhaps Elizabeth favored him because he had the most pleasant bedside manner or because he seemed on the cutting edge of science.

Elizabeth, herself, gained her medical knowledge from a variety of sources. As previously mentioned she was a voracious reader and much of her knowledge came from books and magazines that she either bought or borrowed. For instance, on February 22, 1806, Elizabeth noted that she attempted to cure a lump on Henry's neck by the application of salt water. She tried this cure because she "read in a magazine of a Man who cured a large [lump] on his face by that simple application."<sup>81</sup> Elizabeth received recipes and advice from both male and female friends, as well. She also must have learned how to administer medicine

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<sup>80</sup> Crane ed., *Dairies of Elizabeth Drinker*, vol. 3, 1813.

<sup>81</sup> *Ibid.*, 1908.

to others through practicing on herself. Two staples of her pharmacology were the herbs, senna and manna. The diary shows the trouble that even an experienced healer could have trying to prescribe the proper dosages. "I took Senna and Manna . . . The medicine I took to day tho' a small quantity, has disordered me more than might have been expected."<sup>82</sup> How she learned to make other remedies like tar water and liquid laudanum, the diary does not say, but it is reasonable to assume that she observed other women, like her mother or Ann Warner, making them and replicated the process when the need arose.

Elizabeth not only made her own cures, such as carrot tea or burgundy pitch plasters, she also used a variety of patent medicines to heal friends and family. Within the diary she makes mention of Bateman's pectoral drops, Daffy's Elixir, Fothergill's pills, Steer's Opodeldoc, St. John's Wort and others.<sup>83</sup> Such remedies were imported from England and enjoyed great popularity within the colonies after 1750. Drinker could have purchased them from anyone from the postmaster to her neighborhood printer, not to mention the ubiquitous Dr. Kuhn.<sup>84</sup>

These patent medicines operated on the "blunder-buss" theory, just as Galenic prescriptions had. They contained numerous ingredients, one of which was bound to have a curative affect on the complaint. Drinker's particular favorite seems to have been Daffy's Elixir which she abundantly gave to her

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<sup>82</sup> Crane ed., vol. 2, 1474.

<sup>83</sup> For a complete list of the patent medicines mentioned in the diary see page 52.

<sup>84</sup> George B. Griffenhagen and James Harvey Young, "Old English Patent Medicines in America," *The Chemist and Druggist* 172 (September, 1959), 716.

husband, Henry.<sup>85</sup> Interestingly enough, James Harvey Young and George B. Griffenhagen argued in their article "Old English Patent Medicines," that when the Revolutionary War shut down the patent medicine trade between England and the colonies, enterprising colonial apothecaries simply concocted their own versions of old English favorites. These entrepreneurs then went around town and bought up empty patent medicine bottles into which they poured their copies. The shape of the bottle was more important than what the medicine tasted like, since colonial consumers depended upon the shape of the container rather than labels to indicate what medicine they were buying.<sup>86</sup> The colonials thus established their own patent medicine market independent of England.

#### Other Women Outside the Paradigms

We can now see that Elizabeth Sandwith Drinker defies placement into the two predominant models of women in healing: the Model of Exclusion and the Model of Quiet Persistence. The Model of Exclusion, it will be remembered, argues that women healers were forced out of their one medical stronghold, midwifery, by ambitious male practitioners. The Model of Quiet Persistence asserts that women remained the primary caregivers in childbirth for eighteenth and nineteenth century America because of their affordability. Elizabeth prepared medicine, she

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<sup>85</sup> For an example of what patent medicines contained and how they were made see page 53. The holders of the original English patents never revealed their recipes, but in 1824, the Philadelphia College of Pharmacy printed the recipes for eight of their knock-offs.

<sup>86</sup> Griffenhagen and Young, 718.

pulled teeth, she treated every illness from ringworm to cancer, and she quite clearly did not consider midwifery to be intrinsic to her calling as a healer, for in fact, she was loathe to participate in this particular form of healing. Yet what impact do these facts have on the wider picture of women in healing? Elizabeth Drinker was, after all, only one woman to step outside the standard boundaries that supposedly circumscribed colonial women's lives. We must also remember that she was a member of the social elite. Elizabeth Drinker is important because she challenges models of what we accept to be women's roles and forces us to look for others like her ... other women outside the paradigms.

Another woman in colonial Philadelphia who fits neither of these two narrow models concerning women's participation in healing is Elizabeth Coates Paschall (b. 1702). Elizabeth was one of ten children born to Thomas (d. 1719) and Beulah Coates (d. 1741). Her father was a reasonably successful merchant and also a Quaker. Elizabeth married Joseph Paschall, who was also a merchant, in 1721. She and Joseph had six children, only three of whom survived to maturity: Isaac (1728-1773), Beulah (1732-1793), and Joseph (1740-1795). In 1742, Joseph passed away leaving Elizabeth the sole provider for the three young children. Tax records reveal that the estate that Joseph bequeathed Elizabeth was valued at over 3900 pounds. Some time after his death Elizabeth evidently took over the running of her late husband's shop. The evidence that can be gathered from

contemporary sources indicates that she was an able businesswomen.<sup>87</sup>

But Elizabeth was not only a capable entrepreneur, she was a respected healer. From her recipe book covering the years from 1740 to 1765, we can see that Paschall was a proponent of humoral medicine. Of the more than two hundred recipes contained within the book, only three disorders account for over half the entries. These are felons (abscesses of the finger), rheumatism, and the flux. The other disorders receiving a large share of the attention included colic, fever, stone (Henry Drinker's old nemesis), unwanted pregnancy, costiveness, and dropsy. In line with the medical theory of the time, Paschall's recipes often included multiple ingredients. Again, like Elizabeth Drinker, the majority of the remedies that she prepared were teas, plasters, and ointments which she used to cool fevers, to strengthen, and to produce "laudable pus." The ingredients for her recipes were often plant materials common to both England and the colonies. Chamomile, hyssop, elder, mustard seed, nettles and wormwood are just a few that she frequently employed.

Paschall gathered her impressive collection of recipes from a variety of sources. She was aided by almanacs, books, newspapers, and magazines. She is known to have read Boerhaave's *New Method of Chemistry* (1727), John Quincy's *Pharmacopeia Officianalis et Extemporanea; or, a Complete English Dispensatory* (1721), and Robert James' *A Medicinal*

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<sup>87</sup> Gartrell, 25-26.

*Dictionary* (1743-1745) from which Paschall got her recipe for tar water, and which might also have been the source of Elizabeth Drinker's tar water recipe.<sup>88</sup> Paschall also mentions a number of lay men and women who recommended recipes to her, as well as some of the physicians she knew.<sup>89</sup> Within the recipe book she makes note of eighteen times where her cures succeeded where the remedies of the male medical community failed. But while she did mention instances where male physicians failed, she never mentioned their names. The only doctors she does refer to by name are those whose treatments were successful.<sup>90</sup> Although she was busy with a business of her own and raising a family, Mrs. Paschall was also a healer who appears not to have charged her patients. The evidence shows that Mrs. Paschall's interaction with the male medical community was based on respectful give and take; her relations were not "adversarial." She, like Elizabeth Drinker, was not a midwife and thus she too stands outside of existing domestic medicine models.

Margaret Hill Morris (1737-1816) was the tenth child of twelve born to Richard Hill and his wife Deborah Moore Hill. In 1783, she married William Morris and immediately started a family. Together she and William had six children of which four survived to adulthood. When her husband died young, Margaret was left to raise their four children alone.<sup>91</sup> Although she appears to have had a stipend from her brother Charles, she

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<sup>88</sup> Gartrell, 27.

<sup>89</sup> Ibid. 26-27.

<sup>90</sup> Ibid., 26.

<sup>91</sup> John Jay Smith, ed., *Letters of Doctor Richard Hill and His Children: Or, The History of a Family, as Told by Themselves* (Philadelphia: Privately Printed, 1854), xix, xliii.

decided to find some way to supplement her income. In a letter to her sister she explains that as the daughter and sister of doctors she "concluded to buy a few medicines and retail them at a moderate price, . . . , There is," she goes on, "not a dose of physic to be got in this town [Burlington] without coming to me for it, and I have long supplied many gratuitously . . . . The Doctor in our town will not sell any medicines, except to his own patients, so that [she had] no doubt of having custom enough."<sup>92</sup>

Morris's private letters also reveal that within her family she was well respected as a healer. In a letter to her sister in 1794, she writes,

Our dear sister Wells has been confined to her bed since last seventh day, with what I take to be a general rheumatism, flying pains all over, from her head to her shoulder, and yesterday very bad in her left side. At first, I thought she should be bled, but on feeling her pulse, found it so low that I begged them not to venture on it without a better judgment than mine; but they were not willing to consult any *other doctor!* I, therefore boldly prescribed a blister on the afflicted side, with volatile tincture of guaiacum and laudanum, and plentiful cups of flaxseed tea. I had a painful, anxious night, and went there early this morning to dress the blister, and had the satisfaction of finding my dear patient much relieved; the blister was a very fine one, and the medicines had produced plentiful perspiration, which has greatly relieved her, and this evening they sent me word she was vastly better, . . . , [she goes on to mention in same letter] When I was at H. Moore's yesterday she showed me her strained ankle - swelled and inflamed. I recommended Dr. Odell's plaster, which removed a violent pain in my arm; but I wish to know what brother C.M. thinks more proper. It seems very hard to all of us now (Dr. John Morris and Dr. S. P. More were deceased) to ask advice, as we never before

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<sup>92</sup> Jay Smith, 415.

had occasion to go out of our own little circle for it.<sup>93</sup>

Although Margaret had doubts about her healing abilities, her family and friends clearly did not. This was no small vote of confidence since she came from a family of doctors. Within this one brief letter, Margaret demonstrates a thorough knowledge of contemporary humoral medical theory, shows that like a trained physician she knew how to take a pulse, and finally a knowledge of pharmacology. The plants and herbs that she used in her remedies may very well have come from the kitchen garden she kept throughout her life. The letter also shows that, not only did her family think of her as a doctor, she was used to speaking with doctors on equal terms. While Morris does speak of caring for her daughter after she delivered, Morris does not seem to have practiced midwifery. So we see that Margaret Hill Morris, retailer and healer, also existed outside of the assumed roles of women healers.

#### CONCLUSION

The one work that has done the most to shape historians' views regarding women healers is Laurel Thatcher Ulrich's *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785-1812*. Although Ballard's medical practice extended beyond midwifery, her most important role we are told was as a midwife. Elizabeth Drinker's diary makes clear that women healers were

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<sup>93</sup> Jay Smith, 424-425.



not always or only midwives. They could function as pharmacists, dentists or diagnosticians. But while Elizabeth shunned the very act that defined Martha's existence, we must not lose sight of the similarities between these two women. Both were wives and mothers who loved their children very much. Both dedicated their lives to helping others. They shared many of the same activities. Both women gathered materials with which to prepare their own medicines, and while Elizabeth was not paid for her services as Martha was, both women were clearly providing much needed services for their communities, despite the presence of formally trained male medical practitioners.

In the eight days from April 21st to April 29th, 1789, Elizabeth Drinker recorded in her diary that she treated her daughter Molly once for a swelling on her face, her granddaughter Elizabeth Skyrin twice for a fever and an upset stomach, and baby-sat another ill granddaughter, Elizabeth Downing.<sup>94</sup> The diary entries show too, that she kept tabs on the health of her friends and acquaintances.<sup>95</sup> These were typical days for Elizabeth, taking care of the sick and preparing medicine to give relief. As a loving wife and mother, she dedicated herself to the care of her family. She treated them when she was able and summoned another when she was not. Her kindness extended beyond her family, to friends and acquaintances around her. Her neighbors, like her family, knew she could be counted on in an emergency. Her example, as a healer, is important and inspiring because she was not alone.

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<sup>94</sup> Crane ed., vol. 2, 1025-1027.

<sup>95</sup> Ibid.

Elizabeth Coates Paschall's and Margaret Hill Morris's families also depended heavily upon their healing skills.

Elizabeth Drinker, Elizabeth Coates Paschall and Margaret Hill Morris clearly demonstrate that the existing models describing women's participation in domestic medicine and their interaction with the professional male medical community are inadequate. We must get beyond thinking of women healers in the narrow roles of midwife, nurse, or even victim. These women made their own choices concerning the medical care that their families received, and ultimately their decisions had decidedly positive affects upon the communities in which they lived.

Elizabeth Drinker provided free health care and the use of the latest medical technology to friend and acquaintance alike. Elizabeth Coates Paschall recorded recipes that allowed her to treat a multitude of diseases. And Margaret Hill Morris opened a shop that challenged the local practitioner's monopoly on medicine. These women were not the pawns of the medical men around them. Their families and communities viewed them as the equals of the professionally trained medical men, and trusted their lives to these women. What clearer recommendation to their skill and prowess do we need to convince us that the existing models of women's participation in healing must be expanded?

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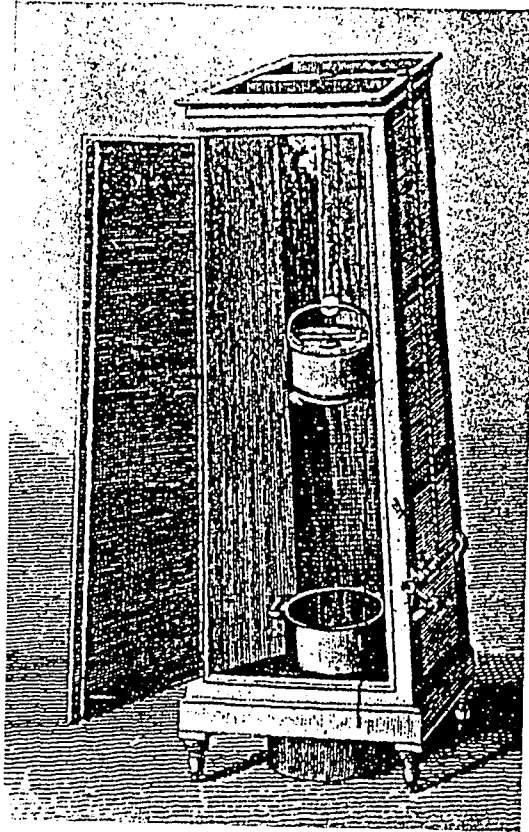
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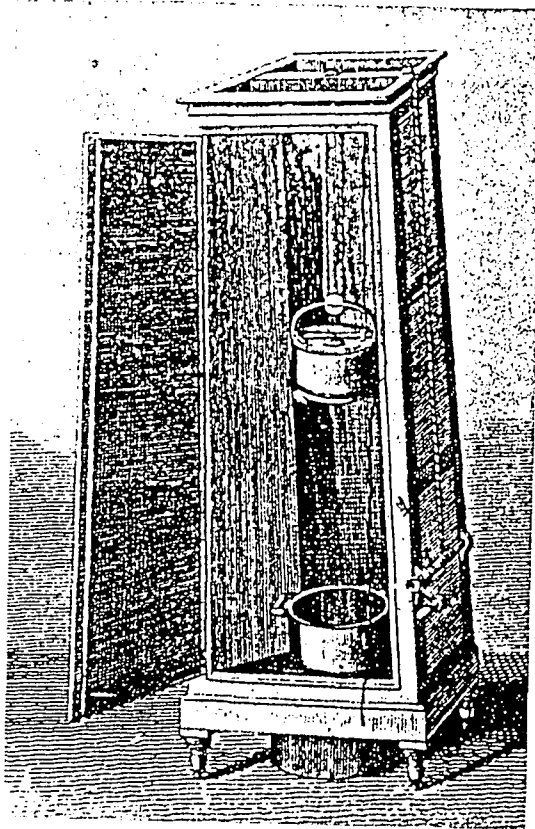
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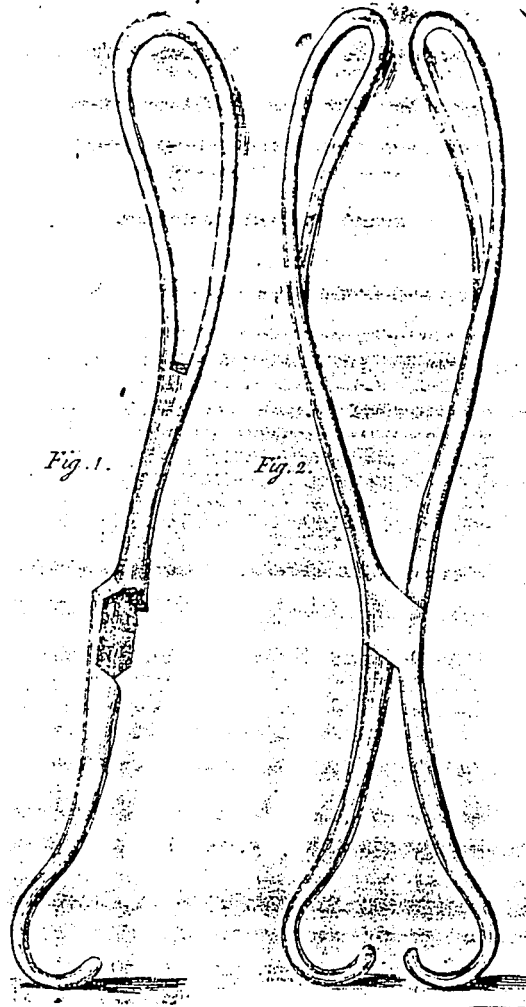
*The New Shower Bath of John Murray  
London, 1831*

Taken from Cecil K. Drinker, Not So Long Ago, 30.



*The New Shower Bath of John Murray  
London, 1831*

Taken from Cecil K. Drinker, Not So Long Ago, 30.

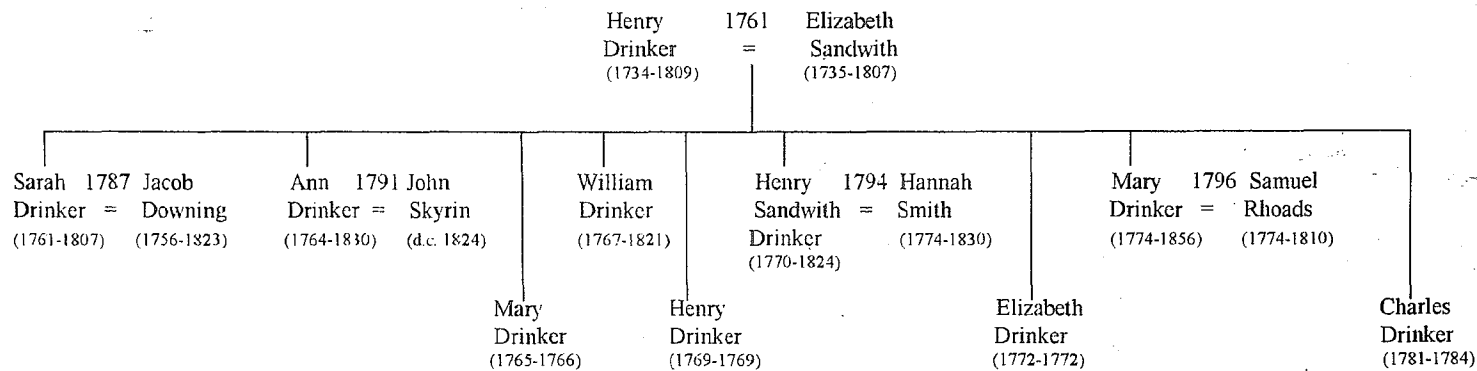


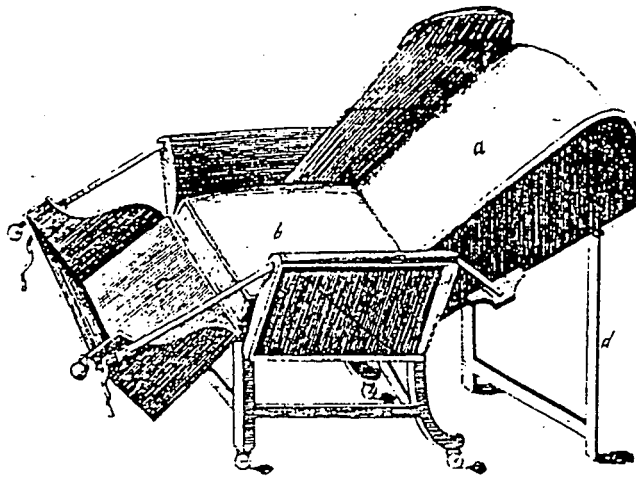
Early straight forceps

Taken from Donegan Women & Men Midwives, 53.



# Drinker Family Tree





*'Portable ladies' solace or Accoucheur's Chair'*

Taken from Drinker Not So Long Ago, 63.

APPENDIX A

Elizabeth Drinker's Readings in Medicine

- Buchan, William. Domestic Medicine; or the Family Physician: Being an Attempt to render the Medical Art more generally useful, by shewing people what is in their own power both with respect to the Preservation and Cure of Disease Chiefly Calculated to recommend a proper attention to REGIMEN and SIMPLE MEDICINES. Philadelphia: Joseph Crukshank, 1173.
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A List of the Patent Medicines That Elizabeth Drinker Used

Barbados Tar Pills - a kind of greenish petroleum  
Bartram's Pills  
Bateman's Pectoral Drops - pectorals are medicines good for  
diseases of the chest, and internal organs  
Biller's Teas  
Daffy's Elixir  
Fothergill's Pills  
Glauber's Salts  
Goulard's Cerate - cerate is an unctuous preparation  
consisting of wax mixed with oils or fatty substances  
Harlem Oil  
Hoffman's Medicine  
Huxham's Tincture of Bark  
James' Powders  
Jones's' Powders  
Noriss's Drops  
Steer's Opodeldoc - a soap liniment  
Turlington's Balsam - a balsam is any aromatic, oily or  
resinous medical preparation usually for external  
application to heal wounds or soothe pain.  
Turner's Cerate  
Warner's Cordial - a cordial is a soothing invigorating drink,  
especially good for the action of the heart  
Weed's Syrop

\*\* Definitions of terms taken from Blakiston's Illustrated  
Pocket Medical Dictionary. New York: McGraw-Hill Book  
Company Inc., 1952.

### Daffy's Elixir

Take elecampane-roots sliced and liquoirce sliced, aniseeds, coriander-seeds, and caraway-seeds, oriental senna, guaiacum bruised, of each tow ounces; rhubarb one ounce, saffron a dram: raisins of the son stoned a pound; put all of these into a glass bottle of a gallon, adding to ti three-quarts of white aniseedwater; stop the bottle, antlet it stand infusing four days, stirring it strongly three or four times a day; then strain off, and put it into bottles cork'd verywell; you must dake it morning and night, three spoonfuls going to bed, and as much in the morning, according as you find it work; it requires not much care in diet, nor keeping within, but you must keep warm, and drink something hot in the morning after it has work'd. ~~This elixir is excellent good for the cholic, the gravel in the kidneys, the dropsy, griping of the guts, or any obstructions in the bowels; it purgeth two or three times a day.\*~~

\*Taken from E. Smith's The Compleat Housewife, p. 350.

## VITA

Catherine Teets-Parzynski is a graduate student at Lehigh University in Bethlehem, PA. Lehigh was also her undergraduate institution, and in 1992, she graduated Phi Beta Kappa, summa cum laude with a double major in History and Classical Civilizations. Born and raised in Pennsylvania, Mrs. Teets-Parzynski and her husband, also a graduate of Lehigh, make their home in the Lehigh Valley.

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