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Let us... do what we can: Quaker Women and Medicine in Eighteenth-Century Philadelphia

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“Let us... do what we can”: Quaker Women and Medicine in Eighteenth-Century

Philadelphia

by

Danielle E. Lehr

A Thesis

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“Let us... do what we can”: Quaker Women and Medicine in Eighteenth-Century Philadelphia

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Abstract

For many medical historians, the eighteenth century is defined as a time of scientific exploration that occurred when medical practitioners finally eschewed the restrictions of religious doctrine. While historians highlight the medical advances made by male physicians during this time, they often overlook the role of those female practitioners who still found significant medical authority through their spiritual convictions. By examining the writings of female medical practitioners Elizabeth Coates Paschall and Margaret Hill Morris, this thesis assesses the influence of Quaker theology on women's medical education and practice in the eighteenth century. In doing so, it tests the relationship between male and female medical practitioners as well as the relationship between the spiritual and the scientific during this time of scientific enlightenment and medical advancement.

Introduction

In a letter addressed to her sister dated 1785, Quaker and medical practitioner Margaret Hill Morris wrote about the destruction and death caused by disease that early Americans were so accustomed to: “We hear of one dropping off here -- & another there -- & this question often occurs to my mind – “for what am I reservd.” Oh that it may be for some good! -- & that the time still lent me may be spent in preparing for the Awfull Change.—”¹ Throughout her adult life, Morris certainly put those words into action; as a well-known healer in her Philadelphia and nearby Burlington, New Jersey communities, she prescribed medicines and administered care to her family, friends, neighbors, and others.

Women like Morris had long been regarded as competent medical practitioners in Europe and the American colonies, although to varying degrees. Considering her family background, it is not surprising that Morris in particular should have grown up to be a skilled medical practitioner. Born in Maryland in 1737, Morris grew up in a family of physicians; her grandfather, father, and brother-in-law were all trained physicians who probably piqued Morris’s interest in the medical field.² After a series of financial disasters forced her parents to leave Maryland for Madeira in 1739, Morris, along with several siblings, was sent to Philadelphia to be raised by her sister, Hannah Moore, and brother-in-law, Dr. Samuel Preston Moore.³ While in Philadelphia, Morris probably

¹ Margaret Hill Morris, “My Beloved Sister,” 1785, Gulielma M. Howland Papers, Quaker & Special Collections, Haverford College, Haverford, PA.

² Nancy V. Webster and Clarissa F. Dillon, eds., *Margaret Morris, Burlington, NJ, 1804: Gardening Memorandum* (Chillicothe, Illinois: The American Botanist, 1996), 1-2.

³ John Jay Smith, ed. *Letters of Dr. Richard Hill and His Children: or, The History of a Family As Told By Themselves* (Philadelphia, 1854), xiv, http://www.archive.org/stream/lettersofdoctorr00smit/lettersofdoctorr00smit_djvu.txt. (accessed May 24, 2014).

witnessed her brother-in-law's work firsthand. Perhaps she even assisted Dr. Moore in his practice as she became better versed in medical recipes and techniques.

Over the course of the late-eighteenth and early-nineteenth centuries, Morris gained a reputation as a "skillful woman" through her work administering medical care, especially in times of crisis such as the Revolutionary War and the yellow fever outbreak of 1793.⁴ While she mostly worked out of her own home, for a time she also sold her cures out of her apothecary shop in Philadelphia.⁵ Her interaction with and encouragement from local doctors as well as her steady roster of patients demonstrates that Morris filled a respected role in the healthcare networks of Burlington and Philadelphia.

However, as evidenced by her letter to her sister, Morris did not dedicate her time exclusively to the physical concerns of the human body; as an active member of the Quaker communities of Philadelphia and Burlington, she viewed her work in the context of her spirituality. At the age of fourteen, Morris began her private diary with a reflection on the frailness of the human body as opposed to the endurance of the soul through Christ's sacrifice.⁶ From that point on, her diary is filled with affirmations that her health and that of her family was a gift from almighty God. Her correspondence with family members also reflects her awe in God's mercy. When she sent wishes of good health to

⁴ John W. Jackson, *Margaret Morris: Her Journal with Biographical Sketch and Notes* (Philadelphia: George S. MacManus Company, 1949), 72.

⁵ Webster and Dillon, eds., *Margaret Morris*, 3.

⁶ Margaret Hill Morris, "The Private Diary of Margaret Morris," in *Letters of Dr. Richard Hill and His Children*, ed. John Jay Smith, 337.

her siblings, she did so with a prayer, asking “that the god of Consolation may cover with the wings of his love, & preserve in the day of trial all who trust in the Rock of Ages!”⁷

The interconnectedness of spiritual and medical authority was not just an eighteenth-century phenomenon; a long line of medical practitioners, both male and female, Quaker and otherwise, shared Morris’s belief that concern for the physical contained a spiritual element. However, as the late-eighteenth century is commonly viewed as a time when theology and science began to part ways, the specifics about the degree to which they remained connected have not been explored in depth. This is especially true of the study of female medical practitioners and their work. In her 1990 survey of women’s involvement in medicine, Jeanne Achterberg described the eighteenth century as a time in which women found themselves in “an abyss between the receding power of the supernatural and the eminence of the new scientism,” and with “little energy, no tools, and scant permission to climb out of the abyss and build the bridge between the worlds of past and present, nature and science.”⁸ According to Achterberg’s research, the Scientific Revolution marked the beginning of the separation of the spiritual aspects from the study of medicine in favor of a more objective route of scientific inquiry and exploration. This was a devastating blow to women’s role as medical practitioners, as they had previously derived much of their medical authority from their role as spiritual authorities. If spiritual concerns no longer had a place in the medical field then, as

⁷ Margaret Hill Morris, “My Beloved Sister,” Gulielma M. Howland Papers, Quaker & Special Collections, Haverford College, Haverford, PA.

⁸ Jeanne Achterberg, *Woman as Healer: A Panoramic Survey of the Healing Activities of Women from Prehistoric Times to the Present* (Boston: Shambhala, 1991), 116.

Achterberg states, “the rational mind could no longer argue that women were wise because of their entrapment with the unseen.”⁹

The scientific revolution did begin to free the medical world from reliance on superstition over rational and objective experimentation. However, can the narrative of the decline of female medical authority resulting from the separation between the physical and spiritual be applied to the female healer’s experience so generally? Did Margaret Morris’s religious beliefs leave her in the abyss to which Achterberg refers? How did Morris’s experience compare to that of male Quakers and their quest for scientific and spiritual enlightenment? What role did Morris and other female practitioners fill in the healthcare networks of the eighteenth century? These questions must be addressed if we are to come to a better understanding of how Morris’s patients and the rest of the medical community viewed her work.

In Philadelphia, the city in which Morris grew up, got married, and spent much time administering her medical care, the major players in the historical medical narrative had been the city’s most prominent male physicians including Benjamin Rush, John Redman, Phineas and Thomas Bond, John Morgan, Thomas Cadwalader, and others.¹⁰ To this day, while most medical historians now stress the importance of female practitioners in early-American society, they often gloss over their contributions, creating a generalized picture of the female healer’s experience that does not accurately portray the complexity of healthcare networks in early America. They condense the complexity and

⁹ Achterberg, *Woman as Healer*, 104.

¹⁰ Louis Alois Meier, *Early Pennsylvania Medicine: A Representative Early American Medical History Montgomery County, Pennsylvania, 1682 to 1799* (Boyertown, PA: Gilbert Printing Company, Inc., 1976); Larry L. Burkhardt, *The Good Fight: Medicine in Colonial Pennsylvania* (New York: Garland Publishing, 1989); John Francis Marion, *Philadelphia Medica: Being a Guide to the City’s Historical Places of Health Interest* (Harrisburg, PA: SmithKline Corporation, 1975); Oscar Reiss, *Medicine in Colonial America* (Lanham: University Press of America, 2000); Whitfield J. Bell, Jr., Charles Coleman Sellers, and George B. Tatum, *The Art of Philadelphia Medicine* (Philadelphia: The Winchell Co., 1965).

importance of women's medical involvement into a watered-down declension narrative; as male doctors sought increased security and authority through institutions such as medical schools and hospitals, female practitioners, who relied on outdated and stagnant "folk medicine" and superstition, became forcibly marginalized and could only practice within the domestic sphere or in fringe locations where doctors were not readily available.¹¹

Considering the available sources, it is difficult to elaborate on modern historians' generalized portrayal of women's involvement in early American medicine. To gain an understanding of the everyday work these women conducted in early America, one cannot always look to hospital records, but must comb through scattered diaries, letters, and herbal books. In recent years, several historians have taken on this task and have illuminated the daily work of female practitioners in early America, specifically the New England region. Most notably, in her ground-breaking study of the life of Maine midwife Martha Ballard, Laurel Thatcher Ulrich brought name recognition to one of those early American women who made medicine (and not only midwifery) her life's work, but who did not have the title of "doctor."¹² More recently, Rebecca J. Tannenbaum has continued Ulrich's work by drawing on *A Midwife's Tale* and *Good Wives* in her book, *The Healer's Calling: Women and Medicine in Early New England*. In *Good Wives*, Ulrich elucidated the numerous roles New England women held as well as the everyday responsibilities associated with those roles. Tannenbaum furthers this research by

¹¹ Margaret Sery Young, "Quaker Women and Medical Practice in the Nineteenth Century," in *The Influence of Quaker Women on American History*, ed. Carol and John Stoneburner (Lewiston, NY: The Edwin Mellen Press, 1986), 291-293; Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America*, (New York: New York University Press, 2012), 52.

¹² Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Alfred A. Knopf, 1990).

exploring in detail the New England woman's role as healer, a role which gave her "autonomy and authority" in her community.¹³ And, while religious superstitions and accusations of witchcraft in some early-American communities had harmed women's medical authority, Ulrich and Tanenbaum have shown that religious convictions also helped women maintain the authority they needed to become respected in the medical community and carry out their charitable work.¹⁴

While Ulrich and Tannenbaum both acknowledge the restrictions placed on midwives and other female healers by the end of the eighteenth century, they also highlight the continuity of the spiritual nature of women's medical work. According to Tannenbaum, New England's early medical practitioners, male and female, viewed their concerns for physical wellbeing in the context of spiritual wellbeing. As had been the custom in England for centuries, socially high-ranking women especially had the God-given duty to care for the sick and poor of their communities.¹⁵ As Ulrich attests in *A Midwife's Tale*, the language in Martha Ballard's diary manifests her religious devotion to God and to the work that He called her to do; in addition to attending public worship and church councils, Martha followed Christ's teachings in her daily life by caring for the afflicted in her community.¹⁶

Both Ulrich and Tannenbaum have helped illuminate the relationship between spirituality and science and how this connection helped and hindered the work of female practitioners in New England. However, their works cannot serve as representations for

¹³ Rebecca J. Tannenbaum, *The Healer's Calling: Women and Medicine in Early New England*, (Ithaca: Cornell University Press, 2002), ix.

¹⁴ For a detailed investigation into the connection between religious superstition and women's medical authority please see: Achterberg, "Fate of the Wise Women," in *Woman as Healer*, 76-98.

¹⁵ Tannenbaum, *The Healer's Calling*, xvi, 76-77.

¹⁶ Ulrich, *A Midwife's Tale*, 107-108.

all of early America. One must consider that regional differences, including differing religious climates, influenced social networks such as healthcare networks. In order to gain a fuller picture of the state of healthcare at this time, more regional studies involving the work of female practitioners are necessary. It seems appropriate, therefore, to continue to investigate the relationship between spirituality, medicine, and female healers in Philadelphia, the city that has long been associated with the beginnings of America's professional medical development as well as with the Society of Friends and their various contributions to the scientific world.¹⁷

Historians have investigated the ways in which Quaker women's theology influenced the scientific community, including the medical community. However, these studies mostly begin in the nineteenth century with women's efforts to enter the medical field as professional (university-trained) physicians and surgeons as well as their dedication to the Popular Health Movement.¹⁸ As noted by Margaret Sery Young:

Quaker women were important in establishment of the networks of medical education and practice... Quaker women appear to be overrepresented among notable nineteenth century American women-physicians. Quite likely this has been due to the fact that Quakers encouraged education of women and emphasized science as an important component of education.¹⁹

¹⁷ Clarissa F. Dillon's research on women's work in the Philadelphia area during the eighteenth century served as an inspiration for this research. While her studies do not focus exclusively on Quaker women or their theological tenants, her detailed description of women's work related to gardening and medicinal herb cultivation in *A Large, An Useful, and a Grateful Field: Eighteenth-Century Kitchen Gardens in Southeastern Pennsylvania, The Uses of the Plants, and Their Place in Women's Work* (PhD diss., Bryn Mawr College, 1986) proved useful in understanding women's vital medical role.

¹⁸ Included among these works are: Mary Roth Walsh, *Doctors Wanted: No Women Need Apply* (New Haven: Yale University Press, 1977); Margaret Sery Young, "Quaker Women and Medical Practice in the Nineteenth Century" in *The Influence of Quaker Women on American History*; Catherine S. Parzynski, "The Quaker Connection: The Society of Friends and Maternal Medicine," in *Maternal Medicine: Changing Perceptions of Women's Place in Medicine, Settlement to 1860* (PhD diss., Lehigh University, 2004), 156-185.

¹⁹ Young, "Quaker Women and Medical Practice in the Nineteenth Century," in *The Influence of Quaker Women on American History*, 298-299.

While this emphasis on women's science education is certainly true of women in the nineteenth century, Quaker theology and its influence on gender equality, scientific exploration, and education should also be recognized and explored in its eighteenth-century context. Therefore, this thesis will begin to connect the points at which Quaker theology, medical practice, and women practitioners intersected in eighteenth-century Philadelphia. The first section will address the influence of Quakerism on the sciences in Philadelphia. The second will explore the educational experiences of two Quaker women who worked as medical practitioners in the Philadelphia area. Section three will inquire into the ways in which these women conducted their medical practices. Section four will address challenges to women's medical authority. Finally, section five will explore the ways in which Quaker spirituality helped these women overcome challenges to their authority and pave the way for the future of female Quakers in the medical field. In doing so, this thesis will blur the boundaries between folk medicine and professional medicine, it will reintroduce questions concerning spiritual authority to the narrative of scientific enlightenment, and ultimately it will create a more complex picture of medical practice in eighteenth-century Philadelphia.

1: The Quaker Influence on Science in Philadelphia

In 1965, the Philadelphia Museum of Art worked with various institutions related to the sciences to present an exhibit of artistic representations of Philadelphia's medical history. The exhibit, which coincided with the bicentennial of the University of Pennsylvania Medical School founded in 1765, contained the portraits of those great men

who actively sought to build Philadelphia into the Edinburgh or Leyden of America.²⁰ Included among the stately portraits were those of Dr. John Fothergill, Dr. Phineas Bond, Dr. Thomas Cadwalader, and Dr. Samuel Coates, influential Quakers who each played a part in developing different areas of Philadelphia's professional medical community, that is, the planned medical community that comprised of university-educated, male doctors who were associated with institutions like hospitals and who worked with other university-trained, male doctors. Dr. Fothergill, while he never journeyed to America himself, supported Philadelphia's Quaker community and the larger medical community by hosting medical students and other visitors from Philadelphia in his London home. He also served as an advisor to Philadelphia's professional physicians, and in 1751 sent a collection of books and medical specimens to the newly chartered Pennsylvania Hospital.²¹ In London, he supported causes such as prison reform and education, two issues that incited widespread concern and action within the Society of Friends in both England and America.²²

For their part, Doctors Cadwalader, Coates, and Bond (along with other prominent Quakers) all served the Pennsylvania Hospital in some capacity, with Cadwalader and Bond working as physicians and Coates as manager, secretary, and board member at various times. These men were not solely interested in providing medical aid, but also promoted the dissemination of useful, scientific knowledge. To this end, Doctors Cadwalader, Coates, and Bond all supported the founding or the

²⁰ Bell, Jr., Sellers, and Tatum, *The Art of Philadelphia Medicine*.

²¹ Betsy Copping Corner, "Dr. John Fothergill and the American Colonies," *Quaker History* 52 (1963): 78-79; Bell, Jr., Sellers, and Tatum, *The Art of Philadelphia Medicine*, 18-19.

²² Arthur Raistrick, *Quakers in Science and Industry: Being an Account of the Quaker Contributions to Science and Industry During the 17th and 18th Centuries* (New York: Augustus M. Kelley, Publishers, 1968), 297-300.

development of the Library Company of Philadelphia.²³ The American Philosophical Society, founded to promote scholarly research, also flourished due in part to the influence of Quakers like Thomas and Phineas Bond and its co-founder, John Bartram. Together, these university-trained doctors and their accomplishments reflected “the intellectual atmosphere” for which the city would become known.²⁴

Quakerism’s role in fostering an environment conducive to scientific advancement has not gone unnoticed among historians. In a 1955 article, Brooke Hindle noted that, despite their minority status at that point in time, eighteenth-century Friends made their influence known in “every imaginable degree,” including the sciences. Their spiritually-based “positive attitude toward the study of nature” and their tendency toward “rational and empirical” methods set the stage for Philadelphia’s development into colonial America’s scientific center. When viewed in the context of Quaker spirituality, it is not surprising that these men focused much of their energy on developing Philadelphia’s medical resources; as Hindle points out, “Living in and of the world, unlike some other radical sects, the Quakers found a positive reason for encouraging science in the prevailing expectation that it would ultimately improve the physical condition of man’s life.”²⁵

Two men who were not included in the Philadelphia Art Museum’s exhibit but whom historians have recognized as contributors to the advancement of medical developments in the city are John and William Bartram, father and son naturalists whose research and writings on America’s botanical life transfixed their European correspondents and proved very useful to their colleagues at home. Having been raised

²³ Bell, Jr., Sellers, and Tatum, *The Art of Philadelphia Medicine*, 10-11, 12-13, 18-19, 45.

²⁴ Burkhart, *The Good Fight*, 246.

²⁵ Brooke Hindle, “The Quaker Background of Science in Colonial Philadelphia,” *Isis* 46 (1955): 243.

and educated within the Society of Friends, John Bartram was exposed to a theology that encouraged a spiritual appreciation of nature. Even after his expulsion from the Darby Monthly Meeting in 1758 for withholding a profession of his belief in the divinity of Jesus Christ, Bartram considered himself a Quaker for the rest of his life. Speaking to the intersection of scientific study and spirituality in Bartram's life, his son wrote, "His mind was frequently employed and he enjoyed the highest pleasure in the contemplation of nature, as exhibited in the great volume of creation. He generally concluded the narratives of his journeys with pious and philosophical reflections upon the majesty and power, the perfection and the beneficence of the Creator."²⁶

William Bartram's own observations on nature also reflect his Quaker spirituality. At Dr. Fothergill's request, Bartram set out to look for "rare and useful productions of nature" in the southern colonies including Florida.²⁷ He was enthralled by flora and fauna alike, crediting their complicated design to "the almighty power, wisdom, and beneficence of the Supreme Creator and Sovereign Lord of the universe."²⁸ For Bartram and other Quaker scientists, God was the source of all scientific enlightenment. Bartram's deep observations, vivid descriptions, and scientific analyses were rooted in his awe over God's creation.²⁹ For these men and other Quaker scientists, their relationship with the unseen God could be developed by appreciating and studying His creation.

When the Philadelphia Yearly Meeting selected Dr. Fothergill as its official correspondent from the London Yearly Meeting in 1743, he welcomed the opportunity to

²⁶ "The Disownment of John Bartram," *Bulletin of Friends Historical Association* 17 (1928): 18; Nina Reid, "Enlightenment and Piety in the Science of John Bartram," *Pennsylvania History* 58 (1991): 128.

²⁷ William Bartram, *Travels of William Bartram* (New York: Dover Publications, Inc., 1955), 29.

²⁸ Bartram, *Travels of William Bartram*, 21.

²⁹ Larry R. Clarke, "The Quaker Background of William Bartram's View of Nature," *Journal of the History of Ideas* 46 (1985): 435-438.

become the “canal of communication betwixt the two most considerable parts of the Society.”³⁰ The result of that communication was a lasting legacy of dedication to the institutions that made Philadelphia a scientific hub. The Quaker theology and traditions that originated in England poured into Penn’s city and took hold. Institutions such as the Medical College and the Philosophical Society, while they have evolved, continue to have a presence in the city. Art installations have reminded city residents of the debt they owe to the men who worked to make the city a healthier place.

However, there is another Quaker legacy that is not so easily traced: that of Philadelphia’s female practitioners. Their portraits were not included in the Philadelphia Art Museum’s exhibit. Their names do not appear among the members of the boards of the Pennsylvania Hospital nor of the College of Philadelphia. However, just as Philadelphia’s physicians and scientists grew up with or converted to a Quaker belief system that encouraged them to explore the links between the physical and spiritual in order to help their fellow man, the city’s female practitioners also went about their work with the same understanding. They participated in the exchange of medical knowledge by communicating with experts in the field of medicine, including the men who are discussed above. The female practitioners used empirical methods to observe the world around them and worked to benefit God’s creation. Margaret Hill Morris, as demonstrated in the letter to her sister, displayed the same concern for the health of her surrounding community that the university-trained doctors displayed.

A closer examination of Margaret Hill Morris’s letters along with the receipt book of Elizabeth Coates Paschall and finally, the biography of Martha Brand, women who were members of Philadelphia’s eighteenth-century Quaker community, will show that

³⁰ Corner, “Dr. Fothergill and the American Colonies,” 77.

the Quakers' belief in the interconnectedness of the spiritual and the physical, their appreciation for nature, and their emphasis on empirical study, were not exclusive to men in the Society of Friends. Studying their lives and medical work will create a richer picture of Philadelphia's healthcare networks and will better explain women's roles in those networks as they developed over time. While these women did not attend medical schools like an increasing number of their male contemporaries, their medical education mirrored that of male physicians in other ways. Despite male efforts to professionalize the field, medicine in eighteenth-century Philadelphia was not instantly partitioned along gender lines. Philadelphia's female medical practitioners found in their Quaker upbringing an emphasis on education, scientific exploration, and charitable work that enabled them to carry on much of the same work their English and American ancestors had performed.

2: Quaker Women and the Acquisition of Medical Knowledge

In Pennsylvania's early years, families especially had to rely on domestic medicine (also known as folk medicine) as their first line of defense. Even in Philadelphia and the surrounding area, which attracted a number of university-trained physicians in the late-seventeenth and early-eighteenth centuries, medical authority remained even more fluid than it did in England; there was little attempt to regulate the separate medical professions of "apothecary", "physician", and "surgeon."³¹ In this medical climate, families often looked to the wife and mother as the keeper of the kitchen garden, which contained both culinary and medicinal herbs, to produce and administer the proper cures.

³¹ Meier, *Early Pennsylvania Medicine*, 76; Burkhart, *The Good Fight*, 167.

However, by the mid-eighteenth century, as we have seen, prominent men in Philadelphia's Quaker community had begun working towards their vision of building Philadelphia into a center of medical learning and scientific exploration. They encouraged the city's young men to begin careers as physicians at the medical school or in Europe. It is at this point in time that male-dominated medical institutions take center stage among historians. It is at this point, according to the standard narrative, that women took their exit from the medical world, only to fight for their return in the nineteenth century. Jeanne Achterberg explains the state of women's involvement in the medical field thus: "the occupational barriers created by religious superstitions had evolved into equally strong barriers erected by the superstitions of science."³² However, the question remains: how impenetrable were those barriers?

Seeking to raise the American medical reputation to the level of Edinburgh and Leyden, leading men in Philadelphia's scientific community, Quakers among them, founded the medical school at the College of Philadelphia in 1765. That year, Dr. John Morgan (a Fellow of the Royal Society at London, Correspondent of the Royal Academy of Surgery at Paris, and Licentiate of the Royal College of Physicians in London and Edinburgh) published his *Discourse upon the Institution of Medical Schools in America*, arguing for the implementation of the "regular mode of practicing physic," which imposed a more definitive curriculum in new medical schools and structure that curriculum on a greater separation between the branches of medical practice (physicians, surgeons, and apothecaries).³³ While this proved useful for those American men who

³² Achterberg, *Woman as Healer*, 115.

³³ John Morgan, *A Discourse Upon the Institutions of Medical Schools in America; Delivered at a Public Anniversary Commencement, held in the College of Philadelphia May 30 and 31, 1765. With a Preface Containing, amongst other things, the Author's Apology For attempting to introduce the regular mode of*

aspired to become physicians, women were excluded from the college, and therefore were to be excluded from the “regular mode of practicing physic.” When he published his discourse, which he presented to the “citizens of Philadelphia,” he addressed the citizens as, “Gentlemen.”³⁴

However, barring women from Philadelphia’s medical schools could not bar them from a medical education. The general explanation for a woman’s medical skill in the eighteenth century is often that she participated in networks of female folk medicine – she inherited a collected knowledge of medical practices from her mother or other experienced women in her family. The transfer of medical knowledge from mother to daughter was certainly often the case as women were expected to have a degree of medical knowledge in order to care for their families. While Ulrich and Tannenbaum acknowledged that cooperation was the order of the day between male and female practitioners, their regions of study did not boast a new medical school like the one in Philadelphia. However, the beginnings of the professional medical institutions in Philadelphia did not end the interaction between male professionals and female lay practitioners as it appears to have done according to the narrative presented in previous medical histories of Philadelphia. Nor did the development of the medical college bring male physicians instant medical enlightenment. A look into the avenues by which Quaker women came by their medical knowledge will demonstrate that, despite the rise of professional institutions and titles in the city, male and female medical knowledge overlapped and their work remained closely linked.

practising [sic] Physic in Philadelphia (Philadelphia: Printed by William Bradford, 1765), xxvii, http://books.google.com/books?id=SW8FAAAAQAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false (accessed July 20, 2014).

³⁴ Morgan, *A Discourse Upon the Institutions of Medical Schools in America*, 1.

Several historians have noted the impact of Quaker theology on the development of medical education in Philadelphia. However, Quaker theology also encouraged the education of women and empowered them to continue to educate themselves beyond what formal schooling they had received. In addition to mother to daughter education, the Quaker community did advocate formal schooling for young girls as well as boys. In his 1711 charter for a public school in Philadelphia, William Penn stressed the importance of Philadelphia's Quaker school as a base for all learning, religious and otherwise.³⁵ True, primary schooling did not equip young girls with all the knowledge they needed to practice medicine. However, it did give them advantages many non-Quaker women did not have; it made them literate, giving them access to a wide variety of medical literature printed in Philadelphia and elsewhere.³⁶

This was the case for Elizabeth Coates Paschall, a Philadelphia Quaker whose medical recipe book provides important details concerning women's medical work in the city. Paschall was born into a prosperous Quaker family in 1702. Her father, a merchant who immigrated to Pennsylvania from England in 1683, and her mother, who was of French Huguenot descent, provided Paschall and her siblings with a formal education, most likely from a private tutor.³⁷ While little is known about her childhood education beyond her tutoring, it is possible her mother (or father) passed down their medical knowledge to her at a young age. Her recipe book, compiled between the 1730s and 1760s, does reveal that Paschall came by much of her medical knowledge from a variety

³⁵ Jean S. Straub, "Quaker School Life in Philadelphia Before 1800," *The Pennsylvania Magazine of History and Biography* 89 (1965): 447.

³⁶ Rebecca Larson, *Daughters of the Light: Quaker Women Preaching and Prophesying in the Colonies and Abroad 1700-1775* (New York: Knopf, 1999), 83.

³⁷ Ellen G. Gartrell, "Women Healers and Domestic Remedies in Eighteenth-Century America: The Recipe Book of Elizabeth Coates Paschall," *New York State Journal of Medicine* 87 (1987): 24.

of sources. Like other female and male practitioners alike, Paschall consulted a number of medical texts. She mentions several of those texts by name, including *John Quincy's English Dispensatory* and *Materia Medica* by John Hill, M.D., which she took out of the library.³⁸ Newspapers also kept her informed on medical news and provided her with some useful cures. Her recipe for "Being Poisoned by Mushrooms," for instance, was taken from the *Pennsylvania Gazette* on October 24, 1765.³⁹

However, Paschall did not limit her medical education to herbals, texts, and newspapers. While those Quaker men were conversing amongst themselves and building their scientific institutions, women like Paschall also conversed with them, picking their brains, looking for information that could help them heal their patients, and sharing their own medical discoveries. Throughout her recipe book, Paschall names members of the medical community with whom she discussed medical news and possible cures. Fortunately, it seems Paschall always credited the person who contributed a cure. We know, for example, that John Bartram was the one who contributed Paschall's "Cure for a Sprain." He also advised her on the recipe for "rattle snake weed tea" that would cure a "Violent Swelling in the throat."⁴⁰ Doctors also appear frequently, either by their full names or by their title, contributing their own proven remedies to Paschall's arsenal of cures.

Family members, friends, and neighbors also passed medical information along to Paschall on a regular basis. Her cures most often begin with phrases such as, "I was informed by my friend Joseph Watkins," "I was informed by my Sister Mary Reynall," "I

³⁸ Elizabeth Coates Paschall, *A Collection of Remedies for Colonial Period diseases compiled by Elizabeth Coates (Mrs. Joseph) Paschall of Philadelphia during the years 1702-1753*, transcribed by Don Smith, Philadelphia College of Physicians, Philadelphia, PA, 35, 27.

³⁹ Paschall, *A Collection of Remedies*, 47.

⁴⁰ Paschall, *A Collection of Remedies*, 6.

was informed By a woman in my Shop,” and the like.⁴¹ Paschall’s informants and her reading gave her a broader view of the medical world outside of Philadelphia. Thanks to her various informants, her medicinal remedies came from as far away as Newfoundland, North Carolina, and England.⁴²

In Margaret Hill Morris’s collection of letters dating from the mid-eighteenth century to the early-nineteenth century, we see a similar pattern in regards to her acquisition of medical knowledge. Morris, like Paschall, grew up in a Quaker family that valued and encouraged the education of young boys and girls. After her parents’ departure for Madeira, Morris was sent to Philadelphia where she attended the Friends’ School there and likely received instruction from, among others, the noted abolitionist and promoter of girls’ education, Anthony Benezet.⁴³

Morris’s father, Doctor Richard Hill, also knew the educational advantages his elder daughter, Hannah Moore, and his son-in-law, Doctor Samuel Preston Moore, could provide his younger children in his absence. He wrote to Morris and her sisters:

I am pleased to find you so sensible of the advantages of having such a kind brother and sister, whose steady care and tenderness of you have endeared them to me, and prevented the anxieties I should have been under on your account had you lived with anybody else. I hope you will never forget your obligations to them, but take all opportunities to show them how much you love them and regard their good advice and examples, which will give them more satisfaction than returns of any other kind whether from you or me.⁴⁴

One speculates that the “advice and examples” Doctor Moore provided included those of a medical nature. Morris’s father certainly expected as much. In his congratulatory letter

⁴¹ Paschall, *A Collection of Remedies*, 12, 18, 33.

⁴² Paschall, *A Collection of Remedies*, 44, 45.

⁴³ Webster and Dillon, eds., *Margaret Morris*, 2.

⁴⁴ Richard Hill, “Madeira, October 7, 1753,” in *Letters of Dr. Richard Hill and His Children*, ed. John Jay Smith, 96.

to Morris upon her marriage to merchant William Morris, Doctor Hill warned his daughter that married life would not bring perpetual joy; rather, Margaret and William Morris would have to be prepared to care for each other during times of illness and they would have to comfort each other when disease would claim their close family and friends.⁴⁵ In his letters, Doctor Hill made a clear connection to the care and maintenance of the physical body and the health of the spirit. If they were to improve upon their virtue by caring for their families, his daughters would have to have at least basic medical skills. However, considering his profession, one can imagine Doctor Moore ensuring his young sister-in-law received more than a basic education in medicine.

Regardless of whether or not Doctor Moore gave Morris extensive instruction in medicine in her adolescence, she took her medical education into her own hands in later years. When her father's grim warning about the inevitability of death came to fruition with William Morris's passing in 1766, Margaret Morris had an even greater motivation to seek out medical knowledge from a variety of resources. With four young children to care for, Morris had to do everything in her power to keep herself and her young family healthy.⁴⁶ Like Paschall, Morris gained at least some of her medical knowledge from printed texts, which may have come to her through the physicians in her family or perhaps the library. As evidenced by the book exchanges she organized with her siblings, Morris was an avid reader and cherished the opportunity to share what she learned.⁴⁷

When she ran her own shop in Philadelphia, Morris relied on her copy of William

⁴⁵ Hill, "Madeira, Feb. 20, 1759," in *Letters of Dr. Richard Hill and His Children*, ed. John Jay Smith, 166-167.

⁴⁶ John W. Jackson, *Margaret Morris*, 26. Morris had given birth to six children. The sixth child was born after William Morris's death in 1766. Two of their children had died, bringing the number to four when the family moved from Philadelphia to Burlington, New Jersey.

⁴⁷ Morris, "My dear Billy," "Never did I receive," Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

Buchan's *Domestic Medicine, or, A Treatise on the Prevention and Cure of Diseases, by Regimen and Simple Medicines*. She explained, "When a patient comes for advice, if I'm at a loss, I open the book case, which is my Apothecary shop, & fumble about the bottles, & turn over Buchan, till I meet with something like the case."⁴⁸

In her letters, Morris also recounts her interactions with professional physicians, crediting them in some cases with providing valuable information for her future use. Doctors Garnell and Bond (it is unclear whether it is Thomas or Phineas) provided Morris with cures for "the itch" and jaundice. An unnamed army doctor also recommended a cure for the itch, which was "the only remedy he had met" that proved effective.⁴⁹

With foundations in a Quaker educational environment that encouraged women as well as men to seek solutions to solve worldly problems, women like Paschall and Morris were excellent students of medicine. They were not passive recipients of information, but active participants in an exchange of medical knowledge, which sustained a medical

⁴⁸ Morris, "Physick is often wanted," Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA; 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*, Edinburgh, 1769, London, 1826, http://books.google.com/books?id=VQo2AQAAMAAJ&printsec=frontcover&dq=domestic+medicine&hl=en&sa=X&ei=ABB2UeDHKcTG0AGv_YDwCQ&ved=0CDoQ6AEwAA#v=onepage&q=domestic%20medicine&f=false (accessed 23 May 2014). Buchan's popular appeal to the public to arm themselves with knowledge against diseases embodies the climate of fluidity and uncertainty in the medical field in the mid-eighteenth century. In the author's preface, he states:

When I first signified my intention of publishing the following sheets, I was told by my friends it would draw on me the resentment of the whole Faculty. As I never could entertain such an unfavorable idea, I was resolved to make the experiment, which indeed came out pretty much as might have been expected. Many whose learning and liberality of sentiments do honour to medicine, received the book in a manner which at once showed their indulgence, and the falsity of the opinion *that every Physician wishes to conceal his art*; while the more selfish and narrow-minded, generally the most numerous in every profession, have not failed to persecute both the book and its author.

That women like Elizabeth Coates Paschall and Margaret Hill Morris sought medical knowledge from texts such as this and found approval from professional physicians adds credence to Buchan's statement that not all physicians wished to separate lay practitioners from the most current and effective medical knowledge. In Philadelphia and elsewhere, despite the rise of professional medical institutions, the transfer of medical knowledge was still fluid and lay practitioners still had a meaningful role in society.

⁴⁹ Morris, "For the Itch," "For the Jaundice," "For the Itch," Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

community outside the walls of the Pennsylvania Hospital. This exchange allowed women like Paschall and Morris to be receptive to the teachings of professional physicians within their communities, but it also prompted them to make their own observations based on personal experiences.⁵⁰

As Paschall took in medical information from the resources around her, she also took it upon herself to experiment and develop her own remedies. Many of her medical recipes begin with phrases like, “The way that I made my black solve [salve]” and “an excellent solve for a burn my own invention.”⁵¹ Paschall recorded the effectiveness of certain cures as other practitioners applied them or as she applied them on her own patients. Often, her patients included her own family. For example, she gave her children a drink made from dried bee stingers to help the “Stoppage of Urine.”⁵²

Margaret Hill Morris also took the time to experiment in order to find the most effective cures. In her essay describing Morris’s garden, Clarissa Dillon emphasized her “decidedly ‘scientific’ attitude in her comments.” When she grew potatoes, for example, Morris planted both cut and whole potatoes and compared their condition at harvest.⁵³ She applied her scientific techniques to her medicinal recipes as well. When she heard of a remedy that could improve eyesight, Morris wrote to her sister, “I am waiting for a Subject to try the experiment upon, I shall then apply it to my own eyes, which are so dim, that I can scarcely see to do any thing without glasses -- & I am afraid to practice on myself first, lest I should loose the little sight I have left.”⁵⁴ Whether or not Morris

⁵⁰ Charles Thomforde, *William Penn’s Estate at Pennsbury and the Plants of Its Kitchen Garden* (MA Thesis, University of Delaware, 1986), 223.

⁵¹ Paschall, *A Collection of Remedies*, 3, 4.

⁵² Paschall, *A Collection of Remedies*, 11.

⁵³ Webster and Dillon, eds., *Margaret Morris*, 61-62.

⁵⁴ Morris, “My precious sister must not by her anxiety on my account,” 3 May 1778, Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

applied the remedy on her own eyes, her eyesight remained sharp enough for her to continue her daily work including gardening and administering care to the sick into the early-nineteenth century.

While it is regrettable that there are so few details on the formal portions of Paschall's and Morris's educations, the informal means by which they acquired their knowledge warrants examination. In many ways, their educational experiences mirrored those of male physicians, who also read medical texts, frequented the library, and discussed the latest developments with one another, just as their female contemporaries did. Understanding the means by which these women came by their medical knowledge also serves as a call for historians to avoid generalizing the female medical practitioner's experience as simply superstition-filled "folk medicine" that was passed down through the female line. While women did learn the art of healing from one another into the eighteenth century, as Paschall's recipe book and Morris's family history demonstrate, they also learned it from their fathers, brothers, male neighbors, and professional physicians. Armed with their knowledge, they administered medical care under a variety of circumstances.

3: Administering Their Care

As has already been described, Philadelphia's medical community was undergoing significant changes during Elizabeth Coates Paschall's and Margaret Hill Morris's lifetimes. By the 1770s, eighty-two percent of Philadelphia's physicians had studied medicine in Europe, more students could obtain a medical education in the city by 1765, and changes in obstetrics (such as the more frequent use of forceps) set out to

“free childbirth from folk practice.”⁵⁵ And, as far-reaching and beneficial as these changes were, they did not professionalize the medical field overnight; the city’s inhabitants still sought out practitioners who did not have university educations, including those female practitioners like Paschall and Morris who had established credibility through years of experience rooted in their spiritual background. Residents’ reasons for pursuing these practitioners are varied and are worth exploring, as they illuminate the types of medical practices these women carried out, their motivations for doing so, and shed more light on the relationship between male and female practitioners during the eighteenth century.

Scattered throughout the recipe book of Elizabeth Coates Paschall are brief narratives involving situations in which the city’s inhabitants turned away from the care of male physicians looking to female healers, including Paschall herself, for the care they needed. These narratives indicate that, while the mid-eighteenth century was a time of great medical advancement for professional medical practitioners and institutions in Philadelphia, it was still a time of great skepticism on the part of the populace. Articles in the *Pennsylvania Gazette* reveal doctors’ efforts to ease the minds of suspicious Philadelphians. In a 1765 advertisement for a medical lecture series, Dr. William Shippen, professor of Anatomy and Surgery at the College of Philadelphia, had to promote his lectures while at the same time reassuring readers that his work with human cadavers was ethical, despite what circulating rumors stated:

It has given Dr. Shippen much Pain to hear, that not-withstanding all the Caution and Care he has taken, to preserve the utmost Decency in opening and dissecting dead Bodies... some evil-minded Persons, either wontonly or maliciously, have reported to his Disadvantage, that he has taken up some Persons who were buried in the Church Burying Ground, which has

⁵⁵ Burkhart, *The Good Fight*, 225, 158.

distressed the Minds of some of his worthy fellow citizens.--- The Doctor, with much Pleasure, improves this Opportunity to declare, that the Report is absolutely false.⁵⁶

No matter how many university-educated doctors sat on the faculty or how many books occupied the shelves of the medical school library, the professional medical practitioners could not succeed if they did not continue to appeal to the emotional and spiritual concerns of their patients. While their European educations made some patients feel secure, professional doctors only made others feel threatened, as evidenced by the rumors doctors like Shippen had to address.

Frequently, patients' insecurities were justified. Despite their more-formalized educations, the city's professional physicians were no better prepared than the lay practitioners to fight illness.⁵⁷ The number of receipts Elizabeth Coates Paschall obtained from doctors who had begun to practice by the "regular mode" shows how much of their knowledge overlapped. Therefore, in situations when the professionals failed, it only made sense to seek out practitioners with similar skill sets and success rates, even if they did not possess a university degree. Paschall's recipe for the white flux reveals that the patient lost confidence in his doctor after unsuccessful treatments:

Make a tea of the Herb Burnet Drink Every Day of it for a Considerable time this Cured John Parker after he had been Severall years bad of it & had applyed to Doctors but found no Releife from them this was tould me by his wife who was a valluable woman & my intimate acquaintance & I have Often found the Benefit of it in my Own famaly Both in the white & Bloody flux.⁵⁸

⁵⁶ "As the Necessity of cultivating Medical Knowledge in America is allowed by all," *Pennsylvania Gazette*, October 3, 1765, http://infoweb.newsbank.com.ezproxy.lib.lehigh.edu/iw-search/we/HistArchive/?p_product=EANX&p_theme=ahnp&p_nbid=N47X4ARBMTQwNzI2NTU5MS42OTgzMjI6MT0xMzoxMjguMTgwLjluMTY4&p_action=doc&s_lastnonissuequeryname=4&d_viewref=search&p_queryname=4&p_docnum=7&p_doref=v2:10D34C656629FD30@EANX-13544F532B7B83F8@2365989-13541402A4FFBDA0@3-137C2A23521CACA4@No%20Headline (accessed July 28, 2014).

⁵⁷ Ehrenreich and English, *Witches, Midwives, and Nurses*, 23.

⁵⁸ Paschall, *A Collection of Remedies*, 15.

Besides the stress of having no relief from illness, patients had to consider the cost of professional physicians in their healthcare choices. Paschall's recipe for "A Violent Eating Cancer" reveals that her friend's daughter had to turn to an "Old woman" for medical help after she had "Spent Some Scores of pounds on the Doctors."⁵⁹

As we have seen, male and female practitioners both used herbal remedies to treat their patients. Beyond the herbal treatments, their practices differed; those treated by professional doctors often found themselves subject to heroic treatments including bleeding, purging, and fasting, all which usually did more harm than good.⁶⁰ Knowing the pain and danger behind these horrific procedures, patients chose to ask for treatment that would spare them the physical trauma. Paschall's recipe book provides the example of one of her friends who turned from the doctor's care after he advised her to cut off "a hard white Swelling on her Neck." Fearing the pain of the procedure, she turned to Paschall for herbal treatments.⁶¹

While the Philadelphia area boasted one of the highest numbers of medical professionals in the colonies, there were times in which its inhabitants only turned to female practitioners because they had no choice. While institutions like the Pennsylvania Hospital were founded with the intent of caring for and healing the poor of the city, there were rules and regulations in place that limited their reach to the poor.⁶² In a March 1752 advertisement in the *Pennsylvania Gazette*, the hospital published its list of rules to which the managers of the hospital had agreed. It included stipulations such as the following:

⁵⁹ Paschall, *A Collection of Remedies*, 5.

⁶⁰ Reiss, *Medicine in Colonial America*, 164.

⁶¹ Paschall, *A Collection of Remedies*, 22.

⁶² Alexander, John K. "Institutional Imperialism and the Sick Poor in Late-Eighteenth Century Philadelphia: The House of Employment vs. the Pennsylvania Hospital." *Pennsylvania History* 51 (1984): 101-117; Marion, *Philadelphia Medica*, 29.

II. That no Person having the Small-Pox, Itch, or other infections Distempers, shall be admitted, until there are proper Apartments prepared for the Reception of such as are afflicted with those Diseases; and if any such Persons should be inadvertently [sic] admitted, they shall forthwith be discharged.

III. That Women, having young Children, shall not be received, unless their Children are taken Care of elsewhere, that the Hospital may not be burthened with the Maintenance of such Children, nor the Patients disturbed with their Noise.

IV. That all Persons desirous of being admitted to the Hospital (not inhabitants of *Philadelphia*) must, before they leave the Place of their Abode, have the Cases drawn up in a plan Manner, and sent to the Managers, together with a Certificate from a Justice of the Peace, and the Overseer or Overseers of the Poor, of the Township in which they reside, that they have gained a Residence in such Township, and are unable to pay for Medicines and Attendance.⁶³

The hospital did maintain a fund to care for the poor who could not afford their services, just as Paschall and Morris did not take payment from those who could not afford it.

However, the hospital only had so many beds to provide for the sick poor. What would become of those who could not leave their children or those who had smallpox? It is hard to imagine Margaret Morris turning away those patients who had young children; as she went house to house to care for her patients, she was probably surrounded by her patients' children quite often. According to her grandson, smallpox did not deter her either; he heard that his grandmother once cared for thirty smallpox patients at one time.⁶⁴

⁶³ "Rules agreed to, by the Managers of the *Pennsylvania Hospital*, for the Admission and Discharge of Patients," *Pennsylvania Gazette*, March 24, 1752, http://infoweb.newsbank.com.ezproxy.lib.lehigh.edu/iw-search/we/HistArchive/?p_product=EANX&p_theme=ahnp&p_nbid=Y69F54HNMTQwMzkwNTg0OC4zNTQ0NzM6MT0xMzoxMjguMTgwLjluMTY4&p_action=doc&s_lastnonissuequeryname=3&d_viewref=search&p_queryname=3&p_docnum=1&p_docreft=v2:10D34C656629FD30@EANX-1118C038A42134E0@2361048-1118C038B360BD90@0-1118C039AF73B098@Rules%20Agreed%20to%2C%20by%20the%20Managers%20of%20the%20Pennsylvania%20Hospital%2C%20for%20the%20Admission%20and%20Discharge%20of%20Patients (accessed June 5, 2014).

⁶⁴ Jackson, *Margaret Morris: Her Journal*, 28.

That Paschall and Morris operated their own medical practices differently than those who ran the professional institutions such as the hospital does not demonstrate intentionally subversive or destructive motives. As we know from the acquisition of their medical knowledge, these women often supported the methods of prominent doctors. Morris's own husband, before his death in 1766, was a contributor to the Pennsylvania Hospital.⁶⁵ Rather, these women were aware of the shortcomings of the healthcare system in Philadelphia and the surrounding area as well as their own talents. They welcomed medical cooperation, but they were also ready to help those who either chose to turn away from the "regular" doctors or who had no choice.

Margaret Hill Morris's Revolutionary War journal demonstrates the lengths to which Morris went to ensure she was providing injured soldiers with the best possible care. With sick and injured soldiers pouring into Philadelphia and the surrounding towns at various points during the war, resources were spread thin and physicians and surgeons at the Pennsylvania Hospital were unable to keep ahead of the injuries and disease.⁶⁶ However, the appeal to female medical practitioners as a "last resort" does not make Morris's work unworthy of mention. She may not be listed among the "Medical Men" who served the cause, but it is important to note that military physicians specializing in amputations and other surgical procedures associated with battle were not the only medical practitioners to make sacrifices for their respective causes.⁶⁷

⁶⁵ Jackson, *Margaret Morris: Her Journal*, 23.

⁶⁶ Richard L. Blanco, "American Army Hospitals in Pennsylvania During the Revolutionary War," *Pennsylvania History* 48 (1981): 351-353.

⁶⁷ Meier, *Early Pennsylvania Medicine*, 167. Meier's chapter, "Medicine and Medical Men of the American Revolution," includes a list of "Medical men who served in the struggle for American Independence." A number of them are Quakers, including Thomas Bond and Thomas Cadwalader.

Morris's journal, while it does not reveal much about the specific medical techniques she employed, does reveal much about her Quaker spirituality as it related to her medical practice. On January 3, 1777, Morris went to a neighbor's house to look after American soldiers who sought food and medical care after engaging in battle with the British at Trenton. According to her estimate, about one thousand soldiers had descended upon the town. She wrote, "About bed time I went in the next house to see if the fires were safe, & my heart melted with Compassion to see such anumber of my fellow Creatures lying like Swine on the floor fast aSleep, & many of them without even aBlanket to cover them up."⁶⁸ Throughout the course of the war, Morris expressed great pain over the loss of life. Her only solace was her trust that God would bring the suffering populace through the war. Like the Pennsylvania Hospital's female wardens, she worked into the night to ensure the soldiers' basic needs were met. And like the male physicians, she treated their wounds and illnesses. A few days later, the soldiers moved out. After caring for them and aiding in their recoveries she observed: "Only one of the Number stopt to bid me farewell – but I did not resent it, remembering that only one of the ten lepers cleansd by out Lord, returnd to give thanks."⁶⁹ While Morris did not dare equate her aid to the soldiers with Christ's miracle, it is clear she viewed her responsibility to the soldiers as a Christian duty. She wrote to her brother, who was located in Bethlehem, Pennsylvania at the time:

To see the Sick, the dying & the Dead, promiscuously huddled together in waggons, on the Street & Porches has made my heart feel real unhappiness -- & War the sad occasion!" I never wishd for an addition to my humble Portion but that I might have the power with it to releive my suffering fellow Creatures & often when I have seen the miserable Soldiers. I have lamented that I coud not administer to them in the way I

⁶⁸ Jackson, *Margaret Morris: Her Journal*, 61.

⁶⁹ Jackson, *Margaret Morris: Her Journal*, 63.

wishd to do – yet I have Comforted myself with thinking that where little is given, much will not be required –⁷⁰

Despite her insistence that her care for the soldiers could be considered “trifling Services” that had gone unappreciated at times, there were other times when the soldiers understood and appreciated that without her medical expertise, there was little hope for their survival. On June 14, 1777, she recounted one of those instances:

Some of the Gondola Men & thier Wives being Sick, & no Doctor in Town to apply to, they were told that Mrs M – was a Skillful Woman -- & kept Medicines to give to the poor -- & not withstanding thier late attempt to Shoot my poor boy – they Ventured to come to me -- & in a very humble manner begd me to come and do something for them – At first I thought they might have a design to put atrick upon me & get me aboard of thier Gondolas – & then pillage my house, as they had done some others – but on Asking where the Sick folks were, was told they were lodged in the Governor house so I went to see them – there were several both men and Women very ill with afever, some said the Camp or putrid fever – They were broke out in blotches, & on close examination, it appeard to be the itch fever – I treated them according to art, & they all got well – I thought I had recieved all my pay when they Thankfully acknowledged my kindness – but lo – in a Short Time afterwards, a very rough ill looking Man came to the door & askd for me – when I went to him, he drew me aside, & askd if I had any frds in Philada the question alarmd me... I calmly said, I have an Ancient Father – some Sisters -- & other near frds there – Well – said the Man – do you wish to hear from them – or to send any thing by way of refreshment to them – if you do, I will take charge of it.⁷¹

As repayment for her kind care, Morris was able to send beef, veal, fowls, and flour to her friends and family in Philadelphia.⁷²

In the midst of Philadelphia’s scientific coming-of-age, the Revolution disrupted all lives and ended many of them. During this time, the professional physicians and medical students who had been working to ensure the city’s healthcare institutions would

⁷⁰ Morris, “Having Heard from Transient People”, 1777, Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

⁷¹ Jackson, *Margaret Morris: Her Journal*, 71-73.

⁷² Jackson, *Margaret Morris: Her Journal*, 73.

be on par with those in Europe found their dreams interrupted. When the Pennsylvania Hospital filled up with the British wounded during the occupation of Philadelphia in 1777-1778, to whom did Philadelphia's sick and poor turn for medical care?⁷³ There must have been more women like Morris who opened their doors to the sick in order to fill the void the professional institution and its staff could not. The war forces us to look away from the marginalization of women in the medical field in order to examine the lives of women like Margaret Hill Morris, who carried on her spiritual mission to heal God's children.

The yellow fever epidemics of 1793, 1797, and 1798 were also trying times for the professional medical community. Regular doctors, divided over methods of treatment and dying off themselves, could not keep up with the sick and the dying during these times. And so, women like Margaret Morris, driven by God, stepped in to relieve the suffering. Having already experienced the medical horrors caused by warfare, Morris once again faced the ravages of death and disease. In her diary and correspondence, Morris described the stresses placed on local doctors during the pestilences as they struggled to attend to the sick and dying while remaining healthy themselves. While some fled the vicinity around Philadelphia, Morris remained in Burlington, the place where God had placed her. Victims fell by the hundreds around her, yet Morris declared, "I remain unafraid to go where duty calls me."⁷⁴

Despite the herbs and other preventative cures Morris sent to her siblings and children, her family did not escape unharmed; her eldest son, himself a doctor, and his wife both perished in 1793, leaving Morris to raise her grandchildren. At around fifty-six

⁷³ Reiss, *Medicine in Colonial America*, 138.

⁷⁴ Morris, "Ravages of the Yellow Fever," in *Letters of Dr. Richard Hill and His Children*, ed., John Jay Smith, 368.

years of age, Morris once again became a mother figure who had to balance caring for her family with caring for the community who so often depended on her.⁷⁵

4: Challenges to Female Medical Authority

Despite the frequent cooperation between patients, professional physicians, and female practitioners, women like Paschall and Morris faced instances of opposition. It is true that as the medical profession became more defined in Philadelphia, efforts were made to malign female practitioners, making them secondary to male physicians. However, these instances of opposition did not create an “abyss” as some historians would describe it. Paschall’s and Morris’s writings reveal how these women faced opposition and continued their healing work.

Comparing Elizabeth Coates Paschall’s writings and Margaret Hill Morris’s, we see evidence of increased opposition from professionals. Paschall’s recipe book, dating from the 1730s to the 1760s, provides the example of Paschall’s own niece who would not give her daughter the “Glister of Oatmeal Greased with a handful of Dried Cammomil” that Paschall had recommended for her colic without a doctor’s approval. Fortunately, Paschall proposed the cure to the doctor and “he highly approved of it and it Gave her Speedy Releife.”⁷⁶

Morris’s letters also divulge cases in which her work became secondary to that of the professional doctor. In a 1778 letter to her sister, she wrote:

My precious sister must not by her anxiety on my account, deprive me of the pleasure of being useful to my friends in every way that I am capable of --. I have profitted much by my attendance on the Sick -- & from my

⁷⁵ Morris, “Ravages of the Yellow Fever,” in *Letters of Dr. Richard Hill and His Children*, ed., John Jay Smith, 369-374.

⁷⁶ Paschall, *A Collection of Remedies*, 8.

worthy neighr Smith. I hope to learn patience & resignation, for during her long and painful illness, having been nine months confined to her bed, I never heard a murmur drop from her lips – but that my good Doctor should presume at this distance, to chide me for it, when he has so often told me that a Sick chamber seemd to be my peculiar province, is what I, a little wonder at – yet thee may tell him, I shall let his advice in the present case, have some weight with me, for I have been so used to beleive all he said was right, that I even consented he shoud try a dangerous experiment on my darling boy, Tho at The Time I really beleived he was going to kill him, by putting him into a cold Bath in the depth of Winter, it happend not to kill the Child of my heart, & from that Time to the present, I have never doubted his judgement.⁷⁷

Morris's deference to the doctor is clear. However, she is troubled by the fact that the doctor doubted her abilities in the case of Mrs. Smith when he had supported her work and acknowledged her prowess in the past. Despite the fact that Morris had been the one to observe and care for Ms. Smith over the course of her nine-month illness, she still valued the doctor's judgment over her own.

Morris's ability to care for others was called into question again in 1778. This time, the individuals involved were her own children. Having been widowed with four young children to raise, Morris struggled to support her family. However, she found it difficult to accept the charity that she so regularly gave to others. Instead, she prayed that her Quaker Meeting would sanction her opening a business in order to support her family:

I put it upon this, that the motion, be it what it woud, might not come from myself, least I shoud be tempted to mistake my own will for his Will – See how the prayer of the heart has been answered. The motion came not from me, of entering into business – but from a Brother & a Sister, in whose affection I have always been happy -- & now since it has been so far answered, I presume to hope that I have the best Senction for what I am about to do.

⁷⁷ Morris, "My precious sister must not by her anxiety," May 3, 1778, Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

In the same letter, she was happy to tell her sister that a friend, Nancy, had informed Morris that everyone in the Women's Meeting supported her efforts.⁷⁸ Morris did in fact open a shop in Philadelphia in which she sold a variety of goods from tea to molasses to veal. The shop also contained an apothecary cabinet from which Morris sold her remedies. In this situation, Morris's medical skills gave her the ability to earn the money she needed to support her family. She was also keenly aware that without her supply of cures and her medical expertise, suffering caused by illness would surely increase in her community. Still, even in this desperate situation, she viewed her actions in a spiritual context and could not act on her plans without knowing her Meeting, and therefore God, was supportive of her endeavor. All of these concerns, her worries over the wellbeing of her family, the burden of a new business venture, and her desire for God's approval are found in a 1780 letter to her sister, Sarah Dillwyn:

There is not a dose of physic to be got in this town without coming to me for it, and I have long supplied many gratuitously. I feel quite alert at the thoughts of doing something that may set me a little step above absolute dependence; the Doctor in our town will not sell any medicines, except to his own patients, so that I've no doubt of having custom enough, and all my friends here approve of my making the trial; if it succeeds, I shall add to my shop, but a little at a time, till I get a good assortment. 'Tis my first attempt at business, as I may say, and as I do not often engage in anything on which I dare not ask a blessing, so I presume to hope for one on my present undertaking.⁷⁹

Conclusion: Continuing the Spiritual Tradition

A comparison of the writings of Elizabeth Coates Paschall and Margaret Hill

Morris reveals that the two had much in common. Both came from Quaker families who

⁷⁸ Morris, "I have no fear of any thing else," March 23, 1779, Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

⁷⁹ Morris, "Private Correspondence of M. Morris," in *Letters of Doctor Richard Hill and his children*, ed., John Jay Smith, 415.

supported their formal educations. They learned about medical practice not just from a long line of women passing down ancient recipes, but from medical texts, newspaper articles, friends and neighbors, and from respected and established professional physicians in the city. They also experimented with their own cures and carefully documented their experiences. In these ways, their backgrounds share many similarities with their male counterparts, despite the fact that male medical practitioners who did not possess medical degrees by the end of the eighteenth century were often labeled as “quacks.” Try as they might to assign titles and labels to medical practitioners, Philadelphia’s medical “professionals” did not have all the answers right away and could not claim the entire city as their sole jurisdiction; they still had to share knowledge and a degree of authority with female practitioners.

While both men and women in the scientific Quaker community expressed their spirituality and connected it to their work, they did so differently. Whereas men claimed the increased professionalism of their field would be the greatest asset to Philadelphia’s sick and suffering populace, female practitioners maintained a great degree of authority throughout the century by reaching out to those to whom the professionals could not yet reach. They emphasized the spiritual and charitable importance of their work, filled the voids institutions like the Pennsylvania Hospital could not fill, gave affordable and accessible care to the sick poor, and they extended their charity during the chaos of war and epidemics. All the while, these women continued to interact with and share knowledge with their male contemporaries despite the outwardly rigid boundaries of professional medical institutions.

The writings of Elizabeth Coates Paschall and Margaret Hill Morris only give us glimpses into the world of Quaker women and their medical practices during the eighteenth century. However, what can be gleaned from those glimpses is worth reporting on as it reminds us not to get swept up in historical generalizations to the point that we cannot distinguish among the religious groups, geographical regions, and other divisions that made up early American society. Their accounts also help us make sense of women like Martha Brand, a Quaker woman who was listed among Philadelphia's male physicians as a "doctress" in the city's 1796, 1798, 1799, and 1811 directories.⁸⁰ While little is known about her education or her daily practices, to obtain the title of "doctress" during a time of increasing professional rigidity speaks volumes about her standing in the Philadelphia medical community. Outwardly, Brand may appear to be an anomaly as she was the only woman to be counted among the male practitioners. However, when her religious affiliation is taken into consideration, one might speculate that her education and her experiences in the medical field were closely related to those of Elizabeth Coates Paschall and Margaret Hill Morris. Perhaps she, too, had a family that supported her education, a Quaker Meeting that encouraged her medical endeavors, and a community that was in dire need of her expertise and care.

If Quaker women were overrepresented in the professional medical field in the nineteenth century, it was because they had carried on the work of women like Paschall, Morris, and Brand, who, by their faith, felt they were fulfilling God's will by administering care to his children. Achterberg's description of women's medical involvement as an abyss may appear fitting in the cases in which women like Paschall

⁸⁰ Whitfield J. Bell Jr., "Martha Brand (1775?-1814): An Early American Physician," *Journal of the History of Medicine and Allied Sciences* 33 (1978): 218-219.

and Morris did not inspire full confidence in their patients or faced opposition from professional doctors. However, for Philadelphia's Quaker women, the eighteenth century was not an abyss. Their religion came of age along with and embraced scientific enlightenment, which empowered women as well as men to think empirically and take action in order to improve the lives of those suffering around them. With spirituality as their tool, they gave themselves permission to practice their God-given talents when men did not. In 1810, Margaret Hill Morris sent a letter to her granddaughter, expressing her hope that she would continue to help the sick poor despite the challenges:

My Beloved Child... I have noticed with pleasure thy readiness to contribute to the comfort of the sick and poor, and though thy means of continuing the practice may not be large, yet be not discouraged; remember who it was that pronounced a blessing on the "widow's mite" formerly; if we can't do all we wish to do, let us at least do what we can.⁸¹

⁸¹ Margaret Hill Morris, "My Beloved Child," 1810, Gulielma M. Howland Papers, Quaker and Special Collections, Haverford College, Haverford, PA.

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