

WOMEN HEALERS THROUGH HISTORY



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Revised and
Expanded Edition

Elisabeth Brooke

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To Scholars of Women's History everywhere.

*You may forget but
Let me tell you
this: someone in
some future time
will think of us.*

Sappho (c. 630–570 BCE)¹

¹Erasure: 'the planned, self-serving obliteration throughout the phallocracy of the lives, words and achievements of women; the attempted annihilation of the Reality of all others. Example: the attempted obliteration of Sappho's work and reputation. The erasers/obliterators did not fully succeed, however. In Oxyrhyncus, Egypt, between 1897 and 1906, an archaeological expedition uncovered papyrus mummy wrappings which had been used to stuff coffins and embalmed animals. In this ancient garbage dump, on wadded strips of papyrus, were the fragmented poems of Sappho' (Daly, Mary and Caputi, Jane, *Webster's First New Intergalactic Wickedary of the English Language*, 1987). In this analysis, I would include women's history, the history of men and women of colour and all other marginalised and conquered peoples.

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INTRODUCTION

Medicine is deeply political and has always been so. The priestess-healers of ancient times wielded tremendous power as just as the medical hierarchy does today. The form that the prevailing politics takes determines who will be the physicians and who will be the patients. Will it be only the rich who have access to health care, whites and Christians? The reader will see that with a few notable exceptions, the politics of Europe have been defined by white, male, Christian values. That is, they have been, and are, racist, sexist, homophobic and anti-Semitic. And the struggle to prevent the 'underclasses' from practising medicine have been constant and bloody. The ruling class has naturally endeavoured to keep tight control over the different professions and over scholarship, so history also reflects this patriarchal and racist bias. Women, however, have now begun their own historical

studies and are reconstructing history to reflect the experience of the majority of the world's population.

The sources for this book are few and far between and therefore the accounts of the women's lives portrayed are at times infuriatingly sketchy. Lack of resources and publishing constraints mean that black women hardly feature in this book—except in Chapter 1 about Ancient Egypt and the redoubtable Mary Seacole in Chapter 9. No work of feminist scholarship is complete without the voice of black women and I trust black women and women of colour will continue this work.

Before I began researching this book, I had no idea that women had been doctors for thousands of years, let alone that prior to patriarchal times they were considered to be the natural healers. I had been led to believe it was our battling Victorian great-grandmothers who were the first doctors. I hope my book will show this is far from the case.

Women have always been healers. This book is a brief journey through the lives of our healing foremothers. From myth and poetry to the well-documented Victorian campaigners, we see women fighting and sometimes dying for the right to practise medicine. This book is a study and a celebration of the brave, inspired and above all determined women healers of the past. I have gathered together the fragments of their lives and work which have remained safe from historical censors. Where women have been portrayed in medicine they are seen as ministering angels (which many were) but in an ancillary and unpaid, hence 'unprofessional', capacity. If they remained faithful to their class and prevailing patriarchal value-systems, they were also remembered by history. Hence, we know of Florence Nightingale but nothing of Mary Seacole; Elizabeth Garrett-Anderson had a hospital named after her, whereas Sophia Jex-Blake has for the most part long been forgotten.

Some women were surgeons, some general practitioners, some obstetricians and others professors of medicine. Their

lives, with the exception of contemporary women, have not been recorded in great detail. I have resisted the temptation to speculate about their practice, so at times the information is sparse. But I felt it was preferable to include whatever brief account of their lives I could find.

There is one picture of the woman healer that we are all familiar with. It is that of the wise woman, the witch-healer, who lived and still lives in rural areas throughout the world. She is the primary health care worker for most of the world's population who do not have access to 'modern medicine'. The average reader can conjure up a picture of the witch of medieval times who, by means of spells, charms and incantations, healed the sick, made barren women fertile, bewitched cattle and the like. And who, if she fell foul of the local lord, would end up in the ducking stool or being roasted at the stake. Women healers have been represented as quaint, unsavoury, harmless or wicked, depending on your point of view. I hope my book will show this is in fact far from the case and that attacks on 'mad old women' who were called witches were in reality an orchestrated campaign to wipe out any opposition to the rule of the Church. Woman-hating dogma is an integral part of Christianity and the Church's avowed intent is the preservation of white, male domination.

There is another history of the woman healer. She was an innovative, scientific, humane and caring practitioner. She worked alongside her male colleagues sharing her insights and discoveries with them, often to find them stolen or not accredited to her. She built hospitals, taught in medical schools, developed theories, pioneered new methods of treatment and discoursed with great thinkers of her time. Yet often she practised under threat of death. Why was it that women in medicine were so discriminated against? To answer this question, we need to go back in time to cultures where it was accepted that women should practise medicine. To when female goddesses were worshipped, and the Great Mother ruled supreme.

The worship of the Great Mother, as practised in Ancient Egypt, Greece and Rome was generally centred around moon worship. The three phases of the moon were seen to represent the three faces of woman: maiden, mother and crone. The goddess as virgin was the priestess-healer and the sibyl or prophetess. She was a virgin in the sense she was owned by no man, she would interpret omens and answer questions concerning sickness through the use of trance, dreams, astrology and divination. Healing rituals would be performed within the temples as prescribed by the Goddess. The full moon related to mother figures who worked with childbirth and general practice medicine, which women like Trotula or Hildegard personified. The dark of the moon shows the crone face of the Goddess. She is Hecate, dweller in the shadows, who deals with death and madness. She communicates with spirits of the netherworlds and may be a shaman.

The ancient world knew the Great Mother and yet chose to forget her. Upstart gods appeared until she was finally unseated by Jehovah, the wrathful, avenging god. He showed her no mercy and cut her down. His followers mirrored his matricide and women, once revered, were raped, murdered and enslaved. Captive and powerless, no area of public life was open to them, and one by one their rights were removed while their areas of life diminished. Women physicians were outlawed and forbidden to practise medicine. Men resented the respect and power practising medicine gave them. Over the years, women have been tolerated as physicians where the power of the Church was least influential. Trotula, for example, came from a part of Italy renowned for its pagan practices. Hildegard, of course, could not be called a pagan, but had the good fortune to be a highly intelligent mystic and was safe from the worst excesses of the inquisitors.

As the Middle Ages moved into the Renaissance repression became more bloody culminating in the wholesale slaughter of millions of women many of whom were herbalists, midwives,

mystics and nurses. Gradually women started using the law to make their case to practise as licensed doctors alongside the men. Women of the nineteenth century fought a legal, but in the end no less bloody, battle to be treated on an equal footing with male practitioners. One of men's main fears was that women would outshine them in their degree courses—which they proceeded to do. Finally, they won through, though women in medicine are still having to defend their right to practise.

There is a growing revulsion against male, mechanistic medicine and constant debates about medical ethics. And this in a mad world where the old and terminally ill cannot elect to die in peace and the brain-dead are kept alive by machines. 'Unfashionable' areas of medicine, such as mental health, are starved of the resources, both human and financial, that could effect real change.

In the minefield that is medicine, women's voices are urgently needed to bring some common sense into the debate. What use is nuclear medicine or operations on foetuses while much of the world suffers and dies from easily preventable diseases?

Whether we work in 'conventional' or 'complementary' medicine the fact that we are women healers gives us common ground. The political issues apply to both fields. It is naive to imagine that complementary medicine is any less sexist or racist than conventional medicine. Women health workers will understand more about the complex issues involved in their practice and women patients will likewise be able to make clearer choices about their treatment if both can appreciate the way women have suffered throughout history, particularly in medicine.

Women doctors, therapists, nurses, midwives and complementary practitioners are all urgently required to voice their opposition to the medical orthodoxy which has changed the life-giving art of healing into the deadly science of modern medicine. I hope this book will help to implement the changes needed.

Introduction to the second edition

The twenty-first century offers us a different landscape to that of the 1980s when I wrote the first edition of book. Things are both worse and better. From my perspective, as a herbalist, the world has embraced alternative or traditional medicine in a way only dreamed about in the 1980s. Herbal remedies and herbal teas abound in supermarkets, and chemist shops sell essential oils and homoeopathic remedies, Rescue Remedy is advertised on the London Underground and short courses on foraging, making simple herbal remedies and herbs for common ailments are oversubscribed.

Orthodox medicine as not fared so well and could be said at the time of writing (2019) to be under siege. In the UK the crisis of underfunding in the NHS has brought patients to the alternative sector and we have become accustomed to the idea, if not the reality, of paying for healthcare. It has also brought an immoral and corrupt 'market-place' into the health service empowering big pharma,² normalising the polypharmacy of drug prescriptions and the 'drug pusher' mindset of general practice which moves away from prevention to the mass medicalisation of sectors of the population.³ In this climate the

²Law, Jackie, *Big Pharma: How the World's Biggest Drug Companies Control Illness*, 2006. In his book outlines how, multinational drug companies' control, distort and corrupt the healthcare market.

³For example, the almost blanket prescribing of Statins to the over 50s despite evidence of their side effects and the dubious benefit of lowering slightly elevated cholesterol levels, and/or the lowering of what is considered to be normal range in blood pressure, again to increase the uptake of hypotensive drugs and profits. See also <https://www.bmj.com/content/348/bmj.g3458/rr/761453> and Briffa, Dr John, <http://www.drbriffa.com/2014/02/14/its-about-time-some-people-were-straight-with-the-statistics-on-statin>. And the long-term use of Beta Blockers on heart attack patients <https://www.nhs.uk/news/heart-and-lungs/beta-blockers-useless-for-many-heart-attack-patients-study-reports/> and finally: referring to a study in the *Expert Review of Clinical*

public mood for ‘safer’ medicines has grown exponentially. Projects for the general population have become popular, especially those focusing on common remedies for common ailments, which avoid the queues at general practice and A&E. Education is key here. The Westerhays project in Edinburgh works within a NHS set up.

At the same time, the influx of asylum seekers and the economic devastation of the collective punishment of the poor or ‘austerity’ has brought destitution to millions.⁴ Women healers have responded to this poverty in a variety of ways loosely connected under the banner of Radical Herbalism. I shall discuss Herbalists without Borders in Bristol, the Herbs Bike in Dublin, the Unity Herbal project in Glasgow and the Radical Herbalism movement in the UK.

Research into the history of women in medicine has increased exponentially, and many sections of the book have been re-written as new information has come to light; on Trotula and the work of seventeenth-century midwives, to name two. Hurd-Mead, whom I leant on heavily in the first edition can now be seen to have been carried away in her enthusiasm to make the case for women healers, calling midwives

Pharmacology, <https://www.irishtimes.com/news/health/no-evidence-high-cholesterol-causes-heart-disease-say-doctors-1.3627093>. Also LDL-C Does Not Cause Cardiovascular Disease: a comprehensive review of current literature. **Ravnskov** U, de Lorge M, Diamond D M, Hama R, Hamazaki T, Hammar skjöld B, Hynes N, Kendrick M, Langsjoen P H, Mascitelli L, McCully K S, Okuyama H, Rosch P J, Schersten T, Sultan S and Sundberg R, *Expert Rev Clin Pharmacol*, 2018 and Serious bias in twenty year follow-up study of statin trial. **Ravnskov** U, Okuyama H and Sultan S, *BMJ*, 31 October 2017.

⁴There are now more than 14 million in the UK living in poverty. A major study by the Social Metrics Commission (SMC) revealed that 8.4 million working-age adults, 4.5 million children and 1.4 million pensioners are living below the breadline in Britain today. Nearly half of those people—6.9 million—are living in families with a disabled person, the research suggests. Zoe, Drewett, <https://metro.co.uk/2018/09/17/>.

INTRODUCTION

obstetricians, and being over-generous in her interpretation. The new scholarship has meant several women did not 'make the cut' but others have been added. Together with the new sections on 'Twentieth-century women pioneers', 'Women healers of colour' and 'End of life care', I hope this has made the book a better one.

Lammas, London 2019