

**Women in Medicine:
Midwifery, Prevention, and Power in the Colonial Era**

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Before the eighteenth and nineteenth centuries, women were the powerhouse in home medicine, particularly in the intimate domain of midwifery. Their expertise and authority in traditional practices made them the go-to caregivers during childbirth, offering a unique blend of experiential wisdom and hands-on healthcare. Eventually a significant transformation unfolded in healthcare practices as male physicians began to dominate a field once led by women. This shift went beyond the roles of those delivering babies or holding the title of a 'doctor,' impacting how women were perceived in society, their roles in healthcare, and their autonomy. It emerged from a blend of scientific progress, societal norms, and changing gender dynamics, prompting reflections on self-identity, adaptation, and medical professionalism. Women's achievements in medicine during this era faced suppression and overshadowing by male practitioners, resulting in vilification, and entrenched sexism, and occasional witch accusations. The transition triggered various reactions, from women adjusting to male dominance to broader societal shifts in gender roles, leading to a spectrum of responses that mirrored transformations in societal norms and beliefs.

By examining this shift through cultural, political, and social lenses, profound insights into gender equality struggles and healthcare evolution emerge. With a focus on midwifery, it becomes evident how people like Elizabeth Nihell and her *Treatise on the Art of Midwifery* (1760) challenged male practitioners using instruments and highlighted gender power struggles in healthcare. Nihell's defense of female midwives and calls for safer childbirth methods underscored both women's professional competence and the implications of men encroaching on female healthcare domains. Unveiling the transformation in healthcare practices during this period provides needed context on gender dynamics, power structures, and medical advancements that shaped historical gender narratives and healthcare norms.

The substantial shift in healthcare practices and childbirth, from being predominantly woman-led domains to male-dominated professions during the eighteenth and nineteenth centuries, marks a pivotal point in the understanding of gender roles and the integration of medical science into society. This transition was not just a simple change in who delivered babies or who was considered a 'doctor,' but represented a broader cultural shift that affected how women were perceived in society, their autonomy, and their contributions to healthcare. At the heart of this evolution lies a complex interplay of scientific advancements, societal expectations, and gender politics, which brings to the foreground intriguing questions about resistance, adaptation, and identity.

This historical transition served as a catalyst for reevaluating traditional gender norms, redefining the roles of women in healthcare, and reimagining the intersection of scientific innovation with societal constructs. Additionally, it prompted more thought on the resilience demonstrated by individuals amidst changing norms, and the evolving identities in the backdrop of profound societal, scientific, and gender dynamics. The era witnessed a profound reconfiguration of gender roles, societal expectations, and healthcare practices, paving the way for intricate discussions on resistance, adaptation, and individual identity within the context of an evolving healthcare landscape shaped by a multifaceted interplay of scientific progress, societal norms, and gender politics.

Understanding the societal responses to this transition is crucial. It not only sheds light on the adaptive strategies employed by women in response to the encroachment of male dominance in what was traditionally their domain but also highlights the broader implications of this shift in gender-based roles. This change stirred a mix of opposition, acceptance, and adaptation, reflecting the dynamism and fluidity of societal norms and ideologies. Examining the transition's

impact through various lenses—cultural, political, and social—provides a nuanced view of the profound changes that occurred, offering insights into the struggle for gender equality and the evolution of healthcare practices. Investigating this research question will contribute to a deeper understanding of the intersection between gender, society, and medicine, shedding light on issues of power, knowledge, and societal transformation.

Additionally, the failures of midwives have also been exploited by individuals seeking to advance political agendas. When midwives encounter challenges or adverse outcomes in their practice, those instances become ripe opportunities for manipulation. In times of political turmoil or social upheaval, the vulnerabilities of midwives have been strategically targeted to suit the needs of those in power. By weaving narratives that link midwives' shortcomings to divine retribution or societal decay, political actors have skillfully employed these episodes to consolidate authority, uphold established norms, or tarnish the credibility of dissenting voices. These historical examples underscore the intricate relationship between healthcare practices, the roles of women in society, and the pursuit of political influence and control.

Although cases in which women accused of witchcraft went into considerable decline at the start of the eighteenth century, midwives in the seventeenth and eighteenth centuries faced challenges and risks in their practice. As midwifery evolved and professionalized through the centuries, the scrutiny and exploitation of midwives' failures for political or social gain continued, albeit in a slightly different form. The new way in which power dynamics changed was in increased involvement of men in midwifery and medicine. Due to this increased involvement of men, the need for pushback by midwives in the name of safe medical practices increased. Additionally, the lack of any form of standardization in medicine within the American

Colonies held back progress in the field until the nineteenth century when schools of medicine would become more mainstream.

The profound shift towards healthcare practices involving male physicians replacing women represented changing societal perceptions. Additionally, the suppression of female achievements directly coincides with an increase in witch accusations from the men who held power in society such as John Winthrop, the first governor of Massachusetts. Specifically in the seventeenth century, men often capitalized on the failures of midwives like Jane Hawkins for political purposes. In the case of Jane Hawkins, a midwife banished from Massachusetts after a deformed fetus was discovered in 1637, led to her harsh treatment. Authorities used the birth of the deformed fetus to link it to divine punishment, intertwining religious heresy with women's roles in childbirth.

By exploiting the midwife's perceived failure in this instance, men in power managed to strengthen their position and reinforce societal norms, shaping the narrative to serve their political agendas. Through cultural, political, and social lenses, insights into gender equality struggles and healthcare evolution emerge, exemplified by figures like Elizabeth Nihell, an eighteenth-century midwife who while advocating for female midwives and highlighting gender power struggles, argued against famous doctors of the time like William Smellie, who pushed the use of forceps in medicine. This period marked a transition from female to male-dominated healthcare roles, shaping historical gender narratives and medical advancements and prompting reflections on resistance, adaptation, and identity within evolving societal norms and ideologies.

Midwifery of the Eighteenth & Nineteenth Centuries

The realm of midwifery was one of the few medical fields where women could assert their independence and stake out a living for themselves. In the case of Elizabeth Nihell, an

Englishwoman from London, her journey began in 1747 at the Hôtel Dieu in Paris, where she underwent vigorous training under Marie-Claude Pour for two years, a rare opportunity made possible by the support of the Duke of Orlèans. Witnessing and assisting in over 2,000 births during her time there, Nihell's extensive experience stood out in an era when formal medical education for women was almost non-existent.¹ The Hôtel Dieu was renowned for its midwifery teachings, led by the esteemed Madame du Coudray, who enjoyed royal patronage from King Louis XV. Transitioning to Britain with her husband in 1754, Nihell settled in Haymarket and promptly advertised her midwifery services in the London Evening Post, going on to attend more than 900 births. Five years later, in 1760, she challenged the methodologies of renowned Scottish obstetrician William Smellie in her seminal work, *The Treatise on the Art of Midwifery*.²

Nihell's criticism focused on Smellie's work called *A Treatise on the Theory and Practice of Midwifery*; a significant publication in the eighteenth century consisting of three volumes published between 1752 and 1764. This work detailed the process of labor, guidance on normal childbirth, and strategies for managing complications that may arise during delivery. One notable aspect of the book was its establishment of protocols for the safe utilization of obstetrical forceps.³ William Smellie emphasized the importance of using forceps, even improving on the design in recognition of their life-saving potential. Although Smellie was one of the most influential leaders in the field of obstetrics, Nihell argues that the dangers of the forceps outweighed their usefulness in midwifery and obstetrics.

¹ Beal, Jane. "Elizabeth Nihell: A Feisty English Midwife (1723-1776)." *Midwifery Today with International Midwife*, no. 114 (June 1, 2015): 56–57.

² Nihell, Elizabeth. "A Treatise on the Art of Midwifery." LONDON: Printed for A. Morley, at Gay's-Head, near Beaufort Buildings, in the Strand. 1760. Preface. <https://www.gutenberg.org/ebooks/60334/pg60334-images.html>.

³ Smellie, William. *William Smellie and History of Medicine Collections* (Duke University) NcD. "A Collection of Cases and Observations in Midwifery." London: Printed for D. Wilson and T. Durham, 1754. <http://archive.org/details/collectionofcase00smel>.

Nihell's treatise highlighted the unnecessary and potentially harmful nature of instruments brought into the birthing room by male midwives. She stressed that individuals, not male midwives, should have decision-making power in the birthing process. Nihell's primary concern was that these new obstetrical tools would replace female midwives, leading to increased risks for infants. She argued that a smooth delivery only required a midwife's assistance, and in emergencies, expertise, care, and composure were sufficient. Prior to the eighteenth century, the presence of male midwives during childbirth was quite uncommon, leading to little debate on the matter. However, with the introduction and adoption of forceps, male midwives gained popularity while the status of female midwives diminished. This shift occurred as upper-class English society embraced male midwives, believing that women lacked the understanding and ability to execute obstetric techniques.

Nihell's stance towards those like William Smellie would create numerous debates over who was allowed to work in this field. Historically, midwifery and obstetrics were dominated exclusively by women. Women were seen during this time as nurturers many surgeons would Trust in doctors and their methods started to change how people saw women's health, childbirth, and medicine in the early 1700s. Doctors like William Smellie helped improve birth science, but they also believed that despite the fact that midwifery was traditionally dominated by women, because these women did not have degrees they should not be trusted in assisting in childbirth. This act inadvertently slowed the progress of the field to the point where safety and technological advancements would slow to a halt. This marks the beginning of when a women's understanding of their bodies and traditional midwifery started to be overshadowed by a push for a more male-led, 'scientifically' approved approach. The change from old, woman-led birth practices to a more formal birth science showed a shift in trust from personal, hands-on

experience to standardized, official knowledge. This shift changed not only affect childbirth practices, but also who made decisions about women's health and how childbirth was handled.

The profound transformation that occurred in healthcare practices and childbirth shifted from predominantly female-led domains to male-dominated professions throughout the eighteenth and nineteenth centuries. This change signifies a crucial juncture in understanding gender roles and the amalgamation of medical knowledge into societal frameworks. This paradigm shift transcends merely altering who provided care during childbirth or occupied the title of a 'doctor'; rather, it signifies a broader cultural change that reshaped societal perceptions of women, their agency, and their roles in healthcare provision. At its core, this evolution embodies a wide variety of scientific progress, societal norms, and gender dynamics interwoven into the fabric of historical change, prompting a deeper exploration of the intricate relationships between scientific advancements, societal norms, and gender politics. The questions that arise from this evolution compel a nuanced understanding of how individuals navigated changing landscapes, how societal expectations evolved, and how gender roles intersected with the unfolding narrative of medical progress and societal change in these dynamic centuries.

Doctors of the early nineteenth century sought to increase and maintain their monopoly on childbirth and push midwives out of their profession. Midwives were considered a threat to the doctors' income due to their reputation for providing the same, quality care to women during pregnancy and childbirth as men but at a lower rate than male doctors. Rather than collaborating with midwives or supporting their training and advancement, these doctors discredited and challenged them, citing their lack of formal education and training. "They [male doctors] coveted the business traditionally held by midwives for all gynecological complaints and infant care that could metamorphose into more comprehensive family care. They did charge more for deliveries

than midwives and could expect a great deal more for difficult cases.”⁴ These tactics led to a loss of public faith in midwives and a greater emphasis on medical intervention during childbirth.

As a result, medical costs rose, and women lost a crucial choice in the care they received during pregnancy and childbirth. The consequences of the doctors' desire for a childbirth monopoly were manifold and negative. One obvious outcome was higher medical costs, with women and families being required to pay a premium for obstetric care provided by physicians as opposed to midwives. Another consequence of the medical profession's marginalization of midwives was that childbirth became increasingly medicalized, with more interventions and technological tools being used to manage childbearing most notably, the invention of obstetrical forceps. This push for medical domination over childbirth robbed women of the ability to choose who would provide care for them during pregnancy and childbirth, removing them from decision-making processes about their own bodies.

The ‘Man-Midwife’

The arrival of men into the realm of childbirth, which had long been overseen by female midwives, was met with a mix of opposition and acceptance. In 1857, Admiral George Morant of the British Royal Navy not only delved into this unique intersection of medical procedures and societal expectations but also highlighted the tensions amid changing ideas about modesty, professional boundaries, and gender roles. In the dominant atmosphere of the nineteenth century, women were confined to domestic and caregiving roles, sidelining their experiences, especially in medicine, to a position wrapped in respect and mystery. The emergence of man-midwifery disrupted the established order by introducing male practitioners into a field traditionally controlled by women. Morant describes this as an intrusion, a significant change in the gender

⁴ Breslaw, Elaine G. *Lotions, Potions, Pills, and Magic: Health Care in Early America*. NYU Press, 2012. Pg. 125.

dynamics of childbirth seen as encroaching on private spheres and challenging the sanctity of female spaces. Man-midwifery was not just a medical procedure but a direct challenge to the societal norms dictating the roles men and women should fulfill in the birthing process.

Morant asserts that "The practice of man-midwifery... has thriven with unrestrained vitality and ever-increasing strength."⁵ Questioning the prevailing gender norms of the period, Morant describes the troubling development as a slow-growing curse, subtly corrupting the purity of the home—a bold intrusion into a domain traditionally under female influence. This viewpoint reflects the concerns of society during that era, characterized by strict gender expectations and where any departure from the norm was viewed as abnormal. There are numerous instances where Morant asserts that the societal pressure placed upon women, exemplified by his assertion that women were "Naturally timid, and ignorant of their own structure, [and are] subject to the] persuasions or menaces of more knowing persons."⁶ This relinquishing of control is depicted as not just a personal misfortune but as a collective erosion of women's agency, reflecting a broader disenfranchisement within the domain of childbirth choices.

Morant's assertion that the man-midwife was destroying the agency of female involvement in midwifery. He emphasizes the challenges women faced in asserting their preferences in childbirth and critiques the intrusion of men into a traditionally female-dominated field. However, it is important to note that there may not be a fully objective view due to its focus on highlighting the negative aspects of man-midwifery and the erosion of women's agency. Despite the challenges of this specific view of male midwifery, as a product of its time, this is an accurate

⁵ Morant, George. "Hints to Husbands: A Revelation of The Man-Midwife's Mysteries." Third Edition, Revised and Enlarged. London: Simpkin, Marshall, & Co., 1857. Pg. 7.

⁶ Morant, George. "Hints to Husbands: A Revelation of The Man-Midwife's Mysteries." Third Edition, Revised and Enlarged. London: Simpkin, Marshall, & Co., 1857. Preface.

representation of how men were viewed in traditionally female dominated roles. Modesty was a very hot-button issue of this time. Even as these issues first presented themselves in the eighteenth century.

Going on, Morant's exploration sheds a compelling light on the landscape of man-midwifery and the repercussions it had on women during the nineteenth century. Central to Morant's narrative is the articulation of the obstacles encountered by women in asserting their birthing preferences amidst the encroachment of male practitioners into a domain conventionally governed by women. While Morant's perspective offers valuable insights, it is essential to acknowledge the potential subjectivity of the viewpoint, which predominantly highlights the adversities of man-midwifery and its implications for women's autonomy. While acknowledging the limitations of a viewpoint influenced by its contemporary context, Morant's portrayal authentically reflects the societal perception of men engaging in roles traditionally occupied by women. Within the historical context, modesty emerges as a contentious issue, further complicating discussions surrounding gender dynamics and traditional role allocations, with these complexities initially emerging as early as the eighteenth century.

In the text of *The Danger and Immodesty of Unnecessarily Employing Men-Midwives*⁷ is also full of criticism aimed at women of fashion, who the author accuses of abandoning their virtue while still conforming to the societal norms of the eighteenth century. The author, who unfortunately remains unknown, questions the modesty of women who readily use a male midwife for even minor concerns, suggesting that such women engage in intimacy with a figure of professional authority to skirt scandal committing wrongs. "What must Men-midwives think

⁷ Anonymous. "The Danger and Immodesty of the Present Too General Custom of Unnecessarily Employing Men-Midwives." United Kingdom: J. Wilkie & F. Blyth, 1772. Pg. 8.
<https://www.gutenberg.org/cache/epub/68756/pg68756-images.html>

of those ladies, who send for them to be inspected on such trifling occasions?"⁸ This question implies that these women weigh the preservation of reputation over the upholding of their personal decency. Delving into the societal fabric of the eighteenth century, it becomes apparent that the employment of men-midwives was enveloped in a complex web of expectations and standards.

Society, by and large, held women to strict codes of modesty and virtue, yet paradoxically sanctioned the intimate involvement of male practitioners in childbirth—a role traditionally reserved for women. Within the context of these norms, the author's critique illuminates the contradictions at play. He asserts that by allowing men into these private places, society undermines the virtues it claims to value, revealing a hypocrisy embedded in the social norms of the time. The author's perspective on the role of men-midwives in society is candidly fleshed out, representing a grave concern for the supposed erosion of modest behavior among women of fashion. The insinuation that the line between professional conduct and personal liberties is disturbingly blurred, eliciting an unease about these interactions. Offering assistance for minor or insignificant events is seen as diminishing the value of both the midwife's occupation and the women's moral integrity. Thus, the text argues with the complex dynamics at play, asserting that the presence of men in what was traditionally a female realm both reflects and exacerbates the moral decay of society.

Keeping with the ideas of women's agency in medicine, John Maubray's *The Female Physician*, a comprehensive view of the intricacies of women's health and the medical customs prevalent during his era. Through a meticulous interweaving of empirical medical knowledge

⁸ Anonymous. "The Danger and Immodesty of the Present Too General Custom of Unnecessarily Employing Men-Midwives." United Kingdom: J. Wilkie & F. Blyth, 1772. Pg. 37.
<https://www.gutenberg.org/cache/epub/68756/pg68756-images.html>

and societal norms, Maubray's work emerges as a standout for its progressive stance on advocating for enhanced midwifery practices and better medical care specifically tailored for women, marking a significant advancement in the early eighteenth-century medical discourse. A distinguishing feature of Maubray's approach lies in his practice of substantiating his viewpoints by aligning them with the perspectives of esteemed medical authorities of the time, thereby lending credence to his discussions on various aspects of women's health, the dynamics of childbirth, and the evolving trends in contemporary medical methodologies.

Maubray's thoughtful and methodical references of authoritative figures such as the esteemed French obstetrician François Mauriceau, whose insights are incorporated to not only fortify Maubray's own arguments but also to underscore a deep-seated reverence for the historical foundation of medical knowledge. By weaving in the perspectives of renowned medical practitioners, Maubray not only solidifies his own assertions but also showcases a profound regard for the traditional wisdom surrounding women's health and childbirth complexities. “The most difficult and dangerous Preternatural BIRTHS proceed merely from the ill Situation of the Womb; which I take to be the most common Cause of the Child’s wrong Posture.”⁹ This specific deference to established medical beliefs and his emphasis on anatomical expertise for midwives stand as testaments to Maubray's unwavering faith in the significance of existing medical wisdom as it manifested in the field of midwifery during his time. The reliance on the wisdom of notable medical authorities reveals Maubray's dedication to presenting a holistic and thoroughly informed understanding of women's health practices and the nuanced art of childbirth, thus reflecting both a respect for the conventions of his era and a commitment to

⁹ Maubray, John. “The Female Physician.” <https://www.gutenberg.org/files/64097/64097-h/64097-h.htm>. LONDON: Printed for James Holland, at the Bible and Ball, in St. Paul’s-Church-Yard. 1724. Pg. 268.

providing empirically grounded advice for the betterment of medical care in the realm of midwifery.

Witch Accusations?

Returning to the seventeenth century, instances of witch accusations predominantly targeted women who deviated from the expected societal norms. These accusations often fell on women who had sought education beyond conventional boundaries or faced challenges in fulfilling their anticipated roles, thus challenging the prevailing patriarchal structures of the period. In a society where women were often denied formal education based on gender biases, their capabilities, including skills as midwives, were undermined and viewed with skepticism. This doubt and questioning culminated in a growing suspicion towards women's legitimacy as midwives and their suitability to provide care. Consequently, this skepticism fueled an alarming rise in the number of women accused of practicing witchcraft in colonial America, reflecting the deep-seated biases and prejudices that shaped gender, education, and healthcare practices during that era.

The phenomenon of exploiting midwives for political motives, as evidenced by the orchestrated campaigns against figures like Jane Hawkins, represents a deliberate attempt to subjugate female professionals in the field of childbirth, weaving a narrative that reinforced patriarchal control. This pattern of vilification and marginalization not only diminished the contributions and expertise of midwives but also played a crucial role in reshaping the social fabric, aligning it more closely with male-centric ideologies of power and governance. By casting midwives' encounters with complications as evidence of moral or spiritual failure, authorities were able to exploit these events for broader political objectives, subtly ingraining a distrust of female-led medical practices.

The midwife, presently after this discovery [of the deformed fetus], went out of the jurisdiction; and indeed it was time for her to be gone, for it was known, that she used to give young women oil of mandrakes and other stuff to cause conception; and she grew into great suspicion to be a witch, for it was credibly reported, that, when she gave any medicines (for she practised physic), she would ask the party, if she did believe, she could help her, etc. [April 1638] . . . these, and the other the like before, when she! dwelled in Boston, gave cause of suspicion of witchcraft, for it was certainly known, that Hawkins's wife (who continued with her, and was her bosom friend) had much familiarity with the devil in England, where she dwelt at St. Ives, where divers ministers and others resorted to her and found it true. [summer 1640].¹⁰

During the seventeenth and eighteenth centuries, a potent strategy emerged which exploited the intertwining realms of healthcare and morality within the societal consciousness of the era. This strategic maneuver enabled entrenched male-dominated structures to solidify their authority by eroding the independence and reverence traditionally accorded to midwives. The profession of midwifery, amid the challenges posed by childbirth, became a focal point for socio-political maneuvering by those in positions of influence. The deliberate utilization of incidents involving midwifery mishaps as tools for political and religious discourses illuminated an epoch where women's bodies and their societal roles became contested terrains in ideological conflicts.

This historical period witnessed a noticeable transition towards medical practices dominated by men, as midwives found themselves increasingly sidelined in favor of a medical framework that prioritized empirical scientific methods over the experiential wisdom traditionally held by women. This shift often came at the cost of women's well-being and agency,

¹⁰ Witch-Hunting in Seventeenth-Century New England: A Documentary History 1638-1693, Second Edition. Duke University Press, 1999. Pg. 20. <https://doi.org/10.2307/j.ctv11hph70>.

underscoring a broader societal narrative of diminishing autonomy and healthcare decision-making for women.¹¹

Despite this, midwives maintained a resilient stand against the encroachment of male practitioners, advocating for the preservation of woman-centered healthcare practices in an era that was becoming increasingly hostile to them. As the nineteenth century dawned, the medical profession began becoming more formalized, with the establishment of medical schools and the advent of more systematic approaches to healthcare. This transformation marked a critical juncture for midwifery, which found itself at a crossroads between tradition and the burgeoning medical orthodoxy. The struggle for midwives to safeguard their practices and knowledge became more nuanced, as they navigated both the opportunities and challenges presented by a more structured medical landscape. The evolution of medical education and practice, while offering improved methodologies and understanding of health, also represented a further potential for the marginalization of midwives. It was amidst these shifts that the enduring resilience of midwives—rooted in centuries of experience and a deep commitment to women’s health emerged as a beacon of resistance against the tide of medical patriarchy.

Exploration of Historical Health Practices and Medical Perspectives

In the historical context, communication through letter writing served as a crucial outlet for individuals to express their emotions during challenging times. These letters not only acted as a means of sharing family news but also as a form of psychological release, especially during periods of family crises or health concerns. This mode of written communication allowed for the open expression of feelings regarding the latest family disaster, enabling people to free themselves emotionally. Within these letters, there was a notable prevalence of discussions

¹¹ Nihell, Elizabeth. “A Treatise on the Art of Midwifery.” LONDON: Printed for A. Morley, at Gay’s-Head, near Beaufort Buildings, in the Strand. 1760. Preface. <https://www.gutenberg.org/ebooks/60334/pg60334-images.html>.

surrounding disease and death, which were recurrent topics alongside the day-to-day challenges such as weather patterns, agricultural activities, and family affairs. The sharing of simple remedies for common family ailments was a common feature in these letters, often drawn from readily available medical guides that were typically found in households.

In these times, the lady of the household often assumed the role of the family doctor, having easy access to medical guides placed alongside culinary recipe books. In contrast to the modern day, where seeking medical assistance is a primary response to health issues, in the past, consulting a physician was considered a last resort. The document highlights the stark differences between the historical perspective, where surviving illnesses were significant concerns for families in the eighteenth century, and the present-day challenges faced by modern society, such as the devastating impact of self-inflicted deaths due to substance abuse and violence. During the eighteenth century, the training of physicians predominantly occurred through apprenticeships with established practitioners or abroad.

The analysis provided by Rita Korman concerning the everyday struggles with health and medical practices in the eighteenth century come to life through the lens of Martha Dandridge Custis Washington gives a window into the medical practices of the eighteenth century. Martha's letters serve as a reflection of the challenges faced in a time where diseases and mortality were ever-looming threats, shaping the dynamics of healthcare in colonial America. Martha Washington's life, as depicted by Korman, was marred by a familiarity with sickness and death, prompting her to equip herself with rudimentary knowledge of herbal remedies and medical techniques to safeguard her family against prevalent illnesses.

The letters exchanged between Martha and her relatives, namely her sister, niece, and granddaughter, underscore the pivotal role of women as primary caregivers within the family

unit during a period where medical consultations were sought as a last resort, highlighting the reliance on homemade medicinal solutions to combat ailments. The struggles and experiences discussed in Martha's letters offer a glimpse into the concerns surrounding public health and disease prevention during the eighteenth century. Furthermore, Martha's exploration of medicinal research like mint water reflects the resourcefulness and reliance on natural remedies characteristic of the era. The letters not only serve as a mirror to the healthcare practices of the time but also provide a personal narrative of Martha Washington's enduring resilience and compassionate nature in the face of adversity.

In one specific instance, Martha Washington is writing letters to Anna Maria Dandridge Bassett (her sister), Frances Bassett Washington (her niece), and Eleanor Parke Custis (her granddaughter). She discusses the health of various family members and their children. This is in addition to the seasonal outbreak of smallpox and whooping cough. An important detail of this time is the prevalence of homemade remedies that are made to try and combat disease and sickness. "(I) sent for . . . the mint water--I want myself . . . have after of late had the cholick (sic) and pepper mint water is not be had hear (sic) (Philadelphia), I beg you will when the season comes to still (sic) mint have some desilled (sic) in time when the pepper mint is in blume (sic) and have it double desilled (sic) for me"¹². The use of medical remedies to prevent the symptoms of different illnesses illustrates the general practices of medicine in eighteenth century colonial America. Washington's concern for the well-being of her family, despite the challenges she encountered in her own life, paints a portrait of a caregiver entrenched in the medical and social life of colonial America. Martha Washington's letters show the essence of eighteenth-century healthcare, offering a view into what familial caregiving was like, the reliance on home

¹² Koman, Rita G. "Ladies' Letters: Rx for Eighteenth-Century Health Care." OAH Magazine of History 8, no. 4 (1994): 49–53.

remedies, and the collective efforts towards disease prevention. Martha's letters reveal her strong concern for her family and community during challenging times in healthcare.

To gain a deeper understanding of the historical medical landscape, the text recommends analyzing primary documents to explore the prevalent illnesses, recommended treatments, the impact of environmental factors like weather on health, and the measures taken in urban settings to prevent disease spread. Furthermore, it delves into the changing roles of doctors over time, from being relatively disregarded in society to gaining high regard, along with the evolving dynamics of healthcare delivery from home care to specialized hospital services.

Conclusion

The transformation that unfolded in healthcare practices during the eighteenth and nineteenth centuries signified a significant shift, as male physicians increasingly took over roles traditionally held by women in the healthcare sector. This transition not only altered societal perceptions but also reshaped the roles of women in medicine and their autonomy within the field. Driven by scientific progress and evolving gender dynamics, this reconfiguration marginalized female healthcare providers and gave rise to severe repercussions such as witch accusations, entrenched sexism, and resilience from women navigating the male-dominated healthcare landscape.

The impact of this substantial shift underscores the pressing challenges related to gender equality and the intricate pathways of healthcare development within these historical periods. An inclusive examination of this transformative era offers profound insights into the struggles faced by women in their quest for professional equality and the nuanced trajectories of progress within healthcare systems. Through a comprehensive and multifaceted analysis, the complexities of

gender dynamics, societal norms, and advancements in healthcare provision come to light, shedding valuable light on the enduring legacy of these historical transformations.

Figures such as Elizabeth Nihell played a pivotal role in advocating for the recognition of female midwives and highlighting the gender discrepancies present in medical care during pivotal historical periods. Elizabeth Nihell's efforts epitomized the inherent power struggles woven into the fabric of this transformative shift in healthcare. As the fields of midwifery and healthcare underwent a process of professionalization throughout the ages, the actions and decisions of midwives increasingly came under intense scrutiny. Failures or perceived shortcomings of midwives became not only points of contention but also tools for political exploitation and social control.

This dynamic underscored how instances where midwives encountered challenges were strategically manipulated for political gain and to maintain societal norms. For instance, the plight of midwives like Jane Hawkins, who faced severe repercussions in the seventeenth century due to unfavorable outcomes, exemplifies how male authorities leveraged these situations to consolidate their power and uphold existing norms. This was often achieved through invoking religious justifications and political maneuvers, intertwining these narratives with perceptions surrounding gender roles and healthcare practices. The intricate connection between healthcare protocols, gender dynamics, and political interventions reveals the complexities of power dynamics and societal influences that underscored historical contexts. These instances shed light on the multifaceted interactions between healthcare practices, societal expectations, and the political landscape, highlighting how these elements converged to shape the roles, perceptions, and experiences of healthcare practitioners, particularly women, during transformative historical periods.

The absence of standardized medical practices in the American Colonies until the nineteenth century represented a significant hindrance to the advancement of healthcare services. Despite the increasing involvement of men in midwifery and medicine, the lack of consistent guidelines and regulations created obstacles that slowed down progress within the healthcare sector. This transitional era marked a profound cultural evolution, shifting from a scenario where female healthcare providers dominated the field to one where men took center stage in medical professions. This pivotal transformation not only reshaped the landscape of gender dynamics within healthcare practices but also steered the course of medical progress. It instigated a critical reassessment of established gender roles from a historical standpoint, leading to a reexamination of traditional beliefs about healthcare roles and occupational identities in society. By challenging conventional notions of healthcare provision and professional identities, this transformation initiated a process of reevaluation and renegotiation of gender roles within the healthcare domain.

The transition from female to male healthcare roles spurred contemplation on issues of resistance, adaptation, and the evolving identities of practitioners in response to shifting societal beliefs and ideologies. The consequential impact of this shift transcended mere gender dynamics, delving into broader implications for societal norms, power structures, and professional identities within the realm of healthcare evolution. By exploring these historical narratives, a deeper comprehension emerges regarding the intricate interplay between gender, society, and medicine. It illuminates the complex dynamics of authority, knowledge dissemination, and societal transformation that have shaped the healthcare landscape across different epochs.

Through the examination of these historical narratives, a nuanced understanding is gleaned of how the transition from women to men in healthcare roles reverberated through

societal structures, influencing not just healthcare practices but also broader societal norms and perceptions of professional identities. This exploration not only sheds light on the struggles for gender equality within the healthcare domain but also underscores the intricate web of influences that mediate the intersection between gender dynamics, societal frameworks, and the evolution of medical practices over time.