

Domestic Medicine

When studying the history of medicine, anthropologists recognize multiple medical realities. Anthropologists often define a society's health care system as being comprised of the popular, folk, and professional sectors.

Popular health care refers to self-care, or familial care, practices informed by popular knowledge. Often knowledge of this nature is passed along by word-of-mouth - frequently as home remedies that are passed down through the generations. In its strictest sense, the term does not apply to any particular type of remedy. Taking an over the counter medicine for a cold, rather than seeking professional advice, is an example of today's popular health care culture. It also is not limited to remedying illness. Self-care in the form of diet and hygiene are also included as part of the popular healthcare culture. Many modern "folk" herbalists are passing along this sort of domestic information.

The folk health care culture is comprised of non-professional specialists who work in their communities. These healers often had far more in their repertoire than the therapeutic delivery of plant medicine. Many of them worked from a framework influenced by indigenous cultural ideas about the spirit world influencing health. Others had a specific skillset, such as lay midwives. Most historians agree households called for this specialist only after knowledgeable domestic caregivers had exhausted their resources. Medical historian James Mooney reported in 1887 that "every housekeeper is well acquainted with all the virtues of the common herbs" and that she only turns for help when "she has exhausted her resources or is convinced that the illness is of supernatural origin."

The professional healthcare sector is comprised of academically trained providers such as MD's, naturopathic physicians and yes, clinical herbalists. This is a relatively new sector, in a historical context. Harvard medical historians write, "Almost all healing work in Europe and the United States took place at home until the late 19th and early 20th centuries, and self-care guides and domestic medical manuals were found in nearly every literate household."

This talk will focus on the popular healthcare culture, frequently referred to as "domestic medicine." Domestic medicine was historically the province of women. Economic forces drove this reality. Feudalism, like many economic systems, thrived on the domestication of women due to its capacity to force the unpaid labor of women. Once the colonization of women successfully established housewifery as the status quo, caring for their family's illnesses and injuries was a mandatory part of a housewife's subsistence work.

In Europe, this especially seemed to be the case after Henry VIII and other monarchs ordered the dissolution of the monasteries. While hospitals replaced the monasteries as charitable facilities, they only provided care for the poorest populations and people with no family to care for them. Few people of means would have consented to be going to the hospital.

The appearance of stillrooms and stillroom books during this time indicate that women of means stepped in to fill that void. The education of women born to wealthy families of that era included basic surgery and physic in order to fashion them as "useful domestic companions to men." Women like Lady Grace Mildmay, Lady Margaret Hoby, Lady Anne Halkett, Lady Fanshawe and many others kept stillroom books which documented the fact that they practiced medicine, including minor surgical procedures, to care for their families and provide charity to the poor.

The stillroom books clearly illustrate the old networks of skill sharing. Entries in these books often credited other women as the source of a remedy. The following, found in *The Receipt Book of Mrs. Ann Blencowe*, is titled “A receipt to make ye Green Ointment that cured Lady Probyn’s Coachman’s back” attributed to one Mrs. Lethiculear:

Take of Sage and Rue of each one handfull, of wormwood and bay leaves, each half a pound. Gather these in the heat of the Day. They must be unwashed and Shread small. And take a pound and half of sheep suet and stamp it with the herbs untill they be all of one couler; put it in a pint and half of the best Sallet Oil, and stir them well together, and put it in a pot and stop it close up, and let it stand nine days. Then boil it till the strength of the herbs be gon, and take care in boiling that, you doe not burn it. And when it is boil’d put in an ounce and half of Oil of spike, and keep it for your use. It is good for all manner of wounds, bruises, burns and sprains. The best time to make it is in may.

Sometimes an entry offered a simple nod to the country folk or the gardener, which illustrates that the popular health culture extended through all classes. The books passed from parent-to-child and informed generations of familial care. This persisted for hundreds of years, in both the UK and the United States.

These books also seem to document that there was a respectful relationship between these women and physicians. On the rare occasions that a doctor was called for, he would share his formulas and instruct the woman of the home on how to best proceed with the case and return later to check the progress of his patient. The caregiver would frequently record these recommendations in her book, for future use. Sometimes physicians passed along formulas from other women. This seems to imply that doctors were learning new tricks from their clients, too.

As merchant capitalism replaced feudalism, financial competition increased amongst physicians and the professional health care culture started to assert its dominance. This was problematic for the popular sector of the healthcare system because creating a dependence on professional authority hinged on belittling domestic caregivers’ competency and disrupting the methods by which they obtained their knowledge. One could argue, however, that domestic caregivers were better off than the specialists of the folk sector, who more frequently fell victim to the witch-hunts.

It is important to note that this didn’t happen quickly. This was a slow process of erosion. The gradual decline in respect for women’s healing knowledge was mirrored in the way the stillroom books slowly started to resemble the modern cookbook and “phisical receipts” began to disappear from their pages.

Family herbals, written by doctors, but marketed at the public began to take their place. Historical herbals such as Culpeper’s *The English Physician & The Complete Herbal* were published for the lay public rather than fellow practitioners. In 1769, Dr. William Buchan published *Domestic Medicine: or, a treatise on the prevention and cure of diseases by regimen and simple medicines*. In this text, Buchan made the case for the wide dissemination of basic healing knowledge. He argued against professional trade secrets saying,

“The affectation of mystery not only renders the medical art more liable to be abused, but likewise retards it progress. No art ever arrived at any comfortable degree of improvement for so long as it was kept in the hands of a few who practiced it as a trade.”

This book was wildly popular. Over the course of a century, it was reprinted over 20 times and distributed throughout the UK and US colonies. Buchan was not without his faults. He showed an annoying affinity for bleeding and other “heroic” practices and many of the recipes he mentions can be found in stillroom books written two hundred years earlier such as the following bitters infusion.

Take tops of the lesser centaury and camomile flowers, of each half an ounce; yellow rind of lemon and orange peel, carefully freed from the inner white part, of each two drachms. Cut them in small pieces, and infuse them in a quart of boiling water.

For indigestion, weakness of the stomach, or want of appetite, a tea-cupful of this infusion may be taken twice or thrice a-day.

Harvard medical historians explain the use of manuals like Buchan’s saying, “Almost all healing work in Europe and the United States took place at home until the late 19th and early 20th centuries, and self-care guides and domestic medical manuals were found in nearly every literate household.”

The drop off in the practice of domestic medicine coincides with the time when certain plant medicines, such as narcotics, became more difficult for the average person to obtain. There were valid reasons for those types of restrictions. Patent medicines were a nightmare before regulation came along. One example, Mrs. Winslow’s Soothing Syrup, marketed to calm children, contained morphine and opium. Not surprisingly, it killed many children and created a host of addiction problems. Unfortunately, these regulations, and exclusive access to new synthetic drugs increased the professional health care sector’s chokehold on the health care system.

You might wonder what this has to do with modern plant healing and why I feel compelled to talk about it modernly? This history compels us to examine the exclusionary nature of professionalism. Popular healthcare cultures thrive on freely shared knowledge. The professional health sector has historically operated in direct opposition to this sharing of knowledge because they derive their authority by undermining confidence in self-care practices. This reality provokes questions to think about as we move forward to build a professional community. How do we best support and empower the popular health care culture? How do we protect consumers from junk marketing and poor information on the internet, without resorting to scare tactics or undermining their confidence?

Also, as a feminist, I would like to see more herbalists teach their students about the contributions that the female healers made to the herbal craft. I mean it is good that St. Hildegard gets some acknowledgment for her contributions, but she was by no stretch of the imagination unique amongst women of her time, except perhaps in her literacy. Knowledge of these important women, and the forces that silenced them, seems somewhat lacking amongst modern herbalists.

I have studied their writings, which are the legacy of a thriving popular health care culture. Just seeing the hundreds of names to which various remedies are attributed helped me to grasp how widespread domestic healing knowledge was. It also makes me cringe to think how many of these books were tossed away as useless cookbooks. We should honor the memory of these ancestors by working to revive knowledge of domestic medicine, in part by sharing the names and stories of women history has forgotten.

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