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# Witches, Midwives & Nurses

*A History of Women Healers*

SECOND EDITION

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# Introduction to the Second Edition: The Backstory

*WITCHES, MIDWIVES & NURSES (WMN)* IS A DOCUMENT from the second wave of feminism in the United States. Rereading it forty years later, we find it startling in its assertiveness and sweep and, for the most part, surprisingly accurate, given the paucity of materials we originally had to work with. At the same time, we also cringe a little at what read now like overstatements and overly militant ways of stating things. A lot has changed in forty years, both historically and in our approach to scholarship, so we have to remind ourselves that *WMN* was written in a blaze of anger and indignation. If some of the sources of our anger now seem quaint, this is only because of works like *WMN* and the movement it came out of.

By the early 1970s feminists were becoming aware of a variety of ways women were abused or treated unjustly by the medical system. As health care professionals, women were largely confined to subordinate roles as nurses and aides. As consumers of care, we found ourselves subject to both insensitive and hazardous treatment: unnecessary hysterectomies, over-medicated childbirth, insufficiently tested contraceptives, involuntary sterilizations, and the almost universal condescension of male doctors.

We were not supposed to know anything about our own bodies or to participate in decision-making about our own care. As girls, the women of our generation had grown up thinking of their reproductive organs as the unmentionable region “down there.” In the *Ladies’ Home Journal*, which many of our mothers read, the medical advice column was entitled “Tell Me, Doctor.” Women who asked too many questions or insisted, for example, on “natural” childbirth, frequently found themselves labeled, right in their medical records, as uncooperative or neurotic. Serious complaints were likely to be dismissed as “psychosomatic” and attributed to women’s assumed suggestibility. In the standard surgical protocol for breast cancer treatment, the patient was biopsied and then, if the result was positive, rushed into a radical mastec-

tomy without ever being wakened from anesthesia to discuss her options.

One of our first projects in the emerging “women’s health movement” was to confront women’s ignorance of their own bodies. In Boston, a group of feminists had launched a series of “Know Your Body” courses aimed at the general public—the core of which became the groundbreaking book *Our Bodies, Ourselves* in 1970—and we helped put together a similar course in New York City. A small group of us got together and studied medical textbooks to prepare presentations on such topics as the menstrual cycle, pregnancy, and menopause. Today of course, anyone can learn about these things in high school courses, by reading women’s magazines, or just by googling. But at the time, women packed our evening classes, eager for whatever information we had to offer.

We were beginning to suspect that women had not always, in all circumstances, been so disempowered with respect to their own bodies and care. After all, medical technology and the medical profession that monopolized it were relatively recent historical developments, and yet somehow our female ancestors had, however imperfectly, negotiated the challenges of the female life cycle. Having met as teachers at a new branch of the State University of New York,

the College at Old Westbury—which was devoted at the time to “nontraditional” students, usually in their twenties or older, for the most part black and Hispanic—we had an opportunity to satisfy our curiosity. The campus was then a hotbed of political debate over class, race, gender, and “identity politics,” with Florence Howe, who went on to launch the Feminist Press, working to develop what was one of the first women’s studies programs in the nation. Encouraged by her and other colleagues, we created a course on women’s health, which gave us an excuse to read up on the history of women and medicine.

There was not a lot to read at the time, the entire genre of books on “Women and . . .” having yet to be invented. Sometimes, in conventional histories of American medicine, we found tantalizing references to a time when women predominated as healers—but only as an indication of how “primitive” American medicine had been before the rise of the modern medical profession. What kept us going was the powerful reinforcement we were getting from our students, many of them practical nurses seeking RN degrees, who often brought with them memories and experiences of female healing traditions: we had midwives from the Caribbean, baffled by the then near nonexistence of midwifery in this country, women from European

immigrant backgrounds who could recall grandmothers who practiced lay healing arts, and African Americans who carried memories of an autonomous black midwifery tradition in the American south.

Sometime in 1972—and we are both hazy on exactly when—we were invited to attend a small conference on women’s health held in rural Pennsylvania. This, it seemed, was our chance to test our emerging hypotheses on an audience of activists and a few fledgling scholars. We no longer possess the mimeographed outline of our findings that we took to the conference, but the central idea was that the medical profession as we knew it (still over 90 percent male) had replaced and driven out a much older tradition of female lay healing, including both midwifery and a range of healing skills, while closing medical education to women. In other words, the ignorance and disempowerment of women that we confronted in the 1970s were not longstanding conditions, but were the result of a prolonged power struggle that had taken place in America in the early nineteenth century, well before the rise of scientific medicine. We traced a similar power struggle in Europe back to the early modern era and, inspired in part by the wonderfully iconoclastic Thomas Szasz, we looked at how female lay healers of the same era were frequently targeted as “witches.”

The response to our presentation was sufficiently enthusiastic to warrant some sort of publication. But what? Neither of us had any access to the “mainstream” media. Nor were we interested in seeking a book contract. We wanted to publish our findings in a form that would be cheap, accessible, and engaging for exactly the kind of women who had been our students at the College at Old Westbury, and this meant neither a book nor a magazine article. The decision we made, which now seems to us somewhat extraordinary, was to self-publish our results in booklet form. By self-publishing, we maintained control over the content, including the choice of illustrations and we had an inexpensive product that could easily be passed from hand to hand. We called our little vanity press Glass Mountain Pamphlets, referring to an obstacle—like sexism—that we might not yet be able to smash but could at least see through. Its headquarters was the house we shared with three other adults and Barbara’s children.

The pamphlet was an instant success, at least as what the *Village Voice* called an “underground best-seller.” Word of it spread through networks of women’s groups as well as the through the counter-cultural underground newspapers of the time. Soon we found ourselves overwhelmed by the job of fulfill-



ing orders—which we’d been shipping off in Pampers boxes generated by Barbara’s infant son —and gratefully accepted the newly founded Feminist Press’s offer to take over distribution. Eventually, *WMN* was translated into French, Spanish, German, Hebrew, Japanese, and Danish, and distributed in the UK. In 1993, one of us was invited to give a lecture tour in India, in part on the basis of the booklet’s popularity there. We felt vindicated in our decision to self-publish as a booklet, which, according to the accounts of readers, was indeed being passed among hospital nurses and was to be found in the many women’s bookstores and women’s health clinics that sprang up in those times. In 1973, the Feminist Press also published a ninety-six page companion booklet, *Complaints and Disorders: The Sexual Politics of Sickness*, which describes the effects of solely male-defined medical expertise on nineteenth- and twentieth-century women.

Sometimes, when we consider the vast amounts of relevant scholarly research that has become available since the 1970s, we wish we could be starting this project all over again (although that would be impossible, since some of that new research was inspired in part by *WMN*!) There is now a wealth of information about women as lay healers, midwives, and “doctresses”

in early America and their subsequent exclusion from formal medical education in the nineteenth and twentieth centuries. If anything, even more information has become available about women as lay healers in early modern Europe, and their fates in the witch persecutions of the time—enough to tempt us into what could be many rewarding years of study. Much of this work bolsters and fleshes out our assertions in *WMN*, but some of it requires that we update and correct the original text.

First, on the matter of the number of women killed as witches, we used the estimates available to us at the time—scholars accepted figures of one million or even much higher. Although the body count will never be exact, historian John Demos writes that recent studies yield estimates that “fall in a range of “50,000 to 100,000.” Demos adds that, “These, in turn, were just a fraction of a much larger number of suspects. . . .”<sup>1</sup>

Second, we should clarify the role of the European medical profession relative to church and state. Witch trials represented extraordinary cooperation (and sometimes conflict) among all the dominant institutions, including both the legal and medical professions, which were heavily dependent on approval from the highest authorities. It was the medical profession that

provided the courts with expert testimony: for example, Paulus Zacchias, the personal physician to two seventeenth-century Popes, authored a seven-volume treatise called *Medico-Legal Questions* to demonstrate “where medical knowledge could inform Canon Law on such issues as . . . the causes of foetal death, types of madness, poisoning, impotence, malingering, torture, [and] witchcraft . . .”<sup>2</sup>

Physicians benefited from the suppression of their competition: in the European cities where they congregated, they practiced in a market filled with lay healers and empirics. In London, in 1600, there were fifty physicians affiliated with the College of Physicians (a stronghold of Galenic medicine), outnumbered by some 250 mainly unlicensed practitioners (not including surgeons, apothecaries, midwives, and nurses) who made a living.<sup>3</sup> In 1581, the College of Physicians, which claimed the right to regulate medical practice in London, attempted to prevent a lay healer named Margaret Kennix from practicing—but Queen Elizabeth had intervened, decreeing that “the poore woman should be permitted by you quietly to practice and mynister to the curing of diseases and woundes, by the means of certain Simples [herbal remedies] in the applying wherof it seemth God hath given her an especial knowledge, to the benefit of the poorer

sort. . . .”<sup>4</sup> Such protection for her favored few was not to last after Elizabeth’s death in 1602.

We stand by our assertion that male physicians were both more dangerous and less effective than female lay healers. Francis Bacon (1561–1626) himself a scientific originator, thought that “empirics and old women” were “more happy many times in their cures than learned physicians.” The conservative philosopher Thomas Hobbes (1588–1679) concluded that he would “rather have the advice or take physic from an experienced old woman that had been at many sick people’s bedsides, than from the learnedst but unexperienced physician.”<sup>5</sup>

Third, we made the assumption that witches may have met in “covens” or other organized groups, and we referred to Margaret Murray when we said that “some writers speculate that these may have been occasions for pagan religious worship.” Murray’s research has since been discredited, and today most scholars seem to agree that the beliefs of women who were executed as witches cannot be differentiated from those of the rest of the population, and most were avowedly Christian. Some pagan religions or remnants did survive in places but the connection between this and women accused of witchcraft remains unclear.

Another point worth revisiting concerns the religious wars in the background of the witch hunts. We wrote: “. . . witch-healer’s methods were as great a threat (to the Catholic Church, if not the Protestant) as her results, for the witch was an empiricist . . .” We can no more do justice here to the conflicts of the Reformation and Counter-Reformation than we could in a short booklet. But it should be noted that while Protestants fought the Roman Catholic Church, they tortured and executed witches too.

But if we do stand corrected on these points, a few scholars, it seems to us, have gone too far in the other direction, sometimes with a view to discrediting *WMN*. For example, in 1990, our work was described as “trail-blazing” by an Oxford-based scholar, David Harley—but not in a good way.<sup>6</sup> While agreeing that witches were often folk healers, he criticized us, based on a survey of convictions in England, Scotland, and New England, (data which was not available when we wrote) for exaggerating the proportion of *midwives* among convicted witches, saying we had maligned midwives and created “a multitude of imaginary martyrs for the modern women’s health movement.” Others, like art historian Jane Davidson of the University of Nevada, seemed to echo him without adding any

new data to the argument and began to refer, even less plausibly, to “the myth of the persecuted witch-healer.”<sup>7</sup>

It is true that the only primary source available to us at the time was the fifteenth-century witch-hunters’ guidebook, *The Malleus Malificarum*, which proclaimed that “No one does more harm to the Catholic Church than midwives.”<sup>8</sup> Even now, with all the archival data that has become available, it’s impossible for scholars to offer statistically firm generalizations about the occupations of women accused of witchcraft: usually, the convicted person’s occupation was not recorded.

Yet the association that witch hunters made between witches and midwives in Europe is inescapable. Based on archival research in Germany, Lyndal Roper documents several examples, finding for instance, in 1590, in the town of Nördlingen, that one midwife, Barbara Lierheimer, had angrily let it be known that the executioner “had ruined her livelihood by putting it about that she was a witch.” Soon she was arrested, and after many contradictory denials and confessions, finally tortured to death. In Würzburg in 1627, Roper tells us that a “crafty midwife” was listed among those condemned, and the scribe has added in the margin the comment, “The whole business comes from her.” Much later in the seventeenth century, in Augsburg,

Roper found the pastor at Holy Cross Church had “no compunctions about saying the local midwife was a witch, and he flatly refused to baptize any children she brought to the altar.”<sup>9</sup>

Whatever the number of convicted midwives, few historians would dispute the prevalence of lay healers among those accused of witchcraft. According to historian Brian P. Levack, “studies of witchcraft depictions in Switzerland, Austria, Schleswig-Holstein, England, Scotland, and New England reveal that many of those who were prosecuted for witchcraft were in fact wise-women.” He writes that it was their prominence as “cooks, healers and midwives” that made women in general “vulnerable to the charge that they practiced harmful magic.”<sup>10</sup>

But “harmful magic” was not the only kind of accusation: as we pointed out in the pamphlet, the practice of healing or “white witchcraft” was itself a sign of being a follower of Satan. William Perkins (1558–1602), an English Protestant minister and theologian, was one of the clergymen who introduced continental ideas of witchcraft into England and New England. He preached that in addition to “bad witches,” there were “good witches” who only cured the “hurts” that had been inflicted by “bad witches,” explaining: “. . . of the two the more horrible and detestable monster

is the good witch . . . which are better known than the bad, being commonly called wisemen or wisewomen. This will appear by experience in most places in this country.”<sup>11</sup>

In colonial New England, which we did not attempt to cover in *WMN*, recent scholarship has revealed much more about the relationship between healers and witch persecutions. According to David D. Hall, healers in seventeenth century New England seem to have been “especially vulnerable” to charges of witchcraft. Healing was considered suspicious because it “did not rely on confession of sin” to clergy, and disease was still thought to be caused by either God or the Devil.<sup>12</sup> In *The Enemy Within*, John Demos describes the profile of the typical woman tried for witchcraft in New England, writing that perhaps a quarter to a third of the suspect group was known for “making and administering special ‘remedies,’ providing expert forms of nursing, or serving in some regular way as midwives. A few were specifically described as ‘doctor women.’ . . . The underlying linkage here is obvious enough; the ability to heal and the ability to harm seemed intimately related.” Demos speculates about the general effect of the persecutions: “Clearly, the wisest course in early modern community life—especially for a woman—was to blend in



and *not* to seem too openly self-assertive. To be, or to behave, otherwise was to open oneself to suspicion of witchcraft.”<sup>13</sup>

Looking back after all these years, what strikes us about the witch hunts are not only the bizarre beliefs that inspired them and the personal tragedies that ensued, but the sheer waste of talent and knowledge that they represented. The victims, besides the individual women who were tortured and executed, were also all the people who were consequently deprived of their healing or midwifery skills. At a time we now associate with the Renaissance in Europe and the first signs of the scientific revolution, the witch hunts were a step back toward ignorance and helplessness—and not only for the largely lower-class people who lost so many of their traditional healers.

Instead, what could have been a proud occupation for women and a field for lively intellectual inquiry was discredited when not actually obliterated, so that later, when members of the educated elite sought to recapture some of the lost knowledge of the natural world, they had to turn to fairly marginal remnants of the old healing tradition. As Richard Holmes writes of the great English botanist Joseph Banks in the mid-eighteenth century, his interest in botany: “. . . brought him into contact with a race of people who would

normally have been quite invisible to a privileged Eton schoolboy such as he. These were the wise women of the country lanes and hedgerows, the gypsy herbalists who collected “simples” or medicinal plants . . . They were a strange but knowledgeable tribe, whom he soon learned to treat with respect.”<sup>14</sup>

The suppression of the “witches” and the later, less violent elimination of midwives and aspiring female doctors in the United States are hardly the only instances in history of willfully squandered talent, education, and experience. Human intellectual progress proceeds, to the extent that it does at all, only haltingly, with ghastly interruptions for the slaughter of suspicious individuals or groups, colonial extirpations of indigenous cultures, and backslidings into religiously imposed ignorance. Sometimes an important task for progressives is the “conservative” one of recovering, or at least pointing out, what was lost.

We are immensely proud of the role this little booklet has played in women’s reclamation of healing roles in the late twentieth century—not all by itself of course, but along with the larger women’s movement and women’s health movement that it grew out of. It helped inspire young women to go to medical school, to recreate the profession of midwifery in America, and to advance the status of the nursing profession. We

would underscore for new readers, however, that our concern was for class and racial equity as well as for women as a group. Compared to what we confronted in the 1970s, today's American health care system features far more women as practitioners and even decision makers, but it is also more single-mindedly driven by profit. We are hopeful that Obama's health reform will curb its murderous tendency to exclude those who most need care, but basic problems of access and affordability will remain. For all our gains, we clearly have our work cut out for us.

Barbara Ehrenreich

Deirdre English

March 2010

## NOTES

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9. Lyndal Roper, *Witch Craze* (New Haven and London: Yale University Press, 2004) 70, 33, 187.

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11. William Perkins, "The Damned Art of Witchcraft," excerpted in *The Witchcraft Sourcebook* by Brian P. Levack (New York: Routledge, 2004), 94–6.

12. David D. Hall, *Witch Hunting in Seventeenth Century New England: A Documentary History 1638–1693* (Boston: Northeastern University Press, 1991), 5.

13. Demos, *The Enemy Within*, 119, 43.

14. Richard Holmes, *The Age of Wonder: How the Romantic Generation Discovered the Beauty and Terror of Science* (New York: Pantheon, 2008), 7.

# Introduction to the First Edition

**WOMEN HAVE ALWAYS BEEN HEALERS. THEY WERE THE** unlicensed doctors and anatomists of Western history. They were abortionists, nurses, and counselors. They were pharmacists, cultivating healing herbs and exchanging secrets of their uses. They were midwives, travelling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called “wise women” by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright.

Today, however, health care is the property of male professionals. Ninety-three percent of the doctors in the US are men, as are almost all the top directors and administrators of health institutions. Women are still in the overall majority—70 percent of health workers are women—but we have been incorporated as *workers* into an industry where the bosses are men. We are no longer independent practitioners, known by our own names, for our own work. We are, for the most part, institutional fixtures filling faceless job slots: clerk, dietary aide, technician, maid.

When we are allowed to participate in the healing process, we can do so only as nurses. And nurses of every rank from aide up are just “ancillary workers” in relation to the doctors (from the Latin *ancilla*, maid servant). From the nurses’ aide, whose menial tasks are spelled out with industrial precision, to the “professional” nurse, who translates the doctors’ orders into the aide’s tasks, nurses share the status of a uniformed maid service to the dominant male professionals.

Our subservience is reinforced by our ignorance, and our ignorance is *enforced*. Nurses are taught not to question, not to challenge. “The doctor knows best.” He is the shaman, in touch with the forbidden, mystically complex world of Science which we have been

taught is beyond our grasp. Women health workers are alienated from the scientific substance of their work, restricted to the “womanly” business of nurturing and housekeeping—a passive, silent majority.

We are told that our subservience is biologically ordained: women are inherently nurse-like and not doctor-like. Sometimes we even try to console ourselves with the theory that we *were* defeated by anatomy before we were defeated by men, that women have been so trapped by the cycles of menstruation and reproduction that they have never been free and creative agents outside their homes. Another myth, fostered by conventional medical histories, is that male professionals won out on the strength of their superior technology. According to these accounts, (male) science more or less automatically replaced (female) superstition—which from then on was called “old wives’ tales.”

But history belies these theories. Women have been autonomous healers, often the only healers for women and the poor. And we found, in the periods we have studied, that, if anything, it was the male professionals who clung to untested doctrines and ritualistic practices—and it was the women healers who represented a more human, empirical approach to healing.

Our position in the health system today is not “natural.” It is a condition which has to be explained. In this pamphlet we have asked: How did we arrive at our present position of subservience from our former position of leadership?

We learned this much: the suppression of women health workers and the rise to dominance of male professionals was not a “natural” process, resulting automatically from changes in medical science, nor was it the result of women’s failure to take on healing work. It was an active *takeover* by male professionals. And it was not science that enabled men to win out: the critical battles took place long before the development of modern scientific technology.

The stakes of the struggle were high: political and economic monopolization of medicine meant control over its institutional organizations, its theory and practice, its profits and prestige. And the stakes are even higher today, when total control of medicine means potential power to determine who will live and who will die, who is fertile and who is sterile, who is “mad” and who is sane.

The suppression of female healers by the medical establishment was a political struggle, first, in that it is part of the history of sex struggle in general. The



status of women healers has risen and fallen with the status of women. When women healers were attacked, they were attacked as *women*; when they fought back, they fought back in solidarity with all women.

It was a political struggle, second, in that it was part of a *class* struggle. Women healers were people's doctors, and their medicine was part of a people's subculture. To this very day women's medical practices have thrived in the midst of rebellious lower-class movements which have struggled to be free from the established authorities. Male professionals, on the other hand, served the ruling class—both medically and politically. Their interests have been advanced by the universities, the philanthropic foundations, and the law. They owe their victory—not so much to their own efforts—but to the intervention of the ruling class they served.

This pamphlet represents a beginning of the research which will have to be done to recapture our history as health workers. It is a fragmentary account, assembled from sources that were usually sketchy and often biased, by women who are in no sense “professional” historians. We confined ourselves to Western history, since the institutions we confront today are the products of Western civilization. We are far from

being able to present a complete chronological history. Instead, we looked at two separate, important phases in the male takeover of health care: the suppression of witches in medieval Europe, and the rise of the male medical profession in nineteenth century America.

To know our history is to begin to see how to take up the struggle again.

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