In this study, Jeanne Achterberg calls attention to a subtle cultural shift that has occurred in recent history – the movement of great numbers of women into professions that until recently were entirely dominated by men. She perceives their role to be that of healing regardless of whether they are active in the creative arts, the social sciences, education or the various healing professions.

She has a special interest in Mesopotamia and suggests that “the Sumerians, and not the ancient Greeks and Romans, are the parents of Western healing systems.” (p. 14) She speaks eloquently on the role of the feminine principle as co-creator with the masculine principle.

Jeanne Achterberg has done much to uncover the generally hidden influence of women in the mission of medicine. She has restored to memory the work of such healers as Origenis, Egerasias, Margareta and Antiochis whose work was praised by Galen in his fourth century writings. She also brings her great scholarship to an uncovering the role of such diverse players as Arabic scholars, monastic attendants and ecclesiastical knights in the development of what would eventually become the institution of Western medicine.

Jeanne Achterberg views Hildegard of Bingen as one of the last feminine free spirits to speak of the healing powers carried within nature before the Catholic Church forcibly silenced those who sought to understand the powers latent in mind and matter. She notes that had Hildegard been born a few generations later, she may well have been burned along with the innumerable women cast into the flames by so-called Keepers of the Faith. She gives focussed attention to this particularly gruesome and regrettable episode in European history. Women continued to be burned in many parts of Europe until the late eighteenth century.

Achterberg also writes about more recent historical developments in the practice of medicine in the United States. She views the popularity of early hygienists such as Ellen White and Harvey Kellogg as a reaction to the often toxic and largely ineffectual treatments offered by ‘regular’ medics during much of the nineteenth century. Samuel Thompson’s Physiomedicalism had been taken up by over three million Americans by the mid-nineteenth century, but progressively collapsed under the weight of its own internal dissensions shortly after its meteoric rise.

Achterberg identifies the entry of female students into the medicine program at Johns Hopkins University in 1883 as the single most influential event in recent history that enabled women to reclaim their role as healers in the Western world. By the early 1900s, women were well-represented in many North American schools of medicine. Yet this revolutionary development was to be short lived. Within a few years of the Flexnerian ‘reforms’, the number of women studying medicine decreased to around three per cent. Their numbers remained at around that level for the next 60 years.

Jeanne Achterberg pays tribute to the selfless devotion of Catholic nuns in the creation of hospitals in the U.S. during the latter decades of the nineteenth century: “American Catholics donated unprecedented sums of money for the brick and mortar of major hospital systems. Within less than a century, there were thousands of Catholic hospitals, serving millions of patients each year. Nearly all of these were the work of religious orders of women, who also established significant numbers of homes for the aged and nursing schools.” (p. 163)
She also calls attention to the highly repressive nature of biomedical hegemony as it is pursued in the U.S.: “The vested interests of medicine were (and are) in a single, monolithic system associated with allopathic medical practices. All other healing systems are severely restricted or forbidden by law. This exclusivity is uniquely characteristic of the United States. Other countries with comparable standards of modernization show a significantly more benign attitude (if not outright acceptance) of medical alternatives to allopathy.” (p. 171)

Jeanne Achterberg views the development of complementary medicine as a corrective to the excessively interventionist nature of biomedicine, the widespread incidence of iatrogenic disease, and the apparent collapse of caring and compassion within the brief of biomedicine. She also understands that the cost of biomedicine is ultimately unsustainable. Achterberg likens the present popular movement towards complementary medicine to similar movements towards hygienism and “mind-cure” medicine that occurred during the 1800s. She identifies this movement as a resurgence of what Oliver Wendell Holmes had earlier called “the nature-trusting heresy”. Jean Achterberg interprets this “heresy” as a manifestation of “the feminine consciousness in healing.” (p. 173)

She also addresses the usurpation of birthing practices by a male-dominated medical profession, its devastating effects on women’s freedom to birth in their own way, and the freedom of new-borns to be nourished by their mother’s own milk. Jeanne Achterberg calls for a feminisation of the medical project in order that the healing profession itself may be healed. 

In the years that have passed since this study was first published, there has occurred a noticeable softening of the boundaries of a muscular biomedicine traditionally opposed to many of the notions supported by Jeanne Achterberg. Her work is a valuable contribution to our understanding of the forces that have served to restore some balance in the work of healing in recent times.

Women were often forbidden to speak or write in Latin, the language of the scholar and of the professions. The information presented here had to be carefully teased out of a few surviving works written by women healers, from relics and artifacts, from myth and song, and from what was written about women. The experience of women healers, like the experience of women in general, is a shadow throughout the record of the world that must be sought at the interface of many disciplines: history, anthropology, botany, archeology, and the behavioural sciences. p. 2

The cosmology upon which the foundations of the Western world rest evolved thousands of years ago. The Great Mother or Great Goddess was unseated from her reign in favor of a single male god who resided outside and above the earth. The essence of the new cosmology came from the religious stories of the Near East, from the mythologies of ancient Europe, and from the sciences that grew from Christian theologies.

The Western cosmology supports a hierarchy that popularly holds that man is superior to woman, but that woman is more connected to the earth. For this and other complex reasons, women, and what is typically regarded as the feminine perspective, bear the brunt of ecological stresses. The fate of woman and the fate of the earth are inseparable, perpetually linked by the metaphors of woman as nature and nature as female. p. 3
During the past few years, the expression of the feminine myth in healing has become more resolute and has taken on new dimensions. Women of a special calibre - the vast majority of well-trained professionals - are appearing in great numbers.

They can be found working in hospital emergency rooms, and well-baby clinics, and hospices. They staff shelters for battered women and victims of rape. They minister to congregations and teach students. They are everywhere - in the creative arts, in the social sciences, in allied health professions. They heal with their hands and their words and their deep conviction that they have a knowledge or talent that will help others in some way.

Their work is likely to reflect a broad sense of healing that aspires to wholeness or harmony within the self, the family, and the global community. They see body, mind, and spirit as the inseparable nature of humankind; they believe that any healing ministrations have an impact on each element of this triune nature. They regard sickness as a potential catalyst for both emotional and spiritual growth, among other things. These healers have chosen to accompany, help, lead, teach, and care for others who seek wholeness.

As the homage to the goddess of the earth ceased, men looked to the heavens for succor. The male gods were of air and wind and thunder, all elements of the sky. Even the megalithic structures in Britain - sacred sites such as Stonehenge that were adopted by a succession of cultures for thousands of years - show evidence of these changes. The areas were redesigned over and over again in accordance with the existing gods. Pits and burrows in the earth gave way to stone arrangements that captured the light of the sun and the path of the stars. Gods no longer resided in the belly of the earth and in women but in the heavens and in the hearts of men.

In Mesopotamia the biological aspects of procreation were understood, and it was known that beings could not be conceived without the male and female. Reflecting this knowledge, their creation myths involved both sexes, and the female gave birth to the world. So, Inanna was in the lineage of the co-creators of the universe. It was only in much later cosmic interpretations that the universe was created single-handedly by a male god - an idea that is sustained through the curious logic of philosophers from Aristotle to Aquinas to modern-day theologians.

The legend of Asclepius and the women in his family continues to penetrate Western medical tradition. These “sainted mortals” probably lived around 900 B.C., and it is to them that the Hippocratic Oath, the ethical code of honor taken by every physician today, is recited. The oath begins, “I swear by Apollo the physician, by Asclepius, by Hygeia and Panacea and by all the Gods and Goddesses making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant.” Asclepius’ daughters, Hygeia and Panacea, have long represented prevention and cure, and his wife Epione was the patron saint for those in pain.

Over three hundred magnificently built and beautifully sited temples or sanitariums dedicated to this family have been located. The primary healing arena was the abaton, a large room where patients drifted into twilight, or “incubation” sleep. During this...
altered state of consciousness, the retinue of gods and goddesses (or their earthly representatives) would appear and minister cures. p. 30

Whereas the women of Greece were poorly regarded, Roman women generally enjoyed some prestige and freedom. Prior to the first century A.D., women were allowed to practice in the professions if they desired, but little is known of their work. In the first centuries A.D., many women practiced a full range of therapeutics in addition to the profession of midwifery. Their work seems to have been well regarded, but they were advised, nonetheless, to keep their place of modest servitude. Pliny the Elder noted that women should be as quiet and inconspicuous as possible in their business of healing, “so that after they were dead, no one would know that they had lived.” p. 35

Rome had begun its wretched decline during the years Scribonius was collecting prescriptions from around Europe. The population of the city had grown rapidly at the turn of the century, sanitation was abysmal, and disease was rampant. Because of the surrounding swamp, malaria was ever present.

These were the unhealthy circumstances that Galen, the last of the fathers of medicine, faced in the second century. Galen is credited with writing over five hundred books that remained unchallenged medical dogma until the seventeenth century. Like the work of his Greek predecessors, his was a compilation to which women may have made significant contribution.

Galen praised Origenia's prescriptions for diarrhoea as well as Eugerasia's mode of treatment of nephritis, which included squills, bryonia, white pepper, cedar berries, iris root, myrrh and wine. He mentions a woman named Margareta, who had an unusual appointment as an army surgeon. His celebrated colleague Antiochis was a woman specializing in diseases of the spleen, arthritis, sciatica, and in the preservation of beauty. Galen copied many of her prescriptions, including those for chest pains and gout. p. 36

Jesus selected the most compassionate, maternal images from the Jewish tradition, creating a Christian god as androgynous in character as any male god in history. In the early years, the feminine-masculine imagery was pronounced. In some of the early sects, God was even seen as a dyadic being (mother-father), rather than the trinity (father-son-holy spirit). p. 38

The threat to the lives of the Christian women and men healers in the Roman Empire increased with their numbers and spreading fame. The bloody reign of Diocletian, beginning in A.D. 284, saw the murderers of Theodosia, Nicerato, Theckla, Cosmas, and Damien - healers who are now known as saints - among others. Their healing powers lived on, however, and miracles reportedly took place in the presence of their shrines. p. 39

Women healers, regardless of social class, spent most of their time tending pregnant women, witnessing the beginning and ending of life, and caring for sickly children. They functioned as herbalists and empiricists, sustaining the healing lore through oral tradition and apprenticeship. They did what women always do - sit at the bedside and
work with whatever ingredients and rituals are available to ease pain and suffering. p. 42

In the Near East during the eleventh century, the Arabs translated Galen and Aristotle and Hippocrates. These medical texts were then introduced back into the West through a circuitous route of scribes. The Jews who could read Arabic and then translate it into Latin became instrumental in this process. Christians then translated the Latin into a form that could be used to broadly communicate the ideas of these texts. As always, scribes had the opportunity to add their own perspective and to delete passages that didn't fit with their worldview.

What happened, though, was that a base for medical practice formed once again. Scholarly interest was piqued, and institutions for training medical practitioners were founded. The most famous was at Salerno, Italy. Founded around the year 1000, it was in existence until shut down by Napoleon's decree in 1811. Salerno was built on a site already famous for its healing baths, one that served as a port of entry for pilgrims returning from Palestine. The early facility included Greeks, Jews, Arabs, and Latins, with both sexes represented among its faculty and student body. It was considered a Christian institution, but the material being taught came from pagan texts. p. 48

Conservative estimates of Crusade-related deaths are in the millions. The First Crusade alone claimed some 800,000 lives on both sides; many who traveled died before reaching their destination. What appears to us as senseless death and injury was fueled by the pope's promise of absolution for all who went to the Holy Land.

From the need for people to help the wounded and dying, new medical orders were formed by the Church. The Order of the Knights of the Hospital of St. John of Jerusalem (Hospitalers) was founded in 1099. In the twelfth century, the Order of Lazarus (devoted to the care of lepers) and the Order of the Knights of the Temple of Solomon (Templars) were founded. p. 51

Hospitals that were established in Europe during this century began a new model for patient care. Especially well-known was the Hotel Dieu in Paris, staffed by the Augustinian Sisters, who were never more than slaves to a system. Nonetheless, a nursing vocation for women, which required a dedication to the worse kind of drudgery, was clearly established. p. 51

The great monasteries and abbeys of Europe had definitely passed their apex of service by the end of the twelfth century. Decadence - insidious at first and then blatant in terms of immorality, greed, and lack of devotion to spirituality - began to set in. Still, there were devoted women who wished to follow the early Christian teachings of healing and service. They gave their lives to the religious life and, in all fairness, enjoyed benefits not available to women outside of the Church. They were unfettered from the reins of domesticity and the strain of repeated pregnancies. They had time for needlework, reading, and travel. The women had books and teachers available and they often served as scribes themselves. Few of the orders were confined to the convent, so the women could come and go as they pleased. p. 54

Hildegard's own work was ignored by generations of scholars, while the duplicate efforts of the medieval fathers of science - Bacon, Aquinas, Magnus, et al. - would be
heralded. Their dogmas fueled the hue and cry against woman - the ultimate practitioner of the magical realms of healing. Hildegard herself lived in the precarious interface between medieval heresy and divinity. Any one of her works could have gotten her burned or sainted, but she was neither. Although she seems to have been forgotten by her near contemporaries, it was reasoning like hers that sparked the Inquisition and the witch-hunters to destroy the most devout, skilled healers among womankind. Hildegard was the last of her breed. The power the other abbesses wielded was conscripted as the Church and its holdings begin to topple into the same dark void of stagnant misery - or worse - that was evident during the Dark Ages. Spiritually minded women would always continue to seek a role for themselves in the Church even though cleaning or needlework were the only paths of service permitted. After the twelfth century authority was given to them sparingly and with great reluctance; intense religious interest on the part of any woman was met with suspicion and surveillance. pp 57-58

In the Judeo-Christian myth, the serpent (no longer a symbol of wisdom, rebirth, and healing, but of the devil) tempts women (no longer the human form of the mother of all life, but the incarnation of human frailty) “to eat of the fruit of the tree” (which no longer represented wisdom, but rather an act of disobedience to the one god). And woman, likewise, tempts her mate. Her punishment is to forever bring forth children in pain, and to be subservient to man. The pleasures of living in a paradise on earth give way to shame over nakedness, conception, birth, indeed life itself.

The dogma of the thirteenth century drew on the philosophy of St Augustine, who held that only the Church could absolve one of this sin. It was an ingenious play of power that kept people chained to the institution with guarantees of forgiveness and eternal life. pp 66-67

The numbers burned were a source of ecclesiastic pride, and the proceedings were nothing to be ashamed of as far as both church and civic bodies were concerned. Most records would simply state that “many” witches were burned. Authoritative estimates range from two hundred thousand to nine million. In Germany alone, one hundred thousand witch burnings have been carefully documented.

Fires burned throughout Europe. In about 1600, a contemporary observer noted that “Germany is almost entirely occupied with building fires for the witches. Switzerland has been compelled to wipe out many of her villages on their account. Travelers in Lorraine may see thousands and thousands of the stakes to which witches are bound.” The Inquisition acknowledged burning 30,000 witches in 150 years. Records from Osnabruck in Germany show 121 witches were burned in 1583, and 133 in 1589. At Como a Vatican official reported that 1,000 witches were burned in 1523. In three little German villages - Rheinback, Meckenheim, and Flerzheim - from 300 households, 125 to 150 persons were executed within five years. Another small village, Riezlern Germany, could claim between 1,000 and 2,000 burnings. In Lorraine, the attorney general boasted that he had burned 900 witches from 1581 to 1591. Authorities guess that about 1,000 witches were hanged during the entire witch craze in England. In Treves, 7,000 were reported to have lost their lives, and in Geneva, 500 were executed in a single month. Some small towns were left with one woman or no women at all. p. 85
The prince-bishop of Wurzburg stated that man’s great misfortune was to have been born from woman’s stinking private parts. In Wurzburg, indeed in many parts of Germany, it was reported that the most virtuous, most beautiful, and most modest girls were burned. Three hundred children were burned, many accused of having intercourse with the devil. The murders in this part of Germany cut a swathe through all social strata and all ages.

We are dealing here with an evil that surpasses rational understanding. Here was, indeed, the worst aberration of humanity, and it trickled down the hierarchy of authority.

Pope Innocent VIII, who issued the key document that allowed the persecution to take form, was of a most macabre mentality. He was concerned that the Inquisition lacked popular support, and indeed it did in many sectors. Upon those who failed to see the light, he said, “will fall the wrath of God Almighty.” His bull was affixed to the *Malleus Maleficarum* (the “Hammer of Witches”), which became the step-by-step how-to manual for dealing with the “witch problem.” As he was dying, he attempted to revive himself by taking nourishment from a woman's breasts. He also demanded blood from three young boys, who subsequently bled to death. p. 86

Women healers who worked out of deep commitment to a healing vocation and with exceptional skill - even though they were called “good” or “blessing” witches and practiced what authorities considered “white magic” - were also embraced in the paranoid delusions of the persecutors. Also known as wise women (*femina saga*), they were accused of “crimes” of aiding the sick, birthing babies, and caring for the dying. In areas where the emergent male professionals had their greatest strength, many of these women were accused of witchcraft. pp 88-89.

The “night flight” theme runs through virtually every witchcraft trial. Witches were believed to be able to fly through the air at will to join with others and engage in grisly activities and sexual orgies. That such flights could take place was not just an invention of the peasantry but also a belief of the learned that until recent centuries was embedded in scientific thought.

In shamanism, the travels are made in an altered state of consciousness, which is wilfully and deliberately attained either by sensory deprivation, fasting, drums or chant, or specific plants. The witches were accused of using “flying oyle”. p. 92

According to reports, the women supposedly combined concoctions of plants with a fatty substance for skin absorption. (Witches were frequently accused of using fat of dead babies for this purpose.) They would then anoint some object - brooms, pitchforks, benches, and large kneading troughs have all been mentioned - or rub the mixture directly into their “hairy parts.” Sensitive vaginal tissues absorbed the mixtures especially well. Observers say the women were convinced they were flying. They remained visible, if oblivious to shovings, beatings, and the passage of time. p. 93

Gradually, first in the cities, then in the countryside, women ceased to be burned. In England, the last witch was officially hanged in 1684, in America in 1692, and finally in Germany in 1775. The madness wound down only when Christianity lost its strong
Inoculation was unexpectedly successful in preventing death from smallpox. During the height of epidemics, one of every five victims died. In comparison only one of every ninety-one persons inoculated in England died. Certainly, inoculation was not totally safe, because live virus was used and contagion was theoretically possible. Worse was the danger of blood poisoning from unsterilized needles. English physicians also insisted upon making deep incisions (unlike the Turkish method of superficial scratches), contributing to the casualty rate. Too, they managed to make the practice very expensive by insisting upon medically supervised confinement and special diets weeks before and after the inoculation, rendering it unaffordable to the masses, who continued to die from smallpox.

Panic and “bad press” for the method resulted in it being forbidden at times in Europe and America. Religious issues also were raised concerning the evils of trying to defy Providence by preventing disease.

European wise women also had been performing similar injections, probably for centuries prior to the 1700s. The reluctance of the scientific and medical community to accept these practices indirectly resulted in millions of deaths.

Even before the germ theory, another man - Ignaz Semmelweiss (1818-65) - was successful in learning to control the spread of puerperal (childbed) fever, caused by Streptococcus pyogenes. His is a long, sad story representing the worst that can happen when one challenges the prevailing mode of thought.

Semmelweiss reasoned that dirty hands were the cause of puerperal fever. He noted that wards staffed by medical students had about 10 percent mortality rate due to the fever, while those staffed by midwives seldom had even 3 percent. It didn't occur to him that midwives might just be better at their task; nevertheless, the observation was fortuitous. He also knew that medical students went straight from autopsy chambers to laboring mothers. They never washed their hands, but wiped them, instead, on aprons already coated with body fluids.

Semmelweiss ran several experiments requiring students to wash their hands with soap and water and rinse them in chlorinated lime solution before entering the wards. With each study, the death rate dropped to less than one and a half percent, only to return to the previous high levels when the procedures were curtailed.

Semmelweiss’s work should have proven to be a boon to motherhood and life. Not so. His colleagues greeted his paper with jeers and scathing attacks on his character. They simply refused to believe that their own hands were the vehicle for disease. Instead they attributed it to a spontaneous phenomenon arising from the “combustible” nature of the parturient woman. Semmelweiss’s academic rank was lowered, his hospital privileges restricted. Despondent, he was committed to an insane asylum, where he died of blood poisoning, a disease not unlike the puerperal fever he had almost conquered.

Major sanitary reforms began in the seventeenth century, although the concern had already been felt for some time. The stench of humanity had become so bad that even
the hardy, perfumed Parisians could not stand the putrid odors emanating from each other's bodies and from stagnant sewage that was also their drinking water. Slowly, human beings began to clean up their environment. The threat of disease borne by air, water, and the blood of other living organisms was reduced. Following the sanitary reforms, infectious disease began to recede like the tide, far in advance of the advent of the germ theory.

The following treatment was advocated for pulmonary consumption by Dr. Charles W. Wilder, speaking before the Massachusetts Medical Society: “Effective means are not wanting when the principle of action is once established. The lancet, the leech, the cupping-glass, the Spanish fly, croton oil, tartarized antimony, ipecacuanha, and mercury are instruments of power and great utility when skilfully used.”

The aim of the popular health movement was to disempower the dangerous techniques and drugs of the “regular” physicians. Its spokespersons advocated developing a healthy body and mind through nutrition, exercise, sunshine, fresh air and water, and clean living. In a person so strengthened, disease would not find a host. Pharmaceuticals, should they be needed, would best be botanics that engendered health in the body, not harsh chemicals that purged or punished it. Because of this emphasis, Oliver Wendell Holmes called the movement the “nature-trusting heresy”.

The most celebrated convert to the water cure was Ellen White, prophetess of the Seventh-Day Adventist Church. White's two ailing sons completely recovered after being treated at a water-cure establishment. In one of her frequent visions, White was led to develop her own water-cure establishment. Her associate, John Harvey Kellogg (of Kellogg's cornflakes) became the most prolific writer on hydrotherapy. Through the strong influence of White, the healing mission of the Seventh-Day Adventists - with its emphasis on healthy living, combined with the best medicine care - persists today.

Samuel Thomson, a New Hampshire farmer, popularized a type of botanic medicine he had learned at the side of a female herbalist. Unlike the water cures, Thomson's remedies were proposed as medical treatment for active disease. His battle cry, “Every man his own physician,” argued that self-medication was better than being doctored to death.

The Thomsonian press was probably irresistibile to all who harbored suspicions about the effectiveness of the heroic medicine of the "regular" doctors: “We . . . ardently long to lead our readers away from the rocky cliffs, the miney depths, and the scorching sands of the mineralogical practice to the fruitful fields, green pastures, and flowery banks of sweetly-gliding streams and grassy fountain sides, to gather roots, and leaves, and blossoms, barks and fruits, for . . . healing.” Thomson and his agents sold a packaged and patented medical deal called Family Rights. This enabled the family to enrol, receive his publications, and practice his brand of medicine. By 1840, an estimated three million persons were using his system. He emphasized the wife and mother as the physician, providing women with a medical practice of sorts - one that had no legal restrictions. A big sales feature was that women could be doctor to each other, avoiding the mortifications of sharing their problems with the opposite sex.
As they opened botanic medical schools and expanded their vistas, the Thomsonians began to function more like regular doctors. Arguments and strife within the organization over the nature of medical education led to a significant waning in the influence of its methods during the 1840s.

Through the fundraising efforts of M. Carey Thomas, Dean of Bryn Mawr College, as well as feminists and medical educators, $500,000 was gathered for the cause of medical coeducation. This time, Harvard was not even considered as a recipient - the endowment was given to Johns Hopkins University. For years, they had been trying to open a medical school but lacked the funds to complete their plans. With women's money, the most prestigious medical school, in the country was established, on the condition that women were to be welcomed on the same terms as men. The admission of women was widely regarded as the most propitious event in feminist history.

When the medical school at Johns Hopkins finally opened for classes in 1893, about 75 percent of the other medical schools quickly adopted a coeducational policy. Women comprised 25-37 percent of the enrolment in the regular schools. Forty-two percent of the graduates of Tufts University Medical School in 1900 were women.

Nurses weren't much written about for centuries because they were servants. Nonetheless, we know something of the establishment of nursing orders, several of which have been mentioned in this book. The men and women who provided medical care to the Crusades and the monastic nursing orders made an exceptional contribution to healing. After the Reformation, the Catholic contribution to nursing diminished, and the Protestants lagged in fulfilling the demand for dedicated and free assistance to the sick.

Secular nursing was an abysmal substitute. Women of the lowest sort - prostitutes and drunkards - were the only ones willing to perform the duties of the nurse. Convincing them to sober up, clean up, and stop fighting were major problems faced by hospital administrators.

By the 1800s the elegant, towering medieval hospitals had been reduced to rat-infested, sewer-clogged nightmares. It was this world that Florence Nightingale entered as she began her lifelong campaign to establish nursing as a viable and honorable field.

The religious orders also deserve mention. After a rather quiet period following the Reformation, the Catholic commitment to caring for the sick was revitalized. Particularly outstanding were the Sisters of Charity in France, an order introduced into the U.S. by Elizabeth Ann Seton around 1800. Rose Hawthorne (Nathaniel's daughter) founded the Dominican Sisters of the Sick-Poor around 1850. Other orders also sprang up.

The Franciscan nuns associated with Drs. William J. and Charles H. Mayo opened the doors of St. Mary's Hospital in Rochester. “The nuns, by scrimping and saving, had raised all the money themselves and took the initial step leading to the development of one of the greatest medical complexes of all time.” The nuns also opened a nursing school and even enrolled in it themselves to refine their skills. The Mayo brothers had
only praise for their work: “We had absolute confidence, then as now, in this group of women who have no thought outside their duty to the sick.”

Despite the fact that they lived during the same years, and most within the same northeastern cities, mind-cure women and the women physicians who emphasized body-cure voiced disdain for each other's practices. They found no strength in the fact that time had finally released the bonds of women healers of all genres. Both groups offered new dimensions in healings which are only now being recognized and evaluated scientifically. The metaphysical thinking of writers and healers of the last century is an unsung precedent to many “new” directions in health today that involve the mind in matters of health and disease. The words mind-cure are not used, of course, and faith healing is assiduously avoided. Instead, scientists and clinicians refer to the placebo effect, expectancy, the power of positive thought, mental imagery, hypnosis, and so on.

Whether one chooses to believe that American medicine is the best possible system, or a highly overrated one, there can be no question that health care in this country is in a state of crisis. The problems ostensibly center around the escalating costs of an industry that has mushroomed beyond affordability. Such a system must either change or collapse.

Serious criticism of the “heroic” aspects of medicine, the significant number of iatrogenic (medically induced) illnesses, and the stark omission of caring and compassion in the healing arts are reminiscent of conditions of the last century. Like the popular health movement, a grassroots reaction has steadily gained force, with components almost identical to those of a hundred years ago. Lifestyle changes regarding nutrition, exercise, etc., and healing systems such as homeopathy that promise a kinder impact on the human body that allopathy's onslaught are all included in what is sometimes referred to as the holistic health movement.

The alternatives are supported by a growing body of research, not available last century, that demonstrates that some of the procedures are quite effective. As usual, what Oliver Wendell Holmes called the “nature trusting heresy” has a large number of women supporters, and tends to represent the feminine consciousness in healing.

The Flexner Report accelerated the ongoing reforms. But more important, it directed which way the money would flow. The union of corporate trust and medicine was complete. The scientific direction of American medicine demanded large sums of money; colleges that did not receive it would wither and die. Schools that could not hope to mimic the Johns Hopkins model would not be financed, nor would any sectarian, nonallopathic college. In 1907 there were 160 medical schools in this country; by 1914, there were only 100. All but one of the women's colleges was closed; all sectarian schools rapidly disappeared. Hence, the death of all competitive systems of healing. The percentage of women in medical school dropped to about three percent within the first decade of the century, and did not increase for about sixty years.

The medical profession fought the ongoing presence of midwifery by medicalizing childbirth, and convincing the population that they were the only safe caretakers of
pregnant women. Pregnancy and childbirth became diseases, and “active management” of labor more and more common. The trend has replicated like a virus. Today, the figures of active intervention are astronomical - approximately 20-25 percent of all babies are delivered by Caesarean section, and in some hospitals the rate is over 50 percent.

In any event, the medical campaign was initially successful. Most women chose to have their babies in hospitals, and the midwives served primarily the rural poor. Midwives continued to serve the large immigrant population who could neither afford nor abide a doctor in the birthing chamber. In the 1960s a number of women began to protest hospital routine as an indignity and not in the best interests of mother or baby. They sought, instead, more natural birthing alternatives to “active management”, and home births increased.

Today's increasing numbers of women in medicine may not reflect any inroads on the part of women. Rather, it may well be that women are filling the vacuum caused by the white male flight away from an increasingly unattractive profession. From all perspectives, medicine is undergoing what is called the “feminization” of a profession - lowered prestige and remuneration - that is invariably associated with entry of large numbers of women in any field.

The current “New Age” belief that healers can know of their healing tools just by plugging in to their intuition and bypassing the world of amassed information poses a danger to a balanced healing system. These would-be healers may offer a quickly learned technique, perhaps coupled with compassion, unconditional love (a difficult concept at best), and a nurturing attitude, but their training with real people is often minimal and their understanding of suffering and disease, poor.