

Introduction Women's Writings of Illness and Disease

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In light of the current COVID-19 pandemic, it seems timely for *Women's Writing* to consider the ways in which women have written about illness and disease in the past. Considering past women's own words about the roles as healers, medics, and patients that they have occupied and their experiences of ill health, disease, and treatments can help us contextualise and critically evaluate the experiences of women in our modern pandemic context. Much discussion has centred on the ways in which the pandemic, at least in the UK, disproportionately affected women's working lives. For example, a higher number of women were, between 1 July and 31 December 2020, furloughed than men.ⁱ The burden of childcare and care for ailing family members fell largely to women, and so COVID-19 served to reinforce historical patriarchal norms of domestic duties.ⁱⁱ In the UK, women, it was noted by the office for national statistics, spent more time on unpaid household work, childcare, and home schooling than men, despite both men and women spending more time working from home.ⁱⁱⁱ In terms of writing and knowledge production, academic journals also noted a considerable drop in submissions by female academics.^{iv} Women's experiences of illness and disease consequently affect, and historically have affected, disparate parts of their lives.

The articles in this special issue draw together a range of women's writing on illness and disease from the seventeenth century to the early twentieth century and from a range of geographical locations. Thinking across space and time allows us to see the many connections and similarities in women's experiences and writing, while also creating space for the disjuncture and differences unique to particular temporal settings and locations to emerge. Several of the articles in this collection examine women's writings about outbreaks of illnesses such as tuberculosis, smallpox, and even plague. Many of these diseases, which have been subdued by medical and public health measures, were endemic in societies across the period in which articles in this edition are concerned. This is another parallel with COVID-19 which is slowly moving from a global pandemic to an endemic stage as this edition is published.

We know, of course, that women have long cared for the sick and performed ‘bodywork’ in a broad range of paid and unpaid roles, within and outside of the domestic setting.^v The family was integral to many women’s experiences of illness and integral to women’s actions as healers. In this issue France Long’s uses the diary ascribed to Lady Mary Traquair to evocatively illustrate the disruption in sleeping patterns faced by those who sat up with small children who were unwell. While scholars have already shown that many people in the bi-phasic sleep was discussed in early modern discourses, Long reveals that sleeping patterns had to be adapted when providing medical care. This could affect the overall well-being of the caregivers who were predominantly female maids, and even upper-class women such as Lady Traquair herself. Long’s article not only reveals the significant embodied effort required of women when providing care, but also how women sought to use these moments of sacrifice to shape identities. Exploring another family dynamic, Claire O’Callaghan’s careful analysis of Charlotte Brontë’s 1848 letters to her sister reveal that tensions existed between siblings when one fell ill. As consumption caused her health to decline, Emily’s desire to assert her own will conflicted with Charlotte’s assumptions about what made a good patient and her own desires to act on her sister’s behalf. More than this though, the letters establish that despite the conflict inherent in their approaches to illness both sisters displayed compassion, and that Emily took active, albeit misunderstood steps, to mitigate the pain and grief that her sister might experience as a result of her fatal illness. Both O’Callaghan and Long show that reading “against the grain” of a text nuances our understanding of disease and health, and emphasises that patients, or their relatives, in the eighteenth and nineteenth centuries exercised agency over the care they would accept from professionals.

Family recipe books were complex familial and social documents, containing instructions for remedies which could be made in the home, that could be authored by both men and women.^{vi} However, they were often compiled by women who passed them down through the female line to their descendants. They reveal women sharing recipes with her network of friends and relatives. Understanding the ways that women write about health in these volumes is a useful part of the cultural recovery of women’s experiences of illness and bodywork. These works can be examined to uncover the voices of particular women or can be analysed as a body of literature to suggest women’s commonly held knowledge about treating particular conditions. Jennifer Evans’s article reveals how writing on the sensitive topic of miscarriage in such collections emphasises women’s experience, experimentation, and bodily sensation as core components of respected medical knowledge. This sheds new light on the

centrality of women's lived experience as part of medical knowledge exchange in the early modern era.

Beyond the home, within and outside of medical institutions, women have often been on the frontline of public health measures. When we think of the plague outbreaks, we see early examples of women being asked to perform a "central role in the regulation of public health."^{vii} Women worked as "keepers," at great expense to their own health, charged with nursing those quarantining in their homes. In the late sixteenth century elderly women were selected and required to take on this perilous work in exchange for a pension. In England, the role of elderly women searchers continued until the 1836 Registration Act.^{viii} Searchers were generally illiterate and so unable to write about their experiences, but many of their names survive in parish records. The central place of women in treating plague victims was replicated beyond early modern Europe. In her article Juanjuan Wu vividly illuminates the experiences of Anne Walter Fearn in China during the Third Bubonic Plague Pandemic that allegedly originated in the province of Yunan in 1855 and spread to Canton and the British colonial port of Hong Kong in 1894, as well as the wave of plague that erupted in 1910. Women, it has been emphasised, were both producers and consumers of medical knowledge.^{ix} Anne Walter Fearn exemplifies how this could shape women's experiences: she credited a bout of malaria in 1889 with her desire to join a distinguished lineage of pioneering female doctors.

Paid medical work undertaken by women was not always explicitly welcomed by male medical practitioners, but it was often a prominent and widely acknowledged feature of medical care.^x As Sharon T. Strocchia has emphasised the thorny issue of payment for medical services predominantly delivered by women in the home and local community arose in the early modern period.^{xi} Commercialisation then shaped the recognition of women's medical skills and identities as practitioners.^{xii} The most prominent role women have occupied as healers is nursing. In "Being good, doing good, making others look good" Tanya Langtree re-examines how nursing practice evolved and took shape in the nineteenth century, as it moved towards a professional standing. Importantly Langtree considers the intellectual foregrounding to Florence Nightingale's well-documented discussions about nursing practice that can be found in female-authored works produced in the nineteenth century. She shows that, far from offering unique criticisms and insights, Nightingale was embedded in a broader female knowledge community that offered clear directives for those working as nurses in a range of settings.

In occupying a range of roles from caring family member, to paid nurse, to advocate of certain treatments and theories women have significantly shaped the experiences of health and disease of the people they cared for. Centring their writing about a range of diseases and bodily ailments, as noted by Mary Fissell, further undermines the value laden hierarchies created in the past that positioned men's practice and knowledge as preeminent.^{xiii} The articles in this volume illustrate not just the roles that women have adopted to combat disease but question the ways in which women have formulated knowledge about illness, adapted medical knowledge to critique broader social structures, and have used their experiences to construct considered identities.

Women have long engaged on an intellectual level with the frameworks and theories that shaped and bounded medical practice. Several of the articles, including Long's, consider the extent to which women engaged with ideas which would in an earlier era have been designated Galenic. Specifically, beliefs about the hydraulic humoral nature of the body's make-up and ideas of the non-naturals. Non-naturals were conceived as the external factors of health and, as is clear from the following articles, this concept continued to hold weight into the era when Galenism was nominally in decline.^{xiv} Recent discussions have recentred the importance of the non-naturals in preventative health measures.^{xv} The articles here continue to show how the non-naturals framed understandings of not just ill health but also recovery. Moreover, Christine Jacob's article on Margaret Cavendish's writings, including *Poems and Fancies*, identifies the ways in which she connected hospitality, fancy, and health. Using Galenic dietetics and holistic views on health Cavendish worked through the idea that fancy was material, something that was made from and consumed by the body. Intellect was therefore configured as beneficial to health and wellbeing. In illustrating Cavendish's complex engagement with medical theories, Jacob's article epitomises the underlying theme running across many of the articles –that women were important in configuring and critiquing knowledge about health, medicine, and disease.

As Cavendish's endeavours suggest, women's writing about health and disease allowed them to address broader concepts and conceits. Like Anne Walter Fearn in China, Anna Maria Falconbridge who travelled to Sierra Leone in the late eighteenth century, as Pamela Buck illustrates, used her experiences of disease prevention and treatment to understand and critique the colonial endeavour. Both Buck and Wu demonstrate that women's engagement with illness and disease in the colonial setting provided scope for genuine curiosity about non-western medical traditions and practices, as Wu terms it "a cross-cultural sensitivity and interest in local

medical traditions” which allowed for the questioning of western medicine’s supposed superiority.

Taken together, the articles in this issue emphasise that women viewed illness and disease at home, in the community, and further afield in the colonial contexts of European imperialism. Their voices all show the central place women had in not only performing healing but in shaping and critiquing medical understandings, frameworks and standards of care, and intellectual discussions about the natural world. The articles are arranged in two thematic sections that each roughly appear chronologically. The first cluster of articles (Jacob, Evans, and Buck) illustrates knowledge production and critique as displayed in women’s writings. The second section (articles by Long, O’Callaghan, Langtree and Wu) considers women’s writings about health and medicine that illustrate aspects of identity formation – as attentive family members, as patients, and as healers. Although divided in this way, the articles, as outlined above, offer commentary on family, missionary, and professional healing. They foreground women’s intimate involvement with the health and wellbeing of others and the central place the body and medicine have occupied in women’s writings.

ⁱ “Coronavirus (COVID-19) and the different effects on men and women in the UK, March 2020 to February 2021,” Office for National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10>,

ⁱⁱ Caitlyn Collins et al., “COVID-19 and the Gender Gap in Work Hours,” *Gender, Work, and Organization*, 10.1111/gwao.12506. 2 Jul. 2020

ⁱⁱⁱ “Coronavirus (COVID-19) and the different effects on men and women in the UK, March 2020 to February 2021,” Office for National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10>,

^{iv} Flaminio Squazzoni et al., “Gender Gap in Journal Submissions and Peer Review During the First Wave of the COVID-19 Pandemic. A Study on 2329 Elsevier Journals,” *PLoS one* 16, no.10 e0257919 (2021).

^v Mary E. Fissell, “Introduction: Women, Health, and Healing in Early Modern Europe,” *Bulletin of the History of Medicine*, 82, no. 1 (2008): 1.

^{vi} Elaine Leong, “Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household,” *Centaurus* 55 (2013): 81–103.

^{vii} Richelle Munkhoff, “Searchers of the Dead: Authority, Marginality, and the Interpretation of Plague in England, 1574–1665,” *Gender & History* 11, no. 1 (1999): 2.

^{viii} *Ibid.*

^{ix} Sharon T. Strocchia, “Introduction: Women and Healthcare in Early Modern Europe,” *Renaissance Studies* 28, no. 4 (2014): 503.

^x Deborah Harkness, “A View from the Streets: Women and Medical Work in Elizabethan London,” *Bulletin of the History of Medicine* 82, no. 1 (2008).

^{xi} Strocchia, “Women and Healthcare,” 499.

^{xii} *Ibid.*

^{xiii} Fissell, “Women, Health, and Healing in Europe,” 1.

^{xiv} For ideas about the cultural transmission of notions of the non-naturals in seventeenth-century literature, see Sara Read, “Not knowing the Disease you’ll miss the Cure”: Considering Prose Fiction Published in Aphra

Behn's Name in a Medical Context, *Women's Writing* 27, no. 3 (2020): 361-76, DOI:
10.1080/09699082.2020.1748818.

^{xv} Sandra Cavallo, "Conserving Health: The Non-Natural in Early Modern Culture and Society," in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, eds. Sandra Cavallo and Tessa Story (Manchester: Manchester University Press, 2017), 1.