

# A Sense of Gender: Different Histories of Illness and Healing Alternatives

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COPING WITH ILLNESS IS ONE OF THE TASKS with which people are confronted time and again. However, what people consider to be illness is variable and subject to change. This also applies to the definition of health and the boundaries between health and illness, the experience and interpretation of health and illness, and what people actually do in order to keep healthy or restore their own or other people's health. In other words, health, illness and healing can, at least to a certain extent, be considered as socio-cultural constructions. As such, they are products of people's attribution of meaning and of interaction among people derived from their various roles and positions within society. This implies that the history of medicine, which I use as shorthand for the history of health, illness and healing, is a history of what both doctors and other types of healers, as well as (potential) sufferers, their family and friends, thought, knew, felt and did with respect to health and illness. It is a history of shared, but also of mutually divergent and competing, ideas and practices. The history of 'unconventional medicine' is just one example of this. Moreover, the history of medicine is not just a history of 'people', whether in the role of healer or (potential) sufferer. It is also a history of the young and the old, the married and the unmarried, the wealthy and the poor, the educated and the uneducated, the religious and the nonreligious, city-dwellers and country folk, and any gradations in-between. And last, but not least, it is a history of

men and women, and their possibly different approaches to health, illness and healing.

This essay will place the history of unconventional medicine in a gender perspective. I will first explain what is understood by gender, and what a gender perspective implies or can imply. Secondly, I will briefly pay attention to the term unconventional medicine as compared to other related terms. Thirdly, I will move on to present a brief state of the art, and thereafter concentrate on discussing recent Dutch research on what I have preferred to call the history of healing alternatives from a gender perspective. Finally, I intend to offer some suggestions for future research.

### **From Women's History to Gender Histories**

SINCE WOMEN'S HISTORY MADE ITS APPEARANCE in the late 1960s much has happened, both in the sense of uncovering the past lives of women and also suggesting new ways of approaching women's history.<sup>1</sup> Women's history has developed from a history of women's roles and experiences into a history that also includes or even focuses on gender. Indeed, it has recently been noted that women's history is gradually being displaced by gender history.<sup>2</sup>

What is gender about? The idea is that there is no such thing as a timeless and essential notion of 'woman' or 'man', female or male, femininity or masculinity. Biological sex may be one thing; notions of female and male identity are another. The concept of gender refers to the socio-cultural construction of female and male identities. A gender perspective implies that questions are asked as to how women and men interpreted the meaning of being female or male, what they considered to be feminine or masculine, and to what extent these notions shaped their lives, as compared, for example, with age, social class, religion or region.<sup>3</sup> It also implies that more specific questions are being asked as to which women and which men held which views of femininity and masculinity, as these views may well have varied according to people's position in society.

Let me give just one example that may sound familiar, although it is taken from Dutch medical history. It shows how notions of masculinity and femininity could contribute to excluding women from the medical profession and at the same time including them in the nursing profession. In the Netherlands this only became of topical interest from the 1870s onward, when the first female student, a medical student, had matriculated at a Dutch university. Around 1900, when about a dozen women had taken medical degrees and approximately half of them were practising as doctors, the majority of male doctors was far from happy with this development. For them

the medical profession was a male profession. If women nevertheless practised as doctors, they should certainly not dare to enter the operating room. Surgery was strictly taboo for female doctors. But what did male doctors at that time consider women fit for? Except for midwifery, it was the nursing profession that was recommended as an eminently suitable occupation for women, preferably women with a certain level of culture and special training in nursing. According to these male doctors, women were morally superior to men, a vision that was shared by women as well. Only female nurses were thought to be able to exert a civilising influence in the ward.

In addition to the division of labour between men and women, other aspects of men's and women's beliefs and actions with respect to health, illness and healing could be affected by notions of masculinity and femininity. These notions could be fairly persistent. Thus the first female professor at the University of Amsterdam, the paediatrician Cornelia de Lange, told her audience in 1948 that she believed that with respect to pure science men were superior to women. This was not because women weighed somewhat less than men, but because they had less stamina.<sup>4</sup>

### **Unconventional Medicine?**

**I**T SHOULD BE POINTED OUT that unconventional medicine and related terms, such as alternative, complementary, non-orthodox, sectarian, fringe or irregular medicine, do not refer to specific types of medicine. Each is defined in terms of what it is not: unconventional medicine as opposed to conventional medicine, alternative and complementary as opposed to mainstream medicine, non-orthodox versus orthodox medicine.<sup>5</sup> Even if the actual meaning of conventional, mainstream, or orthodox medicine can be ascertained at certain times and places, both in theory and in practice, we are still left with the problem of finding out about the rest. Moreover, it should be realised that these dichotomies have been constructed, named and used by specific groups, at specific times and places. Different groups will have attached different meanings to current dichotomies, under the condition that such dichotomies were experienced as meaningful. It is not merely the case of university-educated doctors attempting to mark the boundary between themselves, the establishment and other healers, the outsiders. Nor is it the case that alternative healers in turn may have presented themselves as different from and superior to both university-educated doctors and healers other than themselves. We should also be alert to the possibility that what counted for sufferers may have differed yet again.

Placing unconventional medicine in opposition to conventional medicine seems to be a fairly recent invention, and so transferring these labels to earlier periods may be problematical. There is another problem as well. 'Conventional' is an ambiguous word. It can mean 'according to convention', and could thus, for our purposes, be considered to refer to the conventions of academic medicine, but conventional can also mean traditional in the sense of popular. Conventional wisdom can mean popular wisdom. So, if we choose to understand conventional medicine as academic medicine, then it would seem very odd if this same label were also applied to traditional or popular medicine. Yet it does not seem sensible to apply the label of unconventional medicine to traditional or popular medicine.

Rather than attempting to solve this or similar dilemmas with regard to other related terms, I propose to approach the subject somewhat differently by using the concept of the medical market as an analytical, but by no means purely economic, device. The concept of the medical market refers to the relationships of exchange between those who demand and those who supply cures, and to the relationships of competition among those who supply cures.<sup>6</sup> The various types of cures which in certain periods and regions are supplied by various types of healers, whether male or female, can be considered as alternatives or options from the point of view of those who are seeking medical care. Whether the different parties concerned make a clear-cut distinction between academic and other types of medicine is an empirical question.

### **Historical Research on Illness and Healing Alternatives from a Gender Perspective**

THE HISTORIOGRAPHIC HARVEST OF STUDIES on the history of illness and healing alternatives from a gender perspective is still fairly modest.<sup>7</sup> It is also fairly one-sided, for in most of these studies the focus has been on women, whether in the role of patient, healer or both. This concentration on women is problematical if we want to find out about the impact of gender on past notions and practices with regard to health, illness and healing.<sup>8</sup> We can hardly expect to resolve whether or not, and to what extent, women's attitudes to health, illness and healing differed from those of men, if there is no research into the attitudes of both, including the ways in which they influenced one another.

Katherine Park's recent article on gender and healing in Renaissance Italy sets a welcome example in this respect.<sup>9</sup> She discusses which types of healing were used, magical and otherwise, whether particular cures were

offered by male or female healers, and whether their clientele tended to be male or female. She also discusses how her findings can be related to more general notions of gender.

Most historical research on illness and healing alternatives from a gender (or at least a women's) perspective concerns the eighteenth, nineteenth and/or twentieth centuries. Some of the research on women's reproductive health, especially childbirth and abortion, offers valuable information on the experiences of the women themselves and the people they consulted.<sup>10</sup> Cornelia Osborne, for example, has demonstrated why lower-class women in Weimar Germany tended to turn to lay practitioners, most often females, instead of to doctors for terminating their unwanted pregnancies. This was not just a matter of cost, but also, and even primarily, a matter of superior skill on the part of lay practitioners in combination with a shared socioeconomic and cultural background, as well as the clients' preference for female abortionists, many of whom were midwives or former midwives.<sup>11</sup>

Another strain of research has concentrated on other female irregular or alternative healers from a more or less explicit gender perspective and has dealt mostly with the nineteenth and twentieth centuries. The emphasis has tended to be placed on women's versus men's opportunities to secure a position on the medical market or, more generally, to participate in the public sphere. Thus it has been demonstrated in studies of spiritualism in England and France that the position of medium, whether employed for spiritualist healing or for other purposes, could provide women with just such an opportunity.<sup>12</sup> Women were even considered, both by men and women, to be uniquely qualified to communicate with the spirits of the dead. Actually, this particular notion of femininity and the ensuing practice of female mediums may also have contributed to undermining notions of femininity and masculinity which defined the private sphere as feminine and the public sphere as masculine.

Whether or not women were also considered to be particularly qualified for other types of alternative or irregular healing, it is certainly clear that barriers in the form of medical training requirements tended to be nonexistent or relatively low in comparison with those of regular medical practice. Both women and men could take advantage of this fact. Whether women, and which women, from where, and when, felt specially attracted to practising particular types of healing alternatives, and to what extent this affinity could have been a function of gender identity, is not yet clear. In an article on women and sectarian medicine in the United States in the nineteenth century, Naomi Rogers has rightly stressed the need for detailed

biographical knowledge about female sectarian practitioners such as homoeopaths, osteopaths and hydropaths.<sup>13</sup> Otherwise, we cannot expect to answer questions as to why they chose to become one type of practitioner rather than another at a time when formal medical training had already become accessible to women.

Whereas Naomi Rogers's female sectarian practitioners tended to be fairly well situated, Willem de Blécourt's substantial research on Dutch irregular female healers from the 1850s to the 1930s includes many women of lower status.<sup>14</sup> Moreover, his research is by no means limited to sectarian forms of irregular medicine. It includes layers-on of hands, wonder-healers, herbal specialists, unlicensed midwives, fortune-tellers, somnambulists, healing mediums and abortionists. Their clients were mostly women (and their children) with a similar social background. De Blécourt points out that all of these female irregular healers somehow functioned as mediators in transition periods such as birth, marriage, illness and death. He states, moreover, that their healing activities reflected contemporary notions of femininity according to which women were seen as guardians of domestic happiness.<sup>15</sup>

Finally, research which focuses on the sufferers themselves should be mentioned, and more particularly, on the relative appeal of different healing alternatives for men or women. It is nowadays commonly understood that women tend to be more inclined to turn to 'alternative medicine' than men.<sup>16</sup> Yet, what exactly do we know about this relative preference, both in the present time and in former days? Does and did it include all types of alternative healing, and does or did it apply to all types of women, irrespective of age, class, education or religion? What about the men who feel or felt attracted to alternative healing? And finally, how do the findings tie in with contemporary notions of femininity and masculinity?

Again, I can hardly do more than mention just a few studies of interest. Although it does not primarily focus on illness and healing, Kathryn Sklar's book on Catherine Beecher is of interest because it clearly demonstrates the close connection between a male-dominated evangelical culture, female invalidism and hydropathy in nineteenth-century America.<sup>17</sup> In water-cure establishments, many of them, according to Sklar, 'centers of female-oriented culture', women could freely discuss their problems and find relief for their complaints. Unfortunately, there is little information about the personnel of these water-cure centres. Only one hydropathist is mentioned by name but, since this person was a man, it may be deduced that hydropathic establishments were by no means an exclusively female business. Although it is briefly indicated that it was a major tenet of

hydropathy to treat the whole person, not just single symptoms, this aspect receives no further attention in Sklar's book.

From here it is but a step to the question as to whether particular notions of health and illness as advocated by various types of alternative healing, such as 'holism', especially appealed or appeal to women rather than men. Indeed, holism has become a fashionable term, particularly in New Age circles, indicating that everything is connected with everything. Dualism and reductionism are rejected. Body and mind, man and nature, man and God should not be seen as disunited but as a unity. It is insufficiently clear to what extent and how consistently women as compared to men adhere to 'holistic' notions of health and illness, nor if these notions reflect or are connected with certain notions of femininity rather than masculinity. We do know, however, that a greater number of women than men make use of healing alternatives, including those which have been given the common label of New Age or, more broadly, ritual healing.<sup>18</sup> Writing on ritual healing in present-day suburban America, Meredith McGuire has united quite a number of therapies under this label, all of them attracting a larger female than male clientele. Her list consists of naturopathy, faith healing, Christian Science, psychic healing, transcendental meditation, occult and New Age therapies, human potential therapeutic methods, reflexology, iridology and Native American healing methods. However, the clientele's attitudes with respect to orthodox medicine appear to diverge, varying from complete rejection to partial acceptance. This makes it even more difficult to generalise about the impact of gender notions on the demand for these different types of healing.

### **Gender and Alternative Options in the Dutch Medical Market in the Nineteenth and Twentieth Centuries**

**W**E HAVE BEEN CONFRONTED WITH THIS SAME PROBLEM in Dutch research on alternative options in the medical market in the nineteenth and twentieth centuries. My own research on the Rotterdam clientele of the homoeopathic practitioner Clemens von Bönninghausen in the 1840s and 1850s is but one example.<sup>19</sup> Practising in Münster, just over the Dutch–German border, and having been brought up in the Netherlands, Bönninghausen attracted nearly 300 patients from the Netherlands, two thirds of whom lived in or near Rotterdam. At this time there were still very few homoeopathic practitioners in the Netherlands, and none in Rotterdam.

Contrary to what might have been expected, there was a significant male predominance among Bönninghausen's Rotterdam patients. Should

the conclusion then be that homoeopathy as such was more popular among men than among women, and that this should be attributed to particular notions of masculinity rather than femininity? I very much doubt it. I rather think that other interpretations are more plausible. It seems to me that the male predominance may be partly attributed to their presumably higher educational level and their occupational contacts: men may well have had more opportunities to be acquainted with homoeopathy in the first place; women may have been more diffident about travelling and consulting a foreign, male doctor, and family duties may have kept them from leaving home. It would therefore be too hasty to conclude that women felt less attracted to homoeopathy than men. Moreover, a substantial number of Bönninghausen's Rotterdam patients may have been shopping around and may even have returned to their old doctor if homoeopathy brought no relief. Consulting a homoeopathic practitioner did not necessarily mean a definite choice for homoeopathy: much may have depended on the success of the cure.

One more example of Dutch research will suffice here. One of many initiatives commemorating the centenary of the National Exhibition of Women's Labour, which was held in 1898 in The Hague, resulted in a book on women and health care in the Netherlands during the past 100 years.<sup>20</sup> It is interesting for two reasons. One is that the concept of women's labour has been broadly interpreted, including both the informal sphere of care within the confines of the home and women's participation in public medical and paramedical professions. Secondly, special attention has been paid to healing alternatives from a gender perspective. They include homoeopathy, faith healing within Christian Science, paranormal therapies such as magnetism, types of spiritualism or aura-reading, the more recently developed 'body-directed' therapies such as bio-energetics or stretching, and again fortune-tellers and abortionists.<sup>21</sup> This is, of course, only a selection of alternative therapies which could have been discussed.

Most of these alternative therapies require no academic medical training. It should be noted, however, that during recent decades non-academic training programmes and professional societies have been established. Only homoeopathy can count a substantial number of academically trained practitioners, but there were also homoeopaths without any medical training, or, especially since the 1970s, with non-academic homoeopathic training. Within all these alternative therapies the share of female healers has been and/or is more or less substantial.

Homoeopathy provides an interesting example. It took a fairly long time before the first academically trained female homoeopathic practitioner



made her entrance. This was not until 1938. Their numbers rose substantially from the 1970s onward, when homoeopathy was on the rise. In 1997, 38 per cent of all academically trained homoeopathic practitioners were female, which is a slightly higher percentage than for all female practitioners on the whole.

Much more impressive is the female share of the postwar 'classic homoeopaths', who have their own homoeopathic training according to what they consider to be original homoeopathic therapy. Most of these classic homoeopaths have not been academically trained. In 1997 three quarters of the total of some 350 were women. Like many other female healers they tend to work part time, often having started practising when they were no longer young. Healing can, as it were, offer them a second chance of self-fulfilment, although not the opportunity of earning more than a modest income.

The majority of clients seeking an alternative cure are also women. For how long this has been the case with respect to particular therapies has yet to be largely established. It appears that a majority of homoeopathy's prewar clientele consisted of women, especially from middle and higher circles. Christian Science faith healing also attracted more women than men. A similar observation can be made with respect to pilgrimages for healing purposes. Especially among women of lower status they were, and are again, fairly popular.

Very little is known about past clients' motives, whether male or female. We are slightly better informed about today's clients. Female clients of homoeopathy gave a variety of reasons for choosing this therapy. They had either been raised with homoeopathy, had made a conscious choice for a healthier lifestyle and natural therapy, and/or were dissatisfied with regular medicine. Their dissatisfaction with regular medicine resulted from all-too-frequent prescriptions of 'chemical medicines', from insufficient time allotted for consultations, or from not having had their complaints (often 'typical women's complaints') or those of their children taken seriously. Interestingly, only a minority of them gave up seeing their regular practitioner, while the others 'made a combination of both' or 'chose the best of the two'. All of them showed considerable initiative. Rather than consulting a doctor or healer too soon, they preferred to medicate themselves and to turn to relatives and medical self-help books. Many of them also remarked that homoeopathy has a much greater appeal for women than for men, mentioning that their husbands scarcely used homoeopathy, if at all. They indicated that their husbands had no interest, were old-fashioned, not much concerned about their bodies, or just could not be bothered.<sup>22</sup>

These are interesting findings, but how should they be interpreted from a gender perspective? Can it be concluded that homoeopathic therapy somehow reflects notions of femininity? But which notions of femininity? Surely not the same notions that were advocated a century ago? And how would these present notions of femininity relate to male clients of homoeopathy, and to male homoeopathic practitioners? These are questions to which I cannot give a clear answer.

The conclusions which have been formulated for this book as a whole suggest that notions of femininity and masculinity are no longer as separate or as far apart as they used to be. Formerly female domestic tasks of caring and cleaning tend to be taken on by men as well, however small their share may still be. Formerly male tasks of professional curing are being fulfilled by women as well. These changes reflect the blurring of boundaries between what is considered to be masculine or feminine. They also indicate that notions of masculinity and femininity with respect to health care have changed and are still changing. The notions of what is considered to be masculine or feminine have broadened and what is considered to be unmasculine or unfeminine has become narrowed down.<sup>23</sup>

### **Which Sense of Gender?**

**I**N CONCLUSION I WANT TO INDICATE briefly in which respects gender perspectives – I intentionally use the plural – can be helpful to our understanding of the history of illness and healing alternatives. Notions of masculinity and femininity have been of varying importance for socio-cultural constructions of health, illness and healing. How important, and in what respects, still needs to be more fully researched.

To begin with, notions of illness could and still can be gendered. The history of hysteria, the supposedly female malady, is but one example. However, as Marc Micale has pointed out, hysteria was by no means attributed to women only.<sup>24</sup> Nor was hysteria only considered in feminine terms. Alongside the concepts of female hysteria, notions of male hysteria can also be distinguished through the centuries, both within and outside medical circles. It would seem promising to explore the medical and remaining cultural gendering of other disease concepts and, more generally, of various notions of health and illness.

With respect to healing alternatives the impact of gender cannot be specified by simply counting numbers of female and male healers and patients. These numbers are useful as a first indication, but they do not suffice. We do, for example, need to know exactly what happened in the

domestic sphere when particular members of the family fell ill. Who decided what should be done, which healer should be consulted, in which cases and at which stage? It is hardly possible to determine the impact of gender as long as we do not have more detailed knowledge about decision-making processes at the family level, between husbands and wives, men and women. We also need to know more about why these decisions were made in order to be able to establish to what extent notions of masculinity and femininity had an impact on both the demand for and the supply of various healing alternatives. In this context special attention should be paid to the relationships between healers and patients, whether the gender of the healer mattered to male and female patients, and how they communicated with one another.<sup>25</sup>

Although more information is needed, we do have sufficient indications that gender notions could have an obvious impact on the popularity of healing alternatives. The example of water cures in nineteenth-century America is but one of many. Another example could be mesmerism or animal magnetism, which attracted an exceptionally large female clientele, very much in accordance with notions of female sensitivity and susceptibility.

This all leads to the conclusion that doing the history of health, illness and healing from a gender perspective can contribute much to our understanding of this history, that is, if both men and women, and both notions of masculinity and femininity, are taken into account. After all, a gender perspective should always be a comparative perspective.

## Notes

- 1 See, for example, Merry E. Wiesner, *Women and Gender in Early Modern Europe* (Cambridge, 1993); Olwen Hufton, *The Prospect before Her. A History of Women in Western Europe. Vol. One: 1500–1800* (London, 1995).
- 2 Lynn Abrams and Elizabeth Harvey (eds.), *Gender Relations in German History. Power, Agency and Experience from the Sixteenth to the Twentieth Century* (London, 1996), p. 1.
- 3 See the classic article by Joan W. Scott, 'Gender: a useful category of historical analysis', *American Historical Review* 91 (December 1986), 1053–75. See also Ludmilla Jordanova, *Sexual Visions. Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (New York, 1989), and recently, Judith C. Brown, 'Introduction' in Judith C. Brown and Robert C. Davis (eds.), *Gender and Society in Renaissance Italy* (London and New York, 1998), pp. 1–15.
- 4 Godelieve van Heteren, 'De hoogste tijd voor een nieuwe golf? Over de onvoltooid verleden tijd van het medische emancipatie-debat' in Rineke van Daalen and Marijke Gijswijt-Hofstra (eds.), *Gezond en wel. Vrouwen en de zorg voor gezondheid in de twintigste eeuw* (Amsterdam, 1998), pp. 233–52: 246.
- 5 See also Robert Jütte, *Geschichte der Alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich, 1996), 'Einleitung'; Willem de Blécourt and Cornelia Osborne, 'Preface: Situating "Alternative Medicine" in the Modern Period', *Medical History* 43:3 (1999), 283–85.
- 6 Marijke Gijswijt-Hofstra, 'Geloven in genezen, beschouwingen over recent onderzoek' in Marijke Gijswijt-Hofstra (ed.), *Geloven in genezen. Bijdragen tot de sociaal-culturele geschiedenis van de geneeskunde in Nederland, Volkskundig Bulletin* 17:2 (special issue, 1991), 118–42: 129–31; in the same volume, see also Willem Frijhoff, 'Gods gave afgewezen. Op zoek naar genezing van de pest: Nijmegen, 1635–1636', 143–70. Frijhoff defines the medical market as 'the interactive whole of ideas, actions and relationships by which bigger or smaller groups in society are brought to a collective understanding of health and healing' (p. 145). Willem de Blécourt defines the medical market as 'the healing options available to the sufferer'. See Willem de Blécourt, *Het Amazonenleger. Irreguliere genezeressen in Nederland, ca. 1850–1930* (Amsterdam, 1999).
- 7 See Willem de Blécourt and Cornelia Osborne, 'Women's medicine, women's culture: abortion and fortune-telling in early twentieth-century Germany and the Netherlands', *Medical History* 43:3 (1999), 376–92.
- 8 Johanna Geyer-Kordesch, 'Women and medicine' in W.F. Bynum and Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine* (London and New York, 1997), pp. 888–914. Although Geyer-Kordesch emphasises the importance of gender at the beginning of her article, she further focuses on women. Nor does she pay attention to gender and/or women and healing alternatives.
- 9 Katherine Park, 'Medicine and Magic: The Healing Arts' in Brown and Davis (eds.), *Renaissance Italy*, pp. 129–49.

- 10 See, for example, Barbara Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730* (Stuttgart, 1987); Cornelia Osborne, *The Politics of the Body in Weimar Germany. Women's Reproductive Rights and Duties* (Ann Arbor, 1992); Marita Metz-Becker, *Der verwaltete Körper. Die Medikalisierung schwangerer Frauen in den Gebäuhäusern des frühen 19. Jahrhunderts* (Frankfurt/Main and New York, 1997).
- 11 Cornelia Osborne, *Politics of the Body*; 'Wise women, wise men and abortion in the Weimar Republic: gender, class and medicine' in Abrams and Harvie (eds.), *Gender Relations in German History*, pp. 143–76; 'Abortion for sale! The competition between quacks and doctors in Weimar Germany' in Marijke Gijswijt-Hofstra, Hilary Marland and Hans de Waardt (eds.), *Illness and Healing Alternatives in Western Europe* (London and New York, 1997), pp. 183–204; and de Blécourt and Osborne, 'The other medicine'.
- 12 Alex Owen, *The Darkened Room. Women, Power and Spiritualism in Late Victorian England* (London, 1989); Janet Oppenheim, *The Other World. Spiritualism and Psychical Research in England, 1850–1914* (Cambridge, 1985); Nicole Edelman, *Voyantes, guérisseuses et visionnaires en France 1785–1914* (Paris, 1995).
- 13 Naomi Rogers, 'Women and sectarian medicine' in Rima D. Apple (ed.), *Women, Health, and Medicine in America. A Historical Handbook* (New Brunswick, 1992), pp. 273–302.
- 14 Willem de Blécourt, *Het Amazonenleger*. See also Willem de Blécourt, 'Kaartlegsters, helderzienden en adrijfsters' in Van Daalen and Gijswijt-Hofstra (ed.), *Gezond en wel*, pp. 175–88.
- 15 De Blécourt, *Het Amazonenleger*, ch. 9.
- 16 See, for example, Meredith B. McGuire, *Ritual Healing in Suburban America* (New Brunswick, 1994).
- 17 Kathryn Kish Sklar, *Catharine Beecher. A Study in American Domesticity* (New Haven and London, 1973), ch. 14.
- 18 See, for example, Paul Heelas, *The New Age Movement. The Celebration of the Self and the Sacralization of Modernity* (Oxford, 1996); McGuire, *Ritual Healing in Suburban America*.
- 19 Marijke Gijswijt-Hofstra, 'Homeopathy's Early Dutch Conquests: The Rotterdam Clientele of Clemens von Bönninghausen in the 1840s and 1850s', *Journal of the History of Medicine and Allied Sciences* 51:2 (1996), 155–83.
- 20 Van Daalen and Gijswijt-Hofstra (eds.), *Gezond en wel*.
- 21 See Marijke Gijswijt-Hofstra and Anneke H. van Otterloo, "'Alternatieve geneeswijzen": vrouwelijke genezers en patiënten in de twintigste eeuw' in Van Daalen and Gijswijt-Hofstra (eds.), *Gezond en wel*, pp. 155–74; de Blécourt, 'Kaartlegsters, helderzienden en adrijfsters'.
- 22 See Gijswijt-Hofstra and Van Otterloo, "'Alternatieve geneeswijzen'", pp. 159–60. Resa Flipsen has interviewed 13 female members of the Society for the Advancement of Homoeopathy in the Netherlands.

- 23 Gijswijt-Hofstra and Van Daalen, *Gezond en wel*, p. 12.
- 24 Mark S. Micale, *Approaching Hysteria. Disease and its Interpretations* (Princeton, 1995).
- 25 For a useful article on patients' history which, however, does not pay special attention to gender, see Eberhard Wolff, 'Perspektiven der Patientengeschichtsschreibung' in Norbert Paul and Thomas Schlich (eds.), *Medizingeschichte: Aufgaben, Probleme, Perspektiven* (Frankfurt and New York, 1998), pp. 311–34.