

**Narrating a Life in a Medical Recipe Book:
Elizabeth Paschall (1702-1768) of Philadelphia**
(メディカルレシピブックから読み解くある女性の
の人生——フィラデルフィアのエリザベス・
パスカル [1702-1768] を事例に)

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SUMMARY IN JAPANESE: 本論文は、18世紀中頃にフィラデルフィアの未亡人女性が書き残したレシピブックを分析し、北米植民地の女性がどのように医学的知識を形成していたか検証する。当時、病気や怪我の治療は専ら家庭で、主に女性の手によって行われていた。女性たちは自らが収集した医学的知識を、しばしばレシピブックに書き留めて自ら覚書として用いたり、次世代の家族に継承したりしていた。本論文が取り上げるE・パスカルのレシピブックは、著者がフィラデルフィアの人種的・民族的多様性や知的・文化的インフラを最大限に利用し、エリートの特権知識と身近な人々の実際の知識を自在に組み合わせて、医学的知識を生成していたことを伝えている。彼女はまた、情報提供者の社会的ステータスや評判、専門家の証言、さらには出版物で得た専門知識によって、それぞれの知識の信憑性を裏付けていた。パスカルのレシピブックは、彼女が主体的かつ批判的に医学的知識の生成にかかわっていた様子を伝えると同時に、家族や身近な人たちに効果的な医療を提供していた彼女の自負と誇りを後世に伝えている。

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Introduction

In the mid-1750s, Elizabeth Coates Paschall, a widowed Quaker merchant in Philadelphia, wrote down a medical recipe for what she called “a nail running” on the first page of her notebook. She began her entry by commenting with astonishment on the miraculous cure “a high German” performed on himself. According to her account, the German had accidentally run a nail through his hand but he healed it perfectly within only a few days. This, she wrote, “made me inquisitive about the cure”; she was surprised to learn that he applied only “the wax out of his own ears,” the value of which, he claimed, was widely known in Germany. She further wrote that she later validated this information through the testimony of an old acquaintance and also by her own experiment on her maid’s wounded hand.¹ As this notebook entry shows, Paschall meticulously documented the way she actively expanded her knowledge and her healing authority in her recipe book.

Paschall’s recipe book gives us a unique window into the life of a woman adept at healing and the way she powerfully asserted her healing authority through her knowledge and skills. From the late 1740s to her death in 1768, she documented 186 medical recipes and 12 household tips in her 167-page notebook. Compared with other American or British recipe books of the period, Paschall’s recipe book is uniquely discursive and provides rich details of her learning and healing practices. A conventional format of the Anglo-American recipe book of the era simply provides a title for each recipe, a list of ingredients and directions for preparation, mostly written in second person imperative.² In contrast, Paschall’s recipe book adds to these conventional elements by including a substantial first-person narrative in which she detailed stories of how she acquired the information and verified its effectiveness. In so doing, she documented information about the people who were the source of her remedies, conversations she had with her informants and patients, and several episodes from the bedside of the sick, including herself and her family members. As a result, her book took a shape as a fragmentary autobiography.

Examining her recipe book, this paper will analyze the knowledge-making process of a lay female healer in colonial Philadelphia and consider how she expanded her healing authority in her home community. In doing

so, this paper will engage in three interrelated strands of scholarship. Firstly, it is built on a rich pre-existing literature on women's role in early modern medical care. Since the 1970s, historians have reevaluated the importance of women's roles in early modern healthcare and their autonomous identity as medical caregivers.³ Especially important in the North American context is the path-breaking work of Laurel Thatcher Ulrich on Martha Ballard, a midwife in late eighteenth-century New England.⁴ From Ballard's diary and supporting sources, Ulrich found that Ballard was one of the most important and skilled practitioners in her community. She thus challenged an older assumption that female midwives were uneducated, incompetent caregivers and highlighted the tense rivalries between midwives and college-educated physicians. More recently, Susan Hasket Brandt has argued that female healers in the Delaware Valley mobilized available resources (such as informal educational opportunities in science and access to medical print media) to assert their healing authority well into the nineteenth century, despite challenges from the increasing professionalization and masculinization of medicine.⁵

Paschall's recipe book gives us a glimpse into the life of a woman who powerfully asserted her healing authority through her knowledge and skills in the unique cultural setting of mid-eighteenth century Philadelphia. During Paschall's lifetime, Philadelphia underwent a significant transformation, becoming the commercial and cultural center of British North America. The city's ethnic diversity, flourishing print culture and active civic commitment to the quest for knowledge enabled elite Quaker women like Paschall to participate in local and transatlantic networks of learning.⁶ In addition, Quakers' liberal gender norms and their pre-eminence in the civic and cultural landscape of the city provided them with significant latitude to navigate the heterosocial urban space and connect themselves to a wide range of people. Furthermore, the Quaker belief in spiritual equality supported women's claim to autonomous intellectual subjectivity. In sum, civic, cultural and religious settings of the mid-eighteenth century Philadelphia provided elite Quaker women such as Paschall with rich resources to develop their cultural authority.⁷

Examining Paschall's learning practices, this paper also draws on the growing scholarship on the social history of the Enlightenment. Recent historians, such as Susan Scott Parrish, have broadened our understanding

of the practice of early modern natural science by looking beyond European centers. She shed light on formerly neglected participants of the scientific culture of the period, such as Native Americans, African slaves and women in the colonies, who played crucial roles in gathering and conveying colonial natural knowledge to Europe.⁸

Tracing the process of Paschall's knowledge-making, this paper will illuminate how Paschall, though a lay woman at the colonial periphery, actively participated in transatlantic circuits of knowledge. Her book tells us how she utilized and purveyed colonial knowledge as she collected remedies from people around her. At the same time, it shows that she leveraged the medico-scientific expertise of learned intellectuals in Europe that she acquired through her personal networks and print sources. She was, in short, an active participant in the transatlantic network of knowledge.

Finally, this paper will intervene in the burgeoning literature on early modern recipe books. As historians of early modern medicine have shifted their focus from regular practitioners to a broader range of medical caregivers, early modern recipe books have attracted growing scholarly interest. They have provided historians with insight into early modern domestic healing practices, especially female networks of medical knowledge and women's everyday work in the household involving both cure and care.⁹

However, recipe books do not merely document medical knowledge and practice. For a compiler, creating a recipe book could be "a means of self-formation and self-presentation."¹⁰ By keeping records of their learning, experiments and practice, authors of recipe books developed their self-image as women of knowledge and as able and successful healers of their families and communities.¹¹ Although recipe books typically circulated only among small circles of family members or close friends, they embodied their author's intelligence, learning, and ingenuity. As they descended to later generations, these texts even served as their author's "testimonies of existence" and rescued them from obscurity.¹²

In this paper, I will treat Paschall's recipe book not only as a repository of practical medical knowledge but also as a kind of life-writing. Rather than using her book as a transparent window onto her healing practices, I wish to pay more attention to her *writing practices*. Olivia Weisser, in her study of early modern patients' narratives on illness, argues that autobiographical writings are not necessarily "clear reflections of experience" and draws

attention to the role of writing in constructing that experience; authors selected episodes, framed arguments and presented themselves in the image they chose. Following Weisser, I will look at the way Paschall constructed her self-image and presented herself to readers of her book.¹³ As we will see, she wrote eloquently about her life-long engagement in learning and healing, aspects of her social and domestic life, and her sense of her worth as a healing adept. She thus deliberately fashioned herself as an active learner and able healer.

In the following, I will first reconstruct Paschall's healing networks and explore the spatial and social settings in which she acquired her medical knowledge. In the second section, I will examine her methods to validate the reliability of her informants and their remedies. In the third, I analyze how Paschall fashioned her healing authority, paying special attention to her relationship with regular medical practitioners and the published knowledge of learned authorities. The final pages explore her narratives of suffering—her own and that of her family members—to illuminate personal and emotional aspects of her text.

Collecting Knowledge: Learning Recipes through Everyday Sociability

Paschall expanded her medical knowledge through daily interactions with people around her, such as her friends, relatives and acquaintances. Her recipe book conveys rich accounts of the personal networks that sustained her healing knowledge. Furthermore, she sometimes described the spatial settings in which she and her contemporaries exchanged medical information or obtained ingredients for recipes. Her writing not only attests to her own learning but also provides vivid accounts of how vernacular medical knowledge circulated among lay people in mid-eighteenth-century Philadelphia.

In her book, as many as 143 different individuals (men 48%, women 52%) appeared either as informants or patients, along with some unnamed contributors such as “gentleman traveler,” “old Indian” or “elderly woman.”¹⁴ While historians have emphasized the importance of female networks of knowledge to recipe book authors, Paschall had a remarkably

heterosocial knowledge network.¹⁵ Twenty-eight of the people Paschall named in her recipe book also appeared on the Philadelphia tax list from 1756. Although married women and the very poor are drastically underrepresented on such lists because they were either subsumed under their husbands' names or had little taxable wealth, Table 1 and 2 give a rough indication of the breadth of Paschall's social world. Although nearly half of her informants/patients were from the richest 20% tax bracket, she had a relatively broad social network that included even those from the poorest 20%.

Her informants/patients also had varied occupational backgrounds. A third of them were merchants or professionals, most of whom would have enjoyed affluence and elite social status, just as Paschall and her family did. The majority, however, were artisans, including a baker, a carpenter, and a blacksmith, some of whom she addressed as "my friend" or "neighbor." Her network also includes a few widowed women, like herself.

As a member of an elite Quaker family, Paschall had many connections to people of status in Philadelphia. She was born in 1702 to a successful merchant family. Her father, Thomas Coates, was one of the first settlers of the colony and prospered in shipping and merchant business. She had two brothers and two sisters, all of whom developed connections to other elite families of the city through marriage. Her sister Mary married John Reynell, a successful merchant of considerable reputation. Her other sister Sarah married Benjamin Shoemaker, who served as mayor and treasurer of the city several times. Elizabeth herself married Joseph Paschall, a civic-minded merchant from a prominent Quaker family in Philadelphia. While running a retail business from his shop on Market Street, he served as a member of the Common Council throughout the 1730s. His political and civic network connected her to people of power and status in the city.¹⁶

When Joseph died in 1742, Elizabeth was only 40 years old. She was left behind with his shop and three children, aged 14, 10 and two. She remained a widow for the rest of her life and took care of her children and the shop on her own. She evidently succeeded in business for she was categorized as belonging to the "92-95% bracket" in the 1756 tax list. At the time of her death in 1767, her estate was valued at over £5,000.¹⁷

Despite her elite status and affluence, she appears to have identified herself as a shopkeeper and busied herself with daily work at the shop.¹⁸

Table 1. Economic Status of Paschall's Identified Informants/Patients Based on Their Taxable Wealth

Decile Group		N	%
Richest	81-100%	12	42.9
	59-80%	7	25.0
	21-58%	5	17.9
Poorest	0-20%	4	14.3
Total		28	100.0

Source: Gary B. Nash and Billy G. Smith, "Philadelphia Tax List 1756," McNeil Center for Early American Studies [distributor], 2015, accessed January 5, 2020, <http://repository.upenn.edu>; *Elizabeth Coates Paschall Receipt Book, 1749-66*, The College of Physicians of Philadelphia.

Table 2. Occupational Background of Paschall's Identified Informants / Patients

Occupation	N	%
Merchants and professionals	8	32.0
Artisans*	11	44.0
Yeoman	1	4.0
Mariners	2	8.0
Widows	3	12.0
Total	25	100.0

Source: Gary B. Nash and Billy G. Smith, "Philadelphia Tax List 1756," McNeil Center for Early American Studies [distributor], 2015, accessed January 5, 2020, <http://repository.upenn.edu>; *Elizabeth Coates Paschall Receipt Book, 1749-66*, The College of Physicians of Philadelphia.

Note: Of the 28 persons in the tax list, 25 are designated by occupation.

*Artisans include retail crafts (baker, tailor, shoemaker), building crafts (carpenter, joiner, paver), metal crafts (smith, tinker) and a scrivener.

In 1746, for example, she placed an advertisement in *The Pennsylvania Gazette* under the name of “Elizabeth Paschall—shopkeeper” to announce that she had temporarily relocated her shop but intended to sell “all sorts of merchant’s goods as usual.”¹⁹ Her recipe book also gives us a glimpse of her work in the shop. For example, she wrote that she suffered from back pain, which she guessed came from “standing too long in the shop without having my meals in day time.”²⁰ Her comment suggests that she not only owned the shop but served customers herself from behind the counter. Located on the ground floor of her residence, her shop was likely the place where she spent most of her time and the hub of her daily socializing. She mentioned at least twice in her book that she learned medical recipes from people at her shop, making it possible to imagine customers dropping by her shop, chatting about their health concerns, and sharing information about healing. For example, she wrote that “a country man” who came to her shop provided her with a cure for kidney stones, from which he recently recovered.²¹ In this heterosocial commercial space, she is likely to have socialized and exchanged healing information with a wide range of people.

Stepping out of her shop, she would have been in the midst of a busy concourse of people. Market Street, where her shop and residence was located, was then the commercial center of Philadelphia and buzzed with commercial activities. People from varied social backgrounds shared the street as they went about their business.²² Market Street, in this sense, was a place of “civic mingling.”²³ In her book, we find a rich account of Paschall’s heterogeneous outdoor conversations about healing. When she was sharing her friend’s recipe for consumption with “a Jersey Indian man of about 50 years of age” on the street, a young woman who was “well dressed” passed by and “commended this highly,” saying that one of her neighbors was cured by the same remedy.²⁴ From such examples, we can see that acquaintances and possibly strangers exchanged health-related information in public spaces. When her friend Elisa Brooks needed help for her son whose “private part” got swollen because of contact with a poisonous vine, Brooks went to a local tavern to ask her neighbor for advice. A “studious man” overheard her story and taught her an effective remedy, which she later shared with Paschall. Brooks apparently easily traversed the public and commercial spaces of the city, openly discussing her son’s problems with his “private part” in mixed-sex company. While modern-day clinical encounters are shaped by ethical

norms of confidentiality or privacy, Paschall's writing shows early modern healthcare consultations were more often woven into patterns of everyday sociability.²⁵

Paschall's network of sociability involved people with varied ethnic or national backgrounds. She is willing to rely on German healers and others as trustworthy sources for remedies.²⁶ Her book also suggests that Euro-Americans' daily lives closely intersected with those of Native Americans'. Paschall reported that the "Jersey Indian man" she talked with on the street later came back looking for her at her house in order to thank her, saying her remedy cured his ailing father. Here, Paschall depicted a friendly interaction with an Indian man founded on the exchange of medical information.

She recorded six medical recipes that she or her friends learned from Indians. For example, "an old Indian woman" cured her friend Henry Clifton's wife of a whitlow—an oozing, swollen sore on her finger.²⁷ People turned to Indians' healing knowledge in more immediate life-threatening situations, too. When a baby of William Smith, an assembly man, fell into a fire, Smith resorted to a remedy his neighbor learned from an Indian and managed to save the baby's life.²⁸ Paschall's book also shows respected experts in Philadelphia, such as the botanist John Bartram, the apothecary Moses Bartram, and the botanist-gardener James Alexander, also gave high credit to Indian botanical knowledge.²⁹ Paschall herself used strong herbal tea as a remedy for mouth sores, calling it the "secret of our Indian."³⁰ Indians in turn, made use of the medical knowledge of Euro-Americans, as the "Jersey Indian man" did. Paschall wrote that her friend Sarah Lane used a warm soap bath for "an Indian Girl" to relieve the almost intolerable itching after the smallpox.³¹

From Sarah Lane's case, we also learn about the expected roles of mistresses in their servants' healthcare. According to Paschall, the girl was "so ulcerated . . . that people could scarce come near her," probably because of the smell and the fear of infection. Still, Lane stayed by her side to care for her. Paschall repeatedly depicted people attentively caring for their servants in times of sickness. We see domestic servants considered as parts of the family whose healthcare became the masters' or mistresses' immediate responsibility.³² When Paschall's own maid suffered from an itchy rash on her arms, she gave the maid a cup of special tea every night until she recovered.³³ Again, when another maid lost her voice and "could

only whisper all that time,” Paschall gave her some drops of Juniper oil every night, following the advice of a “country man.”³⁴ She also provided a vivid account of her friend Mary Linine and her “old Negro man,” who suffered from the pain of the “king’s evil” or scrofula. Linine had called in a surgeon but agreed to dismiss him when her servant refused “to consent” to surgery. She then called in an African healer instead, again at her servant’s request. The healer later effectively cured him.³⁵ Among the remarkable features of this episode is how Linine allowed her African servant (possibly her slave) to retain some control over his own body and healthcare, and supervised the way the healer treated him.³⁶ She later told Paschall in great detail how the “old Negro man” prepared “a tea of some sort of herbs which she knew not” to cleanse the sore, and about the way he prepared the copper that he applied to her servant’s wound by rubbing a penny on a stone. As an observer and bedside nurse, Linine learned new healing knowledge from an African healer.³⁷

As we have seen, Paschall’s recipe book provides us with vivid pictures of the social settings in which she and her informants acquired medical information. They collected healing knowledge from people with varied social and racial backgrounds through daily interactions at work, in domestic settings, and in public spaces. Paschall’s rich accounts of these interactions reveal how people exchanged vernacular medical knowledge. In the next section, I will analyze how Paschall verified the credibility and the efficacy of the information she collected.

Validating Knowledge: Trust, Reputation and the Credibility of Testimony

As a cure for a felon, or an inflammation of the fingertip, Paschall recorded a recipe for a poultice made from lye of hickory, which she learned from the wife of “Thomas Lawrence, the upholster.” She wrote that Lawrence told her that the poultice “gave her the greatest ease of any medicine when . . . in a distressed condition.” At the end of the entry, Paschall commented, “I believe lye is a good thing,” on the ground that she had heard Elisha Getchell, whom she called “a man of credit,” also used it to cure his servant.³⁸ Here, she leveraged her informants’ social status or reputation to establish the credibility of the recipe.

Scholars such as Steven Shapin have explored the social dimensions of early modern knowledge-making and argued that the social authority and reputation of the persons making knowledge claims was an important basis for validating empirical knowledge about the natural world.³⁹ For Paschall too, knowledge was built upon trust among individuals. The personal credibility of the informants or the supporting testimony from credible persons was critical to her process of knowledge-making.

This is especially important because her healing network involved significant numbers of lay people. She occasionally consulted the learned men in her circle and even print sources but, as Table 3 confirms, her most important sources of remedies were lay people, including her friends, relatives and neighbors. Indeed, she learned nearly 60% of her recipes from ordinary people around her.

Table 3. Sources of Medical Recipes in Paschall's Book

Source	N	%
Lay people	90	58.4
Male	34	22.1
Female	48	31.2
Gender unknown	8	5.2
Indian	6	3.9
Doctors and other experts	23	14.9
Print	29	18.8
Paschall's original	6	3.9
Total	154	100.0

Source: *Elizabeth Coates Paschall Receipt Book, 1749-66*, The College of Physicians Philadelphia.

Note: Out of the total of 184 medical recipes in Paschall's book, 154 recipes are recorded with information about sources or informants.

Paschall took great care to ensure the reliability of the people who supplied her recipes. For example, she occasionally dubbed informants as “a person of undoubted credit” or “a person of good reputation.” The reasons for her assessment vary. The most decisive factor seems to be trust she had built with that person through a long-held friendship. For example, Paschall described her informants with words like “an old acquaintance of mine from her childhood and a person of good reputation” or “a valuable woman and my intimate acquaintance.”⁴⁰ She also gave credit to people with political or civic authority, such as “our proprietor Thomas Penn,” or “our Bucks County member of the assembly.”⁴¹ She was particularly careful to note the reputation of her informants when she was recording cures that might provoke a doubtful response from her readers. For example, when she documented a recipe “for fever and ague [malaria]” that instructed the reader to give a dog a piece of cake made from a patient’s urine, she described the informant as “an intimate acquaintance of mine of their own experience.”⁴² Similarly, when documenting a recipe for a herbal tea that “instantly” cured a man who suffered from a flux for several years, she described the informant as a “valuable woman.”⁴³

She also validated her remedies by citing the testimony of experts. Her book attests to her familiarity with local intellectuals. Her elite status and familial network connected her to the leading naturalists and medical men of her day. For example, her brother-in-law, John Reynell, who served at the Philadelphia Hospital as one of its managers, verified her friend’s information about the efficacy of drinking seawater for colic by mentioning that the hospital managers always kept a barrel of seawater for “such physical uses.”⁴⁴ She also conferred with her friend John Bartram, the well-respected botanist and explorer, whose reputation stretched across the Atlantic.⁴⁵ Her writing reveals that he often shared his botanical knowledge with her and supplemented her information on herbal medicine. For example, in the section where she documented her friend’s cure, she asked “Bartram or his sons” if it was really safe to take a plant in the nightshade family—the herb in a recipe she’d gotten from a friend—internally because she had only used it in salves.⁴⁶ Elsewhere, she relied on Bartram for information about how the relevant plants could be identified in the field. She noted, for example, that “John Bartram says there is but one sort of beech in the country . . . so that you cannot mistake the sort.” From another botanist, James Alexander,

she even acquired specific geographical information on where to find a certain plant in her neighborhood. She wrote that the plant could be found “in the widow Jekyll’s garden” or “wild on Schuylkill banks.”⁴⁷

She also legitimated her recipes through the authority of print, tactically incorporating published information into her personal networks. For example, when she recorded a friend’s recipe, she wrote, “I also find it strongly recommended in [Robert] Boyle’s *Philosophical Works*.”⁴⁸ Similarly, when she recorded a story she found in *The Gentlemen’s Magazine* about a man who was cured of kidney stones by taking some broth stewed with onion, she commented “I believe onions are an excellent remedy against the stone” because she had heard from a man in her shop that he was cured by applying a poultice made from onions.⁴⁹ In such ways, she used published knowledge to legitimate information she collected from lay people around her.

She also validated the efficacy of her recipes through her own empirical observation and direct witnessing. So for example, she attested to Joseph Lownes cure for an inflammation of the fingertip when she said that his recipe “made a cure [for such a sore] on my son Joseph’s finger, which was very bad and much inflamed.”⁵⁰ Similarly, she wrote that she used her neighbor’s recipe and successfully healed her cousin Robert Hopkins, when he was “so very bad with the vomiting.”⁵¹ Stories of her own illness and recovery also effectively attested to the validity of the remedies. For example, she supported the efficacy of her friend’s cure for nose bleeds by writing, “I have tried it myself and it stopped bleeding at nose presently” even though she had lost so much blood that she “was ready to faint.”⁵²

The sometimes excruciating details of pain and suffering highlighted the efficacy of the cure. For example, a “violent pain in the back” put Paschall herself in “such racking torture for three days and nights that I could not bear to lie down.” Her back, she wrote, “felt bruised and sore as if I had been trampled on by horses.” The vivid language of pain (“racking torture” “trampled on by horses”) was a dramatic foil for the “immediate relief” provided by her friend’s herbal bath.⁵³ Similarly, a man suffering from constipation (“costiveness”) was in such “a torture” that “he could not help continually crying out”: “it was dreadful to hear his cries,” she wrote.⁵⁴ Or again, her sister’s nose once bled so much that people thought “she had lost all the blood in her body that they could scarce keep life in her.”⁵⁵ Her

language sometimes seems garishly detailed. On a girl with cancer whose lip was “eaten away in a frightful manner,” she wrote that “the flesh was so rotten and dead” that “she [the girl] could pull out pieces with her fingers.”⁵⁶ Another girl had such a violent cancer in her mouth that “rotten gums came off till the roots of the teeth was left bare.”⁵⁷ Even when Paschall was not a direct witness, her illustrations could be exceptionally vivid, aided no doubt by her powerful imagination. These vivid accounts of suffering were almost always followed by the testimony of cure or relief from pain. The man suffering from constipation felt relief soon after he took a remedy prepared for him. Her sister stopped bleeding “immediately after it [a poultice] was laid on the back of her neck.” In such dramatic accounts of suffering followed by healing, Paschall was creating stories, which, if not fictive, were artfully designed to validate her remedies.⁵⁸

As we have seen, Paschall meticulously documented the way she collected and verified the efficacy of the recipe. In so doing, she deliberately enhanced the credibility of her knowledge and bolstered her authority as a learned healing adept. In the following section, I will examine her healing practices in more detail and show how she portrayed herself having equal—if not superior—healing ability to contemporary male physicians.

Fashioning Healing Authority: Physicians, Male Experts and Lay Healing Adepts

Paschall took an active healing role not only in her household but also in her community. Her detailed accounts of the state of her patients during each step of the therapy show that she did not merely give advice but treated patients at the bedside. As she attested to their recovery, she was also promoting her own healing authority. For example, after explaining how to apply a poultice that relieved fever, she proudly asserted, “I now have cured a great number of people with it.”⁵⁹ This self-promotion took place in a complex medial milieu. As in contemporary England, medical practice in the Philadelphia of her time was largely unregulated and very diverse.⁶⁰ Amid this mosaic medical culture, no one had paramount healing authority. Even trained medical professionals struggled to earn their patients’ trust. Paschall’s recipe book gives us a good glimpse of the diverse and competitive medical

culture of Philadelphia, in which regular physicians, irregular practitioners, and lay healing adepts, such as Paschall herself, negotiated over their healing authority.

As a lay healer asserting her own credentials as a practitioner in this plural world, Paschall alternated between cooperative relations with learned medical authorities and competitive ones as ways of promoting her own authority as a healing adept. She had, as we have seen, close relations with men like the Bartrams and Alexander, not to speak of her own brother-in-law, John Paschall. Paschall also indicated that she had a trusting relationship with a university-trained physician, John Kearsley, who appears to be what we would call the primary care doctor for her family. For example, she wrote that her son Isaac once lost his voice but was cured by taking a herbal tea prescribed by Kearsley. She also asked for his approval in applying her friend's poultice to Isaac's sore eye.⁶¹

However, Paschall repeatedly depicted physicians' healing authority being compromised at the bedside and claimed lay healing knowledge, including hers, to be as powerful as or even more efficacious than that of regular practitioners. For example, she wrote that her friend who was "under the hands of three of our most eminent doctors one after another whose names she told me" got no relief but was cured by the advice of Debbie Norris, whom she "happened in company with."⁶² While she included only 13 episodes in which doctors (or their remedies) successfully healed patients, she recorded at least 24 cases in which lay people saved patients after doctors "failed." Her friend Mary Standley was similarly cured of an aching shoulder by the advice from "a country man coming to her house" after she got "no relief from the doctors."⁶³ Likewise, her neighbor Wister's baby was cured by "a Dutch woman's advice" when doctors could not help her.⁶⁴

Paschall showed that people often preferred not to be treated by doctors in the first place, especially in cases where they expected surgical operations. As Seth LeJacq discovered in early modern English recipe books, Paschall's recipe book offers rich accounts of peoples' resistance to surgery and their distrust of surgeons' treatments.⁶⁵ For instance, when her friend Joseph Watkins hurt his leg, he first tried several different methods of self-care. Even after they failed, he "feared to apply to a surgeon" for he expected "they would cut his leg off."⁶⁶ It appears he had good reason to fear surgeons: Paschall's text contains many accounts of their failure. For example, her

sister-in-law, Rose Coates, was “forced to apply to the most eminent surgeon” when her toenails grew into her flesh. The surgeon, split her nails down and drew them out, only to give her “intolerable torture.”⁶⁷ As people sought to escape from surgeons’ knives, they sought advice from lay healing adepts. When her friend Martha Petit was told by a doctor to cut off a tumor on her neck, she was hesitant because she feared both “the pain and charge.” She was then advised by Caterina Sprogell, a well-known Mennonite lay healer, to try “Pilgrim Salve,” an ointment made from “human dung and hog’s lard,” which she claimed was an “extraordinary cure performed by a peddler in Holland or Germany.”⁶⁸ Paschall reported that the salve, “though a nauseous application,” worked well on Petit, much to the surgeon’s surprise.

Paschall wrote that she herself successfully cured people after doctors failed. For example, she cured Edward Williams’ wife of ring worm when doctors could not. According to Paschall, Williams had been so bad for several years “that she was almost unfit for any business.” When Paschall met her at her house, she advised Williams to soak her hands several times a day in hot milk. Paschall reported that it worked on her so well that “the next time I saw her in town,” she was “spreading both her hands held up with these acclamations: the Lord in heaven bless you for what you advised me to has cure me.” This dramatic testimonial from her patient underscores Paschall’s keen sense of pride and satisfaction in her success. She proudly documented several other cases in which people were cured “by my advice.” She even claimed that Dr. Paschall, her own brother-in-law, was cured of his wen [sebaceous tumor] “by my advice.”⁶⁹

Paschall further promoted her healing authority by narrating her success in healing those who had originally weighed physicians’ advice more heavily than her own. When her sister, Mary Reynell, suffered from a severe headache, Reynell at first sought help from a doctor and spurned her sister’s advice. But Paschall had the last word. As she told it:

I had long insisted on a hot bath for her head which she despised and said she had acquainted the doctor whose opinion was it was but a trifling medicine and could not reach the cause of her pain. But at last being discouraged by the doctor saying he could do no more and I still insisting on the bath, she desired I would try it.

Even after Reynell's doctor had given up, declaring that "he could do no more," she was skeptical about Paschall's remedy, saying that "she believed it would be the last thing that I [Paschall] ever should do for her." But she took the herbal bath that Paschall prepared, and, to her surprise, was relieved of pain.⁷⁰ In this way, Paschall proudly wrote that she had won over her sister and trumped the healing authority of the physician who "despised" such "trifling" medical practice. Similarly, when her niece, Beulah, suffered from violent colic in childbed, Paschall "requested" that her mother give her a clyster, but "she [the mother] was afraid without the doctor's advice." This time Paschall intervened sooner by collaborating with the doctor: "I met the doctor and proposed it to him. He highly approved of it and it gave her speedily relief."⁷¹ Once again, she depicted herself as having equal if not superior healing ability to male physicians. By narrating such stories, Paschall projected a sense of competence and confidence as a healing adept to her readers.

Paschall also fashioned her healing authority by rehearsing her extensive medical learning, showing that she had incorporated medical knowledge of the learned into her own healing practice. As I have already argued, she made full use of her personal access to learned circles to expand her knowledge. Furthermore, she acquired medical recipes not only from local experts, such as Bartram, but also from across the Atlantic through the mediation of print. So for example, she gave an elderly woman "the advice of some eminent physician in England" which her brother-in-law, John Reynell, learned from his sister in England. By this advice, Paschall reported that the old woman improved so much that "she herself wrote me word that it quickly relieved her."⁷²

Paschall's writing shows that she also consulted many kinds of print sources. For example, she cited the local newspaper, *Poor Richard's Almanac*, and several different London magazines. Reflecting popular interest in healthcare, these texts frequently contained health-related information, including excerpts from scientific texts and medical recipes contributed by subscribers.⁷³ In addition, Paschall cited recipes from five medical books, some of which were directed to readers with significant expertise in medicine. From the second quarter of the eighteenth century, medical books became commonly available both in public and private libraries in Philadelphia. Most importantly, the Library Company of

Philadelphia expanded its collection of medical books during the decade after its founding.⁷⁴ Living in Philadelphia with close ties to local intellectuals, Paschall had privileged access to rich resources of private and public libraries. When she mentioned John Hill's *History of Materia Medica*, she indicated with a touch of self-pride, "I had it out of the Library," referring almost certainly to the Library Company of Philadelphia. Although women could not obtain membership in the library at the time, she was able to check out books of interest, probably under the name of male family members.⁷⁵ Her writing shows her ability to navigate the transatlantic circuits of knowledge that bound the republic of letters together.

When Paschall cited print sources authored by male experts, she did not passively accept their knowledge. When she culled from *Universal Magazine* a directive for an incision to relieve the pain of gout, she noted that the article instructed its readers to cut "above the knee . . . but I have known it of great service [to cut] below the knee." Here, she merged the printed medical information with her friend's verbal testimony of her husband's relief.⁷⁶ Elsewhere, she supplemented a famed London physician's cure for dropsy published on the front page of *The Pennsylvania Gazette* in 1756 with the testimony of her nephew's maid, who cured an ailing woman with the same remedy.⁷⁷ Thus, Paschall critically evaluated learned medical knowledge in print in light of the experimental data she collected from people around her. She never simply accepted the published knowledge of male experts.

Her citing patterns suggest that she read not only for practical medical information but also to develop her general interest in medicine. She evidently looked up an entry on "Herman Boerhaave," the famed Dutch physician, in Robert James' *A Medical Dictionary* and made a lengthy extract about his early life.⁷⁸ Copying the article, she wrote that Boerhaave, when still very young, suffered greatly from a painful ulcer on his thigh as well as from ineffective yet painful treatments by physicians and surgeons. The article claims that this experience taught him to be compassionate to the suffering of others and prompted him to work hard to discover a better cure himself. Laying aside "all the prescriptions of his physicians and all the applications of his surgeons," he at last succeeded in curing himself "by fomenting the part with salt and urine."⁷⁹ Paschall presented the episode not as a moral tale but as a practical recipe for an ulcer. Still, that she went to the effort of transcribing the whole lengthy paragraph suggested that she

may have identified with this famed physician's compassion for his patients' suffering from ineffective remedies and with his desire to find a better cure without relying blindly on established medical knowledge.

As we have seen, Paschall deliberately shaped her self-image as a learned healing adept by inserting numerous anecdotes that manifest her remarkable healing ability and expertise. As she documented recipes in her book, she narrated a life story of a woman who actively engaged in learning and had a successful healing practice. In the next section, I will explore more personal and emotional aspects of her writing by focusing on her narratives on suffering, both her own and that of her family members.

Family Dramas of Suffering and Healing

Paschall frequently included episodes of her own suffering and healing as well as that of her family members. At such moments, she often went beyond the constraints of the practical requirements of the genre, and wrote eloquently of her emotion, her sense of self and her family life. For example, she looked back at the moment when she suffered greatly from a sore throat, writing that she was "almost choked with the swelling and scarce able to swallow a drop of drink." Upon taking a strong tea of rattle snake weed, however, she "was relieved in an hour or two." Based on this experience, she wrote, she cured "several of my neighbors in the same condition."⁸⁰ As this episode shows, her own suffering and recovery was as important a source of knowledge as the experiences of her patients. She recalled and narrated episodes from the past, looking back on her earlier life, and shared her personal stories about difficulties in sickness, pregnancy or childbed. In this way, she inscribed the traces of her life in her recipe book.

Although she described many kinds of disorders, her writings on the experience of miscarriage, pregnancy, and childbirth are especially rich and compelling. For example, she recollected the precarious moment when she was pregnant with her daughter Mary.⁸¹ Looking back about 30 years,⁸² she wrote:

By drinking cold water in the year 1727 in that ever to be remembered hot spell of weather, which lasted near two weeks that several people

dropped down dead in the streets with the heat, I being then big with my daughter Mary and within two or three week of my time was hardly able to live for the heat and to refresh myself with the coolest place I could get, took my seat on the foot of the cellar stairs and ordered my maid to pump me a can of cold water and put a little milk in it which I had no sooner drank than it threw one into the most burning fever that I believe ever was felt. It was little inferior to being all on fire within that I could scarce get breath but run up and down stairs beating my breast for breath like one mad and should have dropped down dead in a few minutes if not speedily relieved by a draught of hot ginger tea with two or three spoonful[s] of rum in it: which my mother and husband compelled me to drink for I feared adding hot things to that inward heat would instantly kill me but I had no sooner swallowed a draught of it. But it cooled and relieved me in an instant.⁸³

In this paragraph, she explained her interpretation of the cause of her disorder, depicting details of her symptoms and the effectiveness of the cure, as she might in cases about other patients. But she also embedded her medical observations in a fundamentally personal narrative that sketched her memory of unpleasant summer heat, her initial skepticism about the recommended cure, and her family's involvement in healing in her household. Through her vivid vignette of running up and down the stairs beating her chest and its detailing of interior space, we get an almost sensory impression of her bodily fear and pain, and then relief. Her fear of death, her sense of its nearness, and the narrowness of her escape is palpable. She repeated the same arresting phrase "dropped down dead" twice (first to refer to the death of others and then to mark her own possible death), which dramatically underscores her sense of immediate danger. Here, her narrative bursts the bounds of the practical requirements of the genre, as do other intense accounts of emotional and physical suffering during her pregnancies, miscarriages, and labor.⁸⁴

Her writing in this case, as in others, also provides vivid pictures of her family and its domestic settings. Here, she sketched a crowded room in which her mother, husband and maid huddled around her suffering body. She also depicted relations of authority within that space: she "ordered" the maid to bring a can of water; her mother and husband "compelled" her to drink against her own medical judgment. She thus situated her suffering

experience within her family life. This passage took shape as a family drama: graphic, giving us a portrait of an important moment in her life. Paschall even reached back to her childhood, sharing vivid accounts of suffering of other family members. For example, she recalled a scene she witnessed when she was nine years old: her infant brother Sam suddenly developed a severe rash all over his face, which she “think[s] as bad as in the worst small pox.” Her clarity in depicting this long ago incident eloquently conveys her fear and relief at the sight of her little brother’s suffering and healing.⁸⁵

She also provided a lively picture of herself as an attentive caregiver at home. When her own son, Joseph, contracted scarlet fever and suffered from “a violent swelling” in his throat, she first applied an ointment prescribed by a doctor, but when his condition remained “very bad,” she tried a different cure, reputed to have had good effects in New England where people were dying of the same malady. That didn’t work either, so following a “doctor’s order” again, she laid a poultice on his throat, which she changed repeatedly over “48 hours” until he was relieved. From her description of herself trying several different remedies successively, we sense her deep concern over her son’s fate. As we have seen, describing her own suffering and that of her family members, she depicted colorful portraits of family dramas, through which she eloquently conveyed her emotions: her fear, anxiety and relief.

As we have seen, Elizabeth Paschall narrated her life-story in her recipe book. Recording detailed accounts of the process of her learning and the course of her practice, she self-consciously constructed her self-image as an active learner and able healer. At the same time, she provided vivid vignettes of her social and family life, sketching colorful pictures of the world she lived in.

As is the case with most of the early modern recipe books, Paschall’s book appears to have been handed down the matrilineal line of the family.⁸⁶ As they passed through the hands of multiple generation of women, recipe books facilitated cross-generational “female alliance.”⁸⁷ Some decades after her death, someone in her family created a new copy of her book. The compiler is not definitively identified but it is likely to be her daughter Beulah or perhaps her niece. Judging from the date of the newspapers clipped on

the book, we assume it was compiled between 1770 and 1810. The compiler copied extensively from the original manuscript and marked “from E.P. Recipe book” at the bottom of each page.

Paschall’s manuscript might have circulated only within a small circle of family members. But her name survived as long as it passed through her descendants’ hands. As they copied her book, they reproduced her life-story in their notebooks, tracing her days of learning and practice. Her book thus served to testify to her existence and the achievements of her life as a healing adept to readers for generations to come.

Notes

1. “A Cure for a Nail Running in the Foot or Hand,” in *Elizabeth Coates Paschall Receipt Book, 1749-66*, The College of Physicians of Philadelphia (hereafter cited as ECP), 1.
2. See for example, Sarah Waln (1746-1825), *Sarah Waln Recipe Book*, Historical Society of Pennsylvania; Lowry Wister (1743-1804), *Medical Recipes of Lowry Wister*, Eastwick Collection, box. 6, American Philosophical Society.
3. Mary E. Fissell, “Introduction: Women, Health, and Healing in Early Modern Europe,” *Bulletin of the History of Medicine* 82, no. 1 (2008): 1-17.
4. Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Knopf, 1990). See also, Rebecca J. Tannenbaum, *The Healer’s Calling: Women and Medicine in Early New England* (Ithaca: Cornell University Press, 2002) for an alternative account of the healing authority of midwives in early modern New England. Other important works on women and early American medicine/health care are: Susan Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760-1820* (Chapel Hill: University of North Carolina Press, 2009); Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven: Yale University Press, 2009).
5. Susan Hanket Brandt, “Gifted Women and Skilled Practitioners: Gender and Healing Authority in the Delaware Valley, 1740-1830,” Ph.D. dissertation, Temple University, 2014. For traditional accounts on the gradual marginalization of women in the field of medical care, see for example, John Duffy, *From Humors to Medical Science: A History of American Medicine* (Urbana: University of Illinois Press, 1993); Lamar Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860* (Tuscaloosa: University of Alabama Press, 1991).
6. As for vibrant print culture of Philadelphia at the time, see for example, Hugh Amory and David D. Hall, eds., *A History of the Book in America*, vol.1 (Chapel Hill: The University of North Carolina Press, 2007), 247-98. Particularly important civic projects for the quest for knowledge are the Library Company of Philadelphia (founded in 1731) and American Philosophical Society (founded in 1743). For more vernacular interest in science/medicine and the popularity of science-based spectacles in the city, see, James Delbourgo, *A Most Amazing Scene of Wonders: Electricity and Enlightenment in Early America* (Cambridge:

- Harvard University Press, 2006); Sarah Knott, *Sensibility and the American Revolution* (Chapel Hill: University of North Carolina Press, 2009), 69-104.
7. As for the Quaker belief in spiritual equality between men and women, see, Rebecca Larson, *Daughters of Light: Quaker Women Preaching and Prophesying in the Colonies and Abroad, 1700-1775* (New York: Knopf, 1999). For Quakers' gender norm and women's life in eighteenth-century Philadelphia, see for example, Karin A. Wulif, *Not All Wives: Women of Colonial Philadelphia* (Ithaca: Cornell University Press, 2000).
 8. Susan Scott Parrish, *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill: University of North Carolina Press, 2006); Delbourgo, *A Most Amazing Scene of Wonders*; Joyce Chaplin, *The First Scientific American: Benjamin Franklin and the Pursuit of Genius* (New York: Basic Books, 2006).
 9. Sara Pennell, "Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England," in *Early Modern Women's Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium*, ed. Victoria E. Burke and Jonathan Gibson (Aldershot, England: Ashgate, 2004), 237-58; Elaine Leong, "Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household," *Centaurus* 55, no. 2 (2013): 81-103; Amanda Herbert, *Female Alliances: Gender, Identity, and Friendship in Early Modern Britain* (New Haven: Yale University Press, 2014).
 10. Michelle DiMeo and Sarah Pennell, eds., *Reading and Writing Recipe Books, 1550-1800* (Manchester, UK: Manchester University Press, 2013), 11.
 11. While Paschall's recipe book is written solely by her, many recipe books had multiple compilers. Manuscript recipe books were open-ended texts, often edited or expanded by multiple hands as they were passed down to later generations. Michelle DiMeo, "Authorship and Medical Networks: Reading Attributions in Early Modern Manuscript Recipe Books," in *Reading and Writing Recipe Books*, 25-46.
 12. Janet Theophano, *Eat My Words: Reading Women's Lives through the Cookbooks They Wrote* (New York: Palgrave, 2002), 121.
 13. Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven: Yale University Press, 2015). Similarly, Steven Stowe showed that mid-nineteenth century male physicians told their life-stories and promoted their professional worth in their published case narratives. Steven M. Stowe, "Seeing Themselves at Work: Physicians and the Case Narrative in the Mid-Nineteenth-Century American South," *The American Historical Review* 101, no.1 (1996): 41-79.
 14. It is often difficult to discern her informants from her patients. For example, when she claimed "this [remedy] cured Susannah Okely's child," we can interpret the sentence in two ways: Paschall cured the child with her own recipe (which means the child was Paschall's patient) or Okely told Paschall that the recipe cured the child (Okely was her informant). As my focus here is to show the breadth of her social network, I counted them in the same category of informants/patients.
 15. Pennell, "Perfecting Practice?"; Herbert, *Female Alliances*, 78-116. See also Leong's important historiographical intervention. Leong, "Collecting Knowledge," 81-84.
 16. For Thomas Coates, see John W. Jordan, ed., *Colonial Families of Philadelphia*, vol.1 (New York: Lewis Pub. Co., 1911), 650-53; Henry T. Coates, *Thomas Coates: Who Removed From England to the Province of Pennsylvania, 1683* (Philadelphia: Privately Printed, 1897). For John Reynell, see, Thomas M. Doerflinger, *A Vigorous Spirit of Enterprise: Merchants and Economic Development in Revolutionary*

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- Philadelphia* (Chapel Hill: the University of North Carolina Press, 1986). For Benjamin Shoemaker, see John W. Jordan, ed., *Colonial and Revolutionary Families of Pennsylvania*, vol.1 (Baltimore: Genealogical Pub. Co., 1978), 445-46. For Joseph Paschall, see Howard Williams Lloyd, *Lloyd Manuscripts* (Lancaster: New Era Printing Company, 1912), 223-32.
17. Ellen G. Gartrell, "Woman Healers and Domestic Remedies in 18th Century America: The Recipe Book of Elizabeth Coates Paschall," in *Early American Medicine: A Symposium*, ed. Robert I. Goler and P. J. Imperato (New York: Fraunces Tavern Museum, 1987), 17.
 18. For women's shop keeping in colonial Philadelphia, see Patricia Cleary, "'She Will Be in the Shop': Women's Sphere of Trade in Eighteenth-century Philadelphia and New York," *The Pennsylvania Magazine of History and Biography* 119, no. 3 (1995):181-202.
 19. *Pennsylvania Gazette*, May, 15th, 1746. According to the advertisement, she relocated the shop while she took down and rebuilt "the house she now lives in."
 20. "For a Most Racking Torture in Every Joint," ECP, 9.
 21. "For the Stone," ECP, 42.
 22. Cleary, "She Will Be in the Shop," 192.
 23. For the argument on streets as a "bedrock of civic mingling," see Mary P. Ryan, *Civic Wars: Democracy and Public Life in the American City During the Nineteenth Century* (Berkeley: University of California Press, 1997), 38-43.
 24. "For a Consumption," ECP, 7.
 25. "For Being Poisoned with the Poison Vine," ECP, 19.
 26. For the German pharmaceutical network in colonial/revolutionary America, see Renate Wilson, *Pious Traders in Medicine: A German Pharmaceutical Network in Eighteenth-Century North America* (University Park: Pennsylvania State University Press, 2000).
 27. "For a Whittle," ECP, 13.
 28. "For a Burn an Indian Cure," ECP, 39.
 29. "For a Felon," ECP, 45. For biographical information on James Alexander, see Carl and Jessica Bridenbaugh, *Rebels and Gentlemen: Philadelphia in the Age of Franklin* (New York: Reynal & Hitchcock, 1942), 311. For Indians' healing knowledge, see Martha Robinson, "New Worlds, New Medicines: Indian Remedies and English Medicine in Early America," *Early American Studies* 3, no. 1 (2005): 94-110. See also Brandt's argument on "healing frontier," in "Gifted Women and Skilled Practitioners," 74-88.
 30. "To Make an Excellent Mouth Water," ECP, 18.
 31. "For the Ulcerated Sores after the Pox," ECP, 42. She also wrote about this incident in "For the Intolerable Itching of the Worst Sort of Small Pox," *ibid*, 26.
 32. Naomi Tadmor, *Family and Friends in Eighteenth-Century England: Household, Kinship, and Patronage* (Cambridge: Cambridge University Press, 2001).
 33. "For Itching Pimples on the Leg," ECP, 27. See also "A Cure for a Nail Running," *ibid*, 1; "For Loss of Voice," *ibid*, 10.
 34. "For Loss of Voice," ECP, 10.
 35. "For the King's Evil," ECP, 25.
 36. In contrast, she wrote that one of her friends "ordered" his "Negro woman" to hold her inflamed finger in lye when she developed inflammation on the fingertip. Here we find an imperative tone of a master who

- controlled his servant's healthcare. "For a Felon on the Finger or Joint," ECP, 39.
37. As for Africans' healing authority in slave holding society, see Philip D. Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill: University of North Carolina Press, 1998), 624-29. See also, Herbert C. Covey, *African American Slave Medicine: Herbal and Non-Herbal Treatments* (Lanham: Lexington Books, 2007).
 38. "For a Felon on the Finger or Joint," ECP, 39.
 39. Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-century England*, (Chicago: University of Chicago Press, 1994). For another account on the importance of credit in making natural knowledge, see Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), esp. 54-57; 175-225.
 40. "For a Felon," ECP, 1; "For the White Flux," *ibid*, 15.
 41. "For the Bloody Flux," ECP, 40; "Phythisick or Tissick," *ibid*, 45.
 42. "For the Fever and Ague," ECP, 7. This cure seems to be based on a widely-held belief in "transference of disease." Her book contains three other recipes that could be called "magical," although she did not mention that she tried any of these recipes herself. Still, natural magic had a persistent influence on medical practice in Philadelphia at the time. For example, her brother-in-law, John Paschall, an informant for two of her magical recipes, was known as an "alchemical doctor." Lloyd, *Lloyd Manuscripts*, 224-25. His medical beliefs were grounded on his extensive reading in Paracelsian chemical medicine. See his citations from Thomas Vaughan (1621-1666), a hermetic philosopher and alchemist, in his commonplace book. Paschall Family Collection, Historical Society of Pennsylvania. As for the proximity of natural magic to early modern medical science, see, Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman, Astrologer, Alchemist and Physician* (Oxford: Oxford University Press, 2005); Wayland D. Hand, *Magical Medicine: The Folkloric Component of Medicine in the Folk Belief, Custom, and Ritual of the Peoples of Europe and America* (Berkeley: University of California Press, 1980).
 43. "For the White Flux," ECP, 15; "For a Felon," *ibid*, 1. Another example can be found in the section in which she documented an herbal remedy which cured her friends' badly swollen finger in a few hours. She described the informant as "an old acquaintance of mine." "For a Felon," *ibid*, 1.
 44. "For the Bilious Colic," ECP, 8. For the manager's role in the Philadelphia Hospital, see William Henry Williams, *America's First Hospital: The Pennsylvania Hospital, 1751-1841* (Wayne: Haverford House, 1976), esp.1-38.
 45. As a good correspondent of Peter Collinson, then a leading figure in the Royal Society, Bartram provided London intellectual circles with valuable information and samples of American plants. At the same time, he was one of the founding members of the American Philosophical Society and an active participant in the local scientific circle of Philadelphia.
 46. "For the Rheumatism," ECP, 45. Bartram's two sons, Isaac and Moses, were apothecaries.
 47. On Bartram, "For a Consumption," ECP, 7. She also asked Bartram about rattle snake weed in "Violent Swelling in Throat," *ibid*, 6. On Alexander, "For a Burn, an Indian Cure," *ibid*, 39. Alexander also mentioned a house lot "belonging to one of the Armits" and the proprietor's garden on the Schuylkill.
 48. "For any Fresh Wound," ECP, 52.
 49. "For the Stone," ECP, 42.
 50. "To Backen or Cure a Felon," ECP, 20.

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51. "For a Violent Vomiting," ECP, 27.
52. "For Bleeding at the Nose," ECP, 13.
53. "For a Violent Pain in the Back," ECP, 36.
54. "For a Violent Costiveness," ECP, 20.
55. "For Bleeding at the Nose," ECP, 22.
56. "For a Violent Eating Cancer," ECP, 5.
57. "For the Cancer in the Mouth," ECP, 18.
58. Seth LeJacq argues early modern English recipe book authors also narrate stories of dramatic relief to promote lay healing knowledge. Seth Stein LeJacq, "The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England," *Social History of Medicine* (2013): 451-68.
59. "For the Fever and Ague," ECP, 6.
60. Lisa Rosner, "Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800-1825," *Social History of Medicine* 5 (1992): 19-42. For early modern "medical market place" in general, see for example, Mark S. R. Jenner and Patrick Wallis, *Medicine and the Market in England and Its Colonies, c.1450-c.1850* (Basingstoke: Palgrave Macmillan, 2007). On the lack of medical hegemony in eighteenth-century America, Charles E. Rosenberg, "The Therapeutic Revolution" in *The Therapeutic Revolution*, ed. Charles E. Rosenberg and Morris Vogel, (Philadelphia: University of Pennsylvania Press, 1979), 3-26.
61. "For Loss of Voice," ECP, 11. For Dr. John Kearskey, see *Bridenbaugh, Rebels and Gentlemen*, 297-98. "A Poultrice for a Sore Eye," *ibid*, 17. See also "For the Pleurisy," where she applied her friends' herbal remedy based on Kelsey's recommendation. *Ibid*, 11.
62. "For a Violent Bruise or Ulcer," ECP, 41.
63. "A Cure for Pain and Numbness of the Limbs," ECP, 13.
64. "For a Swelling on Infant's Head," ECP, 13.
65. LeJacq, "The Bounds of Domestic Healing: Medical Recipes." For other accounts of people's resistance to surgery, see for example, Lucinda Beier, "Seventeenth-century English Surgery: The Casebook of Joseph Binns," in *Medical Theory, Surgical Practice: Studies in the History of Surgery*, ed. Christopher Lawrence (London: Routledge, 1992), 48-84; Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's "Foul Wards": 1600-1800* (Rochester: University of Rochester Press, 2004), 30-61.
66. "For a Violent Swelling in Man of Beast," ECP, 23.
67. "To Cure and Prevent the Grate Toe Nails from Growing in the Flesh," ECP, 23. For another account of surgeons' failure, see "For a Violent Sore Breast and Sore Leg," where doctors "laid open" her friend's breast only to give her "no relief." *Ibid*, 37.
68. "For a White Swelling," ECP, 22. In other cases, lay healers proactively tried to persuade their family members, friends or neighbors not to see surgeons. For example, her friend Mary Eldridge "pressed" a patient to use her plaster rather than applying to doctors because she surmised "doctors would have laid it [the patient's joint] open" by surgery. Paschall reported that her friend's plaster presently comforted the patient. "For Weakness in the Hands or Joints," ECP, 4.
69. "To Cure Ring Worms and Sore Hands," ECP, 5. "To Cure a Wen," *ibid*, 23. For other examples, see, "Violent Swelling in Throat," *ibid*, 6 and "For an Inward Fever," *ibid*, 12.

70. "For a Violent Pain in the Head," ECP, 17.
71. "For the Colic," ECP, 8.
72. "For an Asthma or Tissick or Phthisick," ECP, 28.
73. Thomas A. Horrocks, "Rules, Remedies and Regimens: Health Advice in Early American Almanacs," in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles E. Rosenberg (Baltimore: Johns Hopkins University Press, 2003), 112-46; Roy Porter, "Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine" in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), 283-314.
74. Edwin Wolf, "Medical Books in Colonial Philadelphia," in *Centenary of Index Medicus: 1879-1979*, ed. John B. Blake (Bethesda: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Library of Medicine, 1980), 72-92.
75. Her brothers-in-law, John and Samuel Paschall, were among the original charter members of the Library company. Lloyd, *Lloyd Manuscripts*, 225.
76. Paschall wrote "I think my acquaintance said her husband [was relieved]" by cutting below the knee. "For the Gout a Cure or for the Rheumatism," ECP, 54. The original article was printed in *The Universal Magazine*, June, 1747.
77. "For a Dropsy," ECP, 30. The original article was printed in *The Pennsylvania Gazette* on January 6th, 1757 under the title of "From the London Magazine for August 1756: An Account of Some Cases of Dropsies Cured by Sweet Oil: A Letter from William Oliver, M.D. F.R.S." Oliver was a Leiden-educated physician, who practiced in Bath and was a fellow of the Royal Society.
78. A large part of James's article is taken from Samuel Johnson's biographical essay on Boerhaave, printed in *The Gentleman's Magazine* in 1739. Edward R. Atkinson, "Samuel Johnson's 'Life of Boerhaave,'" *Journal of Chemical Education* 19, no. 3 (1942): 103-08.
79. "For a Stubborn Malignant Ulcer on the Thigh," ECP, 30.
80. "For a Violent Swelling in the Throat or Quinsy," ECP, 6.
81. Mary Paschall was born in 1727 but lived only for a year.
82. From the fact that she cited from a newspaper of January 1757 on the next page, we assume Paschall recorded this entry in the late 1750s.
83. "For Stagnation of the Blood," ECP, 29.
84. "Against Abortion or Miscarriage: An Excellent Remedy," ECP, 10. "For Inward Weakness after Miscarriage," *ibid*, 13. For early modern women's writing on their suffering in pregnancy or childbirth, see Sharon Howard, "Imagining the Pain and Peril of Seventeenth-century Childbirth: Danger and Deliverance in the Making of an Early Modern World," *Social History of Medicine* 16 (2003): 367-82; Adrian Wilson, "The Perils of Early Modern Procreation: Childbirth with or without Fear?" *British Journal of Eighteenth Century Studies* 16 (1993): 1-19.
85. "For Scabs on the Face," ECP, 3.
86. Aside from Paschall's original manuscript, two copies of her book survive today. *Receipt Book: Based Largely on the Receipt Book of Elizabeth Coates Paschall, ca. 1790-early 19th century*, The College of Physicians of Philadelphia; and *Recipes for Cure of Various Ailments and Afflictions from Elizabeth Paschall's Recipe Book, 1780 January 24-1780 April 17* in William Henry Russell Collection of Morris

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Family Papers, Series I, vol. 29, at the Hagley Library, Wilmington, Del. The latter one, nestled among the Morris family papers, is likely to have belonged to Elizabeth's granddaughter Sarah (1772-1842), who was married to Isaac Morris.

87. Herbert, *Female Alliances*, 106.