WOMEN OF THE HEALING ARTS:
DOMESTIC MEDICINE IN NOVA SCOTIA, 1750-1850

by

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Submitted in partial fulfillment of the requirements
for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
June 2021

To wise woman healing knowledges

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ABSTRACT

This thesis addresses the history of British settler women's encounters with health and medicine in Nova Scotia in the eighteenth and nineteenth centuries. Medicinal remedies used in the Northeastern Atlantic region reveal a combination of European and colonial practices and knowledges brought together by women practitioners, uncovering an exchange of information, ingredients, and recipes. Through the study of Loyalist settler Sarah Creighton Wilkins' personal recipe collection and supplementary remedies found in the *Early Modern Maritime Recipes* database, this investigation extends beyond the life of the recipe writer and rather illuminates the social, economic, and political climates that influenced compilation. By situating domestic medicine in a Georgian Nova Scotia context, this thesis considers how the materiality and content of Creighton Wilkins' collection— including illnesses addressed and ingredients used—recoups a history of British women's relationship with health and medicine, whether rooted in British tradition or reflecting evolving gender perceptions and expectations.

ACKNOWLEDGEMENTS

There are a number of people that came together to bring this project to fruition, all of whom were integral to every phase—from ideation to research to writing.

First and foremost, I would like to acknowledge the force that brought my Supervisor, Dr. Lisa Binkley, and I together. We were first connected as student researchers at Queen's University—she as research supervisor and me as undergraduate fellow—but a mentorship and friendship followed soon after. We connected over shared life philosophies, senses of humour, and, of course, a love of historical research. It is thanks to Dr. Binkley that I made my way back to academia, and to a research area that is so aligned with my personal interests. Over the last two years she has been a supportive, helpful, and creative guide, always encouraging and refining my ideas, and it is thanks to her that I have been able to produce a thesis that I am so truly proud of.

I would like to thank the members of my Examining Committee, Dr. Jerry Bannister and Dr. Lyn Bennett, for the time, energy, and expertise they shared throughout this process. Dr. Bannister's enthusiasm toward Northeastern Atlantic history is infectious and his rigorous approach to research pushed me as a student to elevate my work. Furthermore, my research was largely influenced by Dr. Bennett's work on women, recipe culture, and early modern medicine. The *Early Modern Maritime Recipe (EMMR)* database that she created in collaboration with Dr. Edith Snook (University of New Brunswick) was particularly valuable for the compilation and analysis of primary source material.

My family has been an incredible source of energy, creativity, support, and love throughout this process. It is thanks to my mum, Andrea Duggan, that I have such an inherent reverence for recipes—my love of alchemy has not fallen far from the tree. My sister, Emily Dickinson, is both my biggest inspiration and my fiercest admirer. She taught me what it means to be a feminist. Thank you to my partner, Josh Nordin, for making life so joyful and fun, and for repeatedly reminding me to trust myself, my knowledge, and my process. And to countless other family members and friends, including my supportive dad, Patrick Dickinson, for reassuring me that I'm where I'm supposed to be.

I feel incredibly privileged to have had the opportunity to spend the last two years researching and writing about something I care so deeply about. I am grateful to have been awarded the following funding opportunities: SSHRC Canada Graduate Scholarship, Bowes Scholarship in History, Gilbert F. Jennex Graduate Scholarship in History, and Patricia Keene Scholarship. Thank you to all involved, including the Dalhousie Department of History, for seeing the value in my research and providing me with the financial resources to pursue it.

This thesis was born from my personal interest in women's health and wellness, and I'm thrilled to be able to add to the growing historiography of women, contribute to settler colonial dialogue, and uncover historical herbal knowledge and medical practices.

CHAPTER 1
INTRODUCTION

Sarah Creighton Wilkins was a nineteenth-century Loyalist settler in Nova Scotia who compiled a notebook of culinary, household, cosmetic, and medicinal recipes. She recorded 100 recipes between 1811 and 1833, of which sixty-two were medical remedies, suggesting domestic treatment for a variety of common and curious ailments. Her remedies treated mild to severe conditions, ranging from fevers and sore throats to "nervous affections" and stomach spasms that fluctuated in length, complexity, and peculiarity.[1] The *Manuscript Notebook of Sarah Creighton Wilkins* suggests an intimate knowledge of domestic medicine and an exchange of goods and information with family and friends, professional medical practitioners in the Atlantic world. Domestic medicine was integral to the settler experience, complementing and compensating for formal medical care provided by colonial agencies and private practitioners. Herbal remedies used in the Maritimes were the result of a combination of naturopathic practices and knowledges brought together by women practitioners, by-products of a cross-cultural exchange of information, herbs, and recipes.

The very existence of the recipe collection attests to her literacy, access to resources, and available time, and brings to the surface evidence that wealthy women engaged in practices customarily reserved for matriarchs who did not have the means to access *professional* care for their families. However, Creighton Wilkins' adoption of herbal remedies disrupts the notion that domestic medicine was reserved for the less privileged. Rather, her social status might have fuelled her interest in private medicinal practices that

[1] *Manuscript Notebook of Sarah Creighton Wilkins*. MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Public Archives, Halifax, Nova Scotia, Canada.

enabled her to reserve the knowledge of certain afflictions to a personal sphere in the home or among a network of friends and family. Her ability to gather knowledge on certain remedies might have been influenced by her privileged worldview; her education, domestic responsibilities, and role in society were shaped by the prominent positions held by her father, brothers, and husband. While male family members held a number of prominent political positions, she remained in the private sphere, as gendered expectations of the period saw fit.[2] Within this private sphere, Creighton Wilkins compiled recipes, worked with ingredients, and adjusted elements as necessary.

Therefore, close analysis of this collection of recipes complicates an understanding of how women navigated within the private sphere. Creighton Wilkins sought information on how to attend to a variety of ailments through the exchange of knowledge with others and by seeking out information in certain medical literature. In several examples, she credits others for a recipe and demonstrates her interest in exchanging ingredients and quantities through the pages of the recipe to make for a more effective solution, revealing her interest and curiosity of home-based science. Within the private sphere of the home, Creighton Wilkins worked with medicinal recipes, redefining what constitutes separate spheres: as the wife of a circuit-court judge, Creighton Wilkins used her home to engage in practices that might otherwise be viewed as subversive and inappropriate for a woman of elite social status.

However, this thesis is not necessarily a biography of Creighton Wilkins; rather, her medicinal remedies are used as a catalyst in which to explore the applications of home

[2] Kenneth S. Paulsen, "Land, Family and Inheritance in Lunenburg Township, Nova Scotia: 1760-1800," in *Intimate Relations: Family and Community in Planter Nova Scotia, 1759-1800*, ed. Margaret Conrad Planters Studies Series No. 3, (Fredericton, N.B.: Acadiensis Press, 1995), 110.

medicine, while considering the implications of women care providers practicing outside of the professionalized medical field. Eighteenth- and nineteenth-century Maritime recipe culture serves as a valuable entrance to the study of domestic medicine and the evolution of settler medicine more broadly within a British colonial environment. Within settler society, this thesis does not address French or Acadian, African Nova Scotian, or Indigenous histories.[3] The focus narrowly addresses British settler experiences when considering the following questions. What does herbal medicine reveal about gender ideologies? How does the rise of academic medicine influence how women practised domestic medicine? How did global trade affect early modern medical treatment? Creighton Wilkins' medical recipe collection offers an opportunity to pursue these inquiries.

Colonial ideology and associated medical practices were rooted in patriarchal power dynamics.[4] Britain's social order divided labour according to gender, age, and ethnicity, with positions of power in government, military, and industry held exclusively by adult propertied men. For this reason, female experiences have been largely confined to the home, with feminist perspectives less abundant as a result.[5] Feminist scholarship has uncovered rich women's histories, especially since the 1990s; however, the investigation of herbal remedies and home medicine practiced by British settlers in Georgian Nova Scotia remains overlooked. The most accurate way to access social medical history is

[3] These histories are rich, but beyond the scope of this thesis. I plan to investigate these histories and their associated influences on the Maritime medical landscape in future research.
[4] Suzanne M. Spencer-Wood, "Feminist Theorizing of Patriarchal Colonialism, Power Dynamics, and Social Agency Materialized in Colonial Institutions," *International Journal of Historical Archaeology* 20, no. 3 (2016): 477.
[5] Susan Francia and Anne Stobart, eds, *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*, (London: Bloomsbury, 2014), xv.; *Early Modern Maritime Recipes,* Accessed November 2019, https://emmr.lib.unb.ca.

through the study of diaries, personal letters, and wills belonging to both patients and practitioners.[6] This thesis addresses the history of British settler women's encounters with health and medicine in Nova Scotia through the study of Creighton Wilkins' personal recipe collection and supplementary medicinal remedies found in the Early Modern Maritime Recipes database.[7] This investigation extends beyond the life of Creighton Wilkins and other recipe writers, and rather illuminates the social, economic, and political climates that influenced her compilation.

Relying on Creighton Wilkins' recipe book as a jumping-off point, this thesis examines three key themes through domestic medical practices, recipe culture, and settler female identity in Nova Scotia: the history of medicine in colonial Nova Scotia and the gendered division of labour; domestic medicine and the social and health implications of womanhood; and the use of laudanum in medical contexts and the associated role of empire. These themes are explored across three chapters, each of which is rooted in relevant recipes from Creighton Wilkins' collection that demonstrates an aspect of the respective theme. The intention is to consider how the collection's materiality and content— including illnesses addressed and ingredients used—recoups a history of British women's relationship with health and medicine through home practices, whether rooted in British tradition or reflecting the period's evolving gender perceptions and expectations.

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[6] William Bynum, "Health, Disease and Medical Care," in *The Ferment of Knowledge: Studies in the Historiography of Eighteenth-Century Science*, ed. George Sebastian Rousseau and Roy Porter (Cambridge: Cambridge University Press, 1980), 211-54.
[7] *Early Modern Maritime Recipes,* Accessed November 2019, https://emmr.lib.unb.ca.

Literature Review

Female healers have been and continue to be integral to health and wellness, serving in different capacities over time and across space.[8] Studies in the history of British medicine have traditionally favoured patriarchal medical and healing hierarchies that idealise a reliance on institutionalization and pharmacology. Consequently, the relegation of women healers as "irregular" and their practices as unconventional, unsafe, and unworldly have marginalized the histories of home-based applications.[9] Medical recipes have been recorded by British settler female healers in the Maritimes, revealing the cross-cultural exchanges of knowledges, plants, and remedies. For example, the recipe book of Sarah Creighton Wilkins identifies several home remedies for common ailments, such as stomach cramps and melancholy, which she treated with various plant-based mixtures—including opium tincture, considered an appropriate solution of the period. Further archival sources reveal the combination of domestic practices, traditional knowledges, and modern medicine, and a vibrant lay-medical community engaged in a local and imperial exchange of herbs, recipes, and information.

Knowledge of "irregular" healing practices would not have been considered desirable in the development of Nova Scotia as it endured political negotiations under colonial authority and, eventually, an emerging independent federal governance system. Interrogation of women's healing culture in the context of imposing Western ideologies complicates the gendered, cultural, and colonial relationships present in Nova Scotia

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[8] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700* (Cambridge: Cambridge U Press, 2008).

[9] Susan Francia and Anne Stobart, eds, *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*, (London: Bloomsbury, 2014), xv.; Ehrenreich and English, *Witches, Midwives and Nurses,* 73.; lan Mackintosh, "The Patent Medicines Industry in Late Georgian England: A Respectable Alternative to both Regular Medicine and Irregular Practice," *Social History of Medicine* 30, no. 1, (February 2017): 23.

during a period of intense change. Internalist medical historian, and retired physician Allan Marble studies Nova Scotian health care during this tumultuous period in *Surgeons, Smallpox, and the Poor: History of Medicine and Social Conditions*. Drawing heavily on colonial correspondence, military documents, and other valuable primary sources, Marble illustrates how Nova Scotia's medical landscape was heavily impacted by Britain's military and naval activities. Furthermore, by identifying the physicians and surgeons who practiced in Nova Scotia he demonstrates how men dominated the medical field, as well as the privileges they were granted, such as land, status, and financial compensation.[10]

Britain's ascendency in Nova Scotia from 1749 to 1775 required heavy military and naval presence, which transformed the cultural landscape.[11] In *At the Ocean's Edge: A History of Nova Scotia to Confederation,* Margaret Conrad identifies 1749 as a pivotal year: two European fleets—one French, one English—sailed from Europe to Northeastern North America to reoccupy Louisburg and attempt to colonize territories acquired by the Treaty of Utrecht, respectively.[12] English settlers were enticed by the British government with offers of free transport, land, work, and provisions—a tactic that was used for decades to encourage immigration to Nova Scotia. For example, when wartime conditions made it challenging to recruit immigrants from overseas, New England planters were targeted and tempted with the promise of at least 100 acres of land exempt from taxes for ten years.[13] Furthermore, the period of change initiated by the

[10] Allan Everett Marble*, Surgeons, Smallpox, and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749-1799* (Montreal: McGill-Queen's University Press, 1993).
[11] Margaret Conrad, *At the Ocean's Edge: A History of Nova Scotia to Confederation* (Toronto: University of Toronto Press, 2020), 121.
[12] Conrad, *At the Ocean's Edge*, 121.
[13] Conrad, 141.

American Revolution (1775-1783) caused Nova Scotia's population to more than double, with an influx of 35,000 American Loyalists.[14] To accommodate immigration, new townships were carved out of unoccupied land and the Loyalists were granted land, food, and shelter in communities across the maritime region.[15] Jerry Bannister's discussion of the role of loyalism in the British Atlantic suggests how shifting currents of power influenced settlement and identity: "[Loyalism] marks a process as much as a people, because allegiances shifted, often quickly and unexpectedly, in the Atlantic world."[16] More than half of the Loyalists who settled in Nova Scotia were women and children, "whose fortunes were dictated by the family decision to support the British cause."[17] Loyalists had diverse backgrounds, commitments, memories, and notions about what loyalty meant; understanding the self and the world was influenced by mixed and varying interpretations of British economic, political, and social systems and customs.[18]

Recognition of the varied transnational forces that shaped Nova Scotia and created an interconnected Atlantic[19] is imperative to the study of women's social and medical histories in Northeastern North America. Bannister claims that Atlantic world historians commonly share two traits: "they are oriented outwards towards the sea, rather than inwards towards the continent, and they view the Atlantic Ocean as a type of highway that linked peoples together rather than a barrier that kept them apart."[20] This

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[14] Jerry Bannister, "Atlantic Canada in an Atlantic World? Northeastern North America in the Long 18th Century," *Acadiensis* XLIII, no. 2 (2014): ix.; Conrad, 153.
[15] Conrad, *At the Ocean's Edge,* 168.
[16] Jerry Bannister and Liam Riordan, "Loyalism and the British Atlantic, 1660-1840," in *The Loyal Atlantic: Remaking the British Atlantic in the Revolutionary Era,* eds. Jerry Bannister and Liam Riordan (Toronto: University of Toronto Press, 2012), 6-7.
[17] Conrad, *At the Ocean's Edge,* 168.
[18] Bannister and Riordan, "Loyalism and the British Atlantic, 1660-1840," 24.
[19] Bannister and Riordan, 6.
[20] Bannister, "Atlantic Canada in an Atlantic World?" 6.

investigation into British settler women's encounter with medicine and health is inextricably influenced by an outward exchange of information and goods, both with colonial America to the south and Britain across the sea. However, orienting the study of Creighton Wilkins' recipes inward, toward women's lives and social medical practices in Nova Scotia, is the ultimate objective. Nevertheless, investigation into Britain's medical structures is an important part of the process.

A hierarchical structure amongst health practitioners in Britain and the colonies resulted in a tense, and increasingly exclusive, medical landscape. Harold Cook argues that licensed medical practitioners—physicians, surgeons, and apothecaries—were not exempted from the increasingly powerful commercial economy: medical relationships were commodified, and the "medical marketplace" took shape.[21] There was growing interest in Georgian consumption in the 1980s, with scholars such as Roy Porter bringing new awareness to the medical marketplace. Porter demonstrated that consumers drove the medical market by seeking diverse forms of medicine from a variety of practitioners.[22] More recent literature tends to focus on the tension between practitioners, but Jonathan Barry suggests a more cooperative, peaceful, and even collaborative eighteenth-century medical world.[23] Barry considers archival evidence that reveals a wide range of medical products supplied by apothecaries, while also illuminating the supply and demand for medical practitioners. Nevertheless, these analyses, in addition to Marble's, fail to

[21] Harold J. Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians," *Journal of British Studies* 33, no. 1 (1994): 22.
[22] Mackintosh, "The Patent Medicines Industry in Late Georgian England," 22.; Two important books are Dorothy Porter and Roy Porter, *Patient's England 1660–1850* (Manchester: Manchester Progress: Doctors and Doctoring in Eighteenth University Press, 1989) and Roy Porter, *Health for Sale: Quackery in England 1660–1850* (Manchester: Manchester University Press, 1989).
[23] Jonathan Barry, "John Houghton and Medical Practice in London c. 1700," *Bulletin of the History of Medicin*e 92, no. 4 (Winter 2018): 573.

address the full range of health care providers, with limited recognition of midwifery and no mention of domestic healing practices.

Social historians have been filling gendered gaps in the historiography of medicine for decades, such as Edward Shorter who helped to characterize "the social history of medicine" field in the 1980s.[24] Shorter's *Women's Bodies: A Social History of Women's Encounter with Heath, Ill-Health, and Medicine* was a significant contribution to the field; it addressed the history of women's experience with obstetrics and a number of related topics, such as the history of midwifery, medical practices, and fashionable treatments.[25] Furthermore, Laurel Thatcher Ulrich firmly established the recognition of a strong history of midwifery and domestic healing practices in early colonial America in *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812*.[26] Marble's approach as an internalist medical historian and medically trained doctor differed from these female-centred social histories. While his data and subsequent analysis indicates that female midwives practiced in Nova Scotia, there is no consideration of the gendered economic implications of their limited earning potential or the instability of their role when male practitioners began to claim the responsibility of birthing babies as their own.

A global and local history of female healing practices identifies the importance of women in the healing arts; however, the medical marketplace safeguarded the gendered division of labour. The patriarchal ideology of separate spheres, a notion that claimed women should avoid the public domain as a result of biologically determined gender

[24] Edward Shorter, *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health, and Medicine* (New Brunswick, USA and London, UK: Transaction Publishers, 1989), ix.
[25] Shorter, *Women's Bodies*, x.
[26] Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812,* (New York: Random House, 1990).

roles, prevented women from becoming qualified physicians.[27] The term "patriarchy" is used throughout this thesis to describe the social relations that suppressed British settler women, such as Creighton Wilkins. According to Kathleen Brown's *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia*, "patriarchy" describes a number of styles of authority, in which the feminist connotation of "male-dominated political and economic order" is most aligned with this discussion.[28] The doctrine of separate spheres is patriarchal in nature because the confinement of women to domesticity denies them visibility and autonomy within political and economic systems.[29] Brown enforces this notion through an explanation of how white masculinity in mid-eighteenth-century gentry culture relegated Anglo-Virginian women and enslaved Africans "to the periphery of the colony's white male sphere."[30] Historians Barbara Welters, Aileen S. Kraditor, and Gerda Lerner reinforced the metaphor of separate spheres decades prior in the 1960s; they argued that women's histories should be understood "not only by way of events but through a prism of ideology as well."[31] Recognition of ideology is crucial to the analysis of Creighton Wilkins' remedy collection in order to appreciate the nuances of women's lives, and subsequently detect what influenced recipe writing and compilation.

Separate spheres ideology is complex and nuanced and must be interpreted as such. It manifests differently across eras and continents—the expression of the ideology in Nova Scotia's early British settler society was influenced by both Britain and colonial America

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[27] William G. Rothstein, "The Botanical Movements and Orthodox Medicine," *Other Healers: Unorthodox Medicine in America*, (Baltimore: Johns Hopkins University Press, 1988), 32.
[28] Kathleen Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Williamsburg, VA: University of North Carolina Press, 1996), 322.
[29] Kerber, "Separate Spheres, Female Worlds, Woman's Place," 12.
[30] Brown, *Good Wives,* 4.
[31] Kerber, "Separate Spheres, Female Worlds, Woman's Place," 11.

and evolved as culture and conflict shifted population demographics and settlement patterns. Leonore Davidoff and Catherine Hall's *Family Fortunes: Men and Women of the English Working Class, 1780–1850* champions an historical focus on the emergence of separate spheres ideology and "demonstrates that notions of gender were central to class as it was constructed and as it was experienced and lived out."[32] Although scholars of Britain have referred to *Family Fortune* as a landmark study on the power of domestic ideology, Susie Steinbach argues that it is, more importantly, a demonstration of the mutual exclusivity of class and gender.[33] Separate spheres may have been the late eighteenth- and early nineteenth-centuries' dominant gender code, but dominant does not mean universal: "domestic ideology was prescriptive, not descriptive, and its influence was largely confined to the middle classes."[34] Populations that fell below a particular socio-economic level could not adopt the ideology because they could not afford to forgo women's earnings. This extended to the late eighteenth century in colonial America, as demonstrated by Ulrich's *A Midwife's Tale*. Ulrich analyses the diary of Maine midwife and domestic healer, Martha Ballard, and reveals a more fluid economy with Ballard working tirelessly as a community midwife, farm wife, gardener, child bearer, and more.[35] Although her role as midwife remained unthreatened by male medical practitioners for the majority of her life, and allowed her to earn her own wages, she nevertheless was confined to domesticity—whether she was working in and around her own home, or birthing mothers in theirs.

[32] Steinbach, "Can We Still Use 'Separate Spheres'?" 826.
[33] Steinbach, 826.
[34] Steinbach, 826.
[35] Ulrich, *A Midwife's Tale.*

American scholarship has interpreted separate spheres as a unifying function for women that nurtured women's culture.[36] For example, Ulrich reveals a network of social healers in Ballard's diary, demonstrating an interconnectedness among the women in her community. A foundational work is *The Bonds of Womanhood: "Woman's Sphere" in New England, 1780-1835,* in which N.F. Cott identifies the ways women were confined to the home during the period, emphasizing that the domesticity that bound middle-class, Northeastern, white women to home also bound them together in a strong community of women and women's activities.[37] This thesis focuses on domestic medicine as a binding activity; domestic medicine remained crucial in eighteenth- and nineteenth-century households, both for those did not have access to a physician's visit and for those who did. For example, British philosopher Thomas Hobbes (1588-1679) wrote that he would "rather have the advice or take physic from an experienced old woman that had been at many sick people's bedsides, than from the learnedst but unexperienced physician."[38] For centuries, women's authority has been suppressed in male spheres such as professionalized medicine.[39] By the turn of the nineteenth century professional medicine had altogether rejected women from the healing arts and university-educated male physicians claimed the space at the expense of their female counterparts.[40] Albeit, women retained some agency in the domestic sphere, some underground, demonstrating

[36] N. F. Cott, *The Bonds of Womanhood: 'Woman's Sphere' in New England, 1780–1835* (New Haven: Yale University Press, 1977).
[37] Cott, *The Bonds of Womanhood.*
[38] Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfeld and Nicholson, 1971), 14.
[39] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700*, (Cambridge, UK: Cambridge University Press, 2018).
[40] Ulrich, *A Midwife's Tale,* 86.

a persistent resistance to colonial male supremacy through the recipe and knowledge exchange.

The second-wave feminist document, *Witches, Midwives, and Nurses: A History of Women Healers*, addressed historical medical corruption, elitism, and the implications of the patriarchal health institution on female healers. Historical concepts and events such as witch hunts, the Popular Health Movement, and the relationship between medicine and women's rights were explored; however, authors Barbara Ehrenreich and Deirdre English present a call to action in their second edition publication claiming that further exploration is required.[41] Scholarship such as *Critical Approaches to the History of Western Herbal Medicine; Rhetoric, Medicine, and the Woman Writer;* and *A Midwife's Tale* have further illustrated how women's medicinal knowledge has been marginalized. According to Francia and Stobbart, the history of herbal medicine is largely the history of medicine itself up until the eighteenth century.[42] Although some advocated for the respect of women's medical knowledge, the field nevertheless manifested into a professional enterprise that sought to supress women's authority.[43]

Women of varying classes and circumstances engaged as healers in the early modern period, most commonly in their designated sphere: the home. Lyn Bennett, researcher of recipes through literature and rhetoric, explores how early modern domestic healers from literate households compiled recipe books containing culinary, household, cosmetic, and medical recipes passed down from previous generations.[44] British settler domestic medicine in Nova Scotia is rooted in medieval English healing practices, which

[41] Ehrenreich and Deirdre, *Witches, Midwives and Nurses,* 7.
[42] Francia and Stobart, eds, *Critical Approaches to the History of Western Herbal Medicine*, xiv.
[43] Bennett, *Rhetoric, Medicine, and the Woman Writer*, xii.
[44] Bennett, 153.

serves as an entry point in which to understand the historical significance of recipe books, the reliance on herbal healing, and the role of settler women in the field domestic medicine. According to Michelle DiMieo, Sara Pennell, and Francisco A. Almeida, in *Reading and Writing Recipe Books, 1550-1800* (2013), surviving medieval remedy collections imply a remarkable knowledge of flora—both wild and domestic—possessed by those practicing herbal healing, most of whom were women. Additionally, familiarity with binding agents such as flour, wax, and honey, paired with the actions of mixing, sieving, and blending was often required—all of which would have been familiar to women running their own kitchens.[45] Creighton Wilkins' collection is reflective of recipe books kept by literate households in early modern England, which contained useful and necessary domestic remedies.[46] Although most remained unpublished, recipe books and collections are recognized as one of the period's most popular non-fiction genres, and consequently a common form of surviving manuscript compilation.[47] There is ample historical context to glean from recipe books; each recipe serves as a window into the social, cultural, and political histories shaping the lives of both the recipe writer and the recipe follower.

The inclusion of opium in Creighton Wilkins' medicinal remedies is particularly noteworthy. The historical harvesting and processing of poppy juice was not accidental; records indicate that the cultivation of poppy juice has not ceased since its discovery in the Stone Age.[48] Paracelsus, a sixteenth-century physician, explained the effects of

[45] Bennett, *Rhetoric, Medicine, and the Woman Writer,* 98.
[46] Bennett, 152.
[47] Michelle DiMeo, Sara Pennell, and Francisco A Almeida, *Reading and Writing Recipe Books, 1550-1800*, (Manchester: Manchester University Press, 2013), 3.
[48] Thomas Dormandy, *Opium: Reality's Dark Dream*, (New Haven and London: Yale University Press, 2012), 1.

laudanum as a "rekindling of the candles of faith and hope in the soul which the ill winds of doubt and despair had extinguished."[49] Two hundred years later, Thomas De Quincy, an eighteenth-century writer, claimed it to be his "one and only true companion."[50] Opium developments throughout history have had remarkable repercussions; for example, the revival of laudanum in Western Europe gave rise to the Romantic Age that De Quincy, and a number of other English writers and artists, belonged to. Furthermore, the Industrial Revolution supported the development of the relationship between drug and disease.[51] While the sweeping cultural implications of opium continued with the development of derivatives such as morphine and heroine in the following decades, laudanum was particularly influential in Western medicine—both professional and domestic.

Eighteenth- and nineteenth-century settler gender ideologies and the expectations of womanhood were rooted in social medicine and recipe book culture. Although women were not visible in public politics or business, they *were* responsible for the household economy and actively involved in community life. According to Brown and Ulrich, the exclusion of women from the public record was not uncommon—the colonial world was primarily a "memory economy" comprised of incomplete or altogether missing written documents, few of which documented the lives of women anyway.[52] Furthermore, gendered labour division and the disparity between the value of women's and men's work in the eighteenth and nineteenth centuries highlights settler society's patriarchal

[49] Dormandy, *Opium: Reality's Dark Dream*, 2.
[50] Thomas de Quincy, *Confessions of an English Opium Eater*, Nineteenth Century Collections Online: European Literature, 1790-1840: The Corvey Collection, (London: Taylor and Hessey, 1823).
[51] Dormandy, *Opium: Reality's Dark Dream*, 2.
[52] Ulrich, *A Midwife's Tale,* 86.

structure and the perceived superiority of men, which extends to medical power structures as well.[53] The evolving relationship between social and professional health practitioners —male and female, respectively—is particularly valuable, especially when told from the perspective of women. Surviving journals, notebooks, and recipe collections kept by women—such as Creighton Wilkins—allow for the recovery of meaningful social commentary.

Methodology

The *Manuscript Notebook of Sarah Creighton Wilkins* reveals how Creighton Wilkins wrote herself into history through her chaotic, yet highly detailed, remedy collection, which provides a unique glimpse into her life and the economic, political, and social circumstances surrounding her. Significantly, recipes are characterized by their clear and concise manner—they are far from a complete narrative—and Creighton Wilkins' are no different. Recipe contents compensate by providing a rich opportunity for cultural exploration. For example, Creighton Wilkins' medical remedies and accompanying ingredients demonstrate the significance of domestic medicine and suggest a dynamic exchange of goods and knowledge.

The Nova Scotia Archives and *Early Modern Maritime Recipes* (EMMR) database provide an opportunity to explore these themes in collaboration with material culture analysis. Creighton Wilkins' collection is cross-examined with complementary archival material, such as journals, almanacs, merchant records, and recipes from relevant period and place. The EMMR database is used to aid in the identification of

[53] Bennett, *Rhetoric, Medicine, and the Woman Writer*.; Shorter, *Women's Bodies*.; Cott, *The Bonds of Womanhood.;* Ehrenreich and Deirdre, *Witches, Midwives and Nurses.*

supplementary primary source material, as it provides categorical organization, keyword searchability, and downloadable transcriptions of hundreds of recipes from the Maritime region. This research tool furthermore indicates where physical sources are located, which permits more precise and promising archival research.

The Nova Scotia Archives houses Creighton Wilkins' remedies and supplementary primary sources. Joan M. Schwarz and Terry Cook explore the notion of power within the archive, which have historically been revered as impartial, neutral, and objective knowledge repositories.[54] However, certain stories are privileged over others, with archivists continually reshaping, reinterpreting, and reinventing the archive.[55] Richard Glotzer demonstrates the power of the archive in influencing social learning, but indicates how shifting cultural attitudes and technological advancement change the way information is stored and history explored. The early modern colonial world was primarily a "memory economy," especially as it pertains to women.[56] This means that there were not many written accounts or records about women. According to Ulrich, social medicine was a "largely invisible local economy,"[57] but absence within the archive is significant; oftentimes marginalized histories are hidden between the lines and must be discovered through the lives of surrounding men.

Creighton Wilkins' recipe collection will also be considered through a material culture lens in order to glean even greater context. Studying the book as an object and physically flipping through its pages brings forth clues that would otherwise be

[54] Joan M Schwartz and Terry Cook, "Archives, Records, and Power: The Making of Modern Memory," *Archival Science,* Vol. 2 (2002): 1.
[55] Richard Glotzer, "Archival Theory and the Shaping of Educational History: Utilizing New Sources and Reinterpreting Traditional Ones," *American Educational History Journal* 40, no. 1-2 (2013): 297.
[56] Ulrich, *A Midwife's Tale,* 86.
[57] Ulrich, 86.

overlooked; details such as recipe order, handwriting style, and marginal notations provide a window into Creighton Wilkins' life, and society more broadly. Furthermore, recipes accumulate historical significance when considered through evolving contexts—original conception, oral and written recitations and exchange, adaptations made over time—all the while resembling an expression of people, experiences, and customs.[58] The biographical analysis of the recipe book and its recipes serve as an opportunity to uncover women's histories within domestic medicine's broader historiography.

Ingredients and instructions also offer insight into the social, political, and economic climate surrounding the healer, including class implications, the expectations of womanhood, and the household economy. For example, the recommended treatment for stomach spasms is particularly significant: Creighton Wilkins instructed the reader to rub a mixture of brandy, hartshorn, and *laudanum* on the inflamed area, promising an "instantaneous cure for pain."[59] Ruth B. Phillips and Christopher B. Steiner claim that an important feature of an object, or ingredient in this case, is its circulation as a commodity in the capitalist society.[60] Laudanum, also known as tincture of opium, was a fundamental addition to the nineteenth-century domestic medicine chest, which provides a glimpse into social circumstances and popular perceptions pertaining to opium use and abuse as well as the significance of global trade.[61]

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[58] Henry Glassie, "Studying Material Culture Today," in *Living in a Material World: Canadian and American Approaches to Material Culture,* eds. Gerald L. Pocius, (St. John's NFLD: Institute of Social and Economic Research, 1991): 253.
[59] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[60] Ruth B. Phillips and Christopher B. Steiner, "Art, Authenticity, and the Baggage of Cultural Encounter," in *Unpacking Culture: Art and Commodity in Colonial and Postcolonial Worlds,* (Berkeley: University of California Press, 1999): 3.
[61] DiMeo, Pennell, and Almeida, *Reading and Writing Recipe Books,* 3.; Francia and Stobart, *Critical Approaches to the History of Western Herbal Medicine,* xiv.

A feminist framework will aid in the analysis of primary and secondary source research and the deconstruction of the professional versus social binary that categorized health practitioners in the eighteenth and nineteenth centuries. The exploration of marginalized healing methods against the dominant patriarchal capitalist system will aim to disrupt the popular perception of irregularity and explore women's healing modalities.

Contribution

There is currently limited scholarship pertaining specifically to British settler domestic medicine in Nova Scotia in the eighteenth and nineteenth centuries; however, it is my goal to weave together the histories of British herbal medicine, Nova Scotian settlement, and settler gender expectations to illuminate the dynamism of domestic medicine and women's imperative role in the healing arts. The herbal remedies in Creighton Wilkins' collection suggests that female healers were engaged in the dynamic exchange of goods and information at both local and global levels; from matrilineal teachings, to counsel from professional physicians, neighbouring networks, and cross-Atlantic knowledge transfer. The *Manuscript Notebook of Sarah Creighton Wilkins* demonstrates an exchange of information, medical botany, and recipes and offers a glimpse into the region's surrounding cultural, social, and economic circumstances. Furthermore, it reflects early modern settler gender ideologies, as domestic medicine and recipe book culture reveal class implications, the expectations of womanhood, and the household economy—all of which shaped settler female identity.

Chapter Two situates Creighton Wilkins, the daughter of Loyalist settlers, and her family in Nova Scotia upon early British settlement, from 1749 to 1799. It discusses the history of British colonization in the eighteenth century, the role of military and

government, and the resulting settlement patterns and relations. Nova Scotia's early settlement history lays the foundation for the early modern medical landscape and suggests how and why women's medical practices were considered inferior, despite their longstanding historical role as "healer." Although women practiced as lay healers and midwives in both Britain and early colonial British North America, they were excluded from formal educational settings, including university medical schools and hands-on apprenticeships, which provided men with the accreditation to assume recognized and respected roles within the medical field.[62] To justify the exclusion of women from such learning opportunities, male-governed institutions expressed their gallant intent to protect women's morality from the reality of advanced medical curriculum, such as the study of anatomy. This perpetuated two popular perceptions: that women were more delicate and more at risk of immorality than men.

These perceptions, or social constructs, influenced the evolution of the medical field and women's roles within it—both as practitioners and patients. As practitioners, women were excluded from professional practice on account of their perceived biological inadequacies, and, as patients, they were treated for related female disorders, such as hysteria and nervousness. Chapter Three addresses the implications of women being excluded from academic medicine in. the nineteenth century and considers how gendered social constructs impacted them as both home practitioners and patients.[63] Georgian ideals suppressed female authority in the professional medical context, yet simultaneously relied on women's medical knowledge and practice to ensure the health

[62] Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses: A History of Women Healers,* 2nd ed (New York City: Feminist Press, 2010), 14.
[63] Ehrenreich and Deirdre, *Witches, Midwives and Nurses,* 14.

and wellness of their families. Nevertheless, the inclusion of physicians' remedies in Creighton Wilkins' personal collection suggests a desire to keep her remedy repertoire aligned with professional medical methods. The patriarchal ideology of separate spheres serves as a framework in which to examine eighteenth- and nineteenth-century medical history as formal education became more institutionalized and gender exclusionary.[64] The separate spheres are not exclusively seen as restrictive in American scholarship, but rather serve a unifying function for women as well.[65] Home remedies in Creighton Wilkins' collection suggest a vibrant community of local women who are interconnected by the exchange of recipes, providing further insight into the lives of early settler women.

Remedies included in Creighton Wilkins collection, devised by herself, local women, and physicians alike, reveal a recognition of the social construct of female frailty, which simultaneously came into fashion in the nineteenth century. This resulted in the professional- and self-diagnoses of settler women in Nova Scotia, demonstrated by a compilation of remedies that treat certain female "nervous" disorders. Chapter Four continues this discussion (introduced in the previous chapter) but shifts the focus to a related ingredient found in a number of Creighton Wilkins' remedies: laudanum/tincture of opium. European and settler domestic consumption of opium was particularly noteworthy, especially as it pertains to women.[66] Opium has accumulated historical

[64] Linda K. Kerber, "Separate Spheres, Female Worlds, Woman's Place: The Rhetoric of Women's History," *The Journal of American History* 75, no. 1 (1988): 9-39.; Susie Steinbach, "Can We Still Use 'Separate Spheres'? British History 25 Years *After Family Fortunes,*" *History Compass* 10, no. 11 (2012): 826-37.; Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (Chicago: University of Chicago Press, 1987).
[65] Steinbach, "Can We Still Use 'Separate Spheres'?" 827.
[66] Ellen Castelow, "Opium in Victorian Britain," *Historic UK*, Accessed December 2019, https://www.historic-uk.com/HistoryUK/HistoryofBritain/Opium-in-Victorian-Britain/.

significance through many evolving contexts—cultivation, consumption, and circulation—all the while representing an expression of people, experiences, and customs.[67] The biographical analysis of a bottle of laudanum provides a glimpse into eighteenth- and nineteenth-century social circumstances and popular perceptions pertaining to opium use and abuse and suggests why the ingredient was called for in Creighton Wilkins' remedies. The cultivation of opium, wide consumption of opium in tincture form, and circulation of domestic remedies containing laudanum demonstrates the pervasiveness of the British Empire and the significance of both global and local knowledge exchange. Historians have recognized the pervasiveness of the Atlantic consumer economy, linking colonization and consumption, and identifying how imperial trade had enormous economic and political implications while influencing regional colonial identities.[68] This chapter builds on this well-known Atlantic consumer revolution by specifically considering how the opium trade and resulting laudanum consumption trends impacted British settler women in Nova Scotia.[69]

The scope of this thesis extends across time and space to recoup British settler women's experiences with medicine, health, and wellness in Nova Scotia from 1750 to 1850. British traditions and evolving colonial circumstances impacted women's lives, including their engagement with social medicine, demonstrated by the remedies in Creighton Wilkins' collection. Each remedy offers a rich opportunity to uncover more

[67] Henry Glassie, "Studying Material Culture Today," in *Living in a Material World: Canadian and American Approaches to Material Culture,* eds. Gerald L. Pocius, (St. John's NFLD: Institute of Social and Economic Research, 1991): 253.
[68] Peter Edward Pope. *Fish into Wine: The Newfoundland Plantation in the Seventeenth Century* (Williamsburg, Virginia: University of North Carolina Press, 2004).
[69] Julia Lovell, *The Opium War: Drugs, Dreams and the Making of China* (London: Picador, 2011).

about the lives of women and contribute to the historiography of both women's history and social medical history.

CHAPTER 2
THE HISTORY OF MEDICINE IN NOVA SCOTIA, 1749-1799

For a Cough

A pint Bottle 3 pails full of River Water
& 3 tea spoonfuls of spirits of Hartshorn
2 oz Oil of sweet almonds
shake them together
& add 1 once of oil of Tolu
shake them together & till well mix'd
& take 3 spoonfuls
going to Bed
For a Cough

Sarah Creighton Wilkins, c. late 18th or early 19th c.

The medical recipe collection of Sarah Creighton Wilkins offers an opportunity to consider what herbal medicine reveals about healthcare in Nova Scotia in the eighteenth and nineteenth century, and how British influence, colonial settlement, and military tension influenced the role of women in the medical marketplace. The *Manuscript Notebook of Sarah Creighton Wilkins*, held at the Nova Scotia Archives, contains 100 recipes, dated 1811-1833. Sixty-two are herbal remedies, while the remainder are culinary, household, and cosmetic.[1] Early modern Maritime recipe culture raises questions about the Western evolution of medicine—regular and irregular—while uncovering feminist and colonial histories and revealing the intersection of gender and economics. Furthermore, the notebook suggests an intimate knowledge of domestic medicine and reveals an exchange of goods and information taking place with both local communities and the British Empire. This chapter examines the history of medicine in Nova Scotia from 1749 to 1799 to contextualize the landscape—political, economic, and

[1] *Manuscript Notebook of Sarah Creighton Wilkins*, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

social—which laid the foundation for Creighton Wilkins to practice her domestic (or social) medicine decades later.

There was a hierarchical structure of professional (licensed and educated) and social (informally trained or untrained) practitioners in early modern England and British colonies such as Nova Scotia. Professional practitioners consisted of physicians, surgeons, and apothecaries. Physicians were university-educated men who were tasked with diagnosing and treating illnesses. Under their guidance, patients were then referred to surgeons and apothecaries for internal or external injuries and remedy concoctions, respectively. Although each of these three professions belonged to their own governing institutions, there was great tension between them as a result of the medical marketplace—established in Europe but implemented in the colonies as well—that divided their roles and determined each's earning potential accordingly. Social practitioners referred to care providers without formal training, including herbalists, domestic healers, wise women, and others. Earning potential for these practitioners was far below that of their licensed counterparts and, unsurprisingly, these roles were filled predominantly by women.

The development of Nova Scotia's healthcare system in the eighteenth century was affected by a number of factors, including British government control, turbulent military activity, evolving societal attitudes and expectations, and a rapidly shifting population. The founding of Halifax in 1749, and the subsequent colonial expansion of Nova Scotia, was a result of British imperial policy—a state-funded project with political aims.[2] There were four bodies that influenced Britain's relationship with its colonies

[2] Jeffers Lennox, *Homelands and Empires: Indigenous Spaces, Imperial Fictions, and Competition for Territory in Northeastern North America, 1690-1763* (Toronto: University of Toronto Press, 2017).

under King George III, including the Crown, the Privy Council, Parliament, and the Board of Trade and Plantations (Board of Trade).[3] The Board of Trade, although less publicly known, was responsible for fostering industry—domestic and colonial—and played an integral role in supervising the administration of colonial governments, including planning for new settlement and reviewing colonial legislation. George Montagu Dunk, 2nd Earl of Halifax, presided over the Board of Trade from 1748 to 1761 and focussed attention to Nova Scotia in hopes that it could serve as "a model for reformed strategy of colonial governance."[4] Britain's ultimate aim of colonial expansion justified the cost of providing public healthcare to early settlers in Nova Scotia in an effort to ensure the health and wellness of both military and civilian populations.[5] Government-funded hospitals began receiving patients in 1750; however, this service was short-lived.[6] Once British settlers, including medical practitioners, began to establish local economies in Nova Scotia, a system of private enterprise emerged. In *The Spirit of Industry and Development*, Daniel Samson discusses Nova Scotia's economic development beginning in the late with eighteenth century with rural society at its core.[7] Similarly, Béatrice Craig explores the theme of autonomous rural economies in *Backwoods Consumers and Homespun Capitalists* in which she argues weaving was a

[3] Arthur Herbert Basye, *The Lords Commissioners of Trade and Plantations, Commonly Known as the Board of Trade, 1748-1782* (Connecticut: Yale University Press, 1925).; The Board of Trade and Plantations consisted of seven ex officers from the Privy Council and eight members who made up the "active" Board.
[4] Margaret Conrad, *At the Ocean's Edge: A History of Nova Scotia to Confederation* (Toronto: University of Toronto Press, 2020), 121.
[5] Conrad, 125. Rebecca Jo Tannenbaum, *Health and Wellness in Colonial America* (Santa Barbara: Greenwood, 2012), 184.
[6] Conrad, 125.
[7] Daniel Samson, *The Spirit of Industry and Improvement: Liberal Government and Rural-Industrial Society, Nova Scotia, 1790–1862* (Montreal, Canada: McGill-Queen's University Press, 2008).; Jerry Bannister, "Atlantic Canada in an Atlantic World? Northeastern North America in the Long 18th Century," *Acadiensis* XLIII, no. 2 (2014): 12.

market opportunity taken advantage of by women to avoid "volatile export industries" that relied on empire.[8] With the development of local colonial economies, Board of Trade felt justified in providing less social assistance and communicated a need to cut costs. In turn, public healthcare was eventually replaced with private practice.

This shift reflected Britain's own healthcare system, in which civilians assumed the responsibility of either administering medical care in the home or hiring a private physician for more severe health concerns.[9] Significantly, colonial ideology and practices were rooted in patriarchal power dynamics.[10] Britain's patriarchal order divided labour according to gender, class, and ethnicity, with positions of power in government, military, and industry held exclusively by propertied adult men.[11] As political and military circumstances evolved in Nova Scotia leading up to the nineteenth century, so did social expectations. The state played an integral role in healthcare, the physical conditions endured by the patients, and the structure of the medical community at large.[12]

Nova Scotia: Early Settlement Healthcare

Nova Scotia's early settlement was demarcated as a major military and naval base and later a Loyalist refuge. Most notably, England's Board of Trade ensured food and healthcare were provided to early settlers crossing the Atlantic, with particular attention

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[8] Béatrice Craig, *Backwoods Consumers and Homespun Capitalists* (Toronto: University of Toronto Press, 2009).; Bannister, "Atlantic Canada in an Atlantic World?" 12.
[9] Amanda Vickery, *Behind Closed Doors: At Home in Georgian England* (New Haven: Yale University Press, 2009).; Kate Smith, "Imperial Families: women writing home in Georgian Britain," *Women's History Review,* Vol. 24 No. 6 (2015).
[10] Suzanne M. Spencer-Wood, "Feminist Theorizing of Patriarchal Colonialism, Power Dynamics, and Social Agency Materialized in Colonial Institutions," *International Journal of Historical Archaeology* 20, no. 3 (2016): 477.
[11] Kathleen Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Williamsburg, VA: University of North Carolina Press, 1996).
[12] William Bynum, *History of Medicine: A Very Short Introduction, (*Oxford; New York: Oxford University Press, 2008), 4.

paid to medical and surgical attendance.[13] With the arrival of a British fleet to Nova Scotia in 1749,[14] under Imperial direction, medical practitioners accompanied military and civilian settlers. Some of these medical practitioners were employed by the colony and were mandated to support newly arriving soldiers and settlers. This proved particularly useful in the following decade as Halifax became a major military and naval hub—where there was power tensions and colonial conflict, there was a dire need for medical practitioners to tend to injured servicemen. These military-trained physicians and surgeons laid the foundation for healthcare in Nova Scotia. In 1749, Nova Scotia was populated by approximately 14,000 inhabitants; however, fewer than 3,000 were British, with the remainder comprised of Acadian and Indigenous peoples.[15] Although the British acquired Northeastern North American territories in 1713's Treaty of Utrecht, it was not until 1749 that the agenda of establishing a permanent English settlement was seriously pursued.[16] Halifax began as a small, tentative, and vulnerable outpost that marked the beginning of a long, uneven, and contested attempted imposition of British sovereignty. Nevertheless, over the next half-century, English civilian and military presence grew exponentially in effort to establish colonial dominance and forcefully settle the land.[17] Indeed, British social and cultural influences accompanied British settlers to Nova Scotia, including medical systems and common healing practices.[18]

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[13] Allan Everett Marble*, Surgeons, Smallpox, and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749-1799* (Montreal: McGill-Queen's University Press, 1993): 15.
[14] Though small in number, there were British settlers in the Northeaster North American area continuously from the Conquest of 1710.
[15] Marble*, Surgeons, Smallpox, and the Poor*, 13.; Conrad, *At the Ocean's Edge,* 122.
[16] Conrad, *At the Ocean's Edge,* 121.; There was tremendous uncertainty about the Treaty of Utrecht, including territorial boundaries.
[17] Conrad, *At the Ocean's Edge,* 141.; This resulted in the ongoing displacement of Mi'kmaq and Acadian peoples.
[18] It is important to recognize the undoubted Acadian, African Nova Scotian, and Mi'kmaq influence on lay medicine, albeit not the focus of this discussion.

In March of 1749 the *London Gazette* published an advertisement that sought to establish a permanent settlement in Nova Scotia.[19] With Edward Cornwallis appointed as Captain General and Governor of Nova Scotia, thirteen ships sailed from Spithead, England to Chebucto Harbour on May 15, 1749—including *the Charlton* with Sarah Creighton Wilkins' father on board.[20] Her father, John Creighton, was a militia officer and military colleague to newly appointed Governor Cornwallis and an ideal candidate to assist with colonial settlement.[21] The call for settlers was largely directed at Crown military and naval officers; however, the settlement required numerous skills and professions to prosper, thus accounting for the diverse group of passengers—artisans, labourers, servants, discharged soldiers, medical personnel—who arrived in Nova Scotia on July 1, 1749.[22] Of the 2,547 passengers, thirty-eight were considered medical personnel: sixteen surgeons; ten surgeon's mates; one assistant surgeon; one pupil surgeon; one doctor and surgeon; one lieutenant and surgeon; one chymist and surgeon; one chymist and druggist; two apothecaries; two apothecary's mates; and two midwives.[23] Over the next fifty years, over 300 medical practitioners would immigrate to Nova Scotia, most of whom were surgeons.[24] Considering the military and naval prominence of Halifax and Nova Scotia at this time, more surgeons were required to tend

[19] *The London Gazette,* March 28, 1749, accessed June 2020, https://www.thegazette.co.uk/London/issue/8836/page/3.
[20] Marble*, Surgeons, Smallpox, and the Poor*, 14.
[21] John Reid, *Nova Scotia: A Pocket History*, (Halifax & Winnipeg: Fernwood Publishing, 2009), 74.; Mather B. DesBrisay, *History of the County of Lunenburg*, 2nd ed, (Toronto: W. Briggs, 1895), 107.; Approximately 2500 civilian settlers, mostly English, were recruited to immigrate to Nova Scotia in 1749 in the interest of populating the British settlement. Creighton immigrated with his first wife, Marie, who died shortly after arrival.
[22] Reid, *Nova Scotia: A Pocket History*, 7.; DesBrisay, *History of the County of Lunenburg*, 107.; Conrad, *At the Ocean's Edge*, 121.
[23] Public Records of Nova Scotia*,* RG 1 Vol. 523, Nova Scotia Archives, Halifax, Nova Scotia, Canada.
[24] Marble*, Surgeons, Smallpox, and the Poor,* 3.

to injured troops. Nevertheless, other medical personnel—physicians, apothecaries, and midwives—were integral to the health of civilians.

Although British presence in Nova Scotia was small at first, and largely confined to Halifax and the old capital of Annapolis Royal, anglophone communities spread to Lunenburg and beyond. For example, four years after arrival, Creighton accepted the opportunity to lead the settlement development of Merliguesch Bay, an undeveloped area southwest of Halifax. In 1753, the town of Lunenburg was founded by the British Crown and settled by Foreign Protestants predominantly from the German States, Switzerland, and the Principality of Montbeliard.[25] Although the establishment of Lunenburg was complicated with challenges such as food shortages and Mi'kmaq raids, the town nevertheless persisted as a British outpost in Nova Scotia.[26] This pervasive colonization had dire impacts on Mi'kmaq and Acadian people alike, displacing both groups from their homelands and settlements (respectively) at times with violence and brutality.[27] From 1749 onward, there was a constant flow of people arriving in Nova Scotia from Europe and the American colonies, enticed by Britain's alluring promises. For example, The Board of Trade in London provided new settlers with land grants, food, tools, and even money in effort to establish and foster a civil society and a healthy population.[28] Britain's colonial agenda was furthered after the Treaty of Paris was signed in 1763,

[25] Paulsen, "Land, Family and Inheritance in Lunenburg Township*,"* 110; Winthrop P. Bell, *The "Foreign Protestants" and the Settlement of Nova Scotia: The History of a Piece of Arrested British Colonial Policy in the Eighteenth Century*, (Fredericton, N.B.: Acadiensis Press, 1990), 427.; Lunenburg was divided into six divisions, each of which were named after the respective militia officer in charge. One of the divisions was named "Creighton's", reflecting John Creighton's position of power and influence.
[26] Reid, *Nova Scotia: A Pocket History*, 75.
[27] Pamela Palmeter, "My Tribe, My Heirs and Their Heirs Forever: Living Mi'kmaw Treaties," Marie Battiste, ed, Living Treaties: Narrating Mi'kmaw Treaty Relations, (Nova Scotia: Cape Breton University Press, 2016).
[28] Kate Dunsmore, "On the Edge of the American Revolution: The *Nova Scotia Gazette* in 1775," *American Journalism* 37, no. 4 (2020): 525.

ending the Seven Years' War, which further opened New Englander immigration and allowed for a network of western Nova Scotian communities to be established.[29]

The politically tumultuous period from 1749 to 1763 not only saw a demographic shift, but also the transformation of Halifax from a small seaport to a major military and naval base. However, as military health and wellness took priority, civilian healthcare was overshadowed. Numerous regimental and naval hospitals were established during the period of 1755 to 1763 as Chebucto Harbour continued to gain significance as a military base. As a result, the Board of Trade used robust military healthcare to force the closure of the civilian hospitals and any other Crown-funded or charitable healthcare initiatives.[30] This shift sparked a period instability within the medical system—with the establishment of military and naval hospitals, the Board of Trade was adamant that civilians could seek medical treatment at the military facilities. Unfortunately, when the military left, their hospitals closed, and civilians were left without medical services.[31]

It is important to distinguish that the eighteenth-century hospital was not solely a medical institution, but rather a place to treat the poor and otherwise vulnerable members of society.[32] Roy Porter's discussion of eighteenth-century hospital ideology reveals that the majority of hospitals in Great Britain were funded by wealthy manufacturers and merchants, with a few financed by various charitable efforts.[33] Hospitals were described as rather unpleasant, with poor hygiene and ventilation, an institution predominantly in

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[29] Marble*, Surgeons, Smallpox, and the Poor*, 37.
[30] Marble*,* 37.; Joan Lane, *The Social History of Medicine: Health, healing, and disease in England, 1750-1950 (*London and New York: Routledge, 2001).
[31] Marble*,* 37.; Conrad*, At the Ocean's Edge,* 125.
[32] J. H. Knowles, *Hospitals, Doctors, and the Public Interest* (Cambridge: Harvard University Press, 1965): 5.
[33] Roy Porter, "The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-century England," in *The Hospital in History* (London: Routledge, 1990); Marble*, Surgeons, Smallpox, and the Poor,* 6.

existence to nurse the poor rather than treat illnesses. In fact, patients with chronic, infectious, or terminal diseases were even rejected, with curable illnesses, such as scurvy, burns, and broken limbs, more commonly treated (if at all). Although the Board of Trade agreed to provide medical care for settlers' passage to Nova Scotia and up one year following their arrival, England was not convinced that hospitals should be provided to colonists for a prolonged period.[34] The Board of Trade began communicating discontent about medical expenditures less than a year after the initial settler arrival in a letter addressed to Governor Cornwallis in February of 1750, prompting Cornwallis to discharge a number of medical practitioners in order to cut costs.[35]

Healthcare declined in Nova Scotia in the following decades. The Board of Trade gradually reduced annual provincial grants for medical services until eventual elimination, and civilians were largely left to their own devices. However, continuous immigration from New England brought contemporary political and economic thought and sympathies northward. According to Julian Gwyn, the American colonies surpassed Nova Scotia in population, infrastructure, financial and educational institutions, and land cultivation in the latter half of the eighteenth century—the notion of self-sufficiency was attainable and sustainable.[36] Nova Scotia was less advanced in these areas, reflecting an earlier colonial America, and New England settlers were disinterested in severing ties with their home colony and unwilling to part with the social and economic comforts.[37]

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[34] Marble*, Surgeons, Smallpox, and the Poor*, 26.
[35] "Cornwallis to Lords of Trade," February 1750, CO 217, 30:45, Nova Scotia Archives, Halifax, Nova Scotia, Canada.
[36] Julian Gwyn, *Excessive Expectation: Maritime Commerce and the Economic Development of Nova Scotia* (Montreal: McGill-Queen's University Press, 1998), 130–31.
[37] Gwynn, 130–31.

Foreign Protestant, Planter, and Loyalist immigration to Nova Scotia caused dramatic changes to all aspects of life—from settlement expansion and new infrastructure to improved healthcare. The population of Nova Scotia more than doubles in the decade following the start of the American Revolution, with a total of 170 surgeons, physicians, and apothecaries immigrating north.[38] The health professionals that remained after the end of the war in 1783, such as Drs. Willian J. Almon and Joseph N. Boyd, were considered the foundation of the province's healthcare and the leading force behind the standardization of medicine in Nova Scotia in the nineteenth century.[39] Due to this influx of "highly qualified" Loyalist practitioners, Nova Scotia's healthcare improved significantly during this period. For example, the rate of health practitioners who attended medical school or obtained some kind of formal qualification rose from twenty-one percent in 1775 to thirty percent in 1783.[40] Furthermore, the American colonies had a medical apprenticeship program in the eighteenth century that was believed to have provided adequate experience and preparation and was even proposed as an equivalent to the medical training offered in Great Britain.[41] Nevertheless, without a civilian hospital or affordable private medicine, healthcare in Nova Scotia remained unreliable leading up to the turn of the century.

Professional Practitioners: Surgeons, Physicians, and Apothecaries

From 1749 to 1799, 366 medical personnel arrived in Nova Scotia: 340 surgeons, twenty-one physicians, and four apothecaries.[42] This division of medical labour was

[38] Conrad, *At the Ocean's Edge*, 153.; Marble*, Surgeons, Smallpox, and the Poor,* 101.
[39] Marble*,* 101.
[40] Marble*,* 144.
[41] Marble*,* 144.
[42] Public Records of Nova Scotia*,* RG 1 Vol. 523, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

distinguished by the formation of corresponding colleges or societies that sought to protect each area of responsibility.[43] Physicians diagnosed illnesses and administered medication; surgeons performed surgical procedures and operations; and apothecaries (also known as druggists or chymists) prepared and compounded drugs.[44] Although distinctions were important for professional identity, in practice the division of responsibilities was vague. For example, surgeons outnumbered physicians and apothecaries, and were therefore commonly relied on, as in neighbouring Newfoundland,[45] to perform the duties of all three professions.

Although recent literature tends to focus on the conflict and competition between physicians, surgeons, and apothecaries, Jonathan Barry suggests a more cooperative, peaceful, and even collaborative eighteenth-century medical world.[46] Barry considers evidence from *A Collection for the Improvement of Husbandry and Trade* (1692-1703), written by an apothecary named John Houghton. Houghton discloses diverse information in the *Collection*, including medicinal products, necessary physician qualifications, and health experiences and experiments.[47] Houghton's *Collection* reveals a wide range of medical products supplied by apothecaries, while also illuminating the supply and demand for medical practitioners. This supply and demand model is defined by Harold Cook as "the medical marketplace," which highlights the competitive atmosphere wherein practitioners had to win patients' business.[48] While this rivalry may have existed

[43] Christopher Booth, "Physician, Apothecary, or Surgeon? The Medieval Roots of Professional Boundaries in Later Medical Practice," *Midlands Historical Review*, no. 2 (2018).
[44] Booth.; Marble*, Surgeons, Smallpox, and the Poor*, 4.
[45] Jerry Bannister, "Surgeons and Criminal Justice in Eighteenth-Century Newfoundland," Dalhousie University, 2005.
[46] Barry, "John Houghton and Medical Practice," 573.
[47] Barry, 575
[48] Barry, 575-6.

among practitioners and associations alike, with carefully defined divisions of responsibilities at the forefront, there is no doubt that there were intersections within this pluralist medical world.

It is crucial to understand the variety of medical labour before analysing their intersections. For example, it was customary for surgery students to apprentice at medical schools and hospitals in London, Glasgow, and Edinburgh; however, students learned at the discretion of the institution and its practitioners.[49] Following the apprenticeship, students would write an exam in anatomy and surgery and, based on the test results, receive the corresponding qualification of surgeon, assistant surgeon, or hospital mate.[50] Although prominent British surgeons, such as John Hunter (1728-93), worked to elevate surgery as a scientific branch by engaging with anatomy and physiology, there was no concrete curriculum that standardized medical education in eighteenth-century Great Britain or its colonies.[51] Surgery at this time was a rather "crude art" in England as well as its colonies with principal procedures including amputation and bloodletting.[52] Amputation was a particularly well-used military and naval procedure, despite the high mortality rate due to likelihood of infection at the incision site. Meanwhile, bloodletting (phlebotomy) had been practiced since ancient times and was understood to treat fevers, headaches, and hypertension among other things.[53] Furthermore, antiseptics and sterile techniques remained uncommon, which meant patients had to undergo surgical

[49] Marble*, Surgeons, Smallpox, and the Poor,* 4.
[50] Marble*,* 4.
[51] Kate Tyte, "Discovering The Company of Surgeons," *The Bulletin of the Royal College of Surgeons of England* 93, no. 6 (2011): 208.
[52] Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York and London: W.W. Norton & Company, 1999).; Marble*, Surgeons, Smallpox, and the Poor,* 4.;
[53] Liakat Ali Parapia, "History of Bloodletting by Phlebotomy," *British Journal of Haematology* 143, no. 4 (2008): 490.

procedures without anesthetic. Both of these procedures decreased in popularity as the surgeon's curriculum advanced scientifically in the eighteenth century to include physiology, pathology, and chemistry.[54]

All three roles—surgeon, physician, and apothecary—were regulated by a Company, College, or Society (respectively). Surgery-related qualifications in England were governed by the Company of Surgeons, which was founded in 1745 after breaking from the predating Company of Barber-Surgeons.[55] The Company's primary role was to register surgery apprenticeships and conduct post-apprenticeship examinations; however, the Company's theatre, "Surgeon's Hall," also became a well-established place to learn anatomy and dissection.[56] According to the Royal College of Surgeons Archivist, Kate Tyte, the Company's detailed records are a valuable historical resource dating to 1745 with details pertaining to: Council decisions, examinations, research and teaching programmes, and government relations (to name a few). These records indicate that in addition to administering membership diplomas, the Company also had the privilege of examining naval and military surgeons and approving their medical chests.[57] Exam books indicate that naval and military surgeons were not held to as high a medical standard, which is noteworthy considering the high number of military medical personnel who settled in Nova Scotia.

The Company of Surgeons is predated by The Royal College of Physicians, which was established in 1540; however, it held a similar commitment to improve medical

[54] Tyte, "Discovering The Company of Surgeons," 208.
[55] Tyte, 208.; The split was incited by a group of surgeons, led by William Cheselden, who found the Barber-Surgeons "too restrictive."
[56] According to Tyte and others, dissection was taught on the bodies of executed criminals. Chapter 3 explores how medical "dissection" was used to exclude women from studying medicine.
[57] Tyte, "Discovering The Company of Surgeons," 209.

practices and standardize practitioner accreditation.[58] With English physicians and surgeons alike represented by their respective governing associations, apothecaries followed suit with the formation of the Society of Apothecaries in 1617.[59] Although their duties were originally more aligned with storekeepers and warehousers than medical personnel, apothecaries set themselves apart over time by specializing in buying, preparing, and selling drugs.[60] The Society was established to "assert and defend" its position in the medical marketplace, especially against the increasing control of the College of Physicians; as a result, the Society and its members ultimately birthed the wholesale drug manufacturing business that supplied the British Empire with medicines.[61] The Society monopolized chemical and pharmaceutical knowledge with its scope extending from regulation, to production, trade, and education. Nevertheless, as apothecaries became more involved in medical practice—in addition to the aforementioned—Society priorities were challenged and tensions with other medical societies increased.[62]

Although these associations remained dedicated to their respective missions, English medicine remained disorganized into the eighteenth century, nonetheless. Roy Porter described eighteenth-century English medicine as "pluralist through and through" where "an enormous range of healers practised freely and lucratively."[63] Furthermore,

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[58] Jonathan Barry, "John Houghton and Medical Practice in London c. 1700," *Bulletin of the History of Medicin*e 92, no. 4 (Winter 2018): 575.
[59] Anna Simmons, "Trade, Knowledge and Networks: The Activities of the Society of Apothecaries and Its Members in London, C.1670–c.1800," *The British Journal for the History of Science* 52, no. 2 (2019): 273.
[60] Simmons, 273.
[61] Simmons, 274.
[62] Simmons, 273.
[63] Roy Porter, "Before the Fringe: 'Quakery' and the Eighteenth-Century Medical Market," *Studies in the History of Alternative Medicine,* R. Cooter, ed, St. Anthony's/Macmillan Series (London: Palgrave Macmillan, 1988): 15.

secret remedies were not only considered ethical, but added to the prestige and success of a practitioner.[64] According to William LeFanu, the first half of the eighteenth century was referred to as the "barren age" of English medicine; few new operations were developed and there was little advancement in the understanding or treatment of diseases. Even Cambridge and Oxford Universities were dormant during this period, in contrast to advancements in France, Holland, Germany, and even Scotland.[65]

Social Practitioners: Domestic Healers and Midwives

Traditional medical historians have tended to focus on surgeons, physicians, and apothecaries—male-dominated positions—overlooking women's roles and contributions to early settlement medical histories. Domestic healing and midwifery were two care provider roles carried out predominantly by women. Domestic healer refers to lay practitioners who practiced medicine informally in the private sphere; the women who were relied upon by their families and community to treat their household's ailments. Midwifery, a more formally recognized role, was the service of caring for mothers and newborns throughout labour and delivery. Both of these practices were diverse and creative; they were shaped by social influences, folk antidotes, herbal remedies, matrilineal teachings, and published cures (to name a few). Unlike midwives, domestic healers, such as Creighton Wilkins, were not formally recognized as such, and are therefore invisible according to public records. For example, thirty-eight people with medical occupations arrived in Nova Scotia with the initial group of settlers, two of

[64] Marble*, Surgeons, Smallpox, and the Poor,* 14.
[65] William R. Lefanu,"The Lost Half-Century in English Medicine, 1700-1750," *Bulletin of the History of Medicine* 46, no. 4 (1972): 335.

whom were midwives. It can be assumed that a great number of women among this group were home practitioners; however, their domestic roles remained undefined.

In 1749, midwives Ann Medlicott and Elizabeth Williams travelled from England to Nova Scotia on board the *Everley* and the *Wilmington*, respectively. According to archival records, Medlicott was paid twelve pounds per year for her midwifery services in Halifax, [66] while her midwife colleague, Anne Catherwood, was paid fifty pounds[67] per year.[68] Both annual stipends mark a stark contrast to the ten shillings[69] per day earned by surgeons and apothecaries at this time.[70] The marked discrepancy between midwives and their male medical counterparts is further demonstrated in the early settlement of Lunenburg. In 1754, at the end of its first year of establishment, archival records indicate that Lunenburg was comprised of 319 houses and forty huts; however, the settlement lacked a midwife.[71] Council Minutes indicate that women were greatly disadvantaged without a midwife and consequently lost many children at childbirth.[72] Although this was remedied, with the Board of Trade allocating ten pounds[73] for a Lunenburg midwife, the oversight and marginal stipend for the new hire suggests the priority and prestige of surgeons, physicians, and apothecaries. For example, two surgeons, Leonard Lockman and Johann B. Erad, were appointed as official surgeons to the new settlement in 1753,

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[66] According to the Bank of England, twelve pounds in 1749 would cost 2,707.41 pounds in 2020.
[67] According to the Bank of England, fifty pounds in 1749 would cost 11,280.89 pounds in 2020.
[68] Marble*, Surgeons, Smallpox, and the Poor,* 26, 194.; Original Correspondence, Secretary of State*,* CO 217, 10:70-1, Nova Scotia Archives.; "Estimates of the Expense of Civil Officers, Surgeons, etc.," 1754, CO 217, 15:162, Nova Scotia Archives.
[69] According to the Bank of England, ten shillings in 1749 would cost 112.81 pounds in 2020. If said medical practitioners worked four days per week, their annual salary would cost 23,464.48 pounds in 2020.
[70] Marble*, Surgeons, Smallpox, and the Poor,* 26.; Original Correspondence, Secretary of State, "Cornwallis to Lords of Trade," CO 217, 30:45, NS Public Archives.
[71] Public Records of Nova Scotia, "Total Number of Houses and Huts in the Town of Lunenburg," 16 July 1754, RG 1, vol. 382, NS Public Archives.
[72] Original Correspondence, Secretary of State, "Minutes of Council," 10 April 1755, CO 217, 15:34, NS Public Archives.
[73] According to the Bank of England, ten pounds in 1753 would cost 2,267.45 pounds in 2020.

and at least eight more were among the original group of settlers.[74] Additionally, the Lunenburg Allotment Book reveals that four of those surgeons were among the first settlers to receive Lunenburg land grants, suggesting their esteemed positionality in society.[75]

Female practitioners did not experience the same praise, respect, or compensation as their male counterparts. Another example is when Halifax midwife, Ann Catherwood, took a leave of absence in 1758. In 1760, two years into her extended leave, Chief Justice Belcher informed the Board of Trade that Catherwood's salary would be divided to hire two new midwives to account for the high demand.[76] Economic principles would suggest high demand and low supply would result in a competitive salary; however, the colonial medical marketplace undervalued women's work, albeit necessary to ensuring successful births and consequential settlement population growth.

Although women were not officially respected as medical practitioners in colonial Nova Scotia, they were nonetheless active and skilled. Elizabeth Doane was a New Englander midwife and widow who settled in Barrington, Nova Scotia with her seven children in 1761.[77] The fishing community lacked a physician, which allowed Doane to fill the niche role of nurse, doctor, and midwife. She was skilled in domestic medicine and midwifery and, at the request of the community that relied upon her expertise, she was even granted her own land to house both her family and her practice. In order to

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[74] "Minutes of Council," 28 June 1759, RG 1, 188:79, Nova Scotia Archives.; Marble*, Surgeons, Smallpox, and the Poor*, 38, 242.
[75] "A Return of the Settlers at Lunenburg from 28 May 1753 to 22 January 1758," RG 1, Vol 382, Nova Scotia Archives.; Marble*,* 242.
[76] Marble*, Surgeons, Smallpox, and the Poor*, 62.
[77] Conrad, *At the Ocean's Edge,* 143.; Phyllis R. Blakeley, "Osborn, Elizabeth," *Dictionary of Canadian Biography*, vol. 5, (University of Toronto/Université Laval, 2003), http://www.biographi.ca/en/bio/osborn_elizabeth_4E.html.

receive a land grant as a woman, she had to apply to the proprietors of Barrington with a special petition. She acquired the endorsement of thirty-eight male landowners, who described her as an "Expert midwife" and "Incomparably well Skild in fisick and Surgery."[78] Her medical knowledge was so valued that "when she became too old to make house calls by foot, two men carried her in a basket suspended by a pole across their shoulders."[79] Doane's expertise was not an anomaly; women across Nova Scotia were skilled domestic healers practicing medicine in the privacy of their homes. Rather, Doane's circumstances allowed her to practice medicine (beyond midwifery) publicly, outside the scope of her home, which was out of the ordinary for the typical female experience in eighteenth-century Nova Scotia.

Figure 2.1

Sketch of a Woman, *Manuscript Notebook of Sarah Creighton Wilkins*, 1811, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.; A sketch of a woman near the front of the notebook.

[78] Blakeley, "Osborn, Elizabeth."
[79] Conrad, *At the Ocean's Edge,* 143.

Domestic healers and their home medicine—from folk antidotes to herbal remedies and matrilineal teachings—are a critical component of Nova Scotia's early medical history and what was occurring more broadly in the New England region. Creighton Wilkins was a domestic healer who compiled sixty-two herbal remedies in a notebook, alongside recipes pertaining to food and drink, household hacks, and beauty solutions. Although there is no public record of Creighton Wilkins practicing medicine outside of her home, her remedy collection indicates an intimate knowledge of domestic medicine and an exchange of goods and information with family, community, and local and published physicians. A number of remedies recorded in Creighton Wilkins' notebook reflect medications and treatments administered by surgeons in Halifax during the latter half of the eighteenth century. It was common practice for surgeons to charge citizens for outstanding medical bills, which has resulted in detailed court records containing information about medication types, quantities, prices, and explanations. For example, Court Records indicate that a common purgative used to reduce inflammation was colomel, or chloride of mercury.[80] None of Creighton Wilkins' recipes contain colomel; however, she does have a remedy to treat the indigestion Mr. Attree suffered after being prescribed by a physician "to take 5 grains of Calomel & 3 ditto of Nutmeg."[81] In a recipe titled "Mr Attree Recipe for A S K—for Indigestion," Creighton Wilkins records a "very good" remedy in 1821, including ingredients such as gentian

[80] Henry Burnell Shafer, *The American Medical Profession, 1783-1850*, ed. Studies in History, Economics, and Public Law; No. 417 (New York: AMS Press, 1968): 21.
[81] *Manuscript Notebook of Sarah Creighton Wilkins*, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Archives.

root, rhubarb, and cloves, to name a few (see Figure 2.2).[82] Although a physician likely prescribed the colomel to Mr. Attree, domestic remedies to alleviate the effects of such a purgative were administered by domestic healers such as Creighton Wilkins. This suggests a connection between practitioners: the physician treats a patient's ailment with a prescription, the prescription causes side effects (such as indigestion), and the domestic healer treats said side effect.

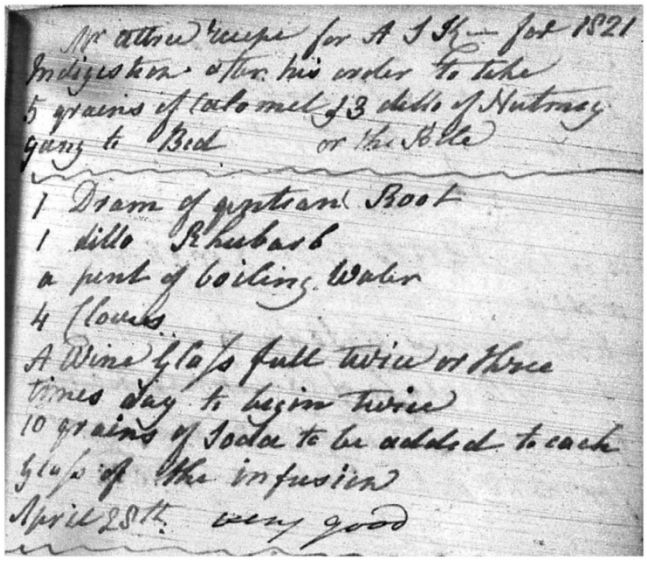
Mr attree recipe for A S K— for 1821
Indigestion after his order to take
5 grains of calomel & 3 ditto of Nutmeg
going to Bed or the Bile
1 Dram of gentian Root
1 ditto Rhubarb
a pint of boiling Water
4 Cloves
A Wine glass full twice or three
times day to begin twice
10 grains of Soda to be added to each
glass of the infusion
April 28th very good

Figure 2.2

"Mr Attree Recipe for ASK – for Indigestion," *Manuscript Notebook of Sarah Creighton Wilkins*, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Public Archives, Halifax, Nova Scotia, 1821.; *Early Modern Maritime Recipes*, emmr.lib.unb.ca.

The connection between professional and domestic practitioners is further demonstrated through the similar use of ingredients in respective treatments and remedies. This is illustrated through the use of Hartshorn, or Spirit of Hartshorn, in both medical prescriptions and domestic remedies. Hartshorn, which is a distillation of deer horns and commonly used as a smelling salt stimulant,[83] appears in three of Creighton

[82] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; *Early Modern Maritime Recipes,* Accessed January 2021, https://emmr.lib.unb.ca.; Recipe transcription: "Mr Attree recipe for A S K—for 1821 / Indigestion after his order to take / 5 grains of Calomel & 3 ditto of Nutmeg / going to Bed or the Bile / 1 Dram of gentian Root / 1 ditto Rhubarb / a pint of boiling Water / 4 Cloves / A Wine Glass full twice or three / times a day to begin twice / 10 grains of Soda to be added to each / glass of the infusion / April 28th very good." Note that line breaks are denoted with a slash.
[83] Marble*, Surgeons, Smallpox, and the Poor,* 198.

Wilkins' remedies: "Spasm in the Stomach"[84]; "For a Cough"[85]; and "A Great Stengther."[86] The first remedy calls for two teaspoons of Hartshorn, while the latter two require two ounces. Likewise, William Booth of Shelburne, Nova Scotia indicates in a diary entry that Dr. George Drummond suggests Hartshorn and lavender, among other things, to help treats his wife's "undiagnosed discomfort."[87]

The availability of Hartshorn, to physicians and domestic healers alike, introduces the important role of the apothecary in the Nova Scotian medical marketplace. Creighton Wilkins lived in Luneburg for the majority of her life until relocating to Windsor with her family in 1816. Perhaps Creighton Wilkins purchased medicines from the Lunenburg apothecary shop of Dr. John Bolman—a regimental surgeon who immigrated to Lunenburg during the American Revolution in 1779.[88] This could have been the case until 1793 when Dr. Bolman's apothecary shop was excessively damaged, preventing him from operating as an apothecary and druggist.[89] Allegedly the man responsible for

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[84] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; *Early Modern Maritime Recipes,* Accessed January 2021, https://emmr.lib.unb.ca.; Recipe transcription: "Spasm in the Stomach / Rx / 2 Table Spoonfuls of Brandy / 2 Tea Spoonful of Hartshorn / The same of Laudanum / Mix together Rub the part / Instantaneous Cure for Pain."

[85] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; *Early Modern Maritime Recipes.;* Recipe transcription: "A pint Bottle 3 pails full of River / Water & 3 tea spoonfuls of spirits of / Hartshorn 2 oz Oil of sweet almonds / shake them together & add 1 once of / oil of Tolu shake them together & / till well mix d & take 3 spoonfuls / going to Bed / For a Cough."

[86] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; *Early Modern Maritime Recipes.;* Recipe transcription: "a great Strengther / calves foot, put a quart of new Milk / [...] pint of water 2 onces of hartshorn / shavings a quarter of a pound of / brown sugar Candy these things to be / boil'd slowly down to a quart, strain / them & take a tea cup full twice a / day - if too sweet reduce the quantity."

[87] William Booth Diary (20 January 1789 - March 1789), Accession 1971.001-MRE/2, William R. Moore Collection, Acadia University Archives, Wolfville, Nova Scotia, Canada.; *Early Modern Maritime Recipes,* Accessed January 2021, https://emmr.lib.unb.ca.; Diary entry transcription: "The Doctor was here at the time expected says 'tis a nervous fever—did not imagine he should have found her so bad this morning. He recommends a Clyster of Camomile and molasses and a little Salt (about a pint). Soles of feet to have Poultice of Mustard, Vinegar and Water. I wrote to Mrs Burns for the Blister, some Hartshorn and Lavender."

[88] "Petition of John Bolman for compensation for medical services given at Lunenburg," 1779-80, RG 1, 531:25, Nova Scotia Archives.

[89] Halifax Supreme Court, Bolman v. Wilkins, 1794*,* RG 39, series c. Box 70, Nova Scotia Archives.

such destruction—hundreds of medicine bottles broken and 100 pounds of drugs destroyed—was Creighton Wilkins' husband, Lewis Morris Wilkins. Morris Wilkins was retaliating against the news that Dr. Bolman planned to run against him in the provincial election to represent Lunenburg Township.[90] Nevertheless, with high medicinal demand, another apothecary likely took Dr. Boleman's place and continued to sell medicines, like Hartshorn, to Lunenburg residents.

Conclusion

The medical landscape in Nova Scotia during the latter half of the eighteenth century was pluralist, competitive, political, and gendered. The new settlement was heavily influenced by British standards, which extended into the division of medical roles. While surgeons, physicians, and apothecaries were represented by robust societies in England, ensuring division of responsibilities and overseeing qualifications, medical practitioners in newly settled Nova Scotia were on their own. The medical marketplace was more fluid—the population needed healthcare and had less opportunity to be selective about the title or qualifications of the practitioner. This was especially relevant considering the shifting powers and consequential tensions that caused significant military and naval action in Halifax and elsewhere in Nova Scotia. Furthermore, as the settlement grew, so did expenditures, and England's Board of Trade and Plantations was keen to reduce colonial costs. English medical ideology was not keen on providing healthcare to civilians, unless they were poor, which led to the closure of civilian hospitals and fueled the private medical market. Although male practitioners have historically garnered the majority of medical clout, midwives and female domestic healers were crucial to the health and

[90] Marble*, Surgeons, Smallpox, and the Poor,* 161.

wellness of families. Midwives worked tirelessly to ensure safe births and population growth while being paid a fraction of the salary of their male counterparts. Domestic healers, although unpaid and commonly undocumented, provided the majority of healthcare within the home—especially in rural communities that did not have access to a physician, or families who could not afford a private visit. The role of the domestic healer is illuminated through unpublished remedy collections, such as Sarah Creighton Wilkins', which demonstrates medical expertise and ingenuity. Recipe analysis not only proves the active role of domestic healers in eighteenth-century Nova Scotia, but also unearths the suppressive patriarchal ideology that excluded women from the medical marketplace, which will be discussed in the following chapter.

CHAPTER 3
SOCIAL PRACTITIONERS: DOMESTIC HEALING, RECIPE CULTURE, AND THE IMPLICATIONS OF GENDER

Saline Draught

1 Scruple of Salt of Tarter
half a good Lemmon
30 drops of Lavender the Spirits
an ounce & half of water
dissolve the Tarter in the water
then add the spirits of Lavender to it
& pour the Lemmon juice on it
taking it in its Effervescent state

Sarah Creighton Wilkins, c. late 18th or early 19th century

Domestic medicine was integral to early modern Maritime health and wellness. In *The Marrow of The Physick* (1640), British surgeon Thomas Brugis wrote that "no disease can happen to our bodies, whereto the earth brings not forth a convenient medicine."[1] With this, Brugis challenged the physicians who prioritized self-promotion and self-protection, recognizing that the more common something is, the better, and asserting that these convenient remedies should not be hoarded by any one profession. The useful and necessary healing knowledge that Brugis sought to make widely accessible is reflected in early modern English household recipe books. By no means did Brugis introduce medicine into the home; his social approach was merely noteworthy considering the tightening exclusivity of the medical field in the seventeenth century. By the eighteenth century, women's authority was becoming further suppressed in male spaces such as professionalized medicine; however, women retained powerful agency in

[1] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700*, (Cambridge, UK: Cambridge University Press, 2018), 152; Thomas Brugis, *The Marrow of Physicke*, Early English Books Online (London: Printed by Richard Hearne, 1640).

the domestic sphere.[2] At the turn of the nineteenth-century, academic medicine had rejected women from the healing arts and university-educated male physicians claimed the space at the expense of their female counterparts. Although this affected home practitioners and midwives alike, the former practiced in an unofficial capacity and therefore their exclusion was less explicit. Conversely, midwives were actively pushed out of the field and replaced by man-midwives and physicians. Midwife treatises cautioned women against male physicians who claimed ownership over the field but opposing medical school publications argued that females would be unable to endure the required education "without destroying those moral qualities of character."[3]

This chapter explores the implications of women's exclusion from academic medicine, and the healing arts more broadly, in the late eighteenth and early nineteenth centuries. Georgian ideals suppressed female authority in the area of professional medicine, yet simultaneously relied on women's medical knowledge and practice to ensure family health and wellness. Nevertheless, the inclusion of physicians' remedies in Creighton Wilkins' personal collection suggests a desire to keep her remedy repertoire aligned with professional medical methods.[4] For example, in 1818 Creighton Wilkins recorded Dr. Herman Boerhaave's remedy for fever powder.[5] Boerhaave was a well-

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[2] Monica H. Green, *Making Women's Medicine Masculine the Rise of Male Authority in Pre-modern Gynaecology*, (Oxford: Oxford University Press, 2008), 290.
[3] Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812,* (New York: Random House, 1990), 250.; The former refers to Sarah Stone's *A Complete Practice of Midwifery* (1737) and the latter an anonymous treatise published by Harvard Medical School (1820), both of which are juxtaposed in Ulrich's *A Midwife's Tale*.
[4] Wilkins uncharacteristically deviates from her standard recipe format to make note of another English physician, writing: "Mr. Corpes late of Barnet 40 Year Practitioner of high note and estimation." This note reaffirms her interest in the activity of both local and global physicians.
[5] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; *Early Modern Maritime Recipes*, Accessed May 2021, emmr.lib.unb.ca.; Recipe transcription: "To the Editor of the new Times 1818 / The afflicting (...) from Ireland respecting the Fever have suggested the propriety of sending you a receipt efficatious Fever powder of the use (…) Dr. Boerhave / Ten grains of which may be taken

known Dutch physician who was published in popular publications, such as John Wesley's *Primitive Physic* (1747), which was a lay manual with multiple editions printed throughout the eighteenth and nineteenth centuries. Creighton Wilkins' access to European physicians' prescriptions and remedies, and inclusion of said remedies in her personal collection, not only suggests a respect for medical professionals but also demonstrates a far-reaching exchange of information—a theme that will be explored in chapter four. Nevertheless, societal constructs and gendered expectations influenced how women engaged with medicine, from the types of illnesses they treated to the remedies they administered.

Separate Spheres

The patriarchal ideology of separate spheres offers a unique perspective from which to investigate marginalized medical history; as medical education became more institutionalized, acceptable feminine behaviour narrowed, and women's role in professional medicine diminished. The notion of separate spheres is a social construct based on a dichotomy of public versus private: public business and politics belonged to men, private housework and family matters to women.[6] This ideology was dynamic and fluid—dependent on economic, social, and political circumstances—but the social construct shaped women's histories nevertheless.[7] Because so few surviving records document the personal lives of women, privately kept diaries and notebooks, such as Creighton Wilkins', "restores women to a history that might otherwise bleach their lives

every 4 hours / this doze for an Adult / 8 onces of Nitre / ¼ once of Camphor / ½ a ¼ of an once of Saffron / 8 grains of Cochineal / Pound them together & keep them in a dry bottle."

[6] Janet Vey Guildford and Suzanne Morton, eds, *Separate Spheres: Women's Worlds in the 19th Century Maritimes* (Fredericton, N.B.: Acadiensis Press, 1994).

[7] Ulrich, *A Midwife's Tale,* 76.

to anonymity."[8] Although the ideology of separate spheres prevented women from becoming qualified physicians, domestic medicine remained crucial in early modern households, especially those who could not afford a physician's visit or those living in remote communities without regular access to one.[9]

Figure 3.1

"A patient taking barley water," *Theatrum sanitatis,* 15th c., www.christopherhobbs.com/library/featured-articles/history-of-western-herbalism.; A late medieval depiction of women tending to the sick.

Similar to preceding generations, early modern women assumed the responsibility of keeping a well-stocked kitchen and herb garden for home-produced remedies.[10] Historically, the cultivation and preparation of herbal cures was handed down orally, from one generation of women to the next, until the fifteenth century when the

[8] Ulrich, *A Midwife's Tale,* 77.
[9] William G. Rothstein, "The Botanical Movements and Orthodox Medicine," *Other Healers: Unorthodox Medicine in America*, (Baltimore: Johns Hopkins University Press, 1988), 32.
[10] Carole Rawcliffe, *Sources for the History of Medicine in Late Medieval England*, (Kalamazoo, Mich.: Medieval Institute Publications, Western Michigan University, 1995), 97.

compilation of herbals[11] and recipe books became common. The "qualities" and "virtues" of each plant was no longer required to be committed to memory (see Figures 3.2 and 3.3).[12] Surviving medieval remedy collections imply a remarkable knowledge of flora—both wild and domestic—possessed by those practicing herbal healing, most of whom were women. In addition to botanical knowledge, familiarity with binding agents such as flour, wax, and honey, paired with the actions of mixing, sieving, and blending was required.[13] None of the aforementioned were unusual to women running their own kitchens, which sheds light on why food and household recipes were often found interspersed with herbal remedies in such collections, a practice that extended to Creighton Wilkins' centuries later.[14]

The history of herbal medicine is largely the history of medicine itself up until the eighteenth century.[15] As noted, Brugis was not responsible for introducing the notion of domestic medicine, nor would his own surgical reliance on herbal remedies be anything out of the ordinary in 1640. He rather advocated for the accessibility of medical knowledge at a time when the field began to manifest into a professional enterprise that sought to supress women's authority.[16] Nevertheless, women of varying classes and circumstances continued to engage as healers, most commonly in their designated sphere: their private homes. Similar to the medieval women who came before them, early modern

[11] An herbal is a book of plants containing descriptions about their appearance, properties, and medical usages. Dating back 5,000 years, the medical use of plants was recorded on papyrus and clay fragments from ancient Egypt, Samaria, and China. See figures 3.2 and 3.3 for examples.
[12] Rawcliffe, *Sources for the History of Medicine*, 97.
[13] Rawcliffe, 98.
[14] Herbs were considered to possess both magical and medicinal properties in the Middle Ages and should therefore not be understood solely as routinely domestic. Cosmology and ritual associated with medieval herbalists and healers is fascinating, although it is not the focus of this essay.
[15] Susan Francia and Anne Stobart, eds, *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*, (London: Bloomsbury, 2014), xiv.
[16] Bennett, *Rhetoric, Medicine, and the Woman Writer*, xii.

domestic healers from literate households compiled recipe books containing culinary, household, cosmetic, and medicinal recipes passed down from previous generations.[17] Although most remained unpublished, recipe books and collections are recognized as one of the early modern period's most popular non-fiction genres, and consequently a common form of surviving manuscript compilation.[18] There is ample historical context to glean from recipe books; each recipe serves as a window into the social, cultural, and political histories shaping the lives of both the recipe writer and the recipe user.

Figure 3.2 *Naples Dioscurides,* Naples, Biblioteca Nazionale, 7th c., www.wdl.org/en/item/10690/#q=Naples+Dioscurides.; Manuscript replica of Dioscurides' *De Materia Medica*, the first herbal ever written by the Greek physician in 65 AD.

Figure 3.3 Elizabeth Blackwell, "Dandelion," from *A Curious Herbal,* hand-coloured and mixed intaglio, 1737, British Library, www.bl.uk/collection-items/a-curious-herbal-dandelion.; Blackwell drew, engraved, and coloured the illustrations using specimens from the Chelsea Physic Garden.

[17] Bennett, 153.
[18] Michelle DiMeo, Sara Pennell, and Francisco A Almeida, *Reading and Writing Recipe Books, 1550-1800*, (Manchester: Manchester University Press, 2013), 3.

Early modern Maritime recipe culture offers insight into feminist and colonial histories, the evolution of Western medicine, and the intersection of gender and economics. Herbal remedies used in the Maritimes reveal knowledges brought together by women practitioners, showcasing the exchange of information, recipes, and herbs and revealing how gender ideologies and the rise of academic medicine influenced women's role as domestic healers. The medical recipe collection of Creighton Wilkins contains 100 recipes and suggests not only an intimate knowledge of domestic medicine, but British settler women's encounter with medicine and health more broadly.[19]

The Manuscript Notebook of Sarah Creighton Wilkins

The very existence of Creighton Wilkins' written compilation attests to her social status and education level. Creighton Wilkins was born in Lunenburg, Nova Scotia in 1770, and lived a uniquely privileged life as an affluent Loyalist settler.[20] Her education, domestic responsibilities, and role in society were influenced by her family's privileged social status in both Lunenburg and Windsor, established and upheld by her father and husband's prominent public positions. The first entry in Creighton Wilkins' notebook, dated 1779, reveals that she could read, write, and carry out basic arithmetic by the age of nine. Furthermore, her oldest and youngest brothers, John and Joseph (respectively), were sent to England for their education.[21] This access to advanced learning was a privilege in Nova Scotia in the late eighteenth century and would have set the Creighton siblings apart as members of elite society.

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[19] Edward Shorter, *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health, and Medicine* (New Brunswick, USA and London, UK: Transaction Publishers, 1989).; *Manuscript Notebook of Sarah Creighton Wilkins,* NS Public Archives.
[20] Paulsen, "Land, Family and Inheritance in Lunenburg Township, Nova Scotia," 110.
[21] Beck, "Creighton, John (1721-1807)."

In the seventeenth and eighteenth centuries, common readers could learn about medical "regimen and remedies" in publications such as almanacs and in volumes specifically devoted to medical advice.[22] The first date recorded in the notebook is August 25, 1779 when Creighton Wilkins was nine years old, or just about. Interestingly, this entry does not mark the humble beginnings of her recipe collection; instead, the entry is titled, "A Catalogue of Books the property of N. Kirkman" with an itemised book collection to follow. The name of each book and its corresponding number of volumes was recorded tidily in the imperfect handwriting of a young girl, assumed to be Creighton Wilkins.[23] The catalogue spanned eight pages, concluding with a tally that indicated a total of 227 books in the collection. Books and pamphlets proliferated in the latter half of the eighteenth century, with works such as Dr. William Buchan's *Domestic medicine* (1784) strategically combining "traditional lay medical lore" with "elite Edinburgh therapeutics" to appeal to domestic healers.[24] Echoing Brugis' sentiment, Buchan claimed that, "Disguising medicine not only [delays] its improvement as a science, but…is injurious to the true interests of society."[25] English novelists also engaged with medical issues in their writing. For example, Laurence Sterne's *Tristam Shandy* (1760) is

[22] Roy Porter, "Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine," *Medical History* 29 (1985): 140.
[23] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.; It is not guaranteed that this early entry was written by Creighton Wilkins; however, it makes logical sense that she would begin writing in an old book that is her own and perhaps nostalgic, rather than one that belonged to someone else (especially given her class and ability to purchase a new book at her leisure).
[24] William Buchan, *Domestic Medicine Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines,* 9th ed, (Dublin: Printed for H. Chamberlaine, J. Williams, R. Moncrieffe, R. Burton, and W. Sleater, 1784), xi.
[25] Buchan, xi.

saturated with satirical medical actions and is significantly the twelfth book Creighton Wilkins recorded in Kirkman's catalogue.[26]

While information pertaining to herbal medicine may not be explicit in these first few pages of Creighton Wilkins' notebook, they significantly disclose the kinds of books she was exposed to growing up, with her advanced handwriting suggesting access to high-quality education (see Figure 3.4). It is unclear whether Creighton Wilkins was introduced to medicine through English novels such as *Tristam Shandy*, medical treatises written by popular physicians, her mother's own domestic practice, or a combination of all three.[27] It is also undetermined why Creighton Wilkins was tasked with transcribing N. Kirkmans' book collection at all, whether voluntary or not. Although it is hard to define Creighton Wilkins' relationship with N. Kirkman, a clue to the longevity of their families' connection is suggested when a "Mrs. Kirkman" surfaces in her remedy collection three more times, including May 16, 1814 when she addressed a remedy for a fever and sore throat to her (see Figure 3.5). Nonetheless, it is certain that at age nine Creighton Wilkins could read, write, and carry out basic arithmetic—all the while with a wealth of information at her fingertips.[28]

[26] Porter, "Lay Medical Knowledge in the Eighteenth Century," 140.; *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[27] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[28] The book collection contains literary genres spanning from poetry and religion to comedy and politics, including ten volumes of Shakespeare, Thomas Percy's *Reliques of Ancient English Poetry*, *The Memoirs of Cardinal de Retz*, and Samuel Foote's *Devil Upon Two Sticks* (to name a few).

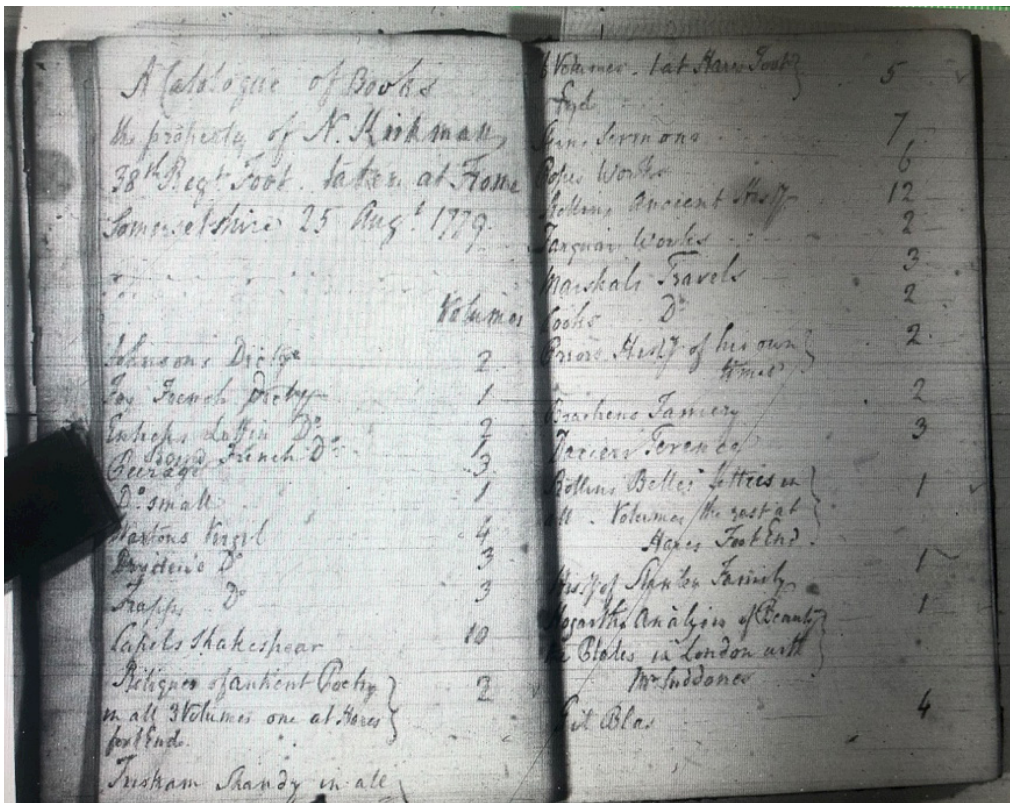

Figure 3.4 "A Catalogue of Books the property of N. Kirkman," *Manuscript Notebook of Sarah Creighton Wilkins*, 1779, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Creighton Wilkins' notebook and the contents inside have a biography of their own. It has garnered significance through the evolving historical contexts of its use—original use, oral and written recipe recitations and exchange, adaptations made over time—all the while resembling expressions of people, experiences, and customs.[29] Her positionality as the daughter and wife of powerful men undoubtedly influenced her lifestyle and access to information—from literacy, to resources, and available time. For example, John Creighton's social standing in Lunenburg secured his affiliation with the Halifax Establishment, in which his son-in-law, Lewis Morris Wilkins, was an active member. Morris Wilkins was born on in 1768 in Morrisania, New York City to an affluent family

[29] Henry Glassie, *Material Culture*, (Bloomington: Indiana University Press, 1999), 256.

and accordingly had a successful career as a sheriff, lawyer, militia officer, and politician.[30] His political career began when he was elected to Lunenburg Township's House of Assembly, which is the same year he and Creighton Wilkins were married. The couple started to grow their family following their marriage in 1799, with Creighton Wilkins giving birth to their first child in 1801. Over the next thirteen years, six more children were born into the Wilkins family.

Figure 3.5

"Untitled Latin Prescription for Mrs. Kirkman," *Manuscript Notebook of Sarah Creighton Wilkins*, May 16, 1814.; MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Public Archives, Halifax, Nova Scotia, Canada.; *Early Modern Maritime Recipes*, emmr.lib.unb.ca.

Creighton Wilkins was forty-one years old when she recorded the first recipe, curiously thirty-two years after the initial entry in 1779, with no context in between. Nonetheless, she committed the "proved" recipe for "Brewing Two Hogsheads of Small Beer" to writing in 1811. She listed three ingredients and their respective quantities—"2 strike of Malt / 8 lb of Sugar / 1 lb & ¼ Hops"—with no subsequent directions.[31] This inaugural short and sweet recipe for brewing beer is the beginning of a twenty-two-year

[30] Morris Wilkins' parents, Reverend Isaac Wilkins and Isabella Morris, were New York Loyalists who immigrated to Shelburne, Nova scotia in 1784 with him and his siblings. In the early eighteenth-century, Morris Wilkins' paternal grandfather (Martin Wilkins) was a Judge in Jamaica and his maternal great grandfather (Lewis Morris) was Colonial Governor to New York. Furtherrmore, his uncle (Lewis Gouverneur Morris) was one of the signers of the Declaration of Independence as a delegate to the Continental Congress from New York.

[31] *Manuscript Notebook of Sarah Creighton Wilkins*, NS Public Archives.

collection, with ninety-nine recipes to follow. Twenty-five of Creighton Wilkins' dated remedies range from 1816 to 1833, when her family was settled in Windsor, Nova Scotia. They relocated to Windsor from Lunenburg following Morris Wilkins' appointment as third Assistant Judge to the Supreme Court. The position required Morris Wilkins to serve a system of circuit courts spanning across the province and the compulsory journeys were long and demanding. Located on the shore of the Minas Basin, Windsor was a country destination for the Halifax elite and an important commercial centre.[32] In Windsor, the Wilkins were known for their hospitality, hosting high-profile visitors such as Lieutenant Governor Lord Dalhousie.[33] Furthermore, Morris Wilkins' land grants—residence estates, farm properties, and woodland—neighboured many other influential Nova Scotian settlers, such as John Clark, Dr. Cochran, and Chief Justice Haliburton (see Figure 3.6).[34] The Wilkins' social standing—enforced by their respective affluent families,[35] extensive land ownership in Windsor, and high-profile neighbours—illustrates how Creighton Wilkins had access to a medical publication, prescriptions addressing fashionable illnesses and their respective treatments, local medical knowledges, and the ingredients required for concocting home remedies. It is also significant that the Wilkins' seventh and final child, Sarah, was born in 1814; as the children aged, and her husband was occupied with the demands of the circuit court, Creighton Wilkins was likely able to dedicate more of her time to devising, recording, and exchanging recipes.

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[32] Margaret Conrad, *At the Ocean's Edge: A History of Nova Scotia to Confederation* (Toronto: University of Toronto Press, 2020), 146.
[33] Phyllis R Blakeley, "Wilkins, Lewis Morris (d. 1848)," *Dictionary of Canadian Biography,* vol 7, (University of Toronto/Université Laval, 1988), http://www.biographi.ca/en/bio/wilkins_lewis_morris_1848_7E.html.
[34] *Plan of the Township of Windsor*, West Hants Historical Scoiety, Windsor, Nova Scotia, c. 1820.
[35] Creighton Wilkins inherited nearly 12,000 pounds from her father's (John Creighton) estate when he died in 1807, giving her the reputation of heiress.; Windsor Area Families, 9H. 21. C., West Hants Historical Society, Windsor, Nova Scotia.

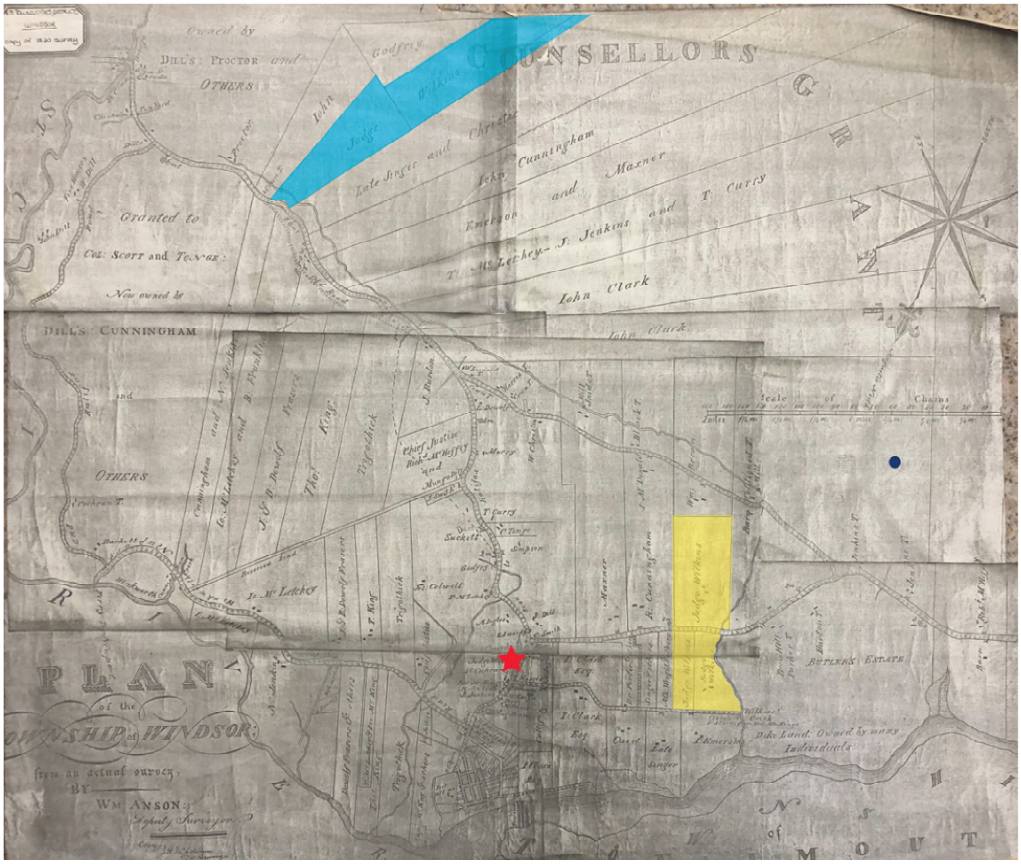

Figure 3.6 Plan of the Township of Windsor, c. 1820, West Hants Historical Society, Windsor, Nova Scotia.; The red star indicates The Wilkins' primary residence, yellow is their farm property, and blue is likely woodland (according to the West Hants Historical Society).

Early modern settler gender ideologies and the expectations of womanhood are rooted in domestic medicine and recipe book culture. The contexts that urged Creighton Wilkins to record each recipe—from beer to cough syrup and many in between[36]—is significant, as it suggests the surrounding social, economic, and political circumstances that influenced her compilation. The collection is also reflective of recipe books kept by literate households in early modern England, which contained useful and necessary

[36] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.; The final remedy in Creighton Wilkins' collection is a remedy for a cough. Recipe Transcription: "Good recipe for Cough / 1833 Dr. G / Paregoric / Salvolatile / Tincture squills equal quantities / A tea spoonful & half if small) going to bed in a small quantity of water."

domestic remedies.[37] Most recipe collections, including Creighton Wilkins', remained unpublished; however, they were a cherished household resource, passed down through generations and considered "valuable knowledge repositories, devised and recorded primarily by the women who kept them."[38] Although some remedies in Creighton Wilkins' collection are credited to physicians and healers in her network, the majority do not indicate an author. Perhaps they were passed down generationally, informally between friends and neighbours, or devised by Creighton Wilkins herself. Useful and cherished knowledge, such as a family recipe, was historically passed from mother to daughter.[39] According to the tradition of matrilineal knowledge exchange, a number of Creighton Wilkins' remedies were possibly shared with her by her mother, Lucy Clapp Creighton. Creighton Wilkins' parents were part of the original group of Lunenburg settlers in 1753 and domestic medicine was crucial to developing settlements with unestablished healthcare. Furthermore, eighteenth-century settler families were large in size, commonly comprised of ten to twelve children, and home healing methods and remedies were essential to the health and wellbeing of the family.[40] This tradition of matrilineal knowledge exchange suggests that Creighton Wilkins may have acquired healing customs from her mother, and perhaps compiled her own recipe collection for her daughters to inherit.

During the colonial period, the majority of medicines were made in the household; medicinal botanicals were planted in gardens, gathered in the wild, and purchased from

[37] Bennett, *Rhetoric, Medicine, and the Woman Writer*, 152.
[38] Bennett, 153.
[39] Althea Douglas, "Connectional History: A Gender-Related Appraoch to Genealogy," *Intimate Relations: Family and Community in Planter Nova Scotia, 1759-1800*, Margaret Conrad, ed, Planters Studies Series; No. 3, (Fredericton, N.B.: Acadiensis Press, 1995), 57.
[40] Althea Douglas, "Connectional History," 57.

stores.[41] Medical recipes were of particular value, as they safeguarded the health and wellbeing of the family. The alternative to domestic medicine—imported drugs from apothecaries and/or physician visits—were expensive and often unavailable to rural or newly settled populations. Although the Wilkins family would not have been affected by these barriers, Creighton Wilkins engaged in home healing nonetheless. Recipes were published in almanacs and newspapers, passed from one generation to the next, exchanged between family and friends, and devised by domestic healers themselves. Creighton Wilkins' collection indicates that her remedies were gleaned from all of the above, suggesting an interest in local and imperial print culture, a dynamic social network, and an evolving medical expertise of her own.

"Remarkable Good Saline Draught": Simple and Effective

Although women were not visible in public politics or business, they *were* responsible for the household economy and actively involved in community life. Gendered labour division assigned women responsibility for certain tasks and trades, such as domestic medicine, gardening, textiles, and more, obligations that Creighton Wilkins and her daughters would have observed.[42] The disparity between the value of women's and men's work was stark at this time, highlighting settler society's patriarchal structure and the perceived superiority of men. Although men and women had vastly different responsibilities, their respective economies were interdependent nonetheless. This notion is applicable to medical power structures: *male* physician, surgeon, or apothecary versus *female* domestic healer or midwife. The evolving relationship between male and female

[41] Rothstein, "The Botanical Movements and Orthodox Medicine," 32.
[42] Ulrich, *A Midwife's Tale,* 76.

care providers at the turn of the eighteenth century is explored in depth by Laurel Thatcher Ulrich in *A Midwife's Tale.* Ulrich examines the life of Martha Ballard, a New England midwife who wrote herself into American history with her meticulously kept and unexpectedly detailed journal. The journal offers an opportunity to see the breadth of work Ballard engaged in, the significance of social medicine, and women's role as both comfort and care providers in early settlements. Ballard reveals the "social base" of female medicine: basic servants or labourers, usually single women; untrained neighbours that provide comfort and support; community caregivers who administer herbal medicines, provide care, and have the potential to become midwives; and midwives, who have the most training, experience, and knowledge.[43]

This network of female healers reveals the interconnectedness of early settler women. The roles described in Ballard's journal suggest that Creighton Wilkins would have been considered a community caregiver, administering herbal remedies and providing comfort and care to her network. Nevertheless, the early modern colonial world was primarily a "memory economy," especially among women.[44] This means that there were not many written accounts or records pertaining to women, with social medicine a "largely invisible local economy managed by women."[45] Nonetheless, surviving journals, notebooks, and recipe collections kept by women allow for the recovery of meaningful social commentary. Ulrich reveals the significance of the "social web"[46] in which women were brought together at a local level and united by a complex system of neighbourly

[43] Ulrich, *A Midwife's Tale,* 65.
[44] Ulrich, 86.
[45] Ulrich, 85.
[46] Ulrich, 75.

exchanges and shared responsibilities—such as domestic medicine.[47] Although Creighton Wilkins' notebook does not offer a thorough narrative like Ballard's journal, her recipe collection is rich in detail. Creighton Wilkins promptly transitioned from beer, fish sauce, and cleaning solutions to her first recorded herbal remedy in 1811. The remedy titled "Remarkable Good Saline Draught" is a medical drink containing salt of tartar, sal soda, water, lemon, and lemon juice. Creighton Wilkins provided straightforward instructions, directing the maker to "Mix these [ingredients] altogether…& take it in the E'vervescent State."[48] A saline draught was a common household remedy used to alleviate nausea, fevers, and other "ordinary" illnesses.[49] It comes as no surprise that this was the first medicinal remedy Creighton Wilkins recorded; the simplicity of the ingredients and method indicates the remedy's convenience and accessibility, for both the healer and the patient. Another indication of its popularity is demonstrated by the two following recipes: "A Saline Draught Equally Good" and "Another [Recipe for Saline Draught]."[50]

"A Saline Draught Equally Good" is nearly identical to the first recipe; however, Creighton Wilkins indicated that "A scruple of Carbonated Kali" should be used in "alias [of] Salt of Tarter." Carbonated kali is derived from a Mediterranean shrub—also known as Salsola, saltwort, or land seaweed—and was revered in the nineteenth century for its powerful medical properties.[51] In 1806, Dr. John Waldon published an article in London's *Medical and Physical Journal* about his successful use of kali in treating a "Scarlatina Anginosa" (Scarlet Fever) outbreak in Devon County, England. Waldon

[47] Ulrich, *A Midwife's Tale,* 75-85.
[48] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[49] Woods, "Dr. Smellie's Prescriptions for Pregnant Women," 264.
[50] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.
[51] *Early Modern Maritime Recipes,* Accessed November 2020, https://emmr.lib.unb.ca.

claimed the "antiseptic and tonic powers" of kali were extremely satisfying, witnessing "its decidedly good effects, as every bad symptom was immediately arrested."[52] Furthermore, Waldon encouraged the saturation of kali with carbonic acid, claiming that it enhanced its efficacy and diluted the unpleasant taste.[53] Waldon concluded his article by proclaiming that Mr. Hill, "an ingenious chymist," was responsible for accurately preparing his carbonated kali, suggesting a certain level of expertise required in its procurement. Although the specifics regarding Creighton Wilkins' access to this medicinal ingredient remains unclear, the title she gave the recipe, declaring it as "Equally Good" to the first, indicates that she had, in fact, made the remedy herself and/or witnessed its healing capabilities.

Another ingredient was introduced to replace carbonated kali in the third saline draught recipe. Creighton Wilkins called for "30 drops of Spirits of Lavender" to be combined with salt of tartar, lemon juice, and water; the shortest ingredient list of the three recipes mentioned thus far. Spirits of lavender is an unsurprising addition, as it was considered a compulsory tincture for the domestic medicine chest according to Dr. Thomas Andrew's *A Cyclopedia of Domestic Medicine and Surgery* (1842).[54] Lavender has been long used in medicine and gained a reputation as a plant that could be successfully cultivated by an amateur gardener.[55] Lavender was medically used in oil

[52] John Waldon, M.D., "Dr. Waldon, on Scarlatina," *The Medical and Physical Journal* 16 (June to December 1806): 553.; The symptoms Waldon was treating include: "cold shiverings, great prostration of strength, dejection of spirits, perpetual anxiety, and oppression of the praecordia…The stomach was frequently affected with sickness and vomiting, and not unfrequently the intestines were in too lax a state."
[53] Waldon, 553.
[54] Thomas Andrew, M.D., *A Cyclopedia of Domestic Medicine and Surgery*, (Glasgow: Blackie and Son, 1842), 698, 319.; Although published slightly later in 1842, the principles of domestic medicine remain relevant (especially as it pertains to spirit of lavender, which can be traced back to late medieval herbal medicine).
[55] Andrew, *A Cyclopedia of Domestic Medicine and Surgery,* 698, 319.

and spirit form, both obtained through the distillation process which used water to remove the essential oil from plant material. However, a simple lavender spirit was most commonly considered a useful medicine to combat indigestion, acid reflux, and heartburn.[56] Furthermore, Andrew indicated that its preparation could be carried out by any domestic apothecary or cook, suggesting that Creighton Wilkins need not be an experienced chemist in order to add the spirit of lavender to her medical chest if she desired. Nevertheless, this recipe hints at more than medical botany: Creighton Wilkins included the name "Mrs. Lloyd" at the top of the page, which suggests that she might have received the remedy from a neighbour or member of the community.

Early modern recipe culture suggests a dynamic social web of female domestic healers. Mrs. Lloyd is only mentioned once in the notebook, with no details to reveal her relation to Creighton Wilkins; however, Creighton Wilkins' trust in Mrs. Lloyd's remedy is demonstrated through the inclusion of her recipe in the collection. There are a number of other instances in Creighton Wilkins' notebook when she gave credit to presumed local healers that comprised the female social medical network described by Ulrich. For example, Mrs. Clark, Mrs. Balchen, Mrs. Phillips, Mrs. Kirkman, Mrs. Ralph Price, and Mrs. Hughes Esher are some of the names associated with recorded recipes, illuminating an extensive network of women participating in the exchange of medicinal knowledge. A particularly provoking remedy is "Mrs. Balchens Compts. to Capt Hughes for a Cough".[57] This cough remedy was compiled by Creighton Wilkins in 1819; however, as indicated by the title, it was authored by Mrs. Balchen for Captain Hughes. This medicine was likely originally devised for and served to Sir Richard

[56] Andrew, *A Cyclopedia of Domestic Medicine and Surgery*, 319.
[57] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.

Hughes,[58] a naval officer and colonial administrator in Nova Scotia who was appointed to positions such as Resident Commissioner of the Halifax dockyard, Lieutenant Governor of Nova Scotia, and Admiral of the Red throughout his career.[59] This is further indication of the prestigious network that the Wilkins family was a part of.

Twenty-five of Creighton Wilkins' dated remedies, and likely many undated, range from 1816 to 1833, when her family was settled in Windsor, offering insight into the time, resources, and neighbours she had access to in this new location. Creighton Wilkins frequently engaged with esteemed members of settler society, such as Hughes, as both daughter of John Creighton and wife of Lewis Morris Wilkins. When the Wilkins family moved from Lunenburg to Windsor in 1816, on the heels of Morris Wilkins' promotion to the Supreme Court, they became known for their generous hospitality, hosting both neighbours and high society visitors from Halifax. Furthermore, Judge Wilkins' properties were consistently close to John Clarke Esquire's, which suggests a relationship between their wives and an explanation for the appearance of Mrs. Clark's remedy in Creighton Wilkins' notebook (see Figure 3.6).[60] The other women mentioned in her notebook were likely members of the female social web spun by the women of Windsor.

"A Nervous Mixture": Female Frailty and the Status of Women

Windsor's network of women, devising and sharing recipes, likely contributed to the exponential increase of remedies recorded by Creighton Wilkins after her move from Lunenburg to Windsor in 1816. This increased activity also suggests a deepening

[58] *Early Modern Maritime Recipes,* Accessed December 2019, https://emmr.lib.unb.ca.
[59] Phyllis R. Blakeley, "Hughes, Sir Richard," *Dictionary of Canadian Biography*, vol. 5, (University of Toronto/Université Laval, 2003), http://www.biographi.ca/en/bio/hughes_richard_5E.html.
[60] Plan of the Township of Windsor, West Hants Historical Society, Windsor, Nova Scotia, c. 1820.

dedication to domestic medicine and knowledge exchange, explored in greater detail in Chapter 4. Furthermore, it is clear that Creighton Wilkins was privy to fashionable ailments of the time and their respective treatments, which is an indicator of surrounding cultural attitudes.[61]

Ill health among nineteenth-century women in both Britain and the Americas came into fashion as a result of the social construction of women frail, delicate, and sick (see Figure 3.7). Women from the century prior did not define themselves through sickness; in fact, society even minimized their ill health, regardless of the extent.[62] In 1856's *Physiology and Calisthenics for Schools and Families*, author Catharine Esther Beecher wrote about the health of women and children, claiming that "there is a delicacy of constitution and an increase of disease, both among mature women and young girls, that is most alarming, and such as was never known in any former period."[63] Beecher implied that upper-middle class women in America were sick specifically because they were women; the predominant ailments she recorded—such as headaches, pelvic disorders, and nervousness—were symptoms linked to the malfunctioning of female sexual organs.[64] According to cultural historian, Anne Douglas Wood, a woman's self-diagnosis was not only confirmed, but encouraged by society. Nevertheless, Wood argues that women exploited their supposed ill health to reclaim their sovereignty and escape from the "pressing demands of the bedroom and kitchen."[65]

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[61] Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America," *The Journal of Interdisciplinary History* 4, no. 1 (1973): 25.
[62] Wood, 27.
[63] Catharine Esther Beecher, *Physiology and Calisthenics for Schools and Families* (Harper & Bros: New York, 1856): 164.
[64] Wood, "The Fashionable Diseases," 28.
[65] Wood, 27.

Figure 3.7 Pietro Longhi, *The Faint*, oil on canvas, c. 1744, National Gallery of Art (US), www.nga.gov/collection/art-object-page.204.html.; A woman is the centre of a domestic crisis as she faints into the arms of helpers. Reflective of the Victorian "swoon" that becomes fashionable in the nineteenth century.

A growing interest in human anatomy and dissection was birthed in seventeenth-century European medicine, which led to new discoveries about the nervous system in the following centuries.[66] Throughout the 1600s and 1700s medical discoveries and theories associated symptoms of hysteria with the nervous system gave rise to diagnoses such as "nervous breakdown," "nervous exhaustion," and "nervous collapse."[67] Hysteria was first medically described in 1880 by French Neurologist Jean-Martin Charcot; however, associated symptoms have long-time been described, dating to ancient Egyptian and

[66] "From Nerves to Neuroses," *Science Museum*, Science Museum Group, 2019, Accessed July 2020, https://www.sciencemuseum.org.uk/objects-and-stories/medicine/nerves-neuroses.
[67] "From Nerves to Neuroses."

Greek societies.[68] These ambiguous diagnoses were associated with a wide variety of symptoms: from pain, weakness, headaches, muscle spasms, and fatigue to feelings of despair, inadequacy, and melancholy. Creighton Wilkins' collection contains a handful of recipes for nervous disorders, including: "A Nervous Mixture" for irritability and periodical headaches and a remedy for a "Nirvous Cough."[69] Although hysteria was studied as a psychological disorder by Charcot and his contemporaries, it was understood as a physical ailment until the late 1800s. Hysteria—or "nervousness" as it was commonly referred to prior to 1880—described a kind of emotional excess that deemed someone overly charged or out of control. The condition has been long associated with women; Ancient Greek philosopher Plato thought symptoms were caused by the uterus roaming around the female body, and medical explanations remained vague for centuries to follow.[70]

Historically, this kind of diagnosis has been "sex-selective," disproportionately affecting females and contributing to the European and colonial construct of women as delicate, unstable, and/or "mad."[71] Nearly all nineteenth-century physicians considered women more sensitive and fragile than men—mentally and emotionally—making them more susceptible to "weak nerves" and accompanying nerve disorders and events mentioned above.[72] In *Women and Madness*, Phyllis Chesler suggests that the presentation of symptoms associated with "madness" is a response to the pressures, exploitations, and oppression experienced by women. Chesler asserts that madness can be

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[68] Ada McVean, "The History of Hysteria." *McGill Office for Science and Society*, McGill University, 2017, accessed July 2020, https://www.mcgill.ca/oss/article/history-quackery/history-hysteria.
[69] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[70] "From Nerves to Neuroses."
[71] McVean, "The History of Hysteria," https://www.mcgill.ca/oss/article/history-quackery/history-hysteria.
[72] McVean.

described as a breakaway from traditional roles: "What we consider 'madness,' whether it appears in women or in men, is either the acting out of the devalued female role or the total or partial rejection of one's sex role stereotype."[73]

Remedies in Creighton Wilkins' collection demonstrate the perceived necessity for nervous cures, therefore suggesting the internalized social construct of female weakness and/or an acute awareness through personal experience or those of her community. Medical entrepreneurs, domestic healers, physicians, and apothecaries alike responded to the market demand for nervous disorder treatments by producing a variety of nerve tonics.[74] These tonics varied in length and complexity, often containing poorly understood—and oftentimes addictive—ingredients such as opium and lithium salts.[75] For example, Creighton Wilkins' recipe titled "A Nervous Mixture" calls for two drams of sal volatile, which is a preparation containing ammonium carbonate; a toxic substance that is harmful if used too frequently or without caution. This remedy in particular is recommended as immediate relief for symptoms including irritability, headache, and "irritation of the brain,"[76] all of which are considered symptoms of female hysteria. Furthermore, other remedies call for problematic ingredients such as ether and opium, which are respectively highly volatile and highly addictive, both also indicated to treat symptoms associated with hysteria.[77]

Similar remedies were prescribed by local physicians at this time, indicating that the perceived legitimacy of these nervous disorders extended beyond domestic medicine and

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[73] Phyllis Chesler, *Women and Madness*, 2nd ed. (New York: For Walls Eight Windows, 1997), 93.
[74] "From Nerves to Neuroses."
[75] "From Nerves to Neuroses."
[76] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[77] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.

into the professional sphere. For example, Dr. George Drummond of Shelburne, Nova Scotia prescribed a clyster of chamomile, salt, molasses, and water to treat Hannah Booth's "nervous fever" in 1789.[78] Similar ingredients are indicated in Creighton Wilkins' remedies, which collectively called for: botanicals such as camphorated tulip, spirit of lavender, and rose; "essential salt of bark"; and honey or another sweet substance to create an "electuary."[79]

Creighton Wilkins did not credit these nervous remedies to any healer in particular, so it is undetermined whether she devised them herself, received them from someone in her network, or learned about the treatments from a physician such as Dr. Drummond. As previously discussed, speculation is not required for all of the remedies in her collection; some indicate an author, such as the healer who originally prescribed the remedy and occasionally the name of the patient on the receiving end. For example, on October 27, 1818, Sarah recorded a Latin prescription from Mr. Cartwright, "operating surgeon to the Middlesex hospital" in London, written for Mrs. Hughes Esher.[80] Creighton Wilkins recorded another remedy by the London surgeon in 1818, titled "For Shortness of Breath".[81] The inclusion of physicians' remedies in Creighton Wilkins' personal collection suggests a desire to keep her remedy repertoire aligned with proven professional medical methods. Furthermore, Creighton Wilkins' access to British

[78] William Booth Diary (20 January 1789 - March 1789), Accession 1971.001-MRE/2, William R. Moore Collection, Acadia University Archives, Wolfville, Nova Scotia, Canada.; *Early Modern Maritime Recipes,* Accessed December 2019, https://emmr.lib.unb.ca.
[79] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.
[80] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.; A hypothesis is that Mrs. Esher was a part of Creighton Wilkins' network in Nova Scotia who was treated by British surgeon, Mr. Cartwright, prior to immigrating to Nova Scotia.
[81] *Manuscript Notebook of Sarah Creighton Wilkins*, NS Public Archives.; Sir Erasmus Wilson's *The History of the Middlesex Hospital During the First Century of Its Existence* notes that a Mr. Cartwright was elected assistant operating surgeon of the hospital in 1806, and later in his career opens a venereal disease ward.; *Early Modern Maritime Recipes,* Accessed December 2019, https://emmr.lib.unb.ca.

physicians' prescriptions and remedies demonstrates the pervasiveness of the British Empire and the significance of global knowledge exchange.

The perception of madness/hysteria as a feminine illness intersects with eighteenth- and nineteenth-century gender ideologies serving the patriarchal agenda. The status of colonial women is explored by scholar Willeen Keough, who claims that Irish women in the South Avalon assumed vital social and economic roles during settlement and acquired status and authority within their communities as a result.[82] However, Keough emphasizes that the British were keen to promote the domesticity and "respectability" of women.[83] Similarly, Ulrich proves that Ballard obtained status and authority in New England though her midwifery practice; though, she was undeniably impacted by the shifting role of women in early modern medicine enforced by oppressive patriarchal systems.

Gender and economics are closely tied in eighteenth- and nineteenth-century colonial North America, which is reflected in medical power structures: *male* physician, surgeon, or apothecary versus *female* midwife or domestic healer. Ballard offers a glimpse into early modern medical practices in her February 1801 entry titled "A Desection Performd.", in which Ulrich demonstrates Ballard's economic value outside of the domestic sphere, and the evolving relationship between male and female health practitioners at the turn of the eighteenth century. Ulrich analyses the death of a young boy and his subsequent autopsy to highlight growing tensions between midwives and physicians and respective power implications. According to Ulrich, Ballard's account of the boy's autopsy, or "desection," serves as a "rare document in the history of early

[82] Willeen Keough, "The Riddle of Peggy Mountain: Regulation of Irish Women's Sexuality on the Southern Avalon, 1750-1860," in *Acadiensis*, 31, no. 2 (2002).
[83] Keough, "The Riddle of Peggy Mountain," 43.

modern medicine."[84] Human autopsies reflect the growth of experimental medicine and physicians' anatomical interest at this time; physicians would occasionally invite midwives to observe autopsies, offering an explanation as to why Ballard was present for the boy's (and three others mentioned earlier in her diary).[85] Ulrich describes Ballard's presence as complex and offers insight about the history of women's medicine, giving greater context for 1801's changing medical landscape. For example, Sarah Stone's 1737 treatise on midwifery cautions midwives against physicians who claim that their anatomical studies grant them ownership over obstetrics. Instead, she encourages women to learn alongside the men: "'tis not improper for all of the Profession to see Dissections, and read Anatomy, as I have done."[86] Regrettably, patriarchal ideology operated under the guise of seeking to protect the integrity of women. With this in mind, an anonymous article published by Harvard Medical School in 1820 argued that women should not be employed as midwives or health practitioners because, "a female could scarce pass through the course of education requisite to prepare her…without destroying those moral qualities of character."[87] As medical education becomes more institutionalized, acceptable feminine behaviour narrows, and the position of the female healer—or midwife more specifically in the case of Ballard— within the broader patriarchal society diminishes.

Ulrich explains how these demands were irreconcilable: "Women could not qualify themselves to practice midwifery without mastering general medicine but learning

[84] Ulrich, *A Midwife's Tale*, 248.
[85] Ulrich, 248.
[86] Ulrich, 250.
[87] Ulrich, 251.

general medicine would disqualify them as women and therefore as midwives."[88] On the contrary, female social healers, such as Ballard, were not morally damaged by exposure to illness and death, but rather more intimately connected to life through such experiences. For example, on the day of the young boy's death, February 3, 1801, Ballard writes: "he was a promising Child, how oft our expectations Cut off."[89] Ulrich suggests that the gentleness of this comment reveals Ballard's connection to her patients, which is demonstrated further in a number of other graceful entries.[90] As perceived guardians of women and children, patients and their respective families expected midwives to treat those in need with reverence and care—despite Ballard's exposure to illness, death, and occasional autopsies, she remained committed to her profession while maintaining, and possibly strengthening, her morality.

There was an economic, social, and emotional impact on midwives and female healers who were pushed out of the profession by "male-midwives" and physicians. Eighteenth-century cooperation between midwives and physicians shifted to an exclusive medical model. For example, Ballard's reputation and experience protected her midwifery practice from the severe impact of these shifting power structures; however, subtle tensions between Ballard and community physicians are sensed through a number of diary entries, including those in March of 1800. Ballard described Dr. Cony's prescription for a sick baby as "Excessive" and proceeded to note that he "Cast very hard reflections…with out grounds" the next day.[91] Similar conclusions can be drawn from examples in Nova Scotia. The example of Elizbeth Doane, widow and midwife

[88] Ulrich, *A Midwife's Tale*, 251.
[89] *DoHistory*, Accessed October 2019, http://dohistory.org/diary/1801/02/18010201_txt.html.
[90] Ulrich, *A Midwife's Tale*, 253.
[91] *DoHistory,* Accessed October 2019, http://dohistory.org/diary/1800/02/18000223_txt.html?d=18000304.

introduced in the previous chapter, illustrates the discrepancy of social standings and associated privileges among male and female care providers. Doane required a special petition and the endorsement of thirty-eight male neighbours to receive a land grant to house both her family and her medical practice. With no male physician residing in the town, Doane assumed the responsibility for the health and wellness of her family and the community—and was highly respected for it. Although therapies remained similar between midwives and physicians at this time, relations between them shifted with the manifestation of the male doctor's authoritative consciousness. Midwives in the nineteenth century seemed to have shifted into assistant roles to local physicians, if their expertise was used at all.[92] The transition from independent practitioner to employed assistant should not be overlooked—both professional independence and wage-earning potential shifted into the control of the male practitioner.

Conclusion

The implications of gender within the medical world, and the exclusion of women from professionalization more specifically, is a result of patriarchal ideology and enforced by the effects of early colonial settlement. The eighteenth and nineteenth centuries birthed the notion of separate spheres, which promotes the idea that women were best suited for private life, while men thrive in the public. Although the oppressive nature of this separation may not have been explicit at the time, and even associated with sentiments of respect for and protection of women, it is clear that relegating women to roles within the home ensured a level of invisibility. To reinforce these roles and rationalize why women were no longer suitable for positions they previously held in society—such as

[92] Ulrich, *A Midwife's Tale*, 255.

midwifery—the construct of female frailty was employed. Although women were deemed too delicate to study medicine professionally, they were nonetheless expected to be skilled practitioners within the home. This expectation allowed for recipe books to proliferate, with countless remedies devised and collected to treat common and curious ailments that arose within the family and community more broadly. Remedies and the respective symptoms they were expected to treat offer a glimpse into the implications of affluent womanhood in Nova Scotia. When women acted outside of their gendered role, they received a diagnosis (either self or "professional") affirming their biologically weak nervous system, which was medicated with harmful and misunderstood substances, thus contributing to the social construct and continuing the cycle of oppression.[93] For example, nerve tonics were devised to treat weak nervous systems, which was a disorder commonly associated with ill women.

[93] Chesler, *Women and Madness*, 93.

CHAPTER 4
TINCTURE OF OPIUM: THE DOMESTIC USE OF LAUDANUM IN NOVA SCOTIA

Spasm in the Stomach

Rx
2 Tablespoonfuls of Brandy
2 Teaspoonful of Hartshorn
The same of Laudanum
Mix together
Rub the part
Instantaneous Cure for Pain

Sarah Creighton Wilkins, ca. 1825

Sarah Creighton Wilkins' medicinal remedies treated a variety of mild to severe conditions, ranging from fevers and sore throats to "nervous affections" and stomach spasms.[1] The remedies fluctuated in length, complexity, and peculiarity; nonetheless, all of them provide valuable insight into nineteenth-century domestic medicine in British North America. The recommended treatment for stomach spasms is particularly significant: Creighton Wilkins instructed the reader to rub a mixture of brandy, hartshorn, and *laudanum* on the inflamed area, promising an "instantaneous cure for pain."[2] Laudanum, also known as tincture of opium, was a fundamental addition to the nineteenth-century domestic medicine chest. Opium was used in medicine as a principal painkiller for many centuries, in a variety of forms and preparations. Laudanum was a particularly popular preparation in European medical practice—an alcoholic tincture in which opium powder was dissolved in distilled spirits, thus creating a diluted, yet powerful, liquid mixture. Laudanum had an impressive range of uses, from treating

[1] *Manuscript Notebook of Sarah Creighton Wilkins*, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Public Archives, Halifax, Nova Scotia, Canada.
[2] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives.

diarrhea to suppressing a relentless cough, to easing general pain and discomfort. With limited pharmacopeia and no associated regulations until the late nineteenth-century, opium derivatives were widely prescribed and used in professional and domestic medicine, as well as non-medical settings.

Recipes are characterized by their clear and concise form; they are far from offering a complete narrative. However, the recipe contents compensate by providing a rich opportunity for cultural exploration. For example, Creighton Wilkins' remedies and associated ingredients demonstrate the significance of domestic medicine and suggest a dynamic exchange of goods and knowledge. Furthermore, her access to and use of laudanum in particular reveal a lively story that extends far beyond the written recipe in which it is contained.

Figure 4.1

Bottle of opium tincture or laudanum, Wellcome Images, Science Museum, London, www.wellcomecollection.org/works/pfzy2a4v.

This chapter analyzes the British Empire's production, consumption, and circulation of opium in the nineteenth century, interrogating a bottle of laudanum as material culture to uncover associated economic, political, and social circumstances. Britain's involvement with the cultivation, production, and trade of opium had enormous economic and political implications, which contributed to global consumption trends. European and Euro-settler domestic consumption was particularly noteworthy, especially as it pertains to women. Laudanum was widely used in nineteenth-century medicine for pain relief, and other conditions previously mentioned, and appeared consistently in the medical remedies of both professional and domestic healers. The oral and written exchange of remedies containing laudanum and other opium derivatives—lateral and generational—contribute to the evolving meaning of the commodity as circumstances and cultural perceptions shift. The biographical analysis of a nineteenth-century bottle of laudanum serves as an opportunity to recoup the marginalized histories of women within the spectrum of opium's broader historiography.

The nineteenth-century domestic medicine chest contained a number of small glass bottles with various herbs, oils, and tinctures. Despite laudanum's revered status, the tincture of opium was packaged and stored no differently (see Figure 4.1). Medicinal glass bottles were manufactured in a variety of shapes and sizes, as indicated in Richard E. Fike's *The Bottle Book: A Comprehensive Guide to Historic, Embossed Medicine Bottles*. Fike examines nineteenth-century vessels that contained a range of medicines, from bitters and cures, to tonics and balms. Significantly, the 1800s was a time when the bottling, advertising, and selling of various medicines was not restricted by government regulations; furthermore, it was uncommon for medical bottles to be embossed with

products or company names.[3] Although the exact characteristics of the bottle(s) of laudanum contained in Creighton Wilkins' medicine chest is unknown, similar examples exists in museum collections, such as the one held at the Wellcome Science Museum in London.

Cultivation

Opium has accumulated historical significance through many evolving contexts—cultivation, consumption, and circulation—all the while resembling an expression of people, experiences, and customs.[4] The pervasiveness of the British Empire and its relentless cultivation of opium not only had implications on its commodification but reveals wide-ranging contexts that contribute to the medicine's cultural significance. For example, the use of laudanum in Creighton Wilkins' herbal remedies demonstrates that affluent British settlers in Nova Scotia had access to opium in tincture form. A chronological exploration of the cultivation, preparation, and trade process provides insight into how colonial domestic healers acquired the potent medicine.

The historical harvesting and processing of poppy juice was not accidental; cultivation was strenuous, and preparation was complicated. Nevertheless, records indicate that the cultivation of poppy juice has not ceased since its discovery in the Stone Age.[5] Paracelsus, a sixteenth-century doctor, explained the effects of laudanum as a "rekindling of the candles of faith and hope in the soul which the ill winds of doubt and

[3] Richard E. Fike, *The Bottle Book: A Comprehensive Guide to Historic, Embossed Medicine Bottles,* (New Jersey: Blackburn Press, 1987).
[4] Henry Glassie, "Studying Material Culture Today," in *Living in a Material World: Canadian and American Approaches to Material Culture,* eds. Gerald L. Pocius, (St. John's NFLD: Institute of Social and Economic Research, 1991): 253.
[5] Thomas Dormandy, *Opium: Reality's Dark Dream*, (New Haven and London: Yale University Press, 2012), 1.

despair had extinguished."[6] Two hundred years later, Thomas De Quincy, an eighteenth-century writer, claimed it to be his "one and only true companion."[7] Opium developments throughout history have had remarkable repercussions; for example, the revival of laudanum in Western Europe gave rise to which the Romantic Age that De Quincy, and a number of other English writers and artists, belonged. Furthermore, the Industrial Revolution supported the development of the relationship between drug and disease.[8] Tuberculosis had a particularly intimate relationship with opium, as it was the only substance that would alleviate the severe suffering caused by the disease's late-stage symptoms. While the sweeping cultural implications of opium continued with the development of derivatives such as morphine and heroine in the following decades, laudanum was particularly influential in Western medicine—both professional and domestic.

The cultivation of the white poppy required a high degree of expertise.[9] Historians have traced poppy cultivation and use to the late Stone Age, followed by the ancient civilizations of the Sumerians and Assyrians to the Persians who recorded using poppy extracts for medicinal purposes. The Valley of the Nile has proven particularly fruitful in providing ancient information about poppy use; for example, two ancient Egyptian scrolls discovered by grave-robbers in the nineteenth century reveal 3000-year-old medical and surgical information. Significantly, the scrolls emphasize a fluidity between "afflictions of the body" and "turbulences the soul" and the use of opium, or poppy juice,

[6] Dormandy, *Opium: Reality's Dark Dream*, 2.
[7] Thomas de Quincy, *Confessions of an English Opium Eater*, Nineteenth Century Collections Online: European Literature, 1790-1840: The Corvey Collection, (London: Taylor and Hessey, 1823).
[8] Dormandy, *Opium: Reality's Dark Dream*, 2.
[9] Dormandy, 8.

was recommended for a variety of ailments pertaining to both.[10] Western opium consumption in the nineteenth century was similarly used to treat both physical and "nervous" symptoms.

When Portuguese explorers ventured east in the sixteenth century, they discovered that poppy cultivation and the associated opium trade were well developed in Eastern markets. When early expeditions returned to Lisbon, opium was among the items brought back with them, along with strong sentiments about the substance:

> "If your highness would believe be, I would order poppies…to be sown in all the fields of Portugal and command afyam [opium] to be made, which is the best merchandise that obtains these places…the people of India are lost without it, if they do not eat it…" wrote Don Affonso de Albuquerque in 1513.[11]

Europeans would have been remiss to overlook such a profitable opportunity, especially with the colonial ideology deeming it theirs to profit from. Poppies are plentiful: over 280 species flourish in the temperate zones of the northern hemisphere. However, *P. somniferum* is the species that produces the most significant amount of opium and is thus most commonly cultivated for opium extraction. In most parts of the world this plant is easy to grow, requiring a warm to temperate climate with little rainfall and plenty of direct sunlight. It was not long before the expansion of the British Empire led to the colonization of lands with an abundance of white poppies; the British quickly recognized the profit potential, as the Portuguese and Dutch did before them, and began to exploit the industry imminently.

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[10] Dormandy, *Opium: Reality's Dark Dream*, 9.; Note that prescribed medical treatment, including poppy juice, was accompanied by prayers, incantations, healing amulets, purifying rites, and lifestyle changes.
[11] David Edward Owen, *British Opium Policy in China and India*, (New Haven and London: Yale University Press, 1968), 2.; As cited from F. C. Danvers' *The Portuguese in India, I.*

Opium was considered a desirable commodity for trade because of its consistent demand in eastern regions such as China.[12] Britain's East India Company established a monopoly on the cultivation of opium in India's Benghal province in the late eighteenth century, where they developed a cheap and abundant production method, and used it to solve the chronic trade imbalance felt between Europe and China at this time. Europeans were keen to acquire highly sought-after Chinese merchandise, such as silks, spices, tea, and porcelain, but China had little interest in European goods in return. Until the seventeenth century, a limited quantity of opium was available in China, which was used primarily for pain and tension relief; however, increased importation on account of British aggression, paired with the introduction of North America's smoking custom, resulted in the rapid growth of Chinese opium addiction. The Qing dynasty was keen to enforce opium restrictions in effort to aid the addiction crisis; however, the India-China opium trade was imperative to the British economy and these attempts at trade restriction had violent repercussions. The Opium Wars (1839-40 and 1856-60) were a consequence of this attempt to restrict opium import into China, both of which China lost to Britain.

The significance of the opium trade was demonstrated at The Great Exhibition of 1851, which was a momentous event that revealed a constructed British national identity, comprised of cultural attitudes, colonial relationships, and imperial power. Jeffrey A. Auerbach questions the projected British identity and investigates the role the Exhibition had in the cultural and economic construction of the British Empire, claiming that it enforced a vision that the world was a planetary system revolving around the "economic

[12] Owen, *British Opium Policy in China and India*, 7.

sun of Britain."[13] Priti Joshi examines India's exhibit and identifies John Forbes Royle as responsible for assembling the display. As per Royle's 1849 *Official Descriptive and Illustrated Catalogue,* opium was among the many materials India was required to display.[14] The official appearance of opium in India's 1851 display indicates Royle's authoritative role in the display creation, and thus Britain's ultimate control. Every material designated for display played a role in the construction of Britain's national identity, and opium's inclusion was undoubtedly a strategic selection. Auerbach suggests that museums, exhibitions, and art collections are "potent mechanisms in the construction and visualization of power relations,"[15] particularly referring to the colonizer and the colonized. Although a number of colonies and countries partook in the exchange of goods and information at the Exhibition, Britain nonetheless controlled the narrative. Questions of authority and agency arise when considering what role the people of India had in contextually framing their country within the Exhibition.[16]

As demonstrated, the economic and political implications of the opium trade were exorbitant. Although the majority of Britain's trade was with China, opium exports to Europe grew exponentially in the nineteenth century as well. Opiate use played an important role in Georgian life, which arose from nineteenth-century social circumstances—such as class tensions and industrialization—resulting in changes to medicine, among other things.[17] Furthermore, it was bought and sold freely like any other

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[13] Jeffrey A. Auerbach, "Introduction," in *Britain, the Empire, and the World at the Great Exhibition of 1851,* eds. Jeffrey A. Auerbach and Peter H. Hoffenberg (Burlington: Ashgate, 2008), xi.
[14] Great Exhibition, *Official Descriptive and Illustrated Catalogue*, (London: Spicer Bros., 1851), 873.
[15] Auerbach, "Introduction," xii.
[16] Priti Joshi, "Miles apart: the India display at the Great Exhibition," *Museum History Journal* 9, no. 2, (2016): 136.
[17] Virginia Berridge, "Victorian Opium Eating: Responses to Opiate Use in Nineteenth-Century England," *Victorian Studies* 21, no. 4 (1978): 439.

commodity in Britain; from urban centres to rural villages, opium derivatives, such as laudanum, were available for purchase in markets, apothecaries, and grocery stores. Despite Britain's longstanding involvement in the India-China opium trade, the majority of opium imported into the country came from Turkey. For example, 12,000 pounds of Turkish opium was imported into Britain in 1834, which grew to 177,000 pounds in 1839.[18]

The trade of opium was conducted like any other commodity: brokers worked with the Turkish Company to negotiate sales, who then approached organizations like Britain's Apothecaries Company to complete the exchange. Mr. Warrington, a director of the Apothecaries Company in the 1850s, explained how the negotiations unfolded:

> We buy the most genuine article that comes to the London Market, irrespective of price, and we test it before buying. The system of buying is this: every Saturday a public list is suspended in the outer part of the counting house, for the whole drug trade, brokers and merchants or importers, of the things we wish to buy the following week….There is a committee of medical gentlemen, which is called the Buying Committee, attended by the principal medical officer and myself. Those samples are all laid out; they are tested, and the best of them selected.[19]

After this wholesale purchasing process, the opium was prepared in a number of different ways by chemists and druggists for sale and resale until consumers could purchase it from local shops. The range of opium preparations sold in shops was vast: opiate electuary, powdered opium, plaster of opium, and extract of opium (to name a few). Nevertheless, tincture of opium—laudanum—remained most common among domestic consumers.[20]

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[18] Berridge, "Victorian Opium Eating," 439.; Cited from Parliamentary Papers, "Annual Statements of Imports and Exports," 1835, XLVIII, 206-207 and 1840, XLIV, 2-3.
[19] Berridge, 439.; Quotation from Parliamentary Papers, "First Report from the Select Committee on the Adulteration of Food, Drink, and Drugs," 1854-55, VIII, 455-490.
[20] Berridge, 440.

Circulation

Historically, the cultivation and preparation of herbal cures was handed down orally, from one generation of women to the next. The compilation of such cures in herbals and recipe books became common among women in the fifteenth century; however, recording the "qualities" and "virtues" of plants is an ancient practice, dating back to ancient Egypt, Samaria, and China.[21] Furthermore, the circulation of recorded plant knowledge is another longstanding tradition. For example, *De Materia Medica* is a compilation of medicinal herbs and their uses written by Greek physician, Dioscorides (100 AD), which largely influenced Western herbal medicine. The herbal was circulated as illustrated manuscripts in Greek, Latin and Arabic throughout the medieval period and widely disseminated throughout the Western world once translated into languages such as Spanish, French, and English in the sixteenth and seventeenth centuries. Significantly, the medical use of the poppy was recorded in Dioscorides' *De Materia Medica* and more recently in Elizabeth Blackwell's *A Curious Herbal* (1737) (see Figure 4.2).[22]

Surviving medieval and early modern remedy collections suggest a remarkable knowledge of flora—both wild and domestic—possessed by those practicing herbal healing. Although most recipe collections remained unpublished, they were a cherished household resource, passed down through generations and considered "valuable knowledge repositories, devised and recorded primarily by women who kept them."[23] Medical recipes were of particular value because they safeguarded the health and

[21] Rawcliffe, *Sources for the History of Medicine*, 97.
[22] Daniel A. Dias, Sylvia Urban, and Ute Roessner, "A Historical Overview of Natural Products in Drug Discovery," *Metabolites* 2, no. 2 (2012): 304.
[23] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700*, (Cambridge, UK: Cambridge University Press, 2018), 153.

wellbeing of the family. The tradition of generational knowledge exchange suggests that Creighton Wilkins may have compiled her recipe collection for her daughters to inherit; recipes were not only a combination of ingredients intended to be repeated in the lifetime of the recipe writer but were also meant to be preserved for the future generation through matrilineal knowledge exchange.[24]

Figure 4.2

Elizabeth Blackwell, "White Poppy," from *A Curious Herbal,* hand-coloured and mixed intaglio, 1737, Minneapolis Institute of Art, https://collections.artsmia.org/art/71247/white-poppy-elizabeth-blackwell.; Blackwell drew, engraved, and coloured the illustrations using specimens from the Chelsea Physic Garden.

The revival of laudanum in England was so exciting to the medical and lay community that any adverse consequences were disguised by its ability to alleviate pain. Thomas Sydenham, who was greatly concerned with the relief of human suffering, eagerly wrote about his laudanum preparation:

> Here I cannot but break out in praise of the great God, the giver of all good things, who hath granted to the human race, as a comfort in their afflictions as medicine of the value of opium…Medicine would be crippled without it; and whosever

[24] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer, 1600-1700*, 153.

> understands it well will do more good with it alone than he could well hope to do with any other single medicine…[25]

When Creighton Wilkins—wife to Judge Wilkins and member of elite society— and her network of domestic healers were buying, exchanging, and prescribing laudanum to their friends and family, they were oblivious to the impact that the drug would have on future generations, and likely even unconscious to the political and economic implications of the drug trade in their own lifetime. Rather, they were utilizing a legal medicinal substance that, quite simply, alleviated pain, whether physical or emotional.

Consumption

When Georgian consumers got their hands on a bottle of laudanum, they likely did not consider the imperial power structures involved in plant cultivation, tincture preparation, and the pervasive harm caused by the lucrative drug trade. Rather, British consumers—predominantly middle- and upper-class—were concerned with mitigating their pain, both physical and emotional. Opium use in the early nineteenth-century was not yet considered a public health concern; the majority of consumers were oblivious to opium's adverse effects, even after Thomas de Quincy's *Confessions of an English Opium Eater* was published in 1821. De Quincy's autobiographical account of opium use was not shocking to readers at the time considering the ready availability, legality, and common use of the drug; however, exposure to the author's addiction, and his simultaneously joyous and painful relationship with opium, proved noteworthy.[26] Although the laudanum referred to in nineteenth-century medical remedies was not as explicitly a symbol of

[25] Dormandy, *Opium: Reality's Dark Dream*, 54.
[26] Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-century England*, (London and New York: A. Lane St. Martin's Press, 1981).

cross-cultural encounters, the commodification of opium was undoubtedly a result of imperial power structures. These power structures allowed for widespread consumption, especially among affluent women in both Europe and the North American colonies.

As demonstrated through Creighton Wikins' medicinal recipes, as well as local physicians' remedies, colonial Maritime settlements were undoubtedly engaged in the domestic use of opium, especially under the guise of medical treatment. When British surgeon Thomas Brugis claimed that the earth provides convenient medicines for human ailments,[27] was he referring to the "convenient" medical properties of the white poppy? Opium and its derivatives had been used for thousands of years by the time Thomas Sydenham resurrected laudanum in the seventeenth century.[28] However, its widescale consumption in the Western world in the eighteenth and nineteenth centuries was amplified by the pervasive power of the British Empire and the subsequent access provided to Europeans and Euro-settlers in North America.

Brugis' approach to social medicine was noteworthy considering the increasing exclusivity of the medical field in the early modern era. The patriarchal doctrine of the separate spheres constructed ideas about gender distinctions and enforced an oppressive social system to match. The belief that there were natural distinctions between the sexes resulted in separate spheres of existence: men had access to the public sphere, while women were relegated to the private. Women's authority was suppressed in male spheres, such as professionalized medicine, from the seventeenth-century onward; however, women retained some domestic agency and were not entirely passive to male

[27] Lyn Bennett, *Rhetoric, Medicine, and the Woman Writer,*152; Thomas Brugis, *The Marrow of Physicke*, Early English Books Online (London: Printed by Richard Hearne, 1640), n. page.
[28] R. Trail, "Sydenham's Impact on English Medicine," *Medical History* 9, no. 4 (1965): 359.

supremacy.[29] As indicated by Creighton Wilkins' recipe book, there were affluent British settler women in Nova Scotia practicing social medicine within their homes and laudanum was one of the well-stocked tinctures in their medical chests.

Although it is not confirmed where exactly Creighton Wilkins purchased her laudanum from, it is certain that the opium trade extended to British North America by the mid-eighteenth century. British chemists and druggists developed impressive export markets overseas, with private entrepreneurs such as Bloombury's William Jones facilitating both wholesale trade throughout Britain, while also exporting drugs to Nova Scotia, Gibraltar, and the West Indies.[30] However, whether the opium derivatives were being prepared in Britain prior to exportation was not specified. According to the *Nova Scotia Medical Bulletin*, nineteenth-century opium was imported into Nova Scotia in the form of brown granular powder, and then prepared, distributed and sold throughout the colony predominantly in tincture form.[31] There were chemists and druggists in Nova Scotia in the nineteenth century who were likely responsible for preparing the opium derivatives for general consumption; for example, James DB Fraser of Pictou and Avery Piper of Bridgetown were two recorded druggists in the mid-nineteenth century.[32] Although druggists like Fraser and Piper were established in Nova Scotia, the sale of

[29] Monica H. Green, *Making Women's Medicine Masculine the Rise of Male Authority in Pre-modern Gynaecology*, (Oxford: Oxford University Press, 2008), 290.
[30] Anna Simmons, "Wholesale Pharmaceutical Manufacturing in London, c. 1760-1840: Sites, Production and Networks," *Compound Histories: Materials, Governance and Production, 1760-1840,* Lissa L. Roberts and Simon Werrett, eds, *(*Koninklijke Brill, 2018): 298.
[31] T. J. Murray, "The Medical References in 'The Mount of Monte Cristo,'" *The Nova Scotia Medical Bulletin* (June 1987): 87.; Simmons, "Wholesale Pharmaceutical Manufacturing in London," 297.
[32] Account Book of JDB Fraser, 1820-30, MG 1, No. 319, Nova Scotia Archives, Halifax, Nova Scotia, Canada.; Daybook of Avery Piper, 1858, MG 3, No. 22, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

laudanum and other opium derivatives were nonetheless freely sold by unqualified merchants at a variety of stores.[33]

Creighton Wilkins' social status is significant because it indicates the ease of access she would have had to imported medicines such as laudanum. Furthermore, she had access to popular medical publications and treatises, such as John Wesley's *Primitive Physic* (1747) and Dr. William Buchan's *Domestic medicine* (1784), the latter of which strategically combined "traditional lay medical lore" with "elite Edinburgh therapeutics" to appeal to domestic healers.[34] This would have especially appealed to affluent social healers like Creighton Wilkins because although she was practicing medicine in the home, she remained interested in professional methods as well. Furthermore, Buchan asserted that opiates were sometimes necessary to alleviate a number of symptoms, such as a violent cough: "For this purpose a little of the syrup of poppies, or five, six or seven drops of laudanum, according to the age of the patient, may be taken in a cup of hyssop or penny-royal tea, and repeated occasionally."[35]

The majority of Creighton Wilkins' dated remedies range from 1816 to 1833, when her family was settled in Windsor, which alludes to the possibility of a local supplier in her region that she would have had access to. Prior to the Wilkins' relocation in Windsor, Creighton Wilkins had a uniquely privileged upbringing in the agricultural community of Lunenburg.[36] The Creighton family's social status in Lunenburg certainly

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[33] Simmons, "Wholesale Pharmaceutical Manufacturing in London," 297.
[34] William Buchan, *Domestic Medicine Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines,* 9th ed, (Dublin: Printed for H. Chamberlaine, J. Williams, R. Moncrieffe, R. Burton, and W. Sleater, 1784)*,* 287.
[35] Buchan, 287.
[36] Kenneth S. Paulsen, "Land, Family and Inheritance in Lunenburg Township, Nova Scotia: 1760-1800," *Intimate Relations: Family and Community in Planter Nova Scotia, 1759-1800*, Margaret Conrad, ed, Planters Studies Series; No. 3, (Fredericton, N.B.: Acadiensis Press, 1995), 110.

influenced her worldview; her education, domestic responsibilities, and role in society were influenced by her father's prominent social status. John Creighton secured a number of prestigious titles throughout his career, including Colonel of Militia, Justice of the Peace, Judge of Probate, and Judge of the Inferior Court.[37] These well-respected roles granted him a number of privileges, such as serving on the commission to lay out and assign Lunenburg Township's 300-acre lots in 1753 and procuring cattle and horses in Grand Pré after the expulsion of the Acadians in 1755.[38] The Creighton family would have benefitted greatly from these acquisitions—they had ample space for primary residences, lucrative farm estates, and more. Moreover, Creighton Wilkins' marriage to a member of the Halifax Establishment—Lewis Morris Wilkins, a lawyer, politician, and militia officer from New York City—further secured her position in elite society.[39] With access to popular medical treatises and local doctors' recommendations, as well as laudanum itself, it is no surprise that domestic healers were employing the tincture in their home remedies.

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[37] "UK, British Army and Navy Birth, Marriage and Death Records, 1730-1960," *Ancestry.com*, (Povo, UT: Ancestry.com Operations, Inc., 2016), https://www.ancestry.ca/family-.tree/person/tree/164841155/person/192145692743/facts.; DesBrisay, *History of the County of Lunenburg*, 107.

[38] J. Murray Beck, "Creighton, John (1721-1807)," *Dictionary of Canadian Biography*, vol. 5, (University of Toronto/Université Laval, 1983), http://www.biographi.ca/en/bio/creighton_john_1721_1807_5E.html.; Bell, *The 'Foreign Protestants' and the Settlement of Nova Scotia*, 427.; "Division Returns List of 1754" and "1762 Registry of Town Lots List," *South Shore Genealogical Society* (proper citation waiting on archival assistant at SSGS).; John Creighton himself benefited from the series of lands grants issued to Lunenburg's first settlers between 1753 and 1784. The town was divided into six divisions and were named after each of the newly appointed militia officers, including Creighton. Each division was comprised of eight blocks and each block contained fourteen town lots measuring sixty by forty feet. Creighton was granted two thirty-acre lots in 1753, two town lots in 1754, two more town lots in 1762, a 300-acre lot in 1763, and a Township Grant of 800 acres in 1784.

[39] Phyllis R Blakeley, "Wilkins, Lewis Morris (d. 1848)," *Dictionary of Canadian Biography,* vol 7, (University of Toronto/Université Laval, 1988), http://www.biographi.ca/en/bio/wilkins_lewis_morris_1848_7E.html.

Nova Scotia remained predominantly rural in the nineteenth century, comprised of newly established agricultural settlements. Thus, access to Halifax and the amenities of an urban centre, knowledge of current professional medical practice and remedies, and time and resources required to keep a well-stocked domestic medicine chest remained a privilege. For example, William O'Brien, a merchant in Windsor in the mid-nineteenth century, serviced residents with dry goods, but he did not record the sale of laudanum or any opium derivative.[40] Furthermore, there is record of Creighton Wilkins' husband, "L.M. Wilkins," purchasing goods such as flour, corn meal, and castor oil from O'Brien, with no clear indication of any laudanum purchases.[41] Although there is no explicit record of a druggist in Windsor selling opium derivatives to Creighton Wilkins, both her family's primary residence and farm property neighboured Dr. Cochran and Dr. Porter, respectively.[42] If laudanum was not available through Windsor druggists and merchants specifically, her economic status and accompanying relationships ensured her access to goods from Halifax and elsewhere in Nova Scotia—if she wanted the tincture, few obstacles would have prevented her from getting it.

In 1868 the Poisons and Pharmacy Act was established in the United Kingdom to limit the sale of poisons and drugs to qualified pharmacists and druggists. Opium, and all of its preparations, were considered a dangerous drug and access to it became restricted under this Act with sizeable social and economic repercussions that reshaped cultural perceptions. Berridge and Edwards argue that the problem of opium was the result of "a

[40] Merchant Account Book of William O'Brien, 1842-7, MG 3, No. 337, 338, Nova Scotia Archives, Halifax, Nova Scotia, Canada.
[41] Merchant Account Book of William O'Brien, Nova Scotia Archives.
[42] Plan of the Township of Windsor, c. 1820, West Hants Historical Society.

class basis of Victorian society."[43] Effectively, the Act created a "professional elite" that still granted middle- and upper-class individuals with access to medicines such as laudanum; however, all other users were deemed "deviant" and thus giving rise to the illicit opium market and its associated criminality.[44]

Opium addiction was typically presented as urban, working-class, male behaviour while women's use was somewhat concealed in the private sphere. Nevertheless, the typical opiate addicts were middle- and upper-class women.[45] Beliefs about appropriate gender roles and separate spheres lend themselves to the discussion of domestic opium use and abuse. Cultural historian Anne Douglas Wood has argued that female addiction sprouted from the oppressive expectations of Victorian womanhood: be the perfect wife, create a perfect home, and live in a constant state of self-sacrifice.[46] Furthermore, these expectations were paired with the imposed social construction of women as frail, delicate, and sickly. Thus, ill health among nineteenth-century women came into fashion, presented in Creighton Wilkins' remedy collection, physicians' notes, and publications, indicating surrounding cultural attitudes.[47] As such, women exploited their supposed ill health as an escape from the "pressing demands of the bedroom and kitchen."[48]

Women were commonly prescribed laudanum for general aches and discomfort, menstrual cramps, and fashionable female disorders ranging from hysteria and depression

[43] Berridge Edwards, *Opium and the People,* xxviii.
[44] Edwards, xxviii.
[45] David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America*, (Cambridge and London: Harvard University Press, 2001), 1.
[46] Lesley Delaney, "Little Women, Good Wives: Victorian Constructions of Womanhood in the "Girl's Own Annual 1927," *Children's Literature in Education* 34, no. 1 (2003): 36.
[47] Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America," *The Journal of Interdisciplinary History* 4, no. 1 (1973): 25.
[48] Wood, 27.

to fainting fits and "diseases of a nervous character."[49] As mentioned in Chapter 3, Creighton Wilkins' collection included remedies for nervous disorders, such as: "A Nervous Mixture" for irritability and periodical headaches and a remedy for a "Nirvous Cough."[50] Curiously, these remedies did not include opium, and rather called for botanicals such as spirit of lavender and "essential salt of bark" (to name a few).[51] Nevertheless, similar remedies were prescribed by local physicians at this time, indicating that the legitimacy of these nervous disorders extended beyond domestic medicine and into the professional sphere. According to Dr. Frederick Heman Hubbard's *The Opium Habit and Alcoholism* (1881), women comprised over 60 percent of opium addicts in the late nineteenth century, claiming that "Uterine and ovarian complications cause more ladies to fall into the habit, than all other diseases combined."[52] It is clear that women were prescribed laudanum to treat both physical and emotional discomfort; regardless of the initial ailment that incited use; the addictive properties were potent, nonetheless.

Although there is no official indication that Creighton Wilkins used or abused laudanum herself, statistics suggest that women in her social network likely overused the medicine. Early modern recipe culture reveals a dynamic social web of female domestic healers; for example, there were a number of instances in Creighton Wilkins' notebook when she attributed remedies in her collection to women such as Mrs. Clark, Mrs. Balchen, Mrs. Phillips, and Mrs. Kirkman.[53] The mention of these names illuminates an

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[49] Ellen Castelow, "Opium in Victorian Britain," *Historic UK*, Accessed December 5, https://www.historic-uk.com/HistoryUK/HistoryofBritain/Opium-in-Victorian-Britain/
[50] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.
[51] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.
[52] Dr. Frederick Heman Hubbard, *The Opium Habit and Alcoholism, (*New York: A.S. Barnes and Co.,1881): 17.
[53] *Manuscript Notebook of Sarah Creighton Wilkins*, Nova Scotia Archives

extensive network of women participating in the exchange of medicinal knowledge. If Creighton Wilkins was including opium derivatives in her remedies, the women in her network were likely doing the same. Significantly, all of the remedies in her collection that call for laudanum are to treat physical ailments, such as bruises, pains, strains, aches, and "Sudden Violent Spasmodic Colic" in infants.[54] Furthermore, for most of the ailments she instructed the patient to merely rub the ointment mixture on the affected body part, rather than ingest it.

This topical use of opium is similarly reflected in Dr. William James Almon's early nineteenth-century practice in Halifax; however, according to his personal notebook, he commonly prescribed the ingestion of the opium tincture for ailments such as lockjaw, spasmodic asthma, and "delirium."[55] Creighton Wilkins and Dr. Almon appear to engage with laudanum differently: the former predominantly used it as a topical ointment, while the latter encouraged ingestion. The multitude of fashionable female disorders in the nineteenth century suggest that Creighton Wilkins would have received a physician's prescription to ingest opium to treat delirium, hysteria, menstrual cramps, or another symptom of female frailty; yet something prevented her from recording those remedies in her notebook. Although the inclusion of laudanum in early modern recipes only tells a portion of the story, it nonetheless reveals significant cultural attitudes and social expectations.

[54] *Manuscript Notebook of Sarah Creighton Wilkins,* Nova Scotia Archives.
[55] *Manuscript Notebook of Dr. William James Almon,* MG 1 / Microfilm Reel 10,045, Almon Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Conclusion

The biographical analysis of laudanum provides a glimpse into the social circumstances and popular perceptions pertaining to opium use and abuse in the nineteenth century. The cultivation of opium, circulation of domestic remedies containing laudanum, and wide consumption of opium in tincture form, suggests how and why affluent British settler women were integrating the ingredient in their home remedies. Professional- and self-diagnoses of female nervous disorders, and ensuing prescriptions containing opium derivatives, highlights the continuing role of women. Creighton Wilkins's use of opium tincture in her remedy collection is to be expected, especially considering the lack of regulations and ease of access in her lifetime. Although opium has historically cured very little, it has nonetheless relieved plenty of human suffering—physical, emotional, spiritual—making overuse no surprise.

CHAPTER 5
CONCLUSION

The last remedy in Creighton Wilkins' notebook is a "Good recipe for a Cough"—one of ten remedies in her collection that treated a cough. While some are minor variations of this final recipe, others deviate greatly.[1] The remedies contained in the *Manuscript Notebook of Sarah Creighton Wilkins* demonstrate an exchange of information, medical knowledge, and recipes and offer a glimpse into the region's cultural, social, and economic circumstances. The herbal remedies in Creighton Wilkins' collection suggests that female healers were engaged in the dynamic exchange of goods and information at both local and global levels; from matrilineal teachings to counsel from professional physicians, neighbouring networks, and cross-Atlantic knowledge transfer. Furthermore, early modern settler gender ideologies, the household economy, class implications, and the expectations of womanhood are revealed through Nova Scotian health and settlement history, women's domestic medicine practices, and global trade and the use of laudanum.

The history of medicine in Nova Scotia has previously concentrated on male practitioners; however, recipe book culture reveals that female healers were active in the domestic sphere. The new settlement of Nova Scotia was controlled by Crown governance and heavily influenced by British customs, which extended into the division of medical roles. However, the robust societies that ensured the division of responsibilities and administered qualifications among surgeons, physicians, and apothecaries were based in England and medical practitioners in newly settled Nova

[1] *Manuscript Notebook of Sarah Creighton Wilkins*, MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Public Archives, Halifax, Nova Scotia.

Scotia had to develop their own systems. Nevertheless, there was a pervasive hierarchical structure of "regular" (licensed and educated) and "irregular" (informally trained or untrained) practitioners in both early modern England and its colonies. Eighteenth-century medicine was pluralist, competitive, and political; however, the medical marketplace was even more fluid in new settlements, such as Nova Scotia—the population needed medical care and had less opportunity to be selective about the type of practitioner. This was an even greater reality in the latter half of the eighteenth-century when the military and navy were particularly active in Halifax and Nova Scotia due to tension caused by colonial expansion. As political and military circumstances evolved in Nova Scotia leading up to the nineteenth century, so too did social expectations. The state played an integral role in medical care, the physical conditions endured by the patients, and the structure of the medical community at large. Furthermore, as colonial expenditures increased as a result of a growing settlement, both the Crown and England's Board of Trade and Plantations were keen to reduce costs. Although healthcare was promised to early settlers as incentive to immigrate to Nova Scotia, it was not long before a more private medical market was implemented.

Although the hierarchy of care providers has historically valued male practitioners, midwives and female domestic healers were crucial to the health and wellness of both family and community. Earning potential for these "irregular" practitioners was far below that of their licensed counterparts; however, midwives worked tirelessly to ensure safe births and population growth. Domestic healers, although unpaid and commonly undocumented, provided the majority of healthcare within the home—especially in rural communities that did not have access to a physician, or families who could not afford a

private visit. Unpublished remedy collections, such as Creighton Wilkins', demonstrates both medical expertise and ingenuity, revealing a suppressive hierarchy that excluded highly capable women from the medical marketplace.

Early modern Maritime recipe culture contains feminist and colonial histories that contributed to the evolution of western medicine and highlights the intersection of gender and economics. The implications of gender in a medical context are a result of patriarchal ideology and were enforced by the effects of early colonial settlement. Despite women's longstanding historical role as "healer," the notion of separate spheres prevented women from medical professionalization. Women were relegated to roles within the home, ensuring a level of invisibility. In order for society to reinforce these roles and rationalize why women were not suitable for positions they previously thrived in—such as midwifery—the construct of female frailty was established and disseminated widely. Women were deemed too delicate to study medicine professionally; however, they were expected to have a stocked herb garden and medicine chest for treatment within the home. This expectation of women to sustain the health of their families allowed for recipe books to proliferate, with medical remedies concocted and compiled to treat common and curious ailments. The ailments they treated, as well as the remedies devised to alleviate corresponding symptoms, offers insight into the lives of middle-upper class womanhood in Nova Scotia.

Creighton Wilkins' remedy collection reveals a network of female healers and suggests an interconnectedness among early settler women. Different women were credited as the author of various recipes in the collection, including Mrs. Kirkman, Mrs. Clark, and Mrs. Belcher. Women were responsible for the household economy and

actively involved in community life, making the exchange of herbal remedies amongst them no surprise. Although the majority of remedies treated common ailments, such as a cough or a sore throat, some reflected fashionable illnesses of the time and their respective treatments. Ill health among nineteenth-century women in Britain and the Americas came into fashion as a result of the social construction of women frail, delicate, and sick; when women expressed pain, discontent, or even melancholy, they received a diagnosis (either self or "professional") affirming their biologically weak nervous system. For example, nerve tonics were devised to treat weak nervous systems, which was a disorder commonly associated with ill women. Remedies in Creighton Wilkins' collection demonstrate the perceived necessity for nervous cures, therefore suggesting the internalized social construct of female weakness among Nova Scotian settler women.

Social circumstances and popular perceptions extend from fashionable illnesses to their respective treatment. Opium and its derivatives, such as laudanum, was a common component of remedies prescribed to treat nervous disorders and female hysteria, contributing to use and abuse in the nineteenth century. The cultivation of opium, circulation of domestic remedies containing laudanum, and wide consumption of opium in tincture form suggests how and why upper-middle class settler women were integrating the ingredient in their home remedies. Britain's cultivation, production, and trade of opium had enormous economic and political implications, which contributed to global consumption trends; use extended beyond domestic medicine and into the professional medical sphere. Women were commonly prescribed laudanum by physicians for general aches and discomfort, menstrual cramps, and fashionable female disorders. Professional- and self-diagnoses of female disorders and corresponding treatment with

opium derivatives highlights the considerable role of women. When Creighton Wilkins and her network of domestic healers were buying, exchanging, and prescribing laudanum to their friends and family, they were ignorant of the negative impact that the drug could have, and likely unconscious to the political and economic implications of the drug trade. The use of laudanum reveals significant cultural attitudes, social expectations, and global trade industries that contributed to Nova Scotia's evolving medical marketplace: it is due to the pervasiveness of the British Empire that middle-upper class women in Nova Scotia were able to incorporate opium derivatives into their home remedies in the first place.

When the histories of European herbal medicine, Nova Scotian settlement, and Euro-settler gender expectations are weaved together, a dynamic web of women healers is revealed. Although colonial and patriarchal structures prevented women from receiving the education required to compete fairly in the medical marketplace alongside licensed practitioners, they managed to develop impressive home-based practices, nonetheless. Recipe books and remedy collections reveal these domestic practices that would otherwise be invisible: the illnesses addressed, ingredients used, and authors credited demonstrate a local and global exchange of goods, knowledge, and cultural attitudes that shaped settler female identity.

Bibliography

Primary Sources

Bottle of opium tincture or laudanum. Ca. 19th Century. Wellcome Images, Science Museum, London. https://www.bl.uk/collection-items/bottle-of-opium-tincture-or-laudanum.

Buchan, William. *Domestic Medicine Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines.* 9th ed. Dublin: Printed for H. Chamberlaine, J. Williams, R. Moncrieffe, R. Burton, and W. Sleater, 1784.

De Quincy, Thomas. *Confessions of an English Opium Eater*. Nineteenth Century Collections Online: European Literature, 1790-1840: The Corvey Collection. London: Taylor and Hessey, 1823.

Early Modern Maritime Recipes. Accessed November 2019. https://emmr.lib.unb.ca.

Account Book of JDB Fraser. 1820-30. MG 1, No. 319, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Great Exhibition. *Official Descriptive and Illustrated Catalogue*. London: Spicer Bros., 1851.

"Martha Ballard's Diary Online*." DoHistory*. Accessed October 23, 2019. http://dohistory.org.

Merchant Account Book of William O'Brien. MG 3, No. 337, 338, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Original Correspondence, Secretary of State. CO 217, Nova Scotia Public Archives, Halifax, Nova Scotia, Canada.

Daybook of Avery Piper. MG 3, No. 22, Nova Scotia Public Archives, Halifax, Nova Scotia, Canada.

Plan of the Township of Windsor. Ca. 1820. West Hants Historical Society, Windsor, Nova Scotia, Canada.

Public Records of Nova Scotia. RG 1, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Supreme Court. RG 39, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

The London Gazette, March 28, 1749. Accessed June 2020. https://www.thegazette.co.uk/London/issue/8836/page/3.

Manuscript Notebook of Dr. William James Almon. MG 1 / Microfilm Reel 10,045, Almon Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Manuscript Notebook of Sarah Creighton Wilkins. MG 1 No. 1 / Microfilm Reel 10,618, MacDonald Family Fonds, Nova Scotia Archives, Halifax, Nova Scotia, Canada.

Windsor Area Families. 9H. 21. C. West Hants Historical Society, Windsor, Nova Scotia.

Secondary Sources

Andrew, Thomas M.D. *A Cyclopedia of Domestic Medicine and Surgery*. Glasgow: Blackie and Son, 1842.

Archer, Jayne Elisabeth. "Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c. 1616) of Sarah Wigges." *Gender and Scientific Discourse in Early Modern Culture*. Edited by Kathleen P. Long. Surrey: Ashgate Publishing, 2010.

Arvin, Maile, Eve Tuck, and Angie Morrill. "Decolonizing Feminism: Challenging Connections between Settler Colonialism and Heteropatriarchy." *Feminist Formations* 25, no. 1 (2013).

Auerbach, Jeffrey A. "Introduction." In *Britain, the Empire, and the World at the Great Exhibition of 1851.* Edited by Jeffrey A. Auerbach and Peter H. Hoffenberg. Burlington: Ashgate, 2008.

Bannister, Jerry. "Atlantic Canada in an Atlantic World? Northeastern North America in the Long 18th Century." *Acadiensis* XLIII, no. 2 (2014).

Bannister, Jerry. "Surgeons and Criminal Justice in Eighteenth-Century Newfoundland." Dalhousie University, 2005.

Bannister, Jerry and Liam Riordan, eds. *The Loyal Atlantic: Remaking the British Atlantic in the Revolutionary Era*. Toronto: University of Toronto Press, 2012.

Barry, Jonathan. "John Houghton and Medical Practice in London c. 1700." *Bulletin of the History of Medicin*e 92, no. 4 (Winter 2018): 575-603.

Bartlett Brebner, John. *The Neutral Yankees of Nova Scotia*. Toronto: McClelland and Stewart, 1969.

Basye, Arthur Herbert. *The Lords Commissioners of Trade and Plantations, Commonly Known as the Board of Trade, 1748-1782*. Connecticut: Yale University Press, 1925.

Beck, J. Murray. “Creighton, John (1721-1807).” *Dictionary of Canadian Biography,* vol 5. University of Toronto/Université Laval, 1983. http://www.biographi.ca/en/bio/creighton_john_1721_1807_5E.html.

Bell, Winthrop P. *The "Foreign Protestants" and the Settlement of Nova Scotia: The History of a Piece of Arrested British Colonial Policy in the Eighteenth Century*. Fredericton, N.B.: Acadiensis Press, 1990.

Bennett, Lyn. *Rhetoric, Medicine, and the Woman Writer, 1600-1700*. Cambridge: Cambridge U Press, 2008.

Berridge, Virginia, and Griffith Edwards. *Opium and the People: Opiate Use in Nineteenth-century England*. London and New York: A. Lane St. Martin's Press, 1981.

Berridge, Virginia. "Victorian Opium Eating: Responses to Opiate Use in Nineteenth-Century England." *Victorian Studies* 21, no. 4 (1978): 437-61.

Blakeley, Phyllis R. “Hughes, Sir Richard.” *Dictionary of Canadian Biography*, vol. 5. University of Toronto/Université Laval, 2003. http://www.biographi.ca/en/bio/hughes_richard_5E.html.

Blakeley, Phyllis R. “Wilkins, Lewis Morris (d. 1848).” *Dictionary of Canadian Biography,* vol 7. University of Toronto/Université Laval, 1988. http://www.biographi.ca/en/bio/wilkins_lewis_morris_1848_7E.html.

Booth, Christopher. “Physician, Apothecary, or Surgeon? The Medieval Roots of Professional Boundaries in Later Medical Practice.” *Midlands Historical Review*, no. 2 (2018).

Brown, Kathleen. "'Changed in to the Fashion of a Man': The Politics of Sexual Difference in a Seventeenth-Century Anglo-American Settlement." *Journal of the History of Sexuality* 6, no. 2 (1995): 171-193.

Brown, Kathleen. *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia*. Williamsburg, VA: University of North Carolina Press, 1996.

Brugis, Thomas. *The Marrow of Physicke*. Early English Books Online. London: Printed by Richard Hearne, 1640.

Buchan, William. *Domestic Medicine Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines.* 9th ed. Dublin: Printed for H. Chamberlaine, J. Williams, R. Moncrieffe, R. Burton, and W. Sleater, 1784.

Burton, Emily. “The Alcohol Paradox: Consumption, Regulation, and Public Houses in Three Maritime Colonies of Northeastern British America, 1749-1830.” PhD diss. Dalhousie University, 2015.

Bynum, William. “Health, Disease and Medical Care.” In *The Ferment of Knowledge: Studies in the Historiography of Eighteenth-Century Science*, edited by George Sebastian Rousseau and Roy Porter, 211-54. Cambridge: Cambridge University Press, 1980.

Bynum, William. *History of Medicine: A Very Short Introduction*. Oxford; New York: Oxford University Press, 2008.

Castelow, Ellen. “Opium in Victorian Britain.” *Historic UK*. Accessed December 5. https://www.historic-uk.com/HistoryUK/HistoryofBritain/Opium-in-Victorian-Britain/.

Chesler, Phyllis. *Women and Madness*. 2nd ed. New York: For Walls Eight Windows, 1997.

Cook, Harold J. "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians." *Journal of British Studies* 33, no. 1 (1994): 1-31.

Conrad, Margaret. *At the Ocean’s Edge: A History of Nova Scotia to Confederation*. Toronto: University of Toronto Press, 2020.

Conrad, Margaret, ed. *Intimate Relations: Family and Community in Planter Nova Scotia, 1759-1800*. Planters Studies Series; No. 3. Fredericton, N.B.: Acadiensis Press, 1995.

Cott, N. F. *The Bonds of Womanhood: ‘Woman’s Sphere’ in New England, 1780–1835*. New Haven: Yale University Press, 1977.

Courtwright, David T. Dark Paradise: *A History of Opiate Addiction in America*. Cambridge and London: Harvard University Press, 2001.

Davidoff, Leonore and Catherine Hall. *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*. Chicago: University of Chicago Press, 1987.

Delaney, Lesley. "Little Women, Good Wives: Victorian Constructions of Womanhood in the "Girl's Own Annual 1927." *Children's Literature in Education* 34, no. 1 (2003): 29-45.

DesBrisay, Mather B. *History of the County of Lunenburg*. 2nd ed. Toronto: W. Briggs, 1895.

Dias, Daniel A., Sylvia Urban, and Ute Roessner. "A Historical Overview of Natural Products in Drug Discovery." *Metabolites* 2, no. 2 (2012): 303-36.

DiMeo, Michelle, Sara Pennell, and Francisco A. Almeida. *Reading and Writing Recipe Books, 1550-1800.* Manchester: Manchester University Press, 2013.

Dormancy, Thomas. *Opium: Reality's Dark Dream*. New Haven and London: Yale University Press, 2012.

Dunsmore, Kate. "On the Edge of the American Revolution: The *Nova Scotia Gazette* in 1775." *American Journalism* 37, no. 4 (2020): 522-545.

Durzan, Don J. "Arginine, Scurvy and Cartier's 'Tree of Life.'" *Journal of Ethnobiology and Ethnomedicine 5*, no. 5 (2009).

Ehrenreich, Barbara, and Deirdre English. *Witches, Midwives and Nurses: A History of Women Healers* (Second Edition). New York City: Feminist Press, 2010.

Everett Marble, Allan. *Surgeons, Smallpox, and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749-1799*. Montreal: McGill-Queen's University Press, 1993.

Fike, Richard E. *The Bottle Book: A Comprehensive Guide to Historic, Embossed Medicine Bottles.* New Jersey: Blackburn Press, 1987.

Fissell, M. E. "Introduction: Women, Health, and Healing in Early Modern Europe. *Bulletin of the History of Medicine 82*, no. 1 (2008).

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Translated by A.M. Sheridan. London and New York: Routledge, 1989.

Francia, Susan, and Anne Stobart, eds. *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*. London: Bloomsbury, 2014.

"From Nerves to Neuroses." *Science Museum*. Science Museum Group, 2019. Accessed July 2020. https://www.sciencemuseum.org.uk/objects-and-stories/medicine/nerves-neuroses.

Geniusz, Mary Siisip. *Plants Have So Much To Teach Us, All We Have To Do Is Ask: Anishinaabe Botanical Teachings.* Minneapolis: University of Minnesota Press, 2015.

Gevitz, Norman, ed. *Other Healers: Unorthodox Medicine in America*. Baltimore: Johns Hopkins University Press, 1988.

Glassie, Henry. *Material Culture*. Bloomington: Indiana University Press, 1999.

Glotzer, Richard. "Archival Theory and the Shaping of Educational History: Utilizing New Sources and Reinterpreting Traditional Ones." *American Educational History Journal* 40, no. 1-2 (2013): 297-316.

Green, Monica H. *Making Women's Medicine Masculine the Rise of Male Authority in Pre-modern Gynaecology*. Oxford: Oxford University Press, 2008.

Greenhill, Pauline and Diane Tye. "Introduction." *Undisciplined Women: Tradition and Culture in Canada*. Montreal & Kingston: McGill-Queen's University Press, 1997.

Guildford, Janet Vey, and Suzanne Morton, eds. *Separate Spheres: Women's Worlds in the 19th Century Maritimes*. Fredericton, N.B.: Acadiensis Press, 1994.

Gwyn, Julian. *Excessive Expectation: Maritime Commerce and the Economic Development of Nova Scotia*. Montreal: McGill-Queen's University Press, 1998.

Hamilton, Sylvia. "Naming Names, Naming Ourselves: A Survey of Early Black Women in Nova Scotia." In *We're Rooted Here and They Can't Pull Us up: Essays in African Canadian Women's History,* edited by Peggy Bristow, 13-40. Toronto: University of Toronto Press, Scholarly Publishing Division, 1994.

Henderson, T. Stephen., and W. G. Robicheau, eds. *The Nova Scotia Planters in the Atlantic World, 1759-1830.* Planters Studies Series; No. 5. Fredericton: Acadiensis Press, 1995.

Hubbard, Dr. Frederick Heman. *The Opium Habit and Alcoholism.* New York: A.S. Barnes and Co.,1881.

Humphreys, Keith. "Thomas De Quincey, Confessions of an English Opium Eater." *Addiction* 99, no. 9 (2004): 1221-222.

James, R.M. "*The effect on family life during the late Georgian period of indisposition, medication, treatments and the resultant outcomes."* PhD diss. Oxford Brookes University, 2010.

Joshi, Priti. "Miles Apart: The India display at the Great Exhibition." *Museum History Journal* 9, no. 2, (2016): 136-152.

Keough, Willeen. "The Riddle of Peggy Mountain: Regulation of Irish Women's Sexuality on the Southern Avalon, 1750-1860." Acadiensis, 31, no. 2 (2002): 38-70.

Kerber, Linda K. "Separate Spheres, Female Worlds, Woman's Place: The Rhetoric of Women's History." *The Journal of American History* 75, no. 1 (1988): 9-39.

Kopytoff, Igor. “The Cultural Biography of Things.” In *The Social Life of Things.* Cambridge: Cambridge University Press, 1986

Knowles, J. H. *Hospitals, Doctors, and the Public Interest*. Cambridge: Harvard University Press, 1965.

Lacey, Laurie. *Mi’kmaq Medicines: Remedies and Recollections.* 2nd ed. Halifax: Nimbus Publishing, 2012.

Lamphier, Peg A. and Rosanne Welch, eds. *Women in American History: A Social, Political, and Cultural Encyclopedia and Document Collection*. Santa Barbara, CA: ABC-CLIO, 2017.

Lane, Joan. *A Social History of Medicine: Health, healing and disease in England, 1750-1950.* London: Routledge, 2001.

Lefanu, William R. “The Lost Half-Century in English Medicine, 1700-1750.” *Bulletin of the History of Medicine* 46, no. 4 (1972): 319-48.

Lennox, Jeffers. “An Empire on Paper: The Founding of Halifax and Conceptions of Imperial Space, 1744–55.” *The Canadian Historical Review* 88, no. 3 (2007): 373-412.

Lepore, Jill. “Historians Who Love Too Much: Reflections on Microhistory and Biography.” *The Journal of American History* 88, no. 1 (June 2001): 129-144.

Lovell, Julia. *The Opium War: Drugs, Dreams and the Making of China* (London: Picador, 2011).

Lowman, Emma Battell, and Adam J. Barker. *Settler: Identity and Colonialism in 21st Century Canada.* Halifax & Winnipeg: Fernwood Publishing, 2015.

MacMechan, Archibald. “The Sack of Lunenburg.” In *Sagas of the Sea*. New York: Dutton; London: Dent, 1923.

Marble, Allan Everett. *Surgeons, Smallpox, and the Poor: A History of Medicine and Social Conditions in Nova Scotia, 1749-1799.* Montreal & Kingston: McGill-Queen’s University Press, 1993.

McKeown, Thomas. “A Sociological Approach to the History of Medicine.” *Medical History* 14, no. 4 (1970): 342-51.

McVean, Ada. “The History of Hysteria.” *McGill Office for Science and Society*. McGill University, 2017. Accessed July 2020. https://www.mcgill.ca/oss/article/history-quackery/history-hysteria.

Murray, T. J. “The Medical References in ‘The Mount of Monte Cristo.’” *The Nova Scotia Medical Bulletin* (June 1987): 85-92.

O'Day, Rosemary. *The Professions in Early Modern England, 1450-1800: Servants of the Commonweal*. London: Longman, 2000.

Owen, David Edward. *British Opium Policy in China and India*. New Haven and London: Yale University Press, 1968.

Palmeter, Pamela. “My Tribe, My Heirs and Their Heirs Forever: Living Mi’kmaw Treaties.” Edited by Marie Battiste. *Living Treaties: Narrating Mi’kmaw Treaty Relations.* Nova Scotia: Cape Breton U Press, 2016.

Parapia, Liakat Ali. "History of Bloodletting by Phlebotomy." *British Journal of Haematology* 143, no. 4 (2008): 490-95.

Paul, Daniel N. *We Were Not the Savages: A Mi’kmaq Perspective on the Collision between European and Native American Civilizations*. Fernwood, 2000.

“Peace and Friendship Treaties at the Nova Scotia Archives.” *Nova Scotia Archives.* Accessed December 2019. https://novascotia.ca/archives/mikmaq/results.asp?Search=AR5&SearchList1=all&TABLE2=on

Phillips, Ruth B. and Christopher B. Steiner. “Art, Authenticity, and the Baggage of Cultural Encounter.” In *Unpacking Culture: Art and Commodity in Colonial and Postcolonial Worlds.* Berkeley: University of California Press, 1999.

Pickles, Katie and Myra Rutherdale. *Contact Zones: Aboriginal and Settler Women in Canada’s Colonial Past*. Vancouver: UBC Press, 2005.

Pope, Peter Edward. *Fish into Wine: The Newfoundland Plantation in the Seventeenth Century*. Williamsburg, Virginia: University of North Carolina Press, 2004.

Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity*. New York and London: W.W. Norton & Company, 1999.

Porter, Roy. “Before the Fringe: ‘Quakery’ and the Eighteenth-Century Medical Market.” In *Studies in the History of Alternative Medicine,* edited by R. Cooter, 1-27. St. Anthony’s/Macmillan Series. London: Palgrave Macmillan, 1988.

Porter, Roy. “Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman’s Magazine.” *Medical History* 29 (1985).

Rawcliffe, Carole. *Sources for the History of Medicine in Late Medieval England*. Documents of Practice Series. Kalamazoo: Medieval Institute Publications, Western Michigan University, 1995.

Reid, John. *Nova Scotia: A Pocket History*. Halifax and Winnipeg: Fernwood Publishing, 2009.

Rothstein, William G. "The Botanical Movements and Orthodox Medicine." *Other Healers: Unorthodox Medicine in America*. Baltimore: Johns Hopkins University Press, 1988.

Samson, Daniel. *The Spirit of Industry and Improvement: Liberal Government and Rural-Industrial Society, Nova Scotia, 1790–1862*. Montreal, Canada: McGill-Queen's University Press, 2008.

Schwartz, Joan, and Terry Cook. "Archives, Records, and Power: The Making of Modern Memory." *Archival Science* 2, no. 1 (2002): 1-19.

Shafer, Henry Burnell. *The American Medical Profession, 1783-1850*. Ed. Studies in History, Economics, and Public Law; No. 417. New York: AMS Press, 1968.

Showalter, Elaine. *The Female Malady: Women, Madness and English Culture, 1830-1980.* London: Penguin Books, 1985.

"Sick Relief, Methods of." *Macmillan's Magazine* 39, (Nov 01, 1878).

Simmons, Anna. "Trade, Knowledge and Networks: The Activities of the Society of Apothecaries and Its Members in London, C.1670–c.1800." *The British Journal for the History of Science* 52, no. 2 (2019): 273-96.

Smith, Kate. "Imperial Families: women writing home in Georgian Britain." *Women's History Review* 24, no. 6 (2015).

Spencer-Wood, Suzanne M. "Feminist Theorizing of Patriarchal Colonialism, Power Dynamics, and Social Agency Materialized in Colonial Institutions." *International Journal of Historical Archaeology* 20, no. 3 (2016): 477-91.

Stander, S. "Transatlantic Trade in Pharmaceuticals during the Industrial Revolution." *Bulletin of the History of Medicine* 43, no. 4 (1969): 326.

Steinbach, Susie. "Can We Still Use 'Separate Spheres'? British History 25 Years *After Family Fortunes.*" *History Compass* 10, no. 11 (2012): 826-37.

Stobart, Anne and Susan Francia, eds. *Critical Approaches to the History of Western Herbal Medicine.* London: Bloomsbury, 2014.

Tannenbaum, Rebecca Jo. *Health and Wellness in Colonial America.* Santa Barbara: Greenwood, 2012.

Thomas, Keith. *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfeld and Nicholson, 1971).

Trail, R. "Sydenham's Impact on English Medicine." *Medical History* 9, no. 4 (1965): 356-364.

Tyte, Kate. “Discovering The Company of Surgeons.” *The Bulletin of the Royal College of Surgeons of England* 93, no. 6 (2011): 208-209.

Ulrich, Laurel Thatcher. *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812.* New York: Random House, 1990.

Ulrich, Laurel Thatcher, Ivan Gaskell, and Sara Schechner. *Tangible Thing: Making History through Objects*. New York, NY: Oxford University Press, 2015.

Vickery, Amanda. *Behind Closed Doors: At Home in Georgian England.* New Haven: Yale University Press, 2009.

Waldon, John M.D. “Dr. Waldon, on Scarlatina.” *The Medical and Physical Journal* 16 (June to December 1806).

Wolfe, Patrick. *Settler Colonialism and the Transformation of Anthropology*. London: Cassell, 1999.

Wood, Ann Douglas. "‘The Fashionable Diseases’: Women's Complaints and Their Treatment in Nineteenth-Century America." *The Journal of Interdisciplinary History* 4, no. 1 (1973).

Woods, Robert. “Dr. Smellie’s Prescriptions for Pregnant Women.” *Medical History* 52, no. 2 (2008).

Young, Iris Marion. *Intersecting Voices: dilemmas of gender, political philosophy and policy*. Princeton, NJ: Princeton University Press, 1997.