"SHE KNEW ALL THE OLD REMEDIES": MEDICAL CAREGIVING AND NEIGHBORHOOD WOMEN OF THE ANTHRACITE COAL REGION OF PENNSYLVANIA

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The anthracite coal region of central and northeastern Pennsylvania was a dynamic blend of ethnicities and religions in the first half of the twentieth century.[1] The variety of available medical care options mirrored the diversity of immigrant groups as well as the different classes of native-born Americans who called the coal patches and towns home. Neighborhood women—medical caregivers who offered aid to family members and neighbors—were one important source of health care. Drawing on oral interviews and written primary sources, this study of medical caregiving in twentieth-century Mount Carmel, Pennsylvania, shows that economic and social circumstances, religious inspiration, and familiarity with folk medical systems motivated neighborhood women to provide essential services to the men, women, and children of the anthracite coal region. The factors that encouraged neighborhood women to render care not only reflected local concerns in a twentieth-century Pennsylvania coal town, but also mirrored larger national issues like ethnicity, immigration, religion, and medicine.

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Understanding the history of neighborhood women in twentieth-century Pennsylvania is important to several historical areas. Most scholars who have studied the history of the anthracite coal region emphasize male coal miners, especially their participation in strikes and labor associations. The history of the Pennsylvania coal fields also normally concerns the contributions of immigrants to the growth of Pennsylvania as the industrial workshop of the United States. When women figure into these narratives, they serve as characters who assisted male family members during strikes or through their contributions to the family economy.[2]

This investigation also contributes to the history of medicine in several ways. In considering health and medical care in Pennsylvania mining communities, historians have concentrated on the history of dangerous working and living conditions and the hazards of black lung.[3] While biographies of doctors who served the coal communities exist, the medical work of female healers remains largely unknown and undocumented.[4]

Further, the story of neighborhood women adds to the historiography of medical caregiving, which has focused on white women, enslaved women, and Native American women. Some work has been completed on how immigrant women offered aid to their neighbors.[5] Most notably, historians have discussed how midwifery remained the domain of many immigrant women in the late nineteenth and early twentieth centuries.[6]

The history of female medical caregivers also increases our knowledge of transcultural medicine in the United States. Many doctors and social welfare professionals who treated immigrant men, women, and children were aware of, but often dismissed, the ways their patients understood and dealt with disease.[7] Cultural and language barriers made their tasks especially difficult. Similarly, neighborhood women had to maneuver in a medical world that was foreign to them and undergoing tremendous change. Doctors' reputations were on the rise due to the impressive results of the bacteriological revolution and standards of medical professionalism were being solidified through improvements in medical education, licensing requirements, and the power of medical organizations like the American Medical Association. The gospel of scientific and medical progress attracted local, state, and federal governments, which tried to implement American principles of health and hygiene. The governments often demonized as unscientific, backwards, and dangerous the accepted folk wisdom and medical theories of immigrant and native women.[8]

Finally, by identifying the social, economic, and religious reasons why immigrant women tended to the physical and spiritual needs of community members, the history of neighborhood women highlights the connections between ethnicity, gender, religion, and medicine.[9] It adds to the excellent work done by historian Robert Orsi on the lives of Italian immigrant women and their families. Specifically, the story of the neighborhood women works to fill the need that Orsi identified when he stated, "The subject of immigrant vernacular healing awaits a study of its own."[10]

The "New Immigrants" in the Anthracite Coal Fields

The influx of "new immigrants," or eastern and southern Europeans, to Pennsylvania was immense. More immigrants traveled to Pennsylvania than any other state except New York. Between 1899 and 1914, over 2.3 million immigrant men and women contributed to making Pennsylvania one of the nation's industrial powerhouses. Work in the coal mines, in the iron and steel mills, on the railroads, and in the garment and textile factories attracted men and women there.[11]

Drawn by the promise of work, many immigrants made the anthracite coal fields of northeastern Pennsylvania their destination. Life there was very difficult. Despite good pay, miners faced long periods of unemployment due to overproduction. Unsafe working conditions were the norm, and the threat of mine accidents was ever-present. Breaker boys, some as young as eight years old, sifted coal from slate, rock, wood, and slag, and men died prematurely from the coal dust that clogged and scarred their lungs. Living conditions were also quite poor; company housing and high prices at the company store kept miners and their families tied to the powerful and unforgiving mine companies.[12]

Located about one hundred and twenty miles northwest of Philadelphia, Mount Carmel and the patches that surrounded it were built upon coal, both geographically and economically. Founded in 1862, Mount Carmel comprises part of the Western Middle Coal Field. The small villages of Atlas, Green Ridge, and Connersville, the so-called mine patches that encircled Mount Carmel, were associated with local collieries. Coal mining in Mount Carmel reached its peak in the 1920s and 1930s; at least sixteen collieries, including Alaska, Reliance, Pennsylvania, and Midvalley, operated and employed thousands of men. Class distinctions based on where one figured into the coal

economy divided residents. Economic and social opportunities differed according to whether one owned the coal, whether one provided needed services to community residents in the form of medical care, clothing, and other supplies, and whether one mined the coal. Mining was the main but not the only industry; the area was home to textile factories, cigar producers, and a small company, S.J. Skelding, which employed four people to produce miner's caps. The area also was a diverse blend of ethnicities, religions, and classes. Descendants of British, Welsh, German, and Irish immigrants inhabited the area, as did the new immigrants who hailed from Italy, Austria, Russia, and other regions in southern and eastern Europe. Catholics, who separated themselves into different churches on the basis of national origin, dominated the region's religious landscape and overshadowed the assorted Protestant faiths. The myriad church steeples that still pierce the skyline bear witness to the assortment of faiths practiced there (Figure 1). By the twentieth century, Mount Carmel had at least twenty-one different houses of worship such as St. Peter's Catholic Church, Grace United Church of Christ, Tifereth Israel Congregation, and Saints Peter and Paul Byzantine-Ukrainian Catholic Church. [13] Despite ethnic, social, economic, and religious differences, residents of the anthracite region shared important characteristics—including the use of similar mining technologies, knowledge and use of common transportation arteries, and kinship patterns such as marriage and household systems that emphasized the importance of extended family networks.[14] Nonetheless ethnic, religious, and class divisions were apparent and affected one's choice of a medical care provider.

The Neighborhood Women

Neighborhood women provided a host of medical services to their own children, their adult relatives, and neighbors. Residents of the coal communities recognized these women as medical caregivers and sought them out when they were ill. Some, like Maria Fracalossi Bridi, possessed only practical experience and knowledge gained from medical handbooks, while others, like Mihalina Zahar Sosnowski, had formal medical training in Europe. Community caregivers included American-born women, such as Blanche Paul, and new immigrants, like Bridi who came from northern Italy and Sosnowski who journeyed from Poland. These women rendered this care because of social and economic circumstances, religious inspiration, and familiarity with folk medical systems.

Their caregiving was part of the web of economic and social arrangements that promoted communal sharing and neighborly support. Mutual aid

FIGURE 1: The skyline of Mount Carmel, PA. *Karol K. Weaver 2003.*

organizations, children leaving school to contribute to the family income, and the physical and emotional comfort that neighbors offered when someone died were similar to the medical care rendered by neighborhood women. In addition, a sense of Christian charity and obligation persuaded women to serve those in need. Finally, these women drew upon folk medical systems they knew from the Old World.[15]

Neighborhood women were practitioners of domestic medicine, which meant they used both homemade and store-bought remedies to treat themselves and members of their own families. They made medicines from ingredients they grew in their gardens and from plants they collected "up the bush," or in nearby woods. Phyllis H. Williams, an early twentieth-century sociologist, provided an excellent summary of the activities of domestic medical practitioners who "wander into American fields and woods and return with a burden that includes a bewildering array of mushrooms and other foods as well as of plants, berries, barks."[16] For neighborhood women

like Bridi and Paul, the kitchen was the laboratory in which they concocted the salves, teas, and wines they used to treat illness. Bridi (Figure 2) made sure to include garlic in the diet of her young daughter, Lilia, who not only had to eat cloves of garlic each morning but also wore it around her neck when she had a cough. Bridi attributed her cough to the presence of worms. Bridi's concern over worms was a frequent complaint among Italians, both in Italy and in the United States; the application of garlic was a common Italian folk remedy for stomach-ache, worms, and sleeplessness.[17]

FIGURE 2: Maria Fracalossi Bridi (left) cupping the cheek of her daughter, Lilia. Green Ridge, Pennsylvania, 1935. Photographer unknown. Used by permission of Lilia Bridi Kovalovich.

Treatments varied from natural remedies like Lilia's consumption of garlic, to more spiritual forms of protection like the string of garlic that the child wore that may have served as an amulet. Although Bridi herself did not use the following remedies, Italian healers also valued prayers addressed to Saints Cosmos and Damian and the application of a cross made in ink on the child's belly.[18] In addition to a daily regimen of garlic, Lilia swallowed a spoonful of molasses mixed with powdered sulfur every morning before school; her mother reassured her that it would make her stronger.[19] Bridi's therapies made little distinction between food as nourishment and food as medicine. In Italy, items used as food also did service as medicine. Chicken broth and newly laid, raw eggs were prized for their medicinal effects. Barley water, also known as *caffè*, was employed to treat stomach ailments and to calm and feed teething babies.[20]

In addition to relying on unwritten recipes and oral knowledge, neighborhood women also looked to medical manuals for information when dealing with particular physical problems. Bridi often consulted books about medicine that were written in Italian. Lilia recalled her mother taking a large reference book from the closet in order to find medical information when a member of the Bridi household was ill. The book, *Donna, medico de casa* (*Woman, Doctor of the House*), written by Anna Fischer-Duckelmann, was a massive tome that included information on anatomy, hygiene, therapeutics, infant care, and pregnancy. Over thirty illustrated plates dealt with a wide variety of subjects such as exercise, eye care, various organs of the body, and massage. The worn and tattered condition of Bridi's surviving copy indicates that she used it often. Bridi removed a set of tables, titled "Piante medicinali," which illustrated various medicinal plants. An excellent seamstress, Bridi sewed the three tables together with black thread and noted in her own handwriting the functions of several plants. Bridi likely carried the tables with her as she collected plants from her garden and "up the bush." For example, she labeled *ginepro* (juniper) and *ramerino* (rosemary) with the notation "*per l'orine*" (for urine), which indicated that the plants treated bladder infections or did service as a diuretic. Next to the picture of *dente di leone* (dandelion), she wrote "*per il corpo*" (for the body), signifying the positive effects that the plant had on overall health.[21] Finally, practitioners of domestic medicine like Bridi also employed patent medications, such as cough syrups, that they purchased at local pharmacies.[22]

Medical caregivers like Bridi did not limit their medical services to their family members; they also served neighbors. As domestic practitioners,

they willingly left their homes and their kitchens, and entered the homes and sickrooms of their neighbors and friends. For many coal region residents, neighbors were actual relatives—first and second cousins. Other community members were friends from the Old Country, people who had emigrated from the same European village or town. Other residents were newer companions whom they befriended in church, talked with at the local market, or shared a glass of wine with in a kitchen or nearby bar.[23] Neighborhood women nursed these men, women, and children; they comforted them with homemade medicine including herbal teas and salves. People suffering from bladder infections drank tea that Bridi made from greens taken from nearby pine trees. The Giacomini family, for example, depended on Bridi for medical care. Vincent Giacomini remembered, "Maria Bridi would come up when I had a cold and would make something."[24] Members of Bridi's community also depended on her to change dressings and administer enemas.[25] In addition, Bridi walked many miles to tend to Esther Eccher, who suffered from bladder cancer. During the spring of 1942, Bridi sat, talked, shared coffee, and prayed with the dying woman. Bridi's ministrations were not just the duties of a neighborhood woman; they were the comforts provided to a good friend like Esther Eccher (Figure 3).[26]

Similarly, neighbors often saw Blanche Paul in her own garden, in *their* gardens, and entering the woods where she collected plants that might be used to take care of her neighbors.[27] Many immigrant mothers brought their children to neighborhood women like Paul and Bridi. One such mother was Rose Manacini Girolami, an Italian immigrant who arrived in the United States in the 1920s. Like many women in the anthracite coal region, Girolami eventually lost her husband, Luigi, to black lung. Widowed and the mother of five young children, Rose worked hard to keep her family together. When her thirteen-year old daughter Martha injured her knee while roller-skating, Rose took Martha to Paul. The girl's knee was still swollen, achy, and stiff after seeing a local physician, R.R. Schiccatano. Paul made a poultice from plants she had gathered, applied it to Martha's knee, and bandaged it. After this treatment, the young girl's knee improved. Interviewed years later, Martha Girolami Meredith did not know what medical recipe Paul used, but said, "She knew all the old remedies. Too bad we didn't find out what they were."[28]

Going "up the bush" was not only a means of collecting needed herbs, but also served as an environment of spiritual and emotional refreshment for

neighborhood women and their patients. Bridi often took to the woods to pray. She also accompanied neighbors struggling with emotional problems on long walks. Bridi trusted that the physical exercise and prayer comforted her neighbors and relieved their suffering.[29] Their religious devotion explained why neither Bridi nor Paul accepted payment for the care they rendered; instead, as Martha Meredith noted, women like Paul were "just being neighborly."[30]

FIGURE 3: Maria Fracalossi Bridi, Lilia Bridi, Victoria Bressan and Esther Eccher. Mount Carmel, Pennsylvania, 1933. Photograph owned and used with the permission of Pia Eccher Forti.

The patients of the neighborhood women consulted them not only for economic reasons, but also because their therapies and remedies reminded clients of the treatments they had known in Europe. In Italy, particularly in southern Italy, men and women often concocted their own homemade medicines from plant, animal, and mineral sources. The preparations made by Bridi and Paul paralleled the items immigrants had produced in Italy. When home-produced items failed to offer relief, Italians then sought the help of local specialists; one such specialist was the neighborhood herbalist.[31] In the minds of their immigrant neighbors, Bridi and Paul were local herbalists. The ministrations rendered by Bridi and Paul, in other words, reminded their neighbors of home.

Neighborhood women and their immigrant neighbors also sought spiritual and medical assistance from Mr. Carl, a well-known powwower from the

village of Connersville near Mount Carmel. A short, stubby man with gray hair, Carl laid hands on and prayed over men, women, and children who suffered from conditions deemed incurable by modern medicine.[32] The therapies that Mr. Carl supplied were Pennsylvania Dutch in origin. Coal region residents referred to his gatherings as "powwows," a term that describes Pennsylvania German healing practices.

Powwowing emerged from German folk medical practices known as *braucher*. This Old World medicine incorporated many elements of Roman Catholicism, including the use of prayers directed to the three persons of the Holy Trinity and the Virgin Mary. As a result of the Protestant Reformation, the medico-spiritual elements of Roman Catholicism went underground and became part of the folk medical tradition of German-speaking peoples.[33] *Braucher* was then brought to the New World in the eighteenth century when many German and German-speaking men and women made their way to the British North American colonies, in particular to the colony of Pennsylvania. Over time, these men and women became known as the Pennsylvania Germans or the Pennsylvania Dutch. As a result of similar healing strategies and the respect that Americans had for Native American therapeutic techniques, *braucher* became identified as powwowing, an Algonquian term used to describe, in the words of sociologist Ralph R. Ireland, "the treatment of the sick by their [Native American] medicine man."[34] Similar to Native American medicine, powwowing is a form of medical treatment that combines natural and spiritual elements.[35] Like other practitioners of natural therapies, powwowers employ remedies derived from plant, animal, and mineral sources. For instance, a remedy to induce vomiting in order to treat croup "is prepared by boiling three (or five) onions until soft, and mixing the juice therefrom with honey."[36] Practitioners perform spiritual medicine when they employ the "laying on of hands," rely on sympathy pain, create and use charms, and recite prayers in order to effect cures. Finally, powwowers do not limit their healing techniques to humans, but also treat other animals.[37]

A married man who lived in a large, single family home, Carl, like the remedies he offered, was "Dutch," or Pennsylvania German. His patients consistently referred to him as Mr. Carl, did not recall his first name, and said that he took no money for his cures. Based on this information, we can assume that Carl was a domestic, not a professional, powwower. Domestic practitioners of powwowing include family members who offer aid to their relatives. Neighbors helping neighbors also fill the ranks of domestic

practitioners. Their clients sometimes address them with familial names like "granny" and "grandpa" or common titles such as "mister" and "missus."[38]

Just as Rose Girolami had taken her children to visit the neighborhood women, she called upon Carl when her children faced grave illnesses and experienced serious accidents. Carl treated Louis Reno Girolami after the toddler placed his leg in a tub of scalding water that was used to defeather chickens. Even after seeing a professional medical practitioner, the child suffered from his burns. His mother then decided to visit Carl, who prayed over and laid hands on the boy. According to Louis's sister Martha Girolami Meredith, Carl "cured him, actually cured him."[39] Similarly, Carl treated other patients, including Anna Sosnowski, the daughter of midwife Mihalina Zahar Sosnowski. He laid hands on Anna and made hand motions across her body in order to remove the physical problem by ushering it toward her fingertips, toes, and orifices. If the powwower did not lead the illness to these areas, it would remain at the point where his hands had stopped.[40] Connersville resident Vincent Giacomini also remembered Carl doctoring him when Vincent was four years old; he recalled that Carl ministered to other members of the family as well. Giacomini described Carl as a "medicine man" who "did some voodoo on me."[41] Carl not only invited patients into his own home, but also called upon people who were bedfast in their own homes.[42]

Men and women of the anthracite coal region looked to powwowers like Carl for medical care for a number of reasons. Immigrants appreciated the religious aspect of Mr. Carl's healing techniques. Although Carl was Protestant, as a powwower he utilized elements of Roman Catholicism in his therapies. According to Ralph Ireland, "Most believers in powwow considered that the ability to heal another person derived from their mutually strong religious faith, a faith which may best be described as nondenominational. Thus belief in powwow was considered to complement and supplement religious belief rather than to undermine or deride it."[43] The prayers that powwowers recited made reference to important Roman Catholic figures such as the Holy Trinity, the Holy Family, the Virgin Mary, and various saints. Powwowers also made the sign of the cross when reciting their prayers and sayings. For instance, a "good remedy for bad wounds and burns" called upon the healer to recite the following prayer: "The word of God, the milk of Jesus' mother and Christ's blood is for all wounds and burnings good." He or she was required to "make the crosses with the hand or thumb three times over the affected parts."[44] Powwowing prayers frequently ended with "This I credit unto thee as a true

penance—in the name of God the Father, God the Son, and God the Holy Spirit." Don Yoder has written that these words indicate that Pennsylvania Dutch powwowing contained an element of "redemption" and reconciliation; the body was redeemed from its ailing state and reconciled to heath.[45] After hearing these words from Mr. Carl, Roman Catholic immigrants likely recalled the words local priests recited when absolving them from their sins in the sacrament of confession. "Laying on hands" also was a biblically sanctioned form of medical care; in the New Testament, Jesus Christ healed the ill by simply laying his hands upon them and frequently combined physical healing with spiritual restoration by challenging the cured to "go and sin no more."[46] The influence of Roman Catholicism on powwowing was so significant that some powwowers were given the title of saint. Not surprisingly, one of the most famous powwowing saints was from the coal region: "Aunt" Sophie Bailer was known as the "Saint of the Coal Regions."[47]

In addition to reminding them of their own religious beliefs, neighborhood women and their patients desired the help of powwowers like Carl because his medical care-giving and training were familiar to them. Like neighborhood women, powwowers drew upon oral traditions and medical manuals such as *Hohman's Long Hidden Friend*.[48] Powwowing helped new immigrants as they struggled to establish their cultural identities in the rapidly changing United States industrial society; powwowing's therapies made use of knowledge that looked back to the Old World from which the immigrants came while simultaneously advancing a uniquely American and more particularly Pennsylvanian form of medicine.

Finally, for many families in the anthracite coal region, Carl was an affordable medical practitioner; he accepted no money for his therapies. Rose Mary Girolami Perles, like her brother Louis, was taken to Carl for treatment. He prayed over her enflamed leg and healed it. Perles recalled, "My mother would say 'better than a doctor.'" She didn't think Carl took money because "mom didn't have it."[49]

Just as they depended on their faith to aid them in times of need, neighborhood caregivers also looked to scientific medicine for assistance. Practitioners of domestic medicine relied on physicians for services like vaccinations and surgical procedures. Both Lilia Bridi and Martha Meredith recalled doctors, including R.R. Schiccatano and Robert Allen, whom their families consulted for medical emergencies, routine shots, and operations. After Meredith sustained a vicious dog bite to the face and neck, her mother rushed her to Schiccatano's office in Mount Carmel.[50] Lilia Bridi remembered

Allen making house calls and prescribing medicine for her when she suffered from measles, German measles, chickenpox, and scarlet fever.[51] Vincent Giacomini recollected that Allen, the doctor who had supervised his birth, was "a tall man, a very nice man." Due to the large size of the Giacomini family, the father's employment as a laborer (a miner who was paid a low wage rather than by weight of coal mined), and the family's resulting financial difficulties, Allen "would put it [his fee] on the tick [credit]." If the Giacominis didn't pay, Allen expected "a politician would fix the bill."[52] Dire economic straits not only motivated the Giacomonis to seek the financial assistance of local politicians; Italian tradition also taught them to accept the aid of political bosses because in small Italian villages the local physician was paid by the state or commune.[53]

"Let Her Stay Up Late": The Story of Midwife Mihalina Zahar Sosnowski

One of the most important and most frequent medical services that neighborhood women provided was midwifery care. For the first half of the twentieth century, many mothers continued to deliver their infants at home, and these women, especially if they were immigrants, were assisted by female neighbors. The life and work of Mihalina Zahar Sosnowski (Figure 4) highlights the assistance that immigrant midwives provided to the women and men of the anthracite coal regions. She was a certified midwife in Russian-controlled Poland, who in 1886 accompanied her husband, Stephan Sosnowski, to the U.S. where he worked as a miner. In addition to caring for her husband and six children, Mihalina Sosnowski worked as a midwife and performed surgical and medical procedures in her own home and those of her clients. She continued to practice medicine until 1924, one year before her death.[54]

When the friend or family member of a pregnant woman appeared at her door in Atlas, Sosnowski drove her horse and buggy to the patient's home to supervise the labor and delivery. Her youngest daughter, Anna Sosnowski, attended her on these visits, served as an interpreter, and ran errands for needed supplies. The midwife remained at the house during the entire period of labor. Because of the dire poverty of her patients, she often ordered her daughter to return home and kill a chicken from which to make soup. Anna then returned with food for the pregnant woman's family and a set of diapers.

FIGURE 4: Mihalina Zahar Sosnowski, left. Photograph used with the permission of Anna Coffey.

If they could afford to pay for the midwife's services, the relatives gave Sosnowski some money; if no money was available, a chicken sufficed. If the

delivery of the child ended in death not life, she then acted as an undertaker, readying the child for burial. Used spaghetti boxes lined with linen and religious cards were the only caskets that many families could afford.[55]

In addition to welcoming life and preparing for death, Sosnowski also kept birth records, which she then sent to the Pennsylvania Department of Health. These records indicated the names of the child, mother, and father, nationality, place of birth, and number of children. Sosnowski's patients included young women like Annie Albanowicz Yenozan, a twenty-year-old Russian housewife who gave birth to her first child, a daughter Anna, on March 16, 1910. The midwife's record identifies Yenozan's husband, John, also a Russian immigrant, as a "laborer." At age forty-three, Russian housewife Alas Sarocwa, whose husband also worked as a "laborer," gave birth to her eighth child, Elena Rakus.[56] Unlike a contract miner who was paid by the weight of coal mined, a laborer was given a flat wage. In comparison to contract miners, Sosnowski's clients were among the lowest and poorest paid miners in the anthracite region.[57]

Sosnowski's birth records exemplify how the government, at the state and federal levels, became interested in issues of health, life, and death over the course of the late nineteenth and early twentieth centuries. Xenophobic fears that identified immigrant men, women, and children as potential transmitters of disease to healthy American citizens motivated political and medical authorities to pay greater attention to health concerns. Anxieties over the fecundity of immigrant women in the face of smaller native-born families also alarmed nativists in an age of eugenics.[58] Furthermore, the Progressive spirit present in Pennsylvania in the early twentieth century led to more awareness of morbidity and mortality.[59] The records indicate that the state of Pennsylvania was paying greater attention to infant and child mortality; Sosnowski's records contained a section in which the health practitioner was expected to note "number of this mother now living."[60] Finally, the birth certificates reveal the relationship between racial ideology and immigration in American history. Pennsylvania required men and women who kept birth records to identify the color of the parents. Several of Sosnowski's patients, whose nationalities were Austrian and Italian, were identified as black. Like pre-Civil War Irish immigrants and Jewish refugees, Italians and southern Europeans in central Pennsylvania underwent a process of racial acceptance and over time "became white."[61]

In addition to her midwifery duties, Sosnowski opened her home to the sick. Her family set aside one room of the house where she saw patients.

Humoralism, an ancient medical theory, influenced the remedies that she offered to her patients. According to humoral theory, disease resulted when the four humors of the body, blood, black bile, yellow bile, and phlegm, were in a state of imbalance. If there was an excess or deficiency of one particular humor, Sosnowski applied a therapy that was appropriate to the restoration of the body's harmony.[62] One therapy that she offered that was tied to humoralism was bloodletting. Many of her male patients consulted her to be bled by means of a scarificator, an instrument that made small incisions by means of spring-driven blades. She also applied leeches to treat edema, especially among her female patients. Coal miners sought her out to have broken bones set and depended on her for massage, which eased their aching muscles. Sosnowski worked hard to fix the physical destruction wrought by the mines. After a mine accident smashed the arm of her son-in-law John Shukitt, she treated him and was able to save the limb. Area doctors had recommended that the arm be amputated below the elbow; Sosnowski's ministrations led only to the loss of "his mangled fourth finger."[63] Finally, like other neighborhood women, Sosnowski produced and distributed her own medicines. She applied onion poultices if her patients suffered from bronchitis, stewing onions and inserting them in a cloth that she placed on the sufferer's chest. After butchering ducks to prepare a traditional meal known as blood soup, she rendered the fat for use in salves.[64]

Sosnowski's clients were mainly immigrants from Italy, Russia, and Austria who, for a variety of reasons, sought her assistance instead of the help of a medical doctor. Their poverty and the cultural and linguistic differences between them and American medical practitioners affected their choice of health care provider. Although formally educated, physicians did not offer the same services that Sosnowski provided; they were unable to sit for long hours at the bedside of a laboring mother. It was not their place to lay out dead infants. Bloodletting, leeching, and massage were no longer parts of their healing repertoire. Women like Sosnowski completed such tasks and local doctors were well aware of the aid she rendered. Dr. John B. Houston from Mount Carmel, for instance, had a good relationship with her and made house calls to patients she was unable to help. Other physicians, like Dr. W.R. Buckley of Mount Carmel, were unsure of the medical training that a woman received in nineteenth-century Poland. In an age that accepted germ theory as medical gospel, Sosnowski's reliance on humoral theory was a throwback to an earlier medical age. As a result of the concerns that the physicians had about the medical services she offered and the theories she utilized, they

opposed her delivering infants, but one doctor relented. He told the other physicians, "Let her stay up late"—he did not want his sleep bothered by immigrant women in the midst of labor. He and other medical professionals convinced Sosnowski to apply for and receive a license to practice midwifery in the United States. Her training in Poland, her practical experience, and the medical books, both in English and Polish, that she studied served her well; assisted by her daughter, she sat for and passed her midwifery examination in Philadelphia.[65]

Conclusion

Social, economic, religious, and medical reasons motivated neighborhood women to offer their services to their neighbors. The factors that encouraged them to render care not only reflected local concerns in a twentieth-century Pennsylvania coal town, but also mirrored larger national issues like ethnicity, immigration, religion, and medicine. The decisions of women to serve as medical caregivers were based on gender norms to which many women adhered. In ethnic enclaves like Mount Carmel and the coal patches that surrounded it, there was a definite gendered division of space. Specific locations were identified as feminine while other territories were uniquely masculine. Women dominated the household and its extension, the neighborhood. The type of medical practice—domestic medicine—that they pursued coincided with the important position they held in the family household. Although men were recognized as family heads in public, women assumed the voice of authority within the home.[66] According to her daughter Lilia, Maria Bridi supported this division of power. She encouraged her only child to treat her father with the highest respect and to acknowledge his authority. Yet, within the confines of the Bridi home, it was her mother who was in charge.[67] In their work as domestic healers, neighborhood women had tremendous power, making decisions about illness, life, and death. As a midwife, Sosnowski welcomed life on a regular basis; she also prepared bodies for burial.[68] Bridi and Paul, likewise, cared for men, women, and children suffering from minor medical problems, such as accidental injuries, as well as major sicknesses such as cancer.

The work completed by Bridi and Paul also related to another important social and gendered role that women were expected to fulfill in the first half of the twentieth century. An ideal duty for both American-born women like

Paul and foreign-born women like Bridi was motherhood. But, both Bridi and Paul struggled to fill this social mandate. The marriage between Blanche and Morgan Paul was a childless one; she endured at least five miscarriages. Paul's work as a neighborhood healer was likely an extension of her childless home—a way to tend and nurture the children and families that lived in her locale.[69] Bridi experienced a stillbirth in Italy while waiting for her husband Augusto to return and take her to the United States. With a small nuclear family in the U.S., Bridi reached out to help the suffering.[70] With limited maternal responsibilities, both Paul and Bridi adopted motherly roles in their community. In their kitchens, they made medicines to treat the sick. The extended family networks on which the residents of the anthracite region depended were reflected in the work and lives of Bridi and Paul. In a community where the family extended to include distant relatives, boarders, recent immigrants, even strangers, Bridi's and Paul's caregiving seemed maternal.

Gender not only divided space and defined social roles but also influenced an individual's decision about whom to approach for assistance. Throughout their lives, women depended on other women for help.[71] Even before their departure for America, many immigrant women, Bridi included, survived socially and economically in the company of other women during the periods when husbands had traveled to the United States alone. The separation of Maria and Augusto was a common event for Italian immigrants. Frequently, a male family member, usually a husband or father, journeyed to the United States first, then returned to Italy a few years later to take his family to America. In fact, the early twentieth century was a period of tremendous migration and immigration for Italian men and women. Many Italian families depended economically on the seasonal migrations that male relatives undertook to other parts of Europe and to North Africa. The Italian government as well as its citizens also anticipated the financial rewards that accrued from work in foreign nations, most especially Argentina, Brazil, and the United States.[72] Unlike other ethnic groups, Italian immigrant women found few support organizations on which to lean for assistance and, according to historian Kathie Friedman-Kasaba, "Their response was to create their own informal networks and rely primarily on other working-class Italian immigrant women in their neighborhoods."[73] The early deaths of husbands and fathers from black lung and mine accidents also forced women to look to other women for support and comfort. Although men used the services of Bridi, Sosnowski, and Paul, it was mainly their female neighbors who sought their assistance in times of physical, spiritual, and psychological need.

Just as gender affected space, the maternal ideal, and social relations, it also had an effect on the household economy. In the immigrant communities in which these women worked, control of the family budget was the domain of the women, and, based on their familiarity with income and expense, the neighborhood healers realized the important contributions their medical practice made to the household purse. Immigrant women like Bridi and Sosnowski had learned at an early age to contribute to the household economy; parents taught young girls that their domestic work, any day labor they completed for wages, and their craft production were essential additions to the family income.[74] In addition to looking after the medical and emotional needs of her family, Bridi ran a grocery store, cared for her daughter, made many of her family's clothes, gardened, and boarded miners. Her work as a neighborhood healer was one of many ways she contributed to the Bridi income.[75] Sosnowski, likewise, combined midwifery with surgery, physical therapy, and pharmacy. The money and goods that she received in her duties as a midwife enhanced her family's economic and social situation. Similarly, the plants that Bridi and Paul grew and used in their medical recipes translated into money saved and not spent on store-bought remedies. The neighborliness that all three women expended translated into assistance in times of trouble. The powwow healer Mr. Carl also recognized the poverty of his patients and refused to accept payment for his work.

Religion also motivated neighborhood healers to render care to members of their community. Roman Catholicism dominated the anthracite region and had a profound effect on medical caregiving. Yet, the Roman Catholicism to which immigrant women and men adhered differed from official church policy. Folk traditions particular to ethnic groups shaped the immigrants' religion. Southern Italian women made church attendance, private prayer, folk practices, and domestic shrines important elements of their spiritual lives. In the corners of their bedrooms, southern Italian and Polish women erected family altars laden with votive candles, pictures, and miniature statues of Christ, the Madonna, and Saint Joseph. Immigrant women believed that the small Holy Family before which they prayed offered protection to their own families.[76] Immigrant patients willingly turned to neighborhood healers because faith was an integral part of the therapeutic repertoire of Sosnowski, Bridi, and Carl. As Sosnowski prepared bodies for burial, she placed holy cards alongside the coffins. Similarly, Bridi rendered not only physical comfort to her friends, but also spiritual solace through prayer. Despite his

Protestant background, Carl recited prayers that drew from a Catholicism predating the Protestant Reformation.

Finally, neighborhood healers employed older, more traditional forms of medicine that appealed to the Old World origins of their clients. Unlike trained physicians, they offered their patients a greater variety of medical care options. These healers also performed their procedures in familiar domestic locations not in office or hospital settings. Midwife Sosnowski relied on humoral theory and heroic therapeutics, like bloodletting, to correct the body's imbalance. She also provided massage to ease the aching muscles of the miners who sought her aid. She carefully concocted herbal remedies for the men, women, and children who visited her. Sosnowski not only opened her own home to the sick but also willingly left her house at all hours of the day and night to sit alongside laboring mothers who gave birth in their own beds surrounded by female family members and friends. Carl also worked in his own home and visited patients who were bedfast in theirs. By consulting medical manuals, Bridi learned about a diverse blend of therapies and medical theories, including germ theory. The domestic medical handbook that Bridi consulted incorporated ideas from several of the most important health reform movements of the nineteenth and twentieth centuries, including bacteriology, hydropathy (the internal and external application of water to cure disease), and hygiene. In addition to book learning, Bridi's practical experience made her a well-known herbalist. Similarly, Paul treated friends with natural, herbal remedies. Like Sosnowski, both Bridi and Paul readily traveled many miles, often on foot, to tend to the physical and psychological needs of neighbors in the comfort and security of their own homes.

NOTES

1. Sometimes history is found in a mother's story or in a cigar box placed on a dining room table. It is discovered in the tales told by neighbors who have weaved their lives into the fabric of your life. I would like to thank Martha Anna Girolami Meredith, Marion Shukitt Wydra, Anne Shukitt Coffey, Vincent Daniel Giacomini, Carolyn Marie Guizzetti Giacomini, Pia Marie Eccher Forti, and Rose Mary Girolami Perles for kindly welcoming me into their homes and sharing their histories with me. John B. Frantz, my teaching mentor at Pennsylvania State University, nurtured my love for Pennsylvania and its history. Vernard Foley, John L. Larson, Marion Roydhouse, anonymous reviewers, and participants at the 2003 Pennsylvania Historical Association Conference offered useful comments that helped me improve this essay. Finally, I would like to dedicate this article to my mother, Lillian Bridi Kovalovich.

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