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Buried in History, Silenced in Texts: The Erasure of Women Healers From Memory

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Abstract: The systematic erasure of the memory of female medical practitioners from history and literature is not a coincidence but a deliberate act of patriarchal suppression. This paper examines the historical and literary exclusion of female healers, arguing that their knowledge was either diminished, attributed to male counterparts, or demonised as sorcery. Using case studies of figures such as Hildegard of Bingen and Morgan le Fay, this research highlights how institutional biases marginalised women in medicine, both in medieval Europe and in contemporary times. The paper further explores how the victimisation of modern female doctors—such as the tragic cases of Dr Tilottoma and Dr Priyanka Reddy—demonstrates the continuation of this suppression. By tracing these patterns from history to modern society, this study advocates for reclaiming lost narratives and ensuring the recognition and safety of women in medicine today.

Keywords: Memory suppression, female healers, gender bias in medicine, medical history, patriarchal erasure, women in literature.

"The root of oppression is loss of memory" — Paula Gunn Allen

History is shaped not only by those in power but also by those who determine what is remembered and what is forgotten. Paula Gunn Allen's words highlight that forgetting is not merely a passive occurrence but an intentional tool of suppression. Memory plays a crucial role in shaping our understanding of the world directly.

Biologically, memories form through a complex process. Short-term memories, lasting only seconds to minutes, are processed in the brain before being transferred to long-term storage via the hippocampus. The repeated activation of neural pathways strengthens communication between neurons —a process called long-term potentiation, which ensures certain memories become more permanent. However, memory loss can occur due to various biological factors: ageing weakens synapses and causes brain shrinkage, chronic stress disrupts the formation of new memories, depression lowers serotonin levels, impairing focus and storage, and isolation accelerates cognitive decline by depriving the brain of mental stimulation (Ogden 202). But what if memory loss is not always a natural consequence of biology? What if it is deliberately engineered by patriarchal societies to erase the contributions of women?

This paper argues that the suppression of memory has been deliberately used as a tool to erase the contributions of female physicians and healers, systematically diminishing their roles in both historical records and literary narratives. Women who were once revered for their medical knowledge and healing abilities have often been recast as mythical figures, their scientific contributions dismissed as sorcery, intuition, or folklore. Those who did make significant advancements in medicine were frequently overshadowed by their male counterparts, reduced to mere footnotes in history, or completely erased from collective memory. By analysing historical records, medical texts, and literary representations, this study explores how patriarchal structures have perpetuated this erasure, tracing its impact from the medieval and Renaissance periods to contemporary times in both real life and literature.

Writing Women Out: How Memory Failed Female Healers in History

Hildegard of Bingen (1098–1179) was a German Benedictine abbess, mystic, composer, and polymath whose contributions to medicine were groundbreaking for her time. Among her many works, *Physica* and *Causae et Curae* stand out as significant medical texts that showcase her deep understanding of natural remedies, disease management, and the integration of bodily, psychological, and spiritual health. Yet, for centuries, Hildegard was primarily remembered as a theologian, her medical contributions relegated to obscurity. It was not until 2012 that she was formally canonised and declared a Doctor of the Universal Church—a recognition granted to male scholars centuries earlier.

The delayed acknowledgement of her medical expertise reflects a broader historical pattern of erasing the memory of women's contributions to science and medicine (Flanagan 112).

Hildegard's Medical Contributions and Textual Evidence

Hildegard's *Physica* is a comprehensive catalogue of medicinal plants, animals, and minerals, emphasizing their therapeutic properties. Her empirical approach to natural science and medicine aligns with modern herbal medicine and holistic healing. In *Physica*, she writes: *"The Earth sustains humanity. It contains all the green power of herbs and the power of roots, and from it, medicines are made"* (Hildegard, *Physica* 1.1). This passage demonstrates her recognition of the earth's natural healing potential, a principle echoed in contemporary naturopathy and herbal pharmacology (Newman 98).

Her second medical treatise, *Causae et Curae*, delves into disease pathology, diagnostics, and treatment. She classifies ailments based on imbalances in bodily humour, echoing Galenic and Hippocratic medical theories, but uniquely integrates spiritual and emotional health into her framework. She asserts: *"All illness comes from imbalance—whether in the soul, in the elements, or in the bodily fluids. The wise healer treats the whole person"* (Hildegard, *Causae et Curae* 3.4). This holistic approach, which considers mental, physical, and environmental factors in medical treatment, foreshadowed modern integrative medicine, yet was dismissed as "mysticism" rather than empirical science (Maddocks 133).

Erasure and Gendered Bias in Medical History

Despite her extensive knowledge, Hildegard's medical legacy was systematically diminished in comparison to her male contemporaries. Physicians such as Avicenna (*The Canon of Medicine*) and Paracelsus (*Opus Paramirum*) were enshrined in medical history much earlier, their works forming the foundation of modern medicine. Unlike these men, Hildegard's integration of practical herbal knowledge and diagnostic reasoning was ignored due to prevailing gender biases that dismissed female intellectual authority (Flanagan 165).

Furthermore, the institutionalization of medicine in the Renaissance and beyond solidified male dominance in the field. Universities and medical guilds excluded women, relegating them to informal, unrecognized roles as midwives and herbalists. Hildegard, despite her writings being highly systematic and widely referenced within monastic circles, was denied recognition as a legitimate physician. Instead, her healing practices were associated with religious mysticism rather than science—a stark contrast to male figures like Galen, whose medical theories were foundational in Western medical education (Newman 187).

The Role of Monastic Control in Knowledge Suppression

Hildegard's position as an abbess provided her access to medical knowledge typically restricted to men, but it also meant that her works were preserved within monastic communities rather than widely disseminated like those of male scholars. Monasteries played a crucial role in the transmission of medical knowledge, yet they often upheld patriarchal hierarchies that marginalised female intellectual contributions (Maddocks 211).

Unlike male medical texts that were copied, translated, and incorporated into university curricula, Hildegard's works remained largely confined to convents and were not integrated into the formal medical canon. This limitation contributed to the gradual erasure of her medical authority, ensuring that her contributions were overshadowed by male counterparts (Flanagan 172).

Delayed Recognition and Its Broader Implications

The recognition of Hildegard as a Doctor of the Church in 2012—centuries after similar recognition was granted to male scholars—exemplifies how women's intellectual contributions have historically been overlooked and strategically erased from our memory. Pope Benedict XVI's declaration acknowledged her theological influence but did little to rectify the longstanding neglect of her medical writings. The delay in recognising Hildegard as both a theologian and a scientist reflects the systemic exclusion of women from intellectual history, particularly in fields dominated by men (Vatican 2012).

Hildegard's case is not an isolated incident but part of a broader pattern of suppressing female authority in medicine. From medieval Europe to modern times, women in medicine have faced institutional barriers that prevent their contributions from being fully recognized. The historical treatment of Hildegard serves as a case study in the deliberate suppression of female medical practitioners, highlighting the need to reclaim and reintegrate their work into the mainstream scientific discourse (Newman 203).

Writing Women Out: How Memory Failed Female Healers in Literature

This pattern of erasure is not limited to real-life history; it is also reflected in the literature of the same period. Female physicians were often ignored, and readers were led to perceive them as sorceresses or mere alternatives to their male counterparts. Moreover, there is a stark contrast in how male and female physicians were treated—not only in historical records but also in literary representations. While male physicians were portrayed as authoritative figures, female healers were frequently dismissed, vilified, or relegated to the realm of magic and superstition.

Morgan le Fay: The Forgotten Physician of the Middle Ages

Morgan le Fay, a powerful figure in Arthurian legend, was originally depicted as a healer rather than the malevolent sorceress she became in later medieval narratives. Early texts, such as Geoffrey of Monmouth's *Vita Merlini*, describe her as a skilled physician ruling over the Isle of Apples (Avalon), where she tended to King Arthur's wounds after the Battle of Camlan. Her medical expertise aligns with medieval healing traditions, yet over time, she was vilified and her knowledge dismissed as witchcraft, mirroring a broader historical trend in which women's medical knowledge was reinterpreted as dangerous or unnatural (Geoffrey of Monmouth, *Vita Merlini* 49-51).

In *Vita Merlini*, Morgan is explicitly recognized for her healing abilities: "She who is first of them is more skilled in the healing art… Morgen is her name, and she has learned what useful properties all the herbs contain, so that she can cure sick bodies" (Geoffrey of Monmouth, 49). She heals Arthur using advanced medical techniques that parallel modern treatments: "With her own hand, she uncovered his honorable wound and gazed at it for a long time. At length, she said that health could be restored to him if he stayed with her for a long time and made use of her healing art" (Geoffrey of Monmouth, 51). This aligns with the medieval use of Cinquefoil, a plant known for its wound-healing properties, as described in Albertus Magnus' *The Book of Secrets*. Cinquefoil was used to prevent infection and promote tissue regeneration—similar to modern antibiotics like Penicillin and Amoxicillin, as well as regenerative medicine treatments using Epidermal Growth Factor (EGF) (Magnus, *The Book of Secrets* 22).

Morgan's pharmacological knowledge is further emphasized in *Le Morted'Arthur*, where she administers a sleeping potion to a wounded knight: "She gave him such a drink that in three days and three nights he waked never, but slept" (Malory, *Le Morted'Arthur* X.XXXVII). This parallels the medieval use of the herb Mephitis, which induces prolonged sleep, akin to modern anesthetics like Propofol and Ketamine (Magnus, *The Book of Secrets* 35).

Morgan's association with mental health treatment also appears in Chrétien de Troyes' *Yvain*, where she cures a character suffering from delirium: "For I recall a certain ointment with which Morgan the Wise presented me, saying there was no delirium of the head which it would not cure" (Chrétien de Troyes, *Yvain* 87). This reflects the medieval belief in plant-based psychiatric treatments. *The Book of Secrets* describes Polygonum (Coralwort) as a cure for melancholia, similar to how modern SSRIs like Fluoxetine (Prozac) and Sertraline (Zoloft) treat depression (Magnus, *The Book of Secrets* 41).

The Gendered Contrast: Male Healers vs. Female Sorceresses

While Morgan le Fay's knowledge was reframed as sorcery, male figures like Merlin retained a degree of legitimacy. Though he, too, was associated with magic, he was never vilified in the same way, highlighting a gendered double standard in medieval literature. Similarly, *All's Well That Ends Well* portrays Helena as a skilled physician whose medical abilities are met with scepticism by the King of France: "He had no hope of his recovery, yet Helena's knowledge proved more potent than the wisdom of the greatest doctors of the land" (Shakespeare, *All's Well That Ends Well* II.iii). Despite curing the king, Helena remains subordinate, defined primarily by her relationship to her father, a male physician. Her competence does not translate into social power, and she is still deemed unworthy of marriage due to her lower status. This mirrors real-life female physicians' struggles for recognition in medical history.

In contrast, *The Physician's Tale* in Chaucer's *Canterbury Tales* presents a male doctor who holds power and exploits his position: "He used his skill not for the healing of men, but for his own gain, preying upon the fears of the ignorant" (Chaucer, *The Canterbury Tales* VI). This reflects how male doctors were often granted authority while female healers were systematically excluded from institutional medicine. The witch trials of the early modern period reinforced this pattern, as midwives and herbalists—many of whom were women—were accused of witchcraft and persecuted, further erasing their contributions to healthcare.

Contemporary Parallels: The Ongoing Struggle

The erasure and victimization of female medical professionals persist into the 21st century, echoing historical patterns of misogyny. Recent incidents, such as the rape and murder of a postgraduate trainee doctor at R.G. Kar Medical College in Kolkata in 2024, and the 2019 gang rape and murder of Dr. Priyanka Reddy in Hyderabad, highlight the continued vulnerabilities faced by women in medicine.

On August 9, 2024, a 31-year-old female postgraduate trainee doctor was found dead in a seminar room at R.G. Kar Medical College and Hospital in Kolkata. Her body bore signs of sexual assault and physical trauma. A 33-year-old male civic volunteer named Sanjoy Roy was arrested under suspicion of committing the crime. The investigation was transferred to the Central Bureau of Investigation (CBI) due to concerns about the initial probe's integrity. The incident sparked nationwide protests and a 42-day strike by junior doctors in West Bengal, demanding justice and improved security measures in hospitals. (en.wikipedia.org). Similarly, in November 2019, Dr. Priyanka Reddy, a 26-year-old veterinary doctor from Hyderabad, was brutally raped and murdered. Her body was found partially burnt under a bridge in Shadnagar. Four suspects were arrested and, according to the Cyberabad Metropolitan Police, confessed to having raped and killed the doctor. (en.wikipedia.org)

The irony is striking that Kadambini Ganguly, the first Indian woman to earn a medical degree, hailed from Bengal—the same region where the R.G. Kar Medical College tragedy unfolded. Ganguly's pioneering achievements symbolize resilience, yet over a century later, the brutal rape and murder of a female doctor in the same region highlight the continued vulnerabilities women in medicine face. This contrast underscores how the memory of female pioneers is honored in retrospect but fails to safeguard the women who follow in their footsteps.

These tragedies create lasting psychological and emotional scars, reinforcing a hostile environment for female doctors. The violent deaths of Dr.Tilottoma (R.G. Kar, 2024) and Dr. Priyanka Reddy (Hyderabad, 2019) instill fear, contributing to a phenomenon known as collective trauma, where women in medicine internalize gendered violence as an ongoing threat. Many hesitate to pursue medical careers, restrict their work hours to avoid unsafe conditions, or accept discrimination as a means of self-preservation. Even those who remain in the profession experience heightened anxiety, burnout, and diminished job satisfaction due to the persistent challenges of navigating gender-based threats alongside their medical responsibilities.

Beyond these violent acts, systemic discrimination exacerbates the marginalization of women in medicine. Gender pay gaps persist, female doctors remain underrepresented in leadership, and biases in medical research prioritize male subjects, leading to disparities in treatment and care for women. These structural inequalities ensure that women in medicine remain undervalued, underrepresented, and disproportionately vulnerable to professional and personal threats.

Addressing these issues requires more than symbolic recognition—it demands structural reform. Hospitals and medical institutions must implement robust security measures, enforce gender-sensitive policies, and provide support systems for female doctors facing discrimination and violence. Medical education must integrate the histories of female pioneers, challenging male-dominated narratives that have long dictated the field. Strengthening legal frameworks to ensure swift justice for crimes against female medical professionals is equally essential, reinforcing that their safety and dignity are non-negotiable.

Historical acknowledgement alone is insufficient—active steps must be taken to amplify female voices, secure equitable representation, and dismantle enduring biases. Without systemic change, the cycle of exclusion, violence, and discrimination will persist, and the memory of those lost will serve not as a lesson learned but as a grim reminder of an ongoing injustice.

Conclusion: The Female Body as the First Healer

The erasure of female medical practitioners from history, literature, and contemporary society is a reflection of a deeper, systemic suppression of female agency—one that begins with the denial of the most fundamental healer: the female body itself. Long before the establishment of formal medical institutions, women were the first doctors, the first caregivers, and the first scientists of the human body. The female body, capable of sustaining and nourishing life, embodies the essence of healing in ways that have been historically overlooked. And maybe that's why Hildegard herself famously said, "*Woman may be made from man, but no man can be made without a woman*."A mother, through the placenta, transfers antibodies and nutrients that protect and strengthen her child before birth. Breast milk, rich in immunoglobulins and antimicrobial agents, continues to shield the infant from infections, providing natural immunity long before modern medicine developed vaccines (Hanson 67). Yet, despite these undeniable biological truths, the contributions of women to healing have been systematically erased and dismissed as maternal instinct rather than acknowledged as the foundation of medical science.

Women's pain is chronically underestimated in clinical settings, a phenomenon referred to as the "gender pain gap" (Samulowitz et al. 8). Research shows that female patients are more likely to have their symptoms dismissed as psychosomatic, reinforcing the same biases that once labeled women healers as hysterical or magical rather than rational and scientific (Hoffmann and Tarzian 21). This exclusion is not accidental—it is part of a long-standing pattern of minimizing female contributions to medicine while simultaneously exploiting women's biological capabilities without granting them intellectual authority.

Even in literature, where male doctors are portrayed as rational figures of authority, female healers are relegated to the fringes, often depicted as witches, enchantresses, or alternative caregivers whose knowledge is suspect rather than scientific. From Morgan le Fay's transition from healer to villain to Helena's struggles for recognition in *All's Well That Ends Well*, the message remains clear: women's medical expertise is only acknowledged when it exists within male-controlled systems. Outside of these structures, it is vilified, diminished, or ignored. This deeply ingrained misogyny is reflected in the continued violence against female medical professionals.

The rape and murder of Dr Tilottoma at R.G. Kar Medical College and Dr Priyanka Reddy in Hyderabad are not isolated incidents; they are part of an ongoing history of punishing women who dare to occupy spaces of knowledge and power. These tragedies do not just represent individual acts of violence—they serve as mechanisms of control, reinforcing fear and limiting women's access to professional autonomy. Just as female healers of the past were silenced through accusations of

witchcraft, modern female doctors are silenced through systemic oppression, gendered violence, and the constant erasure of their achievements (Sharma 150).

Reclaiming the history of female medical practitioners is not just an act of historical correction—it is an urgent necessity to revive the long-forgotten memory. By acknowledging the female body as the first site of healing, we challenge the foundational biases that have shaped medicine for centuries. women's historical roles as caregivers and healers laid the groundwork for medical advancements, forcing a re-examination of what we define as "medicine" and who we recognise as "doctors."

To dismantle this oppression, we must rewrite the narratives that have shaped our understanding of medicine. We must integrate the histories of women healers—both mythical and real—into medical education, ensuring that figures like Hildegard of Bingen and Morgan le Fay are studied not as relics of folklore but as pioneers of medical science. We must challenge the policies and structures that continue to marginalise women in healthcare, from addressing gender bias in medical research to ensuring the safety of female doctors in their workplaces. Most importantly, we must demand that female medical professionals be recognised not as anomalies but as rightful inheritors of a legacy that stretches back to the origins of healing itself.

The female body, long dismissed as merely reproductive, is, in fact, the foundation of healing, the original site of medical knowledge. It is time to remember them and make a long-term, rather everlasting memory of the female who always protects us and gives us life.

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